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Date: February 14, 2012
To: Boards of Health Members, Township Trustees, Village and City Mayors, Other Interested Parties
From: Matthew Stefanak, Health Commissioner, General Health District in Mahoning County
Subject: Frequently Asked Questions and Answers about Cross-Jurisdictional Sharing of Public Health Services

On December 27, 2011, General Health District Advisory Council Chair David Mannion, District Board of Health President Len Perry, Youngstown Mayor Chuck Sammarone, Youngstown Law Director Anthony Farris, Youngstown Board of Health Member Rev. Lewis Macklin, Youngstown City Health District Acting Health Commissioner Erin Bishop and I met to discuss whether or not there was interest in cross-jurisdictional sharing of public health services. At that meeting we decided that the management of the two health districts would complete a side-by-side descriptive analysis of the two health districts and provide answers to frequently asked questions (FAQs) about cross-jurisdictional sharing to our stakeholders by mid-February. This memo is an introduction to that analysis and FAQs. Additional information referenced in the FAQs can be found in the Appendix.

I would like to extend my thanks and gratitude to the managers of the two health districts who, following this December 27th meeting, met to discuss and offer answers to these questions about sharing of public health services in the collaborative spirit we would expect from public health professionals. Our commitment to working together for the betterment of public health in Mahoning County will remain strong whatever decisions are taken by our local elected leaders about merger or contracting for public health services.



Cross-Jurisdictional Sharing of Services between Health Districts Frequently Asked Questions

1. What is the difference between merger (combination) of health districts and contracting between health districts?

Ohio law (Ohio Revised Code Chapter 3709) provides several options for merger (combination) or contracting between general (county) health districts and city health districts. The District Board of Health currently provides public health services to three city health districts – Canfield, Campbell, and Struthers – through contracts between the General Health District Advisory Council (representing the 14 townships and 7 villages in the General Health District in Mahoning County) and the three city councils. In the case of the recent Akron-Barberton-Summit County merger, the three health districts combined their governing boards and respective workforces into a single entity known as a “combined general health district.”

2. Are there opportunities for cross-jurisdictional sharing of public health services other than an outright merger?

Yes, cross-jurisdictional sharing has existed for many years between the Youngstown City Health District and the District Board of Health. The Appendix contains a crosswalk of services offered by both agencies that indicates which services are currently consolidated. As an example, the City Health District provides sexually-transmitted control services to all county residents through a grant from the Ohio Department of Health, and the District Board of Health provides tuberculosis treatment and control services county-wide. Historically, as new grant funding opportunities have presented themselves, the two health districts have agreed that one or the other would be the “lead” applicant for funding and either provide the service itself county-wide, e.g., public health preparedness (District Board of Health), HIV testing and counseling (Youngstown City Health District), or share responsibility between the two health districts, e.g., Child and Family Health Services, Immunization Action/Perinatal Hepatitis B Program.

3. What would be the governing board composition of a combined general health district?

The composition of the governing board of health of a combined general health district would be determined by contract between the General Health District Advisory Council and the city councils party to the contract. In a general health district, board of health appointments are made “with due regard to equal representation of all parts of the district” (ORC 3709.03).

4. How would the quality of services currently being offered by each health district be affected by consolidation into one health department?

The Summit County merger experience suggests that contracting or merger need not adversely impact the quality of existing services; the Summit county health commissioner reports that township and municipal stakeholders in the Akron-Barberton-Summit County merger are satisfied with progress one year after the merger took place on January 1, 2011. Although these contracts are on a smaller scale, officials from the cities of Campbell and Struthers (with a combined population of about 20,000), who have contracted with the General Health District for public health services since 2003 and 2009 respectively, have expressed satisfaction with District Board of Health services and have chosen to renew their contract. One important performance measure tracked by the District Board of Health is responsiveness to public health nuisance complaints. Response times to nuisance complaints were not affected by the addition of nuisance complaints from Campbell and Struthers. The District Board of Health receives 500-600 nuisance complaints each year; the Youngstown City Health District receives about 1,500 each year, although many of these complaints are forwarded to other city agencies, such as housing code enforcement or litter control.

5. Where would health district facilities and services be located?

The District Board of Health makes decisions about where to locate its services based on client accessibility and cost. Its currently maintains four locations, two in Austintown (its main campus and laboratory on Westchester Drive) and two in Youngstown (Adult Day Services at the Southside Annex and Tuberculosis Clinic at Mill Creek Community Center). Clients of services offered at the Austintown facilities (environmental health permits, clinical services, laboratory services) rate these locations highly in periodic customer satisfaction surveys conducted by the District Board of Health. “One-stop shopping” for environmental health permits, e.g., well, septic, plumbing, building permits, and Planning Commission services is offered at the 50 Westchester Drive campus. The Youngstown City Health District is located in the Oakhill Renaissance Center (the former Southside Hospital). City Health District officials report that their clients value the “one-stop shopping” available there for birth certificates, WIC and Head Start services, and services provided by the County Job and Family Services Department. In the case of the Akron-Barberton-Summit County merger, the combined general health district decided to maintain existing campuses in Akron and Stowe.

6. Would a merger or contracting result in job loss? How would the management of the two health districts be integrated?

The staffing needed to provide public health services county-wide would be determined by the governing board of health. Since 2008, the District Board of Health has reduced its workforce by 21%. The Youngstown City Health District has experienced a similar level of unfilled vacancies in its workforce. In a merged or contracted relationship for public health services it is likely that all current staff would receive job assignments, as was the case in the Akron-Barberton-Summit County merger, although cross-training and re-assignment of staff members to new responsibilities would be inevitable. Management staff in all health districts found positions in the new combined general health district in Summit County. The current organizational structures of the two health districts and an enumeration of their respective workforces by discipline are found in the Appendix.

7. Would the two unions merge too?

This decision would rest with the two respective bargaining units (both are units of the American Federation of State, County, and Municipal Employees – AFSCME). The two bargaining agreements represent similar positions in both health districts, with the main exception being public health nurses, who are bargaining unit members at the District Board of Health, but not unionized at the Youngstown City Health District. In the case of the recent Akron-Barberton-Summit County merger, Akron bargaining unit members whose job classifications were included in the existing Summit County bargaining unit chose to join the Summit County Combined General Health District union.

