

LOGAN COUNTY HEALTH DISTRICT

2008 ANNUAL REPORT

“PROMOTING AN INFORMED, HEALTHY COMMUNITY”

MARCH 25, 2009

“ALL IN A DAY’S WORK”

The following story originally appeared in the January 10, 2009 edition of The Bellefontaine Examiner. It is re-printed here with their permission.

A fateful visit to the Logan County Health District’s Women, Infants and Children program in October likely saved a local infant’s life.

Sarah Pickering of Bellefontaine said she and her family members didn’t observe anything unusual about her son Zaiden Bates, born Sept. 10, prior to his newborn appointment at the agency. However, former LCHD public health and WIC nurse Rebecca “Becky” Simmons noticed that something was wrong with the child soon after he fell asleep in his car seat during his visit.

“It sounded like a baby having respiratory distress,” Ms. Simmons said of a specific grunting noise that Zaiden made while he was sleeping. “So I pulled out my stethoscope and I detected a heart murmur.”

Ms. Simmons said she also noticed that the baby’s weight was low and the muscles by his rib cage were retracting, all signs of potential heart trouble, and advised Ms. Pickering to see a doctor immediately about the issue. At a Logan View Pediatrics appointment later that afternoon, Ms. Pickering’s doctor ordered an electrocardiogram and X-rays for the infant.

“I wouldn’t have done any of these tests if it weren’t for Becky because we didn’t know anything was wrong with him,” Ms. Pickering said.

When test results came back the next day, a doctor instructed Ms. Pickering, her boyfriend Zach Bates and their son to go directly to Nationwide Children’s Hospital by squad. After they arrived, Zaiden’s heart stopped beating and he stopped breathing around 2 p.m. However, doctors were able to resuscitate the baby after about 20 minutes.

“I was thinking that he wasn’t going to make it,” Ms. Pickering said.

The family learned that the infant’s near-death experience stemmed from congenital heart disease, which occurs in about 8 to 10 of every 1,000 children. The disease can cause a variety of heart-related issues, which for Zaiden included a

hole in the upper chamber of his heart and another hole in the lower chamber, high blood pressure and patent ductus arteriosus, when the blood bypasses the lungs, preventing oxygen to circulate throughout the body.

To work on these problem areas, the then six-week-old had to undergo a three-hour open heart surgery the next week.

“When I found out that he was going to have surgery, all I could do was cry,” said Ms. Simmons. “I knew that if he wouldn’t have come in that day (to the health district), he might not have made it.”

Zaiden was released from the hospital just three days after the procedure. Today, he is at home and is doing well at a healthy 14 lbs., 4 oz. He now only has a small hole in his heart and makes periodic hospital checkups. “How Becky ever caught this — it’s just a miracle,” Zaiden’s great-grandmother Judy Pickering of Bellefontaine said. “We really attribute Becky to saving his life.

“I told her that God must really have a special purpose for him.”

Ms. Simmons now works at the Champaign County Health District after being laid off from her LCHD position as a result of the agency’s failed operating levy. Her face lit up with excitement Monday when she got to see baby Zaiden again.

“It makes us all very happy to see how healthy he is today,” she said.



Zaiden Bates, center, who is 4 months old, is the center of attention in his Bellefontaine home between Rebecca Simmons, left, former Logan County Health District public health and WIC nurse, and his mother, Sarah Pickering. He has experienced a full recovery following heart surgery.

By Mandy Hochestdler, Bellefontaine Examiner

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FROM THE HEALTH COMMISSIONER...

2008 was an eventful year. The local economic environment and the defeat of the Health Levy in May and November impacted the operations of this agency dramatically. The last vote was so close – losing by approximately 400 votes of the 21,000 votes cast. Still, the impact to our budget necessitated significant restructuring within the agency.

In anticipation of the Health Levy vote, LCHD began decreasing staff by not filling positions as they became vacant and abolishing additional positions. By December 31, 2008, 13 full and part-time

positions were cut, reducing our staff to 26. Adjusting for Medicare-funded Home Health and federally-funded WIC and Public Health Infrastructure programs, our core staff is down from 21.10 to 13.40. Additional cost-saving measures were put in place by changing the agency's operating hours and restricting overtime.

