Dear Residents of Lake County:

It is with great pleasure that I present to you the attached 2014 Lake County General Health District (LCGHD) Annual Report. This is my first Annual Report as Health Commissioner for the LCGHD but as Ohio first formed Health Districts in 1920, this is our 95th Annual Report produced and distributed to the residents of Lake County. I thought I would take moment to provide you with some background information on myself.

I currently live in Painesville Township with my wife and son. In 1999, I received a Bachelor in Science for Dietetics from the University of Akron’s Coordinated Dietetic program and started my professional career as a Public Health Dietitian at the Wayne County Combined General Health District. Later that year I took a position as the WIC Program Supervisor for the Stark County Health Department.

Finding that I needed to expand my options and opportunities in the field of public health, I attended the Northeast Ohio Medical University’s (NEOMED formally known as NEOUCOM) Consortium of Eastern Ohio Master of Public Health (CEOMPH) program in Fall of 2005. The program is a partnership between The University of Akron (UA), Cleveland State University (CSU), Northeast Ohio Medical University (NEOMED), Ohio University (OU), and Youngstown State University (YSU) and formally included Kent State University at the time I attended.

Shortly after graduation, I was offered a position as WIC Director for the Lake County General Health District in January of 2007, and after nine months, I was promoted to the Director of Health Promotion and Planning. By the end of summer 2008, approximately one year later, I was lucky to receive an opportunity to advance to the Director of Community Health Services under a combined division structure and provided supervision of Clinical Services, Health Promotion and Planning, WIC, and Help Me Grow. At the end of 2009, I was appointed Deputy Health Commissioner by the Lake County Board of Health. In addition, the Health District was also seeking voluntary public health accreditation by the Public Health Accreditation Board (PHAB). I had the pleasure of leading the department through the process as the PHAB Coordinator from 2011 to 2014.

Currently, I also serve on several non-profit Board of Directors in order to remain active in the community, in the field of public health, and to represent the LCGHD. I actively serve as Board Chair for the Lake County Free Clinic, NEOMED’s Office of Public Health Practice, serve as a member on the Lake County Y Corporate Board of Director’s and the Lake Health District Fund. Lastly, I truly enjoy working with students and the future workforce by serving as a preceptor for student interns and teaching as adjunct faculty in the School of Public Health for Kent State University.

As we move into 2015, there will be challenges that we have never faced before, from recovering from the devastating fire on August 20, 2014, to the completion of the historical processes such as Public Health Accreditation. Despite these challenges, we have learned much about ourselves as we have each other and gained invaluable lessons about teamwork. The staff is and will continue to be the best a person could hope for as I take over the role of and attempt to fill the shoes of talented individuals like those of Mr. Joel Lucia and Mr. Frank Kellogg. Their impact on public health can be seen on a daily
basis locally and across the State. I hope that at the end of my career, I will be able to look back and see that I have left a similar impact in the field of public health. A quote always comes to mind when I think of my successes to date and recognize that my success has truly been dependent upon others;

“If I have seen further than others, it is by standing upon the shoulders of giants.” – Isaac Newton

There are several goals that have been set for the agency over the 2015-2016 years, including but not limited to:

- Identify, acquire, and transition the LCGHD to a permanent facility within the City of Painesville.
- Complete the Public Health Accreditation Board’s Action Plan requirements for achieving Accreditation including but not limited to a Strategic Plan, Community Health Assessment, Community Health Improvement Plan, and Phase II of a Continuous Quality Improvement Plan.
- Continue to maintain and/or increase the ability of the LCGHD to competitively acquire local, state, and federal grants.
- Implement an agency-wide Customer Satisfaction Program focusing on both external/internal customers.
- Ensure approval of the amended 2015 and projected 2016 LCGHD Operational and Capital budgets with the Senior Manager.
- Explore funding and grant opportunities and acquire comprehensive fiscal management software in conjunction with the Senior Manager.

In closing, I would like to describe what every person, regardless of where they live, should reasonably expect from their local health department (LHD). LHDs protect and improve community well-being by preventing disease, illness, and injury; and impacting social, economic, and environmental factors fundamental to excellent health. The LHD is the foundation of the local public health system that comprises public and private-sector health care providers, academia, business, the media, and other local and state governmental entities. Adapting to local circumstances, LHDs vary in the strategies and tactics used to protect and improve community well-being.

- **Track and investigate health problems and hazards in the community.** LHDs gather and analyze data on the community’s health to determine risks and problems. This information drives specific programs and activities designed to control multiple threats: both communicable and chronic diseases; food, water, insect, and other “vector-borne” outbreaks; biological, chemical, and radiological hazards; and public health disasters.

- **Prepare for and respond to public health emergencies.** As a result of extensive and ongoing preparation, LHDs respond quickly and effectively to disease outbreaks and other public health events—they are intensively trained to respond to increases in the incidence of diseases, natural disasters, and acts of terrorism. They coordinate delivery of drugs, supplies, and provisions to victims and populations at risk. They keep the public informed and serve as the network hub for community hospitals, physicians, and other health care providers.
• **Develop, apply and enforce policies, laws and regulations that improve health and ensure safety.** Acting on their knowledge about their community, LHDs create data-driven policies to meet health needs and address emerging issues. They help craft sound health policies by providing expertise to local, state, and federal decision makers. LHDs also inform individuals and organizations about public health laws while monitoring and enforcing compliance.

• **Lead efforts to mobilize communities around important health issues.** With local and state government agencies, businesses, schools, and the media, LHDs spearhead locally organized health promotion and disease prevention campaigns and projects. They galvanize the community to tackle disease prevention and personal health care needs. LHDs also educate and encourage people to lead healthy lives through community forums, public workshops and presentations, and public service announcements.

• **Link people to health services.** LHDs connect people with personal health services, including preventive and health promotion services, either in the community or as close to the community as possible. They also advocate for development of needed programs and services in underserved populations and continuously monitor the quality and accessibility of public health services.

• **Achieve excellence in public health practice through a trained workforce, evaluation, and evidence-based programs.** LHDs recruit and develop skilled workers with expertise in core public health competencies. They ensure that public health workers update their knowledge and skills through continuing education, training, and leadership development activities. They regularly evaluate the effectiveness of all programs and activities using evidence-based standards and strive to adapt successful interventions from other communities.

Recently, Cuyahoga County Health Commissioner, Mr. Terry Allen stated, “Public health is the greatest story never told…”. I want to invite you and your community to actively reach out and partner with the Lake County General Health District so that we can promote health, prevent disease, protect our residents, and most importantly……serve in a capacity that supports the needs of our diverse communities.

It is my honor to live in Lake County and to serve its residents.

Sincerely,

Ron H. Graham RD/RDN, LD, MPH

Ron H. Graham RD/RDN, LD, MPH
Health Commissioner
# TABLE OF CONTENTS

Board of Health .......................................................................................................... 6  
Administrative Personnel .......................................................................................... 7  
Vital Statistics Staff .................................................................................................... 7  
Community Health Services Staff ............................................................................. 8-9  
Environmental Health Program Staff ...................................................................... 10  
Seasonal Employees Hired In Calendar Year 2014 ..................................................... 11  
Advisory Committees to the Board of Health ............................................................... 11  
Child Health Services Advisory Council ................................................................. 11  
Health District Licensing Council ............................................................................ 11  
Contracting Individuals/Agencies/Consultants .......................................................... 12  

## 1.0 REPORT OF THE HEALTH COMMISSIONER ............................................. 13-34  
1.01 Overview of 2014 ............................................................................................. 13-20  
1.02 Board of Health ............................................................................................... 21-28  
1.03 Financial Overview ......................................................................................... 29-31  
1.04 Vital Statistics .................................................................................................. 32-34  

## 2.0 REPORT OF THE DIRECTOR  
ENVIRONMENTAL HEALTH PROGRAMS .......................................................... 35-49  
Administration ......................................................................................................... 35  
Potable Water Supply ................................................................................................. 35  
Bioterrorism/Disaster Response ................................................................................. 35  
Sewage Treatment .................................................................................................... 36  
Stormwater .............................................................................................................. 36  
Solid Waste Program ............................................................................................... 36  
Radiological Health Program .................................................................................... 37  
Recreation Areas ...................................................................................................... 37  
Schools .................................................................................................................... 37  
Food Protection ...................................................................................................... 37-38  
Public Health Nuisances ......................................................................................... 38  
Rabies Control Program .......................................................................................... 38-39  
Mosquito Control Program ...................................................................................... 39  
Air Pollution Program ............................................................................................... 39-40  
Plumbing Program .................................................................................................. 40  
Miscellaneous ......................................................................................................... 40  
Charts and Graphs .................................................................................................. 41-49  

## 3.0 REPORT OF THE DIRECTOR  
COMMUNITY HEALTH SERVICES ................................................................... 50-66  
3.01 Administrative Review ........................................................ ............................... 50-54  

- 4 -
TABLE OF CONTENTS (cont.)

3.02 Clinical Services ................................................................. 54-56
   3.02.01 Child and Family Health Services/Well Child Clinic ........ 56-57
   3.02.02 Lead Testing ............................................................... 57-58
   3.02.03 Immunizations/Vaccines ............................................. 58
      3.02.03.01 Childhood Immunizations .................................... 58-59
      3.02.03.02 Adult Immunizations ......................................... 59-60
      3.02.03.03 Flu Clinics ...................................................... 60-61
   3.02.04 Bureau of Children with Medical Handicaps ................. 61
   3.02.05 Newborn Home Visit Program .................................... 61
   3.02.06 Communicable Disease .............................................. 61-63
   3.02.07 Rabies Vaccine ......................................................... 64
   3.02.08 Tuberculosis Control Program .................................... 64
   3.02.09 Hepatitis C Antibody Screening Clinic ......................... 65
   3.02.10 Community Education .............................................. 65
   3.02.11 Other Public Health Clinical Activities ......................... 65-66

3.03 Public Health Social Work .................................................. 66-69
   3.03.01 HIV Prevention ......................................................... 66
      3.03.01.01 HIV Medical Case Management ............................ 67
      3.03.01.02 HIV Early Intervention ....................................... 67
      3.03.01.03 HIV Outreach .................................................... 68
      3.03.01.04 HIV Food Bank .................................................. 68
   3.03.02 Certified Application Counseling (CAC) ....................... 68
   3.03.03 Project DAWN ........................................................ 68-69
   3.03.04 LC Fatherhood Initiative ............................................ 69

3.04 WIC ..................................................................................... 69-71
   3.04.01 WIC Program ......................................................... 69-70
   3.04.02 WIC Funding ............................................................ 70
   3.04.03 WIC Locations and Caseload ..................................... 70
   3.04.04 WIC Vendors .......................................................... 70-71
   3.04.05 WIC’s Other Programs .............................................. 71

3.05 Health Promotion and Planning ......................................... 72-82
   3.05.01 Unit Supervisor’s Report ........................................... 72-73
   3.05.02 Health Educators ..................................................... 73-80
      3.05.02.01 Preparedness Specialist ..................................... 73-74
      3.05.02.02 Safe Communities ............................................ 74-76
      3.05.02.03 Medical Reserve Corps (MRC) ............................ 76-77
      3.05.02.04 Healthy Lifestyle Initiative ................................. 78-79
      3.05.02.05 Lake County Obesity Prevention Initiative .......... 79-80
   3.05.03 Registered Dietitian ................................................. 80-82
BOARD OF HEALTH
LAKE COUNTY GENERAL HEALTH DISTRICT

Roger Anderson
2306 River Road
Willoughby Hills, OH 44094

Timothy Brennan
102 River Street
Grand River, OH  44045

Alvin Brown, VMD
9853 Johnnycake Ridge
Mentor, OH  44060

Susan Culotta
9366 Regency Woods Drive
Kirtland, OH  44094

Patricia Fowler
28730 Ridge Road
Wickliffe, OH 44092

Marcus Garland
5436 Pinehill Drive
Mentor-on-the-Lake, OH  44060

Richard Harvey
6366 Candlewood Court
Mentor, OH  44060

Juan Michael Hernandez, MD
122 Pinehurst Boulevard
Eastlake, OH  44095

Steve Karns
6379 Ledge Lake Court
Painesville, OH  44077

Brian Katz
5461 Oak Ridge Drive
Willoughby, OH  44094

Patricia Murphy
8367 Stirrup Court
Mentor, OH  44060

Randy Owoc
1722 Benjamin Road
Madison, OH  44057

James Pegoraro, President
8709 Applewood Court
Mentor, OH  44060

Lynn A. Smith, MD
150 Mentor Avenue
Painesville, OH 44077

Anthony Vitolo
31500 Daniel Drive
Willowick, OH  44095

1 Employed 2014
2 Appointed 2014
3 Promoted 2014
4 Resigned 2014
5 Retired 2014
6 Laid Off 2014
7 Terminated 2014
8 Title Change 2014
9 Lateral Transfer 2014
10 Deceased 2014
HEALTH DISTRICT ADMINISTRATIVE PERSONNEL

Frank Kellogg, RS, REHS, MPH\textsuperscript{5}
Health Commissioner

Carla Baster, DO
Child Health Physician

Nancy Rodway, MD
Medical Director

Vicki D. Estep\textsuperscript{5}
Mariann Rusnak\textsuperscript{3}
Registrar/Administrative Secretary

FINANCE/HUMAN RESOURCES

Jeffrey Campbell, CPA\textsuperscript{5}
Adam Litke\textsuperscript{1}
Senior Manager

Cynthia Bolt\textsuperscript{5}
Susan Katopish\textsuperscript{1}
Administrative Clerical Specialist

Timothy L. Snell, BS, AB, MCSE
Data/Office Manager

Jami Stout
Administrative Clerical Specialist

VITAL STATISTICS

Vicki Estep, Registrar\textsuperscript{5}
Mariann Rusnak\textsuperscript{3}

Joanne Bryan\textsuperscript{4}
Casual Clerical Specialist III

Julie Caine\textsuperscript{3}
Deputy Registrar

Sonja Early\textsuperscript{9}
Clerical Specialist III

Terry Keener\textsuperscript{3}
Deputy Registrar

\textsuperscript{1} Employed 2014
\textsuperscript{2} Appointed 2014
\textsuperscript{3} Promoted 2014
\textsuperscript{4} Resigned 2014
\textsuperscript{5} Retired 2014
\textsuperscript{6} Laid Off 2014
\textsuperscript{7} Terminated 2014
\textsuperscript{8} Title Change 2014
\textsuperscript{9} Lateral Transfer 2014
\textsuperscript{10} Deceased 2014
COMMUNITY HEALTH SERVICES

Ron Graham, MPH, RD, LD, Director
Sandra Allison, M.A., LSW, BA, PHSW Supervisor
Kathleen Durchik, RN, BA, MPH, Director of Nursing
Kathy Milo, BS, MEd, Health Promotion and Planning Supervisor
Lauren Henderson, MPH, RD, LD, WIC Supervisor
Judi Waite, Clinical Services Clerical Supervisor
Ann Donley, PHSW Clerical Supervisor
Laura Nygord, WIC Clerical Supervisor

Loree Albright, LD, RD, BS
WIC Nutritionist
Jennifer Fabian
WIC Clerical Specialist III

Lisa Baker, RD
Registered Dietitian
Denise Jones
Clerical Specialist III

Katelyn Barbis, MEd
Health Educator
Jennifer Karlstrom, LSW
Social Worker

Lisa Beebe
Clerical Specialist III
Cori Kitaura, RD, LD, MS
Registered Dietitian

Catherine Bevan
Health Educator
Christine Margalis, MEd, CHES
Health Educator

Linda Burkholder, RN
Public Health Nurse II/TB Coordinator
Michele Melnick, LSW
Social Worker

Luann Carano-Anderson, LD, RD, BS
WIC Nutritionist
Dawn Moran
WIC Breastfeeding Peer Consultant
Clerical Specialist III

Dawn Cole, BS
Emergency Preparedness Specialist
Dawn Nickerson, BS, MEd
Health Educator

Patricia Collins-Reed
WIC Clerical Specialist III
Maureen O’Hearn, RN, BA
Public Health Nurse II

Ryan DeLuca, BS
Health Educator
Jennifer Richmond, RD, LD
Registered Dietitian

Sonja Early
Clerical Specialist III
Ellyn Ross, MS, LD, RD
WIC Nutritionist
Kim Samples  
WIC Clerical Specialist III

Karen Sarosy  
Clerical Specialist III

Angelica Soto  
Clerical Specialist III/Translator

Cherise Stabler, RN, BSN  
PHN III/Communicable Disease Coordinator

Cynthia Stoerkel  
WIC Clerical Specialist III

Carol Tackett, RN  
Public Health Nurse II, BCMH

Kathleen Vernon, RN, BSN³  
Public Health Nurse II

Jenifer Vittek, LSW  
Social Worker

¹ Employed 2014  
² Appointed 2014  
³ Promoted 2014  
⁴ Resigned 2014  
⁵ Retired 2014  
⁶ Laid Off 2014  
⁷ Terminated 2014  
⁸ Title Change 2014  
⁹ Lateral Transfer 2014  
¹⁰ Deceased 2014
ENVIRONMENTAL HEALTH PROGRAM

Nancy Niehus, MS, RS, REHS, Director, Environmental Health Programs
Laura K. Kuns, BS, RS, REHS, Supervisor, Water, Solid & Liquid Waste Programs
Bert Mechenbier, BA, RS, REHS, Supervisor, Air Pollution Control Programs
Marianne Rusnak, Clerical Supervisor3
Terry Kent, RS, Supervisor Mosquito and Special Projects

Susan Bell, MS, RS1
Public Health Sanitarian II

Dan Lark, BS, RS, REHS
Public Health Sanitarian Specialist

Candice Brothers, BS, MS, RSIT1,4
Public Health Sanitarian I

Chris Loxterman, BS, RS
Public Health Sanitarian Specialist

Dylan Davis, BA, RSIT
Public Health Sanitarian I

Dan Marn, BS, RS
Public Health Sanitarian II

Kristen Fink, BS, RS
Public Health Sanitarian II

Doug Mehls, BS, RS
Public Health Sanitarian II

Corey Forrest, BS, RSIT
Public Health Sanitarian I

Amanda Miller, BS, RS
Public Health Sanitarian II

Barbara Friel
Clerical Specialist III

Daniel Nicholson
Plumbing Inspector

Camala Godfrey
Clerical Specialist III

Elizabeth Rinnder, BS, RS, REHS
Public Health Sanitarian II

Janay Hall1
Clerical Specialist III

Davene Sarrocco-Smith, BS, RS, REHS
Public Health Sanitarian II

Cadence Hutchinson, BS, RS, REHS
Public Health Sanitarian II

Paul Stromp, BS, RS, REHS
Public Health Sanitarian II

Rose Ann Kundtz4
Clerical Specialist III
SEASONAL EMPLOYEES HIRED IN CALENDAR YEAR 2014

Maureen Chalko  Vincent Kuns  John Pitts
Holly Dudas  John Lunter, RS, MPH  Susan Slagel
Donna Hauser  Megan Liggett  Leigh Smith
Lisa Hepper  Tim Lynch
Thomas Kaperak  Dale Mullen
Martin Kuns  Kirby Newsome, Jr.

