

Butler County General Health District

2018 Annual Report



Public Health
Prevent. Promote. Protect.

Butler County
General Health District

Public Health in Ohio began in 1919 with
the Hughes-Griswold Act

Table of Contents

What Is Public Health?.....	1
Public Health is 100 Years Old!.....	2
District Advisory Council.....	4
Board of Health.....	5
Mission/Vision/Values.....	6
Strategic Plan.....	7
Community Health Improvement Plan (CHIP).....	8
Letter from the Health Commissioner.....	10
Letter from the Medical Director.....	11
List of Personnel.....	12
Opioid Response.....	13
Environmental Health.....	14
Plumbing.....	19
Nursing.....	20
Communicable Disease.....	21
Maternal and Child Health.....	24
Vital Statistics.....	27
Fiscal Budget and Finance.....	29
Emergency Preparedness.....	30
Accreditation.....	32
Appendix.....	33



What is Public Health?

Public health connects us all.

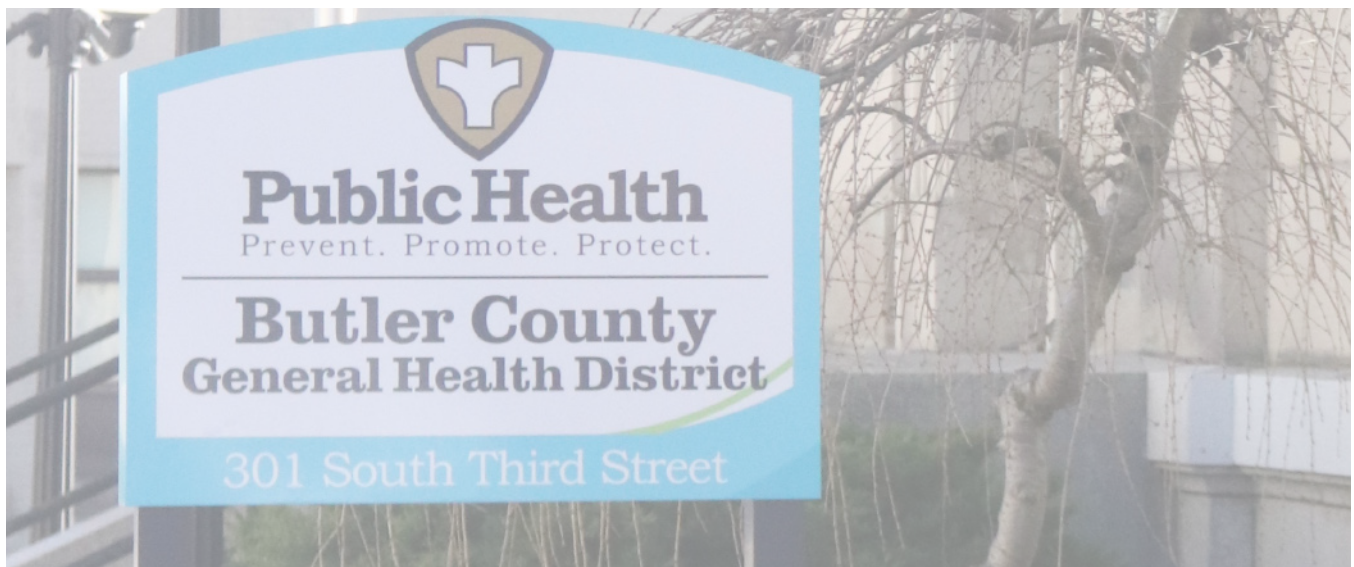
Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as large as an entire country or region of the world.

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, enforcement of laws and regulations, research into disease and injury prevention, and detection and control of infectious diseases.

Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research. This is in contrast to clinical professionals like doctors and nurses, who focus primarily on treating individuals after they become sick or injured.

Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality and accessibility.

-CDC Foundation



Public Health is 100 Years Old!

The Hughes-Griswold Act established Ohio's Public Health organizational structure in December of 1919, making public health in Ohio 100 years old!

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.

Partly in response to the smallpox epidemic of 1917, and the global influenza pandemic of 1918, 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, received widespread support from labor unions, women's organizations, and medical professionals. It was established to ensure that the state could effectively respond to public health crises, and is still in place today.

At a minimum, each health district was required to employ:

- a full-time health commissioner
- a nurse
- a clerk

In addition, each district was required to have a five member board of health, with the health commissioner serving as administrative or executive agent of that board. A newly reorganized State Department of Health was given more oversight over local health districts, though local health officials retained the authority to resolve local issues. 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 and was called by the District Supervisor of the State Department of Health.

- 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 \$8000)
 - A state subsidy of \$2000 was provided.
- A call for "eligibles" was put out from which to select qualified persons to be employed by the new General Health District.

Much of the public health work that began in 1919 is still carried out today!

Stay tuned... the 2019 Annual Report will detail the beginnings of the Butler County General Health District.

(Credit to Hamilton County Public Health for portions of this history)

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

United States	Worldwide
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.	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.
Vaccine-Preventable Diseases	Vaccine-Preventable Diseases
Public Health Preparedness and Response	Preparedness/Response to Global Threats
Tobacco Control	Tobacco Control
Maternal and Infant Health	Reductions in Child Mortality
Motor Vehicle Safety	Improving Global Road Safety
Prevention and Control of Infectious Diseases	Prevention and Control of HIV/AIDS
Cardiovascular Disease Prevention	Tuberculosis Control
Occupational Safety	Control of Neglected Tropical Diseases
Cancer Prevention	Malaria Prevention and Control
Childhood Lead Poisoning Prevention	Access to Safe Water and Sanitation
<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 not only in affluent countries, but also in lower-income and middle-income countries. Noncommunicable 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>

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 Matacic ♦ Tom Farrell ♦ Steve Schramm
Madison	Thomas Hall ♦ Alan Daniel ♦ Brian McGuire
Milford	Paul Gillespie ♦ Amy Butterfield ♦ Brad Mills
Morgan	Tom Brucker ♦ Jeffrey R. Kolb ♦ Brett Updike
Oxford	Norma Pennock ♦ John Kinne ♦ 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 ♦ Michael J. F. 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	Robert E. Routson, Mayor
Village of New Miami	Robert Lee Henley, Mayor
City of Oxford	Kate Rousmaniere, 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 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 7:30 p.m. All meetings are open to the public.

Board of Health Members, 2018

Leon Simpson, President
Molly Emmert, MD
Nancy Harrison
Steve Bartels

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

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

The Butler County Health Department completed its 2018-2020 strategic plan last year. The collaborative process included input from department staff and the Board of Health. This process included a series of planning sessions that occurred over a 5 month period. The work plans that were developed serve as tools to steer the direction of the department in achieving its mission. This planned approach provides a guide for achieving the goals and objectives identified in the priority areas over the next three years.

The table below provides a quick summary of the progress that has been made in our 3 priority areas: Health Promotion and Community Outreach; Service and Quality; and Sustainability and Finance.

