

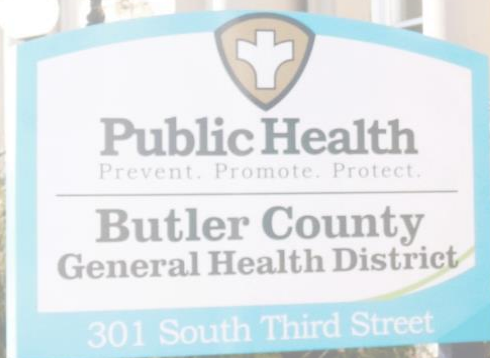
BUTLER COUNTY GENERAL HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

2019 ANNUAL REPORT



CELEBRATING 100 YEARS!

THANK YOU

We would like to thank the following people for their continued efforts in preventing disease and injury, promoting health and wellness, protecting the environment, and achieving health equity:

Our Staff

Our Board Members

Our Health District Advisory Council

Our Many Community Partners

The Citizens of Butler County

Thank you for all you do for the Butler County General Health District!

We Are ALL Public Health!



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WHAT IS PUBLIC HEALTH?

Public health is the science of preventing disease, promoting health, and protecting the health of people and their communities.

Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood or as large as an entire country or region of the world.

Public health professionals work with communities and partners to implement educational programs; recommend health policies; analyze data to promote health; provide population health services; and conduct research and evaluation to ensure health for all. In addition, we work to identify health inequities and disparities and address them through programming. We work with partners to improve the social determinants that impact a person's ability to be healthy such as housing, transportation, food security, education, and employment opportunities.

In the medical field, clinicians treat diseases and injuries one patient at a time. In public health, we prevent disease and injury by working with communities and populations. We identify the causes of unhealthy living conditions and practices, disease and disability. Large scale and often, long-term solutions are proposed and implemented at the community level.

Instead of treating a gunshot wound, for example, we work to identify the causes of gun violence and develop interventions. Instead of treating premature babies, we investigate the factors at work and we develop programs to keep babies healthy. Instead of prescribing medication for high blood pressure, we examine the links among obesity, diabetes and heart disease- and we use our data to influence policy and community programs aimed at reducing all three conditions.

Public health addresses areas as broad-ranging as the science of aging, chronic disease, mental health, disaster response, refugee health, injury prevention and tobacco control. Public health also works to limit health disparities and promote healthcare equity, quality and accessibility.

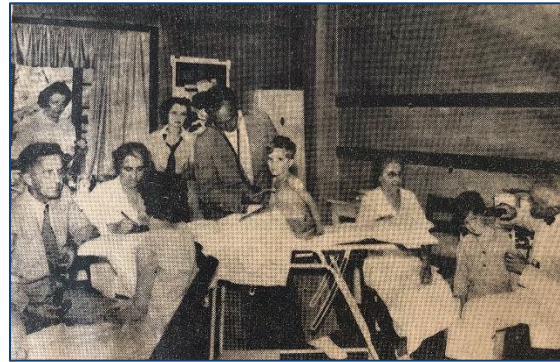
(Sources: Centers for Disease Control and Prevention [CDC] <https://www.cdcfoundation.org/what-public-health> and Johns Hopkins Bloomberg School of Public Health <https://www.ihsph.edu/about/what-is-public-health>)



PUBLIC HEALTH IN OHIO IS 100 YEARS OLD!

EARLY HISTORY OF THE BUTLER COUNTY GENERAL HEALTH DISTRICT

The Hughes-Griswold Act established Ohio's Public Health organizational structure in December of 1919. Prior to 1919, each municipality or township in Ohio operated as its own health district, employing part-time, little-educated public health employees on salaries averaging \$4-10 a week. More than 2,100 health districts existed in Ohio in the first two decades of the 1900s, with little oversight from the State Board of Health. The Hughes-Griswold Act required Ohio's 2100+ health units be formed into General Health Districts (villages and townships) or City Health Districts. This model, considered cutting edge at the time, was established to ensure that the state could effectively respond to public health crises and is still in place today.



The first health districts were required to employ a full-time health commissioner, a nurse, and a clerk. In addition, each district was required to have a five-member board of health. A \$2,000 state stipend was given to each local health district to assist in carrying out public health duties in their respective jurisdictions. According to minutes found in the Butler County General Health District archives, the very first organizational meeting of the Butler County Board of Health occurred on September 16, 1919. The first task of the new Board of Health was to elect officers as follows: Dr. O.E. Bauer, Middletown, President, Dr. D.I. Cochran, Millville, President pro-tem, Dr. Hugh Moore, Oxford, Secretary pro-tem. The second task was to develop an annual budget for adoption: \$22,800 for salaries, equipment, transportation, supplies and incidentals (later lowered to \$8,000).

January 17, 1920, the second meeting of the District Board of Health was held in Hamilton.

- New Board members Dr. W. Reed, of Stockton, and Dr. Harry Murphy were elected.
- The budget was decreased to \$8,000 total (the first decrease in public health funding occurred in year one!)
- Personnel: a Health Commissioner (\$3,500/year), a clerk (\$900/year), and a nurse (\$750/year)

February 10, 1920

- Dr. K. R. Teachnor of Leesburg, Highland County was hired as the very first Health Commissioner of Butler County General Health District at \$3,500/year, and was expected to "provide his own conveyance."
- Miss Fields was hired as clerk

February 16, 1920

- Dr. Teachnor reported to the Board a "General Health Survey of the County." This was the very first Community Health Assessment.
- Deputy Health Commissioners were appointed for the areas outside of Hamilton and Middletown (which had their own health departments) as follows: Oxford – Dr. Hugh M. Moore, Millville – Dr. D. I. Cochran, Stockton - Dr. Wm. S. Reed, Monroe – Dr. M.C. McCready.

April 9, 1920

- The first state sanitary code was adopted.

(Summarized from Board of Health minutes, 2019, 2020)

Ten Great Public Health Achievements in the US and Worldwide, 2000-2010

<p>United States During the 20th century, life expectancy at birth among U.S. residents increased by 62%, from 47.3 years in 1900 to 76.8 in 2000, and unprecedented improvements in population health status were observed at every stage of life. Public health scientists at CDC were asked to nominate noteworthy public health achievements that occurred in the United States during 2001--2010. From those nominations, 10 achievements, not ranked in any order, have been summarized in this table.</p>	<p>Worldwide Worldwide, a child born in 1955 had an average life expectancy at birth of only 48 years. By 2000, the average life expectancy at birth had increased to 66 years and, if past trends continue, is projected to rise to 73 years by 2025. These improvements in longevity have resulted from improved living conditions overall, advances in medical science, and a number of population-level interventions. However, major disparities persist. This table lists 10 achievements, in no particular order or value.</p>
<p>Vaccine-Preventable Diseases</p>	<p>Vaccine-Preventable Diseases</p>
<p>Public Health Preparedness and Response</p>	<p>Preparedness/Response to Global Threats</p>
<p>Tobacco Control</p>	<p>Tobacco Control</p>
<p>Maternal and Infant Health</p>	<p>Reductions in Child Mortality</p>
<p>Motor Vehicle Safety</p>	<p>Improving Global Road Safety</p>
<p>Prevention and Control of Infectious Diseases</p>	<p>Prevention and Control of HIV/AIDS</p>
<p>Cardiovascular Disease Prevention</p>	<p>Tuberculosis Control</p>
<p>Occupational Safety</p>	<p>Control of Neglected Tropical Diseases</p>
<p>Cancer Prevention</p>	<p>Malaria Prevention and Control</p>
<p>Childhood Lead Poisoning Prevention</p>	<p>Access to Safe Water and Sanitation</p>
<p>Conclusion From 1999 to 2009, the age-adjusted death rate in the United States declined from 881.9 per 100,000 population to 741.0, a record low and a continuation of a steady downward trend that began during the last century. Advances in public health contributed significantly to this decline. The judicious use of the legal system, by encouraging healthy behavior through taxation or by shaping it altogether through regulatory action, has become an increasingly important tool in modern public health practice. The creative use of the whole spectrum of available public health options has enabled public health practitioners to respond effectively. Public health practice will continue to evolve to meet the new and complex challenges that lie ahead. May 20, 2011 / 60(19); 619-623 https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm</p>	<p>Conclusion During the previous century, great progress was made in raising life expectancy and reducing mortality among infants and young children through improvements in living conditions and activities to combat major infectious causes of death. Collectively, interventions have contributed to the shifts in major causes of death with chronic, noninfectious causes increasingly prevalent in not only affluent countries, but also in lower-income and middle-income countries. Non-communicable diseases and health conditions are expected to soon account for an estimated 75% of all deaths worldwide. June 24, 2011 / 60(24); 814-818 https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a4.htm</p>

HEALTH DISTRICT ADVISORY COUNCIL

Ohio Revised Code 3709.03: *“There is hereby created in each general health district a district advisory council. A council shall consist of the president of the board of county commissioners, the chief executive of each municipal corporation (not constituting a city health district), and the president of the board of township trustees of each township. The council shall meet annually in March at a place determined by the chair and the health commissioner for the purpose of electing the chair and the secretary, making necessary appointments to the board of health, receiving and considering the annual or special reports from the board of health, and making recommendations to the board of health or to the department of health in regard to matters for the betterment of health and sanitation within the district or for needed legislation. The district advisory council shall appoint five members of the board of health - at least one member of the board of health shall be a physician - appointments shall be made with due regard to equal representation of all parts of the district.”*

TOWNSHIP TRUSTEES

Fairfield	Shannon Hartkemeyer ♦ Susan Berding ♦ Joseph M. McAbee
Hanover	Douglas L. Johnson ♦ Jeff Buddo ♦ Larry Miller
Lemon	Kevin Majors ♦ Joe Routson ♦ Janet K. Majors
Liberty	Christine Maticic ♦ Tom Farrell ♦ Steve Schramm
Madison	Thomas Hall ♦ Alan Daniel ♦ Brian McGuire
Milford	Paul Gillespie ♦ Amy Butterfield ♦ Brad Mills
Morgan	Tom Brucker ♦ Jeffrey R. Kolb ♦ R. Brett Updike
Oxford	Norma Pennock ♦ Kate Rousmaniere ♦ Gary R. Salmon
Reily	Dennis H. Conrad, Jr. ♦ C. Nicholas Schwab ♦ Tim Miller
Ross	Keith Ballauer ♦ Thomas Willsey, Jr. ♦ Ellen Yordy
St. Clair	John R. Snyder ♦ Tom Barnes ♦ Judy Valerio
Wayne	Edward G. Truster ♦ Bill Jones ♦ Mike Truster
West Chester	Mark S. Welch ♦ Lee Wong ♦ Ann Becker

CITIES & VILLAGES

Village of College Corner	James R. Jackson, Mayor
City of Fairfield	Steven Miller, Mayor
Village of Jacksonburg	Michael W. Sword, Mayor
Village of Millville	Robert Settles, Mayor
City of Monroe	John Frentzel, Mayor
Village of New Miami	Robert Henley, Mayor
City of Oxford	Mike Smith, Mayor
Village of Seven Mile	Vivian M. Gorsuch, Mayor
City of Trenton	Calvin G. Woodrey, Mayor

COUNTY COMMISSIONERS

Cindy Carpenter
T. C. Rogers
Donald L. Dixon

BOARD OF HEALTH

The Butler County General Health District is made up of 13 townships, and 9 cities and villages. The Board of Health is the policy making body for the health district, and has the authority to adopt rules and regulations according to law. The Board of Health consists of 8 members who are each appointed for a 3 year term. Meetings are held monthly on the third Thursday at 7:00 p.m. All meetings are open to the public.

