

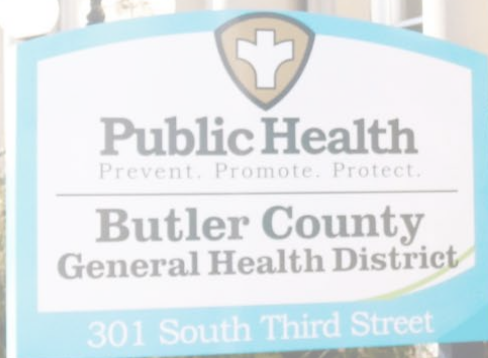
BUTLER COUNTY GENERAL HEALTH DISTRICT



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

2020 ANNUAL REPORT



CELEBRATING 101 YEARS!

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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!

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>)

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

<p>United States</p> <p>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</p> <p>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</p> <p>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 creative use of the whole spectrum of available public health options has enabled public health practitioners to respond effectively to threats. Public health practice will continue to evolve to meet the new and complex challenges that lie ahead.</p> <p>May 20, 2011 / 60(19); 619-623 https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm</p>	<p>Conclusion</p> <p>During the previous century, great progress was made in raising life expectancy and reducing mortality among infants and children through improvements in living conditions and by combating major infectious causes of death. Collectively, interventions have contributed to the shifts in major causes of death with chronic, noninfectious causes increasingly prevalent not only in affluent countries, but also in lower-income and middle-income countries. Non-communicable diseases and health conditions are soon expected to account for an estimated 75% of all deaths worldwide.</p> <p>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	Jeff Buddo ♦ Larry Miller ♦ Douglas L. Johnson
Lemon	Kevin Majors ♦ Joe Routson ♦ Janet K. Majors
Liberty	Tom Farrell ♦ Steve Schramm ♦ Christine Maticic
Madison	Brian McGuire ♦ Alan Daniel ♦ Jeff Willoughby
Milford	Paul Gillespie ♦ Amy Butterfield ♦ Brad Mills
Morgan	R. Brett Updike ♦ Tom Brucker ♦ Jeffrey R. Kolb
Oxford	Gary R. Salmon ♦ Norma Pennock ♦ Kate Rousmaniere
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 ♦ Tim Taylor
West Chester	Ann Becker ♦ Mark S. Welch ♦ Lee Wong

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	Curt Pennington, Mayor
City of Monroe	Jason Frentzel, Mayor
Village of New Miami	Stephanie Chandler, 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
Donald L. Dixon
T. C. Rogers

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 serve 3 year terms. Three members are appointed by the cities of Fairfield, Oxford, and Trenton. The remaining 5 are at large. Meetings are held monthly on the third Thursday at 7:00 p.m. All meetings are open to the public.

BOARD OF HEALTH MEMBERS, 2020

Leon Simpson, President
Molly Emmert, MD
Bill Woeste
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. Updates to the goals and objectives of the current plan are listed below. As public health faces new challenges in keeping its residents safe, BCGHD will review and revise its current strategic plan to meet those needs.

Health Promotion and Community Outreach

- ✓ Over 1058 Naloxone kits distributed
- ✓ Participation in community based Coalition for Tobacco Reduction – virtual meetings implemented
- ✓ Bloodborne Infectious Disease Prevention Program continued at Mercy Fairfield Hospital
- ✓ Website and social media utilized for public health messaging

Service and Quality

- ✓ Trainings related to Core Competencies of Public Health to be updated
- ✓ 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 timekeeping, performance management, overdose reporting, emergency communications, and food safety inspections
- ✓ Medicaid Administrative Claiming (MAC) billing incorporated to generate funds for services provided
- ✓ New vaccine billing training completed

COMMUNITY HEALTH IMPROVEMENT PLAN

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 community partners to respond to the health priorities identified from the Community Health Assessment. Updates to the objectives are listed below. In 2021, BCGHD will begin another cycle of the CHA (Community Health Assessment) followed by a CHIP.

Mental Health and Addiction

Mental Health

- ✓ Butler County students have access to Behavioral Health Services within the school setting
- ✓ Evidence based suicide prevention programs implemented in classrooms and groups
- ✓ Over 20 agencies participating in No Wrong Door program

Substance Abuse

- ✓ Over 2,000 youth received evidence based suicide prevention program
- ✓ Around 1058 Naloxone kits distributed
- ✓ 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

Maternal and Infant Health

Infant Mortality

- ✓ Breastfeeding encouraged and advocated
- ✓ Pregnant moms enrolled in smoking cessation programs continued
- ✓ Safe Sleep information and portable cribs distributed to low income families
- ✓ Home Visiting program for African-American new moms continued

ACCREDITATION

Public Health Accreditation allows a health department to see what programs and services are in place and where improvements can be made. Butler County General Health District continues to make improvements with it's operations as it is met with new challenges regarding the health of its residents. With the current pandemic, priorities shifted and our current plans and procedures that had been revised for accreditation were put into motion. Accreditation work has strengthened our partnerships and made us a better health department. The table below highlights sample documents that address each of the twelve PHAB required areas:

1. Assess	<ul style="list-style-type: none">•Butler County Community Health Assessment template•Monthly communicable disease reports, COVID outbreak reports
2. Investigate	<ul style="list-style-type: none">•BCGHD Epidemiology Response Annex•Vaccination POD After Action Reports,, Lab certifications
3. Inform and Educate	<ul style="list-style-type: none">•Branding plan•Non-emergency communications plan, Coronavirus 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•Contact tracing procedures
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 2020 Annual Report of the Butler County General Health District. It has been and continues to be 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. In addition, it was my privilege in 2020 to work with many new partners who value and promote health across all sectors of our community. We learned this year, more than any other year, that we are all in this together, and ***we are ALL public health!***

The statement, “2020 was a year like no other,” does not begin to sum up what the past year has been like for every person across the globe, but especially for those in public health. We began to respond to what became the worldwide COVID-19 coronavirus pandemic in January of 2020. There were no roadmaps, no trails blazed ahead of us, no mentors with experience, and no plans in place to tell us all how to respond to this pandemic. Public health does practice for large-scale disease outbreaks-- but never on the scale that was needed in 2020!

New skills, new staff, new supplies, new strategies, new technologies, new science, new partners and new creative ideas were all needed in 2020. The work was and is exhausting both physically and mentally, day after day after day. Some of our staff decided to find work elsewhere, but many of our staff came to see this new work as the ultimate challenge, the defining moment in their careers. As time went on, our staff began to embrace with gusto working to abate COVID-19. Our response has been thorough and impactful.

In Butler County, more than 25,000 persons tested positive for COVID-19 in 2020. Each person we could reach received a call from one of our contact tracers who asked about the people they were around during their infectious period. Those people (contacts) were called and asked to quarantine. In December, 2020 there were 2700 positive cases reported in one week alone. Our disease investigation staff took calls from and gave advice to schools, universities, employers, factories, facilities and agencies and others that were experiencing outbreaks. We worked closely with hospitals, nursing homes, medical providers, county commissioners and other elected officials, the Emergency Management Agency, Emergency Medical Services, fire departments, law enforcement agencies and others across the county.

Our nursing and epidemiology staff worked mostly on outbreak response and investigation, while our environmental health staff worked mostly on enforcement of orders from the state as well as how to maintain businesses and agencies while following disease prevention guidelines. Our secretarial staff answered call after call after call from the public (twice our voice mail systems collapsed due to the sheer volume of incoming calls). Our health promotion staff worked on messaging and keeping the public up to date on the ever-changing information stream.

