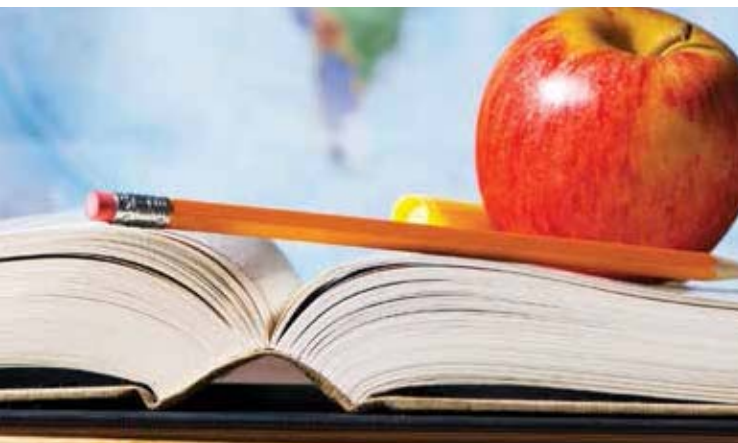




STARK COUNTY HEALTH DEPARTMENT



MISSION: "Our mission is to assess, protect, promote, and improve the health of Stark County through leadership, quality service, and community partnerships."

VISION STATEMENT: "Public Health EXCELLENCE"

2014
Annual Report

Health Report Commissioner's



Kirkland K. Norris
Health Commissioner

The Stark County Combined General Health District, with the partnership and support of the townships, cities, villages, and community, has accomplished many vital projects as well as initiated the district's path towards Public Health Accreditation.

The health district implemented a five year Strategic Plan in 2014 and by focusing on achieving those goals maintained the standard of excellence, responsiveness, and community focus in all of our public health services, which our townships and municipalities have come to expect from their local health department.

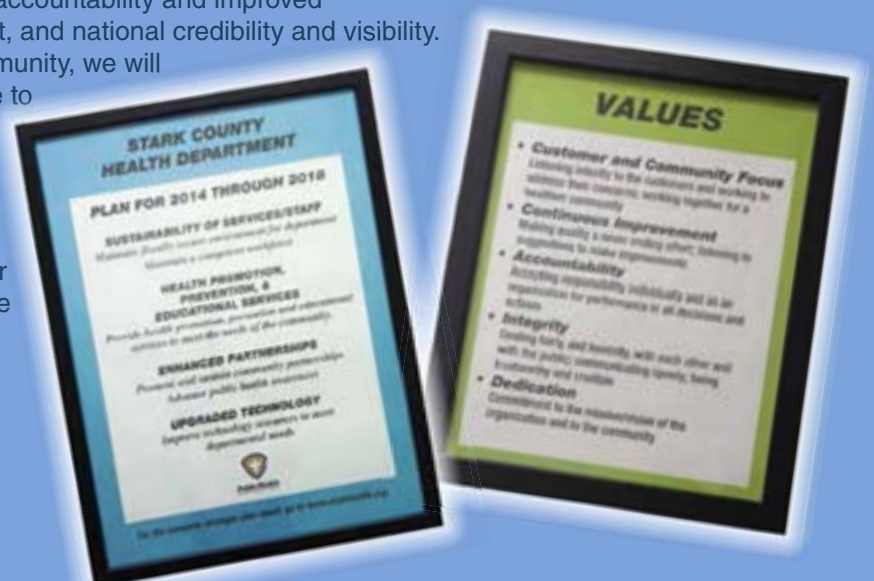
The department instituted Electronic Health Records (EHR) within the Nursing Services Area to assure clinics operate at a highly efficient level. The EHR system works to improve quality of patient care while allowing an increase in practice efficiencies and cost savings. The system allows for a better patient experience and peace of mind.

The department completed a scanning project to ensure public records protection and accessibility for the future. The project consists of three phases in which phase one was completed at the end of 2014. Phase one consisted of the scanning of over 600,000 general file documents into a cloud based program. This project allows for better response to public records requests as well as secures the integrity of the documents into the future. Phase two and three will be beginning soon and include the public being able to access public records on line, as well as, integrating the department's system with the Stark County Auditor's system to provide global information regarding a chosen property.

The road to Public Health Accreditation was also initiated in 2014. This is an extremely large undertaking by the department, our partners and the community. The benefits to Accreditation are well worth the path that we must travel. These benefits include: demonstrated accountability and improved quality, performance feedback and quality improvement, and national credibility and visibility. Together with our partners, stakeholders, and our community, we will work to make Stark County a better and healthier place to call home. These are just a few of the many projects that the Health Department has accomplished and initiated this past year.

I want to thank all of you for your continued support of the Stark County Health Department. The health of our community is the department's number one priority. We are very proud to serve the residents of Stark County and are working hard to assure a healthier and safer community.

Respectfully Submitted,
Kirkland K. Norris, Health Commissioner



THE ROAD TO PUBLIC HEALTH ACCREDITATION

“One Department, One Destination - Accreditation”

Two thousand and fourteen (2014) has been a busy year for the Stark County Health Department. In March, the Department submitted a Statement of Intent, informing the Public Health Accreditation Board (PHAB) of our intention to submit an application. Then in May, the Health Department submitted their Application, a formal notification and official commitment to initiate the public health accreditation process. The Health Department has also created a Workforce Development Plan and a Quality Improvement Plan.

Next, the Accreditation Coordinator will attend the e-PHAB training. This training will include a thorough review of the domains, standards and measures, as well as, the selection and submission process for documentation.

