



# STARK COUNTY HEALTH DEPARTMENT



**Public Health**  
Prevent. Promote. Protect.



**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”

2016  
**Annual Report**

# Health Report Commissioner's



**Kirkland K. Norris**  
*Health Commissioner*

It is with great pride and privilege that I present the 2016 Stark County Combined General Health District Annual Report.

This report provides an overview of services and programs that are implemented within our community to protect and promote public health. The report also focuses on vital partnerships and accomplishments aimed at creating a healthier Stark County.

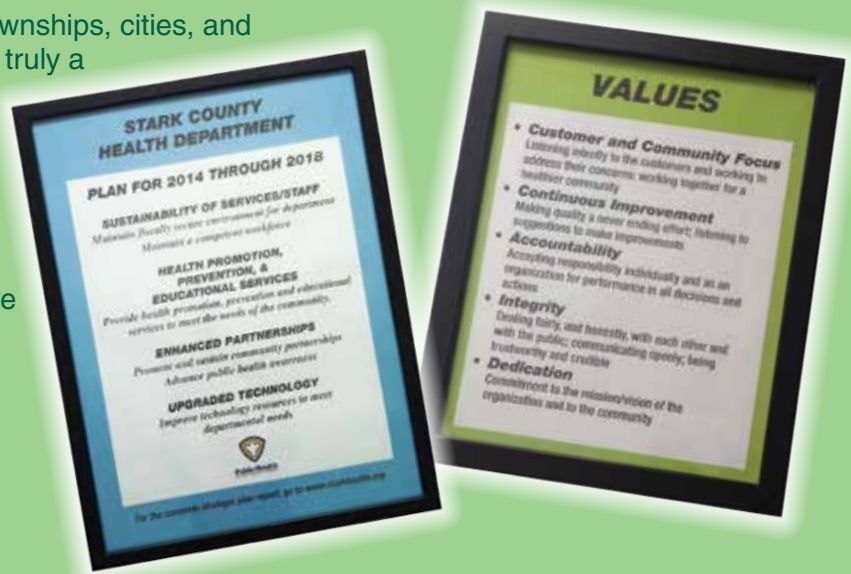
The department initiated our road to Public Health Accreditation in 2014. This culminated in 2016 with the submission of hundreds of documents to the Public Health Accreditation Board for review. We are now awaiting our site visit and accreditation decision which will take place in 2017. The accreditation process has challenged us to view how we are operating in a different light. This process assisted the department in advancing the effective use of resources and increased efficiency both departmentally and within the community. The accreditation process has also streamlined the delivery of public health services which includes: environmental health, infectious disease, immunizations, emergency preparedness, injury prevention, substance abuse, and identification of social disparities and health inequities within the combined general health district.

These services are built on the foundation of the ten essential services of public health. These essential services are extremely important in guiding health policy and identifying gaps in service. Working alongside our community partners and aligning our resources will be essential to achieving our health priorities. We will work together to improve the health of our neighbors and achieve a healthier and safer Stark County.

When you factor in the continued support of the townships, cities, and villages into this public health partnership, there is truly a light at the end of the tunnel in accomplishing our overall goal of Public Health Excellence.

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 and we are very proud to serve the residents of Stark County.

Respectfully Submitted,  
Kirkland K. Norris, Health Commissioner



# THE ROAD TO PUBLIC HEALTH ACCREDITATION

*"One Department, One Destination - Accreditation"*

The Stark County Health Department has continued to work hard toward achieving public health accreditation. Here are the steps in the accreditation process and the progress to date:

1. Pre-application: applicant prepares and assesses readiness and informs Public Health Accreditation Board (PHAB) of its intent to apply.  
**COMPLETED: MONDAY, MARCH 17, 2014**
2. Application: applicant submits application and prerequisites and receives PHAB training.  
**COMPLETED: TUESDAY, JUNE 3, 2014**
3. Accreditation Coordinator Training: the accreditation coordinator is required to participate in PHAB's in-person Accreditation Coordinator Training. Once training has been completed the applicant has access to the e-PHAB module to upload and submit documentation.  
**COMPLETED: TUESDAY, MAY 19TH AND WEDNESDAY, MAY 20TH OF 2015**
4. Document Selection and Submission: applicant gathers documentation and submits it through the e-PHAB information system.  
**COMPLETED: WEDNESDAY, MAY 25, 2016**
5. Site Visit: site visitors review documentation, conduct a site visit, and develop a site visit report.  
**SCHEDULED FOR THURSDAY, APRIL 6TH AND FRIDAY, APRIL 7TH OF 2017**
6. Accreditation Decision: PHAB Accreditation Committee determines accreditation status: accredited for five years or placed on an action plan. An action plan may be required before a final decision is made.  
**APPROXIMATELY SEPTEMBER 2017**
7. Reports: accredited health departments submit annual reports
8. Reaccreditation: every five years.

## Benefits that the health department will gain from becoming accredited include:

- A set of standards that will be practiced to ensure the department's performance and services are continuously improved to keep Stark County healthy;
- Recognition, validation, and accountability to the public, funders, and governing entities at all levels;
- Improved communication and collaboration internally and externally;
- Increased access to state, federal, and national resources.

PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national accreditation. PHAB's vision is a high-performing governmental public health system that will make us a healthier nation. For more information about PHAB and the accreditation process please visit, [www.phaboard.org](http://www.phaboard.org).



