

DATE: July 3, 2025
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for July 8, 2025**

City of Middletown Board of Health & Environment will meet in regular session **July 8, 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 -June 2025
(Motion and Approval)

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

EDUCATION PRESENTATION -Diabetes-Dr. Jennewine

NEW BUSINESS

1. Travel authorizations-None
2. Review of Water Pollution Control Loan Fund Assistance Agreement
3. Review of Proposed Environmental Fees for 2025-2026
4. Review of Vital Statistic Fees
5. 2nd Quarter Report-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

ADJOURNMENT

The Next Board of Health Meeting is scheduled for August 12, 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
June 10, 2025

The City of Middletown Board of Health met in regular session at 7:30 AM on June 10, 2025.

Members Present

Mayor, Elizabeth Slamka
Ruth Lolli
Jeff Bonnell
Amy Sibcy
Tiffani Baggett
Dr. Scott Zollett, MD
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

Emily Miller, BSN, RN

ROLL CALL

Motion: Dr. Zollett moved, seconded by Ms. Lolli to excuse Ms. Miller.

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

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES –May 2025

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

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

RECEIVE AND FILE FINANCIAL REPORT-May 2025

Motion: Ms. Lolli moved, seconded by Ms. Sibcy to approve the May financial report.

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

EDUCATION PRESENTATION-CPR-Dr. Jennewine

Dr. Jennewine provided the board with a presentation on cardiopulmonary resuscitation (CPR). Dr. Jennewine stated that 400,000 Americans die annually from cardiac arrest. The goal of CPR is to keep blood flow active. Performing CPR can improve survival rates after cardiac events by 2-3 times.

In healthcare settings, providers are taught to give chest compressions and mouth to mouth breathing in a ration of 30:2. The general public is advised to give chest compressions at a rate of about 120 per minute and forego mouth to mouth breathing.

79% of cardiac arrest cases occur in homes or residences and 16% occur in public places. 40% of all cardiac arrests receive immediate CPR by bystanders. When CPR is initiated within four minutes of onset, survival rates are as high as 40%.

Survival of cardiac arrest depends on the following: recognition of cardiac arrest, early CPR, rapid defibrillation, EMS arrival, post arrest care and recovery.

NEW BUSINESS

Travel Authorizations

Ms. McDonald and Ms. Leon will be attending Ohio Vital Records System training in Columbus, Ohio on June 27th. Ms. Phillips Carter explained that there will be a new program used to access and provide birth and death records. This system is set to go live in July. Ms. Phillips Carter noted that the only expense for this training will be mileage reimbursement.

Motion: Mr. Richmond moved, seconded by Ms. Lolli to approval the travel authorization.

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

REPORTS

Health Commissioner

Ms. Phillips Carter informed the board that she met with the Mayor and City Manager regarding septic systems in the Amanda area. A presentation will be provided to City Council at the next council meeting. Ms. Phillips Carter will provide the board with the presentation at the next Board of Health meeting. The presentation addresses concerns about aging systems in the Amanda area and outlines necessary steps to take when systems fail and create a nuisance. Possible funding sources are also addressed.

Ms. Phillips Carter informed the board that she has been working closely with city leaders to provide a resolution to the cat issue at Smith Park.

Ms. Phillips Carter informed board members that she will be sending them all an ethics training to complete. The training should take approximately one hour and board members will receive a certificate upon completion. The Law Department has also requested to review boards and commissions training. Ms. Phillips Carter requested board members to send Ms. McDonald their preference on days and times that would work for them.

Ms. Phillips Carter informed the board the the health department will be having a lunch and learn with Dr. Worthington on Friday, June 13th. Dr. Worthington has just opened a new chiropractic practice in Middletown. Board members are invited to attend the lunch and learn.

Ms. Phillips Carter will be performing at Middletown Rocks, an annual fundraiser for the Community Building Institute (CBI), on Thursday, June 26th.

Medical Director

Dr. Jennewine reported the May communicable disease case numbers.

COVID-19	31
CPO	1
Campylobacteriosis	1
Chlamydia infection	14
Gonococcal Infection	4
Hepatitis A	1
Hepatitis B	4
Hepatitis C	4
Legionellosis	1
Lyme Disease	1
Pertussis	1
Salmonellosis	3
Shigellosis	1
Strep Pneumoniae- invasive	2
Syphilis	5
Tuberculosis	1

Director of Nursing

Ms. Corbin Informed the board that the positive case of tuberculosis that was reported was the child of the positive patient reported last month. Hepatitis C cases are being reported mostly by treatment centers, with one case recently being reported by an organ donor.

Ms. Corbin reported that the 2024-2025 Public Health Emergency Preparedness (PHEP) grant cycle is complete. We are currently waiting on the 2025-2026 contract to present to board.

Ms. Corbin informed the board that the health fair date has been pushed back to September 27th. Invitations have been sent out to community partners both local and statewide.

Environmental Director

Ms. Ealy informed the board that nine plan reviews were received in May. Pepper's World, Atrium YMCA pool concession, Frazier's Kitchen and six micromarkets. Ms. Ealy explained that micromarkets appear to be replacing vending machines. Starvin Marvin's on Tytus had a change of ownership and is now licensed as JJ's Burgers and Wings.

Ms. Ealy informed the board that Northstar Classical Christian school will not be reopening this fall.

Ms. Ealy informed the board that the health department asked a retail food establishment on Yankee Road to close after an ongoing rodent infestation. The store closed voluntarily June 6th and is still closed at the time of this meeting.

Ms. Ealy informed the board that Accela calls continue weekly while errors in the system are still being worked out. Due to the current issues we are experiencing, we are not allowing public access to the system at this time.

Ms. Ealy stated that ODH completed the sewage survey on June 3rd. The surveyor indicated that there were no points lost, but we are still waiting on the report.

Ms. Ealy informed the board that sanitarians will begin inspecting 485 septic systems next week as part of our operation and maintenance program. The inspections will extend through late summer/early fall.

Board Member Open Discussion

Ms. Lolli distributed Walk With a Doc flyers and informed the board that it has been decided to rotate locations in an effort to engage more people. The next walk will be held June 21st at Woodside Cemetery. The speaker will focus on Alzheimer's and brain health.

Mayor Slamka addressed a citizen's concerns regarding a large pile of gravel and the dust and particulates located at the old paper board site. Mr. Tadych has been in touch with the citizen regarding her concerns.

Mayor Slamka informed the board that fire chief Tom Snively will be retiring on June 16th and incoming chief Brian Wright will be pinned June 17th.

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: Mr. Bonnell moved, seconded by Ms. Lolli to move to executive session at 8:40AM.

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

REGULAR SESSION

Motion: Ms. Lolli moved, seconded by Mr. Bonnell to resume regular session at 8:40AM.

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

ADJOURNMENT

The meeting was adjourned at 8:40AM. The next meeting will be held on July 8, 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

June 2025 Financial Notes

Vital Statistics

- \$8,599.54 Revenue Earned in June
- 736 Certificates Sold in June
- 44 Burial Permits Sold In June

Environmental

- \$1,893.50 Revenue Earned in June
- \$133,783.10 Revenue Earned YTD

Indigent Services

- \$11,321.00 spent YTD
- 15 Applications approved YTD
- Two indigent overdoses YTD

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
 - ***\$58,635.31 Deposited YTD***
- Smoking State Reimbursement
 - ***\$2,500.00 - Deposited YTD***
- 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 7/31/2025

Account Access Group: N/A

Include Inactive Accounts: No

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228	HEALTH FUND			Target Percent:	58.33%	
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	\$0.00	\$96,598.89	\$3,401.11	96.60%
	Intergovernmental Totals:	\$115,000.00	\$0.00	\$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	\$0.00	\$53,564.15	\$46,435.85	53.56%
228.000.44211	VITAL STATISTICS SHIPPING CHARGE	\$0.00	\$0.00	\$503.45	(\$503.45)	N/A
228.000.44215	PATERNITY AFFIDAVITS	\$200.00	\$0.00	\$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	\$0.00	\$72,972.50	\$7,027.50	91.22%
228.000.44282	FOOD ESTABLISHMENT LICENSE	\$35,000.00	\$0.00	\$29,154.50	\$5,845.50	83.30%
228.000.44283	HOUSEHOLD SEWAGE	\$4,200.00	\$0.00	\$19,195.20	(\$14,995.20)	457.03%
228.000.44284	FOOD SAFETY CLASSES	\$240.00	\$0.00	\$0.00	\$240.00	0.00%
228.000.44285	SWIMMING POOL/SPA	\$6,000.00	\$0.00	\$5,747.50	\$252.50	95.79%
228.000.44286	TATTOO LICENSE	\$2,500.00	\$0.00	\$1,437.50	\$1,062.50	57.50%
228.000.44287	PARK/CAMPS LICENSE FEES	\$200.00	\$0.00	\$519.25	(\$319.25)	259.63%
228.000.44288	MAC BILLING	\$50,000.00	\$0.00	\$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	\$0.00	\$260,185.78	\$81,324.22	76.19%
Interest/Contributions/Rentals/Leases/Misc						

Revenue Report
As Of: 1/1/2025 to 7/31/2025

Account	Description	Budget	MTD Revenue	YTD Revenue	Uncollected	% Collected
228.000.46780	MISCELLANEOUS	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Interest/Contributions/Rentals/Leases/Misc Totals:	\$0.00	\$0.00	\$0.00	\$0.00	N/A
Reimbursements/Transfers						
228.000.49100	REIMBURSEMENTS	\$0.00	\$0.00	\$26,278.19	(\$26,278.19)	N/A
228.000.49330	FROM INCOME TAX	\$250,000.00	\$0.00	\$125,000.00	\$125,000.00	50.00%
228.000.49385	FROM CORONAVIRUS RELIEF FUND	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Reimbursements/Transfers Totals:	\$250,000.00	\$0.00	\$151,278.19	\$98,721.81	60.51%
	Revenue Totals:	\$706,510.00	\$0.00	\$543,974.69	\$162,535.31	76.99%
228 Total:		\$706,510.00	\$0.00	\$543,974.69	\$162,535.31	76.99%
Grand Total:		\$706,510.00	\$0.00	\$543,974.69	\$162,535.31	76.99%
Target Percent:						58.33%

City of Middletown Expense Report

Accounts: 228.450.51110 to 228.450.59200

Account Access Group: N/A

As Of: 1/1/2025 to 7/31/2025

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:	58.33%	
Health Admin								
Personal Services								
228.450.51110	SALARIES & WAGES	\$670,630.00	\$0.00	\$322,294.51	\$348,335.49	\$0.00	\$348,335.49	48.06%
228.450.51120	OVERTIME WAGES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51211	PERS	\$93,888.00	\$0.00	\$41,704.56	\$52,183.44	\$19.97	\$52,163.47	44.44%
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	\$37,507.55	\$52,510.45	\$0.00	\$52,510.45	41.67%
228.450.51231	HEALTH SAVINGS ACCOUN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51240	UNEMPLOYMENT COMPEN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.51270	MEDICARE-CITY SHARE	\$9,724.00	\$0.00	\$3,366.86	\$6,357.14	\$0.00	\$6,357.14	34.62%
228.450.51275	LIFE INSURANCE	\$1,825.00	\$0.00	\$912.60	\$912.40	\$0.00	\$912.40	50.01%
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	\$0.00	\$407,066.54	\$485,843.46	\$25,564.51	\$460,278.95	48.45%
Contractual Services								
228.450.52110	TRAVEL & TRAINING	\$4,000.00	\$0.00	\$612.85	\$3,387.15	\$0.00	\$3,387.15	15.32%
228.450.52111	MANDATORY TRAINING	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52120	EMPLOYEE MILEAGE REIM	\$3,000.00	\$0.00	\$1,191.98	\$1,808.02	\$0.00	\$1,808.02	39.73%
228.450.52222	TELEPHONE LINE CHARGE	\$5,640.00	\$0.00	\$2,195.64	\$3,444.36	\$0.00	\$3,444.36	38.93%
228.450.52230	POSTAGE AND POSTAL CH	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52260	HEALTH - DUE STATE GOV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52310	MUNICIPAL GARAGE CHAR	\$3,500.00	\$0.00	\$1,109.52	\$2,390.48	\$0.00	\$2,390.48	31.70%
228.450.52340	EQUIPMENT/VEHICLE REN	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52410	LEGAL SERVICES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52420	MEDICAL SERVICE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.52480	OTHER PROFESSIONAL SE	\$41,085.00	\$0.00	\$9,131.95	\$31,953.05	\$0.00	\$31,953.05	22.23%
228.450.52481	WORKFORCE GRANT CON	\$32,699.95	\$0.00	\$1,755.36	\$30,944.59	\$12,144.95	\$18,799.64	42.51%
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	\$0.00	\$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	\$1,867.00	\$9,988.00	\$0.00	\$9,988.00	15.75%
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	\$0.00	\$20,973.08	\$92,306.87	\$12,144.95	\$80,161.92	29.24%

Expense Report
As Of: 1/1/2025 to 7/31/2025

Account	Description	Budget	MTD Expense	YTD Expense	UnExp. Balance	Encumbrance	Unenc. Balance	% Used
Commodities								
228.450.53100	OFFICE SUPPLIES	\$2,500.00	\$0.00	\$1,165.17	\$1,334.83	\$0.00	\$1,334.83	46.61%
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	\$139.46	\$560.54	\$0.00	\$560.54	19.92%
	Commodities Totals:	\$3,900.00	\$0.00	\$1,304.63	\$2,595.37	\$0.00	\$2,595.37	33.45%
Capital Outlay								
228.450.54300	COMPUTERS & OTHER PE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54310	AUTO & TRUCK DEPRECIA	\$4,800.00	\$0.00	\$2,618.22	\$2,181.78	\$0.00	\$2,181.78	54.55%
228.450.54320	OFFICE MACHINERY & EQU	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54360	OTHER EQUIPMENT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
228.450.54370	COMPUTER SOFTWARE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Capital Outlay Totals:	\$4,800.00	\$0.00	\$2,618.22	\$2,181.78	\$0.00	\$2,181.78	54.55%
Refunds								
228.450.59200	MISCELLANEOUS REFUND	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Refunds Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A
	Health Admin Totals:	<u>\$1,014,889.95</u>	<u>\$0.00</u>	<u>\$431,962.47</u>	<u>\$582,927.48</u>	<u>\$37,709.46</u>	<u>\$545,218.02</u>	<u>46.28%</u>
228 Total:		\$1,014,889.95	\$0.00	\$431,962.47	\$582,927.48	\$37,709.46	\$545,218.02	46.28%
Grand Total:		\$1,014,889.95	\$0.00	\$431,962.47	\$582,927.48	\$37,709.46	\$545,218.02	46.28%
Target Percent:							58.33%	

WATER POLLUTION CONTROL LOAN FUND ASSISTANCE AGREEMENT

This Agreement ("Agreement" or "WPCLF Assistance Agreement") made and entered into by and between the Director of Environmental Protection (the "Director"), as the Director of the Environmental Protection Agency of the State of Ohio (sometimes referred to, both individually and jointly with the Ohio Water Development Authority, as the "State"), an agency duly created and existing under the laws of the State of Ohio, and the governmental body specified as the "Borrower" on Exhibit 1, a governmental body organized and existing under the laws of the State of Ohio and acting pursuant to an ordinance or resolution passed on the date specified on Exhibit 1 as the "Resolution Date" by the legislative authority of the Borrower (the capitalized terms not defined in the recitals being as defined in Article I herein);

W I T N E S S E T H

WHEREAS, Title 33 Chapter 26, Subchapter VI of the Clean Water Act, as amended (the "CWA"), authorizes the Administrator of the United States Environmental Protection Agency to make capitalization grants to states which have established a state water pollution control revolving loan fund; and

WHEREAS, pursuant to the CWA, states may provide loans and other types of financial assistance from a water pollution control revolving loan fund to local communities, municipal or intermunicipal and interstate or state agencies for the construction of publicly-owned wastewater treatment facilities as defined in Section 212 of the CWA, 33 U.S.C.A. 1292 and for the implementation of nonpoint source pollution control management programs and development and implementation of plans under the estuary protection programs; and

WHEREAS, the Ohio General Assembly has created the Ohio Water Pollution Control Loan Fund ("WPCLF") to be administered by the Director pursuant to Ohio Revised Code Section 6111.036 to provide loans and other types of financial assistance as set forth in said Section; and

WHEREAS, 33 U.S.C.A. § 1383 authorizes states to provide additional subsidies in the form of principal forgiveness to recipients of assistance from their water pollution control revolving loan funds; and

WHEREAS, to assist the Director (whenever the term "Director" is used herein, such term shall also be deemed to include any representatives the Director may designate to act on his behalf) in providing loans and other types of financial assistance from the WPCLF, and to assist in the administration and operation of the WPCLF as authorized by Ohio Revised Code Section 6111.036, the Director has entered into an Interagency Agreement with the Ohio Water Development Authority (the "OWDA"); and

WHEREAS, the Borrower is desirous of obtaining financing from the WPCLF under 33 U.S.C.A. § 1383 for necessary Project Facilities; and

WHEREAS, the Director proposes to provide financing to the Borrower for necessary Project Facilities, and the Director has determined that the Borrower has complied with the requirements of Ohio Revised Code Section 6111.036, and is therefore eligible for financial assistance for its Project Facilities under the CWA and said Section; and

WHEREAS, the financing provided under this Agreement consists wholly of a loan accompanied by a full principal forgiveness subsidy; and

Water Pollution Control Loan Fund Agreement

WHEREAS, as a result of the principal forgiveness subsidy, no repayment of principal and no payment of interest by the Borrower is required or expected, and therefore this Agreement is not a "WPCLF Loan Agreement" and the financial assistance it contemplates is not a "WPCLF Loan" for purposes of trust indentures that secure bonds issued by the Ohio Water Development Authority (the "OWDA") for the WPCLF; and

WHEREAS, under the Interagency Agreement, the OWDA is not required to approve WPCLF assistance of the sort contemplated by this Agreement; and

WHEREAS, the Director and the Borrower have determined to enter into this Agreement to set forth their respective obligations with respect to the financing, construction, operation and ownership of the Project Facilities;

NOW THEREFORE, in consideration of the premises and mutual covenants herein contained, the parties hereto do hereby agree as follows:

ARTICLE I - DEFINITIONS

Section 1.1. Except where the context clearly indicates otherwise, the following terms as used in this Agreement shall have the meaning ascribed to them in this Article:

(a) "Approved Application" means the application submitted to the Director on the date shown on Exhibit 1 as the "Application Date," together with all attachments, supporting documentation, amendments and supplements thereto as approved by the Director, together with any amendments thereto approved by the Borrower and the Director after the date of this Agreement.

