

DISTRICT BOARD OF HEALTH

"A Report on the Health of the District in 2005"

March 2006

Mahoning County

Pandemic Flu Planning and Preparedness

Local public health has taken a multi-faceted approach in the planning and preparedness for pandemic influenza. The District Board of Health has been working with the Emergency Management Agency to develop comprehensive preparedness plans as well as identify strategic partners in this endeavor. Identified below is an abbreviated checklist which provides guidance as the Board of Health continues to develop preparedness plans.

- Planning
- Interoperable Communications
- Citizen Preparedness and Participation
- Risk Management
- Epidemiological Surveillance and Investigation
- Public Health Laboratory Testing
- Emergency Operations Center Management
- Critical Resource Logistics and Distribution
- Volunteer Management and Donations
- Responder Health and Safety
- Public Health Safety and Security
- Firefighting
- Animal Health Emergency Support and Environmental Health and Vector Control
- Citizen Protection - Evacuation and/or In-Place Protection and Mass Care
- Isolation and Quarantine
- Emergency Public Information and Warning
- Triage and Pre-Hospital Treatment
- Medical Surge
- Medical Supplies
- Mass Prophylaxis
- Fatality Management
- Economic and Community Recovery

In addition to Public Health Preparedness, the Department of Health and Human Services has provided guidance for pandemic influenza checklists specific for a business, the faith based community, as well as individuals and families.

For more information, www.pandemicflu.gov.

Health Boards Work Together to Give Flu Shots



Giving flu shots to thousands of people became a little easier in 2005 when the District Board of Health, the Youngstown City Health District and the Struthers Health Department worked together to hold joint flu shot clinics. On October 25, 2005, members of the Struthers Health Department staff joined the staff of the District Board of Health at St. Anne's Byzantine Church Hall in Austintown for our first flu clinic of the 2005 season. The cold, rainy day did not deter over 800 seniors, children and individuals with chronic illnesses from coming to get their flu shots.

On October 27, 2005, a flu clinic was held at the Millcreek Community Center on Glenwood Avenue in Youngstown. Staff members from the District Board of Health, the Youngstown City Health District and the Struthers Health Department participated. This clinic was the first opportunity for all three Boards of Health to work together at a flu clinic. It was also the first opportunity for all three Boards of Health to practice the Incident Command System (ICS) in a joint setting.

The ICS, which is now called the National Incident Management System (NIMS), has been adopted nationally by safety forces and first responders as an organized method of handling emergency situations such as a hazardous spill event or a natural disaster. The NIMS is a logical way of organizing people to handle large emergencies. Public health workers also need to be prepared to respond to situations such as a disease outbreak that requires a mass vaccination program. The flu clinics gave all three Boards of Health the opportunity to function in the roles of the National Incident Management System. Dr. Larry Frisch, medical director of the District Board of Health, served as Incident Commander for the Austintown flu clinic. Mr. Bob Hewett, director of environmental health at the Youngstown City Health District, served as Incident Commander at the Millcreek Center flu clinic. Other staff members functioned in ICS roles.

On November 30, 2005, the District Board of Health staff joined the Struthers Health Department staff for a flu clinic at St. Nicholas Church Hall in Struthers. Over 300 people received flu shots at this half-day clinic. Dr. John Yemma, Struthers Health Commissioner, served as Incident Commander. Dr. Chuck Wagner, medical director for the Struthers Health Department, remarked that, "this was a helpful and very rewarding experience for all who participated."

The District Board of Health nursing division held 14 additional flu clinics throughout the general health district. Pneumonia shots were also offered. Information about childhood and adult immunizations is available through the nursing division at (330) 270-2855, ext. 125.

Health District Report Card

Mahoning County Townships, Villages, and City of Canfield

2002 birth and death data is currently the latest available from the Ohio Department of Health

2002 BIRTHS

Live Births	1,383
Low Birth Weight Births*	100
Birth to Teen - Under 18	32

*less than 2,500 grams or 5.5 pounds

MATERNAL HEALTH FACTS

Births every day	4
Births in a hospital	100%
Saint Elizabeth Health Center	51.1%
Forum Health Northside	31.0%
Prenatal care during 1st trimester	90.0%
Did not use alcohol during pregnancy	99.4%
Did not smoke during pregnancy	84.5%

2002 DEATHS

Infant Deaths	5
Total Deaths	1,594

4.4 deaths occurred every day
 1.4 heart disease deaths occurred every day
 1 cancer death occurred every day
 1 infant death occurred every 73 days

2002 YPLL

Leading causes of death by age group and years of potential life lost (YPLL)

Age of Death	Causes	YPLL
<1 Years Old	congenital anomalies	129.0
	medical complication	64.5
	digestive disorder	64.5
	SIDS	64.5
1-14 Years Old	accidents	171.0
	cancer	57.0
15-24 Years Old	accidents	180.0
	homicide	180.0
	suicide	135.0
	cancer	45.0
25-44 Years Old	cancer	360.0
	accidents	300.0
	heart disease	150.0
	suicide	120.0
	HIV	60.0
45-64 Years Old	cancer	900.0
	heart disease	620.0
	lung disease	80.0
	stroke	80.0
	liver disease	60.0
	diabetes	60.0
	accidents	50.0

Years of Potential Life Lost (YPLL) is the number of years a person may have lived if he/she had not died before age 65.

