

DATE: March 10, 2023
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for March 14, 2023**

City of Middletown Board of Health & Environment will meet in regular session **March 14, 2023** at 7:30AM in Conference Room 2C at the City Building with the following agenda. If you are unable to attend the meeting, please call 513-425-1818.

MEETING CALLED TO ORDER

ROLL CALL- Motion to excuse absent members

CITIZEN COMMENTS

APPROVAL OF MINUTES –February 2023

RECEIVE AND FILE FINANCIAL REPORT – February 2023

EDUCATION PRESENTATION

Colorectal Cancer

OLD BUSINESS

1. PHAB
2. Trap, Neuter, Release (TNR) Update

NEW BUSINESS

1. Travel Authorizations
2. Syringe Exchange Program
3. Public Health Week, April 3-9, 2023
4. Board of Health Member Topic-Open Discussion

REPORTS

Health Commissioner

Medical Director

Director of Nursing

Environmental Health Director

ADJOURNMENT

The Next Board of Health Meeting is scheduled for April 11, 2023 7:30am

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

CITY OF MIDDLETOWN
BOARD OF HEALTH
Minutes
February 14, 2023

The City of Middletown Board of Health met in regular session at 7:30 AM on February 14, 2023.

Members Present

Mayor Nicole Condrey, BS, President
Jeff Bonnell
Sally Kash, MS, RN
Ruth Lolli
Dr. Ken Patrick, DVM
Joseph Richmond
Amy Sibcy
Dr. Scott Zollett, MD

Health Department Staff Present

Jackie Phillips Carter, MPH, BSN, RN
Carla Ealy, BS, REHS
Chandra Corbin, BSN, RN
Amanda McDonald, Vital Statistics Registrar

Guests

Zoey Peach, Caracole, Health Educator
Leah Majesky, Caracole, Prevention Supervisor

ROLL CALL

All board members were present.

CITIZEN COMMENTS

None.

Ms. Phillips Carter introduced Olivia Hall, the Emergency Preparedness Coordinator hired under the Workforce Development Grant. Ms. Hall began her position with CMHD in October 2022.

APPROVAL OF MINUTES- January 2023

Ms. Lolli noted that there was a typo in the January minutes.

Motion: Ms. Kash moved, seconded by Ms. Lolli to approve the January 2023 Board of Health meeting minutes with corrections.

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

RECEIVE AND FILE FINANCIAL REPORT-January 2023

Motion: Ms. Lolli moved, seconded by Mr. Richmond to receive and file the January 2023 Financial Report.

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

Education Presentation- Caracole-Harm Reduction

Zoey Peach, Health Educator, and Leah Majesky, Prevention Supervisor, of Caracole presented the Board of Health with an overview of Caracole's Harm Reduction Services. Ms. Peach explained that Harm Reduction can include everyday harm reduction such as seatbelts and sunscreen, as well as encouraging individuals to examine the connections between their substance use and their health and well-being and to take steps toward any positive change.

Ms. Majesky explained that Caracole is Greater Cincinnati's AIDS service organization, devoted to positively changing lives in the fight against HIV/AIDS through prevention, housing and care. Prevention includes promoting health and well-being in at-risk communities through evidence-based approaches to prevent disease and reduce the spread of HIV. Housing includes offering a variety of permanent housing support to prevent homelessness and to stabilize individuals and families

living with HIV. Care includes helping individuals living with HIV access the health care they need through medical case management and pharmacy services.

Ms. Peach stated that statistics have proven that drug use has, is and will happen in our communities. Harm reduction seeks to reduce the harms associated with drug use through education, provision of supplies and relationship building. Harm Reduction's end goal is not necessarily getting participants into treatment, however; studies have shown that people who use drugs and participate in syringe services programs are up to five times more likely to enter into treatments.

OLD BUSINESS

PHAB

Ms. Phillips Carter informed the board that CMHD is working together with Butler County General Health District and Hamilton City Health Department to complete the Community Health Assessment (CHA). Ms. Phillips Carter thanked board member Ms. Lolli for her continued involvement with the CHA.

NEW BUSINESS

Travel Authorizations

Ms. Corbin will be attending a Director of Nursing meeting in Xenia, Ohio in February. The only cost associated with this travel request is mileage reimbursement.

Motion: Dr. Patrick moved, seconded by Ms. Lolli to approve the travel request.

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

Approval of CMHD Public Health Worker Agreement with Deanna Shores

Ms. Phillips Carter explained that Ms. Shores will be hired as a Public Health Worker under the Workforce Development Grant. Ms. Shores will aid in the facilitation of the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA).

Discussions

Mayor Condrey asked if Ms. Shores would be paid directly.

Ms. Phillips Carter confirmed that she would be paid directly.

Mayor Condrey asked if this was a floated position.

Ms. Phillips Carter stated that this is a contracted position, multiple individuals can be hired if needed.

Mayor Condrey asked if there was a maximum length of time or number of hours to be worked included in this contract, stating that the contract seems loose and open-ended.

Ms. Phillips Carter stated that the agreement was purposefully created that way to be able to discontinue it at any given time under the grant.

Motion: Ms. Kash moved, seconded by Ms. Sibcy to approve the CMHD Public Health Worker Agreement with Deanna Shores.

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

2022 Annual Report

The 2022 Annual Report was included in the February BOH meeting packet. This report is required by Ohio Department of Health and must be submitted by January 15th each year.

Board of Health Member Topic-Open Discussion

Mayor Condrey informed the board that she had received an email from two children that will be setting up a lemonade stand and asked Ms. Phillips Carter and Ms. Ealy what/if there were any health department rules and regulations pertaining to lemonade stands.

Ms. Ealy stated that they can have a lemonade stand at their residence without a health department issued license and they must be 12 years old or younger.

Ms. Phillips Carter stated that even if they were older than 12, they could ask for donations (versus charging for their goods) and would not need a license.

Mayor Condrey stated that the city is currently bombarded with feral cats and asked if this is a health department concern.

Ms. Hall stated that Trap, Neuter, Release (TNR) programs are ran by non-profit organizations and are the most humane way to handle the situation.

Ms. Lolli added that once a cat is spayed or neutered, they don't attract more cats to the area.

Dr. Patrick stated that once a vet has spayed or neutered a cat, the ear is clipped. This is an easy way to discern if a cat has been spayed/neutered.

Ms. Phillips Carter stated that she will look into it and find out if there is a TNR that is active in our area.

REPORTS

Health Commissioner

Ms. Phillips Carter informed the BOH that OHIZ is looking towards starting a "Walk and Talk" initiative which will focus on connecting community members through exercise and sharing concerns and requests with one another and city leadership.

Ms. Phillips Carter informed the BOH that the mobile unit from Premier Health will be setting up more clinics in the area.

Ms. Phillips Carter thanked SHALOM for their efforts with the unhoused this winter.

Ms. Phillips Carter stated that City Manager Lolli has begun the "Not in Middletown" initiative in response to the recent shootings in Middletown. Meetings are held each Wednesday at 7:30am in the Police Training Room.

Medical Director

Dr. Jennewine informed the board that though the influenza season began quickly this year, it appears it has died out just as quickly.

Dr. Jennewine reported the January Communicable Disease numbers.

Chlamydia infection	25
COVID-19	194
Gonococcal infection	6
Hepatitis A	1
Hepatitis B	1
Hepatitis C	11
HIV	1
Influenza-associated hospitalization	1
Salmonellosis	1
Streptococcus pneumoniae-invasive	2
Syphilis	2

Director of Nursing

Ms. Corbin informed the board that CMHD continues to hold COVID and flu vaccine clinics on the first and third Thursday of each month, though the number of vaccine recipients has decreased significantly.

Ms. Corbin informed the board that CMHD has supplied Hope House and the Warming Shelter with COVID test kits.

Environmental Director

Ms. Ealy informed the board that CMHD is on target for finalizing all inspections by the end of February.

CMHD is now in the process of collecting payments and issuing license renewals for food service operations and retail food establishments.

Ms. Ealy informed the board that there is a new micro market at PCA on Baltimore Street. Plans have been approved for Perez Grocery on Vail Avenue. CMHD received plans for an equipment review for the installation of seven new coolers that will be added to the Dollar General located on Central Avenue for selling produce. Primo Italian Steakhouse has been approved and is now licensed.

Ms. Ealy discussed a home on Central Avenue which has a failing septic system. CMHD initially discussed this failure with the realtor prior to the home being sold. The new homeowners had sought to connect to the City's sewer through Central Avenue and Bavarian Woods Street, but due to cost had decided to install a new septic system. The system designed was an alternative system, and the health department will usually only permit this type of system as a last resort. The site also did not meet the EPA guidelines to qualify for this type of system. Upon speaking with the Public Works Director, it was mentioned that he located a legal easement for the property which may make the connection to city sewer easier and possibly less expensive. Ms. Ealy states that she continues to work with the homeowners on this issue and will keep the BOH updated. Ms. Ealy went on to state that the homeowners could possibly request a variance. Ms. Ealy informed the board that the newest Air Quality Report from Hamilton County was included in the BOH packet.

Discussions

Mayor Condrey asked if there were any findings concerning citizen's complaints about air quality.

Dr. Zollett asked what would happen if the report findings stated that air quality was poor.

Ms. Ealy stated that Hamilton Air Quality conducts the complaint investigation and issues a violation/fine if the findings are not within the acceptable range.

Ms. Phillips Carter stated that the reports regarding SunCoke have been published and all air quality ranges are within Environmental Protection Agency (EPA) guidelines.

Mayor Condrey stated that a stack was recently removed at Essity and odor in that area should decrease.

Ms. Ealy stated that fewer complaints were received in 2022 than in 2021.

ADJOURNMENT

The meeting was adjourned at 8:46 AM. The next meeting will be held on March 14, 2023 at 7:30 AM.

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

Nicole Condrey, President
City of Middletown Board of Health



City of Middletown Health Department
Middletown, Ohio

A Connected and Healthy Community to Live, Work and Play

City of Middletown Health Department

February 2023 Financial Notes

Vital Statistics

- \$7,533.68 Revenue Earned
- 627 Certificates Sold
- 42 Burial permits Sold

Environmental

- \$57,004.02 Revenue Earned

Reimbursements

- LHD State Subsidy Funds Pursuant to OAC 3701.36 \$20,100.36
- Maximus Q4 2022 Paternity Affidavits Reimbursement \$120.00

Indigent Services

- \$20,000 budgeted for 2023
- 6 Applications approved through February 2023
 - 2 Applications Approved in February
 - \$15,730.00 Indigent Budget Remaining

Current Grants

- Workforce Development (WF-22) 9/2021-6/2023
 - Total awarded \$180,000
 - Award left to bill \$39,310
- Enhanced Operations (EO-22) 8/22-7/23
 - Total awarded \$125,000
 - Award left to bill \$125,000
- (New) Workforce Development (WF-23) 7/01/2023-11/30/2027
 - Available to 110 Local Health Departments (LHDs) & Public Health Associations through the CDC. ODH is granting 57% of the federal funds for the PH Infrastructure & Workforce Grant to LHDs.
 - Multi-year project, 7/1/2023-11/30/2027.
 - Award granted to CMHD \$435,000
 - CDC PH Infrastructure Grant is designed to support strategically strengthening public health infrastructure and systems related to the workforce foundational capabilities.
 - Key outcomes that recipients are expected to achieve by the end of the period of performance include increased hiring of diverse staff and increased size and capabilities of the public health workforce. Also calls for addressing workforce policies that support retention.
 - The scope of possible workforce investments is wide including hiring, retaining, supporting and training the workforce; there will be no restrictions on the types of positions that can be hired for public health capacity building.

City of Middletown Budgetary Control Report

Period Ending March 06, 2023

Health & Environmental Fund	Current Year Appropriation	Supplements & Transfers	Carryover & Encumbrance	Total Appropriated	Month-to-Date Expenses	Year-to-Date Expenses	Balance	Encumbrance	Combined Encumbrance	Remaining Budget Percent
Personnel Services										
228.450.51110 Salaries & Wages	\$565,079.00	\$0.00	\$0.00	\$565,079.00	\$20,912.74	\$63,721.67	\$501,357.33	\$0.00	\$501,357.33	88.7%
228.450.51211 Pers	\$79,111.00	\$0.00	\$0.00	\$79,111.00	\$5,993.26	\$11,947.32	\$67,163.68	\$0.00	\$67,163.68	84.9%
228.450.51220 Worker's Compensation	\$22,603.00	\$0.00	\$0.00	\$22,603.00	\$937.74	\$937.74	\$21,665.26	\$0.00	\$21,665.26	95.9%
228.450.51230 Group Health Insurance	\$103,148.00	\$0.00	\$0.00	\$103,148.00	\$8,595.65	\$17,191.30	\$85,956.70	\$8,595.65	\$77,361.05	75.0%
228.450.51270 Medicare City Share	\$8,194.00	\$0.00	\$0.00	\$8,194.00	\$292.18	\$890.79	\$7,303.21	\$0.00	\$7,303.21	89.1%
228.450.51275 Life Insurance	\$1,899.00	\$0.00	\$0.00	\$1,899.00	\$304.20	\$304.20	\$1,594.80	\$0.00	\$1,594.80	84.0%
Personnel Services Totals	\$780,034.00	\$0.00	\$0.00	\$780,034.00	\$37,035.77	\$94,993.02	\$685,040.98	\$8,595.65	\$676,445.33	86.7%
Contractual Services										
228.450.52110 Travel & Training	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$0.00	\$4,000.00	\$0.00	\$4,000.00	100.0%
228.450.52120 Employee Mileage	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$64.05	\$183.29	\$2,816.71	\$0.00	\$2,816.71	93.9%
228.450.52222 Telephone Line Charges	\$5,640.00	\$0.00	\$0.00	\$5,640.00	\$170.91	\$341.75	\$5,298.25	\$0.00	\$5,298.25	93.9%
228.450.52310 Municipal Garage Charges	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$0.00	\$138.80	\$3,361.20	\$0.00	\$3,361.20	96.0%
228.450.52480 Other Professional Services	\$41,085.00	\$0.00	\$4,877.99	\$45,962.99	\$1,302.69	\$2,451.11	\$43,511.88	\$4,877.99	\$38,633.89	94.0%
228.450.52481 Workforce Development Grant	\$33,398.00	\$0.00	\$37,651.23	\$71,049.23	\$1,945.18	\$3,129.95	\$67,919.28	\$47,231.23	\$20,688.05	61.9%
228.450.52488 Health Department COVID	\$121,000.00	\$0.00	\$14,625.00	\$135,625.00	\$1,204.23	\$1,416.73	\$134,208.27	\$14,262.50	\$119,945.77	99.1%
228.450.52490 Outside Printing	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	100.0%
228.450.52510 Maintenance of Equipment	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	\$0.00	\$8,000.00	100.0%
228.450.52820 Licenses & Permits	\$11,340.00	\$0.00	\$0.00	\$11,340.00	\$0.00	\$1,260.00	\$10,080.00	\$0.00	\$10,080.00	88.9%
228.450.52920 Memberships, Books & Periodicals	\$1,587.00	\$0.00	\$0.00	\$1,587.00	\$89.00	\$89.00	\$1,498.00	\$0.00	\$1,498.00	94.4%
Contractual Services Total	\$234,550.00	\$0.00	\$57,154.22	\$291,704.22	\$4,776.06	\$9,010.63	\$282,693.59	\$66,371.72	\$216,321.87	74.2%
Commodities										
228.450.53100 Office Supplies	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$533.22	\$605.11	\$1,894.89	\$0.00	\$1,894.89	75.8%
228.450.53210 Food	\$200.00	\$0.00	\$0.00	\$200.00	\$22.25	\$36.45	\$163.55	\$0.00	\$163.55	81.8%
228.450.53610 Small Tools & Equipment	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$0.00	\$200.00	\$0.00	\$200.00	100.0%
228.450.53710 Chemicals & Labs	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00	100.0%
Commodities Total	\$3,400.00	\$0.00	\$0.00	\$3,400.00	\$555.47	\$641.56	\$2,758.44	\$0.00	\$2,758.44	81.1%
Capital Expenses										
228.450.54310 Auto Depreciation	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$4,800.00	100.0%
Capital Expenses Total	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$0.00	\$4,800.00	100.0%
Health Fund Year-to-Date Totals	\$1,022,784.00	\$0.00	\$57,154.22	\$1,079,938.22	\$42,367.30	\$104,645.21	\$975,293.01	\$74,967.37	\$900,325.64	83.4%

*Municipal Garage Charges & Auto Depreciation Charges have not been loaded by Finance for the year. Expenses in these areas have been incurred.

06 MAR 2023

CITY OF MIDDLETOWN BUDGETARY CONTROL REPORT
 HEALTH/ENVIRONMENT ADMINISTRATION
 FOR THE PERIOD ENDED March 06, 2023

PAGE 001

	CURRENT YEAR APPROP'S	SUPP. APP'S & TRANSFERS	CARRY-OVER ENCUMBRANCES	TOTAL APPROPRIATED			YTD-EXPENSE	UNEXP-BALANCE	ENCUMBRANCE	Combined	
				MTD-EXPENSE	YTD-EXPENSE	Unencumbered Amount				REM-%	
HEALTH/ENVIRONMENT ADMINISTRATION											
228.450.51110 SALARIES & WAGES	\$ 565,079.00	\$ 0.00	\$ 0.00	\$ 565,079.00	\$ 20,912.74	\$ 63,721.67	\$ 501,357.33	\$ 0.00	\$ 501,357.33	88.7%	
228.450.51120 OVERTIME WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.51211 PERS	79,111.00	0.00	0.00	79,111.00	5,993.26	11,947.32	67,163.68	0.00	67,163.68	84.9%	
228.450.51220 WORKERS COMPENSATION	22,603.00	0.00	0.00	22,603.00	937.74	937.74	21,665.26	0.00	21,665.26	95.9%	
228.450.51230 GROUP HEALTH INSURANCE	103,148.00	0.00	0.00	103,148.00	8,595.65	17,191.30	85,956.70	8,595.65	77,361.05	75.0%	
228.450.51240 UNEMPLOYMENT COMPENSATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.51270 MEDICARE-CITY SHARE	8,194.00	0.00	0.00	8,194.00	292.18	890.79	7,303.21	0.00	7,303.21	89.1%	
228.450.51275 LIFE INSURANCE	1,899.00	0.00	0.00	1,899.00	304.20	304.20	1,594.80	0.00	1,594.80	84.0%	
228.450.51290 EMPLOYEE AWARDS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
PERSONAL SERVICES	780,034.00	0.00	0.00	780,034.00	37,035.77	94,993.02	685,040.98	8,595.65	676,445.33	86.7%	
228.450.52110 TRAVEL & TRAINING	4,000.00	0.00	0.00	4,000.00	0.00	0.00	4,000.00	0.00	4,000.00	100.0%	
228.450.52111 MANDATORY TRAINING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52120 EMPLOYEE MILEAGE REIMBURSEMENT	3,000.00	0.00	0.00	3,000.00	64.05	183.29	2,816.71	0.00	2,816.71	93.9%	
228.450.52222 TELEPHONE LINE CHARGES - HEALTH A	5,640.00	0.00	0.00	5,640.00	170.91	341.75	5,298.25	0.00	5,298.25	93.9%	
228.450.52230 POSTAGE AND POSTAL CHARGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52310 MUNICIPAL GARAGE CHARGES	3,500.00	0.00	0.00	3,500.00	0.00	138.80	3,361.20	0.00	3,361.20	96.0%	
CONTRACTUAL SERVICES											
228.450.52340 EQUIPMENT/VEHICLE RENTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52410 LEGAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52420 MEDICAL SERVICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52480 OTHER PROFESSIONAL SERVICE	41,085.00	0.00	4,877.99	45,962.99	1,302.69	2,451.11	43,511.88	4,877.99	38,633.89	84.1%	
228.450.52481 WORKFORCE GRANT CONTRACTUAL SERVI	33,398.00	0.00	37,651.23	71,049.23	1,945.18	3,129.95	67,919.28	47,231.23	20,688.05	29.1%	
228.450.52482 SYRINGE EXCHANGE PROGRAM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52488 HEALTH DEPT COVID-19 EXPENSES	121,000.00	0.00	14,625.00	135,625.00	1,204.23	1,416.73	134,208.27	14,262.50	119,945.77	88.4%	
228.450.52490 OUTSIDE PRINTING	2,000.00	0.00	0.00	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	100.0%	
228.450.52510 MAINTENANCE OF EQUIPMENT	8,000.00	0.00	0.00	8,000.00	0.00	0.00	8,000.00	0.00	8,000.00	100.0%	
228.450.52680 MEDICAL LIABILITY INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52820 LICENSES AND PERMITS	11,340.00	0.00	0.00	11,340.00	0.00	1,260.00	10,080.00	0.00	10,080.00	88.9%	
228.450.52920 MEMBERSHIPS, BOOKS, PERIODICAL	1,587.00	0.00	0.00	1,587.00	89.00	89.00	1,498.00	0.00	1,498.00	94.4%	
228.450.52930 PHOTO SUPPLIES & PROCESSING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.52940 INDIGENT BURIALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
CONTRACTUAL SERVICES	234,550.00	0.00	57,154.22	291,704.22	4,776.06	9,010.63	282,693.59	66,371.72	216,321.87	74.2%	
228.450.53100 OFFICE SUPPLIES	2,500.00	0.00	0.00	2,500.00	533.22	605.11	1,894.89	0.00	1,894.89	75.8%	
228.450.53101 SUPPLIES FOR HIV GRANT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.53102 HARM REDUCTION SUPPLIES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%	
228.450.53210 FOOD	200.00	0.00	0.00	200.00	22.25	36.45	163.55	0.00	163.55	81.8%	

06 MAR 2023

CITY OF MIDDLETOWN BUDGETARY CONTROL REPORT
HEALTH/ENVIRONMENT ADMINISTRATION
FOR THE PERIOD ENDED March 06, 2023

PAGE 002

	CURRENT YEAR APPROP'S	SUPP. APP'S & TRANSFERS	CARRY-OVER ENCUMBRANCES	TOTAL APPROPRIATED MTD-EXPENSE YTD-EXPENSE UNEXP-BALANCE				ENCUMBRANCE	Combined Amount	
				Unencumbered	REM-%					
228.450.54310 AUTO & TRUCK DEPRECIATION	4,800.00	0.00	0.00	4,800.00	0.00	0.00	4,800.00	0.00	4,800.00	100.0%
228.450.54320 OFFICE MACHINERY & EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%
228.450.54360 OTHER EQUIPMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%
228.450.54370 COMPUTER SOFTWARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0%
CAPITAL	4,800.00	0.00	0.00	4,800.00	0.00	0.00	4,800.00	0.00	4,800.00	100.0%
TOTAL HEALTH ADMINISTRATION	1,022,784.00	0.00	57,154.22	1,079,938.22	42,367.30	104,645.21	975,293.01	74,967.37	900,325.64	83.4%
GRAND TOTAL FUND 228	1,022,784.00	0.00	57,154.22	1,079,938.22	42,367.30	104,645.21	975,293.01	74,967.37	900,325.64	83.4%

228.000.44210

Monthly Receipt History for Account number

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
VITAL STATISTICS	2023	JANUARY	8211.78		8211.78	
	2023	FEBRUARY	6931.82		15143.60	
	2022	JANUARY	9943.78		9943.78	
	2022	FEBRUARY	12804.90		22748.68	
	2022	MARCH	9988.38		32737.06	
	2022	APRIL	7246.66		39983.72	
	2022	MAY	12784.71		52768.43	
	2022	JUNE	8441.08		61209.51	
	2022	JULY	7882.86		69092.37	
	2022	AUGUST	11438.70		80531.07	
	2022	SEPTEMBER	7582.86		88113.93	
	2022	OCTOBER	9745.86		97859.79	
	2022	NOVEMBER	7424.42		105284.21	
	2022	DECEMBER	8203.78		113487.99	
	2021	JANUARY	10859.20		10859.20	
	2021	FEBRUARY	8137.22		18996.42	
	2021	MARCH	11431.46		30427.88	
	2021	APRIL	13803.40		44231.28	
	2021	MAY	8012.54		52243.82	
	2021	JUNE	10141.38		62385.20	
	2021	JULY	9711.26		72096.46	
	2021	AUGUST	10607.62		82704.08	
	2021	SEPTEMBER	8905.68		91609.76	
	2021	OCTOBER	9698.06		101307.82	
	2021	NOVEMBER	8431.80		109739.62	
	2021	DECEMBER	9935.12		119674.74	
	2020	JANUARY	10015.20		10015.20	
	2020	FEBRUARY	9483.04		19498.24	
	2020	MARCH	12877.27		32375.51	
	2020	APRIL	4432.06		36807.57	
	2020	MAY	5381.40		42188.97	
	2020	JUNE	9390.42		51579.39	
	2020	JULY	6208.34		57787.73	
	2020	AUGUST	10881.84		68669.57	
	2020	SEPTEMBER	9347.00		78016.57	
	2020	OCTOBER	9432.98		87449.55	
	2020	NOVEMBER	9382.42		96831.97	
	2020	DECEMBER	9515.10		106347.07	
	2019	JANUARY	8291.04		8291.04	
	2019	FEBRUARY	8104.16		16395.20	
	2019	MARCH	10480.58		26875.78	
	2019	APRIL	8680.02		35555.80	
	2019	MAY	8659.81		44215.61	
	2019	JUNE	11201.45		55417.06	
	2019	JULY	9050.64		64467.70	
	2019	AUGUST	10175.44		74643.14	
	2019	SEPTEMBER	8312.18		82955.32	
	2019	OCTOBER	8820.70		91776.02	
	2019	NOVEMBER	7834.30		99610.32	
	2019	DECEMBER	7539.30		107149.62	

