

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"

Annual Report



Health Report Commissioner's

Kirkland K. Norris
Health Commissioner

It was a journey that was first mentioned in the department's 2014 Annual Report...

In that report, the health department reached out and asked for the health district's support and assistance in the commencement and achievement of National Public Health Accreditation. On June 6, 2017, the Stark County Combined General Health District was awarded National Public Health Accreditation after a three year journey.

This milestone accomplishment signifies to Stark County residents that they are being served by a health department that has met rigorous nationally recognized, performance-focused, and evidence-based standards for public health. Accreditation has strengthened the department's continuous commitment towards quality improvement, workforce development, strategic planning, and performance management.

The achievement of National Public Health Accreditation will help guide our work to better protect, promote, and preserve the health of the residents in our community. The health department is one of 179 accredited local health departments in the country, 17th in the State of Ohio, and the first health department in Stark County to achieve this recognition.

On behalf of the Board of Health, I would like to extend a very big thank you to our community partners who assisted in the accreditation site visit. They are as follows: Access Health Stark County; Alliance City Health Department; Aultman Hospital; ASI Septic Company; Austin-Bailey Health and Wellness Foundation; Stark County THRIVE/Canton City Health Department; Fairless Local Schools; Jackson Fire Department; Jackson Local Schools; City of North Canton; Perry Township Trustees; Stark County Commissioners; Stark County Family Council; Stark County Mental Health and Addiction Recovery; Stark Metropolitan Housing Authority; Stark County Sheriff's Department, and the United Way of Greater Stark County.

I want to thank all of you as this could not have been accomplished without the continued support and dedication of the townships, cities, and villages. 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.

With that being said, it is with great pride and privilege that I present to you the Stark County Combined General Health District 2017 Annual Report.

Respectfully Submitted, Kirkland K. Norris, Health Commissioner



S C H D 'S NEXT STEPS IN THE ACCREDITATION PROCESS



Although the Stark County Health Department (SCHD) has officially achieved National Public Health Accreditation, the

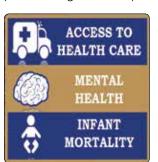
journey is not over. The SCHD will submit reports annually to the Public Health Accreditation Board (PHAB) for the next five years. The annual reports ensure that the department continues to meet conformity with the standards and measures; identifies opportunities taken to strengthen the quality improvement and performance management efforts; and provides evidence of continued engagement in key community activities.

The SCHD's annual report will specifically focus on the department's strengths and areas of improvement, which were identified within the site visit report from PHAB. The department's three strengths are: community partner relationships, alignment of plans demonstrating the department's commitment to ongoing quality improvement, and workforce development. The three areas the department will focus on for improvement include: marketing and branding, strengthening the department's communication efforts, and obtaining public input concerning those specifically affected by the department's programs, services and interventions. The SCHD continuously strives for greatness and the accreditation process only strengthens and enhances the department's vision of achieving Public Health Excellence.

The SCHD will go through the re-accreditation process in 2022. Re-accreditation focuses on how the department functions as a whole. Less documentation will need to be collected and more narrative describing department-wide methods, systems, policies, procedures, practices, and operations will be submitted to PHAB during the reaccreditation process.

STARK COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

The 2017-2019 Stark County Community Health Improvement Plan (CHIP) is now available! The CHIP identifies health priorities, goals and long-term key measures that will be used by community partners to guide project development, programs, and policies targeted to improve the health outcomes of county residents.



In 2017, sub-committees' met regularly to develop plans and action steps for each priority area. These plans are the working documents that will be reviewed, updated, and reported on regularly regarding progress made for each long-term objective. For more information about the CHIP or implementation plans or how to become involved, contact Kay Conley, 330-493-9904, x 2006 or visit the Stark County Health Department website under community health assessment.

TABLE OF CONTENTS

Page 4

- Raccoon Rabies Variant
- Water Pollution Control Loan Fund

Page 5

- Initiatives to Prevent Overdose Deaths
- 2017 Property Transfer Inspection Breakdown
- Property Transfer Inspections Completed

Page 6

- Prescription Drug Overdose Pilot Program a Success - Second Pilot Launches
- Leading Causes of Death 2017
- Scrap Tires

Page 7

- Child & Infant Fatality Review
- Reproductive Health & Wellness
 Clinic

Page 8

- Quality Improvement Project Implemented to Improve Employee Time Keeping
- 2017 At-A-Glance
 Stark County Health Department

Page 9

- Reportable Infectious Disease Summary
- Communicable Disease Highlights, 2017

Page 10

• Communicable Disease
Highlights, 2017 continued

Page 11

- Stark County Toward Health Resiliency for Infant Vitality & Equity (THRIVE)
- Financial Statement Fiscal Year 2017

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

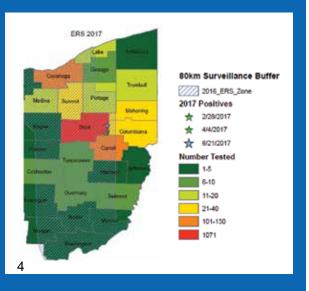


RACCOON RABIES VARIANT

2017 saw westward movement of raccoon rabies variant (RRV) into Ohio. Stark County being the center of attention. In March 2017, we were first made aware that a raccoon tested positive for rabies: later in April, a second raccoon tested positive. Both of these specimens were found in Paris Township. This prompted massive surveillance efforts undertaken by USDA Wildlife Services (WS) in April and May, to determine the limit of the western expansion of RRV into Stark County. The surveillance boundary was an approximate line from Louisville to Waynesburg. Finding no new additional positive specimens, the oral rabies vaccine (ORV) boundary limit was set (farther west than the surveillance area) and an early (ORV) bait drop was conducted during the week of May 22. Starting in July, WS collected live target species and tested the blood uptake rate of the rabies vaccine. On July 28th, we were made aware of a third rabies positive raccoon collected in Washington Township, off Union Avenue, about five miles northeast of the original specimen. The specimen was collected in late June and placed in the Plain Township surveillance freezer. In all, over 1000 specimens were tested for rabies; only three have tested positive.