For example, if a person dies at age 60, the YPLL is 5. If a person dies at age 65, the YPLL is 0.

2004 COMMUNICABLE DISEASES*

Chlamydia	89
Hepatitis C	54
Gonorrhea	33
Campylobacteriosis	14
Salmonellosis	14
Giardiasis	8
<i>Haemophilus influenzae</i> (invasive disease)	6
Cryptosporidiosis	5
Meningitis, aseptic	5
<i>Streptococcus pneumoniae</i> , drug resistant	4
Kawasaki disease	3
Hepatitis B	2
Legionnaires' disease	2
Lyme disease	2
Pertussis	2
<i>Streptococcus pneumoniae</i> , invasive	2
Encephalitis, primary viral	1
Encephalitis - LaCrosse	1
Hepatitis A	1
Meningitis, other bacterial	1
Streptococcal toxic shock syndrome	1
Shigellosis	1
Streptococcal disease, invasive Group A	1
Streptococcal infection, Group B - neonatal	1
Syphilis	1
Tuberculosis	1
Yersinia	1

*Mahoning County townships, villages, and the cities of Canfield and Campbell

2002 LEADING CAUSES OF DEATH

Causes of Death	Number	Health District Rate*
Heart Disease	483	313.0
Cancer	363	235.2
Stroke	103	66.7
Lung Disease	93	60.3
Alzheimers	55	35.6
Diabetes	44	28.5
Accidental Death	39	25.3
Flu/Pneumonia	33	21.4
Septicemia	31	20.1
Kidney Disease	30	19.4

*unadjusted rate per 100,000 population

Core Competencies*

Required for the Practice of Public Health

*Defined as knowledge, skills and abilities demonstrated by the organization through the collective contributions of its members that are critical to the effective and efficient function of the organization in performance of its mission.

- COMMUNICATION (dynamic process grounded in respect for diverse voices)
- INFORMATION MANAGEMENT (using technology to manage the transfer of information to end users)
- ASSESSMENT, PLANNING, AND EVALUATION (the continuous quality improvement cycle)
- VISIONARY LEADERSHIP (collaborative leadership to reach the shared vision)
- SYSTEMS THINKING (future-oriented problem solving, and decision-making)
- PARTNERSHIPS AND ACCOUNTABILITY (optimizing performance through shared resources and accountability)
- PROMOTING HEALTH AND PREVENTING DISEASE (putting the art and science of public health into action)

NEW INITIATIVES TO BOLSTER SCHOOL HEALTH AND SAFETY

“Two new initiatives to improve the school inspection program in Ohio were launched in 2005,” said Rick Setty, director of environmental health.

First, the Ohio Department of Health convened a committee to revise and update the school inspection guidelines used by local boards of health. The guidelines currently in use date from 1977 and have been in need of revision for some time. The new School Inspection Manual was completed in July. In the fall of 2005, the District Board of Health received an invitation to pilot the draft guidelines. The board then became one of twelve health districts statewide to volunteer for the project. Inspections were conducted in a targeted sample of eighteen Mahoning County schools. Our findings and recommendations were compiled and submitted to the state for their review and consideration.

Secondly, Amended Substitute House Bill Number 203, better known as Jarod’s Law, was passed by the Ohio legislature and signed into law by Gov. Bob Taft in December. This bill addresses three major issues: 1) it provides for at least annual inspections of all public and private schools, using new rules to be adopted within the next eighteen months, 2) it establishes the School Health and Safety Network to coordinate school inspections and 3) it specifically includes school inspections within the practice of environmental health for registered sanitarians.

At the time inspections are completed, copies will be sent to all entities comprising the network, which includes the state auditor. When sanitarians document any conditions that may be hazardous to occupants, the school board must submit an abatement plan to the local board of health. When the abatement plan is complete, the board of health conducts a supplemental report to all the entities making up the network.

“We hope that these new standards will prevent situations from occurring like the one that prompted this legislation,” Setty said.

BE A GERM STOPPER.

Cover Coughs and Sneezes. Clean Hands.

Cover your mouth and nose when you cough or sneeze.
Use a tissue and throw it away.

