

BOARD OF HEALTH



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Monday, January 25, 2020
@ 12:00pm



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Board of Health Meeting
Monday, January 25, 2021 @ 12:00pm – Board Room
Agenda

Watch live on our Facebook page at <https://www.facebook.com/cantonhealth/>

1. Call to Order and Roll Call
2. Unfinished Business
3. Approve December 21, 2020 Board of Health Meeting Minutes
4. Approve List of Bills for \$233,273.14
5. Personnel:
 - a. Approve Promotion of Kristen Kennedy from Staff Sanitarian I (R4) to Staff Sanitarian II (R5) Retroactive to January 13, 2021
 - b. Approve Probationary Period Ending for Kewan Umbles, Recycling Public Health Technician (PT13), Retroactive to December 27, 2020
 - c. Approve Part-Time EH Public Health Technician (PT1) Position Description
 - d. Approve Updated Environmental Health Position Classification Schedule
 - e. Appointment of Part-Time EH Public Health Technician (PT1)
 - f. Reclassify Kewan Umbles from part-time Recycling Public Health Technician (PT13) to part-time EH Public Health Technician (PT1) Effective January 30, 2021
 - g. Reclassify Victor Babock from part-time Recycling Public Health Technician (PT13) to part-time EH Public Health Technician (PT1) Effective January 30, 2021
 - h. Approve Tuition Reimbursement for Annmarie Butusov, Director of Environmental Health (R7), for \$400.00 for the Fall 2020 Semester
6. Approve Recommendations of the Hearing Officer for January 25, 2021
7. Approve 2021 Board of Health Meeting Schedule
8. Approve Resolutions
 - a. 2021-01: 2021 Authorizing Payment of Regular Expenses
 - b. 2021-02: 2021 Periodic Program-Related Travel Expenses
 - c. 2021-03: Abatement of Public Nuisances (July 1, 2020 – December 31, 2021)
 - d. 2021-04: 2021 Food License Fee
9. Approve Agreement with the State of Ohio, Development Services Agency to Receive an Ohio TechCred Grant for Reimbursement up to \$30,000.00 for Technical Trainings for a Period of September 1, 2020 through May 31, 2022
10. Approve Agreement with the Center for Marketing & Opinion Research to Operate COVID-19 Vaccination Clinic Call Center for Pre-registration and Clinic Appointment Management at \$50.00 an Hour (up to 160 Hours) for up to \$8,000.00 Effective January 13, 2021
11. Accept Grant from the Association of Food and Drug Officials (AFDO) for a Self-Assessment of FDA (Food and Drug Administration) and AFDO Standards to Receive \$2,500.00 for the Period of January 1, 2021 through December 31, 2021

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12. Acceptance of Reports

- a. Nursing/WIC
- b. Laboratory
- c. OPHII
- d. THRIVE (OEI Annual Report)
- e. Environmental Health
- f. Air Pollution Control
- g. Vital Statistics
- h. Fiscal
- i. Health Commissioner
- j. Performance Management

13. Other Business

14. Next Meeting: Monday, February 22, 2021 at 12:00pm

15. Adjournment

Board of Health Minutes

December 21, 2020



Public Health
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Canton City Public Health

Board of Health Meeting

Monday, December 21, 2020 @ 12:00 PM – Board Room

Minutes

Call to Order and Roll Call

Mayor Bernabei called to order the regular meeting of the Board of Health of Canton City Public Health on Monday, December 21, 2020 at 12:01 PM with a quorum present.

Dr. Hickman, Mr. Wyatt, Dr. Lakritz, Dr. Johns and Ms. Lucas were present. Also present were James Adams, Sean Green and Gus Dria.

Approve Amended November 10, 2020 Board of Health Special Meeting Minutes

Dr. Johns moved and Dr. Hickman seconded a motion to approve the November 10, 2020 Board of Health special meeting minutes. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve November 23, 2020 Board of Health Meeting Minutes

Dr. Hickman moved and Dr. Johns seconded a motion to approve the November 23, 2020 Board of Health meeting minutes. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve December 15, 2020 Board of Health Special Meeting Minutes

Ms. Lucas moved and Mr. Wyatt seconded a motion to approve the December 15, 2020 Board of Health special meeting minutes. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve List of Bills - \$481,878.21

Dr. Johns moved and Dr. Lakritz seconded a motion to approve the list of bills totaling \$481,878.21.

Regarding the coronavirus cleaning services included in the list of bills, Ms. Lucas asked why it is necessary to hire a different cleaning company to provide these services instead of utilizing the same crew which the Health Department employs on a regular basis. James Adams explained that

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December 21, 2020

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the company performs a special cleaning that involves use of a product that the regular cleaning crew does not have access to.

Dr. Lakritz questioned the Health Department's use of funds from COVID grants to pay current staff who have been aiding in COVID activities rather than hiring additional staff to specifically perform these activities. Mr. Adams explained that the Department has made hires to assist with COVID, but can only continue to hire enough people who are willing to apply. He added that the Department feels that the funds available for COVID have been used wisely.

A roll call to vote was taken:

Dr. Hickman – Yes Dr. Lakritz – Yes Mr. Wyatt – Yes

Dr. Johns – Yes Ms. Lucas – Yes

Motion carried unanimously.

Approve Personnel:

a. Probationary Period Ending for Marquetta Esper, Pathways HUB Coordinator (R4), Effective December 11, 2020

Mr. Wyatt moved and Ms. Lucas seconded a motion to approve the probationary period ending for Marquetta Esper, Pathways HUB Coordinator (R4), retroactive to December 11, 2020 with a pay increase of \$825.00 to a salary of \$40,872. A roll call to vote was taken:

Dr. Hickman – Yes Dr. Lakritz – Yes Mr. Wyatt – Yes

Dr. Johns – Yes Ms. Lucas – Yes

Motion carried unanimously.

b. Approve Updated THRIVE Position Classification Schedule to Add Executive Assistant/Office Manager (R4)

Dr. Hickman moved and Dr. Lakritz seconded a motion to approve updated THRIVE Position Classification Schedule to add Executive Assistant/Office Manager (R4). A roll call to vote was taken:

Dr. Hickman – Yes Dr. Lakritz – Yes Mr. Wyatt – Yes

Dr. Johns – Yes Ms. Lucas – Yes

Motion carried unanimously.

c. Reclassification of Danielle Grimm, Executive Assistant (R4), to THRIVE Executive Assistant/Office Manager (R4) Effective December 22, 2020

Ms. Lucas moved and Mr. Wyatt seconded a motion to approve the reclassification of Danielle Grimm, Executive Assistant (R4), to THRIVE Executive Assistant/Office Manager (R4) effective December 22, 2020. A roll call to vote was taken:

Dr. Hickman – Yes Dr. Lakritz – Yes Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

d. Vacation Carryover from 2020 to 2021

Dr. Hickman moved and Mr. Wyatt seconded a motion to approve the following employees to carryover vacation days from 2020 to 2021 with an exception to Health Code 207.18 Vacations, allowing staff to carryover more than five (5) days and to not be required to use them by March 31 of 2021 if carrying over days due to COVID-19 response.

These employees are asking to carryover vacation days due to COVID-19 response:

<u>Employee Name</u>	<u>Hours</u>	<u>Days</u>
Henning, Christina	120	15
Archer, Ashley	22	2.75
Standard, Connie	32	4
Ahmad, Shameem	16	2
McCartney, David	24	3

A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve Resolutions

a. 2020-13: Wage and Salary Increase

Dr. Lakritz moved and Dr. Johns seconded a motion to approve resolution 2020-13: Wage and Salary Increase adjusting pay compensation for Board of Health employees. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve Moral Obligation for Kent State University for \$10,779.68 for the Period of May 14, 2020 to August 12, 2020 for THRIVE Evaluation

Dr. Lakritz moved and Ms. Lucas seconded a motion to approve moral obligation for Kent State University for \$10,779.68 for the period of May 14, 2020 to August 12, 2020 for THRIVE evaluation. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Grants in Response to COVID-19

a. Approve Agreement Addendum with Stark County Combined General Health District to Receive an Additional Amount of \$200,000.00 for a new total of \$274,678.00 (original amount of \$74,678.00 approved September 21, 2020) for a FY21 Contact Tracing Grant with a Period of March 1, 2020 to December 30, 2020

Mr. Wyatt moved and Dr. Johns seconded a motion to approve agreement addendum with Stark County Combined General Health District to receive an additional amount of \$200,000.00 for a new total of \$274,678.00 (original amount of \$74,678.00 approved September 21, 2020 for a FY21 contact tracing grant with a period of March 1, 2020 to December 30, 2020. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve Agreement with Copeco for Maintenance on Six (6) Health Department Copiers for a Period of January 31, 2021 to January 1, 2026 with a Yearly Amount of \$7,590.24 (with up to a 10% yearly increase) with Additional Monthly Overage Costs; Paid from Fund 7601.301001, Administration/VS Fund

Dr. Hickman moved and Mr. Wyatt seconded a motion to approve agreement with Copeco for maintenance on six (6) Health Department copiers for a period of January 31, 2021 to January 1, 2026 with a yearly amount of \$7,590.24 (with up to a 10% yearly increase) with additional monthly overage costs; paid from fund 7601.301001, Administration/VS Fund. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve Service Agreement for Stanley Access Technologies for a Period of January 1, 2021 through December 31, 2025 with a Yearly Payment of \$200.00 (\$1,000.00 total) for Preventative Maintenance on the Stanley Slider Dual Electronic Door; Paid from Fund 7601.301001, Administration/VS Fund

Dr. Lakritz moved and Dr. Hickman seconded a motion to approve a service agreement for Stanley Access Technologies for a period of January 1, 2021 through December 31, 2025 with a yearly payment of \$200.00 (\$1,000.00 total) for preventative maintenance on the Stanley Slider Dual Electronic Door; paid from Fund 7601.301001, Administration/VS Fund. A roll call to vote was taken:

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Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Authorize a FY21 Contract with Jon Elias, MD as the Health Department’s Medical Director for \$13,500.00 for a Period of January 1, 2021 through December 31, 2021 (\$1,000.00 a Month Plus up to \$1,500.00 for Reimbursement for Travel and Training); Paid from Fund 7601 303001, Nursing Fund

Dr. Lakritz moved and Dr. Hickman seconded a motion to authorize a FY21 contract with Jon Elias, MD as the Health Department’s Medical Director for \$13,500.00 for a period of January 1, 2021 through December 31, 2021. (\$1,000.00 a month plus up to \$1,500.00 for reimbursement for travel and training); paid from fun 7601.303001, Nursing fund. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY21 Agreement with LaToya Dickens-Jones to Provide Nurse Practitioner Services on an as Needed Basis for the Health Department from January 1, 2021 through December 31, 2021 at a Rate of \$35.48 per Hour not to Exceed \$2,128.80 (up to 60 hours); Paid from Fund 7601 303001, Nursing Fund

Dr. Hickman moved and Dr. Lakritz seconded a motion to approve a FY21 agreement with LaToya Dickens-Jones to provide Nurse Practitioner services on an as needed basis for the Health Department from January 1, 2021 through December 31, 2021 at a rate of \$35.48 per hour not to exceed \$2,128.80 (up to 60 hours); paid from fund 7601.303001, Nursing fund. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY21 Contract with R & G Janitorial Inc. at an amount not to Exceed \$25,800.00 (\$2,150.00/month) for Custodial Cleaning Services for the Health Department for the period January 1, 2021 through December 31, 2021; Paid from Fund 7601 301001, Administration/VS Fund

Mr. Wyatt moved and Dr. Johns seconded a motion to approve a FY21 contract with R&G Janitorial Inc. at an amount not to exceed \$25,800.00 (\$2,150.00/month) for custodial cleaning services for the Health Department for the period January 1, 2021 through December 31, 2021: paid from fund 7601.301001, Administration/VS fund. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

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Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY21 Agreement with SCF Development, Ltd. for Lease of Office space at 400 Market Ave N, 3rd Floor, Canton, Ohio 44702 for the THRIVE Offices for the period of February 1, 2021 through January 31, 2023 at an amount not to exceed \$36,624.72 (\$1,526.03/month); Paid from Fund 2314, THRIVE

Ms. Lucas moved and Dr. Johns seconded a motion to approve a FY21 agreement with SCF Development, Ltd. for lease of office space at 400 Market Ave N, 3rd floor, Canton, Ohio 44702 for the THRIVE offices for the period of February 1, 2021 through January 31, 2023 at an amount not to exceed \$36,624.72 (\$1,526.03/month); paid from fund 2314, THRIVE. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve an Amendment to the HUB Services Agreement dated September 2019 established between the Hospital Council of Northwest Ohio Pathways HUB and Canton City Public Health.

Dr. Lakritz moved and Dr. Johns seconded a motion to approve an amendment to the HUB Services Agreement dated September 2019 established between the Hospital Council of Northwest Ohio Pathways HUB and Canton City Public Health. Effective January 1, 2021, this amendment establishes a month-to-month agreement that either party can terminate at the end of any month after providing notice to the other party prior to the first of the month of termination. HCNO will pay THRIVE 100% of the “Managed Care Payment to THRIVE” and 100% of the “Managed Care Payment to HCNO” for THRIVE Care Coordination billed through HCNO managed care contracts for outcome payments related to services provided by the Stark County THRIVE Pathways HUB. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Authorize a Contract with Care Coordination Services (CCS) for Support Services, Upgrades, and Other Services Pursuant to the Software License Agreement Providing Stark County THRIVE Pathways HUB Staff and Care Coordination Agencies Access and Use of the CCS’s Community Health Record Platform, Including its Accompanying Applications for the Period of January 1, 2021 through December 31, 2025 at an Amount not to Exceed \$255,560.46.

Ms. Lucas moved and Dr. Lakritz seconded a motion to authorize a contract with Care Coordination Services (CCS) for support services, upgrades and other services pursuant to the

Software License Agreement providing Stark County THRIVE Pathways HUB staff and Care Coordination Agencies access and use of the CCS's Community Health Record platform, including its accompanying applications for the period of January 1, 2021 through December 31, 2025 at an amount not to exceed \$255,560.46. The license fee for every year of any renewal term will be increased by (a) 5% over the previous year, or (b) the annualized rate of inflation most recently published by the Bureau of Labor Statistics of the United States Department of Labor; rounded to the nearest \$500, whichever is greater. Yearly cost breakdown for the period is \$46,250 year one, \$48,562.50 year two, \$50,990.63 year three, \$53,540.16 year four, and \$56,217.17 year five. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY20 Addendum for Contact Monitoring Team Member Brianna Brewer to Provide Contact Tracing Services for the Period of July 1, 2020 to December 31, 2020 to Receive an Additional Amount of \$520.00 for a New Total of \$6,760.00 (original amount of \$6,240.00); Paid from Fund 2328.301019

Dr. Hickman moved and Ms. Lucas seconded a motion to approve a FY20 addendum for Contact Monitoring Team Member Brianna Brewer to provide contact tracing services for the period of July 1, 2020 to December 31, 2020 to receive an additional amount of \$520.00 for a new total of \$6,760.00 (original amount of \$6,240.00); paid from fund 2328.301019.

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY20 Agreement for Contact Monitoring Team Members to Provide Contact Tracing Services for the Period of November 30, 2020 to December 31, 2020 at a Rate of \$13.00 per Hour not to Exceed \$1,300.00 (up to 100 hours); Paid from Fund 2328.301019 for the following:

- a. Pamela Kotagides
- b. Doyle Walker

Mr. Wyatt moved and Ms. Lucas seconded a motion to approve a FY20 addendum for Contact Monitoring Team Members to provide contact tracing services for the period of November 30, 2020 to December 31, 2020 at a rate of \$13.00 per hour not to exceed \$1,300.00 (up to 100 hours); paid from fund 2328.301019 for the above Contact Monitoring Team Members. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY21 Agreement for Contact Monitoring Team Members to Provide Contact Tracing Services for the Period of January 1, 2021 to December 31, 2021 at a Rate of \$14.00 per Hour not to Exceed \$14,560.00 (up to 1,040 hours); Paid from Fund 2328.301019 for the following:

- a. Fathiyyah Farrakhan
- b. Brianna Brewer
- c. Doyle Walker
- d. Jennifer Mongold
- e. Kevin Henderson

Mr. Wyatt moved and Dr. Johns seconded a motion to approve a FY21 agreement for Contact Monitoring Team Members to provide contact tracing services for the period of January 1, 2021 to December 31, 2021 at a rate of \$14.00 per hour not to exceed \$14,560.00 (up to 1,040 hours); paid from fun 2328.301019 for the above Contact Monitoring Team Members. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Approve a FY21 Agreement with Maria Anaya for Spanish Interpretation Services for COVID-19 Activities for the Period of January 1, 2021 to December 31, 2021 at a Rate of \$22.50 per Hour not to Exceed \$11,250.00 (up to 500 Hours); Paid from Fund 2328.301019

Dr. Hickman moved and Ms. Lucas seconded a motion to approve a FY21 agreement with Maria Anaya for Spanish Interpretation Services for COVID-19 activities for the period of January 1, 2021 to December 31, 2021 at a rate of \$22.50 per hour not to exceed \$11,250.00 (up to 500 hours); paid from fund 2328.301019. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Receipt of 2019 Canton City Public Health Annual Report

Dr. Johns moved and Dr. Hickman seconded a motion to acknowledge receipt of the 2019 Canton City Public Health Annual Report. A roll call to vote was taken:

Dr. Hickman – Yes

Dr. Lakritz – Yes

Mr. Wyatt – Yes

Dr. Johns – Yes

Ms. Lucas – Yes

Motion carried unanimously.

Acceptance of Division Reports

- a. Nursing/WIC – Nothing additional.
- b. Laboratory – Nothing additional.
- c. Environmental Health – Hours have changed at the Recycle Center. Center is now open on Tuesdays and Fridays from 9:00am to 3:00pm.
- d. Vital Statistics – Nothing additional.
- e. Fiscal – Nothing additional.
- f. Health Commissioner – Federal Government has approved Pfizer and Moderna vaccines for emergency use authorization. Aultman Hospital has received 975 initial doses of the Pfizer vaccine and has proceeded to vaccinate some of their most at-risk employees. The Health Department will be receiving the Moderna vaccine and anticipates delivery by this Tuesday or Wednesday. Plan is to hold vaccination clinics and administer vaccinations to staff who are providing vaccinations to other people, including Public Health staff and EMS/Fire staff for the City of Canton. Next step is to expand out to Tier 1a providers.

Drive-up COVID testing event was held last Wednesday, December 16, 2020. Of the 508 individuals who were tested, 106 were positive. No plans of scheduling future testing events just yet, as we don't know what the funding situation will be for the Ohio National Guard.

Other Business

Ms. Lucas began mentioned the recent report “Protecting Stark’s Future: A Call to Coordinate Child Poverty Strategies” and asked Commissioner Adams if he is aware of an organization or agency that is coordinating efforts to address childhood poverty. Mr. Adams stated that he does not yet know of any group that is spearheading these efforts. He added that we have long recognized poverty as a significant driver of health disparities within the community, and it will be a pillar of the CCPH Strategic Plan.

Announcement of Next Meeting: Monday, January 25, 2021 at 12:00 PM

The next regular scheduled meeting of the Board of Health of Canton City Public Health will be on Monday, January 25, 2021 at 12:00 PM.

Adjourn

Dr. Hickman moved and Mr. Wyatt seconded a motion to adjourn. Motion carried unanimously. The meeting adjourned at 1:43 PM.

President of the Board of Health

Secretary to the Board of Health

Date of Approval



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2312 - STD Control Program											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9869853164 (1)	Tablet Data Service for DIS, LTC and EIS	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	40.11	
Account 705.05 - Professional Services Computer Access Line Fees Totals										Invoice Transactions 1	<u>\$40.11</u>
Account 705.06 - Professional Services Other Professional Services											
186 - AULTMAN HOSPITAL	FTA 2020-11	ACCOUNT# 099915682 -9603	Open		12/31/2020	01/13/2021	* 01/13/2021			14.75	
52334 - LEXISNEXIS RISK DATA MANAGEMENT INC	1672320-20201231	Monthly Database Services for 2020	Edit		12/31/2020	01/30/2021	* 01/13/2021			180.00	
Account 705.06 - Professional Services Other Professional Services Totals										Invoice Transactions 2	<u>\$194.75</u>
Account 713.13 - Utilities Telephone											
51874 - VERIZON WIRELESS	9869846292 (1)	Cell Phone for DIS, LTC and EIS	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	99.24	
Account 713.13 - Utilities Telephone Totals										Invoice Transactions 1	<u>\$99.24</u>
Account 734.58 - Supplies Miscellaneous Supplies											
24836 - MCKESSON MEDICAL - SURGICAL	FY20STI Supplies	STI Supplies as needed	Edit		12/16/2020	01/15/2021	* 01/19/2021			1,493.51	
Account 734.58 - Supplies Miscellaneous Supplies Totals										Invoice Transactions 1	<u>\$1,493.51</u>
Department 301001 - Health - Administration Totals										Invoice Transactions 5	<u>\$1,827.61</u>
Fund 2312 - STD Control Program Totals										Invoice Transactions 5	<u>\$1,827.61</u>



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2314 - Infant Mortality Reduction											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
50073 - TIME WARNER CABLE	312559704010521	Monthly Internet Service for THRIVE	Paid by Check		01/05/2021	01/21/2021	01/15/2021		01/15/2021	136.97	
			# 673754								
Account 705.05 - Professional Services Computer Access Line Fees Totals										Invoice Transactions 1	<u>\$136.97</u>
Account 705.14 - Professional Services Maintenance Contracts											
22899 - GRAPHIC ENTERPRISES	21AR1012227	THRIVE Copier Lease for 2020 and Overage Costs	Edit		12/14/2020	12/24/2020	* 01/13/2021			125.64	
53112 - CARE COORDINATION SYSTEMS LLC	20-107a	Community Health Record System License with 25 additional users	Edit		01/11/2021	02/01/2021	01/19/2021			46,250.00	
22899 - GRAPHIC ENTERPRISES	21AR1018530	THRIVE Copier Lease Agreement	Edit		01/14/2021	01/24/2021	01/19/2021			125.64	
Account 705.14 - Professional Services Maintenance Contracts Totals										Invoice Transactions 3	<u>\$46,501.28</u>
Account 706.36 - Contract Service Health Contract Grant Expend											
1800 - STARK COUNTY HEALTH DEPARTMENT	1stQtr OEI Grant	FY21 OEI Grant, Fetal Infant Morality Board	Edit		01/11/2021	01/12/2021	* 01/12/2021			4,843.75	
Account 706.36 - Contract Service Health Contract Grant Expend Totals										Invoice Transactions 1	<u>\$4,843.75</u>
Account 713.13 - Utilities Telephone											
50073 - TIME WARNER CABLE	312559704010521	Telephone Service for THRIVE	Paid by Check		01/05/2021	01/21/2021	01/15/2021		01/15/2021	239.94	
51874 - VERIZON WIRELESS	9868372511	Cell Phone Service for Elonda Williams	Paid by Check		12/03/2020	12/26/2020	* 01/20/2021		01/20/2021	50.94	
Account 713.13 - Utilities Telephone Totals										Invoice Transactions 2	<u>\$290.88</u>
Account 773.43 - Lease and Rental Payments Other Rentals											
51594 - SCF DEVELOPMENT LTD	Jan-Feb20 Rent	THRIVE Office Space Rental	Edit		01/06/2021	01/19/2021	01/19/2021			5,220.39	
Account 773.43 - Lease and Rental Payments Other Rentals Totals										Invoice Transactions 1	<u>\$5,220.39</u>
Department 301001 - Health - Administration Totals										Invoice Transactions 8	<u>\$56,993.27</u>
Fund 2314 - Infant Mortality Reduction Totals										Invoice Transactions 8	<u>\$56,993.27</u>



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2316 - WIC											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9869819634 (1)	Cell Phone and Hot Spot Service, WIC Program	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	80.22	
									Account 705.05 - Professional Services Computer Access Line Fees Totals	Invoice Transactions 1	<u>\$80.22</u>
Account 706.36 - Contract Service Health Contract Grant Expend											
1121 - MASSILLON CITY HEALTH DEPT	Dec20 WIC Grant	Quarterly WIC Reimbursement for WIC Clinic	Edit		01/12/2021	01/12/2021	* 01/12/2021			8,159.41	
1800 - STARK COUNTY HEALTH DEPARTMENT	Dec20 WIC Grant	Quarterly WIC Reimbursement for WIC Clinic	Edit		01/05/2021	01/12/2021	* 01/12/2021			26,460.84	
									Account 706.36 - Contract Service Health Contract Grant Expend Totals	Invoice Transactions 2	<u>\$34,620.25</u>
Account 713.14 - Utilities Cell Phones											
51874 - VERIZON WIRELESS	9869819634 (2)	Additional WIC Costs for Cell Phones for Dec 2020	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	347.34	
									Account 713.14 - Utilities Cell Phones Totals	Invoice Transactions 1	<u>\$347.34</u>
Account 734.10 - Supplies Postage											
2137 - CITY TREASURER ONLY	FOR:DEPOSIT 10/11/12-20 WIC	Postage for WIC, as needed	Edit		11/13/2020	01/13/2021	* 01/13/2021			61.12	
									Account 734.10 - Supplies Postage Totals	Invoice Transactions 1	<u>\$61.12</u>
									Department 301001 - Health - Administration Totals	Invoice Transactions 5	<u>\$35,108.93</u>
									Fund 2316 - WIC Totals	Invoice Transactions 5	<u>\$35,108.93</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2318 - HIV Prevention											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9869853164 (1)	Tablet Data Service for DIS, LTC and EIS	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	40.11	
Account 705.05 - Professional Services Computer Access Line Fees Totals										Invoice Transactions 1	<u>40.11</u>
Account 705.40 - Professional Services Advertising/Sponsorship											
52620 - WDPN-AM/ WDJQ-FM RADIO STATIONS	9720-1	Radio Advertising for HIV Testing	Edit		12/31/2020	01/15/2021	* 01/15/2021			2,500.00	
52826 - WHBC- AM/FM	IN-1201222550	IN-1201222549	Edit		12/06/2020	01/15/2021	* 01/15/2021			365.00	
Account 705.40 - Professional Services Advertising/Sponsorship Totals										Invoice Transactions 2	<u>\$2,865.00</u>
Account 706.36 - Contract Service Health Contract Grant Expend											
85 - ALLIANCE CITY HEALTH DEPT	Dec20 HIV Grant	2020 HIV Sub-Grantee for HIV Prevention	Open		01/06/2021	01/13/2021	* 01/13/2021			1,615.47	
38878 - NEW PHILADELPHIA CITY HEALTH DEPARTMENT	Dec20 HIV Grant	2020 HIV Sub-Grantee for HIV Prevention	Edit		12/31/2020	01/13/2021	* 01/13/2021			504.93	
52684 - JEFFERSON COUNTY HEALTH DEPT	Nov/Dec20 HIV	HIV Prevention Sub-grantee	Edit		12/30/2020	01/15/2021	* 01/15/2021			1,385.45	
Account 706.36 - Contract Service Health Contract Grant Expend Totals										Invoice Transactions 3	<u>\$3,505.85</u>
Account 734.11 - Supplies Miscellaneous Office Supplies											
905 - INDEPENDENCE BUSINESS SUPPLY	1808822-0	Office Supplies for HIV Grant	Edit		11/25/2020	01/14/2021	* 01/14/2021			139.52	
Account 734.11 - Supplies Miscellaneous Office Supplies Totals										Invoice Transactions 1	<u>\$139.52</u>
Account 734.13 - Supplies Freight											
25372 - EDUCATION, TRAINING & RESEARCH ASSOCIATES (ETR)	264042	HIV and Sexual Health Pamphlets	Edit		12/08/2020	01/15/2021	* 01/15/2021			71.36	
51021 - HOPKINS MEDICAL PRODUCTS	IN01217573	IN01208937	Edit		12/15/2020	01/15/2021	* 01/15/2021			46.49	
Account 734.13 - Supplies Freight Totals										Invoice Transactions 2	<u>\$117.85</u>
Account 734.58 - Supplies Miscellaneous Supplies											
25372 - EDUCATION, TRAINING & RESEARCH ASSOCIATES (ETR)	264042	HIV and Sexual Health Pamphlets	Edit		12/08/2020	01/15/2021	* 01/15/2021			446.00	
51021 - HOPKINS MEDICAL PRODUCTS	IN01217573	IN01208937	Edit		12/15/2020	01/15/2021	* 01/15/2021			1,422.50	
13669 - TOTAL ACCESS GROUP INC.	TS1046637	HIV Grant Supplies	Edit		11/23/2020	12/23/2020	* 01/15/2021			881.00	
24836 - MCKESSON MEDICAL - SURGICAL	FY20HIV Supplies	HIV Grant Supplies	Edit		12/08/2020	01/07/2021	* 01/19/2021			5,440.26	
Account 734.58 - Supplies Miscellaneous Supplies Totals										Invoice Transactions 4	<u>\$8,189.76</u>
Department 301001 - Health - Administration Totals										Invoice Transactions 13	<u>\$14,858.09</u>
Fund 2318 - HIV Prevention Totals										Invoice Transactions 13	<u>\$14,858.09</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2319 - Early Intervention Services											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9869853164 (2)	Tablet Data Service forEIS (04/01/2020 - 03/31/2021)	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	40.11	
									Account 705.05 - Professional Services Computer Access Line Fees Totals	Invoice Transactions 1	<u>\$40.11</u>
Account 705.06 - Professional Services Other Professional Services											
51563 - STERICYCLE	1010426312	SWAP Needle Biohazard Disposal	Edit		12/31/2020	01/30/2021	* 01/19/2021			95.26	
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 1	<u>\$95.26</u>
Account 705.40 - Professional Services Advertising/Sponsorship											
50323 - LAMAR COMPANIES	112066499	HIV Testing Awareness Billboard, with Vinyl Cost 2020	Edit		12/14/2020	01/19/2021	01/19/2021			165.00	
									Account 705.40 - Professional Services Advertising/Sponsorship Totals	Invoice Transactions 1	<u>\$165.00</u>
Account 713.14 - Utilities Cell Phones											
51874 - VERIZON WIRELESS	9869846292 (2)	Cell Phone Monthly Service for EIS (04/01/2020 - 03/31/2021)	Paid by Check # 673890		12/23/2020	01/15/2021	* 01/20/2021		01/20/2021	49.62	
									Account 713.14 - Utilities Cell Phones Totals	Invoice Transactions 1	<u>\$49.62</u>
									Department 301001 - Health - Administration Totals	Invoice Transactions 4	<u>\$349.99</u>
									Fund 2319 - Early Intervention Services Totals	Invoice Transactions 4	<u>\$349.99</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2320 - Nursing Clinic Activity Fund											
Department 303002 - Travel Clinic											
Account 705.06 - Professional Services Other Professional Services											
41719 - MILLER'S REFRIGERATION	771224	Labor and Repair of Nursing Freezer, 12/31/2020	Edit		12/30/2020	01/30/2021	01/19/2021			223.00	
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 1	<u>\$223.00</u>
Account 734.58 - Supplies Miscellaneous Supplies											
9242 - HENRY SCHEIN INC.	87471293,	INV #79324578	Edit		07/07/2020	01/15/2021	* 01/15/2021			249.52	
									Account 734.58 - Supplies Miscellaneous Supplies Totals	Invoice Transactions 1	<u>\$249.52</u>
									Department 303002 - Travel Clinic Totals	Invoice Transactions 2	<u>\$472.52</u>
									Fund 2320 - Nursing Clinic Activity Fund Totals	Invoice Transactions 2	<u>\$472.52</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 2321 - Get Vaccinated Ohio (IAP)										
Department 301001 - Health - Administration										
Account 706.36 - Contract Service Health Contract Grant Expend										
1800 - STARK COUNTY HEALTH DEPARTMENT	Dec20 GV Grant	Get Vacciated FY21 Grant	Edit		01/11/2021	01/12/2021	* 01/12/2021			2,111.00
85 - ALLIANCE CITY HEALTH DEPT	Dec20 GV Grant	Get Vacciated FY21 Grant	Open		01/06/2021	01/13/2021	* 01/13/2021			2,578.00
							Account 706.36 - Contract Service Health Contract Grant Expend Totals	Invoice Transactions	2	<u>\$4,689.00</u>
							Department 301001 - Health - Administration Totals	Invoice Transactions	2	<u>\$4,689.00</u>
							Fund 2321 - Get Vaccinated Ohio (IAP) Totals	Invoice Transactions	2	<u>\$4,689.00</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2324 - NALOXONE ACCESS GRANT FUND											
Department 301001 - Health - Administration											
Account 734.10 - Supplies Postage											
2137 - CITY TREASURER ONLY	FOR:DEPOSIT 10-20, 11-20 NX	Postage for Naloxone Grant	Edit		11/13/2020	01/13/2021	* 01/13/2021			35.45	
								Account 734.10 - Supplies Postage Totals		Invoice Transactions 1	<u>\$35.45</u>
								Department 301001 - Health - Administration Totals		Invoice Transactions 1	<u>\$35.45</u>
								Fund 2324 - NALOXONE ACCESS GRANT FUND Totals		Invoice Transactions 1	<u>\$35.45</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2328 - Public Health Infrastructure											
Department 301001 - Health - Administration											
Account 705.06 - Professional Services Other Professional Services											
52923 - MARIA A ANAYA	17-2020	Interpretation Services	Paid by Check		12/16/2020	12/18/2020	12/22/2020		12/22/2020	56.25	
		05/07/20 - 12/31/2020	# 673181								
52923 - MARIA A ANAYA	18-2020	Interpretation Services	Paid by Check		01/04/2021	01/05/2021	* 01/08/2021		01/08/2021	95.63	
		05/07/20 - 12/31/2020	# 673397								
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 2	\$151.88
Account 705.22 - Professional Services MARCS Radio Service Fee											
1941 - TREASURER STATE OF OHIO	21RC01030	MARC's Radios,	Edit		12/08/2020	01/07/2021	* 01/15/2021			390.00	
		07/01/2020 - 06/30/2021									
									Account 705.22 - Professional Services MARCS Radio Service Fee Totals	Invoice Transactions 1	\$390.00
									Department 301001 - Health - Administration Totals	Invoice Transactions 3	\$541.88
Department 301019 - COVID-19 STIMULUS											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9870044802 (3)	Cell Phones/Hot Spot	Edit		12/26/2020	01/18/2021	* 01/19/2021			40.11	
		Used for COVID-19									
									Account 705.05 - Professional Services Computer Access Line Fees Totals	Invoice Transactions 1	\$40.11
Account 705.06 - Professional Services Other Professional Services											
52973 - BREWER, BRIANNA	12-2020	Contact Tracing	Paid by Check		12/18/2020	12/18/2020	12/22/2020		12/22/2020	604.50	
		Contract Services	# 673185								
53019 - FATHIYYAH FARRAKHAN	8-2020	Contact Tracing	Paid by Check		12/18/2020	12/18/2020	12/22/2020		12/22/2020	484.25	
		Contract Services	# 673222								
53091 - KOTAGIDES, PAMELA M.	1-2020	FY20 Contact Tracing,	Paid by Check		12/18/2020	12/18/2020	12/22/2020		12/22/2020	159.25	
		11/30/20-12/31/20	# 673232								
52975 - KRATZER, ROBIN L.	12-2020	Contact Tracing	Paid by Check		12/18/2020	12/18/2020	12/22/2020		12/22/2020	169.00	
		Contract Services	# 673233								
53093 - WALKER, DOYLE	1-2020	FY20 Contact Tracing,	Paid by Check		12/18/2020	12/18/2020	12/22/2020		12/22/2020	149.50	
		11/30/20-12/31/20	# 673247								
52973 - BREWER, BRIANNA	13-2020	Contact Tracing	Paid by Check		01/04/2021	01/05/2021	* 01/08/2021		01/08/2021	542.75	
		Contract Services	# 673398								
53019 - FATHIYYAH FARRAKHAN	9-2020	Contact Tracing	Paid by Check		01/04/2021	01/05/2021	* 01/08/2021		01/08/2021	308.75	
		Contract Services	# 673403								
53091 - KOTAGIDES, PAMELA M.	2-2020	FY20 Contact Tracing,	Paid by Check		01/04/2021	01/05/2021	* 01/08/2021		01/08/2021	39.00	
		11/30/20-12/31/20	# 673406								
53093 - WALKER, DOYLE	2-2020	FY20 Contact Tracing,	Paid by Check		01/04/2021	01/05/2021	* 01/08/2021		01/08/2021	156.00	
		11/30/20-12/31/20	# 673419								
43145 - TELELANGUAGE, INC.	TL122121 (2)	Interpretation Services,	Edit		12/11/2020	01/10/2021	* 01/15/2021			197.20	
		as needed for Contact									
		Tracing									
30760 - AULTWORKS	221292	Fit Testing for	Edit		01/05/2021	02/04/2021	* 01/19/2021			127.88	
		Employees - COVID-19									
		Response									
50483 - CENTER FOR MARKETING & OPINION RESEARCH	2995	COVID-19 Vaccination	Edit		01/18/2021	01/18/2021	01/19/2021			8,000.00	
		Clinic Call Center									