A domain is a group of standards and measures that pertain to a broad group of public health services. The goal of the health department is to fulfill the standards and measures within each domain. PHAB has developed twelve (12) domains; the first ten (10) address the Ten Essential Public Health Services. Domain eleven (11) addresses management and administration and Domain twelve (12) addresses governances. The domains are as follows:

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community.
2. Investigate health problems and environmental public health hazards to protect the community.
3. Inform and educate about public health issues and functions.
4. Engage with the community to identify and address health problems.
5. Develop public health policies and plans.
6. Enforce public health laws.
7. Promote strategies to improve access to health care services.
8. Maintain a competent public health workforce.
9. Evaluate and continuously improve health department processes, programs, and interventions.
10. Contribute to and apply the evidence base of public health.
11. Maintain administrative and management capacity.
12. Maintain capacity to engage the public health governing entity.

Each domain will be tackled by a team. The teams will be comprised of two domain leaders and staff members who will review the requirements of their domain and select the most appropriate documentation for submission to PHAB.

For more information about PHAB and the accreditation process please visit, www.phaboard.org.

Page 4

- *Collaboration is the Key to Addressing Leading Health Priorities*
- *Leading Causes of Death 2014*
- *Injury Prevention Program aims to improve recovery time following a traumatic brain injury*

Page 5

- *Children with Medical Handicaps Program (BCMHS)*
- *2014 Property Transfer Inspections*

Page 6

- *Ebola Response*

Page 7

- *Our Clinic Services and Healthy Outcomes*

Page 8

- *Building a Positive*
- *New Sewage Rules*

Page 9

- *Reportable Infectious Disease Summary*
- *Communicable Disease Highlights, 2014*

Page 10

- *Communicable Disease Highlights, 2014 continued*

Page 11

- *Stark County's Institute for Equity in Birth Outcomes*
- *Financial Statement Fiscal Year 2014*

Service Directors



Kay Conley
Administration
& Support Services Director



Paul DePasquale
Environmental Health
Services Director



Sherry Smith, RN
Nursing Services Director



Maureen Ahmann, DO
Medical Director

COLLABORATION IS THE KEY TO ADDRESSING LEADING HEALTH PRIORITIES

The 4th Annual Health Improvement Summit was once again organized by the Stark County Community Health Needs Assessment Advisory Committee in January 2015. The Stark County Health Department, the facilitator for the group, shared information with attendees regarding the work that was completed for the community health needs assessment process in 2014. Nearly 60 representatives from community agencies attended the Summit held at Employers Health Meeting Facility, who also sponsored the Summit.

At this year's Summit, the 2014 Stark County Community Health Improvement Evaluation report was reviewed with the attendees. This was the final step in a four (4) year cycle for the county assessment process. The report contained information collected from a survey administered to providers of health services in Stark County. The subject of the questions coincided with the three priority issues identified: Obesity and Healthy Lifestyle; Access to Health Insurance Coverage and Health Care; and Mental Health Wellness. A total of 89 surveys were completed in July 2014. Responses were received from nonprofit organizations, foundations, businesses, government and social services agencies, churches, healthcare, and other Stark County organizations. The full report can be reviewed at www.starkhealth.org.

Leading Causes of Death

2014

Cancer	482
Diseases of the Heart	391
Alzheimer's Disease	281
Chronic Lower Respiratory	173
Cerebrovascular Disease	149
Diseases of the Kidney	79
Influenza and Pneumonia	46
Septicemia	37
Accidents (Unintentional Injuries)	65
Suicide	28
Diabetes	21
Other	73
Homicide	2
TOTAL	1,827

In addition, the half day Summit provided speakers and presentations on a variety of programs and topics relating to the three health priorities. A panel of local hospital representatives reported how they were addressing health needs through their programs and services. Another panel of speakers from the community provided updates related to new grant initiatives focusing on community, schools and youth initiatives. Other topics included: trauma and resiliency, community health worker training grant, and a school-based wellness initiative. The Summit concluded with a speaker from the Ohio SIDS Foundation who highlighted the state infant mortality issue and barriers that may be contributing to the poor infant mortality rates across the state.

The 4th Annual Health Improvement Summit showcased the collaboration that is happening to make Stark County a healthier community.

Injury Prevention Program Aims to Improve Recovery Time Following a Traumatic Brain Injury

The Stark County Health department Injury Prevention Program, in partnership with Safe Kids Stark County, has a focus on educating and assisting schools and youth sport leagues to develop policies that will support brain recovery following a traumatic brain injury (TBI). When a person suffers a TBI or concussion, particularly youth since their brains are still developing, it takes time to let the brain repair itself. If a student returns back to normal activities in the classroom or on the field too soon, there can be a decrease in their ability to perform at the previous level due to their injury.

With all the recent attention from the NFL regarding the long term consequences of TBI's, it is imperative that our schools and coaches develop protocols and procedures to protect young athletes and students from long term consequences of a head injury. The SCHD has had the opportunity to collaborate with Mercy Medical Center for five years to conduct Youth League Coaches Clinics. This collaboration has allowed over 700 coaches to be trained so that the athlete's safety will be improved, specifically for TBI. These clinics are offered quarterly and include injury prevention, recognition, and treatment, as well as information on Ohio's Concussion Law and the importance of policy.

It is important to understand that concussions go far beyond the field and into the classroom. Students should be protected off the field, as well. Returning to the classroom after receiving a TBI can be a difficult transition. Recently, a Masters of Public Health Student intern from Kent State University worked with staff to create a Return to Learn Toolkit as her capstone project. The implementation of this Tool Kit within the schools will allow them to have a protocol in place with a defined management team to ensure modifications are made to the school day for children following a TBI.

The SCHD will continue working on these initiatives through 2019, with funding from the Ohio Department of Health. For more information, please contact Tasha Catron at 330-493-9904, ext. 284.

