

2020 ANNUAL REPORT

Once Every 100 Years

To say 2020 was a unique year for public health would be quite an understatement. Beginning in the fall of 2019, the novel coronavirus now known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and which causes coronavirus disease 2019 (COVID-19), became a reality for Hamilton County and the rest of the world.

For us in public health, we practice constantly for any such eventuality. We plan; we practice our systems for delivering supplies; we work with our points-of-distribution to ensure they can be activated at a moment's notice; we work on our response to scenarios from terrorist activity to a pandemic – all the while hoping that we never have to put these practices into use.

As the saying goes, "practice makes perfect," and while there are always "glitches" and unanticipated events in any large-scale scenario such as this one, we were ready to go when it became apparent that COVID-19 would be joining us for the long-haul. At the outset, we activated our epidemiological systems, which would serve as the backbone for our response. As the virus made its way around the globe and ultimately the County, our epidemiology team led contact tracing efforts to quickly identify and isolate those with the virus to prevent its spread.

Recalling the early stages of the pandemic, the war cry was "flatten the curve" in terms of reducing burden on our healthcare system. We were initially able to do just that, as cases remained at a manageable level for our hospitals.

As the year progressed and the virus did what viruses do – spread – the work became increasingly intense. Over the course of the next several months, we doubled our staff size adding over 120 contract employees. We added contact tracers, nurses, data entry specialists and outbreak responders. A few of these specialists will remain with us after the pandemic, bringing great experience and depth to our team.

We also put together communication systems from which Hamilton County residents could get upto-date information. We worked closely with our elected officials and the media to get out timely information on prevention techniques. We provided weekly updates to our communities. We worked with our licensees in the food service industry to make sure they were incorporating safe practices. We solidified our partnership with schools to help them set up the best scenarios for their students and staffs. We joined forces with the public health and healthcare systems throughout our region to coordinate response. And the list goes on.

Toward the end of the year, the "light at the end of the tunnel" began to brighten, as the first vaccines were approved and delivered. As we learned, these vaccines incorporated new technology which would require complex storage and delivery systems. We quickly developed and acquired the "infrastructure" and re-aligned our staff into an incident command structure that would be necessary to receive, store and deliver these lifesaving doses. This included ultra-cold storage freezers, delivery vehicles able to accommodate cold storage, and ensuring we had a dedicated team of clinical and

support staff for providing mass vaccinations to the community. Further complicating the effort was the necessity to provide the vaccine in two doses, requiring careful planning of the vaccine allocations received while managing appointments to provide second doses. We have also been very mindful of the effect the virus has had on minority communities and have worked to ensure that vaccine is available for all.

As of this writing, the pandemic is far from over. However, we have made significant strides and remain optimistic that the "light at the end of the tunnel" will continue to brighten.

Pandemics Don't Stop Public Health

A pandemic doesn't mean the rest of our ongoing work in public health steps aside. We still have responsibility to inspect restaurants, swimming pools, solid waste facilities, home sewage treatment systems, hotels and motels, tattoo facilities and plumbing installations. All of these responsibilities are crucial in maintaining public health and a safe environment for us all to live, work and play.

We also continued to operate our harm reduction program, albeit under pandemic-safe modifications. The disease of addiction unfortunately didn't take a break during the pandemic. In fact, pandemic isolation and desperation led to elevated overdose activity. We continued to distribute clean equipment and the lifesaving drug, naloxone, throughout the year. At first, we operated with a drive-through system for people to access supplies. We then took the program back out on the road to continue to reach people throughout the region with these lifesaving services.

Other infectious diseases also refused to take a break during the pandemic. We continued to report on the prevalence of sexually-transmitted infections, childhood and enteric diseases and of course, influenza. The region depends on these reports to inform health practices and remediation.

Hamilton County Continues to Thrive

The County-wide healthy community initiative – WeTHRIVE! – also looked different during the pandemic. Many of the community events moved to "virtual" status. This included a fall networking event with WeTHRIVE! communities and partner agencies from throughout the region, meeting to discuss ways to work together to make safe and healthy choices for their communities. WeTHRIVE! farmers' markets continued to flourish and communities active in the initiative were recognized at the annual (virtual this year) year-end event.

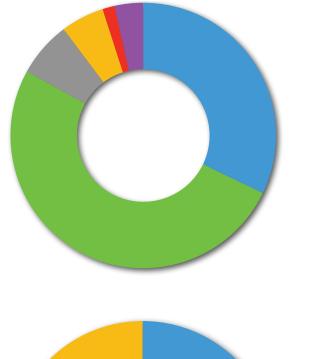
At the end of 2020, we had a total of 28 WeTHRIVE! communities, two of which were added during the year. Is your community ready to take the steps to become our next WeTHRIVE! community?

