

**Mahoning County General Health District
Application for State Subsidy Allocation
for State Fiscal Year 2005**

Description: MCHD05
LHD Address: 50 Westchester Drive
Youngstown, Ohio 44515

LHD Type: County
Population:
County: Mahoning
County Type: Metropolitan

Section I: Staffing

<u>Classification</u>	<u>Name</u>	<u>EMail</u>
Board President	Baird, Margot	
Environmental Health Director	Setty, Richard	rsetty@mahoning-health.org
Nursing Director	Colaianni, Diana	dcolaianni@mahoning-health.org
Board Member	Heher, Michael	
Board Member	Dewar, Stephanie	
Health Commissioner	Stefanak, Matthew	mstefanak@mahoning-health.org
Board Member	Somers, Donald	
Board Member	Perry, Leonard	
Fiscal Officer	Janik, Ed	ejanik@mahoning-health.org
Medical Director	Frisch, Larry	lfrisch@mahoning-health.org

Staff Count

<u>ClassificationTitle</u>	<u>Full Time Employees</u>	<u>Part Time Employees</u>	<u>Full Time Contractors</u>	<u>Part Time Contractors</u>
Secretary/Clerk (I, II, etc.)	6.00	1.00	0.00	0.00
Accounts/Payroll Clerk	3.00	1.00	0.00	0.00
Senior Billing Clerk	0.00	1.00	0.00	0.00
Nursing Director	1.00	0.00	0.00	0.00
Health Commissioner	1.00	0.00	0.00	0.00
Fiscal Officer	1.00	0.00	0.00	0.00
Registered Sanitarian (Supervisory)	2.00	0.00	0.00	0.00
Clinical Supervisor	1.00	0.00	0.00	0.00
Environmental Health Director	1.00	0.00	0.00	0.00
Plumbing Inspector (I, II, etc.)	3.00	0.00	0.00	0.00
Emergency Preparedness/Bioterrorism	1.00	0.00	0.00	0.00
Computer Administrator	1.00	0.00	0.00	1.00
Legal Counsel/Departmental Attorney	0.00	0.00	0.00	1.00
Medical Director	0.00	0.00	0.00	1.00
Director of Health Education	1.00	0.00	0.00	0.00
Physician	0.00	0.00	0.00	1.00
Registered Sanitarian (I, II, etc.)	12.00	1.00	0.00	0.00
Health Educator (I, II, etc.)	2.00	1.00	0.00	0.00
Public Health RN (I, II, etc.)	5.00	6.00	0.00	0.00
Sanitarian in Training (SIT)	3.00	0.00	0.00	0.00
Other	7.00	0.00	0.00	0.00

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Section II: Certification of Compliance with Minimum and Optimal Standards

3701-36-04 (Ready for Review)

What we have done

<u>Standard</u>	<u>Comments or Justification</u>
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<i>3701-36-04-01</i>	
A. A system for making reports is available on a 24/7 basis and phone numbers are available for reporting public health emergencies.	created disease reporting warm line
C. Maintain regular communication between the health department and its emergency partners.	integrated planning and exercises with county EMA
D. Health care providers and labs know which diseases require reporting. They have time frames, and have a 24-hour local contact number. There is a process for identifying new providers in the community and engaging them in the reporting process.	communicable disease annual report and reporting requirements broadcast-faxed to all providers
E. A computerized Communicable Disease tracking system enables documentation of the initial report, investigation, findings, and subsequent reporting to the Ohio Department of Health and Centers for Disease Control and Prevention.	manage communicable disease reports and investigations with the Ohio Disease Reporting Systems (ODRS)
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<i>3701-36-04-02</i>	
A. The local department of Health is available for emergencies including possible disease outbreaks or other type of health threat on a 24/7 basis using night and weekend answering machine messages. These messages direct the caller what to do in the case of an emergency. Contacts are available to the Ohio Department of Health and appropriate local agencies within one (1) hour of contact (i.e. schools, public safety).	disease and unusual event warm line established
C. Telephone numbers, addresses, and/or information for other communication channels (i.e. e-mail or pagers) for weekday and after-hours emergency contacts are available to local staff and to the Ohio Department of Health.	responds to ODH requests for updated contact information; ODH contact information included in response plans; Notify Now used to alert agency staff
H. Disseminate research findings to public health colleagues.	submitted articles for publication; presented at state and national meetings
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<i>3701-36-04-03</i>	