(b) "Borrower" means the entity identified on Exhibit 1, which is an entity eligible to receive assistance under Section 603(C) of the CWA and ORC Section 6111.036.

(c) "Effective Date" means the more recent date of execution of this Agreement by the signatories as indicated herein.

(d) "Eligible Project Costs" means the allowable costs associated with the construction of the project that may be requested for disbursement from the WPCLF, as shown in the description and distribution portion of Exhibit 1, which is hereby incorporated into this Agreement, and as described in Appendix G of the *State of Ohio Water Pollution Control Loan Fund Program Management Plan*.

(e) "Homeowner" means the individual person or persons who hold title to the house where the Project Site and the Project Facilities are located.

(f) "Guidance" means the Director's most recently published version of the *State of Ohio Water Pollution Control Loan Fund Program Management Plan*, including in particular Appendix G.

(g) "Finding of No Significant Impact" means all materials developed by the Borrower and the Director in satisfaction of Ohio Revised Code Section 6111.036 (Q)(4) and Division 6111.036 (L).

(h) "Project Facilities" means the facilities to be constructed pursuant to this Agreement as described generally in Exhibit 1 attached hereto and made a part hereof, and more particularly described in the

approved plans and specifications on file with the local health district that has jurisdiction for review, approval, and inspection of the home sewage system improvements located at the Project Sites.

(i) "Project Site(s)" means all land, rights-of-way, property rights, easements, franchise rights or other interests in real estate necessary for the construction and operation of the Project Facilities.

ARTICLE II - PROPERTY INTEREST IN PROJECT SITE AND PROJECT FACILITIES AND RIGHTS OF ACCESS THERETO

Section 2.1. Project Sites shall be owned by Homeowners prior to the construction of the Project Facilities.

Section 2.2. The Borrower agrees to ensure that, as a condition of its assistance to individual Homeowners, the Director or their duly authorized agents shall have the right at all reasonable times to enter upon the Project Site(s) and Project Facilities, and to examine and inspect the same and to exercise the Director's rights pursuant to this Agreement.

ARTICLE III - CONSTRUCTION OF PROJECT FACILITIES, AND PAYMENT OF COSTS THEREOF

Section 3.1. Subject to the terms and conditions of this Agreement, the Borrower agrees to do all things necessary to ensure construction of the Project Facilities on the Project Site(s).

Section 3.2. The Borrower agrees that:

(a) It will proceed expeditiously with, and complete, the Project Facilities in accordance with the specific terms and conditions of the plans and specifications as approved by the local health district, the Finding of No Significant Impact, and the approved project schedule. The Borrower accepts such performance as an essential element of this Agreement.

(b) The construction contract(s) for the Project Facilities will provide that the designated representatives of the Director will have access to the work whenever it is in preparation or progress and that the contractor will provide for such access and inspection.

(c) The construction of the Project Facilities on the Project Site(s), including the letting of contracts in connection therewith, will conform to and will be performed in compliance with this Agreement, all applicable requirements of federal, state, and local laws, ordinances, rules and regulations, including, without limitation, all applicable federal, state, and local environmental laws and regulations. In the event of a conflict between a contract and this Agreement, the terms of this Agreement shall prevail. All contracts shall include a statement that "in the event of a conflict between a contract and the WPCLF Assistance Agreement, the provisions of the WPCLF Assistance Agreement shall prevail."

(d) All construction contracts and contractors' estimate forms will be prepared so that materials and equipment furnished to the Borrower may be readily itemized by the Borrower and identified, if necessary, as to Eligible Project Costs and non-Eligible Project Costs.

(e) It will not submit requests for disbursement of non-Eligible Project Costs. If, based on a payment request submitted by the Borrower, the Director or the OWDA disburses funds from the WPCLF which are

subsequently determined to be for non-Eligible Project Costs, the Director will be under no obligation to provide WPCLF funding beyond the Eligible Project Costs as shown on Exhibit 1, as amended.

(f) Any change or changes regardless of costs that substantially modify the proposed Project Facilities or alter the direct or indirect impact of the Project Facilities upon the environment will be submitted to the Director for prior approval. The Borrower shall not submit to the OWDA or to the Director payment requests for Eligible Project Costs associated with the change orders until the Director's approval has been obtained.

(g) The Borrower shall not submit to the OWDA or to the Director payment requests for Eligible Project Costs unless the Borrower is in full compliance with the terms of this agreement.

(h) Except as otherwise provided in this Agreement, the Borrower shall have the sole and exclusive charge of all details of the construction of the Project Facilities.

Section 3.3. The Borrower shall keep accurate records of the Eligible Project Costs. These records must be kept in accordance with Generally Accepted Government Accounting Standards (GAGAS). The Borrower shall permit the Director, acting by or through its designated representatives, to inspect all books, documents, papers and records relating thereto at any and all reasonable times for the purpose of said audit and examination, which examination may include examination for compliance with the CWA, and Ohio Revised Code Section 6111.036, and the Borrower shall submit to the Director such documents and information as they may require in connection therewith.

Section 3.4. The Borrower shall require that each construction contractor shall furnish a performance and payment bond in an amount at least equal to 100 percent of its contract price as security for the faithful performance of its contract.

Section 3.5. The Borrower shall require that each of its contractors and all subcontractors maintain during the life of its contract, Workers' Compensation Insurance, Public Liability, Property Damage, Vehicle Liability Insurance, and Flood Insurance if appropriate. Until the Project Facilities are completed and accepted by the Borrower, the Borrower or (at the option of the Borrower) the contractor shall maintain General Liability Insurance (fire and extended coverage), or the equivalent, on a 100 percent basis (completed value form) on the insurable portion of the Project Facilities for the benefit of the Director, the Borrower, the prime contractor, and all subcontractors, as their respective interests may appear.

Section 3.6. The Borrower shall provide and maintain competent and adequate technical services through the local health district with jurisdiction over the Project Facilities. These services shall include the supervision and inspection of the development and construction of the Project Facilities in accordance with the specific terms and conditions of each of the following:

(a) applicable state and local laws, regulations, ordinances, and standards for the design of the Project Facilities, including those contained in the Guidance. Where a conflict may exist between local standards and those identified in the Guidance, those of the Guidance shall be followed;

(b) approved plans and specifications on file with the local health district that has jurisdiction over the individual Project Facilities;

(c) the Finding of No Significant Impact; and

(d) any Director-approved project plans and specifications, or Director-approved amendments thereto.

Section 3.7. Subject to the terms and conditions of this Agreement and the approval of the Director, and upon compliance by the Borrower with all applicable requirements of the WPCLF, Ohio Revised Code Section 6111.036, and the CWA that must be met before receiving disbursement of Eligible Project Costs, the Director shall request that Eligible Project Costs be disbursed by the OWDA. In the event this Agreement is terminated by the Director pursuant to, and not in breach of, the provisions of this Agreement, or by subsequent agreement of the parties, or in the event this Agreement is terminated by the Borrower, whether or not in breach of the Agreement, and such termination occurs prior to the completion of the Project Facilities, any Eligible Project Costs disbursed but not expended for eligible Project Facilities shall be due and payable in full no later than thirty (30) calendar days after said termination, or, at the Director's option, upon terms mutually agreed to between the Director and the Borrower.

Section 3.8. Upon being satisfied that the applicable pre-construction requirements of this Agreement have been met, the Director shall request that the OWDA deliver to the Borrower a certificate, signed by the trustee for the WPCLF (hereinafter referred to as the "Trustee," which has entered into a Trust Agreement with the Director and the OWDA to provide for the administration of the WPCLF), certifying that monies in the amount necessary to pay all Eligible Project Costs are available or are within the present WPCLF Federal letter of credit ceiling and have been set aside by the Trustee to pay such Eligible Project Costs. When such Eligible Project Costs have been incurred and payment requested from the OWDA by the Borrower, subject to the terms and provisions of this Agreement and the Interagency Agreement, the Director shall request that the OWDA cause the Trustee to disburse monies of the WPCLF in payment of the invoices, demands for payment, or other evidence of cost incurrence to be made to the persons or entities entitled to payment in conformity with the encumbrance of funds set forth in such certificate to pay such obligated Eligible Project Costs.

Section 3.9. Upon completion of the Project Facilities, the Borrower shall make a full and complete accounting to the Director of the final Eligible Project Costs.

Section 3.10. The Borrower shall comply with all federal and state laws, executive orders, regulations, policies, and conditions relating to WPCLF assistance.

ARTICLE IV - GENERAL REPRESENTATIONS AND AGREEMENTS; EVENTS OF DEFAULT AND REMEDIES

Section 4.1. The Borrower hereby represents and warrants that:

(a) It is and shall remain in compliance, and shall take whatever actions are necessary to assure compliance, with all applicable federal, state, and local laws, ordinances, rules, regulations, and provisions of this Agreement, including without limitation the CWA and Ohio Revised Code Section 6111.036, subject to its rights to contest in good faith the issue of non-compliance, and

(b) There is no litigation or administrative action or proceeding pending or, to the best of its knowledge, threatened against the Borrower, which has not been disclosed to the Director in writing prior to the Effective Date, wherein a result adverse to the Borrower could reasonably be expected to have a materially adverse effect on the ability of the Borrower to meet its obligations under this Agreement, and

(c) Except as heretofore disclosed in writing to the Director, no judgment or consent order has been rendered against the Borrower, and the Borrower is not a party to any agreement, which imposes, will impose, or has imposed any fines or monetary penalties upon the Borrower for the violation of any federal, state, or local law, ordinance, or regulation, which fines or monetary penalties have not heretofore been paid in full.

(d) It will do all things necessary to ensure that the explicit and implicit actions identified in the Agreement will be implemented in accordance with the terms of the Guidance.

Section 4.2. Each of the following shall be an event of default ("Event of Default") under this Agreement:

(a) The Borrower shall fail to observe and perform any obligations, agreements, or provisions of this Agreement, which failure shall continue for thirty (30) days after receipt of written notice thereof from the Director.

(b) Any representations made by the Borrower in Section 4.1 shall at any time prove to be false.

Section 4.3. Whenever a breach or default by the Borrower shall have occurred and be continuing under this Agreement, or whenever the Director determines that any representation made by the Borrower in this Agreement or in any of the documents referred to in Section 3.2.(a) is false, then, in addition to any other rights or remedies available to the Director at law or otherwise, the Director may (i) terminate or suspend all further financial assistance to the Borrower under this Agreement, (ii) demand the recoupment of financial assistance provided under this Agreement and exercise all lawful remedies for that purpose, and (iii) prescribe corrective action, or direct that corrective action be undertaken, to remedy the event or violation, and the Borrower agrees to perform such corrective action.

Section 4.4. No right or remedy conferred upon the Director under Sections 4.3 hereof is intended to be exclusive of any other right or remedy given herein, by law, or otherwise. Each right or remedy shall be cumulative and shall be in addition to every other remedy given herein, by law, or otherwise.

Section 4.5. The Borrower releases the State, its officers, employees, and agents from, and agrees that they shall not be liable to the Borrower for, any loss or damage to property, or any loss or injury to or death of any person, or any other loss or damage, that may be occasioned by any cause whatsoever pertaining to the Project Facilities, or the use thereof; provided that such release under this Section shall not be effective for damages that result from negligent or intentional acts of the State, its officers, employees and agents. The Borrower further agrees that the State, its officers, employees, and agents shall be released from, and shall not be liable to the Borrower for, expenses and claims arising from any breach or default on the part of the Borrower in the performance of any covenant or agreement on the part of the Borrower to be performed pursuant to the terms of this Agreement, arising from the acquisition, construction, installation, or improvement of the Project Facilities, or arising from any act or negligence of or failure to act by the Borrower, or any of its agents, contractors, servants, employees or licensees, or arising from any accident, injury or damage whatsoever caused to any person, firm, or corporation resulting from the Project Facilities (other than any accident, injury, or damage that results from negligent or intentional acts of the State, its officers, employees and agents), and from and against all cost, liability and expenses incurred in or in connection with any such claim or action, arbitration or proceeding brought thereon.

ARTICLE V - MISCELLANEOUS PROVISIONS

Section 5.1. Any invoice, accounting, demand, or other communication under this Agreement by a party to this Agreement to the other party or to the OWDA shall be sufficiently given or delivered if it is dispatched by registered or certified mail, postage prepaid, return receipt requested, or delivered personally, and

(a) in the case of the OWDA, is addressed to or delivered by hand to:

Ohio Water Development Authority
480 South High Street
Columbus, Ohio 43215
Attn: Executive Director

and,

(b) in the case of the Director, is addressed to or delivered by hand to:

Ohio Environmental Protection Agency
Lazarus Government Center
50 West Town Street, Suite 700
P.O. Box 1049
Columbus, Ohio 43215-1049
Attn: Chief, Division of Environmental and Financial Assistance

and,

(c) in the case of the Borrower, is addressed to or delivered personally to the Borrower at the address listed on Exhibit 1, or at such other addresses with respect to any such party as that party may from time to time, designate in writing and forward to the other parties as provided in this Section.

Section 5.2. Any approval of the Director required by this Agreement shall not be unreasonably withheld. Any provision of the Agreement requiring the approval of the Director or the satisfaction or evidence of satisfaction of the Director shall be interpreted as requiring a response by the granting, authorizing, or expressing such approval or satisfaction, as the case may be, unless such provision expressly provides otherwise.

Section 5.3. This Agreement is made subject to, and conditional upon, the approval of this Agreement as to form by the Counsel to the Director and upon the certification of availability of funds as provided in Section 3.8. hereof.

Section 5.4. If any provision of this Agreement or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of this Agreement that can be given effect without the invalid provision or application, and to this end, the provisions of this Agreement are severable. In lieu thereof the parties agree that there shall be added a provision as similar in terms to such illegal, invalid and unenforceable provision as may be possible and be legal, valid and enforceable.

Section 5.5. This Agreement shall become effective as of the Effective Date, and this Agreement shall continue in full force and effect until the day the obligations of the Borrower under this Agreement have been fully satisfied.

Water Pollution Control Loan Fund Agreement

Section 5.6. This Agreement shall be binding upon and inure to the benefit of the parties hereto and to any person, office, board, department, agency, municipal corporation, or body politic and corporate succeeding by operation of law to the powers and duties of any of the parties hereto. This Agreement shall not be assigned by the Borrower without the prior written consent of the Director. The Director, at his option, may assign this Agreement without the consent of the Borrower.