Monthly Receipt History for Account number

228.000.44211

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
VITAL STATISTICS SHIPPING CHAR	2023	JANUARY	134.35		134.35	
	2023	FEBRUARY	-203.92		-69.57	
	2022	JANUARY	53.60		53.60	
	2022	FEBRUARY	138.15		191.75	
	2022	MARCH	-27.05		164.70	
	2022	APRIL	89.50		254.20	
	2022	MAY	-134.45		119.75	
	2022	JUNE	223.70		343.45	
	2022	JULY	-184.21		159.24	
	2022	AUGUST	-62.85		96.39	
	2022	SEPTEMBER	45.05		141.44	
	2022	OCTOBER	391.55		532.99	
	2022	NOVEMBER	-316.50		216.49	
	2022	DECEMBER	93.60		310.09	
	2021	JANUARY	-3.10		-3.10	
	2021	FEBRUARY	-49.80		-52.90	
	2021	MARCH	43.60		-9.30	
	2021	APRIL	107.90		98.60	
	2021	MAY	-123.80		-25.20	
	2021	JUNE	126.75		101.55	
	2021	JULY	0.45		102.00	
	2021	AUGUST	-103.75		-1.75	
	2021	SEPTEMBER	58.15		56.40	
	2021	OCTOBER	-90.20		-33.80	
	2021	NOVEMBER	98.45		64.65	
	2021	DECEMBER	6.70		71.35	
	2020	JANUARY	80.10		80.10	
	2020	FEBRUARY	43.55		123.65	
	2020	MARCH	-3.10		120.55	
	2020	APRIL	204.60		325.15	
	2020	MAY	-260.40		64.75	
	2020	JUNE	-131.75		-67.00	
	2020	JULY	86.80		19.80	
	2020	AUGUST	-68.20		-48.40	
	2020	SEPTEMBER	15.50		-32.90	
	2020	OCTOBER	35.85		2.95	
	2020	NOVEMBER	-18.60		-15.65	
	2020	DECEMBER	-94.55		-110.20	
	2019	JANUARY	41.40		41.40	
	2019	FEBRUARY	51.75		93.15	
	2019	MARCH	-43.65		49.50	
	2019	APRIL	25.50		75.00	
	2019	MAY	-12.94		62.06	
	2019	JUNE	116.25		178.31	
	2019	JULY	44.10		222.41	
	2019	AUGUST	-7.80		214.61	
	2019	SEPTEMBER	-141.75		72.86	
	2019	OCTOBER	-40.20		32.66	
	2019	NOVEMBER	76.05		108.71	
	2019	DECEMBER	-171.15		-62.44	

228.000.44215

Monthly Receipt History for Account number

Account	Year	Month	Date 06 Mar 2023		
			Total	Month	Total YTD
PATERNITY AFFIDAVITS	2023	FEBRUARY	120.00		120.00
	2022	MARCH	80.00		80.00
	2022	JUNE	60.00		140.00
	2022	AUGUST	160.00		300.00
	2022	NOVEMBER	120.00		420.00
	2022	DECEMBER	20.00		440.00
	2021	FEBRUARY	160.00		160.00
	2021	MAY	40.00		200.00
	2021	DECEMBER	20.00		220.00
	2019	FEBRUARY	80.00		80.00
	2019	MAY	80.00		160.00
Total			940.00		

Monthly Receipt History for Account number

228.000.44281

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
FSO RESTAURANT LICENSE	2023	JANUARY	848.00		848.00	
	2023	FEBRUARY	35233.00		36081.00	
	2022	JANUARY	323.00		323.00	
	2022	FEBRUARY	20502.50		20825.50	
	2022	MARCH	15041.50		35867.00	
	2022	APRIL	1560.25		37427.25	
	2022	MAY	70.50		37497.75	
	2022	JUNE	1211.50		38709.25	
	2022	JULY	1972.50		40681.75	
	2022	AUGUST	639.00		41320.75	
	2022	SEPTEMBER	643.50		41964.25	
	2022	OCTOBER	842.00		42806.25	
	2022	NOVEMBER	405.00		43211.25	
	2022	DECEMBER	900.00		44111.25	
	2021	JANUARY	199.36		199.36	
	2021	FEBRUARY	28067.00		28266.36	
	2021	MARCH	23096.00		51362.36	
	2021	APRIL	3939.50		55301.86	
	2021	MAY	1834.50		57136.36	
	2021	JUNE	1677.00		58813.36	
	2021	JULY	3537.50		62350.86	
	2021	AUGUST	1640.00		63990.86	
	2021	SEPTEMBER	946.00		64936.86	
	2021	OCTOBER	545.00		65481.86	
	2021	NOVEMBER	674.00		66155.86	
	2021	DECEMBER	567.00		66722.86	
	2020	JANUARY	795.00		795.00	
	2020	FEBRUARY	40896.32		41691.32	
	2020	MARCH	17632.75		59324.07	
	2020	APRIL	983.50		60307.57	
	2020	MAY	542.50		60850.07	
	2020	JUNE	507.00		61357.07	
	2020	JULY	1367.00		62724.07	
	2020	AUGUST	1470.00		64194.07	
	2020	SEPTEMBER	806.00		65000.07	
	2020	OCTOBER	-570.00		64430.07	
	2020	NOVEMBER	934.00		65364.07	
	2020	DECEMBER	1249.64		66613.71	
	2019	JANUARY	1179.00		1179.00	
	2019	FEBRUARY	36346.50		37525.50	
	2019	MARCH	23426.25		60951.75	
	2019	APRIL	817.50		61769.25	
	2019	MAY	1609.50		63378.75	
	2019	JUNE	1004.00		64382.75	
	2019	JULY	1029.50		65412.25	
	2019	AUGUST	506.00		65918.25	
	2019	SEPTEMBER	770.00		66688.25	
	2019	OCTOBER	93.00		66781.25	
	2019	NOVEMBER	393.50		67174.75	
	2019	DECEMBER	17.32		67192.07	

Monthly Receipt History for Account number

228.000.44282

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
FOOD ESTABLISHMENT LICENSE	2023	JANUARY	300.00		300.00	
	2023	FEBRUARY	13216.00		13516.00	
	2022	FEBRUARY	12010.00		12010.00	
	2022	MARCH	3381.00		15391.00	
	2022	APRIL	166.00		15557.00	
	2022	MAY	300.00		15857.00	
	2022	SEPTEMBER	84.00		15941.00	
	2022	NOVEMBER	300.00		16241.00	
	2022	DECEMBER	471.00		16712.00	
	2021	FEBRUARY	12292.00		12292.00	
	2021	MARCH	11461.00		23753.00	
	2021	APRIL	391.00		24144.00	
	2021	JUNE	421.50		24565.50	
	2021	JULY	531.25		25096.75	
	2021	AUGUST	717.00		25813.75	
	2021	SEPTEMBER	185.00		25998.75	
	2021	OCTOBER	370.00		26368.75	
	2021	DECEMBER	323.00		26691.75	
	2020	JANUARY	234.00		234.00	
	2020	FEBRUARY	16938.00		17172.00	
	2020	MARCH	7535.00		24707.00	
	2020	APRIL	991.00		25698.00	
	2020	JUNE	95.00		25793.00	
	2020	SEPTEMBER	767.00		26560.00	
	2020	OCTOBER	673.00		27233.00	
	2020	NOVEMBER	580.00		27813.00	
	2020	DECEMBER	185.00		27998.00	
	2019	FEBRUARY	17873.00		17873.00	
	2019	MARCH	6261.75		24134.75	
	2019	APRIL	300.00		24434.75	
	2019	MAY	185.00		24619.75	
	2019	JULY	150.00		24769.75	
	2019	SEPTEMBER	452.00		25221.75	
	2019	OCTOBER	374.00		25595.75	
	2019	NOVEMBER	335.00		25930.75	

Total

110848.50

228.000.44280

Monthly Receipt History for Account number

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
VENDING LICENSE	2023	FEBRUARY	611.49		611.49	
	2022	FEBRUARY	51.96		51.96	
	2022	MARCH	571.56		623.52	
	2021	JANUARY	34.64		34.64	
	2021	FEBRUARY	17.32		51.96	
	2021	MARCH	629.52		681.48	
	2021	APRIL	-23.32		658.16	
	2020	FEBRUARY	617.52		617.52	
	2020	MARCH	17.32		634.84	
	2019	FEBRUARY	629.00		629.00	
	2019	MARCH	106.25		735.25	
Total			3263.26			

Monthly Receipt History for Account number

228.000.44284

Date 06 Mar 2023

Account	Year	Month	Total Month	Total YTD
FOOD SAFETY CLASSES	2021	OCTOBER	60.00	60.00
	2020	MARCH	150.00	150.00
	2019	JANUARY	300.00	300.00
	2019	MARCH	120.00	420.00
	2019	MAY	90.00	510.00
	2019	JULY	30.00	540.00
	2019	AUGUST	30.00	570.00
Total			780.00	

Monthly Receipt History for Account number

228.000.44283

Account	Year	Month	Date 06 Mar 2023		
			Total	Month	Total YTD
HOUSEHOLD SEWAGE	2023	JANUARY	2337.50		2337.50
	2023	FEBRUARY	205.00		2542.50
	2022	JANUARY	1361.25		1361.25
	2022	MARCH	802.98		2164.23
	2022	MAY	130.00		2294.23
	2022	JUNE	120.00		2414.23
	2022	SEPTEMBER	287.05		2701.28
	2022	OCTOBER	100.00		2801.28
	2022	DECEMBER	1940.00		4741.28
	2021	JANUARY	1730.00		1730.00
	2021	FEBRUARY	1180.00		2910.00
	2021	MARCH	295.00		3205.00
	2021	APRIL	2742.56		5947.56
	2021	MAY	15.00		5962.56
	2021	JULY	65.00		6027.56
	2021	AUGUST	180.00		6207.56
	2021	SEPTEMBER	3324.45		9532.01
	2021	OCTOBER	-74.00		9458.01
	2021	NOVEMBER	406.00		9864.01
	2021	DECEMBER	1750.00		11614.01
	2020	JANUARY	6583.25		6583.25
	2020	FEBRUARY	3840.00		10423.25
	2020	MARCH	3190.28		13613.53
	2020	APRIL	2075.00		15688.53
	2020	MAY	340.00		16028.53
	2020	JUNE	1315.00		17343.53
	2020	JULY	180.00		17523.53
	2020	AUGUST	140.00		17663.53
	2020	SEPTEMBER	156.62		17820.15
	2020	DECEMBER	1340.00		19160.15
	2019	JANUARY	2530.25		2530.25
	2019	FEBRUARY	476.25		3006.50
	2019	APRIL	188.75		3195.25
	2019	MAY	15.00		3210.25
	2019	JUNE	45.00		3255.25
	2019	AUGUST	240.00		3495.25
	2019	SEPTEMBER	208.25		3703.50
	2019	OCTOBER	2450.00		6153.50
	2019	NOVEMBER	4995.00		11148.50
	2019	DECEMBER	8935.00		20083.50

Total

58141.44

Monthly Receipt History for Account number

228.000.44285

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
SWIMMING POOL/SPA	2022	APRIL	3920.00		3920.00	
	2022	MAY	1829.00		5749.00	
	2022	JUNE	275.00		6024.00	
	2022	JULY	283.00		6307.00	
	2021	APRIL	3700.00		3700.00	
	2021	MAY	1945.00		5645.00	
	2020	APRIL	2320.00		2320.00	
	2020	MAY	660.00		2980.00	
	2020	JUNE	1985.00		4965.00	
	2020	JULY	440.00		5405.00	
	2020	AUGUST	220.00		5625.00	
	2019	APRIL	4440.00		4440.00	
	2019	MAY	1545.00		5985.00	
Total				23562.00		

Monthly Receipt History for Account number

228.000.44286

Account	Year	Month	Date 06 Mar 2023		
			Total	Month	Total YTD
TATTOO LICENSE	2023	JANUARY	562.50		562.50
	2022	JANUARY	562.50		562.50
	2022	JUNE	250.00		812.50
	2022	DECEMBER	1500.00		2312.50
	2021	JANUARY	1000.00		1000.00
	2021	JULY	250.00		1250.00
	2021	NOVEMBER	500.00		1750.00
	2021	DECEMBER	750.00		2500.00
	2020	JANUARY	812.50		812.50
	2020	AUGUST	250.00		1062.50
	2020	DECEMBER	500.00		1562.50
	2019	JANUARY	1250.00		1250.00
	2019	DECEMBER	750.00		2000.00
Total			8937.50		

Monthly Receipt History for Account number

228.000.44287

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
PARK/CAMPS LICENSE FEES	2022	MARCH		100.00	100.00	
	2022	APRIL		113.00	213.00	
	2021	APRIL		213.00	213.00	
	2020	APRIL		100.00	100.00	
	2020	MAY		113.00	213.00	
	2019	APRIL		100.00	100.00	
Total				739.00		

228.000.49100

Monthly Receipt History for Account number

Account	Year	Month	Date 06 Mar 2023		
			Total	Month	Total YTD
REIMBURSEMENTS	2023	JANUARY	7756.78		7756.78
	2022	JANUARY	451.92		451.92
	2022	FEBRUARY	775.00		1226.92
	2022	MARCH	12263.09		13490.01
	2022	APRIL	56288.07		69778.08
	2022	MAY	4509.89		74287.97
	2022	JUNE	22525.43		96813.40
	2022	SEPTEMBER	20564.64		117378.04
	2022	OCTOBER	3964.75		121342.79
	2022	DECEMBER	15386.55		136729.34
	2021	JANUARY	250.00		250.00
	2021	FEBRUARY	1667.10		1917.10
	2021	MARCH	11270.58		13187.68
	2021	APRIL	134.34		13322.02
	2021	MAY	3685.00		17007.02
	2021	JUNE	46169.56		63176.58
	2021	JULY	2325.00		65501.58
	2021	AUGUST	8990.39		74491.97
	2021	SEPTEMBER	19569.42		94061.39
	2021	OCTOBER	1935.97		95997.36
	2021	NOVEMBER	1800.00		97797.36
	2021	DECEMBER	69141.70		166939.06
	2020	FEBRUARY	9708.10		9708.10
	2020	MARCH	33887.93		43596.03
	2020	MAY	8285.37		51881.40
	2020	JULY	10493.82		62375.22
	2020	AUGUST	6512.59		68887.81
	2020	SEPTEMBER	26994.04		95881.85
	2020	OCTOBER	3943.65		99825.50
	2020	NOVEMBER	8662.57		108488.07
	2020	DECEMBER	25465.01		133953.08
	2019	JANUARY	580.00		580.00
	2019	FEBRUARY	1515.48		2095.48
	2019	MAY	1578.76		3674.24
	2019	JULY	24524.57		28198.81
	2019	AUGUST	1336.04		29534.85
	2019	OCTOBER	43347.25		72882.10
	2019	NOVEMBER	348.39		73230.49
	2019	DECEMBER	3241.04		76471.53

Total

521849.79

Monthly Receipt History for Account number

228.000.43330

Account	Year	Month	Date 06 Mar 2023		
			Total	Month	Total YTD
STATE HEALTH SUBSIDY	2023	FEBRUARY	20100.36		20100.36
	2022	MAY	9333.70		9333.70
	2021	APRIL	9135.25		9135.25
	2020	MARCH	9135.25		9135.25
	2019	JULY	9135.25		9135.25
Total			56839.81		

Monthly Receipt History for Account number

228.000.44225

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
IMMUNIZATION CLINICS	2022	MARCH	1200.00		1200.00	
	2022	DECEMBER	3000.00		4200.00	
	2021	DECEMBER	3000.00		3000.00	
	2020	DECEMBER	3000.00		3000.00	
	2019	JANUARY	40.00		40.00	
	2019	FEBRUARY	150.00		190.00	
	2019	MARCH	300.00		490.00	
	2019	APRIL	20.00		510.00	
	2019	JULY	40.00		550.00	
	2019	OCTOBER	3000.00		3550.00	
Total			13750.00			

228.000.43370

Monthly Receipt History for Account number

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
PUBLIC HEALTH WORKFORCE DEV GR	2022	JUNE	47808.32		47808.32	
	2022	SEPTEMBER	26792.77		74601.09	
	2022	DECEMBER	30438.44		105039.53	
Total			105039.53			

Monthly Receipt History for Account number

228.000.43368

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
COVID-19 CONTACT TRACING GRANT	2022	JANUARY	98050.00		98050.00	
	2022	MAY	52157.10		150207.10	
	2021	OCTOBER	9282.75		9282.75	
	2020	AUGUST	19071.07		19071.07	
	2020	OCTOBER	66715.14		85786.21	
	2020	NOVEMBER	49304.97		135091.18	
	2020	DECEMBER	32856.00		167947.18	
Total			327437.03			

228.000.43367

Monthly Receipt History for Account number

Date 06 Mar 2023

Account	Year	Month	Total	Month	Total	YTD
COVID-19 CRISIS RESPONSE GRANT	2022	MARCH	24022.00		24022.00	
	2021	JANUARY	8990.39		8990.39	
	2021	FEBRUARY	20000.00		28990.39	
	2021	MARCH	5000.00		33990.39	
	2021	AUGUST	18459.61		52450.00	
	2021	SEPTEMBER	229857.75		282307.75	
	2021	OCTOBER	-9282.75		273025.00	
	2021	NOVEMBER	98382.00		371407.00	
	2020	AUGUST	14903.27		14903.27	
	2020	SEPTEMBER	10268.82		25172.09	
	2020	OCTOBER	37951.91		63124.00	
	2020	DECEMBER	235997.00		299121.00	
Total			694550.00			

§ 1070.02 PROHIBITED CONDUCT.

(a) *Removal or damage of property.* No person shall remove, damage or deface buildings, equipment, structures, natural features, plants, flowers or lawn areas in any park.

(b) *Deposit of materials.*

(1) No person shall drop or cause to be dropped or throw paper, refuse or litter on or in any park property, but shall place the same in receptacles provided for such purpose.

(2) No person shall transport any waste material for the purpose of depositing such material into park waste receptacles.

(3) No person shall erect any structures or leave any items on park property without permission from the City.

(c) *Control and protection of animals.*

(1) No person shall engage in hunting, trapping or otherwise endanger animals in any park.

(2) No person shall abandon any animal in any park.

(3) No person shall destroy, harm or remove wildlife from any park.

(4) No person shall bring a pet onto any park property unless such pet is controlled by a lead no more than eight feet long, bridle, or suitable cage when in any park.

(5) No person shall bring any animals, except dogs which are properly licensed and leashed or any service animal, in any park.

(6) No person shall allow a pet to use water fountains intended for human use in any park.

(7) No person shall fail to collect and properly dispose of animal droppings deposited by any dog under his or her control in any park, except guide animals under the control of visually impaired persons.

(8) No person shall feed or provide any form of food to any animal in the park other than a dog or service animal which is in their possession. No food of any kind shall be left behind in the park and all consumable items shall be removed from the park or deposited into a park waste receptacle.

(d) *Conduct.*

(1) No person shall be intoxicated or under the influence of dangerous or illegal drugs in any park.

(2) No person shall sell, consume or possess any illegal drugs or alcohol in any park except that the consumption of alcohol is permitted in designated areas pursuant to a special event permit or other City approval.

(3) No person shall engage in loud, boisterous, threatening, insulting or indecent language or disorderly conduct or behavior, or any act tending to breach the public peace or good order of the park, persons within the park or adjacent residences.

(4) No person shall use any park equipment except in the manner in which it is intended.

(5) No person shall resist any City official in the discharge of his or her duty, or intentionally interfere with such official in such a way as to prevent him or her from discharging his or her duties.

(6) No person shall engage in gambling or playing games of chance in any park.

(e) *Fires.* No person shall make or use any open fire in any park. Fires must be built in grills and must be attended to at all time assuring they are extinguished upon departure from the site.

(f) *Camping.*

(1) No person shall, except where signage indicates otherwise, be present in any park area between sunset and 6:00 a.m.

(2) No person shall park or permit to remain parked an automobile or other vehicle in any park between sunset and 6:00 a.m.

(g) *Firearms and weapons.*

(1) No person shall possess or discharge any fireworks, explosives or model rockets in any park.

(2) No person shall possess within any park area any deadly weapon, except as otherwise specifically permitted by law. The supervised use of bow and arrows is permissible in parks only through recreation programs sponsored by the City.

of Middletown.

(h) *Commercial activities.* No person shall conduct commercial activities, sell merchandise, or display any banner, flag, target, sign or device for advertising in any park.

(i) *Traffic.*

- (1) No person shall operate or park a motor vehicle except on designated roadways and parking areas in any park.
- (2) No person shall ride horses or drive all-terrain vehicles, mini or dirt bikes in any park.
- (3) No person shall operate a motor vehicle without a license or in excess of the posted speed limit in any park.

(j) *Water areas.*

(1) No person shall engage in ice skating, ice fishing, swimming (except in City pools), wading, boating or fishing (except in designated areas) in or on any park waters.

- (2) No person shall throw or send any debris into any park waters.
- (3) No person shall seine or use any other commercial methods to remove fish from any waters on park property.

(k) *Restricted areas.*

(1) No person shall erect equipment, landscape, or make park improvements without the consent of the City of Middletown.

(2) No person shall throw or bat a hard ball except in designated areas at Smith, Lefferson and Dixie Heights Parks.

(3) No person shall play or practice golf, or hit, throw or otherwise play with a golf ball, including those made from foam or other materials, in any park.

(4) No person shall engage in snowmobiling in any park.

(5) No person shall operate a powered model airplane in any park.

(6) No person shall use skateboards, rollerblades, bikes, or scooters on park property, except on designated paths or areas intended for that sole purpose.

(7) No person shall play upon or operate any amplified musical instrument so as to disturb park patrons or the general public.

(Ord. 2002-116, passed 10-15-2002; Am. Ord. O2009-27, passed 4-21-2009; Am. Ord. O2018-56, passed 9-4-2018)

OHIO WILDLIFE OFFICERS BY COUNTY

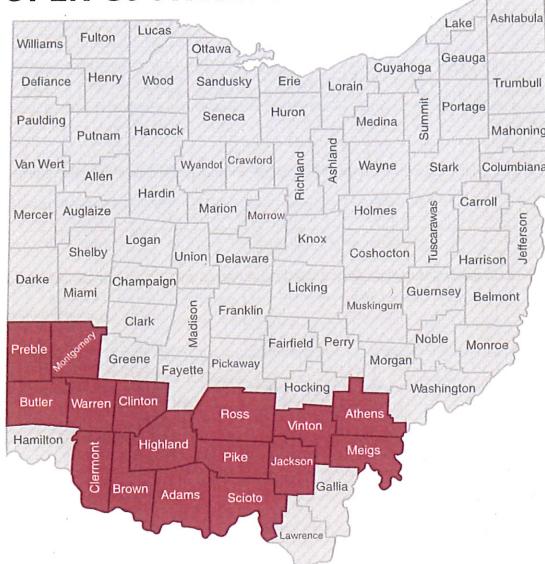
ADAMS Gus Kiebel (937) 776-0688	HAMILTON Vacant (513) 446-7028	MUSKINGUM Jeffrey Berry (740) 447-0570
ALLEN Craig Barr (419) 429-8379	HANCOCK Ryan Burke (419) 429-8384	NOBLE Vacant (614) 563-7705
ASHLAND Evan Huegel (330) 245-3044	HARDIN Ryan Kennedy (419) 429-8385	OTTAWA Reid Van Cleve (419) 429-8389
ASHTABULA Jason Warren (330) 802-9171	HARRISON Nick Turner (330) 245-3049	PAULDING Levi Farley (419) 429-8390
ATHENS Ryan Donnelly (740) 541-8266	HENRY Matthew R. Smith (419) 429-8386	PERRY Mark Basinger (614) 565-0137
AUGLAIZE Mark Schemmel (937) 728-4192	HIGHLAND Matt Roberts (937) 205-3020	PICKAWAY Josh Elster (614) 203-3406
BELMONT Logan Ambrister (614) 563-1680	HOCKING Chris Dodge (614) 257-7792	PIKE Matt Van Cleve (614) 565-0140
BROWN Vacant (513) 646-4014	HOLMES Vacant (330) 245-3045	PORTAGE Marino Pellegrini (330) 245-3040
BUTLER Vacant (513) 403-6591	HURON Matthew D. Smith (419) 429-8387	PREBLE Brad Turner (937) 510-1154
CARROLL Scott Cartwright (330) 802-9163	JACKSON Ted Witham (614) 563-4138	PUTNAM Jason Porinchok (419) 429-8391
CHAMPAIGN Vacant (614) 902-4209	JEFFERSON Craig Porter (330) 245-3050	RICHLAND Nathan Kaufmann (419) 429-8392
CLARK Mathew Bourne (937) 206-9321	KNOX Austin Levering (614) 400-0731	ROSS Bob Nelson (614) 565-9754
CLERMONT Vacant (513) 673-1566	LAKE Ryan Pawlus (330) 245-3034	SANDUSKY Charles McMullen (419) 429-8393
CLINTON Vacant (937) 776-1850	LAWRENCE Darin Abbott (614) 563-3946	SCIOTO Vacant (614) 565-9064
COLUMBIANA Jesse Janosik (330) 245-3039	LICKING Antoinette Jolliff (614) 902-4214	SENECA Brock Williamson (419) 429-8394
COSHOCOTON Jerrod Allison (740) 502-4586	LOGAN Adam Smith (937) 441-5224	SHELBY Houston Wireman (937) 545-5849
CRAWFORD Nathan Cass (419) 429-8380	LORAIN Randy White (330) 802-9172	STARK Scott Traver (330) 245-3041
CUYAHOGA Zachary Hillman (330) 245-3033	LUCAS Anthony Lemle (419) 429-8388	SUMMIT Daniel Shroyer (330) 245-3042
DARKE Jeff Wenning (937) 621-5779	MADISON Matt Teders (614) 309-3465	TRUMBULL Marty Cisine (330) 245-3037
DEFIANCE Austin Dickinson (419) 429-8381	MAHONING Tom Frank (330) 245-3038	TUSCARAWAS Michael Budd (614) 230-6347
DELAWARE Maurice Irish (614) 902-4221	MARION Chad Grote (614) 902-4217	UNION Brian Motsinger (614) 315-4999
ERIE Michele Butler (419) 429-8382	MEDINA Eric Moore (330) 245-3043	VAN WERT Nathan Robinson (419) 429-8395
FAIRFIELD Jade Heizer (614) 902-4210	MEIGS Chris Gilkey (614) 563-4492	VINTON Cole Tilton (614) 565-0805
FAYETTE John Coffman (614) 565-2538	MERCER Brad Buening (419) 236-8787	WARREN Jason Keller (513) 520-9896
FRANKLIN Brad Kiger (614) 902-4212	MIAMI Jasmine Grossnickle (937) 470-1917	WASHINGTON Vacant (740) 412-9184
FULTON Mike Ohlrich (419) 429-8383	MONROE Vacant (614) 563-5033	WAYNE Aaron Brown (330) 323-2554
GALLIA Roy Rucker (614) 563-1843	MONTGOMERY Trent Weaver (937) 545-6768	WILLIAMS Ethan Bingham (419) 429-8396
GEauga Matthew Madgar (330) 245-3035	MORGAN Benjamin Smith (614) 563-5338	WOOD Eric VonAlmen (419) 429-8397
GREENE Vacant (937) 545-6327	MORROW Tyler Eldred (614) 400-0756	WYANDOT Nathan West (419) 429-8398
GUERNSEY Vacant (614) 563-2355		

To Report a Wildlife Violation: 1-800-POACHER (1-800-762-2437)

QUAIL HUNTING

Hours are sunrise to sunset on private land in open counties, Tri-Valley Wildlife Area, and Crown City Wildlife Area (Crown City offers controlled hunts only). Quail hunting is closed on all other public hunting areas.