# TABLE OF CONTENTS

## Page 4

- *First Annual "TEST YOUR WELL" Event Held in Stark County*
- *Addressing Community Health Needs Through Core Public Health Functions*

## Page 5

- *Collaboration Works to Assure Schools Have Lead-Free Drinking Water*
- *Environmental Health Services Staff*
- *2016 Property Transfer Inspection Breakdown*

## Page 6

- *Drug Overdose Program*
- *Leading Causes of Death 2016*

## Page 7

- *New Strategies for the Maternal & Child Health Program*

## Page 8

- *2016 At-A-Glance Stark County Health Department*

## Page 9

- *Reportable Infectious Disease Summary*
- *Communicable Disease Highlights, 2016*

## Page 10

- *Communicable Disease Highlights, 2016 continued*

## Page 11

- *Canton-Stark County Thrive*
- *Financial Statement Fiscal Year 2016*

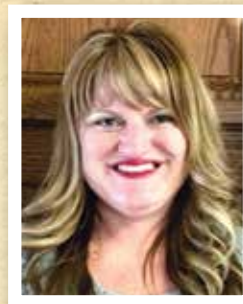
## Service Directors



**Kay Conley**  
Administration  
& Support Services Director



**Paul DePasquale**  
Environmental Health  
Services Director



**Sherry Smith, RN**  
Nursing Services Director



**Maureen Ahmann, DO**  
Medical Director

# First Annual “TEST YOUR WELL” Event Held in Stark County

In July of 2016, the Ohio Department of Health (ODH) teamed-up with the Stark County Health Department to organize a “Test Your Well” event. After months of preparation, the event took place on November 2, 2016, at the R.G. Drage Career Center. As an initial event, it was anticipated that 40-50 households would participate in the free sampling event. Surprisingly, 98 samples were analyzed at the event.

The event consisted of residents bringing a gallon of water to be sampled using test strips provided by ODH. From there, Future Farmers of America (FFA) students from R.G. Drage Career Center and Marlinton High School used test strips to analyze the water samples. Results for iron, manganese, nitrates, nitrites, ammonia, and total hardness were reported on summary sheets (that included explanations) and were given to each of the participants.

While the samples were being processed, the participants could visit displays from the Ohio Department of Natural Resources, Ohio Department of Health, Canton City Health Department’s Laboratory, Stark Soil and Water Conservation District, the Ohio State University Extension Office, and the Building Industry Association of Stark County.



*Due to the success of the event, consideration is being made to make this an annual event in the future.*

## ADDRESSING COMMUNITY HEALTH NEEDS THROUGH CORE PUBLIC HEALTH FUNCTIONS

### The top three (3) Health Needs for Stark County voted for at the 2016 Health Improvement Summit:

- Access To Health Care
- Need for Mental Health Services
- Infant Mortality

One of the core functions of public health is assessment of the community. The Stark County Health Department regularly conducts an assessment of the community health needs, together, with numerous public health partners and agencies. In 2015, an extensive assessment and analysis of the health needs in Stark County was conducted and released to the public in early

2016. The results of the analysis identified the top five health needs in the 2015 Stark County Community Health Needs Assessment report.

In February, 2016, the assessment results were presented at the *5th Annual Health Improvement Summit* at Walsh University to nearly 100 community leaders, stakeholders, and residents. The attendees were asked to discuss and vote on what they thought were the top three most important health priorities that need addressed in the county’s health improvement plan. The Summit’s purpose is to inform, educate, and empower the community about health issues. Presenters from both state and local agencies provided relevant information about topics related to improving the health needs and motivated individuals to take action.

Policy Development is another core public health function. This is completed in the next steps of the assessment process by mobilizing community partners to address the health needs. From June through October, volunteers with an interest and/or expertise in each of the three priority areas met and developed a draft plan for addressing the need through measurable goals, objectives and evidence based strategies and/or policies. This plan, or the CHIP (Community Health Improvement Plan), will be disseminated to the public at the *6th Annual Health Improvement Summit* in February 2017.

The last core function is assurance. The Stark County Community Health Needs Assessment Advisory Committee, made up of over 30 agencies and volunteers, regularly meets to review needs, research best practices, and plan for collaborative processes to improve the health of Stark County. This group is tasked with monitoring the progress and evaluating the results of the CHIP. This group also assures programs and services reach the populations most at risk for poor health outcomes. Committee representatives are from all four health departments and hospitals, Stark County Mental Health and Addiction Recovery, United Way, Access Health Stark County, Live Well Stark County, Stark County Family Council, Prescription Assistance Network, local foundations, and other social service and non-profit agencies and individual advocates. For more information about the assessment process or the Committee, contact Kay Conley at [conleyk@starkhealth.org](mailto:conleyk@starkhealth.org). Or to view reports and documents, go to [www.starkhealth.org](http://www.starkhealth.org).

### ADMINISTRATION & SUPPORT SERVICES



**Left front to Left rear:** Kay Conley, Amy Ascani, Kelly Potkay, Diana Warren, Tasha Catron, Sharon Bagnolo

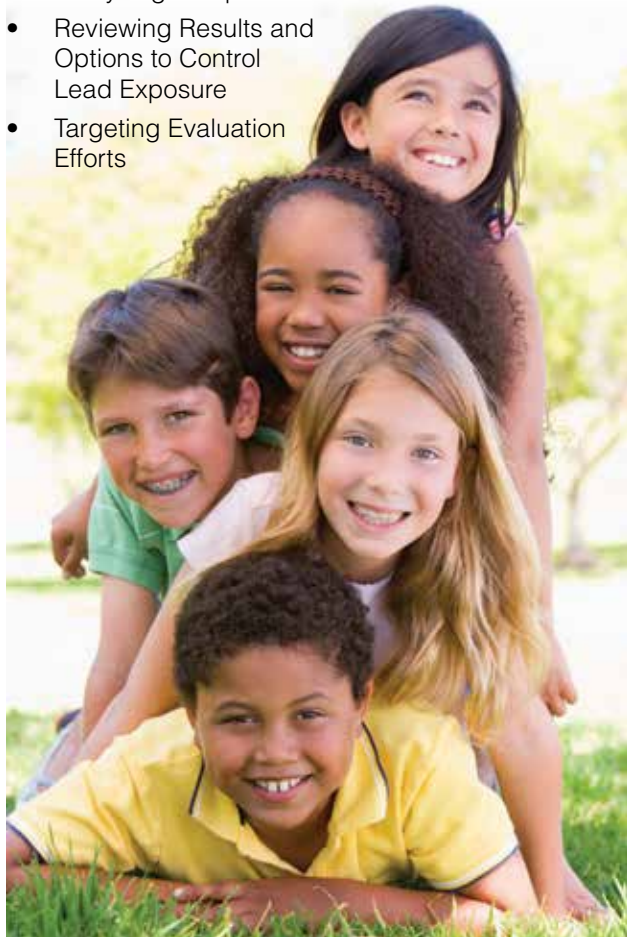
**Right front to Right back:** Carmalee Hand-Cannane, Amber Walpole, Amanda Kelly, Debby Hamilton, Mindi Nickels, Steve Ling

