

Ohio Journal of
**Environmental
Health**

4th Quarter 2017

**Common Sense
Guidance on
Mold**



Also in this Issue:

- **News from the Sanitarian Advisory Board**



Official Publication of the Ohio Environmental Health Association

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The object and purpose of the Association shall be the betterment of the health and welfare of mankind through the improvement of the environment. This shall be done by sponsoring state and regional meetings and publications, by developing methods of measuring and evaluating achievements in environmental health, the establishment of a central point of reference and education material for the membership, the procurement of cooperation with other agencies and organizations, and such other activities as will lead to the greater efficiency and professional growth of the membership.

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President's Message

Paul DePasquale, MPA, R.S.
Stark County Health Department

Hello Fellow
OEHA Members! Let me
start by wishing you my
most sincere wishes for a
joyful holiday season.
All of you give so much
during the year to the
public, to your
colleagues, and to your
profession. Now, give
yourselves a gift of some
“time off” with your family and friends to rest and
reenergize during this holiday season.



House Bill 65

The OEHA Board would like to inform all Registered Sanitarians and Sanitarians-In-Training in Ohio that many changes are coming to the Food Sanitarian Survey Evaluations and Food Inspection Program, which includes a new inspection form. The updates to the food survey methodology and inspection report form is a result of House Bill 65 discussions with State Representative Brian Hill, Ohio Department of Health, Ohio Department of Agriculture and OEHA. Through this dialogue, ODH and ODA proposed to update the form to streamline the inspection process and to aid in the sanitarian survey evaluation. Along with AOHC, OEHA is working with ODH and ODA to come up with a common sense form that can help sanitarians properly identify violations and ensure that sanitarian evaluations are consistent and fair. Additionally, ODH and ODA have sent notification to all LHDs that surveys would be on hold until after March 1, 2018, so that they can provide training on the revised and agreed upon methodology and the new inspection report. If you have questions about this form, the surrounding process, or how we got to this point, please contact me at 330 493-9904 ext. 224, email: depasqualep@starkhealth.org or Garrett Guillozet, OEHA President-Elect at 614 525-4537, email:

garrettguillozet@franklincountyohio.gov

Fall Conferences

Our association has been working hard to promote and advance environmental health in Ohio and I am happy to report that all of the 2017 OEHA Fall Conferences were successful. I would like to thank all the District Directors and their Planning Committees for donating their time and talents to the association for making these conferences possible for all of us to learn and enjoy. Job well done!

Manufactured Home Parks

OEHA has had two conference calls with the Ohio Department of Commerce in the month of October concerning the Manufactured Home Park Program. We are very encouraged from what we heard from the Department. Commerce values OEHA's input and appreciates the feedback and questions we provide. OEHA will have the opportunity to submit members interested in serving on the Department of Commerce's MHP Advisory Council. The Council has one public health seat available. The Department of Commerce would like a sanitarian to fill it, representing public health.

Membership Update

OEHA Membership currently stands at 577 members after the Fall Conferences. This number is up from when I last reported membership at 545. Usually we see an increase of around 30 or more members during the conference registration period. Currently, there are around 1400 Registered Sanitarians and Sanitarians-In-Training in Ohio. I think we can increase our membership to 900, but it's up to each and every one of us to do it. I challenge each member, all 577 of us, to recruit one person this year from your office that isn't a member and encourage them to join. KEEP RECRUITING! KEEP TALKING ABOUT OEHA IN YOUR OFFICES! If each one of us recruits

one, we will exceed our goal and beyond. To help in your recruiting efforts, here are some benefits to being a member:

- Continuing Education – advance your career by attending educational conferences. OEHA puts on five (5) quality conferences a year at a discounted member rate.
- Ohio Journal of Environmental Health – is an excellent source for timely Ohio EH information. Members receive this journal 4 times per year.
- Legislative Updates – OEHA members receive e-bulletins with the latest news and action items on issues that are critical to environmental health.
- President Updates – members receive e-bulletins monthly highlighting the most recent and relevant EH and OEHA news delivered to your email.
- Leadership Development – OEHA started an EH Leadership class last year.
- Be an EH Advocate – Contribute to OEHA's

increasing efforts to be a champion for environmental health professionals on vital policy and legislative issues by joining an OEHA committee or becoming a committee chair.

