Once Every 100 Years

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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.

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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 up-to-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

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**2020 PROGRAM HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Community Health</th>
<th>Environmental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Records Issued</td>
<td>Backflow Surveys Completed</td>
</tr>
<tr>
<td>Death Records Issued</td>
<td>Food Service Inspections</td>
</tr>
<tr>
<td>Emergency Medicine Points of Dispensing Sites</td>
<td>Food Safety Training – Individuals Trained</td>
</tr>
<tr>
<td>Tuberculosis Screenings</td>
<td>Lead Investigations Completed</td>
</tr>
<tr>
<td>Active Cases of Tuberculosis</td>
<td>Medical Gas Inspections</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Nuisance Inspections</td>
</tr>
<tr>
<td>New Clients Served</td>
<td>Plumbing Permits Issued</td>
</tr>
<tr>
<td>Syringes Exchanged</td>
<td>Rabies Quarantine Notices Sent</td>
</tr>
<tr>
<td>HIV Tests Administered</td>
<td>Swimming Pool/Spa Inspections</td>
</tr>
<tr>
<td>Hepatitis C Tests Administered</td>
<td>Sewage Treatment System (STS) Inspections/Re-inspections</td>
</tr>
<tr>
<td>Current Exchange Locations</td>
<td>Swimming Pool/Spa Inspections</td>
</tr>
<tr>
<td>WeTHRIVE! Communities/Added</td>
<td>Swimming Pool/Spa Inspections</td>
</tr>
</tbody>
</table>

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**REVENUES & EXPENDITURES - 2020**

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants &amp; Contracts</td>
<td>Personnel Services</td>
</tr>
<tr>
<td>Fees &amp; Permits</td>
<td>$9,012,546</td>
</tr>
<tr>
<td>TB Control-Indigent Care Levy/Levy for Harm &amp; Oral Care</td>
<td>State &amp; Other Agency Fees</td>
</tr>
<tr>
<td>Cities, Townships, Villages</td>
<td>$1,036,720</td>
</tr>
<tr>
<td>State Subsidies</td>
<td>Capital Outlay</td>
</tr>
<tr>
<td>Donations</td>
<td>Operating Expenses $5,405,574</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$100,159</td>
</tr>
<tr>
<td></td>
<td>Total Expenses $15,554,999</td>
</tr>
</tbody>
</table>

**Total Revenues** $16,281,430

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**Table 1**

<table>
<thead>
<tr>
<th>Category</th>
<th>Operating Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Services</td>
<td>$9,012,546</td>
</tr>
<tr>
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2020 ANNUAL REPORT

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

2. Hamilton County Public Health Vision

3. 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

4. Board of Health
   During the COVID-19 pandemic, Board of Health meetings are being conducted remotely. The upcoming meetings of the Board of Health are 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).

5. Health Commissioner and Staff
   President: Mark Rippe
   Vice President: Jim Brett
   Board Members: Elizabeth Kelly, M.D.
   Dan Meloy
   Tracey A. Puthoff, Esq.

6. Health Commissioner
   Greg Kesterman

7. Assistant Health Commissioner
   Jennifer Mooney, PhD, Department of Community Health Services
   Craig Davidson, Department of Environmental Health Services

8. Divisions
   Disease Prevention
   Environmental Health
   Epidemiology and Assessment
   Health Promotion and Education (Plumbing)
   Waste Management
   Water Quality

9. Customer Service and Important Phone Numbers
   Main Number: (513) 946-7800
   Administration/Health Commissioner’s Office: (513) 946-7822
   Main Fax: (513) 946-7890

10. Web and Social Media
    Hamilton County Public Health Online: www.HCHP.org
    Follow us on Twitter: @HamCoHealth
    Join us on Facebook: www.facebook.com/HamCoHealth
    YouTube: www.youtube.com/HamCoHealth
    WeTHRIVE!: www.WatchUsThrive.org

FREQUENTLY REQUESTED INFORMATION