Clean your hands a lot

- ✓ After you sneeze or cough
- ✓ After using the bathroom
- ✓ Before you eat
- ✓ Before you touch your eyes, mouth or nose

Washing hands with soap and water is best. Wash long enough to sing the “Happy Birthday” song twice. Or use gels or wipes with alcohol in them. The alcohol kills germs!!

Stop Germs. And stop colds and flu.

To learn more, please visit www.cdc.gov/germstopper

NO COMPLAINTS ABOUT RECORD RESPONSE TIMES

“The Solid Waste Program addresses a wide range of complaints from uncollected curbside garbage to open dumping of solid waste and construction and demolition debris to abandoned houses,” said Mary Helen Smith, solid waste director. In accordance with both the Ohio law and District Board of Health regulations, the Solid Waste Program responds to complaints and, if necessary, issues notices of violation to non-compliant property owners. A record response time to open dumping and housing complaints was set with an initial response time of approximately three business days in 2004. “On average the solid waste complaints were resolved within 34 days and the housing complaints were resolved or abated within 48 days,” Smith said. Complaints can be filed by completing the form online, downloading the complaint sheet from the Board of Health’s website (www.mahoning-health.org) and mailing it in, or in person during normal business hours.

2004 Top Baby Names in Ohio

Boy

Jacob
Ethan
Andrew
Michael
Matthew

Girl

Emma
Madison
Emily
Olivia
Hannah

Boosters Are For Big Kids

Did you know most kids need to ride in a booster seat from about age 4 until at least age 8?

The 5-Step Test

1. Does the child sit all the way back against the auto seat?
2. Do the child’s knees bend comfortably at the edge of the auto seat?
3. Does the belt cross the shoulder between the neck and arm?
4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay seated like this for the whole trip?

If you answered “no” to any of these questions, your child needs a booster seat to ride safely in the car.
Kids like boosters because they are more comfortable, too!

Please buckle up.



what’s holding you back?

PACE EH: A Step Toward The Future

The PACE EH (Protocol for Assessing Community Excellence in Environmental Health) Report published in April 2005 identified three main environmental concerns in the Mahoning Valley: **Sprawl, Indoor Air Quality, and Drinking Water**. In 2005, the newly formed PACE EH Workgroup took a step toward the future and developed **these vision and mission statements**:

Vision Statement:

The PACE-EH Workgroup will be recognized as the catalyst responsible for improving and protecting the environmental health of the Mahoning Valley, where businesses, government, and residents are practicing an active lifestyle in a healthy environment.

Mission Statement:

As our communities continue to grow and change, the PACE-EH Workgroup will improve the environmental health of Mahoning Valley residents by collaborating with local, state and federal government, businesses, organizations, and individuals to promote the thoughtful use of our land, air, and water through education, advocacy, and legislation.

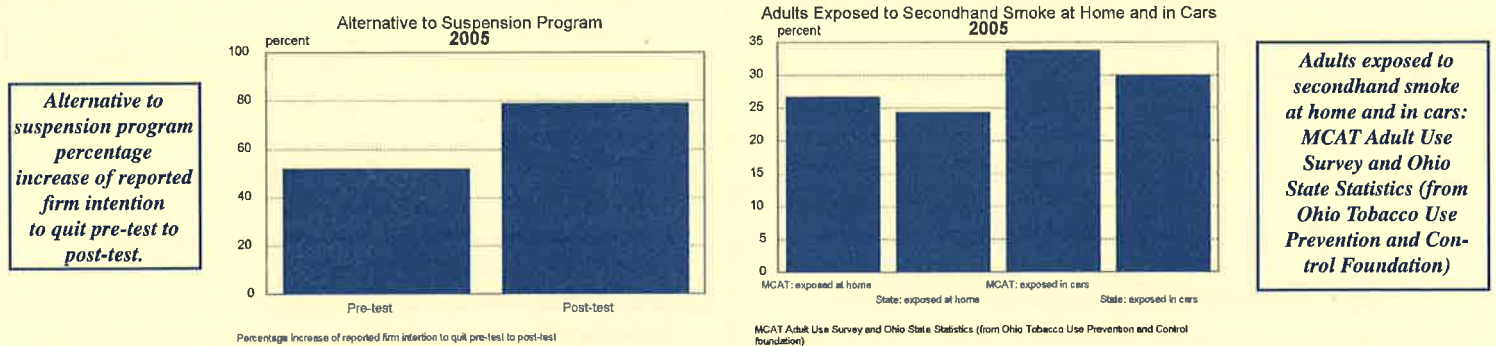
During 2006, the PACE Workgroup will implement initiatives on a short term basis that focus on radon testing and annual well water testing for bacterial quality while developing long term community plans to assess the health impacts of sprawl. Anyone interested in this process may access the report at <http://www.mahoning-health.org/SpecialReportsUpload/PACE EH Report.pdf> or contact Mary Helen Smith at (330) 270-2855 ext. 134.