CHILDREN WITH MEDICAL HANDICAPS PROGRAM (BCMh)

The Children with Medical Handicaps program (BCMh) is a health care coverage program in the state of Ohio, which promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers. The BCMh program is a state-administered program that operates within the Ohio Department of Health (ODH) and is funded through the federal Maternal and Child Health Block Grant, state general revenue funds, county tax set-aside funds, third-party reimbursements, and community donations.

The BCMh program primarily serves children under the age of 21 who have medical handicapping conditions and is comprised of three core programs: Diagnostic, Treatment, and Service Coordination. Each program requires medical and/or financial criteria to be met in order to determine eligibility. A brief list of some of the medical qualifications are located below:

Examples of Eligible Conditions:

- AIDS
- Heart defects
- Birth defects
- Hemophilia
- Cleft lip and palate
- Myelodysplasia
- Cystic fibrosis
- Scoliosis
- Diabetes
- Cancer
- Inguinal hernia
- Cerebral palsy
- Malignancies
- Sickle cell anemia
- Hearing loss
- Spinal injuries

Although BCMh covers a wide range of services, it is important to know that BCMh does not cover all the services that a child with special health care needs may require, and that many medical conditions are not covered.

Public Health Nurses from our department provide case management services for the families in Stark County and help them navigate the complicated world of insurance coverage. These nurses work as advocates for the families, often acting as liaisons between the family and other agencies. During 2014, our nurses provided services to approximately 750 Stark County Health Department jurisdiction children through the diagnostic, treatment, and/or service coordination programs. Providing 193 home visits, and billing for over 820 hours of services. Although we were able to bill for 820 hours of time spent on the program an additional 1,000 hours of staff time was spent on program management, data entry, and trainings, which are not billable to the program. Public Health Nurses from the local health departments in the cities of Alliance, Canton, and Massillon also provide BCMh services. Stark County (all local health department jurisdictions) used the entirety of their BCMh set-aside funds in 2014, which totaled \$706,048.70.

Additional programs available through BCMh

- Adult Cystic Fibrosis Program
- Adult Hemophilia Insurance Program (HIPP)
- Genetic Services Program
- Medicaid Spend Down Payment Assistance Program
- Metabolic Formula Program
- Community Nutrition Services
- Ohio Connections for Children with Special Needs (OCCSN)
- Premium Payment Assistance Program
- Sickle Cell Services Program

ENVIRONMENTAL STAFF



Sitting front row, pictured left to right: Christina Gallion, Brittney Alverson, Gina Davis, Randy Ruszkowski, Paul DePasquale, Todd Paulus, Nancy Petrovski, Ashley Takash, Phil Revlock
Standing pictured left to right: John Pavel, Scott Lenigan, Deborah Moore, Chris Lefevre, Mark Smiraldo, Dana Williams, Courtney Rusnak, Ivan Langovsky, Courtney Myers, Todd Ascani
Not Pictured: Tim Heather

The number of property transfer inspections has held steady from 2013 to 2014, and the overall failure rate dropped about 4% from 2013. Table 1 shows that township failure rates differ; this is primarily due to two factors: housing (system) age and soil type. It is important to note that not all older systems are required to be replaced simply because they are "old", but only if they are creating a public health nuisance. Public health nuisances include: missing critical system components, sewage surfacing or backing up, or poor effluent quality from discharging systems. The category "recommended minor corrections" has increased significantly. This increase is not necessarily due to more problems being identified, but that the recommendation portion of the form is being used as means of educating the public on how to get optimal performance and longevity from their system.

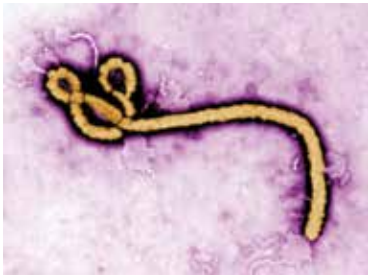
2014 PROPERTY TRANSFER INSPECTIONS

Township	Total Inspections	Total Failures		Gray Water		Recommended Minor Corrections	
		Count	Percentage	Count	Percentage	Count	Percentage
Bethlehem	19	1	5%	1	5%	8	42%
Canton	46	7	15%	7	15%	22	47%
Jackson	80	6	7%	6	7%	39	48%
Lake	141	11	7%	13	9%	86	68%
Lawrence	73	6	8%	2	3%	51	69%
Lexington	28	9	32%	6	21%	9	32%
Marlboro	34	8	23%	5	15%	16	47%
Nimishillen	52	9	17%	6	11%	29	55%
Osnaburg	32	8	25%	6	19%	14	43%
Paris	32	4	12%	3	9%	20	62%
Perry	35	6	17%	8	23%	14	40%
Pike	36	6	16%	1	3%	20	55%
Plain	82	4	5%	10	12%	49	60%
Sandy	13	2	15%	4	30%	4	30%
Sugarcreek	27	5	18%	3	11%	12	44%
Tuscarawas	30	5	16%	4	13%	16	53%
Washington	49	18	37%	13	26	16	33%
Totals	809	115	14%	98	12%	425	52%

PROPERTY TRANSFER INSPECTIONS

2008	2009	2010	2011	2012	2013	2014
593	739	471	583	694	803	809

EBOLA RESPONSE



In March of 2014, Stark County Health Department's communicable disease, epidemiology, and surveillance staff began monitoring and educating themselves on Ebola Virus Disease (EVD) and the outbreak that was occurring in Western Africa. In July, a local hospital received

a patient returning from Western Africa who became ill. The department was consulted by the hospital and time was spent in correspondence with the hospital and the Ohio Department of Health (ODH) to decide whether this patient should be tested for EVD or not. During the months of June, July and August many hours were spent providing education to the community on travelers returning from Ebola affected countries. In September, another Stark County resident returned from West Africa and was a known contact with an individual who later contracted Ebola. Stark county public health officials were then asked to assist in monitoring the resident's signs and symptoms for the remaining incubation period. This was completed through telephone calls and email. The patient was compliant and remained asymptomatic during her time of monitoring.