- Connect with other EH professionals – When you become a member of OEHA, you join a network of professionals who are committed to advancing and protecting the field of environmental health.

On behalf of my fellow board members I wish you and your family Joyful Holidays and a Happy New Year!



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Solid Waste Technical Committee—2017 Summary

Chuck DeJonckheere, R.S.
Hamilton County Public Health

David Bowie said it best, Ch-ch-ch-ch-Changes...Lots of changes this year in the solid waste world, in rules, in OEPA program and staff organization charts, retirements, liaisons, new legislation, and appointments.

There have been a lot changes and catch up work this year by OEPA in five-year rule reviews including:

- MSW Transfer Facility, which went into effect 4/1/17 with minor tweaks and a major migration move into the 500 series;
- MSW Landfill rules with minor changes affecting groundwater monitoring and language clean-up;
- Beneficial Use rules to address the management of materials such as media from drinking water treatment and sewage sludge incinerator ash;
- Draft revisions to Compost rules include minor changes to the definitions of food waste and yard waste, improvements to financial assurance and an increase in exempt compost area threshold from 300 to 500 sq.ft.;
- C&DD operator certification rules are near completion;
- Also changes to C&DD rules affecting financial assurance and post closure care;
- The Scrap Tire, program as a whole, is being reviewed with many stakeholders weighing in – did someone say scrap tire deposit?

We've seen changes in completing the migration of hazardous waste out of DMWM and into DERR. Changes in staff roles made in late 2016 have taken effect this year. Many of the original program units have been restored but with a new unit name and staffed by a combination of both new and seasoned staff.

The recent retirements of Dan Harris – “Uncle Dan”, Melinda Berry – Enforcement, and Terrie TerMeer - DMWM Chief this year will certainly be felt in the months/years to come. In terms of institutional knowledge, leadership, and personalities these folks will be missed, but we wish them all the best.

One of Terrie's initiatives was a new Health Department Liaison – Leanne Greenlee. This position was created this year within DMWM with a main responsibility of creating and maintaining excellent relationships with the 66 local health department partners that help administer the solid and infectious waste and C&DD programs. She can be a resource to contact when you don't know who to contact. Leanne is eager to learn and help and will be contacting each health department to meet staff and schedule a visit. If you would like to reach out to her in the meantime, Leanne.greenlee@epa.ohio.gov 614-705-1012.

After years of advocating for legislation to regulate C&DD processing facilities, OEHA helped facilitate that change by providing testimony to the House and Senate this year resulting in the passing of Senate Bill 2. Registration has begun for these types of facilities with rulemaking to follow to address one of the most important issues with these facilities – financial assurance for stockpiled materials. SB2 will also strengthen OEPA's ability to evaluate and clean up abandoned landfills including gaining site access, conducting investigations and taking samples.

Another change is health department representation on the Ohio Materials Management Advisory Council, the primary purpose of which is to provide advice and guidance to the Director of OEPA on solid waste issues. I was appointed to a three year term in July and am truly honored. The first several meetings I've attended have focused on solid waste planning but have been very interesting. To find out more, visit the MMAC page found at DMWM under programs.

Though primarily by e-mail, the committee continues to participate in discussions and provide comment as necessary. All interested members are encouraged to subscribe to Ohio EPA's listserves to stay informed. If interested in participating in these discussions, or if you feel new laws or rules/changes are needed, please feel free to contact me or any member of the committee.



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Common Sense Guidance on Mold

Anne Kaup-Fett, MS, R.S., REHS
Clark County Combined Health
District



Since 1998, toxic black mold has been the pathogen of choice for many people when they feel sick or have breathing problems at home or work. They surf the web, talk to their friends, and too-often conclude that there must be a problem with toxic black mold in their house or place of employment. If they see any black mold growth, they zero-in on it as the possible cause because it might be the “bad one” that they have heard about. If they don’t see any mold growth, they conclude that it might still be present somewhere in the structure, but hidden behind a wall or above a ceiling.