Of course cuts of this size cannot be made without impact to and elimination of programs. Thus, this agency is unable to meet certain core mandates of public health. Nursing for children and seniors has also been severely reduced. And, funding changes

have drastically altered the manner in which the Health District can respond to community crises for which we are the county's lead agency. Specifically we will not be able to meet the CDC mandate of administering medications or immunizations to all citizens within 48 hours in the event of an infectious disease outbreak, such as pandemic influenza.

We ask the citizens of Logan County to bear with us as we endeavor to continue our service to you.

Boyd C. Hoddinott, MD MPH

WOMEN, INFANTS AND CHILDREN (WIC)

Logan County Health District continued to administer the federally funded WIC program providing nutrition education and breastfeeding support, referral for health care, immunization screening and referral, and supplemental foods.

Those eligible for the program include pregnant women; women who have a baby less than six months old; breastfeeding mothers; and mothers and children at nutritional or medical risk; all of whom must meet WIC income guidelines.

WIC saw a record number of people in the state of Ohio. Logan County had more than 1150 participants in 2008. A part of this increase in numbers is due to the economy and local lay-offs. There is currently no waiting list in the state of Ohio, and WIC is hoping that this will not happen in the future.

We were saddened to lose WIC Nurse Becky Simmons at year's end due to the decreased funding. Assuming the role of WIC nurse is Kathleen Davis, who is in the process of orientation and training. This has slowed our ability to see as many clients as usual, but we hope to be back to full force in another month.

WIC continues its support of breastfeeding. Classes are offered each month as well as personal support to our WIC breastfeeding mothers. Staffing constraints no longer enable WIC to visit the hospital to offer lactation support, but we do try to offer phone support to Logan County's breastfeeding mothers upon request.

The WIC staff participated in VENA training in 2008 which stands for Value Enhanced Nutrition Assessment. This training gave the staff insights into rapport building, cultural

competency, and critical thinking. These skills have been incorporated into our local program.

Another important focus in the WIC program this past year was overweight children. Working with our clients' doctors, we continued a program to improve the children's BMI (Body Mass Index). Through diet counseling and positive reinforcement, we are seeing some improvement.

After much anticipation, the WIC food package will be changed as of October 1, 2009. Some of the changes will include the addition of whole grains, vouchers for fruits and vegetables, and baby foods for breastfed infants. The staff will be receiving training about these new features soon. We and our WIC participants are excited about these coming changes.

Tracy Davis, RN CLC

ENVIRONMENTAL HEALTH REPORT

During normal economic times, the environmental health licensing programs of food safety, public pools, RV park/camps, and manufactured home parks; permit fees for plumbing, sewage, and private water systems; and funding for solid waste inspections from the Logan County Solid Waste Management District all combine to help the environmental health division of the health district be more or less self-sustaining. The cessation of housing starts in 2008 had the greatest negative impact to the environmental health division. The amount of revenue decrease has already caused the elimination of one full-time position and one part-time position.

The decrease to revenue forced a reduction in unfunded environmental health program activities. These unfunded activities include nuisance complaints (housing conditions, derelict buildings, and indoor air quality), rabies monitoring, school inspections, health education, and others. To put this in perspective, LCHD receives an average of 300 nuisance complaints a year. Around one-third are solid waste related and are investigated. All other unfunded activities are rated by severity and prioritized for investigation accordingly. Travel costs are a major expense in investigation activities. To further reduce expenses, more investigation work will be conducted via telephone and email.

Craig Kauffman, RS, EH Director

ENVIRONMENTAL ACTIVITIES	2007	2008	CHG
Sewage Permits	61	54	-11%
Sewage Inspections	276	247	-11%
Private Water System Permits	150	134	-11%
Private Water System Inspections	369	263	-29%
Water Samples	547	344	-37%
Solid Waste Landfill License	1	1	0%
Solid Waste Landfill Inspections	35	44	26%
Demolition Landfill License	1	0	-100%
Demolition Landfill Inspections	13	10	-23%
Food Service Licenses - Regular	274	281	3%
Food Service Licenses - Mobile	61	58	-5%
Food Service Licenses - Vending Machine	95	99	4%
Food Service Licenses - Temporary	73	84	15%
Food Service Inspections	926	990	7%
Manufactured Home Park Licenses	24	24	0%
Manufactured Home Park Inspections	103	107	4%
RV Park/Camp Licenses	39	39	0%
RV Park/Camp Inspections	117	114	-3%
Resident Camp Registrations	9	9	0%
Resident Camp Inspections	17	19	12%
Public Pool Licenses	24	27	13%
Public Pool Inspections	163	192	18%
Animal Bites Reported/Investigated	101	95	-6%
Nuisance Inspections	779	456	-41%
Nuisance Investigations	253	154	-39%
Total Licenses, Permits & Registrations Issued	1738	1800	4%
Total Inspections Performed	2773	2045	-26%