On 9/30/14, the Centers for Disease Control and Prevention (CDC) made it known that a man in Texas who had recently traveled from Liberia was diagnosed with EVD in the United States. In light of this event, the Stark County Health Department began receiving and responding to inquiries from the media as well private citizens. On 10/01/14, the Stark County's Reportable Emerging Disease (RED) Network meeting took place, which included representatives from each of the county's health departments, communicable disease staff, infectious disease practitioners, and the hospitals' infection control personnel. During this meeting, it was decided to arrange for a follow-up meeting involving more parties in order to formalize a standard protocol on how to respond to a potential suspect case of EVD and go over any outstanding issues from an infection control standpoint. This follow-up meeting was scheduled for 10/09/14. In addition, the department wrote and disseminated health alerts, which were distributed to area churches, schools, and other volunteer agencies to educate those who may be sending out volunteers to provide aide to those in Africa during the outbreak. This included information on the precautions that needed to be taken before, during and after their trips. The department's management and communicable disease staff began to meet weekly in order to keep updated on the status of EVD, the department's preparedness, the status of its partners and community stakeholders, as well as communicating updates to the entire health department staff. Weekly conference calls and webinars put forth by the state and CDC were attended throughout this time as well.

On 10/15/2014, the health department was notified that a nurse from Dallas who tested positive for EVD had traveled to northeast Ohio from 10/10/2014 until 10/13/2014. Upon this press release, the health department received a plethora of additional calls from concerned citizens and facilities with questions and concerns. The department's public health staff facilitated these calls providing the public with the most recent updates and guidance provided by the

state and CDC. Separate conference calls with Summit County, ODH, and CDC took place daily and later an additional epidemiology specific conference call was added to the daily agenda. Many of these calls went on through the upcoming weekends and the department's staff continued to work in order to provide the best care for the county's residents.

After contact tracing was completed, Stark County Health Department was notified that six of its residents were contacts. All contacts monitored their symptoms for the 21-day incubation period starting from their last contact with the nurse. The level of monitoring varied depending on the amount of contact each individual had with the nurse. Four of the contacts required active monitoring. This included twice-daily temperature taking, once directly observed by a public health official and the second temperature reading could simply be reported to the local health department by telephone. Therefore, during that time, one of the department's nurses drove to each of these contacts' houses and visually verified that the contacts were appropriately taking and reading their temperature. Approximately twelve hours later the nurse then called each of these contacts to

verify they had taken their temperature a second time and that the contacts were not having any signs or symptoms. The nurses who carried out this active monitoring spent much time working after normal business hours and on weekends in order to ensure the safety of the county's residents. Additionally, these four contacts were also restricted from commercial conveyance during their monitoring period and were not allowed to travel outside of their health jurisdiction unless there was an agreement with the health authority of the jurisdictions involved in their travel to assume the responsibility of daily observation. For two of the contacts desiring to travel, this caused an increase in workload as the department worked through trying to make this possible. In the end, the contacts were asked to remain in our health jurisdiction until their monitoring period was completed.



One of the contacts required twice-daily temperature taking reported to a public health official. This occurred with the public health official calling the contact twice a day, approximately twelve hours apart, and having them take and report their temperature over the phone. The public health official would also have them verbally verify that they were not experiencing any signs or symptoms of EVD. This contact was not allowed to travel outside of the country. The sixth contact was only required to do self-monitoring. This individual would monitor their own temperature twice a day and only report to the health department if they experienced any signs and symptoms. This contact had no travel restrictions. Public health officials not only spent time with monitoring these contacts, but also spent time providing education and answering their questions and calming their concerns. Additional visits were made in order for initial agreements of monitoring compliance to be signed and notifications of monitoring completion to be personally disseminated.



Our Clinic Services and Healthy Outcomes

Through the services of our clinics at the Stark County Health Department, we are working diligently to improve the health of the citizens of Stark County. We provide a variety of clinical services, which includes Prenatal Care, Reproductive Health and Wellness, Immunizations, Well Child, and the Women, Infants, and Children (W.I.C.) Nutrition Program.

The **Prenatal Clinic** provides comprehensive prenatal care to women with low risk pregnancies. We provide healthy pregnancy outcomes through screenings, examinations, and education. During 2014, we completed 513 prenatal clinic visits. All pregnant clients are screened for tobacco use and those who smoked or who were former smokers, are tracked and educated using the 5A's Smoking Cessation Program. We implemented having pregnant women creating their individual reproductive life plans to reduce the incident of unwanted pregnancies. Through safe sleep education to all prenatal clients, we are helping in the efforts to decrease the infant mortality rate in Stark County.

The **Reproductive Health and Wellness Program (RHWP)** promotes healthy life choices. This program improves the overall health of men and women through promoting healthy lifestyles and encourages everyone to create a reproductive life plan. Through family planning services, we help to prevent accidental pregnancies and identify health conditions. Through preconception counseling, we improve pregnancy outcomes; one way this is accomplished is by ensuring all women of childbearing age are taking folic acid. In 2014, 658 RHWP visits were completed serving 362 clients.

Through the **Immunization Program** 4,022 vaccines were administered in 2014, helping to decrease the incidences of infectious and life threatening vaccine preventable diseases in our community.

Through physical exams and education, our **Well Child Clinic** strives to improve the lives of children through assessing their development, mental health, and physical well-being and provides education on topics such as nutrition, physical activity, and injury prevention. During 2014, our Well Child clinics provided 180 well child exams.