This widespread conviction – that toxic black mold is a major cause of illness – originated with the Centers for Disease Control and Prevention (CDC) in 1994, was picked up by the media, and has been moving full steam ahead on the internet ever since (1). It is bolstered by home renovation companies that do mold testing before starting home repairs, and by home inspectors who conduct mold testing as part of real estate transactions. It doesn’t help that black-colored and toxin-producing molds DO grow in homes where humidity is elevated – inside shower stalls, in sink cabinets with chronic plumbing leaks, or on basement walls near foundations with chronic leaks.

It may come as a surprise, then, to read that there is no research to support fears that there are any life-threateningly-toxic black-colored molds in buildings that must be identified and eliminated.

Don’t misunderstand me – I am not saying that mold growth in buildings is good. Healthy living environments are clean and dry. But, if

you’re anything like me, you have answered many telephone calls from clients who are extremely worried about their home or work environment due to an actual or perceived mold presence. And, you might have wished that you had some guidance on how to answer their questions. So, let’s take a few moments to discuss the real issues associated with mold in order to provide accurate, informative, and useful information to our clients:

Where did this idea – that toxic black mold could seriously hurt people – originate?

In the late 1990’s, a series of articles published by the CDC and other scientific publications linked the presence of a particular black-colored mold, *Stachybotrys*, with serious illness and even the death of infants (2-6). As you might remember, this news hit the media like a bomb – it was common to see newspaper and television articles about toxic black mold and about people who had allegedly been negatively affected by toxic black mold. You might remember several lawsuits brought against employers, home builders, and other entities in which the plaintiffs desired restitution not just for mold-damaged houses and contents, but also for unusual and extreme health problems (such as migraines, memory loss, and insomnia) that they insisted were the result of exposure to toxic black mold. Three of the most famous were the lawsuits filed against home builders by Ed McMahan (remember Johnny Carson?), Melissa Ballard, and Erin Brockovich (remember the Julia Roberts movie?) in the 2000’s. One local lawsuit was in West Carrollton, Ohio (7).

What wasn’t so well-reported by the media (read “not reported at all”) was the 1999 report by the CDC Workgroup on Pulmonary Hemorrhage/Hemosiderosis, which concluded that the initial reports had not been well-researched and that the reported link between mold and infant illness and death was not proven (8). In fact, no peer-reviewed studies exist that show a cause-and-effect link between the presence of mold growth in a house

and subsequent illness or death in infants.

What also wasn't well-reported about the lawsuits was that, while costs to remediate actual water and mold damage to houses and contents were upheld, costs for treatment and compensation for suffering from unusual health problems were dismissed. All of the famous plaintiffs were awarded settlements for real damage to their houses, but were not paid damages for health effects from exposure to mold (9-11).

Nevertheless, internet searches still link to stories about them and the dire health effects they said were caused by mold growth in their houses.

So, we come to TAKE HOME MESSAGE

NUMBER ONE - There are NO studies proving a causal link between the presence of mold (even evil-colored black mold) in a home and rare or unique health conditions.

But some mold species are black, right?

Yes! Several common fungal species that grow in damp areas of buildings can be dark-colored. Several good examples are *Cladosporium*, *Penicillium*, *Aspergillus*, and *Alternaria*. You have probably observed these molds in shower stalls, in cracked tile grouting, in the caulk around bathtub surrounds, and on metal casement windows. But many molds are also white, cream-colored, green, and virtually every other color in the rainbow.

The color of the mold growth is not significant.

So, we come to TAKE HOME MESSAGE

NUMBER TWO - Molds come in many different colors and the problem is that the area where the mold is growing is DAMP not that the color of the mold is BLACK.