	Goal	Status
1. Health Promotion and Community Outreach	Increased access to naloxone	Over 500 kits distributed in 2018
	Increased knowledge of access to progesterone treatment	Knowledge assessments in progress
	Increased access to tobacco cessation programs offered by the Health District	In Progress
	Increased access to clean needles	Bloodborne Infectious Disease Prevention Program implementation in progress
	Increased non-emergency communications with the community	Communications increased through many outlets. Overdose alerting implemented
2. Service and Quality	Improved infrastructure for workforce development	Workforce Development plan completed
	Increased alignment with Core Competencies for Public Health	Core Competencies included in evaluations
	Butler County Health Department is accredited by the Public Health Accreditation Board	Application submitted - in progress
	Performance management system is in place and utilized across the health department	Performance Management System in place
3. Sustainability and Finance	Improved financial accountability for contracts and programs	Contracts reviewed annually
	Improved efficiency of internal processes via technological improvements	New technological improvements implemented
	Increased funding sources	Medicaid Administrative Claiming (MAC) billing - in progress
	Increased billing capability	Improvements in vaccine billing made

Community Health Improvement Plan (CHIP)

In July of 2017, a Community Health Assessment (CHA) for Butler County was completed to evaluate the health status of its residents. With the completion of the CHA, a broad set of stakeholders and partners met to facilitate the development of the CHIP (Community Health Improvement Plan), the first of its kind for Butler County. The CHIP is an action-oriented plan that focuses on the prioritized health issues identified in the CHA. See appendix for updated CHA data. Committee members developed an action plan that outlined goals and objectives with action steps to address issues in areas of Mental Health and Addiction, Chronic Disease, and Maternal and Infant Health. Progress made during the first year of implementation of the 2017-2019 Butler County Community Health Improvement plan is outlined below.

	Goal	Status
Mental Health	Increase the number of school based health centers that include behavioral health services from 2 to 5	School Based Health Centers established in 7 school districts
	Develop and implement a Butler County Suicide Prevention Plan	Suicide Prevention Plan developed
	Increase the number of No Wrong Door (NWD) participating agencies from 17 to 20	Over 20 agencies have participated in NWD trainings
Substance Abuse	Increase the number of schools implementing evidence based prevention programs, practices and policies	School systems are looking into prevention programs
	Increase the number of county residents served by early childhood home based programs and services by 10%	Maximum capacity of clients are currently being served
	Increase the distribution of naloxone in the county	Number of naloxone kits increased from 14 to 537
	Implement a countywide Overdose Alerting System	Overdose Alerting System implemented
	Three trainings on trauma will be provided for health professionals and trauma survivors	Thirty agencies have participated in Screening, Brief Intervention, and Referral to Treatment (SBIRT) trainings

	Goal	Status
Obesity	Establish 2 new community gardens in Butler County	List of community gardens in Butler County being developed
	Provide nutritional food options to low-income families in 2 food banks	Nutritious food offerings available in 5 Butler County food banks
	Implement healthy vending options with 2 local employers in Butler County	Working with vendors for healthy food options
	Establish 2 walking clubs in Butler County	Walk/run events resource list developed
Lung Cancer	Develop a resource list of tobacco cessation programs to distribute in Butler County	List of tobacco cessation programs created
	Develop a Lung Cancer informational handout to distribute in Butler County	Lung Cancer handout developed
	Increase the number of government agencies with a tobacco-free policy in Butler County	Butler County government campus is now smoke-free
Hepatitis C	Form a partnership to increase awareness of Hepatitis C in Butler County	Education on Hepatitis C provided to the community through various community organizations
	Implement an additional syringe exchange program in Butler County	In progress - target startup Spring 2019
	Increase screening for those at risk for Hepatitis C	Screenings increased for high risk populations through various hospital systems and community organizations
Maternal and Infant Health	Increase breastfeeding mothers at discharge in Butler County	Multiple community outreach events on breastfeeding education continued
	Increase Butler County community awareness of progesterone treatment for decreasing risk of preterm birth	Community health workers providing progesterone education to at risk clients
	Provide two educational sessions per calendar year for Butler County Community Health workers (CHW)	Multiple educational sessions provided for CHWs
	Increase the number of pregnant women enrolled in Moms Quit for Two smoking cessation program	Currently thirty four pregnant women enrolled in Moms Quit for Two smoking cessation program

Letter from the Health Commissioner

Dear Citizens of Butler County,

I am pleased to present to you the 2018 Annual Report of the Butler County Health District. It is my privilege to lead the dedicated and committed professionals who work hard every day to improve the health of all members of our community!

New for 2018 was a name change for our organization. It may come as a surprise to some of you that public health is not a 'department' of the county, but is a 'district of political subdivisions'. While it is true that many health districts call themselves departments, and we have been known as a department for many, many years—we were advised by our legal counsel to change our name to more accurately describe who we are. Thus, in 2018 we officially became the Butler County General Health District. You will see the new name on all our information going forward. I am pretty sure that many of you will continue to refer to us as a department, as we do ourselves from time to time (old habits die hard). The words Health and Butler County are the most important parts of our name, and our work will remain the same no matter what we are called!

Our journey is on track towards national accreditation as required by the Ohio Department of Health. During 2017-2018 we completed a Community Health Assessment, Community Health Improvement Plan, Agency Strategic Plan, Workforce Development Plan, Quality Improvement Plan and began implementing a Performance Management System. These documents guide our work each day and assist us in setting and reaching long term goals for health in Butler County. We expect a site visit in 2020 from the Public Health Accreditation Board (PHAB).

Health Trends of note in 2018:

Mental Health and Addictions: After a record number of overdose deaths due to opioids in 2017, Butler County saw a significant decrease in 2018. The work of many agencies and individuals lead to this welcome downward trend. In order to respond to the opioid epidemic, community agencies that had not worked together in the past forged new and effective working partnerships. These relationships will surely carry-on into 2019 and beyond as new health and mental health issues arise.

Infant Mortality: Our staff continues to work hard to reduce infant mortality rates (deaths of babies before their first birthday). High infant mortality is an indicator that the overall health of our citizens is poor. While some progress has been made, much work remains to be done especially in our black communities where the rate is 3 times that of whites. This health disparity is unacceptable and remains an area of focus for us.

Chronic Disease: Our citizens continue to struggle with obesity, diabetes, and some forms of cancer. This area too demands our attention especially in developing prevention strategies to intervene before the onset of chronic diseases.

Throughout the past year, each of our divisions carried on their usual strong work in the areas of environmental health, nursing, maternal child health, accreditation, epidemiology, emergency preparedness, plumbing, administrative support, vital statistics, building support, and fiscal management. Each area's accomplishments are described in this report.

Looking forward to 2019...

Letter from Medical Director

To the Citizens of Butler County:

It is my pleasure to serve as the new Medical Director for the Butler County Health District. As a local community Pediatrician, I strive to build meaningful relationships with my patients and their families so that I may educate and empower them to achieve a healthy lifestyle and prevent disease. When the opportunity presented itself for me to become the next medical director for the Butler County Health District, I enthusiastically accepted. I look forward to using my knowledge and passion for preventative health to help the citizens of Butler County achieve improved health and wellness.

