

2015 Annual Report Mercer County-Celina City Health District





UPDATE FROM THE HEALTH COMMISSIONER

Amy Poor, BS, MSM

“Most people are unaware of the numerous programs, services and activities that local health departments provide. In this report we try to touch on many of those programs, but I encourage you to follow us on Facebook or visit our website to stay informed about public health issues and the services provided by the dedicated staff at *your* Mercer County Celina City Health Department.”



The Health Commissioner's 2015 Highlights

Accreditation is the word. MCCCHD has made huge strides in the pursuit of accreditation from PHAB. The catalyst has been Jason Menchhofer, R.S., who has also agreed to assume the Accreditation Coordinator position.

With him at the helm, we have completed a strategic plan, quality improvement plan and workforce development plan.

These documents, along with his persistence, will guide us to the finish line.

Dr. Philip Masser decided to resign this year as the Medical Director for the Health Department. He had dedicated over 20 years of service with MCCCHD and served as the Health Commissioner. We truly appreciated all of his dedication and support.

He led the charge to find a replacement, which allowed us to hire Dr. Jonathan Winner, D.O. on November 9th, 2015.

The Mercer County Celina City Health Department has seen a lot of changes in 2015.

We expanded our workforce with two new part-time positions. Bill Steinbrunner accepted the Emergency Response Coordinator position bringing with him a wealth of knowledge, especially with his prior experience with the American Red Cross.

Lori Koenig has been a wonderful asset in her role as Clerical Specialist. She exudes great internal and external customer service.

MCCCHD has been collaborating with Mercer Health to generate another Community Health Assessment (CHA). ODH is pushing for legislature that will move Public Health Departments from a 5-year Assessment cycle to the same 3-year cycle as the hospitals. We hope to have this accomplished in the first quarter of 2016.

ODH is also proposing that each Public Health Department coordinate their CHA with the State Health Assessment (SHA) to better align initiatives statewide.

We had two employees who moved onto new opportunities and big shoes to fill.

We were very fortunate to hire Jason Menchhofer, Registered Sanitarian, from Van Wert County Health Department; as well as Kayleigh Rutschilling, Registered Nurse from Mercer Health Obstetrics unit.

With the influx of new employees, it gave us a chance to ramp up our orientation process.

MCCCHD hit a milestone in 2015 by becoming the **FIRST** Northwest Ohio Health Department to complete all 17 Public Health Emergency Preparedness Capabilities.

This accomplishment stems from the amazing work our staff has done over the years with the Annual Drive Thru Flu Clinic for county residents. An amazing 598 shots were given at this clinic on October 8, 2015. We also had amazing support with 13 other entities and area businesses from the area assisting us in this effort. A shout out to our wonderful group of MRC Volunteers; without them we could never pull it off!



Leadership Team



Michelle Kimmel, R.S.
Environmental Health Director



Amy Poor, BS, MSM
Mercer County Health Commissioner

Jason Menchhofer, R.S.
Accreditation Coordinator



Deb Scheer, R.N., B.S.N.
Emergency Preparedness Director/EPI



Julia Shaffer, R.N., B.S.N.
Nursing Director



Medical Director

Jonathan Winner, D.O.

Mercer County Board of Health

Diane Lefeld, R.N., 2016 Board President

Edward Hosbach, D.O., 2016 Board Vice-President

Julie Fleck, Licensing Council Member

Theodore Bertke

James Moran

MERCER COUNTY HEALTH DEPT ORGANIZATIONAL CHART



MERCER COUNTY HEALTH DEPT

STAFF DIRECTORY

ADMINISTRATION DIVISION

Amy Poor, BS, MSM (EXT 1273)
Health Commissioner
apoor@mccchd.org

Jonathan Winner, D.O.
Medical Director
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Amber Mustard, BS (EXT 1271)
Fiscal Specialist
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Lori Koenig (EXT 1287)
Clerical Specialist
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Kristi Timmerman (EXT 1277)
Vital Statistics Registrar/ Billing Manager
ktimmerman@mccchd.org

HEALTH SERVICES DIVISION

Julia Shaffer, BSN, RN (EXT 1279)
Director of Health Services
jshaffer@mccchd.org

Amy Schmidt, RN (EXT 1282)
Public Health Nurse II, BCMH Coordinator
aschmidt@mccchd.org

Kayleigh Rutschilling, BSN, RN (EXT 1280)
Public Health Nurse I
krutschilling@mccchd.org

EMERGENCY RESPONSE DIVISION

Deb Scheer, BSN, RN (EXT 1298)
Director Emergency Preparedness/Epi
dscheer@mccchd.org

Bill Steinbrunner, BS, MS (EXT 1286)
Emergency Response Coordinator/MRC
bsteinbrunner@mccchd.org

ENVIRONMENTAL DIVISION

Michelle Kimmel, RS (EXT 1274)
Director of Environmental Health
mkimmel@mccchd.org

Jason Menchhofer, R.S. (EXT 1272)
Accreditation Coordinator
Environmental Sanitarian II
jmenchhofer@mccchd.org

Lindsay Hess, CMA (EXT 1270)
Certified Medical Assistant
lhess@mccchd.org

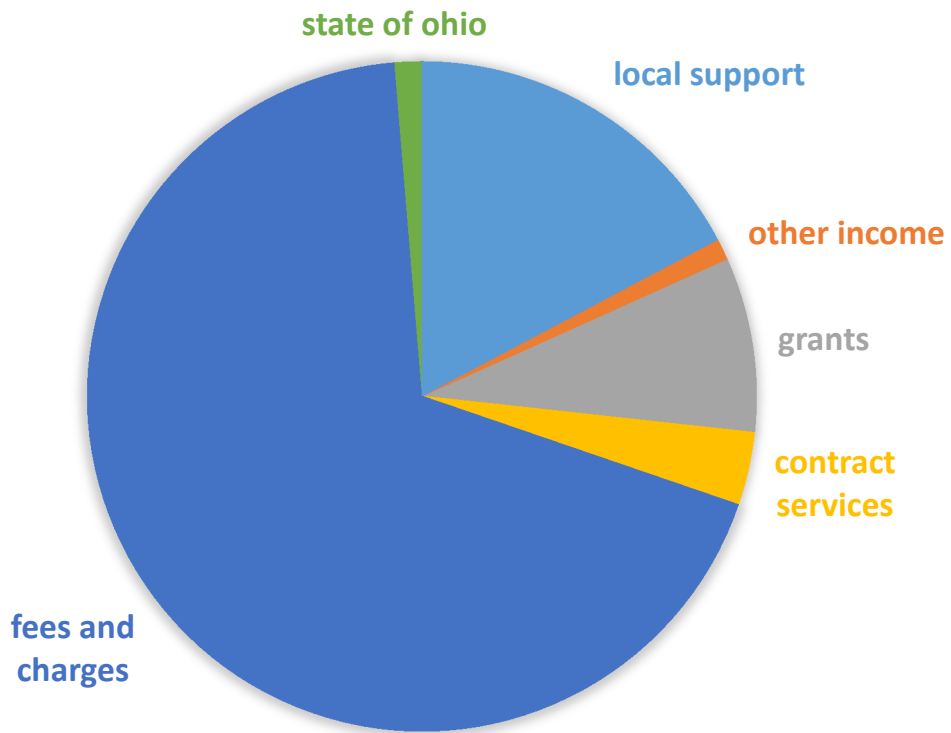
Lisa Vondrell, BSN, RN (EXT 1278)
Public Health Nurse I
lvondrell@mccchd.org