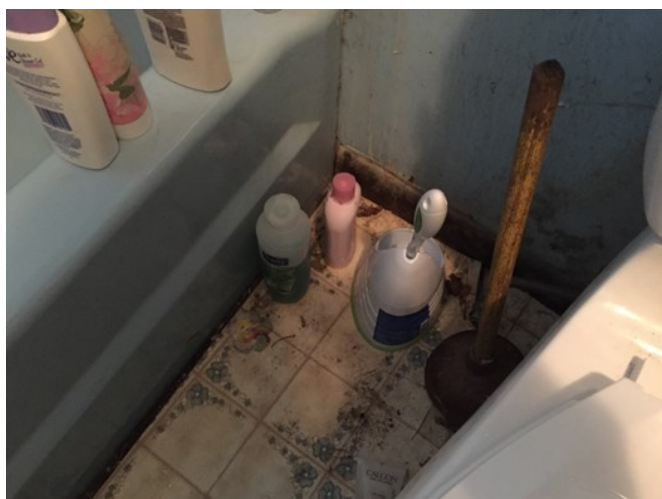


Figure 1. Mold on caulk & baseboards in a damp bathroom.

But some mold species do produce toxins, right?

Yes again! Many fungal species produce toxins (called mycotoxins) at some point in their development. These mycotoxins are “secondary metabolites” – organic compounds that aren't directly involved with growth and reproduction, but are used against the mites, insects, bacteria, and fungi that occupy the same ecological niche. Molds that produce mycotoxins are termed “toxigenic”. This can be a worrisome term for people.

What is not made clear on the internet or in mold testing reports is that these mycotoxins are not usually present in mold spores (remember, they are secondary metabolites produced when a mold is growing). They also are not “spritzed” out of mold growth like perfume so they do not become airborne. To ingest a mycotoxin, a person usually must breathe in large amounts of mold particles (see PPE below) or actually eat it. Some of the worst cases of foodborne illness in history have been associated with aflatoxin, a common fungal mycotoxin (12). The physiological basis for the “hysteria” of the Salem witchcraft trials may have been ergotism, caused by the ingestion of rye grain contaminated by *Claviceps purpurea* (13). And many instances of gastroenteritis have been associated with eating moldy foods (14).

So, TAKE HOME MESSAGES NUMBER

THREE & FOUR - Mycotoxins are not always present and are never released as a gas. Don't eat moldy bread or moldy building materials.



Figure 2. Frozen plumbing and mold growth on floor joists. Note, some of the mold growth is white.

Okay, so molds aren't as bad as people think. Isn't it still a good idea to err on the side of caution and have a house cleaned and sanitized by a professional to eliminate all mold and mold spores?

Sounds reasonable, but, as you probably remember from lower plants class back in college, fungi produce spores to survive harsh conditions and to reproduce. These spores detach from larger fungal growth and float in the air like dust or pollen. That means they really are everywhere – inside all structures and outside in virtually all environments. They enter buildings through windows, doors, ventilation systems, on shoes, and on pet feet. If you could somehow super-clean a house to remove all mold spores, you would re-inoculate the space as soon as you opened a door.

So, TAKE HOME MESSAGE NUMBER FIVE - Mold spores are ubiquitous (big word for everywhere) and can't be eliminated for any reasonable length of time (unless you live in an operating theater). Spending money on professional cleaning for anything other than a major water and mold problem is a waste of money.

Why does mold grow in a house or workplace in the first place?

As with most living things, mold spores germinate in a “welcoming” spot. Their idea of a welcoming spot is moist (50-60%), warm (slightly more than room temperature), supplied with oxygen, and edible (like most of the cloth, paper, wood, and fiber content of houses). So, it's not surprising that human structures are full of potentially “welcoming” spots – where do you think the mold growth on the shower curtain, doggy-bag leftover, and laundry that was forgotten in the washing machine came from? If a mold spore flying through the air happens to land on a spot that is “not welcoming” (like the cool dry top of a coffee table or a clean metal shelf) it just sits there or flies away with the next draft.

Mold especially grows in chronically damp areas caused by deferred maintenance (sheathing under aged shingles, drywall near cracked foundations, or wood under neglected gutters & downspouts) OR by neglected interior fittings (subflooring under leaking bathtub surrounds, cabinets under leaking plumbing, & walls behind

old tile grouting) OR by lack of electrical service (empty houses with no temperature/humidity control or basements with no working sump pumps).

