

Pickaway County General Health District

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District Advisory Council Members,

We have had a busy Spring here at PCGHD! The weather has been typical for Ohio: unpredictable. June came in as one of the wettest since the late 1800s. Flooding is a threat that our office prepares for in Emergency Response and Environmental Health. We provide preparedness information via pamphlets (passed out at the GE Health Fair on June 13), answering phone calls from concerned citizens, and planned response exercises. Please feel free to call our office for information on flood events, safety, and impacts on your sewage system or well. Be sure to regularly empty water collecting items around your property to reduce the mosquito population as we move into warmer weather.

Clinical Services

We have experienced several changes in staff over the last quarter in our department. Susan Hardman retired in April and will be returning part-time in July as clerical specialist.

Danny Miller has resigned as Emergency Response Coordinator. We are currently in the interview process for this position. Our new PHEP grant year begins July 1, 2015. We also have the Citi-Readiness Initiative grant and the Ebola Preparedness grant that the new Emergency Response Coordinator will be doing.



Upcoming Events

July 4

Happy Independence Day!

July 16

The Taste of Pickaway – Third Thursday Series

July 21

Board of Health Meeting

August 18

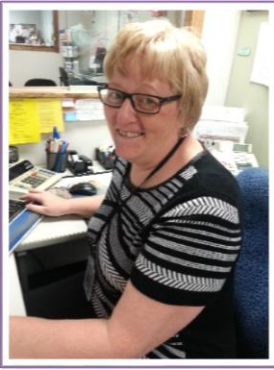
Board of Health Meeting

Coming Soon!

Rabies Clinic Sept 2015

Get your pets vaccinated for rabies at a reduced cost by a local vet. Date TBA





Sabrina Alphin was hired in April to work part-time as clerical specialist. She and Susan will share the duties to ensure that we have the office covered.

We recently had our annual PHEP visit from ODH. We are currently waiting for the list of recommendations so that we can do our Corrective Action Plan.

Shannon is busy with summer home visits and case management for the BCMH Program. These are billable services.

Our department is currently working on the accreditation process. We are updating Standard operating guidelines, reviewing policies, and working on the workforce development plan.

Other routine duties such as immunizations, tracking communicable diseases, and lead follow up continue to be done.

By: Elaine Miller, R.N., B.S.N.,
Clinical Services Director

Clinical Services Rpt. 2015

	Jan.	Feb	March	April	May	June	TOTALS
Number of Clients Served	63	46	66	31	43	50	299
Immunizations	17	11	24	8	24	53	137
Offsite TB Testing	18	0	0	0	0	0	18
Vision Clinic	0	0	0	0	0	0	0
Hearing Clinic	0	0	0	0	0	0	0
Flu Clinic	0	0	0	0	0	0	0
Attempted Home Visits	2	3	9	7	13	20	54
Home Visits	6	9	10	15	8	11	59
Other Services	20	23	23	32	2	2	102

In the Community

Dam Days

Kelly inspected temporary and mobile food vendors to ensure proper food handling.

Viking Festival

Jeni inspected the temporary and mobile food vendors for food safety.

Commercial Point Homecoming

Jeni inspected the temporary and mobile food vendors for food safety.

GE Health Fair

Darcie and Emily passed out pencils, children's sunglasses, and pamphlets with information on many health and safety topics.

Pickaway County Fair

EH Sanitarians inspected all mobile food vendors. Darcie spoke to approx. 30 Clover Buds about summer safety. They talked about pool safety, sun protection, bugs and made first aid kits.

Townships							0
Circleville City	40	19	23	5	26	24	137
Circleville Twp.	0	0	1	27	0	1	29
Darby	0	0	2	0	2	0	4
Deercreek	1	2	6	0	0	0	9
Harrison	1	1	1	1	0	2	6
Jackson	0	0	5	0	0	0	5
Madison	0	0	0	1	0	1	2
Monroe	0	0	0	0	0	0	0
Muhlenburg	0	0	1	0	0	0	1
Perry	0	0	0	0	0	0	0
Pickaway	1	5	1	0	2	3	12
Saltcreek	3	4	3	1	0	2	13
Scioto	7	0	6	0	0	1	14
Walnut	1	1	3	0	1	0	6
Washington	0	3	5	0	0	2	10
Wayne	0	1	2	0	0	0	3
Out of County	9	4	7	25	13	14	72
Age:							0
Child (0-19)	23	26	45	34	31	27	186
Adult (20-60)	35	15	18	18	12	23	121
Senior (61+)	5	5	3	1	0	0	14
Tests Performed							0
Lead Screen	0	0	0	1	0		1
TB Tests	34	19	21	16	8	20	118
Positive TB Tests	0	3	0	0	0	1	4

Newborn Screenings	0	0	0	0	0	0	0
Pregnancy Test	1	2	1	1	2	1	8
Head Check	1	3	1	5	0	2	12
Prescriptions given (Lice)	0	0	0	5	0	2	7
Immunizations	25	29	57	8	24	53	196
Flu Shots	7	1	0	0	1	0	9

Accreditation

Accreditation is a long and tedious process. There are three prerequisites that must be completed prior to applying for accreditation. They are: Community Health Assessment, Community Health Improvement Plan and a Strategic Plan. Both the Community Health Improvement Plan and the Strategic Plans are built off of the Community Health Assessment. The method that is being used to complete the Community Health Assessment is the MAPP Process. MAPP stands for, Mobilizing for Action through Planning and Partnership. It is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. MAPP consists of four separate assessments that together, create one large assessment. The four assessments are:

- The [Community Themes and Strengths Assessment](#) provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
- The [Local Public Health System Assessment \(LPHSA\)](#) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
- The [Community Health Status Assessment](#) identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"
- The [Forces of Change Assessment](#) focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

We have completed the Community Health Status Assessment and are almost finished with the Community Themes and Strengths Assessment. We plan on completing the remaining two assessments in the next quarter. Once all of the assessments are completed, we will compile all of the results into one document, hold a steering committee meeting, approve the results and document, and then make it available to the public. Based on the results, the Community Health Improvement Plan will then be started by the steering committee and the Strategic Plan will be started by the Health Department.

