

DATE: April 6, 2023
TO: Board of Health Members
FROM: Jacquelyn Phillips Carter, MPH, BSN, RN - Secretary
SUBJECT: **Agenda for April 11, 2023**

City of Middletown Board of Health & Environment will meet in regular session **April 11, 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 –March 2023

RECEIVE AND FILE FINANCIAL REPORT – March 2023

EDUCATION PRESENTATION

Breast Cancer

OLD BUSINESS

1. PHAB
2. Tobacco21 (T21)

NEW BUSINESS

1. Election of President Pro Tem
2. Travel Authorizations
3. Approval of Grant Writer and Administrator Agreement
4. Name, Address, Phone, Health History (NAPH) Form Update
5. 2023 1st Quarter Report

REPORTS

Health Commissioner
Medical Director
Director of Nursing
Environmental Health Director

ADJOURNMENT

The Next Board of Health Meeting is scheduled for May 9, 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
March 14, 2023

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

Members Present

Dr. Ken Patrick, DVM, President Pro Tem
Jeff Bonnell
Sally Kash, MS, RN
Ruth Lolli
Joseph Richmond
Amy Sibcy
Dr. Scott Zollett, MD

Health Department Staff Present

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

Absent

Mayor, Nicole Condrey, BS, President

ROLL CALL

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

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

CITIZEN COMMENTS

None.

APPROVAL OF MINUTES- February 2023

Motion: Mr. Richmond moved, seconded by Ms. Lolli to approve the February 2023 Board of Health meeting minutes.

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

RECEIVE AND FILE FINANCIAL REPORT-February 2023

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

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

Dr. Patrick arrived at 7:36 AM

Education Presentation- Colorectal Cancer-Dr. Jennewine

Dr. Jennewine explained to the board that colorectal cancer is defined as cancer of the large intestine or rectum caused by mutations of the epithelial cells lining the colon. Most colorectal cancer is not genetically linked, however; two or more first degree relatives with a history of colon cancer more than doubles the risk. Colorectal cancer is the second most common cancer in females and the third most common in men. There were an estimated 152,000 new cases in 2022, resulting in 52,000 deaths.

The risk of colorectal cancer increases with age. It is more common in developed countries and among African Americans. Lifestyles composed of a high fat diet with red and processed meat, obesity, smoking and lack of physical activity also increase the risk of developing colorectal cancer. Lifetime risk is 1 in 23 for men and 1 in 26 for women. Genetics and

Inflammatory Bowel Disease (IBD) are also contributing risk factors. The risk in individuals 50 and over has been decreasing 1-2% per year since the 2000's, while the risk in those under 50 has been increasing 1-2% per year since the 1990's. As the rates of colorectal cancer in those 50 years or younger have steadily increased, so have the mortality rates. It is the leading cause of cancer death in men ages 20-49. The American Cancer Society (ACS) recommends screening to begin at age 45 for average risk patients and for physicians to be more individualized with decisions on screening. Symptoms of colorectal cancer include: change in bowel habits, blood in stool, loss of appetite/nausea and weight loss. Half of all patients are completely asymptomatic at time of diagnosis. Colorectal cancer can be diagnosed by biopsy or by screening tests such as the Fecal Immunochemical Test (FIT), Cologuard or a colonoscopy. Treatments for colorectal cancer include prevention such as lifestyle modifications and screening tests, removal of polyps and precancerous lesions, surgery for tumors and chemotherapy and radiation for more advanced disease stages. The survival rate for local disease is 90-95%, it drops to 70-75% for regional disease and 10-20% for distant disease.

Discussion

Ms. Kash asked if there was a certain age at which colonoscopies are discontinued.

Dr. Jennewine stated that the risk of perforating the bowel during colonoscopy increases after age 75, thus making colonoscopies an individualized decision between patients and their providers.

Dr. Zollett commented that colorectal cancer typically progresses rather slowly.

Dr. Jennewine added that colonoscopies are recommended at age 45 and then every ten years after. FIT tests are recommended at age 45 and are generally performed annually.

OLD BUSINESS

PHAB

Ms. Phillips Carter informed the board that the Community Health Assessment (CHA) survey is now available in multiple languages and encourages board members to share the survey with anyone and everyone they know that lives or works in Butler County.

Trap, Neuter & Release (TNR)

In a follow-up to last month's open topic discussion, Ms. Phillips Carter informed the board that Ms. Corbin had provided TNR information as well as coyote and wildlife information in the board packet. Ms. Phillips Carter stated that there are no direct public health issues related to coyotes. Also included in the packet was a city ordinance stating, "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."

NEW BUSINESS

Travel Authorizations

Ms. Phillips Carter informed the board that Ms. Chaney will be attending the 2023 Ohio Environmental Health Conference (OEHA) in Dublin, Ohio in April.

Motion: Mr. Richmond moved, seconded by Ms. Lolli to approve the travel request.

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

Public Health Week, April 3-9, 2023

Ms. Phillips Carter explained that Public Health Week is national and is celebrated annually. This year the focus will be on: community, violence prevention, reproductive and sexual health, mental health, rural health, accessibility and food and nutrition.

Ms. Phillips Carter informed the board that through OHIZ, Middletown Connect will be inviting city leaders to participate in the "See My Neighborhood Bus Tour" on April 20th and "Walk and Talk" events are scheduled for

April 29th, May 5th and May 20th. The three focus census tracts are the highest risk tracts in Middletown and are census tracts 130, 131 and 132. These census tracts have reduced life expectancy and few to no assets such as grocery stores, laundry mats and access to fresh foods.

Syringe Exchange Program (SEP)

Ms. Phillips Carter explained that SEP first came to Middletown in 2017 when the Board of Health concluded that something must be done to address the increasing rates of HIV and Hepatitis C. There is currently only one other SEP located in Butler County and that is in the Mercy Fairfield Hospital location.

Ms. Phillips Carter encourages board members to consider if this is a program that we want to keep in Middletown. She states that she has heard concerns that the program is bringing people to our city, that we are enabling these people and that some do not want the program in our city. Past locations of the SEP were Crawford Street and The Gathering. SEP is currently located at the parking lot of Access Counseling on Dixie Highway, Access Counseling would now like for SEP to use a new location or move to a less busy day, Friday.

Discussion

Ms. Phillips Carter stated that the board may decide to hold an official vote to see where we are.

Ms. Phillips Carter stated that it is beneficial from a public health standpoint to have a program that gathers high risk individuals in one place and she strongly supports Harm Reduction programs.

Dr. Zollett asked if we know where the clients of SEP come from.

Ms. Phillips Carter stated that they are from Franklin, Hamilton, Fairfield, Preble and Warren Counties. She also explained that while we do have information about clients' addresses, it may be inaccurate addresses that are reported.

Dr. Jennewine stated that he recalls the board approving a SEP in Middletown in hopes that Hamilton would follow suit and provide an exchange program as well, stating that roughly a quarter of SEP clients come from Hamilton.

Dr. Zollett stated that while we must care for Middletown residents, we seem to be taking on other city's residents as well.

Ms. Phillips Carter stated that there is a Harm Reduction meeting coming up on the 30th which will allow challenges to be reported to the committee.

Ms. Lolli added that Clark county has a SEP that operates three days a week in three different locations within the county.

Ms. Lolli states that it seems to benefit clients having the program operate on three separate days within a fairly close proximation of one another.

The board requested history and status of the benefits of the program, Ms. Phillips Carter stated she will provide information at the next BOH meeting.

Board of Health Member Topic-Open Discussion

No topics were raised for further discussion.

REPORTS

Health Commissioner

Ms. Phillips Carter asked Ms. Kash to report on the mental health action circle she participated in. Ms. Kash explained that while there haven't been any conclusions made at this time, a lot of valuable information and ideas have been shared. Ms. Phillips Carter explained that the action circles were created to address the concerns of citizens dealing with homelessness and mental health.

Ms. Phillips Carter informed the board that CMHD is currently working on Tobacco 21 (T21), and will be licensing all stores that sell tobacco, tobacco products, vapes and paraphernalia beginning in January 2024.

Ms. Phillips Carter stated that CMHD is looking into the possibility of contracting with grant writers, a T21 task force and possible summer interns under the Workforce Development Grant.

Medical Director

Dr. Jennewine reported the February Communicable Disease numbers.

Chlamydia infection	18
COVID-19	208
Gonococcal infection	3
Haemophilus influenzae (invasive disease)	1
Hepatitis B	2
Hepatitis C	8
HIV	1
Streptococcus pneumoniae-invasive	1

Director of Nursing

In Ms. Corbin's absence, Ms. Phillips Carter provided the board with the Director of Nursing report. Ms. Phillips Carter stated that COVID cases continue to decline. CMHD continues to offer the bivalent vaccine at bimonthly clinics.

Dr. Jennewine added that the vaccine will likely become an annual vaccination recommended in the fall.

Environmental Director

Ms. Ealy stated that she and Ms. Phillips Carter met with Envision and Interact for Health regarding T21 in hopes that Interact for Health will assist with the funding of the implementation of T21. CMHD will begin sending out education material to retailers in summer 2023 and applications will be sent out in late fall for licensing to begin in January 2024. There are roughly 70 facilities that sell tobacco, tobacco products and paraphernalia in Middletown. T21 seeks compliance by ensuring products are not sold to anyone under the age of 21. Ms. Ealy informed the board that Hamilton City began their T21 program in March.

Ms. Ealy informed the board that CMHD has received payment and issued licenses to all but 12 food service operations and retail food establishments.

Ms. Ealy stated that Billy T's Bar is now facing a \$5,000 fine for failure to comply with smoking regulations.

Discussions

Dr. Patrick asked if there were any more updates available for the houses located on Lefferson Road that had failed to comply with city sewer connection orders.

Ms. Ealy stated that there are three homes that have failed to comply and all three cases have been turned over to the city prosecutor.

ADJOURNMENT

The meeting was adjourned at 8:35 AM. The next meeting will be held on April 11, 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

March 2023 Financial Notes

Vital Statistics

- \$10,372.37 Revenue Earned
- 853 Certificates Sold
- 53 Burial permits Sold

Environmental

- \$27,368.22 Revenue Earned

Reimbursements

- Workforce Development (WF-22) Reimbursement \$35,650.42
- Coronavirus Needs Grant (CN-22) Reimbursement \$6,538.40
- PHEP Agreement Payment \$3,314.59
- State Subsidy OAC 3701.36 \$9,329.20
- Vital Statistics \$1 ORC 3705-24 \$4,946.50

Grants/Agreements Billed

- Enhanced Operations (EO-22) \$65,649.94
- Allotrac (1QSFY23) \$20,007.11

Indigent Services

- \$20,000.00 budgeted for 2023
- 10 Applications approved through March 2023
 - 4 Applications Approved in March
 - \$12,630.00 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) 8/2022-7/2023
 - Total awarded \$125,000
 - Award left to bill \$59,350.06
- (Application in Process) Workforce Development (WF-23) 7/01/2023-11/30/2027
 - Multi-year project, 7/1/2023-11/30/2027
 - Award granted to CMHD \$435,000

City of Middletown Budgetary Control Report

Period Ending April 05, 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	\$43,363.65	\$129,272.55	\$435,806.45	\$0.00	\$435,806.45	77.1%
228.450.51211 Pers	\$79,111.00	\$0.00	\$0.00	\$79,111.00	\$6,034.00	\$17,981.32	\$61,129.68	\$0.00	\$61,129.68	77.3%
228.450.51220 Worker's Compensation	\$22,603.00	\$0.00	\$0.00	\$22,603.00	\$8,595.65	\$937.74	\$21,665.26	\$21,665.26	\$0.00	0.0%
228.450.51230 Group Health Insurance	\$103,148.00	\$0.00	\$0.00	\$103,148.00	\$606.65	\$25,786.95	\$77,361.05	\$8,595.65	\$68,765.40	66.7%
228.450.51270 Medicare City Share	\$8,194.00	\$0.00	\$0.00	\$8,194.00	\$152.10	\$1,810.63	\$6,383.37	\$0.00	\$6,383.37	77.9%
228.450.51275 Life Insurance	\$1,899.00	\$0.00	\$0.00	\$1,899.00	\$0.00	\$456.30	\$1,442.70	\$0.00	\$1,442.70	76.0%
Personnel Services Totals	\$780,034.00	\$0.00	\$0.00	\$780,034.00	\$58,752.05	\$176,245.49	\$603,788.51	\$30,260.91	\$573,527.60	73.5%
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	\$39.69	\$222.98	\$2,777.02	\$0.00	\$2,777.02	92.6%
228.450.52222 Telephone Line Charges	\$5,640.00	\$0.00	\$0.00	\$5,640.00	\$2,120.93	\$2,462.68	\$3,177.32	\$0.00	\$3,177.32	56.3%
228.450.52310 Municipal Garage Charges	\$3,500.00	\$0.00	\$0.00	\$3,500.00	\$864.71	\$1,003.51	\$2,496.49	\$0.00	\$2,496.49	71.3%
228.450.52480 Other Professional Services	\$41,085.00	\$0.00	\$4,877.99	\$45,962.99	\$949.88	\$3,400.99	\$42,562.00	\$4,877.99	\$37,684.01	82.0%
228.450.52481 Workforce Development Grant	\$33,398.00	\$0.00	\$37,651.23	\$71,049.23	\$6,536.69	\$9,666.64	\$61,382.59	\$46,714.54	\$14,668.05	20.6%
228.450.52488 Health Department COVID	\$121,000.00	\$0.00	\$14,625.00	\$135,625.00	\$1,632.46	\$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	\$1,632.46	\$6,367.54	\$0.00	\$6,367.54	79.6%
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	\$318.44	\$407.44	\$1,179.56	\$0.00	\$1,179.56	74.3%
Contractual Services Total	\$234,550.00	\$0.00	\$57,154.22	\$291,704.22	\$12,462.80	\$21,473.43	\$270,230.79	\$65,855.03	\$204,375.76	70.1%
Commodities										
228.450.53100 Office Supplies	\$2,500.00	\$0.00	\$0.00	\$2,500.00	\$240.28	\$845.39	\$1,654.61	\$0.00	\$1,654.61	66.2%
228.450.53210 Food	\$200.00	\$0.00	\$0.00	\$200.00	\$49.50	\$85.95	\$114.05	\$0.00	\$114.05	57.0%
228.450.53610 Small Tools & Equipment	\$200.00	\$0.00	\$0.00	\$200.00	\$139.77	\$139.77	\$60.23	\$0.00	\$60.23	30.1%
228.450.53710 Chemicals & Labs	\$500.00	\$0.00	\$0.00	\$500.00	\$25.72	\$25.72	\$474.28	\$0.00	\$474.28	94.9%
Commodities Total	\$3,400.00	\$0.00	\$0.00	\$3,400.00	\$455.27	\$1,096.83	\$2,303.17	\$0.00	\$2,303.17	67.7%
Capital Expenses										
228.450.54310 Auto Depreciation	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$1,308.00	\$1,308.00	\$3,492.00	\$0.00	\$3,492.00	72.8%
Capital Expenses Total	\$4,800.00	\$0.00	\$0.00	\$4,800.00	\$1,308.00	\$1,308.00	\$3,492.00	\$0.00	\$3,492.00	72.8%
Health Fund Year-to-Date Totals	\$1,022,784.00	\$0.00	\$57,154.22	\$1,079,938.22	\$72,978.12	\$200,123.75	\$879,814.47	\$96,115.94	\$783,698.53	72.6%

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

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CITY OF MIDDLETOWN BUDGETARY CONTROL REPORT
HEALTH/ENVIRONMENT ADMINISTRATION
FOR THE PERIOD ENDED April 05, 2023

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	CURRENT YEAR APPROP'S	SUPP. APP'S & TRANSFERS	CARRY-OVER ENCUMBRANCES	TOTAL APPROPRIATED	MTD-EXPENSE	YTD-EXPENSE	UNEXP-BALANCE	ENCUMBRANCE	Combined Unencumbered Amount	REM-%
HEALTH/ENVIRONMENT ADMINISTRATION										
228.450.51110 SALARIES & WAGES	\$ 565,079.00	\$ 0.00	\$ 0.00	\$ 565,079.00	\$ 43,363.65	\$ 129,272.55	\$ 435,806.45	\$ 0.00	\$ 435,806.45	77.1%
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	6,034.00	17,981.32	61,129.68	0.00	61,129.68	77.3%
228.450.51220 WORKERS COMPENSATION	22,603.00	0.00	0.00	22,603.00	0.00	937.74	21,665.26	21,665.26	0.00	0.0%
228.450.51230 GROUP HEALTH INSURANCE	103,148.00	0.00	0.00	103,148.00	8,595.65	25,786.95	77,361.05	8,595.65	68,765.40	66.7%
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	606.65	1,810.63	6,383.37	0.00	6,383.37	77.9%
228.450.51275 LIFE INSURANCE	1,899.00	0.00	0.00	1,899.00	152.10	456.30	1,442.70	0.00	1,442.70	76.0%
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	58,752.05	176,245.49	603,788.51	30,260.91	573,527.60	73.5%
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	39.69	222.98	2,777.02	0.00	2,777.02	92.6%
228.450.52222 TELEPHONE LINE CHARGES - HEALTH A	5,640.00	0.00	0.00	5,640.00	2,120.93	2,462.68	3,177.32	0.00	3,177.32	56.3%
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	864.71	1,003.51	2,496.49	0.00	2,496.49	71.3%
EQUIPMENT/VEHICLE RENTAL										
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	949.88	3,400.99	42,562.00	4,877.99	37,684.01	82.0%
228.450.52481 WORKFORCE GRANT CONTRACTUAL SERVI	33,398.00	0.00	37,651.23	71,049.23	6,536.69	9,666.64	61,382.59	46,714.54	14,668.05	20.6%
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	0.00	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	1,632.46	1,632.46	6,367.54	0.00	6,367.54	79.6%
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	318.44	407.44	1,179.56	0.00	1,179.56	74.3%
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	12,462.80	21,473.43	270,230.79	65,855.03	204,375.76	70.1%
228.450.53100 OFFICE SUPPLIES	2,500.00	0.00	0.00	2,500.00	240.28	845.39	1,654.61	0.00	1,654.61	66.2%
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	49.50	85.95	114.05	0.00	114.05	57.0%

[illegible]

005 APR 2023

CITY OF MIDDLETOWN BUDGETARY CONTROL REPORT
HEALTH/ENVIRONMENT ADMINISTRATION
FOR THE PERIOD ENDED April 05, 2023

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	CURRENT YEAR	SUPP. APP'S	CARRY-OVER	TOTAL					Combined	
	APPROP'S	& TRANSFERS	ENCUMBRANCES	APPROPRIATED	MTD-EXPENSE	YTD-EXPENSE	UNEXP-BALANCE	ENCUMBRANCE	Unencumbered	REM-%
									Amount	
228.450.54310 AUTO & TRUCK DEPRECIATION	4,800.00	0.00	0.00	4,800.00	1,308.00	1,308.00	3,492.00	0.00	3,492.00	72.8%
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	1,308.00	1,308.00	3,492.00	0.00	3,492.00	72.8%
TOTAL HEALTH ADMINISTRATION	1,022,784.00	0.00	57,154.22	1,079,938.22	72,978.12	200,123.75	879,814.47	96,115.94	783,698.53	72.6%
GRAND TOTAL FUND 228	1,022,784.00	0.00	57,154.22	1,079,938.22	72,978.12	200,123.75	879,814.47	96,115.94	783,698.53	72.6%

0

228.000.44210

Monthly Receipt History for Account number

Account	Year	Month	Date 05 Apr 2023	
			Total Month	Total YTD
VITAL STATISTICS	2023	JANUARY	8211.78	8211.78
	2023	FEBRUARY	6931.82	15143.60
	2023	MARCH	15077.02	30220.62
	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

228.000.44211

Monthly Receipt History for Account number

Account	Year	Month	Total Month	Total YTD
VITAL STATISTICS SHIPPING CHAR	2023	JANUARY	134.35	134.35
	2023	FEBRUARY	-203.92	-69.57
	2023	MARCH	173.00	103.43
	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

Monthly Receipt History for Account number

228.000.44215

Account	Year	Month	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	

228.000.44281

Monthly Receipt History for Account number

Account	Year	Month	Date 05 Apr 2023	
			Total Month	Total YTD
FSO RESTAURANT LICENSE	2023	JANUARY	848.00	848.00
	2023	FEBRUARY	35233.00	36081.00
	2023	MARCH	24797.19	60878.19
	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 05 Apr 2023

Account	Year	Month	Total Month	Total YTD
FOOD ESTABLISHMENT LICENSE	2023	JANUARY	300.00	300.00
	2023	FEBRUARY	13216.00	13516.00
	2023	MARCH	8676.75	22192.75
	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

119525.25

Monthly Receipt History for Account number

228.000.44280

Account	Year	Month	Total Month	Total YTD
VENDING LICENSE	2023	FEBRUARY	611.49	611.49
	2023	MARCH	37.06	648.55
	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			3300.32	

228.000.44284

Monthly Receipt History for Account number

Account	Year	Month	Total Month	Total YTD
FOOD SAFETY CLASSES	2023	MARCH	210.00	210.00
	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			990.00	

Monthly Receipt History for Account number

228.000.44283

Account	Year	Month	Total Month	Total YTD
HOUSEHOLD SEWAGE	2023	JANUARY	2337.50	2337.50
	2023	FEBRUARY	205.00	2542.50
	2023	MARCH	155.00	2697.50
	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			58296.44	

Monthly Receipt History for Account number

228.000.44286

Account	Year	Month	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

228.000.44285

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

228.000.44287

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	

Monthly Receipt History for Account number

228.000.49100

Account	Year	Month	Total Month	Total YTD
REIMBURSEMENTS	2023	JANUARY	7756.78	7756.78
	2023	MARCH	3314.59	11071.37
	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			525164.38	

Monthly Receipt History for Account number

228.000.44225

Date 05 Apr 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	

Monthly Receipt History for Account number

228.000.43370

Date 05 Apr 2023

Account	Year	Month	Total Month	Total YTD
PUBLIC HEALTH WORKFORCE DEV GR	2023	MARCH	35650.42	35650.42
	2022	JUNE	47808.32	47808.32
	2022	SEPTEMBER	26792.77	74601.09
	2022	DECEMBER	30438.44	105039.53

Total

140689.95

Monthly Receipt History for Account number

228.000.43330

Account	Year	Month	Total Month	Total YTD
STATE HEALTH SUBSIDY	2023	FEBRUARY	20100.36	20100.36
	2023	MARCH	9329.20	29429.56
	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			66169.01	

Monthly Receipt History for Account number

228.000.43368

Account	Year	Month	Total Month	Total YTD
COVID-19 CONTACT TRACING GRANT	2023	MARCH	6538.40	6538.40
	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			333975.43	

Monthly Receipt History for Account number

228.000.43367

Date 05 Apr 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	

Monthly Receipt History for Account number

228.000.43332

Date 05 Apr 2023

Account	Year	Month	Total Month	Total YTD
BUREAU CHILDRENS MEDICAL HANDI	2022	NOVEMBER	700.00	700.00
	2019	JANUARY	430.00	430.00
	2019	FEBRUARY	1320.00	1750.00
	2019	MARCH	190.00	1940.00
	2019	APRIL	820.00	2760.00
	2019	MAY	930.00	3690.00
	2019	JUNE	510.00	4200.00
	2019	JULY	1740.00	5940.00
	2019	AUGUST	810.00	6750.00
	2019	SEPTEMBER	1090.00	7840.00
	2019	OCTOBER	1350.00	9190.00
	2019	NOVEMBER	10.00	9200.00
Total			9900.00	

City of Middletown Health Department

Travel Request

2023 Ohio Public Health Conference

Health Commissioner, Jackie Phillips Carter, will be attending the Ohio Public Health Conference April 24th through April 26th.

Overall Event Objectives: To advance the mission of public health in Ohio and celebrate the people behind the achievements.

1. Promote awareness and enhancement of the people that strive to impact various public health challenges.
2. Recognize achievements in public health and institutions that impact health outcomes.
3. Develops networks for participants to partner together with experts across the field of public health.
4. Identify strategies for deploying practices that will protect entire populations and contribute to innovative future ideas about public health.