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3701-36-04 (Ready for Review)

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| <p>A. Investigations of diseases of major public health concern (Class A1) begin immediately upon report. All other infectious disease investigations begin on a disease-specific basis in accordance with the most current Ohio Department of Health Infectious Disease Control Manual. Communicable disease staff performs their work in compliance with protocols and with the Ohio Revised Code and Ohio Administrative Code as demonstrated in case write-ups. A procedure for securing emergency biologics & treatments is documented.</p> | <p>written protocols in place for disease investigation and emergency treatment</p> |
| <p>C. Disease-specific investigation and intervention protocols are ready and understood by staff.</p> | <p>see A above</p> |
| <p>G. Recognize deviations from the normal that might indicate an emergency and describe appropriate action (i.e. communicate clearly within the chain of command).</p> | <p>pneumonia and influenza deaths in Youngstown are tracked during flu season</p> |

3701-36-04-04

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| <p>A. Addresses, telephone lists, e-mail/web-site addresses for media, health providers, and other frequent contacts are readily available and updated annually. This list is in the communicable disease manual and at other appropriate departmental locations. Communication with other response partners is coordinated in emergency response.</p> | <p>blast fax contract with Little Blue Book to reach all community providers; Health Alert Network (HAN) messages sent to email distribution list; list of media contacts maintained and updated by Public Information Officer (PIO)</p> |
| <p>C. Information is provided through public health alerts to key stakeholders and press releases to the media.</p> | <p>see A above</p> |
| <p>E. Staff having lead roles in communicating urgent messages have been trained in risk communication.</p> | <p>PIO and other readiness team members trained</p> |

3701-36-04-05

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| <p>D. Evaluate every emergency response drill (or actual response) to identify needed internal and external improvements.</p> | <p>conducted after-action debrief of mass flu vaccination campaign</p> |
| <p>I. Staff receives training and continuing in-service, and their participation in training opportunities and practice drills is documented.</p> | <p>1/3 of staff trained in ICS; most participated in ICS for flu clinics</p> |

How we plan to improve

Standard

Comments or Justification

3701-36-04-01

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| <p>B. Written protocols are maintained for receiving and reporting results of notifiable conditions, including electronic transmissions.</p> | <p>update written protocols</p> |
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3701-36-04 (Ready for Review)

D. Health care providers and labs know which diseases require reporting. They have time frames, and have a 24-hour local contact number. There is a process for identifying new providers in the community and engaging them in the reporting process. provide reporting requirements to new medical residents in July

F. Key indicators for communicable disease are a component of the Board of Health report, and are tracked and trended over time. define key indicators to track and trend

3701-36-04-02

G. Response plans coordinated with county emergency response plan. update public health-related appendices to county disaster response plans

L. Staff participates in continuing education to maintain up-to-date knowledge in areas relevant to emergency response. train all staff in National Incident Management System/Incident Command System (NIMS/ICS)

3701-36-04-03

F. Annual evaluation of a sample of communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols, with a written summary of findings and recommendations. conduct sample audit of disease reports and responses

3701-36-04-04

E. Staff having lead roles in communicating urgent messages have been trained in risk communication. seek additional training for backup PIO's

3701-36-04-05

K. Demonstrate readiness to a range of emergency situations during regular drills (for example: access, use, and interpret surveillance data; access and use laboratory resources; access and use science-based investigation and risk assessment protocols; identify and use appropriate personal protective equipment). plan exercises with OSU preparedness center consultants

3701-36-05 (Ready for Review)

What we have done

Standard

Comments or Justification

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3701-36-05 (Ready for Review)

B. Current information on health issues that affect the community is tracked (includes communicable disease, environmental health, and health status data). Data being tracked have standard definitions and use standardized and consistent qualitative and/or quantitative measures. Computer hardware and software are available and support word processing, spread sheets with basic analysis capabilities, databases, and e-mail internet access.