Remainder of this page intentionally blank.

Water Pollution Control Loan Fund Agreement

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized officers as of the "Effective Date."

APPROVED AS TO FORM

By

Ohio EPA Counsel

Print Name

OHIO ENVIRONMENTAL PROTECTION AGENCY

By

John Logue, Director

Date

APPROVED AS TO FORM

By

Alexander Ewing / JAK
Borrower's Counsel

Print Name

Alexander Ewing

BORROWER

By

Jacqueline Phillips Carter
Authorized Representative

Print Name

Jacquelyn Phillips Carter

Title

Health Commissioner

Date

7-2-2025

Water Pollution Control Loan Fund

Exhibit 1

Project Name: 2025 HSTS Repair/Replacement Program

Borrower: Middletown

Loan Number: HS390598-0012

Address: 1 Donham Plaza

City & State: Middletown, OH

Zip Code: 45042

Borrower's Authorized Representative: Jackie Phillips Carter

Phone: (513) 425-7854

Project Description

This project is for the repair/replacement of household sewage treatment systems (HSTS) for the City of Middletown.

Cost Data

Activities	Eligible	Total Project Cost
Construction		
HSTS Technical Services - HSTS Improvements	\$150,000.00	\$150,000.00
Total Estimated Cost	\$150,000.00	\$150,000.00

WPCLF Loan Information

Interest Rate:	0.0%
Term in Years:	20.0
Number of Payments:	40
Participation Rate:	0.0
Principal Forgiveness Amount	\$150,000.00

Principal Amount:	\$0.00
Interest:	\$0.00
Total Cost of Borrowing:	\$0.00
Payment:	\$0.00

Project Schedule

Application Date:	09/02/2024
Resolution Date:	04/08/2025

Project Completion:	12/31/2026
Date of Initial Payment:	N/A

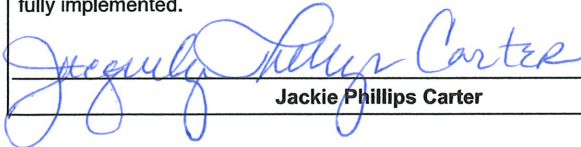
Pledged Revenues

Section 603(d)(1)(C) of the Clean Water Act requires one or more dedicated sources of revenue for repayment of the loan. The following information specifies those sources

Revenue Source

Special Assessments	
General Taxes	
Wastewater Service Charge	
Other:	
Total	\$0.00

To the best of my knowledge and belief, the information contained on this exhibit represents the actual project costs being requested from the WPCLF. I hereby acknowledge that the non-eligible and not funded costs identified above, if any, will be provided from sources other than the WPCLF as to allow the project to be fully implemented.


Jackie Phillips Carter


Date

Fee Review for 2026 are as follows:

FOOD OPERATION COMMERCIAL

LESS THAN 25,000 SQ FEET	Current Local Fee	New Recommended Fee	Maximum Fee
Risk 1	\$ 176.00	No Increase	\$ 246.77
Risk 2	\$ 194.00	No increase	\$ 282.79
Risk 3	\$ 376.00	No Increase	\$ 518.23
Risk 4	\$ 478.00	No Increase	\$ 739.46

NON-COMMERCIAL

Current Local Fee	50% of recommended local Fee	Maximum Fee
\$ 88.00	No Increase	123.38
\$ 97.00	No Increase	141.39
\$ 188.00	No increase	259.311
\$ 239.00	No increase	369.73

FOOD OPERATION COMMERCIAL

GREATER THAN 25,000 SQ FEET	Current Local Fee	New Recommended Fee	Maximum Fee
Risk 1	\$266.00	No increase	\$ 373.54
Risk 2	\$276.00	No increase	\$ 395.15
Risk 3	\$ 950.00	No increase	\$ 1497.21
Risk 4	\$ 1008.00	No increase	\$ 1589.41

NON-COMMERCIAL

Current Local Fee	50 % of local fee	Maximum Fee
\$130.00	No Increase	186.77
\$138.00	No Increase	197.57
\$475.00	Ni increase	748.60
\$504.00	No Increase	794.70

Vending Locations

Current Local Fee	New Recommended Fee	CPI (consumer Price Index)	Maximum Fee
\$20.40	No increase	2.9 % (.59)	20.99

Mobiles

	Current Local Fee	New Recommended Fee	Maximum Fee
High Risk fee	\$135.00	No Increase	\$391.45
Low Risk Fee	\$67.50	No Increase	\$195.50

Commercial Temporary

Non-Commercial Temporary

Current Local Fee	Maximum Fee	Recommended Fee	Current Local Fee	Maximum Fee	Recommended non-commercial Fee
\$39.00	\$84.36	No increase	19.50	\$42.18	No increase

Plan review Fees	Current fee	Purpose fee
Plan Review Fee	\$300.00	No increase
Expedited Plan Review Recommended fees	\$600.00	No increase

POOLS

SWIMMING POOLS	Current Local Fee	New Recommended Fee	Maximum Fee
Individual Swimming Pool	245.00	No increase	450.37
Individual Spa	245.00	No increase	1425.87
Individual (Special Use Pool)	245.00	No increase	NO SUP
ADDITIONAL POOL/ SPA/ SUP AT SAME LOCATION	100.00	No increase	

Body Art

Body Art	Current fee	New Recommended Fee	Maximum Fee
Tattooing	250.00	No increase	411.00
Body piercing	250.00	No increase	507.80
Combine body Art Services Body art	250.00	No increase	2213.95
Time limited services	50.00	No increase	626.89

Campground

Current Local Fee	Maximum Fee	Recommended Fee
\$200.00	\$707.00	No increase
\$1.00 each additional lot	\$14.14	No increase

Private Water and Sewer

HSTS	Current fee	Purpose fee
Permit for New or replacement septic installation (includes 12 Month Inspection)	\$266.00	\$290.00
Permit to Alter an existing septic system	\$200.00	\$250.00
Site Review Application	\$65.00	\$125.00
HSTS Effluent Testing (per sample)	\$65.00	\$65.00 Plus Lab Cost
Abandonment of HSTS/GRWS	15.00	25.00

Private Water Samples	Current fee	Purpose fee
Total coliform Samples (each Sample)	\$65.00	\$65.00 Plus Lab Cost
Nitrate Samples (each sample)	\$65.00	65.00 Plus lab Cost

Private water	Current fee	Purpose fee
Installation of a Private Water Systems (Single-family /Non-Single-family dwelling) Includes 1 water sample	100.00	250.00
Alteration of a Private Water Systems (Single Family/Non-Single-Family Dwelling) Includes 1 water sample	100.00	225.00
Installation of Private Water Systems (Cisterns, Ponds, Springs) Single Family/Non-Single-Family Dwelling Includes 1 water sample	100.00	250.00
Sealing of a Private water (Single Family/Non-Single-Family dwelling)	30.00	75.00
Well Conversion (Single family/Non-Single-Family dwelling) Includes one water sample	100.00	225.00
Construction of a Test Well (Single family/Non-Single-Family dwelling)	100.00	No Increase
Alteration of a Test Well (Single family/Non-Single-Family dwelling)	100.00	No Increase
Water Haulers (per truck)	65.00	No Increase
Application for a Variance	30.00	No Increase
Water survey for real estate closing (include water sample)	100.00	300.00

DISTRICT	CURRENT CERTIFICATE COST	PERMIT COST
Dayton & Montgomery County	\$23	\$3
Adams County	\$25	\$3
Warren County	\$22	\$3
Norwood City	\$30	\$3
Clermont County	\$25	\$3
Shelby County	\$25	\$3
Clinton County	\$23	\$3
Middletown City	\$25	\$3
Greene County	\$24	\$2
Butler County	\$25	\$3
Hamilton City	\$25	\$3

CITY OF MIDDLETOWN HEALTH DEPARTMENT

2025 Activity Quarterly Report- Second Quarter

Environmental Quarterly Totals	April	May	June	YTD Total
Food Service Operations/Vending Inspections	33	27	26	250
Retail Food Establishments Inspections	18	11	18	103
Mobile FSO/RFE	7	1	0	19
Prelicense/Consultations	15	8	0	56
Inspection of Temporaries	1	3	0	9
Environmental School Inspections	5	4	0	21
Smoking Inspections	0	0	0	2
Swimming Pools Inspections	0	28	21	51
Tattoo Establishment Inspections	0	1	0	1
Animal Bites	8	4	9	41
Complaints	7	6	4	42
Level 1 Food Certification Training	0	0	0	14
T 21 Inspections	8	3	7	25
Sewage Inspections	0	0	14	14

Vital Statistics Quarterly Totals	April	May	June	YTD Total
Birth Certificates Issued	506	528	425	2530
Death Certificates Issued	329	323	311	2131
Birth Certificates Filed	80	85	99	471
Death Certificates Filed	99	65	91	532
Indigent Cremations	2	3	3	15
Accidents				
Drug Overdoses	0	5	2	10
Falls	0	1	0	3
Exposure to Elements	0	0	0	0
House Fire	0	0	0	0
Motor Vehicle Accidents	0	1	0	1
Undetermined	0	0	0	0
Suicide	0	0	0	0
Homicide	0	0	0	0
COVID-19 Related Deaths	0	0	0	1
2 Pending Death Certificates				

COVID-19	412	110	-	-	522
Atypical Mycobacteria	0	0	-	-	0
Bacteremia S. Pneumoniae	0	0	-	-	0
Streptococcal-Group A-invasive	1	2	-	-	3
Streptococcus pneumoniae-Invasive	1	4	-	-	5
Campylobacter	3	1	-	-	4
Cryptosporidiosis	1	0	-	-	1
E Coli Shiga Toxin-Producing	0	0	-	-	0
Salmonella	2	5	-	-	7
Shigella	0	2	-	-	2
Dengue	0	0	-	-	0
C. auris	3	3			6
Coccidioidomycosis	0	1			1
Hepatitis A	0	2	-	-	2
Hepatitis B	5	8	-	-	13
Hepatitis C	17	15	-	-	32
Meningitis Bacterial	0	0	-	-	0
Meningitis Viral	1	0	-	-	1
Haemophilus Influenza (invasive disease)	0	0	-	-	0
Influenza-associated hospitalization	106	0	-	-	106
Varicella	0	2	-	-	2
Mumps	0	0	-	-	0
Tuberculosis	2	3	-	-	5
Lyme Disease	0	3	-	-	3
Pertussis	0	4	-	-	4
CP Carbapenem-Resistant Enterobacteriaceae	0	0	-	-	0
CPO	4	3			7
Legionellosis-Legionnaires' Disease	0	1	-	-	1
Giardiasis	0	0			0
West Nile virus disease	0	2			2
HIV	1	0	-	-	1
STD's (Sexually Transmitted Diseases):					
Chlamydia	65	62	-	-	127
Gonococcal Infection	17	12	-	-	29
Syphilis	1	8	-	-	9

Meetings/Conference Calls

Health Commissioner & Environmental Health Director:

- ODH We CanConference Call
- Southwest Ohio Health Commissioner Meeting
- Southwest Executive Steering Committee Meeting
- Emergency Preparedness Meeting
- AOHC Conference Calls
- Accela Conference Calls

Community Meetings attended by Health Commissioner

- Middletown Connect Core Meeting
- Centerpoint Board Meeting & Program Committee
- Butler County Cares Meeting with County Commissioner, Cindy Carpenter
- YWCA Semi Annual Retreat Strategic Planning
- Middletown Connect Ambassador Meetings
- Butler County Board of Disabilities & Committee Meetings
- Walk with a Doc
- Infection Control Call
- Butler County Prevention Advocacy & Policy Coalition
- Middletown Rocks/CBI Fundraiser
- FCFC Family and Children First Council

CITY OF MIDDLETOWN HEALTH DEPARTMENT REPORTABLE COMMUNICABLE DISEASES – 2025

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
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CITY OF MIDDLETOWN HEALTH DEPARTMENT 2024 Activity Quarterly Report- Second Quarter

Environmental Quarterly Totals	April	May	June	YTD Total
Food Service Operations/Vending Inspections	37	47	65	236
Retail Food Establishments Inspections	29	43	13	111
Mobile FSO/RFE	8	2	1	19
Prelicense/Consultations	2	9	1	30
Inspection of Temporaries	1	0	5	8
Environmental School Inspections	9	0	0	21
Smoking Inspections	1	0	0	2
Swimming Pools Inspections	0	21	20	53
Tattoo Establishment Inspections	0	2	0	4
Animal Bites	8	13	7	43
Complaints	2	2	1	13
Level 1 Food Certification Training	0	0	0	3
Temp Park/Park Camp	0	4	1	5
Sewage Inspections	0	0	0	1

Vital Statistics Quarterly Totals	April	May	June	YTD Total
Birth Certificates Issued	369	301	274	1935
Death Certificates Issued	362	325	326	2094
Birth Certificates Filed	58	90	70	425
Death Certificates Filed	93	87	87	559
Indigent Cremations	5	0	3	19
Accidents				
Drug Overdoses	6	1	1	9
Falls	0	0	0	1
Exposure to Elements	0	0	0	0
House Fire	0	0	0	0
Motor Vehicle Accidents	0	0	0	1
Undetermined	0	2	2	4
Suicide	1	0	0	3
Homicide	0	0	2	2
COVID-19 Related Deaths	0	0	0	4
2 Pending Death Certificates				

**CITY OF MIDDLETOWN HEALTH DEPARTMENT
REPORTABLE COMMUNICABLE DISEASES – 2024**

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
COVID-19	460	73	-	-	533
Atypical Mycobacteria	0	0	-	-	0
C. auris	0	3			3
Bacteremia S. Pneumoniae	0	0	-	-	0
Streptococcal-Group A-invasive	5	3	-	-	8
Streptococcus pneumoniae-Invasive	1	1	-	-	2
Campylobacter	0	2	-	-	2
Cryptosporidiosis	0	1	-	-	1
E Coli Shiga Toxin-Producing	1	0	-	-	1
Salmonella	3	0	-	-	3
Shigella	1	0	-	-	1
Dengue	1	0	-	-	1
Coccidioidomycosis	1	0			1
Hepatitis A	1	0	-	-	1
Hepatitis B	5	4	-	-	9
Hepatitis C	14	25	-	-	39
Meningitis Bacterial	0	0	-	-	0
Meningitis Viral	0	0	-	-	0
Haemophilus Influenza (invasive disease)	1	0	-	-	1
Influenza-associated hospitalization	60	5	-	-	65
Varicella	2	0	-	-	2
Mumps	1	0	-	-	1
Tuberculosis	1	0	-	-	1
Lyme Disease	1	0	-	-	1
Pertussis	5	2	-	-	7
CP Carbapenem-Resistant Enterobacteriaceae	0	0	-	-	0
CPO	3	4			7
Legionellosis-Legionnaires' Disease	0	1	-	-	1
Giardiasis	0	0			0
HIV	3	3	-	-	6
STD's (Sexually Transmitted Diseases):					
Chlamydia	77	80	-	-	157
Gonococcal Infection	19	24	-	-	43
Syphilis	5	3	-	-	8

Smoking Complaint Spreadsheet

For June 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 June.										