2022 BOBWHITE QUAIL OPEN COUNTIES MAP



Counties open for quail hunting on private land only

COYOTE HUNTING AND TRAPPING

If hunted during the deer gun season, hours and legal hunting devices are the same as for deer gun season.

Rifles and night vision scopes are legal for coyote hunting; however, rifles and night hunting between 30 minutes after sunset and 30 minutes before sunrise are prohibited during any deer gun and deer muzzle-loader seasons.



FOX, RACCOON, SKUNK, OPOSSUM, AND WEASEL

No restrictions on hours. Hunters must purchase a hunting license and a fur taker permit to hunt these species.

FERAL SWINE (WILD BOAR)

Feral swine are a non-native, invasive species. Feral swine are also known as wild boar, feral hogs, and feral pigs. Hunters are encouraged to report all sightings to the Division of Wildlife at wildohio.gov/reportwildlife.

You must possess a valid hunting license to hunt feral swine. If hunted during the deer gun season, hours and legal hunting devices are the same as for deer gun season. Rifles and night vision scopes are legal for feral swine hunting; however, rifles and night hunting between 30 minutes after sunset to 30 minutes before sunrise are prohibited during any deer gun and deer muzzleloader seasons.

It is illegal to transport a trapped feral swine in Ohio. It is legal to live trap feral swine at any time, provided the feral swine are immediately euthanized at the trap location. It is illegal to use a foothold trap or snare for feral swine.

LEGAL SMALL GAME & FURBEARER HUNTING EQUIPMENT

SEASON	EQUIPMENT
SQUIRREL, GROUSE, RABBIT, PHEASANT, CHUKAR, QUAIL, FOX, RACCOON, SKUNK, OPOSSUM, WEASEL, CROW, COYOTE, FERAL SWINE, GROUNDHOG	Longbow or Bow: This includes compound bows and recurve bows.
	Crossbow
	Handgun: Any caliber.
	Rifle: Any caliber.
	Shotgun: 10 gauge or smaller.
	Airgun

PERMITS & STAMPS		COST
Either-Sex DEER PERMITS	Adult Permit: Resident	\$31.20
	Adult Permit: Nonresident	\$76.96
	Youth Permit: Resident & Nonresident	\$16.00
	Senior Permit: Resident Only	\$12.00
	Free Senior Permit: Resident Only	FREE
Deer Management PERMITS	Adult and Youth Permit: Resident & Nonresident	\$15.00
	Senior Permit: Resident Only	\$15.00
	Free Senior Permit: Resident Only	FREE
Fall Turkey PERMITS	Adult Permit: Resident	\$31.20
	Adult Permit: Nonresident	\$38.48
	Youth Permit: Resident & Nonresident	\$16.00
	Senior Permit: Resident Only	\$12.00
	Free Senior Permit: Resident Only	FREE
Spring Turkey PERMITS	Adult Permit: Resident	\$31.20
	Adult Permit: Nonresident	\$38.48
	Youth Permit: Resident & Nonresident	\$16.00
	Senior Permit: Resident Only	\$12.00
	Free Senior Permit: Resident Only	FREE
Migratory Bird & Waterfowl STAMPS	Federal Migratory Bird Hunting Stamp	\$25.00
	Ohio Wetlands Habitat Stamp: Resident & Nonresident	\$15.00
	Free Senior Ohio Wetlands Habitat Stamp: Resident Only	FREE
Fur Taker PERMITS	Adult Permit: Resident & Nonresident	\$15.00
	Youth Permit: Resident & Nonresident	\$8.00
	Senior Permit: Resident Only	\$8.00
	Free Senior Permit: Resident Only	FREE
	Apprentice Adult Permit: Resident & Nonresident	\$15.00
	Apprentice Senior Permit: Resident & Nonresident	\$8.00
	Apprentice Youth Permit: Resident & Nonresident	\$8.00
Shooting Range PERMITS	Annual Permit: Resident & Nonresident	\$24.00
	One-Day Permit: Resident & Nonresident	\$5.00
	Annual Permit & Hunting License Combo: Resident Valid until Feb. 28, 2023	\$29.12
	Annual Permit & Apprentice Hunting License Combo: Resident Valid until Feb. 28, 2023	\$29.12



Enriching the lives of cats and
communities in Greater Cincinnati.



Updates

- Current feral surgery status and upcoming closures

Prices and Services

OAR performs high-quality, low-cost spay/neuter surgeries conducted by licensed veterinary staff. Our clinic offers additional services, listed below, for our patients at the time of spay/neuter surgery. We are not a full-service veterinary clinic, so we are only able to see healthy cats. We do not perform declaw surgeries. Please consult your veterinarian if your cat is ill or other services are needed. **Please refer to the bottom of this page for subsidized rates for residents of certain counties.**

OAR's clinic does not perform declawing operations on cats. We believe this is a cruel and unnecessary practice. See more about our stance [here](#).

- Spay/Neuter Surgery: \$55 (for males and females). **(Effective 1/1/21)**
- Rabies Vaccination (required if cat is not up-to-date): \$10
- FVRCP (Distemper) Vaccination: \$15
- Feline (FeLV) Leukemia Vaccination: \$15 (please note: your cat must have an FIV/FeLV combo test and test negative for FeLV before we administer this vaccine; also this vaccine must be boosted in 3-4 weeks. .)
- FIV/FeLV Blood Test: \$30 **(Effective 1/1/21)**
- Revolt: \$10 (a topical treatment for fleas, earmites, hookworms and roundworms)
- Cestaject: \$10 (for tapeworms)
- Microchip: \$20
- Eartipping (for feral cats): Free
- Nail Trim (front paws only): Free at the time of surgery.

Payment is rendered when the cat is dropped off for surgery. Our clinic accepts cash, and credit cards for transactions over \$10.

All other counties:

For all other counties:

Residents of counties outside of those listed above are currently eligible for partially subsidized (discounted) spay/neuter for feral cats in traps (includes a Rabies vaccine, FVRCP vaccine, and flea treatment/prevention.) Cats will be eartipped. **The cost for the package is \$20/cat. This special is made possible through the generous donations of our clients and supporters.**

Neuterville Express Transport Service



OAR's Neuterville Express serves residents residing in outlying Greater Cincinnati communities. Bring your cat in a carrier or trap to a selected transport location, where you will complete a surgery admission form, provide payment. Cats are returned at the transport location the next morning. View our transport **locations** and upcoming scheduled **dates**. Please call OAR's clinic at 513.871.0185 for additional information or to schedule an appointment.

513-871-0185

© Ohio Alleycat Resource 1997-2020.

[Home](#) | [About Us](#) | [Spay/Neuter and Wellness](#) | [Trap, Neuter, Return](#) | [Adopt A Cat](#) | [Cat Hints](#) | [How to Help](#) | [Contact](#)

5619 Orlando Place - Cincinnati, OH 45227





2830 Colerain Avenue | Cincinnati, OH 45225 | 513.721.7387 | ucancincinnati.org

[About](#) [Spay/Neuter](#) [Wellness](#) [TNR](#) [News](#) [How to Help](#) [Contact Us](#)

Donate – Help Save Lives

TRAP/NEUTER/RETURN

Community Cats Need Our Community's Help

Manage consent

Outdoor community cats can be lost or abandoned pets that are friendly or cats born outside that are not socialized to humans (sometimes referred to as "feral" cats). Because they do not have owners, they need our community's help.

Together, we can get these cats sterilized and vaccinated to prevent their population from growing larger, to improve the quality of their lives, and to reduce or eliminate nuisance behaviors such as spraying, yowling and excessive noisemaking, and fighting.

We provide spay/neuter surgery and vaccinations to community cats for **FREE**.

We need your help in trapping these cats, bringing them to the clinic for surgery, and releasing them back to their outdoor homes!



What is TNR?

Trap-Neuter-Return (TNR) is the most humane and effective method available to stop the overpopulation of community cats and to stop kittens from being born outside just to die a terrible death from disease, exposure or parasites.

Manage consent

HOW IT WORKS:



1

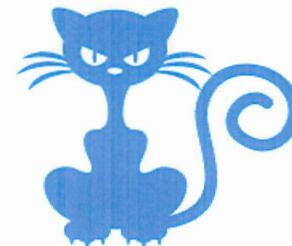
TRAP

A colony (group of cats living outside together) is identified and targeted.

The cats in the colony are trapped utilizing a humane, live-release trap.

We rent traps for a \$50 cash deposit, which you get back when the trap is returned.

For more information on TNR and a guide to TNR and Colony Care see [Alley Cat Allies](#).



2

NEUTER

The trapped cats are brought to UCAN for spay/neuter surgery and vaccines between **8 and 10 a.m. on Tuesday or Wednesday**.

The left ear of the cat is “tipped” - the universal sign that the cat has been sterilized. Ear-tipping is a safe and swift procedure done while the cat is sedated.

The cats recover at UCAN from surgery overnight.



3

RETURN

The "fixed" and vaccinated cats are picked up at 7:30 a.m. the day after surgery and returned to their colony to live happier and healthier lives.

Caregivers feed and care for the cat colony on an ongoing daily basis.

Rules for Trap/Neuter/Return of Community Cats

*Please follow **each** of these rules, as they enable us to best care for cats **and** keep our staff safe.*

- Feral and semi-feral cats **MUST** be brought in a Tru-Catch, Havahart or other humane trap for the safety of our staff. **We DO NOT accept feral cats in carriers, cages, boxes, etc. Please do not use a racoon or small trap for cats - they do not give the cat enough room to safely recover in after surgery.**
- If too many trapped cats are brought in on any day, we may need to hold the cat(s) over until the next day for surgery or not accept any more cats that day. Please look at our website or Facebook page before trapping cats to make sure we are accepting them that day.
- **Only one cat per trap - no exceptions.** It is not safe for two cats to be sedated or to recover from surgery in a trap together.
- If you have a financial hardship and cannot afford the trap rental fee, please let us know and we will help.
- Kittens must be 8 weeks old **and** weigh at least 2 pounds.
- Only two trapped cats per person per day.
- All trapped cats **will** be ear-tipped - **no exceptions.**
- All cats aged 3 months or older will be given a rabies vaccination.
- At no additional charge, trapped cats may be given antibiotics, subcutaneous fluids, tapeworm treatment, or other care recommended by our veterinarian at the time of surgery to help in their recovery and keep them healthy.
- We recommend providing cat shelters for outdoor cats when it is cold outside. While we shave as little as possible to still maintain a sterile surgical area, the cat will still have a shaved area and needs a warm place to recover. Use straw not hay for warmth.
- Pick-up time is 7:30 a.m. the morning after surgery unless you are bringing in more trapped cats that day. If so, pick-up is at 9 a.m. the morning after surgery.

If you choose to have a trapped cat tested for Felv/FIV and it tests positive, we will still perform spay or neuter surgery. There is no option to not have the surgery performed. **We will not euthanize a cat solely because of a positive test result.**

Manage consent

Please plan ahead for these dates that we will **NOT** be accepting trapped cats for surgery:

- July 4
- November 22
- December 26 and 27

If you have any questions regarding these regulations, please call before bringing in a cat.

Winter Community Cat Surgery Protocol

For their safety, we do not accept outdoor cats in traps for surgery if it is **35 degrees or below on the day you trap OR it is forecasted to be 35 degrees or below during the 2 – 3 days after surgery**. We take the safety of all pets very seriously. If cats with shaved bellies recovering from surgery are put back outside in frigid temperatures, they can die of hypothermia or other complications. A cat's energy should go into recovery after surgery, not trying to stay warm.

The only exception is if you have a safe, heated environment in which the cat can recover for 2 - 3 days after surgery, where it will have access to food and water (i.e., a temperature-controlled garage, barn, basement, etc.).

To ensure cats have a safe and healthy recovery when trapping in cold weather, you should make sure they have a warm, dry shelter that they are **using before trapping** so they can stay warm during recovery. You can make or purchase shelters specifically designed for outdoor cats. Always use straw for warmth, not hay which soaks up moisture, becomes moldy and can cause allergic reactions in cats.

Thank you for helping community cats!

PLEASE do not leave traps unattended or out overnight. People may hurt the cats, steal the traps or the cats could overheat in the hot weather or freeze in the cold weather. To learn more about [f](#) Manage consent [per](#)



trap-neuter-return procedures, visit the [Alley Cat Allies website at alleycat.org](https://alleycat.org)

UCAN reserves the right to refuse to perform surgery on any cat that is determined by our veterinarians to be unfit for surgery or any cat brought in without compliance with these rules.

About Us

United Coalition for Animals (UCAN) was founded in 2001. We provide high-quality, low-cost spay & neuter surgeries and wellness services for cats and dogs in the Greater Cincinnati area, focusing on lower-income families, shelters and rescue groups, and community cats.



Help Save Lives

We are a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law and are very much appreciated.

[DONATE](#)



Mailing List

Register to receive up-to-date news from UCAN.

Clinic Hours

Monday: 8:00 am to 3:30 pm
Tuesday-Thursday: 7:30 am to 3:30 pm
Friday: 7:30 am to 2:30 pm
Saturday & Sunday: Closed

[MAKE AN APPOINTMENT](#)

Contact Us

📍 2830 Colerain Avenue
 Cincinnati, OH 45225
 📩 contactus@ucancincinnati.org
[Manage consent](#)

City of Middletown Health Department

Travel Request

2023 Ohio Environmental Health Conference (OEHA)

Sarah Chaney will be attending the OEHA Educational Conference April 13th and 14th in Dublin, Ohio. Breakfast and lunch are provided. A city car will be utilized for transportation. Total costs include: Registration, lodging and dinner calculated at the gsi.gov rate for 2023 zip code 43017.

Total Costs Associated: \$340.00



City of Middletown
Request for Business Related Travel

Request No.....: 16408
Date Submitted.....: 03-06-23
Official or Employee Name....: SARAH CHANEY
Title or Position.....: ENV. HEALTH SPECIALIST IN TRIANING
Department.....: HEALTH
Meeting Sponsored by.....: OEHA
Purpose of Meeting or Trip...: TRAINING
(M)andatory/(D)iscretionary.: M
City Where Meeting Held.....: DUBLIN
State Where Meeting Held....: OHIO
Dates of Meeting - From: 04-13-23 to 04-14-23
Dates Leave Requested - From: 04-13-23 to 04-14-23

VEHICLE INFORMATION (if City vehicle is to be used)

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

ESTIMATED COSTS OF TRIP:

Registration..:	182.00
Transportation:	0.00
Lodging.....:	129.00
Rental Car....:	0.00
Meals.....:	29.00
Miscellaneous.:	0.00
Amount of Advance Requested:	29.00

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

Account Code	Description	Available	Amount
228.450.52110	TRAVEL & TRAINING	4000.00	340.00

APPROVAL:

User	Title	Date Approved
Jackie Phillips	Health Commissioner	

COMMENTS:



City of Middletown Health Department
Middletown, Ohio
A Connected and Healthy Community to Live, Work and Play

2023 GSA rates for the city of Dublin, located in Franklin County, Ohio
FY 2023 Per Diem Rates for ZIP 43017

GSA U.S. General Services Administration

Per Diem Lookup

Buy Through Us ▾ Sell to Government ▾ Real Estate ▾ Policy & Regulations ▾ Small Business ▾ Travel ▾ Technology ▾ About Us ▾

Home > Travel > Plan & Book > Per Diem Rates > Results

Location	Rate	Continental	Breakfast	Lunch	Dinner	Incidental	Total
Columbus	\$122	\$122	\$122	\$122	\$122	\$122	\$122
Franklin	\$122	\$122	\$122	\$122	\$122	\$122	\$122

Showing 1 to 2 of 2 entries

Meals & Incidentals (M&IE) rates and breakdown

Use this table to find the following information for federal employee travel:

M&IE Total - the full daily amount received for a single calendar day of travel when that day is neither the first nor last day of travel.

Breakfast, lunch, dinner, incidentals - Separate amounts for meals and incidentals. M&IE Total = Breakfast + Lunch + Dinner + Incidentals. Sometimes meal amounts must be deducted from trip voucher. [See More Information](#)

First & last day of travel - amount received on the first and last day of travel and equals 75% of total M&IE.

Filter Results...

Primary Destination	County	M&IE Total	Continental Breakfast/Breakfast	Lunch	Dinner	Incidental Expenses	First & Last Day of Travel
Standard Rate	Applies for all locations without specified rates	\$59	\$13	\$15	\$26	\$5	\$44.25
Columbus	Franklin	\$64	\$14	\$16	\$29	\$5	\$48.00

Showing 1 to 2 of 2 entries



CENTERING AND CELEBRATING CULTURES IN HEALTH

APRIL 3-9, 2023

Daily Themes

Get Involved

Tools & Tips

Events

About NPHW

About NPHW

During the first full week of April each year, APHA brings together communities across the United States to observe National Public Health Week as a time to recognize the contributions of public health and highlight issues that are important to improving our nation's health. For over 25 years, APHA has served as the organizer of NPHW. Every year, the Association develops a national campaign to educate the public, policymakers and practitioners about issues related to each year's theme. APHA creates new NPHW materials each year that can be used during and after NPHW to raise awareness about public health and prevention.

This year we are "Centering and Celebrating Cultures in Health" to ensure everyone, in all cultural communities, has a chance at a long and healthy life. To do so, we must address and prevent the underlying causes of poor health and disease risk. We can use social determinants of health to understand how those causes are different for each person based on various factors like race, gender, sexual orientation, gender identity and financial situation.

Thankfully, we can do something. If we focus on inclusion and equity to ensure decisions are made with everyone's health in mind, we can build healthier communities and, eventually, the healthiest nation. But we need your help to get there.

Join us in observing National Public Health Week 2023 and become part of a growing movement to create the healthiest nation in one generation. We'll celebrate the power of community, share strategies for successful partnerships and champion the role of a strong public health system.

Future National Public Health Week dates:

- April 3-9, 2023
- April 1-7, 2024
- April 7-13, 2025

Questions? [Email us!](#)

The American Public Health Association champions the health of all people and all communities. We strengthen the public health profession. We speak out for public health issues and policies backed by science. We are the only organization that combines a 150-year perspective, a broad-based member community and the ability to influence federal policy to improve the public's health. APHA publishes the *American Journal of Public Health* and *The Nation's Health* newspaper. At our Annual Meeting and Expo, thousands of people share the latest public health research. We lead public awareness campaigns such as Get Ready and National Public Health Week. Together, we are creating the healthiest nation in one generation. Learn more at www.apha.org.

Community

For science.

Community is where we are. It's our connections with others who share similar interests, attitudes and goals. Over the past few years, those connections have been greatly impacted. Physically distancing from one another and limiting communal gatherings can lead to social isolation, increasing rates of depression, impaired immunity and premature mortality. These outcomes are even worse for and in communities marginalized due to their race, income, sexual orientation and gender identity. The political climate has also weakened the connections between communities. Debates over access to health care and funding strategies have distanced communities from one another. This makes communication and cooperation extremely difficult. There are also other conditions in our communities that impact our health and well-being called social determinants of health. People living just a few blocks apart may have very different life expectancies because of the safety of the neighborhood they live in or the quality of their schools. Transportation barriers and lack of health insurance can limit access to health services. This can increase the risk of harmful health behaviors like skipping medication or postponing care. Having to travel long distances to access nutritious foods is linked to food insecurity. This puts communities at higher risk for chronic conditions, such as heart disease, cancer and diabetes. There are also negative environmental health conditions like poor air quality that can result in cancer and lung and heart diseases.

For action.

Become more engaged or re-engage with your community and make an impact on public health. You can join a community garden, donate healthy and culturally appropriate canned food options to food pantries or volunteer at local food distributions. Join a recreational sports league or fitness group to engage in physical activity and to socially connect with others. Support community-led solutions by asking questions at public forums or joining a community advisory board. Get information on how your state uses public health funding. Advocate for your local elected officials to use funds to address health disparities. Encourage your local government to support healthy community design that includes parks, sidewalks and bike lanes. Tell them to fund programs to prevent unhealthy living conditions. Pursue community-engaged and multi-sector partnerships. Advocate for a health-in-all-policies approach as a strategy to improve community health. Engage your public health peers and elected officials on health topics on social media to gain more understanding about specific threats and to hold people in decisionmaking roles accountable.

For health.

People with greater feelings of support, connection and inclusion within their networks may live longer, respond better to stress and have stronger immune systems than those who are isolated from their communities. However, research also shows that cross-sector efforts are needed to redesign the conditions of our social, built and natural environments to promote health equity and improve social determinants of health. The public health workforce should possess skills and knowledge that cut across disciplines in areas like policy, communications and data analytics. Neighborhood programs like community gardens not only improve access to nutritious foods, but they also cultivate social support and emotional well-being. Adding elements such as sidewalks, parks, libraries or bike routes to neighborhoods supports physical activity and decreases the

negative health effects of air pollution. Local efforts must improve housing, education, food, transportation and the environment to [support](#) equity, resilience and health at the individual and community levels.

In celebration.

The White Earth Nation [response](#) to the COVID-19 pandemic incorporated cultural heritage and spiritual values while focusing on a vaccination campaign for their most at-risk members.

Participation in traditional Greek dance sessions [improves](#) physical fitness and well-being of elderly adults. LGBTQ+ recreational [sports leagues](#) use physical activity to bring people together and connect with other members of their community. Omega Psi Phi Fraternity, Inc. created an [online toolkit](#) to help raise awareness and support for the mental health of Black men and their families. [Peer-education programs](#) about sexual health and reproduction specifically for Black and brown teenage girls and adolescents help youth connect and achieve better educational outcomes

Violence Prevention

For science.

National data show gun-related deaths are on the rise: in 2020, the U.S. was home to [19,384 homicides](#) and [24,292 suicides](#) involving guns. Those numbers are the highest documented levels in a decade. About one in three women and one in four men [experience](#) some form of intimate partner violence, and one out of every four American women has been the [victim](#) of rape or attempted rape. In 2020, 618,000 victims of child abuse and neglect were [reported](#) to local officials. Not all communities face the same rates or kinds of violence. For example, Black people are two times [more likely](#) to be killed by police than their white counterparts.

For action.

[Urge policymakers](#) to provide research funding that's on par with the nation's gun violence epidemic and call on lawmakers to pass commonsense measures that reduce the risk of gun deaths and injuries. Work with local colleges and universities to [prevent](#) sexual violence and provide training on ways to better help victims of sexual violence, such as offering trauma-informed services. Learn about community-based strategies for creating the kinds of safe, stable and nurturing environments that help prevent child abuse and neglect. Advocate for community-driven solutions that identify and target the root of violence and don't criminalize entire communities.

For health.

Much more data is needed but research already shows commonsense gun safety laws can make a difference. Studies have shown that in the years following Connecticut's permit-to-purchase handgun law, firearm homicides [decreased by 40%](#). Using public health-based interventions can make a difference in the reduction of violence. Home-visiting models have been shown to significantly [reduce the risk](#) of child maltreatment. Community-led models can be effectively used to implement violence prevention activities. For example, the innovative [Cure Violence model](#), which applies the public health lens to violence prevention, has resulted in significant drops in local gun violence. Public health scientists also have identified highly cost-effective, citywide [interventions](#) to revitalize the places that people live, work and play, [reducing](#) gun violence, crime and fear in disadvantaged communities.

In celebration.

Culturally specific interventions are critical to effective violence prevention and reduction. For example, intimate partner violence or other controlling and abusive behaviors may be normalized in certain cultures due to taboos or patriarchal social norms. Culturally specific programs have reduced violence in those settings by [implementing prevention strategies](#) unique to those cultures. Culturally appropriate, tailored messaging around suicide prevention has been proven to help people [reduce access](#) to firearms in the rural U.S.

Reproductive and Sexual Health

For science.

