Ohio Mentorship Participants

Erie County (OH) Health Department

Background

State: Ohio
LHD Population Size Served: 78,000
Number of Retail Food Establishments Inspected: 140 seasonal and 729 year round food service establishments
Retail Program Standards Met/Working On: 2, 7, 8, and Self-Assessment
Enrolled in the Retail Program Standards: 2014
NACCHO Mentorship Program Cohort(s): 4

Erie County (OH) Health Department’s mission statement is “it shall be our focus to provide the essential public health services for our community in an effective and fiscally responsible manner.” The identification and the prevention of injury and illness, health promotion, disease surveillance, and the improvement of personal and environmental health status within the health district through assessment and policy development is vital. Erie County Health Department strives for continuous quality improvement among programs and services offered through continuing education and on-going workforce development coupled with the evaluation of the community health status and good governance to deliver the essential public health services.

Erie County Health Department has seven Registered Sanitarians working in the retail food regulatory program. Our jurisdiction consists of approximately 78,000 year round residents, but as a seasonal resort community, approximately 7 million tourists travel through the area during the summer months. Erie County has approximately 140 seasonal and 729 year round food service establishments, including restaurants, grocery stores, bars, hotels, water parks, schools, childcare facilities, hospitals, nursing homes, fraternal organizations, gas stations, mobiles and vending locations. Our programs involve biennial inspections of each food service as well as providing education of our operators and their employees through Level 1 and ServSafe courses in both English and Spanish. Our health department derives regulatory authority from Chapter 3717 of the Ohio Revised Code and Chapter 3701-21 of the Ohio Administrative.

Role in Mentorship Program

Erie County participated in the NACCHO Retail Program Standards Mentorship Program as a mentee in the fourth cohort and was mentored by Fairfax County Health Department (VA).

Lessons Learned/Tips

Our department completed 4 of the 5 goals of Standard 2 and learned the importance of continued systematic training to insure that all field inspectors conduct proper cohesive inspections. We fell short on developing a complete standardization plan similar to FDA’s due to regulatory differences between the state and FDA. We also learned that we need to strengthen the relationship between the local health department and regional FDA offices.

Our agency is currently in the process of PHAB accreditation. We found that connecting FDA retail program standards and public health accreditation has helped us improve the services we provide to our community by identifying weaknesses and developing new training plans to correct these problems. FDA’s retail program standards and PHAB’s standards and measures complement each other; we applied our knowledge regarding the retail program standards to meet required PHAB documentation.

Contact

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Mahoning County District Board of Health (OH)

Background

**State:** OH  
**HD Population Size Served:** 231,900  
**Number of Retail Food Establishments Inspected:** 932  
**Retail Program Standards Met/Working On:** self-assessment, working on Standard 7 and 4  
**Enrolled in the Retail Program Standards:** 2013  
**NACCHO Mentorship Program Cohort(s): Cohorts:** 6, 7

The mission of the District Board of Health is to promote and protect the health of individuals and our communities, to create a safer, healthier environment and to improve quality of life.

Our retail food regulatory program is comprised of licensing and inspecting food service operations (FSOs) with oversight by the Ohio Department of Health and retail food establishments (RFEs) with oversight by the Ohio Department of Agriculture. This includes plan review for new and substantially remodeled facilities and investigation of alleged foodborne illnesses and general complaints.

There are five (6) full time sanitarians involved in the food program on a regular basis, all of which have varying degrees of responsibilities in other programs as well. A seventh sanitarian who was previously trained in the food program serves as an emergency back up when necessary.

Permanent FSOs and RFEs are licensed according to risk levels increasing in risk from level one to four. These facilities are also further classified as to below or above 25,000 square feet. Risk level one facilities sell prepackaged food only. Risk level two facilities prepare food that is not time/temperature controlled for safety. Risk level three facilities prepare time/temperature controlled for safety foods. Risk level four facilities employ one or more high risk activities such as bulk reheating, time in lieu of temperature, serve raw animal food or serve high risk clientele or perform catering. There are 919 licensed risk food facilities within our jurisdiction. Approximately 70% are FSOs. Approximately 25% of the total facilities are risk level one and two, which require one standard inspection yearly. The remaining 75% of the facilities are risk level three and four, requiring two standard inspections per year at a minimum. Slightly over half of these are risk level four that also require two critical control point inspections (FSOs) or two process review inspections (RFEs) yearly.