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2328 - Public Health Infrastructure											
Department 301019 - COVID-19 STIMULUS											
Account 705.06 - Professional Services Other Professional Services											
52923 - MARIA A ANAYA	1-2021	Contact Tracing Contract Services, Interpretation Services	Edit		01/15/2021	01/20/2021	01/20/2021			22.50	
52973 - BREWER, BRIANNA	1-2021	Contact Tracing Contract Services	Edit		01/19/2021	01/20/2021	01/20/2021			668.50	
53019 - FATHIYYAH FARRAKHAN	1-2021	Contact Tracing Contract Services	Edit		01/19/2021	01/20/2021	01/20/2021			259.00	
51412 - JENNIFER MONGOLD	1-2021	Contact Tracing Contract Services	Edit		01/19/2021	01/20/2021	01/20/2021			56.00	
53093 - WALKER, DOYLE	1-2021	Contact Tracing Contract Services	Edit		01/19/2021	01/20/2021	01/20/2021			255.50	
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 17	<u>\$12,199.58</u>
Account 706.11 - Contract Service Insurance											
1537 - PUBLIC ENTITIES POOL OF OHIO	101431	Liability Insurance: 2 Contact Tracers - Walker & Kotagides	Edit		12/09/2020	01/13/2021	* 01/13/2021			300.00	
									Account 706.11 - Contract Service Insurance Totals	Invoice Transactions 1	<u>\$300.00</u>
Account 713.14 - Utilities Cell Phones											
51874 - VERIZON WIRELESS	9870044802 (3)	Cell Phones/Hot Spot Used for COVID-19	Edit		12/26/2020	01/18/2021	* 01/19/2021			840.02	
									Account 713.14 - Utilities Cell Phones Totals	Invoice Transactions 1	<u>\$840.02</u>
Account 734.11 - Supplies Miscellaneous Office Supplies											
905 - INDEPENDENCE BUSINESS SUPPLY	1818404-0/1	Inv #1822278-0	Edit		01/05/2021	01/14/2021	01/14/2021			394.64	
905 - INDEPENDENCE BUSINESS SUPPLY	COVID Supplies	INV #1817671-0, 1817402-0, 1816102-0	Edit		12/22/2020	01/14/2021	* 01/14/2021			196.39	
									Account 734.11 - Supplies Miscellaneous Office Supplies Totals	Invoice Transactions 2	<u>\$591.03</u>
Account 734.13 - Supplies Freight											
43051 - SYNCB/AMAZON	COVID Supplies	INVOICE #437446784549, #458744754633	Edit		12/12/2020	03/05/2021	* 01/19/2021			8.00	
									Account 734.13 - Supplies Freight Totals	Invoice Transactions 1	<u>\$8.00</u>
Account 734.18 - Supplies Furniture/Fixtures (\$0-\$999.99)											
905 - INDEPENDENCE BUSINESS SUPPLY	1810464-0	Filing Cabinets/Shelves for COVID-19 Paperwork	Edit		12/04/2020	01/13/2021	* 01/13/2021			612.73	
									Account 734.18 - Supplies Furniture/Fixtures (\$0-\$999.99) Totals	Invoice Transactions 1	<u>\$612.73</u>
Account 734.58 - Supplies Miscellaneous Supplies											
548 - DAVIES DRUG	00092498	Emergency COVID-19 Supplies for Clinics	Edit		12/21/2020	01/15/2021	* 01/15/2021			1,050.00	
24836 - MCKESSON MEDICAL - SURGICAL	17100753	Medications for Offsite Vaccination Clinics for COVID-19	Edit		12/23/2020	01/22/2021	* 01/19/2021			113.89	



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 2328 - Public Health Infrastructure										
Department 301019 - COVID-19 STIMULUS										
Account 734.58 - Supplies Miscellaneous Supplies										
53003 - NICHOLS PAPER & SUPPLY CO.	6832599-01	Purchase of gloves, related to COVID-19	Edit		01/11/2021	02/05/2021	* 01/19/2021			596.31
43051 - SYNCB/AMAZON	COVID Supplies	INVOICE #437446784549, #458744754633	Edit		12/12/2020	03/05/2021	* 01/19/2021			171.68
51874 - VERIZON WIRELESS	9870044802 (1)	Power Cords for New iPhones for Contact Tracers	Edit		12/26/2020	01/18/2021	* 01/19/2021			134.82
							Account 734.58 - Supplies Miscellaneous Supplies Totals	Invoice Transactions	5	<u>\$2,066.70</u>
							Department 301019 - COVID-19 STIMULUS Totals	Invoice Transactions	29	<u>\$16,658.17</u>
							Fund 2328 - Public Health Infrastructure Totals	Invoice Transactions	32	<u>\$17,200.05</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2331 - Air Pollution (134)											
Department 301001 - Health - Administration											
Account 713.12 - Utilities Electric											
1366 - OHIO EDISON CO.	Dec20 APC Elec	Account #110 033 872 497	Edit		01/06/2021	01/27/2021	* 01/15/2021			74.17	
									Account 713.12 - Utilities Electric Totals	Invoice Transactions 1	<u>\$74.17</u>
Account 713.14 - Utilities Cell Phones											
51874 - VERIZON WIRELESS	9869853332	Additional Costs for Cell Phone for APC Employees, 2020	Edit		12/23/2020	01/15/2021	* 01/19/2021			198.48	
									Account 713.14 - Utilities Cell Phones Totals	Invoice Transactions 1	<u>\$198.48</u>
Account 734.10 - Supplies Postage											
2137 - CITY TREASURER ONLY	FOR:DEPOSIT 12-20 AP	Postage for APC, as needed in 2020	Edit		01/08/2021	01/13/2021	* 01/13/2021			67.85	
									Account 734.10 - Supplies Postage Totals	Invoice Transactions 1	<u>\$67.85</u>
Account 734.13 - Supplies Freight											
39452 - UPS	E11A07510	Freight and Shipping Costs, as needed in 2020	Edit		12/19/2020	01/18/2021	* 01/19/2021			14.05	
39452 - UPS	E11A07021	Freight and Shipping Costs, as needed in 2021, APC	Edit		01/09/2021	02/08/2021	01/19/2021			33.39	
									Account 734.13 - Supplies Freight Totals	Invoice Transactions 2	<u>\$47.44</u>
Account 734.57 - Supplies Machine Parts and Supplies											
21121 - GRAINGER	9745531823	APC Miscellaneous Parts and Supplies, as needed in 2020	Edit		12/14/2020	01/13/2021	* 01/15/2021			33.30	
									Account 734.57 - Supplies Machine Parts and Supplies Totals	Invoice Transactions 1	<u>\$33.30</u>
Account 773.41 - Lease and Rental Payments Building Rental											
35010 - BREWSTER-SUGARCREEK TWP HISTORICAL SOCIETY	340	2020 Rental Fees for Air Monitoring Site	Edit		12/31/2020	01/19/2021	* 01/19/2021			200.00	
									Account 773.41 - Lease and Rental Payments Building Rental Totals	Invoice Transactions 1	<u>\$200.00</u>
									Department 301001 - Health - Administration Totals	Invoice Transactions 7	<u>\$621.24</u>
									Fund 2331 - Air Pollution (134) Totals	Invoice Transactions 7	<u>\$621.24</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund 2351 - Food Protection Program										
Department 301001 - Health - Administration										
Account 747.14 - Refunds, Claims and Reimbursements Reimbursements										
1941 - TREASURER STATE OF OHIO	Dec20 RFE Reimb.	2020 Retail Food Establishment Reimbursement to the State	Edit		01/12/2021	01/12/2021	* 01/12/2021			28.00
							Account 747.14 - Refunds, Claims and Reimbursements Reimbursements Totals		Invoice Transactions 1	<u>\$28.00</u>
							Department 301001 - Health - Administration Totals		Invoice Transactions 1	<u>\$28.00</u>
							Fund 2351 - Food Protection Program Totals		Invoice Transactions 1	<u>\$28.00</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2353 - Swimming Pool											
Department 301001 - Health - Administration											
Account 747.14 - Refunds, Claims and Reimbursements Reimbursements											
1941 - TREASURER STATE OF OHIO	Jul/Nov20	Pool 2020 Public Swimming	Edit		01/12/2021	01/12/2021	* 01/12/2021			240.00	
		Pool Reimbursement to the State									
		Account 747.14 - Refunds, Claims and Reimbursements Reimbursements Totals								Invoice Transactions 1	<u>\$240.00</u>
		Department 301001 - Health - Administration Totals								Invoice Transactions 1	<u>\$240.00</u>
		Fund 2353 - Swimming Pool Totals								Invoice Transactions 1	<u>\$240.00</u>



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Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 2354 - Solid Waste Program											
Department 307001 - Environmental Health Administration											
Account 734.12 - Supplies Outside Printing											
3140 - PRO-ART SIGNS LLC	4436	Vinyl Patches for Recycle Center Sign	Edit		12/02/2020	01/15/2021	* 01/15/2021			20.00	
									Account 734.12 - Supplies Outside Printing Totals	Invoice Transactions 1	<u>\$20.00</u>
Account 734.21 - Supplies Fuels											
38997 - MATHESON TRI-GAS INC	22775395	Propane for the Recycling Center, as needed in 2020	Edit		12/16/2020	01/15/2021	* 01/15/2021			46.95	
									Account 734.21 - Supplies Fuels Totals	Invoice Transactions 1	<u>\$46.95</u>
									Department 307001 - Environmental Health Administration Totals	Invoice Transactions 2	<u>\$66.95</u>
									Fund 2354 - Solid Waste Program Totals	Invoice Transactions 2	<u>\$66.95</u>



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 4501 - Capital Projects											
Department 301001 - Health - Administration											
Account 758.06 - Capital Outlay Equipment(over \$5000)											
51510 - LIBERTY FORD LINCOLN CANTON LLC	Ford Fusion	2020 Ford Fusion Hybrid for Nursing	Edit		12/09/2020	01/15/2021	* 01/15/2021			22,091.00	
								Account 758.06 - Capital Outlay Equipment(over \$5000) Totals		Invoice Transactions 1	<u>\$22,091.00</u>
								Department 301001 - Health - Administration Totals		Invoice Transactions 1	<u>\$22,091.00</u>
								Fund 4501 - Capital Projects Totals		Invoice Transactions 1	<u>\$22,091.00</u>



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 7601 - Health Fund											
Department 301001 - Health - Administration											
Account 705.05 - Professional Services Computer Access Line Fees											
51874 - VERIZON WIRELESS	9870044802 (2)	Monthly Hot Spot Fee for CCPH, 2020	Edit		12/26/2020	01/18/2021	* 01/19/2021			40.11	
Account 705.05 - Professional Services Computer Access Line Fees Totals										Invoice Transactions 1	\$40.11
Account 705.06 - Professional Services Other Professional Services											
36 - ACY COMMUNICATIONS	82036	Run new line to EH Fax and for overhead paging	Edit		12/24/2020	01/15/2021	* 01/15/2021			400.00	
51831 - PUBLIC HEALTH ACCREDITATION BOARD	INV-41655	2020 Accreditation Service Fees	Edit		10/05/2020	01/15/2021	* 01/15/2021			5,600.00	
52602 - DEANS FUNERAL HOME LIMITED	Indg. Cremations	Daniel Carpenter, Cheryl Valykeo	Edit		01/09/2021	01/19/2021	01/19/2021			990.00	
39066 - WALTNER - SIMCHAK FUNERAL HOME	Indigent Cremt.	Charles Strong, Ralph Barker, Sandra Binion	Edit		01/07/2021	01/19/2021	01/19/2021			1,485.00	
Account 705.06 - Professional Services Other Professional Services Totals										Invoice Transactions 4	\$8,475.00
Account 705.13 - Professional Services Building Maintenance											
27986 - R & G JANITORIAL, INC.	3286	Snow Plow - Parking Lot (Corner of 5th & Cherry), as Needed	Edit		12/31/2020	01/15/2021	* 01/15/2021			240.00	
Account 705.13 - Professional Services Building Maintenance Totals										Invoice Transactions 1	\$240.00
Account 705.14 - Professional Services Maintenance Contracts											
27986 - R & G JANITORIAL, INC.	3284	Cleaning of Health Department Offices	Edit		12/31/2020	01/12/2021	* 01/12/2021			2,000.00	
Account 705.14 - Professional Services Maintenance Contracts Totals										Invoice Transactions 1	\$2,000.00
Account 706.24 - Contract Service Miscellaneous											
7335 - HUNTINGTON NATIONAL BANK	Donation - Staff	From Sisters of Charity for Employee Gift Cards # 673869	Paid by Check		01/12/2021	01/12/2021	* 01/20/2021		01/20/2021	500.00	
Account 706.24 - Contract Service Miscellaneous Totals										Invoice Transactions 1	\$500.00
Account 734.10 - Supplies Postage											
2137 - CITY TREASURER ONLY	FOR:DEPOSIT 12-20 HL	Additional Postage Costs for 2020	Edit		01/04/2021	01/13/2021	* 01/13/2021			1,000.00	
2137 - CITY TREASURER ONLY	FOR:DEPOSIT 12-20 HL	Additional Postage Costs for 2020	Edit		01/04/2021	01/13/2021	* 01/13/2021			594.53	
Account 734.10 - Supplies Postage Totals										Invoice Transactions 2	\$1,594.53
Account 734.11 - Supplies Miscellaneous Office Supplies											
905 - INDEPENDENCE BUSINESS SUPPLY	1818313-0	Office Supplies, as needed for VS and Administration in 2021	Edit		01/05/2021	01/14/2021	01/14/2021			40.98	
Account 734.11 - Supplies Miscellaneous Office Supplies Totals										Invoice Transactions 1	\$40.98
Account 747.14 - Refunds, Claims and Reimbursements Reimbursements											
1364 - OHIO DIVISION OF REAL ESTATE	Dec20 Bur Permit	Burial Permits - Reimbursement to the State for 2020	Paid by Check # 673931		01/11/2021	01/11/2021	* 01/21/2021		01/21/2021	120.00	



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 7601 - Health Fund											
Department 301001 - Health - Administration											
Account 747.14 - Refunds, Claims and Reimbursements Reimbursements											
1364 - OHIO DIVISION OF REAL ESTATE	Dec20 Bur Perm.	Additional Costs for Reimb of Burial Permit for 2020	Paid by Check # 673931		01/11/2021	01/11/2021	* 01/21/2021		01/21/2021	350.00	
1364 - OHIO DIVISION OF REAL ESTATE	Dec20 Bur. Per.	Burial Permits - Reimbursement to the State for 2021	Paid by Check # 673931		01/11/2021	01/11/2021	01/21/2021		01/21/2021	307.50	
1941 - TREASURER STATE OF OHIO	4thQtr20 VS Fees	2020 Quarterly Tech Fees for Vital Statistics	Edit		01/06/2021	01/30/2021	* 01/11/2021			39,065.44	
1941 - TREASURER STATE OF OHIO	4thQtr20 VS Fees	Quarterly VS Tech Fees for Birth and Death Records	Edit		01/06/2021	01/30/2021	* 01/11/2021			17,000.00	
1941 - TREASURER STATE OF OHIO	4thQtr20 Fees VS	2021 Quarterly Tech Fees for Birth and Death Records for VS	Edit		01/06/2021	01/30/2021	01/11/2021			4,108.00	
									Account 747.14 - Refunds, Claims and Reimbursements Reimbursements Totals	Invoice Transactions 6	<u>\$60,950.94</u>
Account 776.13 - Membership dues & Fees Membership Dues and Fees											
40392 - ASSOCIATION OF HEALTH COMMISSIONERS	AOHC 2021 Dues	AOHC Membership Dues for 2021	Edit		01/15/2021	01/15/2021	01/19/2021			914.00	
7368 - NALBOH	300003044	2021 Membership Dues (01/01/2021 - 12/31/2021)	Edit		01/14/2021	01/19/2021	01/19/2021			300.00	
									Account 776.13 - Membership dues & Fees Membership Dues and Fees Totals	Invoice Transactions 2	<u>\$1,214.00</u>
									Department 301001 - Health - Administration Totals	Invoice Transactions 19	<u>\$75,055.56</u>
Department 303001 - Nurses											
Account 705.06 - Professional Services Other Professional Services											
51158 - JON ELIAS M.D.	Dec-20	Medical Director Services for 2020	Edit		01/01/2021	01/13/2021	* 01/13/2021			1,000.00	
43145 - TELELANGUAGE, INC.	TL122121	Interpretive Services, as needed in 2020 for Nursing	Edit		12/11/2020	01/10/2021	* 01/15/2021			79.50	
41719 - MILLER'S REFRIGERATION	771266	Calibrate and maintenance for 2 refrigerators/1 freezer	Edit		01/05/2021	02/05/2021	01/19/2021			125.00	
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 3	<u>\$1,204.50</u>
Account 705.14 - Professional Services Maintenance Contracts											
304 - BUGS-BEE-GONE EXTERMINATING	2020 Service	Exterminating Services for Clinic Areas	Edit		12/28/2020	01/15/2021	* 01/15/2021			240.00	
									Account 705.14 - Professional Services Maintenance Contracts Totals	Invoice Transactions 1	<u>\$240.00</u>



Accounts Payable by G/L Distribution Report

G/L Date Range 12/16/20 - 01/21/21

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund 7601 - Health Fund											
Department 303001 - Nurses											
Account 713.13 - Utilities Telephone											
177 - AT&T	11/17-12/16/20	ACCOUNT #330454766412	Paid by Check # 673264		12/16/2020	01/05/2021	12/23/2020		12/23/2020	66.50	
									Account 713.13 - Utilities Telephone Totals	Invoice Transactions 1	<u>\$66.50</u>
									Department 303001 - Nurses Totals	Invoice Transactions 5	<u>\$1,511.00</u>
Department 304001 - Lab											
Account 705.06 - Professional Services Other Professional Services											
34284 - REAM & HAAGER LABORATORY	Nov/Dec20 Testin	Water Testing Services, Edit as needed in 2020			11/25/2020	01/19/2021	* 01/19/2021			292.00	
									Account 705.06 - Professional Services Other Professional Services Totals	Invoice Transactions 1	<u>\$292.00</u>
Account 734.13 - Supplies Freight											
52799 - CEPHEID	9000672234	STI Clinic Supplies for the Lab	Edit		12/28/2020	01/27/2021	* 01/19/2021			18.96	
7835 - FISHER HEALTH CARE	Lab Supplies	Lab Supplies, as needed in 2020	Edit		12/30/2020	01/09/2021	* 01/19/2021			49.90	
									Account 734.13 - Supplies Freight Totals	Invoice Transactions 2	<u>\$68.86</u>
Account 734.58 - Supplies Miscellaneous Supplies											
52799 - CEPHEID	9000672234	STI Clinic Supplies for the Lab	Edit		12/28/2020	01/27/2021	* 01/19/2021			969.00	
7835 - FISHER HEALTH CARE	Lab Supplies	Lab Supplies, as needed in 2020	Edit		12/30/2020	01/09/2021	* 01/19/2021			745.00	
									Account 734.58 - Supplies Miscellaneous Supplies Totals	Invoice Transactions 2	<u>\$1,714.00</u>
									Department 304001 - Lab Totals	Invoice Transactions 5	<u>\$2,074.86</u>
Department 307001 - Environmental Health Administration											
Account 713.13 - Utilities Telephone											
51874 - VERIZON WIRELESS	9869872176	Cell Phone Service for EH Director, 2020	Edit		12/23/2020	01/15/2021	* 01/19/2021			49.62	
									Account 713.13 - Utilities Telephone Totals	Invoice Transactions 1	<u>\$49.62</u>
									Department 307001 - Environmental Health Administration Totals	Invoice Transactions 1	<u>\$49.62</u>
									Fund 7601 - Health Fund Totals	Invoice Transactions 30	<u>\$78,691.04</u>
									Grand Totals	Invoice Transactions 114	<u>\$233,273.14</u>

* = Prior Fiscal Year Activity

**CANTON
CITY PUBLIC
HEALTH**

James M. Adams, RS, MPH
Health Commissioner

**BOARD of HEALTH
MEMBERS**

Mayor Thomas Bernabei
Dr. Stephen Hickman
Dr. James Johns
Dr. Amy Lakritz
Cleo Lucas
Patrick Wyatt

420 Market Ave, North
Canton, Ohio 44702-1544

Phone: (330) 489-3231

Fax: (330) 489-3335

E-mail: info@cantonhealth.org

Website: www.cantonhealth.org



Public Health
Prevent. Promote. Protect.

2021 Board of Health Meetings

All meetings are held at 12:00pm

2021

January

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May

S	M	T	W	T	F	S
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Board of Health Meeting
Monday, January 25, 2021 @ 12:00pm – Board Room
Resolutions for Approval

- a. 2021-01: 2021 Authorizing Payment of Regular Expenses
- b. 2021-02: Periodic Program-Related Travel Expenses
- c. 2021-03: Abatement of Public Nuisances (July 1, 2020 – December 31, 2021)
- d. 2021-04: 2021 Food License Fee

Amended Resolution 2021-01

A resolution authorizing payment of regular expenses which require prior Board approval.

WHEREAS section 3709.31 of the Ohio Revised Code (ORC) requires expenses of a Board of Health or health department of a city health district to be paid on the warrant of the auditor of the city issued on vouchers approved by the board of health or health department of a city health district and signed by the health commissioner or the commissioner's designee.

WHEREAS regular, contracted expenses are incurred and paid on a routine basis.

WHEREAS authorization of certain, regular expenses will enhance the efficiency of administration operations of the health department.

BE IT RESOLVED that regular, contracted expenses incurred from the vendors listed below are approved pursuant to section 3709.31 of the ORC for the period January 1, 2021 through and including December 31, 2021 for the following vendors: Aultman Hospital, Ansell Healthcare Products, AT&T, Copeco, Huntington Bank, Idexx Laboratories Inc., GlaxoSmithKline, Graphic Enterprises, McKesson, Ohio Edison, Sanofi Pasteur, Spectrum/Time Warner Cable, Stericycle, Synchrony/Amazon, T-Mobile and Verizon Wireless.

BE IT RESOLVED that any expense from a contract, agreement or memorandum of understanding previously approved by the Board of Health are approved for payment.

BE IT RESOLVED that any authorized employee expenses are approved for payment.

BE IT RESOLVED that any reimbursements to the State (i.e. vital tech fees, food licenses, etc.) are approved for payment.

BE IT RESOLVED that this resolution is necessary for the operation of Canton City Public Health and that it becomes effective immediately upon passage.

ADOPTED by the Board of Health of Canton City Public Health this **25th** day of **January, 2021**.

APPROVED

President, Canton City Board of Health

ATTEST

Secretary, Canton City Board of Health

Resolution 2021-02

A resolution approving periodic program related travel expense pursuant to section 207 of the Canton City Health Code.

WHEREAS Section 207 of the Canton City Health Code requires that out of district travel expenses be approved by the Board of Health prior to travel.

WHEREAS Section 207 further authorizes the Board of Health to be able to authorize out of district travel on a per program basis.

WHEREAS authorization of out of district travel expenses on a program basis will enhance the efficiency of administration operations of the health department.

BE IT RESOLVED that out of district travel that does not include overnight travel expenses for all funds are approved pursuant to section 207 of the Canton City Health Code by the Board of Health for the period of January 1, 2021 through and including December 31, 2021.

BE IT RESOLVED that this resolution is necessary for the operation of Canton City Public Health and that it becomes effective immediately upon passage.

ADOPTED by the Board of Health of Canton City Public Health this **25th** day of **January, 2021**.

APPROVED

President, Canton City Board of Health

ATTEST

Secretary, Canton City Board of Health

RESOLUTION 2021-03

A resolution by the Board of Health of the Canton City Health District, State of Ohio authorizing the certification to the Auditor of Stark County of costs and expenses for the purification and abatement of public nuisances from July 1, 2020 to December 31, 2020.

BE IT RESOLVED BY the Board of Health of Canton City Public Health that the President and Secretary of the Board on behalf of the Board of Health, be and are hereby authorized and directed to certify the attached list marked as exhibit A of costs and expenses for the purification and abatement of nuisances to the Stark County Auditor to be entered upon the tax duplicate for the subject properties to be a lien upon such land from the date of entry and to be collected as other taxes and assessments pursuant to sections 3707.01 and 3707.02 of the Ohio Revised Code.

ADOPTED by the Board of Health of the Canton City Health District this **25th** day of **January, 2021**.