The Butler County Health District is not just one individual, rather, it is an extraordinary team of dedicated and passionate staff. The following report will highlight the tireless efforts of each and every one of our staff members to improve the public's health. As I reflect back on 2018, I am reminded of the many challenges our community has faced over this past year, but also the many successes we have achieved. Here are a few highlights:

The statewide Hepatitis A outbreak, with Butler County having the highest number of cases to date. In 2018, in an effort to contain the outbreak, our health district administered 1,800+ Hepatitis A vaccines and distributed 20,000+ educational materials to the public.

The nationwide opioid epidemic continues to be a challenge in our community. Thankfully, in 2018 Butler County saw a decrease in the number of overdose deaths and we worked to continue our distribution of Narcan kits via Project DAWN.

Disparities in infant mortality continue within our community, particularly among black and hispanic children. In 2018, we continued our Moms and Babies First program with home visits for at-risk families as well as the Butler County Partnership to Reduce Infant Mortality program which provides a variety of interventions including the free distribution of Pack'N'Play cribs to promote safe sleep.

As we look forward to 2019, it is my hope that we may continue to expand the services we provide to our community and rise to the challenges we may face.

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

List Of Personnel*

Health Commissioner

Jennifer Bailer, RN, MS

Medical Director

Dr. Michelle Burch, MD

Dr. Steven Horn, MD

Administrative Staff

Jeffery Agnew, R.S., Director of Environmental Health
Sue Haines, RN, B.S.N., Director of Nursing and Maternal Child Health
Rhonda Smith, Chief Fiscal Officer/Office Manager
Jerry Frederick, Chief Plumbing Inspector
Tina Morrison, Office Manager, BS
Kimberly Geisler, Chief Fiscal Officer

Environmental Staff

Jeff Bussone, SIT
Hannah Cleary, SIT
Nathan Creech, SIT
Awni Dababneh, RS
Jennifer Frederickson, RS
Bart Kelhoffer, RS
Mark Knapke, RS
Kory Neidich, SIT
Nicole Pennington, SIT
Jessica Savoie, SIT
Jason Soles, RS
Zach Sudnick, Intern

Emergency Response Coordinator

Jake Collins, MPH
Jennifer Pilecki, BA

Accreditation Coordinator

Mita Patel, RN, MS

Building Supervisor

Scott Deaton

Plumbing Staff

Gary Baldwin
Gordon Rister
Mike Schlabach

Nursing/Epidemiology Staff

Karen Carr, RN,BSN, Epidemiologist
Sue Glutz, RN
Mary Beth Grollmus, RN, BSN, MA
James Karrer, RN, BSN
Betsy Waldeck, RN
Jonathan Yang, MPH, MS, Epidemiologist

Maternal Child Health Staff

Marie Augustin, BA, C-CHW
Sonia Fongum, C-CHW
Latoiua Foster, BA, C-CHW
Natalie Jones, BA, C-CHW
Nekisha Richardson, C-CHW
Michelle Tubbs, C-CHW
Katrina Wilson, MS
Goldie Wontumi, MD, MPH
Kathryn Yang, CNM, MPH
Andrew Schwartz, MPH, Epidemiologist

Office Staff

Annette Bellman
Tina Combs
Nikki Girdler
Tiffany Jones
Susan McCord
Sherri Meyer
Audrey Morris
Kathy Ripley
Karen Ronto
Molly Shalloe
Kim Smith

Opioid Response

In 2018, some community progress was made in the opioid epidemic, demonstrated by improvements in the number of deaths due to opioid overdoses. Coroner data shows that opioid deaths peaked in 2017 at 232 with the number in 2018 significantly lower (a final number is not yet available). Though this is progress, any death is one too many, and much more work needs to be done.

Butler County General Health District has worked with a variety of community partners to play a role in addressing this epidemic. No single agency can fix this community-wide problem alone. It requires a comprehensive response from a wide variety of partners working together.

In 2018, our niche has been in three main areas:

1. Narcan (naloxone) Distribution to Prevent Deaths Due To Overdoses

- Narcan is provided free to us via Ohio Department of Health.
- Our staff has developed a wide network through which to get this life-saving drug out to those who need it most including: to the public, to first responders and via grants held by the Mental Health and Addiction Recovery Services Board
- Our 2018 data shows 21 known reversals-- that is, 21 lives were saved with Narcan that we know of, the actual number is likely higher.

Naloxone Kits Distributed		
2016	2017	2018
14	277	537
		Known Reversals - 21

2. Overdose Surveillance and Overdose Alerting Network

- We monitor three main areas: CDC alerts for emergency room visits for “drugs”, emergency medical system (EMS) runs, and coroner deaths due to suspected overdoses
- This data is displayed online in a format called LiveStories <https://insight.livestories.com/s/v2/butler-county-od-data-tool/181575f5-bc69-4e96-9744-c0b1e1d17deb/> It is updated daily and can be sorted to understand current and historical trends.
- Public Health Alerts are issued via press releases and emails when two of three data points trend upwards, to let the public and partners know of steps they can take in response.

3. Disease Prevention and Referral to Treatment and Rehabilitation

- Persons using IV drugs are at risk for a number of serious diseases (HIV, hepatitis A, B and C, syphilis, endocarditis, others). These diseases are very costly to treat and can spread to the general population.
- A mobile van parks at the Butler County General Health District twice/month to conduct disease testing and make referrals to treatment.
- In 2018, the health district began working with the Fairfield Opiate Task Force to explore the need for a Bloodborne Infectious Disease Prevention Program in the City of Fairfield. This should be completed in Spring, 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 as required by law.

Food Service Operation	Licenses Issued - 880	Inspections - 2724
Retail Food Establishment	Licenses Issued - 335	Inspections - 681
Food Service and Retail Mobile	Licenses Issued - 50	Inspections - 129
Food Service and Retail Temporary	Licenses Issued - 161	Inspections - 152
Vending Operations	Licenses Issued - 125	Inspections - 86

Registered Sanitarians inspect facilities to ensure operations are following requirements of the Ohio Uniform Food Safety Code. Sanitarians scrutinize operations in regards to employee health, personal cleanliness, approved food sources, the destruction of organisms and the limitation of their growth. The facility is checked to ensure maintenance of the premises, equipment and utensil repair, operation, cleanliness and sanitation.

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.

New Installation Permits Issued	79
New Installation Inspections	82
Alteration Permits Issued	10
Alteration Inspections	11
Replacement Permits Issued	10
Replacement Inspections	10
Aerobic Systems Licensed	1,684
Aerobic Systems Inspected	1254
Operation and Maintenance Systems Licensed	1,534
Operation and Maintenance Systems Inspected	662
Site Reviews	97
Soil Evaluations	90
Designs	100
Private Sewage Surveys	10

Operation and Maintenance Program: The Butler County 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.

The information was gathered from historical sewage complaint data and consultation with other governmental offices such as the Ohio EPA, Butler County Soil and Water Conservation District and Stream Team. This information was used to develop an implementation plan locating systems that may be failing. Should a system be failing, homeowners are referred to the Household Sewage Replacement and Repair Program to fix the failing system, if they are income eligible.