LAB REPORT

Microbiological Lab Activities: In January 2008, three lab analysts were certified by the Ohio Environmental Protection Agency to conduct MMO/MUG coliform bacteria testing. The Logan County Health District Laboratory conducted 488 water samples in 2008 and brought in a total of \$9127.60. This is down a total of 35 from 2007, largely due to a drop in new well construction and real estate sales

in Logan County. 123 samples tested positive for coliform bacteria; 11 of those were E-Coli positive.

Solid Waste District Lab Activities: Work continued on the Chiles Project Grant that was started in 2007. In 2008, the Chiles Landfill was sampled in January, March, May, July, September, and December. Tests were conducted with the gas exhaust system on and off to

determine what effect the exhaust system was having on potential groundwater pollution in the area. Samples were also collected from wells around Cherokee Run Landfill in March and September.

The samples were tested for basic tests such as pH; metals such as lead and zinc; and a total of 168 different organic chemicals. Results were sent to the Logan County District to determine effectiveness of the gas exhaust

system, as well as what additional sampling may be necessary. Due to failure of the Logan County Health District tax levy in November 2008, one part-time lab analyst position, which was created to work with the Chiles Project, was eliminated. Sampling will occur in 2009, but will be scaled back considerably.

Lisa Engle, RS

PUBLIC HEALTH INFRASTRUCTURE

Since September 11, 2001, Federal funds have helped local public health agencies prepare for potential emergencies. In the past 5 years, LCHD has become a major player in local and regional emergency planning. In 2008, this agency participated in exercises and drills to test its emergency plans and protocols. Due to budget and staffing constraints, LCHD was not able to conduct a mass flu vaccination clinic in 2008. During the past year, the main focuses of Emergency Preparedness were to maintain and build upon the current LCHD plans and to continue to build bridges and work with local and state agencies and committees.

The next possible source of a public health emergency in 2009 could be the bird flu. This deadly bird disease has spread to humans throughout Southeast Asia and the Far East and into Africa and Europe. Scientists believe that it is only a matter of time before this virus affects birds in North America. Humans

can contract this dangerous disease through close contact with infected birds. The World Health Organization and the Centers for Disease Control and Prevention are watching the movement of bird flu very closely. Should it mutate to become easily transmitted from one person to another, it could become the next influenza pandemic. Pandemic Influenza has occurred throughout history every 20-40 years. The great Spanish Flu of 1918-1919 ravaged the world leaving about 50 million dead worldwide, killing more people than World War I. The last influenza pandemic struck in 39 years ago in 1968. The time is ripe for another influenza pandemic and it could easily be spawned by the current H5N1 bird flu virus.

Public Health is becoming more comfortable in its role as a first response agency. Its involvement with community planning activities is

increasing. In addition to doing their usual daily tasks, LCHD employees have put a tremendous amount of time and energy into making sure that our agency's response to an emergency will minimize harmful effects to public health.

Matthew Stonerock, Emergency Preparedness Coordinator



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LOGAN COUNTY HOME HEALTH AGENCY

The Home Health Program at LCHD has endured a year of significant changes:

Home Health purchased a new "point of care" software system and laptops for the nurses to prepare documentation while in the patients' homes, decreasing time spent on paper work and increasing the effectiveness of patient care.

The agency lost one part-time Home Health aide and one part-time R.N. during the year, and decreased clerical support from 70 hours to 42 hours per week. In restructuring the program, the part-time LPN position was increased to full-time to cover both LPN and Home Health aide duties, and

the 5 full and part-time R.N. positions were restructured into 4 full-time R.N. positions.

Staffing and schedule changes were prompted by the loss of the Health Levy. The Logan County Health District's Home Health Program provides staffing and support for many of the public health activities noted in this report.