Leah Vantilburg BSN, RN (EXT 1269)
Public Health Nurse I
lvantilburg@mccchd.org

2015 FINANCIAL REPORT

INCOME

\$144,626	★ ★
grants	
\$60,164	★
contract services	
\$1,172,099	★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
fees and charges	
\$22,600	★
state of ohio	
\$295,500	★ ★ ★
local support	
\$17,660	★
other	



The 2016 General Fund Budget

- The *General Fund (Estimated Revenue)* is \$1,408,980.42 of which \$295,500 is the DAC contribution which makes up 21% of the Health District's General Fund Revenue.
- The *General Fund (Estimated Expenses)* is \$1,551,956.07. The DAC helps support 19% of these commitments.
- The 2015 Year-End Annual Financial Report was submitted to the State Auditor and the Ohio Department of Health according to ORC Guidelines. The end-of-year revenues were \$1,754,543.55 and the end-of-year expenses were \$1,598,399.77. There was a Carryover Balance of \$424,695.31 into 2016.
- The Health Department will submit the Tentative 2017 General Fund Budget for approval at the next board meeting on April 20, 2016.
- The State Auditor completed our 2013-2014 Fiscal Year Audit on January 14, 2016 and a record can be found on the Ohio Auditor's Website.
- **The 2016 Political Sub-Divisions Health Department cost remained unchanged since 2012**
 - Total Valuation of the (14) Townships = \$727,513,470 or 67%
 - Total Valuation of the (9) Corporations = \$354,265,460 or 33%, includes Celina's 22% contribution.
 - Total Valuation of the (23) Political Subdiv. = \$1,081,778,930
 - Total Political Sub-Division Health Department cost = \$295,500
 - Health Department Projected 2016 Expenses = \$1,860,268.62
 - \$ For Health Insurance Increases
 - \$ For Cost of Living Adjustments
 - We are currently understaffed by at least 1.5 Sanitarians, 1 FT Nurse and would like to change our PT Emergency Coordinator and Secretary to be Full-Time to keep up with standards set by State.
 - We've had to increase other fees in the past year to cover the other lack of revenue from State and local support.

Annual Financial Report SYFY 2015

Revenue

A. Local Source Funds

1) Carryover		\$370,078.19
2) Local Governmental Funds		
a. Inside Millage		\$0.00
b. Public Health Levy(s)		\$0.00
c. Local General Revenue (other than inside Millage)		\$295,500.00
d. Contracts with other Cities or Counties (e.g. ORC3709.07,,.08, etc.)		\$34,453.62
e. Contract with County Commissioners for Tuberculosis		\$0.00
f. Passthrough (subgrants received from another local health departments / entities - do not include these funds elsewhere as they will be included by the original receiving department)		\$0.00
g. Monies from other local Governmental Entities		\$0.00
h. Family and Children First Council		\$0.00
j. Total for Local Governmental Funds		\$329,953.62
3) Personal Health Services (fees for services and personal health services other than home health)		
a. Medicaid / Managed Care Reimbursement		\$42,902.32
b. Medicare Reimbursement		\$10,056.86
c. Other Private Insurance Reimbursement		\$180,418.81
d. Patient Fees / Sliding Fees		\$704,508.90
e. Health Promotion Fees		\$400.00
f. Other		\$618.00
g. Total for Personal Health Services		\$938,904.89
4) Home Health Services (cannot be entered unless Home Health Certification is specified on Overview tab)		
5) Environmental Health (include fees collected for State and contracts)		
a. Campgrounds		\$10,135.54
b. Food Service		\$62,778.36
c. Manufactured Home Parks		\$0.00
d. Marinas		\$0.00
e. Private Water		\$27,773.80
f. Sewage		\$25,475.60
g. Solid / CDD Waste		\$60,347.39
h. Swimming Pools		\$5,972.52
i. Plumbing		\$0.00
j. Other		\$0.00
l. Total for Environmental Health		\$192,483.21
6) Vital Statistics Fees (include fees collected for state)		\$79,381.48
7) Laboratory (cannot be entered unless Laboratory Certification is specified on Overview tab)		
a. Clinical (Medical)		\$0.00
b. Environmental Health		\$0.00
c. Total for Laboratory		\$0.00
8) Locally Funded Projects/Special Contracts (non-governmental agencies)		
a. Health Promotion		\$0.00
b. School-based Health Center		\$0.00
c. School Nursing		\$12,610.00
d. Other		\$0.00
e. Total for Locally Funded Projects/Special Contracts		\$12,610.00
9) Donations		\$166.00
10) Miscellaneous Income		
Total for Miscellaneous Income		\$0.00

Total Local Funds		<u>\$1,923,577.39</u>
B. State Funds		
1) Carryover		\$0.00
2) State Subsidy		\$7,657.99
3) ODH Funded Projects/Grants		
	As Reported by ODH	As Reported by LHD
a. State Funded Dollars	\$19,577.99	\$22,600.00
b. Federal Funded Dollars	\$315,365.79	\$97,809.07
c. Total for ODH Funded Projects/Grants	\$334,943.78	\$120,409.07
4) Other State Funded Projects/Grants		
a. State Funded Dollars		\$0.00
b. Federal Funded Dollars		\$0.00
c. Total for Other State Funded Projects/Grants		\$0.00
Total State Funds		<u>\$128,067.06</u>
C. Federal Funds		
1) Carryover		\$0.00
2) List only those grants/contracts received DIRECTLY from federal government		
STIR 2015		\$975.00
EBOLA 2016		\$752.00
NACCHO 2015		\$3,500.00
IAP 2015		\$11,331.00
Total for grants/contracts received from federal government		\$16,558.00
Total Federal Funds		<u>\$16,558.00</u>
Grand Total		<u>\$2,068,202.45</u>

Remitted Funds & Expenditures

Revenue collected on behalf of a State Entity

a. Fee Remitted to Ohio Dept of Health	\$50,721.62
b. Fee Remitted to Ohio Environmental Protection Agency	\$37,960.93
c. Fee Remitted to Ohio Dept of Agriculture	\$1,554.00
d. Fee Remitted to Ohio Div of Real Estate	\$257.50
e. Fee Remitted to Ohio Dept of Natural Resources	\$0.00
TOWNSHIP SHARE	\$872.15
Total Other Remitted Fee	\$872.15
Total Fees Remitted	\$91,366.20