Through our **W.I.C.** services, nutrition education is an integral part of the participant visit. Every year new ideas and information are shared with participants through classes, bulletin boards, kiosk programs, and paper quizzes. These many forms of education are developed and used to both grab our participants' attention and educate them on things they can do for themselves and their families to improve their health.

In 2014, 7,692 WIC participants received education in group classes on the following topics: First Foods, Shopping and Cooking on a Budget, Story Time, Infant Feeding Options, and Breastfeeding Does Make a Difference.

In 2014, our WIC site remained the top site for both Women and Infants that breastfed in the entire Stark County WIC Project. Rates were reviewed 3 times in 2014 in January, March, and October for the percent of Infants who are breastfeeding with the average percent for all four locations being 19.2%. Our location in January of 2014 was 20.4%, March 2014 22% and October 2014 22.8% exceeding the other locations percentages consistently as well as the average. Breastfeeding rates for women were also reviewed in January, March, and October of 2014 with the average total percent for all 4 locations being 33.7%. Our location in January 2014 was 32%, March 2014 38.5% and October 2014 38% again in this category also consistently exceeding the other locations percentages.





Front Row: Penny Hershberger, Angela Cavanaugh, Sonia Bergener
Back Row: Lois Burke, George Kent, Mike McElfresh, Don Cartwright, Ken Nice

The health department provides inspection for plumbing, water well and septic system permits and the building department provides inspection of building and electrical permits throughout the county. Driving across town between these departments is not convenient or productive. After many discussions with the Stark County Commissioners, Stark County Chief Building Official, Stark County Health Commissioner, Stark County Board of Health, and the Building Industry Association of Stark County, it was agreed that the county health and building departments need a central location for their customer base. A “One Stop Shop”, where customers walk only a few feet to get permits, drop off building drawings and obtain information between departments. On April 11, 2014, the Stark County Building Department moved into the Stark County Health Department’s building located at 3951 Convenience Circle, NW, Canton, Ohio 44718 in Plain Township.

Advantages of the Health department and the Building Department in the same building are many. First and foremost is safety. Together they work to insure the safety of the citizens. Several examples include, teaming up to make sure all inspections are complete before issuance of certificates of occupancies, notifying each other if work has started without approval, and insuring prompt action during emergencies. As Angela Cavanaugh, Stark County’s Chief Building Official explains, “Our plans examiners and inspectors converse daily regarding inspections and information on drawings. Before, this rarely happened and if so it would be inconvenient and time consuming to get together.” She goes on to explain that sharing the facility is also cost effective in terms of rent, shared amenities, meeting rooms and services of the building. Each department has reduced its costs regarding rent and building maintenance, which can be passed on to customers. Two more inspections per day can be accomplished for each of the inspectors, therefore less overtime and more prompt inspections. Kirk Norris, Stark County Health Commissioner, explained benefits such as location and collaborative opportunities. “Our location has easy access from expressways and major roads fanning out within Stark County. In addition, we are discovering new ways to share services all the time such as internet service, while staff and customers alike enjoy the advantages of being together in the same building.” Joe Race, Executive Director for the Building Industry Association of Stark County couldn’t agree more with the decision, because his members can now save so much time and money with the permit process. Mr. Race commends the heads of government that made this possible and to his knowledge isn’t aware of another county government in the state that has combined the location of these two departments to better serve the community.



New Sewage Rules

New Statewide Sewage Treatment System Rules became effective on January 1, 2015. The rule package is the culmination of several years of review, with extensive input from stakeholders throughout the state, including: health departments, manufacturers, contractors, local government officials, soil and drainage professionals, and academia to name a few. The rules provide the standards for the siting, design, installation, inspection, monitoring, maintenance, and abandonment of sewage treatment systems. Also covered in the rules is a concept new to Ohio – gray water recycling. Gray water recycling systems include simple household systems for irrigating lawns as well as larger systems that recycle up to 1,000 gallons per day. The rules supersede the Board of Health’s county sewage regulations. However, there are several components that are mandated to be locally adopted (or readopted), for example, operation and maintenance regulations. These regulations became effective concurrent with the state rules.

The new rules are less stringent in many areas, which will allow for the use of more “traditional” types of systems: utilizing septic tanks to precede soil absorption components, instead of aerobic treatment devices equipped with lift pumps. The leach field is increased in size to accommodate for the change, but the increase is still less expensive than the alternative. These systems also require less maintenance. Here are two comparisons: *System #1 – New Rules = \$10,000, Old Rules = \$11,675; System #2 – New Rules = \$11,600, Old Rules = \$12,400.*

On another front, spray irrigation was approved for use in the state of Ohio by the Director of Health on July 16, 2014. This is another new approach to the treatment and dispersal of wastewater in Ohio. The wastewater is surface applied with a specially designed spray devise after a high level of treatment. Setbacks from property lines and dwellings are much larger than standard subsurface applications, increased from ten feet to fifty feet.