The Next Phase

As we conclude 2020, we like to say that "the beginning of the end" of the pandemic is upon us. While it will be a slow build to get back to "normal," we are well on our way. Here's hoping that 2020 taught us the importance of maintaining a strong public health infrastructure, from the federal to local levels. Although we have not seen a year like this in over 100 years, with the globalization of our society and increasing ease of world travel, we can certainly expect that SARS-CoV-2 will not be the last pandemic we have to face.

Greg Kesterman Health Commissioner

REVENUES & EXPENDITURES - 2020



Total Revenues	\$16,281,430
Other Revenue	\$567,499
Donations	\$0
State Subsidies	\$240,283
Cities, Townships, Villages	\$860,050
TB Control-Indigent Care Levy/Levy for Harm & Oral Care	\$1,101,000
Grants & Contracts	\$8,279,413
Fees & Permits	\$5,233,185

Expenditures		
	Personnel Services	\$9,012,546
	State & Other Agency Fees	\$1,036,720
	Capital Outlay	\$100,159
	Operating Expenses	\$5,405,574
	Total Expenses	\$15,554,999

2020 PROGRAM HIGHLIGHTS

Community Health	
Birth Records Issued	14,210
Death Records Issued	29,663
Emergency Medicine Points	
of Dispensing Sites	104
Tuberculosis Screenings	587
Active Cases of Tuberculosis	10
Harm Reduction	
New Clients Served	2,122
Syringes Exchanged	601,868
HIV Tests Administered	216
Hepatitis C Tests Administered	95
Current Exchange Locations	8
WeTHRIVE! Communities/Added	28/2

Environmental Health

Backflow Surveys Completed	11
Food Service Inspections	6,044
Food Safety Training – Individuals Trained	369
Lead Investigations Completed	6
Medical Gas Inspections	146
Nuisance Inspections	3,294
Plumbing Permits Issued	3,858
Rabies Quarantine Notices Sent	651
School Inspections	344
Sewage Treatment System (STS)	
Inspections/Re-inspections	11,970
Swimming Pool/Spa Inspections	908
Tattoo/Piercing Facility Inspections	44
Waste Facility Inspections	275

Revenues



Hamilton County Public Health Mission

Hamilton County Public Health educates, serves and protects our community for a healthier future.

Hamilton County Public Health Vision

Healthy choices. Healthy lives. Healthy communities.

District Advisory Council

Members include presidents of township boards of trustees, village mayors and the President of the Board of County Commissioners. Members are required by law to meet annually in March. They select the members of the Board of Health, make recommendations to the Board of Health and authorize city contractual agreements.

> Chairman Rose Stertz Secretary Jody Leis

Board of Health

During the COVID-19 pandemic, Board of Health meetings are being conducted remotely. The upcoming meetings of the Board of Health will be conducted via Zoom at 4 p.m on the second Monday of every month. The public may access the meeting by logging into Zoom (access information below).

LINK TO JOIN MEETING: https://us02web.zoom.us/j/88339716886?pwd=SE42SjRiOUITUm5xRUdMT3R3TVFGZz09 Bo Meeting ID: 883 3971 6886 Passcode: 586190

Health Commissioner and Staff

Health Commissioner Greg Kesterman Assistant Health Commissioner Jennifer Mooney, PhD, Department of Community Health Services Assistant Health Commissioner Craig Davidson, Department of Environmental Health Services

Divisions

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Disease Prevention	Martha Walter, Director
Environmental Health	Jeremy Hessel, Director
Epidemiology and Assessment	David Carlson, Director
lealth Promotion and Education	Mary Ellen Knaebel, Director
Plumbing	Lisa Humble, Director
Waste Management	Chuck DeJonckheere, Director
Water Quality	Chris Griffith, Director

FREQUENTLY REQUESTED INFORMATION

Customer Service and Important Phone Numbers

Main Number
Administration/Health Commissioner's Office
Main Fax
Web and Social Media Hamilton County Public Health Online
Follow us on Twitter
Join us on Facebook
YouTube
WeTHRIVE! [™] www.WatchUsThrive.org

	President	Mark Rippe
Vice	President	
oard	Members	Elizabeth Kelly, M.D.
		Dan Meloy
		Tracey A. Puthoff, Esq.