Total Costs Associated: \$722.17



Celebrating Public Health:
People and Purpose

In collaboration with:
The Ohio Department of Health
The Ohio Public Health Partnership Association of Ohio Health Commissioners
Ohio Association of Boards of Health
Ohio Environmental Health Association
Ohio Public Health Association
Ohio Society for Public Health Education

[2023 OPHC Brochure \(aohc.net\)](https://aohc.net)



**Ohio's Public
Health Conference**

Celebrating Public Health:
People and Purpose

April 24 - 26, 2023
at
**Nationwide Hotel and
Conference Center**
100 Green Meadow Dr. S.
Lewis Center, OH

In collaboration with:

**The Ohio Department of Health and
the Ohio Public Health Partnership**
Association of Ohio Health Commissioners
Ohio Association of Boards of Health
Ohio Environmental Health Association
Ohio Public Health Association
Ohio Society for Public Health Education

“Celebrating Public Health: People and Purpose”

April 24 - 26, 2023

Conference Goal & Objectives

Conference Goal:

To advance the mission of public health in Ohio and celebrate the people behind the achievements.

Overall Conference Objectives:

1. Promote awareness and enhancement of the people that strive to impact various public health challenges.
2. Recognize achievements in public health and institutions that impact health outcomes.
3. Develops networks for participants to partner together with experts across the field of public health.
4. Identify strategies for deploying practices that will protect entire populations and contribute to innovative future ideas about public health.

Monday, April 24, 2023

3:00 p.m. **Registration**

5:00 p.m. **Welcome and Introductions**

Laura Rooney, MPH, Conference Planning Chair, Ohio Department of Health
Melissa Howell, MS, MBA, MPH, RN, REHS, President, Association for Ohio Health Commissioners
Rebecca Aber, Executive Director, Ohio Association of Boards of Health
Steve Ruckman, MPH, REHS, President, Ohio Environmental Health Association
Angela J. DeJulius, MD, MPH, President, Ohio Public Health Association
Anne Marie Hodges, MAEd, President, Ohio Society for Public Health Education

5:45 p.m. **Plenary – TED Talks – From Public Health Research to Public Health Practice**

Facilitator

Teresa Long, MD, MPH, Special Advisor for Community Engagement and Outreach, Clinical Associate Professor, The Ohio State University College of Public Health

Alternative Responders to Crisis

Steve David, MSW, Advocacy Director, The Ohio State University College of Social Work

Wastewater Sampling

Mark H. Weir, PhD, Associate Professor of Environmental Health Sciences, Core Faculty The Ohio State University Sustainability Institute, Director of Ecology Epidemiology and Population Health, The Ohio State University Infectious Disease Institute, The Ohio State University College of Public Health

HEALing Communities Study

Tracy Plouck, MPA, Assistant Clinical Professor, Ohio University College of Health Sciences and Professions

6:45 p.m. **Closing Remarks & Evaluation**

7:00 – 8:00 p.m. **Reception – *Hors D'oeuvres & Cash Bar***

Please join us for a reception to celebrate public health and our collective accomplishments over the last few years. We have worked tirelessly as a profession to ensure the health and well-being of our citizens across the state of Ohio. We encourage you to use this as an opportunity to reconnect and network with your fellow colleagues.

Tuesday, April 25, 2023

8:00 – 9:00 a.m. **Registration & Continental Breakfast**

9:00 a.m. **Welcome & Opening Remarks**

Laura Rooney, MPH, Conference Planning Chair, Ohio Department of Health

9:15 a.m. **An Update on Public Health in Ohio**

Bruce Vanderhoff, MD, Director, Ohio Department of Health

- 10:15 a.m. **Data Equity Projects to Support Assessment and Planning**
Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP), State Epidemiologist, Ohio Department of Health
Jonathon George, MS, Chief Data Officer, Ohio Department of Health
- 11:15 a.m. **Exhibits, Student Posters & Networking**
- 11:45 a.m. **Lunch**
AOHC Business Meeting
- 12:45 p.m. **Concurrent Sessions**
- A. **Extended Data Equity Conversations**
Danielle Graham, Public Health Consultant, Ohio Department of Health
Lei'Ana Riggs, Public Health Consultant, Ohio Department of Health
- B. **PLAN4Health – Miami Valley: a place-based approach to improving health outcomes through planning**
Martin Kim, GISP, AICP, Director of Regional and Community Planning, Miami Valley Regional Planning Commission
Elizabeth Whitaker, AICP, Principal Planner, Miami Valley Regional Planning Commission
Milo Simpson, Planner, Miami Valley Regional Planning Commission
- C. **Nudges to Enhance Clinical and Patient Behavior Preparing Public Health Priorities – Nationwide Children's Hospital**
Jack Stevens, PhD, Psychologist/Associate Professor of Pediatrics, Nationwide Children's Hospital, The Ohio State University, Department of Pediatrics
- D. **Student Posters and Oral Presentations**
- 1:45 p.m. **Break - View Exhibits, Student Posters & Networking**
- 2:00 p.m. **Concurrent Sessions**
- E. **Inclusivity: Accommodations versus considerations for individuals with a disability in the workforce and program planning**
David Ellsworth, MPH, Health Services Policy Specialist, Ohio Department of Health
Tiffany Allen, MS, Disability and Health Specialist, Ohio Department of Health
- F. **Improving Organizational Health Literacy to Reduce Health Disparities in Vulnerable Populations**
Emily Patterson, MPH, Data Analyst, Franklin County Public Health
Makeda Porter, MSW, Section Chief, Capacity Building and Education Center for Public Health Innovation
- G. **The Long and Winding Road: A Practical Approach to Transportation in Rural Union County**
Ashley Miller, CHES, Mobility Manager/Health Planner, Union County Health Department
Shawn Sech, Director of Health Promotion and Planning, Union County Health Department
- H. **Student Posters and Oral Presentations**

- 3:00 p.m. **Break – Exhibits, Student Posters & Networking**

- 3:15 p.m. **Chronic Absenteeism, The Whole Child and Public Health**
 Brittany Miracle, MPA, Assistant Director of Health, Attendance and Family and
 Community Engagement Supports, Ohio Department of Education

- 4:30 p.m. **Closing Remarks, Student Awards Presentation & Evaluation**

- 4:45 p.m. **Adjourn**

- 5:30 p.m. **OPHA Public Health Awards Dinner (see details page 10)**
 The Ohio Public Health Association will present awards that recognize outstanding achievement in
 public health. All are invited to this evening celebration and dinner.
 Register online at <https://ohioph.org/awards-dinner-registration/>

Wednesday April 26, 2023

- 7:00 a.m. **Fun Run/Walk & Energizer**

- 8:00 a.m. **Registration & Breakfast**

- 8:00 a.m. **AOHC District Meetings**

- 9:15 a.m. **Concurrent Sessions**
 - I. **Health Equity & Social Determinants of Health Education in Knox County. A Collaborative Effort Education Health Department Staff and Community Stakeholders**
 Carmon Barbuto, MPA, Accreditation Coordinator, Knox Public Health Department

 - J. **Teamwork Makes the Dreamwork: A School Wellness Coordinator's Tale**
 Kat Evers Solove, MPH, CHES, CPST, Program Manager, Lorain County Public Health

 - K. **Current and Future Direction of Tobacco Regulation in Ohio**
 Micah Berman, JD, Associate Professor, The Ohio State University Colleges of Public Health and Law
 Megan Roberts, PhD, Assistant Professor, The Ohio State University College of Public Health
 Mariella Brinkman, BS, The Ohio State University College of Public Health
 Ahmad El-Hellani, PhD, The Ohio State University College of Public Health

 - L. **Improving Outcomes in Older Adults – Laying the Foundation for Collaboration**
 Autumn Trombetta, MS, RD, Population Specialist, Ohio Department of Aging
 Mark Radan, MS, Planning and Operations Manager, Ohio Department of Aging

- 10:45 a.m. **Break – View Exhibits & Networking**

- 11:00 a.m. **Concurrent Sessions**

- M. **Check Engine – Making Behavioral Health Palatable in the Agricultural Community**
Natalie Bollon, MS, LPCC-S, Executive Director, ADAMHS Board of Tuscarawas and Carroll Counties

- N. **Advancing LGBTQ+ Health Equity in Greater Akron: A Comprehensive Community Needs Assessment**
Andrew M. Snyder, MPH, BSN Research Program Coordinator, Kent State University College of Public Health

- O. **Community Centered Approach to Public Health in Portage County**
Penny Paxton, MPH, Epidemiologist, Portage County Health District
Hayden Skilton, student, Kent State University
Zachary Michael Rasile, student, Kent State University

- P. **The Role of Public Health in National Food Safety Research and Tools to Bridge the Equity Gap Regarding Food Safety Education – Franklin**
Sarah Jensen, MPH, REHS, CP-FS, Assistant Health Commissioner/Director of Environmental Health, Franklin County Public Health
Alex Evans, MBA, MPH, MGIS, Epidemiologist, Franklin County Public Health

- 12:00 p.m. **Break - View Exhibits - Networking**

- 12:15 p.m. **Lunch & Awards**

- 12:30 p.m. **Reframing Public Health Problem Solving Toward Problem Finding Through Design Thinking**
Jenn Stucker, MFA, Associate Professor & Chair of Graphic and Integrative Design, Bowling Green State University
Gabe Dunbar, MA, Assistant Director of the Geoffrey H. Radbill Center for College & Life Design, Bowling Green State University

- 1:45 p.m. **Closing Remarks & Evaluation**

- 2:00 p.m. **Adjourn**

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CONTINUING EDUCATION:

Continuing education credits will be provided in several fields once approved. As additional information becomes available pertaining to continuing education, that information will be updated and shared.

The Ohio Department of Health is approved as a provider of nursing continuing professional development by Pennsylvania State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

The Ohio Department of Health, 246 N. High St. Columbus, Ohio is an approved provider of continuing education for Social Workers by the Counselor, Social Worker, and Marriage and Family Therapist Board (RSX 048808).

PRIORITY AUDIENCES:

This program is planned to meet the needs of public health professionals including administrators, medical directors and physicians, nurses, sanitarians, health educators, chiropractors, optometrists, local public health board members, social workers, community health workers, pharmacists, dieticians, academicians, and students.

PHOTOGRAPHY:

There will be photography throughout the conference. If you do not want to be photographed or videotaped, please see one of the staff at the conference registration desk to discuss your options.

WIFI:

Complimentary wireless Internet service is available in all hotel guest rooms, throughout the hotel lobby and in the meeting rooms during the conference.

DRESS CODE:

Dress for the conference is business/business casual. Please note that it is often difficult to regulate the temperature in the educational sessions to everyone's satisfaction. You are advised to consider your own comfort and dress in layers.

2023 Ohio Public Health Conference

CONFERENCE REGISTRATION FORM

Or register online at: https://aohc.net/aws/AOHC/pt/sd/calendar/300100/PARENT/layout_details/false

NAME/CREDENTIALS (for name badge) _____

JOB TITLE _____

AGENCY _____

AGENCY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

SPECIAL DIETARY NEEDS _____

FIRST TIME ATTENDEE ☐

AMERICAN SIGN LANGUAGE ACCOMMODATION NEEDED ☐

CIRCLE PRIMARY DISCIPLINE:

Physician
Chiropractor

Nurse Sanitarian
Pharmacist

Health Educator
Community Health Worker

Social Worker
Academician

Dietician
Student

FULL MAIN CONFERENCE

\$ 200.00

MONDAY ONLY – 4/24/23

\$ 40.00

TUESDAY ONLY – 4/25/23

\$ 100.00

WEDNESDAY ONLY – 4/26/23

\$ 100.00

STUDENT or RETIREE REGISTRATION*

FULL MAIN CONFERENCE

\$ 100.00

MONDAY ONLY – 4/24/23

\$ 35.00

TUESDAY ONLY – 4/25/23

\$ 85.00

WEDNESDAY ONLY – 4/26/23

\$ 85.00

CURRENT MEMBERSHIP

- ☐ AOHC
☐ OABH
☐ OEHA
☐ OPHA
☐ SOPHE

*In order to qualify for the student rate, you must be registered as a full-time student & not be employed in a full-time position.

TOTAL REGISTRATION FEE DUE \$ _____

REGISTRATION DEADLINE: April 10, 2023
PLEASE SELECT ALL SESSIONS YOU ARE ATTENDING

MONDAY – 4/24/23

PLENARY SESSION _____(YES) _____(NO)
EVENING RECEPTION _____(YES) _____(NO)

TUESDAY – 4/25/23

CONCURRENT SESSION I (A-D) Your Choice _____
CONCURRENT SESSION II (E-H) Your Choice _____

WEDNESDAY – 4/26/23

CONCURRENT SESSION III (I-L) Your Choice _____
CONCURRENT SESSION IV (M-P) Your Choice _____

Make Check Payable to: PUBLIC HEALTH COMBINED CONFERENCE (PHCC)

Tax ID #20-3664970

Mail Payment to: PHCC c/o Ohio Public Health Partnership
110A Northwoods Blvd, Columbus, Ohio 43235

Phone: (614) 781-9556

Fax: (614) 781-9558

E-mail: aohc_2@aohc.net

_____ Check here to indicate your permission to share contact information with vendors

HOTEL INFORMATION:

Nationwide Hotel and Conference Center

100 Green Meadow Dr. S.,

Lewis Center, OH 43035

Phone: (614) 880-4300

A block of rooms has been reserved for conference participants at the rate of **\$159.00/night**. You may reserve rooms on line [Hotel in Columbus Ohio | Nationwide Hotel & Conference Center \(nwhotelandconferencecenter.com\)](http://nwhotelandconferencecenter.com) or by phone 614-880-4300 (indicate you are attending the **Ohio Public Health Conference**). Participants are responsible for making their own room reservations. Use conference code **316601** when reserving your hotel room. Deadline to register for the room block is April 3.

TRAVEL ASSISTANCE: Travel assistance is available through the CDC Workforce Development Grant. A maximum of \$200 per paying registrant is available for overnight stay OR mileage. To receive the hotel grant assistance, your room must be booked at the Nationwide Hotel and Conference Center in the room block by Monday, April 3rd.

If you are not staying overnight at the conference hotel, mileage reimbursement is available at 65.5 cents per mile. An expense form with mileage documentation will need to be submitted to AOHC. You may obtain the expense form at the registration desk.

DEADLINE FOR ROOM RATES: Monday, April 3rd.

CONFERENCE REFUND POLICY:

Refunds less a \$10.00 administrative fee will be made for cancellations received on or before.

THERE WILL BE NO REFUNDS FOR CANCELLATIONS RECEIVED AFTER THIS DATE. SUBSTITUTIONS ARE WELCOME!



**2023 OPHA Public Health Awards
Dinner**

Tuesday, April 25, 2023

**Nationwide Hotel & Conference Center – Hickory Room 1
100 Green Meadows Dr. S., Lewis Center, OH 43035**

Social time/cash bar begins at 5:30 pm

Program/dinner begins at 6:15 pm

Register online at: <https://ohiopha.org/awards-dinner-registration/>

Cost: \$59.50 online by credit card or by check to OPHA.

The deadline to register is **April 17, 2023**

You must pre-register for this event. It is not included in the registration fee for the Ohio Public Health Conference.

No-shows will be invoiced for the cost of dinner. Substitutions encouraged!

You do not need to be an OPHA member to join the fun!!

Questions?

Pete Denkowski at: pdenkowski16@gmail.com or Debbie Wright at OPHA: dwright@ohiopha.org

City of Middletown Board of Health

Grant Writer & Administrator Agreement

This Agreement is made and entered into as of _____, 2023 ("Effective Date"), by and between the City of Middletown Board of Health, whose address is One Donham Plaza, Middletown, Ohio 45042, (the "BoH") and _____, whose address is _____, Ohio _____ ("Writer"). (the BoH and Writer may be referred to herein individually as a "Party" and collectively as the "Parties").

I. Scope of Services.

1. Writer shall perform the following services for the BoH during the Agreement Term (the "Services"):
 - a. Provide grant writing and grant administration services to the BoH
 - b. Provide thorough and accurate reports, narratives and invoices
 - c. Inform the Health Commissioner or their designee of any available grants that fit with the BoH's mission and goals
 - d. Keep records, prepare reports and process billing of grants
 - e. Provide ongoing consultation to the Health Commissioner or their designee regarding current grant progress, needs and narrative updates
2. Writer agrees and understands that they will follow the directions of the BoH and appropriate City of Middletown Health Department personnel in Writer's provision of the Services. In addition, Writer shall follow all pertinent federal, state and local laws, rules and regulations, including but not limited to policies and standards related to and governing access to and use of City of Middletown Health Department data, databases, and data sets.
3. All Services performed by the Writer hereunder are to be performed on an as-needed basis. Writer agrees to perform the Services in a manner consistent with that degree of care and skill ordinarily exercised by members of the same profession currently practicing under similar circumstances. Writer warrants that they are professionally qualified to perform the Services and maintains the requisite licenses and certifications from any and all public entities having jurisdiction over the services and/or Writer.
4. Writer understands the BoH may share information in the BoH's possession, including information which is designated by the BoH as "confidential" or which a reasonable person would consider "confidential information", and information related to Writer's provision of the Services, with other federal and state agencies, including but not limited to law enforcement and security agencies. BoH information shall only be shared in accordance with applicable law.
5. Writer shall be an independent contractor and not an employee of the BoH in the performance of Writer's Services under this Agreement.

II. Skills and Qualifications. Writer hereby represents and warrants that they possess the following skills and qualifications (and will continue to possess the same at all times during the Term):

1. Bachelor's degree in English, communications, creative writing or a related area (master's degree preferred)
2. Minimum of two years' experience in grant writing
3. Excellent knowledge of proposal submission and fundraising process
4. Ability to study and understand programs and funding requirements of the organization
5. Strong research skills and knowledge of information sources
6. Multitasking, organizational and time management skills
7. Ability to handle confidential matters with utmost integrity
8. Working knowledge of computers

III. Compensation.

1. The BoH agrees to pay Writer Forty Dollars (\$40) per hour for Services performed for the BoH pursuant to this Agreement. The total fee for Writer's Services hereunder during the Term shall not exceed Thirty-Two Thousand Dollars \$32,000. Writer shall notify the BoH in writing if Writer believes requested Services may exceed \$32,000 for the period of the Term. The BoH shall thereafter have the option to discontinue Writer's Services for the remainder of the Term or agree to a higher annual fee pursuant to an addendum to this Agreement executed by both Parties. The BoH shall have no obligation to pay Writer any amounts in excess of the annual fee set forth herein unless otherwise agreed in an addendum hereto.
2. Writer shall submit a monthly invoice to the BoH for Services performed by Writer in the preceding month. The BoH shall use its best efforts to submit payment to Writer within Fourteen (14) days of receiving Writer's invoice; provided, the BoH shall have the right to dispute in writing to Writer any invoiced amounts. The Parties shall cooperate with one another in good faith to resolve any such billing disputes. Writer shall continue to provide Services to the BoH pending resolution of any billing dispute.
3. If the Agreement is terminated pursuant to Section VI below, Writer will be paid for Services properly completed up to the termination date.
4. Writer shall be solely responsible for all federal, state and local taxes which may apply to Writer's Services hereunder, and agrees to indemnify and hold the BoH harmless against such liability.

IV. Insurance Requirements.

Writer shall maintain insurance, with companies authorized to do business in Ohio, to protect against claims arising from the performance of Writer's Services resulting from any negligent acts, errors or omissions, or willful misconduct, for which Writer is legally liable ("Professional Liability Insurance"). The Professional Liability Insurance shall be in an amount not less than \$1,000,000 per claim and in the annual aggregate. Writer shall keep such insurance in effect for

so long as Writer may be held liable for its performance of Services under this Agreement. If the Professional Liability Insurance is written on a claims-made basis, the insurance shall have a retroactive date no later than the Effective Date. Writer shall provide the BoH with a copy of the certificate(s) evidencing Writer's maintenance of the Professional Liability Insurance coverage required hereunder upon Writer's execution of the Agreement.

V. Indemnification.

Writer shall indemnify and hold harmless the BoH, the City of Middletown, and all of their respective employees, agents and representatives (collectively, the "Indemnified Parties") from and against any and all claims, suits, demands, liabilities, losses, damages, costs and expenses arising out of or resulting from claims for injury to or death of persons, and damage to real and personal property, to the extent arising out of or in any way related to: (i) any actual or alleged negligent acts, errors or omissions of Writer in the performance of Services hereunder; (ii) Writer's willful misconduct; or (iii) Writer's breach of this Agreement.

VI. Commencement and Termination of Agreement.

1. This Agreement shall commence on March ____, 2023 and continue until December 31, 2023 (the "Term").
2. Either Party hereto may terminate this Agreement for convenience and without cause by giving the other Party at least fourteen (14) days' prior written notice of termination.
3. The BoH may terminate this Agreement immediately due to Writer's breach of any term or condition herein; provided Writer is given at least seven (7) days' notice of its breach and opportunity to cure the same in order to avoid termination.

VII. Ownership of Documents.

All notes, documents and other records (in any media format whatsoever) prepared or furnished by Writer pursuant to this Agreement shall be the sole property of the BoH.

VIII. Right to Inspect Records.

The BoH shall have the right to examine any and all of Writer's books, documents, papers and other records in any way related to the Services. Upon reasonable notice to Writer, the BoH shall have the right to access Writer's facilities during normal business hours to conduct audits of Writer's books, documents, papers and other records related to the Services, and Writer agrees to allow the BoH access and appropriate workspace to conduct such audits.

IX. Miscellaneous.

1. This Agreement sets forth in the entire agreement and understanding of the Parties with respect to the performance of Writer's Services for the BoH, and there are no other agreements or understandings, whether oral or written, with respect to this subject matter

- that are not merged herein and superseded hereby. The Agreement may only be amended in writing signed by both Parties.
2. This Agreement may be executed in any number of counterparts, each of which when so executed will be deemed to be an original and all of which when taken together will constitute one and the same Agreement.
 3. This Agreement shall be governed by the laws of the State of Ohio, without regard to conflict of law principles. Any action arising out of the Services or to enforce any provision of this Agreement shall be brought in a state court of competent jurisdiction located in Butler County, Ohio.
 4. Any provision of this Agreement later held to be unenforceable for any reason shall be deemed null and void, and all remaining provisions shall continue in full force and effect.
 5. Any written notice required hereunder shall be sufficiently given when sent to the above-named Party at its above-listed address via United States certified mail, return receipt requested; via overnight courier with receipt verification; or by personally delivering such notice to the recipient-Party at the address set forth above. Either Party may change its address for receipt of notices hereunder by providing written notice of such address change to the other Party.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, this Agreement is executed as of the Effective Date.