And, surprisingly, mold can grow well in houses that are well-built, well-insulated, and well-maintained, if a lack of sufficient bathroom, kitchen, and laundry room exhaust allows humidity levels to rise inside the building. Remember, mold likes humidity levels greater than 60%.

So, TAKE HOME MESSAGE NUMBER SIX - Mold will grow easily if the mold spore lands in a “welcoming” spot.

If mold is present and we want rid of it, mold testing is a good place to start, right?

No! No! No!

Why?!

Mold tests are incredibly NOT useful.

- Knowing the species of a mold doesn't help with fixing the underlying dampness problem or doing the cleanup.
- There aren't different cleaners and cleanup methods for different species of molds.
- If you SEE mold growth, you don't need to test for its presence. You can see it.
- If you DON'T see mold and DO a test, the test will always be positive, even in houses that aren't damp or have a mold problem.

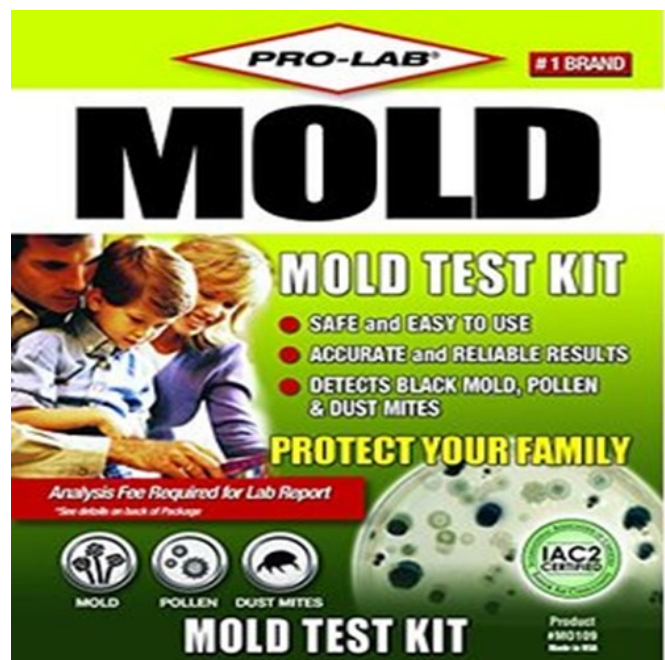


Figure 3. Typical mold test kit (image copied from internet).

Howzat?! Always positive?

Let's repeat that last bullet point: If you DON'T see mold and DO a test, the test will **always** be positive, even in houses that aren't damp or have a mold problem. Remember what we said above about mold spores flying through the air, landing on an un-welcoming spot (like the cool, dry top of a coffee table) and just sitting there? Well, if a mold test kit is placed on top of that coffee table, the mold test kit becomes a "welcoming spot" – it is a petri dish after all. So whatever mold spore that happens to land on it will germinate.

This leads quite well to the next problem with mold testing. Mold tests are incredibly confusing.

- a. Most healthy people are not seriously affected by normal exposure to mold spores in typical indoor and outdoor environments (15). Thank goodness, because we are surrounded. If you think the Zombie Apocalypse sounds bad, imagine what would happen if untold quadrillions of microscopic mold spores turned on us.
- b. There is no data on the number of mold spores needed to make a person ill (16) so a report listing mold spore counts sounds professional and ominous at the same time, but doesn't actually mean anything.
- c. There are no standards for "acceptable", "elevated", or "normal" levels of mold spore counts in structures either (17). So, a report categorizing mold spore counts in these terms sounds, again, professional and ominous, but, again, doesn't actually mean anything.

And THAT leads to the most pernicious aspect of mold testing. Mold tests are often misleading and possibly even dishonest.