8. How would we reconcile differences in pay, benefits, and seniority?

If the City of Youngstown were to contract with the General Health District for services, City Health District staff would be hired according to District Board of Health personnel policies for its management and bargaining unit exempt staff and its bargaining unit agreement for union staff. A combined general health district board of health may retain or revise existing District Board of Health personnel policies for management and exempt staff to reconcile any differences in pay, benefits, and seniority. Any changes to these terms for bargaining unit members would be subject to negotiation with its bargaining unit.

9. How would a combined health district reconcile differences in fees and charges for licenses and other services?

The District Board of Health sets its fees and charges based on the cost of providing the service. If it were to provide services in the City of Youngstown through contract or combination, the Board of Health would conduct a cost analysis for these services and set its fees and charges accordingly.

10. How would regulations that have been enacted by each board of health be reconciled and enforced if the health districts were to contract or merge?

To our knowledge only the District Board of Health has enacted public health regulations. In Youngstown, public health regulations, e.g., rabies vaccination requirements for dogs and cats historically have been enacted as an ordinance by City Council. District Board of Health regulations came into force in the cities of Canfield, Campbell and Struthers when those cities contracted with the General Health District for public health services. The District Board of Health has enacted regulations for (1) household sewage treatment systems, (2) tattoo and body piercing establishments, (3) healthy homes (4) servicing and disposal of septage, and (5) rabies control. The text of these regulations can be found at <http://www.mahoninghealth.org/HealthLaws.aspx>.

11. Would merging the two health departments result in lower administrative (overhead) costs?

We conducted an analysis of Annual Financial Report (AFR) data that each of Ohio's 125 local health departments submits to the Ohio Department of Health. We selected 11 Ohio counties with populations ranging from 155,000 to 442,000 for comparison, avoiding inclusion of extremes in county population size. Six of the counties have a single combined LHD and 5 counties have multiple (16) LHDs. We compared county-wide revenues and expenditures in these two groups of counties from their 2010 reports. We found that counties with multiple LHDs spent \$5.21 per capita (15% of their total expenditures) on administrative costs and combined LHD counties spent \$4.80 per capita (17% of total expenditures in 2010). The cross-sectional nature of the sampling method does not permit us to draw conclusions about the significance of these differences. The list of counties selected for comparison and summary results from our analysis of expenditures are found in the Appendix.

12. Are counties with one combined health district able to attract more state and federal grants?

The AFR data we examined from the 11 Ohio counties showed that per capita state revenue was the same in both types of counties (\$10.73 per capita); the percentage of total LHD revenues from state sources was 19% in multiple LHD counties and 23% in combined LHD counties. Direct federal funding was a negligible source of revenue for all LHDs.

13. Would a combined health district lower the cost for public health services for the townships and municipalities in Mahoning County?

In our analysis of Ohio counties, we found that in counties with multiple LHDs, these LHDs received nearly \$5 more per capita in local government revenues than in counties with combined LHDs in 2010. The percentage of total LHD revenues that came from local sources was 37% in multiple LHD counties and 33% in combined LHD counties.

14. Is there evidence in the scientific or public policy literature about the costs and benefits of consolidating public health services?

I consulted with several colleagues who have expertise in the public health systems and services research field who provided me with published studies on the subject. A review of the literature suggests that:

1. The strongest predictors of local public health system performance (measured against the U.S. Centers for Disease Control and Prevention (CDC) National Public Health Performance Standards) are (a) size of the population served and (b) local per-capita public health spending, with health department performance continuing to rise until a LHD reaches a population of 500,000 served.¹
2. **Increased local public health spending in a community is associated with lower rates of preventable deaths.**²
3. An “L-shaped” curve exists between LHD population size and per capita spending, with per capita costs falling until the population size served by the LHD reaches 100,000 people, and then leveling off for larger population sizes served.³

¹ Mays GP, McHugh MC, Shim K, et al Institutional and economic determinants of public health system performance. *Am J Public Health*. 2006;96:523-531.006)

² Mays GP, Smith SA. Evidence links increases in public health spending to declines in preventable deaths. *Health Affairs* 30, Nol 8 (2011): 1585-1593.

³ Santerre RE. Jurisdiction size and local public health spending. *HSR: Health Services Research*. 44:6;2148-2166 (December 2009).

Appendix

1. Expenditure Comparisons in Counties with Multiple and Combined Health Districts, 2010
2. Revenue Comparisons in Counties with Multiple or Combined Health Districts, 2010
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Expenditure Comparisons in Counties with Multiple and Combined Health Districts, 2010							
2010 Expenditure Data		Counties with Multiple Health Districts	% of Total	per capita	Counties with Combined Districts	% of Total	per capita
General Administration - Local Amount		\$ 7,238,429	14%	\$ 4.86	\$ 6,318,427	16%	\$ 4.50
General Administration - State Amount		\$ 483,313	1%	\$ 0.32	\$ 419,913	1%	\$ 0.30
General Administration - FederalAmount		\$ 36,821	0%	\$ 0.02	\$ -	0%	\$ -
Total General Administration		\$ 7,758,563	15%	\$ 5.21	\$ 6,738,340	17%	\$ 4.80
Local Total Amount		\$ 30,977,749	58%	\$ 20.80	\$ 26,300,186	65%	\$ 18.72
State Total Amount		\$ 11,541,424	22%	\$ 7.75	\$ 11,654,940	29%	\$ 8.30
Federal Total Amount		\$ 6,090,745	11%	\$ 4.09	\$ 1,185,311	3%	\$ 0.84
Total Amount		\$ 48,609,918	92%	\$ 32.64	\$ 39,140,437	97%	\$ 27.86
Expenditure And Remitted Fee Total Amt		\$ 52,983,865	100%	\$ 35.57	\$ 40,445,126	100%	\$ 28.79