City of Middletown Board of Health

By: _____
President

Attest: _____
Secretary

Grant Writer and Administrator

By: _____

Approved as to form:



Law Director

Ohio Department of Health

One-Page Name, Address, Phone Number and Health History (NAPH)

Date
Clinic name

PLEASE PRINT

1 Last name	First name	MI	Phone
Home address			2nd phone
City	State	ZIP	County

2 Check all that apply <input type="checkbox"/> I am picking up medications for myself. I agree to take them as prescribed. <input type="checkbox"/> I am picking up medications for others in my household or people who are unable to pick up their own medications. I am authorized to sign for all of these people, and I agree to provide medications and instructions to all of them. None of these people are receiving additional medications at other mass dispensing clinics. I understand that the decision to take medication is voluntary. All of the information I have provided to the clinic is true, correct and complete to the best of my knowledge X Signature	3 Enter the names and birthdates of all the people that you are picking up medications for. Put yourself on line 1. Use a second form if you need to.																												
	<table border="1"> <tr> <td>1. First name</td><td>Last name</td><td>Date of birth</td> <td>2. First name</td><td>Last name</td><td>Date of birth</td> <td>3. First name</td><td>Last name</td><td>Date of birth</td> <td>4. First name</td><td>Last name</td><td>Date of birth</td> <td>5. First name</td><td>Last name</td><td>Date of birth</td> </tr> </table>															1. First name	Last name	Date of birth	2. First name	Last name	Date of birth	3. First name	Last name	Date of birth	4. First name	Last name	Date of birth	5. First name	Last name
1. First name	Last name	Date of birth	2. First name	Last name	Date of birth	3. First name	Last name	Date of birth	4. First name	Last name	Date of birth	5. First name	Last name	Date of birth															

4 Please answer questions 1-5 by checking (✓) Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Are you taking Accutane, Methotrexate, Lithium, Probenecid, Coumadin, or Digoxin?										
2. Are you taking medication for seizures, tuberculosis (TB), or diabetes?										
3. Are you currently pregnant, breastfeeding, or under 6 months of age?										
4. Are you taking or are you allergic* to any tetracycline antibiotics? Minocin, Periostat, Sumycin, Terramycin, Vibramycin, Vibratub. *Allergic reactions may include: hives, difficulty breathing or wheezing or redness of the skin.										
5. Do you weigh less than 99 lb? If yes, list weight in pounds.	lbs		lbs		lbs		lbs		lbs	

— STOP —

Staff Use Only

1. Taking ropinirole, cyclosporine, glyburide or theophylline?								
2. Allergic to quinolones?								
3. Kidney problems? (on dialysis or ↓ renal function)								
Dispensing doses:	(Initials of dispenser) →							
Adult <input checked="" type="checkbox"/> one	Doxycycline 100 mg BID	#20						
	Ciprofloxacin 500 Mg BID	#20						
	Other specify							
0-99 lbs	Doxycycline	mg	mg	mg	mg	mg		
		tabs	ml	tabs	ml	tabs	ml	
	Ciprofloxacin HCL	mg	mg	mg	mg	mg		
		tabs	ml	tabs	ml	tabs	ml	
	Other specify	mg	mg	mg	mg	mg		
		tabs	ml	tabs	ml	tabs	ml	
Quantity <input type="checkbox"/> 7 days <input type="checkbox"/> 10 days <input type="checkbox"/> 14 days <input type="checkbox"/> 50 days <input type="checkbox"/> Other specify	Write in lot number or use label	Write in prescription (Rx) # or NDC # or use label	Lot	Rx #/ NDC #	Lot	Rx #/ NDC #	Lot	Rx #/ NDC #
			Lot	Rx #/ NDC #	Lot	Rx #/ NDC #	Lot	Rx #/ NDC #

Meetings/Conference Calls

Health Commissioner & Environmental Health Director:

- ODH Conference Call
- COVID ODH Emergency After Hours Calls
- Harm Reduction Meeting
- Southwest Ohio Health Commissioner Meeting
- Southwest Executive Steering Committee Meeting
- Emergency Preparedness Meeting
- Suicide Prevention
- Unhoused/Homeless Meeting
- HealthSpace Conference Call
- AOHC Conference Calls
- Southwest Ohio Food Roundtable

Community Meetings attended by Health Commissioner

- Middletown Connect Core Meeting
- MLK Presentation
- Centerpoint Board Meeting & Program Committee
- EOC with Butler County
- Regional Exchange Harm Reduction
- Family Children First Council (FCFC) And Executive Committee
- COVID-19 Community Partner Meeting
- Harm Reduction
- OneOhio Board Meeting
- Butler County Cares Meeting with County Commissioner, Cindy Carpenter
- YMCA Board Meeting
- YWCA Board Meeting

CITY OF MIDDLETOWN HEALTH DEPARTMENT

2023 Activity Quarterly Report- First Quarter

Environmental Quarterly Totals	January	February	March	YTD Total
Food Service Operations/Vending Inspections	33	22	30	85
Retail Food Establishments Inspections	8	2	33	43
Mobile FSO/RFE	0	0	5	5
Prelicense/Consultations	9	6	4	19
Inspection of Temporaries	0	0	1	1
Environmental School Inspections	0	0	5	5
Smoking Inspections	0	1	0	1
Swimming Pools Inspections	9	11	9	29
Tattoo Establishment Inspections	0	0	0	0
Animal Bites	7	5	8	20
Complaints	3	7	6	16
Level 1 Food Certification Training	0	0	5	5
Sewage Inspections	0	0	0	0

Vital Statistics Quarterly Totals	January	February	March	YTD Total
Birth Certificates Issued	356	328	406	1090
Death Certificates Issued	339	299	447	1085
Birth Certificates Filed	63	56	78	197
Death Certificates Filed	69	106	85	260
Indigent Cremations	4	2	4	10
Accidents				
Drug Overdoses	0	5	3	8
Falls	1	3	2	6
Exposure to Elements	0	2	0	2
House Fire	0	0	0	0
Motor Vehicle Accidents	0	0	0	0
Undetermined	0	0	0	0
Suicide	1	0	1	2
Homicide	0	1	1	2
COVID-19 Related Deaths	2	0	1	3
9 Pending Death Certificates				

CITY OF MIDDLETOWN HEALTH DEPARTMENT

REPORTABLE COMMUNICABLE DISEASES – 2023

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
COVID-19	537	-	-	-	537
Atypical Mycobacteria	0	-	-	-	0
Bacteremia S. Pneumoniae	0	-	-	-	0
Streptococcal-Group A-invasive	0	-	-	-	0
Streptococcus pneumoniae-Invasive	2	-	-	-	2
Campylobacter	0	-	-	-	0
Cryptosporidiosis	0	-	-	-	0
E Coli 0157 H7	1	-	-	-	1
Ehrlichiosis	0	-	-	-	0
Salmonella	1	-	-	-	1
Shigella	0	-	-	-	0
Yersinia Enterocol	0	-	-	-	0
Hepatitis A	1	-	-	-	1
Hepatitis B	7	-	-	-	7
Hepatitis C	25	-	-	-	25
Meningitis Bacterial	0	-	-	-	0
Meningitis Viral	0	-	-	-	0
Haemophilus Influenza (invasive disease)	1	-	-	-	1
Influenza-associated hospitalization	2	-	-	-	2
Varicella	0	-	-	-	0
Mumps	0	-	-	-	0
Tuberculosis	0	-	-	-	0
Lyme Disease	0	-	-	-	0
Pertussis	0	-	-	-	0
CP Carbapenem-Resistant Enterobacteriaceae	1	-	-	-	1
Legionellosis-Legionnaires' Disease	0	-	-	-	0
Giardiasis	0	-	-	-	0
HIV	2	-	-	-	2
STD's (Sexually Transmitted Diseases):					
Chlamydia	65	-	-	-	65
Gonococcal Infection	14	-	-	-	14
Syphilis	3	-	-	-	3

CUSTOMER SURVEY RESULTS
1ST QUARTER 2023

Q1



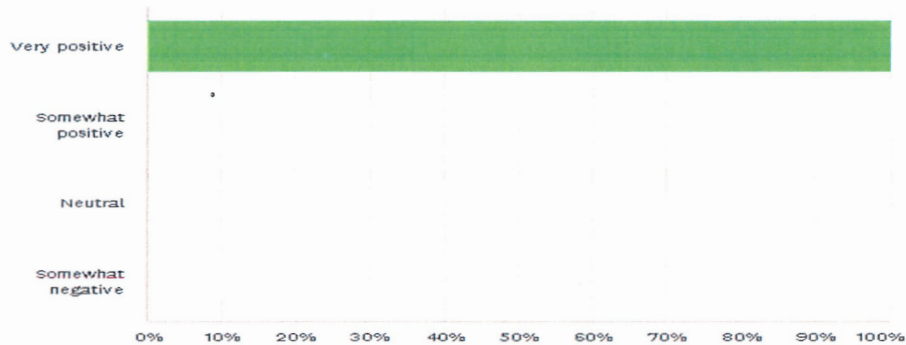
Show Benchmark

Customize

Save as

Overall, how would you rate the quality of your customer service experience?

Answered: 7 Skipped: 0



ANSWER CHOICES

- Very positive
- Somewhat positive
- Neutral
- Somewhat negative

RESPONSES

100.00%	7
0.00%	0
0.00%	0
0.00%	0

TOTAL

7

Q2



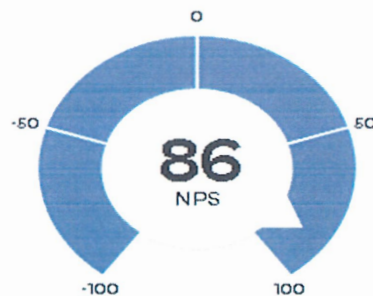
Show Benchmark

Customize

Save as

How likely is it that you would recommend Health Department to a friend or colleague?

Answered: 7 Skipped: 0



DETRACTORS (0-6)

0
0

PASSIVES (7-8)

14%
1


PROMOTERS (9-10)

86%
6

NET PROMOTER® SCORE

86

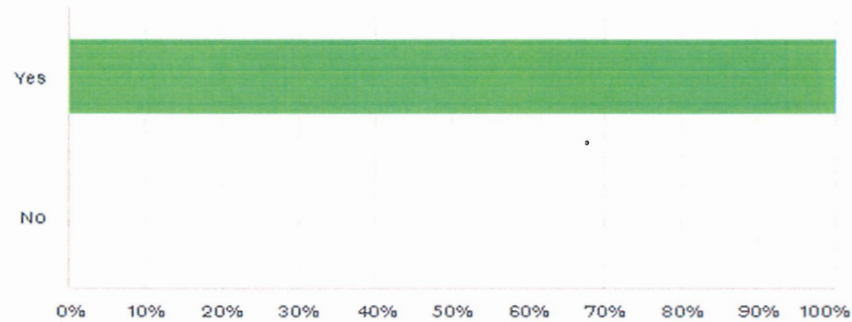
Q3


Customize

Save as


Are our hours of operation sufficient to meet your needs?

Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	7
▼ No	0.00%	0
TOTAL		7

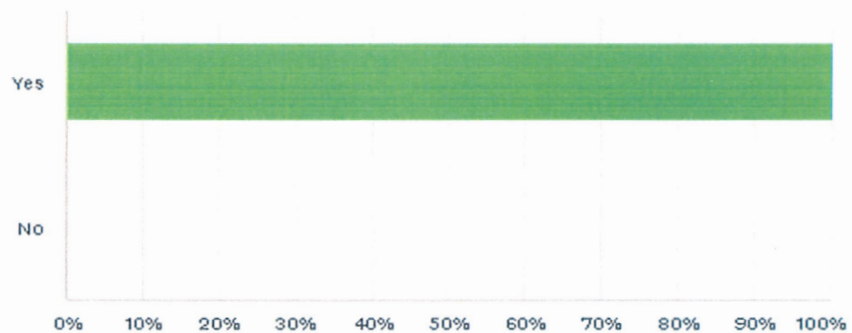
Q4


Customize

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
The wait time for service was reasonable.

Answered: 7 Skipped: 0



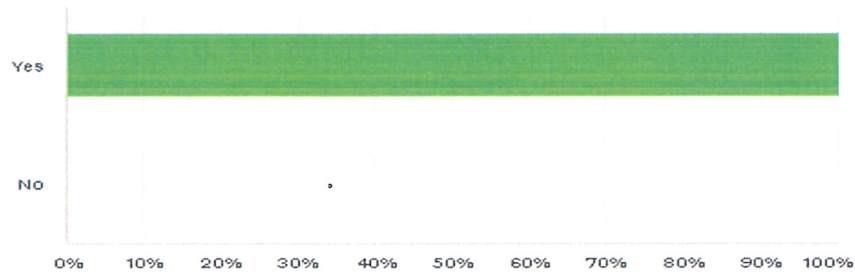
ANSWER CHOICES	RESPONSES	
▼ Yes	100.00%	7
▼ No	0.00%	0
TOTAL		7

Q5


Customize
Save as ▼

The staff was friendly and courteous.

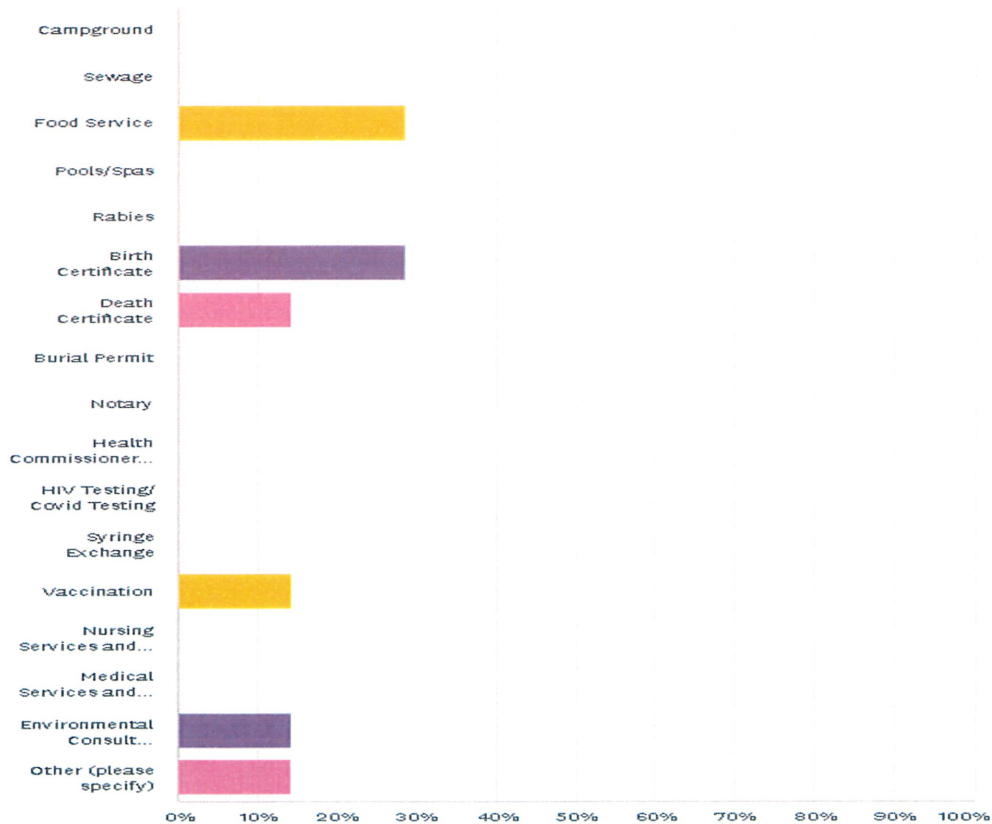
Answered: 7 Skipped: 0



ANSWER CHOICES ▼	RESPONSES ▼	
▼ Yes	100.00%	7
▼ No	0.00%	0
TOTAL		7

What type of service did you receive today?

Answered: 7 Skipped: 0



CITY OF MIDDLETOWN HEALTH DEPARTMENT
2022 Activity Quarterly Report- First Quarter

Environmental Quarterly Totals	January	February	March	YTD Total
Food Service Operations/Vending Inspections	45	20	11	76
Retail Food Establishments Inspections	3	14	7	24
Mobile FSO/RFE	0	0	5	5
Prelicense/Consultations	3	5	2	10
Inspection of Temporaries	0	0	2	2
Environmental School Inspections	0	0	2	2
Smoking Inspections	0	0	3	3
Swimming Pools Inspections	0	0	11	11
Tattoo Establishment Inspections	0	0	0	0
Animal Bites	1	4	11	16
Complaints	7	3	5	15
Level 1 Food Certification Training	0	0	0	0
Sewage Inspections	0	0	30	30

Vital Statistics Quarterly Totals	January	February	March	YTD Total
Birth Certificates Issued	348	364	446	1158
Death Certificates Issued	533	400	417	1350
Birth Certificates Filed	79	71	65	215
Death Certificates Filed	129	118	114	361
Indigent Cremations	2	1	1	4
Accidents				
Drug Overdoses	0	2	4	6
Falls	1	1	1	3
Choking	0	0	0	0
House Fire	0	0	0	0
Motor Vehicle Accidents	0	0	0	0
Undetermined	0	0	0	0
Suicide	0	0	0	0
Homicide	0	0	0	0
COVID-19 Related Deaths	8	11	9	28
11 Pending Death Certificates				

CITY OF MIDDLETOWN HEALTH DEPARTMENT

REPORTABLE COMMUNICABLE DISEASES – 2022

DISEASE	1 ST QTR	2 ND QTR	3 RD QTR	4 TH QTR	YTD
COVID-19	3463	-	-	-	3463
Atypical Mycobacteria	0	-	-	-	
Bacteremia S. Pneumoniae	0	-	-	-	
Streptococcal-Group A-invasive	3	-	-	-	3
Streptococcus pneumoniae-Invasive	3	-	-	-	3
Campylobacter	4	-	-	-	4
Cryptosporidiosis	0	-	-	-	
E Coli 0157 H7	0	-	-	-	
Ehrlichiosis	0	-	-	-	
Salmonella	1	-	-	-	1
Shigella	0	-	-	-	
Yersinia Enterocol	0	-	-	-	
Hepatitis A	0	-	-	-	
Hepatitis B	6	-	-	-	6
Hepatitis C	33	-	-	-	33
Meningitis Bacterial	0	-	-	-	
Meningitis Viral	0	-	-	-	
Haemophilus Influenza (invasive disease)	0	-	-	-	
Influenza-associated hospitalization	4	-	-	-	4
Varicella	1	-	-	-	1
Mumps	0	-	-	-	
Tuberculosis	0	-	-	-	
Lyme Disease	0	-	-	-	
Pertussis	0	-	-	-	
CP Carbapenem-Resistant Enterobacteriaceae	0	-	-	-	
Legionellosis-Legionnaires' Disease	0	-	-	-	
Giardiasis	1				1
HIV	4	-	-	-	4
STD's (Sexually Transmitted Diseases):					
Chlamydia	90	-	-	-	90
Gonococcal Infection	48	-	-	-	48
Syphilis	1	-	-	-	1

Butler County Monthly Communicable Disease Surveillance Report

March of 2023

Leah Elliott, MPH

ElliottL@butlercountyohio.org

Notifiable Communicable Diseases

Summary:

- Number of Disease Cases Reported in Butler County: **1,042**
- 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, March 2023 (excluding Chlamydia infection and gonorrhea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio (excluding BC)	34,156	292.2	-	-
Butler County	853	218.5	0.723	0.675-0.774

Interpretation: The residents of Butler County were 28% less likely to be the subject of a notifiable disease report when compared to the rest of Ohio as a whole. These results are statistically significant. (excluding Chlamydia infection and Gonorrhea)

Table 2.* Communicable Diseases by Jurisdiction (March 2023)

Jurisdiction	Count	Rate per 100,000	Change from Previous Month
Butler County General Health District	669	242.4	↓31.9% from February 2023 (n=982)
Middletown City Health Department	176	345.2	↓27.3% from February 2023 (n=242)
City of Hamilton Health Department	197	310.7	↓22.7% from February 2023 (n=255)
Butler County (all inclusive)	1,042	266.9	↓29.5% from February 2023 (n=1,479)

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

Reportable Disease Subgroup	Count	Trend
Viral Hepatitis (B and C)	54	↑25.6% from February 2023 (n=43)
Sexually-Transmitted Infections (Chlamydia infection, Gonorrhea, Syphilis and HIV)	145	↑30.6% from February 2023 (n=111)
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, Vibriosis and Yersiniosis)	8	↑33.3% from February 2023 (n=6)
Vaccine-Preventable Diseases (COVID-19, influenza-associated hospitalizations, Haemophilus influenzae, Bacterial meningitis, Mumps, Pertussis, invasive Streptococcus pneumoniae, Tetanus, and Varicella)	814	↓37.9% from February 2023 (n=1,311)

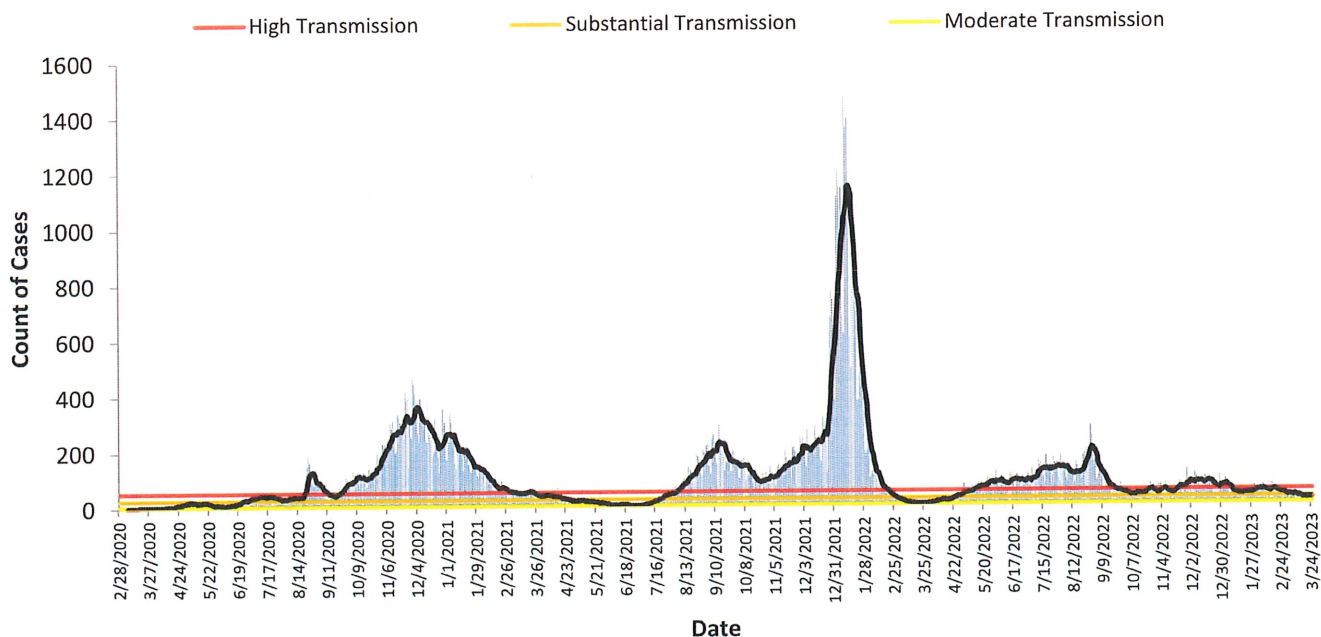
*Data is provisional and subject to change – Table 1 does not include gonorrhea or Chlamydia infection due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika 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 March 1-31, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 4/4/2023

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

Jurisdictions	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)
Campylobacteriosis	3	0	0	3
Candida auris	2	0	1	3
Chlamydia infection	62	22	26	110
COVID-19	536	135	134	805
CP-CRE	3	1	1	5
E. Coli, Shiga-Toxin Producing	0	1	0	1
Giardiasis	0	0	1	1
Gonococcal infection	17	5	6	28
Haemophilus influenzae (invasive disease)	1	0	0	1
Hepatitis A	0	0	1	1
Hepatitis B	8	4	4	16
Hepatitis C	17	6	15	38
HIV	4	0	1	5
Influenza-associated hospitalization	2	1	2	5
Legionellosis	3	0	0	3
Lyme Disease	2	0	0	2
Pertussis	1	0	0	1
Salmonellosis	2	0	0	2
Streptococcal, Group A (invasive disease)	5	0	2	7
Streptococcus pneumoniae (invasive disease)	0	0	2	2
Syphilis	0	1	1	2
Tuberculosis	1	0	0	1
Total	669	176	196	1,042

Figure 1. Reported Cases of COVID-19 by Date of Event 2020-2023*



*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 March 1-31, 2023 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 4/4/2023

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)

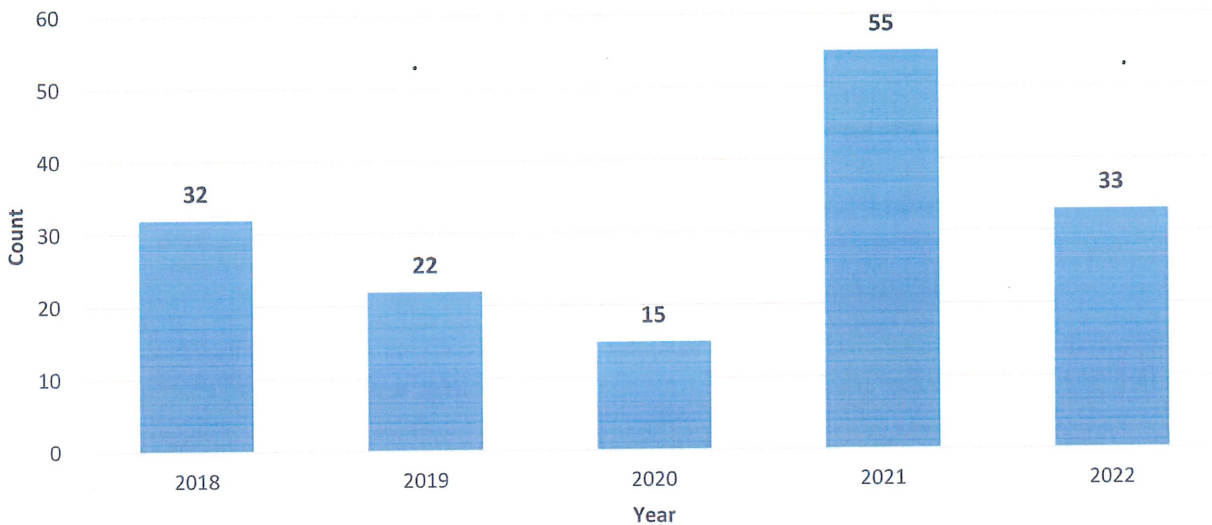
	2018	2019	2020	2021	2022	5 Year Avg.	Up to 3/31/2023
Amebiasis	2	1	0	1	1	1	0
Botulism- wound	0	0	0	0	1	<1	0
Brucellosis	0	0	0	2	0	<1	0
Candida auris (not reportable prior to 2019)	-	0	0	1	13	-	3
Campylobacteriosis	33	45	30	35	48	38.2	7
Chlamydia infection	1,592	1,631	1,512	1,406	1359	1,500	303
COVID-19 (not reportable prior to 2020)	-	-	26,420	39,521	49323	38,421.33	3,513
CP- CRE (not reportable prior to 2019)	-	4	10	11	12	9.25	5
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	3
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	78
Haemophilus influenzae (invasive disease)	17	10	7	6	11	10.2	4
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	26
Hepatitis C - acute/chronic/perinatal	750	552	486	434	390	522.4	89
HIV	43	24	17	58	38	36	9
Influenza-associated Hospitalization	479	325	266	18	306	278.8	25
Legionellosis - Legionnaires' Disease	16	17	10	9	15	13.4	3
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	8
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	13
Streptococcal - Group B - in newborn	3	0	1	0	1	1	0
Streptococcus pneumoniae - Invasive	54	59	31	33	40	43.4	12
Syphilis (all stages)	47	11	17	23	45	28.6	9
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.