APPROVED

President, Canton City Board of Health

ATTEST

Secretary, Canton City Board of Health

Exhibit A – Page 1
List of Properties for Certification to the Stark County Auditor
for expenses related to the purification of the properties
pursuant to section 3707.01 and 3707.02 of the Ohio Revised Code
July 1, 2020 – December 31, 2020

Location/Parcel/Owner	Complaint No./Board Date/Completed Date	Cost
1531 Frederick Ave SW 219238 Tammie Smith	SCF7809347 06/22/2020 7/13/20	461.04
209 Smith Ave SW 202435 Jerald Dunn	SCF8164842 07/27/2020 8/10/20	379.50
620 Smith Ave SW 218683 Vanetta Ruper	SCF4215184 04/23/2018 8/31/20	648.02
2503 Harmont Ave NE 239999 Tom Woosnam	SCF6246216 09/23/2019 8/31/20	452.67
1518 Ridgeway Pl NW 214397 Eric Haines	SCF7277492 03/23/2020 9/2/20	276.34
609 Arlington Ave NW 235704 JB's Renovations and Remodeling LLC	SCF6533405 09/23/2019 9/9/20	482.58
1117 – 7 th St NW 218143 Stephen Filliez	SCF3805747 12/18/2017 9/23/20	354.89
1400 Harrisburg Ave NE 233172 Stephen Filliez	SCF5077524 11/26/2018 9/23/20	354.89
1406 – 8 th St NW 220825 Crystal McCalla and Sean Mayle	SCF6653569 10/28/2019 9/30/20	395.35
1241 Logan Ave NW 219225 Ed Kolek	SCF7024500 09/21/2020 9/30/20	274.18
1734 Virginia Pl NE 201785 Victor Sanchez and Elsa S Eraso Mejia	SCF8434311 09/21/2020 9/30/20	367.55
1416 – 4 th St NE 220484 Steve Filliez	HDIS20170768 08/28/2017 11/2/20	365.14

Exhibit A – Page 2

List of Properties for Certification to the Stark County Auditor
for expenses related to the purification of the properties
pursuant to section 3707.01 and 3707.02 of the Ohio Revised Code
July 1, 2020 – December 31, 2020

Location/Parcel/Owner	Complaint No./Board Date/Completed Date	Cost
1216 Barton Pl NE 222736 James and Diane Montagu Jr.	SCF8632154 10/26/2020 11/4/20	715.49
2108 – 15 th St NE 204089 JTK Properties	SCF4804032 10/22/2018 11/9/20	380.10
1938 – 7 th St NE 207153 Katrina Perry	SCF8686149 10/26/2020 11/9/20 and 11/10/20	1435.56
814 Benskin Ave SW 230198 Gary Mortozzi	SCF8092339 08/24/2020 11/16/20	648.06
620 Smith Ave SW 218683 Vanetta Ruper	SCF4215184 04/23/2018 11/25/20	363.81
2740 – 19 th St NE 235838 James and Becky Allan	SCF8631794 11/23/2020 12/9/20	979.91
1231 – 15 th St SW 225069 Steve Filliez	SCF8706393 11/23/2020 12/14/20	454.20
2149 – 3 rd St NE 213721 Steve Filliez	SCF8767225 11/23/2020 12/14/20	794.20

TOTAL \$10,583.48

Resolution 2021-04

A resolution amending section 251.02 of the Canton City Health Code, License Fees, temporally suspending food service and food establishment plan review fees and providing a temporary reduction of food service and food establishment license fees during the pandemic.

WHEREAS there is currently a public health emergency regarding the pandemic of COVID-19 in our community, Ohio, United States, and the world, and

WHEREAS food service and food establishment operations in Canton and Ohio are operating under restrictions that place limits on the occupancy and times of operation of their establishments, and

WHEREAS food operations in the City of Canton have suffered significant economic loss and challenges as a response to orders and guidelines from the Ohio Department of Health and this department, and

WHEREAS the Board of Health of Canton City Public Health wishes to assist local food service and food establishment operations in resuming operational capacity, and

WHEREAS food service vending license fees must be adjusted to reflect the cost of administering food service vending location inspections.

NOW THEREFORE BE IT RESOLVED:

Section 1:

That section 251.02 (C) of the Canton City Health Code be amended as follows: “The license fee for a vending food service operation as described in chapter 3717 of the Ohio Revised Code shall be ~~\$25.00~~ \$14.67, plus any additional fee as required by chapter 3717 of the Ohio Revised Code.

Section 2:

That all local license fees described in section 251.02 of the Canton City Health Code are hereby reduced by 25% during the period January 1, 2021 through December 31, 2021.

Section 3:

That section 251.02 of the Canton City Health code that establishes plan review fees for food service and food establishment operations is hereby suspended for the period January 1, 2021 through December 31, 2021. Canton City Public Health staff will assist food operations in their plan review process at no charge during this period.

BE IT FURTHER RESOLVED that this resolution is necessary for the efficient operation of the Canton City Health District and that it becomes effective immediately upon passage.

ADOPTED by the Board of Health of Canton City Public Health this **25th** day of **January, 2021**.

APPROVED

President, Canton City Board of Health

ATTEST

Secretary, Canton City Board of Health



Public Health
Prevent. Promote. Protect.

Canton City Public Health

Board of Health Meeting
Monday, January 25, 2021 @ 12:00pm – Board Room
Division Reports

- a. Nursing /WIC
- b. Laboratory
- c. OPHII – Verbal Report
- d. THRIVE – OEI Annual Report
- e. Environmental Health – Verbal Report
- f. Air Pollution Control
- g. Vital Statistics
- h. Fiscal
- i. Health Commissioner
- j. Performance Management

Canton City Public Health

January 2021 Report (Meeting 1/25/21)

NURSING DIVISION

Jon Elias, M.D.
Medical Director

Diane Thompson, R.N., M.S.N., DON
Nursing Division

CLINIC SERVICES

	# of Clinics	# Attending	YTD
Immunization Clinic	1	1	313
Tuberculosis (TB) Mantoux	0	0	57
Travel	0	0	51
S.T.I.	5	9	385
C.T.R. Clinic	0	0	7
C.T.R. – # Qualified & Tested		0	4
C.T.R. – Appointments		1	48
Field/Outreach Testing		0	6
SWAP	0	0	2,752
SWAP Testing		0	6
SWAP Vaccination Clinic	0	0	72
Hepatitis A Outbreak Clinic	0	0	6
COVID-19 Clinics	20	200	200

DENTAL SEALANT PROGRAM

	Students Screened	YTD Screened	Students Sealed	YTD Sealed
Dental Sealants	0	916	0	518

HIV TESTING

	Month	YTD	HIV+ Month	HIV+ YTD	Discordant	Discordant YTD
Tests Performed	2	97	0	8	0	0
Results Given	2	97	0	8	0	0

HIV INFECTION

	HIV (900) Month	AIDS (950) Month	HIV (900) YTD	AIDS (950) YTD
Canton City	1	0	12	0
Stark County*	1	0	11	0

* excludes Canton City Residents

HIV Infection includes all persons infected with HIV and/or symptomatic of HIV related disease. AIDS reports include only those who meet the CDC AIDS definition.

SPECIAL PROGRAMS

	SESSIONS/VISITS/ CONTACTS		# ATTENDING	
	Month	YTD	Month	YTD
Nursing School Students/Physician Affiliations			0	5
STD/HIV Programs (Quest) – Goal 8 programs per year				
Communicable Disease Programs	0	0	0	0
Health Promotions / Fairs (Goodwill Parenting talks)	0	6	0	304
Get Vaccinated (GV) Ohio Grant – Maximizing Office Based Immunization Programs (MOBI) & Teen Immunization Education Sessions (TIES) – Goal of 25 per grant year July 1 st – June 30 th 31	0	8		
Get Vaccinated (GV) Ohio Grant – Immunization Quality Improvement for Providers (IQIP) – Goal of 2 per grant year July 1 st – June 30 th 10	2	3		
DIS Interviews and/or Visits	15	148		
Linkage to Care visits	0	5		
PAPI (Prevention Assistance Program Interventions) referrals	2	37		
PAPI (Prevention Assistance Program Interventions) enrollment	0	9		
Bureau for Children with Medical Handicaps (BCMh) and PHN Consultative Service Home Visits/Contacts [Goal – 90% of caseload will be contacted annually July 1 st -June 30 th]	0	53		

**WIC Division
Monthly Caseload Report**

Assigned Caseload for Canton WIC FY20: 2,061

Assigned Stark Project Caseload FY20: 5,437

WIC Fiscal Year 2020 <i>October 2019 – September 2020</i>		
	Canton City	Total for Stark Project
July 2020	1,943	5,042
August 2020	1,986	5,113
September 2020	1,970	5,158

Assigned Caseload for Canton WIC FY21: 2,087

Assigned Stark Project Caseload FY21: 5,431

WIC Fiscal Year 2021 <i>October 2020 – September 2021</i>		
	Canton City	Total for Stark Project
October 2020	1,953	5,120
November 2020	1,928	5,062
December 2020	1,930	5,029

Canton City Public Health

January 2021 Report (Meeting 01/25/2021)

WIC DIVISION

1. **The most recent, written report for the WIC Division was provided for the September 2020 Board Meeting**
 - a. The monthly, WIC Program Caseload table is always included for each Board Meeting as part of the Nursing Division's report.
 - b. The WIC Division will provide separate, written reports, such as this one, as needed.
 - i. *The September 2020 WIC Division report summarized:*
 1. Ohio WIC & USDA WIC Program waivers related to COVID-19.
 2. WIC Fiscal Year 2021 Funding.
 3. Highlights of Special Projects at Canton City WIC, such as: The Stark County WIC Program Facebook page and new WIC System features for breastfeeding support referrals and enhanced reports.
2. **Update: Ohio WIC & USDA's WIC Program waivers**
 - a. Local WIC Projects in the State of Ohio were notified by our State WIC office on January 11, 2021, that the Secretary of Health and Human Services (HHS) extended the national public health emergency declaration for COVID-19. Per this correspondence, the HHS Secretary must renew the declaration every ninety days so this declaration must be renewed before mid-April 2021.
 - i. Last year, the US Department of Agriculture (USDA) extended crucial WIC flexibilities until 30 days after the expiration of the public health emergency.
 - ii. This recent extension ensures that WIC flexibilities are now in place through at least mid-May 2021.
 1. The State WIC office will share additional details with local WIC Projects as received.
 - b. The most significant of these program waivers continues to be the physical presence waiver.
 - i. WIC program participants do not need to be physically present in the office to receive their WIC food and formula benefits.
 1. Parents/guardians (or an adult representative they've identified) do still have to come in to get food benefits added to the WIC card every three (3) months since this is an off-line card.
 2. This also means that WIC staff are not assessing weights of children/infants in office.
 - a. WIC dietitians and our breastfeeding team are providing nutrition education and breastfeeding support mostly over the phone.
 - i. Staff continue to refer families to their primary care physicians for any health/medical concerns.
 - c. All Stark County WIC clinics continue to operate under this physical presence waiver
 - i. Each office has varying procedures based on their clinic spacing, parking options, and other factors.
 1. When referencing WIC clinic process changes due to COVID-19, it is best to refer them to the office that services them, which is based on their address.
 - a. Example: one clinic has a drive-up window service currently in their agency's parking lot.
 - b. Canton City continues to provide most eligibility screenings, education/counseling, and additional health & social service agency referrals over the phone prior to the appointment date.
 - i. Also, clients continue to come into our waiting area to have their WIC cards loaded at the specified appointment times.

3. **New Features of the WIC Shopper App**

- a. The goal of these new features, made available in January 2021, is to make things easier and more convenient for participants to engage with Ohio WIC.
 - i. *The WIC Shopper App is optional to program participants and has provided information such as: WIC Authorized Food Lists & UPC scanning ability of products to verify program approval, find a WIC Office in your area, report an issue at the store, and seasonal information such as WIC-Approved Farmer's selling locations for use of additional farmer's market vouchers provided annually.*
- b. **NEW this month on the WIC Shopper App**
 - i. *My Benefits feature-* participants can register their WIC EBT card with the App if they would like to look up their available food and/or formula balance for the month.
 1. It's important to note that there could be a 24-hour delay in this information since the WIC card is an off-line card.
 - a. Local WIC staff are educating program participants on this. If they have used their WIC card for purchases in the last 24-hours, it is recommended to wait at least one day before checking the available balance on the App.
 - i. As always, "real time" card balances can be determined if they bring the card into a WIC-approved vendor/store, or, bring the card into their WIC clinic for the balance to be checked.
 - ii. *My Appointment feature-* program participants can sign-up for appointment notifications within the WIC Shopper App as well.
 1. Local staff will be providing additional instructions at this time until we become more familiar with the information that is provided (example: appointment time given by staff to families with multiple program applicants can vary from the time slots within the scheduling system).

4. **Cross Enrollment Initiative**

- a. Since late in WIC Fiscal Year (FY) 2020, Local WIC Projects have received updates and assignments from the State WIC office regarding cross program and cross agency initiatives that could lead to better health outcomes.
 - i. **Per an ODH Update to Local WIC offices:** ODH is leveraging datasets on the InnovateOhio Platform (IOP) to initiate these strategies.
 1. Phase 1 of the WIC/SNAP/TANF/Medicaid Cross-Enrollment Initiative matches data from the Ohio Department of Medicaid (ODM), Ohio Department of Job and Family Services (JFS), and ODH to identify WIC eligible participants currently enrolled in these other programs and/or services.
 2. The IOP will work with WIC program managers and analysts to generate referral lists based on WIC/SNAP/TANF/Medicaid data matching.
 3. Local WIC staff will use the referral lists to perform outreach to eligible families in need, making them aware of an opportunity to enroll in WIC.
 - a. As outreach occurs, WIC offices have been working with ODH to document and report outreach attempts in order to secure enrollment.
 - ii. At the time of this written report, the Stark Project has completed the required duties outlined by ODH for three (3) separate tracking lists, and is currently working on the fourth which is due for submission the first week of February.

Canton City Health Department

December 2020 (Meeting 1/25/2021)

LABORATORY

Water						
Sample Type	Number of Tests	Positive Tests	YTD Samples Tested	YTD Samples Positive	Prior 3 Yrs, YTD Avg	Prior 3 Yrs, YTD Positive Avg
Private	132	29	1688	524	1529	524
Public	24	0	444	35	488	48
Commercial	33	0	526	41	172	2
Other	49	0	239	2	85	6

Our EPA water survey was successfully completed on December 10, 2020, providing us with three certified testing personnel. We received many positive comments with no deviations identified and our new certification will be valid through August 15, 2023. In addition, Sand Rock quarterly bottle and cap testing was completed.

Clinic						
Test Name	Number of Tests	Positive Tests	YTD Samples Tested	YTD Samples Positive	Prior 3 Yrs, YTD Avg	Prior 3 Yrs, YTD Positive Avg
Gonorrhea-smear	0	0	101	13	193	25
N.G.U.	0	0	100	63	193	117
Gonorrhea-culture	0	0	66	1	519	18
Oxidase Reflex	0	0	38	3	350	30
Culture Gram Stain Reflex	0	0	3	2	30	28
Sugar Confirmation Reflex	0	0	2	1	27	18
Gonorrhea-Gene amp.	2	0	391	30	690	28
Chlamydia-Gene amp.	2	0	391	35	690	59
Syphilis Serology Qualitative	5	3	270	37	697	39
Syphilis Serology Quantitative	3	3	37	37	40	41
Candida	0	0	94	7	262	42
Gardnerella	0	0	94	51	262	125
Trichomonas	0	0	94	11	262	35
Pregnancy-urine	0	0	2	0	34	2
HIV screen	2	0	100	8	511	9
HIV Insti Confirmatory	0	0	9	9	7	6
Blood Lead	0	0	0	0	19	1
HCV Antibody screening	0	0	4	3	37	6

Proficiency testing for syphilis was completed in December and we received 100%.

Miscellaneous						
MISCELLANEOUS:	Number of Tests	Positive Tests	YTD Samples Tested	YTD Samples Positive	Prior 3 Yrs, YTD Avg	Prior 3 Yrs, YTD Positive Avg
Pollen counts	0	0	146	139	131	131
Other Exams	1	0	4	2	8	6
Misc. (insects, etc.)	0	0	1	0	2	2

One food complaint was examined.



**Canton City Public Health
Stark County THRIVE
Fiscal Year 2020 Annual Report**

OEI 2.0 Grant #7620011OE0220





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Report released October 2020

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Executive Summary

Since 2013, Canton City Public Health (CCPH) has been the lead agency for the Ohio Equity Institute's (OEI) local initiative known as Stark County THRIVE (Toward Health Resiliency for Infant Vitality & Equity). Stark County THRIVE has the primary responsibility for moving the community toward reaching long-term measures in infant vitality. The use of accurate data, solid scientific analysis, and evidence-based interventions to implement programs, improve policies and implementing practice changes will move the needle to reduce Stark County's unacceptable disparity and infant mortality rates. Implementing a countywide approach, THRIVE has been working closely with our partners to identify local causes of infant mortality and executing evidence-based interventions to lower the infant mortality rates in our community and improve birth outcomes. We formed a broad-based local coalition and have made great strides since starting this effort. To date, CCPH manages over 15 sub-recipient contracts with local agencies, along with faith-based and grassroots organizations. CCPH is a grantee of the Ohio Department of Health, United Way of Greater Stark County and local foundations.

We have gained a much deeper understanding of the nature of our infant mortality problem through the use of data and evaluation and we will continue to work to reach the ultimate goal of **"All babies in Stark County will celebrate their first birthday."**

Long Term Measure: Decrease the Overall, Black, and White infant mortality rates (IMR) to less than 6.0.

Baseline: In 2016 Stark County's Overall IMR was 9.3.

Update: 2019 data shows that Stark County's Overall IMR has decreased to 5.4.

Baseline: In 2016, Stark County's Non-Hispanic/Latinx Black IMR was 15.0. Rate is considered unstable due to less than 10 deaths occurring.

Update: 2019 data shows that Stark County's Non-Hispanic/Latinx Black IMR has decreased to 7.4. Rate is considered unstable due to less than 10 deaths occurring.

Baseline: In 2016, Stark County's Non-Hispanic/Latinx White IMR was 8.3.

Update: 2019 data shows that Stark County's Non-Hispanic/Latinx White IMR has decreased to 4.2.

Long Term Measure: Decrease the disparity rate ratio (difference between Black and White IMR) to 1.0.

Baseline: In 2016, Stark County's disparity was 2.7. This means that for each White baby who died before its first birthday approximately three Black babies died before their first birthday.

Update: 2019 data shows that Stark County's disparity was 1.8. This means that Black infants were almost 2 times more likely to pass away before their one-year birthday. This rate is considered unstable due to less than 10 deaths occurred in Black infants in 2019.

The following report highlights current work, successes, challenges, and future development.

Rates are calculated by number of deaths per 1,000 live births in that population. Race/ethnicity based on race/ethnicity documented at birth.

Introduction

Since 2013, Canton City Public Health (CCPH) has been the lead agency for the Ohio Equity Institute’s (OEI) local initiative known as Stark County THRIVE (Toward Health Resiliency for Infant Vitality & Equity). Stark County THRIVE has the primary responsibility for moving the community toward reaching long-term objectives in infant vitality. The use of accurate data, solid scientific analysis, and implementation of evidence-based interventions will move the needle to reduce Stark County’s unacceptable disparity and infant mortality rates. Implementing a countywide approach, THRIVE has been working closely with our partners to identify local causes of infant mortality and executing evidence-based interventions to lower the infant mortality rates in our community. We formed a broad-based local coalition and have made great strides since starting this effort.

All calculations in the graphs and charts contained herein are based upon analysis of the Stark County population as a whole and Non-Hispanic/Latinx Black (NHB) and Non-Hispanic/Latinx White (NHW) unless otherwise noted. 2019 birth data is preliminary and subject to change.

Decreasing the number of preterm and very preterm births	Decreasing the number of low-weight and very-low-weight births
Preterm (less than 37 weeks gestation) Healthy People 2020 Goal: 9.4%	Low Birth Weight (<2,500 g) Healthy People 2020 Goal: 7.8%
Very Preterm (less than 32 weeks gestation) Healthy People 2020 Goal: 1.5%	Very Low Birth Weight (<1,500 g) Healthy People 2020 Goal: 1.4%

Stark County Scorecard January 2019-December 2019	Race & Ethnicity			
	Overall	NH Black	NH White	Hispanic/Latinx Any Race
Total Births	4094	540	3319	167
Births <32 weeks gestation	54 Met-1.3%	*	41 Met-1.2%	*
Births 32-33 weeks gestation	59	10	46	*
Births 34-36 weeks gestation	269	40	211	17
Total pre-term births <37 weeks gestation	382 Met-9.3%	57 Not met-10.6%	298 Met-9.0%	21 Not met-12.6%
Very low birth weight (<1,500 g)	52 Met-1.3%	*	41 Met-1.2%	*
Low birth weight (<2,500 g)	339 Not Met-8.3%	63 Not Met-11.7%	255 Met-7.7%	13 Met-7.8%
Count of infant deaths	22	4	14	1
*Count of less than 10 births recorded				



Ohio Equity Institute (OEI) Grant

The goal and purpose of Stark County's Ohio Equity Institute's funded work is to improve the equity for women giving birth in Stark County to reduce disparities in birth outcomes therefore improving infant vitality. The program is focused on both upstream and downstream changes. Health equity is achieved when all people in a community have access to affordable, inclusive and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential. Stark County's OEI, along with 8 other OEI funded programs in Ohio, work to achieve equity in their local communities by ensuring Black pregnant women have access to services that will support healthy pregnancies, and by improving the physical and social infrastructure that impact health outcomes for Black women, children and families.

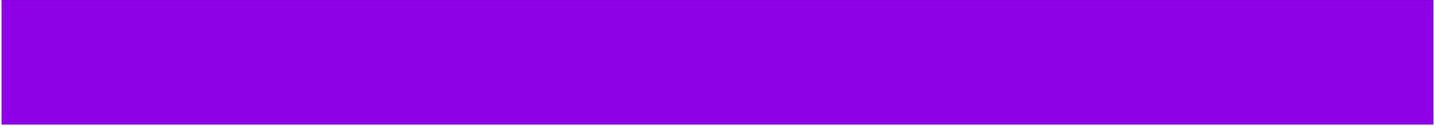
Downstream: Neighborhood Navigator identifies and connects prenatal Stark County women, with a focus on Black women, in order to link them up with clinical and social services. Connecting these women works to decrease stress and improve access to resources needed. Outreach efforts are focused on non-traditional avenues in order to reach women who are not yet connected with various services.

Upstream: OEI staff works alongside local organizations and community members in order to facilitate the development, adoption, or improvement of policies and/or practices that impact the social determinants of health (SDOH) related to preterm birth and low birth weight, which often drive the inequities in birth outcomes within the OEI counties.

Building upon the work of OE19 Stark County THRIVE has:

- Expanded locations in which information posters and hot cards are placed by the Neighborhood Navigator. To track effectiveness, all women screened by Neighborhood Navigator are asked how they found out about the program.
- Continued work with community partners and content experts to improve SDOH for residents. This includes tracking policy/program changes implemented during OE19 and identification of at least one additional policy and/or practice change during OE20.
- Improved monitoring and evaluation efforts for effective program analysis.

The Stark County THRIVE OEI SDOH teams continue to work to address areas that will improve programs and or policies that impact birth outcomes. Through a collaborative process members of the THRIVE core team and community advisory committee selected two areas of focus: Adolescent Health/Family Planning led by Jessica Boley, OEI Epidemiologist and Housing led by Dawn Miller, OEI Project Manager. The THRIVE SDOH teams meet monthly. To help facilitate this practice focus, team members include representation from managed care plans, Stark Housing Network providers, Homeless Coordinated Entry, City of Canton Department of Development, Stark County Job and Family Services, Stark County Health Department, local reproductive clinics, pediatricians, and members of the community served.



Community Context of Stark County, Ohio

Community context plays a vital role in guiding the work that the OEI team has undertaken. Every community has its own culture, assets, history of achievement, and challenges on which to build. Engagement with community partners helps us to fully recognize and understand these unique community settings, it helps direct strategies and tactics to better align with and leverage existing efforts already underway in our community.

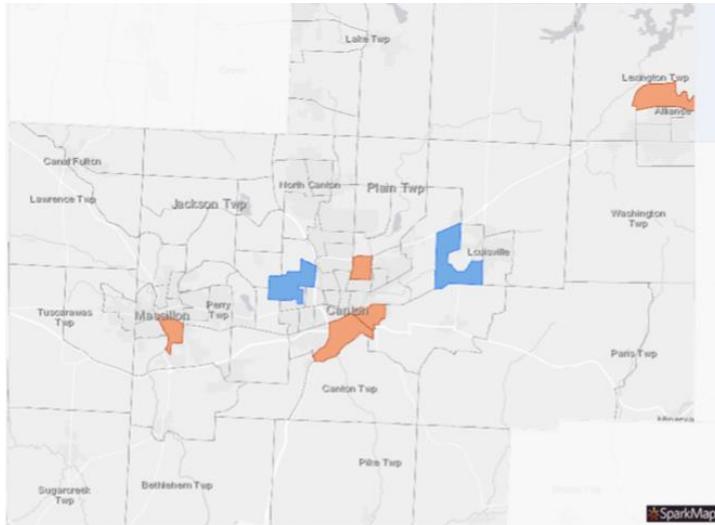
A historical review of the inequities that exist in Stark County, which contribute to poor birth outcomes can be traced back to early 1930's redlining of the Southeast Canton neighborhood and construction of the Route 30 highway.

"In the 1930s, an agency in the U.S. Government started mapping areas of the major cities for loans as part of the New Deal and so they rank them by color, so if you lived in certain areas based upon that color you would get a different rate, so some of those that were in the redlined areas, they couldn't get loans or business loans or home interest loans, so they couldn't borrow from the federal government," said Rachel Lovell, Ph.D., research assistant professor, Case Western Reserve University. Those who were redlined or denied mortgages were mostly minority groups— specifically African Americans

In the Southeast Canton neighborhood and other urban centers of Stark County previously thriving businesses such as grocery stores, manufacturing, health services, and walkable neighborhoods were soon gone creating lasting impediments to resident's health and economic vitality. As a result, people residing in these areas are disproportionately impacted by,

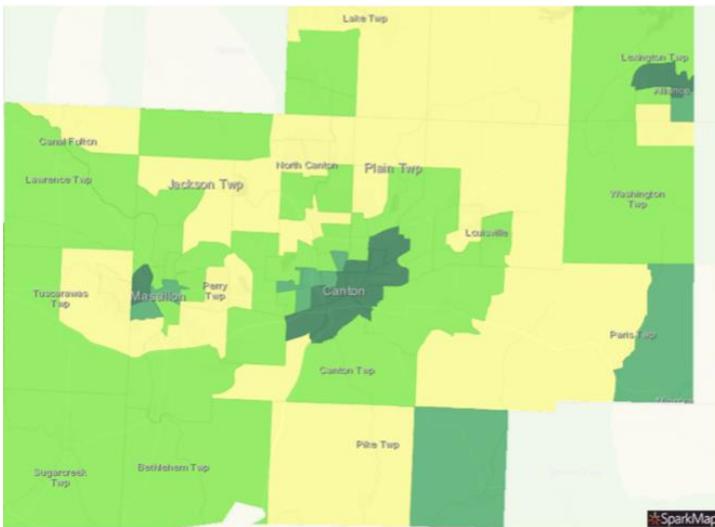
- High poverty,
- Access to fresh fruits and vegetables,
- Low educational attainment,
- Chronic health conditions,
- Infant mortality,
- Crime, and
- Unemployment.

Community Context of Stark County, Ohio



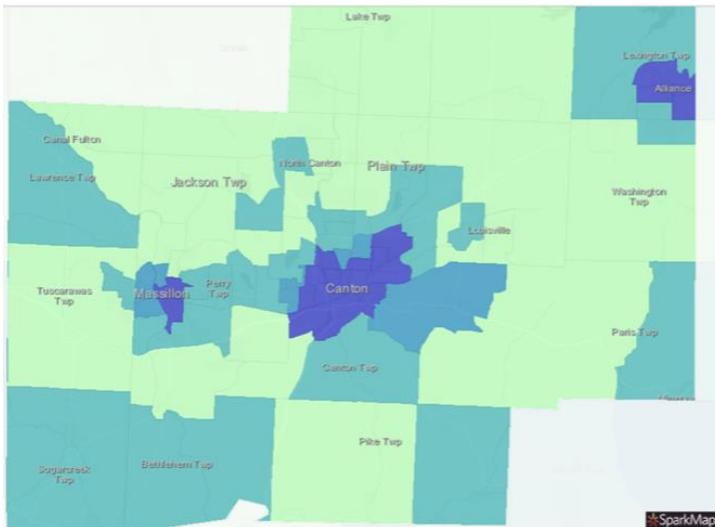
Food Desert Census Tracts, Change, 1 Mi. / 10 Mi. by Tract, FARA 2010-2015

- Food Desert - Added in 2015
- Food Desert - No Change
- Not a Food Desert - Removed in 2015
- Not a Food Desert



Unemployed Workers, Percent by Tract, ACS 2014-18

- Over 12.0%
- 8.1 - 12.0%
- 4.1 - 8.0%
- Under 4.1%
- No Data or Data Suppressed



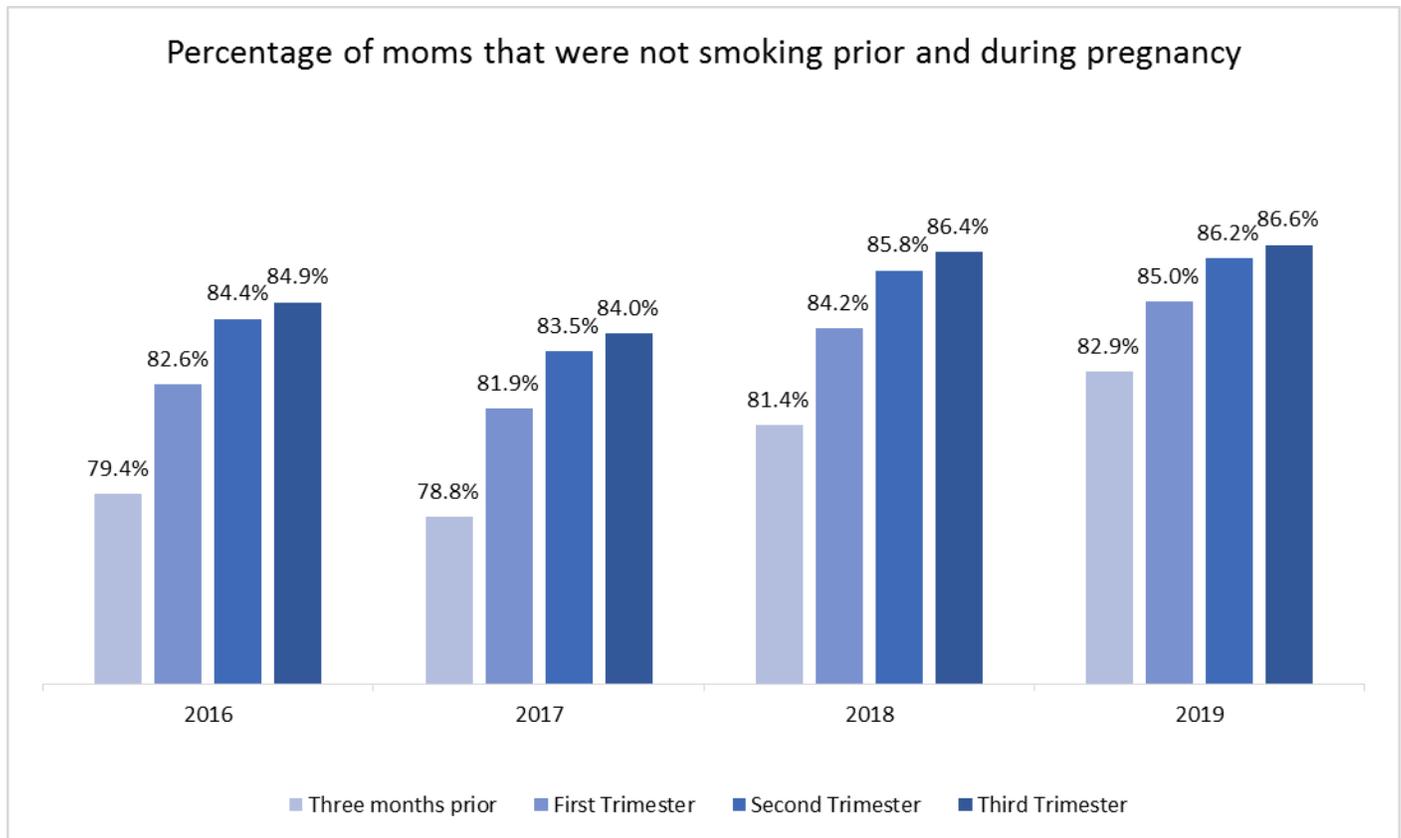
Population Below 200% Poverty Level, Percent by Tract, ACS 2014-18

- Over 50.0%
- 38.1 - 50.0%
- 26.1 - 38.0%
- Under 26.1%
- No Data or Data Suppressed

Indicators monitored: Smoking

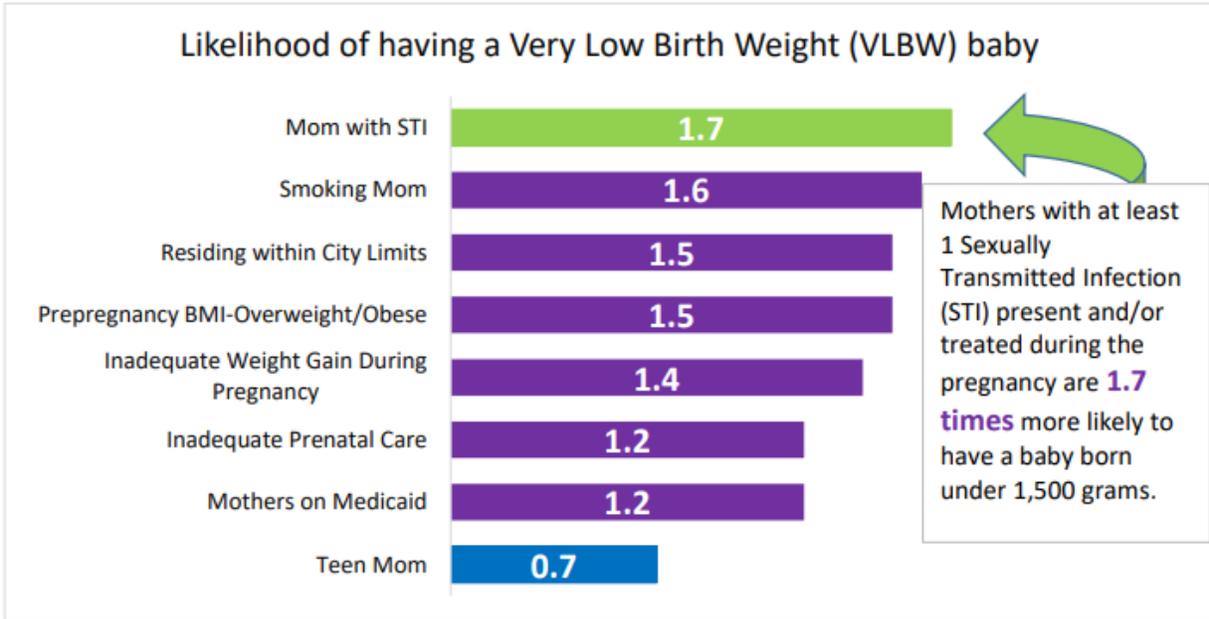
“Quitting smoking—and quitting early in pregnancy—was associated with reduced risk of preterm birth even for high-frequency cigarette smokers.” (Soneji S, 2019)

Studies have shown time and time again that women who do not smoke during the pregnancy are at a decreased risk for premature and low birth weight births. (Dahlin, 2016), (Priscilla Perez da Silva Pereira, 2017) (Soneji S, 2019) In 2019, Ohio passed the “Tobacco 21” law which raised the age to purchase cigarettes and other tobacco products including nicotine alternative products from 18 to 21. (Ohio Department of Health, 2019) While it may be too early to determine if this has any effects on maternal smoking, in 2019, Stark County saw the highest percentage of mothers not smoking prior to pregnancy and during each of the pregnancy trimesters when compared to the previous 3 years.