Expenditures by Source of Funds

Program Area	A. Local	B. State	C. Federal	Total Expenditures (A+B+C)
1) Personal Health				
BCM	\$0.00	\$20,783.92	\$0.00	\$20,783.92
Total for Personal Health	\$0.00	\$20,783.92	\$0.00	\$20,783.92
2) Health Promotion				\$0.00
a) Tobacco Control and Prevention	\$0.00	\$0.00	\$0.00	\$0.00
b) Injury Prevention	\$0.00	\$0.00	\$0.00	\$0.00
c) Chronic Disease	\$0.00	\$0.00	\$0.00	\$0.00
d) Infant Mortality/Preterm Birth Prevention	\$0.00	\$0.00	\$0.00	\$0.00
e) Total for Health Promotion	\$0.00	\$0.00	\$0.00	\$0.00
3) Home Health	\$0.00	\$0.00	\$0.00	\$0.00
4) Environmental Health				
Campgrounds	\$2,093.26	\$0.00	\$0.00	\$2,093.26
Food Service	\$29,610.42	\$0.00	\$0.00	\$29,610.42
Private Water	\$14,404.74	\$0.00	\$0.00	\$14,404.74
Other	\$50,973.67	\$0.00	\$0.00	\$50,973.67
Solid / CDD Waste	\$8,625.08	\$0.00	\$0.00	\$8,625.08
Swimming Pools	\$2,105.30	\$0.00	\$0.00	\$2,105.30
Total for Environment Health	\$107,812.47	\$0.00	\$0.00	\$107,812.47
5) General Administration	\$242,039.07	\$0.00	\$0.00	\$242,039.07
6) Vital Statistics	\$11,165.26	\$0.00	\$0.00	\$11,165.26
7) Laboratory				
a. Clinical	\$0.00	\$0.00	\$0.00	\$0.00
b. Environmental	\$2,525.00	\$0.00	\$0.00	\$2,525.00
c. Total for Laboratory	\$2,525.00	\$0.00	\$0.00	\$2,525.00
8) Accreditation	\$0.00	\$0.00	\$0.00	\$0.00
9) Communicable Disease Control and Investigation	\$0.00	\$0.00	\$0.00	\$0.00
10) Epidemiology and Assessment	\$0.00	\$0.00	\$0.00	\$0.00
11) Emergency Preparedness	\$0.00	\$0.00	\$0.00	\$0.00
12) Capital Equipment	\$3,644.96	\$0.00	\$0.00	\$3,644.96

13) Other Source Description

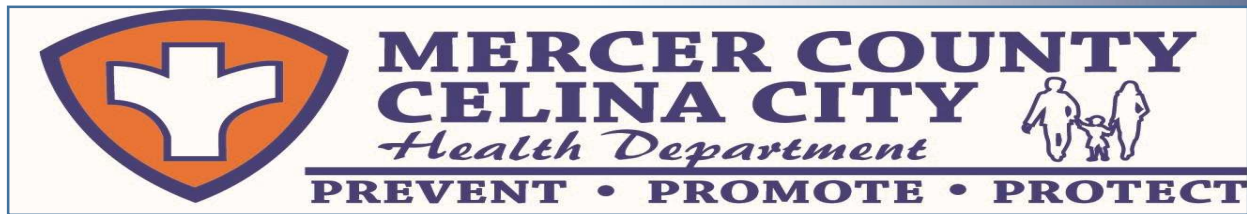
PHEP 2015	Other	\$0.00	\$0.00	\$47,558.27	\$47,558.27
EBOLA 2016	Other	\$0.00	\$0.00	\$1,082.85	\$1,082.85
STIR 2015	Personal Health	\$0.00	\$0.00	\$1,317.21	\$1,317.21
NACCHO 2015	Other	\$0.00	\$0.00	\$3,398.26	\$3,398.26
IAP 2015	Personal Health	\$0.00	\$0.00	\$11,344.98	\$11,344.98
PHEP 2016	Other	\$0.00	\$0.00	\$35,906.72	\$35,906.72
MRC	Personal Health	\$0.00	\$0.00	\$7,131.17	\$7,131.17
VACCINE COST	Personal Health	\$657,303.41	\$0.00	\$0.00	\$657,303.41
MEDICAL	Personal Health	\$7,590.78	\$0.00	\$0.00	\$7,590.78
SUPPLIES COST					
HEALTH SERV	Personal Health	\$289,768.80	\$0.00	\$0.00	\$289,768.80
Total Other Source		\$954,662.99	\$0.00	\$107,739.46	\$1,062,402.45
Total Expenditures		\$1,321,849.75	\$20,783.92	\$107,739.46	\$1,450,373.13
Total Expenditures & Fees Remitted					\$1,541,739.33

Staffing

Number of hours per year considered full-time				1560
Salary and Wages Expenditure				\$465,924.75
Fringe Benefits Expenditure				\$220,240.11
Accreditation Coordinator	0.50	0.00	0.50	
Emergency Preparedness Coord.	0.80	0.00	0.80	
Environmental Health Director	1.00	0.00	1.00	
Fiscal Officer	0.75	0.00	0.75	
Health Commissioner	1.00	0.00	1.00	
Medical Director	0.00	0.33	0.33	
Nursing Director	1.00	0.00	1.00	
Other	1.00	0.00	1.00	
Other II	0.50	0.00	0.50	
Other III	0.00	0.00	0.00	
Public Health RN (I, II, etc.)	3.60	0.00	3.60	
Public Information Officer	0.25	0.00	0.25	
Registered Sanitarian (I, II, etc.)	0.50	0.00	0.50	
Secretary/Clerk (I, II, etc.)	0.80	0.00	0.80	
Senior Billing Clerk	0.50	0.00	0.50	
Vital Statistics Registrar	0.50	0.00	0.50	
Total	12.70	0.33	13.03	

Notes

Other: Certified Medical Assistant
 Other II: Director of Emergency Response



Health Outreach

School Nursing

The MCCCHD has school nursing contracts with Fort Recovery and St Henry School Systems.

Vision and Hearing Screenings are completed by an ODH trained RN.

In 2015, 1048 children were screened in the schools. Of these children screened, 97 were referred for a complete assessment by a specialist.

Children and adults can have their vision and hearing screened at the Health Department without charge.

Child Fatality Review (CFR)

The Child Fatality Review Board is a state requirement with the goal of initiating education or other changes in the community to prevent childhood deaths. The Board is required to meet yearly to review the deaths of all the children under the age of 18 years. The Board will review the deaths of seven Mercer County children who died in 2015. Five of the children died within hours of birth. The Ohio Child Fatality Review Fifteenth Annual Report of deaths that occurred in 2013 and 2014 is available at the MCCCHD and can also be obtained at www.odh.ohio.gov.