From August 18th through September 18th the normally scheduled ORV drop occurred, with the addition of the new area in Stark County. A public education campaign during both ORV drops was carried out by the Stark County Health Department to make residents aware of the positive sample results and the ORV drop. After the last drop, WS continued to measure the vaccine blood uptake rate, and normal surveillance continued. Additionally, the County's regularly scheduled low-cost rabies vaccination clinics were held during this time, the first on May 6th and the second on September 30, 2017, where an additional 234 pets were vaccinated.

Fortunately, the resident specimen drop-off program (also used by local police and road departments) has been successful in identifying the presence of RRV. It was the impetus in preventing the western spread of RRV further into Ohio.



ENVIRONMENTAL HEALTH SERVICES STAFF



Sitting front row, pictured left to right: Christina Gallion, Katelyn Caniford, Ashley Takash, Brittney Alverson, Paul DePasquale, Angela Raderchak, Gina Davis, Courtney Myers, Nancy Petrovski

Standing second row, pictured left to right: Randy Ruszkowski, Todd Paulus, John Pavel, Tim Heather, Emily Caniford, Dana Williams, Phil Revlock, Mike Hesson, Deborah Moore, Tory Coyle, Ivan Langovsky, Todd Ascani

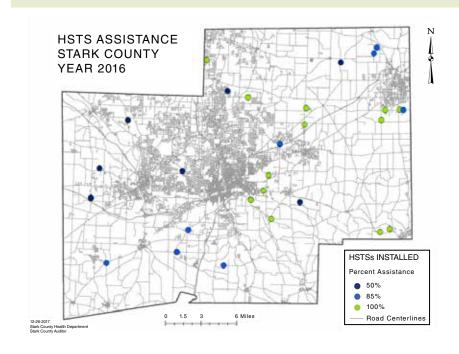
Not Pictured: Mark Smiraldo

WATER POLLUTION CONTROL LOAN FUND PROJECT

In 2016 the Board of Health decided to take on the administration of the Ohio EPA's Water Pollution Control Loan Fund (WPCLF) to replace or update failing septic systems. The deadline to use 2016 funds was November 2017. A total of \$299,692.37 was spent on updating 32 septic systems within the county. (Please see the map below for distribution across the county.) Seven homeowners were funded at 50%; fifteen homeowners were funded at 85%; and ten homeowners were funded at 100%. The county has also been awarded \$300,000 to use in 2017 and \$200,000 to use in 2018.

Here are some of the Program Requirements:

- Septic system serving the home must be failing or has already failed
- Household must meet financial guideleines to cover 50%, 85%, or 100% of the total cost
- Applicant must be the homeowner and occupy the dwelling
- Must be current on property taxes (Stark County)
- Must provide all appropriate documentation as required on application forms



INITIATIVES TO PREVENT OVERDOSE DEATHS

Stark County Health Department has continued to work during 2017 to decrease the number of overdose deaths occurring in Stark County through our local Prescription Drug Overdose grant. The overall goal of this grant is to decrease the number of overdose deaths that are occurring in Stark County. According to the Ohio Department of Health, overdoses claimed the lives of 4,050 Ohioans in 2017, 118 of which occurred in Stark County. Although the final numbers are not in yet, the number of overdose deaths for 2017 in Stark County appears to be significantly less than past year's numbers. This decrease in overdose fatalities is a good sign and we hope to see continual decreases in the future.

Through our grant efforts, 54 additional law enforcement officers were trained during 2017 in the use of Naloxone to reverse an opiate overdose. With these additional officers trained we now have over 500 officers across Stark County trained and carrying this life saving medication. Throughout 2017 law enforcement officials reported 51 situations when an officer administered Naloxone.

A local Overdose Fatality Review Team was developed and met quarterly throughout the year. This team is comprised of representatives from: local hospitals, physician's offices, coroner's office, law enforcement, EMS, public health, and mental health and recovery service professionals. This review process serves as an interdisciplinary way to gauge the effectiveness of prevention and harm reduction (i.e. Naloxone) techniques that are currently being used, and find ways in which they could be improved upon if needed.

Data used for this review process comes from several different sources such as: autopsy reports, death certificates, EMS incident reporting data and emergency department/urgent care visit data. Monthly reports of non-fatal overdose data and the Overdose Fatality Review annual report can be found at http://www.starkcountyohio.gov/public-health/nursing-services/overdose-prevention.