- a. Mold testing reports often highlight a mold species as "black mold", "toxin-producing mold", or "toxigenic" in a way that seems to indicate that the mold is imminently dangerous (18). Remember what was said above about what mycotoxins actually ARE and what "toxigenic" really MEANS. Mold testing reports that use these terms frighten their clients.
- b. Mold testing reports often define "elevated" mold spore counts by comparing indoor levels to outdoor levels (19). Under normal

conditions, indoor and outdoor mold spore counts vary independently every day, during the day, and in every season (20). So, at any time of the year, the indoor or outdoor levels will be different. Mold testing reports that use such comparisons are engaged in pseudo-science, at best

- c. Home repair companies sometimes insist on mold testing as part of the home repair bill. This is either a misconception on the part of the company about the probable health risks of mold exposure for their employees (and who can blame them given what they read on the internet?) OR an attempt to pad a bill.
- d. Home inspection companies that conduct mold testing are sometimes financially linked with companies that do mold remediation, in which case they are not disinterested.

So, TAKE HOME MESSAGE NUMBER SEVEN - Mold testing is not useful and is usually confusing. It can also be misleading or even dishonest.

So, what can we do?

We can help our clients by:

- a. Informing them that the water problem should be fixed and the area dried.
- b. Helping them understand the common maintenance problems that can lead to chronic damp conditions (21).
- c. Discouraging mold testing.
- d. Encouraging safer and greener cleaning with detergents, not with concentrated sanitizers like bleach.
- e. Informing them that the dried area should be assessed to determine if any reconstruction is even needed because not all water- or mold-damaged materials have to be discarded (22).
- f. Helping them understand the impossibility of anyone, even a "professional", permanently ridding a house of all mold spores.
- g. Informing them that, if the water-damaged and moldy area is large (more than 10 square feet) and the cleanup/renovation project will generate a cloud of air-borne dust, dirt, mold, and other particles, professional help is advised and sensible personal protective equipment (PPE), such as an N-95 mask, is a good idea (23).

- h. Informing them that, if cleaners and sanitizers will be used to wash and wipe the area, sensible PPE (such as plastic gloves) should be worn to protect their hands from the drying effects of the chemicals NOT the harmful effects of touching mold (24).

So, this leads, finally, to the **FINAL TAKE HOME MESSAGE** which I'd like to joke about, but actually isn't funny. Clients who are poorly informed about public health issues, are frightened

by questionable mold testing reports, or have been bilked out of thousands of dollars during home repairs or real estate transactions are NOT funny.

Public health professionals must take the lead in providing accurate, informative, and useful information about mold to our clients.

Important decisions should be made without fears based on rumor, misinformation, and inflammatory statements. **We, as public health professionals, can help people make good decisions. We have a duty to do so.**

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News from the Sanitarian Advisory Board

The Sanitarian Advisory Board needs you! The Sanitarian Advisory Board is still looking for one college/university representative. The members of the advisory board are responsible for advising the Director of the Ohio Department of Health on the registration of RS/SITs, reviewing the continuing education requirements of RS/SITs, administering examinations to candidates for licensure, reviewing the educational criteria for RS/SITs and any other matters that may be of assistance to the director in the regulation of RS/SITs.

ORC 4736.02 states in part, “Each member appointed by the director shall be a registered sanitarian who meets the education and experience requirements of section 4736.08 of the Revised Code for registration as a sanitarian. At least one and not more than two of the members shall be employees of a general health district; at least one

and not more than two shall be employees of a city health district; and at least one and not more than two shall be employed in private industry. Not more than one member may be employed by a university and not more than one member may be employed by an agency or department of the state. Each member appointed by the governor must be a registered sanitarian.”

If you, or someone you know, is interested in becoming a member of the Sanitarian Advisory Board, please contact W. Gene Phillips at gene.phillips@odh.ohio.gov. Please include your resume and brief biographical sketch. If you are selected to fill a vacancy, you will be notified by Director Lance Himes’s office or Gene Phillips. If you have any questions about the process, feel free to contact Stephanie Youst at (614) 466-1772 or stephanie.youst@odh.ohio.gov.

Legislative Updates

OEHA monitors legislation related to public health closely. This is mainly done through our lobbyists at Hicks Partners. Our members are continually monitoring, reviewing and evaluating legislation. Representatives from Hicks Partners attend each of our board meetings and our Annual Education Conference. We value our relationship with Hicks Partners tremendously, and we look forward to working with them for many years to come.