REPORTABLE INFECTIOUS DISEASE SUMMARY

Stark County Health Department Jurisdiction

DISEASE	2014	2013	DISEASE	2014	2013	DISEASE	2014	2013
Anaplasmosis	0	1	Hepatitis C - Acute	0	1	Mycobacterium Other Than TB	14	20
Campylobacteriosis	49	45	Hepatitis C - Chronic	121	87	Pertussis	46	11
Chlamydia	571	532	Influenza-associated Hospitalization	231	184	Q Fever-Acute	0	2
Chikungunya	1	0	Influenza-associated pediatric mortality	0	1	Salmonellosis	31	27
Coccidioidomycosis	1	0	Legionellosis	6	15	Shigellosis	26	26
Cryptosporidiosis	18	17	Listeriosis	0	1	Streptococcal – Group A invasive	9	10
Cyclosporiasis	0	1	Lyme Disease	7	12	Streptococcal-Group B Newborn	1	1
E. Coli 0157:H7	4	0	Malaria	1	0	Streptococcal Toxic Shock Syndrome (STSS)	1	0
E. Coli (unknown serotype)	2	1	Measles	7	0	Streptococcal – Invasive Pneumoniae	13	33
Giardiasis	11	25	Meningitis – Aseptic/Viral	12	14	Tuberculosis	1	0
Gonorrhea	124	153	Meningitis – Bacterial (Not N. Meningiditis)	1	3	Typhoid Fever	1	0
Haemophilus Influenza Bacteremia	3	2	Meningococcal Disease	1	0	Typhus Fever	0	1
Hepatitis A - Acute	5	7	Mumps	5	0	Varicella	19	17
Hepatitis B – Acute	5	3				West Nile Virus	1	0
Hepatitis B – Chronic	26	16				Yersiniosis	1	0
Hepatitis B – Perinatal infection	1	0						

*This report includes confirmed, probable, and suspect cases reported 01/01/2014 – 12/31/2014.

COMMUNICABLE DISEASE HIGHLIGHTS, 2014

Communicable diseases (also known as infectious diseases) are caused by microorganisms, such as bacteria and viruses. A person can contract a communicable disease from an infected person, an infected animal, and/or another infected source such as water or food. Stark County Health Department communicable disease staff keeps track of the number of persons infected by different communicable diseases throughout the year. They also conduct follow-up investigations on all reported diseases by collecting demographic and clinical information, as well as exposures to potential sources of disease. By collecting this data, we are able to determine potential sources of disease, quickly implement control measures, detect trends and outbreaks, and create targeted policies and programs to protect or improve the health of the community.

This annual summary represents the 2014 communicable disease data required by Ohio law to be reported to state and local health departments. Only selected communicable diseases determined to be of public health importance are reportable therefore this summary does not reflect all communicable disease in our community. Additionally, the summary represents only cases of disease for residents of Stark County Health Department jurisdiction therefore does not include disease data for the cities of Alliance, Canton, or Massillon.

- In 2014, SCHD reported and/or investigated 22 communicable disease outbreaks and/or responses. Among these were:
 - 11 outbreaks of *Coxsackie virus* (associated with daycares facilities and grade schools)
 - 3 outbreaks of *Norovirus* (associated with a daycare facility, grade school, and assisted living facility)
 - 1 outbreak of *Escherichia coli* (associated with a safari/petting zoo)
 - 1 outbreak of *Bordetella pertussis* (associated with a summer baseball team)
 - 1 outbreak of *Respiratory Syncytial Virus* (associated with a daycare facility)
 - 1 outbreak of *Parovirus B19* (associated with a grade school)
 - 1 outbreak of *Staphylococcus* (associated with a grade school)
 - 1 outbreak of suspect *Cryptosporidium* (associated with a wedding venue)
 - 1 outbreak of suspect *pediatric pneumonia* (associated with a community)
 - 1 *Ebola* response (associated with an infected health care worker who traveled to area)

Each of these outbreaks was managed utilizing the guidelines and regulations developed by the Ohio Department of Health, and in conjunction with other local health departments. Through the cooperation of every organization and private party impacted, SCHD was able to terminate and/or assist in termination of each outbreak.

- Though initially there was a decline in pertussis cases following the introduction of pertussis vaccines, there has been a nationwide trend of increasing case counts since the 1980's. Preliminary data analysis for 2014 reported by the Centers for Disease Control and Prevention revealed a 30% increase in pertussis cases across the nation relative to last year. By the end of 2014, Stark County had over four times as

continued on page 10

NURSING STAFF



Sitting front row, pictured left to right: Sharon Cartwright, Darla Berry, Dawn Hopkins, Courtney Mangino
Sitting second row, pictured left to right: Vicky Coffman, Tiffany Streb, Delight Howells, Sherry Smith, Christina Gruber, Carolyn Jennings, Julia Wagner
Standing pictured left to right: Cheryl Dietrich, Sandy Marinchick, Michelle Watkins, Traci Kleve, Annette Elsmore, Meghan Wilson, Allison Devore, Ashlee Narduzzi, Stephanie Fox, Amanda Uhler, Bonnie Paridon, Tiffany Belknap, Diane Coblenz, Shelly Curtiss
Not Pictured: Maureen Ahmann, Eleanor Lentner, Angie Schapiro, Sue Seifert, Tricia Warner, Diana Greene

COMMUNICABLE DISEASE HIGHLIGHTS, 2014 *continued*

many reported cases of pertussis compared to the prior year. Of the 46 total cases reported for 2014, 40 cases were under the age of 18. Due to this increase, the Stark County communicable disease staff has increased their education efforts with affected families and school districts. Staying up to date on vaccinations is the best form of prevention, but it is known that the pertussis vaccine is not 100% effective. Children must stay home from school until their five days of antibiotic are completed and close contacts should receive treatment as well. Above all, good hygiene is the best form of preventing the spread of respiratory illnesses. This includes things such as appropriately covering one's mouth and nose when sneezing and washing one's hands with soap and water.