City of Middletown Health Department

June 2025

Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	99	471
Death Certificates Filed	91	532
Birth Certificates Issued	425	2530
Death Certificates Issued	311	2131
Indigent Cremation Services	3	15

Deaths Filed

Accidental		
Drug Overdose	2	10
Falls	0	3
Motor Vehicle	0	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

Environmental Inspections

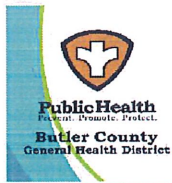
	MONTHLY	YTD
Food Service Operations(FSO)	26	249
Retail Food Establishments(RFE)	18	103
Prelicense/Consultations	4	60
Sewage Inspections	14	14
School Inspections	0	21
Vending Locations	0	1
Temporary FSO/RFE	0	9
Mobile FSO/RFE	0	19
Complaints	4	42
Smoking Complaint Inspections	0	2
Swimming Pools	21	51
Tattoo	0	1
Temp Park/Park Camp	0	0
Jail Inspection	0	0
Site Visit (Septic)	0	0
T 21 Inspections	7	25
Well Sealing Permits	0	1
Septic Abandonment	0	1
Plans Received	2	2

Level 1 Certification Training

Number of Attendees	0	14
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Animal Bite Events

Dog	9	35
Cat	0	4
Bat	0	2



Butler County Monthly Communicable Disease Surveillance Report

June of 2025

Josh Melegari, MPH
Josh.melegari@bcoho.gov

Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: 323
- Most Frequently Reported: COVID-19, Chlamydia, Gonococcal Infection, Hep C, Pertussis

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

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	6329	55.5	-	-
Butler County	212	54.3	0.979	(0.85-1.12)

Interpretation: The residents of Butler County were 2.1% less likely to be the subject of a notifiable disease report when compared to the rest of Ohio as a whole. These results are not statistically significant. (excluding Chlamydia infection and Gonorrhea)

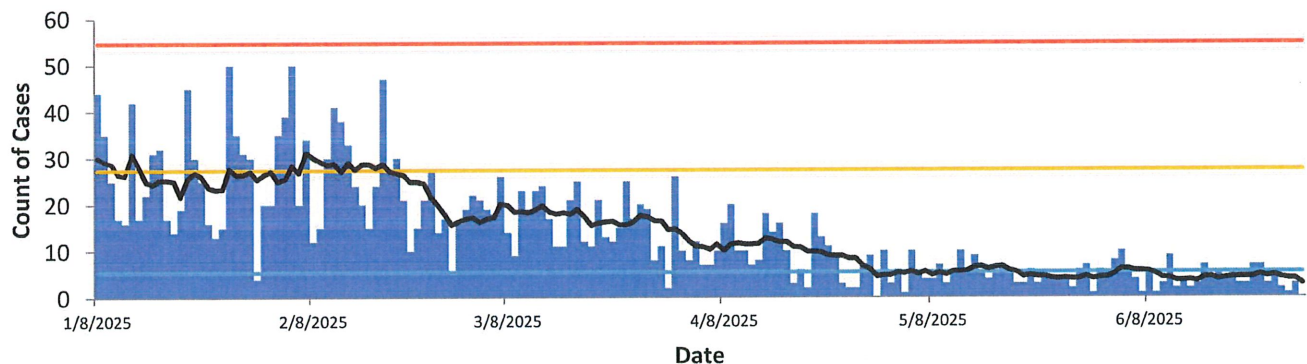
Table 2.* Communicable Diseases by Jurisdiction (June 2025)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	209	75.7	↓2.8% from May 2025 (n=215)
Middletown City Health Department	57	111.7	↓12.3% from May 2025 (n=65)
City of Hamilton Health Department	57	89.9	↓24.0% from May 2025 (n=75)
Butler County (all inclusive)	323	82.7	↓9.0% from May 2025 (n=355)

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

Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	22	↓29.0% from May 2025 (n=31)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	114	↑16.3% from May 2025 (n=98)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	13	↑45.8% from May 2025 (n=24)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, Haemophilus influenzae, Bacterial meningitis, Mumps, Pertussis, invasive Streptococcus pneumoniae, Tetanus, and Varicella)	144	↓19.1% from May 2025 (n=178)

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

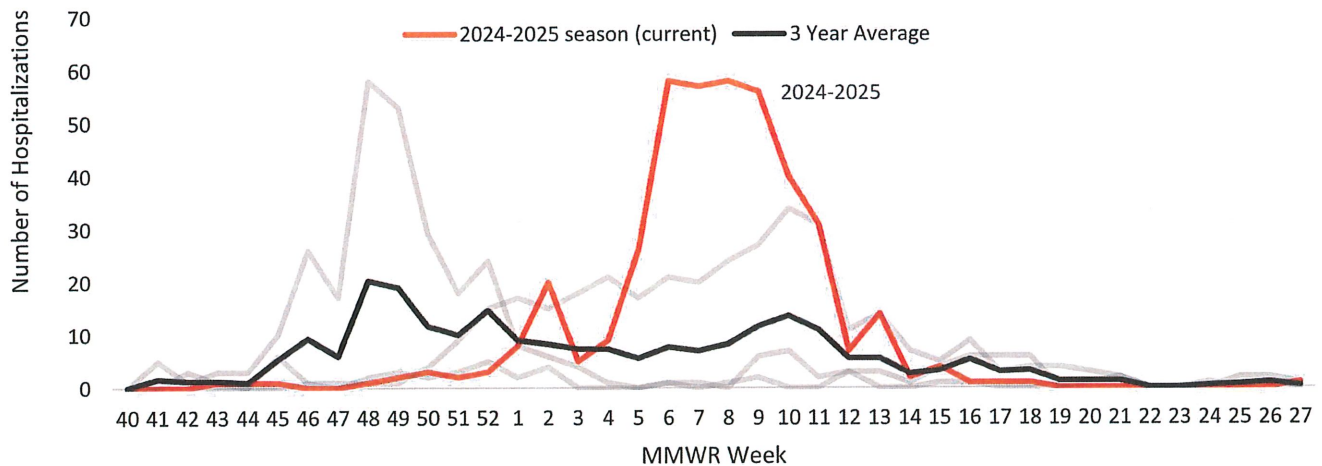


*Data is provisional and subject to change – Table 1 does not include Gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika 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 June 1 – 30, 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 (June 2025)

Jurisdictions	Butler County General Health District	City of Hamilton Health Department	Middletown City Health Department	Butler County (all inclusive)
Amebiasis	1	0	0	1
C. auris	5	1	1	7
COVID-19	98	17	13	128
CPO	6	1	0	7
Campylobacteriosis	2	0	2	4
Chlamydia infection	51	17	18	86
Coccidioidomycosis	0	1	0	1
E. coli, Shiga Toxin-Producing (O157:H7, Not O157, Unknown Serotype)	1	0	0	1
Gonococcal infection	9	5	12	26
Hepatitis A	1	0	0	1
Hepatitis B (including delta) - acute	1	1	0	2
Hepatitis B (including delta) - chronic	1	2	1	4
Hepatitis B - Perinatal Infection	2	0	1	3
Hepatitis C - chronic	7	3	3	13
Influenza-associated hospitalization	0	0	1	1
Legionellosis	3	0	0	3
Lyme Disease	3	0	0	3
Measles - indigenous/imported Status Not Determined (call health department immediately)	2	0	0	2
Meningitis - aseptic/viral	0	0	1	1
Pertussis	5	2	1	8
Salmonellosis	4	2	0	6
Strep Pneumoniae - invasive	0	2	0	2
Streptococcal - Group A -invasive	3	0	0	3
Streptococcal - Group B - in newborn	1	0	0	1
Syphilis	0	1	1	2
Tuberculosis	2	0	0	2
Varicella	1	2	2	5
Total	209	57	57	323

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



*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 June 1 – 30, 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.

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.

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

	2020	2021	2022	2023	2024	5 Year Avg.	Up to 6/30/2025
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	26
Campylobacteriosis	30	35	48	49	42	40.8	27
Chlamydia infection	1,512	1,406	1,359	1,321	1,208	1361.2	522
COVID-19 (not reportable prior to 2020)	26,420	39,521	49,323	12,192	9303	27351.8	2690
CPO (replaces CP-CRE) (not reportable prior to 2019)	10	11	12	93	58	36.8	27
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	2
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	146
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	30
Hepatitis C – acute/chronic/perinatal	486	434	390	280	234	364.8	126
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	394
Legionellosis – Legionnaires' Disease	10	10	15	12	14	12.2	9
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	3
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	57
Salmonellosis	20	26	34	54	36	34.0	19
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	11
Streptococcal – Group B – in newborn	1	0	1	1	0	<1	2
Streptococcus pneumoniae – Invasive	31	33	40	43	40	37.4	28
Syphilis (all stages)	17	23	45	66	55	41.2	26
Tuberculosis (active)	6	7	8	7	13	8.2	13
Varicella	1	5	8	19	11	8.8	1
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

*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 June 1 – 30, 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.



Butler County
General Health District

301 South Third Street
Hamilton, Ohio 45011
P: 513-863-1770
F: 513-863-4372
health.bcoho.gov

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

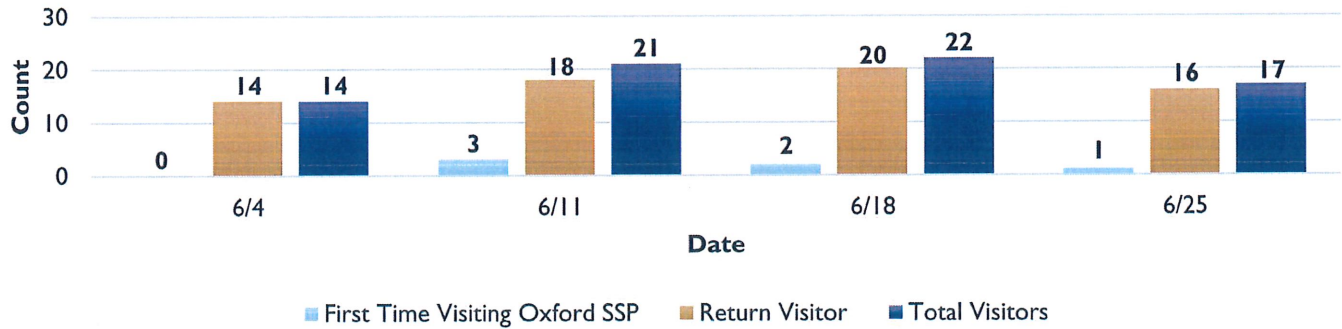


Figure 2: Oxford SSP Site Visitors by Month for 2024 and 2025

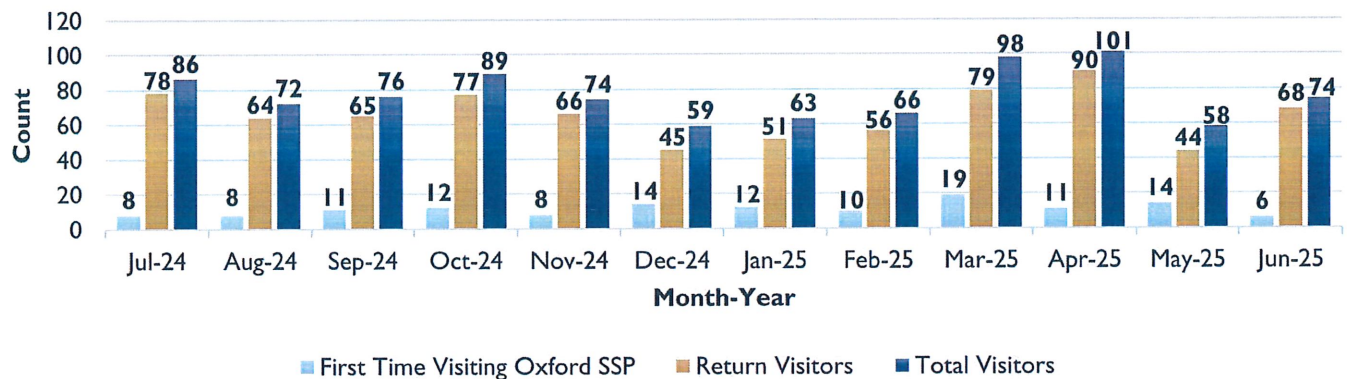
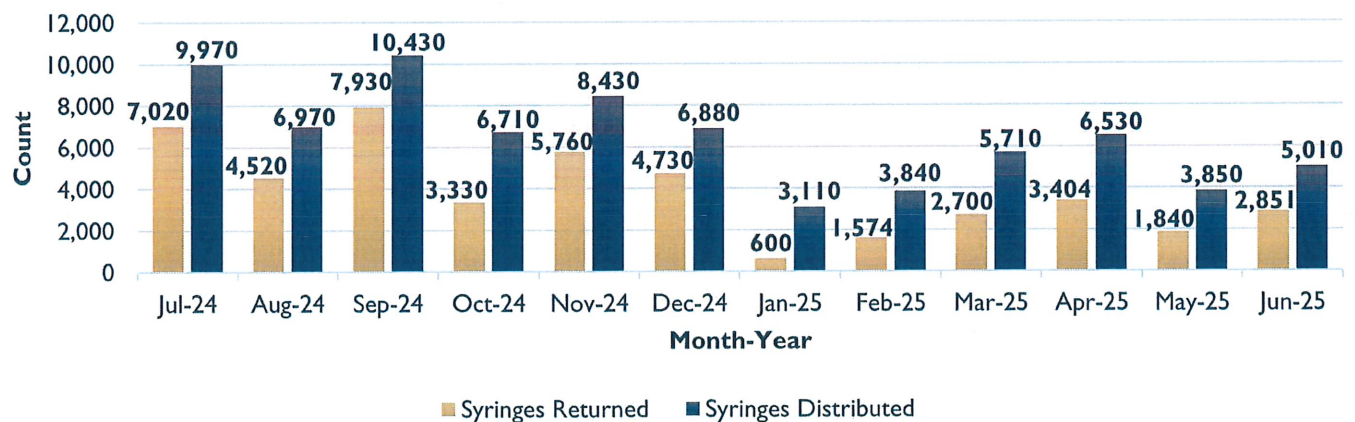


Figure 3: Syringes Returned and Distributed by Month for the Oxford SSP Site for 2024 and 2025



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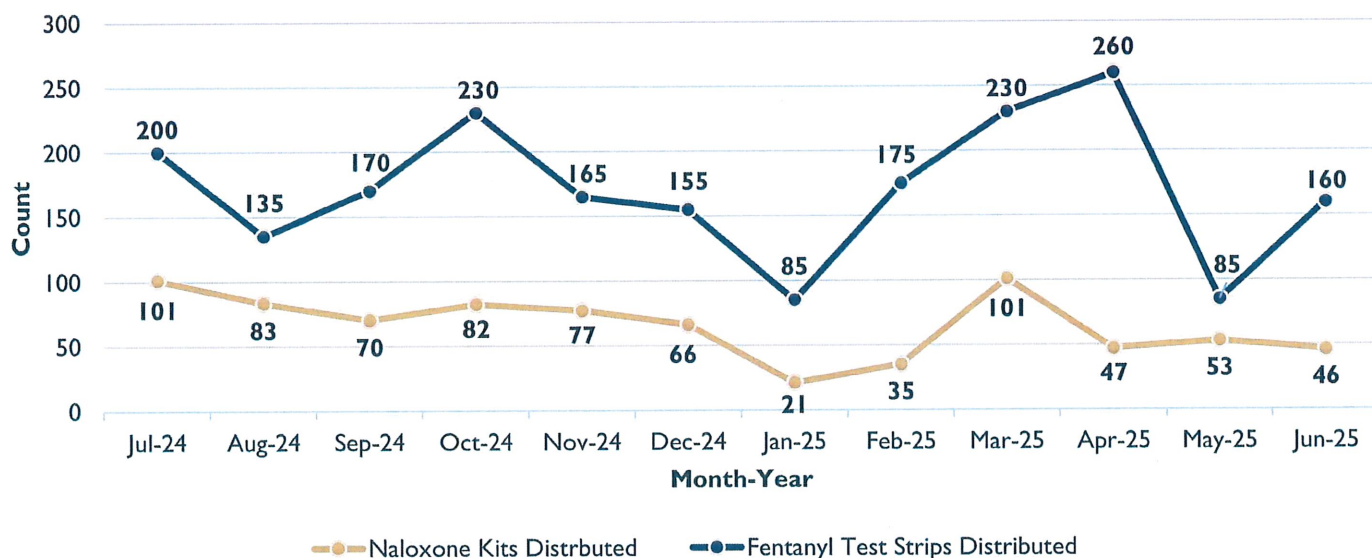
Butler County
General Health District

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F: 513-863-4372
health.bcoho.gov

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

County	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	511	1,080	47.31%
45013	1,420	2,230	63.68%
Hamilton Total	1,931	3,310	58.34%
45044 - Middletown	0	120	0.00%
45056 - Oxford	920	1,500	61.33%
Preble County, OH	0	80	34.08%
Total	2,851	5,010	56.91%

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 27, 2025, Data is provisional and subject to change