BOARD OF HEALTH MEMBERS, 2019

Leon Simpson, President
Molly Emmert, MD
Nancy Harrison
Tom Urban

Alan J. Burley, DDS, Vice President
Stephanie Johnson, RN, BSN
Stephen Schulte
John Baumgartner

HEALTH COMMISSIONER

Jennifer Bailer, RN, MS

MEDICAL DIRECTOR

Michelle Burch, MD



MISSION / VISION / VALUES

OUR MISSION

At the Butler County General Health District, our mission is to prevent disease and injury, promote health and wellness, protect the environment, and achieve health equity.

OUR VISION

We aspire to create a healthy and connected community where residents can enjoy optimal physical, emotional, and environmental health.

OUR VALUES

Our guiding principles provide a framework for staff to conduct their jobs.

BUILD - We work with partners and stakeholders to meet the needs of our community to promote health equity.

UNITY - We show support, courtesy, and understanding for all with whom we interact.

TEAMWORK - We capitalize on our collective differences, strengths, and perspectives.

LEADERSHIP - We are committed to developing a public health staff that exceeds core competencies and provides outstanding service to the community.

EXCELLENCE - We set goals and strive to achieve the highest quality of public health service through innovation and demonstration of outcomes.

RESPECT - We respect the diversity of those we serve and value the contributions made by all staff.



STRATEGIC PLAN

A Strategic Plan provides an organization with a picture of where it is headed, what it plans to achieve, and how it will know if it has achieved it. Butler County General Health District developed its three-year strategic plan in 2018 and utilized it for program planning in 2019. The graphic below demonstrates the progress that has been made towards the achievement of our goals and objectives. The three priority areas of focus are Health Promotion and Community Outreach, Service and Quality, and Sustainability and Finance.

Health Promotion and Community Outreach

- ✓ Over 750 Naloxone kits distributed
- ✓ Progesterone education provided to Partnership to Reduce Infant Mortality (PRIM) and at community events
- ✓ Participation in community based Coalition for Tobacco Reduction
- ✓ Bloodborne Infectious Disease Prevention Program implemented at Mercy Fairfield Hospital
- ✓ Website and social media utilized to send health messages

Service and Quality

- ✓ Trainings related to Core Competencies of Public Health implemented
- ✓ Job descriptions updated to reflect Public Health skills and competencies
- ✓ All documentation submitted for accreditation
- ✓ Performance management system utilized by all departments

Sustainability and Finance

- ✓ Contracts and cost methodology programs reviewed annually
- ✓ New technological improvements utilized for timesheets, performance management, overdose reporting, emergency communications, and food safety inspections
- ✓ Medicaid Administrative Claiming (MAC) billing implemented
- ✓ New vaccine billing in process of implementation

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The Butler County Community Health Improvement Plan (CHIP) is an action plan to improve the health of our residents. The CHIP was developed in 2017 in partnership with the broader community to respond to the health priorities identified from the Community Health Assessment. Goals and objectives were created in three main areas: Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health. A synopsis of the accomplishments achieved from the strategies that were implemented are found below. An updated CHIP will be written in 2020.

Mental Health and Addiction

Mental Health

- ✓ Increase in School Based Health Centers
- ✓ Suicide Prevention Task Plan in place with focus on QPR (Question, Persuade, and Refer) trainings
- ✓ Over 20 agencies participating in No Wrong Door

Substance Abuse

- ✓ Over 2,000 youth received evidence based suicide prevention program
- ✓ Over 750 Naloxone kits distributed
- ✓ Overdose Detection Mapping Application Program to be implemented
- ✓ Trauma Informed Care and SBIRT (Screening, Brief Intervention, and Referral to Treatment) trainings provided

Chronic Disease

Obesity

- ✓ List of community gardens and local food banks created and posted on social media
- ✓ Healthy vending options being implemented in local organizations

Lung Cancer

- ✓ Lung cancer and screening handout created and distributed
- ✓ Local and online tobacco cessation programs distributed to the community

Hepatitis C

- ✓ Bloodborne Infectious Disease Prevention Program implemented in Fairfield
- ✓ Increase in Hep C screenings among high risk groups

Maternal and Infant Health

Infant Mortality

- ✓ Breastfeeding seminars and workshops completed
- ✓ Progesterone education provided to PRIM (Partnership to Reduce Infant Mortality) members and at community events
- ✓ Enrollment of pregnant moms into smoking cessation programs continued

ACCREDITATION

The accreditation process is an ongoing journey, which allows health departments to improve their public health programs and services every year. We began working on accreditation in 2017. In September 2019, Butler County General Health District submitted all of its required documentation to the Public Health Accreditation Board (PHAB). Over 300 documents were gathered, prepared and uploaded. This process allowed BCGHD an opportunity to develop and improve our policies, plans, and programs. The table below highlights just a few of the items that were submitted to PHAB to address each of the twelve PHAB required areas:

1. Assess	<ul style="list-style-type: none">•Butler County Community Health Assessment•Monthly communicable disease reports, Hepatitis A outbreak reports
2. Investigate	<ul style="list-style-type: none">•BCGHD Epidemiology Response Annex•After Action Reports, Standard Operating Guide, Lab certifications
3. Inform and Educate	<ul style="list-style-type: none">•Branding plan•Non-emergency communications plan, Syringe exchange press release
4. Community Engagement	<ul style="list-style-type: none">•Community Health Improvement Plan workgroup action plans•Southwest Ohio Food Safety Roundtable, Breastfeeding coalition agenda
5. Policies and Plans	<ul style="list-style-type: none">•Community Health Improvement Plan•Strategic Plan, Emergency Response Plan
6. Public Health Laws	<ul style="list-style-type: none">•Ohio Association of Plumbing Inspectors Education Code certificates•Enforcement Notification and Communication Policy and Procedures
7. Access to Care	<ul style="list-style-type: none">•Butler County CHA: Infant Mortality, Child and Family Health Services•211 Babylink agreement, Ohio Equity Institute Quarterly report
8. Workforce	<ul style="list-style-type: none">•Workforce Development Plan•Employee recognition policy, Pre-employment checklist
9. Quality Improvement	<ul style="list-style-type: none">•Performance Management Quality Improvement Plan•Purchasing Policy Quality Improvement Project, Food facility survey
10. Evidence-based Practices	<ul style="list-style-type: none">•Safe sleep grant narrative, Project Dawn brochure•PRIMED for action webpage
11. Administration	<ul style="list-style-type: none">•HIPAA / Confidentiality Policy, Personnel Manual, Ethics Policy•Budget reports, Culturally and Linguistically Appropriate Services (CLAS) Plan
12. Governance	<ul style="list-style-type: none">•Ohio Revised Code, BCGHD By-laws•Board of Health meeting minutes

LETTER FROM THE HEALTH COMMISSIONER

Dear Citizens of Butler County,

I am pleased to present to you the 2019 Annual Report of the Butler County General Health District. It is my privilege to lead the dedicated and committed public health professionals who work hard every day to improve the health of all members of our community. **Public Health is what we do!**

In 2019, we became fully entrenched in our journey towards national accreditation by the Public Health Accreditation Board (PHAB) and we expect a site visit in summer 2020. As a part of the accreditation process, we made great strides in improving all areas, especially enhancing quality improvement and performance management efforts. We also added new technologies to save time and energy and allow us to better track trends.

Another advancement for 2019 was moving towards wholly embracing the concept of Public Health 3.0 and infusing it into all our programs. This term was coined in 2016 and “describes a progression or “modernization” of public health goals and missions...to ensure, for the first time in history, that every person in America has a truly equal opportunity to enjoy a long and healthy life,” (DeSalvo, 2016).

The historical progression of public health looked something like this:

- ❖ **Public Health 1.0** (Late 19th – Late 20th Century) focused on sanitation, diseases, vaccination, antibiotics and epidemiology.
- ❖ **Public Health 2.0** (1980's - 2016) focused on moving away from clinical care to preventing chronic disease, promoting health, and working on assessment, policy and assurance.
- ❖ **Public Health 3.0** (2016 – to present and going forward) focuses on “a recognition that for a community to be healthy, improvements in transportation, access to healthy food, the natural environment, housing, safety, and other areas must be made. Public Health 3.0 recognizes the significant need for public health data all the way down to the neighborhood level, and that increased financial investment is necessary to support communities in creating optimal health,” (NCHPAD).

Throughout the past year, our staff has carried on their usual strong work in the areas of environmental health, nursing, maternal child health, harm reduction, accreditation, epidemiology, emergency preparedness, plumbing, administrative support, vital statistics, building support, and fiscal management.

Expanded funding from Ohio Department of Health via grants has allowed us to add staff in the critical areas of Maternal-Child Health and Harm Reduction. This enabled us to extend our work into areas of emerging needs such as the health issues associated with the disease of addiction. In 2019, we received a total of \$1,107,601.26 in grant funds.

Looking forward to 2020...

Jennifer Bailer, RN, MS, Health Commissioner



LETTER FROM THE MEDICAL DIRECTOR

To the Citizens of Butler County:

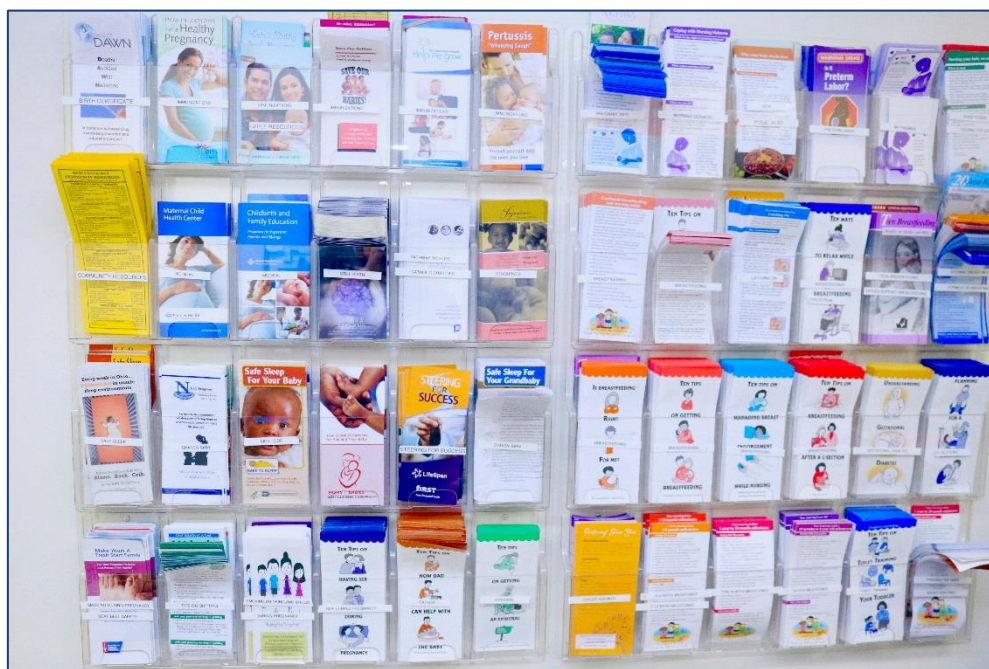
As I look back on another year as a member of this community, as a general pediatrician and the medical director of the Butler County General Health District, I am again filled with a sense of gratitude and pride. Gratitude for the hard work and dedication of each of our staff members day in and day out, for the guidance and expertise of our board of health members, and for the tremendous support and collaboration of our community members and partners.