Indicators monitored: Sexually Transmitted Infections

During the Perinatal Periods of Risk (PPOR) analysis conducted on Stark County births from 2013-2017 during OE19, it was determined that Stark County mothers who had a sexually transmitted infection (STI) during and/or treated during the pregnancy were 1.7 times more likely to have a preterm birth. Sexually transmitted infections included for analysis includes: Bacterial vaginosis, chlamydia, gonorrhea, herpes, syphilis, and trichomoniasis.



Zip Codes with Highest Percentages of STI's in Mothers Who Gave Birth

	2016	2017	2018	2019
44626	9.09%	7.41%	11.76%	15.00%
44703	17.24%	13.51%	15.11%	9.09%
44704	13.11%	19.12%	19.15%	19.64%
44705	11.90%	8.01%	13.54%	11.35%
44706	9.95%	10.31%	7.73%	6.28%
44707	17.72%	13.04%	14.84%	12.37%
44708	9.35%	10.62%	13.55%	9.74%
44709	6.86%	9.78%	10.26%	5.49%
44710	14.05%	10.45%	12.78%	10.08%
44714	15.97%	16.84%	14.43%	15.08%
All of Stark County	8.68%	8.20%	9.19%	7.67%

Building upon that information, additional analysis was completed and has helped guide work being conducted by the family planning & adolescent health SDOH committee.

Looking from 2016 until 2019, the overall percentage of mothers with one or more STI's has decreased. Zip codes represented in the table have had a top 10 percentage of births with an STI present and/or treated during the pregnancy in at least 2 of the past 4 years.

Indicators monitored: Sexually Transmitted Infections

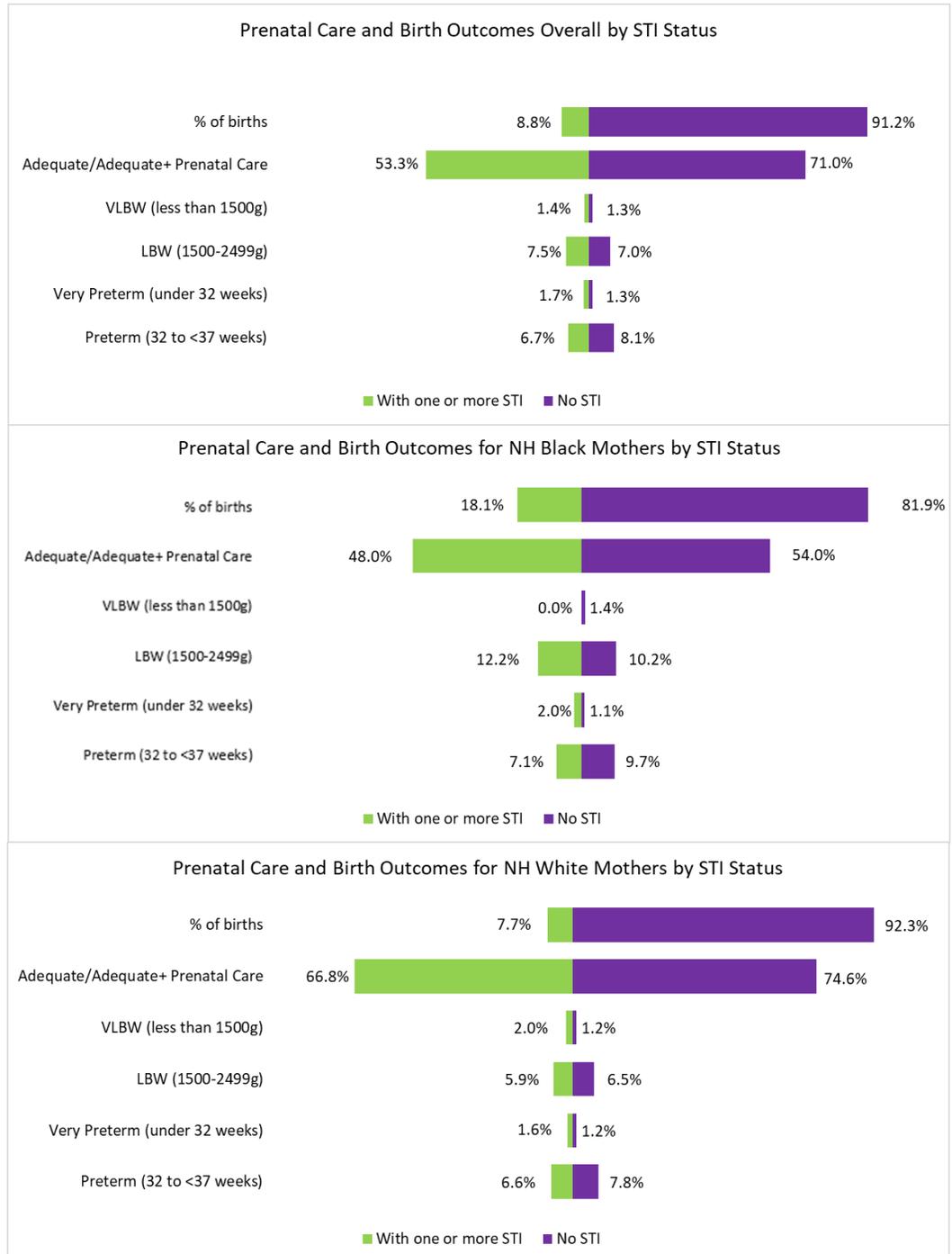
Overall in 2019, mothers with an STI were 18% less likely to receive adequate or adequate plus prenatal care as classified by the Kotelchuck Index. They were also more likely to have a very low birth weight (VLBW) or low birth weight (LBW) birth than mothers who did not have an STI. They were also more likely to have a very preterm birth.

For NH Black mothers, just over 50% were likely to have adequate prenatal care, even without an STI. For mothers with an STI, less than 50% received adequate or adequate plus prenatal care. NH Black mothers with an STI were also more likely than non-STI counterparts to have a LBW birth. At 18.1% NH Black mothers were also more likely to have an STI then Stark County mothers overall.

For NH White mothers, those with an STI were close to 8% less likely to receive adequate/adequate plus prenatal care. The mothers with an STI were also more likely to have a VLBW and a very preterm birth.

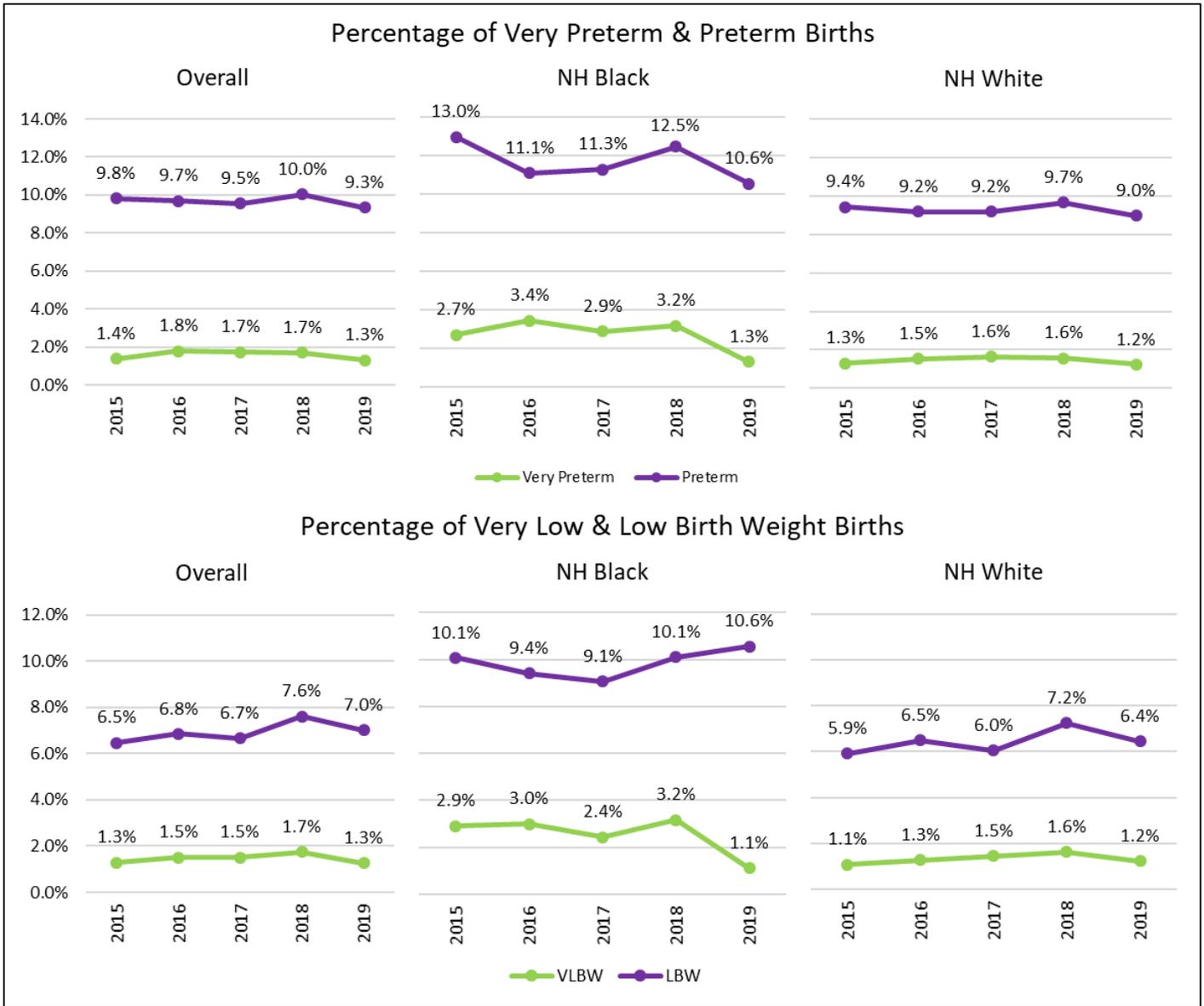
Overall, this raises questions regarding the adequacy of prenatal both overall but specially to mothers with STI's. Future work may want to focus on:

- Prevention of STI's prior to pregnancy
- Prevention of STI's during pregnancy
- Improving adequacy of prenatal care, especially for NH Black mothers and mothers with an STI



Birth Outcomes in Stark County

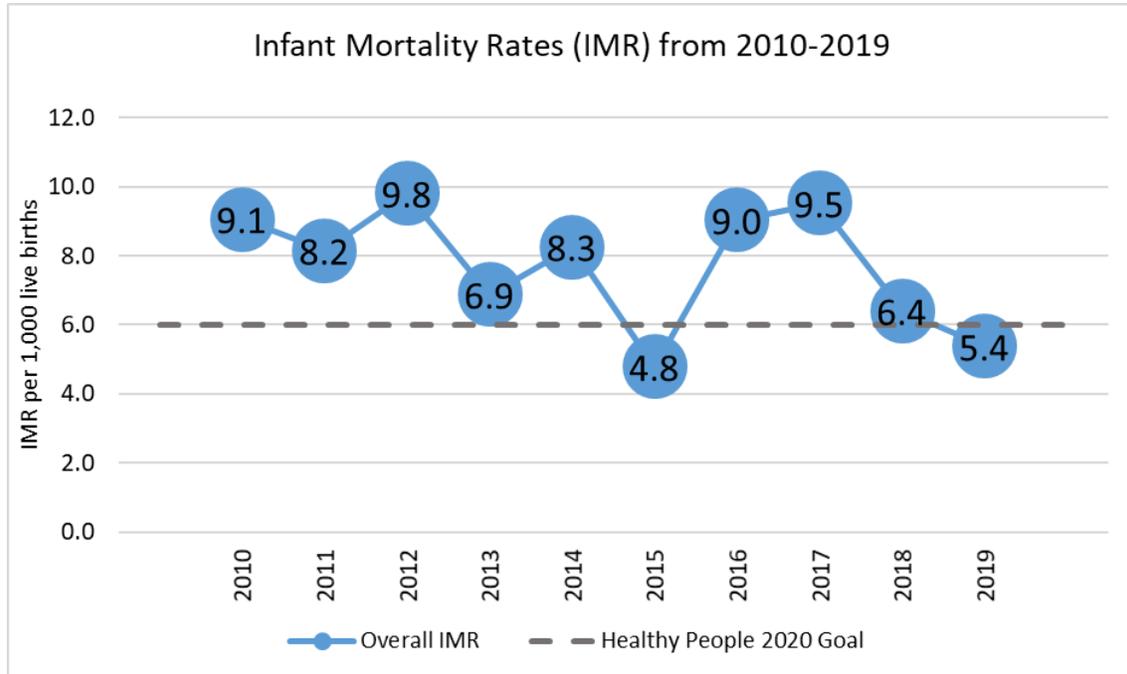
Premature and low birth weight births are common indicators monitored overall. In reviewing very preterm (<32 weeks gestation) and preterm (<37 weeks gestation, includes very preterm births), overall percentages have been relatively stable. In 2019 both NH Black and NH White infants had the best birth outcomes in the past 5 years, with a dramatic difference in NH Black percentages of premature and very premature births.



The overall percentage of very low birth weight (VLBW:less than 1,500 g) accounted for 1.3% of births in 2019, low birth weight (LBW:1,500-2,499 g) births is in line with the previous 4 years, accounting for on average 6.9% of births. While NH Black infants has seen a marked decrease in the percentage of VLBW births, they have been seeing a gradual increase in the percentage of LBW births. VLBW and LBW births for NH White infants has remained consistent over the past 5 years.

Infant Mortality in Stark County

Infant mortality rates (IMR) are calculated by the number of infant deaths divided by number of infant births, multiplied by 1,000. This calculation of rates helps to compare populations. The IMR for all of Stark County since 2010 has fluctuated between 9.8 per 1,000 births and 4.8 per 1,000 births. During this time period, Stark County was able to achieve the Healthy People 2020 Goal of an IMR below 6.0 twice, in 2015 and 2019, while coming close in 2018.



Since 2010, Stark County has seen on average 4,100 births per year. The majority of these births are to NH White mothers (average of 3,444 per year) and births to NH Black mothers is the second largest group with an average of 477 per year. These two groups make up approximately 96% of the births. In the last 10 years, births to NH White mothers have been decreasing (2010 birth rate 55.1 per 1,000 in population, 2019 birth rate 49.9 per 1,000 in population) while those to NH Black mothers have been gradually increasing (2010 birth rate 63.8 per 1,000 in population, 2019 birth rate 69.4 per 1,000 in population). Population based on females ages 15-49. Race/ethnicity of infant deaths is based on race/ethnicity documented at birth.

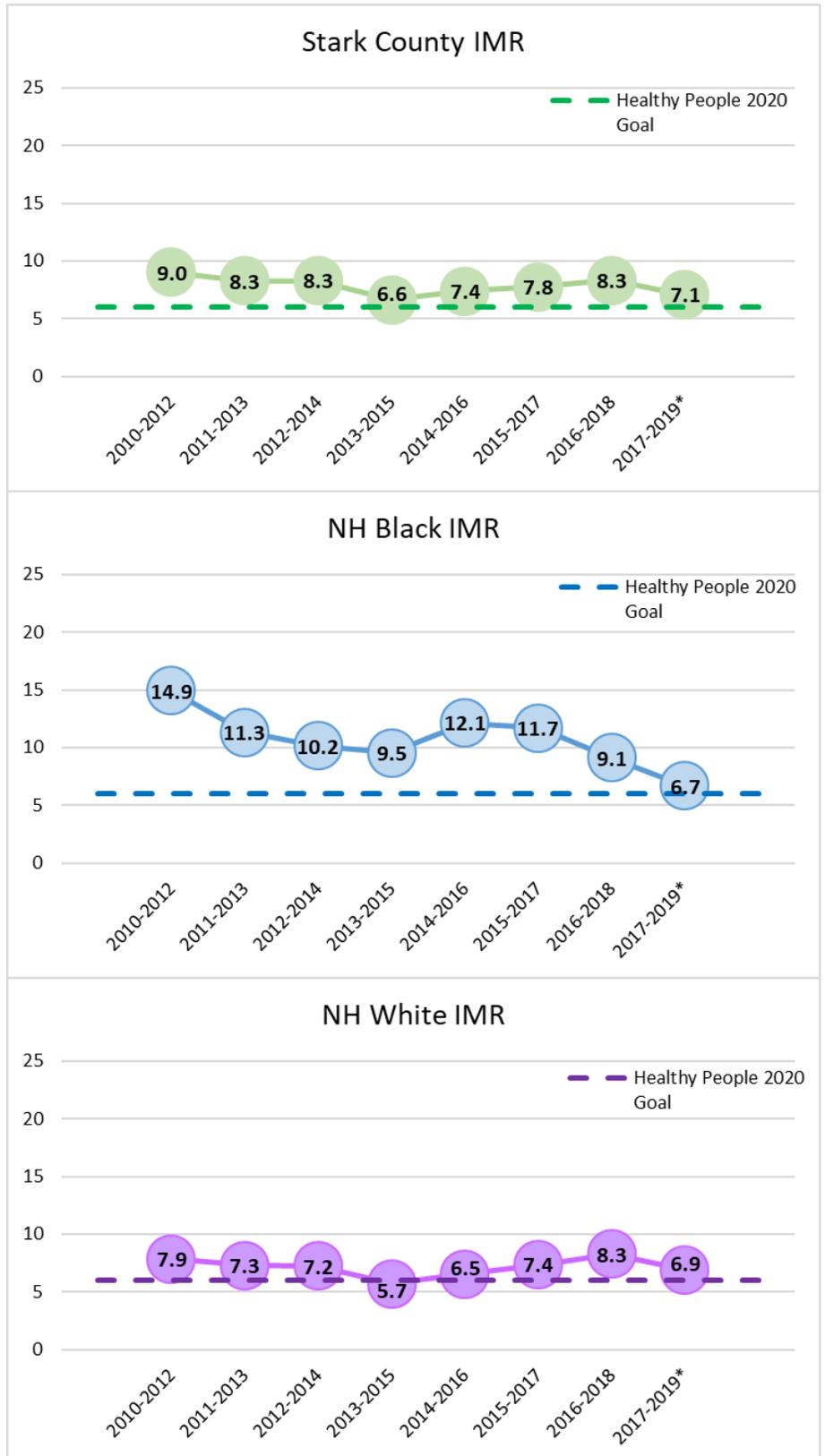
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NH Black Deaths	8	7	5	4	6	4	7	5	1	4
NH Black Births	462	422	455	536	485	447	468	452	505	540
NH White Deaths	26	24	32	20	24	16	29	31	24	14
NH White Births	3480	3490	3459	3498	3536	3514	3514	3310	3325	3319
Total Deaths	37	33	40	29	35	20	38	38	26	22
Total Births	4081	4047	4077	4216	4237	4180	4205	3990	4060	4094

Infant Mortality in Stark County

In order to look at rates based on larger and therefore more stable counts, these graphs are a combination of data from 2010-2019. Each data point encompasses 3 years' worth of data, with each consecutive data point adding a new year and dropping the oldest year. This rolling of years helps smooth out outlier years and see how Stark County is doing in the long run and allows analysis of more stable rates for all populations.

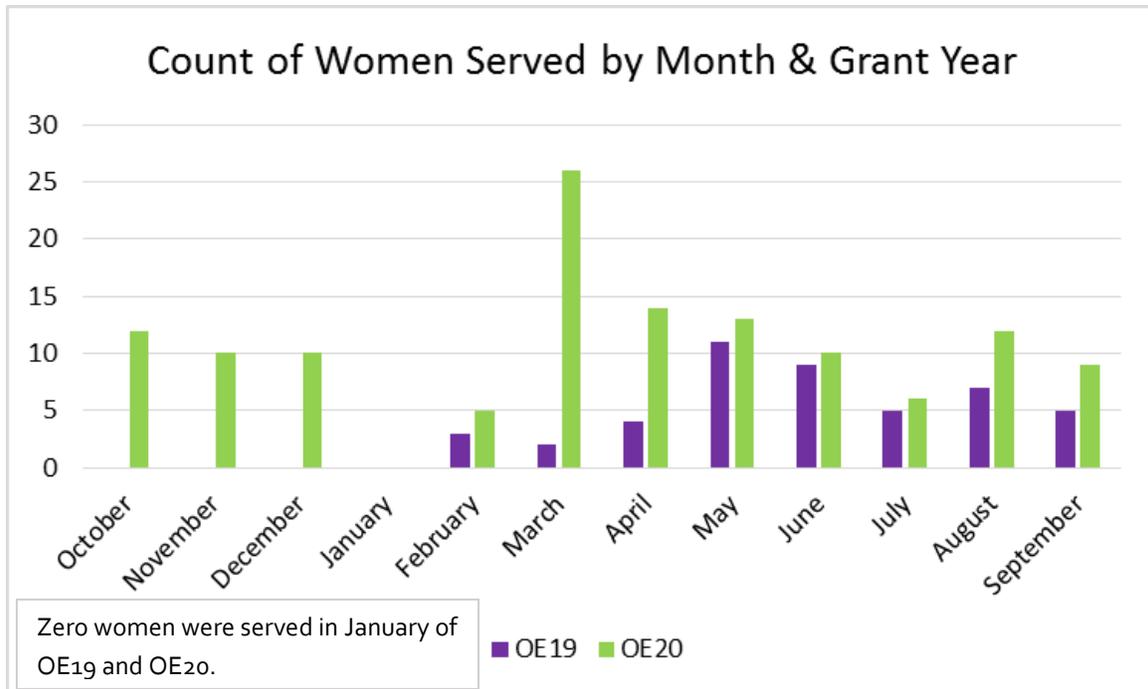
Historically, NH Black families have experienced the highest infant mortality rates in Stark County but also due to low counts annually (less than 10), calculating rates for this group is very unstable on an annual basis. The 3-year groupings help us to see the decrease in IMR for this population over the past 10 years.

Deaths among NH White infants has been relatively consistent over the past 10 years. From 2013-2015, this population did see an IMR below the Healthy People 2020 goal of 6.0 per 1,000 births.



Neighborhood Navigator

Work completed by the Neighborhood Navigator (NN) drives downstream changes and intervention. During OE20 more focused strategies were explored and utilized for community outreach including reaching out to barber shops and beauty salons, coffee shops, laundromats, working with My Community Health Center (FQHC), working with local churches, hanging posters at gas stations and Dollar Trees and handing out and hanging hot cards (Appendix B).



When looking back to OE19 compared with OE 20, Elonda, Stark County THRIVE Neighborhood Navigator, felt that she had more time to do screenings during the OE20 grant cycle. In OE19, she started with the program late in the first quarter of the grant and working to understand the position and determine a plan for outreach was the initial main focus. During OE20, she was able to hang tear offs posters and disperse hot cards so that more people in community were able to notice who she was and what she does as a NN. Having her photo on posters and hot cards proved to be beneficial, "one day I was at the grocery store and someone recognized me from the posters and hot cards that was in need of services. I was able to do a screening for them and got them connected to the services they needed". This additional time that Elonda had during the OE20 grant cycle proved to be beneficial. During OE19, Elonda served 46 women, 42.6% of her goal of serving 108 women. By the end of quarter 2 of the OE20, Elonda had already served 63 of the 106 needed during the grant cycle. By the end of the OE20 grant cycle, Elonda was able to successfully serve 126 women. While the goal of 80% of those women being Black wasn't met (43% of those served were Black), Elonda was able to identify 265 needs of which 265 referrals were offered to assist the mothers served.

Community partners that are involved in NN work include Pregnancy Choices, My Community Health Center, and WIC offices in Canton City and Massillon City. The majority of referrals come from WIC. While active outreach isn't being conducted, we believe it is still important to note. While these mothers aren't considered unreached, working with mothers referred from them helps to ensure that they are getting linked to all the possible programs and services that can help them have a healthy pregnancy.

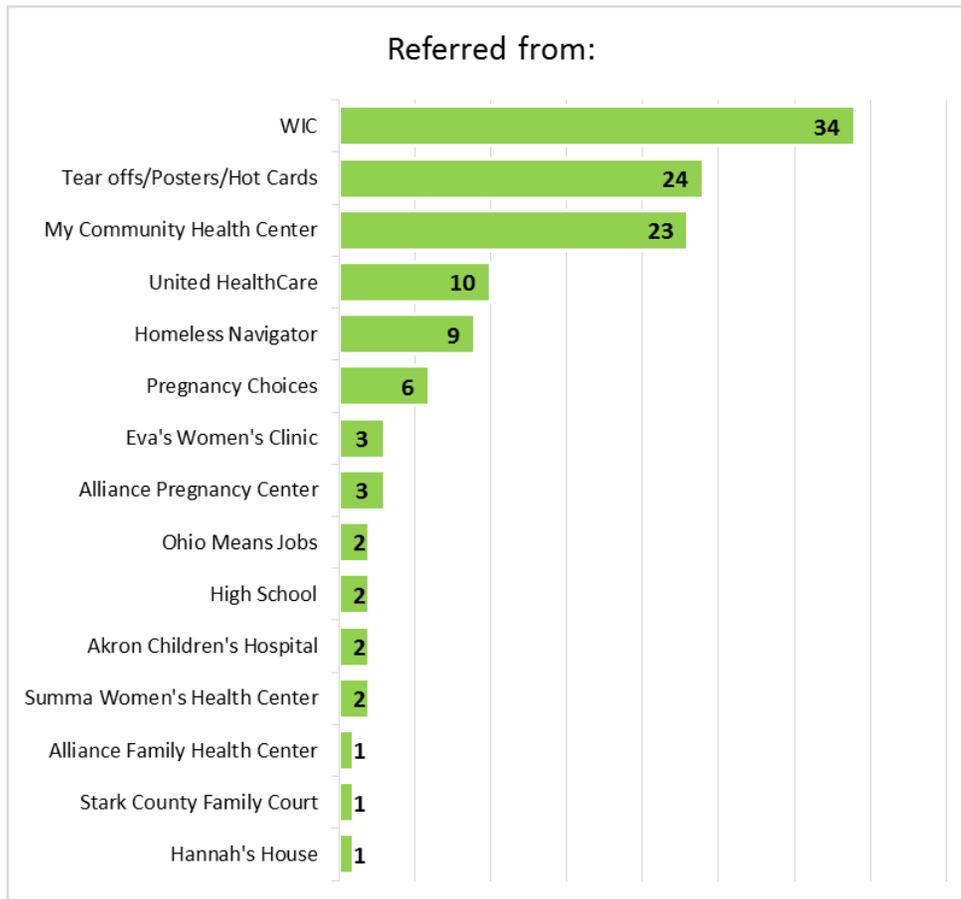
Neighborhood Navigator

Of these avenues, one of the most successful was spending time at My Community Health Center. During that time, the NN was able to see and screen all different moms coming in to their appointments. From Elonda Williams, NN, "Being there was the most pregnant moms I screened in one month!" The least successful avenue was working with the churches. During OE20, NN reached out to 9 churches in Stark County. When connecting with them, she spent at least an hour with a church representative explaining her work as a Neighborhood Navigator and how she is able to help pregnant women to get the services needed to have a healthy pregnancy. When asked why this avenue hasn't been successful, Elonda responded, "I believe the reason for me not getting any referrals from churches is because it's not a lot of young pregnant women going to church". Working to improve commitment to services referred to will be focused on during OE21.

Utilizing tear off posters and hot cards was also very successful. While thinking of non-traditional and unique strategies for reaching women, it was decided that hanging posters and hot cards throughout the community, especially places where women can walk to, filled gaps in the communities where transportation is limited. These areas also are considered financially poor. When focusing on communities of color, Elonda looked to stores that Black women would be able to afford to shop with little income or no job, which pointed to dollar stores or stores that had dollar sections. By concentrating on Dollar Tree locations, which have everyday items at an affordable prices, the navigator was able to fill

that gap. The navigator also reached out to pharmacies in these neighborhoods to try and reach the women who were getting their prenatal vitamins or other prescriptions, but was not allowed to hang any information.