- 2017 Ohio Executive Budget Bill
<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA132-HB-49>
- 2017 Ohio House-Proposed Budget Changes
http://www.ohioeha.org/aws/OEHA/asset_manager/get_file/154757?ver=841

- Talking Points Regarding the Proposed
- House Bill 65- Regulate reviews of sanitarians who inspect restaurants
<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA132-HB-65>
- House Bill 65 Testimony
http://www.ohioeha.org/aws/OEHA/asset_manager/get_file/150459?ver=750



Public Affairs Committee Report—4th Quarter 2017

Stephan Ruckman, RS, MPH
Worthington City Schools

It continues to be an exciting year in public affairs for OEHA. As noted in President Paul DePasquale's message, the Board continues to work closely with the Ohio Department of Health and Ohio Department of Agriculture on revisions to the Food Inspection Program Survey Methodology. There will be a strong and continued effort on behalf of OEHA to ensure that local health department programs are evaluated efficiently and effectively without damaging valuable relationships already in place with our regulated community. The Public Affairs Committee worked closely with our partners during this revision and will continue to do so should concerns arise. We encourage members to have an active voice on this issue and contact any member of the Board or myself to share your thoughts.

In other news, the Ohio Public Health Advisory Board met on September 29th, 2017. Several rules were considered on the agenda related to hospital DRG reporting, asbestos hazard abatement, help me grow home visiting, and private

water systems. All rules were recommended to be approved by the Director with the exception of private water systems which will receive further revision and be brought back for consideration. Program staff will be sharing new language with stakeholders prior to future consideration of the Board. The next meeting of the Ohio Public Health Advisory Board is November 17th, 2017. A tentative agenda for rule review includes: radon testing and mitigation laboratories, choose life fund, infectious disease reporting, and the aforementioned private water systems rules.

It will likely be a busy end of year for all of us monitoring public affairs. Legislative issues and rule review in food safety, allowing dogs on patios, and various other environmental health areas are currently at the forefront. We are all very fortunate to have great leadership guiding us and very skilled legislative liaisons assisting along the way. Please let me know if you have any questions or concerns you would like to share.

Articles Needed: 2018 Journal of Environmental Health

The Ohio Journal of Environmental Health (OJEH) needs your help. As the official publication of the Ohio Environmental Health Association the OJEH is committed to delivering key information to membership as well as publishing promising practices and interesting projects. Articles obtained for the OJEH come directly from members or those interested in environmental health. If you have a promising practice or an interesting CQI project, please consider writing an article for the OJEH and sharing your experiences with other professionals around the State!



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2018 Membership Renewal

The Board of Directors would like to make you aware of a few changes to our membership renewal process. Moving forward, OEHA will no longer be mailing membership renewal notices. Instead, we will be emailing all notices via our online member notification tool. Additionally, OEHA will no longer be providing membership cards. We hope to streamline our renewal process and make it easier for members to renew their membership via our website. Lastly, moving forward, OEHA will no longer be providing paper copies of the Ohio Journal of Environmental Health. The Journal will be available on our website. Starting in 2018, you will be able to access the journal in our members-only section. We will continue to provide email notification when new issues of the journal become available.

New for 2018, is the ability to renew your membership online via the www.ohioeha.org website! This also allows you to update your membership and contact information at any time!

We hope that you will periodically update your contact information as necessary so that you can continue to receive timely notices regarding the activities of the association. Keeping your contact information up-to-date in your membership profile is essential. You can update your information at any time!

For members who wish to utilize online payment via credit card, you will need to first login into your OEHA account on our website (www.ohioeha.org). From there, you will be able to click on the “Pay My Dues” button located on the left side of the page. You will then be taken to a secure section of the site to input the necessary credit card information. You will then immediately receive a confirmation notice that your dues have been renewed.

Membership renewals are due by December 31, 2017. If you have any questions or concerns regarding the renewal process, or issues utilizing online payment, please email info@ohioeha.org.