In our 2019 Annual Report, you will find the details of each of the services we have provided over the last year. Each and every accomplishment represents one step closer to our vision of optimal physical, emotional, and environmental health for all residents of Butler County. Here are a few of the 2019 highlights:

- ❖ After a tremendous effort both locally and statewide, the 2018 community Hepatitis A outbreak has seen no new cases since September 2019. We continue to monitor and prevent communicable diseases through surveillance, vaccination and public education.
- ❖ Our work to combat the opioid epidemic has continued with the ongoing distribution of Narcan kits via Project DAWN, but has also expanded in 2019 to include an exchange program designed to provide education, confidential testing and to help prevent the spread of infectious diseases such as HIV and Hepatitis C.
- ❖ We have continued our efforts to address disparities in infant mortality and maternal health by expanding our outreach to at-risk populations via the Moms and Babies First program and the Ohio Equity Institute 2.0. In addition, we continue to strive for improvement in the health of all children by conducting the biannual Child Fatality Review, which aims to identify factors contributing to childhood death and target future system changes.

As we look forward to the upcoming year, the 100th year of public health in Butler County, I am proud of the accomplishments of the past, and feel confident that we stand at the ready to face any challenges that lie ahead.

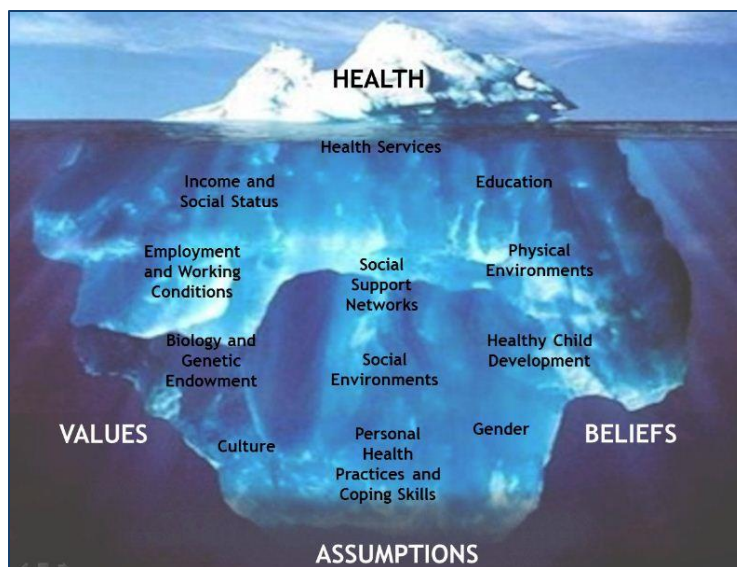
Michelle Burch, MD, FAAP
Medical Director, Butler County Health District



SOCIAL DETERMINANTS OF HEALTH

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Conditions in these environments affect a wide range of health outcomes, which explain in part why some residents are healthier than others, and why others may not be as healthy as they could be. These conditions are known as **social determinants of health (SDOH)**. Utilizing best practices to reduce health inequity and health disparities to create a culture of health and access to care for all can have a significant influence on community health outcomes. The table below highlights some SDOH in Butler County. *(See page 29)*

	Butler County	Ohio
Overall percentage of people living in poverty	12.9%	14.9%
Percentage of population with a high school diploma	9.9%	10.2%
Percentage of population that graduated high school	33%	33.2%
Percentage of population with a Bachelor's degree or higher	29.5%	27.2%
Percentage of population ages 16 and older unemployed but seeking work	4.1%	4.6%
Percentage of households that own a home	68%	66%
Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	14%	15%
Percentage of children who are homeless	1.5%	1.4%
Percentage of population under age 65 without health insurance.	6%	7%
Percentage of population who are low-income and do not live close to a grocery store	7%	7%
Percentage of population who lack access to adequate food	12.8%	12.5%



LIST OF PERSONNEL

Health Commissioner

Jennifer Bailer, RN, MS

Medical Director

Dr. Michelle Burch, MD

Administrative Staff

Carrie Yeager, R.S., Director of Environmental Health

Lori Landis, RN, MSN, Director of Nursing

Erin Smiley, MPH, CHES, Health Promotion Director/Maternal Child Health

Jerry Frederick, Chief Plumbing Inspector

Tina Morrison, BS, Office Manager

Kimberly Geisler, Chief Fiscal Officer

Environmental Staff

Jeffrey Agnew, RS**

Jeff Bussone, SIT

Jamie Cahill, SIT

Nathan Creech, RS

Awni Dababneh, RS

Jennifer Frederickson, RS

Bart Kelhoffer, RS, Supervisor

Mark Knapke, RS, Supervisor

Kaegon Mollett, SIT

Kory Neidich, SIT*

Ryan Peltier, RS

Nicole Pennington, RS

Jessica Savoie, SIT*

Ross Hamey, Intern*

Emergency Response Coordinator

Jennifer McCoy (Pilecki)

Accreditation Coordinator

Mita Patel, RN, MS

Plumbing Staff

Gary Baldwin, Inspector

Gordon Rister, Inspector

Mike Schlabach, Inspector

Drug Overdose Prevention Coordinator

Jennifer Williams, RN, BSN, CEN

Fiscal Staff

Molly Shalloe, Assistant Fiscal Officer

Sherri Meyer, Accounting Clerk

Nursing/Epidemiology Staff

Karen Carr, RN, BSN, Epidemiologist

Sue Glutz, RN

Mary Beth Grollmus, RN, BSN, MA

James Karrer, RN, BSN*

Jordan Luttrell-Freeman, MPH, Epidemiologist

Cindy Risner, RN, BSN

Karen Ronto, Clinic Secretary

Jonathan Yang, MPH, MS, Epidemiologist*

Betsy Waldeck, RN

Maternal Child Health Staff

Marie Augustin, BA, C-CHW, Supervisor

Tracy Bishop, MPH, CHES, OEI Program Director

Sonia Fongum, C-CHW

Angela Fosu, MPH, Epidemiologist

T. Rachel Kabasele, OEI Neighborhood Navigator*

Nekisha Richardson, C-CHW*

Andrew Schwartz, MPH, Epidemiologist*

Michelle Tubbs, C-CHW

Dominique Wells, OEI Neighborhood Navigator

Goldie Wontumi, MD, MPH, MCP Program Director

Kathryn Yang, CNM, MPH, OEI Program Director*

Office

Tina Combs, Vital Statistics Registrar

Nikki Girdler, Plumbing Secretary

Tiffany Jones, Environmental Secretary*

Kathy Ripley, Environmental Secretary

Amber Roberts, Environmental Secretary

Building Supervisor

Scott Deaton

*Employed at some time in 2019.

**Director of Environmental Health January 1 – June 30, 2019

ENVIRONMENTAL HEALTH

FOOD PROGRAM: Food program inspections are very comprehensive. They involve plan review and inspections of Food Service Operations (restaurants), Retail Food Establishments (grocery stores), Mobile Units, Temporary Food Service Operations, and Vending Machine locations at least twice per licensing year as needed.

Food Service Operation	Licenses Issued – 915	Inspections – 3518
Retail Food Establishment	Licenses Issued – 346	Inspections – 776
Mobile Food Facilities	Licenses Issued – 54	Inspections – 61
Temporary Food Facilities	Licenses Issued – 132	Inspections – 130
Vending Operations	Licenses Issued – 121	Inspections – 91

Sanitarians, along with epidemiologists, investigate foodborne illness and complaints in efforts to ensure food safety and to protect public health. Along with addressing public questions or concerns regarding food safety, the Health District offers Level One Food Safety classes each month.

HOUSEHOLD SEWAGE TREATMENT SYSTEM PROGRAM: Sanitarians review soil reports, sewage system designs and site reviews for the placement of household sewage treatment systems (H.S.T.S.) to serve dwellings. Approved H.S.T.S. site reviews are used to legitimize the issuance of installation permits.

OPERATION AND MAINTENANCE PROGRAM: The Butler County General Health District has begun locating and evaluating all household sewage treatment systems as required under Ohio Revised Code (ORC) 3718.02. The program began with a comprehensive review of sewage nuisance and stream contamination data.

Sewage Installation Permits Issued (New and Alteration)	79
Sewage Installation Inspections (New, alterations and re-inspections)	118
NPDES Permits	34
Aerobic Systems Licensed	1583
Aerobic Systems Inspected	1174
Operation and Maintenance Systems Licensed	380
Operation and Maintenance Systems Inspected	308
Site Reviews	92
Soil Evaluations	82
Designs	93
Private Sewage Surveys	12

HOUSEHOLD SEWAGE REPLACEMENT AND REPAIR PROGRAM: In 2018-2019, the Butler County General Health District was awarded a \$200,000 grant from the Ohio Environmental Protection Agency (EPA) to aid homeowners with failing household sewage treatment systems. This grant provides financial aid to assist in the payment of Soil Scientists, the creation of system designs and the installation of new systems. This fund has been used to install multiple new household sewage treatment systems. In addition, the EPA grant has paid for tap-in costs, abandonment of septic systems, and installation of new sewer lines.

This grant targets low-income households that otherwise would not be able to afford the high costs associated with new systems. In the 2018-2019 grant cycle 16 properties were helped through this grant.

2018-2019 Grant \$200,000

Spent \$141,571.70

PRIVATE WATER SYSTEMS: Private water systems are regulated by the Ohio Department of Health (ODH) and administered by the Health District under Sections 3701.344 to 3701.347 of the Ohio Revised Code (ORC) and Chapter 3701-28 of the Ohio Administrative Code (OAC).

Private water systems are wells, springs, cisterns, hauled water storage tanks and ponds. Prior to placement, an application and site plan must be submitted by the installer for health district review and approval.