ADMINISTRATION & SUPPORT SERVICES



Sitting front row, pictured left to right: Carmalee Hand-Cannane; Kay Conley; Steve Ling; Debby Hamilton; & Amanda Kelly

Standing second row, pictured left to right: Amy Ascani, Sharon Bagnolo, Amber Walpole, Tasha Catron, Diana Warren, Mindi Nickels, Kelly Potkay & Chelsea Sadinski.

PROPERTY TRANSFER INSPECTIONS IN STARK COUNTY

Below is a breakdown of property transfer inspections conducted in 2017. A total of 967 inspections were conducted, which has steadily increased over the last seven years. The health department completed 162 inspections (16%) and 805 were completed by private companies.

Most septic and plumbing problems identified in the program are resolved within six months of the inspection; those that are not are entered into the nuisance enforcement program for follow-up. In addition to the septic inspections, 182 well property transfer inspection reports were reviewed. (Please note that the inspection of the well is not required, but if the customer prefers an inspection, services are offered.)

The county-wide average septic system failure rate is about 13%, but it varies by township. This is primarily due to housing age, lot size, and soil type.

2017 PROPERTY TRANSFER INSPECTION BREAKDOWN

OCCUPATION OF THE PARTY OF THE					
Township	Total Inspections	Septic Failure		Gray Water	
BETHLEHEM	22	1	4.5%	1	4.5%
CANTON	52	10	19%	5	9.5%
JACKSON	88	9	10%	0	0%
LAKE	202	15	7.5%	11	5.5%
LAWRENCE	87	5	5.5%	6	7%
LEXINGTON	32	5	15.5%	5	15.5%
MARLBORO	45	4	9%	3	6.5%
NIMISHILLEN	63	10	16%	6	9.5%
OSNABURG	41	6	14.5%	1	2.5%
PARIS	40	4	10%	3	7.5%
PERRY	35	3	8.5%	5	14%
PIKE	19	4	21%	4	21%
PLAIN	109	9	8%	10	9%
SANDY	9	1	11%	0	0%
SUGARCREEK	19	7	37%	2	10.5%
TUSCARAWAS	53	13	25%	7	13%
WASHINGTON	51	16	31%	9	17.5%
Totals	967	122	12.6%	78	8%

PROPERTY TRANSFER INSPECTIONS COMPLETED

<u>2011</u>	2012	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
583	713	836	809	857	917	967

PRESCRIPTION DRUG OVERDOSE PILOT PROGRAM A SUCCESS - SECOND PILOT LAUNCHES

In 2017, the Stark County Health Department was one of two agencies awarded funding for a Prescription Drug Overdose (PDO) Pilot Project from the Ohio Department of Health. For over six months, the Stark County Sheriff's Office, Correctional Health Care Group, Inc, and CommQuest screened, interviewed and trained inmates that were due to be released from the county jail. The goal of the pilot project was to document steps and report results of the project to other communities in effort to reduce the number of overdose deaths in a vulnerable population: those re-entering the community after a period of incarceration.

During the pilot, 142 inmates were screened, 96 were interviewed and 55 were trained on the use of Naloxone and referred to treatment.

Additionally, funding was received from Stark County Mental Health & Addiction Recovery and United Way to purchase Naloxone kits for distribution to those being released. This was an extremely effective intervention, as many inmates refused the training until the Naloxone became available, then only three refused.

The outcome of the project focused on the process of how to implement a similar project in jails throughout Ohio. Grant partners have been sharing processes, protocols and steps with other communities since the completion of the project.

This project was also selected for the Ohio Department of Health's Ohio Injury Prevention Partnership 2017 Promising Practice Award.

Due to the success of this project, a second pilot project was launched in January 2018 - this time to address those due to be released from an emergency department that are at risk for an overdose.

This second project is being piloted with the Alliance Community Hospital and CommQuest and runs through August 2018.

For more information about these pilot programs, contact the Stark County Health Department at 330-493-9904. x 2015.

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"It was disheartening to see the lack of education that the participants had concerning risk factors for overdose, signs of overdose, and emergency treatment...One important aspect had to do with the stigmatization of drug use. Most participants appeared thankful for the educational information. They acknowledged that while they had been interested in learning more, they were afraid to seek out learning opportunities due to the community's perception of addicts and addiction."

> -Caren Lennon-Ream. Correctional Health

Leading Causes of Death

20	17
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201	
Cancer	531
Heart Disease	404
Alzheimer's Disease	364
Cerebrovascular Disease	170
Chronic Lower Respiratory	151
Kidney Disease	102
Accidental (Unintentional Death)	70
Sepsis	48
Suicide	36
Pneumonia	35
Diabetes	16
Influenza	15
Homicide	9
Other	115
Pending	23
TOTAL	2,089

SCRAP TIRES

Every year, the Stark County Health Department (SCHD) deals with scrap tire dumps. Two reasons that scrap tires remain a problem in Stark County are population and weather. For a small fee, the majority of residents will leave their old tires with the tire shop to dispose of them correctly. When scrap tires are not disposed of correctly, tires find their way into ditches and streams, on backroads, and dumped on unsuspecting property owners.