ADVISORY COMMITTEES TO THE BOARD OF HEALTH

CHILD HEALTH SERVICES ADVISORY COUNCIL 2014

Matthew Battiato  Lauren Henderson  Angie Quick, RN
Linda Connelly  Christine Kettunen, RN  Stacy Rihaly, RN
Barbara Davis, MD  Sally Klock  Jennifer Tallion
Kathy Durchik, RN  Christine Margalis  Colleen Weaver, Chair
Johanna Henz  Peggy Meros  Mary Wynne-Peaspanen
Ron Graham, MPH  Keith Montesano  Joyce Zadd

Juan M. Hernandez, MD, Liaison, Board of Health
Susan Culotta, PhD, Liaison, Board of Health
Alvin Brown, VMD, Liaison, Board of Health

HEALTH DISTRICT LICENSING COUNCIL

Tim Brennan, Secretary  Randy Owoc, Chairman, Bob Rideout, Vice-Chair
Tim Gourley  Board of Health Liaison  Walter Siegel

1 Employed 2014  4 Resigned 2014  8 Title Change 2014
2 Appointed 2014  5 Retired 2014  9 Lateral Transfer 2014
3 Promoted 2014  6 Laid Off 2014  10 Deceased 2014
7 Terminated 2014
CONTRACTING INDIVIDUALS/AGENCIES/CONSULTANTS

Around the Clock Home Care, Inc.
Ashtabula County Health District
Board of Cuyahoga County Commissioners
Consumer Choice
Environmental Design Group
Family Planning Association of NE Ohio
FENOC
Geauga County Health Department
Lake County Board of Commissioners
Lake County Stormwater Management Department
Lakeland Community College
Language Line, Inc.
Madison Village
Mentor City
Mooney, Valarie – Plumbing Inspector

Ohio Dept of Health - BCMH
Ohio Dept of Health – Lead Prevention
Ohio Dept of Health – Radiation
Bureau of Environmental Health
Ohio Environmental Protection Agency
PM & Family Investment, LCC
ProMark Enterprises
Summit County Health Department, HIV/STD Division
Stehlik, Donovan – Plumbing Inspector
Stephens, Christopher – Plumbing Inspector
Victoria Place
Willoughby City
Willoughby Hills City
Willowick City
1.01 REPORT OF THE HEALTH COMMISSIONER

1.01.1 Overview of 2014

Below are some of the significant highlights during 2014 that demonstrate our staff accomplishments:

Fire at Lake County General Health District

On August 20th, 2014, the LCGHD incurred a devastating fire resulting in the temporary loss of its facility located at 33 Mill St. in Painesville. The building was purchased by the Board of Health from the Lake County Commissioners in 2006. The exact cause of the fire could not be determined, and the final ruling was classified as an “accidental electrical” fire. The front cover of this report depicts several images of the Health District office and the brave Fireman that responded to the fire. The good news was that the fire began at approximately 6:00 a.m., and no one was injured as the building was empty. The Board of Health, Staff, and I are eternally grateful for all over the guidance, support, and generosity it received immediately after the fire from individuals such as; Board of Health Member and retired Fire Chief, Mr. Richard Harvey, all of the Fire Departments that arrived on scene, and to the Lake County Commissioners who provided the Health District with office space and information technology (IT) support for nearly five months. Additionally, I would be remiss if I did not recognize the City Manager, Mr. Anthony Carson, and the City of Painesville for assisting with IT, logistics, parking, and to secure temporary long-term space at Victoria Place located at One Victoria Square in Painesville.

I would also like to acknowledge the following agencies, partners, and friends who helped support the Health District to ensure its continuity of operations through their generous donations:

<table>
<thead>
<tr>
<th>Organization/Individual</th>
<th>Lake County Central Purchasing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beacon Health</td>
<td></td>
</tr>
<tr>
<td>Ashtabula Salvation Army</td>
<td>Lake County Commissioners</td>
</tr>
<tr>
<td>Behm Funeral Home</td>
<td>Lake Geauga Recovery Center</td>
</tr>
<tr>
<td>Cardinal Wood Nursing Home</td>
<td>Lake Health</td>
</tr>
<tr>
<td>Center for Health Affairs</td>
<td>LC Buildings and Grounds</td>
</tr>
<tr>
<td>City of Painesville</td>
<td>Luv-Learn-n-Laughter Child Development Center</td>
</tr>
<tr>
<td>CLS Facility Services</td>
<td>Madison High School</td>
</tr>
<tr>
<td>Cooling Systems, Inc.</td>
<td>Mentor Public Library</td>
</tr>
<tr>
<td>Crossroads Early Childhood Services</td>
<td>Morley Library</td>
</tr>
<tr>
<td>Cuyahoga County Board of Health</td>
<td>Mr. John Klosky</td>
</tr>
<tr>
<td>Cuyahoga County WIC</td>
<td>Mr. Matt Battiato</td>
</tr>
<tr>
<td>Discover Fairport Harbor/JUST RUN Fairport Harbor</td>
<td>Ohio Department of Health</td>
</tr>
<tr>
<td>First Church of Christ</td>
<td>Ohio Department of Health TB Unit</td>
</tr>
<tr>
<td>Friends Church Willoughby Hills</td>
<td>Ohio EPA NEDO</td>
</tr>
<tr>
<td>Geauga County Health District</td>
<td>ORBIT Bureau of Infectious Diseases</td>
</tr>
<tr>
<td>Holmes County WIC</td>
<td>Painesville Church of the Nazarene</td>
</tr>
</tbody>
</table>

-13-
Information Technology Post Fire at the Lake County Health District Report

In the modern business, computer systems are the heart of the agency's operations. So on August 20, 2014, when the Lake County Health District experienced a catastrophic fire, its operations were immediately crippled. Even during the fire, efforts were made to secure servers, data tapes, laptop computers, to preserve data and stand up temporary operations. At the same time, the head of Vital Statistics worked with the Lake County IT department to setup a temporary Vital Statistics and Health District office in the basement conference room of the Lake County Administration Building. By noon the same day, the Health District was able to issue birth and death records. By the end of the day, all servers and laptops saved were staged for recovery operations in the basement conference room at 105 Main Street.

Based on information from fire experts, it became clear the next day, all electronic equipment would need replacing. Fire has a corrosive effect, and the equipment which had been exposed to the smoke had a short life expectancy. Three new servers were immediately ordered from CDW at a cost of $15,000.00, and the IT manager began the long task of cleaning all parts of the servers and reassembling them. Data and email servers where brought on-line by the afternoon of August 22nd, and the gateway server was brought on line over the weekend. Backups of current data were immediately run before users were allowed to access data to insure all data was recoverable. By Monday, August 25th, the Health District network was brought online, and 12 computers were cleaned and waiting for key personnel to use. Additionally, 12 phone lines and two fax lines were brought on-line, along with one printer that had luckily been boxed and safely wrapped up during the fire.

From August 25th through the 1st of September, computers were salvaged, cleaned, and stood up for temporary use until replacements arrived. Parts for the new servers arrived, and the servers were assembled and software loaded. Migrations of data began September 1st. During the same week, an additional 13 computers were brought online. Each salvage computer required about 4 hours of cleaning and assembly. Often computers were cleaned, turned on, only to find the damage was beyond repair. Many employees pitched in where they could; setting up tables, cleaning equipment, and salvaging what could be from the fire.
Service and applications continued to be brought online. By Monday September 8th, all data was safe on new servers, and e-mail migrated to a new database. Twenty-nine computers were online and shared by users equitable across all divisions. Approximately $23,000 in computer equipment had been purchased, and grant managers combed their grants for money to help the cause. Several staff worked quickly with grantors and found some to help in the Affordable Care Act (ACA) grant, Medical Reserve Corps (MRC), and Public Health Emergency Preparedness (PHEP) grants after laborious budget revisions. Management put out calls for donations of equipment. A copier was purchased for $2,800 that replaced the Vital Statistics copier. However, many programs lacked equipment, and/or needed reconfiguring before they could be turned on.

By September 15th, new computer equipment began to arrive, and it was turned around for use as fast as possible. Thirty-four computers were available to staff, roughly half of normal operations, and more equipment was on its way. The food service division’s mobile computer replacements were on their way at a cost of about $9,000. In the following two weeks, the Health District was able to replace fire damage computers being used and had forty-six computers available for users; including food service laptops for restaurant inspections, computers to insure Finance and Administration was fully capable of dealing with the crises, and to deal with the looming Ebola outbreak crises.

Our efforts turned to coordinating a move from the crowded conference room, housing seventy plus members, to a more permanent location. It was the end of September before new quarters were arranged, and after meeting with the City of Painesville, County Telecommunications, and our ODH partners, we began wiring our new place for phones and computer networks. During that time, full computer replacements were ordered and configured in preparation for everyone to have a computer after the move. Printers were purchased as well as two large copiers that we received for about $10,000 less than normal pricing. Wiring was complete at the end of October, but the data connections lagged behind until around the 15th of November. Phones remained a sticking point, but the Health District decided not to let it stand in the way and moved to One Victoria place December 1st.

In the week that followed, computers were brought online. By the end of the week, virtually all Health District employees had a computer, although issues with a new phone system allowed us to bring over only eighteen phones. System and printers have since been brought on line. The toughest issue was dealing with a network “gremlin” that turned out to be our new cell phone booster which would take down our network for large periods of time. To date, around $112,000 has been spent but has been well under our estimated replacement of $155,000.

Public Health Accreditation (PHAB)

On the back cover, you will see images representing core concepts of Public Health Accreditation. In late 2010, the Health District committed to the long journey of seeking voluntary national public health accreditation by the Public Health Accreditation Board (PHAB). The Public Health Accreditation Board is a nonprofit organization dedicated to improving and
protecting the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments. PHAB’s public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.

After two years of planning and preparation, the Public Health Accreditation Board site review was scheduled for March 26th-27th. The Health District had its site visit by the PHAB Site Review Team in which they interviewed LCGHD Board Members, Staff, and Community Partners to determine the compliance to hundreds of indicators to determine the level of obtainment. Site visits are conducted by a peer team of three-to-four PHAB trained site visitors. The visit serves several purposes: verify the accuracy of documentation submitted by the health department, seek answers to questions regarding conformity with the standards and measures, and provide opportunity for discussion and further explanation. On June 20th, the Health District received notice that it was placed on an “action plan” status for 12 of the 92 standards within the 12 overarching domains after its site visit by the PHAB Site Review Team. The Site Team’s narrative summary of their “Overall impression of the LCGHD as a functioning health department” is as follows:

“The overall impression of the Lake County General Health District is that they are a very responsive health district. They are responsive to each other as coworkers. They are responsive to community stakeholders, to local agencies, to governing entities, and to individual citizens who walk in the front door. Even the facility is welcoming. It is neutral. It is clean and orderly. The educational materials are helpful and informative. It is obvious that it is important to the LCGHD to serve, and that they intend to continue to be a strong resource and provide excellent service to the community in the future.”

In regard to the Site Team’s meeting with the BOH members, they noted that, “Onsite meeting with board members revealed a passionate and well informed Board.”

The requirement for an “action plan” means that the accreditation decision has been deferred until some additional work has been completed and that documentation is submitted and reviewed. The good news is that the Health District did not fail, but rather needs to put forth an effort to refine and allow many of our newly created policies, systems, and documentation to evolve/mature over the next year.

Currently, according to the PHAB, nationally 28% of Health Districts are placed on an “action plan”. As of this report, there are only 60 Accredited Public Health Departments out of the over 3,500 in the nation.

The accreditation process is very clear in the fact that not all health departments will receive immediate accreditation. Some health departments will have to do a little more work to complete their accreditation journey. This is part of a solid, credible accreditation process which is wholly based on continuous quality improvement. Please rest assured that being asked to complete an
Action Plan does not mean the Lake County General Health District was “Not Accredited.” It just means that the health department needs to further develop a few areas and additional documentation before the final accreditation decision can be made.

**Lake County General Health District funded for Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases Project**

The Lake County General Health District was one of the two participant clusters selected nationally to participate in the Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases. This capacity-building project is a joint undertaking of the US Centers for Disease Control and Prevention, the National Association of Chronic Disease Directors, and the University of Michigan. Deputy Health Commissioner Ron H. Graham sought out partnerships from surrounding Health Districts in the area in order meet the requirements.

The complete set of local health departments that have been selected are grouped into two clusters.

1. **Colorado Cluster:**
   - Denver Public Health, CO
   - Tri-County Health Department, CO

2. **Ohio/Pennsylvania Cluster:**
   - Cleveland Department of Public Health, OH
   - Cuyahoga County Board of Health, OH
   - Erie County Department of Health, PA

The GIS Surveillance Project is a collaborative effort including the aforementioned health departments, the US Centers for Disease Control and Prevention (CDC), the University of Michigan (UM), and the National Association of Chronic Disease Directors (NACDD).

The Guidance Team (a collective term that describes CDC, UM, and the NACDD), has now contacted the Health District and its training team, and will begin the process of planning a conference call to discuss what lies ahead with regards to the project.

**Lake County General Health District Receives Award**

In May, the Lake County General Health District was awarded the Consortium of Eastern Ohio Master of Public Health (CEOMPH) program Community Agency Award. This award is given to an agency that has been a preceptor for many
CEOMPH students in the recent years. Dr. Amy Lee, CEOMPH Director, extended her gratitude on behalf of the Northeast Ohio College of Medicine and its students for the efforts of the Health District staff.

**Meetings with Newly Elected Officials**

The LCGHD held meetings for newly elected/appointed County, City, and Township officials and one student. The purpose of the meetings was for them to get to know the LCGHD, our staff, and programs in order to better serve their constituents with public health services. Attendees received a brief introduction to explain our organization, its purpose and funding, as well as a brief tour of our various units including: Vital Statistics, Public Health Nursing, WIC, Environmental Health, Health Promotion, and Public Health Social Work. Officials attending these sessions were:

- Lorraine Fende (Lake County Treasurer)
- Mike Manary (Painesville Twp. Administrator)
- Judy Moran (Lake County Commissioner)
- Dave Eva (Mayor, MOL)
- Ken Gaunter (Madison Twp. Trustee)
- Chuck Hillier (Painesville Twp. Trustee)
- Anthony Carson (Painesville City Manager)
- Michael Eiermann (KSU MPH student)
- Dennis Morley (Eastlake Mayor)
- Heather Shelton (Leroy Twp. Trustee)
- Josh Pennock (Painesville Twp. Trustee)
- Robert Dawson (Perry Twp. Trustee)

**LCGHD Employee of the Quarter (EOQ): Year 1**

The EOQ program was first launched in 2014 by the LCGHD staff Health and Safety Committee and is meant to recognize outstanding full-time and/or part-time/casual employees embodying the organization’s standards for excellence and customer service. Further, the program’s goal is to acknowledge employee efforts that inspire and support the performance and achievement of others and to place focus on quality service delivery. Nominations may be made by any LCGHD staff member and the final choice is determined by the Health and Safety Committee members.

We commend the 2014 employees for their outstanding efforts

1st Quarter: Dawn Cole, Emergency Preparedness Specialist
2nd Quarter: Tim Snell, IT Manager
3rd Quarter: Dan Lark, Registered Sanitarian
4th Quarter: Ed Piatek, Maintenance Coordinator

**Meeting with Congressman Dave Joyce**

At the urging of Eli Briggs (Director of Government Affairs) of the National Assoc. of County & City Health Officials (NACCHO), the LCGHD set up a one-hour meeting with Congressman Dave Joyce at his office on September 3rd. NACCHO is an affiliate of the National Assoc. of Counties (NAC). This served as an opportunity for Congressman Joyce to meet some of key LCGHD staff, learn more
about our public health programs, key federal grant issues, and how we can help serve his constituents. Additionally, NACCHO sought to raise the visibility of local health departments with members of Congress as well as their staff. Congressman Joyce is also recognized as a key member of the House Appropriations Committee and the Health & Human Services Sub-Committee. Also attending the meeting were Cuyahoga County Health Commissioner and past NACCHO President Terry Allan, and Congressman Joyce’s Chief of Staff Dino DiSanto.

Staff Participated in Agency-Wide In-Service Day

On July 24th, the Health District staff participated in its first annual employee in-service day in an effort to focus on workforce development and training in the areas of customer service and team building. The event was a joint effort by all staff but was an initiative of the Employee Health and Safety Committee lead by Health Educator and Committee Chair, Katelyn Coan. The day also allowed staff to learn about current and newly developed programs and initiatives so that staff are better informed of the array of services provided and to gain perspective on each other’s work.

Physician Shadowing Program

Deputy Health Commissioner Ron H. Graham was invited to participate in the Lake Health Physician Shadowing Program on October 21st. The program has recently been reinstated and is intended to help educate community leaders to better understand the role physicians and community hospitals have on their service area. The first part of the day the Deputy Health Commissioner spent time with Dr. Steiger in the Radiology Department of Tripoint reviewing CT, MRI, and X-rays as well as exploring the use of new technology in the practice of medicine. In the afternoon, Mr. Graham worked with Dr. Stephen Baum in his practice working with numerous elderly patients. The experience was invaluable and provided insight to how public health and the health care system, especially Lake Health, can partner to support each other and effectively improve the health of Lake County residents. A formal dinner and closing ceremony was held at the Mooreland Mansion on October 23rd.

2015-2016 Strategic Objectives

There are several goals that have been set for the agency over the 2015/2016 years, including but not limited to:

- Identify, acquire, and transition the LCGHD to a permanent facility within the City of Painesville.
- Complete the Public Health Accreditation Board’s Action Plan requirements for achieving Accreditation.
- Maintain and/or increase the ability of the LCGHD to competitively acquire local, state, and federal grants.
- Implement an agency-wide Customer Satisfaction Program focusing on both external/internal customers.
- Review/Revise/Update agency-wide policies (Fiscal/Administrative/Personnel) as appropriate.
- Ensure approval of the amended 2015 and projected 2016 LCGHD Operational and Capital budgets with the Senior Manager.
- Explore funding and grant opportunities to acquire comprehensive fiscal management software in conjunction with the Senior Manager.
1.02 **Board of Health**

The Board of Health (BOH) of the Lake County General Health District (LCGHD) holds its regularly scheduled meetings on the third Monday of each month. The Board was under the leadership of James Pegoraro, Board President, until his resignation from the Board of Health in July after 24 years of service. Dr. Lynn Smith took his place as President and Brian Katz took the position of President Pro-Tem. James Pegoraro was first appointed by the City of Mentor as one of their representatives on the Board of Health of the Lake County General Health District commencing January 6, 1981. He resigned his position on the Board of the Lake County General Health District effective December 31, 1992 and then was reappointed by the City of Mentor as one of their representatives on March 19, 2002.

**President**—“The President shall be the chief officer and shall preside at all meetings of the Board of Health. The President shall communicate to the members of the Board of Health and the Health Commissioner such matters and make suggestions, which would promote and increase the efficiency of the Health District. The President shall have a vote on all issues.”

**President Pro-Tem**—“The President Pro-Tem shall provide the President any assistance required and shall serve as President in case of the temporary absence or disability of the President. The President Pro-Tem may perform other duties as may be assigned by the members of the Board of Health.”

The 14 members of the Board represent all 23 political subdivisions within Lake County and those licensed by the LCGHD. Their primary purpose is to establish public health policy for the Health District. The Board’s authority includes the ability to a) establish a budget, b) refer violators of public health laws for prosecution, c) accept grant funds, d) establish contracts with certain individuals/agencies, e) hire certain positions, f) make public health policy, g) adopt local regulations, and h) approve certain purchases. Most Board of Health powers can be found in ORC 3707.