# COLLABORATION WORKS TO ASSURE SCHOOLS HAVE LEAD-FREE DRINKING WATER

In September, 2016, a presentation was given to all Stark County School Superintendents on reducing lead in drinking water within school buildings by the Stark County Health, Canton City Health and the City of Canton Water Departments. The presentation was mainly centered on garnering support from the schools to adopt a volunteer lead reducing program and to allow health and water department staff to provide training to key school personnel. These ideas were well received by the Superintendents.

Training for all school district staff began in October 2016 and will continue into 2017 at the Canton Water Department. As a guide, the health department and water department collaboration will be using the U.S. EPA's 3T's for Reducing Lead in Drinking Water in Schools. The 3T's – Training, Testing, and Telling – provide information schools need to identify potential sources of lead in their facilities, monitor school drinking water for elevated lead levels, resolve problems if elevated lead levels are found, and communicate about their lead control programs. At the end of the training, local schools will have the tools to implement a lead reducing program for drinking water in the following areas:

- Understanding the Source of Lead in Drinking Water
- Developing a Sample Plan
- Conducting Proper Sample Collection
- Analyzing Samples
- Reviewing Results and Options to Control Lead Exposure
- Targeting Evaluation Efforts



## ENVIRONMENTAL HEALTH SERVICES STAFF



**Sitting front row, pictured left to right:** Ashley Takash, Katelyn Caniford, Christina Gallion, Nancy Petrovski, Gina Davis, Courtney Myers, Stephen Gronow

**Standing second row, pictured left to right:** Todd Ascani, Ivan Langovsky, Todd Paulus, Tim Heather, Deborah Moore, Dana Williams, Paul DePasquale, Mike Hesson, Randy Ruskowski, Tory Coyle

**Not Pictured:** Brittney Alverson, John Pavel, Phil Revlock, Mark Smiraldo

The 2016 property transfer program statistics are listed below. A total of 917 inspections were conducted in 2016 by either the Health Department or by registered contractors who submit reports for review. This is up from 857 in 2015. 11% were failing in 2016, while 12% were failing in 2015. "Failing" means that the system was causing a public health nuisance, which is defined in Ohio Revised Code 3718.011. An additional 10% had improperly discharging gray water. Systems are usually fixed prior to or immediately following transfer. In cases where they are not, they are logged into our complaint program for follow-up, until compliance is achieved.

### 2016 PROPERTY TRANSFER INSPECTION BREAKDOWN

Township	Total Inspections	Septic Failure	Gray Water
BETHLEHEM	19	2 11%	0 0%
CANTON	59	7 12%	7 12%
JACKSON	83	6 7%	5 6%
LAKE	176	10 6%	12 7%
LAWRENCE	83	8 10%	3 4%
LEXINGTON	36	11 31%	4 11%
MARLBORO	40	5 13%	4 10%
NIMISHILLEN	53	5 9%	9 17%
OSNABURG	43	5 12%	6 14%
PARIS	41	5 12%	4 10%
PERRY	29	7 24%	2 7%
PIKE	19	3 16%	4 21%
PLAIN	103	6 6%	10 10%
SANDY	15	2 13%	1 7%
SUGARCREEK	25	5 20%	3 12%
TUSCARAWAS	44	6 14%	6 14%
WASHINGTON	49	11 22%	10 20%
<b>Totals</b>	<b>917</b>	<b>104 11%</b>	<b>90 10%</b>

### PROPERTY TRANSFER INSPECTIONS COMPLETED

2010	2011	2012	2013	2014	2015	2016
471	583	713	836	809	857	917

# DRUG OVERDOSE PROGRAM

According to the Centers for Disease Control and Prevention (CDC), Opioids killed more than 33,000 people in the United States in 2015. Statistics show that from 2000-2015 more than half a million people died from overdoses of Opioid medications nationally, with an estimated 91 Americans that die each day from an opioid overdose. Stark County statistics are continuing to increase each year as well, with 2016 statistics surpassing those of 2015 by early November.

Due to the rising health problem of Opiate Abuse, the Ohio Department of Health offered a grant opportunity to health departments from across the State of Ohio. In coordination with our local Coroner's Office and Stark County Mental Health & Addiction Recovery Services (MHAR), Stark County Health Department applied for a Prescription Drug Overdose Prevention Grant. We are proud to announce that our county was awarded full funding for this three year grant which began in July 2016. With this grant funding, we were able to hire a full-time Prescription Drug Overdose Coordinator.