Revenue Comparisons in Counties with Multiple or Combined Health Districts, 2010								
2010 Revenue Data		Counties with Multiple Health Districts	% of Total	per capita	Counties with Combined Districts	% of Total	per capita	
Local Source Funds								
	Carry Over	\$ 14,147,402	17%	\$ 9.50	\$ 16,292,336	25%	\$ 11.60	
Local Gov't Funds								
	Inside Millage	\$ 2,514,996	3%	\$ 1.69	\$ 2,583,865	4%	\$ 1.84	
	Public Health Levy	\$ 3,975,756	5%	\$ 2.67	\$ 8,866,082	14%	\$ 6.31	
	Local General Revenue	\$ 6,756,662	8%	\$ 4.54	\$ 4,360,207	7%	\$ 3.10	
	Local City County Contract	\$ 936,161	1%	\$ 0.63	\$ 189,704	0%	\$ 0.14	
	Local County TB Contract	\$ -	0%	\$ -	\$ 44,498	0%	\$ 0.03	
	Local Passthrough	\$ 1,758,579	2%	\$ 1.18	\$ 140,982	0%	\$ 0.10	
	Monies from Other Local Govt Entities	\$ 14,585,085	17%	\$ 9.79	\$ 5,464,773	8%	\$ 3.89	
	FCFC	\$ 385,099	0%	\$ 0.26	\$ 178,684	0%	\$ 0.13	
	Total Local Governmental Funds	\$ 30,912,336	37%	\$ 20.76	\$ 21,828,795	33%	\$ 15.54	
Personal Health Services								
	Medicaid	\$ 404,524	0%	\$ 0.27	\$ 1,119,615	2%	\$ 0.80	
	Medicare	\$ 34,149	0%	\$ 0.02	\$ 209,628	0%	\$ 0.15	
	Private Insurance	\$ 28,335	0%	\$ 0.02	\$ 93,909	0%	\$ 0.07	
	Patient Fees/Sliding Fees	\$ 845,051	1%	\$ 0.57	\$ 1,002,495	2%	\$ 0.71	
	Other Amount	\$ 2,290,293	3%	\$ 1.54	\$ 933,621	1%	\$ 0.66	
	Health Promotion	\$ 1,077,756	1%	\$ 0.72	\$ 789	0%	\$ 0.00	
	Total Amount	\$ 4,680,108	6%	\$ 3.14	\$ 3,360,058	5%	\$ 2.39	
Home Health								
	Medicaid	\$ -	0%	\$ -	\$ -	0%	\$ -	
	Medicare	\$ -	0%	\$ -	\$ -	0%	\$ -	
	Private Insurance	\$ -	0%	\$ -	\$ -	0%	\$ -	
	Patient Fees/Sliding Fees	\$ -	0%	\$ -	\$ -	0%	\$ -	
	Other Amount	\$ -	0%	\$ -	\$ -	0%	\$ -	
	Total Amount	\$ -	0%	\$ -	\$ -	0%	\$ -	
Environmental Health								
	Campground	\$ 18,552	0%	\$ 0.01	\$ 29,945	0%	\$ 0.02	
	Food Service	\$ 3,852,588	5%	\$ 2.59	\$ 2,774,852	4%	\$ 1.98	
	Home Park	\$ 117,906	0%	\$ 0.08	\$ 105,029	0%	\$ 0.07	
	Marina	\$ 3,176	0%	\$ 0.00	\$ 11,707	0%	\$ 0.01	
	Private Water	\$ 143,914	0%	\$ 0.10	\$ 80,778	0%	\$ 0.06	
	Sewage	\$ 2,093,562	2%	\$ 1.41	\$ 885,909	1%	\$ 0.63	
	Solid/CDD Waste	\$ 3,603,078	4%	\$ 2.42	\$ 294,869	0%	\$ 0.21	
	Swimming Pool	\$ 264,473	0%	\$ 0.18	\$ 294,783	0%	\$ 0.21	
	Plumbing	\$ 1,268,268	2%	\$ 0.85	\$ 1,316,032	2%	\$ 0.94	
	Other	\$ 1,166,385	1%	\$ 0.78	\$ 371,623	1%	\$ 0.26	
	Total	\$ 12,531,901	15%	\$ 8.41	\$ 6,165,527	9%	\$ 4.39	
	Vital Stats	\$ 3,519,641	4%	\$ 2.36	\$ 1,315,972	2%	\$ 0.94	
Laboratory								
	Clinical	\$ 9,500	0%	\$ 0.01	\$ -	0%	\$ -	
	Environ Health	\$ 187,367	0%	\$ 0.13	\$ -	0%	\$ -	
	Total	\$ 196,867	0%	\$ 0.13	\$ -	0%	\$ -	
Locally Funded Projects/Special Contracts								
	Health Promotion	\$ 362,681	0%	\$ 0.24	\$ 196,711	0%	\$ 0.14	
	Preparedness	\$ -	0%	\$ -	\$ -	0%	\$ -	
	School Health	\$ 722,004	1%	\$ 0.48	\$ 231,660	0%	\$ 0.16	
	Other	\$ 20,180	0%	\$ 0.01	\$ 322,694	0%	\$ 0.23	
	Total	\$ 1,104,865	1%	\$ 0.74	\$ 751,064	1%	\$ 0.53	
Donations								
	Misc Income	\$ 84,672	0%	\$ 0.06	\$ 2,553	0%	\$ 0.00	
	Total Local Funds	\$ 67,437,889	80%	\$ 45.28	\$ 50,183,859	77%	\$ 35.72	
State Funds								
	Carry Over	\$ 2,728,467	3%	\$ 1.83	\$ 1,861,226	3%	\$ 1.32	
	State Subsidy	\$ 338,438	0%	\$ 0.23	\$ 227,710	0%	\$ 0.16	
ODH Funded Projects/Grants								
	State Funded	\$ 6,486,418	8%	\$ 4.36	\$ 4,115,225	6%	\$ 2.93	
	Federal Funded	\$ 13,551,172	16%	\$ 9.10	\$ 11,624,853	18%	\$ 8.27	
	Total of ODH Funded Projects/Grants	\$ 20,037,590	24%	\$ 13.45	\$ 15,740,078	24%	\$ 11.20	
	LHD State	\$ 1,426,748	2%	\$ 0.96	\$ 1,192,414	2%	\$ 0.85	
	LHD Federal	\$ 10,370,040	12%	\$ 6.96	\$ 10,959,580	17%	\$ 7.80	
	LHD Total	\$ 11,796,788	14%	\$ 7.92	\$ 12,151,994	19%	\$ 8.65	
Other State Funded Projects/Grants								
	Other Grant State	\$ 537,830	1%	\$ 0.36	\$ 156,802	0%	\$ 0.11	
	Other Grant Federal Amount	\$ 580,411	1%	\$ 0.39	\$ 680,349	1%	\$ 0.48	
	Other Grant Total	\$ 1,118,242	1%	\$ 0.75	\$ 837,151	1%	\$ 0.60	
	Revenue Total State	\$ 15,981,936	19%	\$ 10.73	\$ 15,078,082	23%	\$ 10.73	
Federal Funds								
	Carry Over	\$ (23,127)	0%	\$ (0.02)	\$ -	0%	\$ -	
	Federal Grant Total	\$ 1,034,519	1%	\$ 0.69	\$ -	0%	\$ -	
	Revenue Total Federal	\$ 1,011,392	1%	\$ 0.68	\$ -	0%	\$ -	
	Grand Total All Revenues	\$ 84,431,217	100%	\$ 56.69	\$ 65,261,941	100%	\$ 46.45	