All this was done while still maintaining our usual programs of inspections and enforcement (plumbing, restaurants, tattoo parlors, swimming pools, schools, septic systems), home visiting, vital statistics, permit issuance, other disease investigation, and vaccinations. Our fiscal staff kept us in the black, and helped us to spend the additional federal and state dollars that helped to finance our COVID-19 response. Every staff member's role was critical in the overall team effort to abate COVID-19.

In 2020, we received a total of \$3,164,368.05 in grant funds from federal, state and local sources.

Looking forward to 2021, with great hope for a return to some semblance of normalcy...

Jennifer Bailer, RN, MS, Health Commissioner

LETTER FROM THE MEDICAL DIRECTOR

To the Citizens of Butler County:

Every year when the health district is tasked with formulating our annual report and I sit down to write an opening letter, it gives me an opportunity to pause and reflect on the year that was. In previous years, the health district highlighted the wonderful programs and community outreach that we provide day in and day out, often as our staff and community partners work hard as the unsung heroes. This year, when I reflect back all I can think is, "Wow, what a year it has been!" Public health, both nationally and locally, has surged to the forefront as we continue to navigate the COVID-19 pandemic. While this year has been exhausting, frustrating and very trying for us all, I remain incredibly proud of the ongoing work within the health district.

During the early days of the pandemic when we were all under stay-at-home orders, with immense fear, lack of testing and changing guidance daily; it was Commissioner Bailer and Sheriff Jones who were providing ongoing guidance regarding masking and social distancing while maintaining a sense of calm and steady leadership. When the COVID-19 cases began increasing in our area, it was our health district staff who stepped out of their areas of expertise to become contact tracers and educators to help "flatten the curve." Now that the COVID-19 vaccine is available, our role has shifted again to facilitate mass vaccination, and it has been through the immense efforts of our staff along with community partners that we have been able to develop and implement large scale vaccine clinics. Over the past year, the health district has taken on the challenges of the COVID-19 pandemic head-on while still maintaining our basic services of vital statistics, plumbing inspections and environmental services to name a few. As this report highlights, the health district has continued to thrive in the midst of uncertainty.

It has certainly not been an easy year for the citizens of our county or the members of the Butler County Health District, but I believe that we will weather this storm and come out the other side stronger and wiser. In the meantime, don't forget to wear your mask, social distance and get your COVID vaccine when you are able!

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.

	Butler County	Ohio
Overall percentage of people living in poverty	15%	19%
Percentage of population with a high school diploma	90%	85%
Percentage of population with some college	64%	65%
Percentage of population ages 16 and over 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%	14%
Average number of physically unhealthy days reported in past 30 days (age-adjusted).	4.0%	3.9%
Percentage of population under age 65 without health insurance.	7%	7%
Percentage of population who are low-income and do not live close to a grocery store	7%	7%
Percentage of population who lack adequate access to food	13%	15%

<https://www.countyhealthrankings.org/app/ohio/2020/rankings/butler/county/outcomes/overall/snapshot>

LIST OF PERSONNEL

Health Commissioner

Jennifer Bailer, RN, MS

Medical Director

Dr. Michelle Burch, MD

Administrative Staff

Carrie Yeager, RS, 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, Office Manager*

Kimberly Geisler, Chief Fiscal Officer

April Thomas, Human Resources Manager

Environmental Staff

Jeff Agnew, RS

Jeff Bussone, SIT*

Nathan Creech, RS*

Awni Dababneh, RS*

Alexander Dayton, SIT

Jennifer Frederickson, RS

Bart Kelhoffer, RS, Supervisor

Mark Knapke, RS, Supervisor

Kaegon Mollett, SIT

Nicole Pennington, RS

Ryan Peltier, RS

Kariann Preszler, COVID Specialist

Casalai Rotundo, SIT

Lauren Styczinski, COVID Specialist

Nursing/Epidemiology Staff

Mary Bridge, CRNP

Kanta Bwetuwal, RN, BSN, Epidemiologist*

Karen Carr, RN, BSN, Epidemiologist*

Deeanna Garner, COVID Investigator*

Sue Glutz, RN*

Mary Beth Grollmus, RN, BSN, MA

Kristin Harbeson, COVID Investigator

Kira Liggins, COVID Investigator*

Pamela Mullen, RN, MSN

Cindy Risner, RN, BSN*

Betsy Waldeck, RN

Jordan Luttrell-Freeman, MPH, Epidemiologist

Karen Ronto, Clinic Secretary

Maternal Child Health Staff

Marie Augustin, BA, C-CHW, Supervisor

Tracy Bishop, MPH, CHES, OEI Program Director

Sonia Fongum, C-CHW

Michelle Tubbs, C-CHW

Dominique Wells, OEI Neighborhood Navigator

Goldie Wontumi, MD, MPH, MCP Program Director

Angela Fosu, MPH, Epidemiologist

Office

Tina Combs, Vital Statistics Registrar

Nikki Girdler, Plumbing Secretary

Donna Henley, Data Clerk

Kathy Ripley, Environmental Secretary

Amber Roberts, Executive Administrative Assistant

Rhonda Smith, Data Clerk

Fiscal Staff

Molly Shalloe, Assistant Fiscal Officer*

Cassandra Thompson, Assistant Fiscal Officer*

Sherry Meyer, Accounting Clerk

Plumbing Staff

Gary Baldwin, Inspector

Mark Kuhn, Inspector

Gordon Rister, Inspector*

Mike Schlabach, Inspector

Emergency Response Coordinator

Jennifer McCoy

Accreditation Coordinator

Mita Patel, RN, MS

Drug Overdose Prevention Coordinator

Jennifer Williams, RN, BSN, CEN*

Tyrina Taylor, MPH

Building Supervisor

Scott Deaton

*Employed at some time in 2020.

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), and Mobile Units, Temporary Food Service Operations, and Vending Machine locations at least twice per licensing year, or as needed.

Food Service Operation	Licenses Issued – 1263	Inspections – 2429
Mobile Food Facilities	Licenses Issued – 71	Inspections – 56
Temporary Food Facilities	Licenses Issued – 64	Inspections – 64
Vending Operations	Licenses Issued – 101	Inspections – 80

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 (HSTS) to serve dwellings. Approved HSTS site reviews are used to legitimize the issuance of installation permits.

OPERATION AND MAINTENANCE PROGRAM: The Health District has begun locating and evaluating all household sewage treatment systems as required under O.R.C. 3718.02. The program began with a comprehensive review of sewage nuisances and stream contamination data.

Sewage Installation Permits Issued (New and Alteration)	75
Sewage Installation Inspections (New, alterations and re-inspections)	95
NPDES Permits	38
Aerobic Systems Licensed	1528
Aerobic Systems Inspected	1143
Operation and Maintenance Systems Licensed	78
Operation and Maintenance Systems Inspected	45
Site Reviews	83
Private Sewage Surveys	4

HOUSEHOLD SEWAGE REPLACEMENT AND REPAIR PROGRAM:

In 2019-2020, the Butler County Health District was awarded a \$150,000 grant from the Ohio EPA’s WPCLF to aid homeowners with failing household sewage treatment systems. This grant provides financial aid to assist in repair or establishment of new systems, and has been used to install multiple new household sewage treatment systems. In addition the WPLCF 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 2020, 11 properties were helped through this grant.

2019-2020 Grant \$150,000	Spent \$144,185.37
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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 department review and approval.