MCAT ROLLS INTO ITS FOURTH YEAR

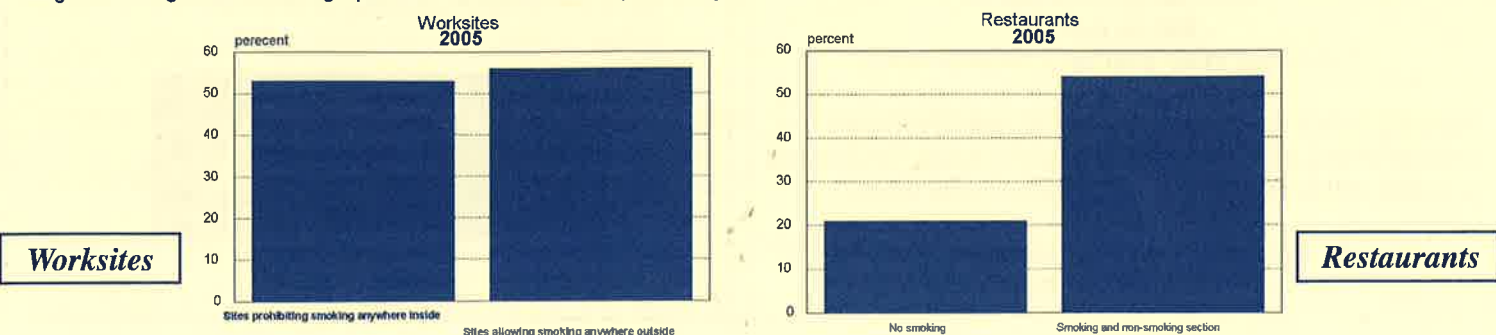
Highlights from Year 3

The Mahoning, Columbiana and Trumbull (MCAT) Tobacco Prevention and Control Coalition received a grant extension through December 2006 to mark the fourth year of its funding. MCAT enjoyed many successes among their objectives during its third year. In our alternative to suspension program, we found that 52% of the youth taking the pre-test had a firm intention to quit. "After the youth completed the program, we discovered that number increased to 79% on the post-test! That's an increase of 53% saying they intended to quit after they had completed the program," said Heather Krause, community health education specialist. The graph below illustrates the increase.

The coalition began surveying adults to measure adult use. Of the adults surveyed, 26% were smokers. This percentage is consistent with the state level. However, the level of exposure to secondhand smoke at home or in cars was higher than the state average. Adults reported that 26.7% of them had been exposed to secondhand smoke at home over the last 7 days (state average: 24.4%) and 33.8% had been exposed to secondhand smoke in cars over the last 7 days (state average: 30%). In Year 4 of our grant, we will be implementing programs to reduce the percentages of smokers and reducing the number of those exposed to secondhand smoke. The graph below illustrates these results and the state averages.



We also surveyed worksites and restaurants to measure the extent that smoking is permitted indoors. We found that 53% of worksites do not allow smoking anywhere inside. However, most worksites allow smoking anywhere outside (56%), increasing the chances that employees and customers have to walk through secondhand smoke to enter a building. Of those restaurants surveyed, only 21% do not allow smoking, with a majority (54%) having a smoking section. The graphs below illustrate these percentages.





Bird Flu - Larry Frisch, MD, MPH Medical Director

As this is written, bird flu is on nearly everyone's mind. Oprah's recent show has increased an already high public interest. Interest could quickly turn to anxiety as the death toll continues to - slowly - increase. What is bird flu, and should we be worried about it? Let's start with a more general question: What is "flu"?

Flu (short for "influenza") is a viral infection that affects a wide variety of animal species throughout the world. While there is also a "type B" flu, the most serious flu is "type A". People are not the only hosts for influenza A, far from it. Susceptible animals for type A include: birds (all kinds), pigs, dogs, cats, horses, seals, whales, minks, ferrets, and of course humans. Type A Influenza is classified by its two chemical components: hemagglutinin (H) and neuraminidase (N). These are physical parts of the virus that determine how the virus gets into a cell after it comes into contact with a potentially susceptible animal.

Most of our experience with flu comes from yearly influenza outbreaks. During the summer months influenza infections are common in the Southern Hemisphere: especially Southeast Asia and also Australia. One or more of the strains that circulate in Asia during the summer tend to find their way north for our winter bringing us a yearly flu season. We actually don't know precisely how the virus makes its way from Asia to North America and Europe, though it probably passes mostly from person to person. Our rapid transportation systems undoubtedly play a role, but yearly flu was a part of life hundreds of years ago when travel was much slower.