**In 2014, Board of Health actions included:**

*Denotes new competitive grants

- Appointment of Deputy Health Commissioner
- Approval of the 2015 Staffing Transition Plan
- Permission to Accept the Northeast Ohio Areawide Coordinating Agency (NOACA) Transportation for Livable Communities Initiative (TLCI) Funds, $75,000*
- Permission to Accept Project DAWN Grant, $10,000*
- Permission to Accept CAC Grant, $35,000*
- Permission to Accept JUST RUN Grant, $5,250*
- Permission to Accept Carol M. White Physical Education Progress Grant; $746,436*
- Permission to Accept U.S. Food and Drug Administration (FDA) and Association of Food and Drug Officials (AFDO) Retail Program Standards Grant, $2,000.00*
- Permission to Accept Women’s Health Week Grant, $499*
Permission to Accept NACCHO Voluntary National Retail Food Regulatory Program Standards Mentorship Program Award (Cohort 4), $9,114.20*
Permission Requested to Accept $3,000 Category 1 AFDO Retail Program Standards Grant*
Permission to Submit Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Grant, $721,269
Permission to Accept FY2013-2014 Medical Reserve Corps Capacity Building Award, $3,500
Permission to Accept HIV Prevention Grant, $20,809
Permission to Accept Immunization Action Plan 2014 Grant, $101,039
Permission to Accept Medicaid Provider Incentive Program for EClinical Works Funds, $8,500
Request for Board of Health Approval of Concord Ridge Subdivision in Concord Township
Permission to Renew the Semi-Public (HB 110) Contract with Ohio EPA
Permission to Accept Cities Readiness Initiative 2014 Grant, $37,183
Permission to Accept Public Health Emergency Preparedness (PHEP) Grant, $22,580
Permission to Contract with Hospital Council of Northwest Ohio to Conduct and Publish a Youth Health Assessment Report for Lake County Not to Exceed $11,750
Approve 2015 Budget
Permission to Accept JUST RUN Grant, $5,000
Permission to Accept Ohio Department of Health Lake and Ashtabula County Bathing Beaches Contract, $32,588.00
Request for Board of Health Action Regarding Failure to Provide Adequate Rubbish Storage Facilities and Clean Premises
Request for Board of Health Action Regarding Failure to Connect to the Sanitary Sewer
Permission to Enter into a Contract with Environmental Design Group, $22,750
Permission to Enter into a Contract with Lake County Board of DD/Deepwood, $36,784.80
Permission to Provide Funds in the amount of $15,000 to the Northeast Ohio Drug Repository (Lake Health District Fund) to Support the Lake County General Health District’s Drug Assistance Program
Permission to Accept WIC Reallocation Grant – Additional Funds, $18,791
Permission to Accept Tobacco Prevention, Policy, System & Environmental Change Grant, $30,000*
Permission to Accept Child and Family Health Services Grant, $83,200
Permission to Accept Ryan White HIV/AIDS Treatment Extension Act Part A Direct Services Grant, $153,450
Permission to Accept Drug Assistance Program Support for Geauga County, $2,500 Permission to Accept Public Health Emergency Preparedness (PHEP) Grant, $179,422
Appointment of Marianne Rusnak as Local Registrar of Vital Statistics
Permission to Enter into Contract with Hospital Council of Northwest Ohio, $14,000
Permission to Accept Lake County Safe Communities Coalition Grant, $42,000
Permission to Accept Carol M. White – PEP Match Grant, $3,500
Permission to Submit and Accept Ohio EPA Contract, Air Pollution Control, $197,237
Permission to Accept Cities Readiness Initiative (CRI) Grant, $31,441
Approval to employ a firm for digitization of fire damaged records up to $250,000.00
Authorized the Health Commissioner to enter in a contract for the rental/leasing of temporary office space for a period of time no longer than 15 months
Adoption of Supplement to the State Sewage Treatment System Rules Chapter 3701-29 of the Ohio Administrative Code (OAC)
Resolution of Appreciation and Farewell for Cynthia Bolt
Elect the Slate of Officers as presented by the Nominations Committee for the 2014-2015 year, Dr. Lynn Smith, President and Brian Katz President Pro Tempore; motion carried
Resolution of Appreciation and Farewell for Jeffrey Campbell
Resolution of Farewell and Appreciation for James Pegoraro
Approve the creation of two Health Educator positions which will be supported 100% by the US Dept. of Education funding on the federal Carol M. White grant
Renew three separate contracts for plumbing inspection services with Valarie Mooney, Donovan Stehlik and Christopher Stephens
Permission to Purchase Seasonal Influenza Vaccine, Not to Exceed $30,500
Permission to Purchase 6 Drums (330 gallons) of Duet Mosquito Adulticide from Clarke Mosquito Control for $54,351.00 ($164.70/gal)
Recommendation from the Personnel Committee, Meeting held prior to Board Meeting on Resolution to Re-employ Nancy Niehus Following Retirement From OPERS

2014 Committee Meetings

Health District Licensing Council, Meeting Held January 13, 2014
Environmental Health Advisory Committee, Meeting to be Held January 21, 2014
Child and Family Health Services Advisory Council, Meeting Held January 14, 2014
Lake County Child Fatality Review Board (CFRB) Held March 11, 2014
Personnel Committee Meeting April 21, 2014
Child and Family Health Services Advisory Council, Meeting Held April 8, 2014
Personnel Committee, Meeting to be Held May 19, 2014
Child and Family Health Services Advisory Council, Meeting Held July 8, 2014
Rabies Task Force, Meeting Held August 6, 2014
Nominations Committee, Meeting Held August 18, 2014
Personnel Committee, Meeting Held October 20, 2014
Child and Family Health Services Advisory Council, Meeting Held October 14, 2014
Personnel Committee, Meeting Held November 17, 2014
Building Committee, Meeting Held November 17, 2014
Celebrating 95 Years of Public Health

Below is a time line that was created from historical data of the health district. The Lake County General Health District will be celebrating 95 years of public health in 2015. Ms. Stroope was an intern at the health district in the summer of 2014 and created this information time line.

Local Health Districts began with the passage of the Hughes-Griswold Act in 1919 and the formation of two health districts, the Lake County General Health District and the Painesville City Health Department. In January 1920, a district advisory council was established, which selected and appointed the first Board of Health (5 members).

The first Lake County General Health District consisted of:
- Dr. H. Kenning, M.D (Health Commissioner)
- Mildred Plummer R.N (1925) (Nurse)
- Name unknown (Clerk)
- Office located at Lake County Memorial Hospital
- Sanitary Division established 1927
- Mr. A. A. Beck appointed first sanitary inspector

1928-1929
- Lake County Sanitary code adopted
- LCGHD and Painesville City HD combine milk supervision/control efforts
- Baby clinics held in Wickliffe, Willoughby, and Fairport
- Wickliffe was the first suburban community with diphtheria immunization
- Department of Tuberculosis created
- Diagnostic Chest Clinics held

1933-1948
- A budget of $9,300 was approved for 1934
- Passage of standard milk ordinance
  - Regulations for production, distribution, and sales
- The Immunization law changed for the first time since 1872
- Cars were purchased for the sanitary and dairy inspectors

1951-1952
- Typewriter purchased for the office
- Milk began being sold by the gallon
- April 1952
  - First discussion of combining LCGHD and Painesville City HD
  - Only with addition of a full time HC
- December
  - 1953 budget proposed ($46,221.70) including full time HC salary
  - Dr. Willis appointed as first full time HC effective Jan. 15, 1953

1953-1955
- Dr. Winans resigned from the BOH
- TB department clinics restructured
- A new food service operations law came into effect
  - An additional sanitarian was hired
- Pre-natal classes established
- The board approved the purchase of a new hat rack for the HC’s office to replace the current one

1956-1957
- Polio Clinics established
  - Throughout 1956, nurses immunized approx. 50,000 people with Salk Vaccine
  - 70,000 immunized by end of 1957
- Water plants in Madison and Mentor completed
- Willowick achieved city status

1959-1960
- A budget of $169,277.50 proposed for 1960
  - 2 & 1/6 times larger than 1959 budget
- A law making immunization mandatory in schools passed
- HD moved from the Court House to 121 Liberty St.
- HD became responsible for inspecting food vending machines and semipublic/public swimming pools
- Eastlake had a resolution before it to establish a separate health district

1961
- March - A 9-member BOH approved
- members from the 4 city health districts
- members from the general district
- Lake County Memorial Hospital West opened in June
- Birth/Death records transferred to microfilm

1962-1965
- National Radiation Surveillance Network Station assembled
- Mentor Twp. and Mentor Village merged to form City of Mentor
- Home Nursing Program started functioning
- First year of food establishment inspections (super markets, grocery stores)
- Official regulation of air pollution approved

1966-1968
- Medicare established
- Congress approved legislation to facilitate comprehensive health planning
- First year no new cases of measles reported (1967)
- Mentor voters approved fluoridation of water by Ohio Water Service
- Lakeland Community College assisted with 4 lectures on alcoholism
1970-1972
- Two home health aides and a physical therapist employed
- HD employees joined the County Commissioners Health Insurance Program
- Perry Nuclear Power Plant proposed (PNPP)
- Environmental Protection Agency (EPA) created
- 4 new positions on the BOH created
  - Due to:
    - Kirtland, Mentor-on-the-Lake, and Willoughby Hills achieving city status
    - Growth in City of Mentor population

1977
- Record year for reporting of hepatitis
- PNPP began construction

1980
- HD moved from 121 Liberty St to 105 Main St, Painesville
- Finance manager and Office manager positions were established
  - Joel Lucia M.P.H employed as fulltime HC
- WIC started operation (81)
  - A Health Educator was hired
  - A general disaster plan for the HD was completed

1984
- January 1 – Painesville City HD officially merged with LCGHD and began receiving PH service by LCGHD
  - WIC staff increased from 5 to 8

1987
- PNPP became operational
- Standard operating procedure for the PNPP emergency plan reviewed and approved
- AIDS becoming a serious PH issue
  - HIV test site opened in Painesville

1989-1990
- Explosive Gas Monitoring Plan (methane) required for landfills
- WIC awarded at National Association of WIC directors
- 3 distinct divisions formed within public health division
  - Child Health services
  - Adult Health services and Communicable disease
  - Health Promotion

1993-1994
- Vector borne disease building was completed
  - Gave a home to mosquito control program
- A new logo was designed and approved by the BOH
- Miss Clara Traver resigned from the BOH after 33 years
1996-1997
• December 21st – the first BOH meeting at 33 Mill St.
• Inspection of tattoo parlors initiated
• A new plan to protect from raccoon rabies initiated
• LC chosen for Safe Communities program grant

1999-2001
• EH helped develop a county-wide bioterrorism plan
• Rabies vaccines became mandatory for all cats, dogs, and ferrets
• Ohio West Nile Virus Response Plan being developed
• 13birds in LC tested positive for WNV
• Following September 11, 2001, additions to the emergency plan were immediately added
• Welcome Home, Early Intervention, and Early Start programs all combined into the ‘Help Me Grow’ program

2006
• Lake County experienced a history-making flood
• A community health survey was completed with cooperation of Lake Hospital System
• Purchase of 33 Mill St. finalized
• A law preventing smoking in public and work places passed (effective April 2007)

2009
• HD utilized the Incident Management System to coordinate the H1N1 response
  ▫ October – December 27, 916 vaccines were delivered
• LCGHD selected to receive a grant for the ACHIEVE initiative

2010
• Frank Kellogg appointed HC
• Current logo adopted
• ‘Just Run’ program initiated
• Pharmaceutical Drug Disposal program for LC residents

2011-2013
• LakeTran established a stop at the LCGHD offices
• Applied for accreditation with the Public Health Accreditation Board (PHAB)
• Harmful Algal Bloom (HAB) appeared in LC for the first time
• Staff was instrumental in resolving a cat-hoarding issue in Willoughby
• LCGHD Building Flood
• Sept. 2013 - the ODH awarded LCGHD a GOLD Healthy Ohio Community award
2014
• Ron H. Graham appointed HC effective 2015
• Carol M. White Grant received
• Ebola Virus response
• LCGHD suffers building fire
A. **Public Health Disbursements**
   Public Health Disbursements totaled $6,823,461 in 2014. A breakdown of these disbursements is shown in figure 2. Salary, fringe benefits, and contract services account 69% of all disbursements. Included in the contract services line item is the cost of contractual services of social workers, and other public health care service providers.

B. **Public Health Receipts**
   Health District receipts come from a variety of sources including taxes, fees for service, grants and State subsidies. For 2014 receipts other than tax dollars totaled $4,126,476 which represents 67% of the dollars received. A breakdown of the major sources of receipts is shown in figure 1.

C. **Tax Support**
   The primary reason that tax dollars are needed is that the State has mandated local health departments to conduct certain public health programs without any means of reimbursement. Examples of such programs include rabies control, vector borne disease program, and school inspections. Tax dollars received in 2014 totaled $1,992,985.

D. **Cost Analysis**
   In order to protect public tax dollars and to insure the proper fee is being charged for Health District services, a detailed cost analysis is prepared by the Health District staff. This detailed report is presented each year to the Board's Policy Review Committee which examines the issues surrounding the cost of providing services, including salaries, fringe benefits, and productivity.
Lake County General Health District
Receipts and Disbursements

<table>
<thead>
<tr>
<th>Receipts</th>
<th>2014 Actual</th>
<th>2015 Amended</th>
<th>2016 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts other than Tax Dollars</td>
<td>$ 4,126,476</td>
<td>$ 4,192,214</td>
<td>$ 4,110,880</td>
</tr>
<tr>
<td>Public Health Support - Tax Dollars</td>
<td>$ 1,992,985</td>
<td>$ 2,016,852</td>
<td>$ 2,218,537</td>
</tr>
<tr>
<td>Previous Year End Cash Balance</td>
<td>$ 401,936</td>
<td>$ -</td>
<td>$ 502,524</td>
</tr>
<tr>
<td>Obligated Funds from Previous Year</td>
<td>$ 1,582,816</td>
<td>$ 1,280,752</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total Cash Receipts</strong></td>
<td><strong>$ 8,104,213</strong></td>
<td><strong>$ 7,489,817</strong></td>
<td><strong>$ 6,831,941</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disbursements</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Disbursements</strong></td>
<td><strong>$ 6,823,461</strong></td>
<td><strong>$ 6,987,293</strong></td>
<td><strong>$ 6,831,941</strong></td>
</tr>
<tr>
<td>Ending Year Balance</td>
<td>$ -</td>
<td>$ 502,524</td>
<td>$ 0</td>
</tr>
<tr>
<td>Obligations carried forward</td>
<td>$ 1,280,752</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>Total Disbursements and Obligations</strong></td>
<td><strong>$ 8,104,213</strong></td>
<td><strong>$ 7,489,817</strong></td>
<td><strong>$ 6,831,941</strong></td>
</tr>
<tr>
<td><strong>Balance</strong></td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

**DISBURSEMENTS BY LINE ITEM**

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 Actual</th>
<th>2015 Amended</th>
<th>2016 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$ 3,355,813</td>
<td>$ 3,630,034</td>
<td>$ 3,859,304</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$ 1,203,616</td>
<td>$ 1,344,645</td>
<td>$ 1,440,625</td>
</tr>
<tr>
<td>Contract Services</td>
<td>$ 131,635</td>
<td>$ 297,492</td>
<td>$ 279,173</td>
</tr>
<tr>
<td>Program Supplies, Marketing, Health Ed.</td>
<td>$ 330,930</td>
<td>$ 509,090</td>
<td>$ 454,250</td>
</tr>
<tr>
<td>Office Supplies and Postage</td>
<td>$ 116,464</td>
<td>$ 110,444</td>
<td>$ 109,039</td>
</tr>
<tr>
<td>Transportation and Travel</td>
<td>$ 96,899</td>
<td>$ 101,115</td>
<td>$ 88,378</td>
</tr>
<tr>
<td>Building Expense</td>
<td>$ 404,452</td>
<td>$ 332,868</td>
<td>$ 100,918</td>
</tr>
<tr>
<td>Equipment</td>
<td>$ 94,616</td>
<td>$ 329,941</td>
<td>$ 167,736</td>
</tr>
<tr>
<td>Returns</td>
<td>$ (10,078)</td>
<td>$ 2,500</td>
<td>$ 2,500</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$ 396,765</td>
<td>$ 329,343</td>
<td>$ 330,018</td>
</tr>
<tr>
<td>Contingency</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>SUB TOTAL</strong></td>
<td><strong>$ 6,121,112</strong></td>
<td><strong>$ 6,987,293</strong></td>
<td><strong>$ 6,831,941</strong></td>
</tr>
<tr>
<td>Obligations from previous year</td>
<td>$ 702,348</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 6,823,461</strong></td>
<td><strong>$ 6,987,293</strong></td>
<td><strong>$ 6,831,941</strong></td>
</tr>
</tbody>
</table>

**RECEIPTS BY LINE ITEM**

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 Actual</th>
<th>2015 Amended</th>
<th>2016 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health Services</td>
<td>$ 1,034,284</td>
<td>$ 986,431</td>
<td>$ 993,431</td>
</tr>
<tr>
<td>Community Health Services</td>
<td>$ 121,588</td>
<td>$ 135,478</td>
<td>$ 135,478</td>
</tr>
<tr>
<td>Federal Grants</td>
<td>$ 1,670,369</td>
<td>$ 2,000,610</td>
<td>$ 2,115,459</td>
</tr>
<tr>
<td>State Grants</td>
<td>$ 362,971</td>
<td>$ 329,350</td>
<td>$ 260,200</td>
</tr>
<tr>
<td>Local Grants and Contracts</td>
<td>$ 152,695</td>
<td>$ 125,880</td>
<td>$ 135,200</td>
</tr>
<tr>
<td>Vital Statistics</td>
<td>$ 339,449</td>
<td>$ 340,249</td>
<td>$ 343,312</td>
</tr>
<tr>
<td>Family &amp; Children First</td>
<td>$ -</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$ 445,120</td>
<td>$ 274,216</td>
<td>$ 127,800</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 4,126,476</strong></td>
<td><strong>$ 4,192,214</strong></td>
<td><strong>$ 4,110,880</strong></td>
</tr>
</tbody>
</table>
Figure 1
2014 Receipts - $6,119,461

- Tax Dollars: 33%
- Grants: 36%
- Vital Statistics: 5%
- Environmental Health: 17%
- Miscellaneous: 7%

Public Health Service Receipts

---

Figure 2
2014 Disbursements - $6,823,461

- Wages: 49%
- Fringe Benefits: 18%
- Services: 2%
- Supplies: 7%
- Operating Expenses: 14%
- Obligations: 10%

Public Health Service Disbursements
1.04 Vital Statistics

Highlights:

Operation After Fire

Vital Statistics was up and running in the basement of the Lake County Administration building the same day as the fire. By 1:30 p.m. we were able to release burial permits, file death certificates and search for birth certificates. By the next day we had security paper and validators and were able to issue copies of birth and death certificates. Equipment was rescued and cleaned, or had been donated and/or replaced to restore operations and functionality. The fire safe cabinet was rescued from 33 Mill Street and was stored at Buildings & Grounds. Operations became 100% functional within 2 days of the fire. Vital Statistics operated on 3 plastic folding tables for three months.

New Ohio Law to Give Adoptees Access to Birth Certificates (Senate Bill 23) –

The release of adoptee information will happen March 20, 2015; as we receive calls from courts, biological parents, and adoptees regarding what this means to them, we will refer them to the ODH website for information (www.odh.ohio.gov/vs) or have them call the ODH Vital Statistics customer service number for assistance at (614) 466-2531.

In December 2013 Gov. John Kasich signed Substitute Senate Bill 23 into law, giving 400,000 adoptees access to their original birth certificates starting in March 2015. The law is aimed at people born between 1964 and 1996 — a population that has fallen between the cracks of previous efforts to open records.

Those born prior to 1964 already have access to their original birth certificates. When they reach adulthood, they have full access to their adoption file via request to the Ohio Department of Health for a $20 fee. And in September 1996, Ohio started allowing adoptees born after that date to receive the document upon reaching the age of 21, unless the biological parents asked that the file be sealed.