New Installation Permits Issued	1
New Installation Inspections	1
Alteration Permit Issued	6
Alteration Inspections	6
Well Sealing	6

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	315
Rabies Laboratory Specimens Submitted	26
Positive Rabies Results	1

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 – 213 Inspections – 776

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 – 2

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 – 223 COVID-19 Complaints – 1,103

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 – 22

MOSQUITO CONTROL: Through a mosquito control grant obtained through the Ohio Environmental Protection Agency, the Health Department also partnered up 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 – 24



PLUMBING

Our Plumbing Department is responsible for ensuring the safety of the community by inspecting all plumbing in new construction and remodels, in compliance with the Ohio State Plumbing Code. We continued inspections throughout the COVID pandemic by implementing virtual inspections, allowing a no contact inspection via videos and photographs when the situation allowed.

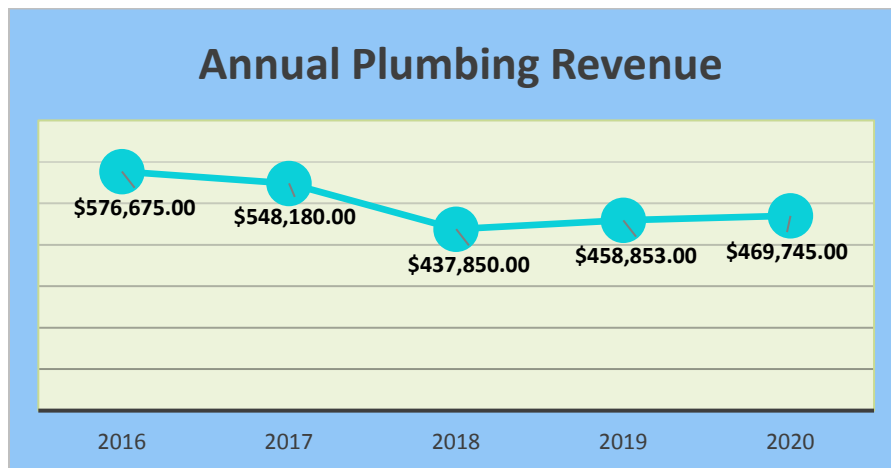
PLUMBING INSPECTIONS RESIDENTIAL	
Rough Plumbing Inspections	1,469
Final Plumbing Inspections	915
Backflow Inspections	12
Water Line Inspections	402
Sewer Line Inspections	384
Total Inspections	3,182

PLUMBING INSPECTIONS COMMERICAL	
Rough Plumbing Inspections	558
Final Plumbing Inspections	314
Backflow Inspections	0
Water Line Inspections	54
Med Gas Inspections	9
Sewer Line Inspections	50
Total Inspections	985

TOTAL INSPECTIONS	4,167
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REGISTERED LICENSE PROFESSIONALS	
Master Plumbers	296
Journeyman	512
HSTS Installers	41
Septage Haulers	19
Service Providers	33

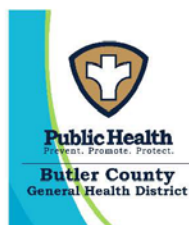
REVENUE	
Residential	\$341,745.00
Commercial	\$128,000.00
HSTS	\$32,400.88
Med Gas	\$3,520.00
Total Permits Issued	3,464



NURSING

COVID-19 RESPONSE

The Nursing and Epidemiology Departments served as ground zero for COVID-19 response. Each of the 25,000+ cases reported required entry into a database as well as contact tracing and advice.



Butler County General Health District COVID-19 Update (12/26/2020) Confirmed and Probable COVID-19 Cases Reported to Butler County* Butler County Residents, 2020

Total # of Cases (12/26):	24,645*
Confirmed Deaths (12/26):	193
Hospitalizations (12/26):	821
ICU admissions (12/26):	85
First Case Reported:	3/11/2020
Last Case Reported (so far):	12/26/2020
Confirmed Cases:	23,856
Probable Cases:	789
Age Range:	<1-103
Median Age:	40
Mean Age:	41.5
Incidence:	6,432.5 per 100,000
Prevalence (3/11-12/26):	6.43% of BC population

ZIP Code	Number of Cases	Change from previous week	Rate per 10,000	% of Confirmed Cases	Total deaths
45011	4266	↑ 274 (6.9%) From 3992	612.3	22.3%	24
45013	3358	↑ 215 (6.8%) from 3143	638.2	17.5%	50
45044	3174	↑ 211 (7.1%) from 2963	600.9	16.6%	33
45014	3167	↑ 195 (6.6%) from 2972	721.1	16.5%	37
45069	2872	↑ 198 (7.4%) from 2674	585.4	15.0%	9
45056	2484	↑ 69 (2.9%) from 2415	918.7	13.0%	10
45042	1625	↑ 82 (5.3%) from 1543	614.3	8.5%	8
45067	921	↑ 72 (8.5%) from 849	662.7	4.8%	1
45050	721	↑ 52 (7.8%) from 669	843.5	3.8%	5
45015	650	↑ 44 (7.3%) from 606	540.0	3.4%	10
45241	389	↑ 54 (16.1%) from 335	-	2.0%	2
45053	200	↑ 14 (7.5%) from 186	584.8	1.0%	-
45064	79	↑ 3 (3.9%) from 76	-	0.4%	-
45246	44	↑ 2 (4.8%) from 42	-	0.2%	-
45062	42	↑ 3 (7.7%) from 39	-	0.2%	-
Cases lacking zip code information or from zip codes with too few cases	653	-	-	2.6%	4
Butler County (inclusive)	24645	↑ 1,499 (6.5%) from 23146	643.2	100%	193

Zip-codes not calculated have most of their population outside of Butler County. Rate given for comparison by population and will be higher than the actual amount. Zip-codes with too few cases have been removed for privacy concerns.

All figures show reported cases of COVID-19 in Butler County as of 1700 EDT 12/26/2020. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet ODH probable case criteria AND reported to Public Health.
*Data is provisional – only confirmed or probable COVID-19 cases are included in counts. Report reflects time period since the introduction of SARS-CoV-2 into humans, measured in days. Data accessed from the Ohio Disease Reporting System (ODRS) on 12/26/2020 at 1700 EST.

Figure 1. New Hospitalizations of Butler County Residents by Admission Date, 2020*

