

ANNUAL REPORT
OF
GENERAL
HEALTH DISTRICT
TO
STATE OF OHIO
DEPARTMENT OF HEALTH
1929



Public Health
Prevent. Promote. Protect.
Greene County

100th Anniversary
SPECIAL EDITION
2020 Annual Report

Melissa Howell, MS, MBA, MPH, RN, RS
Greene County Health Commissioner



Dear community members,

As a community we went through a difficult year due to COVID-19. We can take from the good things that happened and focus on ways to stay prepared in the future. Pandemics can happen, but all pandemics do come to an end.

Through disease investigation, contact tracing, vaccination and messaging, Greene County Public Health carried out our mission to minimize the physical, psychological, economic and social impacts of a virus known as SARS-CoV2. The virus was known

to be dangerous to human life, and the health and safety of our residents. The situation demanded a centralized, expedient, and cost-effective response to stop or slow the spread of disease.

We mobilized community response using a multi-agency/multi-jurisdiction approach to educate, inform and respond to the pandemic. Our partners included healthcare providers, hospitals, K-12 schools, universities, law enforcement, fire, emergency medical services, social services, behavioral health and addiction services, the YMCA, WPAFB, the office of emergency management, the Greene County Medical Society, the faith-based community, volunteer agencies, the council on aging, the chambers of commerce, the media, our residents and libraries. Together, we set priorities and obtained the medical and legal guidance needed to implement strategies to address COVID-19.

There are opportunities ahead to increase the overall understanding of public health, improve and integrate public health data collection systems, and improve notification to the public so that our collective efforts can protect those who are at risk of becoming seriously ill or dying from communicable disease. The unbiased sentiment of the people of Greene County is supportive of public health efforts as evidenced by a passage rate of 67% in favor of the 0.8 mill renewal levy and we are grateful for the support!

2020 Board of Health

William O. Beeman.....Bellbrook	Tamisha Samiec, MD.....Xenia
Jane Clifton.....Fairborn	Kathy Saunders.....MAL
Scott Filson.....MAL	*Thomas L. Selden.....MAL
Scott Hammond.....MAL	Nancy Terwoord.....Fairborn
William Harden.....MAL	David Thompson.....Xenia
Melvin Johnson, PhD, President.....MAL	Mark Walsh, MD.....Beavercreek
Angelia Mickle, DNP.....MAL	
J. Andrew Root,	<i>MAL=Member at Large</i>
Vice President.....Beavercreek	<i>*Retired</i>

District Advisory Council

2020 Officers: Chris Mucher, Chair; Steven Ross, Secretary

Greene County Public Health serves the townships, villages and contract cities of the county. The chief executive of each of the villages, the president of the Greene County Board of Commissioners and the chairperson of each township’s board of trustees are the designated members of the District Advisory Council. They are required by law to meet annually in March, and their statutory powers and duties include selecting board of health members, considering special reports from the board of health and reviewing the health district’s budget.

About the Cover Photo

The cover photo for this special edition is the cover of the 1929 Annual Report. It is the earliest annual report that we could find in our records, as well as that of the office of Greene County Records Center and Archives and the Greene Room at the Greene County Public Library. We thank them for their assistance throughout 2020 with locating historical documents and photos to share for our celebration.

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Senior Staff

Health Commissioner

Melissa Howell, MS, MBA, MPH, RN, RS

Deputy Health Commissioner

Noah Stuby, MBA, MPH

Medical Director

Kevin Sharrett, MD

Community Health Services

Jennifer Barga, MSN, RN

Environmental Health Services

Jeff Webb, RS, MPH

2020 Employees

Shadrick Adams, Michele Anderson,
Jennifer Barga, Kirsten Bean, Don Brannen,
Bob Brooks, Susie Brooks, Karen Burchfield,
Kim Caudill, Joleen Channels, Scott Collins,
Nicole Crawford, Juanita Davis, Carla DeBrosse,
Jillian Drew, Becky Dunbar, Kristianna Durham,
Tish Faler, Laurie Fox, Jackie Gruza, Julie Hahn,
Pam Hamer, Brenda Hamilton,
Melissa Howell, Mark Isaacson,
Nancy Kessinger, Melody Kingsley,
Leslie Koszycki, Tonja Lively, Bonnie Magato,
Elizabeth Magura, Susan Martin,
Matthew McCollough, Tina Moody, Lisa Myers,
Teresa Myers, Molly O’Hara, Deirdre Owsley,
Joyce Price, Christine Propes, David Rasper,
Kelly Ray, Shernaz Reporter,
Jennifer Reynolds, Tara Robertson,
Stephanie Sanders, Mindy Saunders,
Rick Schairbaum, Christine Schlater,
Amy Schmitt, DJ Shontz, Larry Sites,
Patricia Spradling, Ashley Steveley,
Kelli Steward, Melanie Straight, Noah Stuby,
Kim Sullivan, Aubry VanTress, Elizabeth Varvel,
Molly Vaught, Karen Ward, Jeff Webb,
Samantha Webb, Jamee Wellman, Deb White,
Sheryl Wynn

What IS Public Health?

The public health system is made up of government agencies and private organizations that work to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and support healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services.

WHAT IS
PUBLIC HEALTH?

Although public health organizations work closely with medical and social service providers, the field of public health is distinctly focused on prevention of health problems before they occur, populations and groups rather than individual patients and all factors that affect health, including socio-economic factors and the physical environment.

The Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ (i.e. counties, villages, cities, townships) contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes 1) public health agencies at state and local levels; 2) healthcare providers; 3) public safety agencies; 4) human service and charity organizations; 5) education and youth development organizations; 6) recreation and arts-related organizations; 7) economic and philanthropic organizations; and 8) environmental agencies and organizations.

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake:



- Monitor health status to identify and solve community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships and action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems.



Foundational Public Health Capabilities

These capabilities support all program activities and facilitate a focus on the social determinants of health. They include policy, infrastructure, and practice. See pages 3-7 for our Foundational Public Health Capabilities.

Foundational Public Health Areas

These functional areas are mandatory programs provided by the local health district because no one else in the community provides them, or they are provided inadequately by others in the public health system despite efforts to

encourage and incentivize others to do so. Foundational areas are delivered on an adequate scale and quality to protect health on a population-wide basis within the local health district’s jurisdiction. Foundational areas are essential to achieving health equity and reducing health disparities in communities. See pages 24-27 for our Foundational Public Health Areas.

The Coronavirus Pandemic

2020 has brought many challenges to public health emergency preparedness and response. We are always planning and exercising for the next pandemic or real-world emergency. These efforts were put to great use as we responded to the pandemic during 2020.

We started monitoring the Coronavirus situation in China as soon as it became known to the world. We know that when something like this happens somewhere in the world, that it is usually only a matter of time before it would make its way to the United States. After all, every disease is only a plane ride away. As the first cases were being identified in the U.S., we started working on our isolation and quarantine plans to try to contain or minimize the spread in our county. As the case numbers grew, we added many community partners to assist in our planning efforts. These partner agencies are a huge asset to our planning efforts, and we really appreciate their assistance and expertise.



Greene County Public Health held a mass testing event in August to help find those individuals that were positive for COVID and isolate them. We tested over 1,200 people, and less than 100 were positive. We held another testing event at the old Greene County Career Center in December where around 500 people were tested with less than 25 being positive. Greene County Public Health also assisted with testing at the long-term care facilities, the jails, the juvenile detention center, the courts, and first responder agencies.

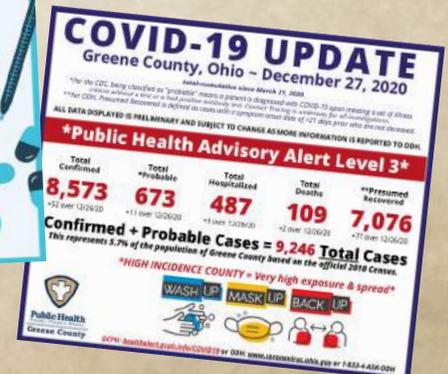
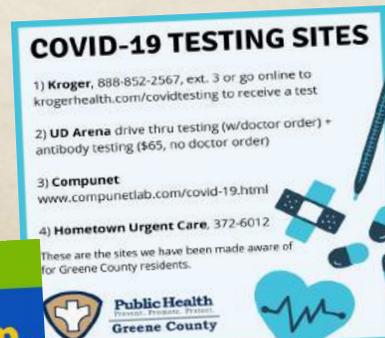
The 2009-2010 H1N1 pandemic response by Greene County Public Health employees had been very successful, and we learned a lot about how to respond to this type of situation, and how to run mass vaccination points of dispensing (POD) sites. We designed our clinics so that we were able to do over 3000 people in just five hours. Those designs would be useful when our COVID vaccine PODs would open.

Greene County had a little over 10,000 positive COVID-19 cases in 2020, with almost 500 hospitalizations, and sadly just under 200 deaths. These case numbers would require most health district employees to assist in the response in one way or another. Health district employees worked almost 19,000 hours on COVID-19 activities in 2020, at a cost of over \$800,000. We had to purchase equipment and supplies for our COVID-19 response, which included computers, medical equipment, safety equipment, software, and communications equipment, at a cost of over \$500,000. We were also able to hire a few new employees to assist with the response. We received over \$800,000 in grant funds in 2020 to help fund our response, and more grant funds will come in 2021.



Messaging to the public included: press releases to the local media; public presentations to city councils, Rotary Clubs and other community leaders; updates to our website including a frequently asked questions (FAQ) page; messages and infographics on our social media platforms including Facebook, Twitter, Instagram and Linked In; billboards; Nixle alerts via text/emails through our partnership with the Greene County Sheriff's office; radio advertising; television interviews; and more. Our messages throughout the year remained the same:

- Wear a mask
- Wash your hands
- Practice social distance
- Avoid large gatherings
- Get your information from reputable sources (the Centers for Disease Control, the Ohio Department of Health, and local public health)



CHA & CHIP Update

2020 Community Health Assessment & Improvement Plan



Greene County began doing Community Health Assessments (CHA) in 1995, utilizing data collection and statistical analysis to define and prioritize the health needs in the community. Then through Community Health Improvement Planning (CHIP), the priority needs are addressed through strategies selected and implemented by the local public health system.

The 2020 CHA was completed in April, data was collected through a mail survey that was distributed to a random sample of Greene County residents ages 19 and older from September to November of 2019. In addition to the surveys, four focus groups were conducted in Greene County communities and existing local, state and national health data was also provided in the CHA document.