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

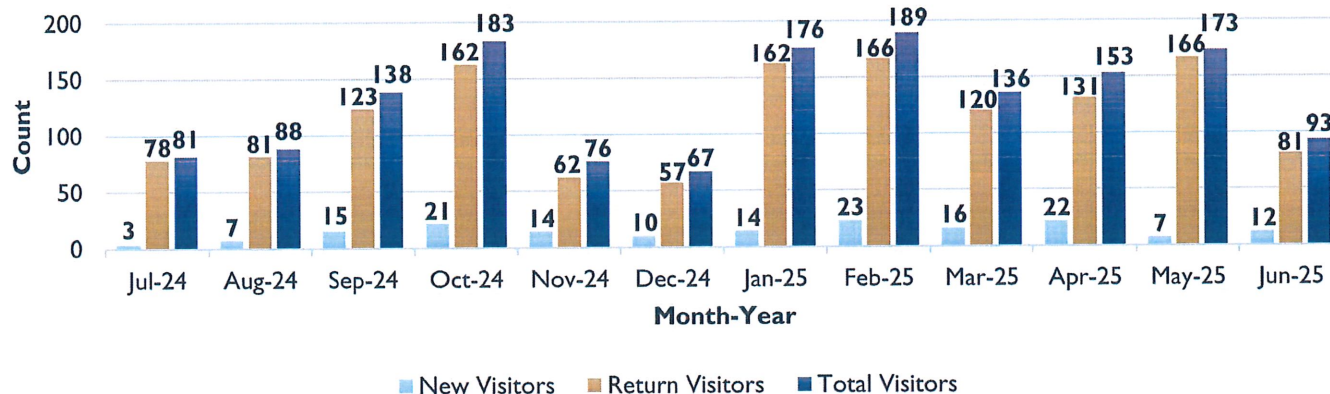


Figure 2: Syringes Returned and Distributed by Month for the Fairfield SSP Site for 2024 and 2025

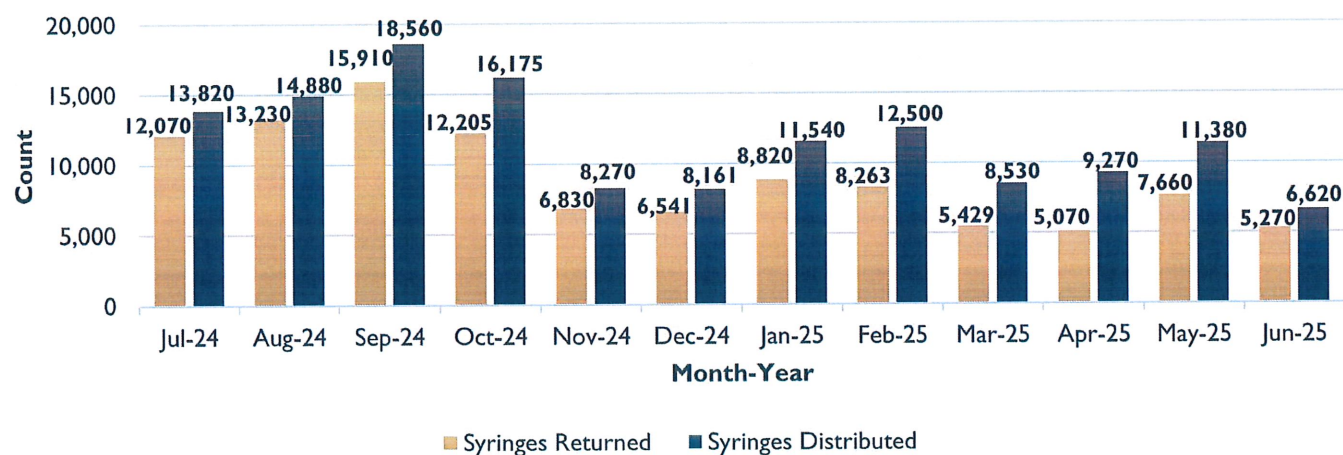


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Fairfield SSP Site for June 2025

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	5,070	6,300	80.48%
Hamilton County, OH	200	320	62.50%
Total	5,270	6,620	79.61%

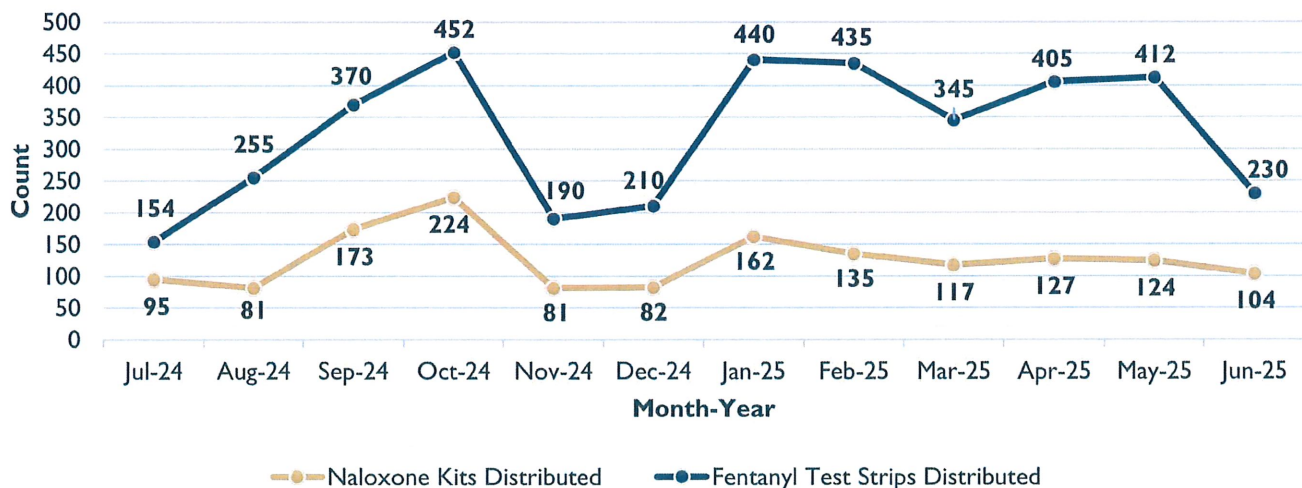




Table 2: Syringes Returned and Distributed by Zip Code - City for the Fairfield SSP Site by Butler County Visitors' Home Residence for June 2025

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Hamilton			
45011	1,500	2,100	71.43%
45013	1,850	2,240	82.59%
45015	500	780	64.10%
Hamilton Total	3,850	5,120	75.20%
Middletown			
45042	260	260	100.00%
45044	760	640	118.75%
Middletown Total	1,020	900	113.33%
45014 - Fairfield	200	280	71.43%
Butler County Total	5,070	6,300	80.48%

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



Source: Butler County General Health District – Fairfield Syringe Service Program Site, Data obtained June 27, 2025, Data is provisional and subject to change



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Health Commissioner June 2025

Summary

Highlights:

- **Appreciation:** Acknowledged the Mayor, Personnel Committee, and Board of Health for completing the annual review.

Community Engagement:

- **Middletown Connect Meeting:**
 - Over 35 attendees, including Mayor and City Councilman.
 - Topics: community concerns (e.g., pile of rocks, downtown buildings), youth activities, health trainings (CPR, Stop the Bleed), communication gaps, and need for a unified vision and plan.
- **City Council Meeting:**
 - Presented plan for addressing failing septic systems using an EPA grant and city funds.
 - Collaborative effort between Middletown Connect, city leadership, and the health department.
 - First project site identified in Amanda area; will serve as a pilot look for system gaps.

Internal Activities:

- **HD Staff "Lunch and Learn":** Dr. Todd Worthington discussed stress management and "text neck."
- **Walk with a Doc:** TriHealth doctors presented on mental health, dementia, and Alzheimer's.

Administrative & Strategic Updates:

- **Grants:** Most stable, with HIV, Cardiovascular, and Lead grants at risk—updates to follow.
- **Budget & Staffing:** No new positions expected in 2026; succession planning underway; budget discussions to begin soon.
- **Annual HR Meetings:** Conducted with finance, legal, and HR to review pay and benefits.

Retreats & Training:

- **YWCA Retreat:** Strategic planning and team bonding.
- **Trainings Completed:** 3 Ethics sessions, 2025 Major Unusual Incidents (MUI), and ODODD Health and Welfare Alerts.
- **Evaluations:** Completed for CEO and Board of Directors at YWCA.

Community Fundraising:

- Participated in "**Middletown Rocks**" fundraiser (CBI). Won for most money raised—humbling but rewarding experience.

Public Health Incident:

- Returned to work to begin a **suspected foodborne illness** investigation in absence of the DON.

Amanda Septic Task Force

Project Background

- Created in response to the **Health Department's** concerns with aging/deteriorating septic systems, the size of existing lots, and dry wells.
- Systems date back as far as 1968; the average life of a system is 30 years; many are nearing **failure**.

Formation

- Initiated by **city leadership** due to urgency and community input.
- **Community Ambassadors** from Middletown Connect were engaged early in the process.
- Aimed to understand current conditions and prepare for **future** needs.

KEY OBJECTIVES & ACTIONS

Community Education

- Renters often unaware they rely on septic systems.
- Ongoing outreach ensures understanding of risks and options.

Infrastructure Investment

- Explored sewer system expansion (\$20–22M estimate).
- Reviewed replacement rules under Ohio Health Department regulations.



Resident Guidance

- Developed a flow chart with the Health Dept. for step-by-step guidance during septic failure.

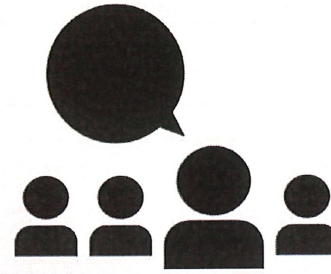
Financial Assistance

- EPA Grant secured to assist qualifying homeowners.
- Proposal for a Revolving Loan Fund to help with repairs/replacements.

Landlord Accountability

- Reinforcing landlord responsibility for system maintenance, repair and replacement.

Progress & Next Steps



Recent Progress

- Task force meetings held to review developments.
- Flow chart refined for greater clarity.
- EPA grant awarded; waiting on grant finalization from EPA.



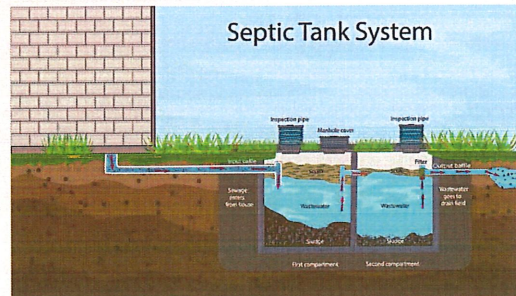
Next Steps

- Continue:**
- Seeking funding
 - Supporting residents
 - Engaging stakeholders for sustainable solutions



Town Hall

- Update residents and gather feedback



Failing Septic System

01 Inspection

- Complaint Received
- Visual Assessment



02 Initial Notice

- Notice of Violation (NOV) from the Health Department
- Requires Immediate Attention
 - Pumping
 - Treatment
- Follow-Up
 - Replacement Viability



03 Assess Options

- System can be repaired or replaced
 - Permitting
 - Type: Alternative or Conventional
- 2nd NOV Letter
 - System Alteration
 - System Replacement
 - Soil Analysis
 - Site Design



Funding Options

04

- Self Pay
- Revolving Loan
- State Grant Program
- Agency Assistance



Other Considerations

05

- Space (Size of Property)
- Flood Plain Zone
- Soil Type
- Ability to Pay



Zero Septic

06

- Immediate Evacuation
- Agency referral for relocation assistance





BUTLER COUNTY, OHIO

EMERGENCY MANAGEMENT AGENCY

315 HIGH STREET, SUITE 670

HAMILTON, OHIO 45011

PHONE: 513.785.5810

EMAIL: BCEMA@BUTLERCOUNTYOHIO.ORG



In anticipation of extreme high temperatures June 21-27, 2025, the following locations have been designated as Cooling Centers for Butler County.

MidPointe Library Liberty 6716 Yankee Road Liberty Township, OH 45044 Monday – Friday – 10:00 AM – 7:00 PM Friday – Saturday: 10:00 AM – 5:00 PM	MidPointe Library Middletown 125 South Broad Street Middletown, OH 45044 Monday – Thursday: 10:00 AM – 8:00 PM Friday – Saturday: 10:00 AM – 5:00 PM
MidPointe Library Monroe 1 Tennessee Avenue Monroe, OH 45050 Monday – Thursday: 10:00 AM – 7:00 PM Friday – Saturday: 10:00 AM – 5:00 PM	MidPointe Library Trenton 200 Edgewood Drive Trenton, OH 45050 Monday – Thursday: 10:00 AM – 7:00 PM Friday – Saturday: 10:00 AM – 5:00 PM
MidPointe Library West Chester 9363 Centre Pointe Drive West Chester, OH 45069 Monday – Thursday: 10:00 AM – 8:00 PM Friday – Saturday: 10:00 AM – 5:00 PM	Hamilton Lane Library 300 North Third Street Hamilton, OH 45011 Monday – Thursday: 9:00 AM – 8:00 PM Friday – Saturday: 9:00 AM – 6:00 PM Sunday: 1:00 PM – 5:00 PM
Fairfield Lane Library 1485 Corydale Drive Fairfield, OH 45014 Monday – Thursday: 9:00 AM – 8:00 PM Friday – Saturday: 9:00 AM – 6:00 PM Sunday: 1:00 PM – 5:00 PM	Oxford Lane Library 441 S. Locust Street Oxford, OH 45056 Monday – Thursday: 9:00 AM – 8:00 PM Friday – Saturday: 9:00 AM – 6:00 PM Sunday: 1:00 PM – 5:00 PM
Lane Community Technology Center 228 Court Street Hamilton, OH 45011 Monday – Thursday: 10:00 AM – 6:00 PM Friday – Saturday: 10:00 AM – 2:00 PM	

Butler County Emergency Management Information Hotline – (513) 785-5800.



[@ButlerCOEMA](https://www.facebook.com/ButlerCOEMA)



<https://ema.bcoho.gov/>



[@bcohoEMA](https://twitter.com/bcohoEMA)

walk[®] with a DOC Middletown

This walking program is a fun and safe place to take a walk (at your own pace), learn health tips from local healthcare providers, and meet new friends.

The event is FREE and all are welcome!

2025 Summer - Winter Location Schedule

July 19, 2025 - Smith Park

August 16, 2025 - Jacot Park

September 20, 2025 - Sunset Park

October 18, 2025 - TBD

November 15, 2025 - Woodside Cemetery

December 20, 2025 - TBD

*Walks start at 9A.M.

*Look for the *Walk with a Doc* yard sign to find us!



Ruth Lolli: rlolli@hcmiddletown.org



513-292-8585



HOSPICE CARE
OF MIDDLETOWN



Middletown
CONNECT



Middletown
Community
Foundation

WE CONNECT PEOPLE WHO CARE

GIVING VOICE FOUNDATION PROGRAMS AT A GLANCE

Giving Voice Foundation supports individuals with dementia and their caregivers through programs that enhance quality of life, foster connection, and provide essential resources for navigating Alzheimer's and dementia.

GIVING
VOICE

Purposeful Planning Program a free consultative service, offering guidance for families navigating the caregiving journey through an Alzheimer's (or other progressive dementia) diagnosis. Led by clinical social workers, sessions provide education on disease progression, communication tips, emotional support, and referrals to community resources. Available at any stage, this program empowers caregivers to reduce stress and improve quality of care for their loved ones.

Schedule a free consultation by calling (513) 513-0483 or emailing Kristin Cooley directly at kristin@givingvoicefdn.org



Creative Connections an engaging music and movement program designed for individuals with dementia. It fosters artistic expression while enhancing cognitive function and emotional well-being. The program is inclusive of all skill-levels and stages of the disease process. A support group for care partners is offered simultaneously, allowing them much-needed respite and support while their loved one participates in the music and movement experience. For more info or to register, contact Angie Homoele at ahomoele@ccswoh.org or (513) 672-3834

Current groups:

- Mondays 10:30 AM to 12 PM (*St. Clare Convent / Hartwell*)
- Mondays 1:30 PM to 3 PM (*Faith Community UMC / West Chester*)
- Tuesdays 2 PM to 3:30 PM (*Lakeside Presbyterian Church / NKY*)
- Wednesdays 1:30 PM to 3 PM (*Knox Presbyterian Church / Hyde Park*)

Brains in Bloom a monthly floral arranging class, in partnership with Druffel Gardens and Cincinnati Wholesale Florist, aimed at individuals with dementia and their loved ones. The sessions promote creativity, social connection, and fine motor skills through hands-on flower arranging. All materials are supplied and no prior experience required. Participants can expect to enjoy a fun and relaxing experience in a supportive community

Montgomery Community Church
Third Friday of each month
1:00 PM – 2:00 PM

For more info or to register, contact Kristin Cooley at (513) 513-0483 or kristin@givingvoicefdn.org





Caring for the Caregiver a complimentary writing workshop designed for current and former family caregivers. Offered quarterly with two in-person sessions and two virtual sessions. Guided by authors, Annette Januzzi Wick and Pauletta Hansel, this workshop creates a supportive environment for participants to reflect on their caregiving journeys through poetry, storytelling, and journaling. Register by contacting Kara Pierson Harper at (513) 244-5494 or emailing kpierson@muchmorethanameal.org.