New Installation Permits Issued	14
New Installation Inspections	8
Alteration Permit Issued	5
Alteration Inspections	1
Well Sealing	13

RABIES SURVEILLANCE: Sanitarians are actively involved with quarantining of domestic animals (dogs, cats & ferrets) when they are reported to have bitten or scratched humans. Captured wild animals are euthanized and laboratory tested for the rabies virus. A series of post-exposure rabies immunizations can be given to animal bite victims when the biting animal cannot be quarantined or tested.

Animal Bite Investigations	349
Rabies Laboratory Specimens Submitted	26
Positive Rabies Results	0

SWIMMING POOLS AND SPAS: In efforts to prevent recreational water illnesses (RWI) and to prevent bather injuries, sanitarians inspect public pools for safety and sanitation.

Swimming Pool Sites – 131 Licenses Issued – 206 Inspections – 804

SCHOOLS: Ohio Revised Code 3707.26 requires the Health District to inspect semiannually the sanitary conditions of all schools and school buildings within its jurisdiction. Along with school sanitary conditions, sanitarians conduct comprehensive school environmental safety inspections.

Number of Schools – 68 Number of Inspections – 136

CAMPS: Sanitarians inspect licensed campgrounds to ensure that the campgrounds, buildings, sites, and facilities are being maintained in a clean and sanitary manner in accordance with O.A.C. 3701-26.

Camp Licenses Issued – 2 Inspections – 4

NUISANCE ABATEMENT: A public health nuisance means any condition that is injurious or potentially injurious to the health and safety of the public. Sanitarians investigate nuisance complaints to determine legitimacy. Appropriate enforcement is issued to abate public health nuisances.

Number of Complaints - 450

SMOKING: Environmental staff oversee Administrative Rules for ORC 3794 the “smoke-free workplace act”. Sanitarians follow enforcement procedures through investigations and the notifications to proprietors reminding them of their responsibilities to prevent smoking within their businesses.

Number of Complaints – 22

Actions Taken – 51

MOSQUITO CONTROL: Through a mosquito control grant obtained through the Ohio Environmental Protection Agency, the Health District was able to set out two types of mosquito collection traps in eleven locations throughout Butler County for mosquito surveillance and testing.

Additionally, the Health District distributed mosquito dunks to townships, villages and municipalities for placement in stagnant bodies of water to kill larvae. The Health District also collaborated with the Butler County Recycling and Solid Waste District on a tire collection event, to eliminate sources for mosquito breeding.

MISCELLANEOUS INSPECTIONS / REVIEWS: Sanitarians inspect for cleanliness, sanitation and safety of jails, and Body Art Establishments.

Jail Inspections - 4

Body Art Establishment Inspections – 26



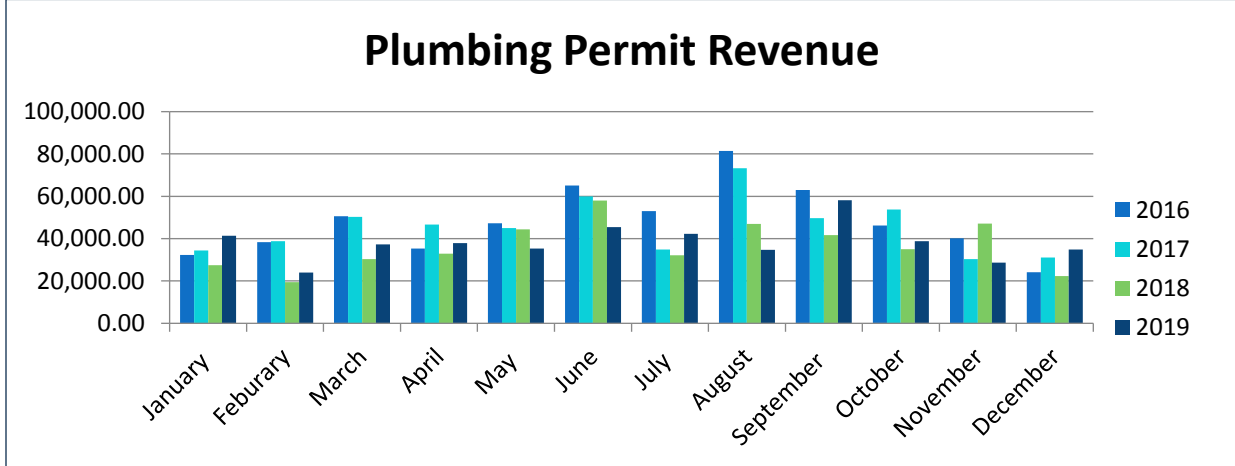
PLUMBING

Our Plumbing Department strives to maintain the safety of the community by ensuring all plumbing, new construction and remodels comply with the Ohio State Plumbing Code.

PLUMBING INSPECTIONS	
Rough Plumbing Inspections	1,985
Final Plumbing Inspections	1,527
Backflows	24
Water Line Inspections	603
Sewer Line Inspections	535
Medical Gas Inspections	6
Total Inspections	4,680

REGISTERED LICENSED PROFESSIONALS	
Master Plumbers	388
Journeymen	166
HSTS Installers	33
Septage Haulers	20
Service Providers	27

PLUMBING REVENUE	
Permits	\$458,853.00
HSTS	\$28,563.88
Medical Gas	\$3,110.00



NURSING

TUBERCULOSIS (TB) CLINIC

The Butler County General Health District TB Control Unit consists of public health nurses and our contracted Infectious Disease physician who work in collaboration with the Ohio Department of Health (ODH) to monitor and case manage individuals in the county who have been diagnosed with TB. Each person identified as having active TB prompts a thorough investigation of the people who may have been in contact with the individual. In 2019, **9 active** cases of TB were identified and treated in Butler County. These individuals were seen routinely in our clinic by the TB Control unit physician and staff. Their treatment was documented with daily directly observed therapy, verifying that these individuals take all of their prescribed medications. Contacts possibly exposed to TB by these individuals were notified and tested by our public health nurses. There were **45** latent TB Infection (LTBI) cases identified in 2019 with treatment initiated to prevent active disease. In addition, over **54** tuberculin skin tests were administered, interpreted and followed. We are now administering quantiferon testing due to higher accuracy with less false positive findings.

NUMBER OF ACTIVE TB CASES

	Butler County	Ohio
2013	2	148
2014	3	156
2015	3	143
2016	6	140
2017	8	151
2018	6	150
2019	9	149

IMMUNIZATIONS

The Rosin Clinic at the Butler County General Health District offers immunizations to uninsured or underinsured infants, children, and teens through the Vaccines for Children program, as well as to families with Medicaid and some private insurances. In addition, adults needing travel and/or communicable disease prevention vaccines are seen by appointment in our clinic. In 2019, over **3,373** vaccines were administered to children and adults in Butler County. At the Rosin clinic site, **128** vaccine clinics serving **1,203** children and **255** adults were conducted. Also, many offsite vaccine clinics were provided throughout the county during the influenza season and hepatitis A outbreak. Over **199** influenza vaccines were administered for the 2018-2019 season. In conjunction with the City of Hamilton, City of Middletown and Butler County General Health District nursing staff, over **301** hepatitis A vaccines were given to the high-risk population and food establishment employees throughout Butler County.

Through the Get Vaccinated Ohio grant, our public health nurses partnered with the City of Hamilton Health Department, local schools and medical providers throughout the county to assist in immunization education and compliance. Part of this same grant, the Perinatal Hepatitis B Prevention program focuses on preventing babies of hepatitis B-positive mothers from contracting the hepatitis B virus at birth. In 2019, our public health nurse followed **21** moms and babies.

HIV/ HEPATITIS C TESTING AND EDUCATION

On the second and fourth Thursdays of the month from 11:00 am-1:00pm, at the health district, Caracole (Greater Cincinnati’s non-profit AIDS Service Organization) offers free HIV testing and education on their mobile van. In 2019, 1 new case of HIV was reported via the van-testing program for Butler County compared to 15 new cases of HIV in 2018.

COMMUNICABLE DISEASE

In the year of 2019, the trend of Notifiable Communicable Diseases decreased across all the jurisdictions of Butler County from the year 2018. There were 3778 cases of reportable diseases within Butler County. The whole of Butler County decreased by 12.6%, and the Butler County General Health District, City of Middletown Health Department, and City of Hamilton Health Department reported decreases of 12.3%, 4.3%, and 20.3%, respectively. The total number of reportable diseases in the Butler County General Health District (n=1865) represented 49.4% of disease occurrence in the county. Middletown City Health Department’s reported cases (n=962) was 25.5% of the county total, and City of Hamilton Health Department’s (n=951) made up 25.1% of the county total.

The most frequently reported disease was Chlamydia infection (n=1612) which increased 3.3% from 2018 (n=1560) and made up 42.7% of the total disease burden in the county. The other most commonly reported diseases for the year were Gonococcal infection (n=725), Hepatitis C (n=572), Influenza-associated hospitalizations (n=321), and Hepatitis B (n=107). The top five reported disease in the county represented 88.3% of the total disease burden in Butler County.

By group, only Sexually-Transmitted Diseases (STDs) increased from last year. This trend matches statewide and national trends. Chlamydia infections and gonococcal infections represented 61.9% of all reportable diseases in all jurisdictions within the county during the year (n=2337). Aside from STDs, which are not Local Health District jurisdiction, enteric diseases and viral hepatitis diseases decreased from 2018. The decrease in enteric illnesses over the course of the year can be explained by the slowing down of the Hepatitis A outbreak, for which there has been no symptomatic case since August (Figure 2). Despite an increase in pertussis, vaccine-preventable diseases also decreased.

There were 25 outbreaks recorded in 2019. The most frequently reported outbreaks were Influenza (n=8) and Norovirus (n=8). There were also outbreaks of Scabies (n=2), Hand, Foot, and Mouth Disease (n=2), Acinetobacter (n=1), and 4 outbreaks of gastro-intestinal illness with an unknown causative agent.

Table 1. Comparison of Confirmed and Probable Reported Cases of Notifiable Communicable Diseases (excluding chlamydia and gonorrhoea)

	Reported Cases	Rate per 100,000	Rate Ratio	Confidence Interval
State of Ohio	46,118	394.5	-	-
Butler County	1,446	378.2	0.95	0.91-1.01

Interpretation: The residents of Butler County were 5% less likely to have a notifiable disease report when compared to the State of Ohio in 2019. These results are not statistically significant. (excluding chlamydia and gonorrhoea)

*Data is provisional and subject to change – Table 1 does not include gonorrhoea or chlamydia due to the high likelihood of duplicate cases and co-infections. Only probable & confirmed cases are included in counts for Tables 2, 3, and 5 except for cases of arboviral encephalitis such as Zika virus disease of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects time period of the year 2019 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/02/2020. Suspected cases are included on Figure 1.