Index Kiosk

December 31, 2014, the Health District signed into agreement with the ODH to provide a customer service index kiosk. This application is set up in our Vital Statistics area and allows the public the opportunity to search birth and death indexes in real time. The Vital Statistics office will no longer have to update adoptions, name changes, etc. into the health district’s data base. Lake County Vital Statistics can only utilize the States data base to issue birth records. By having the kiosk, we will have the ability to search the state death index, allowing our office to direct a customer to the proper VS office for certificates not filed in our office.
Vital Statistics Sales and Services Rendered 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Certificates Issued</td>
<td>3718</td>
<td>3889</td>
<td>4138</td>
<td>4659</td>
<td>4855</td>
<td>5210</td>
</tr>
<tr>
<td>Out of County Birth Certs Issued</td>
<td>1615</td>
<td>1638</td>
<td>1546</td>
<td>1334</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>Web Orders for Birth Certs</td>
<td>491</td>
<td>476</td>
<td>435</td>
<td>175</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Death Certificates Issued</td>
<td>8053</td>
<td>8766</td>
<td>8741</td>
<td>8328</td>
<td>8434</td>
<td>9194</td>
</tr>
<tr>
<td>Web Orders for Death Certs</td>
<td>86</td>
<td>81</td>
<td>66</td>
<td>40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fetal Death Certificates Issued</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Burial Permits Issued</td>
<td>647</td>
<td>768</td>
<td>711</td>
<td>715</td>
<td>717</td>
<td>546</td>
</tr>
<tr>
<td>Birth Certificates Filed</td>
<td>1773</td>
<td>1836</td>
<td>1876</td>
<td>1959</td>
<td>1949</td>
<td>1909</td>
</tr>
<tr>
<td>Death Certificates Filed</td>
<td>1800</td>
<td>1860</td>
<td>1845</td>
<td>1751</td>
<td>1704</td>
<td>1715</td>
</tr>
<tr>
<td>Free Veterans’ Copies</td>
<td>362</td>
<td>387</td>
<td>378</td>
<td>349</td>
<td>344</td>
<td>0</td>
</tr>
<tr>
<td>Affidavits Issued</td>
<td>516</td>
<td>759</td>
<td>669</td>
<td>581</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supplements Issued</td>
<td>308</td>
<td>370</td>
<td>368</td>
<td>282</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In looking at the above table, statistics for the number of birth certificates sold in 2014 was slightly down from 2013, 5,824 versus 6,003. 28% of birth certificates sold were for out of county births, this stems from the Statewide Birth Issuance and the ability for individuals to order birth & death records from our web site. Since a percentage of Lake County residents have given birth outside of Lake County, the Health District continues to issue birth certificates to those parents and others born outside the County.

Accidental deaths increased slightly in 2014 from 2013, an increase of 29% from 2009.
Drug overdose continues to grow in Lake County. The chart below shows an increase from 2009 to 2014.

Out of the 211 drug overdoses from 2009 thru 2014 35% were from heroin related incidents.

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>2</td>
<td>13</td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>22</td>
<td>73</td>
</tr>
<tr>
<td>Other Substance Abuse</td>
<td>16</td>
<td>21</td>
<td>22</td>
<td>29</td>
<td>28</td>
<td>22</td>
<td>138</td>
</tr>
<tr>
<td>Grand Total</td>
<td>18</td>
<td>34</td>
<td>32</td>
<td>41</td>
<td>42</td>
<td>44</td>
<td>211</td>
</tr>
</tbody>
</table>
2014 ENVIRONMENTAL HEALTH SIGNIFICANT ACCOMPLISHMENTS

Administration

- Several Sanitarians maintain the National Environmental Health Association (NEHA) Registered Environmental Health Sanitarian (REHS) professional credential in addition to their required Ohio registration
- Staff continue to cross-train to share program responsibilities and remain efficient at reduced staffing levels
- Supervisors handled 50 after-hours calls
- Performed 39,232 field and office activities
- Obtained legal opinions from Lake County Prosecutor to strengthen internal policy and procedures
- Referred several legal cases for prosecution for failure to comply with Health District orders
- Staff continued conducting digital inspections, adding public swimming pools to food operation inspections
- Promoted Public Health Week “Public Health: Start Here”
- Monitored and commented on relevant legislation
- Staff attended Accreditation and Quality Improvement training and meetings to prepare to submit content for several domains
- Continued to revise and update website and post hot topic information
- Provided oversight and management of Mill Street drainage improvements and selective defoliation
- Continued offering monthly Environmental Health in-services and quarterly “all staff” meetings
- Staff participated with several professional organizations to further environmental and/or public health efforts

Potable Water Supply

- Participated in ODH PWS monthly conference calls
- Assisted a Concord family with the investigation of salt water contamination of their water well
- Established fees to provide inspections of Private Water System Contractors

Bioterrorism/Disaster Response

- Staff continues Incident Command training
- Participated in Biowatch advisory committee and drill
- Supervisor participated in Lake County HAZMAT team and responded as needed
- Supervisor serves as LCGHD delegate on Lake Emergency Planning Committee
Sewage Treatment

- Reviewed Stein Farm Subdivision in Leroy and submitted Concord Ridge subdivision for approval
- Prepared watershed data for Euclid Creek, Chagrin River, Arcola Creek and Marsh Watershed reports
- Continue to enforce compliance in the last phase of Willoughby Hills sanitary sewer project & held administrative hearings and court hearings
- Monitored successful NPDES sampling for all permits
- Began implementation of the new state sewage rules by establishing appropriate fees, developing & establishing supplemental LCGHD regulations to OAC 3701-29 which included a framework for Operation & Maintenance Management
- Continued to participate on Ohio Sewage Technical Advisory Committee
- LCGHD secured and distributed Ohio WPCLF money for six low-income sewage system replacements
- Water & Waste Supervisor continues to chair the Ohio Environmental Health Association Sewage Technical Committee Chair person
- Assisted in the postponement of Sub. HB 490 in the Senate Agriculture committee by providing language to Rep. O’Brien and testimony on behalf of OEHA in the Senate Agriculture committee
- Participation on Lake County Department of Utilities Appeals Board

Stormwater

- Participated in several stormwater training workshops
- Prepared displays for several community events including the Lake County Fair and Earth Day
- Continued Working toward resolution of E. 322 St. illicit discharge in Willowick
- Continued the implementation of the first phase of the Illicit Discharge Detection and Elimination Plan for the County storm water member communities
- Participated in Summertunity June 23rd at Fairport Harbor beach educating 7th graders on water quality through PowerPoint presentation and Q&A discussion
- Presented stormwater education to 360 seventh grade students in Painesville Riverside Schools
- Participated in the McKinley Elementary School Science Fair by judging the projects and preparing a display for parents night
- Conducted several pollution prevention/good housekeeping inspections at community public facilities.

Solid Waste

- Continued to monitor movement on Mentor Marsh Salt Fill issue
- Ohio EPA approved solid waste program after successfully completing annual solid waste survey
- Collected 5,434.7 pounds of unwanted pharmaceuticals for appropriate disposal
- Continued to participate on the Diamond Shamrock Community Relations Team
- Addressed concerns regarding nuisance odors related to the Lake County Solid Waste Facility at the Lake Erie Shores Homeowner’s Association meeting
Radiological Health
- The Field Monitoring Team trained bimonthly and 5 members participated in the FEMA graded exercise on September 23, 2014
- The field monitoring team (FMT) continued to train to be ready to respond in the event of a nuclear emergency
- Continued distribution of potassium iodide (KI) tablets to residents and businesses
- Completed the build out of the two new FMT vans

Recreation Areas
- Obtained Lake County beach monitoring grant from the Ohio Department of Health to partially fund the water quality monitoring at Lake County’s two public beaches: Mentor Headlands and Fairport Harbor
- Lake County General Health District (LCGHD) went live with the Nowcast predictive model this season with continued guidance from the USGS
- Held a training session for the bathing beach operators to explain the predictive modeling process and Nowcast results, additionally the beaches were provided new signage for water quality notifications
- Obtained Ashtabula County beach monitoring grant from the Ohio Department of Health, collecting 172 samples on 43 sampling days
- Conducted a bathing beach survey predominantly in person at Lake County beaches and on the LCGHD website for all beaches to determine how the public responds to water quality notifications
- Continued to monitor Lake Erie public beaches for the harmful algal blooms (HAB)
- Received training from U.S. Consumer Product Safety Commission and continued to assist licensed pools and spas with Virginia Graeme Baker Act and ADA compliance issues
- Staff maintained certification as Certified Pool Operators to provide current technical assistance to licensed facilities

Schools
- Provided guidance to school districts and conducted 150 inspections of school buildings
- Continued to assist schools in eliminating hazardous chemicals and elements, including mercury and mercury-containing devices, from their facilities
- Staff offered guidance to school nurses regarding environmental public health hot topics such as bed bugs, black-legged ticks and mercury
- Staff received training from the Ohio Department of Health to offer school staff guidance to comply with safety and sanitation requirements

Food Protection
- Staff continued electronic food inspections which are posted on LCGHD web site for public viewing
- Staff participated for the second year in a trial project to present Level One (Person In Charge) certification course to high school vo-ed students
- Three staff members maintain credentials to teach ServSafe and Level One Person in Charge food safety courses
- Person in Charge (PIC) and ServSafe food protection courses were presented to 177 and 23 participants, respectively
- Training was conducted for school food service personnel in several districts
- Significant food recalls, handwashing, and holiday food safety messages were displayed on our web site
- Staff participated in Northeast Ohio Food Protection Roundtable
- A sanitarian participated in the Conference for Food Protection, Partnership for Food Protection 50-State Workshop, and is currently serving a 5-year FDA Commission
- Two sanitarians promoted NACCHO and FDA’s Voluntary National Retail Food Regulatory Program Standards at national conferences by discussing the LCGHD experience
- Mailed quarterly issues of “Food Talk” food safety information and timely updates to all licensed establishments
- Provided evening, weekend, and holiday coverage for fairs, festivals, and temporary events
- Received a grant to allow food protection staff to attend FDA regional training in Michigan
- Staff participated on advisory committees for food and hospitality programs at Auburn Career Center and Willoughby-Eastlake Technical Center
- Director participated in Auburn Career Center’s Mock Interview Day for culinary students to practice their job interview skills
- Hosted 1st annual Food Safety Task Force meeting with a focus on Farmer’s Markets and Cottage Foods

Public Health Nuisances
- Responded to 651 citizen complaints
- Provided technical assistance to communities with neighborhood rat problems
- Staff presented educational programs/offered guidance to other agencies on emerging issues such as bedbugs and hoarding
- Continued to respond to increasing number of hoarding complaints in residential homes
- Staff oversaw condemnation of clandestine math labs and provided guidance for remediation
- Staff obtained or maintained licensure from the Ohio Department of Agriculture as Pest Control Operators
- Staff monitored Governor’s Dangerous and Wild Animal Executive Order
- Attended Healthy Homes and lead poisoning prevention training
- Staff attended environmental compliance workshop

Rabies Control
- Investigated 592 cases of animal bites and/or potential rabies exposures
- 20 bats submitted for rabies testing with none positive for rabies
- For the third year in a row, there were no positive cases of terrestrial RSR rabies
- Monitored Lake County rabies activity by collecting 110 enhanced surveillance specimens for rabies testing and 90 public health samples
- Counseled 14 persons potentially exposed to rabies who received post-exposure prophylaxis
- Director serves as OEHA Rabies Technical committee chair
- Participated in federal ONRAB bait trial as a stakeholder distributing over 35,000 baits
- Provided support for USDA’s pre-and post-baiting trapping effort
• Provided written rabies update for municipalities, veterinarians, parks, trappers, and staff
• Provided consultation for the medical community for clients with potential rabies exposures
• Director attended National Rabies Cooperators Meeting in San Antonio, TX as USDA’s guest

Mosquito Control
• 2014 was the 3rd wettest year on record over the past 40 years
• Remained conscious of previous expressions of environmental concern from state and local Sierra Club members
• Trained larval crew and several new drivers in mosquito biology, pesticide application and safety procedures
• Began early larvicide applications to catch basins, sewage treatment plants, abandoned swimming pools, and standing water
• Recorded 26 dead bird calls for West Nile Virus surveillance
• Continued to operate at lower staffing levels and at reduced budget
• Posted mosquito control updates on web site
• Served as a member of Ohio Tick Workgroup and as a resource for local residents concerned with Lyme disease and black-legged (deer) ticks
• Attended Ohio Mosquito Control Association annual meeting
• Adult Control ULV units sprayed on 17 days in 2014, covering 67,000 acres.
• There no WNV cases in Lake County in 2014
• Health District submitted NPDES Mosquito report to EPA in a timely manner
• ODH Zoonotic Disease Program resumed mosquito virus testing on July 14. Three mosquito pools were found to be positive for WNV.
• Two gravid traps monitored adult mosquito population in Lake County
• There was 1 LaCrosse Encephalitis case in Lake County. This virus is particularly concerning because it generally affects young children.

Air Pollution Control
• Assisted Ohio EPA and the State Attorney General’s office with ongoing legal proceedings for asbestos NESHAP violations
• Attended bi-monthly LEPC meetings
• Two staff members attended asbestos refresher training course
• Staff renewed certification at Smoke School
• Participated in monthly OLAPCOA (local air authority) meetings
• Served on NOACA air pollution committee
• Monitored demolition projects for the Lake County Land Bank
• Monitored several large demolition projects throughout the county
• Staff conducted 71 smoke-free workplace inspections
• Responded to the Metal Seal fire in Mentor as requested by the Mentor Fire department
• Responded to off hours HAZMAT call at Expert Refrigeration in Willoughby
• Staff attended PER 240 class held at the Lake County EOC in May
• Passed all monitor audits conducted by Ohio and US EPAs
• Responded to the LCGHD fire on August 20, 2014 at 6:30 a.m.
• Northeast Ohio continues to be listed as Marginal for non-attainment Ozone standards and non-attainment for SO2
• Spoke at the Lake Erie Shores Homeowner’s Association annual meeting
• Participated in Not In Kansas Anymore functional exercise
• Spoke at Theil College to the Senior Environmental Science Major students
• Spoke at the Ohio EPA Radiation Assessment Team annual training at The Ohio State University’s Stone Lab
• Spoke at the NEOCHMM meeting on October 16, 2014
• Participated in a tabletop drill for the Hostile Action Based PNPP drill
• LCGHD hosted a meeting with PNPP personnel, Ohio Department of Health, Ohio EMA and Lake County EMA to discuss a tritium leak at the PNPP
• Staff responded to a mercury spill at Cardiovascular Consultants on January 10, 2014

Plumbing
• Utilized two contract plumbing inspectors on as-needed basis rather than hiring additional staff
• Attended training at Department of Commerce and Ohio Association of Plumbing Inspectors
• Attended monthly BOCONEO meetings
• Participated in numerous pre-construction conferences for large projects
• Active in and presented courses for the Plumber Association of Northeast Ohio (PANO)
• Provided plumbing inspection coverage for Painesville City for absences of their inspector

Miscellaneous
• Facilitated environmental health program orientation and relative field experience to interested student interns
• Several presentations were given by staff on various topics including careers in public health, water and sewage fundamentals, rabies, communicable disease, LCGHD programs, and housing
• Participated in Earth Day at Lake Metroparks and Lake County Fair
• Continued committee with community health nursing staff to revise procedures, improve communication, and train staff to investigate and document communicable disease outbreaks
• Staff was trained in bloodborne pathogens and HIPPA
• Staff continues to monitor Marcellus and Utica shale drilling
• Staff attended Ohio Environmental Health Association regional and/or state educational conferences
• EH staff attended monthly In Service Training sessions for various topics
• Served as community preceptor for a MPH graduate student
<table>
<thead>
<tr>
<th>Category</th>
<th># Office Activities</th>
<th># Field Activities</th>
<th># Total Activities</th>
<th>Time in Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Pollution</td>
<td>2125</td>
<td>1412</td>
<td>3537</td>
<td>2772</td>
</tr>
<tr>
<td>Animals and Insects</td>
<td>177</td>
<td>60</td>
<td>237</td>
<td>121</td>
</tr>
<tr>
<td>Asbestos</td>
<td>244</td>
<td>105</td>
<td>349</td>
<td>207</td>
</tr>
<tr>
<td>Beach</td>
<td>452</td>
<td>410</td>
<td>862</td>
<td>702</td>
</tr>
<tr>
<td>Camps</td>
<td>71</td>
<td>31</td>
<td>102</td>
<td>58</td>
</tr>
<tr>
<td>Communicable Disease</td>
<td>65</td>
<td>5</td>
<td>70</td>
<td>57</td>
</tr>
<tr>
<td>Compost and Yard Waste</td>
<td>65</td>
<td>31</td>
<td>96</td>
<td>70</td>
</tr>
<tr>
<td>Disaster Planning and Response</td>
<td>35</td>
<td>24</td>
<td>59</td>
<td>118</td>
</tr>
<tr>
<td>Drug Disposal</td>
<td>17</td>
<td>4</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Environmental Assessments</td>
<td>64</td>
<td>0</td>
<td>64</td>
<td>33</td>
</tr>
<tr>
<td>Food</td>
<td>3618</td>
<td>4667</td>
<td>8285</td>
<td>6229</td>
</tr>
<tr>
<td>Infectious Waste</td>
<td>70</td>
<td>17</td>
<td>87</td>
<td>64</td>
</tr>
<tr>
<td>General Environmental Health</td>
<td>2975</td>
<td>453</td>
<td>3428</td>
<td>2323</td>
</tr>
<tr>
<td>HB 110 Sewage (commercial)</td>
<td>265</td>
<td>394</td>
<td>659</td>
<td>315</td>
</tr>
<tr>
<td>Hazardous and Spills</td>
<td>33</td>
<td>5</td>
<td>38</td>
<td>21</td>
</tr>
<tr>
<td>Household Sewage</td>
<td>2318</td>
<td>946</td>
<td>3264</td>
<td>1359</td>
</tr>
<tr>
<td>Housing and Living Conditions</td>
<td>1395</td>
<td>623</td>
<td>2018</td>
<td>1043</td>
</tr>
<tr>
<td>LCGHD Fire Recovery</td>
<td>180</td>
<td>206</td>
<td>386</td>
<td>839</td>
</tr>
<tr>
<td>Mosquitoes and Ticks</td>
<td>713</td>
<td>345</td>
<td>1058</td>
<td>497</td>
</tr>
<tr>
<td>Non-community Water</td>
<td>5</td>
<td>3</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Open Burning</td>
<td>94</td>
<td>158</td>
<td>252</td>
<td>215</td>
</tr>
<tr>
<td>Phase II Stormwater</td>
<td>1314</td>
<td>506</td>
<td>1820</td>
<td>1526</td>
</tr>
<tr>
<td>Plumbing</td>
<td>2473</td>
<td>1572</td>
<td>4045</td>
<td>2699</td>
</tr>
<tr>
<td>Pools and Spas</td>
<td>285</td>
<td>265</td>
<td>550</td>
<td>334</td>
</tr>
<tr>
<td>Private Water Systems</td>
<td>290</td>
<td>122</td>
<td>412</td>
<td>183</td>
</tr>
<tr>
<td>Public Sewers</td>
<td>194</td>
<td>11</td>
<td>205</td>
<td>90</td>
</tr>
<tr>
<td>Rabies</td>
<td>792</td>
<td>488</td>
<td>1280</td>
<td>686</td>
</tr>
<tr>
<td>Radiation</td>
<td>285</td>
<td>293</td>
<td>578</td>
<td>473</td>
</tr>
<tr>
<td>Schools</td>
<td>161</td>
<td>188</td>
<td>349</td>
<td>373</td>
</tr>
<tr>
<td>Sewage Other</td>
<td>218</td>
<td>22</td>
<td>240</td>
<td>106</td>
</tr>
<tr>
<td>Small Flow Sewage</td>
<td>368</td>
<td>267</td>
<td>635</td>
<td>284</td>
</tr>
<tr>
<td>Smoking</td>
<td>86</td>
<td>71</td>
<td>157</td>
<td>114</td>
</tr>
<tr>
<td>Solid Waste</td>
<td>384</td>
<td>327</td>
<td>711</td>
<td>454</td>
</tr>
<tr>
<td>Surface Water</td>
<td>79</td>
<td>26</td>
<td>105</td>
<td>70</td>
</tr>
<tr>
<td>Tattoo and Piercing</td>
<td>78</td>
<td>70</td>
<td>148</td>
<td>94</td>
</tr>
<tr>
<td>Water Other</td>
<td>108</td>
<td>9</td>
<td>117</td>
<td>48</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22096</strong></td>
<td><strong>14136</strong></td>
<td><strong>36232</strong></td>
<td><strong>24591</strong></td>
</tr>
</tbody>
</table>
Beach Sampling Data
May 19 - September 1, 2014

