Finding the Right Balance
A Message from the Health Commissioner

Finding the Right Balance for the Public Health System

Much like an elephant walking on a tightrope, balancing the growing demands of leading the public health system in Montgomery County can get a little tricky. Many residents may not realize the many programs and services we provide or support as we work to achieve a healthier community.

Like many, we are faced with fewer resources to do an ever-increasing job. Public Health - Dayton & Montgomery County must manage essential public health services, while exploring evidence-based ways to effectively impact more of our population and address emerging needs.

Leadership is key to the success of our mission. We are developing strategies that assure the input and participation of our community partners to secure better outcomes for the public.

To put it another way, in order to get the most bang for the taxpayers’ buck, we must provide the leadership, vision, and services to impact as many as possible with better health. The time for a policy, systems, and environmental (PSE) change approach to chronic disease prevention in our community is here. Public Health is transitioning from a disease management focus toward primary prevention through PSE changes. Guided by a community action plan, we will move closer to the following outcomes:

- Reduced chronic disease
- A culture of community health - healthy lifestyles
- Fewer health disparities and greater health equity
- Improved access to care for vulnerable populations

As you read our 2013 Annual Report, you will learn more about the many great things happening through Public Health in Montgomery County. Let us know how we can help you as individuals, families, groups, and organizations.

Jim Gross, Montgomery County Health Commissioner
In the summer of 2013, an employee of Galaxy Nail Spa in Miami Township was diagnosed with an active case of tuberculosis (TB). As a result, Public Health - Dayton & Montgomery County initiated a community awareness campaign with local mass media. The goal was to notify anyone who visited the nail spa during the time the infected employee may have been contagious, that they might have been exposed to an active TB case. Following the media campaign, Public Health set up two free special clinics to screen anyone who suspected they may have been exposed. The initial clinics were conducted at Public Health’s main office in the Reibold Building in downtown Dayton. However, to make it easier for those who had attended the Miami Township nail spa, follow-up clinics were conducted in Miami Township.

Public Health held eight clinics to both screen for TB and read the results. Public Health worked with the Ohio Department of Health, Centers for Disease Control and Prevention, physicians, local media, the Spa’s owner and other nearby businesses including LexisNexis, to complete this investigation. In all, 476 individuals were tested, with 1,304 visits. There were ten people who had a positive TB test and needed further evaluation by a physician. It was determined that none of these individuals had active tuberculosis. For all the other individuals who participated in the clinics, they came away with the knowledge that they had not tested positive for TB, and the testing gave them peace of mind. Many of those who came to the clinics expressed gratitude and thanks to Public Health officials for how smoothly and quickly the process ran.

“...We were all very impressed by the speed in which the tests were handled as well as the professionalism of your staff. We are very grateful to you for bringing the matter to our attention in such a timely manner as well as offering the free clinic...”

Letter from Nail Spa customer and TB Clinic participant

TB Case Resulted in Screening of Nearly 500 Customers of a Miami Township Nail Spa
Refugees are people who fear being persecuted and escape or are forced to leave their country. In 2013, Public Health - Dayton & Montgomery County provided medical screenings to a total of 202 refugees from around the world. As the refugees are getting settled in their new homes, Public Health screens them within 30-90 days of arrival to help identify any medical barriers and treat any immediate health issues. During the screening, the refugees watch a DVD, in their language, that helps introduce them to the U.S. health care system. The Public Health Clinic provides the initial medical screenings and care for the refugees which include:

- A chest x-ray
- Identification of past and present medical problems
- Review of current medications
- Vision screening
- Additional lab testing to identify treatable medical conditions

A physician meets with each refugee to review overseas medical documentation and discuss lab results. Once medical issues are addressed, the refugees are linked with primary care physicians in the community for any new or on-going health problems. They are also provided with Medicaid benefits for eight months.

All refugees must go through the screening process and live in the U.S. for a year in order to get their Green Card. Health screenings help prevent the spread of communicable diseases and protect the public. This program removes health barriers for the newly arrived refugees, and helps them become productive citizens.

- Interpreters are available to help assist with the refugee program
- Catholic Social Services, Ohio Department of Job & Family Services, and Public Health work closely to assure the best services are given to each refugee

Dayton Children’s Hospital, and Wright State University.