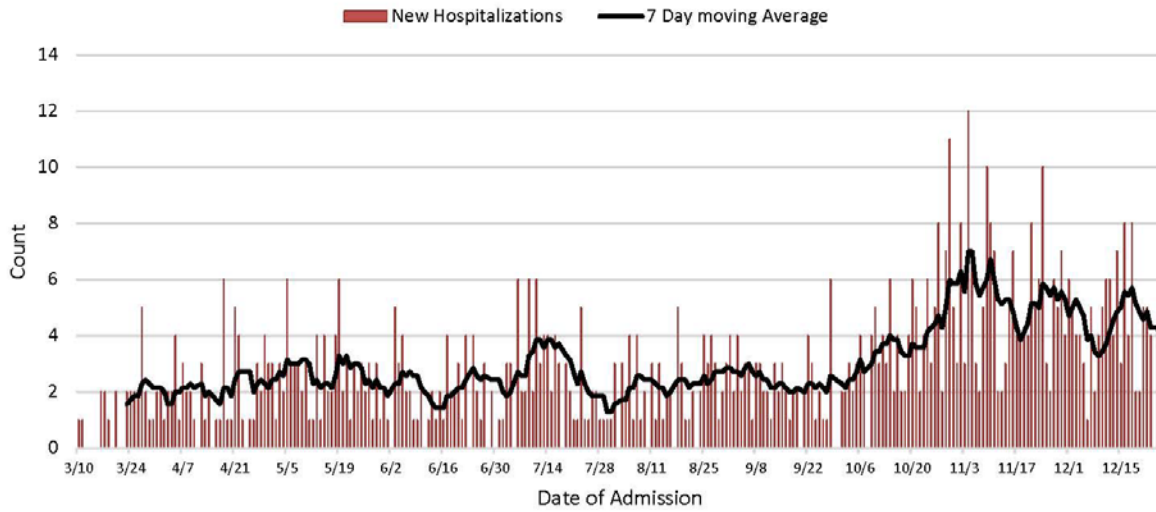
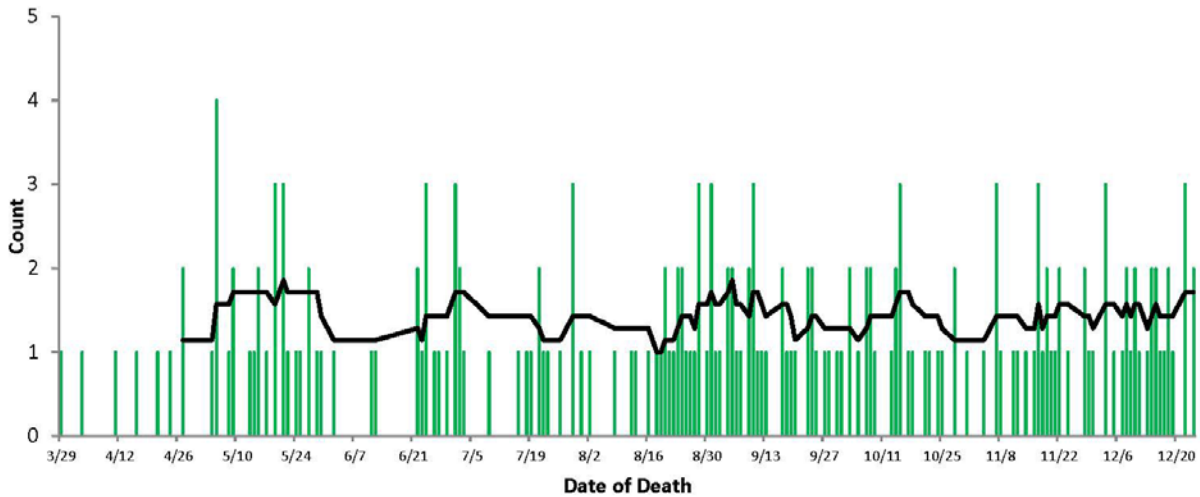


Figure 2. Confirmed COVID-19 Deaths by date of death, 2020*



Deaths are only included if they are confirmed by case definition.

All figures show reported cases of COVID-19 in Butler County as of 1700 EDT 12/26/2020. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet ODH probable case criteria AND reported to Public Health.
 *Data is provisional – only confirmed or probable COVID-19 cases are included in counts. Report reflects time period since the introduction of SARS-CoV-2 into humans, measured in days. Data accessed from the Ohio Disease Reporting System (ODRS) on 12/26/2020 at 1700 EST.

Table 2. New Reports by MMWR Week, 2020				
MMWR Week	End of Week	New Cases Reported (by date of report)	New Hospitalizations (by date of report)	New Confirmed Deaths (by date of death)
11	3/14	6	1	0
12	3/21	10	3	0
13	3/28	11	6	0
14	4/4	46	18	2
15	4/11	50	16	1
16	4/18	43	10	1
17	4/25	55	19	2
18	5/2	99	16	2
19	5/9	134	18	8
20	5/16	136	17	4
21	5/23	186	26	8
22	5/30	113	12	6
23	6/6	114	16	1
24	6/13	89	10	2
25	6/20	116	13	0
26	6/27	168	19	8
27	7/4	198	10	7
28	7/11	285	18	1
29	7/18	262	26	2
30	7/25	270	12	5
31	8/1	279	9	5
32	8/8	245	17	2
33	8/15	267	13	2
34	8/22	266	14	8
35	8/29	553	24	10
36	9/5	782	13	10
37	9/12	503	18	9
38	9/19	371	17	5
39	9/26	383	13	6
40	10/3	510	10	6
41	10/10	594	16	5
42	10/17	690	28	7
43	10/24	776	24	4
44	10/31	920	42	3
45	11/7	1158	45	5
46	11/14	1545	31	4
47	11/21	1806	37	9
48	11/28	2070	46	5
49	12/05	2317	22	6
50	12/12	2724	31	8
51	12/19	2034	40	9
52	12/26	1430	25	5

All figures show reported cases of COVID-19 in Butler County as of 1700 EDT 12/26/2020. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet ODH probable case criteria AND reported to Public Health.
 *Data is provisional – only confirmed or probable COVID-19 cases are included in counts. Report reflects time period since the introduction of SARS-CoV-2 into humans, measured in days. Data accessed from the Ohio Disease Reporting System (ODRS) on 12/26/2020 at 1700 EST.

Figure 3: Reported COVID-19 Cases in Butler County by Event Date 02/28-12/26*

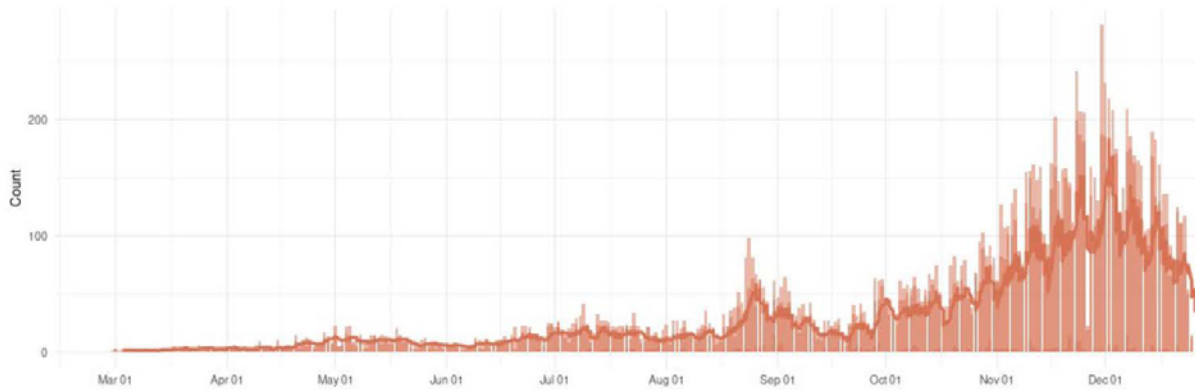
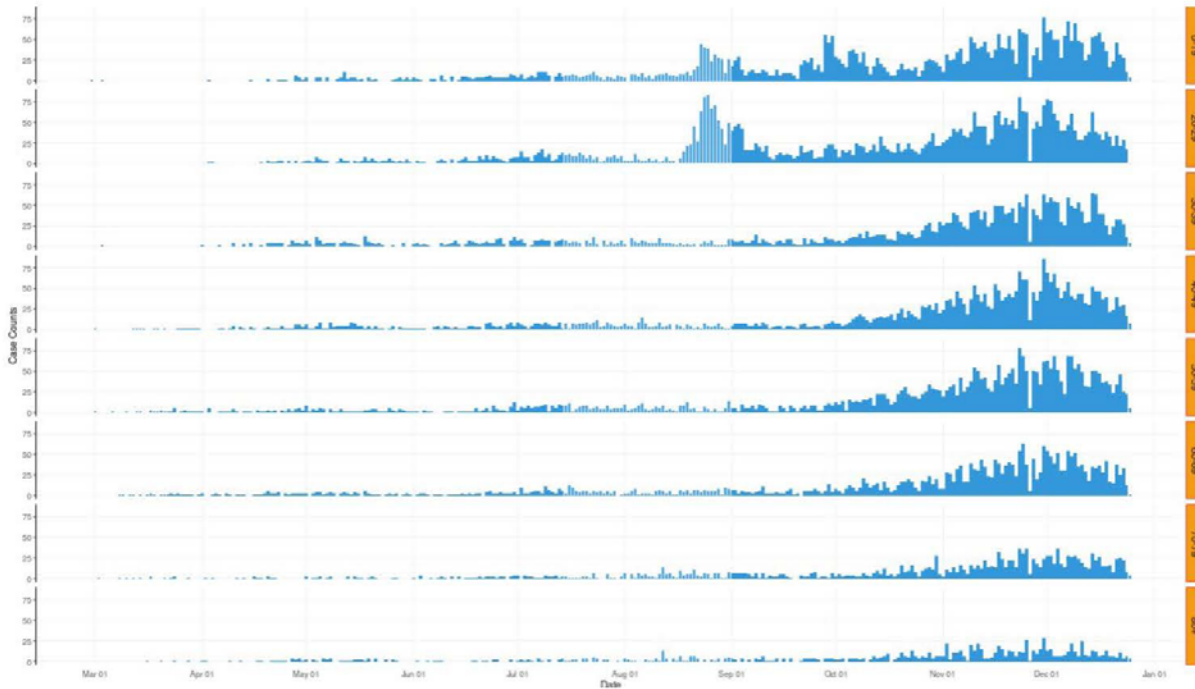