- 3) Influenza season stretches from October of one year until March of the next. Across all of Stark County (including all four health jurisdictions), the 2014-2015 influenza season thus far has seen 402 more reported cases of influenza than the 2013-2014 season. This includes both hospitalized and non-hospitalized cases. The 2014-2015 influenza season has already shown to be an aggressive year for influenza. As of MMWR week 52, 68% of the viruses tested nationally were drifted (significantly different) than this year's influenza vaccine. The predominate strain for this season is influenza A (H3N2) which in past seasons has caused a higher overall age-specific hospitalization rate as well as mortalities. The Centers for Disease Control and Prevention are still encouraging vaccinations because those who have been vaccinated and become infected may have milder symptoms. They are also recommending that treatment for those infected not wait for laboratory confirmation. Clinical benefit is considered greatest when given within the first 48 hours of symptom onset. Common symptoms include: fever, cough, sore throat, body aches, headaches, chills and fatigue. Complications may include things such as bronchitis or pneumonia and may also make chronic health problems, such as asthma, worse. As seen in the chart on page 9 these symptoms can be severe enough for an individual to be hospitalized.
- 4) There were a several diseases reported in 2014 that are not commonly seen within Ohio and/or SCHD jurisdiction, and are briefly discussed in the order in which they are listed in the chart.
 - *Chikungunya virus* is a vector born disease transmitted by the same mosquitoes that cause dengue fever. However, this virus causes severe joint pain as well as a fever. Chikungunya outbreaks have been reported in Africa, Asia, Europe, and the Indian and Pacific Oceans. The first local transmissions in the Americas occurred in 2013. Early in 2014, there were reported cases coming into the United States from the Caribbean and currently there have been eleven local transmissions occurring in Florida.
 - *Coccidioidomycosis*, also known as 'Yellow Fever' is caused by the fungus *Coccidioides*. This fungus is found in southwestern soil located in parts of Mexico and Central and South America, but most recently was also found in Washington. About 60% who breathe in the spores of this fungus will never get sick and those who do generally just show flu-like symptoms and recover on their own. Long-term lung infections occur in 5-10% of those who have symptoms and 1% may have the infection spread to locations other than just their lungs.
 - *Malaria* is caused by a parasite transmitted only by *Anopheles* mosquitoes. These transmissions occur in Africa, South Asia, and South America. Though around 1,500 cases are diagnosed in the United States each year, the majority are travelers. Commonly, individuals may experience flu-like symptoms, have an enlarged liver or spleen, increased respiratory rate and mild jaundice. In severe cases, events such as acute kidney failure,

acute respiratory distress syndrome, abnormalities with blood coagulation, and neurological abnormalities may occur.

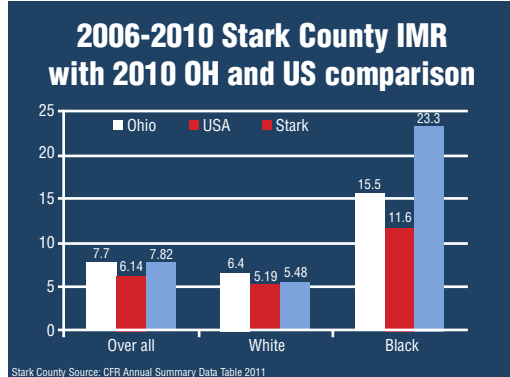
- *Measles* is a respiratory illness spread through a virus in the air and is highly contagious. In general, an infected individual spikes a fever and then develops a rash. Three out of ten people will develop complications from the virus such as pneumonia or ear infections. In 2000, measles were thought to be eradicated from the United States mainly due to the vaccine, but unvaccinated travelers have been seen to import the virus back. In 2014, the United States had 23 outbreaks including cases from 27 different states.
- *Meningococcal Disease* is any infection caused by the bacteria *Neisseria meningitides*. These infections may cause meningitis, an infection of the lining of the brain and spinal cord, or septicemia, an infection of the blood. This virus is spread through respiratory and throat secretions (e.g. kissing or sharing drinking glasses) and can be fatal if not treated promptly. There are less than 1,000 cases diagnosed in the United States each year.
- *Mumps* is a virus spread through the saliva or mucus of an infected individual's nose, mouth, or throat. Many may have no or mild symptoms while others have a fever, headache, muscle aches, loss of appetite, tiredness and swollen salivary glands. A more common complication is orchitis in males, but other complications may include things such as meningitis or deafness. Since the initiation of the vaccine there has been a 99% drop in mumps cases, but each year there are between a couple hundred to a couple thousand cases in the United States.
- *Typhoid Fever* is caused by the bacteria *Salmonella Typhi* that only lives in humans and is spread in an individual's feces. Of the cases documented in the United States, 75% were acquired from traveling internationally. Even after the fever has passed an individual may still be a carrier and spread it to others. Vaccination prior to international travel can prohibit infection and completion of antibiotic treatment if infected can prevent its spread.
- *Tuberculosis* is caused by the bacteria *Mycobacterium tuberculosis* that if not treated can be fatal. It spreads through the air when someone infected in their lungs coughs, sneezes, or speaks, but not everyone infected has the infection in their lungs. People who do not experience symptoms have what is called latent tuberculosis and though they are not infectious they run the risk of the bacteria becoming active at any time.
- *West Nile Virus* is transmitted to humans through mosquito bites. In 70-80% of cases the infection leaves individuals asymptomatic. One in five infected will experience a fever and symptoms such as body aches, joint pain, vomiting and diarrhea. Less than 1 % will develop a serious neurologic complications such as encephalitis or meningitis. As of early December there were a little over 2, 000 cases in the United States reported from 47 different states.
- *Yersiniosis* is a bacterial infection most commonly seen among young children. *Yersinia enterocolitica* is the species most commonly found in the United States with pigs as the major animal reservoir. In light of this, infection in humans generally occurs through the consumption of raw or undercooked contaminated pork. The major symptom is bloody diarrhea that if not resolved on its own can be treated with an antibiotic. In women a rash may develop later on, but in general resolves on its own as well.

The Communicable Disease Unit continues to provide information resources to schools, healthcare facilities and the community regarding infection prevention and control. Common topics that foster significant public interest include influenza, scabies, head lice, MRSA, tuberculosis, Ebola, enteric illnesses, and sexually transmitted diseases.