Announcements

Have a grant, educational opportunity, move, promotion, or other announcement you would like to share? Please email a member of the publications committee.

Educational Opportunities

April 17-28, 2018: OEHA AEC
Columbus, Ohio

Open Positions (Posted after 11/1/17 to the OEHA website with an opening of at least 12/15/17 as of 12/11/17)

Registered Sanitarian/Sanitarian in Training
Butler County Health Department

Registered Sanitarian I/II or SIT
Portage County Health District

Lecturer
Ohio University

Public Health Sanitarian
Allen County Public Health

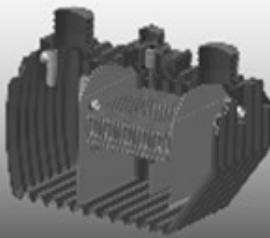
We Remember

Luther (Luke) Mountjoy - 1970-2017
Luke served with the Ohio Department of Health

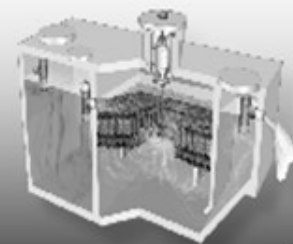


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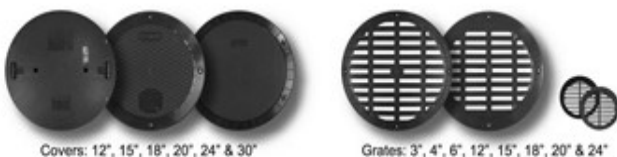


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6" Tall Risers 12" Tall Risers

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OEHA Committees & Chairs

Body Art

Sarah Badenhop, R.S.
Columbus Public Health

Campground

Eric Cherry, R.S.
Huron County Health Department

Food

Christina Ritchey Wilson, JD, R.S.
Columbus Public Health

Healthy Homes

Christine Stelzer, R.S.
Erie County Health Department

Lead

Joshua A. Niese, R.S..
Toledo - Lucas County Health Department

Private Water Systems

Randy Ruskowski, R.S.
Stark County Health Department

Sewage

Laura Kramer Kuns, R.S., REHS
Kramer Kuns Consulting, LLC

Solid Waste

Chuck De Jonckheere, R.S.
Hamilton County Public Health

Swimming Pool, Spa, and Special Use Pool

Barry Grisez, R.S.
Cuyahoga County Board of Health

Vector Control

Scott Pozna, R.S.
Lorain County Health Department

Archives

Melissa Adams, R.S.
Delaware General Health District

Constitution & By-laws

Ken Sharkey, R.S., MPH

Exhibits

Shannon Self, R.S.
Delaware General Health District

Professional Development

Adam R. Howard, R.S., REHS
Delaware General Health District

Resolutions

Jennifer Wentzel, MPH, R.S.
Public Health - Dayton & Montgomery County

Website

Garrett Guillozet, R.S., REHS, AEMT
Franklin County Public Health

Auditing

Robert Hasenyager, MS, R.S.
Summit County Health Department

Awards & Recognition

Gus Dria, R.S., REHS
Canton City Health Department

Finance

Chad Brown, R.S., REHS, MPH
Licking County Health Department

George Eagle Scholarship

Joe Ebel, MS, MBA, R.S.
Licking County Health Department

Membership

Adam R. Howard, R.S., REHS
Delaware General Health District

Nominations & Elections

Josh Niese, R.S.
Toledo—Lucas County Health Department

Public Affairs

Stephan Ruckman, MPH, R.S.
Worthington Schools

Publications

Adam R. Howard, R.S., REHS
Delaware General Health District

Concentrated Animal Feed Facility

Jason Menchhofer, R.S.
Mercer County Celina City Health Department

Ohio Public Health Advisory Board

Stephan Ruckman, MPH, R.S.
Worthington Schools

Ohio Public Health Partnership

Chad Brown, R.S., REHS MPH
Licking County Health Department

Sewage Treatment System Technical Advisory Committee

Dan Lark, R.S., REHS
Lake County General Health District

OJEH

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