Figure 4: Reported COVID-19 Cases in Butler County by Age Group 02/28-12/26



Graphs sourced from <http://dataviz.miamioh.edu/COVID-OHIO/>

Data sourced from <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/overview/>

All figures show reported cases of COVID-19 in Butler County as of 1700 EDT 12/26/2020. Due to delays in reporting, the numbers of confirmed and probable cases on all figures are subject to change between reports and confirmed and probable case counts are likely to increase. *This should not be assumed to be the total disease burden of COVID-19 in Butler County only those that have been laboratory confirmed OR meet CDH probable case criteria AND reported to Public Health.

*Data is provisional – only confirmed or probable COVID-19 cases are included in counts. Report reflects time period since the introduction of SARS-CoV-2 into humans, measured in days. Data accessed from the Ohio Disease Reporting System (ODRS) on 12/26/2020 at 1700 EST.

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 2020, **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 **3 latent** TB Infection (LTBI) cases identified in 2020 with treatment initiated to prevent active disease. In addition, over **7** 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
2020	5	Unknown at present

IMMUNIZATIONS

Our numbers for immunizations in 2020 are much lower than in past years due to clinics coming to an abrupt halt once we had our first confirmed case of Covid-19 in Butler County.

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 2020, **499** vaccines were administered to children and adults in Butler County. At the Rosin clinic site, **19** vaccine clinics serving **174** children and **25** adults were conducted.

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 2020, our public health nurse followed **5** new cases of moms and babies. Annually a total of approximately **14** babies are followed for vaccination and follow up serology testing.

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) offered free HIV testing and education in their mobile van. In 2020, the van-testing program for Butler County was suspended due to the Covid-19 pandemic.

COMMUNICABLE DISEASES, OTHER THAN COVID-19

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 2015 to December 2020 and provides a 5-year average (2015-2019) 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 (2015–2020)							
Disease Name	2015	2016	2017	2018	2019	5 Year Avg (2015-2019)	To 12/31/2020
Amebiasis	0	0	0	2	1	<1	0
Campylobacteriosis	56	47	41	33	45	44.4	30
Chlamydia Infection	1436	1392	1586	1560	1612	1517.2	1405
COVID-19 (not reportable prior to 2020)	-	-	-	-	-	-	26,489
CP-CRE (not reportable prior to 2019)	-	-	-	-	4	4	6
Creutzfeldt-Jakob Disease	0	1	1	1	2	1	0
Cryptosporidiosis	9	10	9	6	4	7.6	6
Cyclosporiasis	0	0	0	4	2	1.2	0
Dengue	0	1	0	0	1	<1	0
E. coli, Shiga-Toxin Producing	4	13	8	14	11	10	14
Giardiasis	10	7	8	12	12	9.8	3
Gonococcal Infection	419	486	602	654	725	577.2	625
Haemophilus influenzae (invasive disease)	5	2	5	17	10	7.8	7
Hepatitis A	2	2	1	308	104	83.4	2
Hepatitis B - acute/chronic/perinatal	129	146	126	166	107	134.8	69
Hepatitis C – acute/chronic	657	727	749	778	572	696.6	496
Influenza-associated Hospitalization	220	102	290	479	321	282.4	266
Legionellosis – Legionnaires’ Disease	10	6	9	15	17	11.4	9
Listeriosis	0	1	1	1	0	<1	0
Lyme Disease	5	1	3	4	3	3.2	2
Malaria	3	5	2	2	2	2.8	2
Meningitis – aseptic/viral	24	29	26	16	25	24	9
Meningitis – bacterial (not N. meningitidis)	4	6	9	3	4	5.2	3
Meningococcal dz. – Neisseria meningitidis	1	1	1	0	0	<1	0
Mumps	0	3	2	2	1	1.6	0
Pertussis	18	16	25	16	35	22	13
Salmonellosis	26	29	40	32	32	31.5	21
Shigellosis	2	45	72	45	7	34.2	8
Spotted Fever Rickettsiosis (including RMSF)	0	2	0	0	0	<1	2
Streptococcal – Group A – invasive	17	16	32	23	24	22.4	27
Streptococcal – Group B – in newborn	4	1	1	3	0	1.8	1
Streptococcus pneumoniae – Invasive	47	44	46	54	66	51.4	31
Syphilis (all stages)	43	30	30	47	11	32.5	17
Tuberculosis (active)	3	6	8	2	8	5.4	6
Varicella	14	10	11	13	14	12.4	1
Vibriosis (not Cholera)	0	1	0	2	1	<1	0
West Nile Virus Disease	1	0	1	0	0	<1	0
Yersiniosis	0	0	0	0	1	<1	0