Lead Testing

The MCCCHD has standing orders through ChildLab at Nationwide Children's Hospital in Columbus to perform capillary blood Lead and/or Hemoglobin tests. Any finger or heel stick test results that are greater than or equal to 5ug/dl must be confirmed by venous draw. The MCCCHD does not perform venous draw. All children less than six years of age should have had lead testing. In Mercer County, the zip codes 45882 and 45894 are listed as high risk zip codes.

Ohio Buckles Buckeyes (OBB)

The Ohio Buckles Buckeyes program supplies new car seats to any infant/child that does not have an appropriate Child Passenger restraint and is eligible for Women, Infant, and Child (WIC) Services and Medicaid population. MCCCHD has two Child Passenger Safety Technicians that educated



and assisted parents/guardians with 41 child passenger restraints in 2015. The MCCCHD recognizes that motor vehicle accidents is the second leading cause of death in children 4-10 years old. In the Ohio Certified Fatality Review (CFR) Annual Report mentioned above, 62 children died as passengers in a vehicle. Of the 62, only 9 children were properly restrained. Mercer County had 5 fatal crashes in 2015 and one childhood death from a motor vehicle accident.

Education is the best way to keep a community healthy.

The MCCCHD participates in Community Events such as the Community Organizations Linked Together, the Mercer County Drug Prevention Coalition, the Grand Lake Health Challenge Weigh In January through May, the Mercer Health Healthy Expo, the WIC Kids Day, and the Mercer County Fair. A Communicable Disease Class for Child Care Providers is taught annually and includes both the initial course and refresher course. Speaking engagements include Wright State Lake Campus, and St. Henry Preschool. The MCCCHD updates and works in cooperation with the physician offices, pharmacies, long term healthcare facilities, hospitals, and schools in the Mercer County Area. The health service staff provides lice checks without charge and educates on prevention.

2016 Levy:

Randy Grapner, Mercer County Auditor, and Andrew Hinders, Mercer County Prosecuting Attorney, are here to discuss the details of our Levy proposal on the November 2016 Ballot. We are looking for Members of the District Advisory Council to join the Levy Committee if the Board of Health decides that we will pursue it. Please sign-up at the front if you would like to participate in this initiative! All positions needed, including: a President, Vice-President, Secretary and Treasurer. This group of Mercer County Citizens should be committed to sharing and circulating information about the Health Department. They will meet with other groups and organizations to spread information about the Health Departments programs. The goal is to provide facts to the community, so they can make an educated decision before the election. Health Department employees cannot participate in the committee.

ACCREDITATION PREPARATION

2015 saw a significant increase in the amount of time and effort spent preparing for public health accreditation. Although the Public Health Accreditation Board (PHAB) accreditation process is voluntary, all Ohio health departments are being required to apply for accreditation by 2018, and to achieve accreditation by 2020. Through our pursuit of accreditation, we are working to create an intentional culture of continuous quality improvement within the health department. The following is a brief account of our efforts and accomplishments during 2015:

ACCREDITATION TEAM

MCCCHD's Accreditation Team was established in June of 2015. This team is made up of representatives from each division of the health department, and meets monthly to keep the health department moving forward toward accreditation. This team has worked to determine the greatest needs which must be met in order to achieve accreditation, and is responsible to delegate responsibilities across the department to ensure that all needs are met.

STRATEGIC PLAN

One of the core prerequisites which must be met in order to be eligible for accreditation is a strategic plan. The Strategic Planning Team convened in August of 2015 to develop MCCCHD's first ever strategic plan. The entire health department staff was given multiple opportunities to help shape the final strategic plan, which was approved by the Mercer County-Celina City Board of Health in January of 2016.

Mercer County-Celina City Health Department 2016-2017 Strategic Priorities

- 1. Workforce Development**
- 2. Financial Stability**
- 3. Community Outreach and Education**

QUALITY IMPROVEMENT

The Quality Improvement Team worked from October to December to develop a Quality Improvement Plan. This plan lays out a deliberate process for improving service, eliminating inefficiencies, and eventually improving health outcomes. The plan also provides a mechanism whereby health department employees can nominate ideas for quality improvement projects when they see opportunities for improvement in health department operations.

DOCUMENT SELECTION

The foundation of the PHAB accreditation process is a review of documentation submitted by the health department to demonstrate that the department meets the various requirements set forth in the PHAB Standards and Measures. For MCCCHD, this means that we must select or develop well over 200 documents within the next two years in order to meet the state-mandated application deadline. Document selection and development efforts are ongoing, and will be a priority during 2016.

Health Services Summary for 2015

Total number of clinic clients (under 18) at MCCCHD



1,363

3,223

Uninsured or
Medicaid Eligible

Private Insurance



Flu vaccine doses administered

2043

598

Total Clients

Flu Drive Thru Clinic



Total vaccine doses administered

2,480

12,736

Adults

Children

The Mercer County Celina City Health Department (MCCCHD) Health Service Staff includes the following Medical Personnel:

Julia Shaffer, BSN RN Director of Nursing Full Time	80 hours	11 years of service
Amy Schmidt, RN BCMH Coordinator Part Time	48 hours	8 years of service
Lisa Vondrell, BSN RN Public Health Nurse Full Time	64 hours	2.8 years of service
Lindsay Hess, CMA Office Medical Assistant Full Time	80 hours	2.9 years of service
Leah Vantilburg, BSN RN Public Health Nurse Part Time	48 hours	2 years of service
Kayleigh Rutschilling, BSN RN Public Health Nurse Full Time	80hours	3 months of service

Immunization Program:

Our staff of 6 administered 15,216 vaccines in 2015. Protecting our community against 17 life threatening diseases, Diphtheria, Tetanus, Pertussis, Hepatitis B, Hepatitis A, Haemophilus, Pneumococcal, Measles, Mumps, Rubella, Chickenpox, Shingles, Influenza, Rotavirus, Polio, Meningococcal and Human Papillomavirus! Please see Appendix A for details.

Our success is measured by disease we do not see.

The Immunization Program serves any person regardless of location of residency. The immunization administration guidelines are dependent on the Advisory Committee on Immunization Practices (ACIP) and follow physician orders through the MCCCHD Medical Director, Dr. Jonathan Winner, D.O. The immunization vaccine supply is dependent on federal and state funding regulations.

67% of the vaccine administered was funded by the MCCCHD, purchased directly from the pharmaceutical companies. Childhood vaccines were mandated to be purchased by the federal government through the Affordable Care Act. Health Insurance purchased before March 23, 2010 could be grandfathered to exclude the vaccine cost. All other Health Insurance policies were to include vaccines approved by the ACIP. The MCCCHD maintains Pediatric Purchasing agreements with Sanofi Pasteur and Merck for vaccines and the Association of Ohio Health Commissioners (AOHC) for the influenza vaccine. The Department of Administrative Services Office of Procurement discontinued the purchase of Prevnar 13 on 7/31/2015. On 10/2/15, the MCCCHD purchased directly from Pfizer at an increased cost of \$24.60 per dose. The MCCCHD monitors the cost of vaccinations with each order and make adjustments in accordance with the manufacturers vaccine cost.