During OE21, OEI team will be working to better document which posters are most successful and determine a plan to get them in additional places to improve visibility.

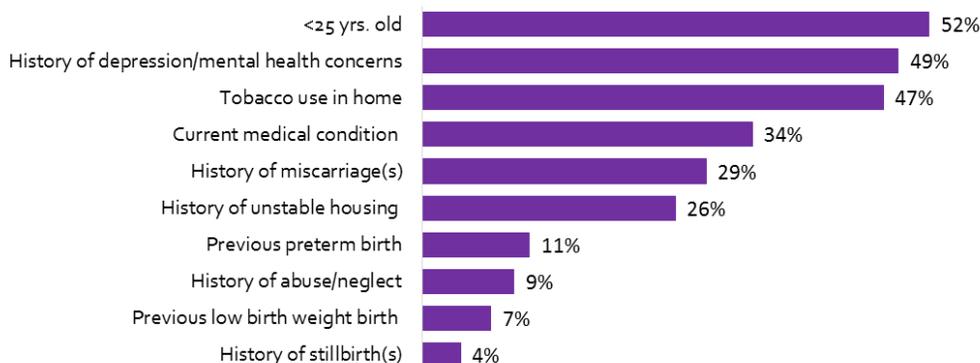


Women Served by Neighborhood Navigator

During the OE 20 grant cycle, the NN served 127 women. The majority of mothers served were between the ages of 20-29. Teen mothers (less than 20 years of age) accounted for 19% of women served. Majority of women served had a high school degree or GED while 18% had additional schooling beyond high school. Eighty-five percent of mothers served were on Medicaid for their insurance and 12% were uninsured at the time of screening. Totals may not add up to 100% due to rounding.

OE20	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Screened/ineligible	1	1	0	0	2
Eligible Women (n)	32	31	37	27	127
Race, Ethnicity					
White, non-Hispanic	63%	65%	46%	44%	54%
Black, non-Hispanic	38%	32%	51%	52%	43%
Other, non-Hispanic	0%	3%	3%	4%	2%
Hispanic	0%	0%	0%	0%	0%
Age					
<15 yrs.	0%	0%	3%	0%	1%
15 - 17 yrs.	6%	0%	3%	11%	5%
18 -19 yrs.	16%	16%	8%	15%	13%
20 -24 yrs.	22%	19%	41%	26%	28%
25 -29 yrs.	28%	42%	19%	26%	28%
30 -34 yrs.	13%	16%	16%	0%	12%
35+ yrs	16%	6%	11%	22%	13%
Education					
Less than HS	22%	35%	27%	30%	28%
HS degree/GED	59%	52%	51%	52%	54%
Some college/associate's	19%	10%	19%	15%	16%
Bachelor's degree	0%	0%	3%	0%	1%
Master's Degree or more	0%	3%	0%	0%	1%
Insurance Type					
Private	3%	0%	5%	4%	3%
Medicaid	84%	87%	78%	93%	85%
Uninsured	13%	13%	16%	4%	12%

Risk Factors of Women Served

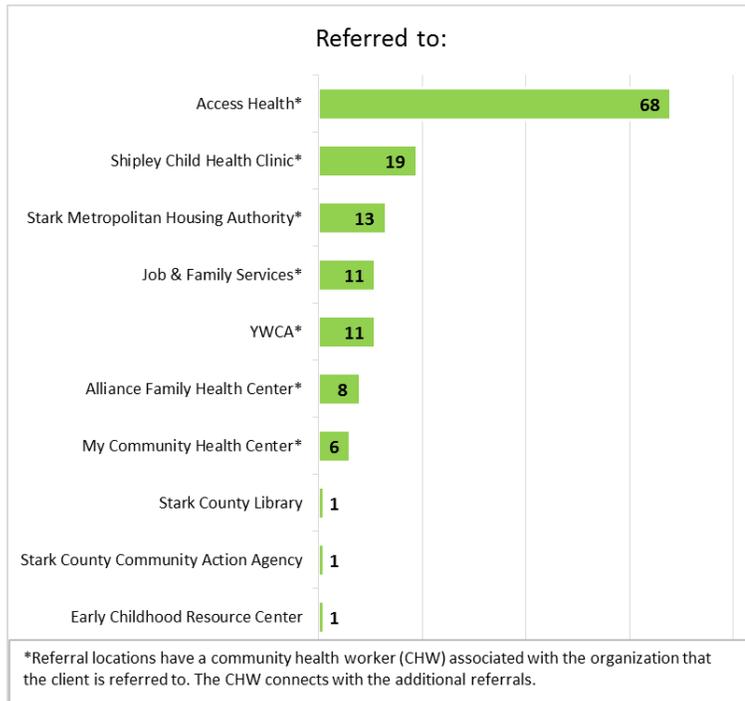


In Stark County during OE20, there was an average of 2.7 risk factors per woman served. NH Black women served have an average of 2.5 risk factors while NH White women had an average of 2.9 risk factors. While there was a slight difference in the average number of risk factors between the two groups, the highest percentage of risk factors identified for each group were the same: Under 25 years of age (53% of NH Black, 52% of NH White), history of depression/mental health concerns (44% in NH Black, 55% in NH White) and tobacco use in home (42% of NH Black, 54% of NH White).

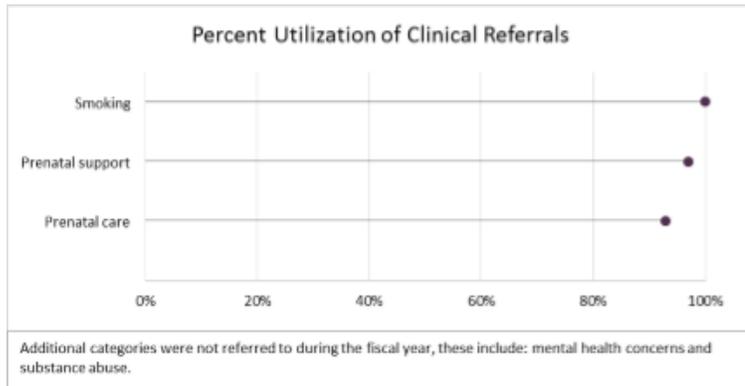
Stark County THRIVE Annual Report Fiscal Year-2020

Women Served by Neighborhood Navigator

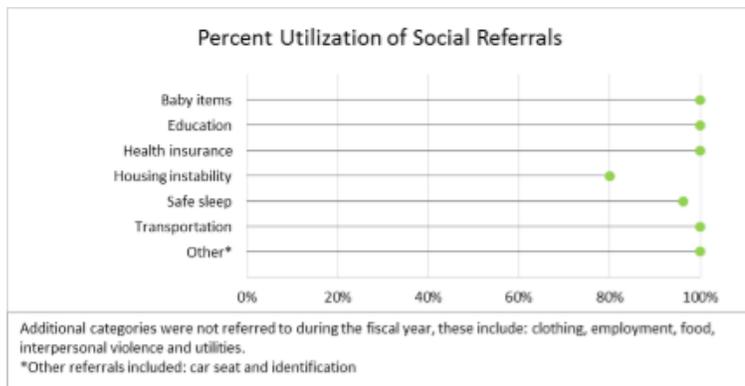
During OE20, a total of 269 needs were identified while screening clients for which the NN made 263 referrals. Mothers utilized 260 of those referrals.



Organizations in which the clients were referred to may offer multiple needs. Many referral locations have a community health worker (CHW) associated with the program. Getting clients connected to a program with a CHW allows for a longer engagement period which can identify additional needs not only through the pregnancy but until the baby is one year of age. Overall, when looking at clinical referrals, the clients were most likely to utilize referrals that accessed smoking cessation programs. Prenatal care was the least utilized clinical referral. When it came to social referrals, mothers were less likely to utilize referrals for housing and safe sleep programs. Barriers to accessing referrals included transportation problems, client miscarried, and clients moving out of service area.



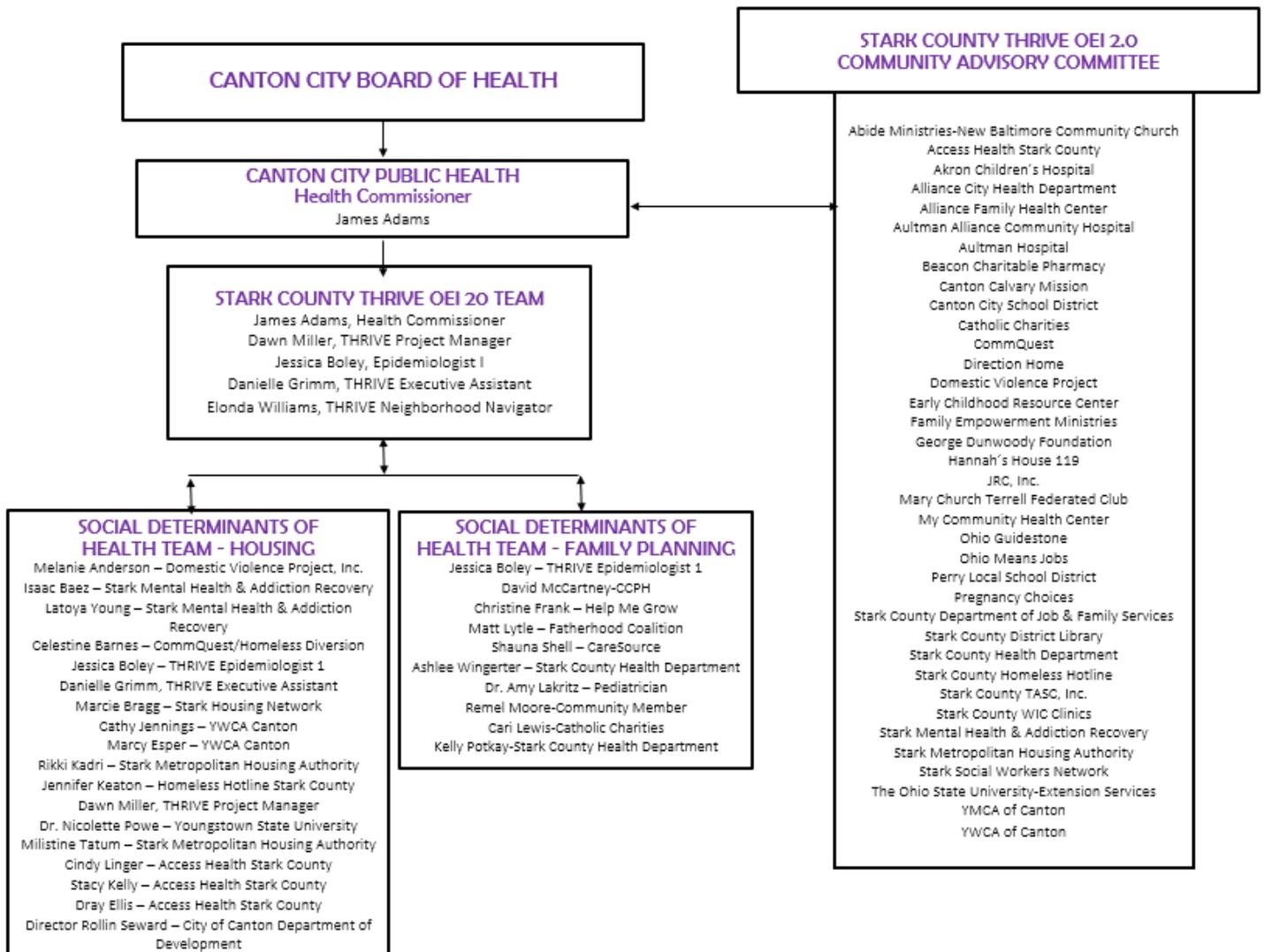
When thinking of the overall successes and challenges regarding Neighborhood Navigator work, Elonda stated that, "Successes was being able to help women of all races. Challenges was not being able to keep all African American moms to commit to services." From an epidemiological perspective, successes were reaching the goal number of clients to be served and the percentages of referrals offered and utilized. Challenges were working towards consistent data entry. Dawn Miller, Project Coordinator stated a challenge regarding Neighborhood Navigator work is not being able to work with women who have a child under the age of 1 (maternal vs pregnant) and working with COVID-19 restrictions the 2nd half of the grant cycle while a success was a connection of over 100 Stark County mothers with needed services. Looking forward to OE21, a goal is to improve diversity of referred to locations to meet the client's immediate needs in case they end up not getting connected with a CHW.



Social Determinants of Health-Overview

Stark County THRIVE OEI has two areas of Social Determinants of Health (SDOH) on which it focuses; Housing and Adolescent Health/Family Planning.

The SDOH Adolescent Health/Family Planning Team is led by Jessica Boley, OEI epidemiologist and the SDOH Housing Team is led by Dawn Miller, OEI Project Manager. Both Teams (see appendix for a team charter) are comprised of local community partners and community members which meet monthly. Below is the schematic diagram showing the relationship of the THRIVE OEI and SDOH Teams, and the Community Advisory Committee





Social Determinants of Health-Housing

The policy change adopted by the Stark County THRIVE SDOH Housing team during OE19 and implemented in OE20 focused on partnering with the Stark County Homeless Hotline. This resulted in the implementation of a revised screening protocol for the Hotlines screening personnel, whereby pregnant women are referred to the THRIVE OEI Neighborhood Navigator. Homeless Navigation Director changed intake process and worked with intake staff to add the question "are you pregnant and/or have a child under age one?" as part of the initial intake forms. Intake staff fax referral form to Canton City Public Health and Neighborhood Navigator reaches out to screen individual.

As a result of this policy change, the Stark County THRIVE SDOH Housing team sought to increase: community awareness of various housing options; access to stable housing for pregnant women; identification and prioritization of expedited housing placements for pregnant women; and identification of pregnant women who would benefit from referral and connection to the THRIVE Neighborhood Navigator.

The OE20 policy/practice implementation efforts of the Social Determinants of Health Housing Team can be summarized as follows;

- Implementation of the Stark County Homeless Hotline intake procedure change resulting in nine women referred to the Neighborhood Navigator. During the COVID 19 pandemic individuals contacting the Homeless Hotline have decreased dramatically but Neighborhood Navigator is still receiving referrals. OE19 change is on track but will be revisiting the Homeless Hotline intake staff for messaging to potential clients so that we can increase our conversion %.
- Expansion of Team members to include the City of Canton Director of Development, Stark MHAR-cultural ally to the Black/African American community, Community Legal Aid, two THRIVE community health workers and supervisors,
- Secured \$35,000 in HOME/Emergency Solutions funding to support the implementation of a tenant based rental assistance program for pregnant women to be managed by the YWCA Canton
- Finalized framework and criteria for the tenant based rental assistance to pregnant women. Roll out of the program was to begin in mid-April but due to the COVID-19 pandemic roll out of the program was delayed until fall 2020.
- Stark Metropolitan Housing Authority (SMHA) leadership was approached to modify their intake application to include a screening question to identify pregnant women. Unfortunately, the question could not be added.
- Continue to monitor the number of pregnant women identified by Homeless Hotline and compare to number referred and screened by Neighborhood Navigator. Document conversion rate and if it falls below 40% SDOH team will develop next steps to improve rate such as revising the script used by Homeless Hotline intake staff.

For the OE20 program year the team will continue its work on the housing needs of Stark County's pregnant women. This decision was based on the successful implementation of the Homeless intake process change, engagement with the City of Canton Department of Development and Stark Community Legal Aid. Specific policy/practice changes to be addressed include establishing relationships with court personnel (magistrate, judges, clerks, etc.) to refer pregnant women and families with child under age one who are involved in eviction proceeding to the Neighborhood Navigator.



Social Determinants of Health-Family Planning & Adolescent Health

Family Planning & Adolescent Health Team is comprised of local community partners and community members. The group has been looking at large upstream policy and practice changes. As such, the process is slow moving and an adjustment of scope may need to be adjusted in order to meet the grant deliverables of a policy/practice change adopted annually.

During OE20, the team worked to develop a survey for parents and caregivers on their beliefs and practices on adolescent reproductive health and family planning and the risks of unprotected sex. The team received Institutional Review Board (IRB) approval in January 2020 and was able to begin collection survey responses. Initially, the survey was receiving a couple completed responses daily then things stalled out. While the survey link was being posted on the Canton City Public Health Facebook page weekly, it wasn't getting the hits needed. We did a paid sponsorship on Facebook for the post in order to help it reach a larger population and a weekly reminder email was sent to our community along with the survey link and encouraged them to share it with their coworkers, clients, and partners. This allowed for close to 40 additional survey responses. We chose to close the survey in September after receiving 159 responses. Based on responses of participants who requested additional information to be sent on adolescent health, 166 education forms were distributed to 34 unique email addresses. In regards to reproductive health and risks of unprotected sex, requests for additional education information to be sent out included 17 unique email addresses to which a total of 65 educational handouts were sent. Only one email was returned as undeliverable. During the start of OE21, the group will be looking closer at the results of the initial survey. A follow-up survey will be sent to those who were sent additional education material to see if the material met their needs. The team will also be pulling together a report out to participants and stakeholders discussing the overall results of the survey.

During discussions with various OEI groups, questions arose about how COVID would affect pregnancy rates and STI rates since many clinics were either closed or reduced hours. OEI Epidemiologist brought this discussed to team, which evolved into if, when and how CHW's in the county are talking about family planning and STI's during their time with clients. The group discussed ways to improve knowledge of the CHW's on these topics.

The practice change that was able to be adopted in OE20 is improved training of CHW's on talking with their clients about family planning and STI prevention before, during and after pregnancy. During OE21 grant, with assistance from a Kent State University Graduate student, an initial knowledge assessment of the CHW's will be conducted. They will then attend a required training on the topics which will be recorded for future trainings. After the training a post assessment will be completed. In addition to training materials, the CHW's will also receive a one-page handout as a quick reference guide that reviews birth control options by the most prevalent managed care plans in Stark County. By working to improve the training and education received by the CHW's, we can work with the Stark County HUB to track how many mothers CHW's are discussing both family planning and STI prevention. For evaluation, if we are able to improve the number of mothers who get proper care and take proper precautions to prevent STI's, we hope to see the number of mothers with an STI give birth, which can help to reduce the preterm and low birth weight births, thereby improving infant vitality in Stark County.



Epidemiologist Report

During OE20, Stark County THRIVE received data requests in order to support the Stark County CHIP/CHNA work. Epidemiologist has also produced information for Stark County's Baby & Me Tobacco Free grant. The epidemiologist sends out quarterly reports on birth outcomes that is sent to the Canton City Board of Health. Sharing this data, sometimes leads to additional questions from the Board of Health which allows for additional data sharing. Along with the quarterly report that is sent to the Board of Health, the epidemiologist sends out a quarterly report to the program manager and neighborhood navigator on the OEI work that was completed during the past quarter.

Additional training that was completed during OE20 included: OSU's 21st Annual Summer Program in Population Health: Practical Implementation of Health Equity Initiatives and attendance at the 2020 CityMatCH Leadership and MCH Epidemiology Conference. Both trainings allowed for an expansion on knowledge, on health equity, mapping, disparities, monitoring and evaluation, amongst other topics.

In addition to OE20 work, the epidemiologist also supports the evaluation being completed by Kent State University on the Stark County THRIVE Pathways HUB program. As Stark County THRIVE continues its work in the community, we are seeing an increase of people who reach out with questions regarding the data and birth outcomes in Stark County and are able to answer them with confidence. Additional requests for data have come from health systems, community organizations, United Way, the philanthropic community, and have been used to develop grant proposals, presentations to Board members and the community.

Due to COVID-19, the epidemiologist also spent time releasing local reports on COVID-19 data both on a county level and city level. She worked in partnership with other local health departments to improve data collection and reduce missing information. Early county reports were released 3 times a week which decreased to twice a week as the illness progressed. City level data was released to the Canton City Public Health leadership twice a week.



Future Planning

When looking to OE21 and beyond, THRIVE continues to see areas for improvement.

In regards to NN strategies to improve outreach to NH Black women, the NN would like to be able to keep referral sources that were already established as well as going forward with new strategies to better reach Black women. The Project Coordinator is looking to increase the frequency of the touchpoint meetings held between the Neighborhood Navigator, Epidemiologist, and Project Coordinator for the purpose of improving team communication, success of outreach activities, monitoring of REDCap data and evaluating the value of each avenue in being a referral point for the Neighborhood Navigator and using that information to redesign messaging, communication, and engagement efforts. Project epidemiologist would like to see improved tracking of referral locations, including which tear-off locations are most utilized. Epidemiologist would like to begin tracking of the women who are referred to a CHW to see how many end up being successfully enrolled and improve variety of referral locations to better meet the needs of the clients screened.

The THRIVE SDOH Housing Team's local policy and practice change work can be enhanced to continue improving the physical and social environments in our communities to help reduce the inequities in birth outcomes experienced by African American women and families by,

1. Identification of African American women who have worked with Neighborhood Navigator and/or participated in the Tenant Based Rental Assistance Program to participate on the SDOH Housing Team.
2. Conduct focus groups and/or survey the target population to gather current qualitative and quantitative data, in coordination with Stark Housing Network and other community partners.

Now that the family planning & adolescent health SDOH team is getting its footing, the team hopes to continue looking at upstream changes including improving the health of women before they become pregnant by,

1. Improving adolescent well visits
2. Providing local pediatricians information on discussing reproductive health with their patients
3. Explore peer talk options to get medically sound information to adolescents on reproductive health and prevention of STI's.

Data Tables-REDCap

Neighborhood Navigator Outcomes				
	NH White	NH Black	Other	Total
# Women screened	69	55	3	127
# Eligible women	69	55	3	127
# Eligible women served	69	55	3	127
# Needs identified	146	116	7	269
# Referrals made	144	112	7	263
% Needs met	99%	97%	100%	98%
# Referral utilized	143	110	7	260
% Referrals utilized	99%	98%	100%	99%

Clinical Referrals			
	Referrals Made	Referral Utilized	% Utilized
Prenatal Care	15	14	93%
Prenatal Support	125	121	97%
Smoking	7	7	100%
Mental Health Concerns	0	0	0%
Substance Abuse	0	0	0%
Total	147	142	97%

Zip Code	# of Clients Served
44705	20
44707	15
44646	14
44706	11
44709	10
44601	9
44703	9
44710	9
44704	8
44708	6
44647	5
44711	2
44714	3
44720	1
44730	1
44614	1
44641	1
44688	1
44702	1

Social Referrals			
	Referrals Made	Referral Utilized	% Utilized
Baby items	1	1	100%
Clothing	0	0	0%
Education	1	1	100%
Food	0	0	0%
Health insurance	12	12	100%
Housing	7	6	86%
Safe sleep	93	90	97%
Transportation	4	4	100%
Utilities	0	0	0%
Car Seat	1	1	100%
Total	119	115	97%

Data Tables-Stark County Birth Data

Stark County Births					
	2015	2016	2017	2018	2019
Overall	4180	4205	3990	4060	4094
NH Black Births	447	468	452	505	540
NH White Births	3514	3514	3310	3325	3319
Very Preterm (Less than 32 weeks gestation)					
	2015	2016	2017	2018	2019
All	58	75	69	69	54
NH Black	12	16	13	16	7
NH White	46	54	54	52	41
Preterm (Less than 37 weeks gestation)					
	2015	2016	2017	2018	2019
All	411	407	381	407	382
NH Black	58	52	51	63	57
NH White	331	323	304	321	298
Very Low Birth Weight (Less than 1,500 g)					
	2015	2016	2017	2018	2019
All	54	63	60	71	52
NH Black	13	14	11	16	6
NH White	38	45	48	54	41
Low Birth Weight (1,500 g-2,499 g)					
	2015	2016	2017	2018	2019
All	270	288	266	309	287
NH Black	45	44	41	51	57
NH White	208	228	200	241	214



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Analysis contained within this report were conducted by Jessica Boley, RD, LD THRIVE Epidemiologist I. At the time of this release (October 2020), 2019 death data was preliminary and subject to change. Birth and death data was accessed from ODH Data Warehouse. Final access for analysis 10/7/2020. "These data were provided by the Ohio Department of Health. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions" OEI data accessed from ODH REDCap System. Final access for analysis 10/7/2020. "This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Maternal, Child and Family Health, Ohio Equity Institute 2.0 and as a sub-award of a grant issued by the Ohio Department of Health under the Ohio Equity Institute 2.0 grant, grant award # 7620011OE0220 and CFDA number 93.994."

Canton City Public Health

4th Quarter 2020 (Meeting 1/25/2021)

AIR POLLUTION CONTROL

This report represents data from 4th quarter 2020 (October 1, 2020 through December 31, 2020) for the Air Pollution Control (APC) Division.

PERFORMANCE METRICS DEVELOPMENT:

Each division is to develop one performance metric per program for at least 25% of their programs by 12/31/2020 as part of the CCPH Quality Improvement and Performance Management goals. APC Division staff met in November 2019 to have an initial work session on the development of the APC Performance Metrics and the initial APC Results Framework. The APC Results Framework outlines the majority of the APC activities representing all division programs, their outputs, and the expected outcomes/results those activities are to have. The initial APC Results Framework and an explanation of the outcomes/goals was provided in the which was included in the April 2020 Board Meeting packet.

APC staff meet again on May 1, 2020 for a work session to further refine the Results Framework and to develop the performance metrics. It was determined that other broad outcomes may be needed to better align the Framework with the Ohio EPA and U.S. EPA programs. Further research is being conducted to complete the next revision of the Results Framework, which won't be completed until 1st quarter 2021, due to a lack of performance data from Ohio EPA and U.S. EPA. Therefore, further development of the performance indicators is still underway, and the same performance indicators reported in 1st – 3rd quarter 2020 are being reported for 4th quarter 2020.

PERFORMANCE METRICS FOR 4th QUARTER 2020:

Below is the data for the initial performance indicators have been developed. The format and detail will likely change in future reports.

GOAL: Maintain compliance with the National Ambient Air Quality Standards (NAAQS) in Stark County

➤ Performance Indicator 1: Attainment status with NAAQS:

Canton APC measures pollutants PM_{2.5}, Ozone (O₃) and Lead (Pb) for the determination of NAAQS designations for Stark County. U.S. EPA makes designations for each pollutant NAAQS and each time the NAAQS are revised.

- Ozone: Stark County has been designated as Attainment for the 2008 Ozone NAAQS of 0.075 ppm (8 hour) since 2012 and the 2015 Ozone NAAQS of 0.070 ppm (8 hour) since 2018. This is the most recent revision of the Ozone NAAQS.
- PM_{2.5}: Stark County has been designated as Attainment for the 2012 PM_{2.5} NAAQS of 12.0 µg/m³ (annual) and 35 µg/m³ (24-hour) since 2015. This is the most recent revision of the PM_{2.5} NAAQS.
- Pb: Canton APC started measuring Pb in 2017 for comparison to the 2016 Pb NAAQS of 0.15 µg/m³ (3-month), but U.S. EPA has not made any designations for Stark County yet.

➤ *Performance Indicator 2: Current data shows compliance with NAAQS:*

Canton APC measures pollutants PM_{2.5}, Ozone (O₃) and Lead (Pb) to monitor the current air quality in Stark County. Below is a summary table of Canton APC's ambient monitoring network:

TYPE	NAAQS	ATTAINMENT STATUS	MONITORING FREQUENCY	MONITORING LOCATION
Ozone	0.070 ppm (8 hour)	Attainment	Continuous	Malone College; Brewster; Alliance
PM _{2.5}	12.0 µg/m ³ (annual); 35 µg/m ³ (24-hour)	Attainment	3 Intermittent (1 in 3 days) & 1 Continuous	Canton Fire Station #8*; Canton Health Dept
PM _{2.5} Speciation	N/A	n/a (not NAAQS)	Intermittent (1 in 6 days)	Canton Fire Station #8*
Lead	0.15 µg/m ³ (3-mth)	Undetermined & n/a (special study)	1 Intermittent (1 in 6 days) & 1 special study days	Republic Steel

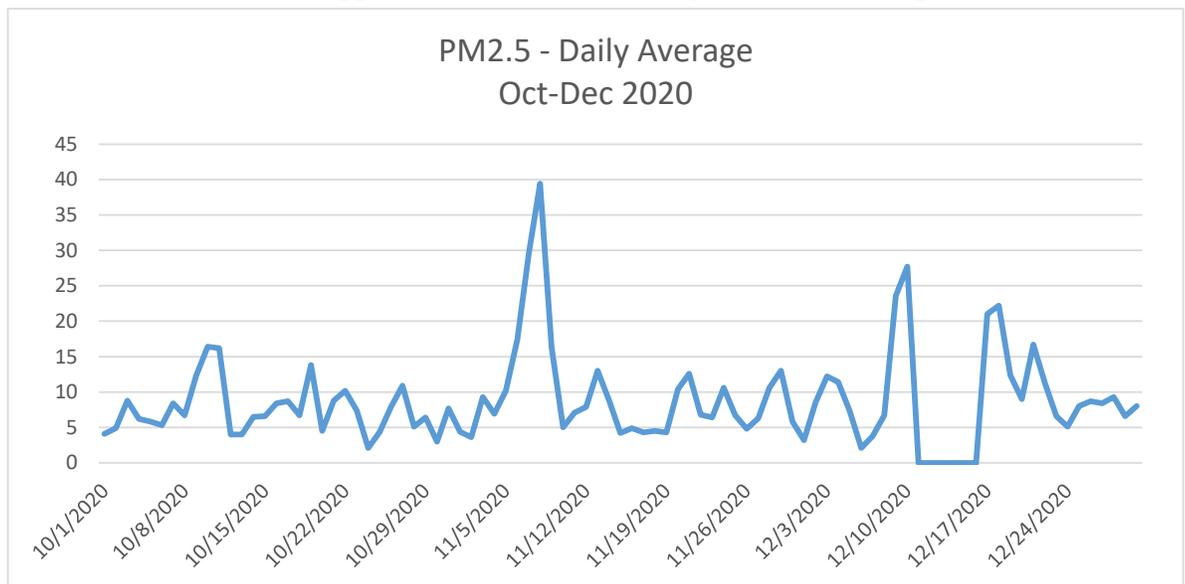
**Operating the PM_{2.5} Intermittent and PM_{2.5} Speciation monitors was suspended on 3/24/20 due to COVID-19 operational impact and resumed on 7/29/20 and 8/1/20, respectively. Operation at Canton Fire Station #8 has been suspended since 10/15/2020, as Stark County has been Level 3 or 4 of the COVID-19 Advisory Level since that date.*

- Ozone data for 4th quarter 2020 (October 1, 2020 - December 30, 2020):
 - Brewster: 4th quarter 2020 maximum 8-hour average is 0.044 ppm
 - Malone College: 4th quarter 2020 maximum 8-hour average is 0.047 ppm
 - Alliance: 4th quarter 2020 maximum 8-hour average is 0.045 ppm

There were no exceedances of 0.070 ppm (8-hour average) in the 4th quarter. Stark County is expected to remain in attainment for ozone.

Note: Ozone monitoring season ended 11/1/2020 and will start again on 3/1/2021.

- PM_{2.5} data for 4th quarter 2020 (October 1, 2020 - December 30, 2020):
 - Daily average data in chart from the continuous PM_{2.5} monitor shows one exceedance of the 35 µg/m³ (24-hour) NAAQS. The 24-hr average on 11/8/2020 was 39.4 µg/m³. This peak was seen throughout the Midwest and appears to have come from wildfires in Canada so has been flagged as such. The remaining data was in compliance.