In Stark County, we abate scrap tire nuisances several ways. If you find a few unwanted tires on your property, you can dispose of up to 12 tires for free at one of three locations: City of Canton Recycling Center located at 742 Schroyer Ave SW. City of Massillon Recycling Center located at 401 Walnut Rd. SW, and at the Jackson Township Recycling Station located at 5717 Wales Ave NW. For more information about these locations, residents can visit www.timetorecycle. org. Larger accumulations can be referred to the Ohio EPA for cleanup. A property owner who was not responsible can have tire dumps up to 5,000 tires cleaned up by the Ohio EPA for no

cost after referral by SCHD. The Ohio EPA also cleans up scrap tire accumulations through enforcement using the same funds. Recently, Ohio EPA awarded many agencies, including SCHD, funds to abate scrap tire accumulations. In 2017, SCHD collected and disposed of 732 Passenger Tire Equivalents from four different locations using these funds.

AN EXAMPLE OF A RECENT TIRE CLEAN UP

In September, the Ohio EPA reported the final numbers for the Georgetown Road tire cleanup. On August 15, 2017, the cleanup was completed at 3911 Georgetown Road. Canton Township. A total of 715.68 tons of scrap tires were removed from the property and hauled to Liberty Tire of Ohio. This is the equivalent of 71,568 passenger tires.

The property operated for decades as an automotive salvage yard. In 2011, the current property owner acquired the property and the tire nuisance. Due to a recent OEPA grant, the nuisance qualified for the cleanup measure.



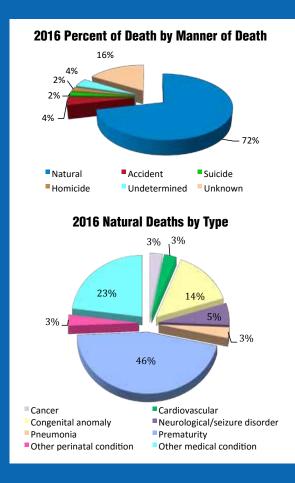


Child & Infant Fatality Review

The Stark County Child Fatality Review Board (CFR) and the Fetal Infant Mortality Review Teams (FIMR) are currently working on the Annual Report for those deaths that occurred during 2016 and are reviewing the 2017 deaths. There were a total of 49 deaths of infants and children, under the age of 18, reported in 2016 who were residents of Stark County (eight of these deaths are still under investigation with either the Coroner's office, or law enforcement). To the right is a breakdown of those deaths by manner as well as a description of the natural deaths that occurred; those listed as unknown include the cases that are still open investigations. Of the 2016 deaths reviewed, 71% were from natural causes. The majority of these natural deaths were to infants less than one year of age. This age group accounted for 94% of the natural deaths.

Stark County, Ohio continues to experience a high rate of infant mortality. The 2016 over- all infant mortality rate of Stark County was 9.3 and the African American Infant Mortality Rate was 21. It is due to these alarming rates and the need to discover the reasons behind them that the CFR Board decided to assign the detailed review of all infant deaths to our local FIMR Team. Beginning in 2016 the FIMR Team began a detailed review of all infant deaths including a review of the mothers prenatal and hospital records. The FIMR Team and CFR Board hope that through these detailed record and case reviews we will be able to determine contributing factors to the deaths and therefore implement prevention initiatives to help lower our child and infant mortality rates.

Over the past year the FIMR Team has experienced many changes with the introduction of a new local FIMR Coordinator and Maternal Interviewer the Team has a fresh outlook and has been working hard to assess the issues surrounding our local rates.



REPRODUCTIVE HEALTH & WELLNESS CLINIC

The Reproductive Health & Wellness Clinic at the Stark County Health Department (SCHD) started in 2004 when SCHD was awarded a grant from the Ohio Department of Health (ODH) under the Title X program. Title X is a federally funded program in which ODH is the grantee and the SCHD is a sub grantee. The support that Title X provides helps to ensure that there is access to many methods of family planning resources and preventative health services. All Title X sites must follow the Office of Population Affairs regulations, "Program Requirements for Title X Funded Family Planning Projects" and utilize the "Providing Quality Family Planning Services Recommendations of the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs" to help guide clinical protocols and procedures.

Originally this clinic provided services to women and in 2013 the name changed from "Women's Health Clinic" to "Reproductive Health & Wellness Clinic" in order for the SCHD to address the needs of men. This clinic provides onsite comprehensive services to women, men and adolescents which includes: reproductive life planning, contraceptive services, pregnancy

testing and counseling, basic infertility services, preconception care, sexually transmitted disease services, screenings for breast cancer, screening for cervical

cancer, male genital exams and screenings, education, some preventative blood screenings, and referrals for other medical care, behavioral or mental health care and/or social service assistance. The clinic offers a variety of contraceptive options including: intrauterine devices, hormonal implants, Depo Provera, Nuva Ring, birth control pills, and condoms. An interpreter is utilized through a telephone service to communicate with clients with limited English proficiency. Due to the federal law concerning minors and access to reproductive care, minors do not need parental consent to participate in this clinic; however minors are encouraged to include their parents in their care.

Our team consists of a nurse practitioner, physicians, registered nurses, a licensed social worker, clerks, and a billing specialist. We accept Medicaid, most insurance plans, and also offer sliding fee scale options for those who are un/underinsured. The goal of this clinic is not to replace primary care as we do not provide sick care. Our team helps to connect clients to a primary care provider when they are not already established with one. Our social worker is a Certified Application Counselor and can assist clients in enrolling in the Marketplace (insurance) or help connect clients with Medicaid services, as well as assisting with access to many other social service resources.