The Mahoning County District Board of Health also licenses and inspects in excess of 200 mobile food facilities at least once a year, the vast majority of which are mobile FSOs. We inspect several hundred mobiles yearly at the Canfield Fair, which runs from the Wednesday before through Labor Day. It is the largest county fair in Ohio as well as one of the largest county fairs in the United States. We also license and inspect temporary food facilities and vending machines as well.

The state of Ohio utilizes Chapter 3717 of the Ohio Administrative Code, which was recently amended as of March 1, 2016 and June 1, 2016. This is taken from the 2103 FDA Model Food Code, including the 2011 Supplement to the FDA Food Code. Ohio Administrative Code Chapter 901:3-4 is also used to regulate RFEs and Ohio Administrative Code Chapter 3701-21 has additional rules for FSOs. The Ohio Revised Code Chapter 3717 is the law for both FSOs and RFEs.

Role in Mentorship Program

Mahoning participated in the NACCHO Retail Program Standards Mentorship Program as a mentee in the in the sixth and seventh cohort. Lake County General Health District mentored Mahoning on revising their food inspector training policy, conducting a self-assessment, and Standards 6 and 7. During the seventh cohort, Washoe County Health District, NV mentored Mahoning on Standard 4.
Lessons Learned/Tips

Cannot try to work on everything simultaneously...although an overall list of things to accomplish is helpful for steering, they can only be accomplished one at a time.

- Don't reinvent the wheel.
- Specific monthly tasks to stay on track.
- Work on one element of a standard at a time.

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Lake County General Health District (OH)

Background

State: OH
HD Population Size Served: 229,230
Number of Retail Food Establishments Inspected: 1200 plus mobiles and temporaries
Retail Program Standards Met/Working On: Self-Assessment, 2, 5, 6, 7, 9
Enrolled in the Retail Program Standards: 2012
NACCHO Mentorship Program Cohort(s): Cohorts: 2, 4, 5, and 6

Service Area

The Lake County General Health District (LCGHD) serves all of Lake County, Ohio. The population is 229,230 within 23 political subdivisions. The communities range in size from Mentor City (15th largest population in Ohio) to smaller cities, villages, and townships. Lake County is a suburb approximately 30 minutes east of Cleveland, yet also has rural areas including a significant nursery industry.

Lake County, Ohio's smallest county by area, occupying 980 square miles. The demographics are 95% white, 2% black, and 2% Hispanic. The median household income is $48,763 and per capita income is $23,160. Approximately 5% of the population level lives below the poverty line.

Jurisdiction

The LCGHD has an annual budget of approximately $6,000,000.00. Salary, fringe benefits, and contract services account for nearly 76% of all disbursements. LCGHD receipts come from a variety of sources, including taxes, fee for service, grant, and state subsidies. Tax receipts account for one-third of the budget.

The LCGHD is committed to keeping our community safe and well. A comprehensive food protection program includes the issuance of 1200 Risk Class licenses in 2017 in addition to a significant number of mobile and temporary licenses. Approximately 70 special events with in- and out-of-county mobiles are inspected on evenings, weekends and holidays. The LCGHD also provides consultation to farm and farmer's market participants as well as cottage food bakers regarding labeling, licensing requirements and exemptions.

Ohio requires all Sanitarians to be registered through the Ohio Department of Health. Requirements include a 4-year degree through an accredited college with 30 semester hours or 45 quarter hours of science and math, in addition to a comprehensive registration exam. Eighteen continuing education credits are required...
to maintain registration annually. The LCGHD employs 14 Sanitarians, 7 of which spend 60-70% of their time in the food protection program.