Local Health Districts Included in Revenue and Expenditures Study				
LHD	County	Status	2010 LHD census	2010 County Census
Clermont County Health District	Clermont	combined	195,451	195,451
Delaware General Health District	Delaware	combined	155,159	155,159
Lake County General Health District	Lake	combined	230,041	230,041
Toledo Lucas County Health Department	Lucas	combined	441,705	441,705
Medina County Comb General Hlth Dist	Medina	combined	172,118	172,118
Warren County Combined Health District	Warren	combined	210,504	210,504
Butler County Health Department	Butler	multiple	257,225	368,130
Hamilton City Health Department	Butler	multiple	62,477	368,130
Middletown City Health Department	Butler	multiple	48,428	368,130
Elyria City Health Department	Lorain	multiple	54,533	301,356
Lorain City Health Department	Lorain	multiple	86,678	301,356
Lorain County General Health District	Lorain	multiple	154,293	301,356
Mahoning County General Health District	Mahoning	multiple	170,794	238,823
Youngstown City Health Department	Mahoning	multiple	66,982	238,823
Alliance City Health Department	Stark	multiple	22,322	375,586
Canton City Health Department	Stark	multiple	73,007	375,586
Massillon City Health Department	Stark	multiple	32,149	375,586
Stark County Combined General Health District	Stark	multiple	250,192	375,586
Girard City Health Department	Trumbull	multiple	9,958	210,312
Niles City Health Department	Trumbull	multiple	19,266	210,312
Trumbull County Health Department	Trumbull	multiple	139,520	210,312
Warren City Health Department	Trumbull	multiple	41,557	210,312

2010 Expenditures - District Board of Health & Youngstown City Health District

	DBOH
Fees remitted to ODH	\$41,774.00
Fees remitted to OEPA	\$319,626.58
Fees remitted to ODA	\$8,036.00
Total	\$369,436.58

	YCHD
Fees remitted to ODH	\$14,354.00
Fees remitted to OEPA	\$0
Fees remitted to ODA	\$0
Total	\$14,354.00

Expenditures by source of funds

	local DBOH	state DBOH	fed DBOH	total DBOH
personal health				
WIC	\$0	\$11,318.60	\$0	\$11,318.60
Help Me Grow	\$0		\$0	\$0.00
BCMH	\$0	\$47,130	\$0	\$47,130.00
total for p. health	\$0	\$58,448.60	\$0	\$58,448.60
health promotion	\$0.00	\$80,265.19	\$0	\$80,265.19
home health	\$0	\$0	\$0	\$0
environ health	\$1,309,529.66	\$20,074.00	\$0	\$1,329,603.66
general admin	\$656,415.20	\$23,220.29	\$0	\$888,635.49
vital stats	\$0	\$0	\$0	\$0
laboratory clinical	\$0	\$0	\$0	\$0
lab environ	\$431,172.87	\$0	\$0	\$431,172.87
lab total	\$431,172.87	\$0	\$0	\$431,172.87

Expenditures by source of funds

	local YCHD	state YCHD	fed YCHD	total YCHD
personal health				
WIC	\$20,000	\$30,000	\$0	\$50,000.00
Help Me Grow	\$10,000		\$0	\$10,000.00
BCMH	\$30,000	\$30,000	\$0	\$60,000.00
total for p. health	\$591,151	\$242,238	\$392,006.00	\$1,225,395.00
health promotion	\$0	\$0	\$0	\$0
home health	\$465,121	\$93,355	\$258,787.00	\$817,263.00
environ health	\$535,661	\$0	\$0	\$535,661.00
general admin	\$190,634	\$0	\$0	\$190,634.00
vital stats	\$26,800	\$0	\$0	\$26,800.00
laboratory clinical	\$14,791	\$0	\$0	\$14,791.00
lab environ	\$41,591	\$0	\$0	\$41,591.00
lab total	\$41,591	\$0	\$0	\$41,591.00

Other source description

	local DBOH	state DBOH	total DBOH
PHI	\$0.00	\$569,418.10	\$569,418.10
TB	\$217,814.06	\$77.64	\$217,891.70
Nursing	\$478,332.33	\$25,285.22	\$503,617.55
Passport	\$0.00	\$81,198.24	\$81,198.24
CFHS	\$28.00	\$264,173.26	\$264,201.26
Aging	\$8,232.00	\$37,455.47	\$45,687.47
CDC	\$0.00	\$79,859.06	\$79,859.06
Lead Prevention	\$0.00	\$0.00	\$0.00