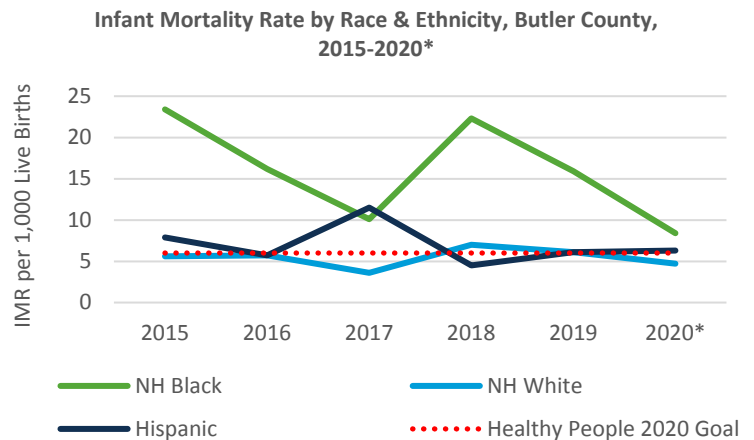
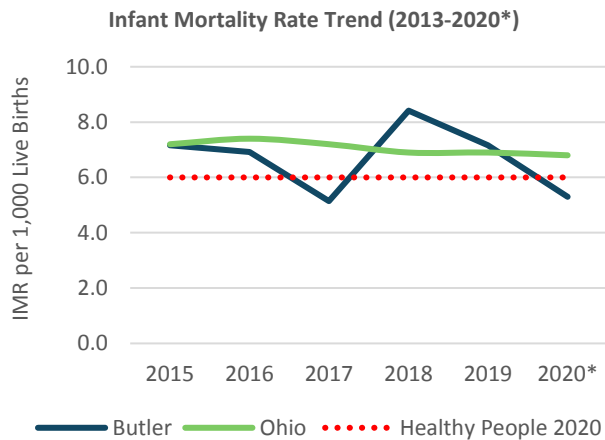
*Data is provisional and subject to change – Table 1 does not include gonorrhea or chlamydia due to the high likelihood of duplicate cases and co-infections. Suspected, probable, & confirmed cases are included in counts for Tables 2-4 except for cases of arboviral encephalitis such as Zika virus disease of which only probable and confirmed cases are reported and Novel Influenza A of which only confirmed cases are reported. Report reflects time period of December 1-31, 2020 unless otherwise noted. Table 6 includes only probable and confirmed cases. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/02/2021.

MATERNAL AND CHILD HEALTH

INFANT MORTALITY

Infant Mortality is the death of a live-born baby before their first birthday. In Butler County, the number of infants who died before their first birthday dropped from 32 in 2019 to 23 in 2020. Nine more families were able to celebrate their babies' first birthdays than in the previous year.

Overall, Butler County's **infant mortality rate (IMR)** has been decreasing since 2012. The IMR is calculated as the number of infant deaths that occur for every 1,000 live births per year. The IMR in Butler County, across all races, decreased from 7.2 deaths per 1,000 live births in 2019 to 5.3 deaths per 1,000 live births in 2020. The Ohio IMR, across all races was 6.8 per 1,000 live births in 2020*.



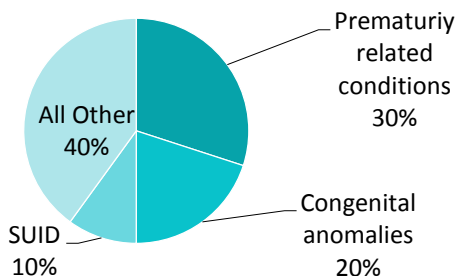
*Source: Ohio Department of Health, Bureau of Vital Statistics birth, mortality, and fetal death files. Preliminary 2020 data was updated Dec. 9, 2020 and is subject to change. Data for 2020 represent quarterly 12-month moving averages between 7/1/2019-6/30/2020.

LEADING CAUSES OF INFANT DEATH

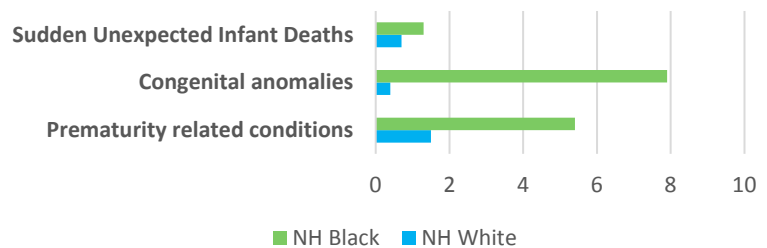
The top three causes of infant deaths in Butler County for the period 2013-2020 were prematurity related conditions, congenital abnormalities, and Sudden Unexpected Infant Deaths (SUID). SUID includes Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths due to an unknown cause, as well as accidental suffocation and strangulation in sleeping environment (CDC, 2019).

By race, the biggest disparities are seen with congenital anomalies and prematurity related conditions. Black infants were about 19.7 times more likely to die from congenital anomalies and 3.6 times more likely to die of prematurity-related conditions.

Leading Causes of Infant Death, 2015-2020*



Infant Mortality Rate by Race by Leading Cause of Death, 2015-2020*

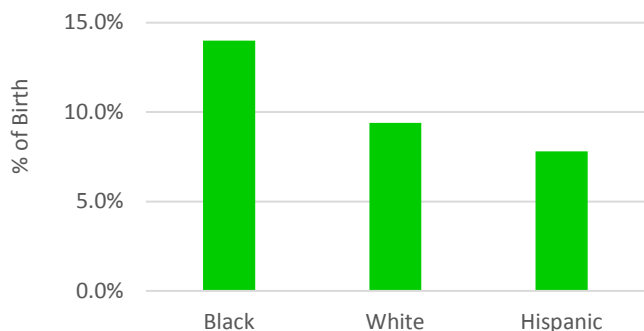


Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics. 2020 data is provisional; ODH finalizes data by fall of the subsequent year.

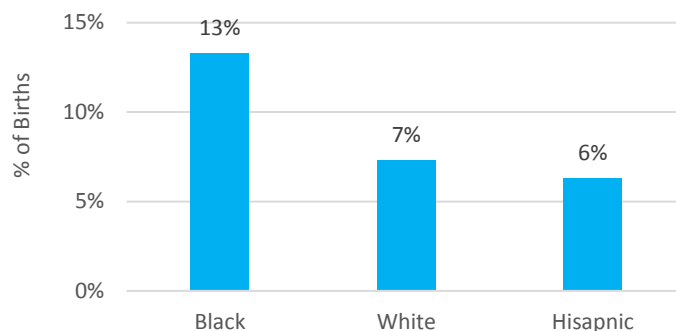
Preterm birth is defined as a baby born alive before 37 weeks of pregnancy are completed. In 2020, 10% of all infants born were born preterm, while 65% of Butler County infants who died were born preterm. By race, Black infants were 1.4 times more likely than white infants to be born preterm.

Low birth weight is defined as an infant weighing less than 2,500 grams (approximately 5.5 pounds) at birth. In 2020, a total of 8% of infants were born at a low birth weight in Butler County, while 56% of Butler County infants who died were born at a low birthweight. By race, Black infants were 1.8 times more likely to have a low birth weight than white infants were.