ODRS and annual communicable disease report; Behavioral Risk Factor Surveillance Surveys (BRFSS); STELLAR (lead poisoning cases); schoolchild BMI; child death review; MATCH (CFHS)

F. Staff performing assessment activities has documented training and experience in epidemiology, research, and data analysis. Attendance at training and peer exchange opportunities to expand available assessment expertise is documented.

CDC epidemiology courses completed by readiness staff; staff have or are pursuing graduate training in public health

3701-36-05-02

B. The health commissioner (or his/her designee) will be the designated public relations person.

F. Staff development in critical areas of environmental health threats and community health status will be tracked.

Health Assessment Unit develops annual curriculum for staff meetings for RS credit

3701-36-05-03

D. The local health department will use the community health improvement cycle self-assessment (CHIC) tool (or other alternate tool) to determine readiness of the local health department for the CHA process.

support Healthy Valley Alliance and the new PACE EH workgroup

G. Clinical services provided directly by the local health department or by contract have a developed quality improvement plan which includes specific quality-based performance or outcome measures.

conducted chart audits of clinics and voucher care providers

How we plan to improve

Standard

Comments or Justification

3701-36-05-01

C. Local health district will be responsible to promote information regarding the upcoming or in-progress assessment activities.

implement PACE EH Commission recommendations

3701-36-05-02

C. Assessment data is provided to community groups and representatives of the provider agency. This data is for community review and for the identification of emerging issues which may require investigation.

provide lead poisoning information to stakeholders

3701-36-05-03

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3701-36-05 (Ready for Review)

F. Appropriate health department staff is trained in quality improvement methods. train new staff in quality improvement methods (QStP)

3701-36-06 (Ready for Review)

What we have done

Standard

Comments or Justification

3701-36-06-01

B. Information is provided to the public about the availability of environmental health educational programs through contact information on brochures, flyers, newsletters, websites, or other mechanisms.

C. There are documented processes for involving community members and stakeholders in addressing environmental health issues, including education and the provision of technical assistance.

supported licensing council, tattoo and rabies advisory committees; hosted several installers meetings each year

H. Agency staff has training in risk communication. Staff conducting environmental health education programs has appropriate health education skills and training as evidenced by job descriptions, CV's, and/or training documentation.

readiness team trained in risk communication

3701-36-06-02

A. A surveillance system is in place to record and report essential indicators for environmental health risks and related illnesses. Results are included in the Board of Health report, and are tracked and trended over time. A system is in place to assure that data is shared routinely with local, state, and regional agencies.

published semiannual quality improvement report of home sewage program

3701-36-06-03

A. The local Department of Health is available for emergencies including possible disease outbreaks or other type of health threat on a 24/7 basis using night and weekend answering machine messages. These messages direct the caller what to do in the case of an emergency. Contacts are available to the Ohio Department of Health and appropriate local agencies within one (1) hour of contact (i.e. schools, public safety).

see previous standard

B. There is a plan that describes the local health department's role and responsibilities for environmental events or natural disasters which threaten the health of the people. This plan may be a subsection of the County Emergency Services plan. Ideally, it builds on the county plan, with more details specifying communicable disease, environmental health, and other local health department roles. Issues identified in event debriefing may lead to new or revised goals and objectives.

updated annex H to the county disaster response plan

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3701-36-06 (Ready for Review)

C. Data is routinely shared at local, regional, or statewide agency meetings. participates in regional readiness network of health districts

3701-36-06-04

B. Written policies, local ordinances, and state rules and codes are accessible to the public. health district regulations are posted on District Board of Health website