When people receive quality reproductive and sexual health care, education and access, they can fulfill a happier and healthier life. In June 2022, the U.S. Supreme Court [overturned](#) Roe v. Wade, the decision that guaranteed the right to abortion in the U.S. Since the court's decision, more than 30 states have severely [restricted](#) abortion access or banned it entirely. The lack of inclusive and accessible reproductive and sexual health care and education negatively affects everyone, but marginalized communities carry a [greater burden](#) of harm. Black women are three times [more likely](#) to die from a pregnancy-related cause than white women. In 2019, only 8.2 percent of students report [receiving](#) LGBTQ-inclusive sex education and only 19.4 percent of LGBTQ students were taught positive depictions of LGBTQ topics in their schools. Many health care facilities [do not provide](#) gender-affirming services. These biased practices put the LGBTQ community at a [higher risk](#) for sexually transmitted infections, depression and other negative health outcomes. We must recognize structural discrimination, biases and injustices which can block inclusive and accessible reproductive and sexual health care.

For action.

[Urge your elected officials](#) to protect access to the full spectrum of reproductive health care, including abortion. Support Black, Indigenous and other people of color reproductive justice organizations through actions like donating to [SisterSong's Birth Justice Care Fund](#), which provides BIPOC and queer people with pregnancy and postpartum support. Vote in federal, state and local elections for [candidates and policies](#) that center inclusive and accessible sexual and reproductive care. Advocate for sex education policymakers to create and execute culturally competent curricula that align with the [LGBTQ+-inclusive Professional Learning Standards for Sex Education](#) and [National Sex Education Standards](#). Students can join school health advisory committees and [speak to](#) school administrators about the need for [inclusive sex education](#). Promote increased distribution of HPV vaccines, pre-exposure prophylaxis for HIV and gender-affirming therapists and gynecologic care.

For health.

Women who receive a wanted abortion are [more likely](#) to be socioeconomically stable and less likely to stay in violent relationships compared to women who are denied wanted abortions. Students whose sex education [expresses support](#) for the LGBTQ+ community are [less likely](#) to report bullying based on sexual orientation and gender expression. An LGBTQ+-inclusive sex education curriculum and health care system [can lead](#) to a delay in the age of first-time sexual intercourse, reduce the overall number of sexual partners, increase use of contraception, reduce unintended teen pregnancy and reduce rates of teen HIV and other STIs within the LGBTQ+ community.

In celebration.

LBGTQ+ inclusive sex education has [increased](#) in several states. In 2022, the queer community recognized that mpox disproportionately affected men who have sex with men and took actions to protect themselves. They [advocated](#) for an increase in vaccine distribution and governmental action, declaring that a repeat of the governmental inaction, stigmatization and homophobia during the AIDS epidemic [must not repeat itself](#). In the 2022 midterm election, voters approved ballot measures in California, Michigan and Vermont to protect state abortion rights and rejected amendments that

would have further restricted abortion rights in Montana and Kentucky. [Reproductive justice organizations](#) are continuously hosting partnerships, trainings and educational programs to ensure everyone is able to choose when, if and how to have children, and to have the support they need to give birth to and raise children in a safe and healthy manner.

Mental Health

For science.

Mental health is important at every stage of life. It continuously [affects](#) how we think, feel and act. It also plays an important role in our physical and social well-being. In the U.S. alone, [millions of Americans](#) are affected by a mental illness. Anxiety disorders, bipolar disorders and depression are some of the [most common](#). In fact, one in five U.S. adults [experience](#) mental illness each year. For minority populations, these rates are even higher. Indigenous people in America report experiencing psychological distress [2.5 times more](#) than the general population over a month's time. Transgender people are nearly [four times as likely](#) as cisgender people to experience a mental health condition. Cases of mental illness have [recently risen](#) due to the COVID-19 pandemic. Rates of anxiety, depression and substance use disorder have increased, [particularly for communities of color](#). In fact, symptoms of depression were reported 59% [more frequently](#) by Hispanic adults than non-Hispanic white adults.

For action.

To make an impact on your community's mental health and well-being, you can [volunteer](#) for a local mental health organization. [Attend events](#), such as walks and fundraisers, that support the mental health movement. [Ask Congress and local politicians](#) to prioritize making mental health services available. Pledge to [#Vote4MentalHealth](#) and find out more about the connection between key policy issues and mental health. Learn about suicide prevention and intervention by joining the [National Alliance on Mental Illness](#) or [APHA's Mental Health Section](#). Use [resources](#) and [toolkits](#) to explore how to engage in conversations where mental health is viewed negatively. Collaborate with members of your community to [locally shift policies and practices](#) toward improving mental health conditions. If you or someone you know need mental health services, contact the Substance Abuse and Mental Health Services Administration's [national helpline](#) at 1-800-662-HELP. You can also call, text or chat 988 to connect with a trained counselor through the [National Suicide Prevention Lifeline](#).

For health.

Practicing mindfulness, eating a well-balanced diet, engaging in physical exercise and getting a good night's rest have been proven to help [improve](#) mental health. However, improving mental health for both ourselves and our communities requires an all-hands-on deck approach. Many communities across the nation are using American Rescue Plan funding to [expand access](#) to health services and [invest](#) in mental health. Community engagement can also better mental health and well-being by [building](#) a more connected and thriving community. For example, youth serve as [important allies](#) in promoting good mental health practices and reducing stigma. Community health workers help [bridge gaps](#) to build trust and connect people to the right care in their local communities. Building diverse [partnerships](#) with community organizations can also meet health needs that are tied directly to mental health, such as food security and access to care.

In celebration.

For Indigenous communities, having a [connection](#) to nature, family and others in the community are important factors in sustaining good mental health. Similarly, Latino culture heavily values the concept of family and these strong networks could be used to [fight against](#) mental health stigma. In

the faith community, engaging in mediation/prayer, attending congregational gatherings or even volunteering has [helped](#) those with mental health conditions. National organizations have provided opportunities for minority groups to come together and celebrate mental health. For example, Mental Health America annually hosts [BIPOC Mental Health Month](#) in July to support Black, Indigenous and people of color in engaging in meaningful conversations about the BIPOC mental health experience. [Pride Month](#), observed in June, also serves as a way for those in the LGBTQ+ community to attend events, share resources and engage in healing conversations around mental health.

Rural Health

For science.

Fourteen percent of Americans [live](#) in rural areas. Rural Americans have [higher rates](#) of cigarette smoking, high blood pressure and diabetes. Compared to urban residents, they are at higher risk for poor health outcomes because of the [range](#) of health disparities they face. Racial/ethnic minorities and tribal groups are at higher risk for poor health outcomes, [compared](#) to non-Hispanic white adults. These health disparities include poverty, food deserts, also known as food apartheid, exposure to specific environmental hazards and less time for leisurely physical activity. People living in rural areas have [less access](#) to health care because of fewer providers and facilities and more transportation barriers. They are also not as likely to have health insurance. These factors play a part in the [greater risk](#) of death from heart disease, cancer, stroke, chronic lower respiratory disease and unintentional injury from motor vehicle crashes and opioid overdoses that rural residents face. Children living in rural areas also face greater [challenges](#) with their development, mental health and behavioral health. Youth working on farms are at [higher risk](#) of injuries. They are 7.8 times more likely to die because of a work injury compared to youth in other jobs.

For action.

Improve mental and physical health and community involvement by [creating activity programs](#) and [modifying local areas](#) like parks and playgrounds and creating walking trails and protected bike lanes. Increase access to health facilities and other public resources by arranging transportation services using volunteer rideshare, public buses and scheduled vans. Provide mentoring, counseling, vocational training and college prep for underrepresented students. Advocate for easier access to and training and authorization of first responders to [use naloxone](#). Push to [expand](#) medical school training to include skills to successfully practice in rural areas. Increase the availability of the internet to [support](#) telehealth services for more accessible healthcare. Work with [federally qualified health centers](#) that deliver care to all patients – with or without insurance.

For health.

There are [effective strategies](#) that have been tested in multiple studies and have worked in rural communities. School breakfast programs help [reduce](#) food insecurity and improve student diet, health and academic achievements. Research also shows that [vocational training](#) for adults and high school students help [strengthen](#) the health workforce available in rural communities and set residents on a path to succeed in and improve their communities. [School-based health care](#) and dropout prevention programs also help high school students achieve academic success. Increased [access to naloxone](#) and training to administer it can also bring a decrease in fatal opioid overdose rates.

In celebration.

Non-profits like [Holler Health Justice](#) have provided Appalachian Black, Indigenous and people of color with abortion funding and practical support as well as distributing N95 masks and units of hand sanitizer across West Virginia during the COVID-19 pandemic. The [Alaska Native Tribal Health Consortium](#) along with 10 Tribes and 10 Tribal health organizations offer Tribally-sponsored health insurance to qualifying Alaska Native and American Indian people, making medical care more financially accessible. For 10 years, Indigenous communities [led the resistance](#) against and fought

hard to shut down the Keystone XL pipeline that threatened their communities' safety, water supply and cultural resources. In January 2021, President Biden revoked the permit for the project, and by June 2021, TransCanada announced the [termination of the project](#).

Accessibility

For science.

About 26% of U.S. adults have a disability, though Native Americans and senior citizens are [disproportionately affected](#) by disabilities. Adults with disabilities are also more likely to have heart disease, be smokers and have diabetes than the general population. Black and African American people are projected to face more health effects from climate change when [compared](#) to other demographic groups. A warming of just 2 degrees Celsius (3.6 degrees Fahrenheit) will be impactful, with Black and African American individuals 34% more likely to live in communities projected to experience the highest increases in childhood asthma. They are also 40% more likely to live in areas with the highest-projected increases in deaths related to extreme temperatures. The effects of health on climate are also disproportionately felt by Hispanic populations, which are often more active in work that exposes them to weather, such as agriculture.

For action.

Doctors' offices can provide health information and resources in multiple languages for people whose primary language is not English. Interpretation services may be used. In recognition of the need for more Spanish-language resources, APHA is making National Public Health Week fact sheets and shareables and our toolkit available in Spanish this year. [Urge your representatives](#) in government to strengthen public health infrastructure to protect access to health care. Political decisions can affect climate change, which can limit access to food and clean water. Encourage representatives to support the [Justice40 Initiative](#), a federal program working to secure at least 40% of climate and clean energy investment benefits for historically disadvantaged communities. You can also urge congressional representatives to [ensure access](#) to gender-affirming care for youth, which is [in jeopardy](#) in some states.

For health.

To move toward health equity, it's critical we recognize that people with disabilities are [facing health disparities](#). One in three adults with disabilities does not have a primary health care provider, and one in three adults with disabilities has unmet health care needs due to financial cost. Since the passing of the Affordable Care Act, uninsured rates have decreased. In 2008, 83.2% of people under the age of 65 [reported](#) having medical insurance, but by 2020, the percentage of people with insurance coverage was 91.4. Early intervention for hearing loss among young children is [proven to help](#) with their language development. Improving access to nutritious food — particularly in areas with limited access to fresh produce — has been linked to improving overall health and eating habits. For example, when a mobile farmers market was [introduced](#) to a low-income community in Michigan in 2014, residents reported eating more fruits and vegetables since they were more accessible. The initiative has grown in the years since it was launched and five convenience stores in that neighborhood now provide fresh produce, with more collaborations being planned.

In celebration.

Section 504 of the Rehabilitation Act, signed into law in 1973, was the first federal civil rights protection for people with disabilities from discrimination. However, it wasn't until 1977 that regulations were published and signed, spurred by the activism in 1977 of [504 sit-ins](#), peaceful demonstrations which underscored the demand for federal regulations to enforce Section 504. The

longest 504 sit-in was held at the San Francisco federal building and lasting 26 days. Protests against the Dakota Access Pipeline, led by indigenous communities, **secured** the rights guaranteed to sovereign nations to their own reservation lands, protecting the health and safety of their communities. And after the fall of *Roe v. Wade*, voters in Michigan, Kentucky, California and Vermont ensured access to abortion care within their states. Efforts to protect care to essential health services were **led by** reproductive justice groups centering Black women – who are more likely to be harmed by abortion restrictions.

Even the wins that seem small are important. When a resident of a city in West Virginia **requested** the city council upgrade sidewalks to improve pedestrian and wheelchair access to nearby shopping, the city listened. In 2022 the state government recognized the need for access to transportation and **awarded** the same city more than \$1 million in grant funding to improve sidewalks throughout the city.

Food and Nutrition

For science.

Food and nutrition are at the core of many public health concerns, from chronic disease to climate change. In 2021, 10.4% of Americans (33.8 million people, including 9.3 million children) lived in households that [experienced food insecurity](#), meaning they lacked access to adequate nutritious foods. Children need a balanced diet to grow into healthy adults and long-term food insecurity can [lead to serious illness](#), such as type 2 diabetes, heart disease and mental health issues. Food-insecure families also face difficult decisions like choosing between buying groceries or paying for health care. Structural racism [limits the availability](#) of nutritious food for marginalized groups. Black and Hispanic households are [twice as likely](#) to experience food insecurity as white households, and rates are even higher for Native American and Native Alaskan families. Discriminatory policies that cause food deserts, also known as [food apartheid](#), limit grocery options in low-income areas, giving families fewer nutritious options and forcing them to travel farther to buy food. The most readily available foods are often ultra-processed products that are correlated with multiple health conditions. Researchers say the food industry is [putting profit before people](#). Furthermore, climate change puts our global food supply [at risk](#) as an increase in severe weather threatens agriculture. Our current food systems are part of the problem, [contributing](#) at least a quarter of greenhouse gas emissions.

For action.

Accessibility and affordability of nutritious food can determine a lifetime of health outcomes. To ensure everyone has the food they need to thrive, systemic changes are essential. We need to address structural racism and climate change. We need [immigrant-inclusive policies](#) for public assistance and we need policies that make breastfeeding [equitable for all](#). We need to regulate the [pervasive marketing](#) of unhealthy foods. The federal government offers food safety net programs like the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and free school meals, but many food-insecure families are [ineligible](#) because of income level, immigration status and other factors. Encourage your representatives in Congress to [support legislation](#) that expands eligibility for these programs. You can also [provide input](#) on the 2023 Farm Bill, which determines funding for SNAP. Contribute to your own community by volunteering with a [food bank](#) in your area, and while you're at it, [ask Congress](#) to keep food banks fully funded. Get involved with grassroots advocacy by joining your local [food policy council](#). For inspiration, read about how community leaders across the country are [shaping policy](#) through these councils.

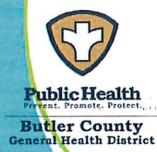
For health.

While broad structural shifts will be most effective for long-term improvements in food and nutrition, we have promising stopgap solutions from the local to national levels. Research shows that children who participate in federal programs such as SNAP and WIC have [higher levels](#) of food security into adulthood. For those enrolled in SNAP, fruit and vegetable prescription programs [have been shown](#) to encourage healthy eating and help with diabetes management by reducing blood glucose levels. Counter-marketing campaigns are [proven](#) to be a successful tactic in combating junk food marketing, along with promoting healthy food options at grocery and corner stores. In Baltimore, [increasing access](#) to low-sugar foods and beverages in stores, along with other interventions, led to healthier food purchasing. A San Francisco program that incentivized corner

stores to increase space for produce and reduce space for tobacco and alcohol resulted in a [35% increase](#) in produce sold. In Chicago, a medical center increased food access by [launching](#) an onsite, self-serve food pantry open 24/7 to reduce barriers and minimize stigma. For all interventions aimed at increasing food security, it is key to start with [community engagement](#) to build the trusting relationships that will lead to successful outcomes.

In celebration.

Food is a defining aspect of our diverse cultures, from holiday traditions to special recipes passed down through the generations. To sustainably improve community health, we need a culture-centered approach to food and nutrition. That is the mindset at [Mary's Center](#), a D.C.-area community health center where nutritionists embrace the culture of each patient to make a plan that is achievable and realistic to their unique situation. In southern California, [FIND Food Bank](#) celebrated their community's Latino heritage by compiling family recipes in a cookbook that also included healthy modifications. Boston-based nonprofit [Oldways](#) developed food pyramids specific to African, Latin American and Asian diets. Communities facing food insecurity are taking action to ensure their neighbors not only have enough to eat, but also enough culturally appropriate foods. Mutual aid groups [give structure](#) to these grassroots movements. For example, the [Queer Food Fund](#) supports members of the Black queer and trans community affected by food insecurity. In New York, [Star Route Farms](#) grows produce such as black beans, cilantro and epazote to donate to Hispanic families through Bushwick Ayuda Mutua. In Chicago, [Farm, Food, Familias](#) provides meals that celebrate Mexican and Caribbean heritage to offer a taste of home to immigrant communities. On O'ahu, Hawai'i, [MA'OE Organic Farms](#) preserves Native Hawaiian agriculture techniques and flavors to address food insecurity in a culturally sensitive and environmentally sustainable way.



Butler County Monthly Communicable Disease Surveillance Report

February of 2023

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Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: 1,479
- Most Frequently Reported: COVID-19, Chlamydia, Hepatitis C, Gonococcal infection, and Hepatitis B.

Table 1. Comparison of Reported Cases of Confirmed or Probable Notifiable Communicable Diseases, February 2023 (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	37,247	329.6		
Butler County	1,351	346.1	1.05	0.995-1.108

Interpretation: The residents of Butler County were 5% more 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 (February 2023)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	982	355.8	↓7.8% from January 2023 (n=1,065)
Middletown City Health Department	242	474.6	↓0.8% from January 2023 (n=244)
City of Hamilton Health Department	255	402.2	↓11.5% from January 2023 (n=288)
Butler County (all inclusive)	1,479	378.9	↓7.4% from January 2023 (n=1,597)

Table 3.* Butler County Reportable Diseases by Subgroups (February 2023)

Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	43	↑10.5% from January 2023 (n=38)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	111	↓21.8% from January 2023 (n=142)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	6	↓60.0% from January 2023 (n=15)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, <i>Haemophilus influenzae</i> , Bacterial meningitis, Mumps, Pertussis, invasive <i>Streptococcus pneumoniae</i> , Tetanus, and Varicella)	1,311	↓6.0% from January 2023 (n=1,394)

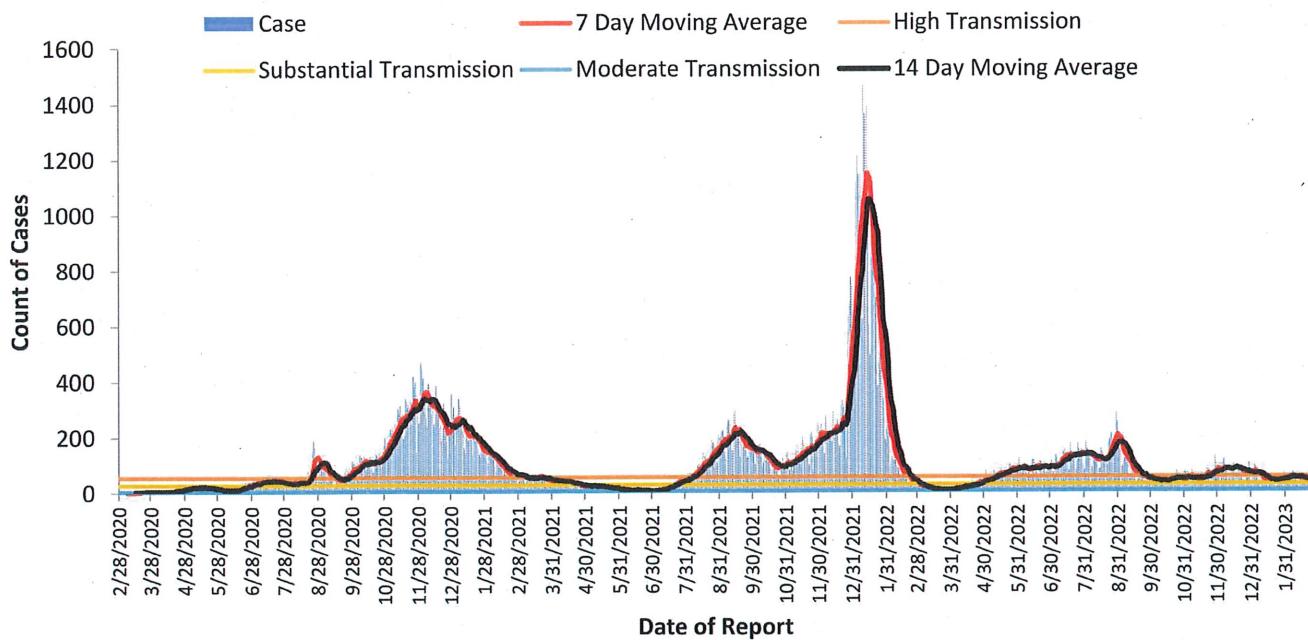
*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika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

*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1-28, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/8/2023.

Table 4.* Diseases Reported in Butler County (February 2023)

Jurisdictions	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)
Campylobacteriosis	1	0	0	1
Chlamydia infection	48	18	20	86
COVID-19	873	208	217	1,298
CP-CRE	1	0	0	1
Giardiasis	0	0	1	1
Gonococcal infection	13	3	7	23
Haemophilus influenzae (invasive disease)	1	1	0	2
Hepatitis A	1	0	0	1
Hepatitis B	12	2	1	15
Hepatitis C	16	8	4	28
HIV	0	1	0	1
Influenza-associated hospitalization	3	0	0	3
Lyme Disease	2	0	0	2
Meningitis –bacterial (not N. meningitidis)	1	0	0	1
MIS-C associated with COVID-19	1	0	0	1
Q fever, acute	1	0	0	1
Salmonellosis	2	0	0	2
Streptococcal, Group A (invasive disease)	1	0	2	3
Streptococcus pneumoniae (invasive disease)	3	1	1	5
Syphilis	1	0	0	1
Varicella	1	0	0	1
Tuberculosis	0	0	1	1
Yersiniosis	0	0	1	1
Total	982	242	255	1,479

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



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

*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1-28, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/8/2023.

Butler County Reportable Disease Surveillance

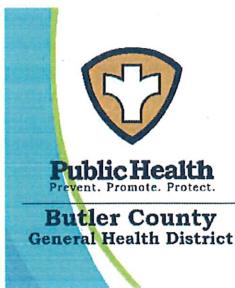
Table 6 outlines Butler County's select, reportable disease counts by year, that were classified as either "probable" or "confirmed" during the years of 2017 through 2022 and provides a 5-year average (2018-2022) column for comparison. Graph includes those diseases that represent a consistent threat to public health.

Table 6.* Reported Probable/Confirmed Cases in Butler County (2017–2023)

	2018	2019	2020	2021	2022	5 Year Avg.	Up to 2/28/2023
Amebiasis	2	1	0	1	1	1	0
Botulism- wound	0	0	0	0	1	<1	0
Brucellosis	0	0	0	2	0	<1	0
Candida auris (not reportable prior to 2019)	-	0	0	1	13	-	0
Campylobacteriosis	33	45	30	35	48	38.2	4
Chlamydia infection	1,592	1,631	1,512	1,406	1359	1,500	193
COVID-19 (not reportable prior to 2020)	-	-	26,420	39,521	49323	38,421.33	2,745
CP- CRE (not reportable prior to 2019)	-	4	10	11	12	9.25	1
Creutzfeldt-Jakob Disease	1	2	0	1	1	1	0
Cryptosporidiosis	6	4	6	5	7	5.6	1
Cyclosporiasis	4	2	0	0	1	1.4	0
Dengue	0	1	0	1	1	0.6	0
E. coli, Shiga-Toxin Producing	14	11	14	15	17	14.2	2
Ehrlichiosis-Ehrlichia chaffeensis	0	0	1	1	1	<1	0
Giardiasis	12	12	4	14	7	9.8	2
Gonococcal Infection	668	732	651	480	473	600.8	50
Haemophilus influenzae (invasive disease)	17	10	7	6	11	10.2	3
Hemolytic uremic syndrome	0	0	0	1	0	<1	0
Hepatitis A	304	104	2	1	0	82.2	0
Hepatitis B - acute/chronic/perinatal	166	109	67	85	78	101	19
Hepatitis C – acute/chronic/perinatal	750	552	486	434	390	522.4	53
HIV	43	24	17	58	38	36	5
Influenza-associated Hospitalization	479	325	266	18	306	278.8	20
Legionellosis – Legionnaires' Disease	16	17	10	9	15	13.4	0
Hansen's disease	0	0	0	0	1	<1	0
Listeriosis	1	0	0	0	1	<1	0
Lyme Disease	4	3	2	0	2	2.2	0
Malaria	2	2	2	1	3	2	0
Meningitis – aseptic/viral	16	25	9	14	10	14.8	2
Meningitis – bacterial (not N. meningitidis)	3	4	3	3	11	4.8	1
Meningococcal dz. – Neisseria meningitidis	0	0	0	0	0	<1	0
MIS-C associated with COVID-19	-	-	-	15	7	-	1
Mpox (not reportable prior to 2022)	-	-	-	-	4	-	0
Mumps	2	1	0	0	0	<1	0
Pertussis	16	38	13	3	3	14.6	0
Salmonellosis	32	32	20	26	34	28.8	6
Salmonella Typhi (Typhoid Fever)	0	0	0	2	0	<1	0
Shigellosis	45	7	8	3	6	13.8	1
Spotted Fever Rickettsiosis (including RMSF)	0	0	2	0	1	<1	0
Streptococcal – Group A – invasive	23	24	27	24	34	26.4	6
Streptococcal – Group B – in newborn	3	0	1	0	1	1	0
Streptococcus pneumoniae – Invasive	54	59	31	33	40	43.4	10
Syphilis (all stages)	47	11	17	23	45	28.6	8
Tuberculosis (active)	2	8	6	7	8	6.2	0
Varicella	13	14	1	5	8	8.2	3
Vibriosis (not Cholera)	2	1	0	2	2	1.4	0
West Nile Virus Disease	0	0	0	0	0	<1	0
Yersiniosis	0	1	0	1	2	<1	3

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

*COVID-19 cases are sorted by Event Date (the earliest public health knows about the case). All other reportable diseases are sorted by Date Reported to ODH. This is due to the data entry delay that occurred during the fourth wave of COVID-19. Report reflects time period of February 1-28, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 3/8/2023.