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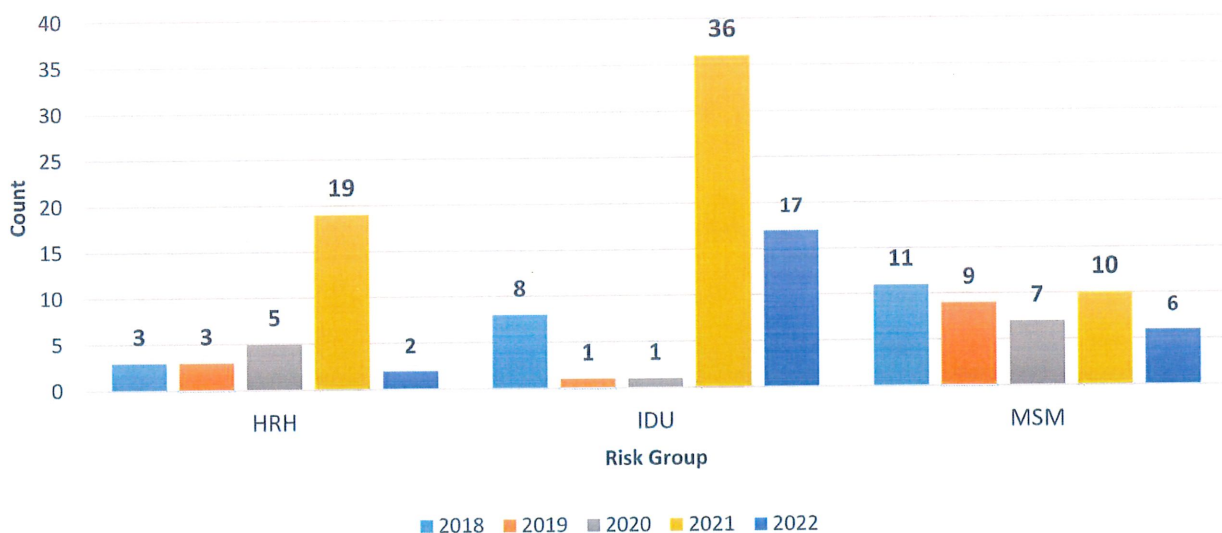
In 2021, Butler County observed a spike in newly diagnosed HIV infections with there being an approximate 266% increase in new cases from 2020 to 2021.

Figure 1: Newly Diagnosed HIV Cases by Year for Butler County



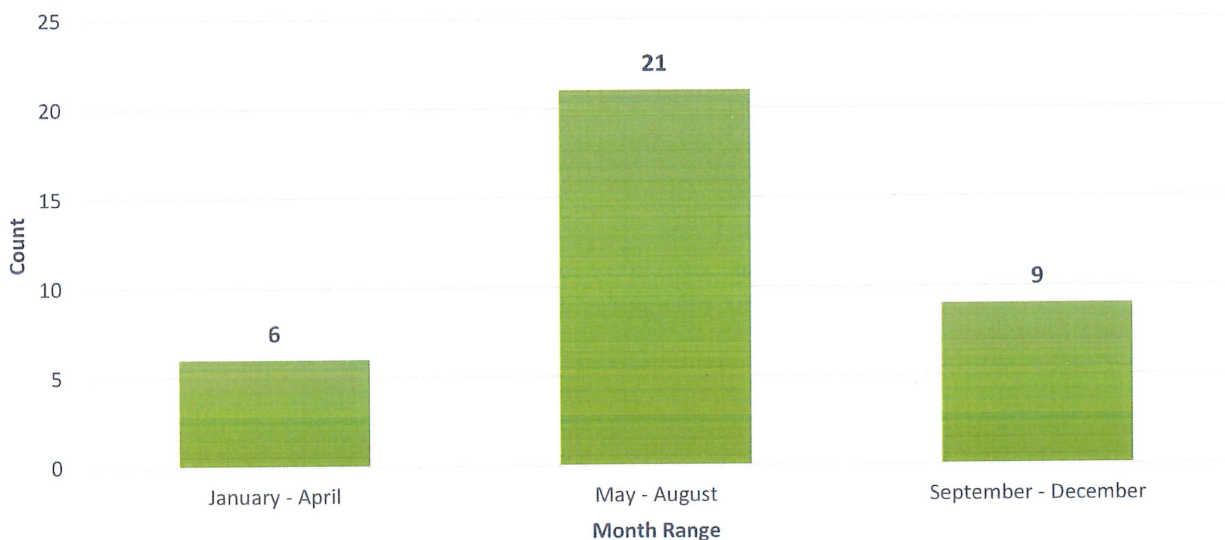
These newly diagnosed cases in 2021 were also clustered around people who report to inject drugs (IDU), where in previous years cases mainly involved men who have sex with men (MSM) or people who report to be high risk heterosexuals (HRH). In total, 36 of the 55 cases or ~65% of the newly diagnosed cases in 2021 were among people who report to be injection drug users.

Figure 2: Newly Diagnosed HIV Cases by Risk Group and Year for Butler County



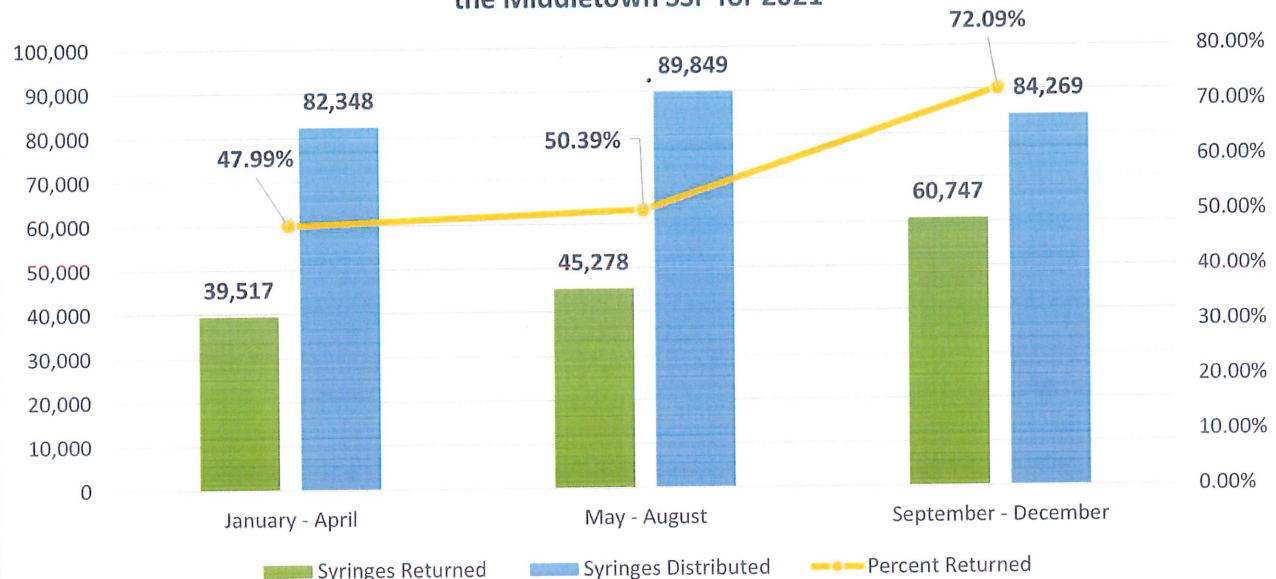
When looking at when newly diagnosed HIV cases occurred among people who report to inject drugs, it can be seen that the majority (~58%) of the 2021 IDU cases occurred between May – August of 2021.

Figure 3: Newly Diagnosed HIV Cases Among Injection Drug Users By 4-Month Periods for 2021 (36 Total)



During this time local Health Departments and community partners then become more aware of this growing public health issue and the potential severity of it with the sudden cluster. This then sparked increased outreach and education to be conducted among people who inject drugs to inform them about the risks associated with using and that the risk for transmitting infections from person to person can greatly be reduced by exchanging used syringes for new ones at local syringe service programs (SSP).

Figure 4: Total Syringes Returned and Distributed Among a 4-Month Period for the Middletown SSP for 2021



From looking at Figure 4 it can be seen that following the cluster that occurred from May – August increased outreach and education around the syringe service programs in Butler County then resulted in a higher amount of syringes being returned from September – December of 2021. Approximately 34% more syringes were returned from September – December compared to May – August of 2021 when newly diagnosed cases were most high. This higher return rate then also coincided with their being an approximate 57% reduction in newly diagnosed HIV cases among injection drug users from September – December of 2021 compared to May – August.

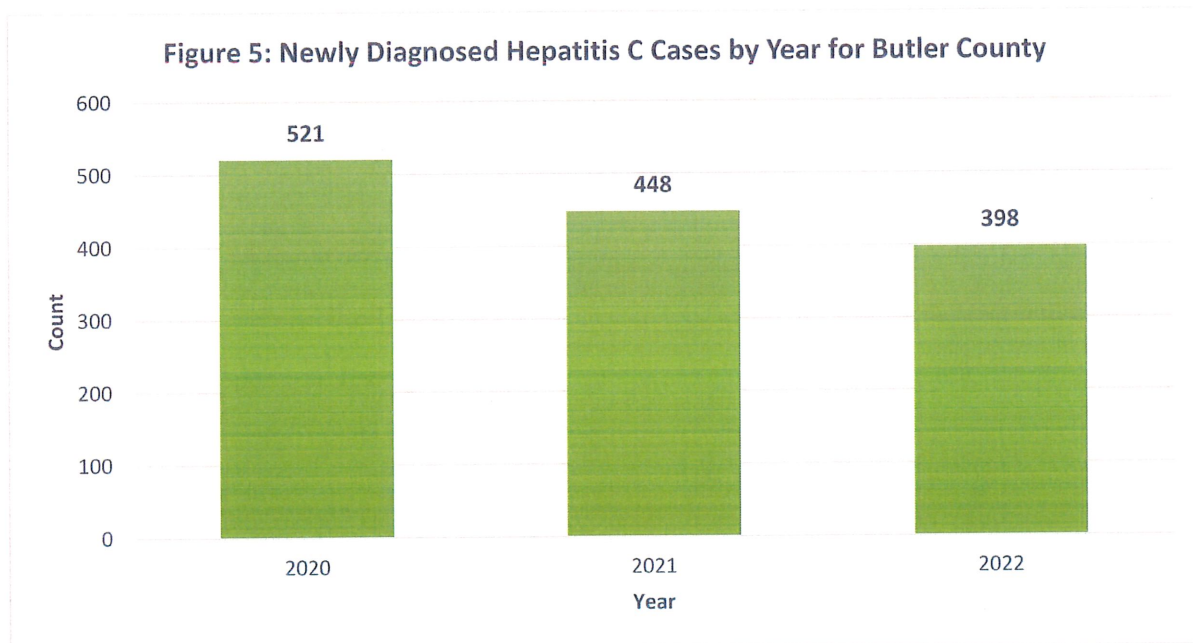
As it can be seen from Figure 1 on page 1, Butler County observed an approximate 40% decrease in newly diagnosed HIV cases in 2022 going from 55 cases in 2021 to 33 this past year. This significant decrease is due in large part because of the increased participation and utilization of the Middletown Syringe Service Program. However, 33 total cases for one calendar year is still a concerning public health issue and from looking at Figure 2 on page 1 it can also be seen that 17 of the 33 cases (~52%) also reported to be injection drug users.

Table 1: Total Syringes Returned and Distributed by Year for the Middletown SSP

Year	Syringes Returned	Syringes Distributed	Percent Returned
2021	145,542	256,466	56.75%
2022	209,816	307,324	68.27%
Total	355,358	563,790	63.03%

In 2022, the Middletown SSP saw increased participation and utilization of individuals bringing back syringes to return compared to 2021. From looking at Table 1 it can be seen that over 64,000 syringes or approximately 44% more were returned in 2022 compared to 2021. Additionally, the percent returned amount for 2022 was proportionally higher than 2021 with the return rate being approximately 12% higher for 2022 compared to 2021.

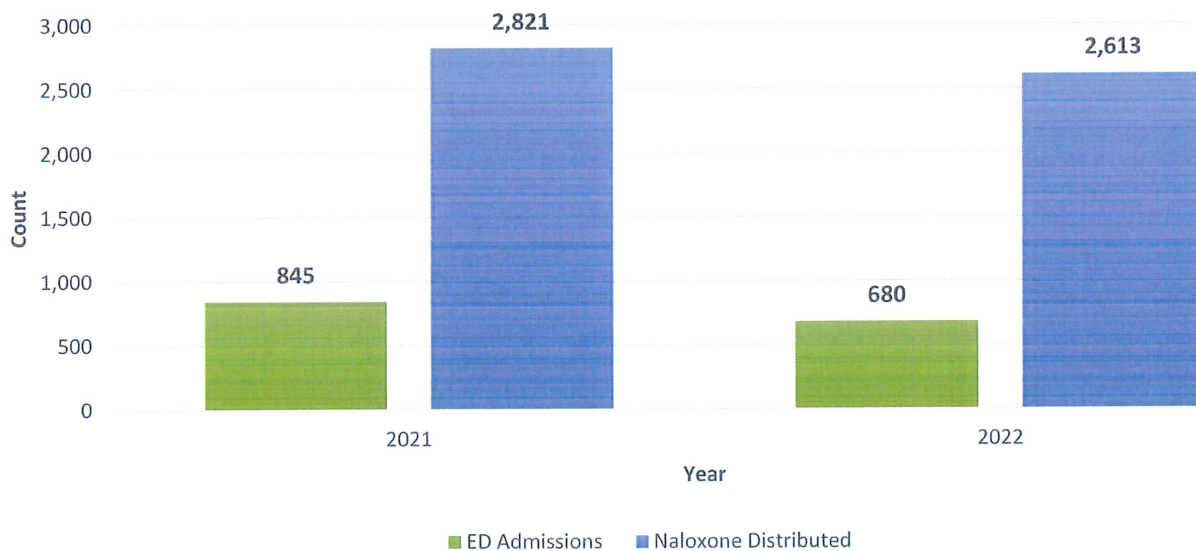
Other significant benefits that the SSP has contributed towards the overall health of Butler County has been the significant reduction in newly diagnosed Hepatitis C cases and the large amount of naloxone that has been distributed at the site. Distribution of naloxone at the Middletown SSP has then correlated with there being a significant reduction seen in suspected drug overdose emergency department admissions among Butler County residents.



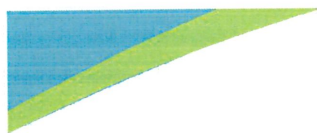
In 2020 there were 521 newly diagnosed Hepatitis C cases, while in 2021 that number dropped to 448 new cases, and in 2022 that number dropped even further to 398 cases. From 2020 to 2022 there has been an approximate 23% reduction in newly diagnosed Hepatitis C cases for Butler County. This significant reduction in cases is believed to be due to the SSP providing individuals with an opportunity to exchange used syringes for new ones and because individuals can also undergo testing at the SSP for Hepatitis C and then be engaged in treatment.

As can be seen below in Figure 6, suspected drug overdose emergency department admissions among Butler County residents observed a near 20% reduction in total cases from 2021 to 2022. Additionally, between 2021 and 2022, 5,434 naloxone kits were distributed to Middletown SSP participants. This significant reduction in emergency department admissions is due in large part because of the Middletown SSP providing individuals with an opportunity to receive naloxone so they can reverse an overdose themselves and not have to be admitted to an emergency department for an overdose. This significantly reduces the amount of runs EMS has to make for 911 drug overdose calls and for emergency departments having to clinically treat people who recently overdosed.

Figure 6: Total Suspected Drug Overdose Emergency Department Admissions Among Butler County Residents and Total Naloxone Kits Distributed at the Middletown SSP by Year



Overall, these statistics highlight how beneficial the Middletown Syringe Service Program has been in helping reduce the amount of new HIV infections, Hepatitis C cases, and suspected drug overdose emergency department admissions in Butler County. However, due to new HIV infections still being high and because cases are mainly among individuals who report to inject drugs, it provides evidence that cases are still clustering around this demographic of people. Furthermore, these statistics provide proof that this public health service is still needed to continue to drive down the amount of newly diagnosed Hepatitis C cases and to also help significantly reduce the risk of a new HIV spike from occurring among people who inject drugs in Butler County.



Public Health
Prevent. Promote. Protect.

Butler County
General Health District



CITY OF
MIDDLETOWN

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

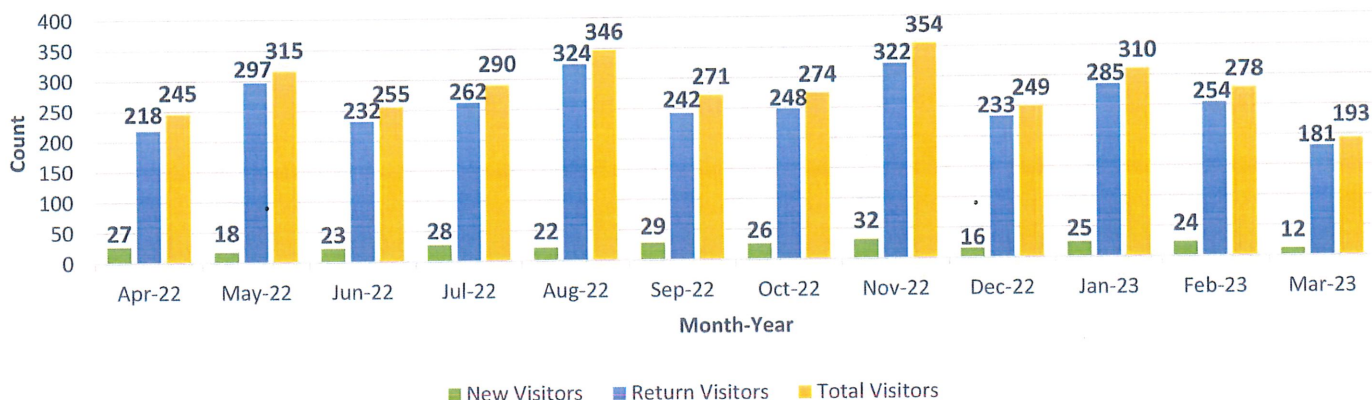


Figure 2: Syringes Returned and Distributed by Month for the Middletown SSP Site for 2022 and 2023

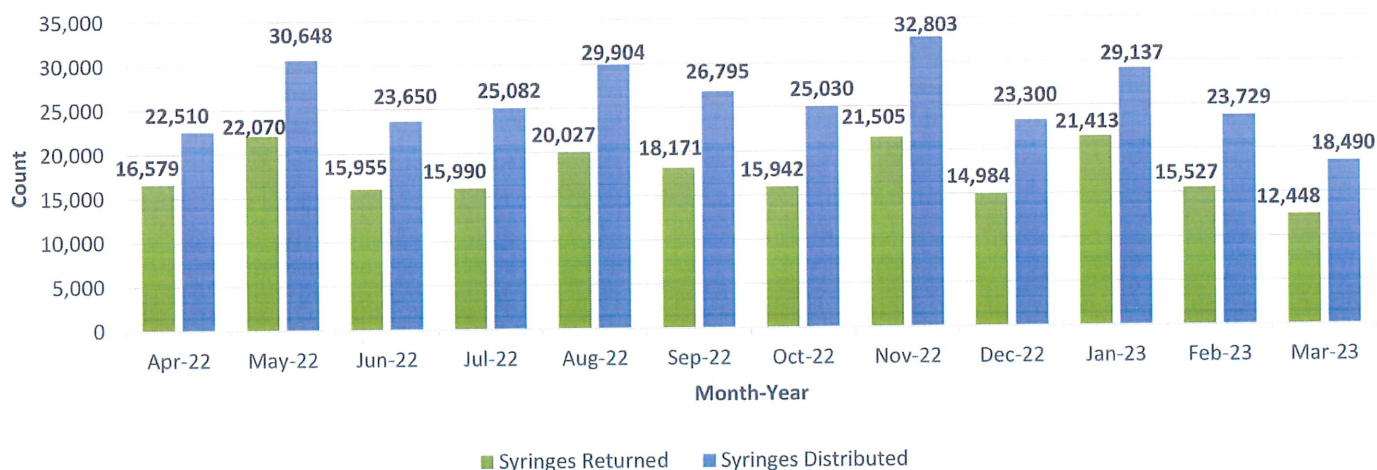
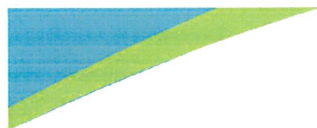


Table 1: Syringes Returned and Distributed by Visitors' Home County of Residence for the Middletown SSP Site for March 2023

County	Syringes Returned	Syringes Distributed	Percent Returned
Butler County, OH	10,655	16,750	63.61%
Hamilton County, OH	100	140	71.43%
Montgomery County, OH	0	120	0.00%
Warren County, OH	1,693	1,480	114.39%
Total	12,448	18,490	67.32%

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



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

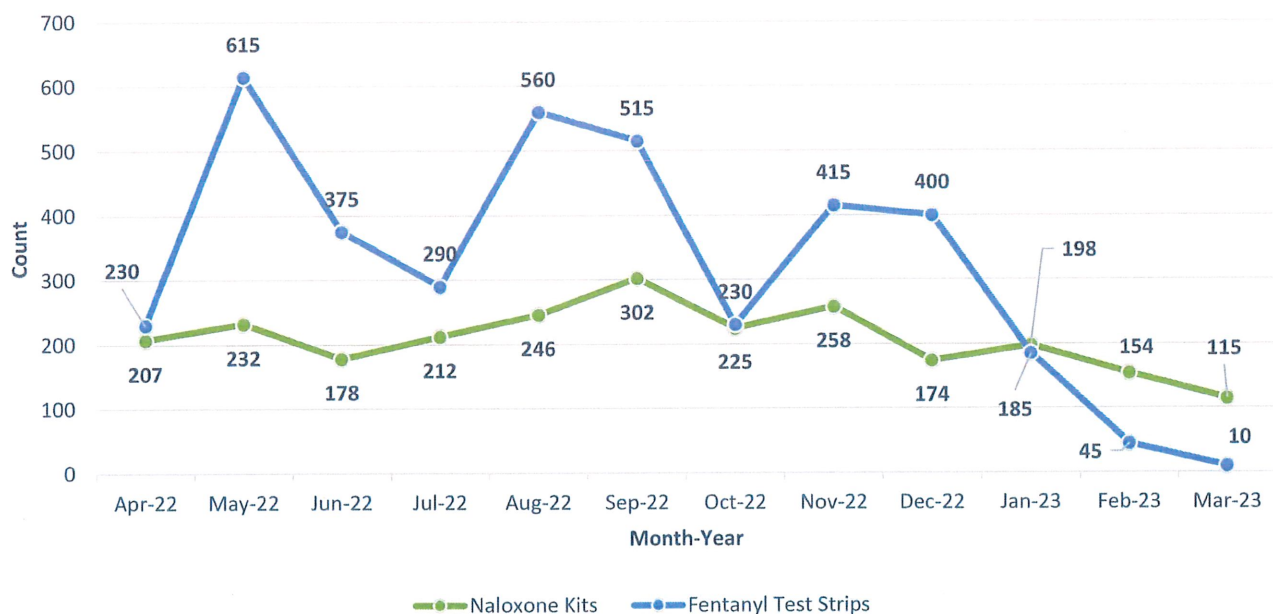


CITY OF
MIDDLETOWN

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

Zip Code - City	Syringes Returned	Syringes Distributed	Percent Returned
Middletown			
45042	2,449	3,990	61.38%
45044	6,467	8,930	72.42%
Middletown Total	8,916	12,920	69.01%
Hamilton			
45011	1,389	2,840	48.91%
45013	0	200	0.00%
45015	0	160	0.00%
Hamilton Total	1,389	3,200	43.41%
45050 - Monroe	0	160	0.00%
45056 - Oxford	0	40	0.00%
45067 - Trenton	350	430	81.40%
Butler County Total	10,655	16,750	63.61%

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 March 28, 2023



Syringe Services Programs (SSPs) Fact Sheet

The opioid crisis is fueling a dramatic increase in infectious diseases associated with injection drug use.