Note: PM_{2.5} data was not collected 12/10/2020 10:00 a.m.-12/17/2020 1:00 p.m. During this time, the SHARP 5030i was removed from service, the instrument assembly was removed from the roof and second floor, repairs were made to roof, new instrument shelter cabinet hoisted to roof, then new Teledyne T640 was installed in shelter on roof and went online 12/17/2020.

- 4th quarter 2020 average PM_{2.5}: 9.3 µg/m³
Quarter average shows compliance with the 12.0 µg/m³ (annual) NAAQS, which is based on an annual average.
- Pb data for 4th quarter 2020 (October 1, 2020 - December 30, 2020):
All 3-month averages in the table show compliance with the 0.15 µg/m³ Pb NAAQS

3-Month Rolling Average of Pb in µg/m³

Jun 2020-Aug 2020*	Jul 2020-Sep 2020*	Aug 2020-Oct 2020	Sept 2020-Nov 2020	Oct 2020-Dec 2020
0.05	0.08	0.13	N/A	N/A

*Past months' values are included in table since final data wasn't available for reporting in previous quarter.
Note for N/A: Analysis data for November-December 2020 samples not yet received.

OBJECTIVE 1: Achieve valid ambient air quality data

- *Performance Indicator: Achieve at least 75% data capture rate of ambient air quality data (i.e. Quality assured data is to be collected per the frequency indicated in the table no less than 75% of the time)*

Pollutant (Site)	Sample Frequency	Data capture rate for Oct 2020 - Dec 2020
PM _{2.5} Intermittent (Fire Station #8)	1 every 3 days	16.7%*
PM _{2.5} Intermittent (Health Dept.)	1 every 3 days	83.3%**
PM _{2.5} Continuous	Continuous, hourly averages	92.0%
PM _{2.5} Speciation	1 every 6 days	13.3%***
Ozone (Alliance)	Continuous, hourly averages	98.9%
Ozone (Malone)	Continuous, hourly averages	98.8%
Ozone (Brewster)	Continuous, hourly averages	98.5%
Lead (Republic)	1 every 6 days	100%

* 25 samples missed Oct-Dec & Sept due to COVID-19 operational impact.
** 5 samples missed in Dec due to COVID-19 operational impact.
*** 13 samples missed Oct-Dec due to COVID-19 operational impact.

OBJECTIVE 2: Regulated community in compliance with air quality regulations

- *Performance Indicator: To be determined*

CUSTOMER SATISFACTION:

Each division is to develop one customer satisfaction data collection tool by 3/31/2020 and collect the data by 6/30/2020 as part of the CCPH Quality Improvement and Performance Management goals. The APC Division implemented a Customer Satisfaction Survey on 3/6/2020 for permitted customers after a permit is issued to them or a site visit at their facility is conducted, in order to measure customer satisfaction with these programs.

Permit program: 41 permit issuance surveys were sent from 3/6/2020-12/31/2020 (6 more since last quarter), of which 13 responses (3 more since last quarter) were received (32% response rate; up from 29% last quarter), and all were either “agree” or “strongly agree” level of satisfaction. The average level of satisfaction result for the 13 surveys was 3.77 (down from 3.8 last quarter) [scale: 4 = strongly agree, 3 = agree, 2 = disagree, 1 = strongly

disagree], which shows satisfaction with the permit issuance program.

Inspection program: Due to COVID-19 impact on operations, no in-person facility site visits were conducted since 3/6/2020. There have been some virtual site visits involving either live video stream walk-through of facilities or real-time data submission. It was decided on 12/3/20 to send surveys for those types of site visits. 2 site visit surveys were sent from 12/3/2020-12/31/2020 (2 more since last quarter), of which 0 responses were received (0% response rate). Therefore, we currently do not have customer satisfaction data for this program.

APC OPERATIONAL CHANGES DUE TO COVID-19 - UPDATE:

The Ohio COVID-19 response continues to cause the APC Operations to change in order to implement Ohio EPA direction and the Governor's orders. Ohio EPA has revised their Air Monitoring Field Activities Plan to include a tiered approach based on the Ohio Governor's Public Health Advisory System that began in July 2020.

All field inspections (asbestos, complaints, facilities, stack tests, etc) continue to be suspended and some allowed with restrictions.

- A handful of off-site observations have occurred for some facility and asbestos complaints occurring in 4th quarter 2020. These typically involve visible emissions and activity observations that can be ascertained from a distance.
- We have been using calls and record reviews as means to inspect during this time.
- Since March 2020, the facility Full Compliance Evaluation (FCE) inspections were not allowed to be performed with in-person inspections. Since 7/27/2020, Ohio EPA developed and approved the use of their Virtual Site Visit procedure for completing the FCEs using record reviews and photos/video. Since then, of the 9 FCEs committed to be completed by 9/30/2020, 5 FCEs were completed by 9/30/2020, 2 FCEs were be completed by 10/30/2020, 1 FCE were completed by 11/30/2020, and 1 FCE will be completed by 1/30/2021 to complete that FFY of FCEs. There were 0 FCEs committed to be completed by 12/31/2020 (for the new FFY), and staff are starting work on the 9 FCEs that are committed to be completed no later than 9/30/2021. The virtual process takes longer since the facilities required more time to gather and submit the records versus us reviewing the records on-site.
- Two stack tests occurred in 4th quarter 2020 without Canton APC inspecting in-person, but they were observed using virtual means (live video streaming, photos/videos sent & reviewed, real-time data submissions, etc). This format was effective for this type of inspection and will continue to be used in the future.
- The Ohio EPA asbestos notification inspections commitment of 15% for the year was not achieved for 4th Quarter 2020 as we have no inspections (0%). In comparison with the rest of the Ohio EPA DO/LAA offices, only 1 of 13 offices achieved the 15% goal and 6 of 13 had 0% (including Canton). Ohio EPA has approved the use of the virtual site visits procedure for asbestos inspections, which includes live video streaming, but we have not been able to successfully implement this yet.

Ambient Air monitoring updates:

- Laboratory Analysis of collected samples:
 - The Ohio EPA DES has returned to regular pre-COVID working hours but with only partial staff at a time to ensure social distancing. As a result, the Lab analysis and reporting that was previously taking 2 weeks of sample shipment date is now taking 5-7 weeks. Analysis of the Republic Steel Pb ambient air monitor filters have been completed and reported through October 2020 even though the

last shipment of filters was the beginning of December 2020.

- Monitoring Sites visits to operate and maintain monitors:
 - Ohio EPA has approved regular visits to maintain the ongoing operation of the continuous PM_{2.5} and ozone sites (2021 ozone season begins 3/1/2021). These sites are considered critical since they are used to report the daily Air Quality Index.
 - Site visits for the PM_{2.5} intermittent and PM_{2.5} speciation samplers at Canton Fire Station #8 are not allowed when Stark County is at Level 3 or 4 of the Ohio Governor's Public Health Advisory System. Since Stark County has been at Level 3 or 4 since 10/15/2020, samples have not been collected from this site since that date. This is impacting the ambient air data capture as shown above.
 - Per Ohio EPA's revised Air Monitoring Resumption Plan, Canton is allowed to maintain and operate the PM_{2.5} intermittent sampler at CCPH since it is located at the same site as the continuous PM_{2.5} sampler.
 - The QA Audits resumed in mid-September 2020 with restrictions of no in-person contact between the QA auditor and Canton APC staff, so virtual means were used to communicate during the audit. All 2020 audits were completed with the exception of one audit at Canton Fire Station #8.

Most APC staff are working from home with the exception of one engineer and monitoring staff who are performing regular air monitoring field duties and preparing equipment for ozone season.

APC OFFICE REMODEL STATUS:

The APC office remodel and exterior windows construction was completed on 10/5/20. The 1st set of cubicle desks (for permitting staff) were installed on 6/23/2020 in the new area and staff are moved into those cubicles. The remaining cubicle desks for monitoring staff were installed on 10/6/20 and those staff are moved into those cubicles. Terri Dzienis, APC Director, moved into her new office on 10/9/20. APC is now fully moved into the new APC office area. It has been a great improvement to the working environment and team building among staff.

Canton City Public Health

December Report 2020 (Meeting 1/25/21)

VITAL STATISTICS

Certificates Issued	DEC 2020	2020 YTD	2019 YTD
Death Certificates Issued	1,362	8,097	6,666
Birth Certificates Issued	544	8,453	10,557

*Births Total Residents & Nonresidents	DEC 2020	2020 YTD	2020 YTD
Births	317	3,908	
Unmarried Parent Births	156	1,937	50%
Births to Mothers aged 14 and under	-	4	0%
Births to Mothers aged 15 - 17	5	48	1%
Births to Mothers aged 18 - 19	20	214	5%
Births to Mothers aged 20 - 24	78	972	25%
Births to Mothers aged 25 - 29	89	1,218	31%
Births to Mothers aged 30 - 34	78	966	25%
Births to Mothers aged 35 - 39	38	396	10%
Births to Mothers aged 40 - 44	9	86	2%
Births to Mothers aged 45 and over	-	4	0%

Deaths in Canton City	DEC 2020	2020 YTD	YTD Male	YTD Female
Total	284	2,172	55%	45%
Deaths aged less than 1 day	-	8	50%	50%
Deaths aged less than 1 year	-	6	100%	0%
Deaths aged 1 - 3	1	2	50%	50%
Deaths aged 4 - 9	-	1	100%	0%
Deaths aged 10 - 19	-	8	38%	63%
Deaths aged 20 - 29	4	39	62%	38%
Deaths aged 30 - 39	7	61	69%	31%
Deaths aged 40 - 49	8	99	54%	46%
Deaths aged 50 - 59	20	222	58%	42%
Deaths aged 60 - 69	64	469	61%	39%
Deaths aged 70 - 79	88	553	58%	42%
Deaths aged 80 and over	91	695	47%	53%

Based on the number of births and deaths registered for the month of December 2020.

Canton City Public Health

January 25, 2021 Board Meeting

COVID-19 FINANCIAL UPDATE

Financial data on revenues and expenses for COVID-19 at the Health Department

REVENUES for 2020

Below is a list of grants that we were awarded or revenues that we will receive or have already received to use for COVID-19.

Received from:	Date Received	Amount	What this money can be used for.
Ohio Department of Health	3/23/2020	\$5,158.53	Personnel and other direct costs - COVID-19 monitoring, investigation, containment and mitigation
CARES Act Provider Relief Fund	4/21/2020	\$17,592.25	Personnel and other direct costs (Total \$35,184.50 - split with Fire dept.)
City of Canton	Will pay invoices directly	\$47,400.00	Purchase supplies for families actively enrolled with a Stark County THRIVE Community Health Worker.
HealthPath Foundation of Ohio	4/20/2020	\$8,750.00	THRIVE Program - Care packages for Pregnant women and families with children under age 1
Sisters of Charity Foundation	4/23/2020	\$4,000.00	THRIVE Program - Care packages for individuals with chronic disease
Stark County Health Department	receive monthly with reports	\$93,992.00	CO20 Coronavirus Response Grant - Personnel and other direct costs. (\$63,270 original grant, \$30,722 additional grant award) Grant Period: March 1, 2020 - March 15, 2021
Stark County Health Department	receive monthly with reports	\$274,678.00	CO21 Coronavirus Response Grant - Personnel and other direct costs. (\$74,678 original grant, \$274,678 additional grant award) Grant Period: March 1, 2020 - December 30, 2020
Stark County Health Department	receive monthly with reports	\$245,582.00	CT20 Contact Tracing Grant - Personnel and other direct costs. (\$77,816 original grant, \$167,766 - additional grant awarded) Grant Period: May 1, 2020 - December 31, 2020

\$697,152.78

EXPENSES

Other Direct Costs (paid through 12/31/2020)

Vendor

Contract Services	\$26,829.53
Professional Services	\$12,089.00
Supplies	\$32,141.33 *\$12,750.00 is for the THRIVE grant for care packages.
Utilities	\$7,252.10
Other	\$81,142.88 *Paid back Personnel costs to other Funds
	\$159,454.84

Personnel Costs	Health Department Employee's Time on COVID-19					
	COVID-19		COVID-19 - Contact Tracing		TOTAL	
COVID-19 Activities	Hours	Dollars	Hours	Dollars	Hours	Dollars
March 2020	1,619	\$68,586.77	0	\$0.00	1,619	\$68,586.77
April 2020	2,033	\$84,530.71	0	\$0.00	2,033	\$84,530.71
May 2020	1,770	\$73,161.66	469	\$17,626.20	2,240	\$90,787.86
June 2020	1,785	\$72,528.20	358	\$12,269.89	2,142	\$84,798.09
July 2020	1,446	\$58,956.46	294	\$9,535.96	1,740	\$68,492.42
August 2020	1,397	\$58,706.75	276	\$8,932.00	1,673	\$67,638.75
September 2020	1,270	\$52,203.86	348	\$10,886.98	1,618	\$63,090.84
October 2020	1,584	\$64,746.35	490	\$16,838.09	2,074	\$81,584.44
November 2020	2,090	\$85,943.22	647	\$22,702.52	2,737	\$108,645.74
December 2020	2,358	\$95,042.13	626	\$19,877.89	2,983	\$114,920.02
TOTAL	12,903	\$533,420.76	2,235	\$76,089.12	15,138	\$609,509.89

**Missing hours from two (2) employees.

Personnel costs are calculated by the following:

Hours on COVID-19 x Employees hourly rate x fringe rate

Hours represent all hours on COVID-19 (regular hours and comp time earned hours)

Up to 35 employees working on COVID-19 each month.

COVID-19

There are a few brief updates on COVID-19.

- We continue our contact tracing and monitoring program. We did see a slight surge in the numbers of cases as well as an increase in the number of contacts per case. The workload is manageable with our current staff (Total of 7 staff). We have developed an on-line request form for individuals to request documentation of their isolation or monitoring periods as we typically do not send a letter releasing an individual from isolation or quarantine.
- We are shifting resources towards COVID-19 vaccination planning and clinics. We began vaccination efforts to those eligible for phase 1A starting December 28, 2020. As of January 16, we have vaccinated 640 1A individuals in our clinic.
- We have phase 1B clinics for individuals over 80 years old scheduled at our office for the week of 1/19/2021 through 1/23/2021. A summary of these vaccination clinics will be provided during the meeting.
- We do not have any drive-through testing scheduled. We are working on plans for additional community testing opportunities, including the use of drive-through testing.

Racism as a Public Health Crisis

We have not been able to schedule a meeting of this workgroup in January due to our COVID clinic planning efforts. No update.

Happy Birthday WIC

America's first WIC program was founded on 1/15/1974 in Pineville, KY and Ohio's WIC program began soon after. My how we have grown. Congratulations to our WIC staff and all who have participated in this important public health program over the years. Happy Birthday WIC!

Personnel Updates

Continuous Recruitment Postings:

- Contact Monitoring Team Member (we currently have 5 Members under contract)
- Staff Sanitarian
- Environmental Health Recycling Tech

New Posting

- Family Nurse Practitioner/Nursing Supervisor

Strategic Plan 2020

Chronic

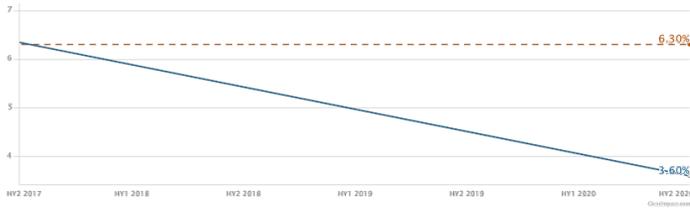
P Chronic Disease

Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
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I Goal 1. Increase access to healthier lifestyle choices in the community

HY2 2020	—	3.60%	6.30%	↘ 1	-47% ↓
HY1 2017	—	6.80%	6.30%	→ 0	0% →

Data Source: % of adolescents in Canton who report they have tried tobacco in the last 30 days. Office of Adolescent Health, NHS, 2015 BRFSS



Story Behind the Curve

More deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol, motor vehicle injuries, suicides, and murders combined. However, tobacco use by adolescents and young adults has declined substantially over the past 40 years. In 2018, only 3.6 percent of high school seniors identified as a daily smoker, and 7.6 percent had smoked within the past 30 days. Furthermore, adolescents' use of smoking products is evolving. In 2014 and for the first time in history, more teenagers used electronic cigarettes (or e-cigarettes) than smoked tobacco cigarettes. This trend continued in 2018, as more high school students used e-cigarettes or similar devices to vape (i.e., inhale vapors that include nicotine) than smoked tobacco cigarettes. These products pose a set of new challenges, as they are known to be harmful but their health impact is not yet fully understood.

Tobacco use remains the number one cause of preventable deaths in the United States. It is critical that efforts to prevent and reduce teen smoking continue, as the stakes could not be higher. On average, smokers die at least 10 years earlier than non-smokers and, every day, more than 1,200 people in the United States die from smoking-related causes. Almost 90 percent of those who die from smoking-related causes began using tobacco products at or prior to age 18. The Surgeon General estimates that if all the evidence-based youth anti-tobacco strategies were implemented, smoking among high school students would decline by more than 50 percent by 2020.

Partners

- Stark County Healthy Lifestyles Coalition
- LiveWell Stark County
- StarkFresh

What Works

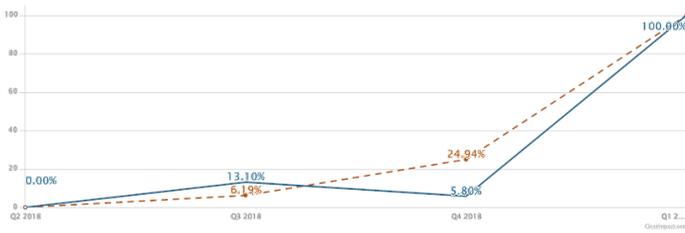
The strategies used to address this indicator were met. Due to the pandemic and pandemic response, this indicator was not able to be measured.

Strategy

To reduce the instance of tobacco use by adolescents in the community, CCPH plans to form a coalition that aims to bring Tobacco-21 legislation to the city and to work with our community partners to increase the number of tobacco free outdoor areas in the city. CCPH also plans to work with community partners to increase access to fresh food choices in areas identified as food deserts.

PM Objective 1.1. Evaluate feasibility of Tobacco-21 program implementation in Canton by 12/31/2018 to decrease the incidence of youth initiation of smoking.

Q1 2019	5.80%	100.00%	100.00%	↗ 1	9900% ↑
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Q4 2018	13.10%	5.80%	24.94%	↓ 1	480% ↑
Q3 2018	0.00%	13.10%	6.19%	↑ 1	1210% ↑
Q2 2018	-	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

Mission: To reduce the health and economic impact of tobacco use and nicotine addiction through education, advocacy, and policy change.

Vision: A world without nicotine addiction and tobacco use.

Partners

- Stark County Healthy Lifestyles Coalition

What Works

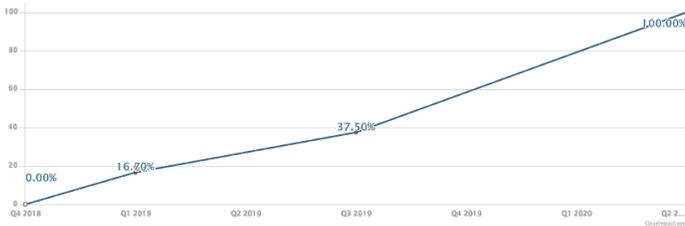
Early exposure permanently alters neuro-receptors in the deepest, most ancient parts of the brain that then manifests as ongoing desire or addiction. Preventing that early inoculation requires a concerted societal and political strategy including school-based education, reduced media exposure, counter-marketing, tobacco and smoke free homes and public areas and youth access restrictions. Tobacco-21 programs vigorously support all of those efforts in addition to the focus on raising the legal minimum sales age to 21.

Action Plan

Jim Adams will work with our community partners to establish a Tobacco-21 coalition. The coalition will locate data showing the effectiveness of Tobacco-21 legislation in reducing the instance of youth smoking in the community and complete a feasibility assessment then lobby city council to adopt the legislation.

PM

Objective 1.2. Work with community partnerships to increase the number of tobacco free outdoor areas by 3 by the year 2020.



Q2 2020	-	100.00%	100.00%	↑ 3	9900% ↑
Q3 2019	16.70%	37.50%	37.50%	↑ 2	3650% ↑
Q1 2019	0.00%	16.70%	16.67%	↑ 1	1570% ↑
Q4 2018	-	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

Outdoor smoke-free policies include private sector rules and public sector regulations that prohibit smoking outside or restrict it to designated areas. Private sector policies generally ban smoking on worksite property, while state and local ordinances often establish smoke-free standards for specified outdoor public areas such as parks and beaches.

There is some evidence that outdoor smoke-free policies reduce smoking in designated areas, especially when implemented as part of comprehensive smoke-free efforts that ban both indoor and outdoor smoking. Banning smoking in public places, including parks, is a recommended strategy to prevent tobacco use among youth (US DHHS SG Tobacco 2012).

Partners

- LiveWell Stark County

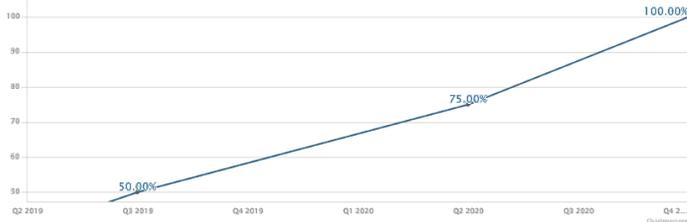
What Works

Action Plan

To increase the number of tobacco free outdoor areas in the community, CCPH plans to partner with LiveWell Stark County and designate a staff member who will regularly attend its meetings. As a member of this community committee, CCPH will work with the community to add at least three tobacco free outdoor areas by 2020.

PM

Objective 1.3. Work with community partnerships to increase the access to fresh food choices in identified community food deserts by 2 by 2020.



Q4 2020	—	100.00%	100.00%	↗ 4	9900%	↑
Q2 2020	50.00%	75.00%	75.00%	↗ 3	7400%	↑
Q3 2019	28.60%	50.00%	50.00%	↗ 2	4900%	↑
Q1 2019	0.00%	28.60%	28.57%	↗ 1	2760%	↑
Q4 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

A food desert is an area that has limited access to affordable and nutritious food, in contrast with an area with higher access to supermarkets or vegetable shops with fresh foods, which is called a food oasis. The designation considers the type and quality of food available to the population, in addition to the accessibility of the food through the size and proximity of the food stores.

In 2010, the United States Department of Agriculture reported that 23.5 million people in the U.S. live in "food deserts", meaning that they live more than one mile from a supermarket in urban or suburban areas and more than 10 miles from a supermarket in rural areas.

Food deserts tend to be inhabited by low-income residents with reduced mobility, this makes them a less attractive market for large supermarket chains. Food deserts lack suppliers of fresh foods, such as meats, fruits, and vegetables. Instead, the available foods are often processed and high in sugar and fats, which are known contributors to the proliferation of obesity in the U.S.

Partners

- StarkFresh

What Works

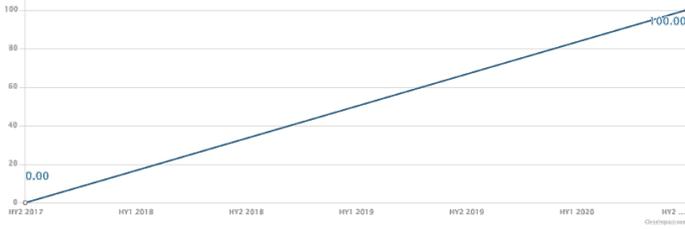
Working with community partners to add locations and then prioritizing completion of plan reviews has enabled the department and its partners to bring additional choices to the community.

Action Plan

Canton City Public Health will nominate a staff member to regularly attend StarkFresh meetings and working with the team to increase access to fresh food choices in areas of the community identified as food deserts. CCPH will complete plan reviews and licensing applications for any new food establishments, in these areas, within thirty days of plan submission.

I Goal 2. Decrease the rate of unintentional injuries.

HY2 2020	—	100.00	100.00	↗ 1	9900%	↑
HY2 2017	—	0.00	0.00	→ 0	0%	→



Story Behind the Curve

Didn't have goal before 7/1/17, so 0% complete is baseline.

Partners

Stark County Dog Warden

What Works

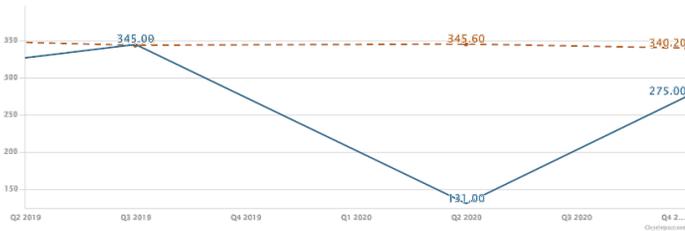
Subobjectives completed

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 2.1 Decrease the rate of reported animal bites in Canton City by 10% by 2020

Q4 2020	—	275.00	340.20	↗ 1	-27%	↓
Q2 2020	345.00	131.00	345.60	↘ 1	-65%	↓
Q3 2019	309.00	345.00	343.98	↗ 2	-9%	↓
Q1 2019	253.00	309.00	351.54	↗ 1	-18%	↓
Q3 2018	378.00	253.00	362.25	↘ 1	-33%	↓
Q2 2018	—	378.00	378.00	→ 0	0%	→



Story Behind the Curve

Animal bites pose a major public health problem in children and adults worldwide. The health impacts of animal bites are dependent on the type and health of the animal species, the size and health of the bitten person, and accessibility to appropriate health care.

- Animal bites are a significant cause of morbidity and mortality worldwide.
- Dog bites account for tens of millions of injuries annually; the highest risk is among children.
- Rabies is a significant health concern following bites by dogs, cats, bats and raccoons.

In the U.S., approximately 4.5 million people are bitten by dogs every year. Of these, nearly 885 000 seek medical care; 30 000 have reconstructive procedures; 3–18% develop infections and between 10 and 20 fatalities occur. Worldwide, an estimated 59 000 people die annually from rabies, and bites from rabid dogs account for the vast majority of these deaths.

Partners

Stark County Dog Warden

What Works

Communities – especially children – should be informed about the risks of dog bites and prevention techniques such as avoiding stray dogs and never leaving a child unattended around any dog.

Health-care providers should be educated on the appropriate management of dog bites. Health authorities and policy-makers should ensure rabies control within dog populations, ensure appropriate supplies of rabies vaccines for potential rabies exposure in people, and develop data collection systems to further document the burden of this problem.

Action Plan

Canton City Public Health plans to reduce the incidence of animal bites in the community by 10% by the end of 2020. A staff member will be assigned to develop and market a "Fight the Animal Bite" educational and marketing campaign. After implementing the plan, CCPH will evaluate the results of the marketing and education campaign and analyze the rate of animal bite exposures.

Communicable

P	Communicable Disease	Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I	Goal 1. HIV infections per 100,000 population in Stark County	HY2 2017	—	115.00	112.70	→ 0	0% →



Story Behind the Curve

Data for year end 2015. Data for total infections per 100,000 population in stark county

Partners

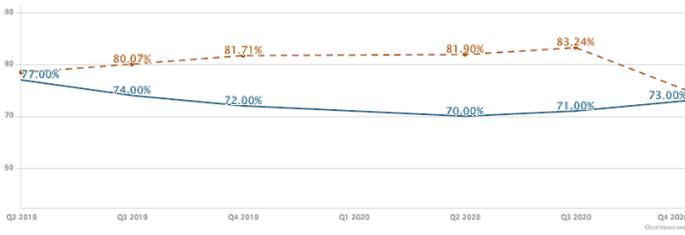
What Works

Due to COVID19 response, validation of HIV data entries have been unable to be verified. Although HIV data has been entered, that data has not been checked for accuracy and thereby would not provide a good picture of these cases.

Action Plan

Objective is any decrease, which will be set at 2% decrease.

PM	Objective 1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis	Q4 2020	71.00%	73.00%	75.00%	↗ 2	6% ↗
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Q3 2020	70.00%	71.00%	83.24%	↗ 1	3% ↑
Q2 2020	72.00%	70.00%	81.90%	↘ 3	1% ↑
Q4 2019	74.00%	72.00%	81.71%	↘ 2	4% ↑
Q3 2019	77.00%	74.00%	80.07%	↘ 1	7% ↑
Q2 2019	73.00%	77.00%	78.43%	↗ 1	12% ↑
Q1 2019	87.00%	73.00%	76.79%	↘ 1	6% ↑
Q4 2018	60.00%	87.00%	75.14%	↗ 2	26% ↑
Q3 2018	55.00%	60.00%	72.68%	↗ 1	-13% ↓

Story Behind the Curve

Linkage to care is a crucial early step in successful HIV treatment and is typically defined as the completion of a first medical clinic visit after HIV diagnosis. Linkage to care plays a key role in the HIV care continuum—it is a necessary precursor to antiretroviral therapy initiation and viral suppression.

This standard was adopted from the HIV grant standards, Healthy People 2020, PHAB measure 2.1.2 and the department's strategic priorities.

Partners

What Works

Changes in staff and challenges working with high-risk populations have led to this measure being below target. The DIS will continue to focus on linking individuals to care within 30 days of diagnosis and to ensure their first appointment is within 90 days. The DIS completed partner services training and anticipates an improvement for this measure.

The result is less than 10% below target, so status is met. However, 96.2% of cases (25/26) received referrals to medical care. The COVID pandemic has impacted our ability to connect with individuals personally which also impacts these numbers

Strategy

The Disease Intervention Specialist (DIS) will meet face-to-face with all newly diagnosed HIV patients in the counties assigned to our region. The DIS will refer all of these individuals to care and will reconnect with those who have not presented to care within 60 days of the referral. The DIS will work with those who haven't sought care to identify and address barriers.



Story Behind the Curve

Data for year end 2015 due to data not available until 2 years after. ODRS report retrieved by Amanda Archer

Partners

- Opiate Task Force

What Works

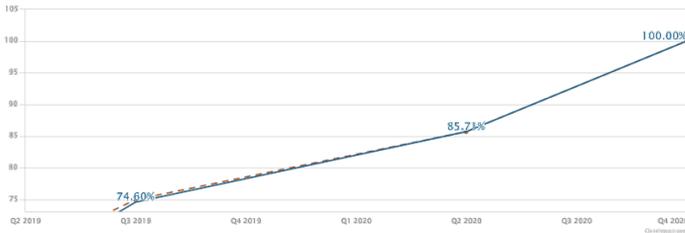
Due to COVID19 response, data entry of Chlamydia lab results has been a low priority and have not been entered; therefore, we can not report out on this value as a result

Strategy

Objective is 5% decrease set in Objective 1.2. Data will be from 2017 calendar year due to data availability in 2020. ODRS report.

PM

Objective 1.2. Implement a risk reduction program to decrease the number of new Hepatitis C infections in the community by 5% by 2020



Q4 2020	—	100.00%	100.00%	↗ 3	9900%	↑
Q2 2020	74.60%	85.71%	85.71%	↗ 2	8471%	↑
Q3 2019	54.10%	74.60%	75.00%	↗ 1	7360%	↑
Q1 2019	83.80%	54.10%	58.33%	↘ 1	5310%	↑
Q3 2018	0.00%	83.80%	—	↗ 1	8280%	↑
Q2 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

Hepatitis C (HCV) is the most common blood-borne virus in the United States, with 4-5 million Americans currently infected.