C. Fees and rules are applied as inserted in ORC/OAC.

E. An environmental health tracking system enables documentation of initial report investigation, findings, enforcement, and subsequent reporting to other agencies as required. created board order-court action tracking system

J. Identify public health issues that can only be addressed through laws. Review public health laws and regulations at least once every 5 years. Provide input to legislative, regulatory, or advisory groups for drafting proposed legislation, regulation, or ordinances. agency strategic plan requires 5 year rule review

3701-36-06-05

C. Environmental health educational programs exist or are in development. The local health department may also promote the development of such programs by other agencies. provided rabies education program; offered mandatory continuing education for sewage installers and plumbers

F. A comprehensive school health service for schools within the jurisdiction is established, and the content of the health education is agreeable to the school, health personnel, and the community. supported MASH coalition for coordinated school health; school nursing services provided in one school district

How we plan to improve

Standard

Comments or Justification

3701-36-06-01

C. There are documented processes for involving community members and stakeholders in addressing environmental health issues, including education and the provision of technical assistance. gather input from stakeholders for changes to commercial sewage system regulations

3701-36-06-02

A. A surveillance system is in place to record and report essential indicators for environmental health risks and related illnesses. Results are included in the Board of Health report, and are tracked and trended over time. A system is in place to assure that data is shared routinely with local, state, and regional agencies. reconvene FBI team to review foodborne disease protocols and market to reporting sources

3701-36-06-03

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3701-36-06 (Ready for Review)

F. The agency has a written, regularly updated plan for major categories of emergencies that respects the culture of the community.	plan updates will address non-English speaking residents
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3701-36-06-04

C. Fees and rules are applied as inserted in ORC/OAC.	conduct private water systems cost analysis
J. Identify public health issues that can only be addressed through laws. Review public health laws and regulations at least once every 5 years. Provide input to legislative, regulatory, or advisory groups for drafting proposed legislation, regulation, or ordinances.	review-update commercial sewage regulations

3701-36-06-05

C. Environmental health educational programs exist or are in development. The local health department may also promote the development of such programs by other agencies.	offer food safety workshop for operators
E. The surveillance system that promotes reporting of suspected foodborne illness is able to be summarized into an explanation for public awareness purposes (i.e. who is involved, how is data collected).	reconvene FBI team

3701-36-07 (Ready for Review)

What we have done

Standard

Comments or Justification

3701-36-07-01

A. The local health commissioner or his/her designee will be available to provide information to the public or media. If more in-depth information is needed, the request will be forwarded to the division or department responsible for that information, and will be followed up by the designated person.	communications policy updated
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3701-36-07-02

A. The local health department provides leadership in involving the community members in considering assessment information to set prevention priorities. A broad range of community partners takes part in the planning and implementation of prevention efforts. Identify and maintain a listing of key community constituents.	led the PACE EH and Healthy Valley Alliance community health planning processes; participated in United Way Community Impact Teams, GM UAW Health Care Initiatives, and OPHLI Teams
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3701-36-07-03

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3701-36-07 (Ready for Review)

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| <p>C. There is summary information available to the public regarding the preventive services that are available in the community. This may be a document produced by a partner organization for the entire community, or it may be produced as a paper or web-based product by the local health department.</p> | <p>District Board of Health programs are described on our website</p> |
| <p>J. Community and stakeholders will provide input to Family and Child Health Councils in the selection of providers and contracts.</p> | <p>CFHS Consortium members guide selection of providers</p> |
| <p>O. Health promotion activities may include “social marketing” that is targeted at the entire population or populations at risk in the community.</p> | <p>funded buckle-up seat belt campaign</p> |
| <p>R. Staff has training in health promotion methods as evidenced by training documentation.</p> | |

How we plan to improve

Standard

Comments or Justification

3701-36-07-01

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| <p>B. Prevention priorities are selected with involvement from the Board of Health, community groups, and other organizations interested in the public’s health.</p> | <p>implement PACE EH recommendations</p> |
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3701-36-07-02