Other source description

	local YCHD	state YCHD	total YCHD
PHI	\$0.00	\$0.00	\$0.00
TB	\$0.00	\$0.00	\$0.00
Nursing	\$0.00	\$0.00	\$0.00
Passport	\$0.00	\$0.00	\$0.00
CFHS	\$0.00	\$0.00	\$0.00
Aging	\$0.00	\$0.00	\$0.00
CDC	\$0.00	\$0.00	\$0.00
Lead Prevention	\$30,000.00	\$0.00	\$30,000.00

	local DBOH	state DBOH	fed DBOH	total DBOH
Total expenditures	\$3,101,524.12	\$1,448,475.07	\$0	\$4,549,999.19
Total Expenditures and fees remitted				\$4,919,435.77

	local YCHD	state YCHD	fed YCHD	total YCHD
Total expenditures	\$1,884,158	\$365,593	\$650,793.00	\$2,900,544.00
Total Expenditures and fees remitted				\$2,914,898.00

2008 & 2010 Revenue - District Board of Health and Youngstown City Health District

Section 1 - Revenue (rev)	2008		2010	
	DBOH	YCHD	DBOH	YCHD
A. Local source Funds				
1. Carry Over	\$731,187.00	\$0.00	\$1,367,128.18	\$0.00
2. Local Gov't Funds				
a. Inside millage	\$916,101.87	\$0.00	\$937,479.69	\$0.00
b. PH levy	TB Control renewal thru 2012			
Millage	0.1	\$0.00		\$0.00
Levy Amt	\$206,478.01	\$0.00	\$207,876.70	\$0.00
c. Local gov't rev		\$1,828,865.00		\$1,406,651.00
d. Contracts	\$80,071.00	\$5,400.00	\$113,507.30	\$3,600.00
(e other cities or counties)				
g. From local gov't entities	\$454,740.58	\$0.00	\$601,719.45	\$0.00
FCFA funds	\$130,245.64			
i. Total for local gov't funds	\$1,787,637.10	\$1,834,265.00	\$1,860,583.14	\$1,410,251.00
3. Personal Health Services				
a. Medicaid or Managed Care	\$2,471.80	\$25,500.00	\$10,442.71	\$14,191.00
b. Medicare reimbursement	\$25,986.52	\$4,036.00	\$2,144.69	\$1,478.00
c. Private insurance	\$0.00	\$313.00	\$0.00	\$3,617.00
d. Patient fees/sliding fees	\$107,923.45	\$11,790.00	\$90,063.92	\$549.00
e. Health promotion fees	\$1,000.00	\$0.00	\$0.00	\$0.00
g. Total	\$137,381.77	\$41,639.00	\$102,651.32	\$19,835.00
4. Home health	\$0.00	\$0.00	\$0.00	\$0.00
5. Environmental Health				
a. Campgrounds	\$5,821.25	\$0.00	\$6,236.25	\$0.00
b. Food service	\$410,088.12	\$121,722.00	\$423,116.27	\$123,398.00
c. Home parks	\$8,484.50	\$0.00	\$5,880.00	\$0.00
e. Private water	\$16,575.00	\$0.00	\$23,462.50	\$0.00
f. Sewage	\$261,748.68	\$0.00	\$220,015.71	\$0.00
g. Solid/CDD waste	\$386,400.95	\$0.00	\$399,883.53	\$0.00
h. Swimming pools	\$19,605.00	\$1,421.00	\$18,995.00	\$1,477.00
l. plumbing	\$114,729.00	\$0.00	\$84,893.00	\$0.00
j. other	\$64,416.00	\$0.00	\$20,022.00	\$0.00
	\$1,287,868.50	\$123,143.00	\$1,202,504.26	\$124,875.00
6. Vital stats	\$0.00	\$609,820.00	\$0.00	\$639,521.00
7. Laboratory				
a. Clinical	\$0.00	\$10,500.00	\$0.00	\$9,500.00
b. Environmental health	\$137,390.33	\$0.00	\$163,919.16	\$0.00
c. Total	\$137,390.33	\$10,500.00	\$163,919.16	\$9,500.00
8. Locally Funded Project/Special Contrats				
a. Health promotion	\$0.00	\$15,662.00	\$0.00	\$20,000.00
b. School health	\$92,469.17	\$0.00	\$615,777.42	\$0.00
d. total	\$92,469.17	\$15,662.00	\$615,777.42	\$20,000.00
9. Donations	\$80,021.30	\$0.00	\$75,046.05	\$0.00
10. Miscellaneous Income				
settlement from MCC for Health	\$67,832.58	\$0.00	\$0.00	\$0.00
insurance				
rental income	\$44,062.69	\$0.00	\$55,209.93	\$0.00
NACCHO	\$5,000.00	\$0.00	\$9,093.00	\$0.00
sales of assets	\$582.78	\$0.00	\$2,328.00	\$0.00
reimbursement			\$1,170.02	\$0.00
jury duty	\$320.00	\$0.00	\$0.00	\$0.00
copies	\$33.45	\$0.00	\$51.92	\$0.00
total	\$117,831.50	\$0.00	\$67,852.81	\$0.00
Total Local Funds	\$4,371,786.67	\$2,635,029.00	\$4,901,262.40	\$2,223,982.00
B. State Funds				
1. Carryover	-\$93,156.00	\$0.00	\$46,105.34	\$0.00
2. State Subsidy	\$49,045.10	\$24,887.00	\$30,366.00	\$14,750.00
3. OHD Funded Projects/Grants				
a. State funded	\$360,676.25	\$16,149.00	\$101,182.59	\$98,202.00
b. Federally funded	\$641,050.51	\$531,808.50	\$1,071,361.67	\$392,006.90
c. Total	\$1,001,726.76	\$547,957.50	\$1,172,544.26	\$490,208.90
4. other state funded projects/grants				
a. State funded	\$156,870.03	\$155,289.00	\$81,275.88	\$2,300.00
b. Federally funded	\$44,061.47	\$81,455.00	\$73,203.06	\$0.00
c. Total	\$200,931.50	\$236,744.00	\$154,478.94	\$2,300.00
Total State Funds	\$1,158,547.36	\$809,588.50	\$1,403,494.54	\$527,958.90
C. Federal Funds				
1. Carryover	\$0.00	\$0.00	\$0.00	\$0.00
2. federal grants	\$0.00	\$216,729.10	\$0.00	\$311,600.00
GRAND TOTAL	\$5,530,334.03	\$3,661,347.00	\$6,304,756.94	\$3,063,540.90