Those in the elderly population are often in need of services but do not meet home health requirements. These public health visits have unfortunately also been reduced significantly.

The Home Health staff also provided blood pressure and blood sugar testing

clinics in several areas in and around the county at no fee to the public.

**Jennifer Wren, RN
Home Health Supervisor**

2008 STATISTICS	
Total Patients Seen	603
Admissions	200
Registered Nurse Visits	2522
Home Health Aide Visits	752
Physical Therapy Visits	1376
Occupation Therapy Visits	539

PUBLIC HEALTH NURSING

2008 was a year of many changes for LCHD’s Public Health Nursing Division. Due to the loss of the Health Levy, staff cuts and reduction of key services were top priorities for the last half of the year. This diverse division at LCHD is dependent on a variety of funding sources to operate its multiple programs. While grants and modest reimbursements occur, covering the overall costs is directly dependent on levy funding. Several of these programs will not be renewed for 2009 due staffing cuts. Services provided through public health nursing include:

The School Health Program – Schools are mandated to provide hearing and vision screenings to students in grades K,1,3,5,7,9 and ensure that student immunizations are in compliance with the state requirements. They are also required to meet the medical needs of their students. Few schools employ the staff required to meet these mandates. Through levy funding, the Logan County Health District partnered with local school districts, area private schools and home schooled families to ensure that our community met these requirements until June 2008.

In order to continue this program for the 2008-2009 school year, Logan County schools were presented with the option to pay for selected services of their choice. One school district chose to contract with the Health District for school health services.

Newborn Visit Program - LCHD partners with the Help Me Grow program to offer nursing visits for the purpose of education and support to all families of newborns in Logan County. We also seek to identify at-risk infants, who may need further referral services. A total of 183 visits were made in 2008.

Bureau for Children with Medical Handicaps (BCMh) - Public Health Nurses serve as the local contact for the state program targeting children from birth to age 21 in need of diagnostic or treatment interventions for medical disabilities. Last year, there were 174 children who participated in the Logan County BCMh program. Additionally, BCMh awarded LCHD a two year grant of \$5,000 to work with the Amish populations of Logan County. This grant will conclude 7/30/09.

Vision clinics - LCHD partners with The Discovery Center, the

Ohio Dept of Health, Sight for Students, Lions Clubs and other philanthropic groups to provide 3 vision clinics and glasses each year for children up to age 21 at no cost to the participants.

Public health nurses collaborate with county agencies to provide head lice treatment education to staff members and families.

LCHD coordinates the Childhood Lead Poisoning Prevention Program for Logan County by promoting public awareness, providing screenings, and follow-up case management for children identified with high lead levels in the county.

Child Fatality Review- LCHD coordinates a confidential review with appropriate representatives for all deaths that occur in children from birth to age 18 who are residents of Logan County. The purpose of this board is not to place blame, but rather to identify how deaths occurred and how they might have been prevented. From these reviews come initiatives such as teen seat belt campaigns and the SIDS/safe sleep initiative.

**Kay Schroer, RN
Director of Nursing**

School Health	2007	2008	Change
School Visits	346	157	-55%
Vision Screenings	3608	2253	-38%
Vision Referrals	323	306	-5%
Hearing Screenings	3231	1354	-58%
Hearing Referrals	30	21	-30%