The total received from the insurance reimbursement was \$711,595.28.

The total vaccine cost was \$597,668.40

The payment over cost of Purchased Vaccine was \$113,962.20

For detailed information please see Appendix B

32% of the vaccine administered was federally funded through the Vaccine for Children Program.

Vaccine for Children (VFC) includes children through 18 years of age who meet the guidelines for VFC. These guidelines include children who are medicaid eligible, uninsured, underinsured, or Native American/Alaskan natives.

1% of the vaccine administered was state funded through the general revenue fund. The general revenue fund (GRF) vaccine was used for children 18 years and under who are not eligible for VFC vaccine and have insurance that applies the cost of the vaccine toward the deductible leaving the parent with high payment for the immunizations. The State of Ohio no longer provided the GRF vaccine as of 12/31/2015. The State has announced that existing supplies can be used until depleted. This means children that are covered by private insurance plans that require a deductible for vaccines will be administered vaccine purchased by the MCCCHD and the insurance billed. The parent/guardian will receive a statement bill after the explanation of benefits is received. A 12 month old child visit would be generally \$400 after insurance allowed amount.

Projected Vaccine Cost for 2016 is \$715,115.59 For detailed information please see Appendix C. In 2016, the MCCCHD will administer Bexsero a Serogroup B Meningococcal Vaccine. This Meningococcal B Vaccine is indicated for healthy adolescents and adults age 16 through 23 and for clients age 10 and older with asplenia, complement component deficiency, or possible exposure to Neisseria meningitis bacteria.

In 2015, the MCCCHD was part of the Immunization Action Plan Grant (IAP). This was the first year MCCCHD participated. Auglaize County was the lead agency. The IAP goal is to increase immunization rates for childhood vaccines so that all children in Mercer County are immunized by two years of age. Mercer County will receive \$12,164.80 for the work done in 2015. The IAP grant included 2 parts, an AFIX (Assessment, Feedback, Incentive and Exchange) of immunization rates supported by CDC and an educational power point presentation supported by the American Academy of Pediatrics. The target group was 24 to 35 month old children as of 1/01/2015. The grant includes both the health department and private providers. The MCCCHD diagnostic childhood report for 24 to 35 month old children by 1/01/2015 found 263 children that started on time with 73% completing on time and 111 starting late with 27% completing on time.

Between the June and December reports, the MCCCHD had 9 new clients over the age of 24 months start their vaccination series.

In 2016, the MCCCHD will again be subcontracted under Auglaize County. Mercer County IAP grant has a maximum of \$26,951.98. The 2016 grant will have 4 parts: An AFIX and educational power point for 24-35 month old children as of 1/01/2016 and adolescents ages 13-15 years old as of 1/01/2016.

Bureau of Children with Medical Handicaps (BCMh)

BCMh is a program provided by the Ohio Department of Health that helps ensure quality healthcare for children with certain eligible health conditions. In some cases, it is secondary to the family's primary insurance and in others, it is the only coverage these children have. Each county has a designated Public Health Nurse to monitor and facilitate coverage of eligible children that reside in that particular county. This is done through phone, email, home visit or whatever preferred method of contact is convenient for the family.

In 2015, the average weekly BCMh cases were:

Treatment Cases: 151

Diagnostic Cases: 27

Service Coordination Cases: 8

Help Me Grow Cases: 1

Total claims billed to Ohio Department of Health: \$25,870.00

Total claims paid by Ohio Department of Health: \$22,480.00

One example of a covered condition is Cystic Fibrosis (CF). This disease is genetic and causes issues with a variety of bodily functions. CF causes thick mucus that makes breathing difficult and lung infections frequent. The thick mucus also affects other organs, including the pancreas and liver. These children have difficulty absorbing nutrients and require enzymes every time they eat. There are many medications needed to counteract the effects of the disease and

insurance does not always cover completely. CF children require frequent visits to the doctor and often long hospital stays for lung treatments (clean outs).

The following is a letter written by the mother of a Cystic Fibrosis child.

“At just 18 days old, our precious son was diagnosed with Cystic Fibrosis. In the first couple of months we were completely overwhelmed with having to learn about all the medications and treatments our son would have to go through for the rest of his life, but the most stressful part was the financial aspect. Thanks to BCMH, our son is able to have the quality healthcare he needs in order to live a long and healthy life. We are grateful for the benefits provided to us by BCMH, because they help reduce our financial burden.”

Communicable Disease

Communicable Diseases are a public health concern because of the severity of disease which are class A, or the potential for epidemic spread which are class B, or outbreaks of unusual incidents such as diarrhea, lice, scabies, staphylococcal infections which are class C. Communicable Diseases are reported to the MCCCHD by the laboratories, hospitals, Primary Care Providers, Long-term Health Care Providers, or by community members. Cases are investigated and reported in the Confidential Ohio Disease Reporting System. Please see Appendix D for details on communicable diseases reported to ODH by the MCCCHD.

An Outbreak is the occurrence of more cases of disease, injury, or other health condition than expected in a given area, or among a specific group or persons during a specific period. According to ODH, two or more cases of a disease that can be Epi-linked (cases in the chain of disease transmission). Anyone in the MCCCHD may be called to help gather or disseminate information in an outbreak situation. The MRC Volunteers did help with telephone interviews with the Pertussis outbreak. In 2015, the MCCCHD reported Pertussis, Norovirus, Staphylococcus aureus, and cryptosporidium outbreaks to the Outbreak Response and Bioterrorism Investigation Team (ORBIT) at ODH.

Surveillance is the ongoing, systematic collection, analysis, interpretation and dissemination of data regarding a health related event for use in public health action to reduce morbidity and mortality and to improve health. The MCCCHD uses several means of surveillance. The Ohio Disease Reportable System is a web based reporting and data collection center ran by the Ohio Department of Health, EpiCenter is a real time data collection of ER and Urgent Care data based on chief complaints of the patient. The National Retail Data Monitoring is real time data collection of over the counter products sold. School Absenteeism data is real time absenteeism reported by participating schools in Mercer County.