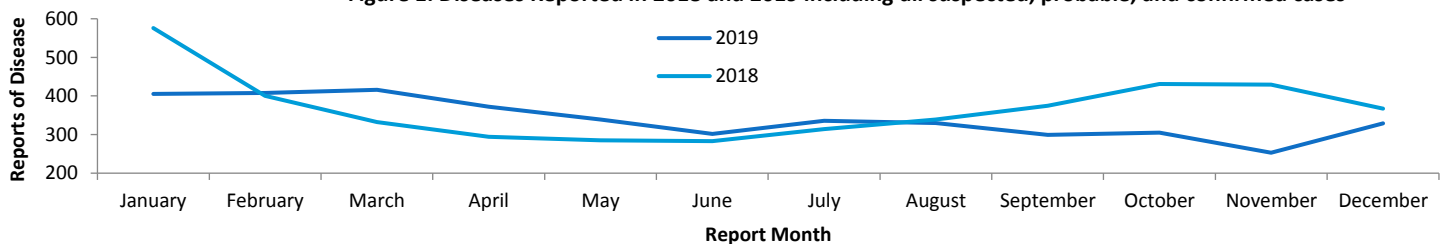
Table 2.* Communicable Diseases by Jurisdiction (2019)

Jurisdiction	Count	Rate per 100,000	Change from 2018
Butler County General Health District	1865	687.3	↓ 12.3% from 2018 (n=2126)
Middletown City Health Department	962	1968.9	↓ 4.3 % from 2018 (n=1005)
City of Hamilton Health Department	951	1529.6	↓20.3% from 2018 (n=1194)
Butler County (all inclusive)	3778	988.0	↓12.6% from 2018 (n=4325)

Table 3.* Diseases Reported in Butler County (2019)

Jurisdictions:	Butler County General Health District	Middletown City Health Department	Hamilton City Health Department	Butler County (all inclusive)
Amebiasis	1	0	0	1
Campylobacteriosis	28	9	8	45
Chlamydia Infection	823	387	402	1612
CP-CRE	1	2	1	4
Creutzfeldt-Jakob Disease	1	0	1	2
Cryptosporidiosis	3	1	0	4
Cyclosporiasis	2	0	0	2
Dengue	1	0	0	1
E. coli, Shiga Toxin-Producing	9	0	2	11
Giardiasis	8	1	3	12
Gonococcal Infection	281	239	205	725
Haemophilus influenzae (invasive disease)	5	1	4	10
Hepatitis A	33	59	12	104
Hepatitis B - acute/chronic	52	26	29	107
Hepatitis C – acute/chronic/perinatal	272	156	163	572
Influenza-associated Hospitalization	199	63	73	321
Legionellosis – Legionnaires’ Disease	8	2	7	17
Lyme Disease	2	0	1	3
Malaria	2	0	0	2
Meningitis – aseptic/viral	17	3	5	25
Meningitis – bacterial (not N. meningitidis)	3	1	0	4
Mumps	0	1	0	1
Pertussis	24	6	5	35
Salmonellosis	25	3	4	32
Shigellosis	1	2	4	7
Streptococcal – Group A – invasive	9	9	6	24
Streptococcal –Group B- Newborns	0	0	0	0
Streptococcus pneumoniae – Invasive	29	6	24	59
Syphilis	6	3	2	11
Tuberculosis	6	2	0	8
Varicella	12	1	1	14
Vibriosis (not cholera)	1	0	0	1
Yersiniosis (not plague)	1	0	0	1
Total:	1865	962	951	3778

Figure 1. Diseases Reported in 2018 and 2019 including all suspected, probable, and confirmed cases



*Data is provisional and subject to change – Table 1 does not include gonorrhea or chlamydia due to the high likelihood of duplicate cases and co-infections. Only probable & confirmed cases are included in counts for Tables 2, 3, and 5 except for cases of arboviral encephalitis such as Zika virus disease of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects time period of the year 2019 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/02/2020. Suspected cases are included on Figure 1

Table 4.* Butler County Outbreaks (2019)

Disease	# of Outbreaks	Location/Facility Type	Local Health Department
Influenza	8	Healthcare facility (4) School (4)	Butler County General Health District (8)
Norovirus	8	Healthcare facility (7) School (1)	Butler County General Health District (8)
Scabies	2	Healthcare facility (1) School (1)	Butler County General Health District (2)
Hand, Foot, and Mouth Disease	2	School (2)	Butler County General Health District (2)
Acinetobacter	1	Healthcare facility (1)	City of Hamilton Health Department (1)
Unknown Gastrointestinal illness	4	Healthcare facility (2) Other (2)	Butler County General Health District (4)

Table 5.* Butler County Reportable Diseases by Subgroups (By year 2014-2019)

Reportable Disease Subgroup	2014	2015	2016	2017	2018	5 year average (2014-2018)	2019
Viral Hepatitis (B and C)	695	789	871	871	946	834	679
Sexually-Transmitted Diseases (Chlamydia, Gonorrhea, and Syphilis)	1790	1885	1898	2214	2251	2008	2348
Enteric Diseases (Hepatitis A, Amebiasis, Campylobacteriosis, Cryptosporidiosis, Cyclosporiasis, STEC, Giardiasis, Salmonellosis, Shigellosis, and Vibriosis)	75	109	153	179	458	195	218
Vaccine-Preventable Diseases (influenza-associated hospitalizations, Haemophilus influenzae, Bacterial meningitis, Mumps, Pertussis, invasive Streptococcus pneumoniae, Tetanus, and Varicella)	335	319	201	411	597	373	493
Total:	2895	3102	3123	3675	4252	3409	3738

Figure 2. Confirmed Hepatitis A Cases by Date Reported Butler County Residents, 2018-2019

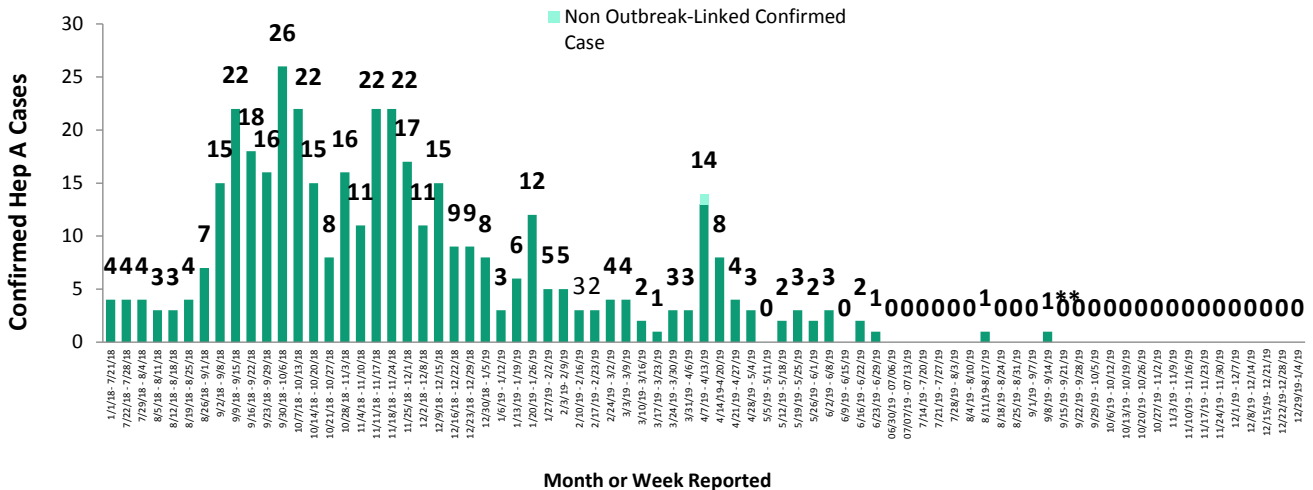


Figure 1 shows all “confirmed” Hepatitis A cases in Butler County as of 1/02/20. Due to delays in reporting, the numbers of confirmed cases on Figure 1 are subject to change between weekly reports and confirmed case counts for the most recent weeks are more likely to increase.

*Data is provisional – only confirmed Hepatitis A cases are included in counts. Report reflects time period of the 2018-2019 Ohio Hepatitis A Outbreak (Jan 2018 – Present), measured in MMWR week intervals, unless otherwise noted. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/02/19.

** Case reported on 9/9 was a delayed report. The case’s onset was actually February of 2019.

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Butler County Reportable Disease Surveillance 5-Year Comparison

Table 6 outlines Butler County’s select, reportable disease counts by year, that were classified as either “probable” or “confirmed” during the years of 2014 to 2019 and provides a 5 year average (2014-2018) column for comparison. This graph includes those diseases that represent a consistent threat to public health.

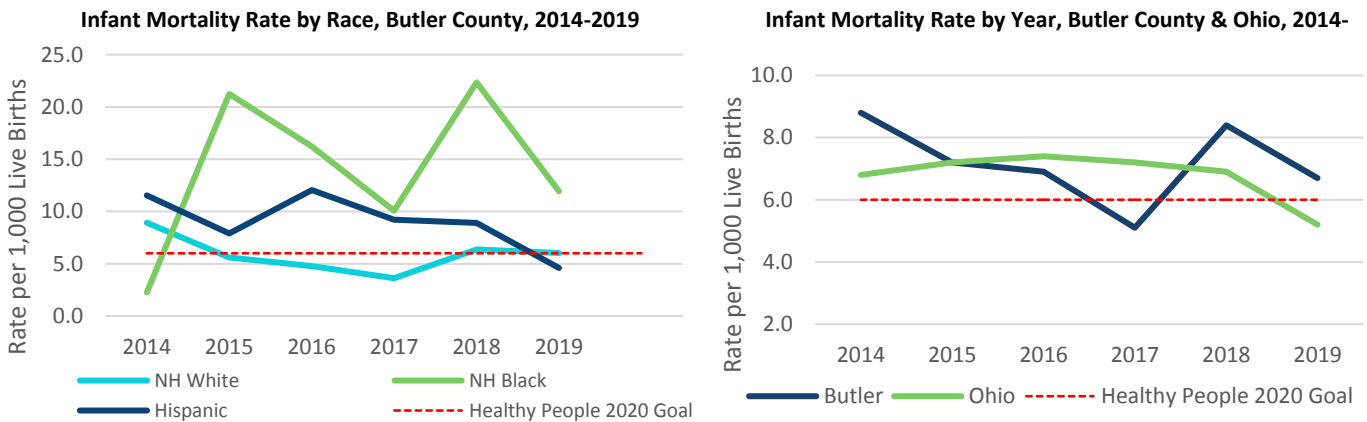
Table 6.* Reported Probable/Confirmed Cases in Butler County (2014–2019)