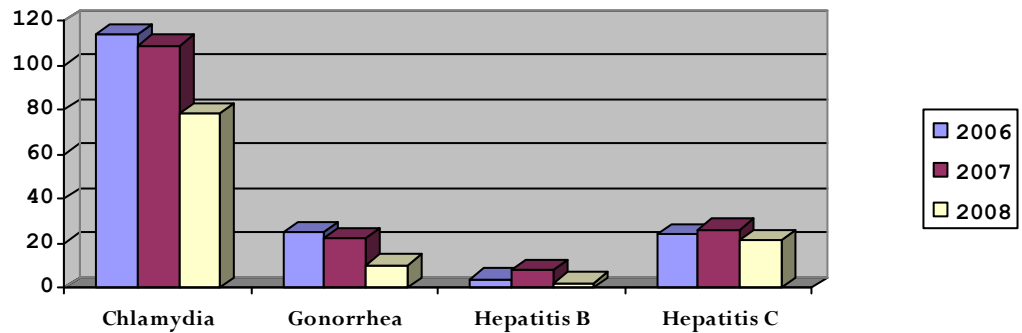
HEALTH EDUCATION

“Did you know” was our health education theme for 2008, promoting the services offered by LCHD. Diana Carroll-Aghdam continued to be the full-time health educator until December 2008. Her position was abolished due to the loss of levy funding. Even so, the success of the health education program is dependent upon the involvement of all LCHD staff and outside agency partners to make the most of limited funds and resources. LCHD participated in many events in 2008 through the Juvenile Detention Center, Blood Pressure clinics, health fairs for various businesses and organizations, schools, the radio, newspaper, Kid Fest, Senior Day, Bike Rodeo, and the Relay for Life.

INFECTIOUS DISEASE & STDs

The health district continued to handle infectious disease outbreaks as they occur. Case management and reporting is done to provide education, awareness, referrals, and support to prevent the spread of an infectious disease. An Epidemiology Oversight Team continues to meet quarterly. This team establishes protocols for outbreak investigations, trains staff, and performs Quality Assurance Reviews on cases to provide better communication between those involved in responding to infectious disease cases.

Sexually Transmitted Diseases: LCHD partnered with ODH to administer Hepatitis A and B vaccines to high-risk individuals with STDs, and/or a diagnosis of Hepatitis B or C to prevent spread of these diseases. ODH provided these vaccines at no cost to the local health district. LCHD offered HIV testing and counseling monthly through the Aids Resource Center (ARC) from Dayton. We continued our public awareness campaign against STDs with a goal to decrease Chlamydia rates. This campaign has been very successful with decline in Chlamydia cases from 109 in 2007 to 78 in 2008. To date, Logan County has experienced a significant impact in the reduction of other STDs such as Gonorrhea and Hepatitis B, each having more than a 50% reduction in the number of reported cases between 2007 and 2008.



IMMUNIZATIONS

Disease prevention is a primary responsibility of the local public health agency. One way to meet this responsibility is to immunize children with standard prescribed vaccines. Children must be immunized with all of the standard vaccine requirements prior to enrollment in school. The local public health agency is crucial to keeping our community safe and healthy by giving these needed vaccines to the children of the community, regardless of ability to pay. Often these immunizations are not paid for by health insurance, and with no health

insurance they can be very expensive. LCHD continued the Immunization Action Plan (IAP) Grant for \$15,000 to improve immunization rates in Logan County and educate county immunization providers of best practices and changes in immunization administration guidelines. Immunizations have become so complex, nurses who administer vaccines complete 15+ hours of continuing education each year to maintain competencies. In 2008, the staff continued encouraging the Tdap (tetanus, diphtheria and Pertussis) vaccine to those ages 11-64 for updates and including post-partum moms and dads with kids through age 5 years to prevent whooping cough outbreaks. In 2008, LCHD provided 5 childhood clinics per month at LCHD and 3 satellite clinics in outlying areas. Due to

decreased funding the satellite clinics have been discontinued, and the number of clinics at LCHD has been reduced to 4.

LCHD provides Adult Immunization Clinics in response to public demand. Most requests are for TB skin tests needed for jobs or schools. Participants often do not have a doctor or job and cannot afford to go to a doctor to pay for such testing. We also want a community immune against certain diseases such as Hepatitis B, pertussis, and influenza to prevent further spread. LCHD offers vaccines and related services at 4 adult immunization clinics per month. We are one of the few providers of the Zostavax (shingles) vaccine in the county, which has been very popular.

	2007	2008	% Chg
Child Clients	684	622	-9%
Child Shots	2030	1954	-4%
Adult Clients	527	643	22%
Adult Shots	687	791	15%
Flu Shots	1880	1314	-30%
Pneumonia Shots	30	28	-7%

2008 FINANCIAL HIGHLIGHTS

Over the course of the last ten-year levy, LCHD did not spend all that was budgeted in order to preserve a balance to draw upon, if needed. In response to declining revenues caused by both economic and levy impacts, 2008 required use of some of this balance, as we put our restructuring plan in motion by year's end.