<table>
<thead>
<tr>
<th>County</th>
<th>Beach</th>
<th>Samples Taken</th>
<th>Samples Exceeding Standard</th>
<th>Percentage of Samples Exceeding Standard</th>
<th>Advisory Days</th>
<th>Average E.coli Per Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake</td>
<td>Headlands</td>
<td>41</td>
<td>5</td>
<td>12.2</td>
<td>9</td>
<td>159.5</td>
</tr>
<tr>
<td>Lake</td>
<td>Fairport</td>
<td>42</td>
<td>10</td>
<td>23.8</td>
<td>20</td>
<td>203.7</td>
</tr>
<tr>
<td>Ashtabula</td>
<td>Conneaut</td>
<td>38</td>
<td>5</td>
<td>13.2</td>
<td>10</td>
<td>96.9</td>
</tr>
<tr>
<td>Ashtabula</td>
<td>Lakeshore</td>
<td>38</td>
<td>23</td>
<td>61.0</td>
<td>52</td>
<td>815.4</td>
</tr>
<tr>
<td>Ashtabula</td>
<td>Walnut</td>
<td>38</td>
<td>8</td>
<td>21.2</td>
<td>16</td>
<td>245.4</td>
</tr>
<tr>
<td>Ashtabula</td>
<td>Geneva</td>
<td>38</td>
<td>4</td>
<td>11.0</td>
<td>11</td>
<td>218.2</td>
</tr>
</tbody>
</table>

* Statistics may be obtained at  [www.lcghd.org/beach](http://www.lcghd.org/beach)

Predictive Model Accuracy

The Heath District developed models using the virtual beach predictive modeling program, one for each beach. The predictive models performed significantly (30%) more accurately than prior years where beach advisories were predicated on the prior days E. coli sampling results. The following table represents the overall accuracy of the models:

<table>
<thead>
<tr>
<th>Beach</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>Overall Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
<td>Target</td>
</tr>
<tr>
<td>Fairport Lake Metroparks</td>
<td>50%</td>
<td>67%</td>
<td>85%</td>
</tr>
<tr>
<td>Mentor Headlands State Park</td>
<td>50%</td>
<td>67%</td>
<td>85%</td>
</tr>
</tbody>
</table>
### 2014 Public Bathing Beach User Survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>This survey is for what county beach?</td>
<td>Lake</td>
<td>98.8%</td>
</tr>
<tr>
<td></td>
<td>Ashtabula</td>
<td>1.2%</td>
</tr>
<tr>
<td>How many days per month do you go to the beach?</td>
<td>1-5</td>
<td>73.3%</td>
</tr>
<tr>
<td></td>
<td>5-10</td>
<td>9.3%</td>
</tr>
<tr>
<td></td>
<td>10-15</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>15+</td>
<td>15.1%</td>
</tr>
<tr>
<td>When you go to the beach do you or your children go into the water?</td>
<td>Yes</td>
<td>81.2%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>18.8%</td>
</tr>
<tr>
<td>Do you look for the beach water quality sign to decide if you or your children should go into the water?</td>
<td>Yes</td>
<td>67.1%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>32.9%</td>
</tr>
<tr>
<td>Do you understand the message on the beach water quality sign?</td>
<td>Yes</td>
<td>75.6%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>24.4%</td>
</tr>
<tr>
<td>Do you understand that high bacteria levels in the water at the beach can result in gastrointestinal illness?</td>
<td>Yes</td>
<td>84.9%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>15.1%</td>
</tr>
<tr>
<td>Did you know that the Health District is predicting water quality using a model based on daily conditions at the beach?</td>
<td>Yes</td>
<td>22.1%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>77.9%</td>
</tr>
<tr>
<td>Have you read any beach information on the Lake county General Health District website?</td>
<td>Yes</td>
<td>24.7%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>75.3%</td>
</tr>
<tr>
<td>Have you used the link to the Ohio Nowcast website?</td>
<td>Yes</td>
<td>10.5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>89.5%</td>
</tr>
<tr>
<td>Did you know that bacteria counts are higher up to 48 hours after a heavy rain event and swimming at the beach is not recommended?</td>
<td>Yes</td>
<td>70.9%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>29.1%</td>
</tr>
<tr>
<td>Do you know what a Harmful Algae Bloom is?</td>
<td>Yes</td>
<td>41.9%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>58.1%</td>
</tr>
<tr>
<td>Do you know that you should not swim if there is a Harmful Algae Bloom?</td>
<td>Yes</td>
<td>46.5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>53.5%</td>
</tr>
</tbody>
</table>
# Raccoon Strain Rabid Animals

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashtabula</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Columbiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Cuyahoga</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Geauga</td>
<td>1</td>
<td>16</td>
<td>23</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Lake</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>18</td>
<td>6</td>
<td>15</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td>82</td>
</tr>
<tr>
<td>Mahoning</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Summit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Trumbull</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>14</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>20</td>
<td>11</td>
<td>37</td>
<td>46</td>
<td>159</td>
</tr>
</tbody>
</table>

Reported Animal Bites 1990-2014
## Lake County Dead Bird Calls/Testing

<table>
<thead>
<tr>
<th>Year</th>
<th># Dead Bird Calls</th>
<th># Birds Tested</th>
<th># WNV + Positive Birds</th>
<th>% Positive Birds</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>109</td>
<td>109</td>
<td>13</td>
<td>11.93%</td>
</tr>
<tr>
<td>2002</td>
<td>78</td>
<td>78</td>
<td>21</td>
<td>26.92%</td>
</tr>
<tr>
<td>2003</td>
<td>774</td>
<td>61</td>
<td>5</td>
<td>8.20%</td>
</tr>
<tr>
<td>2004</td>
<td>641</td>
<td>118</td>
<td>1</td>
<td>0.85%</td>
</tr>
<tr>
<td>2005</td>
<td>358</td>
<td>56</td>
<td>4</td>
<td>7.14%</td>
</tr>
<tr>
<td>2006</td>
<td>580</td>
<td>144</td>
<td>29</td>
<td>20.14%</td>
</tr>
<tr>
<td>2007</td>
<td>243</td>
<td>15</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>2008</td>
<td>144</td>
<td>6</td>
<td>1</td>
<td>16.67%</td>
</tr>
<tr>
<td>2009</td>
<td>84</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2010</td>
<td>66</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2011</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2012</td>
<td>89</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2013</td>
<td>46</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>2014</td>
<td>26</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* ODH discontinued testing dead birds for WNV in 2009

## US, Ohio and Lake County Human WNV Cases

<table>
<thead>
<tr>
<th>Year</th>
<th># States* Affected with WNV</th>
<th># States* With Human WNV</th>
<th># US Human Cases</th>
<th># US Human Fatalities</th>
<th># Ohio Human Cases</th>
<th># Ohio Human Fatalities</th>
<th># Lake C Human Cases</th>
<th># Lake C Human Fatalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>4</td>
<td>1</td>
<td>62</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2000</td>
<td>12</td>
<td>3</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>27</td>
<td>10</td>
<td>66</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2002</td>
<td>44</td>
<td>40</td>
<td>4,156</td>
<td>284</td>
<td>441</td>
<td>31</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>2003</td>
<td>47</td>
<td>46</td>
<td>9,862</td>
<td>264</td>
<td>108</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2004</td>
<td>45</td>
<td>41</td>
<td>2,539</td>
<td>100</td>
<td>12</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2005</td>
<td>49</td>
<td>42</td>
<td>3,000</td>
<td>119</td>
<td>61</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2006</td>
<td>49</td>
<td>42</td>
<td>4,269</td>
<td>177</td>
<td>48</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2007</td>
<td>49</td>
<td>43</td>
<td>3,598</td>
<td>121</td>
<td>23</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>48</td>
<td>42</td>
<td>1,356</td>
<td>44</td>
<td>15</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>48</td>
<td>34</td>
<td>722</td>
<td>33</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>49</td>
<td>41</td>
<td>1,021</td>
<td>57</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>48</td>
<td>43</td>
<td>712</td>
<td>43</td>
<td>21</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2012</td>
<td>48</td>
<td>48</td>
<td>5,674</td>
<td>286</td>
<td>121</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2013</td>
<td>49</td>
<td>48</td>
<td>2,469</td>
<td>119</td>
<td>24</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2014</td>
<td>41</td>
<td>39</td>
<td>1,935</td>
<td>71</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>41,462</td>
<td>1,736</td>
<td>891</td>
<td>63</td>
<td>12</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reported as of 11/20/2014 - * Includes Washington DC & Puerto Rico
Pharmaceutical Drugs Collected & Destroyed
Total 2014
Total 5,424.70 lbs.

TOTAL LBS COLLECTED AND DESTROYED
LAKE COUNTY GENERAL HEALTH DISTRICT
PHARMACEUTICAL DRUG COLLECTION AND DISPOSAL PROGRAM
16,039.7Lbs (as of 12/31/2014)
3.0 DIRECTOR OF COMMUNITY HEALTH SERVICES REPORT

3.01 ADMINISTRATIVE REVIEW

Central Lake County Lake Front Connectivity Plan Awarded

In January 2014 the Lake County General Health District received notice that the Northeast Ohio Central Coordination Agency (NOACA), via its Transportation for Livable Communities Initiative (TLCI), approved $75,000 in funding for the Central Lake County Lakefront Connectivity Plan. The goal is to support and bring back all modes of transportation to our citizens, whether it is cars, bicycles, feet, or kayaks. To help address chronic disease our county needs to make sure that people have the opportunity to use all modes of transportation to promote a healthier lifestyle.

The project is a landmark initiative that will develop a conceptual “master plan” for the study area. It is wonderful to have an opportunity to work with five Lake County communities (Mentor, Painesville, Fairport Harbor, Grand River Village, and Painesville Township) and four agencies (Lake County General Health District, Laketran, Lake County Planning Commission, and Lake Metroparks) to develop a shared and common vision. The vision being that of enhancing the transportation/recreation network within central Lake County, with an emphasis on better access and improved linkages between shared coastal destination sites, and existing roadway and trail way segments that are already in place. The residents of Lake County will also be given ample opportunity to comment and drive the process.

Linking the central Lake County communities through a regional pedestrian, bicycle, transit, and water trail network will benefit each of the participating communities economically by adjusting the infrastructure to accommodate alternative means of transportation and the individual town centers with recreation, entertainment, and shopping opportunities. The map below depicts the study area for the Central Lake County Lakefront Connectivity Plan.
The Central Lake County region has numerous recreation and natural areas, entertainment and dining venues, businesses, and neighborhoods that provide a unique character and a rich quality. By connecting them through a cohesive alternative transportation network of pedestrian, bicycle, and water trails it would enhance the region’s identity as a place to live, work, visit, and play. Historically, TLCI funds have been successful in accomplishing many objectives including:

1. Developing the conceptual designs/planning necessary for transportation projects that provide more travel options through complete streets and realistic solutions, increasing user safety, and supporting positive public health outcomes.
2. Promoting the reinvestment in underutilized or vacant/abandoned properties through development concepts supported by multimodal transportation systems.
3. Supporting economic development through land use recommendations and connecting these proposals with existing assets and investments.
4. Complementing existing plans and proposed initiatives to encourage collaboration between regional and community partners.
5. Engaging citizens and communities through innovative public dialogue and inclusive planning.

The success of the Health District’s Central Lake County Lake Front Connectivity Plan will be evaluated on how the project accomplishes the above objectives; in addition to the grant deliverables.

In 2012, NOACA evaluated the TLCI program to assess the progress of past TLCI plans. The evaluation includes analyses of NOACA’s Transportation Improvement Program (TIP), local capital improvement programs, and a survey of past TLCI sponsors detailing their implementation of plan recommendations. Findings of the evaluation report can be located at http://www.noaca.org/modules/showdocument.aspx?documentid=883.

The Dominion Foundation awarded the Lake Health District Fund, in partnership with the Lake County General Health District, a $5,000 grant for the development of a bike path for the Village of Fairport. The Lake Health District Fund/Lake County General Health District is partnering with the Lake County Ohio Port and Economic Development Authority (LCOPEDA) and the Village of Fairport Harbor to mark a bike route around Fairport Harbor that will increase healthy recreational options and lake-based tourism in the village.

**2014 Lake County Youth Health Status Assessment**

In 2014, the Health District completed its first Lake County Youth Health Status Assessment with the help of several participating schools and community partners by completing the youth risk behavior survey. Funding for the Lake County Youth Health Assessment was provided by the Center for Health Affairs (on behalf of Lake Health Hospital System) and the Lake County General Health District. The 2014 Youth Health Status Assessment is an important process intended to better define and capture data concerning the behaviors of Lake County’s 12 to 18 year olds that impact both their present and future health status, and by extension, our entire community’s health status.
This is the third in a series of community health assessments that have been conducted by the Lake County General Health District (LCGHD) and its community partners since 2005. The 2005 assessment was conducted among 1,600 adults 25 years of age and older. The second was the 2011 Lake County Health Assessment centered on adults 18 years of age and older and focused on attitudes, barriers, and potential solutions and allowed residents and stakeholders to have direct input.

The Lake County Youth Health Status Assessment is based on the Centers for Disease Control and Prevention’s Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

The LCGHD would like to extend its gratitude to all of the community agencies and professionals who donated their time and resources to make this assessment a success, as well as, the students, parents and schools systems of Lake County who took the time to complete the survey and allow it to take place.

In addition, state and local agencies and nongovernmental organizations may use Lake County Youth Health Status Assessment data to set and track progress toward meeting school health and health promotion program goals, support modification of school health curricula or other programs, support new legislation and policies that promote health, and seek funding and other support for new initiatives.

The full report may be accessed via the Health District’s web site www.lcghd.org or directly at the link below:


The Lake County General Health District presented the results of the 2014 Lake County Youth Risk Behavior Survey in partnership with the Center for Health Affairs and Lake Health Hospital System. The meeting, hosted by Lake Health and held at TriPoint, was attended by over 60 community agencies, partners, and professionals.

**United Way Recognition**

On April 24, 2014 the Lake County General Health District was recognized at the United Way’s Annual Meeting for its increased contribution to their Annual Campaign. The Health District had a 10% increase from last year. The Health District took a moment to thank everyone for their support and reminded everyone that last year the United Way (UW) provided the Health District with $5,250 to support the JUST RUN program; which will support over 1,500 students,
site coordinators, and volunteers this year. The UW also helps support the Drug Assistance Program/Repository and provided us $15,000 in funds to serve over 200 clients each quarter obtain essential medications.

Project DAWN Pilot Receives Approval
On Tuesday, February 25, 2014 the Health District received the final approval to proceed with the Project DAWN (Death Avoided with Naloxone) Program after several meetings and intense deliberation. House Bill 170 expands the list of licensed health professionals, emergency responders, or peace officers who may prescribe or administer naloxone (commonly known as Narcan), a pharmaceutical drug used to counter the effects of an opioid overdose. The bill also allows for certain health professionals to provide nasal naloxone to any person, family member, or friend of a person who is at risk of experiencing an opioid-related overdose. Persons who are now permitted to prescribe, provide, or administer naloxone, if acting in good faith and with reasonable care, are granted immunity from drug offenses, criminal prosecution, civil liability, or professional disciplinary action.

Naloxone hydrochloride, commonly known by the trade name Narcan, is a drug that reverses the effects of opioids (such as oxycodone, hydrocodone, and heroin) on the brain. When an individual overdoses on an opioid, the brain's trigger to breathe is effectively turned off and respiration stops. Naloxone displaces the opioid molecules, causing the individual to return to normal respiration. In the United States, naloxone requires a prescription. For more information on Project DAWN visit http://www.healthy.ohio.gov/vipp/drug/ProjectDAWN.aspx.

Tobacco Education Grant
The Lake County General Health District received a Tobacco Education Grant from the Ohio Department of Health for $30,000. The grant period is from March 29, 2014 through March 28, 2015. The Tobacco Grant will mainly focus on a youth led prevention program called “STAND”. The Lake Geauga Ashtabula Tobacco Prevention Coalition met on April 29 to review the grant deliverables, discuss contractual agreements, and to discuss any other programming offered in each of the counties. The Health District will contract with Lake/Geauga Center, Ashtabula City Health Department, and Crossroads for each agency to have a designated STAND Site Coordinator and to meet the requirements outlined in the grant.

Chronic Disease Self-Management Program
A Lake County General Health District multi-disciplinary team (nurse, dietitian, Health Educator and two social workers) completed “Leader Training: Take Charge of your Health: Six Weeks to Better Choices”. The Evidenced Based Chronic Disease Self-Management Program was presented by Fairhill Partners of Cleveland, Ohio. This summer, our trained leaders will begin presenting this training to residents with chronic health conditions at various locations. The Chronic Disease Self-Management Program was developed at Stanford University, Patient Education Research Center as a collaborative research project between Stanford and the Northern California Kaiser Permanente Medical Care Program.
2nd Annual Health in the Harbor
The second annual community event, “Health in the Harbor” was held on Saturday, June 7, 2014 from 10 a.m.-2 p.m. in the Village of Fairport Harbor along the shores of Lake Erie. This event is an opportunity to empower families, children, and adults to live healthier lives through active lifestyles. “Health in the Harbor” is hosted by the Lake County General Health District along with community leaders; Lake County YMCA, Lake Metroparks, Lake Health and the Village of Fairport Harbor who are all working together to improve nutrition and health for a better tomorrow.

Child Fatality Review Board
The annual meeting of the Lake County Child Fatality Review Board (CFRB) was held in March 2014. This Board was first established through State legislation in 2000 and Ohio Revised Code 307.621 requires each Board of County Commissioners of each Ohio County to establish such a Board (6 members minimum) whose purpose is to decrease the incidence of preventable child deaths (0 through 17 years of age). Board of Health members Dr. Lynn Smith, Dr. Juan Hernandez and Patty Murphy are members of the CFRB as well as several other community physicians, law enforcement and social service agency members. Past Lake County CFRB specific results can be found at the LCGHD web site. Statewide data can be found at http://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfr1.aspx

3.02 CLINICAL SERVICES PROGRAMS-NURSING DIRECTOR REPORT – 2014

The programs and projects of the Clinical Services area are funded by grants, fees and local tax dollars. Programs are implemented by a Nursing Director, five Public Health Nurses, Clerical Supervisor, two clerks and a clerk/translator. Services include: adult, child and flu immunizations; lead screening; health assessments for Jobs and Family Services; Hepatitis C screening; Blood Pressure and Cholesterol screening; care coordination for children with special health care needs; newborn home visits; well child physicals; health education, emergency preparedness planning and community collaboration. Public Health Nurses also conduct communicable disease surveillance, investigation, prevention education and tuberculosis control for the county.

Clinical Services staff participated in program and project specific training, public health accreditation and quality improvement projects, and developed a performance management system.

Public Health Nurses represented the Health District on the following state, regional and local committees: Child and Family Health Services Advisory Council, Regional and State Public Health Epidemiology, Regional Infection Control, Head Start Health Advisory, Auburn Career Center Health Service Program Advisory, Lake County School Nurse Consortium, Child Fatality Review Board, Family First Council’s Children’s Wrap-Around Committee and Early Childhood Coordinating Committee, Medical Reserve Corps, Metropolitan Medical Response, ACHIEVE, Ohio Tuberculosis Coalition, Ohio Healthy Homes – Lead Prevention Program, Lake Health Homecare Advisory, and the Ohio Public Health Association.
Following the agency fire on August 20, 2014, Clinical Services staff responded to and began to recover all nursing programs. Using the principles of incident command, staff assessed our losses and began to rebuild. We accepted generous donations of medical supplies from Lake Health Hospital System and office supplies from Beacon Health. The following facilities donated rooms for Clinical Services to hold classes and clinics: First Church of Christ on a weekly basis for our children clinics, Morley Library for TB clinics, and Luv, Learn, and Laughter and Church of the Nazarene for the Community Education classes. Using Mutual Aid Agreements, Geauga County Health District vaccinated over 350 children during back to school clinics.