Butler County General Health District's 157th COVID-19 Update (02/25/2023) Confirmed and Probable COVID-19 Cases Reported to Butler County*

Butler County Residents, 2020-22

Total # of Cases (02/25):	117,829*
ODH verified Deaths (02/25):	1,245**
Hospitalizations (02/25):	3,954
First Case Reported:	3/11/2020
Last Case Reported (so far):	02/25/2023
Confirmed Cases:	83,770
Probable Cases:	34,059
Age Range:	<1-105
Median Age:	37
Mean Age:	38.9
Incidence (thru 02/25):	30,184.9 per 100,000
Prevalence (thru 02/25):	30.2% of BC population
7-Day Positivity Rate (02/23):	8.4% of tests performed in BC

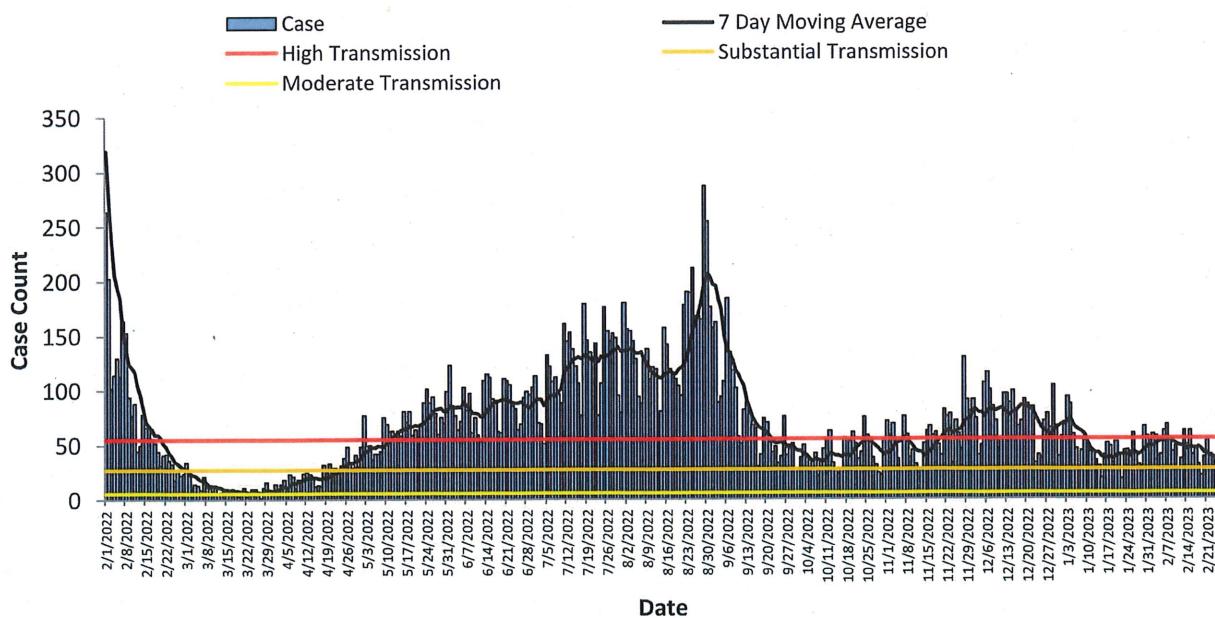
Table 1: CDC Indicators

Indicator	Butler County New Cases over 7 days	Status Level
Community Level	-	LOW
Positivity Rate	8.41% of tests performed in Butler County	Substantial Positivity (Over 9.99% of tests)
Incidence per 100,000 population	63.02 per 100,000	Substantial Spread (50.00-99.99 per 100,000)

The Butler County General Health District will continue to monitor transmission levels based on previous CDC indicators; however, generalized guidance will now be based on the CDC's Community Level indicators.

Based on the criteria for community levels and Butler County's figures, Butler County is at **Low community levels and Substantial transmission.**

Figure 1. Cases by Date of Event Since February 1, 2022



All figures show reported cases of COVID-19 in Butler County as of 0800 EDT 02/23/2023. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet ODH probable case criteria AND reported to Public Health.

**Data is provisional - only confirmed or probable COVID-19 cases are included in counts. Report reflects time period since the introduction of SARS-CoV-2 into humans, measured in days. Data accessed from the Ohio Disease Reporting System (ODRS) on 02/23/2023 at 0800 EDT.

**Deaths are now reconciled to the Ohio Department of Health's available data to avoid discrepancies between the state and local numbers. ODH's protocol has changed to avoid reconciliation errors and now only includes those deaths that have been reconciled with Vital statistics and may not match what has been reported to the CDC which are provisional numbers. This is a lagging indicator and will be multiple weeks behind.

**Gathered from CDC's Data Tracker of Butler County 02/23/2023 0800 EDT accessible at <https://covid.cdc.gov/covid-data-tracker/#county-view>

Figure 2. Reported Cases of COVID-19 by Date of Event 2020-2023*

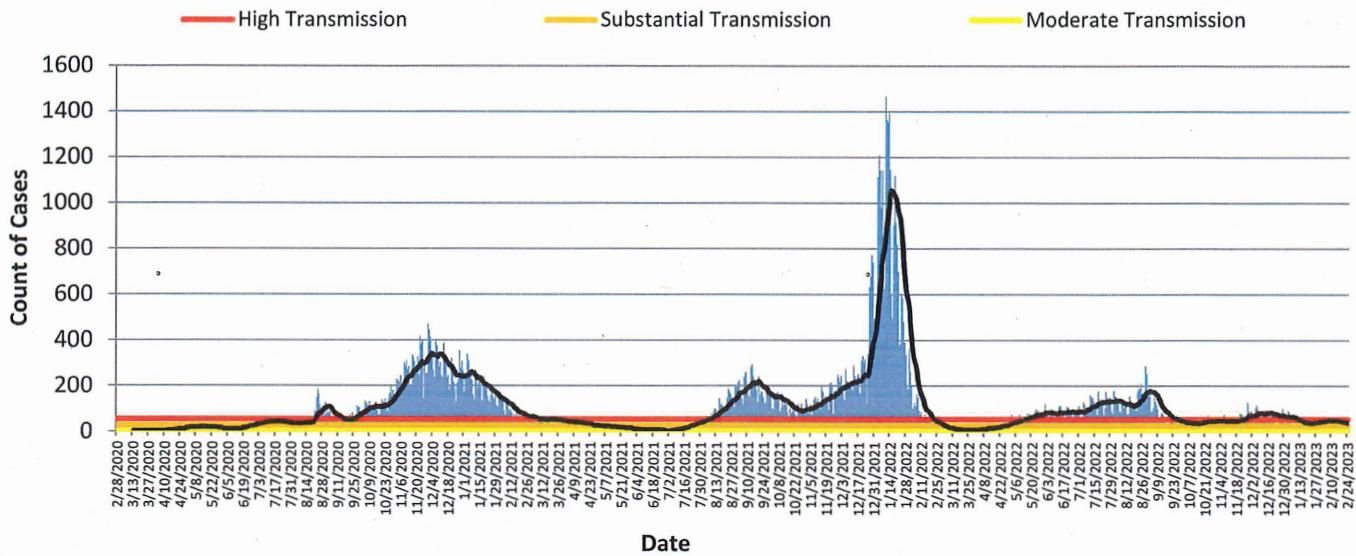


Table 2: Total Reported* Cases by ZIP Code

ZIP Code	Number of Cases	New Cases (02/19-02/25)	Change in cases from previous 7 days (02/12-02/18)		Transmission	% of Cases
			02/12-02/18	02/19-02/25		
45011	21554	36	-33.3%	High	Substantial	18.3%
45044	16930	30	-43.4%	Substantial	Substantial	14.4%
45013	15813	41	-12.8%	Substantial	Substantial	13.4%
45069	15916	35	-14.6%	Substantial	Substantial	13.5%
45014	13865	32	-15.8%	Substantial	Substantial	11.8%
45056	7813	13	-45.8%	Moderate	Moderate	6.6%
45042	7869	19	-20.8%	Substantial	Substantial	6.7%
45067	4724	16	60.0%	High	High	4.0%
45050	3298	6	-14.3%	Substantial	Substantial	2.8%
45015	3397	6	-14.3%	Moderate	Moderate	2.9%
45241	1810	3	-57.1%			1.5%
45053	800	1	-66.7%	Moderate	Moderate	0.7%
45005	791	3	0.0%			0.7%
45064	489	0	-100.0%			0.4%
45246	216	1	0.0%			0.2%
45062	176	0	-100.0%			0.1%
Cases lacking zip code information or from zip codes with too few cases	2,368	4				2.0%
Butler County (inclusive)	117,829	246	-81 (-24.77%)	Substantial	100%	

Zip-codes that have no transmission rates have most of their populations outside of Butler County. Zip-codes with too few cases have been removed for privacy concerns.

New Cases are determined by "Date of Event" which is when the case was ill/test was collected. CDC determines new cases by "Date of Report".

Table 2 shows the zip-code level data that is new for this week.

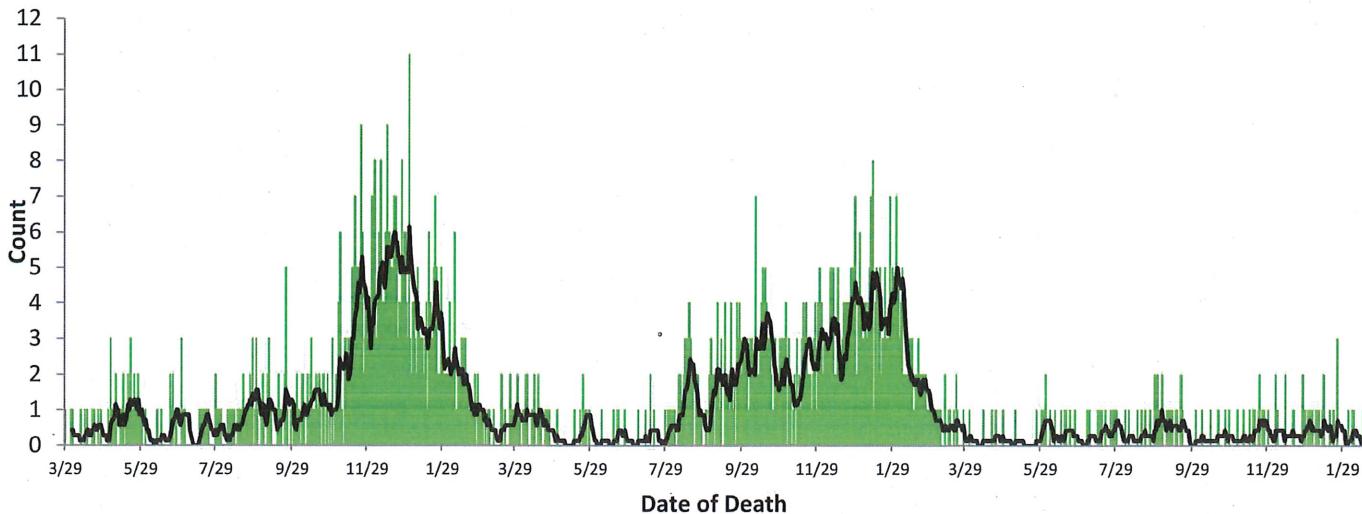
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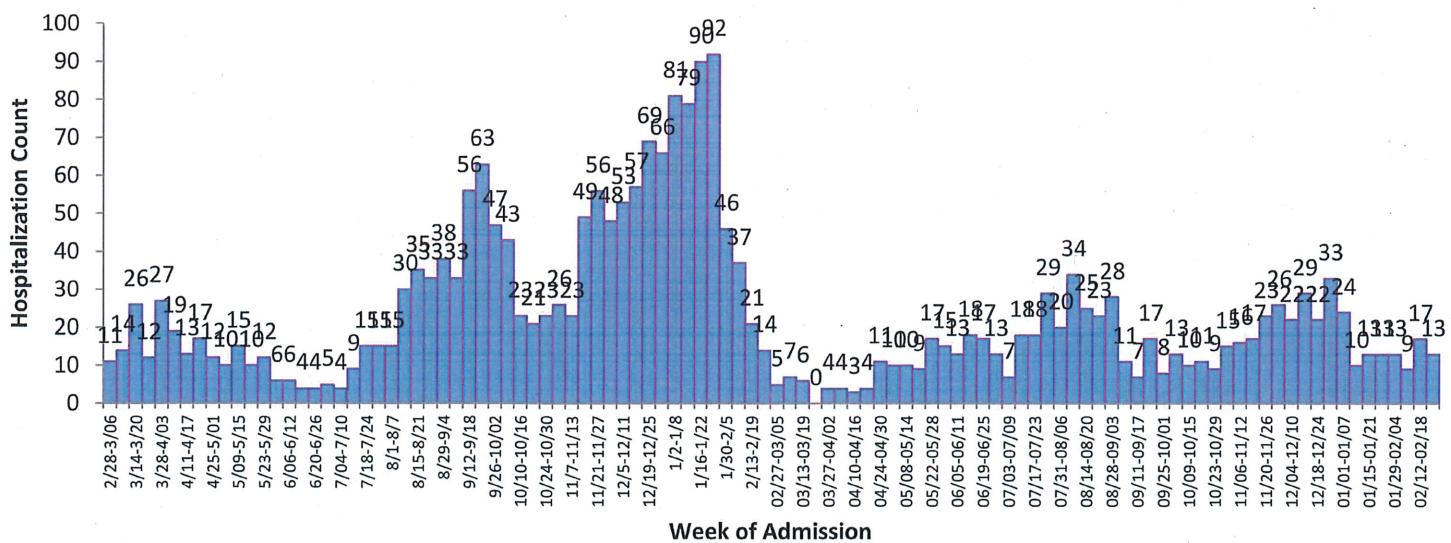
#Gathered from CDC's Data Tracker of Butler County 02/23/2023 0800 EDT accessible at <https://covid.cdc.gov/covid-data-tracker/#county-view>

Figure 3. Confirmed COVID-19 Deaths by date of death, 2020-23**



Figures 3 and 4 show severe case outcomes. These are both lagging indicators since it typically takes time for a case to succumb to COVID and well over a month for a COVID-19 death to be verified. Deaths will take about 4-6 weeks to begin to register for last week.

Figure 4. COVID-19 Hospitalizations of Butler County Residents by Week since the first week of March 2021



All figures show reported cases of COVID-19 in Butler County as of 0800 EDT 02/23/2023. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet ODH probable case criteria AND reported to Public Health.

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General Health District**

**Butler County General Health District
Seasonal Influenza-Associated Hospitalizations Report
MMWR Week 8
02/19/2023 – 02/25/2023**

Weekly Influenza-Associated Hospitalizations Activity Summary:

Butler County (MMWR Week 8, ending on 02/25/2023)

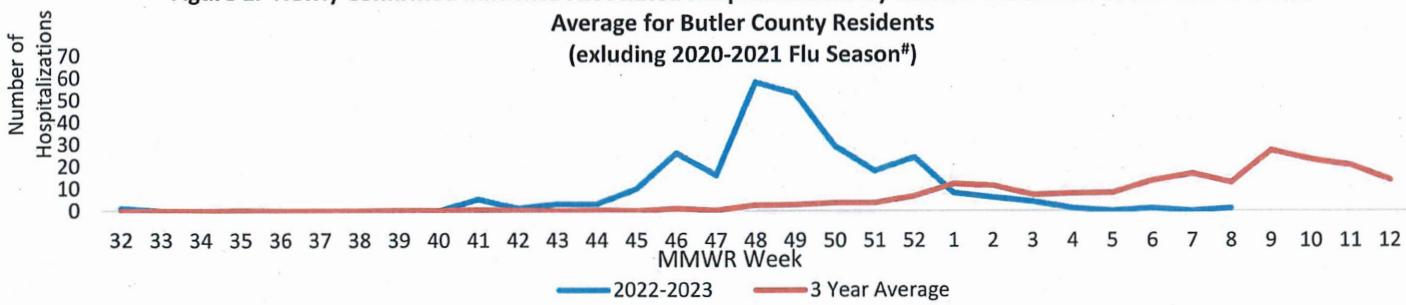
One influenza-associated hospitalization was reported in a Butler County resident for the MMWR week ending 02/25/2023. The 3-year average for this time of year is 12.7 influenza-associated hospitalizations. Receiving the influenza vaccine is the best way to reduce the chance of illness and complications, including those resulting in hospitalization and death.

**Table 1.* Confirmed Influenza-Associated Hospitalizations
Butler County Residents, 2022-2023 Influenza Season**

MMWR Week	Week Ending	Weekly Total
32	08/13/2022	1
33	08/20/2022	0
34	08/27/2022	0
35	09/03/2022	0
36	09/10/2022	0
37	09/17/2022	0
38	09/24/2022	1
39	10/01/2022	0
40	10/08/2022	0
41	10/15/2022	5
42	10/22/2022	1
43	10/29/2022	3
44	11/05/2022	3
45	11/12/2022	10
46	11/19/2022	26
47	11/26/2022	16
48	12/03/2022	58
49	12/10/2022	53
50	12/17/2022	29
51	12/24/2022	18
52	12/31/2022	24
1	01/07/2023	8
2	01/14/2023	6
3	01/21/2023	4
4	01/28/2023	1
5	02/04/2023	0
6	02/11/2023	1
7	02/18/2023	0
8	02/25/2023	1
Season Total (thus far):		270
As of 02/25/2023		

Butler County Weekly Surveillance

**Figure 1. Newly Confirmed Influenza-Associated Hospitalizations by MMWR Week with Past 3-Year Baseline
Average for Butler County Residents
(excluding 2020-2021 Flu Season[#])**



^{*}Data is provisional and subject to change due to delays in reporting. Report reflects the period of 08/07/2022 – 02/25/2023 (MMWR Week 32 to Week 8 of 2023). Data accessed from the Ohio Disease Reporting System (ODRS) on 03/02/2023. [#]3 year average does not include the 2020-2021 flu season. ^{*}Southwest Ohio includes hospitalizations from the following counties and their respective jurisdictions: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren.

Butler County Influenza-Associated Hospitalizations Demographics

Figure 2. Percent of Hospitalizations by Age Group

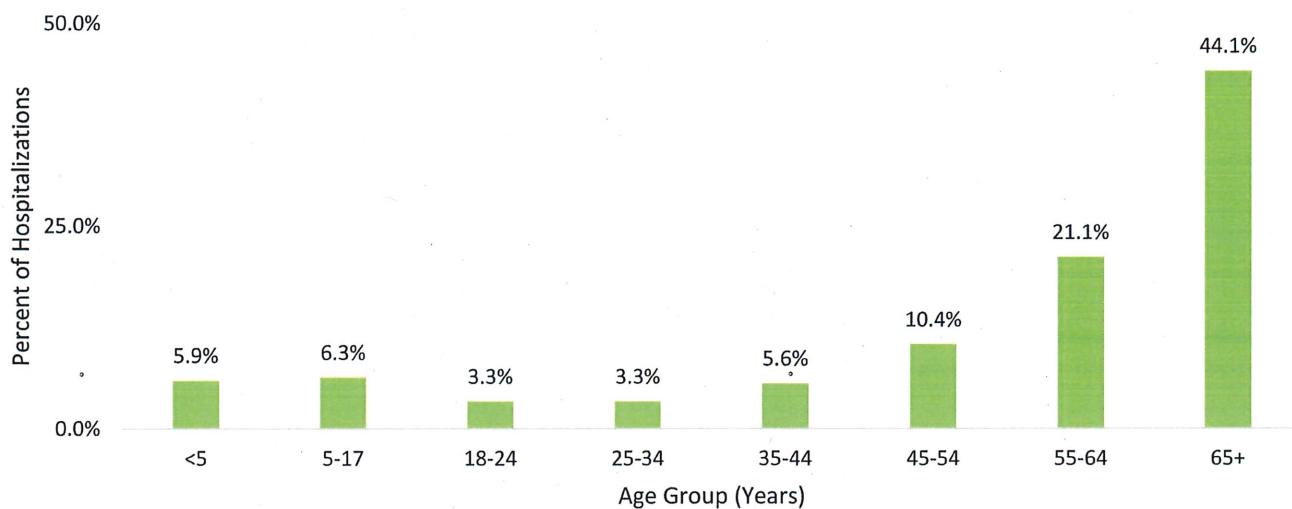


Figure 3. Percent of Hospitalizations by Sex

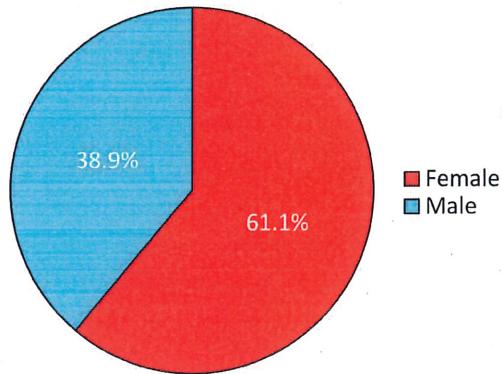
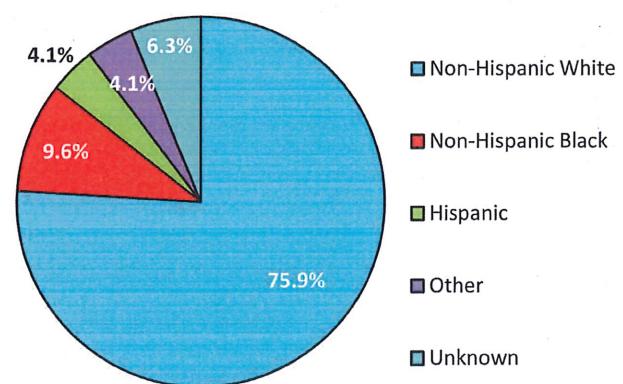
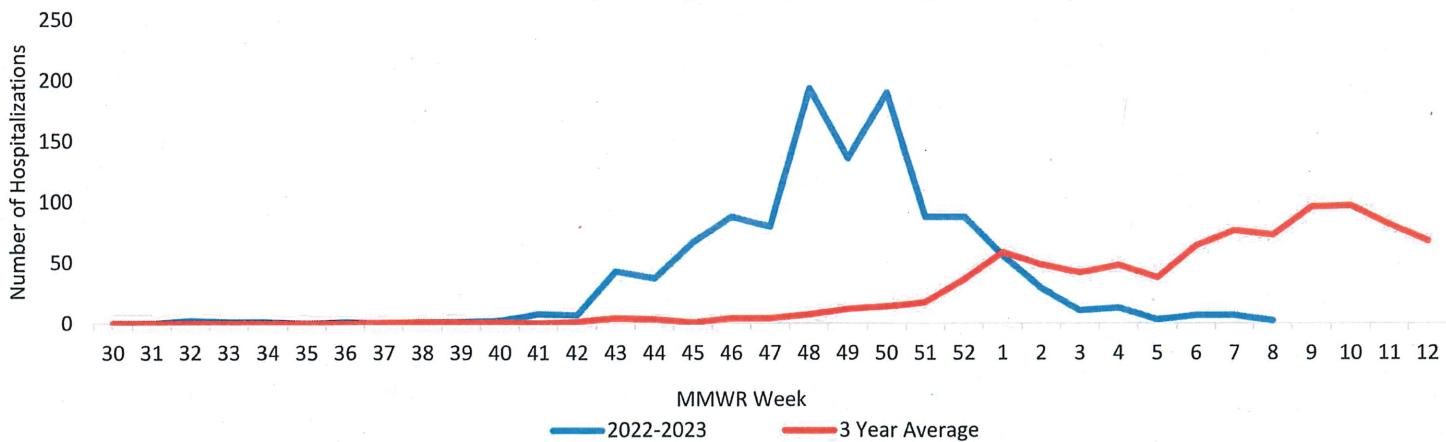


Figure 4. Percent of Hospitalizations by Race and Ethnicity



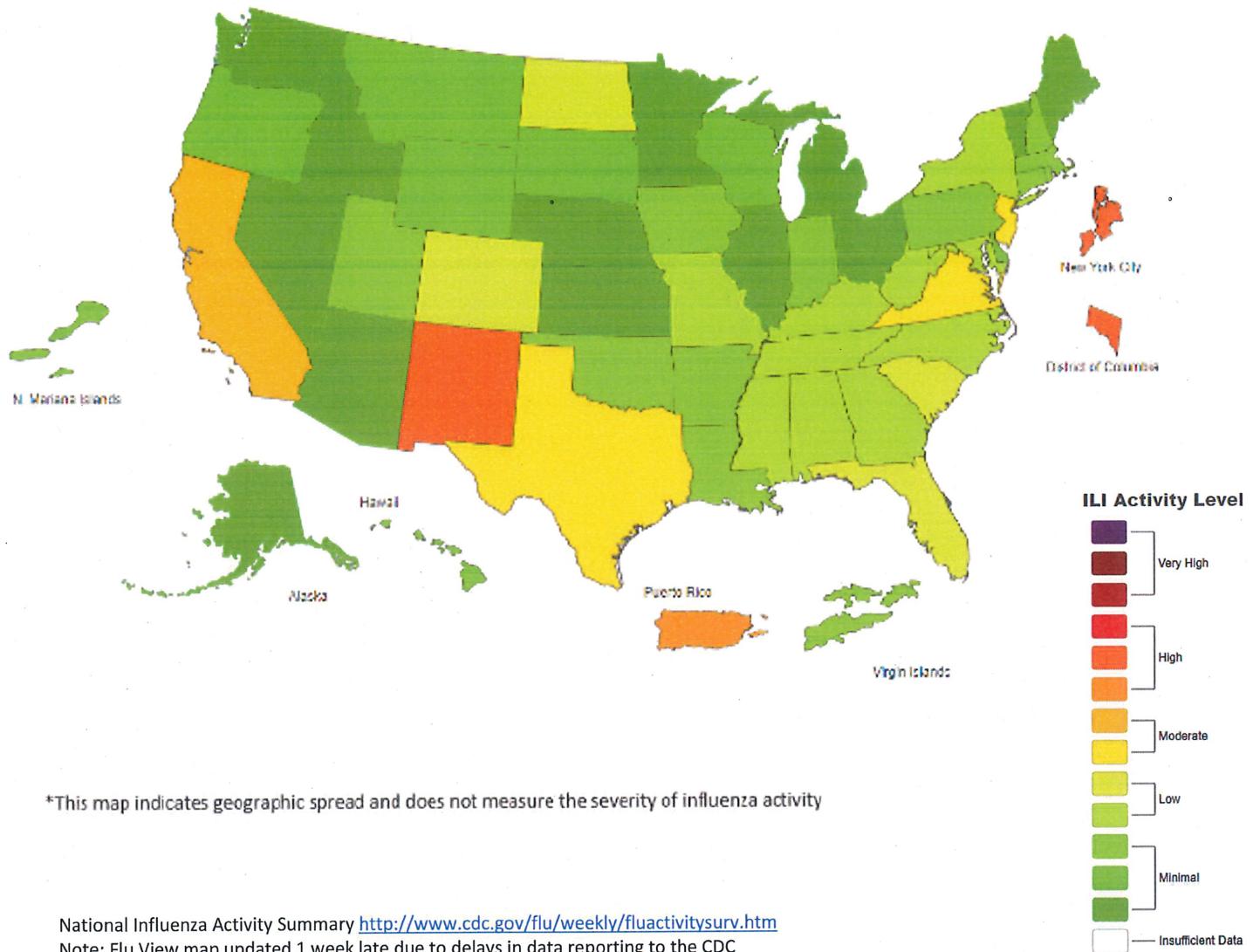
Southwest Ohio Weekly Surveillance

Figure 5. Newly Confirmed Influenza Associated Hospitalizations by MMWR Week with Past 3 Year Baseline Average for Southwest Ohio (excluding 2020-2021 Flu Season)



Data is provisional and subject to change due to delays in reporting. Report reflects the period of 08/07/2022 – 02/25/2023 (MMWR Week 32 to Week 8 of 2023). Data accessed from the Ohio Disease Reporting System (ODRS) on 03/02/2023. *3 year average does not include the 2020-2021 flu season. *Southwest Ohio includes hospitalizations from the following counties and their respective jurisdictions: Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren.