The Reproductive Health & Wellness clinic schedules clients to be seen on Wednesday mornings and all day on Thursdays. In the summer we collaborate with the Hartville Migrant Center to provide evening hours at their site. This clinic also offers walk in pregnancy testing in which any woman can come during open business hours to request a pregnancy test and receive education and assistance from a nurse.

To schedule an appointment or for further information, call 330-493-9914 extension 2047.

QUALITY IMPROVEMENT PROJECT TO IMPROVE EMPLOYEE TIME KEEPING IMPLEMENTED IN 2017

In January 2017, Kronos Workforce Ready, a platform that combines workforce management with human capital management capabilities, was implemented at the Stark County Health Department for employee time keeping and time-off tracking. A Kaizen Event helped to improve the efficiency of the process and identified the new system which works well for the Department's needs. Total estimated savings for the project is \$69,245.

Prior to 2017, the Stark County Health Department (SCHD) was using an outdated and time consuming process for tracking employee time that had not been updated in over 20 years. Time sheets are used for program specific time accounting, grant tracking, billing, costs analysis and budgeting purposes.

Through the department's continuous Quality Improvement (QI) system, the time keeping process was identified as a need for improvement. At the time, there was an opportunity to apply for funding from the State of Ohio for the Local Government Efficiency Program. This funding was to provide direct financial resources for training in and implementation of process efficiency programs. The SCHD applied for and received notice of the full request of \$25,000 for the time keeping project. The funding supported the full cost of a consultant to facilitate a **Kaizen Event** to improve employee time records and to support the technology expenses to help update the process.

The project began with looking at the processes and codes utilized at the department. A hard copy record was completed by the employee, provided to the supervisor for approval, and then passed to a clerical staff who then entered the time in to a database. Aside from the number of steps, the other issue was that each service area used different codes and activities. Therefore the system was full of hundreds of codes and no uniformity across the department. There were a total of 558 codes between the three service areas. Reports were also limited and could not be extrapolated for the entire department, only per employee or per program area.

Through the five day Kaizen Event, participating staff developed a common process as well as a common list of codes that can be used by all staff, reducing the number of codes by 51%. Definitions for each activity were developed to standardize the use of the codes.

Kronos Workforce Ready was selected as the electronic option. This allows all employees to enter their information directly into the system and eliminates the need for clerical support to enter information from a hard copy form, which also reduces the chance of errors. Management also approves timesheets electronically through the system. Kronos assures real time data is available. Numerous reports can be generated, which will allow management better decision making information and accountability of time.

As a result, there was a 94% reduction in process steps. This equates to a reduction of 1,500 hours of labor per year, saving Stark County Health Department nearly \$58,000 per year.

An unintended perk of Kronos is time off requests can also be handled in the system electronically instead of through a hard copy tracking with numerous steps. Although it was not originally in scope, this secondary benefit is estimated to save an additional \$11,245 in copying costs and clerical labor associated with the time off request forms.

What is a Kaizen Event?

Kaizen Events are commonly referred to as a tool that:

- 1) Gathers operators, managers, and owners of a process in one place
- Maps the existing process (using a deployment flowchart, in most cases)
- 3) Improves on the existing process
- 4) Solicits buy-in from all parties related to the process

Kaizen Events are an extremely efficient way to quickly improve a process with a low Sigma score. The true intent of a Kaizen Event is to hold small events attended by the owners and operators of a process to make improvements to that process which are within the scope of the process participants.

(Citation: https://www.isixsigma.com/dictionary/kaizen-event/)

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
- \$2,145,868, total number of grant funds received
- 3,171, total number of immunizations administered
- 2,698, total number of food program inspections
- 1,567, total number of infectious diseases reported
- 8,035, total number of death certificates issued
- 9,408, total number of environmental health inspections
- 17,105, total number of environmental consultations
- 3,009, total number of birth certificates issued
- 114, total number of student academic experiences
- 380 cribs distributed within the safe sleep program
- 4,793, total number of WIC clients
- 1,229, Nursing Services Home Visits completed
- 236, Project Dawn Kits distributed
- 424, replacement Naloxone doses distributed
- 54, law enforcement officers and other first responders trained on Naloxone
- 51, overdoses reversed reported to SCHD by first responders
- 386, Reproductive Health and Wellness visits
- 65, Maternal Home Visit Birth Outcomes with 0 infant deaths (both THRIVE and Moms & Babies First/KOBA)
 - 134, Maternal Home Visit Intakes (both THRIVE and Moms & Babies/KOBA
 - 77, School Based Immunization Education Provided