10 AM - 12 PM

2/25 & 8/12 (Virtual) Zoom link sent to registered participants

5/13 & 11/14 (In-Person) hosted at Jewish Family Services, 9395 Kenwood Rd

Music in Motion a 3-part series, offered in partnership with Episcopal Retirement Services and the Cincinnati Opera, where individuals with dementia and their care partners can connect through music and movement. Cincinnati Opera conducts an interactive, choral experience featuring singalongs and lively performances to enjoy amidst gentle chair yoga exercises. For more information, call (513) 513-0483 or email Kristin Cooley at kristin@givingvoicefdn.org



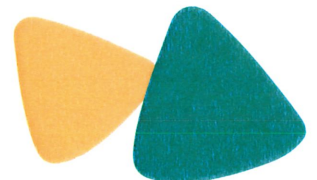
Music, Movement & Dementia Educational Workshop an annual full-day workshop, offered in partnership with the Association for Professionals in Aging (APA). Local experts share strategies for incorporating creativity into caring for individuals with dementia. Open to social workers, nurses, activity directors, music therapists, movement instructors, and the general public. Continuing education credits offered for professionals. Visit our website for more information.

Dancing to Remember a ballroom dancing series offered in partnership with A-Marika Dance Company & Episcopal Retirement Services. Dance company owner, Mary Ramirez Cook, provides guided dance lessons in a safe, non-judgmental setting. This series is designed to foster connection, creativity, and shared moments of joy, regardless of dance experience or dementia stage.

For more information, contact Kristin Cooley at (513) 513-0483 kristin@givingvoicefdn.org.



Scan here for more information



Air coming from Fairfield factory stacks to be tested

Neighbors claim company is polluting Lindenwald neighborhood in Hamilton.



Kerri Castlen and James Nymberg along with Hamilton City Manager Craig Bucheit updated Lindenwald residents on progress in discussions with a Fairfield company from which particulates are being blown into their community. Sue Kiesewetter/Contributed

By Sue Kiesewetter – Contributing Writer

The Southwest Ohio Air Quality Agency will begin testing five stacks of a Fairfield company Lindenwald residents say is polluting their neighborhood.

The testing will begin in late July or August with samples going to the Hamilton County Crime Lab for analysis, said Kerri Castlen, assistant director of the air quality agency.

The testing stems from increasing complaints from residents about particulates – identified by the agency as aluminum trihydrate – that are being blown upwind from USALCO on Dixie Highway in Fairfield. Just in the last month nearly 25 complaints were received, Castlen said.

USALCO specializes in water and wastewater treatment chemistry and offers premium alumina-based solutions.



Lindenwald residents in Hamilton have complained about a year about the pollution emanating from USALCO. The Southwest Ohio Air Quality Agency confirmed the aluminum-based particulate matter found on homes and vehicles in Lindenwald came from the plant. PROVIDE BY CITY OF HAMILTON

The agency first started receiving complaints about 18 months ago. Residents reported the particles were accumulating on their homes, vehicles, and in pools.

During a community meeting Monday as part of the city's Barbecuing for a Better Hamilton event, residents also complained of eye and lung irritations.

"This is a serious, serious issue. If we're breathing in aluminum that can't be good for our health," said Lindenwald resident Brandon Byrne.

Last year testing of a single stack show showed higher than acceptable levels from emissions and the company in November was issued a warning letter from SWOAQA's James Nymberg, an environmental compliance specialist.

After failing the first test, the company, located across the street from the Lindenwald neighborhood, fixed the scrubber and passed the inspection when retested.

"As a result, we're interested in all stacks," Castlen said.

Last December the plant manager wrote the company would take several steps to correct out-of-compliance issues. Among those are improved preventative maintenance

on a scrubber system, testing of other emission points, and covering storage of the aluminum trihydrate outdoor storage pile.

Castlen said the company has been cooperating and a building covering the storage of aluminum trihydrate would be constructed by year's end.

City manager Craig Bucheit said the city's health department would work with SWOAQA to develop and administer a health survey for residents. Those results plus any recommendations on health-related issues would be shared with residents.

At the request of residents who were also concerned about water, Catlen said she would look into water testing as well.

Monday

June 23, 2025



In your ePaper ...

Get more health news each Tuesday in our Second Opinion section.

Hot and humid



TODAY: 96/75 TUE: 94/74
WED: 93/74 FORECAST: C6

Breaking: Middletown asked to address homeless population concerns downtown following several violent acts

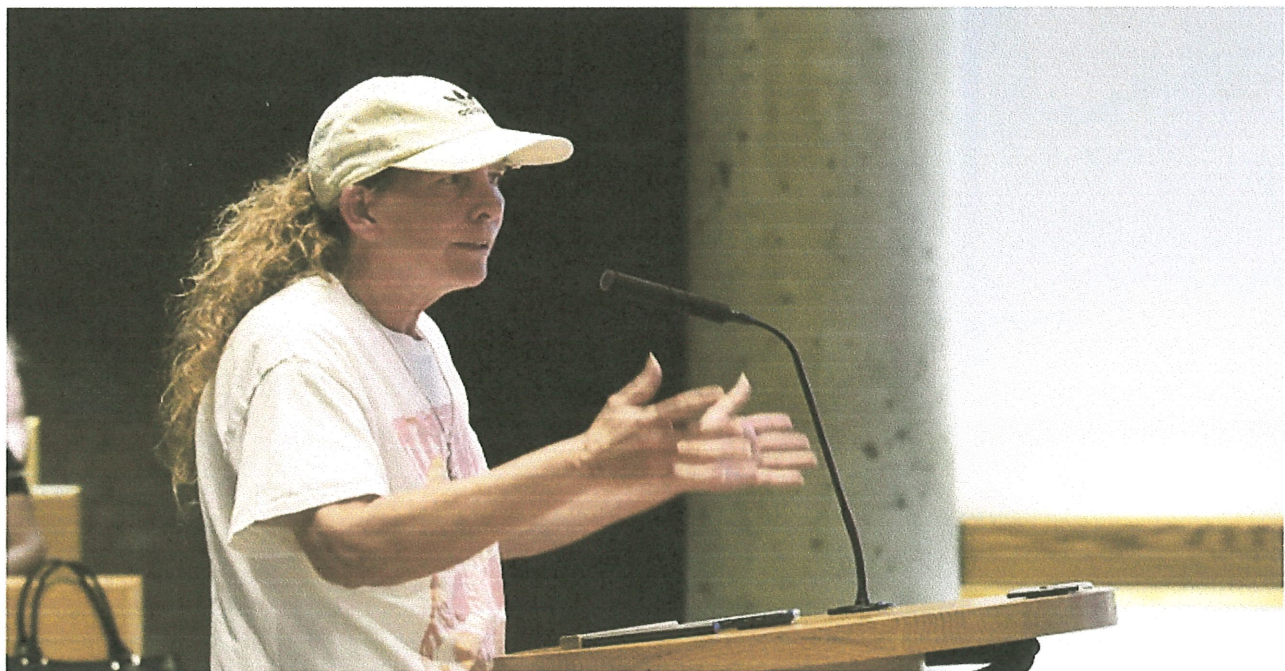
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Middletown asked to address homeless population concerns downtown following several violent acts



Credit: Nick Graham

Triple Moon Coffee Company owner Heather Gibson shares concerns over recent downtown violence involving homeless individuals. NICK GRAHAM/STAFF

NEWS

By **Bryn Dippold**

3 hours ago



Two recent incidents in downtown Middletown have left one downtown business owner worried about an increase in violence from the city's homeless population.

Heather Gibson, owner of Triple Moon Coffee Company at 1100 Central Ave., said within the past week, there have been two incidents near her business and she has asked the city to do more for the homeless population.

On June 11, Gibson said a man hit a woman in the face in Governor's Square. She said both were homeless. A police report said the woman was the aggressor, detailing she had hit the man "six or seven times" before he responded with a hit to her face.

"We are not anti-homeless. We are anti-neglect."

- Heather Gibson

"Customers were coming in screaming, 'You have to call the cops, you have to call the cops,'" she said. "It was just awful."

On June 16, Triple Moon workers arrived at work around 6:30 a.m. and witnessed two men fighting near the business' parking lot.

The suspect was given a disorderly conduct warning and sent on his way, according to the incident report.

Police Chief Earl Nelson said Middletown officers are out every day checking homeless camps and on the unsheltered population in the downtown area, and downtown business owners have those officers' cell phone numbers.

He said two Middletown officers who worked closely with the homeless population transferred out of the positions, but the department partners with HopeLine, a Southwest Ohio organization committed to supporting those struggling with substance abuse, for community outreach.

Since December 2024, Victoria Hensley of HopeLine and a Middletown police officer have partnered to reach out to those needing help in the homeless population. The outreach team is plans to increase visits to three days a week, Nelson said.

Nelson said this issue is a "focus" for the department, and Gibson's comments will lead to increased surveillance.

"We have and will continue to help them with any criminal issues that arise in the area," he said.

Middletown police recently received a \$61,000 grant from the 2025 State Violent Crime Reduction funding for 12 additional flock cameras and a flock mobile security trailer.

The flock cameras and trailer will provide increased surveillance, real-time alerts, evidence collection, community awareness and targeted policing.

Gibson spoke at Tuesday's council meeting to voice her concerns.

"Homelessness is a complex, human issue. It deserves compassion, yes. But what it doesn't deserve, and what our citizens shouldn't have to live with, is fear, danger and inaction," she said.

Gibson said Triple Moon customers and employees have been harassed and followed.

"These aren't 'perceptions' of safety issues. These are real events, happening to real people in our city," she said.

Gibson called on council to establish immediate emergency shelter options, establish mental health crisis teams that can respond alongside police, clearly enforce laws and ordinances and produce a real strategy with timelines and accountability. She said tearing down homeless encampments is not the answer.

"We are not anti-homeless. We are anti-neglect. And neglect, of both the unhoused and the housed, is exactly what's happening," she said.

Mayor Elizabeth Slamka said she "really appreciated" the email Gibson sent to council the week prior regarding the issue.

"She offered so many solutions, and that is the kind of dialogue I really appreciate," Slamka said.

In 2021, council voted to spend \$25,000 on a six-month pilot program in hopes of reducing homelessness in Middletown, particularly in downtown where investors had complained about the issue and its negative impact on business.

In January, the Middletown Health Department and Serving the Homeless with Alternative Lodging of Middletown (SHALOM) hosted the city's homeless population at eight local churches for nine weeks.

Hospice Care of Middletown ranks No. 1 in nation for care, survey ratings show

The ranking is based on family caregiver surveys



Hospice Care of Middletown provides care to patients in nursing homes, assisted living facilities and in their own homes. NICK GRAHAM/STAFF

NEWS

By Bryn Dippold

6 hours ago

A local care provider is ranked as the No. 1 rated hospice provider in the nation, according to Centers for Medicare & Medicaid Services family caregiver survey ratings.

Hospice Care of Middletown has an office at 4418 Lewis St. but provides support and care to those with terminal illnesses in nursing homes, assisted living facilities and at patients' homes.

Heather Riley, clinical director of Hospice Care of Middletown, said the facility has been third in the nation before, but based on survey results of the last four quarters, it is now first.

"It's such an honor to see these results and these numbers that have come from the families or loved ones of people that we have cared for, that we have made that much of an impact on in some of the most traumatizing times in their life," Riley said.

“(To) be able to make a difference like that...it means the world to us,” she said.

On average, Hospice Care ranks 8-16 percentage points higher in key areas.

Based on the surveys, 100% of responders were willing to recommend Hospice Care of Middletown compared to the 84% national average.

The facility also ranks high on treating patients with respect, emotional and spiritual support and communication with family.

While many of the questions are centered around the clinical staff — which includes 10 registered nurses, 11 licensed practical nurses and eight nurse aids — those scoring are considering the entire 39-person care team.

“I have watched each and every one of our staff members in action and they provide care as if they were providing it for their own family,” Riley said.

In the last quarter, Hospice Care of Middletown averaged 66 patients between facilities and homes on a daily basis.

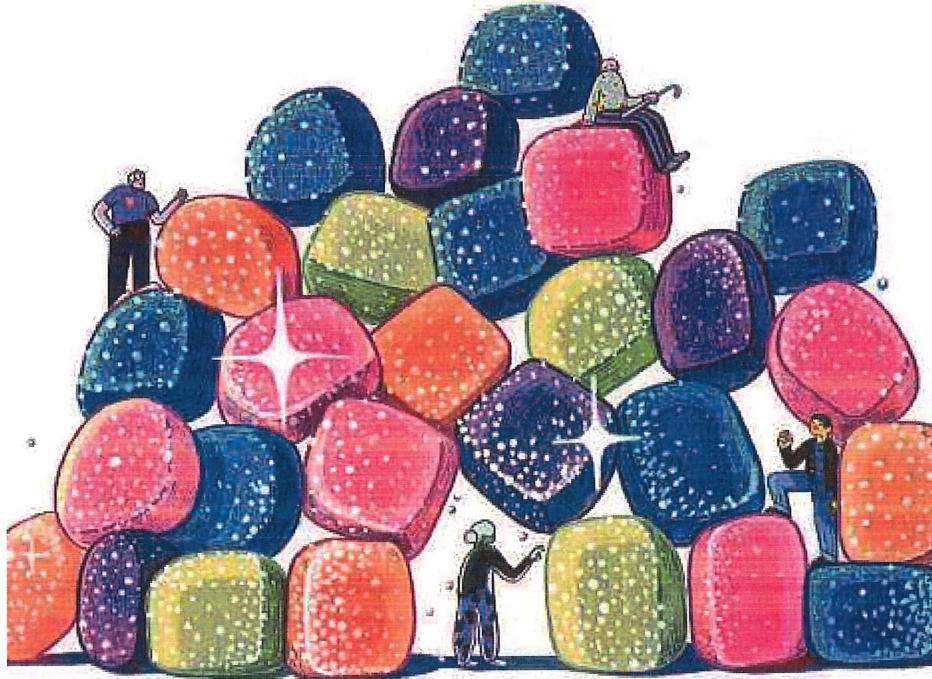
The 47-question family caregiver survey, or the Consumer Assessment of Healthcare Providers and Systems Hospice survey, collects information from family caregivers on hospice care experiences using six domains and two global measures of care.

To comply with reporting requirements, hospices must collect data on an ongoing monthly basis using an approved survey vendor.

The most common conditions of those treated by Hospice Care of Middletown include dementia, cancer, circulatory/heart disease, stroke and respiratory disease.

Health risks from cannabis use may grow as users age

YOUR HEALTH



More older people are using cannabis products regularly, but research suggests their cannabis-related health problems are also on the rise. ANNEЛИSE CAPOSSELA / THE NEW YORK TIMES

PAULA SPAN ©2025 THE NEW YORK TIMES

Dr. Benjamin Han, a geriatrician and addiction medicine specialist at the University of California, San Diego, tells his students a cautionary tale about a 76-year-old patient who, like many older people, struggled with insomnia.

6/2/25

“She had problems falling asleep, and she’d wake up in the middle of the night,” he said. “So her daughter brought her some sleep gummies” — edible cannabis candies.

“She tried a gummy after dinner and waited half an hour,” Han said.

Feeling no effects, she took another gummy, then another — a total of four over several hours.

Han advises patients who are trying cannabis to “start low; go slow,” beginning with products that contain just 1 or 2.5 milligrams of tetrahydrocannabinol, or THC, the psychoactive ingredient that many cannabis products contain. Each of the four gummies this patient took, however, contained 10 milligrams.

The woman started feeling intense anxiety and experiencing heart palpitations.

A young person might have shrugged off such symptoms, but this patient had hypertension and the heart arrhythmia called atrial fibrillation.

Frightened, she went to an emergency room.

Lab tests and a cardiac workup determined that the woman wasn’t having a heart attack, and the staff sent her home. Her only lingering symptom was embarrassment, Han said. But what if she’d grown dizzy or lightheaded and was hurt in a fall? He said he has had patients injured in falls or while driving after using cannabis.

What if the cannabis had interacted with the prescription drugs she took? “As a geriatrician, it gives me pause,” Han said. “Our brains are more sensitive to psychoactive substances as we age.”

Thirty-nine states and Washington, D.C., now allow cannabis use for medical reasons, and in 24 of those states, as well as Washington,

recreational use is also legal. As older adults' use climbs, "the benefits are still unclear," Han said. "But we're seeing more evidence of potential harms."