The influenza virus changes (mutates) frequently, so that this year's virus is usually at least a little different from last year's. However, every twenty to thirty years the influenza virus undergoes a major genetic change that allows it to evade our immune systems. We don't know why this happens, but it has consistently occurred 3-4 times in each century since at least the 1500s (when we started noticing). When this major genetic change (called "antigenic shift") occurs, we have a world pandemic. The word "pandemic" implies that nearly everyone gets sick, but pandemics can vary widely in their severity.

There were three pandemics in the 20th century: 1968, 1957, and 1918. One was pretty bad (1957), one made us worry a lot but didn't cause that much actual trouble (1968), and one was catastrophic (1918). During the 20th century we also had a number of flu "false alarms". We worried a lot that several other flu outbreaks (1976, 1997, 1999) would become pandemic - but they didn't. We don't entirely understand why some flu spreads in a pandemic fashion and other years the flu behaves in its normal unpleasant winter manner. But what we mustn't forget is that compared to other recent pandemics, the 1918 outbreak was medically and economically devastating. Flu in 1918 caused over half a million deaths in the US alone and 40-100,000 worldwide. Compare that to yearly US deaths of about 30,000 from influenza (though the validity of this figure has been disputed).

The 1918 flu caused a huge "blip" in an otherwise sharply-declining U.S. death rate. Economic costs from flu in 1918 are difficult to estimate but probably very high. Our society is much more complex now so a comparable pandemic could be much more costly. The 1918 flu was especially atypical in whom it killed. Unlike "normal" flu which singles out the elderly and young children, the 1918 pandemic - while not sparing the very young and old - seemed to have its most devastating impact on young adults: the healthiest and strongest members of society.

A 1997 Pandemic that didn't happen: In 1997 several people in Hong Kong died after exposure to sick chickens. The chickens had influenza due to an H5 influenza virus which had never before been known to infect people. In response, hundreds of thousands of Hong Kong chickens were culled, public health officials worldwide held their breaths, and - fortunately - nothing more happened...for a while.

Now fast forward: In 2003, birds in Asia started to die from a virus that was soon found to be identical to the H5N1 influenza strain that had killed birds and people in Hong Kong in 1997. Between December, 2003 and March, 2004 11 persons died, millions of birds died or were culled, and as you know...since 2004 the virus has spread widely in wild birds and has caused at least 160 human illnesses with about 70 deaths (as of early February, 2006). The virus currently doesn't infect people very efficiently, but we do not yet know whether a human pandemic will result. But this is certainly not a good time to be a bird! Cats also seem highly susceptible and have a high mortality.

If a pandemic occurs, we have very limited tools with which to fight this virus. Vaccines are our best ally in fighting flu, but vaccine production is a slow process. We currently have vaccines available that are effective in preventing spread to mice, but if we roll these out for humans now we may have picked the wrong target. Remember that the virus will likely have to mutate to spread. If we make a vaccine before a major mutation occurs it may be a vaccine for yesterday's virus. Not a good thing to do. So we are moving only slowly in vaccine production. Worse, current vaccine production requires large numbers of chickens (actually their eggs). What if these chickens get avian flu? We are working on developing non-egg vaccine sources, but this process will take time.

What about Tamiflu? We currently have four drugs that are potentially effective against influenza virus. Only two of these are available in large quantities, and these may not be effective because of viral resistance. Tamiflu may be effective, but it is expensive, in short supply, and probably for effectiveness must be taken both in relatively high doses and for a relatively long time. Despite all the Tamiflu "hype", its potential effect on the risk of death from avian flu remain uncertain.

Will we be using quarantine? Quarantine is confining potentially exposed persons where they are unlikely to expose others in the period between exposure and when they might be expected to come down with illness. At the time of this writing China is quarantining several persons who had contact with sick birds but haven't yet gotten sick. There is little evidence that quarantine works, but the CDC is still encouraging us to develop potential sites for quarantine (and plans to get food and other necessities to persons placed in quarantine).

What about restriction of movement? Would it help to stop travel, close schools, close malls, or ban public meetings? We have neither evidence nor experience, but best opinion is that none of this is likely to greatly impact the spread of flu. In the absence of other useful interventions we might choose to restrict movement in the hope that it would delay spread, even if it is not likely to have a long term effect on the severity of pandemic influenza.

So what IS being done? Hospitals and local health departments are engaging in regional planning because - whether or not it is bird flu - some kind of pandemic influenza is inevitable several times in this century. When the next pandemic comes it may not be as lethal as bird flu currently seems to be. CDC will guide our distribution of Tamiflu supplies and development and distribution of vaccine that becomes available. Public health will have to determine who should preferentially get scarce medication or vaccine. Processes are underway to define populations at highest risk in order to assure the most appropriate and fair distribution.