Of the organizations that reported their results to Public Health, 2,237 total individuals were weighed in; 2,172 were weighed out; 1,215 maintained their weight within a pound; 367 lost five pounds or more, and 482 gained weight. There was a total weight loss of 1,582 pounds.

Congratulations and thanks to all who participated in this year’s NASP Challenge!
A major factor in infant deaths is premature birth.

Infant Mortality Coalition is Convinced that Two Interventions Can Lower the Risk of Babies Being Born Too Soon

Tragically, too many babies are dying before their first birthday in our community. This is especially true for our Black population. In 2011 in Montgomery County, the infant mortality rate (IMR) was nearly three times as high for Black babies (17.1) as it was for White babies (6.0). The IMR represents the number of babies per 1,000 who die before their first birthday and is generally considered a good indicator of the overall health of a community.

A major factor in infant deaths is premature birth. The Montgomery County Infant Mortality Coalition has been working to expand two promising interventions for pregnant women that can help lower the risk of babies being born too soon:

The Coalition has partnered with health care, education, social services, and faith-based organizations to find ways to implement Progesterone Therapy and CenteringPregnancy® to reduce infant deaths and inequality in birth outcomes. In addition, the Coalition continues to seek more non-traditional partners to address the social factors impacting infant mortality. Factors such as race, education, income, housing, employment, access to social services and medical care, and the rising cost of health care for employers and employees, due to prematurity must be considered.

The Coalition applied to join a project with CityMatCH, the National Organization of Urban Maternal and Child Health Leaders. CityMatCH started the Institute for Equity in Birth Outcomes, a national group of urban communities bringing a scientific focus to improving equality in birth outcomes, especially for Black infant mortality and prematurity rates. The Institute provides training to local urban health departments.

Of 24 applicants, Dayton was chosen, along with the cities of Baltimore, San Francisco, and West Palm Beach.

Shortly after the first national Institute training in May 2013, Ohio started its own statewide Equity Institute. The Ohio Equity Institute is made up of nine teams from Ohio urban areas, and has input from the Ohio Department of Health. Montgomery County has Equity Institute teams working together at a state and national level. The teams have assessed infant morbidity and mortality data, attended trainings, and researched additional initiatives to reduce infant mortality in the county.

In 2011 in Montgomery County, the infant mortality rate was nearly three times as high for Black babies (17.1) as it was for White babies (6.0).
Public Health Teams Up to Tackle Tire Dumping Problem

To deal with the county-wide problem of dumped scrap tires, Public Health enhanced a partnership with the Montgomery County Sheriff’s Office, Montgomery County Solid Waste District, City of Dayton Public Works and the Ohio EPA. Dumped tires can breed mosquitoes, clog streams, and cause air-polluting fires. Working through an expanded Montgomery County Environmental Crimes Task Force, multiple solutions have been initiated.

Public Health sanitarians, Sheriff’s deputies and Dayton Public Works staff have made joint inspections of used tire dealerships to educate owners and monitor for proper tire disposal. Clean-ups of several larger dump sites have been coordinated through an Ohio EPA clean-up fund. Other clean-ups have been done by convicted dumpers as community service ordered by a sentencing judge.

The Task Force also helped plan and support the Solid Waste District-sponsored Tire BuyBack Event in September. The one-day event collected over 15,000 tires for recycling from county residents.

Tornado Strikes Vandalia

In November after an EF-1 tornado with estimated winds up to 110 mph hit Vandalia, Public Health staff surveyed local food establishments for storm damage and interruption of utility services. The loss of gas, electric or water service is a major concern at a food operation. Several businesses were severely affected.

Although there were no fatalities from the tornado, one retail location was completely destroyed and the City of Vandalia condemned another food operation due to structural damage. A third restaurant was significantly damaged by the high wind.

Ten food-type businesses were inspected to ensure food was protected. Concerns involved food temperatures, availability of water, and safe storage of foods during the power outages. Unfortunately, several of the restaurants that lost power had no choice but to voluntarily discard food due to unsafe temperatures. Some of the food operations used generators to temporarily restore power to their refrigeration units. Others had to transport food to facilities not affected by the storm. Some operations had power restored within the day while others were out of business for some time.