The CHIP was subsequently completed and included one online community survey and two stakeholder surveys. Together, the CHA and CHIP data collection and analysis led to the prioritization of the health topics; obesity, substance use disorders and preventative health services, as outlined in the included table. *State Health Improvement Plan Alignment.

Over the next three years, Greene County Public Health will work with the partners of the Growing Healthy Together Greene County steering committee to implement strategies selected and incorporate a health equity focused approach to health improvement.

The CHA and CHIP can be accessed on our website at: <http://www.gcph.info/about-us/accreditation>. The Ohio Department of Health, State Health Assessment and State Health Improvement Plan which serve as a resource for local planning can be found at www.odh.ohio.gov.

Priorities	Obesity	Substance Use Disorders	Preventative Health Services
Personal Health	Physical Activity*	Binge Drinking	Lack access to healthcare because of cost (<i>inequity</i>)
	Fruit & Vegetable Consumption	Tobacco Use*	Service availability and accessibility
Contributing Factors	Lack motivation for <u>physical activity</u>	Adverse Childhood Experiences (<i>inequity</i>)*	Health Insurance Coverage*
	Food insecurity (<i>inequity</i>)	Stress	Health Literacy (<i>inequity</i>)
	Diabetes* Adverse Childhood Experiences (<i>inequity</i>)*	Poor mental health	



Accreditation Update

This was our second year to complete annual reporting to the Public Health Accreditation Board (PHAB) to maintain our five-year accreditation status. Each year, accredited health departments must submit an annual report to PHAB attesting to their continued conformity and describing their performance management and quality improvement efforts.

Throughout the year, the Accreditation Team has worked to prepare documents for re-accreditation while also incorporating the feedback from our initial accreditation annual report from 2019. Improvements this year included incorporating quality improvement 102 training which built on the required 101 training that all current employees have completed. In addition, performance management software, Vision, Mission, Services and Goals (VMSG), was setup for use by employees documenting goals, objectives, activities, and measures for all foundational areas of the district. For our annual report this year, we focused on 2020 as a pilot year for VMSG, enhancing quality improvement through an agency newsletter and additional training. We also had an opportunity to discuss the vast COVID-19 response efforts.

Feedback from PHAB was very positive, highlighting the achievements we have made in our COVID-19 response as well as the advancements in other aspects of the agency in the midst of the COVID-19 response. Achievements included work toward improving public health financing, developing a crosswalk between Baldrige Performance Excellence and accreditation standards, distributing naloxone via mail-order, and the use of drones to assist in environmental health work. We are excited to continue to move toward re-accreditation in 2023 by adding to our strong foundation of work as an agency in 2021.

Financial Summary

Percentage of Revenue Spent

80%

2020 YTD Revenue

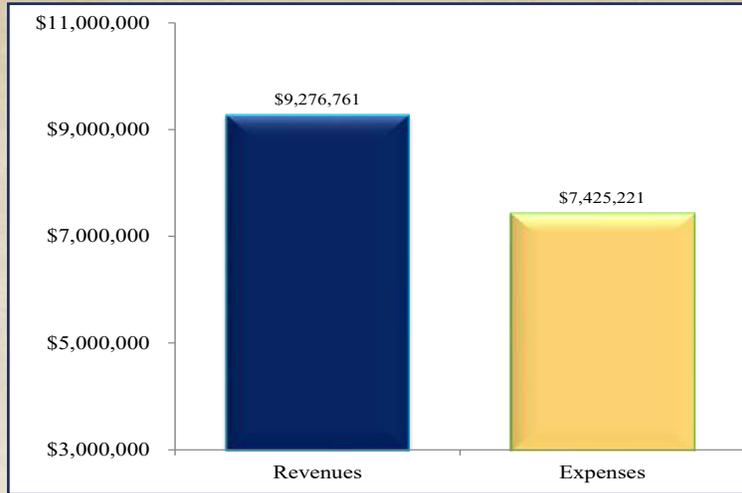
\$9,276,761.00

2020 YTD Expenses

\$7,425,221.00

Difference

\$1,851,540.00



As part of our Strategic Plan, we maintain our financial stability through well managed programs that continue to see growing revenue, as well as look for ways to reduce employee time and expenses through various quality improvement projects. We continue to seek out new and more effective ways of assuring compliance with state and local regulations, to provide education to stakeholders, and increase transparency.

The charts show Greene County Public Health’s revenues and expenses for the period ended December 31, 2020. A detailed copy of the annual financial statement is available by contacting Noah Stuby at 937-374-5662 or nstuby@gcph.info.

2020 Revenue

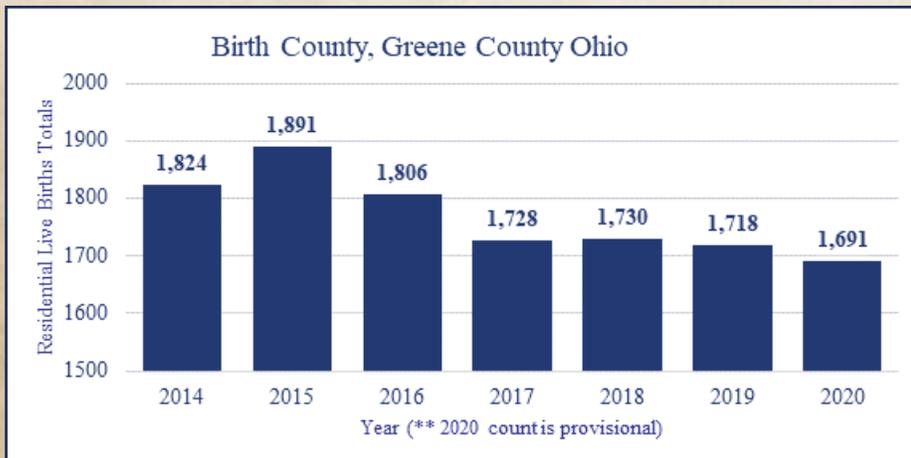
.8 Mil Levy	\$2,851,849.00
Taxes/Homestead Rollback	\$ 359,062.00
Subdivision/City Contracts	\$ 355,627.00
State Monies	\$1,090,186.00
Federal Monies	\$1,755,888.00
Fees	\$ 305,270.00
Licenses/Permits	\$1,155,789.00
Reimbursements	\$ 472,215.00
Other	\$ 109,404.00
Transfers In	\$ 821,470.00
Advances	\$ 0.00
Total	\$9,276,761.00

2020 Expenses

Staff Salaries	\$3,418,763.00
Fringe Benefits	\$1,055,128.00
Professional Services/Contracts	\$ 198,096.00
Travel/Training	\$ 17,812.00
Advertising/Printing	\$ 50,164.00
Dues/Subscriptions	\$ 90,249.00
Materials/Supplies	\$ 254,556.00
Equipment/Vehicles	\$ 234,538.00
State Remittance Fees	\$ 321,342.00
Other Operating Expenses	\$ 963,103.00
Transfers Out	\$ 821,470.00
Total	\$7,425,221.00

Office of Vital Statistics

Our office receives, records and maintains all birth and death certificates for Greene County from December 1908 to the present. Certificates are recorded in the county in which the birth or death occurs, regardless of place of residence. Birth and death certificates are available in standard size for a fee of \$24.00 per certified copy. Birth certificates are available at our Xenia office for births that occurred in any county in Ohio. For your convenience, you can process online requests through VitalChek Network Inc., at their website, www.vitalchek.com. An additional fee is charged by VitalChek for using this service, and all major credit cards are accepted, including American Express®, Discover®, MasterCard®, or Visa®.



Top 10 Causes of Death in Greene County 2020

Cause of Death	2019	2020*
Heart Disease.....	412	348
Cancer.....	314	338
Stroke.....	128	132
Accidents.....	105	102
Respiratory diseases.....	73	69
Alzheimer’s disease.....	65	54
Diabetes mellitus.....	43	43
Septicemia (blood infection).....	44	36
Kidney Disease.....	24	34
All other causes.....	474	678
Total Deaths	1,682	1,834

This chart above shows Greene County births, regardless of the location of birth.

* The year 2020 is considered partial and may be incomplete. Source: Ohio Department of Health 2/10/2021.



The Buzz on Social Media

Social media was a huge part of our response to the COVID-19 pandemic. Sharing important messages about masking, handwashing, social distancing, group gatherings and vaccinations were and continue to be our primary focus as the pandemic continues. We continue to share other important messages about our programs and services, including those about emergency preparedness, healthy lifestyles, mental health, WIC, SafeTrade, tobacco cessation and more.

Our two most popular platforms are Twitter and Facebook. Our tweets on Twitter reached **380,900** people and gained **49** followers for the year, while Facebook posts reached **259,343** people and gained **362** likes for the year with **1,401** people following our page. Join us on these platforms as we continue to share important information that can affect you and your family's overall health and well-being. Learning about new health trends and issues is instantly at your fingertips, and you can stay informed about upcoming events and opportunities.

Inform & Educate...The Importance of Sharing our Message

Speaker's Bureau

Our highly trained, professional team is extremely knowledgeable on various health-related topics from bed bugs and flu, to chronic disease and food safety. If your organization, school, or business would be interested in having us do a public health presentation for your group, please log on to our website and fill out our online form: http://www.gcph.info/public-health-programs/community_event_requests.

Community Outreach

The cancellation of fairs and festivals and a very limited presence at the Greene County fair due to the pandemic limited our community outreach. We hope that 2021 will allow us to engage once again with the public at these time honored traditions throughout the county. If you are interested in having us come to a local health fair or community event, please log on to our website and fill out our online form: http://www.gcph.info/public-health-programs/community_event_requests.

by the NUMBERS

86

Press Releases
sent to the Media

5

Health Fairs,
Festivals & Events

202

Media
Engagements

33

Speaking
Engagements

A 'Centennial Celebration' 100 Years In The Making ~ February 4, 2020



Public Health
Prevent. Promote. Protect.

Greene County
Celebrating **100** Years
1920 ~ 2020

Centennial Celebration

You are invited to join us in celebration of 100 years of public health in Greene County, Ohio

Tuesday, February 4, 2020
11:30am—1:30pm

Held at 360 Wilson Drive, Xenia, OH

It's all *FREE! Enjoy heavy hors d'oeuvres, mocktails, and birthday cake! See a historical timeline of how public health services have changed over the years in Greene County!

This special event is **OPEN TO THE PUBLIC!**
*RSVP by 1/17/2020! Email lfox@gcph.info or call 937-374-5669.



100 Years of Public Health in Greene County

A Big THANK YOU goes out to our friends at AIM Media Midwest, publisher of the Xenia Daily Gazette, the Fairborn Daily Herald and the Beavercreek News-Current for sharing our stories each month during 2020.