Year / Average Columns:	2014	2015	2016	2017	2018	5 Year Avg (2014-2018)	2019
Amebiasis	0	0	0	0	2	<1	1
Campylobacteriosis	29	56	47	41	33	41	45
Chlamydia Infection	1342	1436	1392	1586	1560	1463	1612
CP- CRE (not reportable prior to 2019)	-	-	-	-	-	N/A	4
Creutzfeldt-Jakob Disease	0	0	1	1	1	<1	2
Cryptosporidiosis	4	9	10	9	6	8	4
Cyclosporiasis	0	0	0	0	4	<1	2
Dengue	0	0	1	0	0	<1	1
E. coli, Shiga-Toxin Producing	3	4	13	8	14	8	11
Giardiasis	11	10	7	8	12	10	12
Gonococcal Infection	409	419	486	602	654	514	725
Haemophilus influenzae (invasive disease)	2	5	2	5	17	6	10
Hepatitis A	0	2	2	1	308	63	104
Hepatitis B - acute/chronic/perinatal	93	129	146	126	166	132	107
Hepatitis C – acute/chronic	602	657	727	749	778	703	572
Influenza-associated Hospitalization	252	220	102	290	479	269	321
Legionellosis – Legionnaires’ Disease	2	10	6	9	15	8	17
Listeriosis	0	0	1	1	1	1	0
Lyme Disease	0	5	1	3	4	3	3
Malaria	2	3	5	2	2	3	2
Meningitis – aseptic/viral	28	24	29	26	16	25	25
Meningitis – bacterial (not N. meningitidis)	3	4	6	9	3	5	4
Meningococcal dz. – Neisseria meningitidis	1	1	1	1	0	1	0
Mumps	1	0	3	2	2	2	1
Pertussis	41	18	16	25	16	23	35
Salmonellosis	28	26	29	40	32	31	32
Shigellosis	3	2	45	72	45	33	7
Spotted Fever Rickettsiosis (including RMSF)	2	0	2	0	0	1	0
Streptococcal – Group A – invasive	10	17	16	32	23	20	24
Streptococcal – Group B – in newborn	3	4	1	1	3	2	0
Streptococcus pneumoniae – Invasive	30	47	44	46	54	44	66
Syphilis (all stages)	48	43	30	30	47	40	11
Tuberculosis (active)	3	3	6	8	2	4	8
Varicella	20	14	10	11	13	14	14
Vibriosis (not Cholera)	1	0	1	0	2	1	1
West Nile Virus Disease	0	1	0	1	0	<1	0
Yersiniosis	0	0	0	0	0	<1	1

*Data is provisional and subject to change – Table 1 does not include gonorrhea or chlamydia due to the high likelihood of duplicate cases and co-infections. Only probable & confirmed cases are included in counts for Tables 2, 3, and 5 except for cases of arboviral encephalitis such as Zika virus disease of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects time period of the year 2019 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/02/2020. Suspected cases are included on Figure 1.

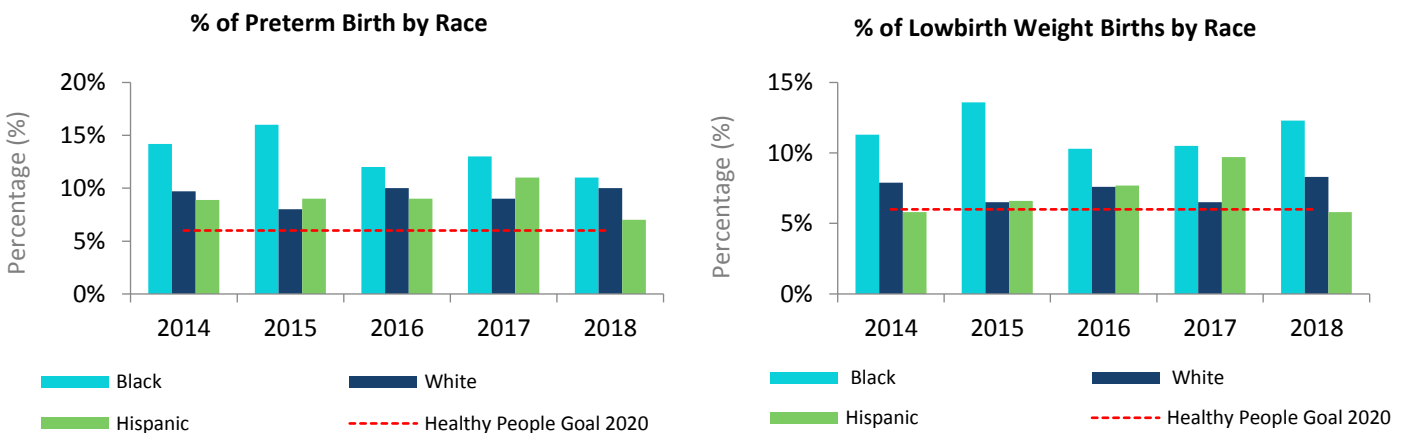
MATERNAL AND CHILD HEALTH

Infant Mortality is the death of a live-born baby before their 1st birthday. The Infant Mortality Rate is a leading indicator of the overall health of a community. The Infant Mortality Rate is calculated as the number of infant deaths that occur for every 1,000 live births per year. Although infant mortality has decreased as a whole in Butler County, there remains significant racial and ethnic disparities in birth outcomes. Black infants are dying at a rate over two times higher than white infants, despite efforts to improve health. The infant mortality rate for Butler County decreased from 7.6 deaths per 1,000 live births in 2018 to 6.7 deaths per 1,000 live births in 2019.



Preterm birth is defined as a baby born alive before 37 weeks of pregnancy are completed. Preterm and low birth weight are two of the greatest contributors to infant death. In 2019, the preterm birth rate was higher for non-Hispanic black infants (13.3%) compared to non-Hispanic white (10.1%) and Hispanic (9.9%) infants.

Low birth weight is defined as an infant weighing less than 2,500 grams (approximately 5.5 pounds) at birth. The low birth weight for non-Hispanic black and non-Hispanic white infants were higher than the Healthy People 2020 Goal (6.0%) in 2019.



MOMS AND BABIES FIRST

An infant vitality home visiting program that addresses racial, ethnic and health disparities, specifically for African American pregnant women. Community Health Workers meet regularly with moms to achieve healthy pregnancy outcomes and ensure children thrive throughout their 1st year of life.

"Moms and Babies First helped me every step of the way to be a better mom for my child."
-Participant

Increased number of home visits by
5%

OHIO EQUITY INSTITUTE 2.0

Addresses racial disparities in birth outcomes among the nine counties with the largest disparities for infant mortality. In addition to connecting women to services, community leaders work to enact purposeful systems change through policies that positively affect birth outcomes.

Served the most women in the state

59%
Of women served were black

CRIBS FOR KIDS

Ensuring infants have a safe sleep environment by providing Cribettes®, safe sleep education and literature to eligible families. Participants meet with educators who advocate for and practice the ABC's of safe sleep with families.

The ABC's of Safe Sleep
A – Alone
B – Back
C – Crib

93%
Of clients were reached for follow-up to ensure safe sleep practices

WOMEN'S WORKPLACE HEALTH PROGRAM

Developed to improve the continuum of health through a woman's life course. By working closely with leadership, we guide workplaces to engage with their staff and implement healthy workplace policies that everyone can benefit from. Participants receive multiple health screenings and coaching to encourage healthy behavior change.

25%
Of participants increased their knowledge of birth spacing

33%
Of participants increased their knowledge of folic acid

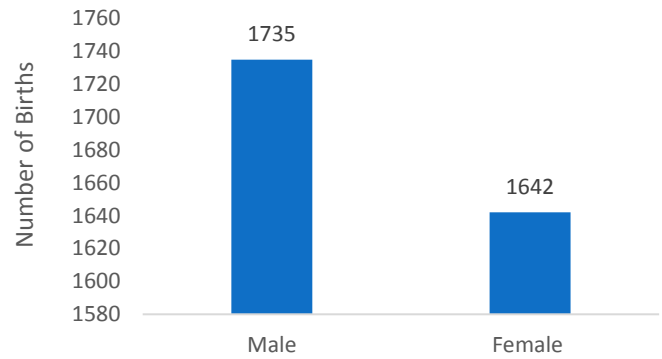
FETAL INFANT MORTALITY REVIEW BOARD

A community-based and action-oriented process to improve service systems and resources for women, infants and families. The overall goal is to decrease the number of fetal and infant deaths in our community. Members of the community come together and examine the social, economic, cultural, safety, and health systems factors associated with fetal infant mortality. Recommendations for change are developed and acted upon by the Community Action Team.

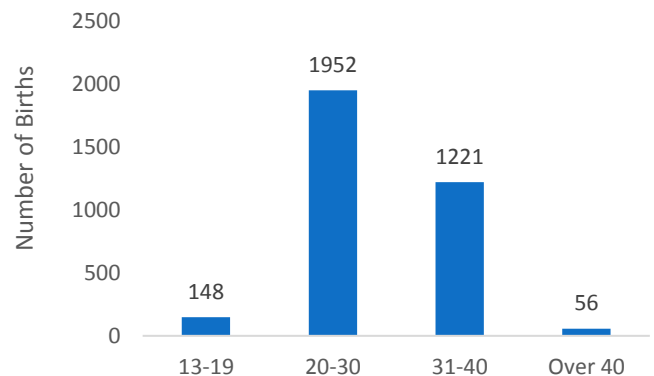
VITAL STATISTICS – BIRTHS*

NUMBER OF BIRTHS IN 2019		
GENDER		
Male	1735	51%
Female	1642	49%
TOTAL	3377	
AGE OF MOTHERS		
13-19 years	148	4%
20-30 years	1952	58%
31-40 years	1221	36%
Over 40 years	56	2%
UNMARRIED MOTHERS		
13-19 years	132	4%
20-30 years	834	25%
31-40 years	234	7%
Over 40 years	16	.5%
PLACE OF BIRTH		
McCullough - Hyde	386	11%
Mercy Fairfield	1477	44%
West Chester Hospital	974	29%
Christ Hospital Liberty	523	15%
Out of institution birth	17	1%