There are about 13,500 households operating an HSTS in the county. Inspections are comprised of a review of department information, historical codes, and an on-site inspection of the system. This process consists of locating the system, and a topographic evaluation to ensure the nuisance free operation of all household sewage treatment systems located in Butler County.

Household Sewage Replacement and Repair Program: In 2017-2018, the Butler County Health District was awarded a \$300,000 grant from the Ohio EPA's WPCLF to aid homeowners with failing household sewage treatment systems. This grant provides financial aid to assist in 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 WPCLF 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.

2017-2018 Grant \$300,000	Spent \$208,976
---------------------------	-----------------

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. The sanitarian will review required documents for health department acceptance. Sanitarians are called to inspect system siting, components used, final review of required system equipment operation, and water testing to determine compliance for safe human consumption.

New Installation Permits Issued	13
New Installation Inspections	13
Alteration Permit Issued	4
Alteration Inspections	4
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. People are exposed to rabies when they are bitten by an infected animal, or less commonly, when saliva from an infected animal gets into an open wound or a mucous membrane.

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	295
Rabies Laboratory Specimens Submitted	23
Positive Rabies Results (bat)	1

New Housing: Sanitarians review the development of new subdivisions, the replatting of existing subdivisions, or the splitting of land for new home sites.

Developers must demonstrate the availability of sanitary sewers, or that appropriate soil and land space is accessible for the placement of on-site sewage treatment systems. Developers must also demonstrate that potable water is available through use of a public water source or the development of a private water system.

Total New Single Family Lots	201
Total New Commercial Lots	12
Total New Multi-Family Residential Lots	82
Replats	13
Final Plats	15

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.

RWIs are caused by germs and chemicals found in the water we swim in. They are spread by swallowing, breathing in mists or aerosols, or having contact with contaminated water. Any person operating a public swimming pool is responsible for maintaining the pool in good repair and ensuring that the pool area is safe, clean, and in a sanitary condition.

Swimming Pool Sites - 134	Licenses Issued - 205	Inspections - 829
---------------------------	-----------------------	-------------------

Schools: Ohio Revised Code 3707.26 requires the Health District to inspect semi-annually the sanitary conditions of all schools and school buildings within its jurisdiction. Sanitarians conduct comprehensive school environmental safety and sanitation inspections.

Students who are educated in buildings with fewer health and safety concerns tend to excel compared to those students who are educated in buildings where a lack of maintenance has allowed the school building to deteriorate. The environmental staff enjoys a good working relationship with school administrators and their dedicated staff.

Number of Schools - 67	Number of Inspections - 134
------------------------	-----------------------------

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.

Sanitarians ensure park operators are providing residences with a water supply from an approved source, that all sewage systems are maintained in a safe and sanitary manner that will not create a health hazard and that all safety requirements are being maintained.

Camp Licenses Issued - 2	Inspections - 2
--------------------------	-----------------

Nuisance abatement: A public health nuisance means any condition which 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. Public health nuisances may be in regards to household garbage and refuse, housing issues, food program complaints, animal issues, commercial property and insect and rodent control.

Number of Complaints - 325

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. Notifications clarify the posting requirements for signs, outline due process for proprietors, as well as individual and state fines and penalties for violations.

Number of Complaints - 20	Actions Taken - 60
---------------------------	--------------------

Miscellaneous Inspections / Reviews: Sanitarians inspect for cleanliness, sanitation and safety of jails and tattoo parlors

Jail Inspections - 4	Tattoo Parlor Inspections - 35
----------------------	--------------------------------

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 six locations throughout Butler County for mosquito surveillance and testing. Fourteen billboards were rented to post messages reminding people to check their properties for water holding containers and dump these containers to destroy mosquito larvae. 2161 educational pamphlets, 196 containers of bug repellent and 124 screen repair kits were dispensed. Additionally, the Health Department distributed 3113 mosquito dunks to townships, villages and municipalities for placement in stagnant bodies of water to kill larvae. 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.

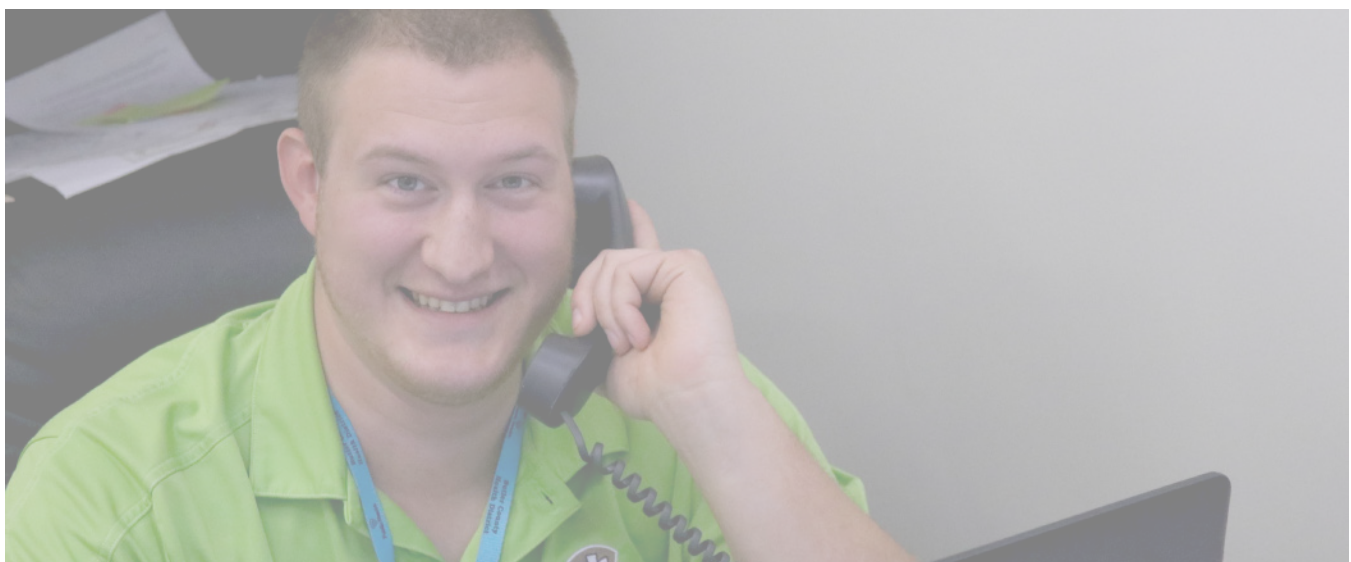
Fight the Bite, Survey Your Yard



Don't Let Mosquitoes Be a Bother, Empty All Standing Water



Butler County Health District



Plumbing

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

In 2018, the Plumbing department added one additional inspector who is certified to inspect medical gas installations. This certification allows us to inspect hospitals and other facilities with medical gases.

Plumbing Inspections	
Rough Plumbing Inspections	1,867
Final Plumbing Inspections	1,484
Water Line Inspections	462
Sewer Line Inspections	403
Medical Gas Inspections	13
Total Inspections	4,229

Registered Licensed Professionals	
Master Plumbers	275
Journeyman	64
HSTS Installers	25
Septage Haulers	14
Service Providers	26



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 2018, **6 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 **35** latent TB Infection (LTBI) cases identified in 2018 with treatment initiated to prevent active disease. In addition, over **425** tuberculin skin tests were administered, interpreted and followed.