Source: Annual Financial Report of Ohio Local Health Districts to the Ohio Department of Health

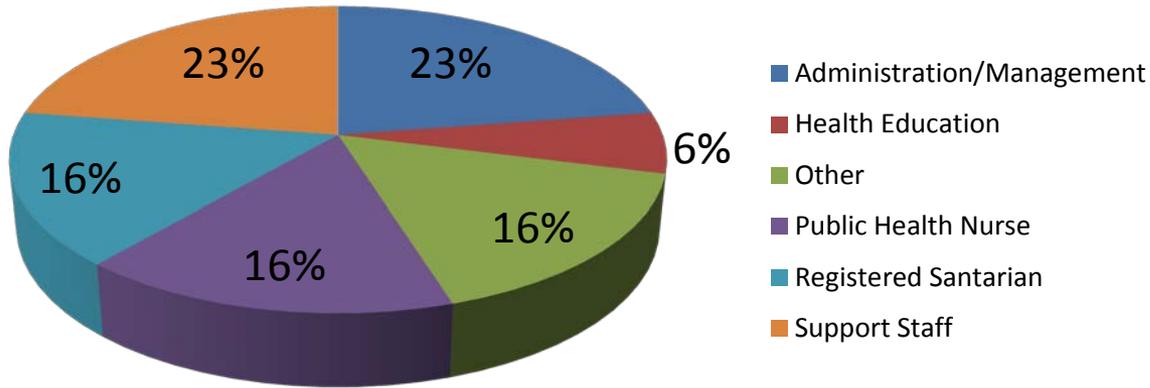
Crosswalk of Services Provided by the District Board of Health and Youngstown City Health District

Service	Youngstown City Health District	District Board of Health	Provided County-wide
Environmental Health			
Rabies Control	X	X	
Bathing Beaches Inspections		X	
Campground & RV Parks Inspections & Licensure		X	
Charitable Burial Program	X		
Commercial Sewage Systems Inspections		X	
Food Service Operations & Retail Food Establishments Inspections & Licensure	X	X	
Home Sewage Systems Evaluation		X	
Mobile Home Parks Inspections & Licensure		X	
Nuisance Control	X	X	
Plumbing and Down Spout Inspections		X	X
Private Water Systems Inspections	X	X	
Real Estate Evaluations		X	
School Safety	X	X	
Indoor Smoking Complaints	X	X	
Solid Waste Enforcement		X	
Swimming Pools and Spas Inspections & Licensure	X	X	
Tattoo & Body Piercing Inspections & Licensure	X	X	
Vector Control	X	X	
Water Well Tests	X	X	
Nursing Division			
Adult Day Care		X	X
Children with Medical Handicaps Program	X	X	
Communicable Disease Investigation and Control	X	X	
Homeless Healthcare Program	X		X
Immunizations	X	X	
Immunization Action Program/Perinatal Hepatitis B Program	X	X	X
Nursing Home/Group Home Inspections & Licensure	X		
Prenatal and Well-Child Services	X	X	X
School Health Services	X	X	
Tuberculosis Clinic		X	X
HIV/AIDS Testing & Counseling	X		X
STD Testing & Counseling	X		
STD Clinic	X		X
Child Family Health Services	X	X	X
Mahoning/Trumbull County Air Pollution Control Program			
Complaint Investigations	X		X
Facility Inspections	X		X
Opacity Observations	X		X
NESHAP Inspections	X		X
Vehicle Anti-Tampering Inspections	X		X
Open Burning Permits	X		X
Air Monitoring	X		X
Office on Minority Health			
	X		X
Dental Sealant Program			
	X		
Office of Vital Statistics			
Home Birth Registrations	X		X
Registering All Birth and Death Certificates	X		X
Weekly Reporting to CDC Morbidity and Mortality Report	X		X
Community Health Division			
Accreditation		X	
Residential Lead Hazard Investigation		X	X
Lead Poisoning Case Management		X	X
Emergency Preparedness		X	X
Medical Reserve Corps		X	X
Community Health Assessment & Planning	X	X	X
Public Information	X	X	
Epidemiology and Disease Surveillance	X	X	X
Child Fatality Review	X	X	X
Quality Improvement		X	