**Role in Mentorship Program**

LCGHD participated in the NACCHO Retail Program Standards Mentorship Program as a mentee in the second cohort and as a mentor in the fourth, fifth, and sixth cohorts. LCGHD was mentored by Saint Louis County (MO) in the second cohort. LCGHD mentored Arlington Health Department (MA) in the fourth cohort. In the fifth cohort, LCGHD mentored Summit County Public Health (OH) and Ottawa Department of Public Health (MI). In the sixth cohort, LCGHD mentored Mahoning County District Board of Health (OH).

**Lessons Learned/Tips**

The LCGHD has a strong food program that will benefit from staff standardization and written policy implementation learned through the self-assessment process. The introspection required through the Retail Program Standards self-assessment has given LCGHD a clear vision as to what is needed to improve the food program. This focus will help LCGHD achieve short-term goals and begin to work on the training and other improvements necessary to achieve long-term goals.

The act of being a mentor has allowed LCGHD the opportunity to revisit the Standards and reinvest time and energy back into the food program.

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**Summit County Public Health (OH)**

**Background**

**State:** Ohio  
**LHD Population Size Served:** 542,000  
**Number of Retail Food Establishments Inspected:** 3500 Food Service Establishments Annually  
**Retail Program Standards Met/Working On:** 1, 2, 5, and 7  
**Enrolled in the Retail Program Standards:** 2012  
**NACCHO Mentorship Program Cohort(s):** 5

The mission of Summit County Public Health (SCPH) is to protect and promote the health of the entire community through programs and activities designed to address the safety, health and well-being of the
people who live in Summit County. Through its programs and activities, SCPH seeks to create a healthful environment and ensure the accessibility of health services to all.

SCPH is a combined general health district and provides services to a population of approximately 541,943 residents in the cities, townships and villages of Summit County, Ohio. The Summit County Board of Health is the governing authority of the health district, which has 18 members appointed by the district advisory council, mayors of contract cities, and the licensing council. SCPH provides essential public health services to the residents of Summit County through the following five divisions: Environmental Health, Community Health, Population Health, Clinical Services and Administration.

Currently, The State of Ohio has adopted the 2013 version of the FDA Food Code. SCPH derives its regulatory authority from two separate state agencies – the Ohio Department of Health and the Ohio Department of Agriculture. The Food Safety Program is located in the Environmental Health Division of SCPH. There are 19 staff members (16 Field Sanitarians, 2 Supervisors and 1 Assistant Director) within the Food Safety program. In Ohio, any operator who serves food to the public is required by law to first obtain a license from the local health department. In Summit County, these licenses are issued following a review of facility plans and specifications to ensure compliance with the Ohio Revised and Administrative codes. The types of food service establishments - regulated include Food Service Operations (FSO), Retail Food Establishments (RFE), Micro-Markets, Vending, Mobile Food Service and Retail Operations and Temporary Vendors. In 2015, approximately 3,556 food service licenses were issued by SCPH and over 8,545 inspections were completed by field sanitarians. This makes the Food Safety program at SCPH one of the largest in the State of Ohio.

Role in Mentorship Program
Summit County Public Health participated in the NACCHO Retail Program Standards Mentorship Program as a mentee in the fifth cohort and was mentored by Lake County Health Department (OH). SCPH is also currently working to complete the ORA-U pre-curriculum for all food program regulatory staff.

Lessons Learned/Tips
For the mentorship program SCPH focused on Standard 7 (Industry and Community Relations). This department learned in order to meet the standard's criteria, industry and public meetings must be a continual occurrence (i.e. not just once). To help insure a good turnout/response from industry and/or the public for meetings, it is important to advertise well and often. Select topics that will generate interest in the greater food community to boost interest and attendance. When holding public meetings it is important to document all the ways in which the agency made industry and the public aware of the meetings and educational seminars that were being hosted. SCPH has found that the retail program standards have helped improve the services this agency provides to the community by identifying weaknesses and developing new training plans to correct these deficiencies. In addition, it is important to invite technical experts/speakers when feasible, but ensure that these speakers are fluent in the topics they are invited to present.

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