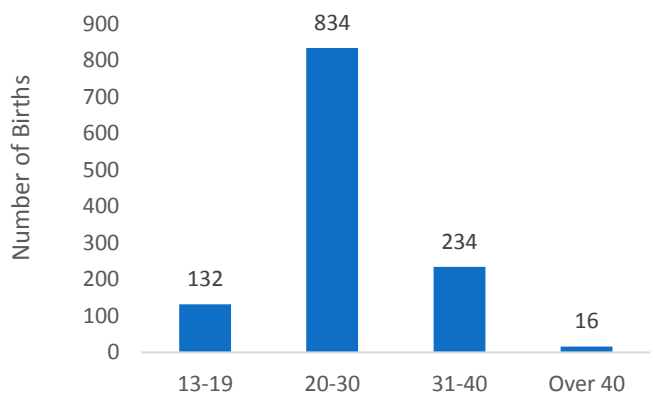
Births by Gender, 2019



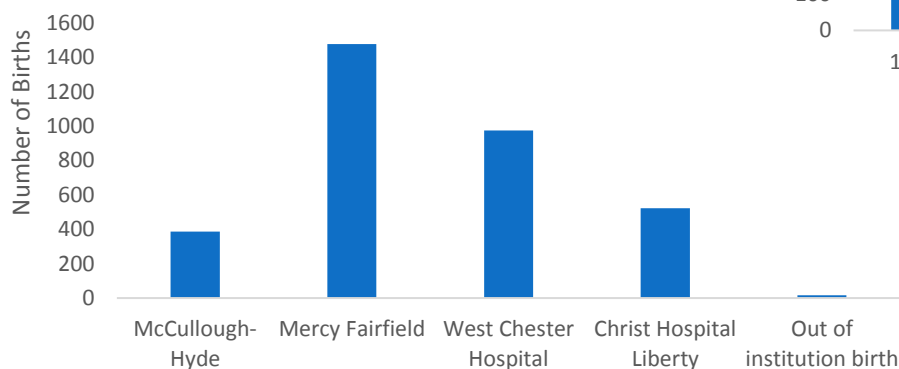
Births by Mother's Age, 2019



Births by Unmarried Mothers, 2019



Place of Births, 2019

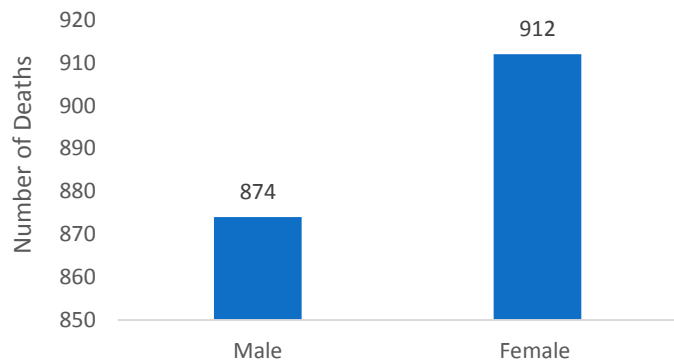


* **Births:** The Butler County General Health District vital statistics numbers are for birth certificates filed within Butler County, and do not include birth certificates for births that occurred in the cities of Hamilton or Middletown. The birth totals include only certificates filed in 2019, not births that occurred in 2019.

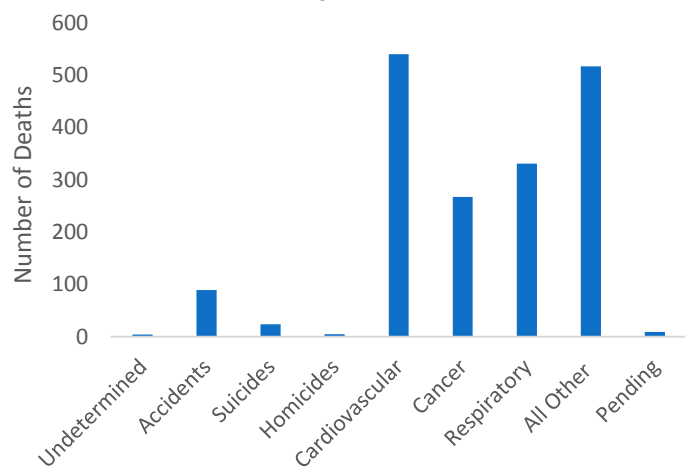
VITAL STATISTICS – DEATHS**

NUMBER OF DEATHS IN 2019		
GENDER		
Male	874	49%
Female	912	51%
TOTAL	1786	
CAUSE OF DEATH		
Undetermined	4	.2%
Accidents	89	5%
Suicides	24	1%
Homicides	5	.3%
Cardiovascular	540	30%
Cancer	267	15%
Respiratory	331	18%
All Other	517	30%
Pending	9	.5%
AGE AT DEATH		
Under 1 month	17	1%
1 month - 1 year	4	< 1%
1-4 years	2	< 1%
5-9 years	1	< 1%
10-19 years	8	< 1%
20-29 years	36	2%
30-39 years	36	2%
40-49 years	68	3%
50-59 years	148	8%
60-69 years	270	15%
70-79 years	424	24%
80-89 years	468	26%
Over 90 years	304	17%

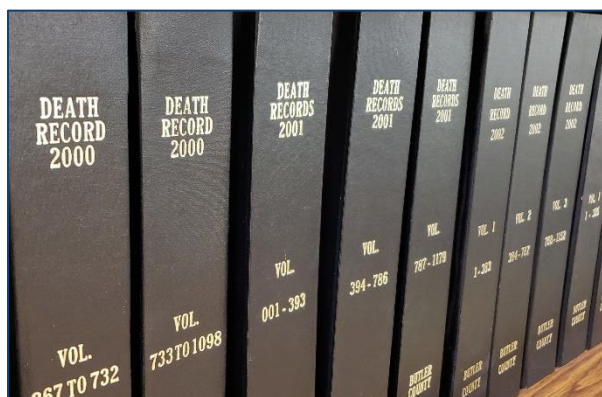
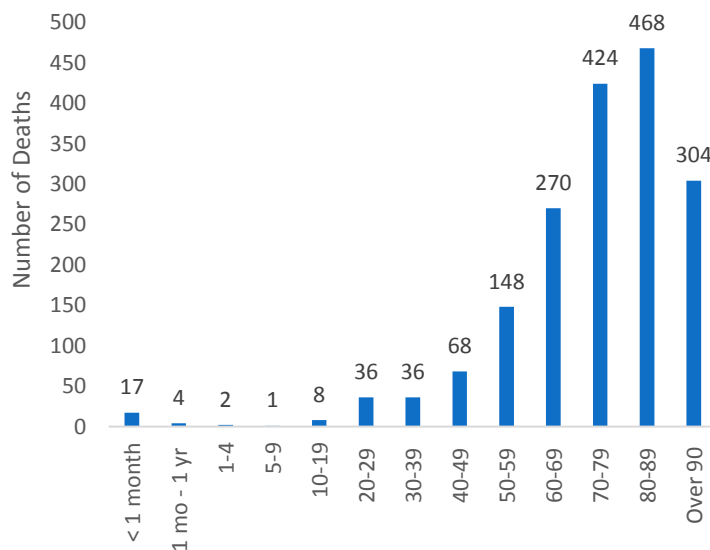
Deaths by Gender, 2019



Deaths by Cause, 2019



Deaths by Age, 2019

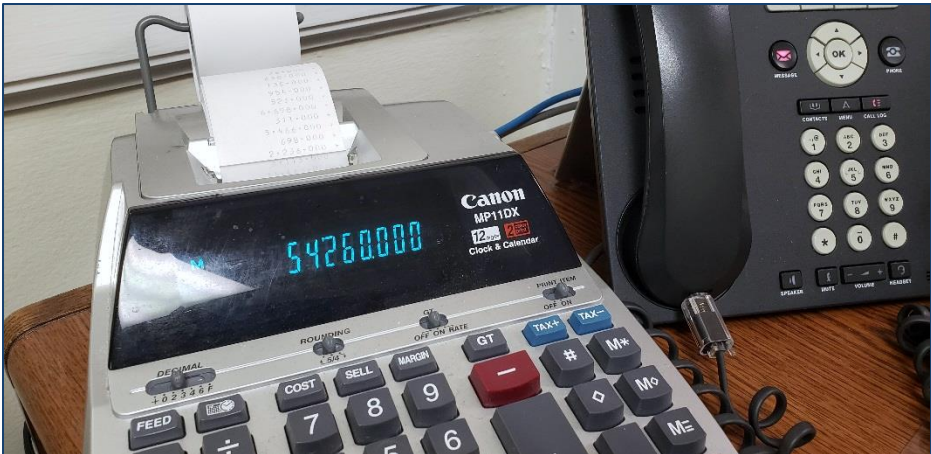


**Deaths: The Butler County General Health District vital statistics numbers are for death certificates filed within Butler County, and do not include death certificates for deaths that occurred in the cities of Hamilton or Middletown. The death totals include only certificates filed in 2019, not deaths that occurred in 2019.

FISCAL – BUDGET & FINANCE

ALL BOARD OF HEALTH FUNDS

REVENUE		EXPENDITURES	
2018 Balance	1,910,975.08	Salaries	1,855,326.14
Taxation	135,000.00	PERS	253,778.40
Grants	1,107,601.26	Workers Compensation	41,655.18
Fees & Miscellaneous	1,104,099.00	Medicare	25,029.76
State Subsidy	48,256.75	Group Insurance	432,422.91
Food Service	620,466.87	Supplies	161,027.44
Pool Licenses	82,758.50	Travel & Expenses	29,906.13
Recreational Vehicle/Camp Licenses	630.00	Contractual Services	523,041.70
Household Sewage Treatment Systems	215,072.55	Equipment	41,573.00
		Other - Miscellaneous	6,410.63
		State Portion	267,343.54
		Contingency	1,587,345.18
TOTAL REVENUE	5,224,860.01	TOTAL EXPENDITURES	5,224,860.01



EMERGENCY PREPAREDNESS

The Emergency Response Coordinator (ERC) manages the Butler County General Health District (BCGHD) Emergency Preparedness and Response Program. The program is supported by the Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) grants. CDC's PHEP capabilities and standards dictate the planning and operational activities conducted under this program.

EMERGENCY ACTIVATIONS

2018-2019 Hepatitis A Outbreak Emergency Response:

In October 2018, BCGHD activated its Emergency Response Plan and incident management team in response to the ongoing Hepatitis A Outbreak in Butler County. Unified Command was established in conjunction with the City of Middletown and the City of Hamilton Health Departments to coordinate planning and operations efforts across the county. In October 2019, the outbreak was over in Butler County thanks to the tremendous efforts of those involved in the response.

Two BCGHD team members involved in the Hepatitis A response will be presenting "lessons learned" at The NACCHO Preparedness Summit in 2020. This is the first and longest running national conference on public health preparedness.

DRILLS

In 2019, the following drills were conducted with staff and partners:

- 6 staff notification drills
- 2 after hours notification drills
- 7 radio communication drills

EXERCISES

Point of Dispensing Full Scale Exercise, February 21st, 2019

This exercise involved a point of dispensing operation where public health staff simulated administering vaccinations to a large number of people at the Butler Tech Liberty Township Campus. A total number of 52 participants from the following organizations were involved: BCGHD, Butler County Emergency Management Agency, Tristate Medical Reserve Corps, Community Emergency Response Teams, UC Health Volunteers, City of Hamilton Health Department, City of Middletown Health Department, Highland County Health Department, Clinton County Health Department, and the Health Collaborative.

Regional Pandemic Influenza Tabletop Exercise, October 18th, 2019

This exercise took place at the Emergency Operations Center in Butler County and involved several public health agencies in the Southwest Ohio Public Health Region. In Butler County, the players include participants from BCGHD, the Butler County Emergency Management Agency, the City of Hamilton Health Department, and the City of Middletown Health Department. This regional public health exercise focused on three PHEP capabilities: emergency operations coordination, non-pharmaceutical interventions and medical countermeasure dispensing and administration.