Reports of acute hepatitis C virus (HCV) cases rose 3.5-fold from 2010 to 2016.¹

The majority of new HCV infections are due to injection drug use.

Over 2,500 new HIV infections occur each year among people who inject drugs (PWID).²

Syringe Services Programs (SSPs) reduce HIV and HCV infections and are an effective component of comprehensive community-based prevention and intervention programs that provide additional services. These include vaccination, testing, linkage to infectious disease care and substance use treatment, and access to and disposal of syringes and injection equipment.

Helps prevent transmission of blood-borne infections

For people who inject drugs, the best way to reduce the risk of acquiring and transmitting disease through injection drug use is to stop injecting drugs. For people who do not stop injecting drugs, using sterile injection equipment for each injection can reduce the risk of acquiring and transmitting infections and prevent outbreaks.

SSPs are associated with an estimated 50% reduction in HIV and HCV incidence.³ When combined with medications that treat opioid dependence (also known as medication-assisted treatment), HCV and HIV transmission is reduced by over two-thirds.^{3,4}

SSPs serve as a bridge to other health services, including HCV and HIV testing and treatment and medication-assisted treatment for opioid use disorder.⁵

Helps stop substance use

The majority of SSPs offer referrals to medication-assisted treatment,⁶ and new users of SSPs are five times more likely to enter drug treatment and three times more likely to stop using drugs than those who don't use the programs.

SSPs prevent overdose deaths by teaching people who inject drugs how to prevent overdose and how to recognize, respond to, and reverse a drug overdose by providing training on how to use naloxone, a medication used to reverse overdose. Many SSPs provide "overdose prevention kits" containing naloxone to people who inject drugs.⁷⁻¹²

Helps support public safety

SSPs have partnered with law enforcement, providing naloxone to local police departments to help them respond and prevent death when someone has overdosed.¹³

SSPs also protect first responders and the public by providing safe needle disposal and reducing the presence of discarded needles in the community.¹⁴⁻¹⁹

In 2015, CDC's National HIV Behavioral Surveillance System found that the more syringes SSPs distributed per the number of people who inject drugs in a geographic region, the more likely the people who inject drugs in that region were to dispose of used syringes safely.²⁰

Studies in Baltimore²¹ and New York City²² have also found no difference in crime rates between areas with and areas without SSPs.



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Endnotes

- Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis — United States, 2016. <https://www.cdc.gov/hepatitis/statistics/2016surveillance/pdfs/2016HepSurveillanceRpt.pdf>.
- Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. *HIV Surveillance Supplemental Report*. 2018;23(No. 1). <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-1.pdf>. Published March 2018.
- Platt L, Minozzi S, Reed J, et al. Needle syringe programmes and opioid substitution therapy for preventing hepatitis C transmission in people who inject drugs. *Cochrane Database Syst Rev*. 2017;9:CD012021. doi:10.1002/14651858.CD012021.pub2.
- Fernandes RM, Cary M, Duarte G, et al. Effectiveness of needle and syringe programmes in people who inject drugs - An overview of systematic reviews. *BMC Public Health*. 2017;17(1):309. doi:10.1186/s12889-017-4210-2.
- HIV and Injection Drug Use – Vital Signs – CDC. Centers for Disease Control and Prevention. <https://www.cdc.gov/vitalsigns/hiv-drug-use/index.html>. Published December 2016.
- Des Jarlais DC, Nugent A, Solberg A, Feelemyer J, Mermin J, Holtzman D. Syringe service programs for persons who inject drugs in urban, suburban, and rural areas — United States, 2013. *MMWR Morb Mortal Wkly Rep*. 2015;64(48):1337–1341. doi:10.15585/mmwr.mm6448a3.
- Seal KH, Thawley R, Gee L. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. *J Urban Health*. 2005;82(2):303–311. doi:10.1093/jurban/jti053.
- Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. *Addict Behav*. 2006;31(5):907–912. doi:10.1016/j.addbeh.2005.07.020.
- Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. *Int J Drug Policy*. 2009;20(2):131–136. doi:10.1016/j.drugpo.2008.03.002.
- Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health*. 2009;99(5):788–791. doi:10.2105/ajph.2008.146647.
- Bennett AS, Bell A, Tomedi L, Hulseley EG, Kral AH. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County, Pennsylvania. *J Urban Health*. 2011;88(6):1020–1030. doi:10.1007/s11524-011-9600-7.
- Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and implementation of an opioid overdose prevention and response program in Toronto, Ontario. *Can J Public Health*. 2013;104(3):e200–204.
- Childs R. Law enforcement and naloxone utilization in the United States. FDA website. <https://www.fda.gov/downloads/Drugs/NewsEvents/UCM454810.pdf>.
- Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012;123(1-3):255–259. doi:10.1016/j.drugalcdep.2011.12.001.
- Riley ED, Kral AH, Stopka TJ, Garfein RS, Reuckhaus P, Bluthenthal RN. Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. *J Urban Health*. 2010;87(4):534–542. doi:10.1007/s11524-10-9468-y.
- Klein SJ, Candelas AR, Cooper JG, et al. Increasing safe syringe collection sites in New York State. *Public Health Rep*. 2008;123(4):433–440. doi:10.1177/003335490812300404.
- de Montigny L, Vernez Moudon A, Leigh B, Kim SY. Assessing a drop box programme: a spatial analysis of discarded needles. *Int J Drug Policy*. 2010; 21(3):208–214. doi:10.1016/j.drugpo.2009.07.003.
- Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health*. 2000;90(6):936–939.
- Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214–222.
- Centers for Disease Control and Prevention. HIV Infection, Risk, Prevention, and Testing Behaviors among Persons Who Inject Drugs — National HIV Behavioral Surveillance: Injection Drug Use, 20 U.S. Cities, 2015. *HIV Surveillance Special Report 18. Revised edition*. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-hssr-nhbs-pwid-2015.pdf>. Published May 2018. Accessed July 30, 2018.
- Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. *Am J Public Health*. 2000;90(12):1933–1936.
- Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. *J Acquir Immune Defic Syndr*. 2001;28(3):282–288.

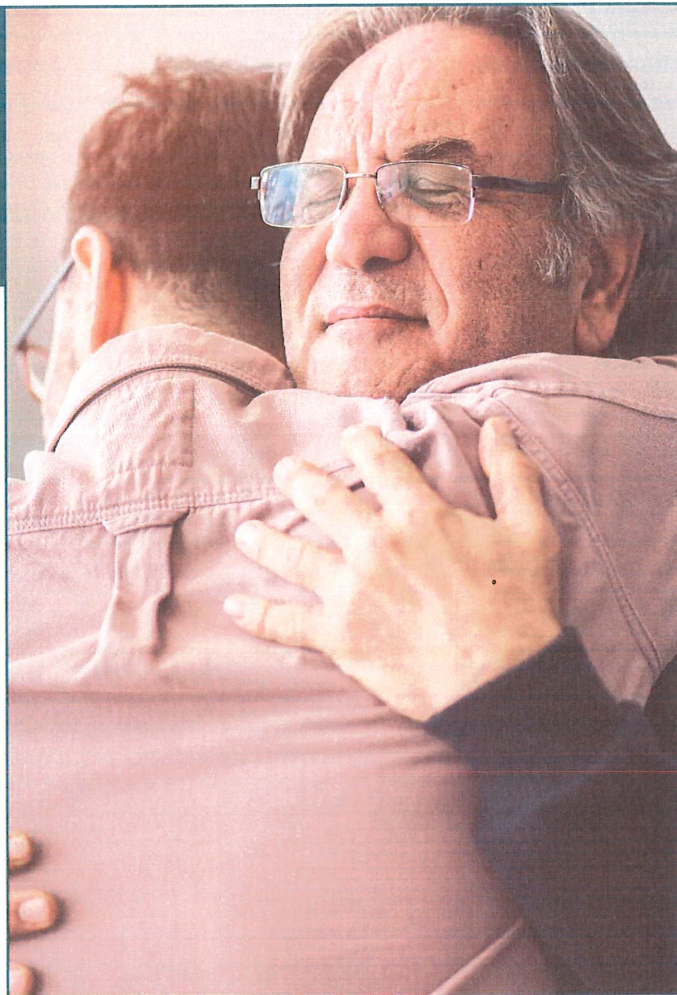


Syringe Services Programs (SSPs) FAQs

What is an SSP?

Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). Although the services they provide may vary, SSPs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide and link to other important services and programs such as

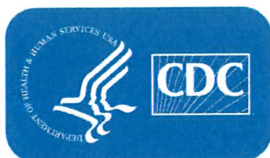
- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education about overdose prevention and safer injection practices.
- Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.



Are SSPs legal?

Some states have passed laws specifically legalizing SSPs because of their life-saving potential. SSPs may also be legal in states where possession and distribution of syringes without a prescription are legal.

Decisions about use of SSPs as part of prevention programs are made at the state and local levels. The Federal Consolidated Appropriations Act of 2016 includes language that gives states and local communities meeting certain criteria the opportunity to use federal funds provided through the Department of Health and Human Services to support certain components of SSPs, with the exception of provision of needles, syringes, or other equipment used solely for the purposes of illicit drug use.



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Do SSPs help people to stop using drugs?

Yes. When people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and stop injecting than those who don't use an SSP.^{1,2,3,4} New users of SSPs are five times as likely to enter drug treatment as those who don't use the programs. People who inject drugs and who have used an SSP regularly are nearly three times as likely to report a reduction in injection frequency as those who have never used an SSP.²

Do SSPs reduce infections?

Yes. Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial, and fungal infections and other complications. By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting bloodborne and other infections when they inject drugs. In addition to being at risk for HIV, viral hepatitis, and other bloodborne and sexually transmitted diseases, people who inject drugs can get other serious, life-threatening, and costly health problems, such as infections of the heart valves (endocarditis), serious skin infections, and deep tissue abscesses. Access to sterile injection equipment can help prevent these infections, and health care provided at SSPs can catch these problems early and provide easy-to-access treatment to a population that may be reluctant to go to a hospital or seek other medical care.^{5,6,7}

Do SSPs cause more needles in public places?

No. Studies show that SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of needles in the community.^{8,9,10,11,12,13}

Do SSPs lead to more crime and/or drug use?

No. SSPs do not cause or increase illegal drug use. They do not cause or increase crime.^{14,15}



Are SSPs cost effective?

Yes. SSPs reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than \$450,000.¹⁶ Hospitalizations in the U.S. for substance-use-related infections cost over \$700 million each year.¹⁷ SSPs reduce these costs and help link people to treatment to stop using drugs.

Do SSPs reduce drug use and drug overdoses?

SSPs help people overcome substance use disorders. If people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and reduce or stop injecting.^{1,2,3,4} A Seattle study found that new users of SSPs were five times as likely to enter drug treatment as those who didn't use the programs.² People who inject drugs and who have used an SSP regularly are nearly three times as likely to report reducing or stopping illicit drug injection as those who have never used an SSP.² SSPs play a key role in preventing overdose deaths by training people who inject drugs how to prevent, rapidly recognize, and reverse opioid overdoses. Specifically, many SSPs give clients and community members "overdose rescue kits" and teach them how to identify an overdose, give rescue breathing, and administer naloxone, a medication used to reverse overdose.^{18,19,20,21,22,23}

Endnotes

1. Wodak A, Cooney A. Do needle syringe programs reduce HIV infection among injecting drug users: a comprehensive review of the international evidence. *Subst Use Misuse*. 2006;41(6-7):777-813.
2. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. *J Subst Abuse Treat*. 2000;19(3):247-252.
3. Strathdee SA, Celentano DD, Shah N, et al. Needle-exchange attendance and health care utilization promote entry into detoxification. *J Urban Health*. 1999;76(4):448-460.
4. Bluthenthal RN, Gogineni A, Longshore D, Stein M. (2001). Factors associated with readiness to change drug use among needle-exchange users. *Drug Alcohol Depend*. 2001;62(3):225-230.
5. Robinowitz N, Smith ME, Serio-Chapman C, Chaulk P, Johnson KE. Wounds on wheels: implementing a specialized wound clinic within an established syringe exchange program in Baltimore, Maryland. *Am J Public Health*. 2014;104(11):2057-2059. doi:10.2105/AJPH.2014.302111.
6. Grau LE, Arevalo S, Catchpool C, Heimer R. Expanding harm reduction services through a wound and abscess clinic. *Am J Public Health*. 2002;92(12):1915-1917.
7. Pollack HA, Khoshnood K, Blankenship KM, Altice FL. The impact of needle exchange-based health services on emergency department use. *J Gen Intern Med*. 2002;17(5):341-348.
8. Tookes HE, Kral AH, Wenger LD, et al. A comparison of syringe disposal practices among injection drug users in a city with versus a city without needle and syringe programs. *Drug Alcohol Depend*. 2012;123(1-3):255-259. doi:10.1016/j.drugalcdep.2011.12.001.
9. Riley ED, Kral AH, Stopka TJ, Garfein RS, Reuckhaus P, Bluthenthal RN. Access to sterile syringes through San Francisco pharmacies and the association with HIV risk behavior among injection drug users. *J Urban Health*. 2010;87(4):534-542. doi:10.1007/s11524-010-9468-y.
10. Klein SJ, Candelas AR, Cooper JG, et al. Increasing safe syringe collection sites in New York State. *Public Health Rep*. 2008;123(4):433-440. doi:10.1177/003335490812300404.
11. de Montigny L, Vernez Moudon A, Leigh B, Kim SY. Assessing a drop box programme: a spatial analysis of discarded needles. *Int J Drug Policy*. 2010; 21(3):208-214. doi:10.1016/j.drugpo.2009.07.003.
12. Doherty MC, Junge B, Rathouz P, Garfein RS, Riley E, Vlahov D. The effect of a needle exchange program on numbers of discarded needles: a 2-year follow-up. *Am J Public Health*. 2000;90(6):936-939.
13. Bluthenthal RN, Anderson R, Flynn NM, Kral AH. Higher syringe coverage is associated with lower odds of HIV risk and does not increase unsafe syringe disposal among syringe exchange program clients. *Drug Alcohol Depend*. 2007;89(2-3):214-222.
14. Marx MA, Crape B, Brookmeyer RS, et al. Trends in crime and the introduction of a needle exchange program. *Am J Public Health*. 2000;90(12):1933-1936.
15. Galea S, Ahern J, Fuller C, Freudenberg N, Vlahov D. Needle exchange programs and experience of violence in an inner city neighborhood. *J Acquir Immune Defic Syndr*. 2001;28(3):282-288.
16. Farnham PG, Gopalappa C, Sansom SL, et al. Updates of lifetime costs of care and quality of life estimates for HIV-infected persons in the United States: Late versus early diagnosis and entry into care. *J Acquir Immune Defic Syndr*. 2013;64(2):183-189. doi:10.1097/QAI.0b013e3182973966.
17. Ronan, M., & Herzig, S. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply, 2002-12. *Health Affairs (Millwood)*. 2016;35(5):832-837. doi:10.1377/hlthaff.2015.1424.
18. Seal KH, Thawley R, Gee L. Naloxone distribution and cardiopulmonary resuscitation training for injection drug users to prevent heroin overdose death: A pilot intervention study. *J Urban Health*. 2005;82(2):303-311. doi:10.1093/jurban/jti053.
19. Galea S, Worthington N, Piper TM, Nandi VV, Curtis M, Rosenthal DM. Provision of naloxone to injection drug users as an overdose prevention strategy: Early evidence from a pilot study in New York City. *Addict Behav*. 2006;31(5):907-912. doi:10.1016/j.addbeh.2005.07.020.
20. Tobin KE, Sherman SG, Beilenson P, Welsh C, Latkin CA. Evaluation of the Staying Alive programme: Training injection drug users to properly administer naloxone and save lives. *Int J Drug Policy*. 2009;20(2):131-136. doi:10.1016/j.drugpo.2008.03.002.
21. Doe-Simkins M, Walley AY, Epstein A, Moyer P. Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. *Am J Public Health*. 2009;99(5):788-791. doi:10.2105/ajph.2008.146647.
22. Bennett AS, Bell A, Tomedi L, Hulsey EG, Kral AH. Characteristics of an overdose prevention, response, and naloxone distribution program in Pittsburgh and Allegheny County, Pennsylvania. *J Urban Health*. 2011;88(6):1020-1030. doi:10.1007/s11524-011-9600-7.
23. Leece PN, Hopkins S, Marshall C, Orkin A, Gassanov MA, Shahin RM. Development and implementation of an opioid overdose prevention and response program in Toronto, Ontario. *Can J Public Health*. 2013;104(3):e200-204.



Smoking Complaint Spreadsheet

for March 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	Cracker Barrel	3/31/23	X							Complaint states that employees are vaping in break room. To be investigated.
2										
3										
Notes:										

City of Middletown Health Department

March 2023

Vital Statistics

	MONTHLY	YTD
Birth Certificates Filed	78	197
Death Certificates Filed	85	260
Birth Certificates Issued	406	1090
Death Certificates Issued*	447	1085
Indigent Cremation Services	4	10

Deaths Filed

Accidental		
Drug Overdose	3	8
Falls	2	6
Motor Vehicle	0	0
Exposure to Elements	0	2
Choking	0	0
Homicide	1	2
Suicide	1	2
COVID-19 Related Deaths	1	3
Could Not Be Determined	0	0
Pending Investigation	9	9

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

Environmental Inspections

	MONTHLY	YTD
Food Service Operations(FSO)	30	85
Retail Food Establishments(RFE)	33	43
Prelicense/Consultations	4	19
Sewage Inspections	0	0
School Inspections	5	5
Vending Locations	0	0
Temporary FSO/RFE	1	1
Mobile FSO/RFE	5	5
Complaints	6	16
Smoking Complaint Inspections	0	1
Swimming Pools	9	29
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

Number of Attendees	5	5
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Animal Bite Events

Dog	7	16
Cat	1	4
Bat	0	0



Almost 20 million new STD cases are diagnosed each year. STD's have a greatly hidden impact on the United States. April is STI/STD Awareness Month so let's take an opportunity to highlight STI/STD facts and prevention measures.

- Half of all STD cases are made up of young people ages 15-24 years of age, although STD's among older adults are rising in numbers.
- The United States spends \$16 billion a year to treat STD's.
- There are more than 25 different diseases that can be transmitted sexually.
- Due to anatomy, it is easier for a female to become infected with an STD than a male.
- Not all medical check up's include STD testing. Discuss with your Doctor what STD you should be tested for
- Untreated STD's can result in long-term complications such as Mother-to-Child transmissions, increased risks of other infections, potential cancers and infertility.
- Every year 24, 000 women in the United States are diagnosed with infertility due to untreated STD's.
- STI's not only infect genitals, it can also affect the throat
- Condoms are unable to protect you against all STIs because many STIs are spread from areas that condoms don't cover.
- Many STD's do not cause any symptoms, therefore it is impossible to know for sure if someone has an STD just by looking at them. The only way to know for sure is to be tested.
- Some STD's are treatable, while others can only be managed and are not curable.
- Many STD's do not have symptoms and could take many years to become symptomatic.
- STD testing is usually quick, simple, and painless

STI/STD Awareness Month is to encourage resources and attention towards raising awareness of the burden these diseases. This month also promotes behaviors and practices to treat infections and prevent more from occurring.

Stop by your City of Middletown Health Department Door for additional STI/STD Awareness health topics to help you and your loved ones become aware of ways to prevent STI's/STD's

Storm that swept through Butler County was a tornado, NWS says

Inspection finds about a dozen properties damaged significantly.



Homes along Elk Creek and West Alexandria roads in Madison Twp. sustained damage Monday after a tornado blew through Butler and other counties. The blue home is on West Alexandria.

NICK GRAHAM / STAFF

BY KRISTEN SPICKER AND JEN BALDUF - STAFF WRITERS

3/1/2023

CLOSER LOOK

The National Weather Service confirmed tornadoes touched down in Butler County on Monday afternoon.

Tuesday morning, the agency conducted surveys of the storm that resulted in downed trees and power lines throughout the Miami Valley. Madison Twp. homes along West Alexandria and Elk Creek roads suffered the most damage.

Clark County also had a tornado, though it's not clear if it was two separate tornadoes or the same tornado as occurred in Butler.

Final assessments with the survey results were not available by this newspaper's print deadline.

The Butler County Emergency Management Agency was out Monday making preliminary damage assessments.

"We did see around a dozen properties that saw some pretty significant damage," Director Matt Haverkos said.

The areas with the most damage were Hanover, Wayne and Madison townships, he said. No injuries were reported.

The EMA is working with the American Red Cross and local jurisdictions to take care of the residents affected, Haverkos said.

In Clark County, Pike Twp. resident Jerome Thomas said he was outside with his son when they saw the storm forming.

He and his two children went into their home's bathroom for safety. Thomas said it sounded like a freight train outside.

"All we were saying in there was 'Jesus, Jesus, Jesus,'" he said.

NWS is also conducting a storm survey in Orient in Pickaway County. The agency also confirmed a tornado touched down Monday near Orient.

Contact this reporter at kristen.spicker@coxinc.com.

TORNADO DAMAGE RATINGS

Tornadoes can range in intensity and are rated using 6 damage categories. Wind speeds are measured on the Enhanced Fujita scale, implemented in 2007, according to the National Weather Service.

EF-0

- Estimated wind speeds: 65 to 85 mph
- Observations: Minor damage. Winds will pull siding or gutters off homes, broken tree branches and shallowrooted trees pushed over.

EF-1

- Estimated wind speeds: 86 to 110 mph
- Observations: Moderate damage. Roofs stripped of shingles. Mobile homes overturned or damaged.

Broken glass to windows or other glass.

EF-2

- Estimated wind speeds: 111 to 135
- Observations: Considerable damage. Roofs torn off well-constructed homes. Mobile homes completely destroyed. Large trees snapped or uprooted.

Cars lifted off ground.

EF-3 ■ Estimated wind speeds: 136 to 165 mph

- Observations: Severe damage. Well-constructed homes destroyed. Severe damage to large buildings like shopping malls. Heavy cars lifted off the ground and thrown. Trains overturned.

EF-4

- Estimated wind speeds: 166 to 200 mph

- Observations: Devastating damage. Whole frames of homes completely leveled. Cars thrown and small missiles generated.

EF-5

- Estimated wind speeds: Over 200 mph

- Observations: Incredible damage. Strong frame houses leveled off foundations and swept away. Car-sized missiles fly through the air over 100 yards. High-rise buildings have significant deformation.

Rental assistance program receives new, small batch of federal funds

Butler County can restart the process of accepting applications.



Butler County was awarded \$20.4 million in emergency rent and utility assistance from the federal government, and that money is almost gone after helping almost 2,600 people stay in their homes.

AP FILE

BY DENISE G. CALLAHAN - STAFF WRITER

ONLY IN THE JOURNAL-NEWS

After a two-month hiatus due to a backlog of applications, Supports to Encourage Low-income Families will reopen the emergency rental assistance program on Saturday to help needy families keep their homes.

3/3/2023

Butler County was awarded \$20.4 million in emergency rent and utility assistance from the federal government, and that money is almost gone after helping almost 2,600 people stay in their homes. The Butler County commissioners partnered with SELF to manage the program.

Because they were inundated with new applications — the backlog stood at around 450 in December — they had to pause accepting new applications.

Executive Director Jeffrey Diver told the Journal-News they have awarded \$16.8 million to 2,591 needy households with the commissioners' federal funds and \$8 million to 2,451 families with other grant money they have received.

SELF had to pause the program once before because the federal money, which came in batches, dried up. When they started the program in early 2021 he had almost his entire staff of 27 to 28 people helping in some way, but now he is down to a handful working on this program — hence the backlog.

His agency gets 10% of the grant to administer it.

"It's been a significant reduction because when we first launched into this, 10% of \$11.4 million is \$1.4 million, whereas now we're down to much smaller numbers of money that's available,"

Diver said. "And as it's been coming in spurts, it's hard to maintain your staff when the money isn't there."

In response to the coronavirus pandemic, federal lawmakers approved two emergency rent and utility assistance programs, the first bucket of up to \$25 billion was established under the Consolidated Appropriations Act of 2021, which was enacted in December 2020. The county qualified for \$11.4 million and received it in one lump sum.

Another \$21.5 billion was approved under the American Rescue Plan Act which was enacted in March 2021.

The county commissioners were allotted \$9 million but did not accept the second round of funding initially because they wanted to gauge the need first. They tapped it in January 2022, but the money has come in waves.