Some other things that need to happen. - We must try to stop a worldwide illicit trade in birds, especially of brightly colored birds and birds of prey, and most especially of birds originating in countries which currently have Avian flu. Don't buy smuggled birds, but DO feel free to eat chicken. Standard public health advice applies: cook it well, and wash your hands with soap and water after touching raw meat. - We can help people learn and practice hand washing. The virus is spread in large part by our hands touching contaminated surfaces and then coming in contact with our eyes or nose. Sneezing (uncovered!) is also a risk, but there is little doubt that hand washing helps reduce risk of influenza.

Should we be afraid? The answer to this one is much simpler than you might expect; it is simply "no". First, fear does us no good. Despite all the bird flu hype, there is no certainty that we will have a pandemic caused by avian influenza. Pandemics have been part of human life for centuries - perhaps forever. Today's bird flu IS catastrophic for birds and it DOES have the potential for affecting people. But potential is a far cry from reality. Public health both locally and nationally is working hard at planning for pandemic influenza - however it hits us. Your fear may benefit someone - but surely not you.

An Action Plan to Eliminate* Childhood Lead Poisoning

"Despite a significant investment of public funds in the identification and remediation of lead hazards in children's homes and a steady decline in the number of lead-poisoned children, lead poisoning remains the most common environmental health disease threatening children in Mahoning County," according to Joe Diorio, director of lead poisoning prevention program at the District Board of Health.

Concerned about the persistently high number of residential properties with unremediated lead hazards that could place many more children at risk, the Mahoning County Family First Council began a campaign in 2003 to advocate for the elimination of this disease from Mahoning County by 2010.

One of the results from their campaign resulted in the development of an Action Plan to Eliminate Childhood Lead Poisoning from Mahoning County by 2010. This Action Plan relies on three main strategies to eliminate this disease from the community:

Test the Children who are not getting tested for lead poisoning

- A.** Documentation
- B.** Enforcement
- C.** Abatement/Remediation
- D.** Demolition
- E.** Maintaining Lead Safe Housing

Communicate with one voice to the community about childhood lead poisoning

- A.** Inter-Agency Communications
- B.** Leadership Collaboration
- C.** Neighborhood-Based Approaches
- D.** Housing Industry Approaches
- E.** Health Care Approaches
- F.** Continue to Convene Stakeholders
- G.** Involvement of the Media

Reduce the number of non-compliant housing units

The complete Action Plan is available on the Family First Council's website at <http://www.familyandchildrenfirst.co.mahoning.oh.us>

*less than 4% of children tested in 2010 will have blood lead levels 10 micrograms per deciliter or higher (baseline: 9.4% in 2004)

<p>Mahoning County at a glance for calendar year 2004: Number of children that had a blood lead test – 2,573 Number of children lead poisoned (10mcg/dL and greater) – 135</p>

Septic Systems: Operations and Maintenance

The pressure for functioning septic systems and clean water continues by way of Best Management Practice directives from the Ohio Department of Transportation, management plan initiatives by the Ohio Environmental Protection Agency and pending wastewater rules from the Ohio Department of Health. "The District Board of Health has been vigilant in its efforts to address these concerns and protect public health by implementing the operations and maintenance program for septic systems as it was established in 1997," said Wes Vins, director of wastewater programs.

The operations and maintenance program includes repaired septic systems that are designed to discharge following treatment or new technology systems that have been installed since 1997. The most notable systems include aeration, sand mound, and drip irrigation. "Of the nearly 18,000 septic systems in Mahoning County, 466 systems are currently enrolled in the program for routine inspections," Vins said. The inspections include a full system evaluation and the collection of a water sample if possible. The water samples collected are analyzed at the Board of Health Laboratory for fecal coliform, suspended solids and biological oxygen demand to determine the effectiveness of treatment.

The owners of the evaluated systems receive the water results and recommendations for maintenance that may include **adding chlorine** for disinfection prior to discharge, **pumping the tank** to remove accumulated solids or **having the system serviced by a manufacturer's representative**.

Ohio's pending Household Sewage Treatment System rules (that may become effective as soon as May 2006) will make septic system installations and repairs meet more stringent standards and focus heavily on system maintenance. "The operations and maintenance program fulfills many of the anticipated changes and has provided excellent opportunities for the Board of Health to educate the owners of septic systems. Informed homeowners can clearly lead to better maintenance of septic systems, fewer failures and ultimately a safer community," Vins said.

Homeowners interested in a complete information packet and a septic system maintenance fact sheet are encouraged to contact the Board of Health to "Protect Their Investment."