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	Not available

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 2018, over **3000** vaccines were administered to children and adults in Butler County. At the Rosin clinic site, **97** vaccine clinics serving **893** children and **253** adults were conducted. Also, many offsite vaccine clinics were provided throughout the county during the influenza season and hepatitis A outbreak. Over **500** influenza vaccines were administered for the 2017-2018 season. In conjunction with the City of Hamilton, City of Middletown and Butler County General Health District nursing staff, over **1900** 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 2018, our public health nurse followed **19** moms and babies.

HIV/ Hepatitis C testing and education:

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

Communicable Disease

Table 1 outlines probable or confirmed reportable disease cases among Butler County residents in 2018. There were 4325 cases of reportable disease amongst Butler County residents in 2018.

Table 1.* Probable/Confirmed Reportable Diseases in Butler County by Jurisdiction (2018)					
Disease Name	Jurisdictions:	Butler County General Health District	Middletown City Health Department	City of Hamilton Health Department	Butler County (all inclusive)
	Amebiasis		2	0	0
Campylobacteriosis		27	2	4	33
Chikungunya virus		1	0	0	1
Chlamydia Infection		777	412	371	1560
CP-CRE		8	1	0	9
Creutzfeldt-Jakob Disease		1	0	0	1
Cryptosporidiosis		4	0	2	6
Cyclosporiasis		4	0	0	4
E. coli, Shiga Toxin-Producing (O157:H7)		12	2	0	14
Giardiasis		5	4	3	12
Gonococcal Infection		285	223	146	654
Haemophilus influenzae (invasive disease)		8	3	6	17
Hepatitis A		102	50	156	308
Hepatitis B - acute/chronic/perinatal		80	39	47	166
Hepatitis C - acute/chronic		376	156	246	778
Influenza-associated Hospitalization		272	63	144	479
Legionellosis - Legionnaires' Disease		12	1	2	15
Listeriosis		1	0	0	1
Lyme Disease		3	1	0	4
Malaria		2	0	0	2
Meningitis - aseptic/viral		12	3	1	16
Meningitis - bacterial (not N. meningitidis)		2	1	0	3
Mumps		2	0	0	2
Pertussis		10	4	2	16
Salmonellosis		25	3	4	32
Shigellosis		19	11	15	45
Staphylococcal aureus - intermediate resistance		1	0	0	1
Streptococcal - Group A - invasive		13	4	6	23
Streptococcal - Group B - in newborn		1	1	1	3
Streptococcus pneumoniae - Invasive		24	12	18	54
Syphilis		26	6	15	47
Tuberculosis		1	0	1	2
Varicella		6	3	4	13
Vibriosis (not cholera)		2	0	0	2
Total:		2126	1005	1194	4325

*Data is provisional – probable, & confirmed cases are included in counts for Table 1. Table reflects time period of January 1 – December 31, 2018. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/9/2018.

How is Butler County Doing Compared to Past Years?

Table 2 outlines Butler County's select, reportable disease counts by year, that were classified as either "probable" or "confirmed" during the years of 2013 to 2018 and provides a 5 year average (2013-2017) column for comparison. Diseases that are rare or not commonplace have been excluded from this table.

Table 2.* Select, Probable/Confirmed Reportable Disease Cases in Butler County by Year (2013-2018)

	Year / Average Columns:	2013	2014	2015	2016	2017	5 Year Avg (2013-2017)	2018
Disease Name	Amebiasis	1	0	0	0	0	<1	2
	Campylobacteriosis	18	29	56	47	41	38	33
	Chlamydia Infection	1200	1342	1436	1392	1586	1391	1560
	Creutzfeldt-Jakob Disease	0	0	0	1	1	<1	1
	Cryptosporidiosis	7	4	9	10	9	8	6
	E. coli, Shiga-Toxin Producing (O157:H7)	6	3	4	13	8	7	14
	Giardiasis	20	11	10	7	8	11	12
	Gonococcal Infection	362	409	419	486	602	456	654
	Haemophilus influenzae (invasive disease)	4	2	5	2	5	4	17
	Hepatitis A	1	0	2	2	1	1	308
	Hepatitis B - acute/chronic/perinatal	88	93	129	146	126	116	166
	Hepatitis C - acute/chronic	376	602	657	727	749	622	778
	Influenza-associated Hospitalization	97	252	220	102	290	192	479
	Legionellosis - Legionnaires' Disease	6	2	10	6	9	7	15
	Listeriosis	1	0	0	1	1	1	1
	Lyme Disease	1	0	5	1	3	2	4
	Malaria	1	2	3	5	2	3	2
	Meningitis - aseptic/viral	24	28	24	29	26	26	16
	Meningitis - bacterial (not N. meningitidis)	4	3	4	6	9	5	3
	Meningococcal dz. - Neisseria meningitidis	1	1	1	1	1	1	0
	Mumps	1	1	0	3	2	1	2
	Pertussis	28	41	18	16	25	26	16
	Salmonellosis	28	28	26	29	40	30	32
	Shigellosis	2	3	2	45	72	25	45
	Spotted Fever Rickettsiosis (including RMSF)	0	2	0	2	0	1	0
	Streptococcal - Group A - invasive	8	10	17	16	32	17	23
	Streptococcal - Group B - in newborn	2	3	4	1	1	2	3
	Streptococcus pneumoniae - Invasive	39	30	47	44	46	41	54
	Syphilis	56	48	43	30	30	41	47
	Tuberculosis	3	3	3	6	8	5	2
Varicella	12	20	14	10	11	13	13	
Vibriosis (not Cholera)	0	1	0	1	0	<1	2	
West Nile Virus Disease	1	0	1	0	1	1	0	

*Data is provisional - probable, & confirmed cases are included in counts for Table 3. Table reflects time period of 2013-2018. Data accessed from the Ohio Disease Reporting System (ODRS) on 1/9/2018.

Sources:

- Ohio Department of Health (ODH)
- Ohio Disease Reporting System (ODRS)

Outbreaks

Table 3 outlines outbreaks in various Butler County locations or facilities in 2018. There were 23 reported outbreaks in 2018.