2015 Vaccine Administration Health Services

Appendix A

MCCCHD Purchased Vaccine		VFC or State Vaccine
Pentacel Dtap-Hib-Polio	614	451
Kinrix Dtap-polio	266	118
Pediarix Dtap-Hep B-polio	99	83
Dtap	297	190
Twinrix Hep A and Hep B	114	42
Adult Hepatitis A	112	13
Pediatric Hepatitis A	1054	560
Adult Hepatitis B	87	8
Pediatric Hepatitis B	448	314
Haemophilus	328	210
Human Papillomavirus	515	190
Human Papillomavirus 9	135	69
polio	2	99
Meningococcal A,C,Y,W	424	140
Meningococcal B	0	0
MMR	599	342
Prevnar 13	1032	685
Pneumovax	27	0
Rotateq	561	393
TetanusDiphtheria	16	1
TetanusDiphtheriaPertussis	798	270
Chickenpox Varivax	673	361
shingles Zostavax	61	
total Purchased vaccines	8262	4539
Tuberculin Skin Test	372	
Influenza 0.25	190	249
Influenza 0.5	846	155
High Dose	368	
FluMist	89	146
	1493	550
Total Purchased	10,127	
Total VFC or State	5,089	
Total for 2015	15,216	

2015 MCCCHD Purchased Vaccine Income Report

Month	Number of vaccines administered	Insurance payment on Vaccine Cost	Vaccine cost	Payment over cost
January	589	\$44,129.38	\$38,389.76	\$ 5,739.62
February	602	\$44,330.70	\$37,316.23	\$ 7,014.47
March	723	\$55,686.62	\$45,703.21	\$ 9983.41
April	669	\$51,038.82	\$41,837.59	\$ 9,236.55
May	662	\$50,832.09	\$41,823.31	\$ 9,008.78
June	804	\$61,341.05	\$50,256.51	\$11,084.54
July	1049	\$79,717.76	\$66,503.55	\$13,214.21
August	997	\$79,074.42	\$65,449.12	\$13,625.30
September	572	\$42,161.73	\$35,022.54	\$ 7,139.19
October	1719	\$85,713.39	\$76,172.82	\$ 9,540.57
November	908	\$59,448.79	\$50,294.62	\$ 9,154.17
December	836	\$58,120.53	\$48,899.14	\$ 9,221.39
Total	10,130	\$711,595.28	\$597,668.40	\$113,962.20

This is not a final report. Insurance payments are still in process especially for November and December dates of service.

Appendix B

2016 Projected Purchased Vaccine Cost Appendix C

Purchased Vaccine		Projected Doses	Total cost
Bexsero		50	\$7,720.00
DI Kinrix		266	\$12,648.30
Dtap Infanrix		297	\$5,794.47
DTAP-HepB-polio Pediarix		713	\$48,640.86
HAV-HBV Twinrix		114	\$7,137.54
Hepatitis A Adult 1cc		112	\$6,098.40
Hepatitis A Ped 0.5cc		1054	\$23,925.80
Hepatitis B ped 0.5cc		448	\$5,613.44
Hepatitis B Adult 1cc		87	\$3,582.66
HPV gardasil 9		650	\$112,060.00
IIV3 High dose		368	\$14,083.36
IIV4 0.25cc		190	\$3,860.80
IIV4 0.5cc		846	\$15,837.12
LAIV		89	\$1,780.00
Menactra		450	\$44,649.00
MMR		599	\$35,802.23
Pedvax		249	\$5,604.99
Pentacel		0	\$0.00
PNE pneumovax 23		27	\$2,060.64
Polio		10	\$199.80
prevnar 13		1032	\$164,686.56
Rota rotateq		561	\$40,386.39
Td		16	\$457.76
Tdap Adacel		798	\$27,132.00
Var varivax		673	\$68,868.09
Zostavax		61	\$11,278.29
Total Estimated Cost			\$669,908.50

2016 Budgeted vaccine cost

\$715,115.59

Total Estimated cost Amount Based on current vaccine prices as of 3-18-2016 and 2015 doses administered.

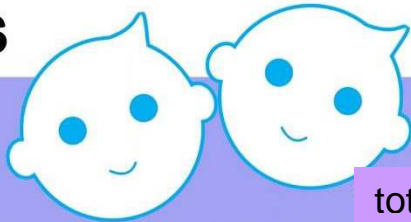
Mercer County Celina City Health Department
 2015 Communicable Disease Cases Ohio Disease Reporting System
 Appendix D

Disease Type	Numbers
Campylobacteriosis	39
Chlamydia Infection	71
Coccidioid mycosis	1
Cryptosporidiosis	24
E.coli-enterohemorrhagic	3
Giardiasis	2
Gonococcal infection	6
Haemophilus Influenza	1
Hepatitis B, non-perinatal	7
Hepatitis B, perinatal	2
Hepatitis C	23
Influenza-associated hospitalization	24
Legionellosis-Legionnaires' Disease	2
Lyme Disease	1
Measles	2
Meningitis-aseptic/viral	11
Mycobacterial disease- other than tuberculosis	5
Bordetella Pertussis + PCR	21 (29 in the 2015 and 2016 outbreak)
Bordetella Pertussis confirmed, no or - PCR	3 (4 in outbreak)
Pertussis Probable	7
Pertussis Suspects	76
Strep Group B in newborns	1
Salmonellosis	6
Streptococcus pneumoniae	2
Tuberculosis	0
Varicella	5
Yersiniosis	4
Total communicable diseases	349

Vital Statistics (Birth and Death Records):

Births and deaths occurring in Mercer County are recorded by the Registrar, and certified copies of certificates are available for purchase. Death certificates are available only for persons who died in Mercer County. The Health Department has statewide access of electronic birth certificates. Prior to January 2011 the department was only able to issue certificates for those born in Mercer County. Through the Vital Statistics Office, a birth certificate can be issued for any person born in Ohio.

births

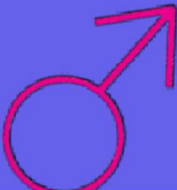



	2014	2015
total:	351	359
males:	179	192
females:	172	167

deaths

	2014	2015
total:	298	297
by suicide:	3	4
by accidental causes:	8	7
by homicide:	0	0

most popular baby names

GIRLS	BOYS
 Brooklyn/Brooklyn Olivia	 Jace/Jase Lucas Oliver

2015 Vital Statistics – Birth and Death Record Reports

- **Ohio Administrative Code 3701-40-08:** Boards of Health responsibility include: Distributing the ODH brochure, A Sound Beginning...Parent information about Universal Newborn Hearing Screening, to each family who registers a Home Birth; collecting a signature from that family for receipt of the brochure, and reporting to the Ohio Department of Health the number of brochures distributed.

Records of births and deaths occurring within Mercer County are submitted by funeral directors, hospitals, or individuals involved. The Local Registrar of Vital Statistics then reviews the documents for completeness and accuracy before filing the record.

The birth and death records on file at our office include December 1908 to the present time. These records are filed by date of the event. Since an alphabetical index is required and is public information, we have the birth index for 1908 to the present time. For deaths, the period completed is from 1909 through the current time. We also have all the births and deaths on database which is searchable by name, by date, or by parent's names.