2022-23 Influenza Season Week 7 ending Feb 18, 2023



Sources of Influenza Surveillance Data

Influenza-associated Hospitalizations (ODRS): Influenza-associated hospitalizations are reported to local health departments for entry into the Ohio Disease Reporting System (ODRS). Hospitalizations can be used as an indicator of the severity of illness during a particular influenza season. This condition became reportable in 2009.

For further information or questions, please contact:
 Butler County General Health District, 513-863-1770



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Figure 1: Middletown SSP Site Visitors by Month for 2022 and 2023

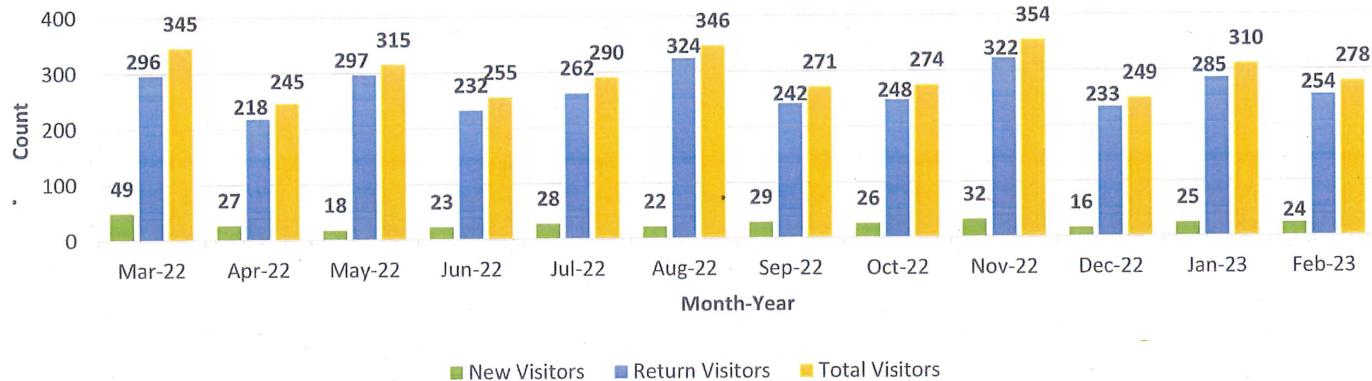


Figure 2: Syringes Returned and Distributed by Month for the Middletown SSP Site for 2022 and 2023

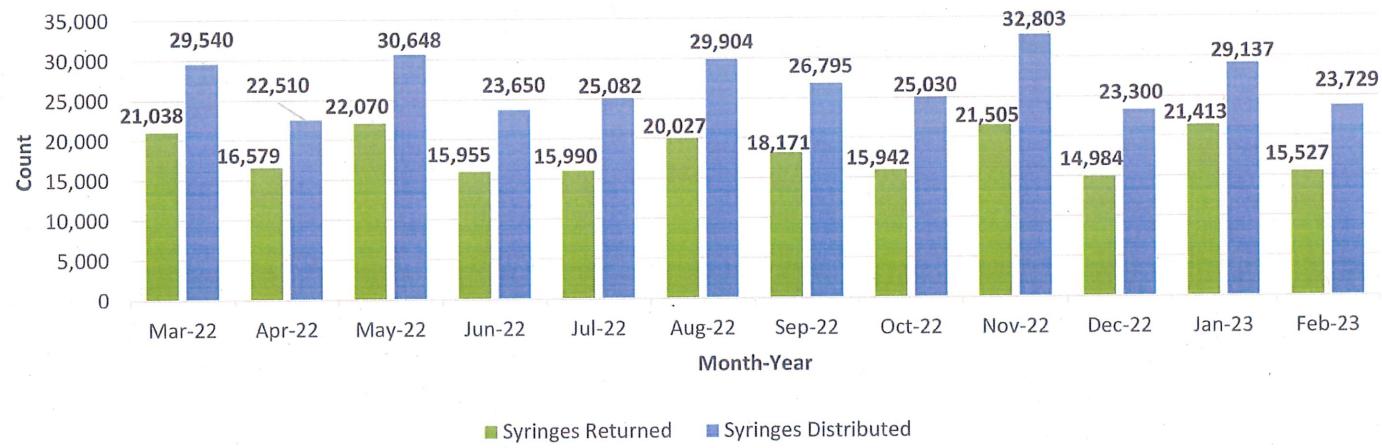


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Middletown SSP Site for February 2023

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	13,222	20,999	62.96%
Hamilton County, OH	400	610	65.57%
Montgomery County, OH	30	160	18.75%
Preble County, OH	485	490	98.98%
Warren County, OH	1,390	1,470	94.56%
Total	15,527	23,729	65.43%

Source: Access Counseling Regional Harm Reduction Collaborative Middletown Syringe Service Program Site, Data is provisional and subject to change, Data obtained February 28, 2023



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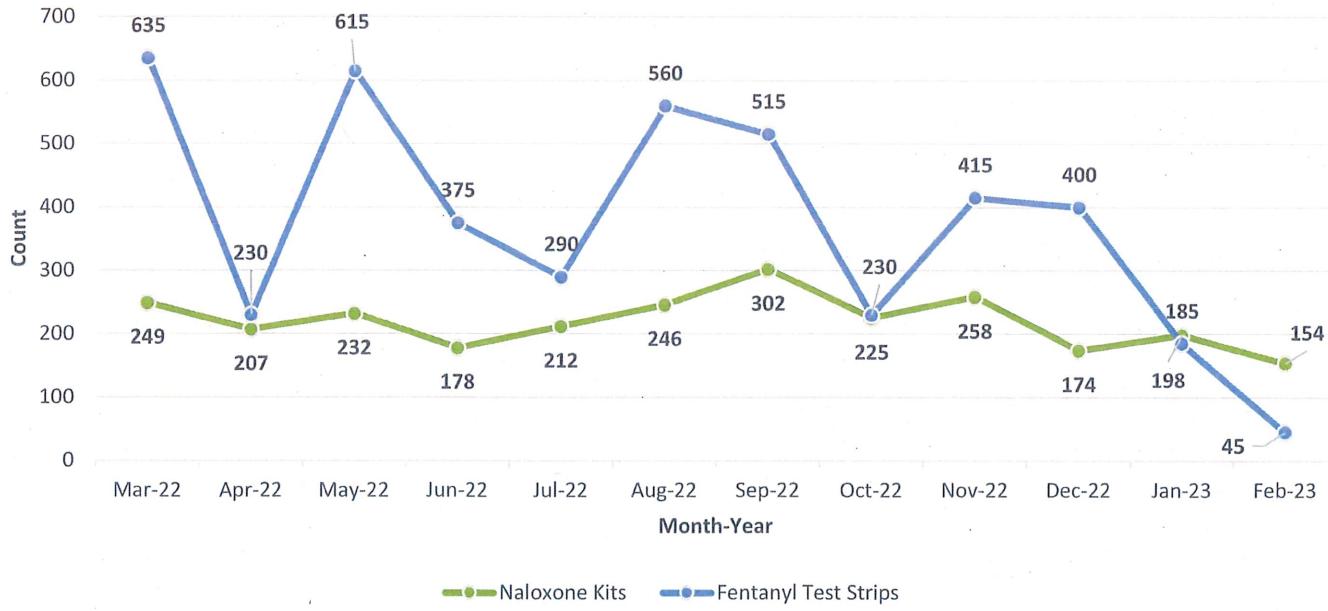


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Table 2: Syringes Returned and Distributed by Zip Code - City for the Middletown SSP Site by Butler County Visitors' Home Residence for February 2023

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Middletown			
45042	4,902	5,870	83.51%
45044	6,430	9,860	65.21%
Middletown Total	11,332	15,730	72.04%
Hamilton			
45011	1,153	3,769	30.59%
45013	737	980	75.20%
45015	0	280	0.00%
Hamilton Total	1,890	5,029	37.58%
45014 - Fairfield	0	40	0.00%
45050 - Monroe	0	120	0.00%
45056 - Oxford	0	40	0.00%
45067 - Trenton	0	40	0.00%
Butler County Total	13,222	20,999	62.96%

Figure 3: Naloxone Kits and Fentanyl Test Strips Distributed by Month for the Middletown SSP Site for 2022 and 2023



Source: Access Counseling Regional Harm Reduction Collaborative Middletown Syringe Service Program Site, Data is provisional and subject to change, Data obtained February 28, 2023

Smoking Complaint Spreadsheet

for February 2023

Business Name		Date	Notice of Report	Dismissed	Notice of Violation (30 Days)	Letter of Warning (15 Days)	Civil Fine Letter	Violation Contested	Notice of Hearing	Additional Comments
1	Billy T's	2/16/23	X		X		X			This will be there 4 th fine in 2 years. This fine will be doubled (the business knowingly allows patrons to smoke) so fine will be \$5,000.
2										
5										
Notes:										

City of Middletown Health Department

February 2023

Vital Statistics

	MONTHLY	YTD	
Birth Certificates Filed	56	119	
Death Certificates Filed	106	175	
Birth Certificates Issued	328	684	
Death Certificates Issued	299	638	
Indigent Cremation Services	2	6	

Deaths Filed

	MONTHLY	YTD	
Accidental			
Drug Overdose	5	5	Complaints
Falls	3	4	Smoking Complaint Inspections
Motor Vehicle	0	0	Swimming Pools
Exposure to Elements	2	2	Tattoo
Choking	0	0	Temp Park/Park Camp
Homicide	1	1	Jail Inspection
Suicide	0	1	Site Visit (Septic)
COVID-19 Related Deaths	0	2	Well Inspection
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)	22	55	
Retail Food Establishments(RFE)	2	10	
Prelicense/Consultations	6	15	
Sewage Inspections	0	0	
School Inspections	0	0	
Vending Locations	0	0	
Temporary FSO/RFE	0	0	
Mobile FSO/RFE	0	0	
Complaints	7	10	
Smoking Complaint Inspections	1	1	
Swimming Pools	11	20	
Tattoo	0	0	
Temp Park/Park Camp	0	0	
Jail Inspection	0	0	
Site Visit (Septic)	0	0	
Well Inspection	0	0	

Level 1 Certification Training

Animal Bite Events

Number of Attendees

0

0

Dog	3	9
Cat	2	3
Bat	0	0



Colon cancer is a disease in the large intestine and rectum, usually starting as groups of noncancerous cells called polyps. Timing matters when colon cancer is found as it is **60% preventable** with screenings.

There are two groups of colorectal screenings, which are:

- Visual Screenings-which includes procedures (colonoscopy) and x-ray tests (virtual colonoscopy)
- Stool-Based Testing-which looks for blood in stool samples

Colon cancer often has no symptoms in early stages. Colorectal screenings should begin by the age of **45** for both men and women. Family history of colon cancer or polyps increases your risks and may mean earlier screening is needed. Be aware of your family's colon health and share that knowledge with your family physician to come up with a screening plan for you.

With colon cancer being the second cause of cancer death in men and women combined in the United States, what other prevention examples can we exhibit for others this March of 2023?



Quit Smoking!



Eat fruits and veg!



Limit Alcohol Use!



Weight Control!



Exercise!



GET SCREENED!

In 2021, almost 150,000 people were diagnosed with Colon Cancer. Approximately 1/3 of them did not survive.

Routine screening can help prevent Colon Cancer, or help find it early when treatment often works best. Love yourself and schedule your Colon Screening today!!

Stop by your City of Middletown Health Department Door for additional Colon Cancer health topics and checklists to help you and your loved ones become aware of ways to increase your colon health.

Ohio to end COVID-19 SNAP help, continuous Medicaid coverage

Enacted for pandemic, federal public health emergency measures soon to be phased out.



The declaration of a COVID-19 public health emergency three years ago changed the lives of millions of Americans by offering increased health care coverage. Much of that will come to an end on May 11. ELAINE THOMPSON / AP

BY SAMANTHA WILDOW - STAFF WRITER

CORONAVIRUS: THE LATEST

The Biden administration plans to end the COVID-19 public health

emergency declarations on May 11, according to a statement from the White House's Office of Management and Budget.

Ending of the COVID-19 national emergency and public health emergency that was declared by the Trump administration in 2020 has area health and social network providers concerned.

"I am very concerned," Gregory Hopkins, executive director of the Community Health Centers of Greater Dayton, said about the end of the public health emergency.

With continuous Medicaid coverage one of the measures enacted under the public health emergency, Hopkins expects to see an impact among patients and operations.

"When 60% of our patients are on Medicaid, that's a big chunk of our patients," Hopkins said.

"If those patients are all of a sudden unenrolled and become uninsured for even a short period of time, it's an impact on their health and our revenue. We know patients won't come to the doctor as often as they should if they don't have insurance coverage."

The White House said public health and national emergencies are currently set to expire on March 1 and April 11, respectively, and the Biden administration's current plan is to extend the emergency declarations to May 11, ending both emergencies on that date. This wind-down would align with the administration's previous commitments to give at least 60 days' notice prior to termination of the public health emergency, the White House said.

Emergency SNAP ending in February

Emergency food assistance allotments are already set at the end of February in Ohio. The Ohio Department of Job and Family Services announced that changes in federal law meant that February will be the last month of emergency Supplemental Nutrition Assistance Program (SNAP) allotments.

The emergency SNAP allotments allowed households to receive the maximum allotment for their household size. Beginning in March, recipients will receive only their one, normal monthly payment.

SNAP clients should check their mail and respond to renewal letters or requests for information immediately to stay up-to-date on allotments and their eligibility, said Reba Chenoweth, public information officer for Human Services at the Montgomery County Job Center.

"Montgomery County is now working with community partners, the faith community, and other agencies to ensure this information gets to clients who may be impacted and to connect them with additional resources that they may still be eligible for," Chenoweth said.

Continuous Medicaid enrollment to end

At the start of the pandemic, the Families First Coronavirus Response Act included a temporary requirement for Medicaid programs to keep people continuously enrolled and, in exchange, states received enhanced federal funding, which was a 6.2% increased federal medical assistance percentage.

The continuous enrollment provision under Medicaid will end following the end of the public health emergency, and the state of the Ohio is currently planning on resuming routine eligibility operations on Feb. 1.

"We have been actively working with our patients to see if they're still eligible," said Gina McFarlane-El, CEO of Five Rivers Health Centers.

Five Rivers Health Centers is the 10th largest federally qualified health center in Ohio, seeing more than 27,000 patients a year.

Patients who may be without insurance coverage will be able to apply for a sliding fee scale at Five Rivers Health Centers, but McFarlane-El said they are working to inform patients on how to re-enroll.

In December 2022, Congress passed the Consolidated Appropriations Act, which provided that the continuous coverage provision that

prohibited states from disenrolling members from Medicaid will expire on March 31. With Ohio resuming routine eligibility operations on Feb. 1, the first round of termination letters are planning to be mailed to those who are no longer eligible beginning in April.

"It has huge implications for our patients," Hopkins said. He said that while they knew the public health emergency had to end at some point, it still feels sudden.

The Community Health Centers of Greater Dayton are still not back to the number of visits they had prior to the pandemic, and pediatric immunizations are still down.

"Our patient visits are still down from 2019," Hopkins said.

This also presents risks to individuals' health. If they are faced with additional costs, they may not seek care.

"Health Centers are here to provide care regardless of the ability to pay, but we know, even with that safety net in place and the sliding fee scale we offer, for example, we know people just will seek care at a lower rate when they don't have insurance coverage. Especially if they have been used to having it," Hopkins said.

The Montgomery County Family Assistance Division will begin conducting full eligibility redeterminations beginning on April 1, according to Chenoweth. Terminations for individuals who are no longer eligible will begin on April 1, with coverage ending April 30 at the earliest. Federal guidelines provide states up to 12 months to initiate and 14 months to complete eligibility renewals, so not all terminations will take place on April 1.

"We are reminding clients that if the adults in their household are determined to no longer be eligible for Medicaid, their children may still be eligible for coverage under the Children's Health Insurance Program (CHIP)," Chenoweth said.

Medicaid/CHIP grew by 27%

Enrollment in Medicaid and Children's Health Insurance Program (CHIP) grew to 90.9 million in September 2022, which was an increase of 19.8 million or more than 27% from enrollment in February 2020, according to the Kaiser Family Foundation. The foundation estimated that enrollment growth that was expected prior to the pandemic was approximately 4%.

An analysis from the Kaiser Family Foundation estimates that between 5-14 million people will lose Medicaid coverage once the continuous enrollment provision ends during the 12-month unwinding period. That is a total enrollment decline by 5% up to a decline of 13%.

The lower estimate accounts for factors like new people enrolling in the program, as well as people disenrolling then re-enrolling in the program within the year, said the foundation.

Its higher estimate reflects total disenrollment and does not account for churn or new enrollees.

Medicaid enrollment churn is the temporary loss of Medicaid coverage where enrollees disenroll and then re-enroll within a short period of time.

Additional impacts

The Kaiser Family Foundation estimates that the end of the COVID-19 public health and national emergencies could impact coverage, costs, and payment for COVID-19 testing, treatments, and vaccines. For people without insurance, there will no longer be a pathway through Medicaid for free COVID-19 testing, vaccines, or treatment. Privately held insurance could also incur costs.

Coverage for telehealth visits were also expanded under the public health emergency. In regard to Medicare, for example, over 28 million Medicare beneficiaries used telehealth during the first year of the pandemic, and telehealth accounted for 12% of all services used by beneficiaries during the first year of the pandemic, according to the Kaiser Family Foundation.

If there are not permanent changes to Medicare coverage, most Medicare beneficiaries will lose access to coverage of nearly all

telehealth services after 2024, with some exceptions like audio-only mental health and substance use services.

The Associated Press contributed to this story.

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

INFORMATION FOR MEDICAID MEMBERS

The Ohio Department of Medicaid encourages enrollees to keep their contact information up to date, including their mailing addresses so they receive notices to renew coverage.

You can update your contact information by calling 1-844-640-6446 Monday through Friday between 8 a.m. and 4 p.m., as well as by visiting your county department of Job and Family Services or going online through the Ohio Benefits Self-Service Portal at <https://ssp.benefits.ohio.gov>.

If you lose coverage and need help understanding your options, navigators are available through Get Covered Ohio for free assistance. Go to getcoveredohio.org or call 1-833-628-4467 for more information.

Opioid settlement funds headed to area

Butler County, local towns are in line to receive money as part of a nationwide \$19 billion deal.

BY DENISE G. CALLAHAN - STAFF WRITER

ONLY IN THE JOURNAL-NEWS

Another \$19 billion is flowing to governments nationwide now that CVS, Walgreens and others have finalized a settlement in the massive opioid litigation, and some Butler County jurisdictions are in line for the funds.

County Administrator Judi Boyko informed the commissioners they have been notified federal settlement dollars are coming from litigation with CVS, Walgreens, Walmart and pharmaceutical manufacturers Tiva and Allergan.

"Collectively, the federal litigation settlement is about \$19 billion of those five federal litigants," Boyko said.

This settlement is part of the federal multidistrict litigation going on in Cleveland. She told the Journal-News at this juncture it is hard tell how much money the county will receive, since the dollar amounts and payout terms are different for each defendant.

"There are multiple variables in reaching settlement with the entities through the federal litigation," she said. "To calculate exactly the amount Butler County will receive is difficult because of those variables."

The county joined the multidistrict litigation after the commissioners

sued 20 drug makers and distributors in federal court in 2017, they sought \$5 million in that lawsuit. There are other defendants still on the hook in that giant litigation.

This settlement is completely separate from the \$26 billion deal brokered by states attorneys general with the three largest opioid distributors Cardinal, McKesson and Amerisource- Bergen and manufacturer Johnson & Johnson. Nearly 4,000 jurisdictions nationwide filed lawsuits in state and federal courts years ago when the heroin epidemic was killing their residents, and budgets trying to deal with the pervasive problem.

OneOhio stems from investigations by Attorney General Dave Yost and other state attorneys general into whether the three distributors fulfilled their legal duty to refuse to ship opioids to pharmacies that submitted suspicious drug orders and whether Johnson & Johnson misled patients and doctors about the addictive nature of opioid drugs.

He negotiated on behalf of all the governmental jurisdictions in the state including counties, cities and others.

Most Butler County jurisdictions signed onto the settlement. The global settlement was divided based in part on things like number of overdoses and other demographics.

The county received the first \$232,669 installment of OneOhio funds last summer and a second payment of \$244,523 this year from the agreement with the distributors.

Officials say they should receive a total of \$3.8 million to \$5.4 million over 18 years, depending on a host of variables. Plus they have access to a share of \$38.1 million to \$54.4 million more, as part of regional group of seven counties that will decide future funding distributions.

The county has received a total of \$275,728 – allocations for the first two years – from the J&J settlement which means there is a total of \$752,920 available to spend now and \$4.8 million to \$6.4 million over several years, not including the larger sums to be shared with the other counties in the regional group, from OneOhio.

The county also settled with Meijer for a one-time \$150,000 payment.

How to spend the money?

The commissioners have not committed any of the opioid money yet, but Commissioner Don Dixon told the Journal-News given that the payout is over such a long period of time — and part of the massive litigation has been in bankruptcy court — they must be circumspect when making funding decisions. He said “first we have to come up with plan for where it has the most impact” but also consider contingencies.

“It’s very hard to make a plan if you don’t have the money in hand. You can say well check’s in the mail.

It might be, it might not,”

Dixon said. “Whatever we use it for, however we schedule it to be used for whatever services, we’re going to have to be cognizant of the fact there is no guarantee . . . We’ll move on the assumption the settlement will be coming. We have to plan accordingly so we don’t commit to something that four or five years from now we can’t do.”

The COVID-19 pandemic kind of overshadowed the opioid epidemic, but the addiction problem has not dissipated. According to statistics from the Butler County Coroner’s Office, overdose deaths hit a high of 232 at the peak of that crisis in 2017, dropped to 159 in 2019, but numbers have been creeping back up, with 170 as of the end of last November.

Scott Rasmus, executive director of the Butler County Mental Health and Addiction Recovery Services Board, said the problem is still very real. He said the local committee — that is working to make recommendations for how the regional money should be spent — are targeting three areas: prevention/education, treatment and recovery.

“Overdoses have gone up this past year, and the need is great, and opiate/stimulant and other drug epidemic as it’s evolving is dynamic,”

Rasmus said. “It’s important for us to address it in a dynamic way also,

because it's every changing and the need is great."

How about other jurisdictions?

The cities, villages and townships have also received settlement money from the OneOhio program, although to a much lesser degree than the county. Hamilton and Middletown have received the largest amounts so far in the first two installments at \$189,264 and \$163,026 respectively.

Hamilton Finance Director Dave Jones said they have been told over the course of the OneOhio agreements they can expect to receive a total of \$1.17 million to \$1.68 million.

He said they were notified of the CVS group of defendants' settlement but didn't have any other information.

He said no decisions have been made on how to the spend the money but it "has been set aside in a fund created just for the settlements."