THE 1920'S

The 'History of Public Health in Greene County' includes information from meeting minutes of the board of health, annual reports and meeting minutes of the District Advisory Council. It is intended to document the health district's successes and inform readers of where we have been collectively. It is updated annually to reflect major achievements, changes in focus on specific health threats and reflect upon the tenure of the health commissioners who have served Greene County. Over the past 100 years, public health in Greene County has been impactful and successful. The public health system has transformed from reacting to outbreaks of disease to a preventive community stance.

Greene County Public Health was formed in response to the Hughes-Griswold Act as a separate political jurisdiction of the State of Ohio. Evidence demonstrates there were health officers or boards of health prior to the Hughes-Griswold Act, but the legislation mandated the villages and townships combine to establish a general health district and the cities automatically formed their own health district. The general health district was originally formed by Bath, Ross, Spring Valley, Caesarcreek, New Jasper, Miami, Silvercreek Cedarville, Jefferson, Sugarcreek and Xenia townships; and the villages of Fairfield, Osbourne, Yellow Springs, Cedarville, Bowersville, Clifton, Spring Valley, Jamestown and Bellbrook. Much like a school district, a health district has a specific geographic location and is overseen by a board. While many commonly refer to health districts as health departments, there is only one health department in Ohio, the Ohio Department of Health. The authority to carry out duties in a local health district stems from the Ohio Revised Code Chapter 37 and the associated sections of Ohio Administrative Code.

The District Advisory Council (DAC) is composed of the the president of the board of county commissioners, the chief executive of each municipal corporation not constituting a city health district, and the chairperson of the board of township trustees of each township. The council meets annually to elect the chair and 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 (ORC 3709.03).

Early activities of the district involved providing community health services for diphtheria, scarlet fever, typhoid fever, rabies, smallpox, and premise sanitation. The board of health during this time was responsible for the maternity licensure of two Yellow Springs hospitals and one Jamestown hospital. It is interesting to note that the health district's participation in the Greene County Fair started with assisting the Ohio Department of Health (ODH) in the latter's exhibitions at the fair.

According to documents provided by Greene County Archives, at an early meeting of the board of health in February 1920 at the Xenia Township office, members L.C. Walker, Charles L. Bogle, S.S. Early and Harvey Elam voted unanimously to hire Dr. R.H. Grube as the first health commissioner of Greene County. Dr. Grube was to "be employed for a term of three months (February 15-May 15, 1920) at a salary of \$100 per month and an additional allowance of not to exceed \$25.00 per month for traveling expenses".



The minutes of that meeting go on to state that it was "moved by Elam and seconded by Bogle that Dr. Grube and Mr. S.S. Early be appointed a committee to look up an office, equipment, and a suitable person for clerk and make a report to the Board at its next regular meeting".



Public Health in the 1920s

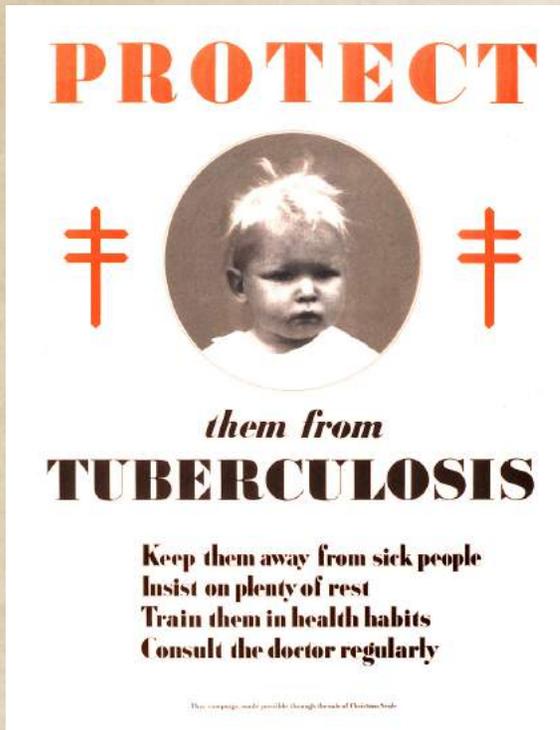
It was not until ODH proposed, in 1932, a merger between the general health district and the Xenia City Health District, did the county health district get into substantive health activities such as examination and immunization of preschool children, tonsil and chest clinics, and tuberculosis (TB) investigation. The TB work apparently increased dramatically enough that the board contacted county commissioners to set aside funds to combat this disease.

Adapted from "A History of Public Health in Greene County" by William P. McCullough, former Greene County Health Commissioner (1979-2000), with assistance from our current Health Commissioner Melissa Howell, and the Greene County Archives office.

100 Years of Public Health in Greene County

THE 1930'S

The 1930s were filled with lots of changes and growth for the health district. During this time, the health district adopted a budget of \$5,255. Health Commissioner Dr. R. H. Grube resigned on September 30, 1932. His successor was Dr. W. C. Marshall, a physician from Yellow Springs, who worked under contract for \$1,200 per year. In January of 1933, the county auditor met with the board of health to stress the importance of the economy in all county expenses. During this time, the health commissioner assumed the sanitarian duties for three months, the board president resigned to the regret of other board members, and a letter was received from the State Department of Health encouraging the health commissioner to attend the Fall conference. The health commissioner and board president went to see the county auditor regarding appropriations for the following year.



During the 1930s, Greene County had multiple cases of communicable diseases. Seven cases of infantile paralysis (Polio) occurring within 10-days at the turn of the decade. On January 5, 1935, Health Commissioner Marshall approached the county commissioners for funding to support the work of preventing and controlling tuberculosis.

On May 21, 1935, Dr. Marshall and school authorities dismissed school in Yellow Springs for 10 days prior to summer break. Sending 220 school children home due to an outbreak of scarlet fever. Bacterium chlamydia trachomatis was responsible for cases of trachoma in the county. The health commissioner pushed for compulsory (required by law) vaccination to be passed by the boards of education during this time.

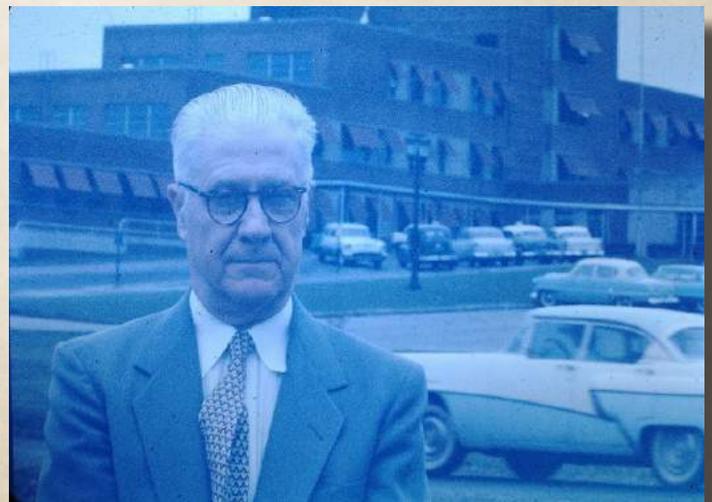
Public health nurses played a key role in disease prevention. In 1936, bills were not able to be approved for payment as the health district fund was negative. The board passed a measure that would have allowed the public health nurse to be paid her salary, which had been cut, out of any funds that were left at the end of the year. That same year, the State Department of Health met with the board in August and proposed a merger between the county and the City of Xenia.

Dr. Gordon E. Savage became the first full-time health commissioner of Greene County from 1936-1963. Dr. Savage received his degree in medicine from The Ohio State University and was also a minister. He worked at a tuberculosis hospital, was in the Navy, and served in private practice. Following the Great Depression, the Federal Emergency Relief Act was passed. A Civil Works Administration was set up

to help get people back to work. One area of focus was public health, welfare, and recreation. Three nurses were employed to examine and immunize preschool children, and provide tonsil and chest clinics. School nursing, dairy inspection, restaurant sanitation, and retail food establishment programs were approved during Dr. Savage's tenure and medical equipment was ordered. He passed away at 87 years of age in 1980.

Employment law also affected the health district. Prior to the passage of the Fair Labor Standards Act of 1938, health district employees were to sign that they were complying with legislation requiring them to report hours for their wages and submit their expenses. The board president signed payroll.

Written by Melissa Howell, Health Commissioner, with contributions and editing by Jillian Drew, health educator.



Dr. Gordon Savage, 1963

THE 1940'S

In 1940 the health district opened the *first health clinic in the entire state*. Dr. Savage started a venereal disease clinic paid for with funds from Social Security. According to the Annual Report of 1947, 221 individuals attended the clinic that year and there were 1,043 visits. According to the Centers for Disease Control and Prevention (CDC), sexually transmitted diseases have long been problematic in healthcare and public health. Over 50% of the diseases occur in individuals age 15 to 24 years of age in the United States.

It was early in the decade that the health commissioner took action to address rabies. Regulations for animal control, quarantine, sanitation, food service and retail food establishments were drafted at the local level. Animal heads were removed by the county dog warden for \$1.50 per head to test for rabies.

Board of health meetings continued to occur quarterly. The format for the meetings included attendance, approval of previous minutes, paying bills, considering budgets and receiving reports from health district employees. Letterhead read *Greene County - Xenia City Health Districts*. A 10% increase in salary was given to the health commissioner. In 1942, the budget commission recommended a 5% increase in salary for health district employees bringing the total budget to \$6,185.00. By 1947, the board of health was meeting in the basement of the courthouse. Dr. Savage became health commissioner for both Greene and Fayette counties.

The board discussed having restaurants "graded" to help improve conditions within a facility. The permit fee for a food service operation was \$1.00 for every six months then later \$1.00 per year. Milk regulations recommended by the U.S. Public Health Service were considered and adopted. Additional items included the introduction of the plumbing code in late 1943, the health concerns over the sanitary conditions of Yellow Springs, and the adoption of camping permit fees.

Also during this time, the health commissioner approached the Greene County Extension Office regarding Bangs disease control. Bangs disease is also known as contagious abortion and brucellosis. The disease primarily effects cattle, pigs, deer and elk.

Three species of the bacteria brucella exists. The disease localizes in the reproductive organs and udders of the animal and is spread by shedding in milk, or aborted birth. Unpasteurized milk is frequently associated with exposure to the disease in humans. The disease is prevented through vaccination to the animal by a veterinarian.

Care for the children was also a focus with school nursing service contracts being approved for Bellbrook, Bath, Caesar creek, Clifton, Ross, Cedarville, and Xenia townships, and the Village of Bowersville if funds were available. Additional jurisdictions were added, and the schools were charged ten cents per pupil. One hundred fifty infants and 175 children ages one to six years were seen at a well-baby clinic.