## Leading Causes of Death

# 2016

Cancer	481
Heart Disease	404
Alzheimer's Disease	360
Cerebrovascular Disease	139
Chronic Lower Respiratory	135
Kidney Disease	98
Accidental (Unintentional Death)	60
Suicide	36
Sepsis	34
Peumonia	28
Diabetes	21
Homicide	2
Other	89
Pending	17
<b>TOTAL</b>	<b>1,904</b>

### THIS EMPLOYEE WILL:

ASSIST WITH THE LOCAL OPIATE TASK FORCE

EDUCATE AREA PHYSICIANS AND PRESCRIBERS ON THE NEW OPIATE PRESCRIBING GUIDELINES

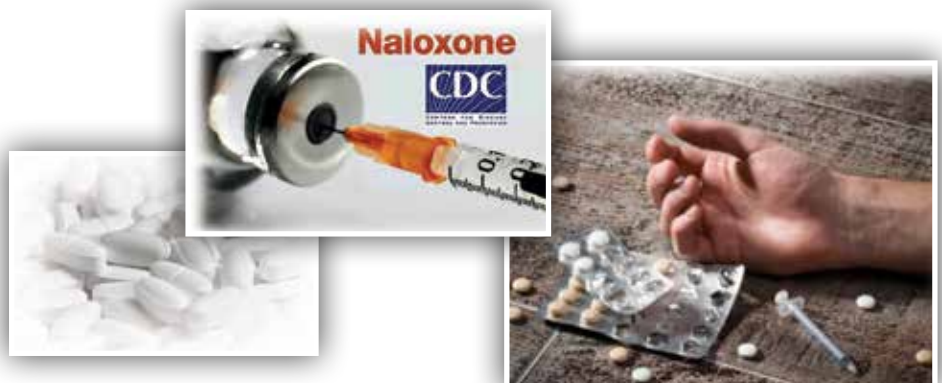
ENCOURAGE THE USE OF THE OHIO AUTOMATED RX REPORTING SYSTEM (OARRS)

WORK WITH LOCAL HEALTHCARE FACILITIES TO ASSURE IMPLEMENTATION OF POLICIES AND PROTOCOLS REGARDING TREATMENT OF OPIATE ABUSE AND THE DISTRIBUTION OF NALOXONE

INITIATE AND IMPLEMENT A LOCAL POISON DEATH REVIEW (PDR) TEAM.

The purpose of this Poison Death Review team will be to conduct a thorough examination of the poison related deaths occurring in Stark County, Ohio. In order to assure a coordinated response, this team will be made up of individuals from the following agencies: Mercy Medical Center, Alliance Community Hospital, Affinity, Canton City Fire Department, Canton City Police Department, Stark County Sheriff's Office, Stark MHAR, Crisis Intervention and Recovery Center, CommQuest, Canton City Health Department, Alliance City Health Department, Stark County Health Department, and the Stark County Coroner's Office.

In addition to the grant, in late 2015, the Stark County Health Department received funding from the Ohio Department of Health which allowed us to provide Naloxone training and kits to law enforcement agencies and first responders from across Stark County. Naloxone is a medication that can be given to reverse an opioid overdose and potentially save lives. During 2016, SCHED distributed 102 Project Dawn kits and 75 replacement naloxone doses and have trained 78 law enforcement officers and other first responders. Year to date we have received 46 reports of overdose reversals due to law enforcement naloxone use.



# New Strategies for the Maternal & Child Health Program

The Maternal and Child Health Program (MCH), previously known as the Child and Family Health Services Grant, is designed to eliminate health disparities, improve birth outcomes, and improve the health status of women, infants, children, and families in Ohio. In 2016, the Ohio Department of Health (ODH) released the proposal for the 2017-2019 MCH grant. The Stark County Health Department (SCHD) has been a recipient of these the CFHS/MCH funds for over 25 years and used the funding to provide the community with direct patient care for both children and pregnant women, provide population based programs and direct education, and assess the community needs for the maternal and child health population.

## THE UPCOMING GRANT HAS SWITCHED FROM ITS PREVIOUS FIVE-PRIORITY STRUCTURE OF:

- 1) Community Health Assessment and Planning
- 2) Child and Adolescent Health Services (Well Child and Nutrition Education)
- 3) Perinatal Health Services (Prenatal Health Clinic)
- 4) Ohio Infant Mortality Reduction Initiative (KOBIA)
- 5) Ohio Equity Institute (OEI/THRIVE)

## TO A SEVEN-PRIORITY STRUCTURE INCLUDING:

- 1) Behavioral Health
- 2) Smoking
- 3) Nutrition
- 4) Safe Sleep
- 5) Social Determinants of Health
- 6) Ohio Equity Institute (OEI/THRIVE)
- 7) Safety Net Services



The Community Health Assessment and Ohio Infant Mortality Reduction Initiative (KOBIA) portions, previously funded by the CFHS grant, will be provided through separate grants; however, the funding for Well Child and Prenatal Clinics was discontinued. Due to healthcare reform, the need for direct healthcare services by public health departments has decreased. ODH has stressed for the last several years that one of the primary goals was to get women and children connected with healthcare coverage and with a primary care provider (PCP). Department staff have worked hard to get these families insured and connected with a PCP to provide their well exams and sick care. This has lowered clinic statistics over the past five years. Well Child Clinic numbers have continued to drop over that past several years from 450 clinic visits in 2010, to 241 in 2015. The Prenatal Clinic has decreased as well from 882 visits in 2010, to 513 in 2015. Therefore, after a careful review of the clinics including income from billing insurance and Medicaid and the loss of grant dollars supporting these programs, the SCHD closed both the Prenatal and Well Child clinics by the end of 2016. Clients were referred and connected to other services in the community. The role of MCH is no longer direct care, but it is still guiding the Department into the future as public health leaders to assess, monitor, inform, educate, and connect women, children, and their families to obtain optimal health.