Table 3.* Butler County Reported Outbreaks (2018)

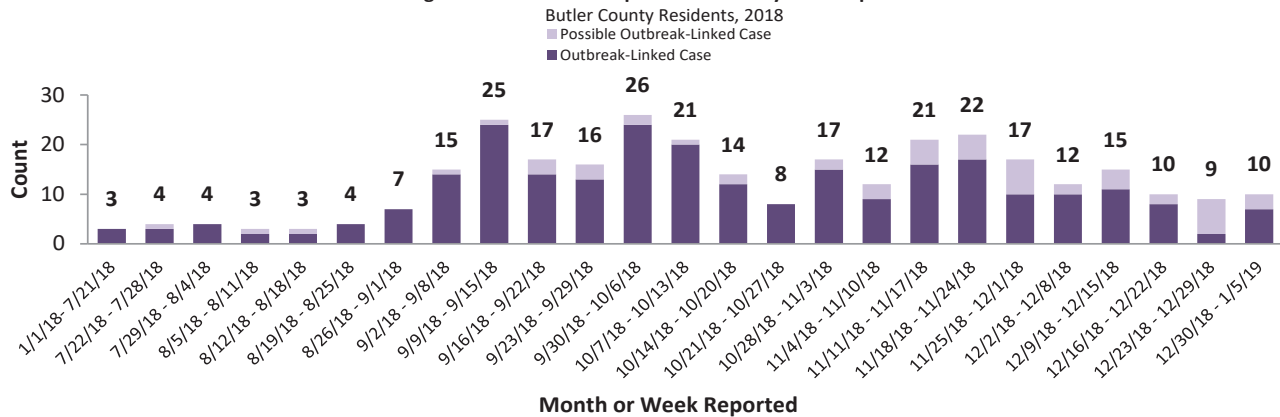
Disease/Agent	# of Outbreaks	Location/Facility Types	Cities Where Outbreaks Took Place
1) Influenza	8	Daycare (1), Nursing Home (5), School (2)	Hamilton (4), Middletown (2), West Chester (2)
2) Hand, Foot, & Mouth Disease	5	Daycare(2), Recreational Program (1), School (2)	Fairfield (1), Hamilton (1), Monroe (1), Trenton (1), West Chester (1)
3) Norovirus	3	Daycare (2), Nursing Home (1)	Fairfield (1), Hamilton (2)
4) Sarcoptes scabiei	3	Daycare (1), Household (1), Nursing Home (1)	Hamilton (2), Oxford (1)
5) Foodborne	2	Commercial Product (1), Restaurant (1)	Oxford (1), Trenton (1)
6) Shigella	1	Daycare (1)	Hamilton (1)
7) Pertussis	1	School (1)	Monroe (1)

Hepatitis A Outbreak

The Ohio Department of Health (ODH) and affected local health departments are investigating an increased number of hepatitis A cases in Ohio. ODH has declared a statewide community outbreak of hepatitis A after observing an increase in cases linked to certain risk factors since the beginning of 2018. Outbreaks of hepatitis A are occurring in several states across the U.S., including neighboring states of Indiana, Kentucky, Michigan, and West Virginia. Figure 1 outlines the 2018 confirmed Hepatitis A cases in Butler County.

The average number of confirmed Hepatitis A cases in Butler County in the past (2013-2017) was 0 to 1 case per year.

Figure 1^v. Confirmed Hepatitis A Cases by Date Reported



Month or Week Reported

^vFigure 1 shows all "confirmed" Hepatitis A cases in Butler County as of 1/5/19. 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 accessed from the Ohio Disease Reporting System (ODRS) on 1/5/19.



Maternal and Child Health



The **Butler County Partnership to Reduce Infant Mortality (PRIM)** is a partnership between the Butler County General Health District, additional community members, and agencies serving infants, women, and families.

Mission: Helping Butler County babies survive and thrive through education, advocacy, collaboration, and action.

Vision: To inspire, change and empower Butler County families so that all babies reach their first birthdays... and beyond!

Background: Infant Mortality is the death of a live-born baby before its first 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 per 1,000 live births per year. Butler County is one of 9 urban Ohio counties with the highest infant mortality rates. Additionally, in Butler County Black or African American infants are dying at more than twice the rate of white infants. The Butler County General Health District is working to improve birth outcomes for all and to reduce the racial gap in infant death. Our local infant mortality coalition, Butler County Partnership to Reduce Infant Mortality, (BC PRIM) was formed in 2013 with the support of the Ohio Department of Health (ODH) and CityMatCH. Since it was formed, BC PRIM has improved understanding of the causes of infant mortality in our community and has supported the development of programs to improve the health and wellbeing of Butler County women and infants.

The Butler County Partnership to Reduce Infant Mortality Supported Programs include:

Neighborhood Navigator assistance to connect at risk pregnant women to services

- Moms and Babies First, family centered home visiting program for Black or African American pregnant women
- 2-1-1 BabyLink a United Way collaboration, 24-7 telephone referral service
- Safe Sleep Campaign with distribution of free Pack N Plays to qualifying families
- Moms Quit for Two, smoking cessation counseling with free diapers for pregnant women, their partners and/or other individuals that live in the home
- CenteringPregnancy, group prenatal care with free transportation and childcare
- The Butler County Breastfeeding Coalition and Breastfeeding Support Groups
- Faith-based programs, including Families First and NEST

Butler County Residents can support infant health!

If you are pregnant, enroll in our programs and encourage other pregnant women to enroll with you. If there is a baby in your family, reach out for services. Help us promote infant vitality by sharing available resources with pregnant women and infants in our county. Community facilities can become distribution sites for educational materials about PRIM projects. Residents can volunteer at one of our events or volunteer with our community partners.

Cribs for Kids

In 2018, **200** Criбетtes were given out to women in Butler County. Providing safe sleeping environments for infants is an important step in ensuring every baby reaches their first birthday.

Infant Mortality Data

In 2018, the infant mortality rate increased slightly for both Black and White individuals in Butler County. This data shows there is still much work to do. The infant mortality rate for non-Hispanic black babies in Butler County was 20.0 per 1000 births, over 3 times higher than the non-Hispanic white rate of 5.8 per 1000. The Butler County non-hispanic white infant mortality rate was less than the Ohio overall rate, and less than the Healthy People 2020 Goal for the nation. Additional tables on preterm birth and infant mortality rate data are available in the appendix.

Women in the Workplace

A pilot program was developed to improve the health of working women within local small business in the cities of Hamilton, Fairfield and Middletown as a means to improve future birth outcomes.

Fetal and Infant Mortality Review (FIMR)

The Fetal and Infant Mortality Review (FIMR) is a community-based and action-oriented process to improve service systems and community resources for women, infants and families. The goal of the program is to bring different members of the community together and examine the social, economic, cultural, safety, and health systems factors associated with fetal infant mortality. Our overall goal is to decrease the number of fetal and infant deaths in our community.

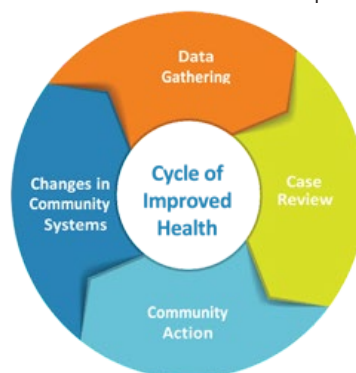
How Does the FIMR Process Work?

FIMR engages a multi-disciplinary case review team to review the case summaries from de-identified infant and fetal deaths. We listen to the families who have lost a baby to hear the story of their baby's death. This is a chance for the family to describe their experiences in their own words and for us to learn more about the pregnancy, the loss of the child, the services the family received, and the services that were not available. Other information is also collected from a variety of sources, such as medical records.

A case summary is then created with all information de-identified. This summary is presented to a Case Review Team, who will identify barriers to care and make recommendations for system changes. These findings are then reported to a Community Action Team who will contribute a perspective on how best to implement the identified recommended changes in community systems.