BUTLER COUNTY EMERGENCY PREPAREDNESS C.M.I.S.T. PROFILE

People with functional and access needs face significant barriers to achieving their best possible health. For the purposes of emergency preparedness and response, functional and access needs are organized into 5 categories (C-MIST): Communication, Medical, Independence, Supervision, and Transportation.

In 2019 BCGHD updated its C-MIST profile in order to generate a more accurate picture of the health disparities, health inequities and functional and access needs throughout the county. Based on data from the U.S. Census Bureau 2012-2017 American Community Survey 5-Year Estimates, Butler County's access and functional needs indicators are as follows:

Transportation Access: Of 136,416 households, roughly 7,383 or 5.4% have no vehicle available. Transportation issues can limit a person's ability to gain access to assistance during public health emergencies.

Electricity Dependent: The number of individuals who depend on electricity to maintain health is around 0.9%. Individuals who depend on electricity to maintain their health will need special assistance during a public health emergency, especially one that involves power outages or transportation infrastructure damage.

Prescriptions: The estimated number of individuals who had had at least one prescription in the last 30 days is 184,121. Access to prescriptions during a public health emergency is a consideration that must be taken into account when planning for mass shelters.

Population Age: Estimated number of individuals who are over 65 years: 51,083. Older age can affect a person's ability to move out of harm's way. Age can also affect a person's hearing and sight. All of these factors need to be taken into account when planning a public health emergency response involving an older population.

Non-English Languages: For those who speak English less than very well, the top three languages spoken include: Spanish 5,548, Chinese 1,252, and Vietnamese 638. Estimated percent of persons aged 16+ lacking basic prose literacy skills is 7.0%. Race, ethnicity and prose literacy skills can create language and cultural barriers that effect communication and public information warnings/alerts.

Poverty Level: The total number of persons below the poverty level was estimated at 47,018 or 12.9% of the population. Lower income populations have fewer resources available for recovery and are more likely to live in substandard and thus more vulnerable structures.

Disability: The total estimated population within Butler County with a disability is around 44,429 or 11.9% of the population. For the purposes of this analysis, individuals with disabilities include persons with hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.

Improving community health is an important piece of Butler County's emergency preparedness and response programs. Sustainable changes to policies and program structure are required to ensure that the program continues to meet the needs of all members of the Butler County community.



(These photos are from the 2019 Point of Dispensing Exercise held at Butler Tech. Individuals pictured are from the Butler County General Health District and the Tristate County Medical Reserve Corps.)

HARM REDUCTION

Harm reduction consists of evidence-based strategies that aim to reduce the harms associated with certain behaviors, especially those associated with addictions.

Accomplishments

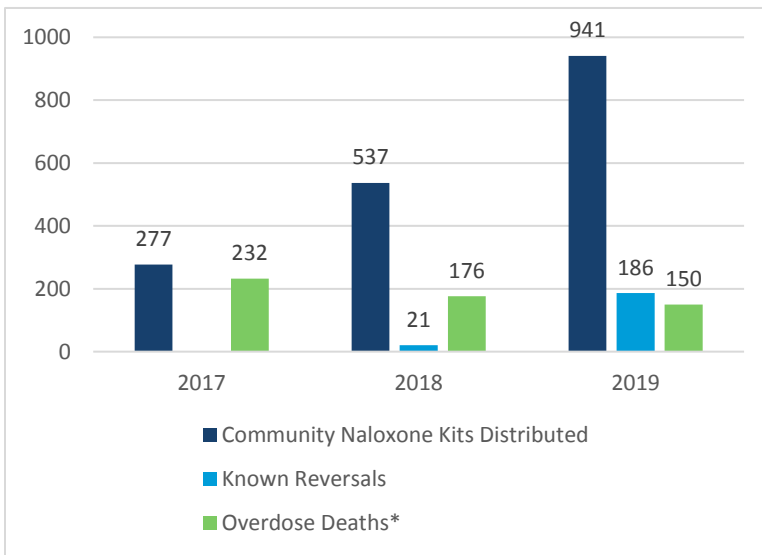
- Launched 2nd Bloodborne Infectious Disease Prevention Program (BIDPP) in Butler County
- Secured funding to coordinate county addiction reponse efforts
- Continued to offer free Naloxone to individuals, first responders, and organizations

Current Projects

- Develop Butler County Harm Reduction Strategic Plan
 - Enhance Butler County Overdose Alert Plan
- Create Butler County Overdose Fatality Review Team
- Re-establish Butler County Coalition and Addiction Taskforce
 - Implement a Harm Reduction Media Campaign

Looking Forward

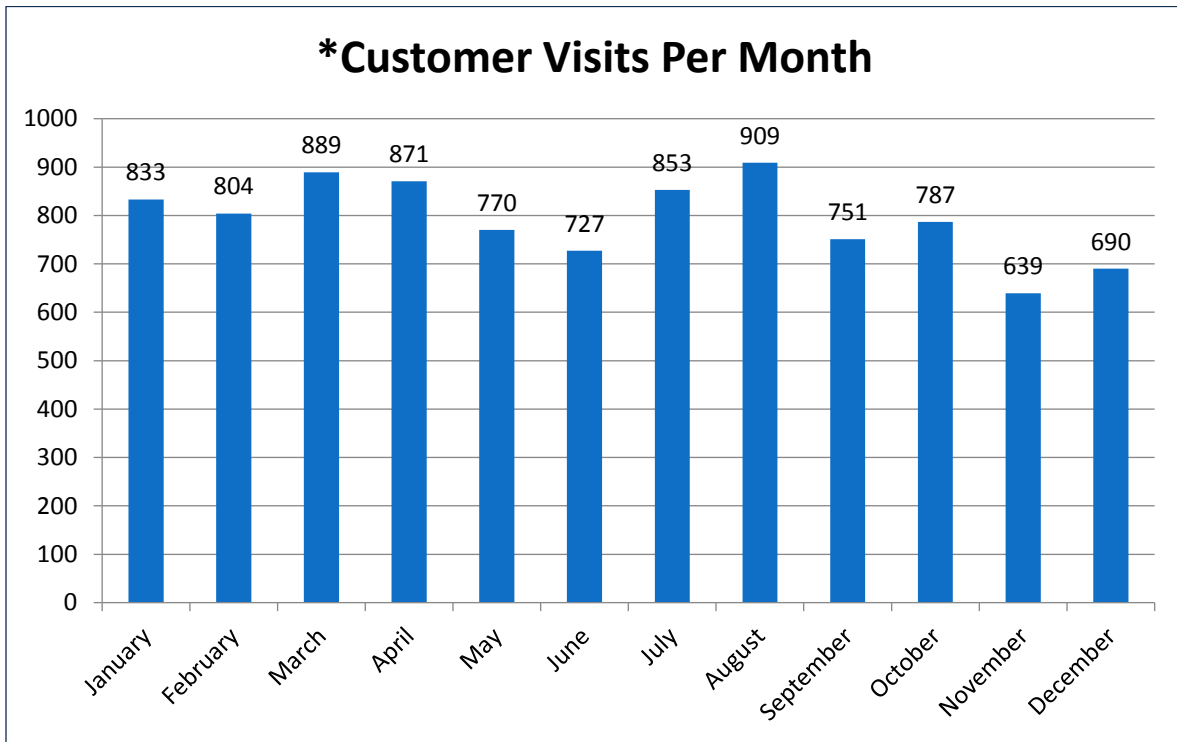
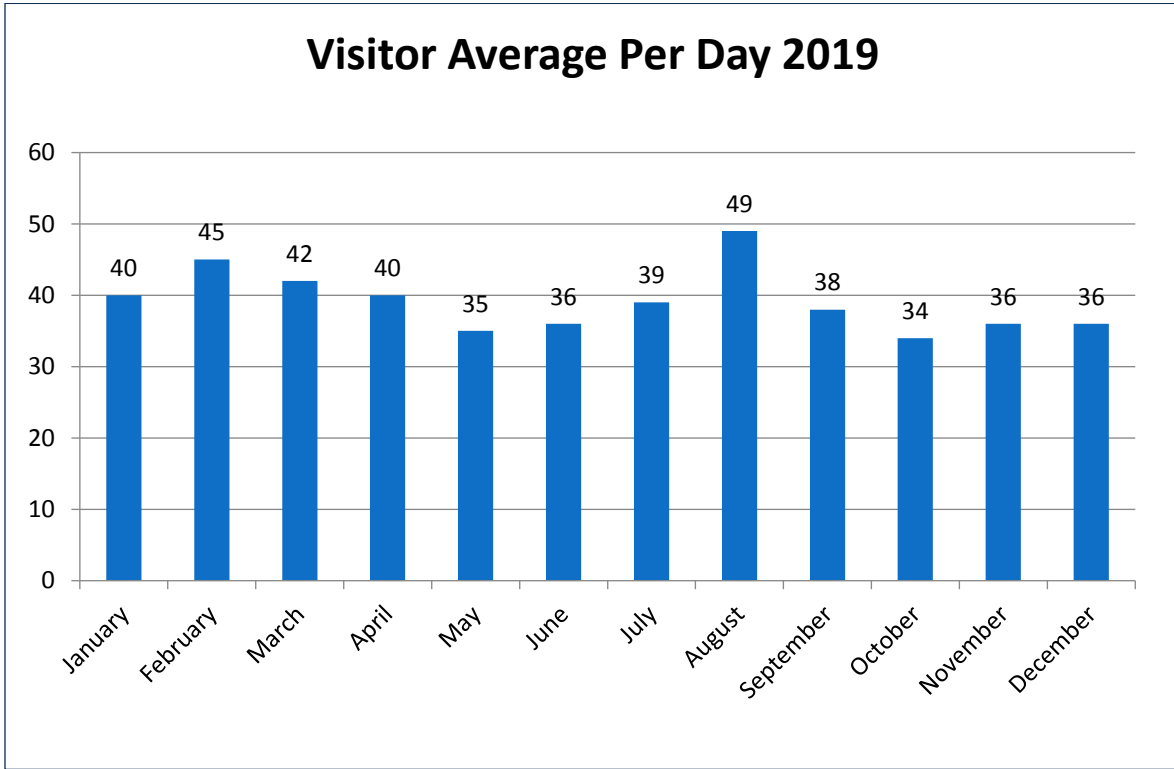
- Release Butler County Overdose Report 2019
- Explore additional Naloxone partnerships
 - Strengthen cross-sector relationships
- Reduce the stigma associated with addiction
 - Continue to decrease overdose deaths



The Exchange BIDPP - Fairfield Location	
Visits	156
Syringes Exchanged	4,750
Infectious Disease Testing	18
Treatment Referrals	2

*2019 is approximate, official number pending 2/10/20

CUSTOMER VISITS



* Approximate number of customer visits to the Butler County General Health District per month