Missy Knight, communications manager for Middletown, said they have not received any information about Meijer or J&J and are still discussing how to spend their funds, "Middletown is evaluating internally how best to use the money for maximum benefit of the community."

It appears West Chester Twp. is one of the only jurisdictions that has definitely decided specifically where to put the funds. So far the township has received \$104,000 and expects to receive \$714,475 total. Officials plan to spend it on "first responder mental health programming initiatives", according to Barb Wilson, director of public information and engagement.

West Chester Trustee Mark Welch said he believes taking care of their own people – who have had to deal with the opioid issues front and center – is a good way to spend the money.

Oxford City Manager Doug Elliott said they have received \$22,233 so far and expect to get some funds from the CVS litigation.

They have some ideas for the money.

"The city administration has not made a recommendation to city council for the use of this money," Elliott said. "One option that has been discussed is to utilize this funding to offset the cost for the recently hired social service liaison in the Police Division."

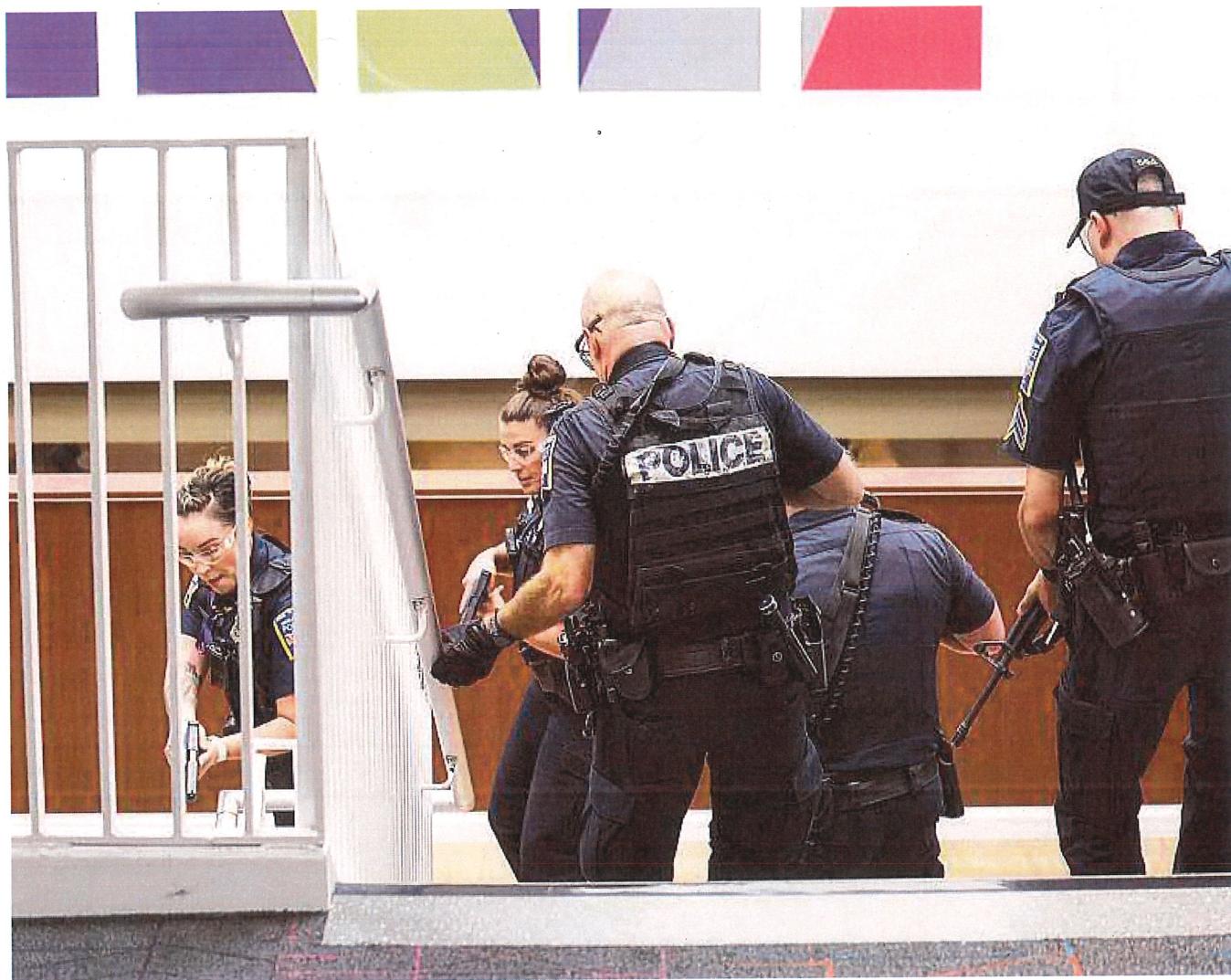
Tiny Trenton is also using their funds on first responders.

Finance Director Matthew Mesisklis said they have received \$11,649 so far and expect to only receive an additional \$85,000 to \$90,000 over the next 16 years.

"Since the individual annual payments are rather small and spread out over such a long time, we do not have specific plans or programs for the money" he said, "but are putting it toward general fire and police operations, which include safety equipment, drug and resuscitation materials, and training."

Schools in area getting more money for security upgrades

Both public and private institutions in line for state funds.



Middletown City Schools and Middletown Division of Police went through active shooter training scenarios back on Aug. 1, 2022, at Middletown High School. Simulated rounds were used to by those participating. NICK GRAHAM/STAFF/FILE

BY MICHAEL D. CLARK STAFF WRITER

CLOSER LOOK

2/6/2023

BUTLER COUNTY – The latest round of Ohio school security grants saw more Butler County schools, both public and private, receiving state funds to help make their school buildings safer from violent attacks.

In this latest, fourth round of school security grants, more than 900 schools received portions of the total \$68 million distributed since 2022 under the Ohio K-12 School Safety Grant Program, said Gov. Mike DeWine late last week.

Locally, Butler County schools will get \$3.57 million.

Hamilton Schools received the largest amount locally – \$1.2 million – for the 9,000-student during this phase of grant distribution.

The 17,500-student Lakota Schools, which is the largest in Butler County and the eighth most populous in the state, got \$950,000.

Mike Holbrook, superintendent of Hamilton's public schools, said, "The district is grateful to receive additional dollars during the last round of safety grant allocations to enhance the safety and security of our schools."

"Hamilton will be using the dollars to upgrade and add additional security cameras throughout the district and upgrade PA systems in our schools," said Holbrook.

"Safety Grant monies cannot be used to fund personnel, such as school resource officers (school police officers).

The monies must be spent on infrastructure and an equipment list is provided with the grant applications. Potential training sessions for employees on any newly purchased equipment is an acceptable allocation," Holbrook said.

Other stipulations of the state grants include the funds must be spent prior to the end of 2023.

Betsy Fuller, spokeswoman for the Lakota Local Schools, said improving

the security of school building infrastructure will be further enhanced by the \$950,000.

"The safety of our students and staff is always our first priority, and we are very grateful," Fuller said.

"As part of our regular assessments of our buildings, we work in partnership with our school resource officers to identify areas that could be enhanced or updated to provide more security in our schools. Generally speaking, we have already begun working on improving security cameras and other areas in our facilities," she said.

Badge entry security systems will be among the focus areas for Fairfield Schools' \$350,000 grant, said district spokeswoman Gina Gentry-Fletcher.

"Any funds remaining will go into updating our camera systems ... and they will be used to purchase PA (public address) systems for the seven buildings that qualified for this grant opportunity," said Gentry-Fletcher, whose districts enroll 10,000 students, which live in Fairfield City and Fairfield Twp.

Madison Schools Superintendent Jeff Staggs said the district's award of \$300,000 will also be used to improve its PA system on the school system's K-12th grade campus.

Edgewood Schools received \$50,000, while Middletown's public schools will get \$800,000.

Dan Wohler, spokesman for Middletown City Schools, said the \$800,000 "will be spent across our seven elementary schools and Highview 6th Grade Center" with \$100,000 for each building.

"The funds will be used for security infrastructure across those eight buildings, including enhancements to building access control, facility monitoring, and visitor management," Wohler said.

Two private schools in Butler County — Hamilton's St. Peter in Chains, which enrolls students in kindergarten to 8th grade — received \$100,000

and the K-8th grade Scared Heart School in Fairfield received \$16,374.

Contact this reporter at 513- 820-2179.

Residents kept out while air checked near derailed train

CONTINUING COVERAGE



A man takes photos Monday as a black plume rises over East Palestine, Ohio, as a result of a controlled detonation of a portion of the derailed Norfolk Southern trains. GENE J. PUSKAR / ASSOCIATED PRESS

ASSOCIATED PRESS

EAST PALESTINE, OHIO — It's unclear when evacuated residents might be able to return home to the area where officials released and burned toxic chemicals from the wreckage of a derailed train, Gov. Mike DeWine

said Tuesday.

Residents near the site in East Palestine, close to the Pennsylvania line, were ordered beforehand to leave because of the risk of death or serious injury from toxic fumes. Flames and black smoke billowed into the sky Monday evening when crews released and burned vinyl chloride from five derailed tanker cars that were in danger of exploding.

DeWine said on "Fox & Friends" on Tuesday morning that officials are closely monitoring the air quality outside the immediate area and that it's "so far, so good."

Ohio National Guard members wearing protective gear are expected to be sent into the area closer to the site with sensors to check the air, he said.

Residents just outside the evacuation zone in East Palestine and in neighboring Beaver County, Pennsylvania, were urged to stay indoors as a precaution.

Authorities believed most, if not all, residents in the danger zone had left. They went through the area three times trying to get people out before releasing the vinyl chloride, DeWine said.

Officials warned the controlled burn would send phosgene and hydrogen chloride into the air. Phosgene is a highly toxic gas that can cause vomiting and breathing trouble and was used as a weapon in World War I.

Doing the release during the daytime allowed the fumes to disperse more quickly and prevented the rail cars from exploding and sending shrapnel and other debris flying through the neighborhood, said Scott Deutsch, of rail operator Norfolk Southern Railway.

"We can't control where that goes," he said.

The process involves using a small charge to blow a hole in the cars, allowing the material to go into a trench and burning it off before it's released in the air, he said. The crews handling the controlled release had done this safely before, Deutsch said.

About three hours into the procedure, Norfolk Southern issued a statement saying that experts and first responders had breached the rail cars, chemicals were burning off and the cars were expected to drain for several more hours.

The site is close to the state line, and the evacuation area extends into a sparsely populated area of Pennsylvania.

About half of the 4,800 residents of East Palestine had been warned to leave over the weekend before officials decided Monday to use the controlled release.

Pennsylvania Gov. Josh Shapiro said that the evacuation zone included about 20 Pennsylvania residences, and that he was told residents within a mile of the controlled burn had left.

About 50 cars, including 10 carrying hazardous materials, derailed in a fiery crash Friday night while traveling from Madison, Illinois, to Conway, Pennsylvania, according to Norfolk Southern and the National Transportation Safety Board. No injuries to crew members, residents or first responders were reported.

Federal investigators say a mechanical issue with a rail car axle caused the derailment.

Five derailed cars were transporting vinyl chloride, which is used to make the polyvinyl chloride hard plastic resin in plastic products and is associated with increased risk of liver and other cancers, according to the federal government's National Cancer Institute.

Forced evacuations began Sunday night after authorities became alarmed the rail cars could explode after a "drastic temperature change" was observed in one car.

Task force seeks to stop gun violence

Double homicide on Saturday spurs 'Not in Middletown' initiative created by city leaders.

BY RICK MCCRABB AND LAUREN PACK - STAFF WRITERS

ONLY IN THE JOURNAL-NEWS

Hours after a double homicide happened in Middletown — its first in three years — city leaders began searching for ways to reduce gun violence.

Two 25-year-old Middletown men, Daniel Fitzgerald and Marvin Davis, were gunned down early Saturday in their 15th Avenue home, according to police.

Middletown Police Chief David Birk said his department is continuing to investigate the double homicide, though no suspects have been identified.

There was no evidence of forced entry into the residence nor any indication the men fired in self-defense, Birk said.

Fitzgerald died of a gunshot wound at the scene, according to the Butler County Coroner's Office. Davis died of multiple gunshot wounds at Atrium Medical Center in Warren County, according to the Warren County Coroner's Office.

Led by City Manager Paul Lolli, an initiative called "Not In Middletown" has been formed with the goal of aiming teens away from gun violence and helping them build relationships inside and outside the home, he said.

City and church leaders met Sunday afternoon and about 20 people representing diverse groups gathered Wednesday morning at the Middletown Division of Police department.

"We are essentially, for a lack of better words, tired of this stuff,"

Lolli told the Journal-News after the meeting.

"We want to rid the city of that bad element. We want to tackle this and get a better Middletown message out there. This type of thing overshadows a lot of the good that's been done."

He added: "We are going to move forward."

Middletown City Council member Rodney Muterspaw, formerly the police chief, said he understands the media has to do its job when reporting negative stories, but the city needs to change the message.

"There is always bad news coming out," he said after Tuesday's City Council meeting.

"Let's do something positive with it and try to reach younger people."

Lolli said the deaths of the two men "struck a nerve" because he was raised on 15th Avenue, just a few blocks from the shooting.

He said those who participate in the initiative will create a vision and set goals.

The task force plans to meet once a week until a plan is installed.

"We've got a lot of work," Lolli said. "It's not going to be easy."

Birk said to change the mentality of at-risk youth, they need to be mentored so they "pick a different path than violence." These types of homicides can rip a community apart and take a toll on a police department, Birk said. While officers are trained to handle emergency situations, Birk said, "you're not meant to see this on a regular basis."

"We are not immune," he said. "It affects us all in different ways."

Middletown Mayor Nicole Condrey attended Wednesday's meeting. When she heard about the double homicide, though she didn't know the victims, it was "like it happened to my family," she said.

She doesn't want their deaths to be in vain. Instead, she hopes the homicides can be "catalysts for change."

That needs to happen."

This was the city's first double homicide since 2020 when Dashaua Brown, 29, and Aaron Paige, 31, both of Cleveland, were found dead in a car on Euclid Street on April 2 after a neighbor called about a suspicious car, Birk said.

No arrests were made.

Anyone with information about Saturday's shooting is urged call Middletown detective Ken Mynhier at 513-425- 7720 or 513-425-7700.

Contact this reporter at 513-483-5216 or email Rick.McCrabb@coxinc.com.

NAACP leader: ‘Time to go to work’ after city sees first double homicide in 3 years

Two groups seeking ways to try and reduce violence in Middletown.

BY RICK MCCRABB - STAFF WRITER

ONLY IN THE JOURNAL-NEWS

MIDDLETOWN — At least two grassroots groups are looking at ways of reducing gun violence in the city after two 25-year-old Middletown men were killed this month in the city’s first double homicide in three years.

Daniel Fitzgerald and Marvin Davis were gunned down on the morning of Feb. 4 in their 15th Avenue home, according to police. No arrests have been made.

Spurred by City Manager Paul Lolli, an initiative called “Not In Middletown,” has been formed with the goal of aiming teens away from gun violence and building relationships inside and outside the home, he said. City and church leaders met last week and will meet every Wednesday morning in the Middletown Division of Police department until solutions are formulated, according to Lolli.

Then on Monday night, a group of about 25 people, led by Celeste Didlick-Davis, president of the Middletown NAACP, gathered at Faith Fellowship Church to plan ways to connect young men with better problem-solving skills, educational opportunities, available jobs, finance management and with older mentors.

Marc Dixon, first vice president of the local NAACP, called the meeting

"the first step toward changing our community. It's time to go to work."

The group plans to have another meeting in two weeks at the same church.

After much discussion and brain-storming, Jeff Wilder, 48, pastor at First Christian Church, warned the group: "None of this will change overnight,"

Davis said there are numerous educational programs available in the Middletown City School District, but they need to be extended beyond high school. She'd like opportunities available for those 18 to 30. She said there is "a gap in services."

Several of those who spoke during the meeting addressed the need to teach young men financial responsibility.

Dixon said at-risk men need to "find a solution" for revenue rather than the streets. If they obtain "long-term" financial stability, they won't have to be worried about their safety, he said.

Dixon, a father of three children, two sons and one daughter, said the city needs to take the necessary steps to "not let these kids get lost."

Contact this reporter at 513-483-5216 or email
Rick.McCrabb@coxinc.com.

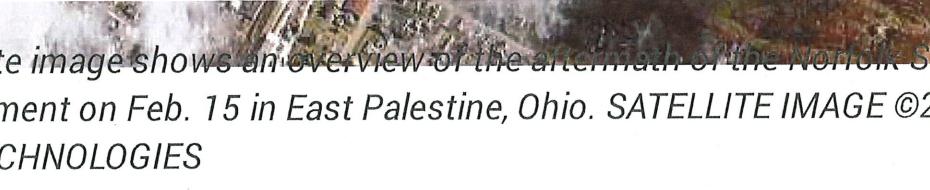
EPA head gets first-hand look at Ohio train spill site

Residents, politicians demand answers concerning potential long-term environmental damage.



Containment booms are placed in a stream that flows through the center of East Palestine, Ohio, on Wednesday as the cleanup continues after a train derailment.
GENE J. PUSKAR / AP





This satellite image shows an overview of the aftermath of the Norfolk Southern train derailment on Feb. 15 in East Palestine, Ohio. SATELLITE IMAGE ©2023 MAXAR TECHNOLOGIES

STAFF AND WIRE REPORTS

TOP NATIONAL STORY

EAST PALESTINE, OHIO – The head of the U.S. Environmental Protection Agency got a first-hand look Thursday at a creek contaminated by a freight train derailment that spilled toxic chemicals and burned in a huge plume over homes and businesses in East Palestine, Ohio.

The visit by EPA Administrator Michael Regan, who stood along a waterway still reeking of chemicals nearly two weeks after the derailment, came a day after residents packed a meeting and demanded to know if they're safe.

Meanwhile, state and national lawmakers were asking for aid in the form of medical experts and monitoring of the land, air and water in the area.

Regan said he was confident that technology being used to clean up the mess would protect public health. But residents are frustrated by what they say is incomplete and vague information about the lasting effects from the disaster.

State officials insisted yet again that testing shows the air is safe to breathe around East Palestine, where just under 5,000 people live near the Pennsylvania state line. They promised that air and water monitoring would continue.

Gov. Mike DeWine sent a letter to the Centers for Disease Control and Prevention on Thursday asking the agency to send medical experts to East Palestine immediately.

Among the health experts the governor sought were physicians and

behavioral health specialists.

That came a day after U.S. senators from Ohio and Pennsylvania sent joint letters Wednesday to U.S. EPA Administrator Michael Regan and National Transportation Safety Board chair Jennifer L. Homendy expressing concerns about the train derailment and release of hazardous materials.

Sens. Sherrod Brown and J.D. Vance of Ohio and Bob Casey and John Fetterman of Pennsylvania asked the EPA to have Norfolk Southern pay for the damage and cleanup efforts. They also asked the EPA continue to monitor the land, air and water in the area to watch for longterm effects of the exposure, and asked for a detailed breakdown of the EPA's authority to hold Norfolk Southern accountable, how much data the EPA has access to, whether the EPA has enough resources and what the agency's plans are to monitor the area and health of the residents and first responders.

As all that communication was happening, residents remained upset. Many who had waited in a long line Wednesday snaking outside the gym where a meeting was held came away frustrated that they didn't hear anything new.

Some booed or laughed each time they heard the village mayor or state health director assure them that lingering odors from the the huge plumes of smoke aren't dangerous and the water is fine to drink.

In the nearly two weeks since the derailment forced evacuations, residents have complained about suffering from headaches and irritated eyes and finding their cars and lawns covered in soot.

The hazardous chemicals that spilled from the train killed thousands of fish, and residents have talked about finding dying or sick pets and wildlife.

Those attending Wednesday's informational session, originally billed as a town hall meeting, had many questions over health hazards, and demanded more transparency from Norfolk Southern.

"They just danced around the questions a lot," said Danielle Deal, who lives a few miles from the derailment site. "Norfolk needed to be here."

In a statement, Norfolk Southern said it didn't attend alongside local, state and federal officials because of a "growing physical threat to our employees and members of the community around this event."

Deal called that a "copout."

She and her two children left home to stay with her mother, 13 miles away "and we could still see the mushroom cloud, plain as day," she said.

Even with school back in session and trains rolling again, the people remain worried.

"Why are they being hushhush?"

Dyke said of the railroad.

"They're not out here supporting, they're not out here answering questions.

For three days we didn't even know what was on the train."

The hundreds of families who evacuated said they want assistance figuring out how to get the financial help the railroad has offered. Beyond that, they want to know whether the railroad will be held responsible.

Ohio Attorney General Dave Yost advised Norfolk Southern on Wednesday that his office is considering legal action.

"The pollution, which continues to contaminate the area around East Palestine, created a nuisance, damage to natural resources and caused environmental harm," Yost said in a letter to the company.

Norfolk Southern announced Tuesday that it is creating a \$1 million fund to help the community of some 4,700 people while continuing remediation work, including removing spilled contaminants from the ground and streams and monitoring air quality. It also will expand how

many residents can be reimbursed for their evacuation costs, covering the entire village and surrounding area.

"We will be judged by our actions," Norfolk Southern President and CEO Alan Shaw said in a statement that also said the company is "cleaning up the site in an environmentally responsible way."

At least five lawsuits have been filed against the railroad and attorneys from several firms met with dozens of residents this week at an information session to offer advice.

Ohio Gov. Mike DeWine on Thursday asked the White House for on-the-ground help from a federal health and emergency response team and the Centers for Disease Control and Prevention.

No one was injured when about 50 cars derailed in a fiery, mangled mess on the outskirts of East Palestine on Feb. 3. As fears grew about a potential explosion, officials seeking to avoid an uncontrolled blast had the area evacuated and opted to release and burn toxic vinyl chloride from five rail cars, sending flames and black smoke billowing into the sky again.

The state's Environmental Protection Agency said the latest tests show five wells supplying the village's drinking water are free from contaminants, but recommended testing private water wells that are closer to the surface.

The Ohio Department of Natural Resources estimates spilled contaminants affected more than 7 miles of streams and killed some 3,500 fish, mostly small ones such as minnows and darters. Precautions are being taken to ensure contaminants that reached the Ohio River don't make it into drinking water, officials said.

There have been anecdotal reports that pets or livestock have been sickened. No related animal deaths have been confirmed, state officials said, but that confirmation would require necropsies and lab work.

The suspected cause of the derailment is a mechanical issue with a rail car axle.

The National Transportation Safety Board said it has video appearing to show a wheel bearing overheating just beforehand. The NTSB expects to issue its preliminary report in about two weeks.

State and federal officials have repeatedly claimed that air monitoring hasn't detected any remaining concerns.

Even low levels of contaminants that aren't considered hazardous can create lingering odors or symptoms such as headaches, Ohio's health director said Tuesday.

Information from the Associated Press was used in this report

Butler County uniquely ready to handle toxic emergencies

10 local first responders went to East Palestine following derailment.



Smoke rises over East Palestine, Ohio, on Feb. 6 as a result of a controlled detonation of a portion of the derailed Norfolk Southern rail cars. A train carrying hazardous materials derailed Feb. 3.

GENE J. PUSKAR / AP

BY DENISE G. CALLAHAN - STAFF WRITER

TOP NATIONAL STORY

Butler County has train tracks crisscrossing nearly every community, and emergency officials here say a toxic disaster like the East Palestine, Ohio, derailment could "easily happen here," but they say they are uniquely prepared for it.

On Feb. 3 a Norfolk Southern train carrying hazardous materials, including vinyl chloride, derailed in East Palestine, in eastern Ohio near the border with Pennsylvania. A controlled release of vinyl chloride took place last week due to concerns about a potential explosion, and then the cars were set on fire.

West Chester Twp. trustees asked Fire Chief Rick Prinz this week what the impact would be if it happened here. "We are prepared," he said.

"It's important to realize the three rail systems we have here in West Chester, that could easily happen here, that same chemical, vinyl chloride, comes through our rail system all the time, along with a vast array of other hazardous materials," Prinz said, but he said the township is home to one of the county's Type 1 Hazmat vehicles. "It's a Type 1, meaning it has the capability, the resources, the technology and most importantly the trained personnel. That truck can go anywhere in the state because it's a Type 1 resource.

We're very, very proud of that asset that we have right here."

He said, "We couldn't do it alone, obviously," and it would take a whole team to battle a disaster like the one in East Palestine.

Although incidents of this magnitude are pretty rare, Middletown Fire Chief Tom Snively said they train like they can happen at any moment.

"We feel like we are prepared well," Snively said.

"You can imagine it takes a lot of people to orchestrate something like that and having those management teams to manage all the regional teams, because you've got people coming from all over," Snively said. "Those are incidents that are few and far between, so you have to practice, so all those teams can work together efficiently and speak the same language. Everybody kind of checks their egos at the door, and it's

all about tackling a problem together."

The Incident Management Team from the Butler County Emergency Management Agency responded last week, sending 10 first responders — after receiving an urgent call through the Fire Chief's Association Response Plan — to organize resources that were flooding in from all over.

EMA Director Matt Haverkos said there are a number of fire departments and officials throughout the county that have the certification to classify as a "top tier" hazardous materials team.

"We have a Type 1 hazardous materials team, so there's only a few of those throughout the state of Ohio," Haverkos told the Journal-News. "That basically is a federal metric of having the equipment and the expertise to respond to these large-scale disasters."

Ours is made up of primarily West Chester, Hamilton and Middletown's fire representatives, and it expands a little bit wider than that; over the years we've added on other departments that have personnel and resources that can build out that team."

West Chester Assistant Fire Chief Randy Hanifen was a member of the team — he was selected to be the deputy operations section chief — that responded to the East Palestine derailment. While people as far away as Butler County have worried about exposure to airborne toxins and water contamination, he is unconcerned about his firsthand experience.