6

The Greene County Board of Health met in special session on Saturday morning, May 18, 1940, with the following members present:

Mr. Hardman
Mr. Crites
Mr. Pickering

The meeting was called for the purpose of considering the following: (1) Budget (2) Restaurant and Sanitary Regulations. (3) Vacations (4) Quarantine

Mr. Ruddle, County Dog Warden was present and gave a report of the Rabies condition in the County. City Manager, M. C. Smith was also present to talk over the dog quarantine situation in the City & County.

It was moved by Mr. Pickering and seconded by Mr. Crites that the dog quarantine be lifted with the provision that all dogs be confined at night and carefully watched and if any suspicious develop to notify authorities immediately. Motion carried. Mr. Smith assured the Board that the City agreed heartily with the action of the Board in this connection and would cooperate in every way.

A motion was made by Mr. Crites and seconded by Mr. Pickering that the Board proceed with consideration of the proposed Sanitary Regulations for the Health District of Greene County and that the Regulations be read for the 2nd time. Motion carried. Mr. Savage then read the regulations.

Mr. Savage read for the 2nd time the Regulations concerning Eating and Drinking Establishments for the Greene County Health District. It was moved by Mr. Pickering and seconded by Mr. Crites that these Regulations be adopted. Motion carried.

It was moved by Mr. Pickering and seconded by Mr. Crites that the Budget be adopted for 1941 be increased \$700.00. Motion carried.

Board of Health Minutes, pg 6, 1940

100 Years of Public Health in Greene County

THE 1950'S

Greene County experienced rapid population growth in the 1950's. The need for personal and environmental services expanded. In the 1950s the removal, care and treatment of tuberculosis patients was ordered to be paid by the county of residence of the patient. By court order, \$2,000 from the Greene County tuberculosis fund held by the county commissioners had to be transferred to the health district fund.



TB Mass X-Ray Survey, 1950s

In 1951, there were nine health district employees and they moved into new quarters in the north wing of Greene Memorial Hospital, built with federal assistance from the Hill-Burton Act. In 1952, communicable disease laws were passed, and in 1953, the U.S. Department of Health, Education and Welfare was created under President Eisenhower.

An issue arose over the payment of phone bills where the health district would need to reimburse the county's general fund. The board discussed requesting an attorney general opinion of who was responsible for payment of the bill for a general health district. Once a general health district, made up of the villages and townships, combines with a single city health district, it is often referred to as a combined

general health district. In a general health district, the county commissioners are responsible for the payment of utilities unless another arrangement has been made. When two or more cities combine with a general health district they are often referred to as a combined health district.

The budget commission denied a request to increase appropriations and Dr. Savage resigned, which was tabled by the board of health. He was eventually re-appointed and future appointments would include one member of the board be from Xenia. The budget ran from July 1 to June 30 of the next year with expenses being paid by the county and the City of Xenia. The total budget had grown to just over \$19,000 by the beginning of this decade. The board was in discussions to move the health district to the hospital and state legislation was passed for financing health districts through levies. In 1952, the district budget was over \$40,000 and a request was made to the county commissioners, as taxing authority for the district, to place a levy on the ballot. In 1954, a request for a five-year levy went to the budget commission for determination that a need existed for additional funds. The county commissioners must approve a levy on the ballot at the request of the board of health. The county auditor can certify funds are available and help determine the amount of millage to be used in a levy request to make up the funding deficit.

The City of Xenia considered setting up their own health district during this time period however, by their city charter, the health commissioner had to be a physician from Xenia and that individual would also serve on the board of health.

The City of Fairborn was approached to merge with the general health district. Contracts were executed between the District Advisory Council and the cities. There is record of the District Advisory Council being required to meet annually to appoint members to the board and consider the annual report.

Civil service rules were adopted by the board of health for employment. Most employment decisions came before the board of health including compensation. The health commissioner was appointed as registrar. The health commissioner was also delegated authority to hire employees and suggest members for the board of health. Laws were proposed allowing sanitarians to be employed as health commissioners. Policies regarding sick leave and vacation were approved by the board of health. Mileage rates and payouts for leave were approved. The board discussed base salary and merit increases. In April 1958, the board of health adopted a residency provision for all health district employees to be effective within 90 days and all positions would be full time. The board members voiced support for employees wishing to further their education. Student nurses were brought to the health district and the schools paid for the health district to accept the students.

In environmental health, the decade began with discussion regarding the proper disposal of garbage and waste in Xenia and Fairborn and residential lot sizes when sanitary sewers were not available. Sewage rules for septic tanks, septage haulers, landfills and privies were passed. Many homes were ordered to hook to sanitary sewer if available. Complaints were received from the community regarding effluent that had discharged onto the ground. By the middle of the 1950s, municipalities were requested to establish landfills to address open dumping and increased numbers in population. Nuisance abatement was largely the responsibility of the townships upon orders of the board of health; and an individual hired by the county commissioners. Orders for abatement came from the board of health and visits to nuisance properties were conducted by board members. Pollution was being reported in Little Beavercreek.

Also in the 50s, camp and trailer park regulations were passed, plumbing code was adopted under building regulations in Xenia, and food service regulations were revised and adopted. The board of health acted to revoke food service licensure for operators who were not in compliance with regulations. Each board member signed a revocation.

THE 1960'S

An attorney general opinion at the time stated cities could not purchase professional liability insurance for health district physicians and nurses.

Board meetings were held in Greene Memorial Hospital however, the hospital was expanding and exam rooms for the health district were challenging to come by. The board was made up of five individuals. Each month minutes were read, and bills were approved to be paid. The board considered dress code, requiring employees to dress in professional attire. The board considered closing the health district on Saturdays and imposed disciplinary actions for employees who failed to abide by policies. The board also considered measures to withhold pay from employees who refused to record their time. They required medical certification for sick leave. Actions included taking clinics away from nurses, denying salary increases, requiring resignation, withholding paychecks and reduction in salary.

The board executed an agreement with the University of Cincinnati allowing employees at the health district to advance their education. Funding for the employees came from federal sources. By 1960, the health district space at Greene Memorial was cramped and overcrowded. Employees were working without air conditioning. Hours of operation included Saturdays. Plans to build a new facility for the health district were discussed in 1966. The total budget in 1960 was \$114,365.05 and by 1966 the estimated budget was \$258,199 through expanded clinical services. By 1965, employee appointments, terminations and resignations were read and accepted by the board, employee physicals were required, and an employee class plan and employee classifications were put into place. Physicians working in the clinics made \$5.00 per hour.

Health Commissioner Savage retired in 1963 and was succeeded by Dr. Mary Agna. Dr. Agna established home care services once Medicare legislation passed. Support for home care services was challenging. The board approved the provision of home nursing, homemaker and home health aide services. In 1964, the board considered placing funding for the homecare program on the ballot, however, funding was sought from the Community Chest. Another program to fight alcoholism was established in 1962, and over time, it became a shared responsibility. Employees consisted of occupational, respiratory, physical and speech therapists.



Dr. Mary Allott Agna

A 0.3 tenths/mil and 0.2 tenths mil additional levy request was made to the county commissioners for the November 1968 ballot. Levy committee funds were to be placed in a separate account. In September 1968, the district began to microfilm vital statistic records. More discussion was held about a new facility in 1968 and on February 1, 1969, Mr. Herman Menapace, Administrator of Greene Memorial Hospital, described the planning efforts being

undertaken to improve all health facilities including healthcare, public health and mental health. By July 1969, a complete feasibility study had been completed.

Effective December 13, 1967, employees in general health districts became civil service employees. In 1951, there were only 10 employees, but by 1969, there were 47. The board requested the health commissioner serve as the clinician for the monthly Planned Parenthood clinic in Fairborn since no local physician services were available. Office hours on Saturdays were discontinued in 1969 however, nurses were placed on call. The board held that retirement was at age 65 and that employees could re-apply for their jobs annually.

Sewage and wastewater were being discharged into ditches and unsanitary privies. Refuse and garbage were threatening private water supplies. Small lot sizes made it impossible to install sanitary water supplies and sewage disposal systems in the Wright View Heights (Bath Township). The board considered declaring the sections a public health nuisance. The board acted to require registration of sewage installers. One sewage hauler was investigated for dumping contents pumped from tanks onto the ground. Water, wells, sewage, housing, rabies, swimming pool and plumbing regulations were reviewed and approved. In August 1963, the county planning coordinator met with the board of health describing the benefit of having health districts work with them to zone land for residential development.

Notably in 1966, properties were bought and sold prior to approval of septic systems prompting Dr. Agna to seek an injunction which was approved.

The board approved travel expenses for transporting the heads of animals who had bitten someone to the Ohio Department of Health lab. Accumulation of manure at horse stables was ordered to be abated. Landfill discussion involved separating yard waste from metal and other solid waste. The board named a chief plumbing inspector and assumed responsibility for commercial plumbing. Schools were found to have unsanitary utensils and unsanitary conditions.

Bob Evans operated within the county under an agreement with the health district. The agreement allowed for a veterinarian to be hired by the health district to inspect slaughterhouse and processing operations. Food regulations in place in 1963 required food handlers to have a chest x-ray demonstrating no active communicable disease. Once the employee was considered disease free, they would receive a food card permitting them to work.

In 1961, a 0.22 mil levy for tuberculosis was passed, however it was not placed on the ballot again. An immunization clinic operated in Xenia and Fairborn.

The board of health approved a mass community measles immunization program that was sponsored in part by the Greene County Medical Society and other voluntary health agencies.

Note: This article has been edited for space.

THE 1970'S

External forces impacted the district. The energy crisis kept the district from holding clinics in local churches due to cold temperatures. In the 1970s, there were 162 health districts in Ohio. Greene County ranked 12th in health outcomes and per capita expenditures were \$10.74. Inside millage was \$110,763.64. In May of 1976, the budget commission acted to reduce the health district budget by \$13,330. The total proposed budget was \$1,051,486. The amount was reinstated.

Dr. Mary Agna resigned in April 1970 when she moved to Cincinnati. Herbert Shubick became the administrator in December 1971. On September 8, 1973, Mr. Shubick became health commissioner following a ruling by the county prosecutor. Mr. Shubick had an undergraduate degree in public health and a master's degree in public administration. In February 1972, the laws had changed allowing non-medical people to be health commissioners and medical directors were made responsible to the board of health ORC 3709.11.