Certified Birth Certificates	issued in 2015.....	1,548
	issued in 2014.....	1,529
	issued in 2013.....	1,453
	issued in 2012.....	1,454
	Issued in 2011.....	1,458
	Issued in 2010.....	1,415
	Issued in 2009.....	1,832
	Issued in 2008.....	1,849

Certified Death Certificates	issued in 2015.....	1,162
	issued in 2014.....	1,134
	issued in 2013.....	1,247
	issued in 2012.....	1,280
	Issued in 2011.....	1,121
	Issued in 2010.....	1,336
	Issued in 2009.....	1,363
	Issued in 2008.....	1,262

Burial Permits must also be issued by the Local Registrar before final disposition by cremation, interment, or deposit within a tomb or vault. There are Sub-Registrars located in Ft Recovery, Coldwater and Rockford to assist with issuance of Burial Permits after hours, weekends, and for the convenience of out-of-the-area funeral homes. In 2015 we issued **108 Burial Permits** at \$3.00 each. The State's portion of this fee, which is \$2.50, is used by the Ohio Cemetery Dispute Resolution Committee.

Report of Births for 2015

The following births occurred within Mercer County and were filed in 2015. These statistics do not include Mercer county residents who gave birth in other counties.

Total number of births filed in	2015.....	359
	2014.....	351
	2013.....	364
	2012.....	342
	2011.....	362
	2010.....	340

Birth Registration by Sex

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
Males	192	179	192	182	203	176
Females	167	172	171	160	159	175

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
Home Births	3	2	2	1	1	0

Birth Registration by Mother's Residence

	<u>2015</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
Mercer Co	300	284	314	285	298	296
Auglaize Co	16	13	11	22	16	17
Darke Co	29	29	21	21	32	23
Shelby Co	02	05	03	03	04	00
Van Wert Co	05	07	06	02	02	01
Jay Co, IN	06	09	03	03	07	01
Others	0	04	05	06	03	02

Mortality Report for 2015

Statistical information related to the primary cause of death filed in 2015 and occurring in Mercer County, Ohio.

Heart Disease	129
Malignant Neoplasms	57
Alzheimer's/Dementia	13
Other Causes	17
Respiratory Failure	21
CVA Disease	13
COPD	4
Accidents	7
Pneumonia & Aspiration	12
Renal	10
Suicide	4
Arteriosclerosis	0
Fetal	4
Diabetes Mellitus	0
Homicide	0
SIDS	0
Chronic Liver Disease & Cirrhosis	5
Pending	1
Total Deaths Filed in 2015	297

Malignant Neoplasm's as the Primary Cause of Death

Renal-2, Colon-5, Brain-4, Liver-2, Lung-15, Bladder-3, Pancreatic-4, Esophageal-3, Breast-3, Ovarian-2, Kidney-1, Stomach-2, Prostate-2, Rectal-1, Cervical-2, Gall Bladder- 1

Malignant Neoplasms as a contributing factor to the Cause of Death

Breast-2, Lung-4, Liver-1, Prostate-1, Brain-1, Colon-2, Bladder-1, Larynx-1

Primary Causes of Death for those having Malignant Neoplasm's as contributing factors:

Cardiopulmonary Failure-2, Renal Failure-1

Causes of Death Ruled as Accidental:

Vehicular: 2
Smoke inhalation-0
Multiple drug intoxication-2

Deaths Ruled as a Suicide:

4 filed with average age of 34.25 yrs. (3 males and 1 female)

ENVIRONMENTAL 2015 SUMMARY

2015 Environmental Concern	Hours spent	Environmental Concern	Hours spent
Household Sewage Treatment	645	School Buildings	9
Emergency response training	57	Mobile Home Parks	27
Private Water Systems	288	Campgrounds	45
Water sampling	63	Swimming Pools	37
Rabies control	73	Temporary Food Operations	67
Real Estate Inspections	33	Mobile Food Operations	45
Landfill	15	Food Operations	639
Transfer Station	8	Vending machines	7
Construction & Demolition	121	Tattoo issues	4
Compost facilities	6	Infectious Disease / Zoonotic	7
General solid waste	97	Environmental comprehensive	708
		General office assistance	164

Environmental Program Inspections 2015

Food Services	697
Septic Permits / Inspections	118
Nuisances (all types)	52
Private Water Systems	85
Water Samples	120
Solid Waste Facilities (all types)	28
Schools	16
Manufactured Home Parks	22
Campgrounds	19
Pools	23
Tattoo / Body Piercing Establishment	1
Real Estate Inspections	10
Septage Haulers	2
Jail	1

Mercer County Health Department Environmental Division – 2015 Summary of Prominent Activities

Besides keeping up with the routine inspections that are required by state regulations, such as food service inspections, water well and septic system permitting and inspections, nuisance investigations, solid waste inspections, and rabies prevention, the Environmental Division deals with enforcement cases and changing regulations which require education of both the department and the constituents that are impacted. This document will highlight those activities that consumed a considerable amount of our focus this past year.

A staffing change within the Environmental Division occurred early in 2015, with the resignation of Chris Miller, who had served the Mercer County Health Department for 12 ½ years. Though we were sorry to see him leave, we were very blessed to bring on board Jason Menchhofer to take over those programs that Chris was tasked with. Jason has 17 years of experience in Environmental Health from both a management and grass-roots programs administration perspective, so the transition was very smooth and his presence has enhanced the department.

Dumpsterman Container Service enforcement case

At the beginning of 2015, the Health Department was still involved in court proceedings against Greg Gargis, manager of Dumpsterman Container Service because of long-standing violations of improper solid waste, construction & demolition debris and scrap tire disposal at the property located at 6980 Staeger Road, Celina. A Show Cause Hearing / Fine Imposition Hearing was presented in Municipal Court, with Judge James J. Scheer presiding on January 6, 2015. As a result of that hearing, the court ordered assessment of the previously suspended \$150.00 fine, plus a \$250.00 contempt of court fine with chance to purge. Also, the defendant was to utilize \$1,800.00 within one month to dispose of specified materials on his site, with provision of receipts to prove proper disposal; and to work with the Health Department during some graduated timeframes for complete cleanup of the site. Those graduated timeframes were as follows: by February 6, 2015, the aforementioned \$1,800.00 was to have been spent and a report given by Health Department to verify progress; then by March 6, 2015 an additional \$2,500.00 was to have been spent; and finally by April 6, 2015, another \$2,500.00. If at any of these times there was a report of non-compliance by the Health Department, another hearing was to have been immediately scheduled, otherwise, a hearing was set for the end of these graduated timeframes – at April 15, 2015.

During a Board of Health update at the February 11, 2015 meeting, it was reported by Environmental staff that Gargis did not completely comply with the court orders. Receipts were provided as required, however, he did not cooperate with Health Department staff because he did not communicate with inspectors during the previous month to facilitate documentation and verification of waste removal; and he prohibited pictures from being taken

by inspectors for documentation purposes. In addition, by inspectors' measurement, even though he provided disposal receipts as required, there was a net increase of materials at the site. Therefore, another court hearing was scheduled for February 23, 2015. The show cause hearing actually occurred, however, on February 26, due to a no-show on February 23 by the defendant. At the hearing, the court ordered that Gargis ensure that an inspector is present when specified materials are being removed for verification purposes; he must allow photographs be taken – with Gargis having custody of the photographs for future court presentation; that Gargis not permit further accumulation of rubbish on the site; and that Gargis serve 2 days in jail if after the April 6 deadline the Health Department is not satisfied with the results.