A wave of recent research points to reasons for concern for older users, with cannabis-related ER visits and hospitalizations rising, and a Canadian study finding an association between such acute care and subsequent dementia. Older people are more apt than younger ones to try cannabis for therapeutic reasons — to relieve chronic pain, insomnia or mental health issues. But evidence of its effectiveness in addressing those conditions remains thin, experts said.

In an analysis of national survey data published Monday in the medical journal JAMA, Han and his colleagues reported that "current" cannabis use (defined as use within the previous 30 days) had jumped among adults 65 and older to 7% of respondents in 2023 from 4.8% in 2021. Back in 2005, he pointed out, less than 1% of older adults reported using cannabis in the previous year.

What's driving the increase? Experts cite the steady march of state legalization — use by older people is highest in those states — while surveys show that the perceived risk of cannabis use has declined. One national survey found that a growing proportion of American adults — 44% in 2021 — erroneously thought it safer to smoke cannabis daily than cigarettes. The authors of the study, in JAMA Network Open, noted that "these views do not reflect the existing science on cannabis and tobacco smoke."

The cannabis industry also markets its products to older adults. The Trulieve chain gives a 10% discount, both in stores and online, to "wisdom customers" 55 and older. RISE Dispensaries ran a yearlong "cannabis education and empowerment" program for two senior centers in Paterson, New Jersey, including field trips to its dispensary.

The industry has many satisfied older customers.

But studies in the United States and Canada, which legalized nonmedical

cannabis nationally in 2018, show climbing rates of older people seeking medical treatment for cannabis-related issues, both in outpatient settings and in hospitals.

In California, for instance, cannabis-related ER visits by those 65 and older rose to about 395 per 100,000 visits in 2019, from 21 in 2005.

In Ontario, acute care (meaning emergency visits or hospital admissions) resulting from cannabis use increased fivefold in middle-aged adults between 2008 and 2021, and more than 26-fold among those 65 and older.

"It's not reflective of everyone who's using cannabis," cautioned Dr. Daniel Myran, an investigator at the Bruyère Health Research Institute in Ottawa and lead author of the Ontario study. "It's capturing people with more severe patterns."

But since other studies have shown increased cardiac risk among some cannabis users with heart disease or diabetes, "there's a number of warning signals," he said.

For example, a significant proportion of older veterans who currently use cannabis screen positive for cannabis use disorder, a recent JAMA Open study found.

As with other substance-abuse disorders, such patients "can tolerate high amounts," said the lead author, Vira Pravosud, a cannabis researcher at the Northern California Institute for Research and Education.

"They continue using even if it interferes with their social or work or family obligations" and may experience withdrawal if they stop.

Moreover, "there's increasing evidence of a potential effect on memory and cognition," said Myran, citing his team's study of Ontario patients with cannabis-related conditions going to emergency departments or being admitted to hospitals.

It showed that compared with others of the same age and sex who were seeking care for other reasons, these patients (ages 45 to 105) had 1.5 times the risk of a dementia diagnosis within five years, and 3.9 times the risk of the general population.

Even after adjusting for chronic health conditions and sociodemographic factors, those seeking acute care resulting from cannabis use had a 23% higher dementia risk than patients with noncannabis-related ailments, and a 72% higher risk than the general population.

None of these studies were randomized clinical trials, the researchers pointed out; they were observational and could not ascertain causality.

Some cannabis research doesn't specify whether users are smoking, vaping, ingesting or rubbing topical cannabis on aching joints; other studies lack relevant demographic information.

"It's very frustrating that we're not able to provide more individual guidance on safer modes of consumption and on amounts of use that seem lower risk," Myran said. "It just highlights that the rapid expansion of regular cannabis use in North America is outpacing our knowledge."

What to know about coming FDA review of baby formula

CLOSER LOOK



Yury Navas kisses her baby at Super-best International Market in Laurel, Md., on May 23, 2022, while shopping for formula. U.S. Health Secretary Robert F. Kennedy Jr. has ordered a review of formula ingredients. AP

BY JONEL ALECCIA ASSOCIATED PRESS

Health Secretary Robert F. Kennedy Jr. has directed the Food and Drug Administration to review the nutrients and other ingredients in infant formula, which fills the bottles of millions of American babies. The effort, dubbed “Operation Stork Speed,” is the first deep look at the ingredients since 1998.

“The FDA will use all resources and authorities at its disposal to make

sure infant formula products are safe and wholesome for the families and children who rely on them,” Kennedy said.

About three-quarters of U.S. infants consume formula during the first six months of life, with about 40% receiving it as their only source of nutrition, according to the Centers for Disease Control and Prevention.

Formula has been widely used in the U.S. for roughly six decades, feeding generations of infants who have flourished, said Dr. Steven Abrams, a University of Texas infant nutrition expert.

The broader scientific community has been calling for a reevaluation of infant formula for years and is “fully supportive of this idea of a comprehensive look,” he said.

Formula in the U.S. continue to be safe and nourishing, he said. “But there’s been a lot of science and we want the FDA rules to align with the most recent science from around the world.”

What is infant formula and why do so many babies consume it?

Infant formula is a man-ufactured product, usually made from cow’s milk or soy, that is intended to mimic human breast milk for kids up age 12 months.

FDA regulations require that infant formulas contain 30 specific nutrients, with minimum levels for all and maximum levels for 10 of them. The ingredients vary, but all formulas must have a balance of calories from protein, carbohydrates and fat.

Federal guidelines recommend babies be exclusively breastfed for the first six months of life and that parents continue breastfeeding for the first year or more while adding new foods to the child’s diet. Parents use formula when a mother cannot or chooses not to breastfeed for a wide range of reasons.

Why is the government reviewing baby formula now?

Kennedy announced the review of infant formula in March as part of his “Make America Healthy Again” agenda for the U.S. food supply.

The FDA’s review will include increased testing for heavy metals and other contaminants as well as a review of nutrients, the agencies said. The FDA is asking for new scientific data and information about whether required ingredients in infant formula should be added, removed or changed.

Scientists say a review is long overdue regarding the most recent data on the composition of human milk and how babies digest and absorb nutrients in breastmilk and formula.

In addition, they want the FDA to consider how U.S. formulas compare with those made elsewhere, said Bridget Young, who studies infant nutrition at the University of Rochester.

“How do our regulations differ?” she said. “Maybe it’s time for them to relook at their regulations and consider potential international harmonization.” More international alignment might have eased the U.S. infant formula crisis in 2022, when contamination shut down an Abbott factory, leading to monthslong shortages for American parents, Young said.

What about specific ingredients?

In recent years, some parents have sought out infant formula made in Europe with the belief that products made overseas are healthier options, experts said.

Formula regulations in the U.S. and Europe, including requirements for nutrients and testing, differ somewhat, but are generally similar, Abrams said.

“The differences between the U.S. and Europe should not be considered as ‘higher’ or ‘better’ or ‘greater’ in one vs. the other,” he said.

Still, iron, for instance, is included at higher levels in U.S. formulas than in those in Europe — and Abrams suggested U.S. officials may consider lowering iron targets.

Other components have been added to formula in recent years. They include docosahexaenoic acid, or DHA, an essential omega-3 fatty acid, and human milk oligosaccharides, complex sugars that are found in breast milk but not in cow's milk.

“These have been added to some formulas, but not to other formulas, so we want to take a look,” Abrams explained.

Many parents have raised concerns over formula ingredients such as added sugars and seed oils, which are also being targeted by Kennedy as hazards in the wider food supply.

‘Middie Meal Machine’ offering free summer lunches through July

MIDDLETOWN



The Middie Meal Machine provides free summer lunches Monday through Friday in June and July. MICHAEL D. CLARK / STAFF

BY BRYN DIPPOLD STAFF WRITER

Middletown City Schools’ “Middie Meal Machine” is offering free lunch throughout June and July for its fifth year.

The Middie Meal Machine food truck will be rolling out 11:30 a.m. to 12:30 p.m. Monday through Friday.

Middletown City Schools said the food truck is a “vital” part of the

district's commitment to year-round support of its roughly 6,000-student district.

Free meals will be served for all kids 18 and younger at various locations throughout the area, including Middletown High School, Cypress Commons, Rosa Parks Elementary and Middletown Arts Center.

The full schedule for June can be found online.

In 2023, the Journal-News reported customers were up 60% compared to the truck's first summer season in 2019.

For years, all Middletown Schools' communities have qualified under federal guidelines for residents with schoolchildren to receive free and reduced-cost school meals when classes are in session.

In 2019, the district purchased and customized the food truck through grant funding to provide an element of mobility to its summer meal program.

In the last decade, other Butler and southern Warren County school districts — such as Lakota, Hamilton, Fairfield and Kings — have created similar mobile food trucks, free student meal programs or offered such meals from their school buildings or through local food pantries during summer break.

Center to host HEAL Walk to Remember

MIDDLETOWN

The Help Endure a Loss Walk to Remember will be at 9 a.m. Saturday. Walk begins at Atrium Family YMCA, 5750 Innovation Drive, and concludes at the HEAL Memorial Garden at Atrium Medical Center.

The program is a support network for families who have experienced one of life's greatest tragedies, the death of a child. Provided entirely free of charge to bereaved families, this program is made possible by donations from the community through the Atrium Medical Center Foundation.

The HEAL Walk to Remember will bring together families to honor and remember lives lost too soon. The walk will also include an online silent auction. Bidding is open until noon Saturday at HEALatAtrium. GiveSmart.com.

Small business owner organizes private farmers market events

Decision made after Middletown paused city-run events due to staffing.



Middletown Farmers Market has been temporarily paused, but a local small business owner has organized her own private market. NICK GRAHAM/STAFF

BY BRYN DIPPOLD STAFF WRITER

Less than a week after the city of Middletown temporarily paused its city-run events, a community member and small business owner has organized a private farmers market.

6/10/25

It will be at the corner of First Avenue and Water Street across from Gravel Road Brewing in downtown Middletown.

Kristie LeVangie-Melke, market coordinator and owner of the 4th Avenue Farmhouse, announced the launch of the Middletown Open Air Market, or MOAM.

“This is a market for the vendors run by vendors,” said LeVangie-Melke.

She added the site was made possible by the generosity of Dan Lauro of Gravel Road Brewing.

It is set to have its first market on June 15, with additional dates on June 22, July 13 and 20, August 10 and 17 and September 14 and 21.

The market will run from 10 a.m. to 4 p.m.

The pricing and dates are consistent with what vendors would have expected with the city-run market. MOAM also will have a new booth size for starters and those with limited inventory.

Visitors can expect locally grown produce, meat, eggs, dairy products, fresh baked goods, handmade jewelry and textiles, upcycled garden and eco-friendly products, and mobile boutiques.

The market hopes to feature street performers and acoustic musicians in the future.

Middletown announced last Friday, May 23, three city-sponsored events would be canceled, including the Middletown Farmers Market, Food Truck Fridays and Arts in the Parks.

The city clarified the next day events would only be temporarily paused while searching for a new community projects coordinator.

Events sponsored by local organizations, such as Downtown Middletown

Inc. events, the Ohio Balloon Challenge, Hops in the Hangar and Very Merry Middletown, are still happening.

Events like Middletown Burger Week and the 4th of July celebration and fireworks to be held on July 3 at Smith Park will also continue.

LeVangie-Melke, who had sent a check to the city in March for her spot at the market, said she was nervous after not hearing any updates.

She said she found her check in the city building uncashed, prompting her to contact the city, who then confirmed the events were canceled.

LeVangie-Melke started the Facebook page, Save the Middletown Farmers Market, garnering community support.

With MOAM, she hopes to create a market with a “vintage/industrial/retro vibe” that celebrates Middletown’s history and enhances the downtown.

GOP's food stamp plan found to violate Senate rules in latest setback for big bill

U.S. CONGRESS



Activists with the Poor People's Campaign protest against spending reductions across Medicaid, food stamps and federal aid in President Donald Trump's spending and tax bill, outside the Supreme Court in Washington on June 2. J. SCOTT APPLEWHITE / AP

BY LISA MASCARO ASSOCIATED PRESS

WASHINGTON — In another blow to the Republicans' tax and spending cut bill, the Senate parliamentarian has advised that a proposal to shift some food stamps costs from the federal government to states — a

centerpiece of GOP savings efforts — would violate the chamber's rules.

While the parliamentarian's rulings are advisory, they are rarely, if ever, ignored. The GOP leadership was scrambling on Saturday, days before voting is expected to begin on President Donald Trump's package that he wants to be passed into law by the Fourth of July.

The loss is expected to be costly to Republicans. They have been counting on some tens of billions of potential savings from the Supplemental Nutrition Assistance Program, known as SNAP, to help offset the costs of the \$4.5 trillion tax breaks plan. The parliamentarian let stand for now a provision that would impose new work requirements for older Americans, up to age 65, to receive food stamp aid.

"We will keep fighting to protect families in need," said Sen. Amy Klobuchar of Minnesota, the top Democrat on the Senate Agriculture, Nutrition and Forestry Committee, which handles the SNAP program.

"The Parliamentarian has made clear that Senate Republicans cannot use their partisan budget to shift major nutrition assistance costs to the states that would have inevitably led to major cuts," she said.

The committee chairman, Sen. John Boozman, R-Ark., said in a statement that his team is examining options that would comply with Senate rules to achieve savings and "to ensure SNAP serves those who truly need it while being responsible stewards of taxpayer dollars."

What's at stake in the big bill

The parliamentarian's ruling is the latest in a series of setbacks as staff works through the weekend, often toward midnight, to assess the 1,000-page proposal.

It all points to serious trouble ahead for the bill, which was approved by the House on a party-line vote last month over unified opposition from Democrats and is now undergoing revisions in the Senate.

At its core, the goal of the multitrillion-dollar package is to extend tax cuts from Trump's first term that would otherwise expire if Congress fails to act. It also adds new ones, including no taxes on tips or overtime pay.

To help offset the costs of lost tax revenue, the Republicans are proposing cutbacks to federal Medicaid, health care and food programs — some \$1 trillion.

Additionally, the package boosts national security spending by about \$350 billion, including to pay for Trump's mass deportations, which are running into protests nationwide.

Trump has implored Republicans to deliver on his top domestic priority, but the details of the package, with its hodgepodge of priorities, is drawing deeper scrutiny.

The nonpartisan Congressional Budget Office estimates the package, as approved by the House, would add at least \$2.4 trillion to the nation's red ink over the decade and leave 10.9 million more people without health care coverage. Additionally, it would reduce or eliminate food stamps for more than 3 million people.

Beat the heat at a cooling center

BUTLER COUNTY

BY BRYN DIPPOLD STAFF WRITER

To combat extreme high temperatures over the next week, Butler County has designated area cooling centers open through June. 27
Temperatures are expected to be at 90 degrees or above for the next week.

Here's where you can find them

MidPointe Library Liberty

6716 Yankee Road, Liberty Twp.

■ Monday – Friday: 10 a.m. – 7 p.m.

■ Friday – Saturday: 10 a.m. – 5 p.m.

MidPointe Library Middletown, 125 S. Broad St., Middletown

■ Monday – Thursday: 10 a.m. – 8 p.m.

■ Friday – Saturday: 10 a.m. – 5 p.m.

MidPointe Library Monroe, 1 Tennessee Ave., Monroe

■ Monday – Thursday: 10 a.m. – 7 p.m.

■ Friday – Saturday: 10 a.m. – 5 p.m.

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MidPointe Library Trenton

200 Edgewood Drive, Trenton

■Monday – Thursday: 10 a.m. - 7 p.m.

■Friday – Saturday: 10 a.m. - 5 p.m.

MidPointe Library West Chester 9363 Centre Pointe Drive, West Chester

■Monday – Thursday: 10 a.m. – 8 p.m.

■Friday – Saturday: 10 a.m. – 5 p.m.

Hamilton Lane Library

300 N. Third St., Hamilton

■ Monday – Thursday: 9 a.m. – 8 p.m.

■Friday – Saturday: 9 a.m. – 6 p.m.

■Sunday: 1 p.m. – 5 p.m.

Fairfield Lane Library, 1485 Corydale Drive, Fairfield

■Monday – Thursday: 9 a.m. – 8 p.m.

■Friday –Saturday: 9 a.m. – 6 p.m.

■Sunday: 1 p.m. – 5 p.m.

Oxford Lane Library

441 S. Locust St., Oxford

■ Monday – Thursday: 9 a.m. – 8 p.m.

■Friday – Saturday: 9 a.m. – 6 p.m.