Preterm Birth by Race & Ethnicity, Butler County 2020*



Low Birth Weight by Race & Ethnicity, Butler County 2020*

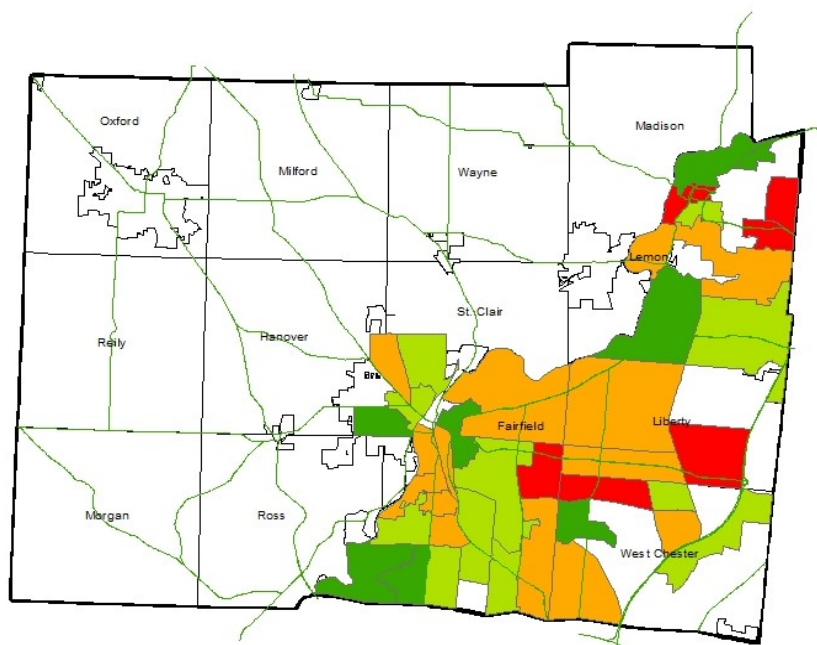
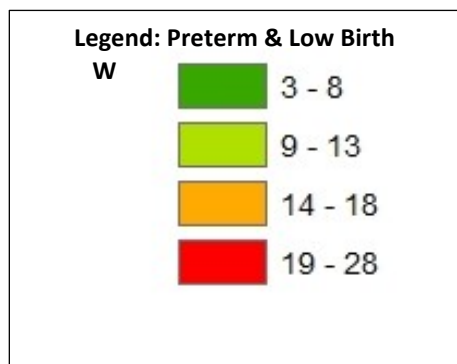


Source: Resident Birth and Mortality Files from the Ohio Department of Health Bureau of Vital Statistics. 2020 data is provisional; ODH finalizes data by fall of the subsequent year.

PRIORITY AREA

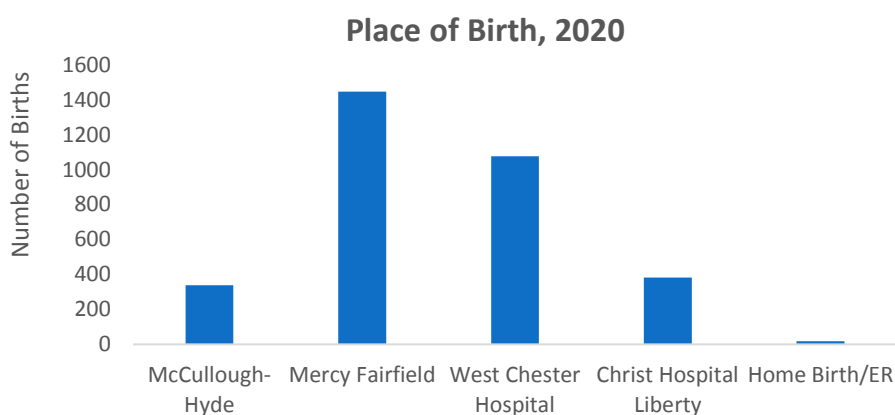
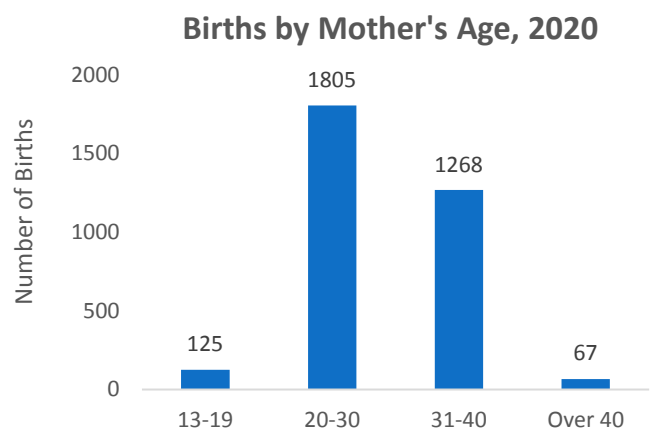
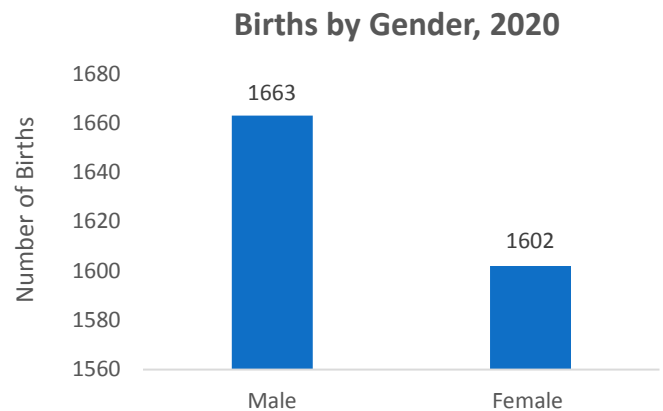
Butler County has disparate health outcomes in different parts of the county. The following map shows the non-Hispanic Black preterm and low birthweight birth rate by census tract for Butler County for the period 2015-2020. The census tracts with the highest preterm and low birthweight births were tracts 39017013600, 39017011123, 39017014000, 39017011126, 39017011002 and 39017010909.

Non-Hispanic Black Preterm and Low Birthweight Rates by Census Tract, Butler County, 2015- 2020



VITAL STATISTICS – BIRTHS*

NUMBER OF BIRTHS IN 2020		
GENDER		
Male	1663	51%
Female	1602	49%
TOTAL	3265	
AGE OF MOTHERS		
13-19 years	125	4%
20-30 years	1805	55%
31-40 years	1268	39%
Over 40 years	67	2%
RESIDENCE OF MOTHERS		
Butler County	1633	50%
Non-Butler County	1632	50%
PLACE OF BIRTH		
McCullough-Hyde	339	10%
Mercy Fairfield	1448	44%
West Chester Hospital	1078	33%
Christ Hospital Liberty	382	12%
Home Birth/ER	18	1%

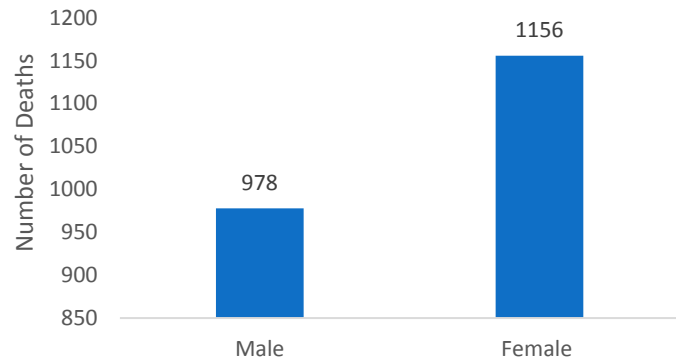


* **Births:** The Butler County General Health District vital statistics numbers are for birth certificates filed within Butler County, and do not include birth certificates for births that occurred in the cities of Hamilton or Middletown. The birth totals include only certificates filed in 2020, not births that occurred in 2020.