Recent Recommendation:

Stress during a pregnancy has been linked to having a premature baby or a low-birth weight baby. Helping women find healthy ways to cope with stress during pregnancy was one of our focuses for 2018 and we continue to help educate families on the effects of stress and pregnancy.





MOMS & BABIES FIRST
Ohio's Black Infant Vitality Program

Moms and Babies First: Ohio's Black Infant Vitality Program

Infant mortality is the death of a live born baby before its first birthday. In Butler County, Fairfield, Hamilton and Middletown are the hot spots with high death rates. Butler County is among 10 urban counties in Ohio with the highest infant mortality rates. Black and African American women experience infant mortality three times higher than non-Hispanic white women. Due to these high rates, the Moms and Babies First program targets high-risk, low-income black and African American pregnant women.

Program Goals: Our goal is to achieve optimal pregnancy outcomes and help ensure children thrive throughout the first year of life by:

1. Decreasing black and African American maternal and infant mortality
2. Improving black and African American maternal, infant and family health
3. Reducing health disparities in the black and African American community
4. Fostering sustained family resilience

Eligibility Requirements:

1. Black and African American pregnant women who have previously experienced a poor birth outcome.
2. Black and African American pregnant women at risk of a poor birth outcome as a result of a social determinants of health risk factor
3. Age + Income eligibility required

Who provides the services?

The services are provided by Certified Community Health Workers (CHWs). CHWs are trusted members of the community with a unique perspective of the community's needs.

Overview of Services:

Our Certified Community Health Workers (CHWs) make scheduled home visits that begin during pregnancy and continue until the child reaches age one which cover the following areas:

- Focus on success in health, education and self-sufficiency using a standardized curriculum called Partners for a Healthy Baby
- Address barriers (financial, geographic, cultural and infrastructural)
- Identify underlying medical conditions, and understand how social support and environment factors (stress and race) contribute to poor birth outcomes.
- **108** women were seen in 2018 and **43** babies were born in the program.

Vital Statistics-Births

Number of Births in 2018	
Sex	
Male	1588
Female	1573
TOTAL	3161
Age of Mothers	
13-19 years	125
20-30 years	1818
31-40 years	1163
Over 40 years	55
Place of Birth	
McCulloch-Hyde	395
Mercy Fairfield	1460
Home Birth/ER	11
West Chester Hospital	911
Christ Hospital- Liberty Campus	384
Residence of Mothers	
Butler County	1738
Non-Butler County	1423

*Butler County General Health District vital statistics numbers are for residents of the health district and do not include births that occurred in the cities of Hamilton or Middletown (those numbers are kept by their Health Departments).

Vital Stats-Deaths

Number of Deaths in 2018	
Sex	
Male	833
Female	904
TOTAL	1737
Age at Death	
Under 1 month	27
1 month to 1 year	1
1 to 4 years	3
5-9 years	1
10-19 years	6
20-29 years	33
30-39 years	45
40-49 years	68
50-59 years	135
60-69 years	251
70-79 years	342
80-89 years	508
90 years and over	317
Cause of Death	
Undetermined	6
Accident	90
Suicide	29
Homicide	7
Cardiovascular	545
Cancer	241
Respiratory	336
All Other	478
Pending	5

*Butler County General Health District vital statistics numbers are for residents of the health district and do not include deaths that occurred in the cities of Hamilton or Middletown (those numbers are kept by their Health Departments). The death totals include only certificates filed in 2018, not deaths that occurred in 2018.

Fiscal Budget and Finance

All Board of Health Funds

REVENUE		EXPENDITURES	
2017 Balance	1,992,420.17	Salaries	1,638,091.25
Taxation	135,000.00	PERS	218,081.37
Grants	1,165,945.07	Workers Compensation	36,751.80
Fees & Miscellaneous	985,132.75	Medicare	22,216.34
State Subsidy	48,256.75	Group Insurance	388,493.79
Food Service	609,377.03	Supplies	195,299.65
Pool Licenses	68,067.25	Travel & Expenses	26,809.51
Recreational Vehicle/Camp Licenses	520.00	Contractual Services	761,765.82
Household Sewage Treatment Systems	492,372.96	Equipment	43,641.00
		Other - Miscellaneous	1,982.18
		State Portion	252,984.19
		Contingency	1,910,975.08
TOTAL REVENUE	5,497,091.98	TOTAL EXPENDITURES	5,497,091.98

Emergency Preparedness

The Butler County General Health District (BCGHD) Emergency Preparedness and Response Program is managed by the Emergency Response Coordinator (ERC). The program is supported by the Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) grants. The 15 PHEP capabilities and standards dictate the planning and operational activities conducted under this program.

Emergency Activations:

2018 Hepatitis A Outbreak Emergency Response:

BCGHD activated its Emergency Response Plan and incident management team in early October 2018 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. These efforts are still ongoing.

Communication Drills:

The Emergency Response Coordinator conducts routine communications drills through the Ohio Public Health Communication System (OPHCS). In 2018 the following drills were conducted:

- 2 volunteer callout drills
- 2 site activation drills
- 4 staff callout drills
- 2 24/7 ODH drills

Exercises:

Operation Rowboat February 7, 2018

This regional exercise focused on four PHEP capabilities: mass care, fatality management, community recovery, and non-pharmaceutical interventions.

Operation HAV A Bad Day Oct.30th, Nov. 6th, Nov. 13th, 2018

This regional public health exercise focused on three PHEP capabilities: emergency public information and warning, public health surveillance and epidemiological investigation, and responder safety and health.

Planning:

The plans with the most significant updates in 2018 include:

- Emergency Response Plan - Basic Plan
- Epidemiology Response Plan
- Mass Fatality Response Annex.

In December 2018, BCGHD participated in a Medical Countermeasure Operational Readiness Review conducted by ODH. This review looks at Citifies Readiness Initiative (CRI) sponsored planning activities that have occurred over the previous five years. Upon completion of the review, ODH worked with BCGHD to develop a medical countermeasure action plan to be completed over the course of the next 3-4years.

C-MIST: Communication, Medical, Independence, Supervision, Transportation, for Emergency Preparedness:

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, Transportation**

In 2018 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 2012-2016 American Community Survey 5-Year Estimates, Butler County's access and functional needs indicators are as follows:

Transportation Access: Of 149,418 households, it is approximated that 7,457 or 5.5% 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 3,351. 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 182,389. 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: 49,282. 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.