**The approximate population of the Stark County Health Department Jurisdiction in 2014 is 248,501 (U.S. Census Bureau: State and County Quick Facts).*

STARK COUNTY'S INSTITUTE FOR EQUITY IN BIRTH OUTCOMES

Currently Ohio ranks 48th in the nation in overall infant mortality and 49th in infant mortality for African American babies. The disparity in infant mortality between white infants and black infants in Ohio is among the worst in the nation. Even more direr, Stark County ranks as one of the worst urban communities in the State and Nation both in terms of overall infant mortality and in the disparity in infant mortality. This is unacceptable! To put it simple....too many babies are dying in Stark County!



The Stark County Equity Institute on Infant Mortality is a three-year collaborative project to study and improve infant mortality rates in Stark County. The project is part of a larger collaboration with

the Ohio Department of Health called the Ohio Equity Institute. The first organizational meeting for the project was held on July 30, 2013.

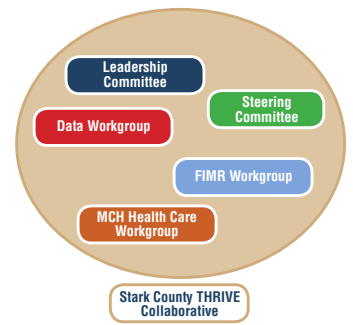
The Stark County coalition named T.H.R.I.V.E. (Toward a Healthier Resiliency for Infant Vitality and Equity) seeks to both decrease the infant mortality rate in Stark County and to decrease the disparity in birth outcomes seen between white and black infants. Through T.H.R.I.V.E, we are addressing the issue of infant mortality in our community. The project is co-led by the Canton City Health Department and the Stark County Health Department, in collaboration with the four hospitals in Stark County, and many other community partners. The below diagram summarizes the overall organization of the project and shows the committees and workgroups that were formed throughout 2014.

2014 Activities Include:

- Looked at local data including prenatal periods of risk analysis
- Evaluated current capacity

- Evaluated and selected upstream and downstream initiatives
- Started a project website on the cantonhealth.org website.
- Created mission and vision statements
- Media involvement
- Developed idea for artistic logo

STARK COUNTY THRIVE PROJECT



Selected Project Initiatives: Upstream Initiative:

“Centering” Community Based Group Prenatal Care

- Plan to utilize the Centering Healthcare Institute (CHI) model to implement Centering care into practice. A prenatal work group is currently completing readiness components such as compiling and reviewing infant mortality data and prenatal risk data from individual census tracts, completing logic and evaluation plans, searching for centering health care providers, and estimating a budget.

Downstream Initiative:

Safe Sleep

Activities in the local hospitals

- Model behavior
- Consistent protocols
- Institutional changes
- Training for staff and new families
- Provide sleep sack for new babies

Programs in the community

- Cribs for Kids
- Safe Sleep Task Force
- Keep Our Babies Alive (K.O.B.A.)

OHIO EQUITY INSTITUTE:

not a handout, just a hand



Beginning in just July of 2013, stay tuned for more information as this important project gets underway in our community!

Financial Statement Fiscal Year 2014 (unaudited)

SOURCES OF REVENUE

Contract Fees	478,215
Fees for Services	256,360
C&D User Fees	821,605
Inspection Fees	197,705
Vital Statistics	251,786
Permits	1,258,277
Fines/Late Charges	48,106
State Subsidy	47,027
Local Tax Subdivisions	1,466,720
Public Health Infrastructure	109,410
CFHS State Grant	392,147
Immunization Grant	21,085
WIC Grant	323,316
Reproductive Health Grant	60,517
Injury Prevention Grant	88,558
NACCHO Funding	3,500
Area Health Education Grant	26,596
Other Receipts	179,221
Carryover from 2013	225,456

TOTAL SOURCES OF REVENUE 6,255,607

EXPENDITURES

Salaries	2,814,677
Insurance	470,669
Medicare	41,273
PERS	508,623
Workers Compensation	35,873
Unemployment	5,646
Supplies	125,860
Utilities	24,511
Contracts & Purchased Services	312,613
Phones & Communications	30,268
Equipment / Vehicle Rental	26,414
Rent	300,253
Equipment	43,243
Other Expenses	1,700
State Remittances	1,062,802
Travel	63,094
Refunds	4,274
Payouts For Sick & Vacation Leave	18,839
Encumbrances Carried Over To 2015	216,160

TOTAL EXPENDITURES 6,106,792

ADMINISTRATION & SUPPORT SERVICES



Sitting front row, pictured left to right: Charlotte Boyer, Kay Conley, Steve Ling, Carmalee Hand-Cannane, Debby Hamilton.

Standing pictured left to right: Tasha Catron, Amber Walpole, Kelly Potkay, Sharon Bagnolo, Amanda Kelly, Amy Ascani, Kathy Kirkwood, Mindi Nickels.

Stark County Combined General Health District

Serving the cities, villages, and townships of Stark County since 1920:

TOWNSHIPS

Bethlehem
Canton
Jackson
Lake
Lawrence
Lexington
Marlboro
Nimishillen
Osnaburg
Paris
Perry
Pike
Plain
Sandy
Sugarcreek
Tuscarawas
Washington

VILLAGES

Beach City
Brewster
East Canton
East Sparta
Hartville
Hills & Dales
Limaville
Magnolia
Myers Lake
Minerva
Navarre
Waynesburg
Wilmot

CITIES

Canal Fulton
Louisville
North Canton

Environmental Services, Vital Statistics, and Support & Administrative Services

3951 Convenience Circle NW, Canton, Ohio 44718
Phone: 330-493-9904 | Fax: 330-493-9920



Nursing Services

3969 Convenience Circle NW, Canton, Ohio 44718
Phone: 330-493-9928 | Fax: 330-493-9932

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STARK COUNTY BOARD OF HEALTH



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