Adequate funding for air pollution activities were of concern in the early 70s. On July 10, 1971, the board of health adopted emission standards for Greene County. There would be nine regions in Ohio for air pollution. In 1972, legal action was taken against a polymer dispersion company for carbon black settling across neighborhoods. A soil scientist position was added to the health district in 1972. Soils data are used in the design and approval of on-site sewage systems. The board was denying residential plat development due to inadequate sewage and connection problems. Recommendation at the time was to have one sanitarian for every 20,000 population.

According to the 1972 annual report 15,274 home care visits were completed for all age groups. A billing position was created in 1972 to secure payment from home care patients. They used dictating machines and transcribers for documenting home visits conducted by public health nurses. Nurses completed 922 visits to schools. There were 90 gonorrhea cases and 29 syphilis cases reported that year. Later in 1972 the environmental services team also purchased dictation machines. Time studies showed these methods were a time savings/cost savings measure.

The board discussed the need to the public to bring in decapitated animal heads for rabies testing. Dr. Vogel suggested the health district purchase a machete knife for sanitarians to carry into the field to remove heads. In 1972 mass immunization of dogs and cats was recommended by the Ohio Department of Health due to resurgence of rabies in the skunk population. The county commissioners advanced money to the health district to purchase vaccine in order conduct mass vaccination of animals.

In March 1976, the District Advisory Council (DAC) surged changes to the makeup of the board of health citing disparity based on the population and tax base of the jurisdictions. Things came to a head when the DAC attempted to assign an oversight committee to the Board of Health to appeal decisions made by the board. The contract being considered would have split the health district into four districts: Xenia, Fairborn, Bellbrook and the rest of the county. The board of health stayed in place. In 1978, as Beavercreek was becoming incorporated, they wished to form their own health district. This was the year the "jurisdiction report" was created. A question addressed by the health district was how much money was being contributed by the jurisdictions in relation to the amount of services being provided.

The board consisted of five members. Board presidents served for three-year terms. The City of Xenia and DAC came to agreement that there would be a seven-member board. The board began discussing combining the TB levy with the general health fund levy. Of the board of health, two members were from Xenia, two were from Fairborn and three were from the villages and townships. The name of the district was Greene County General Health District. The board instructed the district to operate funds with no less than a 2% deficit between revenue and costs. The board of health was meeting on Saturdays and approving budgets each January. Board meetings were moved to the first Thursday of every month at 7:00 p.m. with a mandatory adjournment of 11:00 p.m.

In 1970, the Board of Health discussed adding health insurance benefits for employees as soon as money was available. A measure providing health insurance for employees was adopted August 7, 1971. The board of health adopted three standing committees including personnel, finance and planning and evaluation. By the end of the decade, the board, through the personnel committee, authorized the health commissioner to be the executive officer to operate the district.

The health commissioner was appointed as the registrar. By Ohio Revised Code, boards of health appoint the registrar upon recommendation of the health commissioner and the registrar may appoint a deputy registrar. Affirmative Action policy was adopted. A clinic in Fairborn was operating and discussions on how to fund the clinic were to run a levy. Mental health services were also being supported by health districts until 1973. Dr. Mary Boyd became the medical director and would liaison with the Greene County Medical Society.

In 1978, Greene County Prosecutor Mike DeWine ruled Herbert Shubick was not legally qualified to hold the health commissioner appointment. The DAC pushed for Shubick's resignation. Shubick did not hold a master's degree in public health as required by state law. He did hold a bachelor's degree in public health. The board made Mr. Shubick the health administrator, but his contract ended January 3, 1979. He went on to serve Geauga and Tuscarawas counties as health commissioner.

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100 Years of Public Health in Greene County

THE 1970'S CONT'D

Mrs. Margaret Parsley wrote a letter of intent applying for federal funds from Hill-Burton in 1971 for a new facility. Only \$300,000 was available in the state. A health planning council was formed, and the group decided that the health district should be located next to Greene



Memorial so the two agencies could share resources and personnel. Shubick attended a health levy workshop in Columbus held by the Ohio Department of Health. A 0.3 mil 10-year operating levy passed in November 1973. The board also discussed placing a levy on the ballot for a new facility. Health Commissioner Shubick met with the board on June 6, 1972 to discuss plans for a 13,000 square foot facility to be located at the rear of Greene Memorial Hospital. Discussions in 1972 with the Ohio Department of Health suggested 50% of the funding come from the county and 50% of the funding come from Hill-Burton funds. Facilities that received Hill-Burton funding were required to provide a 'reasonable volume' of free care each year for those residents in the facility's area who needed care but could not afford to pay. A one-year bond levy was proposed to be

placed on the ballot in November 1973 if the application for Hill-Burton funds was approved. The health district facility constructed in 1975 was a steel structure resembling a merry-go-round. Fryman-Kuck builders of Brookville was the general contractor for the 16-sided structure. \$454,453 dollars in county funds and \$419,799 in federal funds were used to construct the facility.

On January 5, 1974, the board approved the implementation of the Women, Infants & Children (WIC) program which followed the opening of prenatal and well child clinics and Bellbrook became a city. Through the clinics, mothers without insurance could deliver at the local hospital for a minimal fee. WIC caseloads in 1976 were 400. On September 22, 1977, the Fairborn clinic opened at 600 Pierce Street in Fairborn.

Following the Xenia tornado of April 3, 1974, the role of the health district was to support recovery in the community. Environmental services were impacted because their facility on Church Street was damaged by the tornado. Clerks and nurses supported Greene Memorial Hospital operations and patient care. Resident contact was made door to door, offering tetanus, treating minor injuries and employees were placed on 12-hour shifts. Nursing home residents were moved to an undamaged facility. Support to Central State University was also provided in the form of food, water, medical supplies and toilet facilities. Mutual aid was received from Montgomery and Clark counties.

Post-tornado, the health district started surveillance and control functions in environmental health. Concerns were for environmental hazards, nuisances rodents, mosquitos and sewers. Intensified efforts were made in dental, medical, social and psychological services. The services were funded by the U.S. Department of Health, Education and Welfare through the Ohio Department of Health. In all, there were 34 dead, 19 females and 15 males ranging from one month to 82 years of age as a result of the tornado.

Greene County Public Health has long been known as being progressive and innovative in all aspects of public health programs, services and technology. In addition to the dictation machines, two-way radios were purchased for environmental health.

Greene County prosecuting attorney wrote that the prosecutor would defend employees named in a lawsuit regarding a drilled well. The openings for wells were left open for inspection. Sanitarians inspected the type of pipe and connection to a house. Well drillers indicated by survey responses that they were not in favor of deleting the inspection of the connection to the house.

In 1976, a concern about anthrax was reported to the board of health by Health Commissioner Shubick. Imported skeins of yarn were contaminated and one death was reported in California. A local store in Yellow Springs had purchased the yarn and the owner of the store worked to find individuals who had purchased the yarn from the store. The store owner received a letter of commendation from the board. Anthrax is an infectious disease caused by a bacterium called *Bacillus anthracis*. Infection in humans involves the skin, gastrointestinal tract, or lungs.

In October 1976 in response to fear of swine flu, vaccine became available to those over 60 or individuals age 18 to 60 with serious medical conditions. Vaccines for children were available from private physicians. 18,555 shots were administered.

The health district entered into an after-care agreement with the hospital to provide follow up for patients from Greene Hall, a drug and alcohol rehabilitation facility located in Beavercreek. Payment for services became a barrier to continuing the program. The Xenia City School District was requesting dental services be provided by the health district. W. P. McCullough accepted the position of health commissioner in July 1979.



Note: This article has been edited for space.

100 Years of Public Health in Greene County

THE 1980'S

In 1980 the present-day Department of Health and Human Services was organized from the previous Department of Health, Education and Welfare. In Ohio, a statewide association for local boards of health was under development. There needed to be stronger local boards in advising on public health issues to the state.



W.P. "Mac" McCullough

Health Commissioner McCullough advised members of the District Advisory Council "If you don't see fit to sell a levy, you're really going against yourselves. I know you're pinched for money too, but we need to be high on your priority list. You pay for police and fire protection and you should start paying for health protection. We are supplying the services for you that you are required to have by law." Levy expenses were estimated at \$1,300.00. In November 1982, the levy failed. A member of the levy committee felt that the levy failed because members of the board of health did not actively promote the levy in their jurisdictions. Today, members of the board of health attend meetings with the jurisdictions to discuss the levy at council meetings.

In 1982, discussions for revising the contract for union between the cities, villages and townships began. The contract exists between the District Advisory Council (made up of the villages and townships) and the cities to accomplish health district programs and services. Township trustees wanted to have a better idea of what the

health district provided and wanted assurances that they were not subsidizing urban areas. It was at this time that Beavercreek became a city. Their expectation was to have two members appointed to the board of health but felt the size of the board was "unwieldy". In Sugarcreek Township, the health district had the reputation of being the worst people to deal with and people felt the agency lacked ethics. The county auditor stressed to the townships the need to support the levy to keep funding from coming out of their own budgets. Discussions also were held regarding having multiple levies on the ballot with other agencies at the same time.

During this decade, board of health members would provide notice to the president of the board of health and the District Advisory Council when they retired from the board. The board also requested to be part of a county request to have employee contributions made to the Ohio Public Employee's Retirement fund "picked up" by the employer. Board meetings were videotaped and played on cable television. Xenia High School lent the equipment to conduct the videotaping. The board was surveyed to determine what they wanted in the monthly reports received from the district. Program updates provided information to the planning and evaluation committee.

Grants for child and family health services, newborn home visiting, dental and health education were established. An adult immunization program was added. An outside contractor was used to write for grants. Health Commissioner McCullough served on the regional commission for newborn home visiting and minority health. He also sought electronic monitoring for the facility that would alarm the county sheriff or Xenia police if an incident occurred. Health Commissioner McCullough recruited physicians for the medical director position. The board revised the evaluation tool for the health commissioner. Sensophones were installed to monitor vaccine temperatures and notify employees if refrigerators were out of temperature control.

In January 1985, the first self-assessment of public health standards occurred. In 1989, the first community health assessment was conducted. Mandatory peer-review was done between county and city health districts however, they were not well received. An office of development was established to create and evaluate goals and measures approved by the planning and evaluation committee.

The personnel committee specified that the agency's legal name is the "Greene County Combined Health District" and that all identification of the "health department" should be changed to reflect the legal name. A new logo for the district was adopted in March, 1982. The planning and evaluation committee of the board of health drafted their first by-laws in 1983. Planning and evaluation also set short- and long-term goals and created the first mission and value statements. In response to those goals, the health district employees drafted program workplans to meet those objectives. The board would assign members to approve and disapprove the activities. An end of year report was created and provided the "Annual State of the Health District."