## THE PRIORITIES FOR 2017 INCLUDE:

### 1) Behavioral Health: (NEW)

- a. Socio-emotional; with this strategy the Department will work as an advocate for children in assuring that area physician's offices are screening for social/emotional health issues as well as addiction needs of children and adolescents. Staff will develop a network of providers of mental health services and assist physician's offices and families with the referral process.
- b. Project Kind; staff will implement a train-the-trainer with school personnel that promotes social and emotional learning in the Kindergarten classrooms. In this program students learn strategies to manage their behaviors by participating in highly interactive lessons that incorporate literature, modeling, singing, and dialoging.

### 2) Smoking:

- a. Baby & Me Tobacco Free (expansion of current program); additional personnel were trained to provide one-on-one smoking cessation support to pregnant women. Women are provided diaper vouchers after their pregnancy as an incentive for quitting during their pregnancy and are supported to remain smoke free.

### 3) Nutrition:

- a. Ohio Healthy Programs; (continuation of last year's program); education for child care staff to implement policy changes to improve nutrition and physical activity for children.
- b. Comprehensive Nutrition Assessment (NEW); this strategy will identify needs and gaps in services for nutrition related programming.
- c. Nutrition Education in the Schools (modification to last year's program); staff will now implement a train-the-trainer with school personnel for the Choose My Plate program.
- d. Blessings in a Backpack (NEW); this program mobilizes the community and resources to provide food on the weekends for elementary school children who are at risk

for hunger across the US. In Stark County, this strategy provides food for children in school systems that have higher rates of children on the free or reduced lunch program.

- e. Increase Access to Breastfeeding Friendly Environments (NEW); staff will provide breastfeeding support to women across the county, develop a coalition, work with businesses, and other medical providers to encourage and support breastfeeding. This service is available for WIC participants through the WIC program, but not available for other mothers."

### 4) Safe Sleep:

- a. CRIBS for KIDS (continuation of current program); distribute pack-n-plays and provide education about infant safe sleep best practices to families who meet program guidelines.

### 5) Social Determinants of Health:

- a. Transportation needs assessment for women and children (NEW); this strategy will include working with community partners to assess and identify transportation needs of the maternal and child health population and provide recommendations for improvements.

### 6) OEI (THRIVE)/ FIMR (continuation):

Will continue to partner with Canton City Health Department and the THRIVE initiative to reduce infant mortality through community initiatives and the Fetal Infant Mortality Review process.

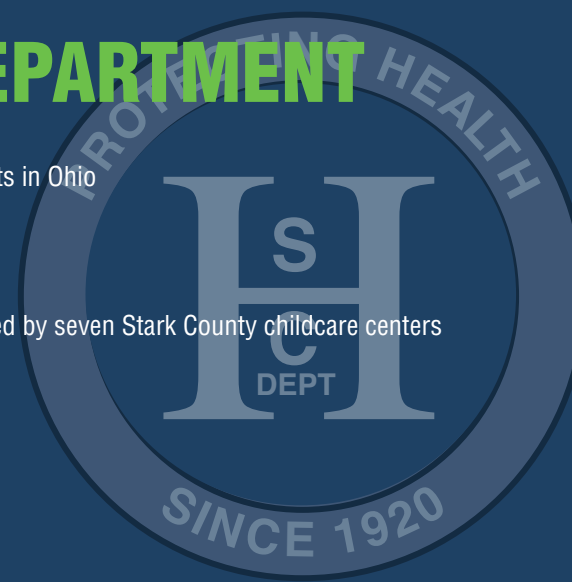
### 7) Safety Net Services (NEW):

a social worker will be enrolling women in Medicaid and/or Marketplace insurance and making referrals to childcare and home visiting programs.

**Stay tuned to learn more about how the Stark County Health Department and community partners will implement these MCH priorities throughout 2017.**

## STARK COUNTY HEALTH DEPARTMENT

- 250,000 - total population served by the health department
- 10th - Stark County Health Department's ranking of the largest health districts in Ohio
- \$1,625,961 - total number of grant funds received
- 3,624 - total number of immunizations administered
- 2,891 - total number of food program inspections
- 1,436 - total number of infectious diseases reported
- 700 - children impacted due to a playground safety Protocol that was adopted by seven Stark County childcare centers
- 7,370 - total number of death certificates issued
- 10,668 - total number of environmental health inspections
- 16,236 - total number of environmental consultations
- 3,016 - total number of birth certificates issued
- 142 - total number of student academic experiences
- 353 - cribs distributed within the safe sleep program
- 2,409 - total number of WIC clients
- 1,183 - Nursing Services Home Visits completed
- 102 - Project Dawn Kits distributed
- 75 - replacement naloxone doses distributed
- 78 - law enforcement officers and other first responders trained on naloxone





# REPORTABLE INFECTIOUS DISEASE SUMMARY

Stark County Health Department Jurisdiction

DISEASE	2016	2015	DISEASE	2016	2015	DISEASE	2016	2015
Amebiasis	0	1	Hepatitis C - Chronic	139	145	Pertussis	18	24
Anaplasmosis	1	0	Hepatitis E	1	0	Salmonellosis	36	32
Babesiosis	0	1	Influenza-associated Hospitalization	99	177	Shigellosis	1	1
Campylobacteriosis	50	36	Influenza-associated pediatric mortality	0	0	Streptococcal – Group A invasive	5	5
Chlamydia	676	620	LaCrosse Virus Disease	1	0	Streptococcal-Group B Newborn	2	0
Coccidioidomycosis	1	0	Legionellosis	11	12	Streptococcal Toxic Shock Syndrome (STSS)	0	0
Creutzfeldt-Jacob Disease	2	0	Listeriosis	1	1	Streptococcal – Invasive Pneumoniae	26	24
Cryptosporidiosis	32	19	Lyme Disease	20	12	Toxic Shock Syndrome (TSS)	0	1
Cyclosporiasis	3	1	Malaria	0	0	Tuberculosis	1	0
E. Coli, Shiga Toxin-producing	12	12	Measles	1	0	Typhoid Fever	0	0
Giardiasis	15	15	Meningitis – Aseptic/Viral	23	19	Varicella	23	22
Gonorrhea	149	90	Meningitis-Bacterial (Not N. Meningiditis)	3	2	Vibriosis	3	3
Haemophilus Influenza Bacteremia	2	3	Meningococcal Disease	0	1	West Nile Virus	0	1
Hepatitis A - Acute	1	2	Mumps	1	2	Yersiniosis	5	8
Hepatitis B – Acute	3	0	Mycobacterium Other Than TB	27	16	Zika Virus Disease	4	0
Hepatitis B – Chronic	31	27				<b>Total</b>	<b>1436</b>	<b>1341</b>
Hepatitis B – Perinatal infection	4	1						
Hepatitis C - Acute	3	5						