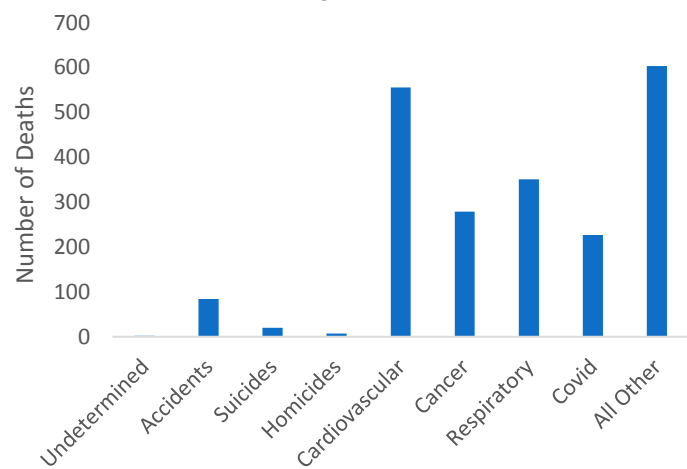
VITAL STATISTICS – DEATHS**

NUMBER OF DEATHS IN 2020		
GENDER		
Male	978	46%
Female	1156	54%
TOTAL	2134	
CAUSE OF DEATH		
Undetermined	2	.1%
Accidents	84	4%
Suicides	20	1%
Homicides	7	.6%
Cardiovascular	556	26%
Cancer	279	13%
Respiratory	351	16%
Covid	227	11%
All Other	604	28%
Pending	4	.3%
AGE AT DEATH		
Under 1 month	14	1%
1 month - 1 year	4	< 1%
1-4 years	1	< 1%
5-9 years	0	0%
10-19 years	9	< 1%
20-29 years	37	2%
30-39 years	33	2%
40-49 years	72	3%
50-59 years	147	7%
60-69 years	450	21%
70-79 years	450	21%
80-89 years	665	31%
Over 90 years	387	18%

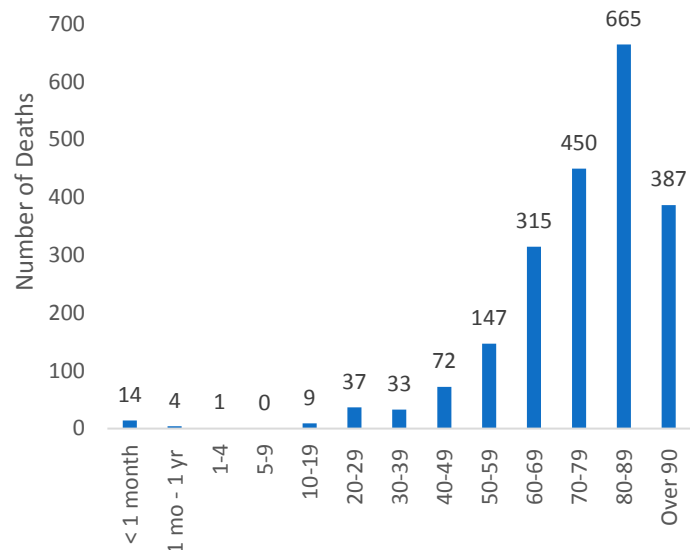
Deaths by Gender, 2020



Deaths by Cause, 2020



Deaths by Age, 2020



**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 2020, not deaths that occurred in 2020.

FISCAL – BUDGET & FINANCE

ALL BOARD OF HEALTH FUNDS

REVENUE		EXPENDITURES	
2019 Balance	1,587,345.18	Salaries	2,025,026.49
Taxation	135,000.00	PERS	269,158.01
Grants	3,164,368.05	Workers Compensation	45,449.09
Fees & Miscellaneous	1,186,544.28	Medicare	27,454.97
State Subsidy	48,256.75	Group Insurance	409,086.37
Food Service	614,707.32	Unemployment	2,903.49
Pool Licenses	62,275.93	Supplies	291,817.17
Recreational Vehicle/Camp Licenses	642.22	Travel & Expenses	11,497.85
Household Sewage Treatment Systems	269,290.12	Contractual Services	1,572,341.57
		Equipment	0.00
		Other - Miscellaneous	4,579.25
		State Portion	281,167.87
		Contingency*	2,127,947.72
		*(515,678.74 grant carry-over to be spent in 2021)	
TOTAL REVENUE	7,068,429.85	TOTAL EXPENDITURES	7,068,429.85

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

2020 COVID-19 Emergency Response:

In January, 2020, BCGHD activated its Emergency Response Plan and incident management team in response to the COVID-19 pandemic in Butler County, the US, and the world. Unified Command was established in conjunction with the City of Middletown, the City of Hamilton Health Department, and the Butler County Emergency Management Agency to coordinate planning and operations efforts across the County. This included coordinating community operations, virtual meetings to discuss epidemiological findings, and continuously sharing information with one another. BCGHD has also engaged in several regional and Statewide workgroups throughout the response and remains an active member in these workgroups.

Throughout the response the BCGHD incident command team has adapted the public health response to meet the needs of community. Initially objectives centered on epidemiological investigations and information sharing as we learned more about this novel virus. As the pandemic continued non-pharmaceutical interventions such as testing, social distancing practices, personal protective equipment use and hand hygiene took priority. The next shift occurred when BCGHD began to prepare for possible medical countermeasures (vaccines). It's important to note that even though vaccine management is the current focus, planning for access to testing, information sharing with partners, and epidemiological investigations still continue in the background.

The response continued for all of 2020 and remains an active response in 2021.

DRILLS

In 2020, the following drills were conducted with staff and partners:

- 4 staff notification drills and 2 volunteer notification drills
- 2 after hours notification drills
- 4 radio communication drills

EXERCISES

Emergency Preparedness exercises for the 2020 grant year were postponed due to the COVID-19 response.

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

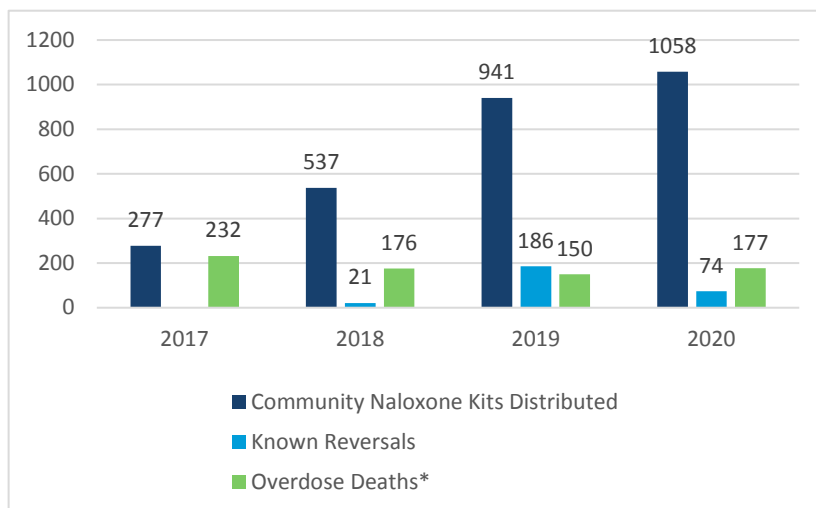
- Secured funding to coordinate county addiction response efforts
- Significantly increased the number of Naloxone kits distributed to individuals, first responders, and community partners
- Established Butler County Overdose Fatality Review Team

Current Projects

- Execute Butler County Harm Reduction Strategic Plan
 - Fulfill Butler County Overdose Alert Plan
 - Promote a Harm Reduction Media Campaign
- Implement data sharing with community partners through specified joint information center.
- Maintain the current infrastructure for Project DAWN initiatives

Looking Forward

- Release Butler County Overdose Report 2020
- Increase the number of Project DAWN access sites within Butler County through initiating partnerships.
 - Strengthen cross-sector relationships
- Reduce the stigma associated with addiction
 - Continue to decrease overdose deaths





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