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| <p>A. The local health department provides leadership in involving the community members in considering assessment information to set prevention priorities. A broad range of community partners takes part in the planning and implementation of prevention efforts. Identify and maintain a listing of key community constituents.</p> | <p>conduct MCH needs assessment for CFHS RFP</p> |
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| <p>E. Staff is trained in community mobilization methods as evidenced by training documentation.</p> | <p>seek training for key staff members in coalition building</p> |
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3701-36-07-03

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| <p>M. Technical assistance and training in health promotion activities are provided to community organizations as required.</p> | <p>provide Tobacco-Free Toolkit for participating schools and PLANET training in lead poisoning screening for health care providers</p> |
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3701-36-08 (Ready for Review)

What we have done

Standard

Comments or Justification

3701-36-08-01

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3701-36-08 (Ready for Review)

C. The strategic plan and/or a collaborative community health assessment are utilized to identify critical personal health needs and the stakeholders responsible for assuring their delivery. participated in United Way Community Impact Teams that developed Roadmap for Success

3701-36-08-02

A. A resource list of providers of critical health services is used by local health department staff and contractors for client referrals. Help Hotline directory subscriber

3701-36-08-03

C. Information is provided to community groups, stakeholders, and healthcare providers on access to services. results of child immunization coverage surveys disseminated to community

D. Periodic surveys are conducted regarding the availability of critical health services and barriers to access. These surveys are reported and incorporated into the gap analysis. Develop criteria and evaluate access, quality, and effectiveness of personal health services in the community every 3 years. conducted county-level BRFSS in 2000

E. Staff performing collection and/or monitoring activities are trained appropriately. outsourced BRFSS data collection and analysis to local university

3701-36-08-04

A. Community groups, stakeholders, and health care providers are convened to address access to primary health care services, set goals, and take action based on information about local resources and trends. This process may be led by the local health department, or it may be part of a separate community process sponsored by multiple partners, including the local health department. convened and obtained funding for a child immunization coalition; convenes CFHS Consortium

G. Information is provided to community groups, stakeholders, and healthcare providers on access to health department services. information provided through website, brochures, Family First Council, Help Hotline

H. Health care services provided by the local health department would be considered in the community health assessment process as a resource to address access to primary care services.

L. Compliance with requirements of funding sources, including grants and reimbursement for care, is maintained. Data tracking and reporting systems include services provided, populations served, and their relationship to target populations identified in gap analysis. Provide for referrals to other appropriate health care providers and track follow-up to care referrals. Develop, measure, and track key indicators of care (i.e. immunization rates, frequency of perinatal care, entry into care for perinatal patients) of local health department patients. Coordinate delivery of local health department services with other personal health care services to populations encountering barriers. MCH indicators are tracked

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3701-36-08 (Ready for Review)

M. Assure staff has appropriate credentials to provide clinical services and assure continuing education and continuing licensure/certification. Provide new employee orientation, employee in-service, and continuing education experiences where appropriate. Partner with academic institutions to provide clinical sites for training programs when appropriate (nursing, medicine, nutrition, etc.).

students from YSU, Akron, NEOUCOM, PSU received practical experience at the District Board of Health

How we plan to improve

<u>Standard</u>	<u>Comments or Justification</u>
<p><i>3701-36-08-01</i></p> <p>C. The strategic plan and/or a collaborative community health assessment are utilized to identify critical personal health needs and the stakeholders responsible for assuring their delivery.</p>	<p>conduct MCH needs assessment for CFHS RFP</p>
<p><i>3701-36-08-02</i></p> <p>E. Program evaluation material is used to review and update department programs annually.</p>	<p>make better use of MATCH data</p>
<p><i>3701-36-08-03</i></p> <p>D. Periodic surveys are conducted regarding the availability of critical health services and barriers to access. These surveys are reported and incorporated into the gap analysis. Develop criteria and evaluate access, quality, and effectiveness of personal health services in the community every 3 years.</p>	<p>add questions to 2005 BRFSS related to insurance, access, and utilization of preventive health services</p>
<p><i>3701-36-08-04</i></p> <p>A. Community groups, stakeholders, and health care providers are convened to address access to primary health care services, set goals, and take action based on information about local resources and trends. This process may be led by the local health department, or it may be part of a separate community process sponsored by multiple partners, including the local health department.</p>	<p>develop a child immunization plan to achieve universal coverage by 2010</p>