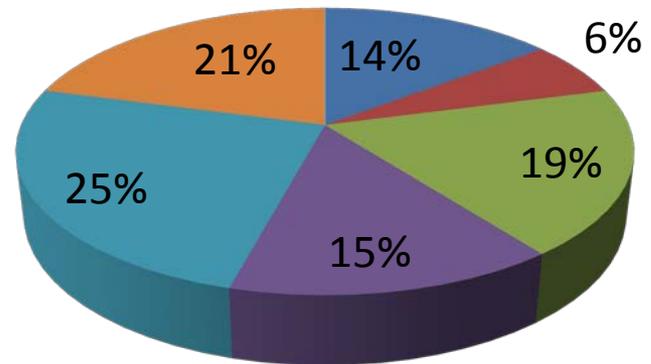
DISTRICT BOARD OF HEALTH WORKFORCE 2010									
Classification Title	StaffingLHDContractorCount	StaffingLHDEmployeeCount	FT employee	PT employee	Total Employees	# empl. FTE	# contractual FTE	Total FTE	
Accounts/Payroll Clerk	0	3	3	0	3	3	0	3	
Administrative Assistant	0	0	0	0	0	0	0	0	
Administrator	0	0	0	0	0	0	0	0	
Assistant Health Commissioner	0	0	0	0	0	0	0	0	
Clinical Supervisor	0	1	1	0	1	1	0	1	
Computer Administrator	1	1	1	0	1	1	0.11	1.11	
Data Processing Clerk	0	0	0	0	0	0	0	0	
Dentist	0	0	0	0	0	0	0	0	
Departmental Biostatistician	0	0	0	0	0	0	0	0	
Director of Health Education	0	0	0	0	0	0	0	0	
Emergency Preparedness/Bioterrorism Coor	0	1	1	0	1	1	0	1	
Environmental Health Director	0	1	1	0	1	1	0	1	
Epidemiologist (I, II, etc.)	0	0	0	0	0	0	0	0	
Fiscal Officer	0	1	1	0	1	1	0	1	
Health Commissioner	0	1	1	0	1	1	0	1	
Health Educator (I, II, etc.)	0	3	2	1	3	2.67	0	2.67	
Home Health Care Aide	0	0	0	0	0	0	0	0	
Hygienist	0	0	0	0	0	0	0	0	
Legal Counsel/Departmental Attorney	0	0	0	0	0	0	0.1	0.1	
Licensed Practical Nurse	0	0	0	0	0	0	0	0	
Media Officer	0	0	0	0	0	0	0	0	
Medical Director	1	0	0	0	0	0	0.4	0.4	
Medical Transcriptionist	0	0	0	0	0	0	0	0	
Nurse Practitioner	0	0	0	0	0	0	0	0	
Nursing Director	0	1	1	0	1	1	0	1	
Nutritionist/Dietician (I, II, etc.)	0	0	0	0	0	0	0	0	
Other	0	7	7	0	7	7	0	7	
Other II	0	0	0	0	0	0	0	0	
Other III	0	0	0	0	0	0	0	0	
Other IV	0	0	0	0	0	0	0	0	
Personnel Officer	0	0	0	0	0	0	0	0	
Physician	1	0	0	0	0	0	0.2	0.2	
Plumbing Inspector (I, II, etc.)	0	2	1	1	2	1.4	0	1.4	
Plumbing Program Supervisor	0	0	0	0	0	0	0	0	
Public Health RN (I, II, etc.)	0	8	3	4	7	5.27	0	5.27	
Receptionist	0	0	0	0	0	0	0	0	
Registered Sanitarian (I, II, etc.)	0	12	11	1	12	11.5	0	11.5	
Registered Sanitarian (Supervisory)	0	0	0	0	0	0	0	0	
Sanitarian in Training (SIT)	0	0	0	0	0	0	0	0	
Secretary/Clerk (I, II, etc.)	0	6	6	0	6	6	0	6	
Senior Billing Clerk	0	1	1	0	1	1	0	1	
Senior Projects Coordinator	0	0	0	0	0	0	0	0	
Social Worker	0	0	0	0	0	0	0	0	
Vital Statistics Registrar	0	0	0	0	0	0	0	0	
WIC Director	0	0	0	0	0	0	0	0	
TOTALS	3	49	41	7	48	44.84	0.81	45.65	

YOUNGSTOWN CITY HEALTH DISTRICT WORKFORCE 2010									
StaffingLHDClassificationTitle	StaffingLHDContractorCount	StaffingLHDEmployeeCount	Staffing-FullTimeEmployeeCount	StaffingPartTimeEmploy	StaffingTotalEmployeeCo	Staffing-FTEEmployeeC	Staffing-FTEContractor	Staffing-FTEotalCount	Staffing-FTE
Accounts/Payroll Clerk	0	1	1	0	1	1	0	1	1
Administrative Assistant	0	1	1	0	1	1	0	1	1
Administrator	0	0	1	0	1	1	0	1	1
Assistant Health Commissioner	0	0	0	0	0	0	0	0	0
Clinical Supervisor	0	1	1	0	1	1	0	1	1
Computer Administrator	0	1	0	0	0	0	0	0	0
Data Processing Clerk	0	0	0	0	0	0	0	0	0
Dentist	1	0	0	0	0	0	1	1	1
Departmental Biostatistician	0	0	0	0	0	0	0	0	0
Director of Health Education	0	0	0	0	0	0	0	0	0
Emergency Preparedness/Bioterrorism Coord	0	0	0	0	0	0	0	0	0
Environmental Health Director	0	1	1	0	1	1	0	1	1
Epidemiologist (I, II, etc.)	1	0	0	0	0	0	0	0	0
Fiscal Officer	0	1	1	0	1	1	0	1	1
Health Commissioner	0	1	1	0	1	1	0	1	1
Health Educator (I, II, etc.)	2	2	1	1	2	1.5	2	3.5	3.5
Home Health Care Aide	0	0	0	0	0	0	0	0	0
Hygienist	1	0	0	0	0	0	1	1	1
Legal Counsel/Departmental Attorney	0	0	0	0	0	0	0	0	0
Licensed Practical Nurse	0	0	0	0	0	0	0	0	0
Media Officer	0	0	0	0	0	0	0	0	0
Medical Director	1	0	0	0	0	0	1	1	1
Medical Transcriptionist	0	0	0	0	0	0	0	0	0
Nurse Practitioner	0	0	0	0	0	0	0	0	0
Nursing Director	0	1	1	0	1	1	0	1	1
Nutritionist/Dietician (I, II, etc.)	0	0	0	0	0	0	0	0	0
Other	0	3	3	0	3	3	0	3	3
Other II	0	0	0	0	0	0	0	0	0
Other III	0	0	0	0	0	0	0	0	0
Other IV	0	2	2	0	2	2	0	2	2
Personnel Officer	0	0	0	0	0	0	0	0	0
Physician	2	0	0	0	0	0	2	2	2
Plumbing Inspector (I, II, etc.)	0	0	0	0	0	0	0	0	0
Plumbing Program Supervisor	0	0	0	0	0	0	0	0	0
Public Health RN (I, II, etc.)	0	6	5	0	5	5	0	5	5
Receptionist	0	0	0	0	0	0	0	0	0
Registered Sanitarian (I, II, etc.)	0	6	5	0	5	5	0	5	5
Registered Sanitarian (Supervisory)	0	0	0	0	0	0	0	0	0
Sanitarian in Training (SIT)	0	0	0	0	0	0	0	0	0
Secretary/Clerk (I, II, etc.)	0	5	5	0	5	5	0	5	5
Senior Billing Clerk	0	1	0	0	0	0	0	0	0
Senior Projects Coordinator	0	0	0	0	0	0	0	0	0
Social Worker	0	0	0	0	0	0	0	0	0
Vital Statistics Registrar	0	1	1	0	1	1	0	1	1
WIC Director	0	0	0	0	0	0	0	0	0
TOTALS	8	34	30	1	31	30.5	7	37.5	37.5

Staffing Youngstown City Health District



Staffing Mahoning County District Board of Health



Source: 2010 Annual Financial Report Data
Ohio Department of Health
Mahoning County District Board of Health