PUBLIC HEALTH by the NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
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<tr>
<td>Immunizations Given</td>
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<td>Indoor Air Inquiries</td>
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<td>Swimming Pool Inspections</td>
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<td>Birth and Death Certificates Issued</td>
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</table>

This table is a mere sampling of Public Health's many programs and services during 2013.
Public Health’s Program Addresses Growing National and Local Diabetes Problem

As part of a national effort by the Centers for Disease Control and Prevention, a lifestyle change program was designed to help those at risk for type 2 diabetes. In early March, Public Health began offering the National Diabetes Prevention Program (NDPP). Classes are offered at the Dr. Charles R. Drew Health Center for this 12-month program. A trained Lifestyle Coach helps participants through 16 weekly one-hour core sessions followed by monthly sessions to help maintain progress and change to prevent type 2 diabetes. The NDPP is based on research which shows those at risk for type 2 diabetes can decrease their risk by losing 7% of their body weight through healthy eating and physical activity.

In order to be eligible, participants must be 18 years of age or older and meet at least one of the following medical criteria:

- Body mass index (BMI) of 24 or higher
- Prediabetes (at high risk for type 2 diabetes)
- Fasting plasma glucose of 100 – 125mg/dl
- Oral glucose tolerance test (75gm) with two hour plasma glucose 140 – 199mg/dl
- Hemoglobin A1c 5.7 – 6.4
- Clinically diagnosed gestational diabetes mellitus during a previous pregnancy
- A statement from their doctor that determines they are at risk for developing type 2 diabetes
- Screening positive for prediabetes based on CDC’s prediabetes screening test

To learn more about your risk, take the risk assessment quiz at www.cdc.gov/diabetes/prevention or call Public Health’s Diabetes Program at (937) 225-5878.

Partners Provide Improved Access to Dental Care for Students

Our most recent Community Health Assessment outlines the unmet dental health care needs in Montgomery County. Almost 40% of adults in Montgomery County, age 18 and older, have no dental coverage; 18% of children have no dental coverage; and 22% of adults, age 65 and older, have had their teeth removed.

To address this public health issue, Public Health has developed a public/private partnership to improve access to dental health care for vulnerable populations. Along with Public Health, CareSource Foundation, GE Foundation, The Dayton Foundation, Miami Valley Hospital, Community Health Centers of Greater Dayton, and the Dayton Dental Society worked to expand a school-based dental sealant program. This service will allow 1,300 students with a high percentage of free or reduced cost meals to have sealants applied to prevent dental caries. The efforts of the partnerships also opened five dental operatory spaces at East Dayton Health Center, a federally qualified health center (FQHC). This will increase the access for children and adults with unmet dental needs.

2013 Ozone Season Cleanest in RAPCA’s History

Ozone is formed when nitrogen oxides (NOx) and volatile organic compounds (VOC) mix in warm, sunny conditions. Major sources of NOx and VOC emissions come from cars and trucks, industrial facilities and fossil fuel-fired power plants. Breathing ozone can trigger many health issues such as chest pain, coughing, throat irritation, and congestion. In worst cases, asthma, bronchitis, or emphysema may occur.

In 2011 there were 13 instances when the ozone exceeded healthy levels and 15 instances in 2012. However, in 2013 the Regional Air Pollution Control Agency’s (RAPCA) ozone monitors only measured one instance when the ozone exceeded healthy levels.
Healthy Lifestyles Help Prevent Chronic Disease

Prenatal alcohol exposure is the leading known preventable cause of mental retardation in the United States. **There is no known safe amount of alcohol or safe time to use alcohol during pregnancy.** Preventing alcohol-exposed pregnancies and thereby reducing the incidence of Fetal Alcohol Spectrum Disorders (FASD) is a key priority for the Women, Infants, and Children (WIC) program. During 2008-2012, Public Health received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to enact an Alcohol Screening and Brief Intervention (ASBI) study in the Montgomery County WIC offices to determine if ASBI could impact prenatal alcohol use among WIC participants. This study confirmed that providing these enhanced services does reduce the incidence of drinking alcohol during pregnancy.

During the funding period, 11,159 women were screened for alcohol use, or risky behaviors that could lead to alcohol use, and 546 (5%) screened positive. Of those who screened positive, 519 (95%) agreed to receive a brief intervention (BI). The BI is a 10-15 minute conversation that addresses the risks of alcohol use, the benefits of stopping, and ways to cope with risky situations that could lead to drinking. The participants set a goal to reduce or stop their drinking, and then looked at ways of reaching their goal. Staff encouraged and motivated the women during the process. After one BI, 97% of women reported abstaining from further alcohol use during their pregnancy and 99% of women abstained from further alcohol use after a second BI. These reports confirm that providing enhanced screening, BI and follow-up services works to reduce alcohol consumption during pregnancy and potential FASD.