We have an Accreditation Team within the health department that consists of the Health Commissioner, Director of Clinical Services, Director of Environmental Health, Fiscal Officer, and a Vital Statistics Representative. The goal of the team is to meet monthly, however, the summer months have proved to be difficult to maintain that schedule with vacations and our PHEP Coordinator leaving. I have been pulled to work on grant related budgets, reports and functions to make sure that we are in compliance. One thing that was noted during the first two Accreditation Team meetings was the need for a Health Educator. Many of the Accreditation criteria deal with Health Educators and their responsibilities. Due to our size and funding, it will be difficult to meet that criteria. The Health Department must also create two evidence based programs prior to us applying for Accreditation. Our hope is that based on the Community Health Assessment results, these programs can be created to work towards the goal of eliminating or focusing on an issue identified by the Health Assessment. Funding will more than likely dictate these programs and after the vote by the DAC to not provide additional funding, these may not be funded. The vote will make the Accreditation process more difficult. With already limited resources, and employees taking on even more responsibility, it is difficult to ask for them to create entirely new programs.

I strongly encourage each of you to go to the PHAB website, <http://www.phaboard.org/>, and look at the Standards and Measures, version 1.5. This document outlines what is expected of Health Departments as they seek Accreditation. Thank you for supporting the Health Department.

By: Darcie Scott, MPH, CPH
Accreditation Coordinator



Environmental Health

The Environmental Health Division has been working on several projects in the past several months, one being the online inspection report database. In May of 2015 the Environmental Health Division began posting inspection reports of local food services, swimming pools, and campgrounds on our webpage. You can access the reports online at <http://www.pchd.org/online-inspection-report-database.html>. You can search by village, city, or township, by the past 30 or 100 inspections, or by name of the establishment. The Ohio Department of Health launched the inspection report program in 2013 and we have been using it since. Just recently, the online inspection report database became available for use and we decided to post it on our webpage for public viewing. Feel free to check it out.

Our food program was surveyed by ODH in April, to ensure that we are knowledgeable and consistent in enforcing the Food Code, that our cost methodology is being done properly, and we license food vendors appropriately. The feedback was positive and revealed that we are on track and doing things in accordance with the rules.

We are also in the beginning phases of developing our Operation and Maintenance Program for existing household sewage treatment systems in the county. This is a requirement of the new sewage system regulations under Ohio Administrative Code 3701-29-19. We will keep you posted on the program updates on our webpage or on our newsletters.

By: Kelly Dennis, RS
Environmental Health Director

Vital Statistics

2nd Quarter 2015

Birth:

- 112 Births Registered
- 4 Births Verified
- 401 Certified Birth Certificates issued
 - 206 City
 - 195 Out of County
- 9 Birth Affidavits Processed
- 1 Paternity Affidavits Processed

Death:

- 92 Deaths Registered
- 54 Burial Permits Issued
- 1 Fetal Deaths Registered
- 7 Deaths Verified
- 328 Cert. Death Certificates Issued
- 2 Death Affidavits Filed
- 2 Certificate of Service Filed

By: Paula Johnston and
Lisa Rase

Important Announcement

[To replace a photo with your own, just right-click it and then choose Change Picture.]

Fiscal Corner – Steve Hawkins

I want to start out by saying if you have any questions about finances at the Health Department, please invite us out to an upcoming township meeting.

As I mentioned at recent township meetings, the Ohio Department of Health is switching its grants to be reimbursable, meaning, we have to spend the money then they reimburse us for the allowable costs. This ties up about \$20,000 for the Emergency Preparedness Grant and \$15,000 for CRI and BCMH.

Our total account balance at the end of June 2015 was \$64,997, which is below the June 2014 balance. At the end of June, we were right on target for our 2015 budget but expenditures are utilizing some carryover funds. This is especially true in all the fee based programs. If there is a shortage in any of them they are then supported by the Board of Health Fund. By the end of June the expenditures in the Board of Health Fund were \$14,500 less on salaries, \$3000 less on PERS, \$200 more on Medicare, \$1600 more on insurance, \$1500 less on Worker's Comp., \$1200 more on supplies, \$700 more on contract services, \$3100 less on travel, \$2200 less on leases, and \$6500 less on equipment than spent by this time last year

The Pickaway County Commissioners have agreed to pay salary and fringe costs related to Tuberculosis monitoring and treatment. This will assist with those costs.

One major change with the State Budget Bill is that the Health District Licensing Councils are now "permissive". This means that it is at the local discretion as to whether we have one and have a board member appointed from it to the Board of Health.

Thanks for Reading! Catch up with us next quarter!



**Planning • Developing
Educating • Implementing**