This past year also brought home the public health mantra: *a health threat anywhere is a health threat everywhere*. Outbreaks of 2014 stretched resources by requiring enhanced surveillance by health district disease investigators. The diseases outbreaks included EV-D68, Measles, Mumps and Ebola Virus Disease.

**Enterovirus D68**
In late summer, we began surveillance of a nationwide outbreak of severe respiratory illness in children caused by enterovirus D68 (EV-D68). EV-D68 is a less common type of enterovirus and can cause cold-like symptoms and mild to severe upper respiratory illness in some individuals. This illness was affecting those with asthma most severely. There is no vaccine for EV-D68 nor any specific treatment or anti-viral medications. To enhance our response and investigation to the sudden increase of this virus, the CDC laboratory developed a faster lab test for detecting EV-D68. From August to November, CDC received more than six times the amount of specimens they normally receive. By the end of fall, reporting of EV-D68 infections to CDC began to decline.

**Measles**
In the spring, the Ohio Department of Health and the local health departments in central Ohio began investigating an outbreak of measles in Ohio. The outbreak began with unvaccinated travelers to the Philippines. Health departments encouraged residents to get vaccinated with the Measles-Mumps-Rubella (MMR) vaccine. Several clinics were held in Ohio vaccinating over 10,000 individuals. In 2014, the U.S. experienced a record number of measles cases. Twenty-three (23) outbreaks caused 644 cases. The majority of people who got measles were unvaccinated.

**Mumps**
Between January and September, the Ohio Department of Health, Columbus Public Health, Franklin County Public Health, the Delaware County General Health District and the Madison County-London City Health District investigated a community outbreak of mumps in Central Ohio. Most of the linked cases worked or attended school within Franklin, Delaware and Madison counties. There were 482 confirmed cases. The cases ranged from under 6 months to 80 years. There were few hospitalizations, with most people recovering on their own.
Ebola
The Ebola outbreak in West Africa was unprecedented in size and scope. The CDC staff surged into the region, setting up labs and emergency operations center, trainings, contact-tracing and burial teams, providing leadership and communications support. With the sudden appearance of an Ebola patient at a Dallas hospital – and the first-ever Ebola transmissions on U.S. soil – residents were awakened to the truth of a health threat anywhere is a health threat everywhere. To protect Americans, affected nations performed exit screenings of hundreds of thousands of airline travelers and helped establish entry screening for all people traveling from these countries to the U.S. During the fall, communicable disease nurses tracked and conducted fever and other symptom monitoring of six individuals who had possible contact with an Ebola patient. Based on CDC guidance, we are now working to prepare hospitals to receive, isolate, and evaluate suspected Ebola cases. The Ebola response was a clear example of the interdependence between healthcare and public health. Public health provides tracking and monitoring of travelers from West Africa, which provides visibility to the hospitals on who is in their community and who may need to be referred for treatment. Healthcare providers are better prepared as a result of the public health work, and having well-prepared hospitals benefit all.

Public Health Performance Indicator - Disease Reporting
Timeliness of disease reporting is a key part of good public health practice. In order to reduce the burden of disease in our community and to implement appropriate interventions, the public health system relies on healthcare providers and laboratories for identification of infectious diseases. Timeliness requirements for each reportable disease vary based on the communicability and severity of the disease.

Communicable Disease Nurses track the date when a healthcare provider diagnosed an illness and the date when Lake County General Health District (LCGHD) received notification of the illness. In 2014, Class B diseases, Campylobacter, Cryptosporidiosis, E.coli, Giardiasi, hospitalised Influenza, Legionnaires, Pertussis, Salmonella and Shigellosis were tracked. Class B diseases are required to be reported by the end of the next business day after the existence of a case is known. The mean reporting lag time goal (less than two days) was met for all diseases except hospitalised influenza. Cases of hospitalised influenza were reported on average three days following diagnosis. Communicable Disease Nurses periodically monitor the reporting lag times for these diseases. Regular monitoring addresses late reporters and missing data. Complete data aids in better, timelier interventions and prevention efforts.

3.02.01
Child and Family Health Services /Well Child Clinic

The Child and Family Health Services (CFHS) Program is designed as an organized community effort to eliminate health disparities, improve birth outcomes and improve the health status of women, infants and children in Ohio. This goal is addressed by assessing and monitoring maternal and child health status; informing and educating the public and families about maternal and child health issues; providing leadership to assure the health of women, children, youth and their families; linking women, children and youth to services, and assuring access to health care; and evaluating the effectiveness, accessibility and quality of health care services. CFHS includes
the following four components: Community Health Assessment and Planning (required), Child and Adolescent Health, Perinatal Health. The population of interest for CFHS is low-income women and children in racial and ethnic groups that are disproportionately affected by poor health outcomes. The focus is on geographic areas and populations of highest need.

This program provides a comprehensive well child physical exam, nutritional assessment, hearing testing, developmental screening, and immunizations for children and adolescents. Screenings are age appropriate and completed by a team that includes a physician, several nurses, and a dietitian. Sports, work, pre-school, school-aged physicals, and well baby checkups are completed. Well Child Clinic remains partially funded by the Children and Families Health Services Grant. Fees are based on a sliding fee scale set by the Ohio Department of Health. Medicaid is also accepted.

- There were fifteen (15) Well Child Clinics held January through December, 2014. A total of seventy-three (73) clients were served.
- A Spanish-speaking Interpreter was available for all Well Child Clinics. Language Line Interpreter Service was available for other non-English speaking clients.
- Let’s Move Childcare Program was introduced to four local child care facilities to combat childhood obesity. At mid-year we transitioned from Let’s Move to Ohio Healthy Programs project – Healthy Children’s Healthy Weight. This project provides training to childcare providers on healthy habits, menus and policy. The Coordinated Approach to Child Health (CATCH) an evidenced-based, coordinated school health program designed to promote physical activity and healthy food choices and the prevention of tobacco use in children was introduced to after-school organizations in Lake County.
- Child and Family Health Services Advisory Council met quarterly to review the program goals and to discuss maternal/child needs of the community. The Director of Nursing serves on this Advisory Council along with other local agencies. Using Healthy People 2020 goals, the Advisory members have developed an action plan to increase breastfeeding, increase infant safe sleep awareness, conduct postpartum depression screenings; decrease childhood obesity and provide county-wide awareness of medication safe keeping. By the end of 2014, Child and Family Health Advisory members were reviewing the Youth Behavior Risk Survey results and identifying new priorities.

3.02.02 Lead Testing

The Lake County General Health District (LCGHD) continues to offer lead testing to children between the ages of one and six years of age. Lead toxicity in children leads to harmful effects on the developing nervous system and brain in young children. Recent research shows that even low levels of lead poisoning over time can lead to lower IQ scores.

The most recent statistics from the Ohio Department of Health show that in 2013 various health providers in Lake County tested 1,963 children for Lead. The results indicated that 0.82% had
confirmed elevated blood lead levels $\geq 5 \, \mu g/dL$ with 0.20% confirmed blood lead levels $\geq 10 \, \mu g/dL$.

In 2014, the Lake County General Health District tested 51 children at Lead Clinics, Head Start Lead Clinics and Well Child Clinics. None of the children tested through LCGHD had Lead levels greater than 10 $\mu g/dL$, and only 2 children had levels between 5-9 $\mu g/dL$.

A Public Health Nurse conducted monitoring on a total of 16 children: 14 tested at physician offices, one child from Head Start testing and one child from a Lead Clinic. The nurse completed four joint home visits with the Ohio Department of Health lead investigator for children with lead levels $\geq 10 \, \mu g/dL$. One of these visits involved a family with 6 children and 3 of the children had elevated blood lead levels. Another child being monitored moved to Lake County after being diagnosed with lead poisoning in Cuyahoga County and required hospitalization and chelation therapy. The monitoring and visits consist of environmental assessments, family education, coordination of future screenings, and monitoring of lead levels through Impact SIIS.

Although Lake County is at low risk compared to other areas of Ohio, there exists the possibility that neighborhoods with older homes will have increased numbers of children with higher levels of lead. Currently, the high risk zip codes identified in Lake County by the Ohio Department of Health are 44057, 44077, 44092 and 44094.

3.02.03
Immunizations/Vaccines

Vaccines are the safest and most effective way to manage many infectious diseases. Some of the greatest public health successes of the past are the result of successful vaccination programs. The Affordable Care Act has expanded the no-cost coverage of vaccines to most. The Vaccines for Children and Section 317 programs continue to provide a safety net for individuals who are uninsured or underinsured. Vaccines are among the most cost-effective clinical services to prevent diseases among adults and children and also provide a very high return on investment. Additionally, the ability to regularly vaccinate adults and children is an important measure for how well our system can effectively reach and encourage vaccinations for all residents. This capability is amplified during a time of crisis, when it is necessary to reach and encourage mass segments or the whole population of a community to get vaccinated against a new threat.

3.02.03.01
Childhood Immunizations

This program provides protection against vaccine-preventable childhood diseases through the administration of the appropriate vaccines to children 2 months to 18 years of age, as well as, providing parental education.

- In 2014, forty-six (46) Child Immunization Clinics were held vaccinating seven hundred and thirty (730) children. Clinics were held at various locations and times, in an effort to fully serve clients throughout the county. Spanish-speaking Interpreters were utilized at the Painesville morning and afternoon clinics.
• In 2014, 68.5% of two year olds who attended a Health District clinic were up to date on recommended vaccinations.
• Utilization of Ohio Immunization Registry (IMPACT SIIS) to enable data sharing.
• Strategies were adopted to accept multiple insurance payers-reducing out of pocket costs for insured children. Participant breakdown by payment method indicated: 42% no insurance; 30% Medicaid insured; 16% privately insured; and 12% underinsured (insured but no vaccine coverage).
• Staff worked with school nurses to facilitate children meeting school vaccination requirements.
• The Health District continues to partner with community businesses, local service organizations, libraries and the pharmaceutical companies to provide incentives and information literature to the community to improve immunization awareness. English and Spanish immunization education occurs through local radio spots, advertisements and LakeTran bus ads.
• The Immunization Action Plan Grant funds outreach activities for the community and medical providers. Fairs, events and presentations are utilized to increase awareness of the need for childhood immunizations.
• The Maximize Office-Based Immunization Program (MOBI) and the Assessment Feedback Incentives Exchange (AFIX) reports and assessments are offered to local medical providers to assess immunization activity in their practice. We provided the education program and practice assessment to the staff of eight physician practices.
• Lake County General Health District continues as a site for area nurse/provider trainings, provided through Center for Disease Control (CDC) and Ohio Department of Health (ODH). Immunization staff attends these programs to acquire training on vaccine information and schedules. Nurses receive continuing education credits for this training.
• Medical Director, Nancy Rodway, MD, reviewed and approved all policies and procedural changes that were recommended by the Clinical Services Policy and Procedure Review Committee.
• Staff nurses meet monthly and review current trends, address changes needed in practice standards and assure that the Immunization Practice Standards Protocol for the agency are up-to-date. Immunization program quality is monitored through medical chart audits, staff competency assessments and client satisfaction surveys.

3.02.03.02
Adult Immunizations

This program provides appropriate vaccines to the adult population for vaccine-preventable communicable diseases.
• In 2014, seventeen (17) clinics were held serving two hundred and ninety-seven (297) adults. Participant breakdown by payment method indicated: 50% were self-pay; 30% were privately insured; and 20% had Medicaid.
• Staff promoted adult immunization awareness and the need for vaccine protection at various fairs, presentations and events throughout the year. Adult vaccine information is provided to parents on newborn home visits, school nurse meetings, community education courses and community presentations.
To reverse the trends of an increase in the occurrence of pertussis, eligible caregivers of young children continue to be offered a tetanus-diphtheria and pertussis (Tdap) booster at all Child and Adult Clinics at a reduced rate.

2014 VACCINE ADMINISTERED SUMMARY
Shaded square equals not applicable

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Childhood</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>138</td>
<td>1077</td>
</tr>
<tr>
<td>DTaP</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>206</td>
<td>56</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>64</td>
<td>140</td>
</tr>
<tr>
<td>Hib</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>HPV</td>
<td>181</td>
<td>4</td>
</tr>
<tr>
<td>Kinrix</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>113</td>
<td>6</td>
</tr>
<tr>
<td>MMR</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Pediarix</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Pentacel</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Polio</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Prevnar</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td>Proquad</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Td/Tdap</td>
<td>114</td>
<td>96</td>
</tr>
<tr>
<td>Varicella</td>
<td>106</td>
<td>8</td>
</tr>
<tr>
<td>Zostavax</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>TOTALS</td>
<td>1437</td>
<td>1448</td>
</tr>
</tbody>
</table>

3.02.03.03
Flu Clinics

The safest most effective way to prevent flu is to receive an annual flu shot. Vaccination against influenza is recommended for anyone over 6 months of age who wants to reduce the risk for becoming ill with influenza or transmitting it to others.

- One thousand and seventy-seven (1077) adult doses were administered from September 2014 through December 2014. The Lake County General Health District offered seniors the high-dose flu vaccine this year. The immunization clinics were conducted at Senior Centers, Lakeland Community College, various adult care facilities and at the Lake County General Health District. The Clinical Services Public Health Nursing staff made 7 home visits to those unable to attend a clinic.

- One hundred and thirty-eight (138) child doses of flu have been administered from September through December 2014. Lake County General Health District offered flu vaccine in nasal and injectable formulations. Adult and Child Flu vaccine continues to be administered for the first few months in 2015.
• Increased public education about the importance of getting vaccinated occurred through various media venues - local cable channel interviews, radio interviews, internet, radio spots, and regular press releases.

3.02.04

Bureau for Children with Medical Handicaps (BCMH)

This program targets families of children ages 0-21 years of age, who have a medical handicapping condition and who need financial assistance for uninsured medical expenses related to the child’s ongoing medical care. Families must meet income eligibility requirements.

• A monthly average of two hundred and fifty-six (256) Lake County children were currently enrolled in the BCMH program during 2014. This includes diagnostic, treatment and service coordination (PHN) programs. Approximately, two hundred and eleven (211) Lake County children are active on the BCMH Treatment Program.
• Fourteen (14) home visits were made to clients on the BCMH Program.
• A BCMH Public Health Nurse (PHN) assesses the medical needs of the Help Me Grow (HMG) clients. HMG/PHN referrals were reviewed resulting in seven (7) home visits to clients.

3.02.05

Newborn Home Visit Program

The Newborn Home Visit Program targets first time parents, teen parents, and their newborn infants. Public Health Nurses make a one-time home visit in the first few weeks after the baby is born to provide an assessment of mother and child, answer questions, link families to services and resources within our community and provide information to keep babies healthy and safe.

• Public Health Nurses made one hundred and sixteen (116) newborn home visits.
• A $10,000 Lake County Community Block Grant was awarded to support this project from October 2013 through August 2014.
• Targeted Safe sleep education was conducted to support the state-wide initiative to reduce Infant Mortality.
• Post-partum depression was assessed using the Edinburgh post-partum depression tool.
• Nurses conducted a quality improvement project to increase breastfeeding duration.

3.02.06

Communicable Disease Program

Germs have no boundaries. The threat of infectious disease continues to exist in this country - (MERS, novel influenza, MRSA, Hepatitis A). This program identifies and controls communicable disease outbreaks in Lake County in order to protect the public from illness, disability and/or death. Communicable Disease maintains a system of surveillance and communication to identify and monitor ongoing and newly emerging infectious diseases; investigation capacity and the ability to develop containment strategies. They forward reports of
communicable disease to the Ohio Department of Health (ODH).

- One thousand three hundred and seventy-two (1,372) communicable diseases were directly reported to the Lake County General Health District by laboratories, physicians, hospital and other health professionals for 2014. All required investigations were completed on cases reported to the Health District. From the end of August through December, sixty-six (66) cases were reported and transferred to other jurisdictions. An additional thirty-three (33) investigations did not meet the ODH case definition and deemed not a case during that time same period.

- Four (4) disease outbreak investigations were conducted during the year.

- Nurses utilize the Epi-Center Surveillance System to monitor regional hospital emergency department registrations. This community health surveillance program observes for surges in respiratory, gastrointestinal and neurologic conditions. This year, sixty-seven (67) Epi-Center investigations were conducted.

- Influenza surveillance is conducted with the local laboratories, urgent cares, physician offices reporting positive influenza rapid tests on a weekly basis during flu season. By year-end, ninety (90) individuals had been reported as hospitalized for the 2014 influenza season.

- Disease investigation staff participated in Regional and State Epidemiology workgroups, trainings and exercises

### Communicable Disease Surveillance Report

<table>
<thead>
<tr>
<th>Type of Case Reported</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campylobacter</td>
<td>23</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>625</td>
<td>672</td>
<td>639</td>
</tr>
<tr>
<td>Coccidioidomycosis</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Creutzfeldt Jakob Disease</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Cytomegalovirus (Congenital)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E. Coli 0157: H7</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Coli not 0157: H7</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Giardia</td>
<td>4</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>141</td>
<td>143</td>
<td>168</td>
</tr>
<tr>
<td>Haemophilus Influenza</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>23</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>169</td>
<td>185</td>
<td>230</td>
</tr>
<tr>
<td>Influenza-Hospitalized</td>
<td>31</td>
<td>87</td>
<td>90</td>
</tr>
<tr>
<td>LaCrosse Virus Disease</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Legionella (Legionnaires Disease)</td>
<td>4</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>2</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Meningitis, Aseptic</td>
<td>7</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Meningitis, Bacterial – not Neisseria</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mumps</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Type of Case Reported</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Mycobacterium, Abscessus</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mycobacterium, Avium</td>
<td>5</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Mycobacterium, Avium Intracellular</td>
<td>9</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Mycobacterium, Chelonei</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Mycobacterium, Fortuitum</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Mycobacterium, Gordonae</td>
<td>3</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Mycobacterium Mucogenicum</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mycobacterium Simiae</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mycobacterium Szulgai</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mycobacterium Other Than TB</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mycobacterium, Tuberculosis (Case)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mycobacterium, Tuberculosis (Suspect)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mycobacterium, Tuberculosis Complex</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Mycobacterium, Xenopi</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Pertussis</td>
<td>25</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Q-Fever</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salmonella</td>
<td>23</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Shigellosis</td>
<td>16</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Staphylococcus Aureus Vrsa</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Streptococcal, Group A</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Streptococcal, Group B (newborn)</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Streptococcus, Pneumoniae</td>
<td>11</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Syphilis</td>
<td>8</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Varicella</td>
<td>16</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>West Nile Virus</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Yersinia</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>1174</td>
<td>1331</td>
<td>1372</td>
</tr>
</tbody>
</table>

**Top 5 Reportable Diseases by Age Range in 2014.**

<table>
<thead>
<tr>
<th>Disease</th>
<th>0-15 yrs</th>
<th>16-18 yrs</th>
<th>19-25 yrs</th>
<th>26-35 yrs</th>
<th>36-45 yrs</th>
<th>45 yrs +</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>14</td>
<td>13</td>
<td>347</td>
<td>121</td>
<td>18</td>
<td>8</td>
<td>639</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1</td>
<td>4</td>
<td>43</td>
<td>55</td>
<td>16</td>
<td>111</td>
<td>230</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>2</td>
<td>35</td>
<td>67</td>
<td>35</td>
<td>23</td>
<td>6</td>
<td>168</td>
</tr>
<tr>
<td>Influenza-Hospitalized</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>69</td>
<td>90</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>27</td>
<td>47</td>
</tr>
</tbody>
</table>
3.02.07

Rabies Vaccine Program

This program targets residents of Lake County who had or may have a potential exposure to Rabies. Communicable Disease Nurses provide information on how to obtain Rabies vaccine for use in post-exposure therapy. Technical information on Rabies disease and Rabies vaccine is provided to local physicians upon request. An information packet about Rabies and Rabies vaccine is available to clients/families in need of post-exposure vaccine.