Susan Ellerhorst, the county's community development administrator, told the Journal-News they just received the final \$2 million payment from the U.S. Treasury late last week. Nearly \$1.4 million was clawed back last year, and she doesn't believe it can be recovered.

"According to the Department of Treasury guidance, I don't think we're going to get any of that back because they reallocated that money to other government agencies," she said.

The commissioners were allocated the second round of funding in June 2021, but chose not to collect it until last January. The Treasury notified the county the day before the deadline it needed to expend 20% — or \$1.8 million — of the \$9 million tranche by March 31, 2022, but they were still drawing down the first pot of money.

The first time SELF had to suspend applications was last summer — the Treasury only sent \$3.6 million of the \$9 million allocation, and it ran out. SELF started taking applications again at the end of October when the Treasury sent another \$2 million.

The Journal-News obtained emails the Treasury sent to the county's development department that show the county was promised a \$4 million allotment would be forthcoming on Sept. 30, but five days later, the amount had been halved. Treasury sent \$2 million on Oct. 27.

Diver said he has been told there are more assistance dollars coming from the state but not how much.

Most people are looking at the pandemic in the rearview mirror, but Diver said there are still those suffering the ill effects of the crisis and they qualify for the funding.

"The guidelines are so broad that most people are able to find how COVID has impacted their household,"

Diver said. "People are still getting COVID, people are still being impacted by COVID and there are people who may have been impacted months ago who are still feeling the effects."

The new infusion of assistance for those in need couldn't have come at a better time since the additional COVID food stamp allocations expired on Tuesday.

Butler County JFS Executive Director Julie Gilbert has said essentially that means people will receive at least \$95 less per month to buy food for their families.

The Families First Coronavirus Response Act allowed states to request emergency allotments for households participating in the Supplemental Nutrition Assistance Program. As a result, OD JFS has been providing emergency allotments to SNAP households since March 2020. Congress recently passed the Consolidated Appropriations Act of 2023, which ended the program.

Gilbert told the Journal-News, "It is too soon to tell the overall impact, however we do anticipate our call volume going up."

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

MU student group wants birth control vending machine

Location has not yet been decided; process still in early stages.



Miami University in Oxford may see the installation of a “morning after” birth control vending machine as part of a student-initiated effort. The location of the machine has not been determined.

FILE

BY MICHAEL D. CLARK - STAFF WRITER

JOURNAL-NEWS IN-DEPTH

OXFORD — Miami University in Oxford may see the installation of a “morning after” birth control vending machine as part of a student-initiated effort, said school officials.

The installation of an automated dispenser of over-the-counter birth control pills — designed to chemically block the implantation of a

3/3/2023

fertilized egg into the uterus after unprotected sex — would be one of the first of its kind on an Ohio college campus.

A Miami student group — not the university — is pushing the proposal to bring the vending machine to campus, said Miami officials.

A few universities across America already have such post-intercourse, emergency contraception vending machines.

Interest in such delivery systems for “morning after” pills have escalated in the months since the U.S. Supreme Court’s 2022 ruling overturning *Roe v.*

Wade allowed individual states to determine the level of abortion access within their borders.

The Associated Student Government of Miami students is pushing for such a machine but its efforts have not been finalized, said school officials.

“This is still early in the process with a lot of details to be determined,” said Alecia Lipton, a Miami University spokeswoman, who added the association voted to pursue such a vending machine and should it be installed, the group would cover its costs.

The morning-after pills can be taken up to 72 hours after unprotected intercourse and do not end a pregnancy from the implantation of a fertilized egg.

“They work primarily by delaying or preventing ovulation,” according to the Mayo Clinic’s website describing the medication.

ASG officials did not respond Thursday to attempts to reach them for comment.

No location on Miami’s main Oxford campus for such a vending machine has been determined.

Similar machines on Miami’s Hamilton and Middletown campuses, which

do not have student residence facilities such as Oxford, are not being considered by the ASG, said Lipton.

Miami's Oxford enrollment is more than 16,000 students with most living on-campus but thousands also residing in off-campus, non-school housing.

Lipton also noted such contraception pills already are available over the counter at local pharmacies and other retail outlets.

"The students in ASG have shared that this student-led initiative is meant to provide a convenient means to obtain over-the-counter products 24/7," Lipton said.

"The proposed vending machine would make an over-the-counter medication more readily available at a discounted rate and would not carry anything that is not already available over-the-counter locally at CVS, Target and Walmart."

"The ASG is working to determine sourcing of products, costs and a potential on-campus location. At this point there is not a specific time frame or date for completion of this proposed initiative," said Lipton.

Contact this reporter at 513-820-2179 or email Michael.Clark@coxinc.com.

20 derailed train cars not carrying hazardous materials

Some cars had hazardous cargo like propane, but did not derail in incident just outside of Springfield.



A Norfolk Southern crew works to clean up the mess from the train derailment in Clark County, on Sunday. The incident happened Saturday on Ohio 41.
BILL LACKEY / STAFF



3/6/2023

Kraig Barner of Norfolk Southern Corp. (right) speaks during a press conference about the Clark County train derailment, on Sunday.

BILL LACKEY / STAFF



Multiple cars of a Norfolk Southern train lie toppled after derailing at a train crossing with Ohio 41 in Clark County, on Saturday. A local hazmat team inspected the area twice, and Ohio EPA officials confirmed that no toxic material was released.

BILL LACKEY / STAFF

BY HOLLY SOUTHER AND SYDNEY DAWES - STAFF WRITERS

COMPLETE COVERAGE

The 20 cars of a Norfolk Southern train that derailed near the Clark County Fairgrounds on Saturday were not carrying hazardous materials, although the 212- car train had hazardous materials like propane in some of its other cars.

“There was no release of any chemicals, no release of any materials to the soil, to the air, to the water,” Ohio EPA Director Anne Vogel said during a press conference at the Clark County Fairgrounds Sunday afternoon.

The cause of the derailment is unclear and is under investigation, Norfolk Southern manager of general operations Kraig Barner said.

The train, coming from Bellevue, Ohio, and heading to Birmingham, Alabama, was carrying plastic products, steel products, automobiles and other items. "A couple" of cars not involved in the derailment also were carrying liquid propane and ethanol, Barner said.

Four empty tankers with nonhazardous materials — two with residual amounts of diesel exhaust fluid, and two with residual amounts of polyacrylamide water solution — were identified among the 20 derailed cars, according to the Clark County Emergency Management Agency, according to Springfield Fire and Rescue division assistant chief Matt Smith.

Diesel exhaust fluid and polyacrylamide water solution are common industrial products shipped via railroad, the county statement said. Norfolk Southern immediately provided a containment list, the statement said, and first responders had access to the list via the ASK- RAIL app.

"Nothing had spilled onto the ground, and very minimal materials were on the actual cars themselves," he said.

A local hazmat team inspected the area around Ohio 41 twice following the derailment, and the Ohio EPA was on site Saturday and Sunday to inspect the area and confirm no material was released.

Vogel said a car carrying nonhazardous PVC pellets spilled during the derailment, and her agency will be on site to ensure that the soil will not be impacted.

"There have been multiple sweeps by multiple teams ... to ensure that there aren't any chemicals present in the soil there or the water that would harm the people here in Clark County," Clark County Combined Health District Commissioner Charles Patterson said on Sunday.

The health commissioner said technicians will continue to monitor the derailment site.

It's unclear what cost is associated with cleanup efforts.

The derailment occurred at 4:57 p.m. Saturday on Ohio 41 near Gateway Boulevard, between Interstate 70 and Bird Road, according to Sgt. David Slanker of the Springfield Post of Ohio State Highway Patrol.

Shawn Heaton was waiting at the intersection as the train crossed the intersection and captured the start of the derailment on video.

"I was right there and I was playing on my phone and then I heard a loud bang.

And when I heard the loud bang, I started recording," Heaton said. "When I heard the bang, there was all kinds of debris and metal shooting out from under the cars, and that's when I started recording, and you could see them start jumping off the tracks."

A shelter-in-place order for residents who live within 1,000 feet of the derailment was lifted by the Clark County EMA early Sunday.

Springfield Twp. Fire Chief Dave Nangle said only four or five residences were within that zone.

Ohio Edison crews worked to restore power for nearly 50 residents affected, with electricity coming back to the area late Sunday afternoon, according to the power company.

Downed power lines from the derailment stalled cleanup efforts for several hours, Nangle said.

Ohio 41 remained closed between I-70 and Gateway Boulevard in Springfield through Sunday afternoon as crews worked to complete emergency repairs at the railroad crossing, according to the Ohio Department of Transportation.

The final car in the derailment was cleared off by 3:30 p.m. Sunday, according to Barner. Repairs on the tracks were expected to continue through the night and into Monday.

This is the second Norfolk Southern train derailment to occur in Clark County in a year. A derailment of 26 of more than 100 cars in May 2022

near Old Mill Road in Mad River Twp. resulted in no injuries and no hazmat situation, according to a Norfolk Southern spokesperson.

People living near the tracks in May reported hearing a series of booms that evening, as well as seeing cars in the nearby river and seeing the train at a full stop.

Springfield's derailment also comes a month after a Norfolk Southern derailment in East Palestine, Ohio.

That train had 149 cars, 11 of which were carrying hazardous materials. Vinyl chloride from five of those cars was slowly released into the air before crews ignited it to get rid of the highly flammable, toxic chemicals in a controlled environment.

East Palestine residents expressed health concerns following the derailment and controlled burn and have been meeting with federal and state officials as well as representatives from Norfolk Southern.

A recent investigation by this newspaper found Ohio ranks fourth in the nation for railroad accidents, with 281 accidents between 2019 and November 2022. Fifty-five of those Ohio accidents were last year.

Ohio also ranks third in the nation for serious incidents involving the release of hazardous materials being transported by rail, road or air, the investigation found.

Sen. Sherrod Brown, D-Ohio, said on "This Week" on ABC that he is not completely satisfied with Norfolk Southern's response and accused the railroad of putting profits over the health and safety of people.

"The big railroads have weakened safety rules or resisted safety rules for years," said Brown, who along with Sen. J.D. Vance, R-Ohio, and other senators have introduced a bill to improve railroad safety.

Norfolk Southern CEO Alan Shaw is scheduled to testify before a U.S. Senate committee Thursday.

U.S. Rep. Mike Turner, R-Ohio, expressed concern about railroad safety

on NBC's "Meet the Press" Sunday.

"This truly is outrageous.

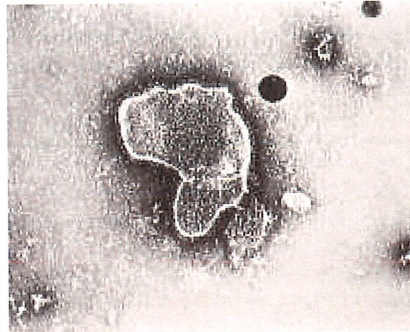
You know, Ohio is really the crossroads of America, both on the road and in rail. An unbelievable amount of goods travel through Ohio, some hazardous.

What we've seen ... with the risk to communities is unacceptable," he said.

Bill Lackey contributed to this report.

Approval for RSV vaccine for older adults getting closer

FDA decision expected by May; Shot shows 85% effectiveness in trials.



A panel of FDA advisers narrowly backed an experimental vaccine from Pfizer that could become the first shot to protect older adults against the RSV respiratory virus.
CDC

BY SAMANTHA WILDOW - STAFF WRITER

PUBLIC HEALTH

Pfizer was recently given a positive recommendation on its RSV vaccine for older adults, moving the first ever vaccine for respiratory syncytial virus a step closer to potential approval from the FDA.

“RSV is a very common virus in adults, although it’s only been recognized probably in the last 20 years or so. Prior to that, it was been known as a childhood virus,” said Dr. Jeffrey Weinstein, Kettering Health patient safety officer.

The committee voted 7 to 4 on safety and 7 to 4 on effectiveness, according to an announcement from Pfizer. The vaccine candidate is currently under FDA review for the prevention of acute respiratory

disease and lower respiratory tract disease caused by RSV in adults 60 years of age and older.

Weinstein said Pfizer's RSV vaccine now has to go through the FDA approval panel and appears likely to get approved. The vaccine showed approximately 85% effectiveness during its phase 3 clinical trial.

"This advisory board gives a green light to move forward to the full panel," Weinstein said.

"Typically they follow the recommendations of the advisory board, though that's not always the case."

The role of the advisory committee is to provide recommendations to the FDA, but these recommendations are not binding.

The FDA's decision on whether or not to approve the RSV vaccine for the prevention of acute respiratory disease and lower respiratory tract disease caused by RSV in individuals 60 years of age and older is expected by the Prescription Drug User Fee Act goal date in May 2023.

"In older adults, RSV can result in serious illness, hospitalization, or even death, so there is a significant need to protect this at-risk population," said Annaliesa Anderson, senior vice president and chief scientific officer of vaccine research and development at Pfizer.

Among older adults in the U.S., RSV infections account for approximately 60,000 to 160,000 hospitalizations and 6,000 to 10,000 deaths each year, according to the Centers for Disease Control.

Dr. Roberto Colon, chief medical officer of Miami Valley Hospital, said RSV typically presents like a cold for most people who get the virus.

"For most of us, it doesn't end up being very severe.

There are some more unfortunate individuals, particularly the very old and the very young, who are going to be much more susceptible to getting severe forms of the disease, and in some cases, it could be fatal," Colon said.

Pfizer's RSV vaccine is being targeted at the older population from getting severely sick from RSV, and a recent clinical trial from Pfizer revealed positive results. Colon said a trial involving the vaccine and 34,000 participants— including 17,000 individuals receiving the vaccine and 17,000 receiving a placebo—showed Pfizer's RSV vaccine was "very effective at preventing severe forms of the disease and also had significant impact at being able to prevent people from getting sick and having those symptoms associated with the disease."

A possible side effect of the vaccine was noted as Guillain-Barre syndrome, which is a rare neurological disorder where your immune system attacks part of the peripheral nervous system—the network of nerves located outside of the brain and spinal cord— according to the National Institute of Neurological Disorders and Stroke.

There were two Guillain-Barre cases among 19,942 vaccinated participants in the clinical studies for the RSV vaccine, according to the FDA. The FDA said this was within the context of a background rate of one and a half to three cases occurring per 100,000 people per year for Guillain-Barre syndrome in the U.S. among adults greater than 60 years of age.

"The important thing to realize is that Guillain-Barre can happen in the general population," Colon said.

"What they find when they look at the number of individuals that got Guillain-Barre in this study, when they compared it to what would be expected in the general population, it does not appear to be an increased risk."

Pfizer is also working on an RSV vaccine for infants from birth up to six months of age by immunization of pregnant individuals during their pregnancy. A decision from the FDA on this vaccine is expected by August, according to Pfizer.

Colon cancer up among younger adults

CLOSER LOOK



Dr. Matthew Knecht



Dr. Joseph P. Allen

BY SAMANTHA WILDOW - STAFF WRITER

Colon cancer, among other cancers, is increasingly impacting younger adults each year.

While doctors are not sure of the cause of the changes, the recommended age for colon cancer screening is 45, or even younger if you have a family history of the disease.

Dr. Matthew Knecht, a radiation oncologist with Kettering Health Medical Group Interventional Radiology, said the rates of colon or rectal cancer among younger adults, about 50 to 55 years and younger, have been rising approximately 1% per year.

“While the cases still remain low among that group, they are rising,” Knecht said.

As whole, the cancer incidence rate has been decreasing, but that downward trend is mostly in older adults.

The rate of people being diagnosed with colon or rectal cancer each year has dropped overall since the mid-1980s, according to the American Cancer Society, mainly because more people are getting screened and changing their lifestyle-related risk factors.

From 2011 to 2019, incidence rates dropped by about 1% each year, mostly in older adults. In people younger than 50, rates have been increasing by 1% to 2% a year since the mid-1990s.

“There is not a clear causative agent there at this time,” Knecht said.

Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in both men and women in the United States, impacting about 1 in 23 men and 1 in 26 women, according to the American Cancer Society.

The ACS’ estimates for the number of colorectal cancers in the United States for 2023 are 106,970 for new cases of colon cancer and 46,050 new cases of rectal cancer.

Colorectal cancer is the third leading cause of cancer-related deaths in both men and women, and it’s the second most common cause of cancer deaths when numbers for men and women are combined.

The American Cancer Society estimates it will cause about 52,550 deaths this year.

Doctors have historically recommended screenings start at the age of 50, but that is no longer the case, Knecht said.

“It is 45 that you should start getting screened for colon cancer,” Knecht said.

There are multiple screening options available, and Knecht recommended patients speak with their physicians or primary care providers about which would be the best option. Options include colonoscopies or stool DNA testing.

One thing doctors look for when screening for colon cancer is the growth of cells, called polyps, that could turn into cancer. Most colon polyps are not dangerous, but they have the potential to turn into cancer, so doctors typically remove and test them.

“Colonoscopies not only catch cancer at earlier stages, but because a lot of colon cancer develops from a polyp — which is a precancerous lesion — colonoscopies can actually remove those polyps and decrease the rate of developing cancer,” Knecht said.

Dr. Joseph Allen, who specializes in family medicine at Premier Health, said individuals who also have a family history of colon or rectal cancer within their immediate family, such as a parent or sibling, may need to start screenings before the age of 45.

Allen said individuals who have a first-degree relative with a history of colorectal cancer should start screenings approximately 10 years before the age it was diagnosed in the relative.

If a parent or sibling was diagnosed at age 50 with colon cancer, any immediate relatives should start getting screened at age 40.

Other diseases, such as Crohn’s disease, may make an individual more susceptible to colon cancer, as well.

Allen also suggested that one of the reasons doctors are seeing more cancer rates among younger adults is better screening tests uncovering those cancers earlier.

“We can identify it earlier,” Allen said. “We can essentially prevent that cancer from occurring.”

\$75M in COVID relief funds: Projects a work in progress

Butler County will spend \$10M on countywide plan for high-speed internet access, the largest single project



A ribbon-cutting for the new Lee and Rosemary Fisher Innovation College@Elm took place Feb. 16 at Miami University in Oxford. The building was the first project funded by Butler County ARPA funds to be completed.

NICK GRAHAM / STAFF

BY DENISE G. CALLAHAN - STAFF WRITER

JOURNAL-NEWS IN-DEPTH

Butler County communities are making headway on spending \$68.5 million in coronavirus relief funds the county commissioners have awarded, and decisions are still outstanding on \$7 million more. President Joe Biden signed the \$1.9 trillion American Rescue Plan Act into law March 11, 2021, and it allocated \$350 billion to help local

governments with pains caused by the coronavirus pandemic. When the commissioners learned they had nearly \$75 million to spend, they invited other governments and agencies to pitch them ideas.

The county received an eclectic array of funding requests — totaling more than \$200 million —including economic development and educational endeavors, help for the homeless, propping up small businesses, park and bike trail expansion and countywide broadband, to name a few. They ranged in price from \$24 million for new advanced aviation and manufacturing training centers in Middletown and Hamilton to \$125,000 for healthcare worker training.

The commissioners kickstarted the largest single project last week, awarding a \$10 million contract to altafiber to bring high-speed internet access countywide.

During a recent work session, David Kramer, senior director for Corporate Strategy and Development with altafiber, said they plan to have fiber available to residential customers within three years and all others, such as businesses and multi-unit buildings like apartments, within four years.

“When we are done, everybody who has granted us permission to get onto their property and deliver fiber will have fiber,” Kramer said.

“The way I look at this and the way telecommunities look at this is every foot of Butler County road right-of-way will have access to high-speed fiber.”

Road projects begin

The commissioners recently executed a \$16 million paving contract to tackle nearly 73 miles of rutted county and township roads. The robust paving budget was bolstered with \$5 million in ARPA funds the commissioners allocated to the program. They allotted another \$5 million for next year.

Betsy Horton of the county engineer’s office said crews will start work in St. Clair Twp. in the next couple weeks, and “from there, they will head northwest and work their way around to finish repairs in West Chester

Twp.”

Where the county’s federal rescue funds went

The commissioners awarded the first batch of funding totaling \$52.4 million in July, giving a large amount — \$20 million total — to educational endeavors; namely \$15 million to Butler Tech for new advanced technology centers for aviation in Middletown and advanced manufacturing in Hamilton and \$5 million for Miami University’s College@Elm workforce center.

The second round of funding came in December, including \$16.1 million for city and township infrastructure projects, parks, a community center and a nonprofits package. There is \$7 million — including \$1 million in earned interest — left to award.

County Administrator Judi Boyko recently gave a status report on the ARPA awards. Since the county is ultimately responsible to the federal government for all of the dollars, subrecipient agreements had to be forged with the entities awarded funds and a reporting portal — all the entities had to be schooled on the portal, which has taken some time — established.

“Funding was released to the subrecipients after all documentation was submitted, attesting to and assuming responsibility to follow the reporting portal and providing their cost allocation plans and internal policies and procedures on how the subrecipients handle expenses and revenues,” Boyko said.

To date she said nearly \$20.4 million has been distributed to recipients awarded money in the first batch of projects, and \$1.14 million had been spent as of the fourth quarter last year. None of the money has been disbursed for the second grouping of projects.

She told the Journal-News as of Dec. 31 Miami University spent the most, \$1.1 million for the College@Elm Innovation and Workforce Development Center. The Hamilton Community Foundation Inc. spent \$9,572 for the HYPE Hamilton Young People Empowered program and the county visitors bureau spent \$5,000.

Miami's is the first commissioner-funded project to be completed. The university cut the ribbon last month on the off-campus business incubator in a former school food services building that is now dubbed the Lee and Rosemary Fisher Innovation College@Elm.

The project has received a total of \$17.5 million in funding from a host of investors.

Miami asked the commissioners for \$10 million — and later requested an additional \$2 million for start-up operating costs.

The commissioners awarded \$5 million; they declined to approve operational costs for any projects. The second round of funding came in December, including \$16.1 million for city and township infrastructure projects, parks, a community center and a nonprofits package. There is \$7 million — including \$1 million in earned interest — left to award.

Associate Director of Media Relations Alicia Lipton said so far they have spent a total of \$4 million of the commissioners' money and "all remaining funds are allocated to the College@ Elm and will be expensed in coming months."

Most projects are a work in progress

The largest award of \$15 million went to Butler Tech for two new advanced technology training centers, an aviation facility at Hook Field in Middletown (\$7 million) and advanced manufacturing in Hamilton (\$8 million). The initial estimate was a flat \$12 million for each center. They sent the county an updated proposal for \$22.9 million for construction, equipment and the first year of operation after the commissioners asked people to update their proposals.

Superintendent/CEO Jon Graft told the Journal-News they met with business and industry partners in November 2022 "to begin solidifying program pathways for current and future job skills."

Now they are working to obtain ground leases with Miami University for property on the Hamilton campus for advanced manufacturing and the

city of Middletown for aviation education hangar at Hook Field.

They are also working on architectural and construction service documents.

Butler Tech is contributing \$5.5 million to the projects including first-year operating costs. They have also applied for a \$2 million Ohio Site Inventory Program Grant. They haven't received the county funds yet but are hoping to launch the programs in 2025.

Costs of work are skyrocketing

The commissioners made another large investment to help the villages of College Corner, Millville, New Miami and Seven Mile make critical infrastructure repairs.

They asked for a total of \$11.5 million and received \$4 million.

Shawn Campbell, the consulting engineer who submitted the joint funding request told the Journal-News they are still working through the county's compliance protocols before they can access their funds.

He said the earliest they could start construction is spring of 2025 because "the cost of infrastructure has gone through the ceiling."

They are also hunting for supplemental grant funds, which takes time.

"We have until 2026 to do these; nobody wants to rush. When I say that, I say that tongue in cheek.

The villages would like to have it done now," Campbell said. "But at the same time we want to be prudent with the funding that's been allocated."

The commissioners also allocated \$3 million each to Fairfield, Hamilton and Middletown for infrastructure/economic development projects and those communities are in various stages of their projects.

Middletown was the first entity to request a slice of the county ARPA funding in 2021, the commissioners approved \$3 million of the \$6.6

million request for redevelopment dollars.

The portion they approved was to demolish and finish cleanup of the old Middletown Paperboard site.

The city's Development Services Director Ashley Combs said they received their money in November and work has begun on the project. She said they believe they can do the work using only the commissioners' funds and it should be complete by the end of 2025.

Hamilton was looking for \$11.2 million for reconstruction of Tylersville Road from the city limits to Gateway Avenue, an elevated water storage tank and a storm water improvement package. The commissioners supported the new elevated water storage tank to support economic development.

Tim Werdmann, the city's executive director of Internal Services, said they just submitted their paperwork to the county last week, they also didn't get project approval until December.