Injecting drugs with contaminated syringes or other injecting equipment (including cookers, cottons, water and tourniquets) is the leading cause of HCV infection, with the majority of people who inject drugs having been infected. Left untreated, hepatitis C can cause serious liver disease, including cirrhosis and liver cancer and HIV-positive persons coinfecting with hepatitis C are at greater risk for liver damage. Managing HCV can often be complicated by stigma, criminalization and even denial of basic human rights and health care.

Partners

- Opiate Task Force

What Works

Sharing needles is the most efficient way to transmit HCV, but other studies have demonstrated that even other paraphernalia such as tourniquets and syringes and containers and surfaces where drugs are mixed can be contaminants.

A study found that in Melbourne, Sydney and Amsterdam, HCV incidence fell dramatically between 1995 and 2011, the same time frame when harm reduction programs such as needle and syringe exchange programs and opiate substitution therapy were scaled up.

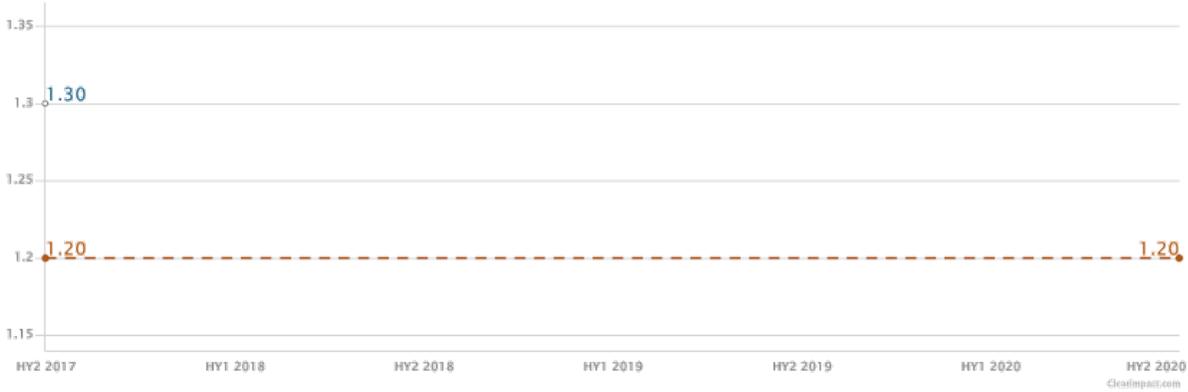
"The lower HCV incidence in Amsterdam and Melbourne, and the downward trend in Sydney, likely reflect an early and sustained implementation of harm reduction services," the authors wrote. "The Netherlands and Australia were global leaders in scaling up harm reduction programs to include making sterile needles available through pharmacies, vending machines and outreach."

HCV incidence was highest and remained elevated in Baltimore, San Francisco and Montreal. These cities where HCV was highest also experienced higher rates of syringe and equipment sharing and lower prevalence of opioid substitution therapy than Amsterdam, Melbourne, and Sydney.

Action Plan

To decrease the number of new Hepatitis C infections in the community, Canton City Public Health will actively participate in the Opiate Task Force and survey the community for knowledge of and readiness for a syringe exchange program. After completing the survey, CCPH will form an adhoc planning committee and hold stake holder meetings then secure funding for the implementation of a bloodborne pathogen prevention program. With funding, CCPH will implement a comprehensive needle exchange program and seek feedback from participants about the effectiveness of the program at addressing their needs. Program evaluations will be completed and reported to the community annually.

I Goal 2. Decrease the prevalence of STI infections in the community. HY2 2017 — 1.30 1.20 → 0 0% →



Story Behind the Curve

Data for year 2016 from ODRS (based on ODH STD Surveillance Program data) - This translates to 915 cases for the population.

Partners

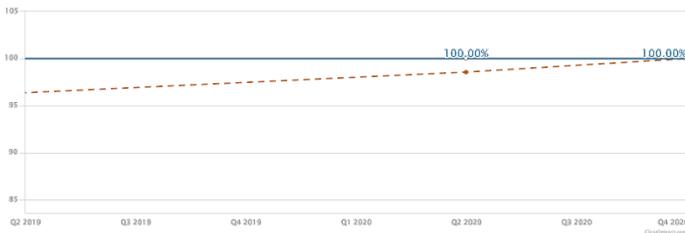
What Works

Due to COVID19 response, data entry of Chlamydia lab results has been a low priority and have not been entered; therefore, we can not report out on this value as a result

Strategy

Objective is 5% decrease per objective 2.1. Objective met based on Data for year 2019 from Epi Gram report

PM Objective 2.1 Decrease the rate of Chlamydia infections in Canton city by 5% by 2020 by effectively treating CCPH cases within 60 days.



Q4 2020	—	100.00%	100.00%	→ 2	11%	↑
Q2 2020	100.00%	100.00%	98.57%	→ 1	11%	↑
Q1 2019	88.00%	100.00%	95.83%	↗ 1	11%	↑
Q3 2018	90.00%	88.00%	94.00%	↘ 1	-2%	↓
Q2 2018	—	90.00%	90.00%	→ 0	0%	→

Story Behind the Curve

Chlamydia is a common sexually transmitted disease caused by bacteria. Chlamydia can be spread during oral, vaginal, or anal sex with an infected partner. Both men and women can get it.

Chlamydia usually doesn't cause symptoms. Those infected might notice a burning feeling when urinating or abnormal discharge from their genitals.

In both men and women, chlamydia can infect the urinary tract. In women, infection of the reproductive system can lead to pelvic inflammatory disease (PID). PID can cause infertility or serious problems with pregnancy. Babies born to infected mothers can get eye infections and pneumonia from chlamydia. In men, chlamydia can infect the epididymis, the tube that carries sperm. This can cause pain, fever, and, rarely, infertility.

Partners

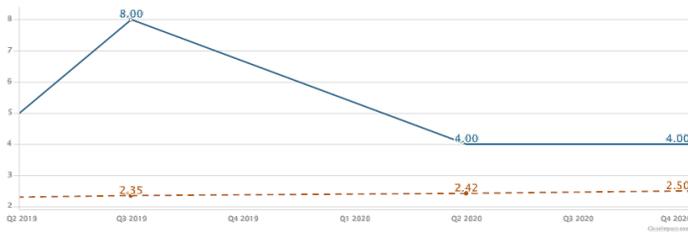
What Works

A lab test can confirm a chlamydia infection. Antibiotics will cure the infection. Correct usage of latex condoms greatly reduces, but does not eliminate, the risk of catching or spreading chlamydia. Experts recommend that sexually active women 25 and younger get a chlamydia test every year.

Action Plan

To decrease the rate of Chlamydia infections in the community, Canton City Public Health (CCPH) will follow Centers for Disease Control and Prevention (CDC) treatment guidelines. CCPH will also increase capacity and opportunities for staff education by STI clinic nurses by ensuring that at least one STI training is completed each year, researching the possibility of implementing Expedited Partner Therapy and also by facilitating at least one community STI education program quarterly.

PM Objective 2.2 Increase the amount of educational outreach programs in the community by 10% by 2020. Baseline is one program quarterly.



Q4 2020	—	4.00	2.50	→	1	100%	↑
Q2 2020	8.00	4.00	2.42	↘	1	100%	↑
Q3 2019	2.00	8.00	2.35	↗	1	300%	↑
Q1 2019	3.00	2.00	2.25	↘	1	0%	→
Q3 2018	2.00	3.00	2.15	↗	1	50%	↑
Q1 2018	—	2.00	2.00	→	0	0%	→

Story Behind the Curve

Baseline is one program quarterly, which is 2 programs per 6-month

Partners

What Works

4 outreach activities occurred for the 6 month period 01/01/2020 - 06/30/2020.

COVID-19 response began in March 2020 and all in-person activities were put on hold.

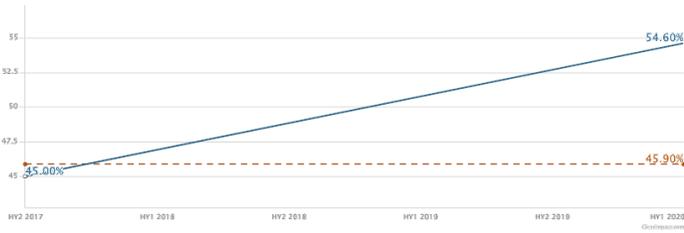
Action Plan

Objective is to increase by at least 10%, so achieve 5 outreach programs per year. Goal was reduced to 4 due to pandemic response.



Goal 3. Increase the number of children immunized in Canton City.

HY1 2020	—	54.60%	45.90%	↗ 1	21% ↑
HY2 2017	—	45.00%	45.90%	→ 0	0% →



Story Behind the Curve

Data for January 2016- March 2017 (15 month period). Percentage of children between the ages of 0 and 35 months with up-to-date immunizations served by Canton City Public Health. CoCasa database.

Partners

What Works

CoCasa assessment was completed on 9/24/18 - it is only run on an annual basis. The process is changing for 2019 in that we will be completing a quality improvement process. The training for this will be held in July 2019.

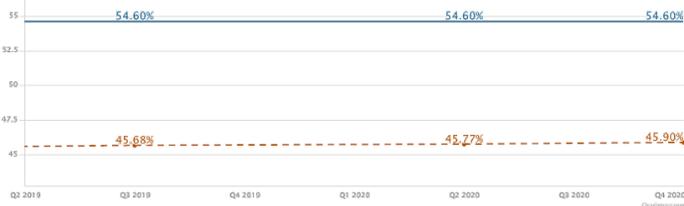
Strategy

CoCasa assesment has been replaced by IQIP. It is required to be done annually (based on the GV grant cycle - end of cycle is 6/30/2020). It is scheduled to be completed 10/17/19. Number included is from the 9/24/18 Cocasa results.



Objective 3.1. Children between the ages of 0 and 35 months of age receiving vaccinations at the health department will have their vaccination record accessed, caregiver will receive education, and receive recommended vaccinations (as permitted by caregiver).

Q4 2020	—	54.60%	45.90%	→ 4	21% ↑
Q2 2020	54.60%	54.60%	45.77%	→ 3	21% ↑
Q3 2019	54.60%	54.60%	45.68%	→ 2	21% ↑
Q1 2019	54.60%	54.60%	45.53%	→ 1	21% ↑
Q3 2018	45.00%	54.60%	45.38%	↗ 1	21% ↑
Q1 2018	—	45.00%	45.00%	→ 0	0% →



Story Behind the Curve

Vaccines are essential for protecting children against infectious diseases such as measles, mumps, rubella and whooping cough. Many of these diseases are largely forgotten in our country. Before vaccines became available, however, these diseases exacted a huge toll. For example, before the measles vaccine was licensed in 1963, the virus infected at least 2 million Americans a year, causing 500 deaths and 48,000 hospitalizations.

It may be upsetting for parents to see their babies or young children receive several vaccinations during a medical visit. However, these shots are necessary for protection from multiple dangerous—and sometimes deadly—diseases. Vaccinations typically cause only mild side effects, such as redness or swelling at the injection site; serious side effects are very rare. The public health benefits of vaccination far outweigh the possible side effects.

Partners

What Works

When children are vaccinated, their immune systems develop infection-fighting antibodies to protect them from contracting the targeted disease if they are exposed to it later in life. The full course of recommended childhood vaccinations, largely completed for most children by age 6, not only protects the vaccinated child but also contributes to a larger umbrella of protection known as "herd immunity." By doing so, it helps prevent the spread of disease to those who cannot be vaccinated, including newborns who are too young to be vaccinated, and people with compromised immune systems, who cannot effectively develop antibodies to fend off disease.

Many diseases against which children in the United States are immunized are rare in this country because of mass vaccination programs. However, these diseases are still found in other parts of the world and can be reintroduced into the United States by travelers, and then spread within our communities among people who have not been vaccinated. The current resurgence of measles, a highly contagious and potentially deadly disease that was declared eliminated in the United States in 2000, is a painful reminder of the need for vaccination.

Action Plan

Canton City Public Health's nursing staff will assess each child's shot record and make recommendations to caregiver for vaccines. Nurses will educate caregivers about vaccines and administer with permission. If caregivers decline, staff will complete declination of vaccines forms with the caregiver. To increase effectiveness, staff will be provided with Immunization Quality Improvement for Providers (IQIP) training and then conduct IQIP activities.

Environmental

P Environmental Health and APC		Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I	Goal 1. Increase compliance with environmental health laws and rules	HY2 2020	—	100.00%	100.00%	↗ 1	9900% ↗
		HY2 2017	—	0.00%	0.00%	→ 0	0% →

The chart displays a linear increase in compliance from 0.00% in the second half of 2017 to 100.00% in the second half of 2020. The x-axis is labeled with half-year periods from HY2 2017 to HY2 2020, and the y-axis shows percentages from 0 to 100.

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

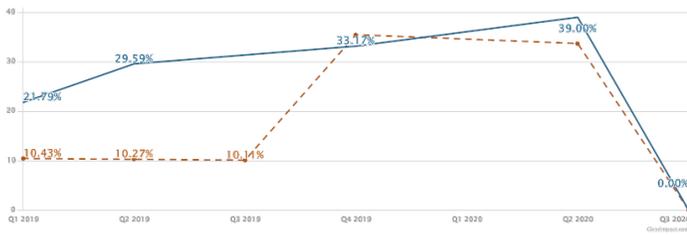
What Works

One objective cancelled, the remaining objective was met.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM	Objective 1.1: Decrease the percentage of critical food safety violations divided by total violations (RFE/FSO) by a total of 10% by 2019 and another 10% (totalling 20%) by 2020.	Q3 2020	39.00%	0.00%	0.00%	↘ 1	-91% ↘
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Q2 2020	33.17%	39.00%	33.70%	↗ 5	251% ↗
Q4 2019	29.59%	33.17%	35.48%	↗ 4	199% ↗
Q2 2019	21.79%	29.59%	10.27%	↗ 3	167% ↗
Q1 2019	14.36%	21.79%	10.43%	↗ 2	96% ↗
Q3 2018	10.33%	14.36%	10.58%	↗ 1	29% ↗
Q2 2018	11.10%	10.33%	10.90%	↘ 1	-7% ↘
Q1 2018	—	11.10%	10.00%	→ 0	0% →

Story Behind the Curve

FDA has determined that the five most common violations responsible for foodborne illness outbreaks are pests, contamination, sanitization, hand washing and temperature control. CCPH plans to reduce these critical violations by a total of 20% in the years 2019 and 2020 through monitoring, enforcement and education programs.

Partners

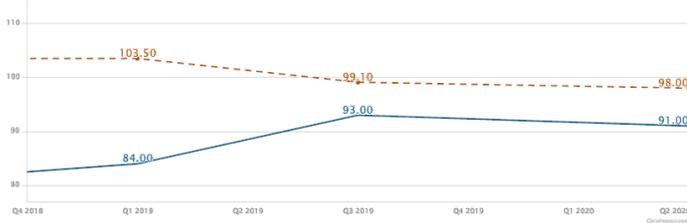
What Works

This objective was cancelled after a site visit revealed that this this goal is not what the department should be pursuing.

Action Plan

The Environmental Health division will create an enforcement plan for food service operators. The division will then track the number of critical violations compared to the overall total number of violations and ensure that this data is tracked correctly in the departments information systems. Using this data, the division will then provide a local educational program to operators aimed at reducing the number of critical food safety violations.

PM Objective 1.2. Decrease the number of open burning violations in Stark County by 10% by 2020.



Q2 2020	—	91.00	98.00	↘ 1	-17% ↘
Q3 2019	84.00	93.00	99.10	↗ 2	-15% ↘
Q1 2019	81.00	84.00	103.50	↗ 1	-23% ↘
Q3 2018	109.00	81.00	103.50	↘ 1	-26% ↘
Q2 2018	—	109.00	109.00	→ 0	0% →

Story Behind the Curve

Open burning is any set outdoor fire that does not vent to a chimney or stack. Some studies indicate that even small camp fires burning clean wood can emit harmful chemicals. Burning "unclean" materials can be even more hazardous. For example, burning refuse in burn barrels or open piles, the potential cost to health, homes and the environment far exceeds the price of adequate collection services.

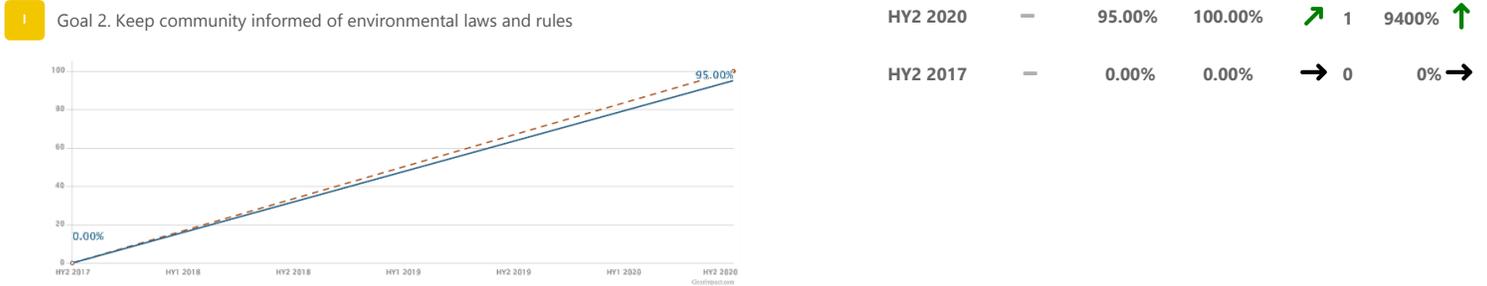
Partners

What Works

Action Plan

Canton City Public Health (CCPH) plans to protect our neighbors by ensuring that they know what can be burnt and where. To accomplish this CCPH plans to speak on radio spots about open burning and potential penalties for violations of open burning rules. CCPH will implement a policy to provide 1st time open burning violators with information about fines for repeat violations. CCPH will provide open burning information on social media and current info at www.cantonhealth.org.

CCPH will also work with municipalities to ensure that they are providing correct information to their constituents and to ensure that local codes are not in conflict with state rules.



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

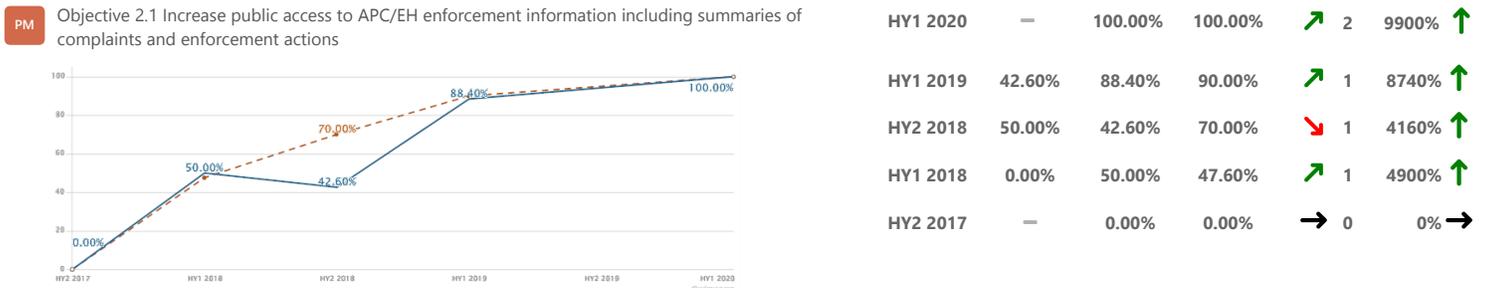
Partners

What Works

APC permitting goal was 79%, the others were 100% so this goal was 95% accomplished. The remainder of the goal will be completed in 2021.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.



Story Behind the Curve

All states have laws that require information held by governmental agencies to be provided upon request. FOI laws promote transparency and accountability of governments, facilitate consumers' ability to make informed choices, and safeguard citizens against mismanagement and corruption. Public health agencies—like other governmental agencies—need to be sensitive to these important considerations in responding to FOI requests. At the same time, these laws may create challenges for public health agencies with regard to requests for private information about individuals or sensitive information, such as information that is preliminary, incomplete, or might present a national or state security risk. FOI laws include exemptions that may allow public health agencies to withhold private or sensitive information under certain circumstances. These exemptions vary among states in nature, scope, and prerequisites for denying disclosure.

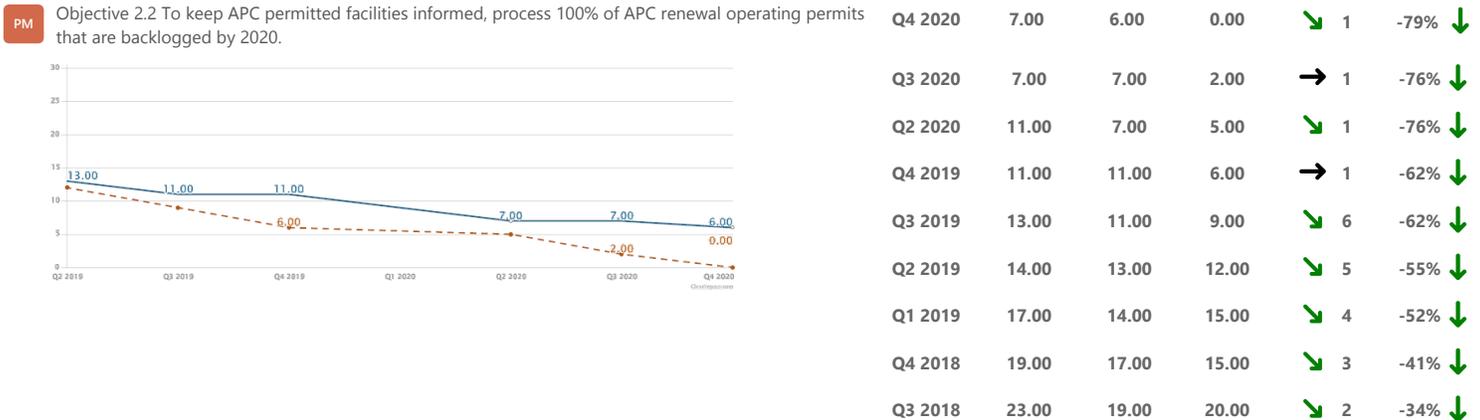
Partners

What Works

Prioritize getting enforcement letter to food operators by 12/31/2019. Get Annual Report published

Action Plan

To increase transparency, Canton City Public Health's (CCPH) Environmental Health (EH) and Air Pollution Control (APC) divisions will provide increased public access to enforcement information. CCPH's APC division will work with Ohio's Environmental Protection Agency (Ohio EPA) to add a link to Ohio EPA's electronic document system to the CCPH website. APC will also provide summaries of complaints and enforcement activities in monthly board reports and post these on the website for public access. The EH division will communicate enforcement plans to food operators and will also provide summaries of complaints and enforcement activities in monthly board reports and post these on the website for public access.



Story Behind the Curve

Because such operating permits are required by Title V of the Clean Air Act, they are commonly called "Title V Operating Permits." A facility's Title V Operating Permit must include all of the federal, state, and local air pollution law requirements that apply to the facility. Title V Operating Permits are intended to improve compliance with those requirements by eliminating confusion over which requirements actually apply and by mandating that facilities report on their compliance with applicable requirements at least once a year. A Title V Operating Permit is valid for five years, and a Title V facility must apply to renew its permit between six and eighteen months before the permit expires. The Clean Air Act requires state permitting agencies to act on applications for Title V Operating Permits within eighteen months.

Untimely permits and backlogged renewal permits are a threat to our air quality and can negatively affect the community's health and environment. CCPH plans to eliminate this backlog to ensure optimal air quality for our community.

Partners

The permitted community and Ohio EPA.

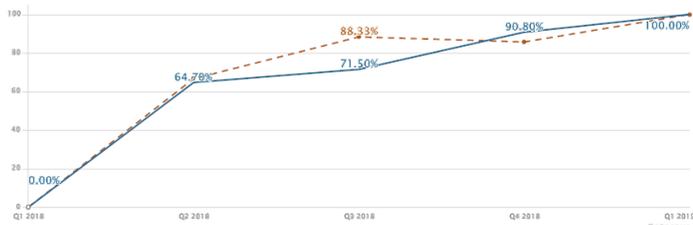
What Works

Comparing results to target values, the results are worse than the target by more than 10%, so below target. Results fell behind due to action step #1 not being achieved consistently due to workload and delays from facilities due to COVID. Progress on action step #1 was made but the permits need more work by the engineers.

Action Plan

The Air Pollution Control (APC) division of CCPH plans to decrease the backlog of air pollution operation renewal permits and to keep these facilities better informed. To accomplish these goals, APC plans to seek permit writing recommendations from Ohio EPA, implement a new policy of limited supervisor reviews of recommendations and to limit the time these permits remain on the supervisor's workflow. Permits and facilities will be reassigned to ensure that the workload is balanced correctly, scanning of old files for backlogged facilities will be prioritized, permit writing processes will be revised and goals for permitting engineers will be revised to reinforce the priority of the backlogged permits.

PM Objective 2.3 Evaluate feasibility of Legionella water testing plan by 3/31/2019.



Q1 2019	90.80%	100.00%	100.00%	↗ 4	9900%	↑
Q4 2018	71.50%	90.80%	85.71%	↗ 3	8980%	↑
Q3 2018	64.70%	71.50%	88.33%	↗ 2	7050%	↑
Q2 2018	0.00%	64.70%	66.67%	↗ 1	6370%	↑
Q1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

An outbreak of Legionella bacteria can occur when water in plumbing lines or mechanical equipment is not tested regularly or properly. When testing water sources for legionella, there are a variety of detection and sampling methods that can be used by a legionella testing laboratory. Each test method has different effectiveness when determining whether the bacteria are in a water sample.

Partners

What Works

Based on available information, ODH does not support the use of this current methodology. Additionally, original target audience does not support the testing at a level that would be cost supportive for the program. They would like it, but not utilize the services at a volume that would allow for costs of tests. Plan determined infeasible.

Action Plan

Canton City Public Health will evaluate the feasibility of a Legionella water testing program by completing two rounds of proficiency testing, completing a community test to develop capacity, performing a cost-methodology study and developing a plan and procedures. If necessary, CCPH will reconsider the type of testing and researching the need for culture plate methodology.

PM Objective 2.4 Complete an update and revision of Canton City Health Code section 205.04 Laboratory Service Fees

Q4 2019	80.00%	100.00%	100.00%	↗ 3	9900%	↑
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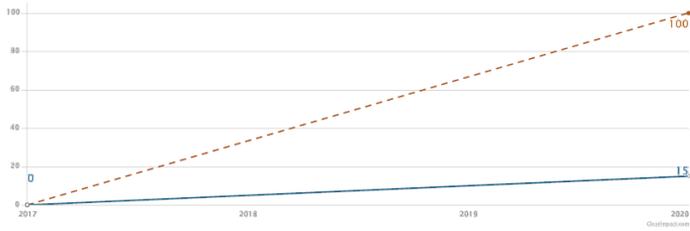
Maternal

P Maternal, Child and Infant Health

Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
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I Goal 1. Decrease the rate of infant mortality and disparities in birth outcomes in Stark County. **2020** — **15** **100** ↗ 1 **1400%** ↑

2017 — **0** **0** → 0 **0%** →



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

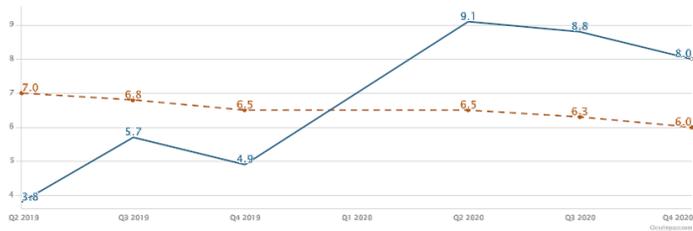
What Works

30% of one objective complete, another wasn't complete and the third was cancelled. So 30%/2

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 1.1. By 2020, the overall infant mortality rate in Stark County will decrease to less than 6 infant deaths per 1,000 live births.



Q4 2020	8.8	8.0	6.0	↘ 2	-11%	↓
Q3 2020	9.1	8.8	6.3	↘ 1	-2%	↓
Q2 2020	4.9	9.1	6.5	↗ 1	1%	↑
Q4 2019	5.7	4.9	6.5	↘ 1	-46%	↓
Q3 2019	3.8	5.7	6.8	↗ 1	-37%	↓
Q2 2019	7.0	3.8	7.0	↘ 1	-58%	↓
Q1 2019	6.4	7.0	7.8	↗ 1	-22%	↓
Q4 2018	6.9	6.4	8.0	↘ 3	-29%	↓
Q3 2018	7.8	6.9	8.0	↘ 2	-23%	↓

Story Behind the Curve

The Stark County THRIVE Collaborative Organizational Chart shows the project relationship between funders, supporters, referring agencies, care coordinating agencies, Stark County THRIVE Pathways HUB, funded partners and the community.

How it Works: Stark County THRIVE Pathways HUB

Infant Mortality Facts: 2017 vs 2018

Partners

What Works

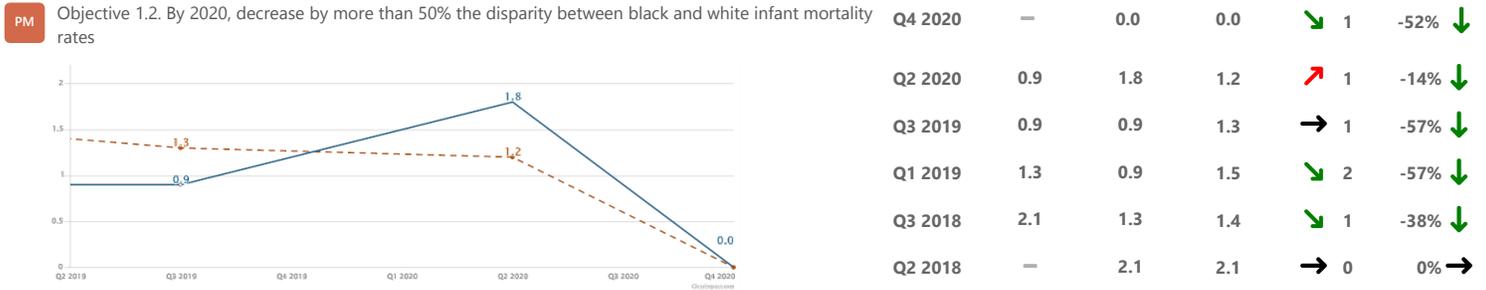
Review specific risk factors of mothers that gave birth; monitor trends. Make recommendations for further interventions.

Action Plan

To reduce the overall infant mortality rate in Stark County, Canton City Public Health will:

- Establish a marketing committee
- Review existing Pathways HUB materials
- Identify and contract vendor
- Design, approve and produce materials
- Coordinate with SARTA, local radio and TV stations and print media for release of information
- Participate in outreach activities in targeted zip codes
- Identify “champions” who have received services from CHWs/HUB who can engage other pregnant women with focus on Black/African American women
- Expand engagement with obstetricians for referrals.
- Daily monitoring of caseloads
- Monthly meetings between HUB Coordinator, CHWs, and CCA Supervisors
- Feedback from client

Evaluator, Dr. Peter Leahy and Dr. Lynn Falletta will analyze de-identified data of clients receiving services through Canton Stark County THRIVE Pathways Community HUB. Data will be presented to evaluation committee for feedback and continuous improvement and release to community during annual community breakfast.



Story Behind the Curve

The disparity in infant mortality between white infants and black infants in Ohio is among the worst in the nation. This trend cannot continue. The goal of the Stark County THRIVE Project is to determine those factors that lead to infant mortality in our community and reduce the overall infant mortality rate as well as the disparity in birth outcomes relative to white and black infants.