Elizabeth Grooms, RN providing a vaccination

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100 Years of Public Health in Greene County

THE 1980'S CONT'D

The board of health appointed the health commissioner as the registrar due to lack of funding. At the time, the health district's total budget was \$644,600 for 1981 which was a decrease from \$1.75 million in 1980. The board was notified of the difficulty the district faced in keeping wages competitive.

Greene County had their own classification plan however the health district participated in the Ohio Department of Administrative Services classification plan. Board members, by statute, could be paid for their service.

Four levy attempts failed, and the district was unable to increase funding from inside millage, which necessitated decreasing funding to home care services. In this same decade, consideration was given to running a "combined" human services levy much like Montgomery County was doing. The consensus was that voters should be given a choice to support whatever aspect of service they wanted individually and not as a combined levy. An office of development conducted numerous activities to raise funds for the district. Rummage sales, shirts and cookbooks were created and sold to supplement funding. Employees were expressing concern about being pressured to volunteer their time for fundraising activities.

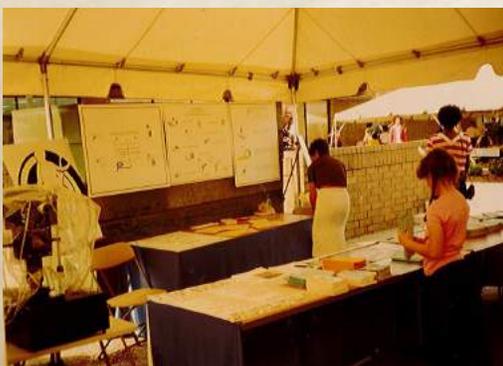
The fiscal officer position was abolished. The Division of Personal Health was eliminated. As part of the reorganization, a new administrative services team and community health services team were established. Home care and ambulatory care combined to form the Community Health Services team in October 1982. Medical Director Ray W. Barry died in 1983, which led the board to rename the dental clinic the *Ray W. Barry Memorial Dental Clinic* in his honor. The board gave their blessing for the health commissioner to hire a medical director.

Reductions in staff resulted in just 55 employees in 1982. Outlying clinics were closed except Yellow Springs. Financial data collection forms were used for clients. Further reductions left the health district with 27 employees. Of note is that other county employees received a 10% hike in pay the same year. Health district wages were studied by a wage and salary administration committee. Health insurance, previously paid at 75% employer/25% employee, was revised to 80% employer/20% employee. The general environmental health fund and the community health services fund was established in 1984. In August 1985, employees selected their first employee of the month and again employees began seeking to form a union. The first employee recognition banquet had over 100 people in attendance. The board established a trust fund to supplement activities of the district. The guidelines for the fund were that all funds generated would be through donations, fundraising events and general operating grants. The funds would support essentially any service where existing funds were being exceeded, and to support fundraising. The Mitten Tree project was one function of the development office with contributions being made to support the project from board members and employees.



Cathy Pichot (R) at the clinic intake desk

Later in this decade, epidemiology and surveillance was introduced for chronic disease, infectious disease, and injury prevention. The program exists to collect and analyze local health data to determine preventive health program needs, set health indicators, and evaluate community and organizational efforts. Funding for the epidemiologist position came from a two-year grant.



Health Fair, Xenia Towne Square

The agency submitted for a litter control grant and the health district began supporting health fairs. In 1981, the board considered eliminating housing inspections. The City of Fairborn was not in favor of eliminating the service. Discussion was held regarding having the cities pay for the cost of the service through contract. The housing program had been around since the mid-1960s. Local water regulations were repealed when the State of Ohio passed regulations that took effect 1/1/1981. Local air pollution regulations were repealed in October 1982 when the Ohio Environmental Protection Agency (OEPA) was given authority at the state level to enforce the regulations. The Regional Air Pollution Control Agency (RAPCA) took over enforcement. OEPA began surveying the solid waste program which monitors the Xenia and Fairborn landfill sites and sent letters of approval for operating the program. Laws governing the disposal of infectious waste were passed.

The need for sanitary sewers in Beavercreek became apparent and were installed. The health district saw a need to conduct a study on the condition of septic systems in Greene County. Board approved installation of Wisconsin Mound sewage disposal system if the requirements for a leaching system could not be met.

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100 Years of Public Health in Greene County

THE 1980'S CONT'D

The City of Fairborn met with the Ohio Department of Health in 1985 and adopted water fluoridation. Residential plumbing, nuisance abatement, school and jail inspection, rabies, air pollution, housing, mosquito, immunization, hypertension, maternity, pregnancy testing, vision, heart and hearing, dental, TB, speech, school health, health promotion and home care were all discontinued. Twenty-one positions were eliminated. The present day five-day seven hours per day (35 hours/wk) work week was adopted. The board adopted an evaluation for the health commissioner position which was completed by a sub-committee of the board.

In the 1980's, there was a resurgence of measles at Greeneview local schools. The rash appears as flat red spots on the face at the hairline and spread downward to the neck, body, arms legs and feet. Fever can reach 104°F. The biggest threat now is from travelers who contract measles abroad or in communities with pockets of unvaccinated people.

Fifteen cases of mumps were reported in the Beavercreek City Schools in the spring of 1982. Outbreaks of mumps have been reported among groups of people who have prolonged close contact such as sharing water bottles, practicing sports together or living in close quarters. Mumps is a contagious disease caused by a virus.

Giardia cases were increasing in 1986. Giardia is a parasite found on the surfaces of food, soil and water that have been contaminated by feces (poop). The most common exposure is through contaminated drinking and recreational water.

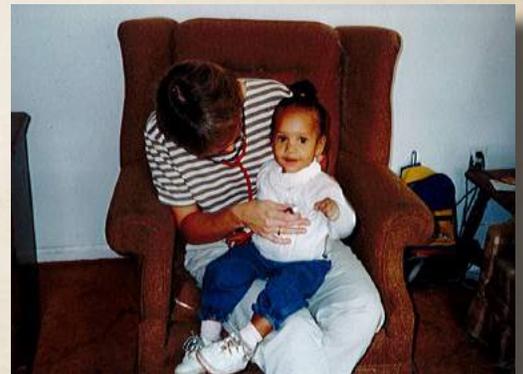
The board approved the Haemophilus influenzae b (Hib) vaccination program. Before the introduction of effective vaccines, H. influenzae serotype b (Hib) was the cause of more than 95% of cases of invasive H. influenzae disease among children younger than five years of age. Hib was the leading cause of bacterial meningitis in the United States among children younger than five years of age and a major cause of other life-threatening invasive bacterial diseases in this age group. Approximately 4% of all cases were fatal. The vaccine is 95% effective in helping children develop protective antibodies. Some parents delay or decline vaccine or follow alternative schedules because of medical, religious, philosophical or socio-economic reasons. Some vaccine series are incomplete, or immunity wanes, and some cases of disease have been "imported". Some parents fear side-effects or at one time believed vaccines contributed to the development of autism. Language barriers and insufficient knowledge also contribute to vaccine coverage rates.

The first HIV grant was applied for in 1988 for \$30,000 to provide HIV education to the community. The first evidence of a program for car seat safety program was the Kids in Safety Seats introduced by the medical director in June 1982. The first child and family health services grant was submitted in January 1984 to support prenatal and well child clinics. A grant writer was hired to write the grant. In 1986, the district conducted a pilot project through grant funding to determine cause the effect of smokeless tobacco on disadvantaged youth. The district passed a no-smoking policy for employees, they implemented a program to help employees quit and education was provided to children in the community called "Smoking is yukky".

In July 1980, the Home Care Services Board voted to discontinue its contract with the health district and did end their contract in December 1981. Home care received one-quarter of their funding from the health district or \$100,000. In 1979, 617 residents received 12,291 home visits. Thirty-two of the 73 health district employees were serving in home care. At the time, the health district was reorganizing, and personnel changes were not reviewed by the Home Care Services Board. The alcoholism division, housed at Greenwood Manor, closed in August 1981 due to lack of work and lack of funds. In 1980, childbirth education classes and carbon monoxide testing were discontinued due to funding and the dental clinic closed but received a grant to re-open in January 1982.

Primary care for indigent residents was adopted and volunteer services were provided by the Greene County Medical Society. It was difficult to get physicians to assist with caesarean births at Greene Memorial Hospital for prenatal clients of the health district. Many clients were unable to pay for the service. Both Greene and Montgomery County studied the scope of the issue.

A blood lead machine was purchased for the well child clinic to test for lead in the blood of children. Lead intoxication effects many metabolic processes in the body. An infant or child can absorb more lead than an adult. Lead can damage the brain and nervous system, can cause behavior and hearing problems and children can develop anemia. Pediatricians play a key role in teaching parents how to prevent lead poisoning in children. Today community water systems, regulated by the Ohio Environmental Protection Agency submit maps to show where potential contamination can occur from lead pipes. Ohio has 1,878 public water supply systems. All of the maps are available to the public <https://epa.ohio.gov/ddagw/pws/leadandcopper/map>.



Adrianna Scott w/patient

THE 1990'S

During this decade, the health district budget was just over \$2 million dollars annually. The board of health requested the district submit a refined budget at the end of each calendar year that updates the budget proposed by March 1st of each calendar year in accordance with Ohio law. Although the initial date for the "Health Coalition" was not found, in June of 1992, the county administrator was instructed to reconvene the "Health Commission" to obtain funding for health and social service agencies in Greene County. According to Health Commissioner McCullough, Greene Memorial Hospital had problems getting their levy passed and therefore the health coalition was needed.

Notable Notes

- In 1990, local health districts began paying dues to the Association of Ohio Health Commissioners. The County Commissioners in Ohio originated the Public Entities Pool and the health district decided to join in September 1990.
- During 1993, the health district began charging \$2.50 for burial permits per Sub. HB 733 with \$0.50 being retained by the health district.
- The levy passed in November 1993.
- H.B. 117 amended ORC Section 145.012 excluding members of general and city health districts from Public Employees Retirement System membership for board member attendance payments.
- The health district received the Ohio Public Health Awareness Award from the Association of Ohio Health Commissioners.
- In October 1999, Commissioner McCullough notified the board of his expected retirement date of 05/31/2000. The board established a search committee.
- The health district implemented a car seat policy in response to a requirement of the Ohio Department of Transportation for the Safe Communities grant.
- Planned Parenthood started a clinic at the health district and the health district received the first funding for the Welcome Home program. The program would provide home visits to first-time and teenage mothers.
- In 1991 two billboards were approved to celebrate Public Health Day.
- The health district began 15-minute segments on WBZI Radio weekly and a once a month broadcast on WCLR.