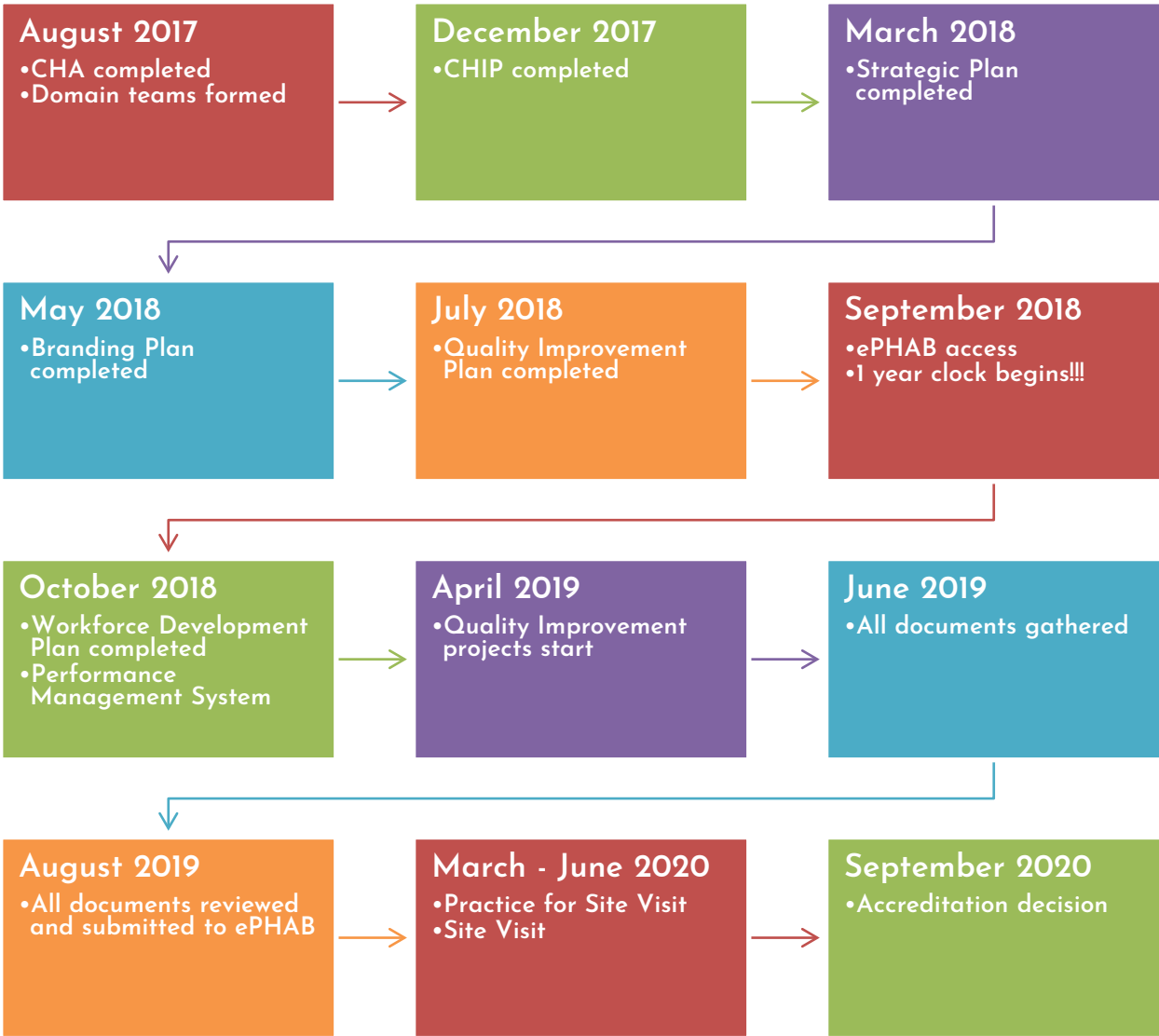
Poverty Level: The total number of persons below the poverty level was estimated at 49,134 or 13.6% of the population. Lower income populations have fewer resources available for recovery and are more likely to live in substandard and thus more vulnerable structures.

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 emergency preparedness and response program continues to meet the needs of all members of the Butler County community.

Accreditation

The Public Health Accreditation Board (PHAB) is a nonprofit organization that administers the national accreditation program for tribal, state, local and territorial health departments. Based upon the 10 Essential Public Health Services, the accreditation process provides a framework to deliver efficient and effective services, develop leadership, and improve relationships with the community.

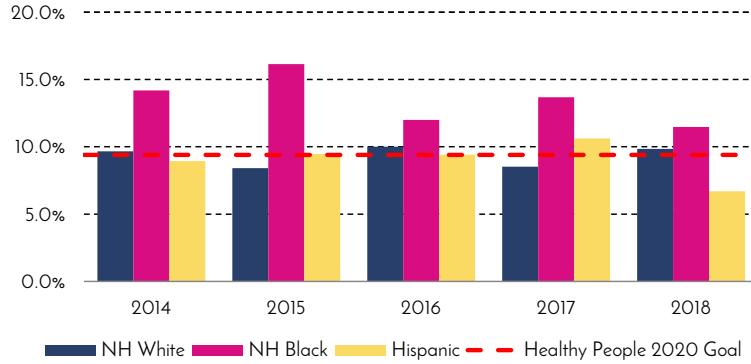
The journey towards accreditation is long, time consuming and requires participation from every level of staff at the health department with input from the governing board. Achieving national accreditation will strengthen our work to prevent disease and injury, promote health and wellness, and protect the environment in order to reach a vision of a healthy and connected Butler County.



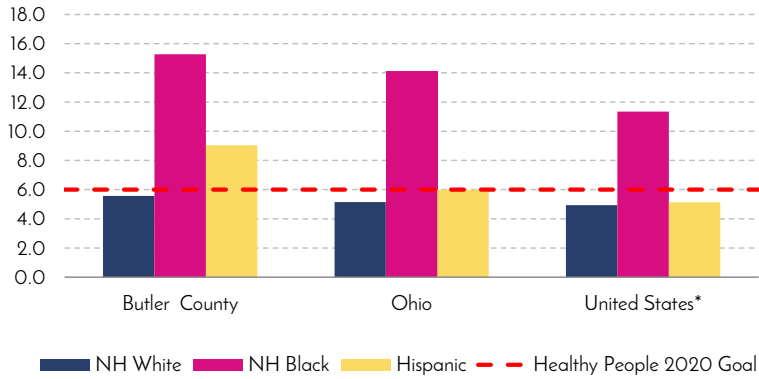
Appendix

Infant Mortality Graphs

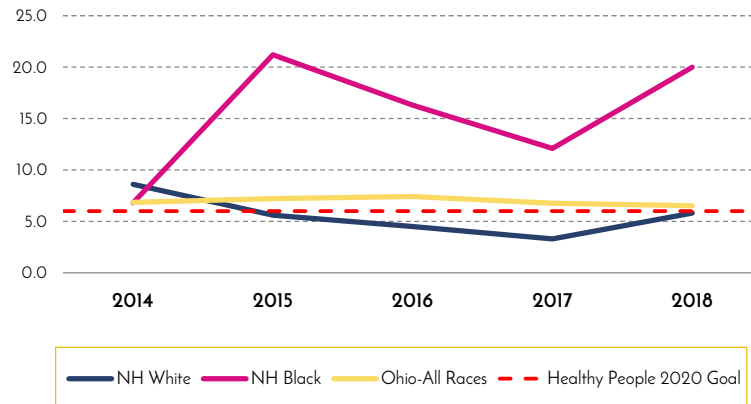
Butler County Preterm Birth Rate by Race, 2014-2018



Butler County, Ohio, US Infant Mortality Rate by Race, 2014-2018



Butler County Infant Mortality Rate by Race 2014-2018





Public Health

Prevent. Promote. Protect.

**Butler County
General Health District**

**301 S. Third Street
Hamilton, OH
45011**

513-863-1770