REPORTABLE INFECTIOUS DISEASE SUMMARY

Stark County Health Department Jurisdiction

DISEASE	2017	2016	DISEASE	2017	2016	DISEASE	2017	2016
Amebiasis	0	0	Hepatitis C - Chronic	132	139	Pertussis	15	18
Anaplasmosis	0	1	Hepatitis E	0	1	Salmonellosis	31	36
Babesiosis	1	0	Influenza-associated			Shigellosis	6	1
Campylobacteriosis	54	50	Hospitalization	237	99	Streptococcal – Group A invasive	15	5
Chlamydia	694	676	Influenza-associated pediatric			Streptococcal-Group B Newborn	1	2
Coccidioidomycosis	0	1	mortality	0	0	Streptococcal Toxic Shock		
Creutzfeldt-Jacob Disease	1	2	LaCrosse Virus Disease	0	1	Syndrome (STSS)	0	0
Cryptosporidiosis	20	32	Legionellosis	8	11	Streptococcal – Invasive Pneumoniae	21	26
Cyclosporiasis	2	3	Listeriosis	1	1	Toxic Shock Syndrome (TSS)	0	0
E. Coli, Shiga Toxin-producing	9	12	Lyme Disease	21	20	Tuberculosis	2	1
Giardiasis	12	15	Malaria	0	0	Typhoid Fever	1	0
Gonorrhea	154	149	Measles	0	1	Varicella	13	23
Haemophilus Influenza Bacteremia	7	2	Meningitis – Aseptic/Viral	25	23	Vibriosis	2	3
Hepatitis A - Acute	8	1	Meningitis-Bacterial			West Nile Virus	1	0
Hepatitis B – Acute	1	3	(Not N. Meningiditis)	1	3	Yersiniosis	7	5
Hepatitis B – Chronic	40	31	Meningococcal Disease	0	0	Zika Virus Disease	0	4
Hepatitis B – Perinatal infection	3	4	Mumps	1	1			
Hepatitis C - Acute	1 0	3	Mycobacterium Other Than TB	11	27	Total	1567	1436

*This report includes confirmed, probable, and suspect cases reported 01/01/2017 - 12/31/2017

COMMUNICABLE DISEASE HIGHLIGHTS, 2017

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 (SCHD) 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 2017 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.

- In 2017, SCHD reported and/or investigated several communicable disease outbreaks. Among these were:
- One outbreak of Sapovirus (associated with an educational institution)
- One outbreak of Hand, Foot, and Mouth Disease (associated with an educational institution)
- One outbreak of MRSA (associated with an educational institution)
- Multiple outbreaks of Norovirus (associated with long-term care facilities, educational institutions, and restaurants)
- One 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, and in conjunction with other 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 2017, several reportable infectious diseases significantly increased in the number of cases reported in the Stark County jurisdiction compared to that of 2016. These diseases are as follows:
- **Haemophilus influenzae** Cases of haemophilus influenza within Stark County's health jurisdiction increased from two to seven between 2016 and 2017. Annual haemophilus influenzae cases for the entire county have hovered around 6.8 for the past five years, so this increase may just be a return to the baseline.
- **Hepatitis A** There were eight cases of Hepatitis A in Stark County in 2017 compared to one case all of 2016. There were also a number of large Hepatitis A outbreaks nationally, including in New York and San Diego.



Starting on bottom of stairs and pictured left to right:

Sharon Cartwright. WIC Clerk: Darla Berry, WIC and Nursing Clerk, Sue Seifert BSN, RN, Immunization Program Coordinator, Tiffany Streb RD, LD, WIC Program Coordinator, Diane Coblentz BSN. RN. Public Health Nurse: Cheryl Dietrich, Immunization Clerk; Sherry Smith MS, BSN, RN, Director of Nursing Services; Artesia Hawkins, Moms & Babies First Community Health Worker, Annette Elsmore RD, LD, WIC Dietitian: Nicole Davis. Public Health Nurse; Dawn Hopkins, WIC Clerk; Amanda Uhler BSN, RN, Public Health Nurse; Allison Devore BSN, RN, Public Health Nurse; Bonnie Paridon RN, Public Health Nurse; Delight Howells BSN, RN, Nursing Unit Manager, Meghan Wilson BSN, RN, Public Health Nurse; Angelena Schapiro LSW, Social Worker, Ashlee Wingerter BSN, RN, Public Health Nurse, Christina May MS, BSN, RN, Nursing Unit Manager, Tiffany Belknap BSN, RN, Public Health Nurse, Michelle Watkins, Moms & Babies First Community Health

Worker, Diana Greene, WIC LPN, Michelle Linder RD, LD, WIC Dietitian, Avinash Joseph MPH, Epidemiologist, Shelly Curtiss, RHWP Clerk, Toreka Miller, Moms & Babies First Community Health Worker, Vicky Coffman; Billing Specialist, Courtney Butterfield RD, LD, WIC Dietitian, Jamie Warfield BA. THRIVE Community Health Worker,

Not Pictured: Carolyn Jennings BSN, RN, Communicable Disease Program Coordinator, Eleanor Lentner CNP, RHWP Practitioner, Marquisha Ledwell, THRIVE Community Health Worker, Maureen Ahmann DO, Medical Director