\*This report includes confirmed, probable, and suspect cases reported 01/01/2016 – 12/31/2016

## COMMUNICABLE DISEASE HIGHLIGHTS, 2016

Microorganisms such as bacteria, viruses, parasites, or fungi cause communicable diseases (also known as infectious diseases). 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 2016 communicable disease data required by Ohio law 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.

### 1) In 2016, SCHD reported and/or investigated 22 communicable disease outbreaks. Among these were:

- 2 outbreaks of Campylobacter (associated with unpasteurized milk and animal exposures)
- 1 outbreak of Cryptosporidiosis (associated with a baseball tournament)
- 1 outbreak of Conjunctivitis (associated with an educational institution)
- 1 outbreak of Fifth's Disease (associated with an educational institution)
- 13 outbreaks of Hand, Foot, and Mouth Disease (associated with child care facilities and educational institutions)
- 1 outbreak of Impetigo (associated with an educational institution)
- 2 outbreaks of Norovirus (associated with a long term care facility and restaurant)
- 1 outbreak of Scabies (associated with a long-term care facility)

Each of these outbreaks was managed utilizing the guidelines and regulations developed by the Ohio Department of Health, in conjunction with other public 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.

### 2) During 2016, several reportable infectious diseases increased in the number of cases reported by over 50% in the Stark County jurisdiction compared to that of 2015. These diseases are as follows:

- **Cryptosporidiosis:** Cases of Cryptosporidiosis increased by 13 from 2015 to 2016. This summer several outbreaks of Cryptosporidiosis associated with water sources were identified across the nation. A few Stark County cases were associated with those outbreaks.

continued on page 10

## NURSING STAFF



**Sitting on stairs, pictured left to right:** Sharon Cartwright, WIC Clerk; Sandy Marinchick, KOBA Community Health Worker; Michelle Linder RD, LD, WIC Dietitian  
**Standing on stairs pictured left to right:** Daria Berry, WIC and Nursing Clerk; Sue Seifert BSN, RN, Immunization Program Coordinator; Meghan Wilson BSN, RN, Public Health Nurse; Cheryl Dietrich, Immunization Clerk; Allison Devore BSN, RN, Public Health Nurse; Diana Greene, WIC LPN; Jamie Warfield BA, KOBA Community Health Worker; Ashlee Wingerter BSN, RN, Public Health Nurse; Nicole Davis, Public Health Nurse; Tiffany Streb RD, LD, WIC Program Coordinator; Angelena Schapiro LSW, Social Worker; Tiffany Belknap BSN, RN, Public Health Nurse; Vicky Coffman; Billing Specialist;  
**Standing top of stairs left to right:** Shelly Curtiss, RHWP Clerk; Michelle Watkins, KOBA Community Health Worker; Tricia Warner BA, KOBA Community Health Worker; April Owens, KOBA Community Health Worker; Courtney Butterfield RD, LD, WIC Dietitian; Dawn Hopkins, WIC Clerk; Delight Howells BSN, RN, Nursing Unit Manager; Amanda Uhler BSN, RN, Public Health Nurse; Diane Coblenz BSN, RN, Public Health Nurse; Annette Elsmore RD, LD, WIC Dietitian; Christina Gruber MS, BSN, RN, Nursing Unit Manager; Sherry Smith MS, BSN, RN, Director of Nursing Services; Bonnie Paridon RN, Public Health Nurse; Julia Wagner MPH, Epidemiologist; Carolyn Jennings BSN, RN, Communicable Disease Program Coordinator;  
**Not Pictured:** Maureen Ahmann DO, Medical Director; Eleanor Lentner CNP, RHWP Practitioner

## COMMUNICABLE DISEASE HIGHLIGHTS, 2016 *continued*

In addition, Stark County had its own outbreak of Cryptosporidiosis associated with a swimming pool used by participants in a baseball tournament. The five-year annual average for the entire county is around 29 cases. This year, the Stark County jurisdiction surpassed this average with 32 cases and this does not include the cases from Alliance, Canton, and Massillon cities.