■ Sunday: 1 p.m. – 5 p.m.

Lane Community Technology Center, 228 Court St., Hamilton

■ Monday – Thursday: 10 a.m. – 6 p.m.

■ Friday – Saturday: 10 a.m. - 2 p.m.

Programs that help people with disabilities face cuts

CLOSER LOOK



Georgie Elson shows art they created: one representing life without personal care aides and the other with having care aides. These paintings were used to create postcards that were sent to area lawmakers. CONTRIBUTED

BY SYDNEY DAWES STAFF WRITER

Federally funded programs that investigate abuse, ensure voting access and provide education and job support for people with developmental disabilities in Ohio are the target of U.S. Department of Health and Human Services budget cuts.

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Fairborn resident Georgie Elson said these programs changed their life.

“I felt like it was my first way to connect to the wider disability community,” Elson, who is nonbinary, said. “It was really, really meaningful to me.”

The reduction of these programs, as well as proposed cuts to Medicaid and the Supplemental Nutrition Assistance Program, will disproportionately impact people with disabilities, Elson said.

“There are so many holes in the system,” Elson said.

“They’re poking more and more holes and creating bigger gaps that people are going to fall through.”

A Health and Human Services budget draft revealed that the department plans to defund Protection and Advocacy services for people with developmental disabilities.

The department has said its overall restructuring aims to bring down costs and streamline services.

The Developmentally Disabled Assistance and Bill of Rights Act saw the beginning of federal funding for nongovernmental organizations tasked with providing legal and advocacy services to people with developmental disabilities.

There are protection and advocacy centers in every state, including Disability Rights Ohio in Columbus.

Under federal budget proposals, three programs — one geared toward voting access, one related to education and job access, another related to mental illness support — could be eliminated under the budget proposal. One program that could nationally see a 66% cut allows protection and advocacy centers to investigate complaints of abuse and

neglect.

Disability Rights Ohio President and CEO Kerstin Sjoberg said it's unclear what could happen to Protection and Advocacy programs, as they're programs outlined in existing statute. But the bulk of the nonprofit's programs are funded through federal grants.

"Protection and Advocacy programs were originally created to protect the health, safety and well-being of people with disabilities, but also to advocate for people with disabilities to be safe from harm, to fight illegal discrimination, and just advocate for basic life necessities such as healthcare, housing, jobs and education," she said.

Sjoberg said the programs have seen bipartisan support for decades. Work covered through the Protection and Advocacy programs in some way impacts 1-2 million Ohioans, Sjoberg estimated.

Elson said their participation in a Disability Rights Ohio workshop, Creative Changemakers, in 2022 helped them feel connected to others during a time when they were feeling isolated.

Elson was bedridden because of a cerebrospinal fluid leak — they were only able to sit up for 30-60 minutes a day because of this medical incident. In the workshop, they and other participants were tasked with illustrating how they felt about the careworker shortage in Ohio. Elson's paintings and the art of others were used to create postcards that were sent to local lawmakers.

This workshop opened up opportunities for Elson to make friends, but it also empowered them to advocate for others. Elson has testified at the Ohio Statehouse in recent years on topics that impact the hundreds of thousands of Ohioans with disabilities.

Sjoberg said her staff has been meeting with federal lawmakers to discuss the impact the elimination of programs would have on vulnerable Ohioans.

“These are strong programs that have been around and proven their effectiveness,” Sjoberg said. “Hopefully, that will continue.”

Medicaid, SNAP cuts

Congress also continues to deliberate the One Big Beautiful Bill Act, with Senate Republicans aiming to reduce Medicaid spending by \$800 billion and SNAP spending by \$300 billion.

Elson fears cuts to these safety net programs would impact the medication and careworker support they and others will be able to access.

Medicaid provides health coverage, including for home and community-based services, for about 15 million people with disabilities, according to the Center on Budget and Policy Priorities. This represents more than one-third of all people with disabilities residing in the U.S.

For people with disabilities and older adults, Medicaid is the only way to get long-term care, Sjoberg said, as Medicare and even private insurance will not cover that care for an extended period.

In addition, SNAP in 2023 provided food assistance to nearly 4 million households each month that included individuals under age 60 who received disability benefits, U.S. Department of Agriculture data shows. This is nearly one in five SNAP households.

Kroger plans to close 60 stores

RETAIL



Kroger has more than 2,700 stores across 35 states. MARSHALL GORBY / STAFF

BY THOMAS GNAU STAFF WRITER

Cincinnati-based Kroger will close about 60 stores in the next 18 months, the grocery chain said in a first quarter earnings report Friday.

However, no stores in the company's Dayton and Cincinnati area will be closed, a Kroger spokeswoman said.

"We do not anticipate any closures in the Cincinnati-Dayton region," she said.

Affected employees will be offered jobs at other stores, the company said.

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"In the first quarter, Kroger recognized an impairment charge of \$100 million related to the planned closing of approximately 60 stores over the next 18 months," the company said in a release on first quarter 2025 earnings. "As a result of these store closures, Kroger expects a modest financial benefit.

"Kroger is committed to reinvesting these savings back into the customer experience, and as a result, this will not impact full-year guidance. Kroger will offer roles in other stores to all associates currently employed at affected stores," the company added.

Kroger has more than 2,700 stores across 35 states.

Total company sales were \$45.1 billion in the fiscal first quarter, which ended May 24, down slightly from \$45.3 billion for the same period last year, which included \$917 million from pharmacy sales.

The company reported quarterly net income of \$866 million. On a pershare basis, the company said it had net income of \$1.29. Earnings, adjusted for non-recurring costs and costs related to mergers and acquisitions, were put at \$1.49 per share, beating Wall Street expectations "Kroger delivered solid first quarter results, with strong sales led by pharmacy, eCommerce and fresh," Kroger Chairman and Chief Executive Ron Sargent said in a release.

"We made good progress in streamlining our priorities, enhancing customer focus, and running great stores to improve the shopping experience."

Kroger is conducting a call with industry analysts Friday.

A Kroger spokeswoman could not say when stores slated for closure will be publicly identified.

'Autism Mom' shares water safety advice

Two recent Butler County drownings capture attention of parents, advocates.



Sheletta Brundidge (center) with her children (from left) Daniel, 10; Brandon, 12; Cameron, 11; and Andrew, 18. ANDY BERNDT / CONTRIBUTED

BY BRYN DIPPOLD AND MICHAEL D. PITMAN STAFF WRITERS

6/25/25

Recent drownings of young children with autism in Butler County have led a parent to share how she keeps her child safe and away from retention ponds and other bodies of water.

Sheletta Brundidge, 53, who used to live and work in Cincinnati, now lives in Cottage Grove, Minn. and is known as “Minnesota’s Autism Mom.”

Brundidge has four children, and three are on the spectrum.

Her oldest, Andrew, 18, does not have autism.

Her son Daniel, 10, consistently tried to get out of the house and was drawn to water.

Added hotel locks and alarm systems did not prevent him from wandering.

Because some kids with autism can’t talk, understand simple commands or make eye contact, it’s almost impossible to teach them to swim, according to Brundidge.

“It was a daily chore just to keep my son safe during the ‘drowning season’ from running out of the house and hopping in a lake,” she said.

Finally, she found something that worked: Interior combination locks — which are \$40 on Amazon — and installed them on each of the doors in her home that led outside. The electronic locks require a 6-10 digit code to open.

“That stopped my son from wandering and rewired his brain so that even if we’re at the grocery store or at church or visiting family, he doesn’t try to escape anymore,” she said.

She has now used the locks for about three years, and there have been no more incidents of Daniel getting out of the house.

"It's the only reason my child is still alive," she said.

Brundidge started a campaign called "Spread Love with Locks," where she has traveled to nine different cities across the county and given away door locks to parents.

She has donated 800- 900 locks, the majority of which she bought with her own money.

"I'm just a momma with a mouth on a mission to help other parents. I don't want another mother to have to bury her child," she said.

To those who might criticize a parent of a child with autism who wanders, Brundidge said, "If you don't have a child with autism, you don't understand."

"These parents who have kids with special needs ... they need grace," she said.

She plans on visiting Butler County to spread awareness of the locks.

On Friday, June 14, 7-year-old Mardasia Forte, an autistic child, was found in a retention pond in the 6600 block of Lakeside Drive in West Chester Twp.

Though officers arrived within minutes and began life-saving efforts, Forte was pronounced dead at the scene.

In November, 6-year-old Joshua Al-Lateef Jr., an autistic child, went missing from his West Chester Twp. at the Lakefront apartments, and was found 28 hours later in a retention pond on Wyndtree Drive. There are several ponds within the 30-plus-building complex.

Retention ponds, or wet basins, are one of two ways a developer manages stormwater on a property.

These types of ponds retain stormwater runoff, the aesthetic option over a detention pond or a detention basin, which temporarily retains stormwater.

They are also not for recreational use.

There are no uniform fencing requirements in Butler County for retention ponds, unlike the rules for pools.

Bodies of water, like ponds, do attract people, but those with autism they "often exhibit a strong fascination and attraction to water that goes beyond what the rest of us may experience," according to report on the Autism Society of Florida.

A Cincinnati organization wants to make sure children, especially those with autism, are protected from retention ponds and basins near their homes.

Leslie Williams is board president for and co-founder of EmPath for Autism, a 501c3 created as a resource for children and families affected by Autism Spectrum Disorder.

The organization is drafting legislation that would require fencing to be installed around these man-made bodies of water in neighborhoods and apartment complexes.

This would be a huge undertaking for communities with new subdivisions in counties like Warren and Butler that use retention ponds in new developments.

"Anytime a body of water is easily accessible to children, I think we need to think a little bit further about that as a community. I feel as parents and the community in general, we have a moral obligation to try to keep children safe," she said..

The bill wouldn't be for all bodies of water, Williams said; instead, the bill just looks at ones that are near residences, a school or a playground. It's

about “starting small” and “making small changes fast.”

EmPath’s draft legislation will be shopped to lawmakers and Williams has reached out to some lawmakers to discuss the issue.

Williams said she plans to contact more legislators about a bill to “have some sort of safeguard around these detention ponds, so this doesn’t happen anymore, is all we’re looking for.”

HIV shot could protect millions

PUBLIC HEALTH

BY LAURAN NEERGAARD ASSOCIATED PRESS

WASHINGTON — The U.S. has approved the world's only twice-a-year shot to prevent HIV, maker Gilead Sciences announced last week. It's the first step in an anticipated global rollout that could protect millions — although it's unclear how many in the U.S. and abroad will get access to the powerful new option.

While a vaccine to prevent HIV still is needed, some experts say the shot — a drug called lenacapvir — could be the next best thing. It nearly eliminated new infections in two groundbreaking studies of people at high risk, better than daily preventive pills they can forget to take.

"This really has the possibility of ending HIV transmission," said Greg Millett, public policy director at amfAR, The Foundation for AIDS Research.

Condoms help guard against HIV infection if used properly but what's called PrEP — regularly using preventive medicines such as the daily pills or a different shot given every two months — is increasingly important. Lenacapvir's sixmonth protection makes it the longest-lasting type, an option that could attract people wary of more frequent doctor visits or stigma from daily pills.

But upheaval in U.S. health care — including cuts to public health agencies and Medicaid — and slashing of American foreign aid to fight HIV are clouding the prospects.

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Millett said “gaping holes in the system” in the U.S. and globally “are going to make it difficult for us to make sure we not only get lenacapavir into people’s bodies but make sure they come back” even as little as twice a year.

Gilead’s drug already is sold to treat HIV under the brand name Sunlenca. The prevention dose will be sold under a different name, Yeztugo. It’s given as two injections under the skin of the abdomen, leaving a small “depot” of medication to slowly absorb into the body.

Gilead didn’t immediately announce its price. The drug only prevents HIV transmission — it doesn’t block other sexually transmitted diseases.

Global efforts at ending the HIV pandemic by 2030 have stalled. There still are more than 30,000 new infections in the U.S. each year and about 1.3 million worldwide.

Only about 400,000 Americans already use some form of PrEP, a fraction of those estimated to benefit.

A recent study found states with high use of PrEP saw a decrease in HIV infections, while rates continued rising elsewhere.

About half of new infections are in women, who often need protection they can use without a partner’s knowledge or consent. One rigorous study in South Africa and Uganda compared more than 5,300 sexually active young women and teen girls given twice-yearly lenacapavir or the daily pills.

There were no HIV infections in those receiving the shot while about 2% in the comparison group caught HIV from infected sex partners.

A second study found the twice-yearly shot nearly as effective in gay men and gender-nonconforming people in the U.S. and in several other countries hardhit by HIV.

Ian Haddock of Houston had tried PrEP off and on since 2015 but he jumped at the chance to participate in the lenacapavir study and continues with the twiceyearly shots as part of the research follow-up.

“Now I forget that I’m on PrEP because I don’t have to carry around a pill bottle,” said Haddock, who leads the Normal Anomaly Initiative, a nonprofit serving Black LGBTQ+ communities.

“Men, women, gay, straight — it really just kinds of expands the opportunity for prevention,” he added.

Just remembering a clinic visit every six months “is a powerful tool versus constantly having to talk about, like, condoms, constantly making sure you’re taking your pill every day.”

“Everyone in every country who’s at risk of HIV needs access to PrEP,” added Dr. Gordon Crofoot of Houston, who helped lead the study in men. “We need to get easier access to PrEP that’s highly effective like this is.”

How to follow the recommended daily protein allowance

TO YOUR GOOD HEALTH



Dr. Keith Roach

DEAR DR. ROACH: What is the recommended daily protein allowance for older adults? I am in my 70s. — P.R.

ANSWER: The best studies recommend 1-1.2 grams of protein daily per kilogram of body weight, so if you weighed 75 kilograms (177 pounds), you should be getting 75-85 grams of protein. This is a lot less than what I have seen recommended, but the recommendations for higher numbers (two grams per kilogram each day or more) that I often see are not based on strong data.

In cases of recovery from a serious illness, or in people who are actively building muscle, higher amounts may be of benefit.

These protein needs can easily be met by any healthy style of diet, including vegan. Soy proteins, like animal, fish and dairy proteins, contain all the essential amino acids, while grains are low in lysine. Since legumes and seeds are high in lysine, combining protein sources may be

important for those who follow a strict vegan diet.

DEAR DR. ROACH: I am a 67-year-old male who is relatively healthy with a significant history of coronary disease, high cholesterol and now pre-diabetes.

One sibling (out of five) and my paternal grandmother were diagnosed with Type 2 diabetes.

My hemoglobin A1C has been around 5.6% during the past 10 years and gradually trending upward. My most recent test one month ago was 6.0%.

During this same time frame, my fasting glucose has remained in the 90's. My doctor wants to start me on metformin to ward off diabetes, but I am reluctant to start.

Should I be doing more testing before starting the medication? Would it be of value to do a continuous glucose monitor? (I'm not sure if this would be covered by Medicare.) Or should I just bite the bullet and get started on metformin? — M.T.

ANSWER: The best data we have come from the National Diabetes Prevention Program, which showed that in people who are at a high risk for developing Type 2 diabetes, both lifestyle changes and metformin were effective at reducing diabetes risk.

Intensive lifestyle changes reduced diabetes risk by 58%, while metformin reduced it by 31% compared to a placebo.

A more recent trial using the GLP-1 agonist tirzepatide (Mounjaro or Zepbound) found a 93% reduction in diabetes risk.

These studies were done in people whose major risk for diabetes was obesity.

Unfortunately, these drugs are not often covered by insurance unless

there is diagnosed diabetes.

You have an A1C level that puts you in the “prediabetes” range, which is also called “impaired glucose tolerance.” The A1C is a measure of blood sugar over the past two to three months. Since your fasting blood sugar has been in the normal range, I suspect that you have elevation in blood sugar after you eat. This is the usual pattern of Type 2 diabetes, where fasting blood sugar is preserved until the person is quite advanced.

A continuous glucose monitor can give you accurate and immediate information on how your diet and exercise affect your blood sugar.

In combination with a careful log, this can be invaluable to help people adjust their regimen.

However, it is only approved for Type 1 diabetics and those with Type 2 diabetes who are on insulin and have low blood sugar. Still, you can get (and pay for) one yourself. Even two weeks’ worth of data can be valuable.

Intensive lifestyle changes are highly effective at preventing diabetes and, when done the right way, can reduce the risk of heart disease. Metformin reduces diabetes risk and may help with heart disease, while GLP-1 agonists dramatically reduce diabetes risk and are proven to reduce heart disease risk. Any of these are good choices.

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.