continued on page 10 9

COMMUNICABLE DISEASE HIGHLIGHTS, 2017 continued

- Shigellosis Shigella cases rose starkly this year, from one case in 2016 to six cases in 2017. The majority of these cases were reported at the end of the year. Shigella outbreaks are often associated with child care centers, so special care should be taken by daycare providers to screen for diarrheal illness.
- Invasive Group A Streptococcal disease (GAS) Stark County
 jurisdiction increased from having only five cases of invasive GAS
 in 2016 to having 15 cases in 2017. Overall, in the last five years
 the entire county has seen an average of 13 cases annually.
- Yersiniosis Stark County reported seven cases of yersiniosis during 2017 compared to five in 2016. . This case load for the Stark County jurisdiction surpassed the five-year annual average of 4.6 for the entire county. The case count for Ohio has been increasing steadily in the past five years. In Ohio, the numbers of reports usually peaks during the summertime.
- Influenza-associated Hospitalizations Influenza-associated hospitalizations skyrocketed between calendar year 2016 and calendar year 2017. However, influenza is normally tracked by season and not by year. This massive difference is likely due to the slow start to the 2016-2017 influenza season and the rapid start to the current 2017-2018 season. More information about influenza is available below.
- Influenza season stretches from October of one year until May of the next. Across all of Stark County (including all four health jurisdictions), the 2017-2018 influenza season thus far has seen 174 cases of hospitalized influenza. The five year annual average counts around 84 cases by this time, placing this year well above average in case counts so far. Nationally since October 1, 2017, all viruses antigenically characterized have matched the current vaccine by at least 57% or higher, with some components matching the vaccine 100%. The predominant 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 influenza vaccine remains the primary and most effective form of protection against the influenza viruses circulating this season. The Centers for Disease Control and Prevention are also recommending that antiviral 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 of the flu include fever, cough, sore throat, body aches, headaches, chills, and fatigue. Complications may include conditions such as bronchitis or pneumonia and may make chronic health problems, such as asthma, worse. Staying home while sick and practicing proper hand hygiene are the best ways to stay healthy this season.
- 4) There were several diseases reported in 2017 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.
- Babesiosis is a tick-borne illness caused by the parasite Babesia microti. While many infected people do not have symptoms, others develop flu-like symptoms including fever, chills, headache, myalgia, fatigue, and loss of appetite. Babesia parasites affect red blood cells and can cause hemolytic anemia. Complications from invasive disease include low and unstable blood pressure, low platelet count, blood clots and bleeding, malfunction of vital organs, and death. This parasite cannot be transmitted to other humans without a tick as a vector. Babesiosis is best prevented by avoiding tick bites and actively checking for ticks while outdoors.
- **Listeriosis** is a foodborne illness caused by the bacteria Listeria monocytogenes. Listeria infection normally occurs by eating food contaminated with the bacteria; risky foods include

- unpasteurized dairy products such as queso fresco or raw milk, smoked seafood, melon, sprouts, hot dog, and lunch meats. Listeriosis presents in two different ways: invasive disease and noninvasive disease. Noninvasive disease causes symptoms similar to a regular foodborne illness (diarrhea, fever, nausea) while invasive disease can be life threatening, presenting as one of a variety of invasive infections such as sepsis, meningitis, pneumonia, or encephalitis. Pregnant women are ten times more likely to contract invasive disease than the general population, and this infection can result in miscarriage, stillbirth, or preterm labor. Other populations at a higher risk for invasive disease include newborns, older adults, and people with weakened immune systems. Listeriosis can take up to three weeks to present with symptoms.
- **Mumps** is a vaccine preventable disease caused by a virus. The most well-known symptom is swollen salivary glands, which causes an appearance of puffy cheeks and swollen jaw. Other symptoms include fever, headache, myalgia, fatigue, and loss of appetite. Mumps is considered a rare disease due to the high coverage of the measles, mumps, and rubella (MMR) vaccine. Severe complications such as deafness or encephalitis were known to occur before the introduction of the vaccine. Outbreaks of the disease still occur, often originating in unvaccinated communities and spreading quickly through direct contact with a sick individual's respiratory secretions. Keeping children up to date on their vaccine schedule is the best way to prevent mumps outbreaks.
- Typhus Fever, also known as epidemic typhus or louse-borne typhus, is a febrile illness caused by the bacteria Rickettsia prowazekii. Typhus fever is rare in developed countries, found more commonly in overcrowded urban centers in the developing world. Those infected may develop symptoms such as fever/chills, headache, rapid breathing, body ache, rash, coughing, nausea, vomiting or confusion. While typhus fever is normally associated with body lice in overcrowded environments, exposure to flying squirrels and/or their nests may also result in infection. There is no vaccine for typhus fever, so limiting exposure to flying squirrels and overcrowded areas are the best way to prevent disease.
- West Nile Virus is an arboviral disease transmitted largely by the bite of an infected Aedes species mosquito. Rarer forms of transmission include mother to child during pregnancy or from person to person during organ donation. Eighty percent of people infected remain asymptomatic; the vast majority of the remainder experience mild symptoms including fever, rash, headache, joint pain, diarrhea, or rash. About one in 150 people infected experience the most severe form of the illness, which include symptoms of high fever, headache, neck stiffness, stupor, disorientation, tremors, convulsions, muscle weakness, vision loss, paralysis, and/or coma. There is no vaccine and no treatment available. Controlling local mosquito populations and 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).

STARK COUNTY TOWARD HEALTH RESILIENCY FOR INFANT VITALITY & EQUITY (THRIVE)



EVERY CHILD DESERVES TO CELEBRATE THEIR FIRST BIRTHDAY

ABOUT US

Canton-Stark County's Ohio Equity Institute (OEI) project has taken the shape of a large community collaborative called Toward Health Resiliency for Infant Vitality and Equity (THRIVE). Over the last five years, the collaborative has taken a community approach in efforts to join metrics, goals, and outcomes across the community.

Based on 2016 data, Stark County's overall Infant Mortality Rate (IMR) is 9.0. This means that for every 1,000 babies born alive in Stark County, nine babies die before their first birthday. Based on 2016 data, Stark County's Disparity Rate (IMR) is 2.7. This means that for every 1,000 babies born alive in Stark County, approximately three black babies die for every one white baby that dies before their first birthday. 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.