3701-36-09 (Ready for Review)

What we have done

<u>Standard</u>	<u>Comments or Justification</u>
<p><i>3701-36-09-01</i></p> <p>C. Program performance measures are monitored, data analyzed, and regular reports document the progress toward program goals.</p>	<p>published bubble chart of annual performance measures</p>
<p><i>3701-36-09-02</i></p>	

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3701-36-09 (Ready for Review)

A. Staff is in compliance with licensure and certification requirements for public health professionals.

B. Local public health management provides for and encourages staff participation in orientation, continuing education, and training programs (including evaluation and assessment). They assist staff in the development of leadership skills (priority setting and decision making) and core public health competencies.

D. Employed staff must meet minimum qualifications and job descriptions should reflect current duties.

3701-36-09-03

A. Policies and procedures describe the process used to develop recommendations for board action in the development of health policy issues. Legal counsel of the board of the health jurisdiction shall review laws, regulations, and ordinances, and provide legal services to support local health department operations.

legal counsel reviews proposed changes to health district regulations

3701-36-09-04

A. Written policies and procedures regarding confidentiality describe the methods for assuring protection of data (passwords, firewalls, and backupsystems). Additionally, these policies and procedures describe the methods governing the use and sharing of data within the local health department and with partner agencies.

B. Staff is trained to protect the confidentiality of medical records and personal data according to HIPAA requirements, and they all have signed confidentiality agreements. This includes staff members who work with patient data/information and clinical records.

E. All communicable disease, environmental health, and other program data is submitted to local, state, regional, and federal agencies as required utilizing confidentiality policies and procedures.

3701-36-09-05

A. Board of Health members are included on urgent public health alert distribution lists.

C. Procedures for exercising legal authority for disease control are documented (i.e. for non-voluntary isolation). Findings and recommendations for changes at the policy level are included in Board of Health reports.

SARS added to list of quarantinable conditions

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3701-36-09 (Ready for Review)

G. The local health department provides staff access to researchers for research in epidemiology, health policy, health service, or health economics.

maintained academic affiliations with NEOUCOM, Kent, YSU

H. Maintain regular communication between the health department and its emergency response partners.

J. Findings and recommendations at the policy level are included in Board of Health reports. Describe the chain of command and management system (incident command system or similar protocol) for emergency response in the jurisdiction. Medical Director is involved in the development of the command system and has a designated role during outbreaks and/or disasters.

How we plan to improve

Standard

Comments or Justification

3701-36-09-01

F. The local Board of Health serves as the local governmental entity for providing policies, procedures, and protocols for the enforcement of public health laws, regulations, ordinances, and services. Enforcement shall be conducted in a timely manner. Written job descriptions are developed for all public health positions and employees are evaluated based on these job descriptions. Job descriptions are reviewed and updated as needed, and at least every 3 years.

review job descriptions every three years

3701-36-09-02

B. Local public health management provides for and encourages staff participation in orientation, continuing education, and training programs (including evaluation and assessment). They assist staff in the development of leadership skills (priority setting and decision making) and core public health competencies.

incorporate NIMS/ICS training in new employee orientation curriculum

3701-36-09-03

B. Monitored data and recommendations are evaluated at least annually for incorporation into revisions of goals and objectives.

monitor sewage system effluent quality to identify best system designs and set goals for increasing installations of these designs

3701-36-09-04

C. Community members and stakeholders have assured compliance with confidentiality policies and practices as appropriate.

incorporate reciprocal agreements with contractors into service agreements

3701-36-09-05

H. Maintain regular communication between the health department and its emergency response partners.

readiness coordinators will continue to collaborate with county EMA and other health districts

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