Pre-exposure rabies vaccine (3 dose series) is available to individuals in high risk occupations. Pre-Exposure Rabies vaccine was administered to eight (8) clients in 2014.

3.02.08

Tuberculosis Control Program

Communicable Disease Nurses receive reports of suspect and confirmed cases of active Tuberculosis (TB) for contact identification and follow-up. Prevention efforts include medication therapy for positive reactors and cases and providing TB Testing Clinics and client education. Fees for TB Testing are determined annually by the Board of Health.

- A total of thirty (30) TB Skin Testing Clinics were held between the Painesville and Willoughby Clinics. Additional skin testing was conducted at assisted living facilities and workplaces.
- One suspect TB case was reported in Lake County for 2014 and case management services were continued from the 2013 cases.
- A total of forty-one (41) home visits were made to ensure medication compliance for the TB cases.
- TB Risk Assessment was conducted under CDC guidelines. Lake County is a low risk county for TB disease.
- A total of five hundred and twenty-one (521) TB skins tests were administered by the Health District. Of the 521 tested, one hundred and thirty-five (135) TB skin tests were provided at no charge to residents of the local homeless shelter.
- A total of thirteen (13) clients TB tested through the Health District had a positive reaction.

<table>
<thead>
<tr>
<th>Health District TB Program Review:</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td># TB Tests Performed</td>
<td>521</td>
</tr>
<tr>
<td># Positive Reactors from TB testing</td>
<td>13</td>
</tr>
<tr>
<td>Percentage of Positives</td>
<td>.02</td>
</tr>
</tbody>
</table>

Other TB Statistics

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Verified TB Cases Reported from all sources</td>
<td>0</td>
</tr>
<tr>
<td>Number of Clients Receiving TB Medication through the Health District</td>
<td>22</td>
</tr>
</tbody>
</table>
3.02.09

**Hepatitis C Antibody Screening Clinic**

In response to a major U.S. health problem of chronic Hepatitis C, the Lake County General Health District continued testing high-risk adults for Hepatitis C. It is estimated that nearly four million Americans are infected with Hepatitis C, but 75% of these individuals do not know they are infected. This free screening test can detect if the person had been infected with hepatitis C by a finger stick blood test. If the test returns positive the person is referred to a physician for follow up. Ten (10) high-risk adults were screened in 2014.

3.02.10

**Community Education**

The Lake County General Health District offers three (3) courses required for child providers and teachers. Each course has a set fee payable at the time of the class and is taught by a Health District Public Health Nurse.

- Pediatric First Aid for Caregivers and Teachers (Ped FACT) an American Academy of Pediatrics pediatric first aid Full Course (6 hour) and Refresher Course (3 hour). We updated the curriculum on this course this year.
- Basic Life Support (BLS) Skills a four-hour American Heart Association CPR course.
- Communicable Disease Full Course (6 hour) and Refresher Course (3 hour) for child care providers working in licensed centers or Type A homes.

Additionally, public health nurses provide bloodborne pathogen training, communicable disease awareness classes, immunization education and assessment, and blood pressure screenings for numerous Lake County agencies and businesses. In 2014, four hundred and nine (409) individuals were educated.

3.02.11

**Other Public Health Clinical Activities**

Genetic Newborn Screening.
This is a mandatory screening of all newborns in accordance with Ohio Administrative Code 3701.45. The Health District would provide this screening if there was a home-birth with no physician or midwife in attendance or when a physician is unable to locate a baby who needs a second test or retest. In 2014, the Health District followed up with 14 home birth families about testing. One required public health nursing assistance for testing.

Universal Newborn Hearing Screening.
This is a mandatory notification to parents/guardian of the availability of Ohio’s Newborn Hearing Screening program in accordance with Ohio Administrative Code 3701-40-10. In 2014, the Health District provided information to 14 families to obtain hearing screenings for their infants.
Health Assessments. This is a service that Clinical Services provides to perform initial health screenings as needed for placement of foster/custody children. There were five (5) health assessments completed by Public Health Nurses in 2014 for the Lake County Department of Job and Family Services.

Perinatal Hepatitis B Prevention Program
This program supports pregnant women and new mothers affected by Hepatitis B in receiving appropriate medical care for their children and themselves. This includes Hepatitis B immunization and testing to prevent infants and family from getting Hepatitis B. A Public Health Nurse worked with eight families.

3.03 PUBLIC HEALTH SOCIAL WORK

In 2014, all Grant Objectives were met for 2014. The Unit was approved for continued funding for the HIV Prevention, Project DAWN, and the Affordable Care Act (ACA). Continued funding is expected for HIV Medical Case Management in March.

3.03.01 HIV Prevention

A key mission of HIV prevention services is to locate high risk populations to be tested for HIV. The Prevention Coordinator’s testing plan this year resulted in locating three HIV positive individuals and exceeded the grant benchmark of testing 300 individuals. The Lake County General Health District was able to partner with the Lake County Free Clinic and use their facility for our weekly testing clinic when the Health District was regrouping after the agency fire.

<table>
<thead>
<tr>
<th>HIV Test Site Participants</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>500</td>
<td>325</td>
</tr>
</tbody>
</table>

2014 Testing Sites
Salvation Army - Lake
Lake County General Health District Walk-In Clinics
Oak House
Conneaut Health Department
Lake House
Teen Challenge
Project Hope
Lake County Salvation Army
Lakeland Community College
Lake County Free Clinic
The testing demographics for 2014 shows that there were 210 males and 115 females; 295 were listed as non-Hispanic; 31 men reported having contact with men having sex with other men; 195 were between the ages of 20 and 39; 227 reported heterosexual contact and 96 reported intravenous drug use.

### 3.03.01.01 HIV Medical Case Management

The Lake County General Health District HIV Medical Case Management program served approximately 43% of those individuals infected with HIV/AIDS in Lake, Ashtabula, and Geauga counties this year. Staff productivity (work time spent face to face with the client) is approximately 60% in this program with over 40 community visits per month. The HIV Registered Dietician provided 57 visits with 19 clients showing improved BMI’s (33% improvement).

People living with HIV:

<table>
<thead>
<tr>
<th></th>
<th>Lake County</th>
<th>Geauga</th>
<th>Ashtabula</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>142</td>
<td>28</td>
<td>60</td>
</tr>
</tbody>
</table>

The breakdown of the HIV clients served by Lake County General Health District’s Medical Case Management team is shown in the tables below with 85% of the clients below poverty level:

#### Age:

<table>
<thead>
<tr>
<th></th>
<th>55+</th>
<th>45-54</th>
<th>35-44</th>
<th>25-34</th>
<th>&gt;25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>21</td>
<td>34</td>
<td>13</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Gender:

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>50</td>
<td>26</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Race:

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>65</td>
<td>12</td>
</tr>
</tbody>
</table>

### 3.03.01.02 HIV Early Intervention Services (EIS)

The goal of EIS is to ensure newly diagnosed or those returning from a lapse of HIV care are connected to HIV care providers and established in-care. Ten new referrals were made this year and served in EIS. Of these, seven were in-care, one lost contact and two are currently being assisted in retaining care. Referrals to EIS are primarily provided from hospitals, physicians and testing sites for the newly diagnosed. Those who fell out of care are often self-referrals.

<table>
<thead>
<tr>
<th>EIS Referrals</th>
<th>Met Outcomes</th>
<th>Dropped out</th>
<th>Still receiving assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>7</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
3.03.01.03
**HIV Outreach**

On-going Case Management clients, who are at-risk for being out of care or have fallen out of care, but still receive case management services are moved to Outreach services to assist with getting back into HIV medical care.

<table>
<thead>
<tr>
<th>Outreach Referrals</th>
<th>Met Outcomes</th>
<th>Dropped out</th>
<th>Still being assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

3.03.01.04
**HIV Food Bank**

Funding for the HIV Food Bank relies solely on donations. At this time the Unit will be scheduling an inspection from Cleveland Food Bank for approval to store food items. Due to the Lake County General Health District fire in August, the Foodbank had been suspended.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of seniors served (age 60&amp; older)</th>
<th>Number of adults served (age 18-59)</th>
<th>Number of children served (birth to 17)</th>
<th>Total served for the month</th>
<th>Year to date served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Jul</td>
<td>8</td>
<td>149</td>
<td>84</td>
<td>238</td>
<td>1048</td>
</tr>
</tbody>
</table>

3.03.02
**Certified Application Counseling**

Funding was continued this year for the Certified Application Counseling (CAC) with the expectation that an increase in partnership with the Ohio Association of Foodbanks will occur for networking and referrals. Outreach and educational events were provided primarily in Lake and Ashtabula counties and several partnership events with the Center for Medicaid Services occurred throughout the year. There were fifty-one (51) educational events attended by the CAC Coordinator.

<table>
<thead>
<tr>
<th>Contacts Made for CAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>266</td>
</tr>
</tbody>
</table>

3.03.03
**Project DAWN**

Project D.A.W.N (Deaths Avoided with Naloxone) was funded for 2014 from the United Way of Lake County. Lake County General Health District staff assisted Medical Director, Dr. Nancy Rodway in the Mentor Fire Department’s train-the trainer instruction of the proper administration of Naloxone. Mentor firefighters are then expected to train Mentor police and the Sheriff’s officers. Other Lake County police departments have shown interest in having their officers carry Naloxone, but have chosen to observe Mentor as a model program prior to
implementing in their own localities. Clinic staff worked with the Lake County Jail staff, mental health providers, Beacon Health, Lake-Geauga Recovery Center and other service providers for referral information. Windsor-Laurelwood will be providing the clinic information to their clients at discharge. This year there were set-backs on the number of kits distributed due to the agency fire destroying Project DAWN inventory. Staff reordered all items needed and located a site to hold clinics, until the move to Victoria Place. **Naloxone Distribution YTD: 70 doses/35 Kits.**

**3.03.04**

**LC Fatherhood Initiative**

The County Fatherhood Design Team held a Fatherhood Resource fair at the Lake County Captains’ Game in June for Father’s Day.

Jim Shelly from the Lakeland Community College Men’s Center assisted in having community posters made through Lakeland free of charge. These were completed in December and will be used in a Fatherhood Initiative campaign around Lake County businesses and service agencies to promote the value of fatherhood.

**3.04  ** **WIC (Women, Infants and Children)**

**3.04.01  ** **WIC Program**

The WIC program serves: pregnant, post-partum, breastfeeding women, infants and children up to five years old who have qualifying income and medical/nutritional health risks.

WIC…

- provides nutrition and breastfeeding education, counseling and support.
- is a supplemental food program offering nutritious foods aligning with the dietary guidelines including, but not limited to: fresh fruits and vegetables, whole grains, low fat dairy products and high protein sources.
- is a referral agency working closely with other community health care services.
- provides nutritional care through a collaboration of health professionals including, licensed dietitians, registered nurses, physician assistants, nurse practitioners and physicians.
- provides individual nutrition assessments, group nutrition sessions, one on one counseling sessions, self-education, breastfeeding peer support groups, and high risk counseling sessions.
- provides Best Practices.

WIC has been proven to…

- help fight against childhood obesity by promoting physical activity paired up with good nutrition counseling.
- decrease rates of pregnancy weight gain less than or greater than ideal.
- decrease the rate of anemia in the 3rd trimester.
- decrease the rates of infant low and high birth weight.
• help increase breastfeeding initiation rates by offering breast pumps and an increase in food for our breastfeeding mothers.
• decrease smoking rates during the last three months of pregnancy by implementing our smoking cessation program, screening all pregnant women.

3.04.02  
**WIC Funding**

Funding is provided through the Ohio Department of Health.

3.04.03  
**WIC Locations and Caseload**

The Lake County WIC Program has three clinics in the county.
1. Painesville makes up 55% of our caseload.
2. Willoughby (west), makes up 33% of our caseload.
3. Madison (east), makes up 12% of our caseload.

3.04.04  
**WIC Vendors**

The Lake County WIC Program offers Farmer’s Market vouchers to qualifying participants. Vouchers valued at $15.00 each were provided to 400 participants in 2014, generating potential revenue for local farmers estimated at $6,000.00.
Lake County WIC supports our local economy by partnering with 31 different vendors in various communities throughout the county. On a monthly average, approximately $246,000.00 is generated at our local stores.

<table>
<thead>
<tr>
<th></th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$792,947.26</td>
<td>$763,064.05</td>
<td>$818,921.76</td>
<td>$801,372.45</td>
<td>$3,102,283.44</td>
</tr>
<tr>
<td>2014</td>
<td>$768,995.80</td>
<td>$767,964.59</td>
<td>$783,839.37</td>
<td>$631,269.63</td>
<td>$2,952,069.39</td>
</tr>
</tbody>
</table>

### 3.04.05 WIC’s Other Programs

The Lake County WIC Program has implemented new screening processes and programs to help promote healthier lifestyles and enhance collaboration among other health care agencies.

- Continuation of best practices five A’s smoking cessation program.
- Implementation of Alcohol Screening and Brief Intervention program
- Partners with mobile dentist to run clinics twice annually for those clients without a dental home in Lake County.
- Partners for breastfeeding support
- Partners with local physicians.
3.05 HEALTH PROMOTION AND PLANNING

3.05.01 Unit Supervisor's Report

The Health Promotion and Planning (HPP) team organized and planned many events throughout the year. The following events took place:

In February, Go Red Day was promoted through two salons (Texture Hair Studio in Willoughby and Raun Hairdressers in Willoughby Hills). The Medical Reserve Corps provided blood pressure checks and educational information for all of their clients and for the public. The event was very well received and will be conducted in 2015.

In March, a booth at the Kids Show promoted physical activity and nutrition displaying the favorite fruits and vegetables of the public. This too was very well received and gave an opportunity to staff to discuss with parents the Health Works program. Costume characters (apple, carrot, and a banana) were mingling with the crowd to draw their attention to the booth and to take photos with the characters. This event is one of the most attended events that the mall sponsors.

In April, the HPP Team held a breakfast to celebrate Public Health Week. This was an opportunity to promote our services to organizations that we haven’t partnered with but would like to. Presentations included: Community Education (CPR, home safety, first aid); all of the Health District’s Healthy Lifestyle Programs (Just Run®, Health Works, ACHIEVE). This event was covered by the News-Herald, received a few referrals, and partnerships were developed.

In May, the HPP Team supported and helped organize the first annual TyRy Pack the Park event. This event was a celebration for two Painesville City residents who have cancer. Both residents were in attendance and held a short press conference. The keynote speaker was the physician from University Hospitals that has worked with both individuals. A mile walk was part of the kick off along with other activities for the attendees. Over 200 people attended this event.

The HPP Team received a $500 mini-grant for Women’s Health Week. A Zumba-thon was held at the Central YMCA and over 50 women participated in health screenings, received health information, and participated in a Zumba class!

In August, the Back to School Bash took place. 371 families (1400 people) attended the event. Many organizations and businesses provided services to the children in Lake County at no cost. Services provided: Dental, haircuts, immunizations, sports’ physicals, community education of local social services, coats, books, and clothing.

The HPP Team also participated in many health fairs within the community and some specifically in businesses.
Interns and volunteers were involved throughout most of the events. These experiences were the most valuable to all of the interns and especially to our staff. An extra hand is Wonderful!

In 2014, two new Health Educators were hired for the Carol M. White Grant. Immediately after the fire, they were relocated to the Lake County Educational Service Center. Both Health Educators have worked well through all of the transitions due to of the fire.

3.05.02
Health Educators

3.05.02.01
Preparedness Specialist

In January the Preparedness Specialist coordinated and hosted the 2014 Lake County Metropolitan Medical Response System Recovery Tabletop Exercise at the Lake County Emergency Operations Center. The Preparedness Specialist was audited in March by the Ohio Department of Health on behalf of the United States Centers for Disease Control and Prevention regarding the Cities Readiness Initiative. After receiving the initial report, the Preparedness Specialist sent a written response and received a final score of 97%, up three points from the previous audit.

During the spring and winter months the Preparedness Specialist taught the American Lung Association’s eight-week smoking cessation Freedom from Smoking classes at Nevaeh Ridge in Mentor.

The Preparedness Specialist organized a food drive for the United Way’s Feed Lake County program in May.

The Preparedness Specialist acted as preceptor to an undergraduate Public Health student from Mercyhurst University and a graduate Physician Assistant student from Lake Erie College. The Preparedness Specialist participated on the Emergency Team of the Lake County Communicators to create and promote the Ready or Not, Here it Comes! What’s in Your Disaster Plan? campaign in Lake County for National Preparedness Month in September. This campaign included a press conference to launch the Team’s new website www.ReadyLakeCounty.com to motivate residents to take action, make a plan, and be self-prepared for any disaster or emergency.

The Preparedness Specialist was chosen to serve the Federal Emergency Management Agency as a volunteer grant application reviewer and completed all requested applicant reviews. The Preparedness Specialist served as the Public Information Officer for the Lake County General Health District (LCGHD) fire incident. The Preparedness Specialist performed radio interviews on 97.3 The Cougar about Ebola and 1330 AM WINT about the flu, Lake County General Health District (LCGHD) relocation, and the Chronic Disease Self-Management Program.
The Preparedness Specialist coordinated and documented the following capabilities (in parentheses) and exercises in order to fulfill Public Health Emergency Response grant requirements: Gastro-Gambit – An Environmental Health Functional Exercise (Information Sharing, Emergency Public Information and Warning, Public Health Surveillance and Epidemiological Investigation), Not in Kansas Anymore (Volunteer Management, Medical Surge, Information Sharing, Emergency Operation Coordination), Perry Nuclear Power Plant Hostile Action Based Full-Scale Exercise (Mass Care, Medical Countermeasure Dispensing), and LCGHD Ebola Response (Community Preparedness, Community Recovery, Fatality Management, Non-Pharmaceutical Interventions, Responder Safety and Health).

The Preparedness Specialist attended the Lake Health Employee Health Fair at TriPoint in Concord in September. The Preparedness Specialist was an interviewer at Lake Erie College for Mock Interview Day in November.

The Preparedness Specialist gave a presentation to the Lake County Board of Health on electronic cigarettes in November at the Lake County Planning Commission.

**Data Reports**

**Number of Community Interactions on Social Media Check Sheet**

<table>
<thead>
<tr>
<th>Number of Community Interactions on Social Media</th>
<th>Monthly</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>July</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td></td>
<td>220</td>
<td>320</td>
<td>157</td>
<td>213</td>
<td>151</td>
<td>87</td>
<td>67</td>
<td>176</td>
<td>90</td>
<td>236</td>
<td>137</td>
<td>107</td>
</tr>
<tr>
<td>Facebook</td>
<td>106</td>
<td>129</td>
<td>61</td>
<td>58</td>
<td>30</td>
<td>(2604)</td>
<td>(2612)</td>
<td>(2927)</td>
<td>(3461)</td>
<td>(313)</td>
<td>(6595)</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>326</td>
<td>449</td>
<td>218</td>
<td>271</td>
<td>181</td>
<td>135</td>
<td>160</td>
<td>258</td>
<td>131</td>
<td>311</td>
<td>160</td>
<td>196</td>
</tr>
</tbody>
</table>
*Community Interactions include other agencies/individuals re-tweeting or sharing LCGHD’s information, “favoriting” or “liking” LCGHD’s information, requests for information, commenting/responding to information LCGHD presents, etc. The number in parentheses represents the actual number of Facebook followers that were “served” with the information.