Never Enter a Septic Tank and Always Call Before You Dig

Key points of septic system maintenance:

1. Pump tank(s) as recommended
2. Add Chlorine tablets as needed to aeration systems
3. Do not park cars or place heavy objects on septic systems
4. Be careful near septic systems
5. Contract with a service provider for aeration system maintenance

2005 FINANCIAL STATEMENT

REVENUES

LOCAL REVENUES

Local Taxes: Inside Millage and Tuberculosis Levy	\$997,939
Environmental Health License, Registration, and Permit Fees	890,276
Contracts with Governmental Agencies	655,894
Laboratory Services Fees	133,023
Personal Health Services Patient Paid Fees	106,520
Rental Income	49,760
Miscellaneous Revenues	1,684
SUB-TOTAL LOCAL REVENUES	\$2,835,096

STATE AND FEDERAL REVENUES

Ohio Department of Health Funded Grants/Projects	
State Funded Dollars Include:	\$189,574
Child and Family Health Services Block Grant	
Help Me Grow Program	
Rabies Surveillance Contract	
Federal Funded Dollars Include:	680,557
Child and Family Health Services Block Grant	
Childhood Lead Poisoning Prevention CDC Grant	
Lead Regional Resource Center Grant	
Public Health Infrastructure Grant	
WIC Program	
Medicaid/ Medicare Reimbursement for Services	110,690
Other State and Federal Dollars Include:	567,446
Adult Day Services Grant - Area Agency on Aging	
Safe Communities Grant - Ohio Dept. of Public Safety	
OVI Task Force Grant - Ohio Dept. Public Safety	
Ohio Tobacco Use Prevention and Control Grant	
Passport Program - Area Agency on Aging	
Lead Abatement Grant - HUD	
Homestead and Rollback Reduction Funds	
State Subsidy	47,810
SUB-TOTAL STATE AND FEDERAL REVENUES	\$1,596,077

TOTAL REVENUES

\$4,431,173

EXPENDITURES	FEDERAL/STATE	LOCAL	TOTALS
Environmental Health Services	\$ 89,797	\$1,434,416	\$1,524,213
Personal Health Services	968,409	511,893	1,480,302
Administrative & Support Services	343,185	554,098	897,283
Health Promotion and Assessment	266,822	81,885	348,707
Laboratory Services	-	339,175	339,175
TOTAL EXPENDITURES	\$1,668,213	\$2,921,467	\$4,589,680

THIS IS AN UNAUDITED FINANCIAL STATEMENT

"Laboratory Services Scopes Out Mold"



In recent years, Mahoning Valley residents have experienced flooding in their homes, raising concerns about toxic mold and other fungi. It has been determined that these can affect young children, especially those suffering from asthma. The District Board of Health has responded to these concerns by acquiring funding to set up a mold testing laboratory through a partnership with Mahoning County's Healthy Homes Grant. According to Lab Director Lee Benson, "The number of inquires from the public for mold testing are growing each year."



Laboratory Services' new partnership with Healthy Homes is due to the success of an existing collaboration with the Mahoning County Lead Hazard program. Using this grant, Laboratory Services has upgraded existing microscopes and procured other equipment necessary to conduct this type of testing. In addition to mold, the grant allows for the analysis of dust mites, cockroaches, and other allergens.

The Laboratory started testing mold samples in 2005 and is now moving towards Environmental Microbiology Accreditation, which will allow for the lab to do testing on behalf of the general public.

STAFF MEMBER APPOINTED TO STATE BOARD

In September, 2005, Governor Bob Taft announced the appointment of staff member Richard Setty, RS to the State Board of Sanitarian Registration. The governor appointed Setty to fill the unexpired term of Janet Rickabaugh, Ph.D., former Clermont County Health Commissioner, who resigned following her retirement.

Setty holds a bachelor's degree in environmental health from Wright State University and has practiced environmental health since 1976. After serving in various positions on the state and local level, he joined the District Board of Health in 1990. He has served as director of environmental health since 1999, and becomes the first sanitarian from the Mahoning Valley to serve on the board.

The State Board of Sanitarian Registration protects the public health by ensuring registered sanitarians possess and maintain specialized knowledge and skills in the field of environmental health. This is accomplished by minimum education standards, examination, continuing education requirements and investigation of complaints filed with the board.