In 2013, Public Health’s WIC program continued ASBI services as a permanent benefit of WIC participation. The WIC program has assisted the Ohio Department of Health’s State WIC office to make ASBI services a core benefit of all WIC offices in Ohio. A two-hour webinar was developed to train all WIC employees across the state in the ASBI process. Counties across the state began to train and implement the process in October, 2013. The FASD Task Force has also worked to begin integrating the ASBI process into primary care offices in Montgomery County.

“We found that as we had friendly conversations with these women about the dangers of using alcohol during pregnancy, they were very receptive, because no one wanted to do anything to harm their baby.”
Tracey Waller, WIC Supervisor

**Top 10 Causes of Death in Montgomery County (2011-12)**

1. Cancer
2. Heart Disease
3. Accidents/Unintentional Injuries
4. Chronic Lower Respiratory Disease
5. Alzheimer’s Disease
6. Stroke
7. Diabetes
8. Influenza/Pneumonia
9. Nephritis/Nephrotic Syndrome
10. Septicemia

“Cancer, Type 2 diabetes, heart disease, stroke, and lung disease are largely preventable by simply changing the way you live. Regular exercise and healthy eating, along with not using tobacco or drinking too much alcohol greatly reduce your risk for many chronic diseases.”

Jim Gross, Montgomery County Health Commissioner

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**WIC Screenings for Alcohol Use During Pregnancy Making a Real Difference**

**GOT QUESTIONS?**
CALL US AND TALK TO A REAL PERSON FOR ANSWERS.
(937) 225-5700

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 Monsanto’s Information & Referral

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Healthy Lifestyles Help Prevent Chronic Disease
www.phdmcom.org
Public Health’s Children with Special Healthcare Needs Program provides case management and service coordination for families with children who meet the medical and financial eligibility criteria. Assistance is provided to children under the age of 21 who are residents of Montgomery County. There are several programs that assist with the diagnostic services and treatment services that may be needed.

Public Health Nurse, Kristin Blair, helped put a smile on a little girl’s face. She was searching for ways to help her patient improve her fitness in a fun way. She looked into an AMBUCS™ AmTryke (a therapeutic tricycle designed to accommodate riders with varying degrees of physical limitations) and completed an application for the tryke.

Both physical and occupational therapists acknowledge the tricycle’s many therapeutic benefits, citing improved motor skills, strength development and self-esteem. Kristin was able to attend the fitting session at ABC Therapy, and Public Health provided the interpreter. Kristin arranged to pick up the Tryke (at Therapy Interventions) and deliver it to her patient. Kristin explained, “There was such joy in her eyes when she received her tryke. Public Health and AMBUCS™ made a difference in her life and she will be leading a healthier lifestyle as a result of this tryke!”

“There was such joy in her eyes when she received her tryke.” Kristin Blair, PHN

Cadast is “Betting On” More People Needing Help with Gambling Problems

With opportunities for legalized gambling in our area on the rise, Public Health’s Center for Alcoholism and Drug Addiction Services (cadast) is preparing to deal with an increase in problem gambling in Montgomery County. In addition to the Lottery, video terminals, harness racing, four ohio casinos, bingo and pull tabs, and internet and sports betting (illegal in Ohio), a new racino is scheduled to open in 2014. As a result, cadas which provides treatment and support services to individuals and families dealing with addiction, has expanded its services to include problem gambling.

The definition of problem gambling includes behavior which causes disruptions to major areas of life. This progressive addiction is characterized by an increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, and an inability to control gambling behavior in spite of mounting, serious, negative consequences. Contact cadast at (937) 461-5223 for a full professional assessment or more information.
The Food Protection Program supervises the licensing and inspection of all restaurants, grocery stores, vending machines, mobile food operations, and temporary food operations. Public Health conducts reviews of all new and remodeled facilities within the county. In 2013, Public Health sanitarians conducted over 10,000 food service inspections.

Why is this program so important? The Centers for Disease Control and Prevention estimates that each year roughly 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases.