"To say there wasn't measures in place, monitoring equipment, all that was done, and they were right there with you not picking up any toxins in the air," Hanifen said. "Granted, we weren't there when they lit that off, but we did note that the EPA was doing all the air monitoring around it and in adjacent areas. Every precaution was being taken that could have been taken."

The Butler County EMA and local rescuers such as Hanifen deploy to many national disasters, such as hurricanes and tornadoes, which helps with preparedness should something happen here.

When asked about the scene in East Palestine, he said he has seen entire towns leveled, so he is a little desensitized.

"It's invaluable that we get to travel to go see these things, manage them, and then when they happen here, well, 10 years of traveling around with FEMA teams, it becomes the norm to you,"

Hanifen said. "I think that does a lot for our responders here in the area, that you can get them all that exposure, so when it happens here, it isn't truly a disaster they've never seen, it's just something they're used to handling."

Butler County Water & Sewer Director Martha Shelby said the county gets its water from both Greater Cincinnati Water Works and the city of Hamilton. She said, "Both entities have groundwater sources which are not impacted by the East Palestine train incident," but GCWW also draws water from the Ohio River.

The contamination is expected to reach the portion of the Ohio River from which Cincinnati draws its drinking water late tonight or early Sunday, GCWW said.

Officials said they were closing the intake valves "out of an abundance of caution."

"GCWW has the ability to implement several levels of protection to water quality, and we are very satisfied with the precautionary measures they have put in place to ensure there will be no impact," Shelby said.

"GCWW has been proactive throughout this situation to ensure delivery of safe drinking water."

Contact this reporter at 513- 755-5074 or email Denise.Callahan@coxinc.com.

No detectable chemicals found in Ohio River intake

BY FELICIA JORDAN, MOLLY SCHRAMM AND ANNA AZALLION - WCPO

There are no detectable chemicals in the Ohio River intakes as anticipated contaminated water from the East Palestine train derailment reached the area, according to officials with Greater Cincinnati Water Works.

The intakes were closed at 2 a.m. Sunday morning "out of an abundance of caution," GCWW said.

In river samples collected upstream Sunday, a compound called 2-Ethyl-1-hexanol was found. The compound is commonly used in industrial applications for flavoring and fragrances, but GCWW's analyses has not found any "detectable concentration of this compound."

"For the level of chemicals that we've measured, really since the beginning of it being found in the Ohio River, these have been very low levels and so this is really nothing to be concerned about,"

Richard Harrison, the Executive Director of the Ohio River Valley Water Sanitation Commission said.

Following GCWW's lead, Northern Kentucky Water District also shut off its Ohio River intakes ahead of the possibly contaminated water.

While no chemicals have been detected, neither GCWW or NKWD are indicating exactly when the intakes will be reopened. Previously, GCWW said the intakes will remain closed until GCWW performs multiple tests along the Ohio River and it determines there are no chemicals present near Cincinnati or further upstream.

"We want to make absolutely sure the chemical is not there, that we're not bringing in any of it," said Jeff Swertfeger, superintendent of Water Quality Treatment at GCWW.

He said the reserves allow for water intake to be stopped for a few days.

"That's usually good enough that we can shut down, let the spill go by us and then open up when the water's better," he said.

In the meantime, Cincinnatians have nothing to worry about in regards to their drinking water, he said.

"Absolutely, your drinking water is safe," said Swertfeger.

"There's absolutely no danger to the drinking water."

GCWW also added an extra water treatment process, using powdered activated carbon.

"It's a coal that's been crushed up and then it's heated up to about 1,800 degrees and what that does is it makes the surface of the carbon very sticky to these types of chemicals," Swertfeger said.

This causes the chemical to stick to the carbon, removing it from the water during this treatment process.

Officials said they won't stop taking samples or other precautions once this specific chemical passes.

"We'll continue to monitor this until it's just absolutely not detectable in the river and then we'll go back to our normal preparations," Harrison said.

During an update on Friday, shortly after GCWW announced their intention to close the intakes, Governor Mike DeWine said the chemical plume in the Ohio River has completely dissipated, citing latest samples. Swertfeger said GCWW's data has been consistent with data presented by DeWine.

On Friday, GCWW and the Ohio EPA said it still hadn't yet detected chemicals in the Ohio River, so the intakes remained open.

Swertfeger said when the intakes are closed, they can remain closed, drawing on reserve water, for several days without issue.

He added that it's not unusual for GCWW to choose to close intakes at least once a year out of precaution, though it's never been triggered by a spill as large or prominent as the one in East Palestine.

The contaminated waters containing the chemicals from the Feb. 3 derailment were moving at a rate of roughly one mile per hour, Ohio EPA Chief Tiffani Kavalec said Tuesday.

"Our city administration is prepared for these types of events," said City Manager Sheryl Long, in a press release. "I understand the concern, and I'm confident that temporarily shutting off the Ohio River intake is the best move. There's zero risk that our water reserves contain contaminants from the train derailment site, and tapping these reserves will give us all peace of mind. I want to thank GCWW, who are truly the best of the best, and state that I have full faith in their decision-making and their ability to keep us safe."

The current water reserves hold water collected before the contamination from the East Palestine train derailment reached the Ohio River and are safe to drink, GCWW said. The agency said it will continue to monitor the Ohio River to determine when it's safe to reopen the intakes once more.

Even if no chemicals are detected, GCWW said it plans to use "additional optimized treatment" once the intakes reopen.

GCWW has, as of Sunday morning, tested more than 150 samples at the Ohio River intake that draws in Cincinnati's drinking water and no detectable levels of the chemicals from the Norfolk Southern train have been found, according to a press release from the agency.

"We do this kind of testing every day, several times a day," said Jeff

Swertfeger, superintendent of water quality and treatment at GCWW.

On Feb. 10, the U.S. EPA issued a letter to Norfolk Southern, the company that owns the derailed train, notifying it that the agency believed the company could be found liable for damages and cleanup associated with the incident. In that letter, the EPA said 150 cars on the train derailed — 20 of which were carrying hazardous materials.

The materials “are known to have been and continue to be released into the air, surface soils and surface waters,” the EPA wrote on Jan. 10.

Those materials are:

- Vinyl chloride
- Butyl acrylate
- Ethylhexyl acrylate
- Ethylene glycol monobutyl ether
- Isobutylene

“Materials released during the incident were observed and detected in samples from Sulphur Run, Leslie Run, Bull Creek, North Fork Little Beaver Creek, Little Beaver Creek and the Ohio River,” wrote the EPA in the letter to Norfolk Southern.

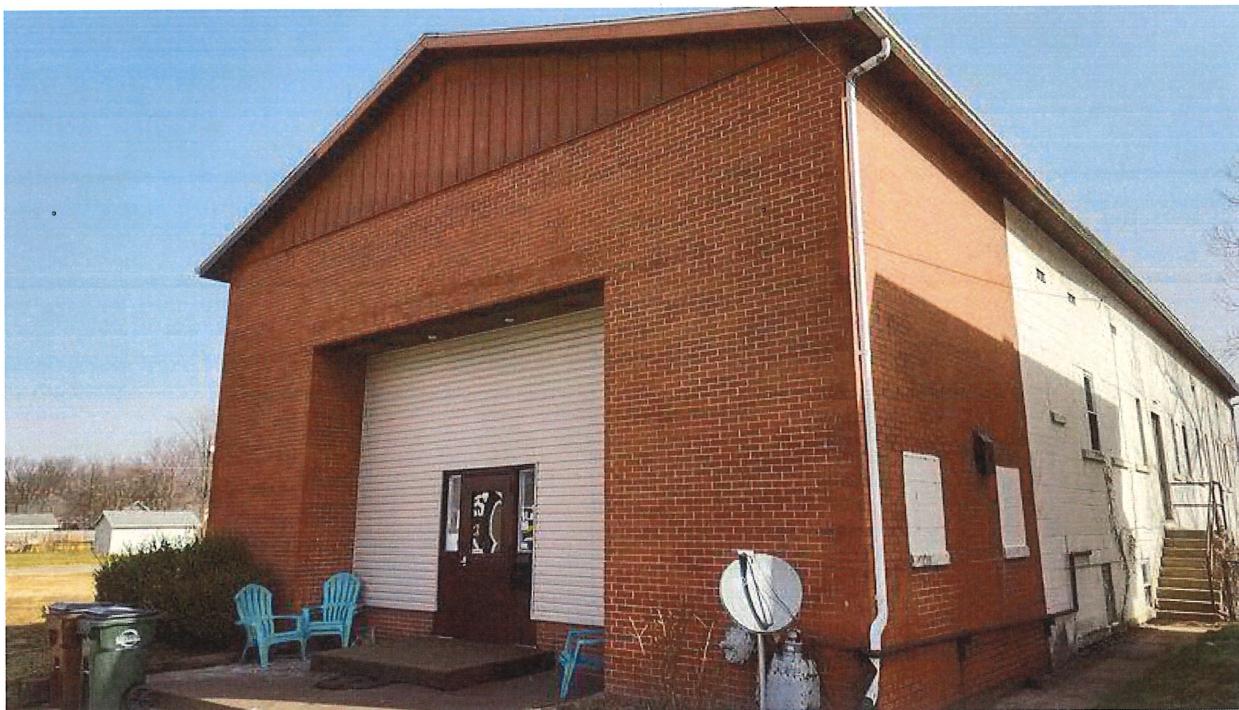
On Feb. 13, the EPA said it was monitoring and screening air quality in communities in and around East Palestine.

Re-entry air screenings showed that there were no detections of vinyl chloride or hydrogen chloride in the 291 homes screened as of the update, including local schools and libraries.

State officials had no idea the train that derailed carried hazardous chemicals before it crashed, DeWine said during a press conference Tuesday afternoon. He said under current law, Norfolk Southern wasn’t required to notify states when trains are transporting hazardous chemicals if the cars carrying such substances don’t make up enough cars in the train.

"This is absurd and we need to look at this and Congress needs to take a look at how these things are handled," said DeWine.

New group home in Middletown caters to those in foster system who are transitioning out



NEWS

By Avery Kreemer

Feb 24, 2023

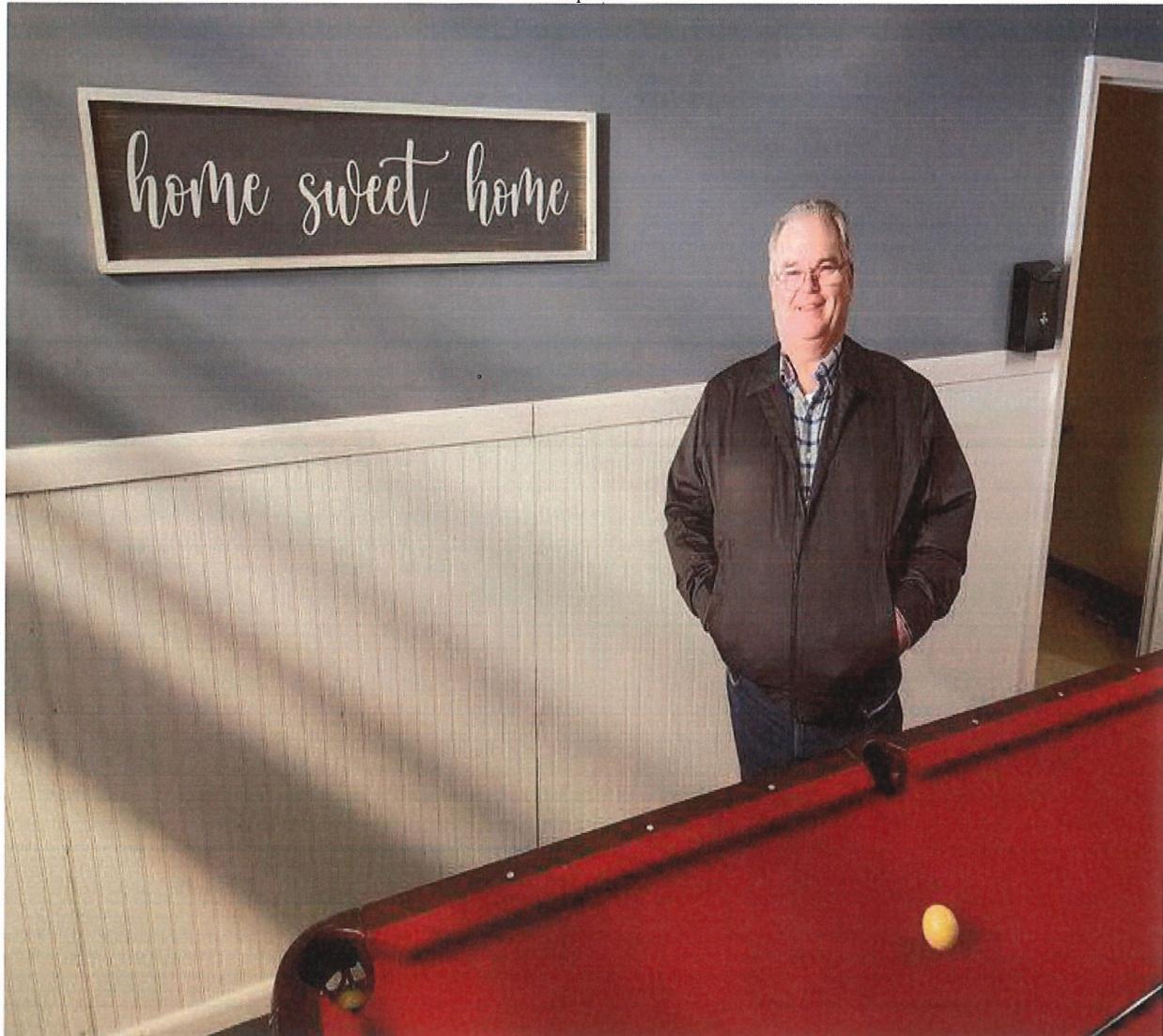
A new group home in Middletown opened by One Way Farm is designed to help up to 10 foster kids at a time ease into living on their own as they age out of the child protective services system.

The transitional living space will be a supplement to One Way Farm's campus in Fairfield, a longstanding children's home that can house 20 kids at a time from ages 6 to 18 — one of four private, noncustodial agencies in the county.

Rev. John Rice, the president of One Way Farm since 2019, said the new living space on Crawford Street will provide 18 to 21-year-olds with a much-needed living option as they enter college or begin their full-time working careers and can no longer reside in children's homes.

"Once the county cuts off their funding to be at the children's home, a lot of these kids have no place to go at all," said Rice. "When you're 18 and you don't have any parents and you don't have any credit, it's almost impossible to get out into a decent apartment. This is just a stopgap so they can land on their own."

Caption



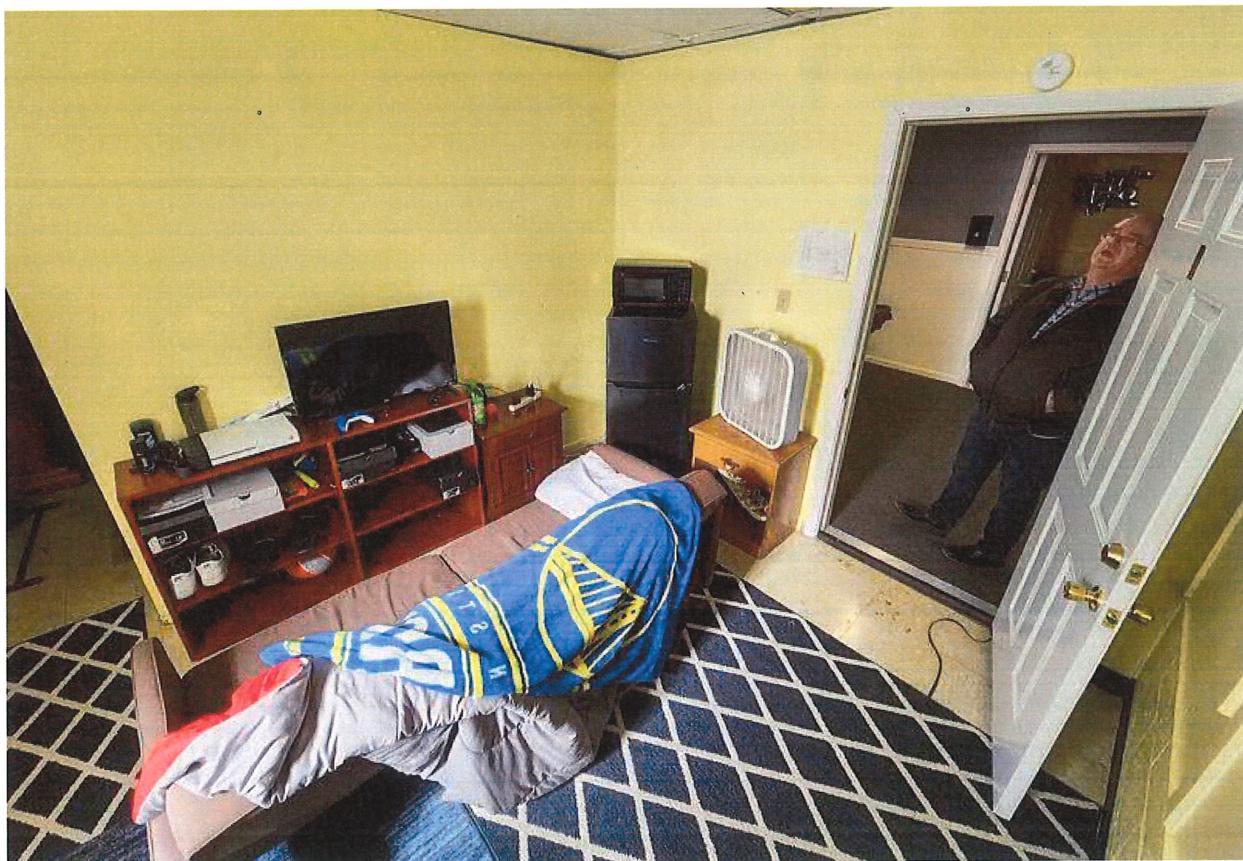
Essentially, the Middletown facility will resemble what it's like to live autonomously in an apartment — albeit with care staff available 24/7. While the Fairfield campus has two to three kids per room, Rice said each young adult at the Middletown campus will have their own two-room suite with a bedroom, living room and kitchenette, along with a shared laundry room.

"Our program is kind of a pilot. It's a new thing for the state of Ohio," Rice said. "There's bits and pieces of what we're doing across the state, but [there's] nothing as distinct as going all the way from [ages] six to the age of 21 for these kids to be able to have a safe environment to grow up in."

Rice recalled a time when he was instructed to call a cab to take a newly emancipated young adult from the Fairfield children's home straight to the homeless shelter. He said

he's seen the mental toll a lack of options has on the kids in his program as they near emancipation.

"Just to give you an idea of how this weighs on our kids, we had a young man that had done very well at our Fairfield facility and all of a sudden there's this serious regression that I can't understand," Rice said. "So, I took the young man out to lunch one day and I said, 'You gotta talk to me.'"



"He said: 'In six months, I'm 18 years old — I have no family, I have no place to go,'" Rice recounted. "It hit me then how desperate this Middletown campus was."

While the state licensed the facility for 10 kids, the fire marshal recommended an addition of egress windows on the lower level, so the facility has only been about half-occupied. Rice said those windows will be going in shortly and the building will be fully occupied immediately thereafter.

Rice said the facility works within the context of Bridges, a program offered by Ohio Job and Family services that can cover the costs of rent and utilities for young adults who left foster care after turning 18, so long as they're working, in school, or in an employment program.

The addition of the facility is a step toward Rice's plan of creating a flexible network of facilities specifically designed to help foster kids through different phases of their life — as children, late teens and early adults.

Rice's vision of that network exists outside of the programs already in place for foster kids, too.

This past fall, One Way Farm purchased the home next door to the Middletown facility with the intent of turning it into an affordable rental unit for up to six ex-foster kids age 21 or older — once they age out of the Bridges program.

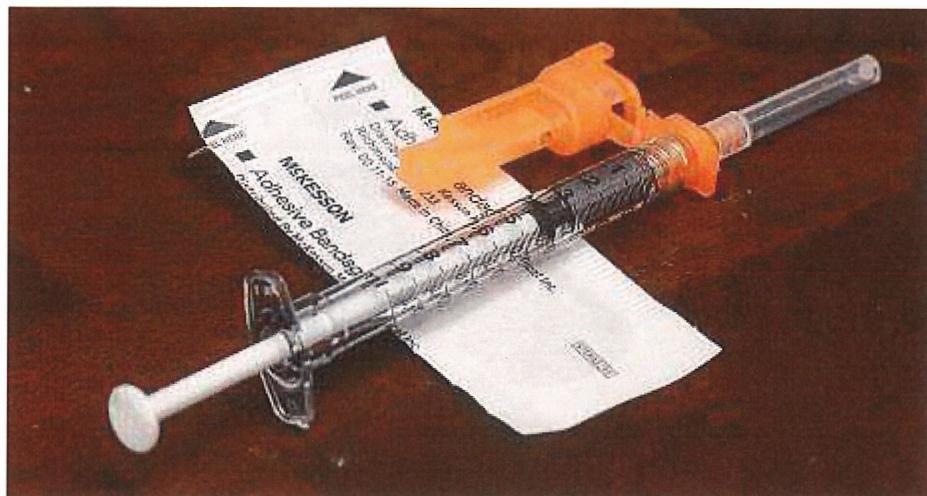
"They will be able to have their own spaces until they are able to launch completely on their own," Rice wrote in a blog post announcing the purchase. "This will allow kids who are interested in bettering themselves to have a soft landing as well as allowing them time and space to finish any extra levels of education."

Rice said he'll continue to look for ways to accommodate more kids as they transition out of the foster system and into the workforce, even after One Way Farm's second and third facilities are fully operational.

"The future's kind of endless on where we can grow from here," Rice said.

Vaccines still recommended as best defense against COVID

Natural immunity showed approximate 10-month protection, according to medical analysis.



A new study shows natural immunity to COVID-19 provides similar protection to the virus as vaccinations, but doctors continue to recommend vaccinations to avoid severe outcomes from the virus.

MARSHALL GORBY / STAFF



Dr. Roberto Colon, chief medical officer, Miami Valley

BY SAMANTHA WILDOW - STAFF WRITER

CORONAVIRUS: THE LATEST

While a recent study said natural immunity to COVID-19 gained through a past infection can provide similar protection to the virus as vaccinations, doctors continue to recommend getting vaccinated and boosted against the virus to reduce the risk of serious outcomes.

The study in the Lancet found, through an examination of approximately 65 other medical studies from 19 countries, immunity to COVID-19 gained through a past infection is similar to that from vaccinations, providing approximately a 10-month period of protection against severe illness or death.

If you're trying to gain that initial immunity, though, doctors say getting it through vaccinations is preferable to just catching the virus.

"We still want and prefer the vaccination over the infection," said Dr. Roberto Colon, chief medical officer at Miami Valley Hospital. "You don't have to have any other risks."

Natural immunity gained from the original virus and earlier variants appeared stronger than the natural immunity gained from the omicron variant. Immunity from the original early strains of the virus showed around 78% immunity from reinfection around the 40-week mark. This was compared to 36% immunity gained from previous omicron infections at that same time period, the study showed.

The protection from severe illness or death was similar for all strains of the virus, including the omicron variant. The protection against serious outcomes was between 80-90% at 40 weeks.

Gaining immunity naturally through exposure to the virus may not be worth the risk, though.

"People who get COVID are still dying from COVID in some cases," Colon said.

Individuals, including young people, who catch COVID are additionally facing some cardiac complications following the infection.

Cardiac complications Cardiac complications, like myocarditis, an inflammation of the heart muscle, have been associated with COVID-19 and the COVID vaccinations.

Both the Center for Disease Control and the American Heart Association say the risk of developing myocarditis is substantially higher through getting the virus than it is in the weeks following a vaccination.

In a study published in the American Heart Association's medical journal *Circulation*, researchers analyzed records from England's National Immunization database for nearly 43 million people 13 or older who had received at least one dose of a COVID-19 vaccine between Dec. 1, 2020 and Dec. 15, 2021. More than 21 million had received three doses of the vaccine – the initial two-shot regimen plus a booster. Nearly 6 million tested positive for COVID-19 either before or after receiving a vaccine. During the oneyear study period, 2,861 people – or 0.007% – were hospitalized or died with myocarditis.

The analysis showed people infected with COVID-19 before receiving a vaccine were 11 times more at risk for developing myocarditis within 28 days of testing positive for the virus. But that risk was cut in half if a person was infected after receiving at least one dose of a COVID-19 vaccine. Myocarditis and pericarditis, inflammation of the outer lining of the heart, have rarely been reported following vaccination, according to the CDC.

Informing future policies Studies on natural immunity gained from COVID infections could go on to inform future policies regarding vaccination recommendations, Colon said. Doctors could use this information to make patient decisions on when they should get vaccinated, possibly deciding to space out when they get the vaccine in order to prolong that duration of immunity if patients already had natural immunity.

"I think we're going to be figuring out how this data fits into our policy making in the future," Colon said.

He said the goal is always to protect as many people as possible and be the least restrictive as necessary.

"I think this is going to help us be much more targeted," Colon said.

For some individuals who are at less of a risk of developing a severe outcome or dying from the virus, natural immunity may be sufficient for longer periods of time between vaccination shots. Others who are in higher risk professions, like within the medical field, may need more routine vaccinations.

Determining the best response to the virus, though, means adapting to new information as it becomes available. Colon said this is still a new virus that doctors have only been dealing with for a few years, compared to the decades of experience it sometimes takes for doctors to understand a disease.

"I think what we're learning from it is how to continue to evolve our thinking," Colon said.

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