Board of Health Activities *(edited for space)*

- Authorized the health district to purchase or lease four vehicles to be utilized by the plumbing inspection program.
- Approved a "Client Rights" document.
- Approved the Regulations for installation, Maintenance, Testing and Inspection of Plumbing in the Greene County General Health District.
- Added "No person shall operate a food establishment without a valid food establishment permit. No permit shall be granted until all of the provisions of this regulation have been met.", to the Food Establishment Regulations.
- Approved membership in the National Association of Local Boards of Health and the Ohio Association of Boards of

Health.

- Adopted a resolution declaring an insufficiency of funds for public health services within the 10-mill limitation and requested the Greene County Board of Commissioner to place a .3 mill replacement levy on the 11/04/1997 general election ballot.
- After being notified by Ohio Department of Health that the funding for the Immunization Action Plan project would be terminated in 1998, the board voted to continue to fund the program out of health district funds.

Environmental Health Activities *(edited for space)*

- Throughout 1992, a local food service operation had significant difficulties coming into compliance with food regulations. Employees were driving a motor vehicle across food prior to preparation according to a complaint provided to the health district. The establishment voluntarily closed in December 1992.
- The Villages of Cedarville, Clifton and Spring Valley were each having problems with sewage. Spring Valley took action to have residents hook up to sanitary sewers.
- The Southwest Portland Cement Co in Fairborn had requested to burn 60 million gallons of solid toxic waste. The Ohio Environmental Protection Agency has statutory authority over permitting facilities that burn hazardous material and allowed for the chemicals to be burned. The company indicated they had proper and efficient control equipment in place. RAPCA was involved with testing the emissions however, the company disputed RAPCA's tests. In 1994 the board passed a resolution taking no action regarding the burning of liquid hazardous waste at Southwestern Portland Cement Company.
- A local piercing establishment had their license to operate suspended for 15 working days for performing a tongue piercing on a minor without parental consent.

Diseases *(edited for space)*

- An active TB case refused to isolate themselves. Under 3707.08 the board declared the individual be quarantined. The law allows the board to restrict the person to their residence or other suitable place, prohibit entrance or exit without written permission to prevent contact with individuals not exposed to the disease, and enforce such restrictive measures as are prescribed by the district. The patient was admitted to Greene Memorial Hospital and released. There were 12 cases of active TB in 1990.
- Reports of cancer clusters occurred sporadically; ODH was consulted.
- Hepatitis B vaccine was introduced.
- Two cases of Lyme disease were reported in 1991.
- School districts were reporting outbreaks of headlice in early 1991 with several families unable to afford treatment. The health district provided medicated shampoo.
- The health district offered tetanus shots during the 1997 Greene County Fair.

THE 2000'S

The board of health from 2000 to 2009 was extremely busy! *This article has been edited for space.*

Notable Notes

- In May 2000, W.P. "Mac" McCullough announced his retirement. He had served 21 years as health commissioner. During his tenure, the number of employees rose to 67. He created the Greene County Community Health Foundation which raised funds to support specific health needs which could not be met by other means. The foundation dissolved in 2019.
- Xenia experienced a devastating tornado on September 20, 2000 that resulted in the death of one resident.
- Deborah Leopold, Environmental Health Director, received the Outstanding Sanitarian in the State of Ohio Award on 04/23/2001.
- Mark McDonnell, health commissioner, retired and was rehired by the board.
- The health district received the Ohio Department of Health's Director's Award for the Healthy Ohioans Challenge.
- Medical Reserve Corps program received the Regional Health Administrator's Award from the Department of Health and Human Services.
- Passed a resolution of support for the "Smoke Free Ohio" campaign to put an issue on the ballot for indoor air standards eliminating secondhand smoke.
- The health district's levy passed 59.63% for and 40.37% against in 2006.



Sara Pappa (R) with Mitten Tree donation

Board of Health Activities

- Contracted with pediatrician Dr. A. Patrick Jonas to supervise the nurse practitioner for the Well Child Clinic.
- Contracted with Mark McDonnell for the position of health commissioner.
- Approved a resolution giving the health commissioner or his designee the authority to suspend the food service license of a licensee in violation of any requirement of Ohio Revised Code 3132.11 (B)(1) or any rules adopted under the stated code.
- Approved the position of community epidemiologist to the roster of employees.
- Passed a resolution granting the authority to the health commissioner, public health sanitarians or sanitarians-in-training, to enforce Ohio Administrative Code 901:3-4-12 (D), Requirements to Cease Use and Ohio Revised Code 901:3-4-15 (F), Embargo of Food, on behalf of the board of health in retail food establishments and Food service operations as defined by the Standard Operating Procedures of Greene County Combined Health District.
- Approved a resolution giving the health commissioner or his designee the authority to suspend the food service and/or food establishment license or endorsement of a license in violation of any requirement of ORC 3717.29 (D)(1) or ORC 3717.49 (C)(1) and any rules adopted under the stated codes.
- Approved two program manager positions for Environmental Health and the addition of a medical records technician position.
- Moved to approve the placement of a .3 mill replacement and .2 mill additional levy on the 2001 November ballot.
- Adopted the Greene County Combined Health District Emergency Response Plan.
- Approved updated Air Pollution Control Regulations in conjunction with the Regional Air Pollution Control Agency.
- Approved the health district to provide epidemiology contract services to Clinton and Fayette Counties.
- Approved a Resolution of Authority for Emergency Retail Food Establishment and Food Service Operation Closure(s).
- Approved the Greene County Combined Health District Delegation of Authority To Quarantine and Isolate policy.
- Passed a resolution authorizing the health commissioner and/or designee(s) to issue notices of violations for situations that were not a clear and present danger to the public health, and to authorize the health commissioner only to suspend a Food Service Operation License or Retail Food Establishment License in situations where there is a clear and present danger to the public. The resolution also provided the health commissioner the authority to lift the suspension when there is no longer an immediate public health danger.
- Began investigating federally qualified health centers.
- Moved to seek the opinion of the director of the Ohio Environmental Protection Agency regarding an exemption request to the Construction and Demolition Debris Rules for a property in Ross Township. The board moved to grant a variance to the Construction and Demolition Debris Rules for the property in Ross Township based on the recommendations of OEPA with conditions.
- Moved to authorize the health commissioner to pursue a planning grant for a federally qualified health center.
- Moved to add "no household sewage treatment system shall be located in the 100-year flood plan" to the Household Sewage Disposal Regulations. And, added, "Whenever a sanitary sewerage system becomes accessible to the property, a household sewage system shall be abandoned in accordance with Section 3701-29-17 of the Ohio Administrative Code and the house connected to the sanitary sewerage system within three years after the date that the sanitary sewerage system becomes available for service."

cont'd on next page...

100 Years of Public Health in Greene County

THE 2000'S CONT'D

- Declared a property located in Cedarville an emergency public health nuisance and to allocate funds to board and secure the structure.
- Adopted the National Incident Management System and Incident Command System as requirements of Greene County Combined Health District.
- Approved the Greene County Combined Health District Household Sewage Treatment System and Small Flow On-Site Treatment System Regulations.
- Approved the reduction in hours or layoff for one position each of clerk 2, clerical specialist, word processing specialist, dentist, health educator, dental hygienist and dental assistant due to lack of funds.

Environmental Health Services Activities

- The board and a local pizza establishment agreed to participate in dispute resolution mediation with the Ohio Department of Agriculture regarding the use of plywood pizza discs in the facility.
- The health district obtained a search warrant for a property located in Xenia. In collaboration with the Xenia Police Department, the warrant was executed at which time the police discovered the property owner was deceased and the remains removed from the property. The coroner did not suspect a crime.
- There were multiple 30-day suspensions for local food service operations during this decade with various actions for each.



Mark McDonnell

Diseases

- The health district received its first report of potential Sudden Acute Respiratory Syndrome (SARS). Testing showed the patient negative for SARS.
- The health district received notification of the first confirmed case of H1N1 in Greene County in July 2009.

THE 2010'S

Notable Notes:

- The health district's renewal levy passed in November 2015 at a 70% approval rate.
- The Friends of Greene County Combined Health District funds were transferred to the Greene Community Foundation. The Friends of Greene County Combined Health District (now Friends of GCPH) is the volunteer organization responsible for the running and promotion of the levy campaign and any associated fund-raisers.
- Moved to adopt the National Association of County and City Health Officials (NACCHO) national identity for public health departments. Greene County Combined Health District will do business as Greene County Public Health.
- The board conducted a nationwide search and hired new health commissioner, Melissa Howell, in preparation for the retirement of Mark McDonnell.
- The Greene Community Health Foundation was dissolved in the latter part of the decade and remaining funds were gifted to the Greene County Community Foundation, or Greene Giving, with the purpose of creating an annual scholarship program for those seeking to secure post-secondary education in the field of public health or related study.
- Greene County Public Health received accreditation by the Public Health Accreditation Board in November 2018 for five years. The district will apply for re-accreditation in 2023.
- Approved the implementation of the Bloodborne Infectious Disease Prevention program (syringe exchange) for the cities of Fairborn and Xenia.



Board of Health Activities:

Throughout the decade, the board of health met monthly and approved many plans, policies and other actions. They included:

- Administrative leave policy change
- Contracts, Cost Allocation & Inventory of Movable Property and Equipment
- Costing Principles for Spending Federal Funds
- Credit Card Use & Easy Clocking
- Email, Facsimile & Health District Provided Cell Phone
- Emergency Response Plan updated

cont'd on next page...

100 Years of Public Health in Greene County

THE 2010'S CONT'D

- Employee Internet Use Monitoring and Filtering
- Equal Employment Opportunity policy
- General Cash Transaction
- Home Visitation, Infant Feeding & Infant Safe Sleep
- Internal Control & Ohio Public Health Communication System
- Operational and personnel policies updated (reviewed annually)
- Payroll, Policy on Policies, Position Description Distribution
- Public Participation in Board of Health Meetings
- Purchasing, Remote Network Access, Segregation of Duties
- Sick Leave, Teleworking & Travel/Training
- Tuition Reimbursement policy modification changing the required years of service from three years to two years.
- Vehicle Use & Verification of Certification, Education, Licensure, and Registration
- Wireless Communication, Work Environment, Workforce Development Plan & Workstation Security
- Approved the health commissioner to participate in the Association of Ohio Health Commissioners.