On April 6, 2015, a site visit was performed in order to report to the court regarding the status of the site. As a result of that visit it was determined by inspectors that from the time period of March 6 – April 6, a deterioration in progress was noted, and a significant increase in volume of rubbish was present at the site. Therefore, as dictated in the original court order, the April 15, 2015 hearing occurred as scheduled. As a result of that hearing the following orders were made: Gargis was to immediately remove putrescible garbage (approximately 6-8 containers worth); again, Gargis was to notify the inspector as to when materials removal was occurring; there was to be no further accumulation of rubbish; a sign was allowed to be posted by the Health Department at the entrance to the facility notifying the public that further dumping at the site was prohibited; Gargis was to continue to spend \$2,500.00 per month on disposal; and that Gargis would serve 2 days in jail for contempt of court. A follow up hearing was set for July 21, 2015.

In a May 22, 2015 status report to the court, the Health Department stated that there was no evidence that the putrescible garbage had been removed; during the past month there was no removal of materials – and there were reports from two separate citizens that trucks were continuing to dump materials at the site; there was a video taken by health department staff showing a truck backing up and off-loading a roll off container of materials; and that for the majority of the time period since the April 15 hearing, there was no communication from Mr. Gargis.

On June 15, 2015 Health Department inspectors visited the site to evaluate compliance. Insignificant progress was noted and freshly deposited solid waste was noted. Also, evidence of animal activity (raccoon tracks) and mosquito larvae in the scrap tires was observed. On June 16, 2015, a written complaint was received from a representative of Versa-Pak (adjacent property to 6980 Staeger Road) reporting an increase in rodent activity on their property.

On June 17, 2015 another hearing in Municipal Court was held. Health Department staff testified to the above mentioned conditions. The court's findings as a result included an acknowledgement that \$5,000.00 had been spent up to that point in time by Gargis to remove materials; however, there remains to be an extensive amount of materials to be removed – possibly in excess of \$75,000.00 worth. Also, the court acknowledged that the defendant likely

did not have the means to remove this material, did not own the property – so that landowner (Strawn Investments, Inc.) may be left with the burden; that a fine was possible, but those resources would be better spent on continued disposal; that additional jail time would be possible but would also hinder waste removal efforts. Ultimately, there was no resolution to these court proceedings over the past year – other than the court ordered that the Health Department continue to be allowed access to the site and be allowed to document with pictures. The court concluded that this last hearing was the final, appealable order. The Judge cancelled the previously scheduled July 21, 2015 hearing.

Having exhausted initial, local legal avenues for solution to the problems at 6980 Staeger Road, Health Department legal counsel became aware of additional legal avenues for handling this case. At the beginning of August 2015, the Health Department enlisted the assistance of Mike DeWine, Ohio Attorney General, who agreed to take the case. The Attorney General's office began correspondence with New Source Management (Dumpsterman Container Service) and Strawn Investment Properties (Dennis Strawn) to offer negotiation for settlement of the issue prior to the Attorney General's (A.G.) office filing a complaint in Common Pleas Court. The complaint would include a demand for a civil penalty as well as injunctive relief. Some initial conversations occurred between the defendants' attorney and A.G.; however, after a considerable length of time, those negotiations broke down. As of the end of the 2015 year, the Attorney General's office was putting the final touches on a court pleading to be pursued, hopefully soon into 2016.

Household Sewage Treatment Systems

As referenced in last year's report, the new statewide Household Sewage Treatment Systems regulations went into effect January 1, 2015. Many of the changes were not noticeable to the general public, but more in the realm of contractor registration procedures and requirements for septage haulers. At the local level, our interim county sewage regulations needed to be revised to better coordinate with the state regulations, so mid-year, the 3 month rule adoption proceedings began. In addition to rescinding duplicated language and obsolete language within our local sewage regulations, the Board of Health adopted provisions which would allow installations of systems in soil conditions where the seasonal high water table falls between 0 (zero) and 6 inches. Without this provision, a significant number of building sites would have been prohibited due to these challenging soil conditions. Technology exists to pre-treat wastewater such that disposition of wastewater into zero-depth soil (at the natural ground level) is possible. Therefore, through these rule provisions, property owners have the option to install extra treatment components to allow their desired location to be developed as a building site.

Another aspect of the new state sewage rules was the requirement for local health departments to create an Operation & Maintenance (O&M) Program. The Mercer County Health Department has had an O&M program since 2007, but only for septic systems that fall under Ohio EPA discharge program and permitting. Starting at the beginning of 2015, all types of septic systems that were permitted were placed under the O&M program. Standard septic

systems were required to obtain an operation permit that will be renewed at the 10 year anniversary. The maintenance check point for this renewal will be the property owner's provision of proof of having had their septic tank cleaned and evaluated by a licensed septage hauler at least once during the 10 year operational period. Another O&M program requirement under the new state rules is for health departments to create an O & M plan with timeframes indicated for which all pre-existing septic systems within the county health department jurisdiction would be brought under the O & M program. By the end of 2015, a draft plan had been developed for this monumental task, in which the entire process of county-wide septic system coverage was roughly estimated to take until January 2034. The O & M plan is very much an outline form at the time of the writing of this report, so more work is planned to complete more details prior to the annual District Advisory Council meeting in March 2016, at which time a more complete draft will be submitted to members for their input.

Accreditation

Ohio Department of Health expects that all local health departments become accredited through the Public Health Accreditation Board (PHAB) by 2020. During 2015, the Mercer County Health Department began serious effort to work toward this goal. PHAB has a series of standards that health departments must meet. Many of these standards involve documentation of procedures and having official policies in place regarding our practices. The Environmental Division has begun work on creating Standard Operating Guidelines for all of our programs and many procedures. Jason Menchhofer, who also serves as our department Accreditation Coordinator, has been instrumental in moving our department forward toward achieving the goal of accreditation.

State Surveys

During 2015, the Ohio Department of Agriculture performed the mandatory survey of our Retail Food Establishment program. Also, the Ohio EPA performed the mandatory survey of the Solid Waste program. During these surveys, the department is analyzed for proper inspection methods, proper licensing procedures, and meeting the minimum inspection frequencies set forth by state regulations. The Mercer County Health Department was found to be in substantial compliance with the facilitation and administration of both these programs.

As always, we thank townships, villages and city for your support to our department. Through your contributions, we are able to provide the services described in this report. If you ever have specific concerns, please feel free to contact us!

Michelle Kimmel, R.S.
Director of Environmental Health

Environmental Staff:

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health department
2015 ANNUAL REPORT