District Board of Health Officers & Employees

2004 District Advisory Council

Robert McCracken, Chair
Karen Novak, Secretary

Board of Health

Donald Somers, President
Michael Heber, Vice President
Margot Baird
Stephanie Dewar, MD
Leonard Perry
Bev Fisher, Alternate

Health Commissioner

Matthew Stefanak, MPH
Medical Director
Lawrence Frisch, MD, MPH

FINANCE AND HUMAN RESOURCES DIVISION

Edward Janik, CPA, Director
Ronald Harvischak, Grants Fiscal
Manager
Kathy Affagato, Grants Fiscal
Manager
Darlene Sawyers, Fiscal/Personnel
Officer
Kathleen Svasta, Administrative
Assistant
Michele Olin, Office Manager
Lori Keller, Account Clerk II
Tina Marie Schneider, Secretary
Julie Thompson, Secretary
Linda Zmith, Secretary

ENVIRONMENTAL HEALTH DIVISION

Richard Setty, RS, Director
Eleanor Cegan, RS, Sanitarian
John Hallas, RS, Sanitarian
Kimberly Hobbs, RS, Sanitarian
Deanna Maurer, RS, Sanitarian
Andrew Stefan, RS, Sanitarian
Sandra Senedak, RS, Sanitarian
David Beaver, CPI, Plumbing
Inspector
Charles Gilmartin, CPI, Plumbing
Inspector

Solid Waste Program

Mary Helen Smith, RS, Director
David Fetchko, RS, Sanitarian
Angelo Italiano, MA, RS, Sanitarian
Misty Koletich, RS, Sanitarian

Wastewater Program

Wesley Vins, RS, Director
Danton Hutton, RS, Sanitarian
Paul Greco, SIT
Ryan Tekac, RS, Sanitarian
Jessica Veitz, RS, Sanitarian
Anthony Veitz, RS, Sanitarian
Joseph Mansky, Plumbing Inspector

NURSING DIVISION

Diana Colaianni, MSN, RN, Director
Linda Ewing, MSN, RN, CPNP,
Deputy Director of
Nursing for Clinical Services
Public Health Nurses
Brenda Christensen, RN
Erica DiNello, RN
Marianne Evans, RN
Debra Moss, RN
Susan Springer, RN
Carol Komar-Vadino, MSN, RN
Carol Sabo, RN
Denise Walters, RN
Cynthia Bracaglia, Medical Technician
Laura Scalise, Secretary
Marilyn Jeswald, Secretary

Adult Day Services

Rita Nolfi, MSN, RN
William Michael, Van Driver
Joyce Naymick, Activities
Coordinator

Tuberculosis Elimination Program

Shawn Hunter-Little, TB Registrar
Kathleen Berry, RN, Outreach Nurse
Robert DeMarco, MD, Tuberculosis
Control Officer

Lead Poisoning Prevention Program

Joseph Diorio, MS, RS, Director
Nicholas Cascarelli, MHHS, Outreach
Educator
Stefano Napolitano, RS, Sanitarian
Jason McKinley, SIT
Kathleen Terreri, RN, Pediatric
Coordinator
Rosemary Totterdale, Data Entry
Operator

LABORATORY SERVICES DIVISION

Lee Benson, RS, Director
Janine Soubra, Lab Technician
Ralph Widger, Lab Assistant
Cheryl Gladwell, Secretary

HEALTH PROMOTION AND ASSESSMENT UNIT

Jane Warga, Med, CHES, Director
Heather Krause, Health Education
Specialist
Lori Nestor, Secretary

Years Ago in Public Health

75 years ago

January 16, 1931 - the Board of Health appoints Dr. George Davis as the health district's third health commissioner since the district's creation by the Ohio legislature in 1920.

50 years ago

March 5, 1956 - Health commissioner Dr. Charles Scofield reports that 20,000 dogs were vaccinated against rabies and 7,073 dogs were destroyed by the dog warden in 1955.

25 years ago

February 3, 1981 - eight cases of measles are reported in an outbreak in Austintown schools.
June 9, 1981 - the Board of Health approves a contract with the city of Youngstown to provide plumbing inspections in the city.

10 years ago

March 1, 1996 - the Board of Health receives \$81,000 in community development block grant funds to help homeowners repair their septic systems in Milton township.
December 19, 1996 - the Board of Health enacts regulations setting sanitary standards for tattoo establishments.

District Board of Health Mahoning County

50 Westchester Drive
Youngstown, Ohio 44515

Health Commissioner
Environmental Health & Plumbing
Health Promotion & Assessment
Lead Poisoning Prevention Program
Nursing and Clinics
Solid Waste Program
(330) 270-2855
Adult Day Services
(330) 782-1749
Laboratory Services
(330) 270-2841
Tuberculosis Clinic
(330) 744-4246
Toll-free in Mahoning County
1-800-873-MCHD



www.mahoning-health.org

The District Board of Health is a public agency that provides public health services to the 163,773 residents of the Mahoning County General Health District. Health districts are political subdivisions created by the Ohio Legislature in 1919. The Mahoning health district comprises the townships and villages of Mahoning County and contracts with the cities of Canfield and Campbell. Board of Health members are appointed by representatives from each of the townships and villages. Ohio law requires the district health commissioner to make a public report on the health of the district each year.



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Photos Courtesy of Doug Dobravsky