Environmental Health Services Activities

- Passed a resolution commending the Village of Yellow Springs for their diligence and foresight in providing fluoridated water to the community for 50 years enabling preventive dental protection to the residents.
- Approved the use of Ethylene Oxide Gas for use in sterilization of items in licensed tattoo and body piercing operations.
- Approved a resolution granting authority to the health commissioner, public health sanitarians or sanitarians-in-training employed by Greene County Combined Health District to enforce Ohio Administrative Code 3701-21-27, Embargo of Food, on behalf of the board in Food Service Operations as defined by the Standard Operating Procedures of the Greene County Combined Health District.
- Throughout this decade, the board approved resolutions declaring three Greene County properties as a public health nuisance.

Community Health Services Activities

- The health district provided Hepatitis A immunizations in the community during an outbreak.
- The board passed a resolution in support of Tobacco 21.

The Addition of Five Rivers Greene County Health Centers

The board approved the health district to enter into the following agreements with Five Rivers Health Center to create Five Rivers Greene County Health Center:

- Five Rivers agreement
- Five Rivers lease agreement
- Transfer of Supplies and Equipment to Five Rivers
- Business Associate Agreement
- Reproductive Health and Wellness agreement
- Dental Sealant agreement



The New Building

The board authorized the board president to sign the ground lease with Greene County for a new building. The board approved First Merit Bank's proposal to finance the new building. The board approved recommended members for a committee to evaluate submissions for the design-build of a new building. The board authorized board president to sign an agreement with WDC Group LLC as the criteria architect firm required for the design-build process of a new building and authorized the health commissioner to complete the requirements contained in the criteria architect's agreement. The board approved Huntington National Bank as successor by merger to First Merit Bank as the financier of the building project. Greene County Public Health moved into the new building and the board held its first meeting in the new building, all in August 2018. In October 2018, demolition of the former public health building was completed, and a new parking lot was constructed in its place.

100 Years of Greene County Public Health in Pictures

1920-1929



1930-1939



1940-1949



1950-1959



1960-1969



1970-1979



100 Years of Greene County Public Health in Pictures

1980-1989



1990-1999



2000-2009



2010-2019



2020 & BEYOND!



Yesterday says, “*forget* me, but *Learn* from me.”

Today says, “*Embrace* me, yet *Utilize* me.”

Tomorrow says, “*Anticipate* me, then *Prepare* for me.”

Tobacco-Free Program

In the fall of 2020, we launched a Vaping Task Force with the goal of informing the community of the dangers of and preventing the use of vaping/e-cigarettes among youth. Representatives from business, healthcare, faith-based organizations, civic associations, education, law enforcement, government, media, and housing sectors are all members of this task force.



We are also working with schools to adopt tobacco-free policies which will protect their students, staff, and visitors. Policies are reviewed and graded by Ohio Department of Health (ODH) and are recognized when they meet the criteria for a 100% tobacco-free policy. In the past year we have helped six more schools become 100% tobacco-free: Beavercreek City Schools, Xenia Community Schools, Greeneview Local Schools, Cedar Cliff Local Schools, Fairborn City Schools, and the Greene County Career Center.

We continue to promote various tobacco cessation programs available to our community. **My Life, My Quit™** is a free

and confidential service for teens under 18 who want help quitting smoking or vaping. Teens will receive non-judgmental support, help and easy-to-follow tips from a coach. To enroll, text "Start My Quit" to 36072 or enroll online at www.mylifemyquit.com.

Another option for help kicking tobacco use is the Ohio Tobacco Quitline. All Ohioans are now eligible for this free service. Call 1-800-QUIT-NOW for personalized quit coaching and free nicotine replacement therapy after your first four sessions or enroll at <https://ohio.quitlogix.org>.

For information on the **Baby & Me Tobacco Free™** program, see page 26.

Community Roots Coalition

The Community Roots Coalition is a group of key partners including our agency, the City of Xenia, Ohio State University Extension, and Central State University Extension that addresses healthy, active lifestyles to combat chronic diseases such as childhood obesity, diabetes, and heart disease, to name a few. It is also open to volunteers from the community. Programs and events include various educational workshops (all cancelled in 2020), the Community Garden at Lexington Park in Xenia, the Spring Has Sprung 5K Family Run/Walk, and the annual Family Fitness Palooza. For more information on this program, call 937-374-5683.

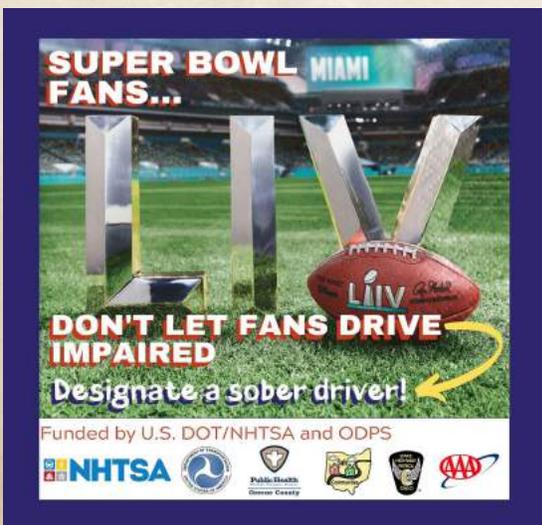


Greene County Safe Communities Coalition

Greene County Safe Communities Coalition works to prevent injury through community action by addressing traffic safety issues through initiatives involving engineering, enforcement and education. The coalition is funded in part by the U.S.

Department of Transportation and the National Highway Traffic Administration through a grant from Ohio Department of Public Safety and the Governor's Highway Safety Office.

The Safe Communities program was introduced to help decrease traffic injuries, increase safety awareness, decrease the amount of money spent on traffic-related injuries, and increase the number of people involved in keeping communities safe. The coalition is made up of a number of organizations and individuals from across Greene County and is always looking for new members. For more information, please call 937-374-5683.



Ohio Early Intervention

The state of Ohio, including Greene County, saw a decrease in number of children referred to Early Intervention services. As a result, marketing the program increased making additional connections with community providers, newspaper articles and social media to name a few; letting the community know Early Intervention was still available to all families who needed it. The quality of Early Intervention services continued to remain high even as COVID hit the community. Early Intervention service coordinators were among those who rose to the occasion adapting and learning new virtual software so families did not have a gap in services. While Early Intervention services might have looked a bit different than in years past, families appreciated the virtual service option and made sure to let us know. Here is what a few had to say:

- *“I’m glad my family had Early Intervention for our son. Not sure we would have made the progress we have without them”*
- *“I think the Early Intervention program in Greene County is great”*
- *“It was so nice to have the option of a digital visit! Our daughter had a bone marrow transplant and wouldn’t have been able to see her coordinator for several months if the tech visits hadn’t been an option”*

Help Me Grow

Help Me Grow Early Childhood Home Visiting provides support and education for families with a child prenatal to three years old. Additional eligibility requirements include a participant being identified as being at least WIC eligible and having at least one risk factor, many known to correlate to poor child outcomes.

Home visitors provide intensive, weekly visits to newly enrolled families for at least six months before reducing services. Caregivers receive support with parenting challenges, strengthening their parenting, accessing resources, and growing their social support system. Home visitors passionately share information, use motivational interviewing techniques, and help families create goals and celebrate their successes.

Through the pandemic restrictions, home visitors learned to transform visits into virtual ones to keep families engaged using the Growing Great Kids and Growing Great Families curriculum. Team dropped off diapers, toys, activities, cleaning supplies and safety equipment in between video and phone visits. 2020 was a year of growing play skills and growing goals for the home visiting team and participants.

Women, Infants & Children (WIC)

WIC is a fundamental part of Ohio’s public health system, intended to reach income eligible pregnant, breastfeeding and non-breastfeeding postpartum women, infants and children up to five years of age with a medical or nutrition risk. Ohio WIC serves all 88 counties with approximately 169,081 participants monthly at 74 project sites.

This program faced many challenges in 2020, the biggest of which is related to changes in our clinic processes due to the COVID-19 pandemic. The United States Department of Agriculture (USDA) decided to extend necessary flexibilities that enabled federal programs to continue to respond to the health and nutrition needs of communities across the country. WIC is one of many programs that depend on the public health declaration, and the continued emergency permits providers to provide remote services or otherwise reduce in-person requirements within the program. With this decision, WIC can continue to remotely and safely meet the nutrition needs of new and expectant parents, babies and young children, without endangering the lives of participants, clinic staff or their families.

Baby & Me Tobacco Free™

This program helps pregnant women and their partners quit smoking before the baby is born. Participants learn to grow their strategies for handling stressors which may have previously led them to pick up a cigarette. In 2020, seven families were served with 18 prenatal visits and 11 postpartum visits. In mid-October, our facilitators began a collaboration with WIC and outreached to 36 new WIC clients identified as smokers. Most were not ready to quit, but they have now encountered friendly, non-judgmental voices and have program information available when they become ready to give quitting a try. By the end of 2020, additional families were scheduled to begin services after the holidays.

Maternal Child Health by the NUMBERS

Communicable diseases reported	11,477
WIC total number of contacts	5,963
WIC avg. monthly caseload - Xenia	778
WIC avg. monthly caseload - Fairborn	562
CMH average caseload	522
Active TB cases	0
Help Me Grow total families served	59
Help Me Grow home visits	1,764
Early Intervention Service Coordination visits	1,428
Early Intervention total children served	415
HIV tests conducted	64

Thank You for Your Support

Public Health Depends on the Levy

The Public Health Levy is a primary source of funding for many of the most critical social and health services of the county. We're here for YOU!

Vision

Our vision is to be the recognized leader that addresses health outcomes, reduces health disparities, upholds standards of public health practice, and improves service to the community.

Mission Statement

Our mission is to prevent disease, promote health and wellness in Greene County, and protect the quality of our environment.

Scope

Our employees accomplish our mission through integrated community efforts and assessment, health education, collaboration and assurance of quality services, disease prevention and control, and emergency preparedness.

Our services are designed to protect and improve the health of the community. We provide birth and death certificates, easily accessible community public health services and environmental health programs. We ensure safety of food and water, protection from disease, and readiness to respond to emergencies. The organization was created by Ohio Revised Code 3707 and 3709 in 1920.

The levy, typically on the ballot every five years, makes up 33.6% of the health district's total revenue. For \$24.50 per year/per \$100,000 home value, the district provides convenient, population-based services to children and pregnant women, Women, Infants & Children (WIC), special services to families with medical and developmental needs, school inspections, general operations, nuisance abatement, rabies and other environmental health investigations.

Let's *Get* Social



Follow us on Social Media! Tell us what we can do for you, what you think, what we're doing well, or how we can improve! Have a burning public health question? There are multiple ways you can get the conversation started:



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Email us at general@gcph.info



Call us at (937) 374-5600 or toll free at 1-866-858-3588



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