He said they are having to build a bigger tank than initially expected because of the projected growth in the area so the price almost doubled.

"We are currently waiting for approvals from the FAA due to the proximity of the planned elevated tank to the Butler County airport,"

Werdmann said. "But we expect to be able to move forward sometime before the end of 2023."

Fairfield is in the throes of redeveloping the Ohio 4 corridor and the commissioners earmarked \$3 million for that effort. The city originally asked for \$9 million for several projects. City Manager Scott Timmer said they are still going through the county ARPA protocols since their award was just announced in December.

He said they won't be able to do a complete transformation of Ohio 4 but "the \$3 million provided by the Butler County board of commissioners is a tremendous first step in improving Route 4. We have designated additional funds through the City's Transformative Economic

Development Fund to assist on projects once the \$3 million has been utilized.

An exact amount has not been specified as redevelopment is an evolving process."

The commissioners also allotted \$3 million for an emergency mental health crisis stabilization center and work is still underway to refine the project before a request for proposals can go out.

What to do with the remaining \$7 million?

There are a host of projects below the \$3 million mark in progress. With \$7 million still on the table the commissioners have some more decisions to make.

Commissioner Cindy Carpenter told the Journal-News she wants to give more money for parks.

Originally MetroParks requested \$13 million, but by the time they presented to the commissioners in the summer of 2021 the amount dropped to \$9.5 million.

They wanted the \$4.5 million for trails and \$5 million to create scenic overlooks in nine parks in the rural reaches of the county.

The commissioners awarded \$2.5 million to close gaps in the Great Miami River Trail system.

Carpenter said people are still feeling the ill effects of stay-at-home orders during the pandemic, like depression and anxiety and "I think supporting a park system throughout the county would target one of the most serious problems that this pandemic uncovered, our lack of quality parks throughout the county."

She said she doesn't want to give it all to the parks necessarily, but overall she'd like to give more money to some of the projects they have already agreed to fund.

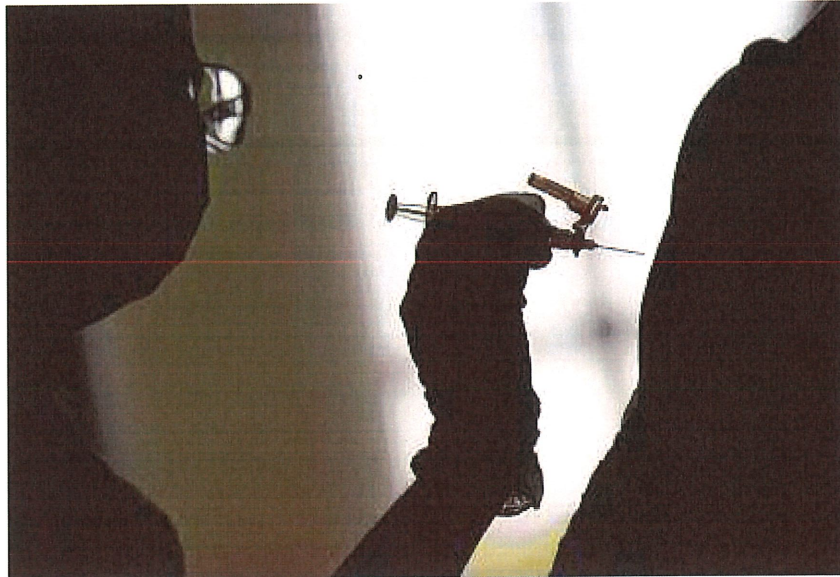
Commissioners Don Dixon and T.C. Rogers said the money will be best spent helping the needy. Dixon said the individual communities are working to deal the homelessness problem and other issues exacerbated by poverty and they should help them with those efforts.

"We'll be able to give the money directly to them to help them deal with projects they come up with. That fits into the entire plan for the county," Dixon said.

Contact this reporter at 513- 755-5074 or email Denise.
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COVID still impacting health care 3 years later

Industry plagued by employee burnout and a workforce shortage.



The pandemic didn't create them, but it sped up the arrival of some of the biggest issues facing the health care industry including severe staffing shortages.

JOHN LOCHER / AP 2021

BY SAMANTHA WILDOW - STAFF WRITER

Three years after the COVID-19 pandemic began, the health care sector is still largely impacted, with continuing worker shortages threatening quality of care, and telehealth becoming a new normal for many.

The largest hospital networks in the region, along with the American Hospital Association, a national health care industry trade group, told the Journal-News the pandemic exacerbated a talent shortage that was already on the horizon for hospitals.

"The entire health and human services industry has been impacted by the pandemic and the economic challenges that have followed," said Amy Rohling McGee, president of the Health Policy Institute of Ohio.

In addition to on-the-job stress and exhaustion impacting health care workers over the last three years, inflation has contributed to increased labor costs.

"We just haven't been able to adjust completely to that increased demand and inflationary increases," McGee said. "The cost of hiring people has gone up since the pandemic."

Staff shortages run the risk of negatively impacting patient outcomes.

Even prior to the pandemic, shortages of medical staff were linked to the quality of patient care, medical errors and increased risks of dying, according to the American Association of Colleges of Nursing.

The U.S. Senate Health, Education, Labor, and Pensions Committee recently held a hearing examining health care workforce shortages.

Sen. Bernie Sanders, I-Vermont, chairman of the committee, said the lack of health care workers would result in many patients not being able to get access to health care.

"We simply in our nation do not have enough doctors, nurses, nurse practitioners, dentists, dental hygienists, pharmacists, mental health providers, among other medical professions," Sanders said.

"And what is the impact of those health provider shortages? What does it mean to ordinary people?"

"It means that nearly 100 million of our people live in a primary care desert, where they are unable to gain timely access to a doctor when they need it. It means that nearly 70 million people live in a dental care desert, unable to get dental care while teeth in their mouths are rotting, and it means the sum of 158 million Americans, nearly half our population, live in a mental health care desert at a time this country is

facing an unprecedented mental health care crisis,” Sanders said.

In response to the shortage, area hospitals are working to address employee burnout, attract new talent and fill gaps by other means, including innovation with telehealth options.

The American Hospital Association said its members also contract with outside agencies to fill gaps, but they say prices with those agencies have risen dramatically from what they were prior to the pandemic.

“Staffing shortages in health care are the norm across the nation,” said Doug Houghton, Kettering Health’s director of talent.

“Professions which are in short supply include nursing, imaging, respiratory and other clinical, patient-facing roles. We see increased innovation to meet patient needs with the shortages we experienced from the pandemic. Medical centers are exploring new staffing models, the use of technology, and even different types of roles to serve communities.”

Health care burnout

Health care workers have been particularly hit by burnout, which is described as a type of work-related stress that causes exhaustion, reduced performance, and alienation from work-related activities, according to the National Institutes of Health.

“Burnout is something that is prevalent in the health care industry,” said Stacey Lawson, system vice president and chief human resource officer at Premier Health.

A National Academy of Medicine report said between 35% and 54% of U.S. nurses and physicians had symptoms of burnout. Physicians with burnout are also twice as likely to leave their job and five times as likely to leave medicine altogether, the report said.

“Research has shown there has been an increase in burnout and stress and fatigue in many health and human services professions.

That was already a concern prior to the pandemic. The pandemic made it worse," McGee said.

Joe Fiorita, a retired nurse said after 35 years in the profession, he was dealing with burnout at the same time the pandemic hit. Fiorita was a recovery room nurse, and he was furloughed for two weeks early in the pandemic when a pause on certain surgeries was put in place.

"They really shut everything down. They stopped all surgeries except for emergency surgeries," Fiorita said.

Fiorita said he was already looking at retiring when he turned 65 years old, but prior to the pandemic, he had been considering staying in health care but changing to a less-demanding position.

"When the pandemic happened, it just kind of accelerated and emphasized my desire to retire," said Fiorita, who retired in April 2021.

Temporary labor

Hospitals have also contracted with outside nursing agencies or traveling nurses to fill gaps during surges of illness. But with that comes increased labor costs.

A report from the American Hospital Association said the hours worked by travel nurses as a percentage of total hours worked by nurses in hospitals grew from less than 4% in January 2019 to over 23% in January 2022.

Though travel nurses are often the bulk of contract labor, similar trends have affected specialties and departments across hospitals. As a result, contract labor as a share of total labor expenses rose 178.6% from 2019 to 2022. Akin Demehin, senior director of quality and patient safety policy of the American Hospital Association, said the prices of those agencies have also gone up since the beginning of the pandemic.

"Having those temporary staff is important, critically important to maintaining access to care in communities," Demehin said. "At the same time, the more unfortunate part of that has been some of the behaviors

and approaches by the staffing agencies themselves.”

Several staffing firms reported significant growth in their revenues to as high as \$1.1 billion in just the fourth quarter of 2021, tripling their revenues and net income compared to 2020 levels, according to the American Hospital Association.

Pandemic speeds up a worker shortage

A shortage of health care workers was already being anticipated before the pandemic due to the age of the workforce. In 2017, the majority of the nursing workforce was close to retirement, with more than half age 50 and older, and almost 30% age 60 and older, Demehin said.

On the physician side, the Association of American Medical Colleges said the U.S. could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care.

“Given the overall aging of our population, there would simply be a need for additional folks in the health care workforce,” Demehin said. “I think what the pandemic served as was profound accelerant of the challenges facing the health care workforce.”

Health care facilities are looking at retention when it comes to current employees, along with examining internal and external pipelines for talent and working with workforce development specialists.

In terms of retention, hospitals are meeting their employees where they are, Hackenbracht said, addressing the needs of those caregivers, such as discussing different shift options or shifting to administrative roles so that those employees don’t leave the profession.

The next generation

There is also a need for new health care professionals entering the field to hit the ground running. Local nursing students getting set to graduate have spent much of their time in college dealing with COVID, including their time gaining clinical experience from the field.

Elisabeth Novak and Carissa Johnson, who are both seniors at Cedarville University, shared how they were drawn to the nursing field.

Novak, who is originally from La Porte, Ind., became interested in nursing after having a family connection to it as both her mother and grandmother were nurses.

"Overall, I was looking for a profession that I could make an impact in, and I think that was the biggest driving force of me choosing nursing," Novak said.

For Johnson, nursing was also something she always desired to do.

"I just always had a passion and a desire to be in health care," said Johnson, who is originally from Illinois.

Novak and Johnson each described how they got clinical training while the COVID pandemic was in full swing. Novak said she looked forward to working alongside nurses already in the field to help support them.

"It affirmed that this was a field I wanted to go in," Johnson said.

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Middletown lacking funds for body-camera specialists

Grant funds wouldn't have covered costs, police chief says.



Middletown police shot and killed a man after a traffic stop Feb. 25 in the Walmart parking lot, 2900 Towne Blvd. Victor Lykins, 47, was pronounced dead at the scene.
RICK MCCRABB / STAFF

BY RICK MCCRABB AND LAUREN PACK STAFF WRITERS

ONLY IN THE JOURNAL-NEWS

MIDDLETOWN — Following the first police-involved fatal shooting in the

3/13/2023

city in 26 years, and after the grainy cruiser cam video was released, residents want to know why the Middletown Division of Police doesn't have bodyworn cameras.

On Feb. 25, after a traffic stop in the Walmart parking lot, one unidentified Middletown police officer shot and killed Victor Lykins, 47, of Middletown, who was a passenger in the vehicle driven by his brother.

The Ohio Bureau of Criminal Investigation is handling the case and recently released the cruiser cam video that had the faces of the two Middletown officers who conducted the traffic stop blurred to conceal their identities since there have been no charges.

In December 2022, Middletown police received a \$49,608 grant from the state to purchase body cameras. Police Chief David Birk requested \$124,218.

But Birk told the Journal-News the city rejected the grant because it doesn't have the money to pay the salary and benefits for one or maybe two redaction specialists, estimated at \$65,000 each.

He said the department would need at least one, and possibly two redaction specialists, due to the high volume of public records requests. Also, he said, the department would have to store all the body camera videos for at least one year.

"Right now," he said, "the cost outweighs the benefits."

Birk, though, was quick to point out he's a "big advocate" for body cameras because he thinks they "show the officers are doing what's right. And I think it benefits them."

The department will continue to apply for grants to offset the cost of employees, he said.

Middletown has about 40 patrol officers out of 73 officers total on the force, including detectives, narcotics and school resource officers.

He said the department is “very fortunate” that its six new police cruisers are equipped with cameras.

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

WHEN BODY CAMERAS ARE EXEMPT FROM DISCLOSURE

A law took effect in 2019 that gave guidance for using body cameras. It identified 17 instances in which video recorded by body cameras are exempt from disclosure. Among them are:

- Inside a residence unless the incident involves “an adversarial encounter with, or a use of force by, a peace officer”
- Showing children
- A death or body, unless it was caused by a peace officer
- A nude body, unless the person consents
- “Grievous” bodily harm to a peace officer, firefighter, paramedic or other first responder

Proposed Ohio abortion access amendment clears its latest hurdle

Over 400K signatures needed to place the initiative on ballot.

BY SAMANTHA WILDOW - STAFF WRITER

NEW DETAILS

Language for a citizen-led ballot initiative that would ensure access to abortion through a proposed amendment to the Ohio Constitution was approved Monday by the Ohio Ballot Board.

Moving forward, groups behind the proposed constitutional amendment, will need to collect over 400,000 valid signatures of Ohio voters by July 5 to qualify the proposed amendment for the November ballot.

Ohio Physicians for Reproductive Rights and Ohioans for Reproductive Freedom said they plan to collect a minimum of 700,000 signatures.

"We have been working toward this moment since June of 2022," Dr. Marcela Azevedo, president of Ohio Physicians for Reproductive Rights said. "We have trained hundreds of volunteers who are eager to begin circulating petitions in communities across our state because they understand the urgent need to ensure that every Ohioan has access to comprehensive reproductive health care including abortion."

The Ohio Attorney General's Office on March 2 certified the summary petition for the potential ballot issue before sending it to the Ohio Ballot Board. Groups seeking to place the citizen initiative on the November ballot filed language for the proposed amendment to the Ohio Attorney General on Feb. 21. The Ohio Ballot Board met on Monday to determine

whether the proposed constitutional amendment contained only one proposed amendment, and the board ruled it was a single-issue amendment.

"Today's decision means that Ohioans are one step closer to being able to vote for reproductive freedom on the ballot this fall, and volunteers across Ohio are ready to put in the work to place this amendment on the ballot," said Lauren Blauvelt of Ohioans for Reproductive Freedom.

"This initiative puts Ohioans back in charge of their own personal healthcare decisions."

Ohio Physicians for Reproductive Rights estimated it will cost between \$2 million to \$6 million to collect signatures, which need to equal to at least 10% of the vote cast in the most recent gubernatorial election. Those signatures must come from voters in at least 44 of Ohio's 88 counties, and for each of those counties, the number must equal at least 5% of the vote cast in the most recent gubernatorial election.

The campaign promoting the initiative to voters is expected to cost between \$20 million and 30 million, and organizers said they expect funding to come from both inside and outside Ohio.

"We have cleared two critical bureaucratic hurdles, and are excited to move into the next phase of our effort. This grassroots initiative — by and for the people of Ohio — will create common-sense guarantees for Ohioans' freedom to make decisions about their own reproductive health care, including abortion. Ohioans strongly support this effort to secure reproductive freedom and keep government actors from infringing on every Ohioan's right to make their own health care decisions," said Kellie Copeland of Ohioans for Reproductive Freedom.

Groups opposing access to abortion continued to advocate against this ballot initiative after this latest hurdle was crossed.

"This ballot initiative is another shameful attempt by the abortion lobby to capitalize off painful situations to force upon Ohio citizens abortions until birth, remove parental rights, and cancel health and safety standards for abortion mills to abide by," stated Elizabeth Marbach,

director of communications for Ohio Right to Life. "Ohioans must protect vulnerable women and preborn children against predatory out-of-state interest groups and vote against this come November."

It is currently unclear how, if this proposed amendment were to be added to the November ballot and later adopted by voters, how it will impact Ohio's current parental involvement laws.

If a minor is considering an abortion, Ohio law requires a parent or guardian to give permission for the abortion, although a judge may be able to excuse the individual from this requirement through a judicial bypass.

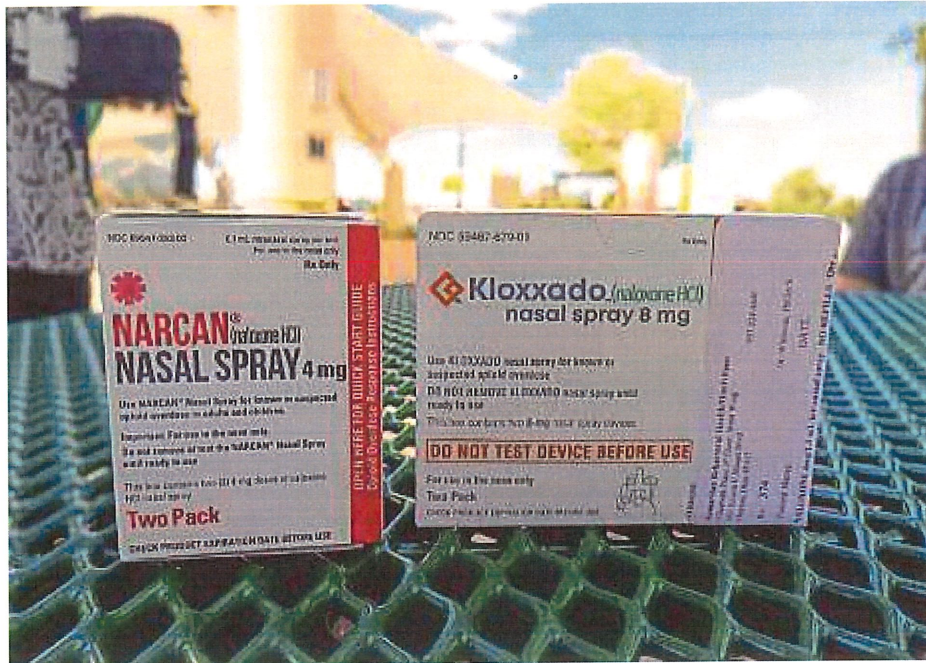
This proposed amendment would provide that every "individual has a right to make and carry out one's own reproductive decisions," including abortion. Ages of the individuals are not included in the proposed amendment.

"Planned Parenthood's goal is to profit at the expense of human lives and parental rights through this constitutional amendment," said SBA Pro-Life America's state affairs director Sue Liebel. "In Ohio, along with every state where they will be bankrolling extreme abortion-on-demand proposals, Planned Parenthood has no regard for how this constitutional amendment could jeopardize women's health and subject teenage girls to coercion. Parents won't stand for the radical attempt to take away their right to be involved in their children's lives, especially when it comes to major life-altering decisions that affect their health, safety and well-being."

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Ohio to track OD deaths as numbers continue to climb

State aims to release data to help areas to address overdoses.



The dashboards report on 55 opioid-related measures including naloxone units distributed by Project DAWN.

SAMANTHA WILDOW / STAFF

BY SAMANTHA WILDOW - STAFF WRITER

TOP STATE STORY

Accidental drug overdose deaths in Ohio reached a record amount in 2021 when more than 5,200 Ohioans died.

That's one of the reasons why Ohio recently launched new data dashboards to track overdose deaths and other substance-use measures for all of the state's 88 counties.

Through these statewide dashboards, the state wants to give communities timely data on trends happening with overdose deaths, along with what intervention strategies work on the local level.

These dashboards were adopted and expanded from dashboards created through the National Institutes of Healthfunded HEALing Communities Study, in which researchers sought to understand the most effective strategies at addressing the opioid crisis, as well as to reach those most vulnerable.

Researchers created data dashboards for 18 counties in Ohio, and the state, along with RecoveryOhio, has expanded that dashboard to all 88 counties.

“Expanding the HEALing Communities Study dashboards to all 88 Ohio counties provides invaluable data that will allow local organizations and communities to better plan for their needs as they battle this public health crisis in our state – and ultimately save lives,” said Gov. Mike DeWine.

A total of 5,021 people in Ohio died from unintentional drug overdoses in 2020, which was a 22% increase over the previous year, according to the state’s new dashboard. This was also a slight increase of 1.3% over 2017, previously the worst year in overdose deaths.

Figures for 2022 are not yet available.

Public Health - Dayton & Montgomery County has been tracking overdose deaths on a regular basis with information from the Montgomery County Coroner’s Office since 2010. Dan Suffoletto, public information manager for Public Health, said overdose deaths were still tracked prior to 2010, but it was done on an annual basis at the end of the year.

In 2017, tracking of overdose deaths continued under the Montgomery County Community Overdose Action Team.

“It was enhanced,” Suffoletto said, explaining the Community Overdose Action Team was able to show more immediate trends. There were 319

accidental overdose deaths in Montgomery County in 2022, according to preliminary data from the Montgomery County Coroner's Office. That is a decrease of 5.3%, down from 337 overdose deaths in 2021.

Smaller departments in rural counties may not have had the ability to track overdose deaths as quickly, but this statewide dashboard can offer all counties a look at more timely trends in deaths and what interventions may help.

"It's a benefit to have everyone working together and being able to get a statewide view of where we're at," Suffoletto said.

The Clark County Combined Health District is part of an Overdose Fatality Review Board that meets regularly to review overdose deaths in Clark County. The figures for 2022 are still being compiled, but there were 79 drug-related deaths in 2021 reviewed by the Clark County Drug Death Review Committee, a 51.9% increase from 52 in 2020.

The Butler County Health District also tracks the county's overdose deaths from information from the Butler County Coroner's Office.

In 2021, there were 171 fatal overdose deaths reported in the county, which was down slightly from 177 overdose deaths in 2020. In 2021, Butler County averaged approximately 14 fatal overdoses reported per month. The report on 2022 is set to be available in the fall.

In Warren County in 2021, there were 48 accidental overdose deaths, and in 2022, there were 30 accidental overdose deaths, according to the Warren County Health District.

"The dashboards allow us to use real-time research to focus prevention, treatment, and recovery programs across the state in a transparent platform available to the public," said Aimee Shadwick, director of RecoveryOhio.

"Eventually, we will expand these databases to not only include data on opioid use disorders, but all substance use disorders."

The dashboards report on 55 opioid-related measures including overdose

deaths, high-risk prescribing, overdoses treated in emergency departments, naloxone units distributed by Project DAWN, individuals receiving and being continuously enrolled in treatment, and EMS events involving naloxone administration.

The dashboards can be found by visiting the data sets on data.ohio.gov.

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City expected to allow trapping in effort to address coyotes

Residents riled up: 'This is a safety issue. These aren't bunny rabbits.'



Coyotes continue to annoy residents in Fairfield, some of whom have had their pets killed by the creatures. One vows to shoot a coyote because it "isn't funny anymore."

BY MICHAEL D. PITMAN - STAFF WRITER

NEW DETAILS

Fairfield's coyote management plan has been several months in the making, and it's expected to take more time before it's adopted.

However, in two weeks the city is expected to update a 65-yearold law and allow trapping, specifically the use of "cage-type live traps," for the control of nuisance animals. This is the first piece of legislation the city is changing to address its growing coyote problem, which is not exclusive to the city.

Mayor Mitch Rhodus said as the city's law stands now, trapping is not allowed within the limits of Fairfield, but this update says if someone is licensed to trap within Butler County or Ohio, then they would be licensed in Fairfield.

Vice Mayor Tim Meyers said there needs to be a balanced approach between the city and the residents in addressing this problem. Coyotes are problems in every city across the country.

Though action wasn't taken Monday on the management plan, residents raised concerns with the draft plan. Before any coyote management plan is adopted — and the city has a draft management plan online — Meyers said he wants to explore a few items brought up after Monday's residential discussion during City Council's meeting.

Specifically, Meyers was interested in ironing out some of the process questions, such as what does a resident do when they see a coyote or witnesses an attack. He also likes the idea of creating a citizens' task force that will be able to amend the coyote management plan in the future.

Coyotes have been a problem for many communities for decades. They had natively roamed around the plains and southwestern deserts in North America, but ecosystem changes over the past century-plus have caused them to migrate to more sustainable food sources.

Relocating coyotes is not allowed, and so when a coyote is trapped, which is recommended to be done by professionals, it must be euthanized. But killing a coyote will only open a community up for more coyotes, according to the Ohio Department of Natural Resources and the Humane Society of the United States.

John Conyers, of Monica Drive, said from his experience killing a coyote is akin to cutting off the head of a hydra: remove one and more will take its place.

"So if you think it's bad now, (by killing them), it will only get worse," he said, adding that these are creatures of nature and it is a problem created by man, "and it's got to be solved by man."