District Board of Health

Table of Organization

**DIRECTOR, ENVIRONMENTAL
HEALTH DIVISION**
Mary Helen Smith, RS, MPH

SANITARIAN
Angelo Italiano, MA, RS

SANITARIAN
David Fetchko, RS

SANITARIAN
Amy Holinbaugh, SIT

SANITARIAN
John Hallas, RS

SANITARIAN
Kimberly Hobbs, RS

SANITARIAN
Eleanor Cegan, RS

SANITARIAN
Anthony Veitz, RS

SANITARIAN
Andrew Stefan, RS

SANITARIAN
Deanna Maurer, RS

SANITARIAN
Danton Hutton, RS

SANITARIAN
Ryan Tekac, RS

PLUMBING INSPECTOR
David Beaver, CPI

PLUMBING INSPECTOR
Joseph Mansky

**DIRECTOR,
NURSING DIVISION**
Diana Colaianni, MSN, RN

PUBLIC HEALTH NURSE
Marianne Evans, RN

PUBLIC HEALTH NURSE
Denise Walters, RN

PUBLIC HEALTH NURSE
Nancy Wloch, RN

SECRETARY
Laura Scalise

SECRETARY
Judy Draper

PUBLIC HEALTH NURSE
Brenda Christensen, RN

PUBLIC HEALTH NURSE
Debra Moss, RN

PUBLIC HEALTH NURSE
Kathleen Terreri, RN

TB REGISTRAR
Shawn Hunter-Little

PUBLIC HEALTH NURSE
Teresa Kilbert, RN

ADULT DAY CARE NURSE
Rita Nolfi, RN

ACTIVITIES COODINATOR
Joyce Naymick

VAN DRIVER
William Michael

MEDICAL DIRECTOR
John Venglarcik, MD, FAAP

**DIRECTOR,
COMMUNITY HEALTH
DIVISION**
Joseph Diorio, MS, RS

SANITARIAN
Stefano Napolitano, RS

SECRETARY
Rosemary Totterdale

**COMMUNITY HEALTH
EDUCATION SPECIALIST**
Susan Kovach, MPH

**COMMUNITY HEALTH
EDUCATION SPECIALIST**
Tracy Styka, MS

**DIRECTOR, LABORATORY
SERVICES DIVISION**
Sandra Senedak, RS

LABORATORY TECHNICIAN
Janine Soubra

LABORATORY ASSISTANT
Ralph Widger

LABORATORY ASSISTANT
Karen Stangl, MS

SECRETARY
Julie Thompson

**DIRECTOR, FINANCE
AND HUMAN
RESOURCES DIVISION**
Edward Janik, CPA

**FISCAL PERSONNEL
OFFICER**
Darlene Sawyers

**ADMINISTRATIVE
ASSISTANT**
Kathleen Svasta

SECRETARY
Linda Zmith

**GRANTS FISCAL
MANAGER**
Kathleen Affagato

ACCOUNT CLERK II
Lori Keller

SECRETARY
Tina Marie Schneider

**PROCUREMENT &
APPLICATION SUPPORT
SPECIALIST**
Michele Olin

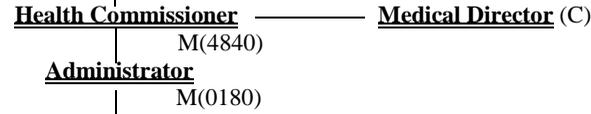
SECRETARY
Diane Zagorsky

BOARD OF HEALTH
Leonard Perry, *President*
Margot Baird, RN, *Vice-President*
Bev Fisher
Donald Somers
Lisa Noble Weiss, MD
Michael Heher, *Alternate*

HEALTH COMMISSIONER
Matthew Stefanak, MPH

**YOUNGSTOWN CITY HEALTH DISTRICT
ORGANIZATIONAL CHART**

Youngstown Board of Health



	<u>Administration</u>	<u>Air Pollution Control Agency</u>	<u>Comprehensive Care</u>	<u>Nursing Division</u>
	Executive Secretary M(8100) *1 ---Secretary/Bookkeeper *1 B(8200)	Administrator M(0280) *1 ---Control Specialist M/G(0240) ---Secretary *1 B/G(8180) ---Staff Engineer B/G(0230) ---Field Technician I *1 B/G(0260) ---Field Technician II B/G(0250) *3 RS	Executive Director (C) ---HIV/AIDS Clinic Director (C) ---Nurses (C) ---Physician (C) ---Assistant (C) --- Social Worker (C)	Nursing Director M(7711) *1 ---Public Health Nurse I (2) *4 M(7705) ---Nursing Clerk B/P/G(6543) ---Group Home Inspection Program Public Health Nurse M(7705) ---Homeless Health Services Public Health Nurse M/G(7712) ---Head Start Nurse Program Public Health Nurse M(7705) ---Infant Immunization Program Public Health Nurse M/G(6560) M/P(7713) ---Nursing Clerk (2) *1 B/P/G (6542) B/P/G(6543) ---STD Clinic Program Nurse Supervisor M(6560) Physician (C) Disease Intervention Specialist1 *1 M/P/G(3814) Clinical Lab Technician B/P(2615) *1 Clerk/Courier B(2425) ---Computer Supervisor/PHN M(7720)
	<u>Dental Sealant Program</u> Coordinator/Hygienist (C) ---Dentist (C) ---Dental Assistant (C) ---Billing Clerk (C)	<u>Environmental Health</u> Director M(3775) *1 ---General Utility Clerk *1 B(4740) ---Sanitarian I B(8063) ---Sanitarian II (6) *3 B(8064) ---Rodent Control Program Educator Aide B(3823)	<u>Vital Statistics Division</u> Office Manager M(6651) *1 ---Clerk Typist V (3) B(9994) ---Clerk Typist (2) B/P(9988)	<u>Minority Health</u> Advisory Board --- Director (C) --- Secretary(C)

CODES

M = Management/Professional
 B = Bargaining Unit
 G = Grant Funding
 P = Part-Time
 C = Contractor

* Number asterisked indicates number of employees

April 2011