- **Cyclosporiasis:** Only two cases of Cyclosporiasis were reported in Stark County jurisdiction in the last five years. In 2016 however, three cases were reported. Across the state, there is a five-year annual average of two cases- putting Stark County above the state average this year.
  - **Gonorrhea:** Sexually transmitted diseases remain the most frequently reported infectious disease in Stark County. From 2015 to 2016 there was an increase of 59 cases just of Gonorrhea, which is a little over a 65% increase. Prior to 2016, Stark County as a whole had been seeing a steady decline in cases of Gonorrhea since 2012. In general, the age group with the highest incident rate in Ohio is between 20 and 24 years of age.
  - **Hepatitis B (perinatal):** Stark County jurisdiction increased from having only one case of perinatal hepatitis B in 2015 to having four cases in 2016. Overall, in the last five years the county has seen an average of three cases annually. The Ohio Department of Health's Annual Summary of Infectious Diseases only reported two cases in the entire state for 2014.
  - **Lyme disease:** Stark County reported an additional eight cases of Lyme disease during 2016 compared to 2015. With 20 cases reported in the Stark County jurisdiction, this surpassed the five-year annual average of 13.6 for the entire county. The case count for Ohio has been increasing since 2010. In Ohio, the numbers of reports begin to increase in April and peak in July. The highest burden of cases occurs among those 30 years of age and older. Across the nation, Lyme disease is the most common vector-borne reported disease and the sixth most common reportable disease. The number of cases being reported nationally has been trending upward since 1995. However, the cases occur mostly in the northeast and upper Midwest regions.
  - **Mycobacterium Other Than Tuberculosis:** During 2016, the Ohio Department of Health removed Mycobacterium Other Than Tuberculosis (MOTT) from the reportable disease list. However, since Tuberculosis is still reportable and Stark County Health Department is the county registrar these cases have still been reported and kept under surveillance. From 2015 to 2016, these cases have increased by eleven. In fact, 2016 reported more cases of MOTTs in Stark County since at least 2010. The county as a whole sees around 31 cases on average each year.
- 3) Influenza season stretches from October of one year until May of the next. Across all of Stark County (including all four health jurisdictions), the 2015-2016 influenza season thus far has seen 37 cases of reported influenza. The five year annual average counts around 84 cases by this time, placing this year below average in case counts so far. Nationally since October 1, 2016, all viruses tested have matched the current vaccine by at least 87% or higher with a couple components matching the vaccine 100%. 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. Though the nasal spray is not recommended for protection against influenza this year, all of the available "flu shots" remain to be the primary and most effective form of protection against the influenza viruses circulating. The Centers for Disease Control and Prevention 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 make chronic health problems, such as asthma, worse. As seen in the chart above

these symptoms can be severe enough for an individual to be hospitalized.

- 4) There were several diseases reported in 2016 that are not commonly seen within Ohio and/or the SCHD jurisdiction, and are briefly discussed in the order in which they are listed in the chart.
- **Anaplasmosis** is a tick-borne illness characterized by a fever, which starts five to twenty-one days after infection. It cannot be transmitted to another tick or other humans. Treatment should be administered even before laboratory confirmation is received. It is recommended that the length of therapy be adequate to cover a possible coinfection with Lyme disease. Severe signs such as kidney failure, blood clotting disorders, respiratory distress, seizures, or coma have occurred. The fatality rate is 3%.
  - **Coccidioidomycosis** is a fungal illness that takes one to three weeks before causing a person to experience flu-like symptoms. Some may remain asymptomatic. Over half of the reported cases across the nation occur in Arizona or among those who have traveled there. The fungi remain in the soil and then in early summer or late fall the infectious spores are picked up in into the blowing dust and transmitted to humans through inhalation. Coccidioidomycosis is not contagious from person to person and antifungal treatment is available.
  - **Creutzfeldt-Jacob Disease** is a fatal neurodegenerative disease thought to be caused by a self-replicating protein known as a prion. It generally shows itself through the rapid progression of dementia and unsteadiness or jerky movements with standing or walking. To meet the probable case definition the individual needs to show clinical signs and symptoms as well as have a positive cerebrospinal fluid (CSF) test for the 14-3-3 protein and a positive tau test. In order to have a confirmed case there must be a physician's diagnosis through a brain biopsy or conclusive postmortem autopsy. Transmission mechanisms are largely unknown, but it is known that central nervous system (CNS) tissues are highly infectious. The incubation period appears to range from 15 months to greater than 30 years.
  - **Hepatitis E** is a viral infection transmitted through the fecal-oral route, mainly when contaminated food or water is consumed. In developed countries, it has been associated with undercooked pork or venison. Those who become infected may develop symptoms typical of other hepatitis infections such as jaundice, fatigue, dark urine, clay colored stools, and loss of appetite. On average symptom onset may not occur until forty days after a person is infected. There is no specific antiviral treatment for those infected, but most cases do resolve on their own. Hepatitis E can be more serious for pregnant women or those with preexisting liver disease. The best form of prevention is to make sure meat is cooked well before consumption and drinking water is clean.
  - **Zika Virus Disease** is an arboviral disease transmitted largely by the bite of an infected Aedes species mosquito. Other forms of transmission are from mother to child during pregnancy or from person to person during sexual intercourse. Many people remain asymptomatic and those that have symptoms will only experience mild symptoms including fever, rash, joint pain, and conjunctivitis. Symptoms last around a week. The most severe complications occur when a mother is infected during pregnancy. The child may develop birth defects including defects of the brain, eyes, hearing, and impaired growth. There is no vaccine and no treatment available. Protecting oneself against mosquito bites is the best form of prevention.

The Communicable Disease Unit continues to provide information and 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, Methicillin-resistant Staphylococcus aureus (MRSA), tuberculosis, enteric (intestinal) illnesses, and sexually transmitted diseases.

*\*The approximate population of the Stark County Health Jurisdiction is 249,087 (U.S. Census Bureau: State and County Quick Facts, 2014).*

# CANTON-STARK COUNTY THRIVE



EVERY CHILD DESERVES TO CELEBRATE THEIR FIRST BIRTHDAY

In 2013, Stark County- became part of a statewide initiative to advance equity in birth outcomes. The initiative calls on Toward Health Resiliency for Infant Vitality and Equity (THRIVE), the countywide infant mortality coalition, to select, implement, and evaluate a data-informed birth outcome equity project. THRIVE is a public – private partnership comprised of agencies, organizations, and community members dedicated to implementing targeted interventions

for the purpose of reducing the rate of infant mortality and health disparities in Stark County.