"Shoot or poison coyotes, and you will have just as many again within a year or two," according to the Humane Society of the United States. "Kill one or both members of the alpha pair — the only one that normally reproduces — and other pairs will form and reproduce.

At the same time, lone coyotes will move in to mate, young coyotes will start having offspring sooner, and litter sizes will grow."

Harassment and hazing of the coyotes is the answer, according to animal control experts.

But that's not good enough for some residents, some of whom have had pets killed.

Mike Baynes, of Gloucester Drive, said he gets that they're wildlife, "but it just seems like it's just way out of whack" and is tired of the coyotes running the streets of Fairfield.

"I really don't give a damn about the constituents that have an opposing view," he said. "This is a safety issue. These aren't bunny rabbits. And unless you've been involved, or if these people don't have pets, or they've never seen an attack, they may feel different."

Bob Herbs, of Glenna Drive, said he lost five pets last year, saying the city's coyote problem "isn't funny anymore," and will shoot a coyote, which city officials say is only permitted if the person feels endangered for their safety.

"If I got to go to jail, I'll go to jail," he said, "but I'll get me a coyote."

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Schools increasing focus on mental health of students

Miami University using \$1.2 million grant to boost schools' efforts.



BY MICHAEL D. CLARK - STAFF WRITER

JOURNAL-NEWS IN-DEPTH

BUTLER COUNTY — The state of student mental health in Butler County schools and nationally was increasingly grim prior to the onset of COVID-19 three years ago.

3/19/2023

Numbers of students distracted by social media or facing drug abuse, bullying, suicide ideation or alienation were all on the rise prior to the onset of America's largest pandemic in a century.

And when COVID-19's historic impact began in March 2020 — shuttering all schools across Ohio and America for months — everything about K-12 student mental health worsened and did so fast.

'We are continuing to build from a new foundation and continuing to improve and add things so I'm really optimistic but I also see a lot of needs in the future.' Laura Monnier Fairfield North Elementary School Counselor

A survey by the Centers for Disease Control and Prevention in 2021 showed more than a third (37%) of high school students reported they experienced poor mental health during the COVID-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year.

But the smallest of silver linings from the deadly pandemic materialized with new attention by society, government and schools focused on emotional health of K-12 students and the upheaval of their emotional lives.

And as the disruptions morphed into a rollercoaster of students forced into periodic remote learning, masking debates, class schedule gyrations and other related problems in the first two years of the virus, one constant of agreement emerged among school officials locally and nationally: Students need more mental health resources now than prior to the pandemic.

More federal and state money is being used by local school systems, and Miami University last month added another \$1.2 million funding program to help Ohio schools, adding to its financial aid of recent years.

But the need to bolster the emotional health of students existed long before the virus.

The leader of the 10,000-student Fairfield Schools was one of the earliest voices sounding the alarm for such resources prior to the pandemic's

onset and continues to champion the cause.

“This is some of our most important work,” said Fairfield Superintendent Billy Smith.

“For us, it is all about providing as many resources and supports as possible for our students and our families,” said Smith, who oversaw an increase of school counselors.

Madison Schools Superintendent Jeff Staggs, who is in 21st year as an Ohio public school district leader, said the unprecedented onslaught by the pandemic — and the subsequent disruptions in 2021 with lingering impacts in 2022 — on students’ emotional well-being was something he had never seen.

“Those needs were always there, but I don’t think we paid quite enough attention to them to be honest,” said Staggs, who was hired as Madison’s leader in 2021 and has the longest superintendent career of all of Butler County’s district leaders.

The 1,400-student district, which is one of the smallest in Butler County, now has the first, full-time mental health specialist for students in its history.

“COVID exacerbated student mental health problems immensely. And we have devoted a lot of resources and money for students and that is something I don’t see ever going backward and I only see it increasing,” he said.

More help for mental health and emotional well-being of students Those resources — in the form of more school counselors, mental health therapists, school psychologists, partnerships with private providers and even the use of school therapy dogs — have been greatly increased in the last three years, though area school leaders are quick to argue more is needed.

And help continues to come from areas rarely seen prior to the pandemic’s onset.

Last month, Miami University announced the latest in a series of grants since the 2020-2021 school year designed to help public schools better provide mental health personnel and programs to needy students.

Miami's "Project Aware" is co-funded by Ohio's Department of Mental Health and Addiction Services and is using its most recent \$1.2 million grant to help schools locally and statewide in its on-going assistance to improve their efforts to keep students mentally healthy.

Specifically, the grant will also help schools increase their capacity to provide mental health services and support by placing dedicated Behavioral Health and Wellness Coordinators in schools around the state, said Miami officials.

And for some schools in Miami's School-Based Center of Excellence for Prevention & Early Intervention and the Ohio School Wellness Initiative Ohio program, it's helping.

"They're seeing an increase in students getting connected to resources and staying connected," said Deb Robison, SBCOE director of outreach and collaboration. "Schools are seeing a decrease in minor infractions, and in suspensions.

School climate surveys are showing an increase in school connectedness.

And we are also seeing more local partners being trained on the referral process. So if a young person comes to them expressing thoughts of self-harm or suicide, they know exactly how to get them help. All of these things are successes."

Last year, Middletown Schools hired a veteran Lakota school principal who in recent years after leaving the district had worked with a regional organization devoted to improving youth mental health.

Suzanna Davis, director of student services for the city schools' 6,300 students, was one of the first area principals in the years prior to the pandemic to enthusiastically embrace the nationally acclaimed Hope Squad program for teen suicide prevention.

COVID-19 laid bare the crucial need to address the whole student's wellbeing beyond academics, she said, adding "these needs have continued to rise due to the overwhelming impact of COVID.

You can't expect students to learn if they are battling significant mental health challenges, said Davis, whose district — prompted by COVID-19 — has seen for the first-time student counselors hired for all 10 Middletown schools.

"The mental health of our students is the foundation for their educational experience and can be an extreme barrier to learning if not appropriately identified and supported," said Davis.

"If we don't envelope our students with positive mental health supports, we have missed a critical opportunity to advance their overall wellbeing."

Monroe Superintendent Robert Buskirk said his 2,900-student district has joined others locally in the last three years in marshaling more resources to address student needs.

Since March 2020, Monroe has added two guidance counselors, who also work as liaisons for contracted youth mental health services, one each at the elementary and secondary level grades.

Also, an additional social worker has been added, said Buskirk and the district's two schools now also provide meeting space for a private, mental health care company to meet with student clients and their families.

It's progress, but more is needed, he said.

"With the pandemic, it didn't create new behaviors or scenarios (of student misconduct and challenges) but it made them more prominent."

COVID-prompted disruptions in the development of students since 2020 persist "and we're definitely still seeing the effect of that," said Buskirk.

Not all local districts have been able to ramp up resources.

Edgewood Schools, which will be asking residents to approve the first earned income tax increase in the district's history in the May election, has fewer personnel focus on student mental health due to cost restraints forced by projected budget deficits, said district officials.

While school counselors in Edgewood have increased from six in the 2020-21 school year to seven this year, the district has lost two "social and emotional coordinators" during the same period and five parttime mental health therapists who provided therapy for students and families.

Fairfield North Elementary School Counselor Laura Monnier was and remains on the front lines of the emotional health battle.

"We're now playing catch up with our kids ... in meeting all their needs," said the 20-year veteran of Fairfield Schools, which added counselors in each of its six elementary schools since the virus' onset.

The time forced away from schools and the lack of in-person, social interaction development during the pandemic's numerous disruptions in 2020 and 2021 have produced "anxiety" among some students, said Monnier.

"They have had a harder time of adjusting to being at school full time," Monnier said.

She, however, remains mostly upbeat.

"We are continuing to build from a new foundation and continuing to improve and add things so I'm really optimistic but I also see a lot of needs in the future."

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\$200M Middletown project takes another step forward

Events center would anchor entertainment destination at Ohio 122, Union Road in East End.



Developer Todd Duplaine wants to construct a 3,000-seat events center, retail and office space, hotels, restaurants and residential products in Middletown's East End. The 50 acres on the East End are owned by the Fischer Family Foundation and the city of Middletown.

NICK GRAHAM / STAFF

BY RICK MCCRABB - STAFF WRITER

JOURNAL-NEWS IN-DEPTH

There are limited entertainment options to draw motorists off of Interstate 75 in Middletown.

There is Liberty Center to the south in Liberty Twp. and Austin Landing in Miami Twp. to the north.

Now it appears the city of Middletown is ready to join those entertainment destinations if plans for a \$200 million investment in the East End come to fruition.

City leaders and developers have referred to the project as “transformational” when discussing plans for 50 acres at the southeast corner of Ohio 122 and Union Road.

During last week’s City Council meeting, following a public hearing that provided no one for or against the ordinance, council heard the first reading of legislation that would change the zoning classification for three parcels of land from business center to planned development district.

Council will hear the second reading on April 4, and if approved, the ordinance would take effect 30 days later. The Planning Commission has recommended the request be approved, according to city records.

Developer Todd Duplaine, on behalf of the owners, the Fischer Family Foundation and the city of Middletown, said the plan is to construct a 3,000-seat, multi-purpose Event Center, Class A retail and office, hotels, restaurants and a variety of residential products on the property.

‘This project, on its face, was too good to let go someplace else.’

**Martin Russell Executive director of the Warren County Port Authority
(the Middletown project is located in Warren County)**

While Duplaine said the project is in its early stages, he’s confident, with the support of Middletown and Warren County leaders and private and public partner- ships, “this thing is going to happen. We just have to keep

solving problems.”

The project would attract full-service, high-end hotels, premium and fast-food restaurants, townhomes that would sell in the \$325,000 to \$425,000 range and a medical complex that would complement the two East End hospitals, he said.

The biggest draw would be the multi-purpose Event Center that has the potential to host youth sporting events, mid-level concerts, conventions and high school graduations.

To those residents concerned about excessive traffic, Duplaine said the center won’t be another 13,435-seat University of Dayton Arena.

The project could improve the quality of life for local residents and generate sales and property taxes, according to Duplaine.

He called it “a good, firstclass front door on the East End.”

Mayor Nicole Condrey thanked city staff and Duplaine and his team for the time and dedication spent on the project that is “pivotal to the refreshed identity of the city,” she said.

Assistant City Manager Nathan Cahall has said the goal is to have the final closing on the project in the middle of the fourth quarter of 2023 with construction beginning the first quarter of 2024 and completion in 2026.

The city is pledging upwards of \$4.2 million in American Rescue Plan Act funds in support of the project. The city also will be responsible for installing certain public infrastructure improvements on and around the project site at an estimated cost of about \$21.7 million, which would be funded through bonds secured by TIF revenue.

Martin Russell, executive director of the Warren County Port Authority, said tourism, the largest industry in the county, generated \$1.4 billion in 2021. He believes the Middletown project, located in Warren County, has the potential to create additional tourism dollars that will be spent throughout the region.

He said Middletown and Warren County have “joint and mutual desires.”

This project may sound similar to what former City Manager Jim Palenick envisioned at the Towne Mall Galleria space.

In November 2022, council unanimously approved City Manager Paul Lolli canceling the city’s purchase agreement with George Ragheb, the California-based owner of the Towne Mall. Before that, council had unanimously approved spending \$1 million of the total \$16 million price tag to purchase the Towne Mall Galleria, located just off I-75 near the Ohio 122 exit.

But after “conducting extensive due diligence efforts” and examining the final financing costs for the redevelopment, the city concluded that acquiring the properties at the previously agreed to price was “not feasible,” according to a staff report.

Russell said while he originally preferred for the development to be located at the Towne Mall, he believes once the East End project is complete, it may “help the Towne Mall in the long run.”

Other private development will want to be located near the Event Center, residences, hotels and restaurants, according to Russell.

That would give the mall “a second shot” at redevelopment, he said. But right now, the East End development is top priority.

“This project, on its face, was too good to let go someplace else,” Russell said after the meeting.

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PLANNED EAST END DEVELOPMENT

The development will be anchored by an event center and supported by a mix of retail, food and beverage, entertainment, hospitality, office and residential tenants.

EVENT CENTER

The event center includes three linked but separate playing and performance surfaces and areas. The largest venue is located on the north end of the complex and will have 3,000 fixed seats surrounding an 85x200 foot playing surface. Two more playing surfaces with 250 seats each will be built.

HOTELS

One major hotel is located directly east of the event center and is connected by a ground level connector. The hotel is planned with a ground floor lobby and restaurant level and then four floors of hotel rooms above. A second hotel is planned across the street and directly to the north.

OFFICE

An office building, most likely a medical office building, is planned across the parking lot and to the south of first hotel. It has been located so that it can be a standalone building, or it can be directly attached to the Event Center at grade level.

The connection is most likely to happen if a sports performance or orthopedic use is developed as a part of the medical office building.

RETAIL/RESTAURANTS/ ENTERTAINMENT

Most of the retail uses planned for the site are along the frontage of Ohio 122. At the northwest corner of the site, a larger, high level, convenience store with gas is being planned. To the east of the store and to the east and west of the Event Promenade entry drive, smaller floorplates or "pad" sites, are planned for "fast casual" restaurants.

The largest retail or restaurant floorplates and uses are shown on the east and west sides of the Event Promenade. Most likely, these may be tall one-story buildings, but depending on the restaurant or retail concept, they could be more than one story. The master plan indicates three of these large retail or restaurant buildings.

APARTMENTS/MULTI- FAMILY RESIDENTIAL

Class A apartments and multi-family residential uses have been planned for the west side of the site. The largest building is located to the west of the Event Center, and four stories of units are planned above the ground level retail/restaurant uses. Two other apartment buildings are planned to the west and southwest of the larger central apartment building.

The apartments are organized so that tenants can use adjacent surface parking lots, or they can use interior parking provided at a basement/garden level, directly below the floorplate of the apartment buildings.

TOWNHOUSE RESIDENTIAL

Townhouse residential use is planned for the southeast portion of the site, allowing the lowest height, and the least dense site use to be adjacent to the existing single-family homes. These townhomes will further enhance the village-oriented vision of the master plan.

SOURCE: CITY OF MIDDLETOWN

Report: Care crisis ahead for aging population, dementia patients

In Ohio, Alzheimer's-related mortality is high, staffing is short.



A care worker helps a patient. Home health care workers earn about \$12 per hour.
THE ALZHEIMER'S ASSOCIATION

BY SAMANTHA WILDOW - STAFF WRITER

CLOSER LOOK

There is a looming workforce crisis ahead for the aging population, a new report from the Alzheimer's Association says, as there are not enough direct care workers on hand to meet future demands.

The number of direct care workers — including nurse aides, nursing assistants, home health aides and personal care aides — will have to grow by 24% in Ohio by 2030, according to the Alzheimer's Association. Ohio had 95,560 direct care workers in 2020.

Additionally, the number of specialists, such as geriatricians and neurologists, will have to grow by almost 230% by 2050 to keep up with the aging population.

“Ohio’s population is aging.

According to the Ohio Department of Aging, Ohio has 2.5 million residents over the age of 60, and our 60-plus population is growing more than 20 times faster than our overall population,” said Annemarie Barnett, executive director of the Alzheimer’s Association Miami Valley and Greater Cincinnati Chapters. “As the older population expands, so too will the numbers of those living with dementia.”

Ohio has a higher rate of mortality than the national average when it comes to deaths related to Alzheimer’s disease. The death rate in Ohio is 44.8 deaths per 100,000 individuals, while the national average is 37 deaths per 100,000 individuals, according to the Alzheimer’s Association.

Hundreds of people in Ohio are estimated to be working hundreds of hours of unpaid labor.

The Alzheimer’s Association estimated that unpaid labor was worth over \$13 billion in Ohio in 2022 and over \$339 billion in the United States. Unpaid caregivers of people with Alzheimer’s or other dementias provided care valued at more than \$5 billion in 23 states.

In Ohio, there were only 163 geriatricians in 2021, and the Alzheimer’s Association said that number will need to increase to 537 by 2050 in order to meet care demands for 10% of the projected number of Ohioans 65 and older with Alzheimer’s.

More needs to be done to build up the direct care workforce, Barnett said. If the industry is not able to get more workers, she said those who need it will not get the proper care, as it takes 2.5 people to care for one Alzheimer’s patient.

“The report sounds an important alarm on the urgent need to attract and retain these essential frontline care workers,” said Barnett.

"These valuable professionals are not only providing direct care to people living with Alzheimer's and other dementia, but they are vital in supporting family caregivers, particularly for those who care for their loved ones at home."

Adults seeking specialized care for dementia are also already feeling the lack of resources. "People are already on waiting lists,"

Barnett said. "That's just going to get worse."

Early diagnosis is also important when it comes to treating dementia. Drugs such as Leqembi, also called lecanemab, need to be used early in a diagnosis, though the drug is costly and only covered by Medicare in clinical trials.

"The treatments that we have out there right now are for people in the mild cognitive impairment, the early stages of this disease, and diagnosis is vital for them to be able to use these new treatments," Barnett said.

The Area Agency on Aging said the shortage of home health workers has also been a large concern for the organization.

Low wages deter workers from going into or staying in the field of home health care or other direct support roles, said Doug McGarry, executive director of the Area Agency on Aging's local service region.

"It's hard work. People need transportation to get to and from people's homes,"

McGarry said.

The pay for a home health worker is about \$12 an hour, he said, and they are competing with fast food chains that pay better.

Growth in the older population is between 20% and 30%, he said, and more adults want to age at home instead of moving to a nursing home.

"With increased age comes increased disability, and that's where that demand is coming from,"

McGarry said.

The Area Agency on Aging is working with legislators to increase the pay for workers set by Ohio Medicaid. Governor Mike DeWine's budget proposal recommended raising those wages to \$16 an hour. The Area Agency on Aging is advocating for direct care workers to receive \$20 an hour.

"This is the time for people to talk to their legislators about how important home care is and the important work that the home care workers do," McGarry said.

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FDA says Narcan now can be sold over the counter

Move to address 'dire public health need' praised by experts.



The overdose-reversal drug Narcan soon could be available for purchase at big-box chains, vending machines, even gas stations.
ASSOCIATED PRESS

JAN HOFFMAN - ©2023 THE NEW YORK TIMES

TOP NATIONAL STORY

Narcan, a prescription nasal spray that reverses opioid overdoses, can now be sold over the counter, the Food and Drug Administration said Wednesday, authorizing a move longsought by public health officials and treatment experts, who hope wider availability of the medicine will reduce the nation's alarmingly high drug fatality rates.

By late summer, over-the-counter Narcan could be for sale in big-box chains, vending machines, supermarkets, convenience stores, gas stations and even online retailers.

The commissioner of the FDA, Dr. Robert M. Califf, said in a statement

that the over-the-counter authorization was meant to address a “dire public health need.”

“Today’s approval of OTC naloxone nasal spray will help improve access to naloxone, increase the number of locations where it’s available and help reduce opioid overdose deaths throughout the country. We encourage the manufacturer to make accessibility to the product a priority by making it available as soon as possible and at an affordable price.”

Narcan is a nasal spray version of the drug naloxone, which blocks an opioid’s effect on the brain.

As the overdose crisis has worsened, with more than 100,000 drug-related deaths in the United States for each of the last two years, millions of doses have been administered by outreach workers, health care providers and emergency responders.

But for people who use drugs, as well as for their friends and relatives, ready access to the prescription medication has been elusive.

Naloxone access laws in every state allow pharmacists to have a standing prescription so they can dispense Narcan or a generic brand to anyone who requests it.

But many pharmacies choose not to do so, preferring not to engage customers around illicit drug use, especially without a doctor’s oversight. Of the nearly 17 million naloxone doses distributed in 2021, only 2.64 million were from pharmacies, according to a recent report.

Though over-the-counter status will in theory make it far easier to obtain Narcan, the cost of the medicine could be a deterrent.

Currently, a two-dose pack of prescription Narcan is often free to people covered by Medicaid or private insurance, or has a co-pay of less than \$10. But public and private insurance programs do not cover most over-the-counter medicines.

Whether an exception will be made for Narcan could take months to

resolve.

This month, a big-box pharmacy in Manhattan was charging \$98 for the two-dose box of prescription Narcan to customers without insurance. Another pharmacy chain in New Jersey charged \$73.

The company that makes Narcan, Emergent BioSolutions, has declined to disclose the price it plans for an over-the-counter version of Narcan, while the FDA was reviewing its over-the-counter application.

On Wednesday morning the company did not mention a price in a statement released after the FDA's announcement.

"We are dedicated to improving public health and assisting those working hard to end the opioid crisis — so now with leaders across government, retail and advocacy groups, we must work together to continue increasing access and availability, as well as educate the public on the risks of opioid overdoses and the value of being prepared with Narcan to help save a life," said Robert G. Kramer, the chief executive officer of Emergent BioSolutions, which manufactures the nasal spray.

City council approves ban on sale of flavored tobacco products in Columbus

The ban, which takes effect Jan. 1, 2024, includes menthol cigarettes and flavored vaping products.

Author: 10TV Web Staff

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COLUMBUS, Ohio — Columbus City Council voted Monday night to ban the sale of flavored tobacco products in the city.

The ban, which takes effect Jan. 1, 2024, includes menthol cigarettes and flavored vaping products.

City leaders have recently shown support for banning flavored tobacco products, saying tobacco companies target minorities and children.

[Mayor Andrew Ginther](#) said last week there has been a calculated campaign with selective marketing and predatory pricing that has been aimed at communities of color and young people.

The Columbus City Schools Board of Education also voted on a resolution to support the ban. [Teachers have spoken](#) on the proposed ban, saying they have confiscated vapes from middle school students.

Columbus Public Health Commission Dr. Mysheika Roberts said one in three Black residents in the city are smokers and national data shows 85% of Black smokers use menthol cigarettes.

The proposed ban received pushback from business owners and others, saying there will be a negative economic impact from the measure.

City council announced a \$1 million proposal to help people quit smoking.

Council says the campaign will help connect people to resources that can help them quit smoking.

Cleveland flavored tobacco ban stalls amid retailer opposition and City Council concerns

Retailers are pushing back on Mayor Justin Bibb's proposal, and a City Council committee chairman said he was skeptical of a ban that stopped at the city's borders.



by Nick Castele March 15, 2023



Cleveland City Hall sits at the intersection of Lakeside Avenue and East Sixth Street. Credit: Jeff Haynes / Signal Cleveland

Local convenience stores, gas stations and smoke shops have lined up against Cleveland Mayor Justin Bibb's proposed ban on flavored tobacco sales. Meanwhile, a key Cleveland City Council committee chair said he is "not there" on the proposal, either.

Ward 9 Council Member Kevin Conwell, who chairs council's health committee, told Signal Cleveland that he would support a statewide flavored tobacco ban. But he did not think a local ban would be effective, he said.

Clevelanders wouldn't have to travel far to buy flavored tobacco across municipal boundaries in suburbs like East Cleveland or Lakewood, he said.

"So is it truly, truly stopping people from smoking?" Conwell asked.

Retailers sent a letter outlining their objections to council members and the city's public health director on Monday. About 250 establishments are listed as signatories. In the letter, the retailers wrote that a ban would cause them a "devastating loss of sales," sending customers to the black market for flavored tobacco or to the suburbs for their shopping.

"These proposed measures are not only ineffective and extreme but will also have profound, unanticipated consequences that will disrupt years of economic growth," the letter reads.

The legislation would ban the sale of flavored tobacco and require retailers to obtain a license from the city to sell other tobacco products. The measure defines flavored tobacco as any tobacco product made to taste or smell like menthol, fruit, chocolate, alcohol or a variety of other flavors.

Mohammad Faraj, a local attorney who prepared the letter, said retailers held a pair of meetings in March to learn about the city's proposal. Store owners do support Bibb's efforts on other issues, such as improving city services and neighborhood revitalization, he said.

While the retailers opposed an outright ban on flavored tobacco, they wrote that they would support educational campaigns aimed at cutting smoking rates.

"The retail establishments are not the root cause of underage tobacco usage as the proposed ordinance purportedly suggests, and, in fact, we are the first line of defense," they wrote.

The Bibb administration pitched the ban as part of an effort to cut tobacco use in a city with one of the highest smoking rates in the country. Council introduced the legislation at the public health department's request in early February. It has not yet received a committee hearing.

The measure received an endorsement from the Campaign for Tobacco-Free Kids, a national anti-tobacco organization. Last December, Bibb met with the campaign's president, Matthew Meyers, according to the mayor's calendar.

Dr. David Margolius, the city's health director, told Signal Cleveland that retailers would not lose as much business as they feared. He said he was still hopeful that the legislation could find support from council, calling smoking Cleveland's top health issue.

He said the city led the way in 2015 when it banned tobacco sales to customers younger than 21.

"This is another chance for us to lead and not fall behind," Margolius said.