Sanitarians must fulfill specific education requirements, pass a state exam, and receive mandatory continuing education to maintain their registration. During an inspection, sanitarians look for issues with sanitation, food labeling, sources of food, storage practices, and expiration dates; as well as proper cooking temperatures, cooling procedures, holding temperatures, contamination, food handling, and food preparation. In addition, inspectors observe employee handwashing, and question managers about employee health concerns.

The public can access online inspection reports under “Quick Links” at www.phdmc.org, and all public complaints are investigated by staff. The program emphasizes a two-pronged approach to working with operators: compliance and education. Bureau of General Services Supervisor, Alan Pierce states, “We want food operations to be successful so we work hard to educate businesses about the importance of food safety and protecting the public. Customers want good, safe food in a clean environment. We want patrons to be safe and healthy. We are trying to create a win-win situation for everybody.”
Public Health conducted mosquito surveillance throughout Montgomery County in 2013 for the presence of West Nile Virus (WNV). The virus is a potentially-deadly infection from the bite of an infected mosquito. Each summer Public Health staff places mosquito traps in public areas throughout the community. Through regular trapping and species identification, the local mosquito population is monitored, tested, and controlled.

The collected mosquitoes are counted and in past years were sent to the Ohio Department of Health (ODH) for testing of the WNV. In 2013, due to budget cuts at ODH, Public Health began “in-house” testing of the mosquitoes that were collected.

Public Health purchased the laboratory equipment and test kits to make qualitative WNV determinations. In preparation for the testing, Public Health staff attended training at the Ohio Department of Health, Vector-borne Disease Unit to learn how to differentiate the mosquitoes collected. Public Health was one of only four other local health districts in Ohio that tested mosquitoes for WNV in 2013. This was driven largely from the 30% positivity rate for WNV of pools collected in 2012, the highest positive rate since 2002.

Public Health collected 253 mosquito pools, tested 84 pools with 7 pools positive for WNV. As a result, three night-time mosquito spray applications were made and mosquito bite prevention information was distributed in the neighborhood. No confirmed human cases of West Nile Virus were reported in Montgomery County in 2013.

Guided by our core belief that we must provide the highest quality public health services in the most cost-effective and efficient manner, we looked for innovative ways to continue serving the needs of the community and be good stewards of taxpayer’s dollars. Since 2004, the agency has reduced its employee count over 30% from 391 to 269.

Public Health continued to experience the challenges of a sluggish local economy and reduced revenue in 2013. Faced with fewer resources to meet growing community needs, leadership continued to implement many difficult changes including a reduction in employees. Many skilled employees, who served in the community for years, lost their jobs. Since 2004, the agency has reduced its employee count over 30% from 391 to 269.

In July of 2014, ODH restored mosquito testing for West Nile Virus, after the program was temporarily discontinued in 2013. In the past, as many as 80 local health departments have used the state’s testing system.
A large part of the Public Health budget comes from the Human Services Levy. The levy process allocates money to those organizations and agencies that provide needed services in the most efficient ways. Every agency that receives dollars must account for how those dollars are spent.

**Why is Montgomery County’s Human Services Levy one of the best in the United States?**

**Because it works so well**

The levy money goes into one big pot and then every organization competes for those dollars. Those dollars from the levy are also magnified because they help bring in millions of dollars from state and federal sources.

In the past, there were many special purpose levies to fund various organizations that provided public health services, child abuse prevention, help for the frail elderly, services for those with developmental disabilities, and assistance for those dealing with alcohol, drug addiction and mental health issues. Now, all those programs and many more are supported by funds from the combined “umbrella” Human Services Levy.

**There is accountability**

All agencies that receive money are reviewed by Levy volunteers and must show how all HSL funds are spent. There is routine monitoring.

**The system reduces redundancy**

Levy-supported agencies also provide other needed services. A competitive process helps the money follow the most efficient programs and prevents duplication of services.

**Each year about 40-50% of the Public Health budget comes from the Human Services Levy.**

- Communicable Disease ($3.4)
- Environmental Protection ($2.2)
- Maternal & Child Health ($2.2)
- Health Promotion ($2.0)
- Neighborhood Health Centers - Subsidies ($1.4)
- Home Care Program ($0.8)
- Emergency Preparedness & Epidemiology ($0.6)
- Alcohol and Drug Addiction Services ($0.5)

**Public Health Funding Sources**

- Human Services Levy (46.3%)
- Grants (25.4%)
- Charges for Services (14.0%)
- Licenses, Permits, & Fees (12.4%)
- Miscellaneous (1.9%)