Revenues for the year were down 13% from 2007, primarily due to the current economic climate faced by the county. The county's tax collections were down in 2008, contributing to a 4% drop in Levy funding to this agency. Service Fees include fees for our water and sewage programs which were impacted by a significant decline in new house construction, as well as a significant drop in requests for certified copies of birth and death records. Grant funding will fluctuate from year to year. 2007 grants were significantly higher than 2008 due to one-time funding awards for short-term special projects. In addition, the health district receives funding from local sources to inspect and monitor the county's landfills in accordance with Ohio law. These locations include Cherokee Run, Chiles, Lake Refuse, and Bellefontaine C&D Waste Landfills. We are also charged with inspection and monitoring of local infectious waste generators, compost facili-

ties, reports of open dumping and burning, and scrap tire accumulations. We also receive a small amount from the state of Ohio to administer the state mandates of the local public health agency. Other funding includes unusual revenue collections we may receive throughout the year, including any tax reimbursements for nuisance abatements.

Expenses overall declined by 4% as the agency began its restructuring plan. Wages & Benefits were not significantly impacted, as the bulk of changes became effective at year's end. The effects of these changes will be apparent in 2009. As a part of the restructuring, a consultant was hired to ensure regulatory compliance concerning the reduction of our local public health workforce, since Ohio Department of Administrative Services no longer manages this function for local governmental agencies. All other spending categories declined significantly. Building and equipment categories were most affected by prior year spending related to short-term special projects completed in 2007. The exception was Education & Training which entailed college tuition reimbursement commitments. These commitments ended in 2008.

CATEGORY	% OF 2008 TOTAL	2008	2007	CHANGE FROM 2007
REVENUE:				
LEVY	38%	814,841	848,503	-4%
SERVICE FEES	34%	728,504	873,889	-17%
GRANTS	15%	327,711	429,107	-24%
LICENSES, PERMITS & REGISTRATIONS	10%	217,655	262,599	-17%
LOCAL	2%	50,000	50,000	0%
STATE	1%	13,928	15,775	-12%
OTHER	1%	12,704	6,806	87%
TOTAL	100%	2,165,343	2,486,679	-13%
EXPENSES:				
WAGES & BENEFITS	68%	1,546,507	1,575,070	-2%
CONTRACTS	14%	318,062	276,337	15%
REFUNDS/REMITTANCES TO STATE	6%	141,394	147,608	-4%
OPERATING	4%	89,609	100,366	-11%
SUPPLIES	3%	74,613	91,896	-19%
BUILDING	2%	46,960	87,052	-46%
EQUIPMENT	1%	31,886	64,738	-51%
EDUCATION & TRAINING	1%	27,105	19,965	36%
TOTAL	100%	2,276,136	2,363,032	-4%
BALANCE USED/(SAVED)		110,793	(123,647)	



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A NOTE FROM THE BOARD OF HEALTH

The Board of Health is working with the Administration to bring about the best possible solution to cutbacks made in response to the recent loss of funding. At the Board meeting each month, there are financial matters to consider so that we may continue the operations of the health district in the most effective manner.

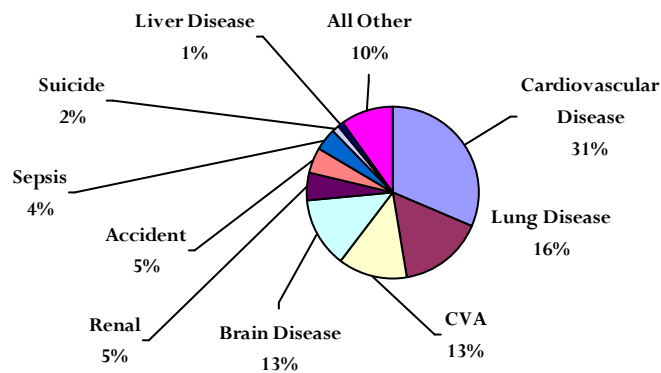
Throughout the coming year, there will be tough decisions that the board must make affecting the health district and the services offered to the community. We will endeavor to do the best we can with the available dollars.

We appreciate the staff's "let's get it done" attitude during this time of transition.

Don Spath, President

VITAL STATISTICS

LOGAN COUNTY'S LEADING CAUSES OF DEATH (2008)



Birth Certificates Issued	2113
Births Recorded	483
Hospital Births	470
Home Births	13
Females	225
Males	258
Sets of Twins	5
Death Certificates Issued	1482
Deaths Recorded	349
Females	192
Males	157
Age 100+	5
Oldest	105
Youngest	<24 hr