Stark County has three major cities – where a higher percentage of racial and ethnic populations reside that are disproportionately affected by poor health outcomes. They are Canton (pop. 72,297), Massillon (pop. 32,183), and Alliance (pop. 22,213) (U.S. Census Bureau: State and County Quick Facts). THRIVE's efforts are primarily focused in the following zip codes: 44601, 44646, 44647, 44702, 44703, 44704, 44705, 44707, and 44714. These areas can be characterized as having:

- A higher percentage of racial and ethnic populations who are disproportionately affected by poor health outcomes
- An average high school graduation rate of 30%
- Over 85% of children living in poverty
- A population largely of the working poor with low paying jobs and limited or no health insurance
- Designation as a food desert
- Little to no health care providers within its boundaries
- Disproportionately elevated levels of crime and poverty

## INTERVENTION STRATEGIES

### Downstream intervention:

Initiative on Safe Sleep to create awareness, provide educational programs, and institutionalize safe sleep policies and practices as a means to preventing and reducing infant mortality. The Stark County Safe Sleep Educational Toolkit: "A Guide to Available Resources," has been developed and are being distributed throughout the county." Fifteen sites across Stark County have been trained and are conducting Cribs for Kids classes. All health departments in Stark County provide a safe sleep brochure when a birth certificate is issued. Floor talkers and messaging stickers were distributed in 26 community agencies including libraries, departments, and daycares. Through THRIVE, an estimated 483,000 individuals in Stark County have been reached through various outreach strategies to raise awareness and educate community members about safe sleep practices.

### Upstream intervention:

THRIVE's CenteringPregnancy® Care Coordination program assists women in enrolling in the CenteringPregnancy program at Aultman Birth Center. In 2017, two new Centering programs will be implemented in Alliance and Canton. Through THRIVE, community members are reached through outreach and information dissemination about CenteringPregnancy® and how to access care at health fairs, community events, and individual meetings with community organizations. In addition, the Care Coordinator individually meets with clients to explain services and provide follow-up support.



## Accomplishments and Sustainability

In June 2016, through the Canton-Stark County THRIVE coalition, Ohio Medicaid awarded funding to support a proposal for the following six projects:

- Stark County will collaborate with the Akron Summit County Healthy Connections Network (HCN) Certified Pathways HUB and establish formal partnerships with care coordinating agencies in Stark County to provide intake, assessment, and care for pregnant women in high-risk communities.  
**Total Funding Amount: \$318,460**
- Nine Community Health Workers will be recruited from targeted neighborhoods to support at-risk pregnant women and work together towards a healthy pregnancy and baby.  
**Total Funding Amount: \$926,285**
- Onsite childcare will be provided at the centering pregnancy program currently serving Canton and Massillon residents, and two additional centering programs will be established at St. Paul's Square Health Center and the Alliance Family Health Center.  
**Total Funding Amount: \$87,820**
- A full-time fatherhood coordinator will be employed through the Stark County Fatherhood Coalition to connect with expecting and young fathers about responsible parenting, economic stability, healthy marriage and family strategies, and parenting time assistance.  
**Total Funding Amount: \$437,039**
- Funding will be used to help faith-based organizations, grassroots agencies, and community groups in targeted neighborhoods foster awareness of infant mortality and connect residents to resources.  
**Total Funding Amount: \$542,500**
- Keep our Babies Alive (Stark County Health Department), Canton City and Alliance City Health Departments, and Aultman Hospital will expand or implement new home visiting programs focusing on at-risk pregnant women.  
**Total Funding Amount: \$488,040**

**Total Medicaid investment across the six projects is \$2,968,154.**  
Stay tuned to find out how these investments payoff.

## Financial Statement Fiscal Year 2016 (unaudited)

### SOURCES OF REVENUE

Contract Fees	473,937
Fees for Services	332,003
C&D User Fees	703,399
Inspection Fees	236,233
Vital Statistics	264,755
Permits	1,282,259
Fines/Late Charges	172,758
State Subsidy	46,937
Local Tax Subdivisions	1,466,720
Public Health Infrastructure	127,583
Perscription Drug O.D. Grant	4,551
CFHS State Grant	559,197
IAP Grant	20,036
WIC Grant	379,469
Reproductive Health Grant	60,980
Infant Mortality Reduction	125,083
Injury Prevention Grant	156,674
NACCHO Funding	15,000
Area Health Education Grant	25,000
Creating Healthy Communities	85,451
Homeowner Contributions-HSTS	12,859
Other Receipts	160,883
Carryover from 2015	454,055

**TOTAL SOURCES OF REVENUE 7,165,822**

### EXPENDITURES

Salaries	2,937,628
Insurance	626,286
Medicare	42,927
PERS	545,895
Workers Compensation	38,013
Unemployment	441
Supplies	252,622
Utilities	15,941
Contracts & Purchased Services	583,458
Phones & Communications	22,768
Equipment / Vehicle Rental	37,943
Rent	281,227
Equipment	17,616
Other Expenses	1,444
State Remittances	856,408
Travel	76,540
Refunds	6,284
Payouts For Sick & Vacation Leave	5,642
Encumbrances Carried Over To 2017	369,504

**TOTAL EXPENDITURES 6,718,587**

# 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

Visit us at: [www.starkcountyohio.gov/public-health](http://www.starkcountyohio.gov/public-health)



Follow Us on FaceBook ([www.facebook.com](http://www.facebook.com)):  
Search Stark County Health Department

## STARK COUNTY BOARD OF HEALTH



Philip Francis-President | Terrence Seeberger-Vice President | Jennifer Kungle, M.D. | David Benner  
David Thorley | Karen Hiltbrand | Tim Vandersall | Braden Kail, O.D.