THRIVE TEAM

Our core team includes eight staff members from both the Canton City and Stark County Health Departments. We also have a THRIVE advisory committee with over 100 representatives from approximately 75 organizations. The mission is to improve birth outcomes for babies born in Stark County and to decrease the racial disparities in birth outcomes. Meetings are held quarterly to educate and coordinate efforts for the community.

THRIVE INITIATIVES:

Seven Community Health Workers were recruited from targeted neighborhoods to support at-risk pregnant women and work together towards a healthy pregnancy and baby. The Pathways Community HUB is a new partnership between Canton-Stark County THRIVE and the Northwest Ohio Pathways HUB. Through this partnership, THRIVE Community Health Workers will use the NW Ohio Pathways HUB Care Coordination System to identify client risk factors, assign each risk factor a Pathway, and create accountability for successfully tracking completion of each Pathway. There are 20 Pathways including Medical Home, Smoking Cessation, Social Service, Pregnancy, Postpartum, and many more. By partnering with the NW Ohio Pathways HUB rather than starting a new HUB, THRIVE Community Health Workers will be billing the Medicaid Managed Care Plans for their services immediately, creating sustainability for their positions in our community.

The goal is improved birth outcomes and reduced costs.

FATHERHOOD INITIATIVE

(Dr. Dad, 24/7 Dad, Parent Cafes, Parenting Time Assistance Program)

The goal is increased parental access and visitation which strengthens parent-child relationships. Also to have a more engaged male parent in the life of the mother and child and improved financial security.

CENTERING PREGNANCY®

(Group Prenatal Care)

The goal is to expand the knowledge and utilization of Centering Pregnancy and Centering Parenting programs in Stark County.

NURSE NEWBORN HOME VISITING

Periodic postpartum/newborn nurse (PP/NB) home visits are made to assess the health status of new mothers and infants in their home environment, enhance knowledge, provide support and make referrals as needed. This will allow for early intervention and timely referrals for problems, counseling and teaching to reduce infant mortality/morbidity and potential maternal postpartum complications.

The goal is to reduce infant mortality/morbidity and potential maternal postpartum complications.

FAITH-BASED, GRASSROOTS, RACISM, AND CULTURAL COMPETENCY

The goal is to support community based efforts in the targeted zip codes to improve infant mortality and disparity rates. The goal is also to improve knowledge on how culture, race and racism, poverty, and social determinants of health impact birth outcomes.

Priorities for 2018:

- Progesterone Intervention to reduce premature births and increased use of effective treatment modalities.
- Canton City Health
 Department to become a certified Pathways HUB

For more information about THRIVE please visit:

https://www.cantonhealth.org/projects/?pg=319 or contact THRIVE Project Manager, Dawn Miller at the Canton City Health Department at 234-410-3087. Stay tuned to find out how these investments payoff.

Financial Statement Fiscal Year 2017 (unaudited)

SOURCES OF REVENUE		<u>EXPENDITURES</u>	
Contract Fees	447,582	Salaries	3,089,973
Fees for Services	254,462	Insurance	550,616
C&D User Fees	760,587	Medicare	46,550
Inspection Fees	231,504	PERS	556,588
Vital Statistics	280,335	Workers Compensation	19,649
Permits	1,273,614	Unemployment	-
Fines/Late Charges	169,354	Supplies	273,137
State Subsidy	46,937	Utilities	18,519
Local Tax Subdivisions	1,466,720	Contracts & Purchased Services	1,012,166
Public Health Infrastructure	174,342	Phones & Communications	24,288
Prescription Drug O.D. Grant	138,341	Equipment / Vehicle Rental	41,885
Maternal Child Health Grant	426,695	Rent	305,685
Immunization Action Plan Gran	nt 24,184	Equipment	42,908
WIC Grant	446,085	Other Expenses	3,810
Reproductive Health Grant	122,629	State Remittances	906,366
Moms & Babies First Grant	161,745	Travel	69,209
Injury Prevention Grant	112,859	Refunds	7,048
Mosquito Grant From EPA	25,900	Payouts For Sick & Vacation Leave	1,935
Moms Quit For Two Grant	7,298		
Area Health Education Grant	25,000		
Creating Healthy Communiti	es 114,160		
Local Govt. Innovation	20,000		
Water Pollution Control Gran	nt 299,692		
Homeowner Contributions-H	ISTS 60,020		
Other Receipts	126,819		
Carryover from 2016	768,737	Encumbrances Carried Over To 2018	477,398
TOTAL SOURCES OF REVEN	UE 7,985,601	TOTAL EXPENDITURES	7,447,730

STARK COUNTY COMBINED GENERAL HEALTH DISTRICT

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

TOWNSHIPS

VILLAGES Bethlehem Beach City Canton Brewster Jackson East Canton Lake East Sparta Hartville Lawrence Hills & Dales Lexington

Marlboro Limaville Nimishillen Magnolia Osnaburg Myers Lake Paris Minerva Navarre Perry Pike

Waynesburg

Plain Wilmot

Sandy **CITIES**

Sugarcreek Canal Fulton Tuscarawas Louisville Washington North Canton

Environmental Health 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



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STARK COUNTY BOARD OF HEALTH