**Total Number of Fans/Followers on Social Media Check Sheet**

<table>
<thead>
<tr>
<th>Total Number of Fans/Followers on Social Media</th>
<th>Monthly</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twitter</td>
<td>Jan</td>
<td>Feb</td>
<td>Mar</td>
<td>Apr</td>
<td>May</td>
<td>Jun</td>
<td>July</td>
<td>Aug</td>
<td>Sep</td>
<td>Oct</td>
<td>Nov</td>
<td>Dec</td>
</tr>
<tr>
<td></td>
<td>623</td>
<td>654</td>
<td>682</td>
<td>685</td>
<td>703</td>
<td>725</td>
<td>753</td>
<td>801</td>
<td>834</td>
<td>865</td>
<td>899</td>
<td>910</td>
</tr>
<tr>
<td>Facebook</td>
<td>370</td>
<td>407</td>
<td>420</td>
<td>430</td>
<td>439</td>
<td>457</td>
<td>464</td>
<td>493</td>
<td>516</td>
<td>574</td>
<td>561</td>
<td>575</td>
</tr>
<tr>
<td></td>
<td>993</td>
<td>1061</td>
<td>1102</td>
<td>1115</td>
<td>1142</td>
<td>1192</td>
<td>1217</td>
<td>1284</td>
<td>1350</td>
<td>1439</td>
<td>1460</td>
<td>1485</td>
</tr>
</tbody>
</table>

**3.05.02.02 Safe Communities**

As the Lake County Safe Communities Coalition Coordinator, the Health Educator organized many community events and campaigns throughout 2014. The Coordinator partnered with the Lake County Sheriff’s Office, the Ohio State Highway Patrol and several local police departments to host a press conference to kick off the Click It or Ticket Campaign in May. Also in May, the Coalition took part in Heroes Day at the Great Lakes Mall, presenting their Outstanding Community Partner Award to Longo’s Pizza of Mentor and Madison. Buckle-Downs were held at eight Lake County McDonald’s restaurants in May. The Coalition partnered with three neighboring county coalitions to host the Northcoast Motorcycle Safety Ride in June.
This year LCGHD was a start location for the ride, with the Ohio State Highway Patrol leading over 30 bikes from the Health District. The Health Educator attended two Bike Nights at Quaker Steak & Lube and provided motorcycle safety information to riders during the Lake County Captains Bike Night. The Coordinator hosted a lunch press conference to kick off the Drive Sober or Get Pulled Over campaign in August. In addition to the annual Kids Day Buckle-Down at the Lake County Fair, the Coalition hosted an information table in the Commercial Building for the duration of the fair. To promote the use of designated drivers during the Halloween season, the Coalition partnered with the Downtown Willoughby Bar & Restaurant Association to create a poster for all their member organizations to post. 

Near the end of the year, the Coalition partnered with the Lake County Crime Prevention Taskforce to host the Protect & Serve Tavern at the Great Lakes Mall in Mentor. The Coalition distributed over 15,000 themed-napkins to bars and restaurants to promote designated drivers during the St. Patrick’s Day holiday season.

Additionally, the Health Educator provided traffic safety information at tables during National Night Out, Kmart Safety Day, Lake Health Employee Health Fair, Lake County Employee Health Fairs, and City of Painesville Food Distribution Day. Five Coalition meetings were held in 2014, as well as meetings of the Crash Fatality Review Board and school resource officers. The Health Educator was also fortunate enough to attend the Lifesavers Conference in Nashville, an event focusing entirely on traffic safety.

The Health Educator conducted both child safety seat classes and installations, distributing both child and booster seats to Lake County residents. The Health Educator promoted the booster seat program to families during the August school supply distribution at the Salvation Army, and provided education to staff members at Job and Family Services and The Family Planning Association of Northeast, Ohio. The Health Educator attended the 2014 Ohio Occupant Protection Conference in March.

The Health Educator received a grant of 45 bike helmets from the Ohio American Academy of Pediatrics in May and coordinated a distribution to WIC families and participants in the Early Headstart Safety Day.

The Health Educator serves as the Secretary for the Lake County Suicide Prevention Coalition and provides the Coalition statistical information.

The Health Educator coordinated a Drug Facts Week event at Madison High School in January.

The Health Educator also worked with Dr. Keep from Lake Health to publish the Lake County Drug Surveillance Report in March, giving the community a more detailed account of opiate deaths occurring in Lake County.
The Health Educator continued training for the role of Back-Up Public Information Officer for the Lake County General Health District.

<table>
<thead>
<tr>
<th>Seat Distribution 2014</th>
<th>Convertible Seats</th>
<th>Backless Boosters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>55</td>
<td>33</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Passenger Seat Participant Demographics – City 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>YTD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Passenger Seat Participant Demographics – Referral Source 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Source</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>YTD</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety Seat Installations/Checks 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>YTD</td>
</tr>
</tbody>
</table>

3.05.02.03

**Medical Reserve Corps (MRC)**

The Medical Reserve Corps has made some good strides in 2014. Performance management data tracking showed an increase of seven medical, four non-medical and zero Veterinary Response Team (VRT) members over the past year, for 11 new volunteers. Not all volunteers are registered on Ohio Responds at this time due to some not having the availability of a computer. At the start of January there were 114 medical, 12 non-medical and 36 VRT volunteers, by years end there were 121 medical (5.7% increase), 16 non-medical (25% increase), and 36 VRT volunteers signed with the MRC. The largest increase in volunteers was in September with a total of four volunteers registered; this can be directly linked to the radio advertisement on WKKY during the entire month. Advertising on the radio has shown to be the most effective means of recruitment.

Many trainings were held for all volunteers through MRC. A Hazardous Material class was offered and had the greatest attendance with a total of 37 volunteers (14 medical, 4 non-medical, and 19 VRT). For the VRT, trainings covering Disaster Preparedness, Disaster Psychology, Fire Safety (with hands on training), team organization, terrorism, Animal First Aid/CPR, Animal Behavior and Animal Handling, Emergency Animal Sheltering, Decontamination, and Light Search and Rescue were offered. These trainings were conducted in conjunction with the Geauga County Animal Community Emergency Response Team. Both counties have the same training. If a need arises for trained responders for animal evacuations, both counties can assist each one another.

During 2014 there were 18 Community Events with 79 MRC volunteers participating, for a total of 293 volunteer hours and approximately 7,080 community members served.
## Data Charts

### Lake County Medical Reserve Corps Volunteers (2014) OHIO RESPONDS

<table>
<thead>
<tr>
<th>Volunteers by Profession (Medical)</th>
<th>Number Registered</th>
<th>Total number of Registered Volunteers on Ohio Responds</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>55</td>
<td>123</td>
<td>45%</td>
</tr>
<tr>
<td>Other Medical</td>
<td>25</td>
<td>123</td>
<td>20%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>9</td>
<td>123</td>
<td>7%</td>
</tr>
<tr>
<td>Licensed Vocational Nurse</td>
<td>6</td>
<td>123</td>
<td>5%</td>
</tr>
<tr>
<td>Physician M.D.</td>
<td>5</td>
<td>123</td>
<td>4%</td>
</tr>
<tr>
<td>Social Worker / Clinical</td>
<td>5</td>
<td>123</td>
<td>4%</td>
</tr>
<tr>
<td>Certified Nurse Assistant</td>
<td>4</td>
<td>123</td>
<td>3%</td>
</tr>
<tr>
<td>Advanced Practice Nurse</td>
<td>3</td>
<td>123</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>2</td>
<td>123</td>
<td>1%</td>
</tr>
<tr>
<td>Veterinarian</td>
<td>2</td>
<td>123</td>
<td>1%</td>
</tr>
<tr>
<td>Veterinary Technician</td>
<td>2</td>
<td>123</td>
<td>1%</td>
</tr>
<tr>
<td>Dentist</td>
<td>1</td>
<td>123</td>
<td>&gt; 1%</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>1</td>
<td>123</td>
<td>&gt; 1%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>1</td>
<td>123</td>
<td>&gt; 1%</td>
</tr>
<tr>
<td>Home Health Aide</td>
<td>1</td>
<td>123</td>
<td>&gt; 1%</td>
</tr>
<tr>
<td>EMT-Paramedic</td>
<td>1</td>
<td>123</td>
<td>&gt; 1%</td>
</tr>
<tr>
<td><strong>TOTAL VOLUNTEERS</strong></td>
<td><strong>123</strong></td>
<td><strong>123</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Lake County Medical Reserve Corps Volunteers (2014) OHIO RESPONDS

<table>
<thead>
<tr>
<th>Volunteers by Profession (Non-Medical)</th>
<th>Number Registered</th>
<th>Total Number Volunteers</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Non-Medical</td>
<td>8</td>
<td>20</td>
<td>40%</td>
</tr>
<tr>
<td>Government</td>
<td>5</td>
<td>20</td>
<td>25%</td>
</tr>
<tr>
<td>Military</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Radio Operator</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Insurance</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>General Animal Responder</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Administrative Support Worker</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Storage and Distribution Manager</td>
<td>1</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL VOLUNTEERS</strong></td>
<td><strong>20</strong></td>
<td><strong>20</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The Lake County MRC Veterinary Response Team is comprised of MRC volunteers on Ohio Responds with and without medical backgrounds and volunteers who do not have access to a computer. A complete list of names, addresses, and numbers of the Veterinary Response Team are located on the Lake County General Health District data base.

### Lake County Veterinary Response Team Volunteers – (2014)

<table>
<thead>
<tr>
<th>Volunteers by Profession</th>
<th>Number Registered</th>
<th>Total Number Volunteers</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterinarians</td>
<td>2</td>
<td>27</td>
<td>8%</td>
</tr>
<tr>
<td>Veterinarian Techs</td>
<td>2</td>
<td>27</td>
<td>8%</td>
</tr>
<tr>
<td>Non-Medical</td>
<td>23</td>
<td>27</td>
<td>84%</td>
</tr>
<tr>
<td><strong>TOTAL VOLUNTEERS</strong></td>
<td><strong>27</strong></td>
<td><strong>27</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Healthy Lifestyle Initiative

The Health Educator continued to promote health and wellness among Lake County residents and employees, serving as the chair for Action Communities for Health, Innovation, & EnVironmental ChangE (ACHIEVE) Wellness Lake County, the chair for the Employee Health and Safety Committee for Health District employees, and the Coordinator for JUST RUN® Lake County.

ACHIEVE Wellness participated in a pilot program through the County Health Rankings & Roadmaps that linked a community coach from the County Health Rankings & Roadmaps program, located at the University of Wisconsin Population Health Institute, with ACHIEVE Wellness, to provide specific guidance and tools focused on Lake County’s community health improvement goals. The coaching program was designed for communities who have completed a community assessment, have set priorities, and are now ready to take action. The coach and ACHIEVE Wellness worked together to identify Lake County’s population health needs. The coach then identified and suggested tools from the County Health Rankings & Roadmaps website that assisted in the needs.

ACHIEVE Wellness also facilitated the Food and Nutrition Program with the assistance of Ohio State Extension staff. This program is based around educating residents on the importance of healthy eating and buying local produce. All participants in the program received $10 in farmers’ market vouchers for each nutrition class they attended. The vouchers were accepted at the Mentor Farmers Market and/or the Painesville Farmers Market. The Food and Nutrition Program reached 221 participants in 2014, up from 194 in 2013.

JUST RUN Lake County had another record setting year. The program had 1,466 students participate in the actual program which includes the training for the 5K. Each school had several parent volunteers who are all more than happy to help out. The Coordinator has received numerous compliments on the design of the program and how beneficial it is for the students. The table below reflects the growth of the program.

<table>
<thead>
<tr>
<th>Year</th>
<th># of Schools</th>
<th>Student Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2</td>
<td>120</td>
</tr>
<tr>
<td>2012</td>
<td>9</td>
<td>392</td>
</tr>
<tr>
<td>2013</td>
<td>15</td>
<td>765</td>
</tr>
<tr>
<td>2014</td>
<td>22</td>
<td>1,466</td>
</tr>
</tbody>
</table>

The Health and Safety Committee works to improve the morale of the Health District staff. The following is a list of accomplishments the Health and Safety Committee completed in 2014:

- Implemented an Employee Assistance Program
- Organized an all staff picnic
- Planned a Customer Service in-service for all staff
- Provided onsite chair massages for interested staff
- Organized an all staff picnic
- Worked with the Preparedness Specialist to create a Building Emergency Evacuation Plan

The Health Educator also planned a Coordinated Approach to Child Health (CATCH) training. The training is designed for an after-school or community setting. The curriculum is based on the Centers for Disease Control and Prevention Whole School, Whole Community, Whole Child model in which health education, school environment, and family/community involvement work together to support youth in a healthy lifestyle. Ten after-school staff were trained in the curriculum and received equipment and the curriculum to implement at their school.

The Health Educator was trained in a Chronic Disease Self-Management (CDSM) Class through Fairhill Partners. Facilitators’ help participants live a healthier life, and maybe even reduce cost to the health care system, through a six week workshop series for people with chronic illness. CDSM has been shown to improve health and communication with doctors, while reducing distress, and helping to manage symptoms like fatigue, pain, and depression.

3.05.02.05

Lake County Obesity Prevention Initiative

The Lake County Obesity Prevention Initiative has had a successful first year in terms of promoting physical activity, nutrition, and overall health among the youth of Lake County (Carol M. White Physical Education Program) (PEP). As schools resumed from summer break in August, plans were immediately implemented to begin improvements in the quality of the physical education (PE) programs and to help students improve indicators in health and fitness to meet the Ohio State Standards in seven of the nine school districts throughout Lake County.

In this first year, the Lake County Obesity Prevention Initiative implemented changes that improved the quality of physical education and nutrition in 28 elementary schools. Carol M. White PEP improvements and activities included:

1. The data collection of over 450 students;
2. SPARK (Sports Play and Active Recreation for Kids) PE equipment purchased for 28 elementary schools;
3. Nutrition and physical education curriculum purchased for PE teachers;
4. Fitness Gram 10 purchased for each school district;
5. Provided PE teachers and administrative staff with extensive professional development opportunities as well as continuing education credits;
6. Conducted SOFIT (System for Observing Fitness Instruction Time) observations and assessments;
7. Developed Regional Wellness Committee and Steering Committee to assist in grant management and implementation;
8. Formed media hubs including a Twitter account and PEP website for PE teachers to communicate with colleagues countywide and to update the public on PEP activities;
9. Conducted analysis of District Wellness Policies and attended District Wellness Committee meetings.

The Carol M. White PEP grant enabled the Lake County Obesity Prevention Initiative to purchase over $10,000 worth of instructional equipment, curriculum, and supplies necessary to provide a stronger instructional focus for nearly 33,000 Lake County students.

The PEP Coordinators scheduled a variety of professional development opportunities for Physical Education (PE) teachers to improve the capacity to deliver a blended fitness and nutrition program throughout class time. The trainings ensure that all school districts are using the same curriculum, providing uniformity and consistency. Elementary PE teachers were trained on both SPARK and Healthy Kids Challenge. These trainings provided teachers with the opportunity to acquire the techniques of each curriculum and learn multiple ways to incorporate supplemental lesson plans into PE class time while using SPARK equipment.

The Lake County Obesity Prevention Initiative has joined the social media world. The PEP Coordinators created a Twitter account that will allow for communication among all Lake County PE teachers, schools, and health advocates relating to physical activity and nutrition. Follow us at: @LakeCountyPEP. The Lake County Obesity Prevention Initiative is also featured on the Lake County General Health District website under Community Health Programs. The page provides updates on grant activities and links to archived newsletters.

**Collection of Student Data**

The following Government Performance Results Act (GPRA) and project-specific measures were collected as the baseline data throughout the month of October and ending November 30.

**Measure One (GPRA Baseline):** The percentage of students served by the grant who engage in 60 minutes of daily physical activity.

Baseline: 38% (187/492)  Target: 41% (202/492)

**3.05.03 Registered Dietitians**

In 2014, Health Works Lake County had an increase in referrals to the program. This is partly due to the Women, Infants, and Children (WIC) and the Health Works Dietitian working together to create a referral process for WIC clients. All WIC children who are overweight are referred to and encouraged to participate in Health Works. Other WIC clients are also welcome to be referred for any nutrition reason. However, due to the fire, there were no nutrition appointments from the end of August through December, which resulted in not meeting target numbers this year. In January 2015, nutrition appointments will resume.

As for the partnership with Crossroads, the Wellness Clinic at Crossroads was created in July 2013. In 2014, the dietitian increased her hours at the Wellness Clinic to six per week. The Dietitian also continues to provide nutrition services at Crossroads’ Early Childhood Services. A
nutrition group was conducted for Early Head Start parents on infant and toddler feeding. In addition, the dietitian has a fun activity table in the lobby at least once per quarter in order to engage children and inform parents about the Wellness Clinic. For 2015, Crossroads staff and the Dietitian will be working together to see what other services or programs can be offered for clients.

The Registered Dietitian and a Health Educator worked with The News-Herald to implement the 2014 Lighten Up six-month weight-loss contest. That year there were 13 finishers, losing over 400 total pounds. Participants had to complete requirements, such as monthly meetings with the Registered Dietitian (as part of Health Works); use of Vitabot, an online meal planner and tracker; monthly weigh-ins; and weekly blogs. Participants who met requirements were offered an optional complimentary meal at Aladdin’s Eatery each week. The seventh annual contest is underway for 2015.

The Dietitian continues to teach nutrition classes to various groups and organizations throughout the county. In 2014, she taught a total of 17 classes with a wide-range of topics, including “MyPlate and Portion Control,” “Go, Slow, and Whoa! Foods,” “Nutrition and Heart Health,” and “Diet Trends.” Examples of groups involved were a Girl Scouts Troop, the Eastlake Women’s Club, Ohio Guidestone, the YMCA summer reading program, and the Mentor Public Library. She also continues to teach classes for the Food and Nutrition Program every summer.

The Dietitian attended a 2 ½ day-training in Columbus: Certificate of Training in Adult Weight Management. Sponsored by the Commission on Dietetic Registration, this intensive and thorough training covered the most up-to-date research on adult weight management, including causes of obesity, nutrition, bariatric surgery, physical activity, and behavioral change. Following the training, the dietitian passed the post-test in order to receive credit for the training. This opportunity gave her the information and added skills to help adults with weight management through Health Works, Lighten Up, and nutrition classes.

This year, the Dietitian was part of the childhood obesity prevention part of the CFHS grant. The Dietitian worked with childcare centers that were implementing Let’s Move! Child Care. There were three active centers. For CFHS grant-year 2015, Ohio Healthy Program (OHP) was chosen as the program for daycares. Part of OHP includes Healthy Children Healthy Weights (HCHW). HCHW is a Step Up To Quality approved training for day care staff that was developed by Columbus Public Health. In September, the dietitian went to a 2-day train-the-trainer for HCHW in Columbus. Currently, the Dietitian is working on scheduling trainings for day care staff, as well as recruiting more centers. Two centers are currently involved.

In May, several LCGHD staff (Dietitian, Health Educator, Nurse, and Social Worker) received leader training from Fairhill Partners in the Chronic Disease Self-Management (CDSM) Program. This is an evidence-based curriculum developed by Stanford University, with Fairhill Partners holding a license. The program was designed to teach self-management tools and enhance treatment or usual care by health professionals. Leaders for CDSM teach six consecutive sessions per workshop to anyone with a chronic disease or a caretaker of someone with chronic disease. The program is aimed at the senior population, >55 years of age. The first workshop was completed in November at the Painesville Senior Center. Fairhill Partners and
LCGHD are working together to schedule more workshops in 2015 throughout Lake County.

In June, LCGHD signed a contract with the Lake County Board of Developmental Disabilities for a dietitian to provide medical nutrition therapy services at their residential location, Deepwood. Responsibilities include a quarterly assessment on residents, attending their Individual Plan meetings, and ensuring diets are appropriate. Other duties involve updating nutrition policies and providing in-services to staff. A contract was also signed with Senior Independent Living for nutrition counseling and menu reviews.
This 95th Annual Report is dedicated to Mr. Frank Kellogg who dedicated 42 years to Public Health

Lake County General Health District
33 Mill Street
Painesville, OH 44077
Telephone: (440) 350-2543
Fax: (440) 350-2548
www.leghd.org