Partners

What Works

CCPH will no longer report on a disparity/inequitable rate ratio but will continue to monitor and increase outreach and engagement in the community.

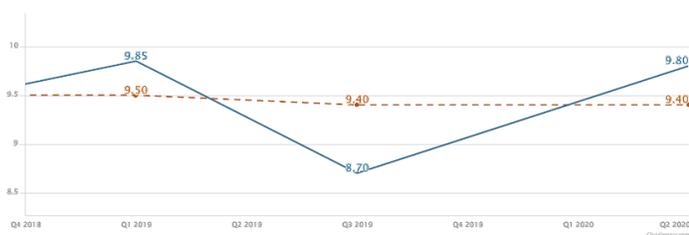
Action Plan

To decrease the disparity rate between black and white infant mortality rates, Canton City Public Health will:

- Participate in outreach activities in targeted zip codes
- Identify “champions” who have received services from CHWs/HUB who can engage other pregnant women with focus on Black/African American women.
- Expand engagement with obstetricians for referrals.
- Daily monitoring of caseloads

- Monthly meetings between HUB Coordinator, CHWs, and CCA Supervisors
- Feedback from client
- Fatherhood Coalition partners will create awareness of programs for fathers.
- Referrals will be managed through Fatherhood Coordinator and CHW.
- Case studies conducted by Kent State University evaluators
- Attend community meetings/activities planned during non-business hours. (churches in hot spots, neighborhood associations, minister's wives, civic organizations, and business owners.
- Educate and inform community members about data, interventions and services.
- Increase community participation at the quarterly THRIVE advisory team meeting by two representatives.
- Document feedback /recommendations from the community members in monthly reports.
- Provide information about THRIVE to Family Court Judges and CASA representatives.

PM Objective 1.3. By 2020, reduce the number of preterm births to less than 9.4% of all live births.



Q2 2020	—	9.80	9.40	↗	1	1%	↑
Q3 2019	9.85	8.70	9.40	↘	1	-10%	↓
Q1 2019	9.38	9.85	9.50	↗	1	2%	↑
Q3 2018	9.70	9.38	9.50	↘	1	-3%	↓
Q2 2018	—	9.70	9.70	→	0	0%	→

Story Behind the Curve

Value is 12 months for 2020 – Preterm births <37 weeks is 9.8% from ODH Secure Data Warehouse. Numbers are preliminary.

Partners

What Works

Action Plan

To reduce the number of preterm births in our community to less than 9.4% of all live births, Canton City Public Health will:

- Participate in outreach activities in targeted zip codes
- Identify “champions” who have received services from CHWs/HUB who can engage other pregnant women with focus on Black/African American women.
- Expand engagement with obstetricians for referrals.
- Daily monitoring of caseloads
- Monthly meetings between HUB Coordinator, CHWs, and CCA Supervisors
- Feedback from client, Early access and attainment of needed services
- Establish baseline for the number of fathers who are supported by the Fatherhood CHW to obtain needed services.

I Goal 2. Promote WIC services throughout Stark County to increase total WIC caseload by 2%.

2020	-	5,158	6,123	↘ 1	-14% ↓
2017	-	6,003	6,123	→ 0	0% →



Story Behind the Curve

WIC COGNOS Report ODHWIC0407, Initial Participation Report (averaged for all of FY17 monthly caseload numbers)

Partners

What Works

Year end program-wide numbers taken from board report.

Strategy

Objective is a 2% increase of baseline value. WIC Caseload averaged the 12-month period of 7/1/19-6/30/2020 is the objective end data.

PM Objective 2.1. Decrease the # of participants certified without current benefits by at least 5% for Canton WIC.

Q4 2020	402	380	320	↘ 1	23% ↑
Q3 2020	314	402	322	↗ 1	30% ↑
Q2 2020	355	314	325	↘ 1	2% ↑
Q4 2019	307	355	327	↗ 1	15% ↑
Q3 2019	346	307	330	↘ 2	-1% ↓
Q2 2019	354	346	334	↘ 1	12% ↑
Q1 2019	323	354	285	↗ 1	15% ↑
Q4 2018	324	323	290	↘ 1	5% ↑
Q3 2018	279	324	294	↗ 1	5% ↑



Story Behind the Curve

WIC supports healthier pregnancies and births by providing the nutritious foods pregnant women and their babies need, referring mothers for essential medical care, and encouraging them to adopt healthy behaviors (such as not smoking during pregnancy). In Canton, there are over 300 participants who have been certified but who don't currently receive these benefits.

Partners

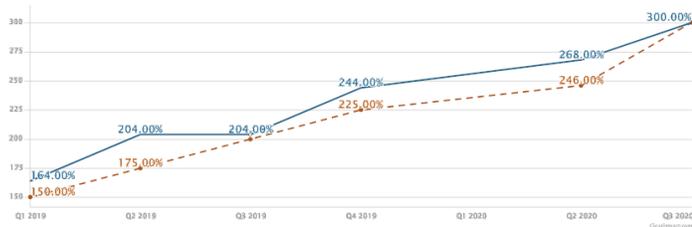
What Works

Goal ended. Increased values can be attributed to new clinic processes due to the coronavirus; program participants are enrolled in the program remotely after phone interviews instead of in-office. Report now includes those enrolled but they never came in office to finalize process/receive WIC food benefits.

Action Plan

A number of WIC participants have been certified but are not currently receiving benefits. To reduce this number, WIC assistants will begin running "missed appointment" reports and calling participants to attempt to reschedule. Participants who have missed an appointment will also receive a text or phone message reminder at least once monthly and reminder cards will be sent to all recertifying program participants.

PM Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC.



Quarter	Actual (%)	Target (%)	Current (%)	Trend	Count	Value	Change
Q3 2020	268.00%	300.00%	300.00%	↗	3	29900%	↑
Q2 2020	244.00%	268.00%	246.00%	↗	2	26700%	↑
Q4 2019	204.00%	244.00%	225.00%	↗	1	24300%	↑
Q3 2019	204.00%	204.00%	200.00%	→	1	20300%	↑
Q2 2019	164.00%	204.00%	175.00%	↗	2	20300%	↑
Q1 2019	120.00%	164.00%	150.00%	↗	1	16300%	↑
Q4 2018	120.00%	120.00%	125.00%	→	1	11900%	↑
Q3 2018	76.00%	120.00%	100.00%	↗	2	11900%	↑
Q2 2018	0.00%	76.00%	75.00%	↗	1	7500%	↑

Story Behind the Curve

Baseline is considered 0 since it is the start of the FY19 (10/1/18-9/30/19). Outreach activity tracking has always been completed quarterly and is documented on the WIC Quarterly Activity Reports submitted to ODH.

Partners

What Works

As of September 30, 2020 (end of 4th Quarter in WIC's fiscal year), WIC has completed 25 of the required 25 outreach activities for FY20. Many, additional outreach activities were canceled due to COVID-19. From 10/1/20-12/31/20 (1st Quarter WIC FY21) 6 activities were completed; goal continued into WIC FY21 so 24% completion of annual target goal was met.

Action Plan

In order to encourage increased participation in the program, WIC staff will complete regular outreach activities in our community. WIC health professional staff have been assigned to complete at least one outreach activity per quarter and breastfeeding peer helpers are asked to complete two activities per year.

Access

R	Access to Health Care and Clinic Services	Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I	Goal 1. Increase use of billable clinic services.	-	-	-	-	-	-

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

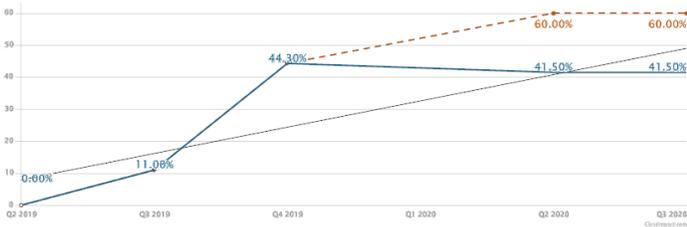
What Works

Objective was cancelled due to COVID-19 and pandemic response.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 1.1. By June 1, 2020 analyze funding for STI clinic and provide written recommendations to Health Commissioner.



Q3 2020	41.50%	41.50%	60.00%	→	1	4050%	↑
Q2 2020	44.30%	41.50%	60.00%	↓	1	4050%	↑
Q4 2019	11.00%	44.30%	44.33%	↗	2	4330%	↑
Q3 2019	0.00%	11.00%	11.00%	↗	1	1000%	↑
Q2 2019	—	0.00%	0.00%	→	0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 9/1/19, so 0% complete is baseline.

Partners

What Works

Objective was cancelled due to COVID-19 and pandemic response.

Action Plan

Canton City Public Health (CCPH) will analyze funding for the STI clinic and provide written recommendations to the health commissioner. To accomplish this, CCPH will conduct meaningful conversation on practicality and need to bill for services with DON and other appropriate leadership. CCPH will also:

- Look at alternative methods to fund STI Clinic
- Evaluate current clientele utilizing services at STI clinic and ability to pay for services; including gathering clientele feedback.
- Provide written recommendations to Health Commissioner on sustainability of STI clinic.
- Decision on sustainability strategy for STI services (to include clinic and lab testing).

I Goal 2. Improve access to transportation services.

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

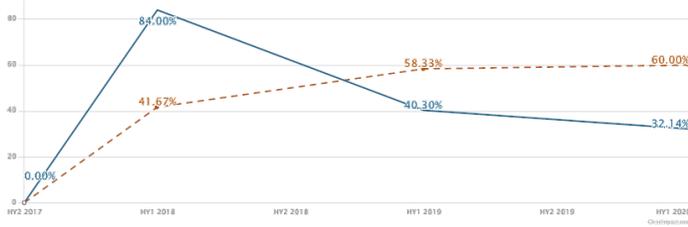
Objective was cancelled due to COVID-19 and pandemic response.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 2.1. Partner with at least one program providing transportation services to individuals needing transportation for preventative medical care.

HY1 2020	—	32.14%	60.00%	↘ 2	3114%	↑
HY1 2019	84.00%	40.30%	58.33%	↘ 1	3930%	↑
HY1 2018	0.00%	84.00%	41.67%	↗ 1	8300%	↑
HY2 2017	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

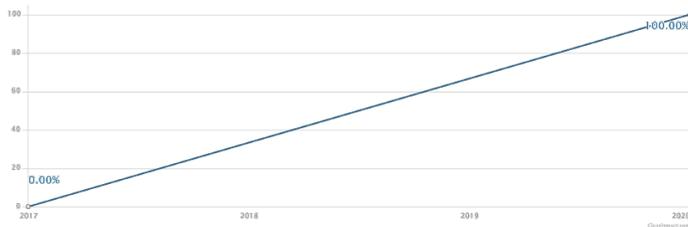
Objective was cancelled due to COVID-19 and pandemic response.

Action Plan

Canton City Public Health (CCPH) will partner with at least one program that provides services to individuals who need transportation to preventative medical care. CCPH will participate in a transportation study and SARTA Ride to ensure our understanding of the needs of the community and analyze the reports to look for opportunities to increase transportation services and then select a transportation partner.

Foundational

R Foundational Services	Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
I Goal 1. Increase marketing of the department and its services.	2020	—	100.00%	100.00%	↗ 1	9900% ↑
	2017	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

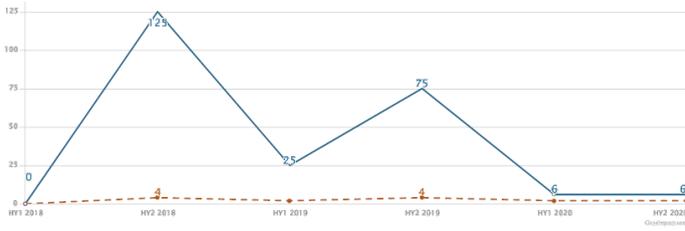
What Works

Several objectives were cancelled due to COVID, the others were achieved.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 1.1. Publish articles about the health department in print and online media of general circulation and/or conduct local radio show at least four times each year starting in 2018.



HY2 2020	6	6	2	→	1	500%	↑
HY1 2020	75	6	2	↘	1	500%	↑
HY2 2019	25	75	4	↗	1	7400%	↑
HY1 2019	125	25	2	↘	1	2400%	↑
HY2 2018	0	125	4	↗	1	12400%	↑
HY1 2018	—	0	0	→	0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY20 (1/1/20-12/31/20).

Partners

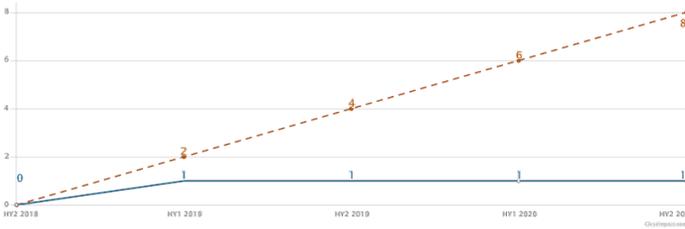
What Works

Reporting at least 4 separate, CCPH promotion activities (articles or radio spots) annually for each year. Objective met if 4 of 4 activities completed (or 100%) by end of each year.

Action Plan

Canton City Public Health's (CCPH) Public Information Officer (PIO) will work to ensure that articles about the health department are published in printer, online and/or on local radio. The PIO will write articles and submit them to the Canton Repository and post articles on the department's social media pages.

PM Objective 1.2. Health department staff attend at least four neighborhood association meetings each calendar year.



HY2 2020	1	1	8	→	3	0%	→
HY1 2020	1	1	6	→	2	0%	→
HY2 2019	1	1	4	→	1	0%	→
HY1 2019	0	1	2	↗	1	0%	→
HY2 2018	—	0	0	→	0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY20 (1/1/20-6/30/20).

Partners

- Stark Community Foundation

What Works

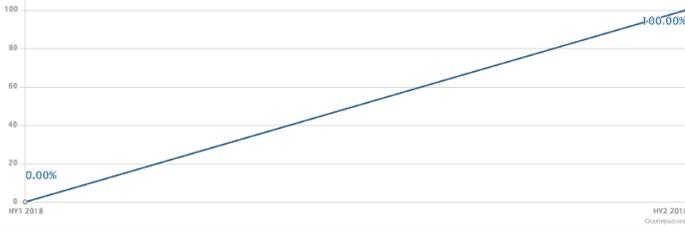
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

Canton City Public Health (CCPH) staff will attend at least four neighborhood association meetings each calendar year. CCPH staff will get neighborhood association meeting calendars from Stark Community Foundation, request to be added to the agendas of at least four meetings and at least one staff member will attend each of these meetings.

PM Objective 1.3. Implement a comprehensive department communication plan that includes a branding policy and use guidelines by 9/1/2018.

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

This is an action goal that wasn't completed before 1/1/18, so 0% complete is baseline.

Partners

What Works

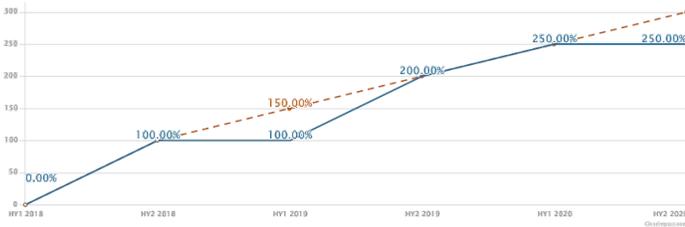
Objective completed by 9/1/2018.

Action Plan

Completion of objective by having documentation of completed action steps.

PM Objective 1.4. Sponsor at least one community event (like a food collection day) for staff participation each year starting by 12/31/2017.

HY2 2020	250.00%	250.00%	300.00%	→ 1	24900%	↑
HY1 2020	200.00%	250.00%	250.00%	↗ 2	24900%	↑
HY2 2019	100.00%	200.00%	200.00%	↗ 1	19900%	↑
HY1 2019	100.00%	100.00%	150.00%	→ 1	9900%	↑
HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY20

Partners

What Works

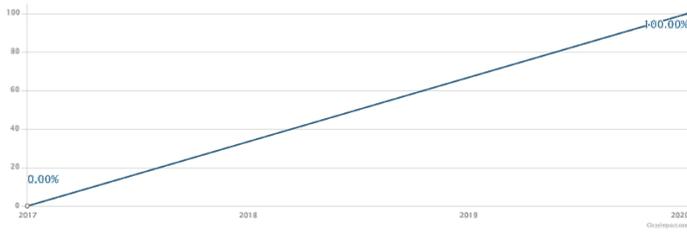
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

Reporting at least community event sponsored by CCPH each year. Objective met if 4 of 4 activities completed (or 100%) by end of each year.

I Goal 2. Increase use of fiscal services and tools provided by the City of Canton.

2020	—	100.00%	100.00%	↗ 1	9900%	↑
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2017 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

Objectives under this goal were completed.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 2.1. Implement paperless leave and reporting system by 4/30/2019.



Q2 2019	88.80%	100.00%	100.00%	↗ 2	9900%	↑
Q1 2019	45.00%	88.80%	95.45%	↗ 1	8780%	↑
Q4 2018	87.00%	45.00%	100.00%	↘ 1	4400%	↑
Q3 2018	60.64%	87.00%	83.33%	↗ 2	8600%	↑
Q2 2018	0.00%	60.64%	66.67%	↗ 1	5964%	↑
Q1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

Canton City Auditor's office and Kronos

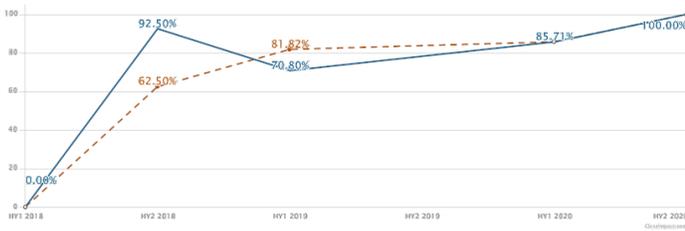
What Works

Action Plan

To implement a paperless system, Canton City Public Health will coordinate with the Canton City Auditor's office to augment the existing Kronos payroll system. Each employee will need to be assigned a username and password to access the system and will then need to be trained to use the software. After implementation and training, all users should be requesting and reporting leave with the Kronos software no later than April 30, 2019.

PM Objective 2.2. Implement time and activity reporting module in Kronos system to replace current T&E system within 90 days of Auditor making system available and after 2.1 is completed.

HY2 2020 85.71% 100.00% 100.00% ↗ 2 9900% ↑



HY1 2020	70.80%	85.71%	85.71%	↗ 1	8471% ↑
HY1 2019	92.50%	70.80%	81.82%	↘ 1	6980% ↑
HY2 2018	0.00%	92.50%	62.50%	↗ 1	9150% ↑
HY1 2018	—	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

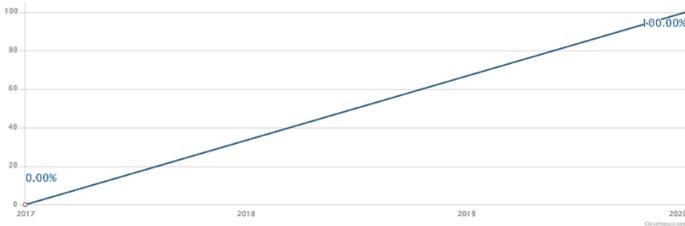
Additional steps are on hold while City of Canton and the Kronos group implement a version of Kronos that works without Flash.

Action Plan

This goal was revised to reflect the completion of this project and it's addition to the next project. The product was not rolled out for staff use because a new base product is being implemented.

I Goal 3. Improve information sharing for internal staff use on department's community partnerships

2020	—	100.00%	100.00%	↗ 1	9900% ↑
2017	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

Objectives under this goal were completed.

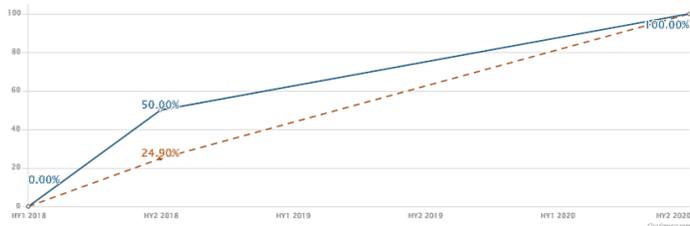
Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM

Objective 3.1. Complete inventory of community partnerships that health department staff are participating in.

HY2 2020	—	100.00%	100.00%	↗ 2	9900%	↑
HY2 2018	0.00%	50.00%	24.90%	↗ 1	4900%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

This is a action goal that wasn't completed before 5/1/18, so 0% complete is baseline.

Partners

What Works

This objective has been completed

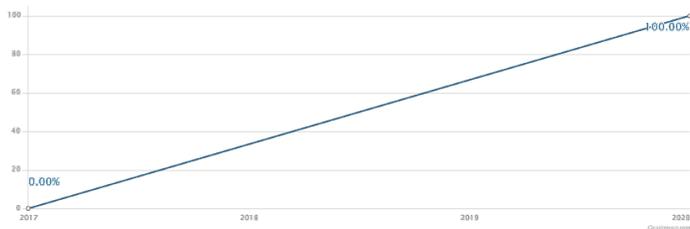
Action Plan

Completion of objective by having documentation of completed inventory reviews at DLT.

I

Goal 4. Foster a "Culture of Quality" in the department

2020	—	100.00%	100.00%	↗ 1	9900%	↑
2017	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

Objectives under this goal were completed.

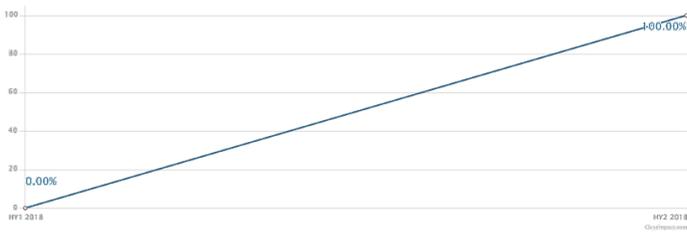
Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM

Objective 4.1. Fully implement the department quality improvement plan by October 1, 2017

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900%	↑
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HY1 2018 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

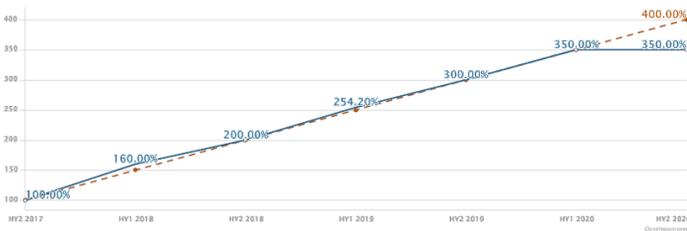
What Works

QIC meets monthly starting 7/22/16 and nearly 100% members present at each meeting. All members have completed assignments.

Action Plan

Completion of objective by having documentation of completed action steps.

PM Objective 4.2. Highlight at least two quality improvement projects at annual all staff meeting.



HY2 2020	350.00%	350.00%	400.00%	→ 1	34900%	↑
HY1 2020	300.00%	350.00%	350.00%	↗ 6	34900%	↑
HY2 2019	254.20%	300.00%	300.00%	↗ 5	29900%	↑
HY1 2019	200.00%	254.20%	250.00%	↗ 4	25320%	↑
HY2 2018	160.00%	200.00%	200.00%	↗ 3	19900%	↑
HY1 2018	100.00%	160.00%	150.00%	↗ 2	15900%	↑
HY2 2017	0.00%	100.00%	100.00%	↗ 1	9900%	↑
HY1 2017	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY17

Partners

What Works

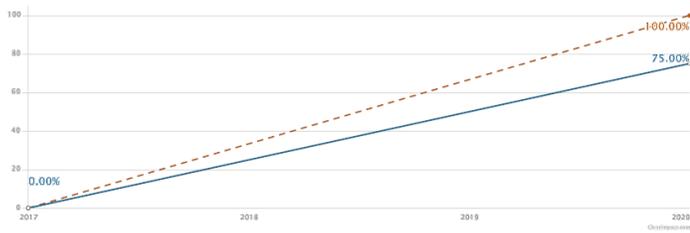
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

Complete presenting 2 QI projects at annual meeting each year. Objective met if activities completed (or 100%) by end of each year.

I Goal 5. Provide high quality and relevant internal staff communication

2020 — 75.00% 100.00% ↗ 1 7400% ↑



2017 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

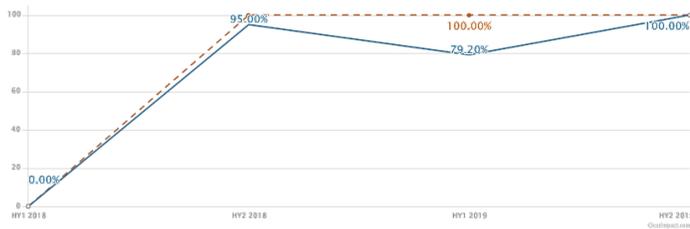
What Works

Three of four goals were accomplished.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 5.1. Implement a department Intranet by December 31, 2018.



HY2 2019	79.20%	100.00%	100.00%	↗ 1	9900%	↑
HY1 2019	95.00%	79.20%	100.00%	↘ 1	7820%	↑
HY2 2018	0.00%	95.00%	100.00%	↗ 1	9400%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

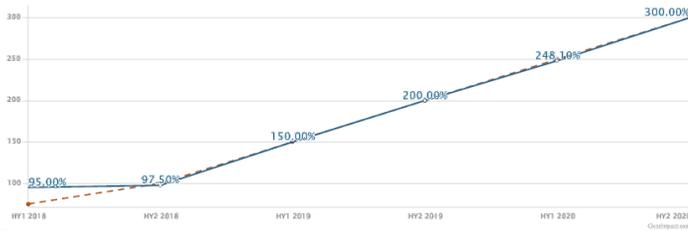
CCPH Website and Sharepoint setup and staff have been using. Objective complete.

Action Plan

Completion of objective by having documentation of completed action steps.

PM

Objective 5.2. Hold at least 1 all staff meeting each calendar year.



HY2 2020	248.10%	300.00%	300.00%	↗ 5	216%	↑
HY1 2020	200.00%	248.10%	250.00%	↗ 4	161%	↑
HY2 2019	150.00%	200.00%	200.00%	↗ 3	111%	↑
HY1 2019	97.50%	150.00%	150.00%	↗ 2	58%	↑
HY2 2018	95.00%	97.50%	100.00%	↗ 1	3%	↑
HY1 2018	—	95.00%	75.00%	→ 0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY18

Partners

What Works

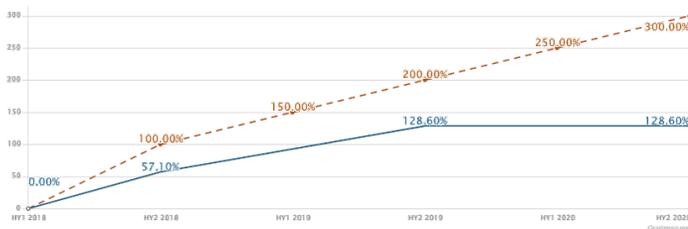
One meeting was held each calendar year. In 2020, the meeting was virtual due to COVID-19 and social distancing requirements.

Action Plan

Form a committee to plan, schedule and hold one meeting each year.

PM

Objective 5.3. Each division will hold at least one full or partial staff development day each calendar year starting on January 1, 2018.



HY2 2020	—	128.60%	300.00%	→ 1	12760%	↑
HY2 2019	57.10%	128.60%	200.00%	↗ 2	12760%	↑
HY2 2018	0.00%	57.10%	100.00%	↗ 1	5610%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the CY18

Partners

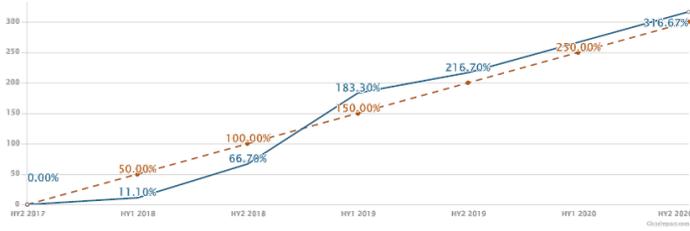
What Works

Cancelled due to COVID-19 and pandemic response.

Action Plan

Reporting at least 1 staff development day (full or partial) per division (APC, EH, N, WIC, Lab, OPHI/THRIVE, VS&Admin) for a total of 7 for each year. Objective met if 7 of 7 activities completed (or 100%) by end of each year.

PM Objective 5.4. Health Commissioner will post at least 1 "all staff" communications each month starting on July 1, 2017.



HY2 2020	—	316.67%	300.00%	↗ 5	31567%	↑
HY2 2019	183.30%	216.70%	200.00%	↗ 4	21570%	↑
HY1 2019	66.70%	183.30%	150.00%	↗ 3	18230%	↑
HY2 2018	11.10%	66.70%	100.00%	↗ 2	6570%	↑
HY1 2018	0.00%	11.10%	50.00%	↗ 1	1010%	↑
HY2 2017	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

Baseline is considered 0 activities completed since it is the start of the 6-month period

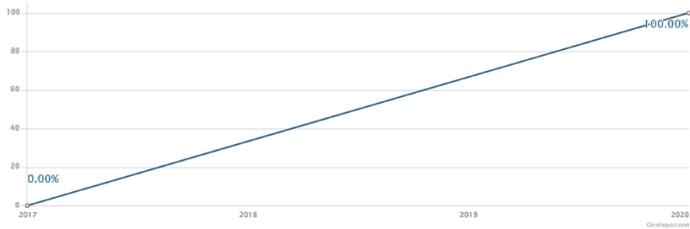
Partners

What Works

Action Plan

Reporting at least 1 communications per month, for the 6 month objective period, for a total of (1*6) = 6 for the period. Objective met if 6 of 6 communications completed (or 100%) by end of each period.

I Goal 6. Effectively utilize technology services within the department



2020	—	100.00%	100.00%	↗ 1	9900%	↑
2017	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

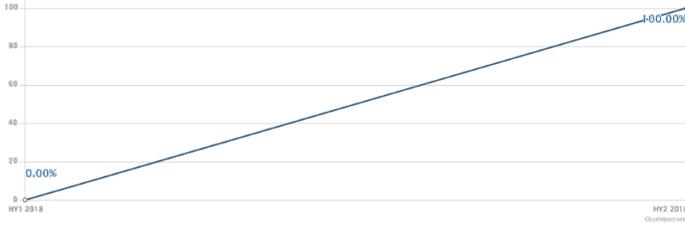
Objectives under this goal were met.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 6.1. Utilize Office 365 services by July 31, 2018

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900% ↗
HY1 2018	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

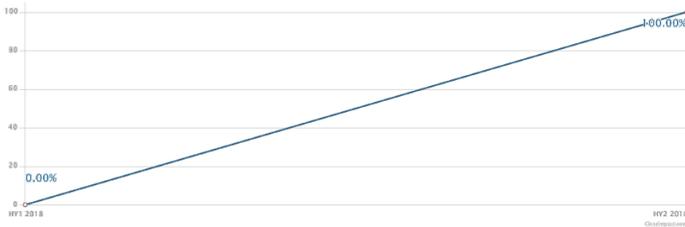
Completion of objective by having documentation of completed action steps.

Action Plan

Completion of objective by having documentation of completed action steps.

PM Objective 6.2. Fully catalog and document databases in use in department.

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900% ↗
HY1 2018	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

This is a action goal that wasn't completed before 5/1/18, so 0% complete is baseline.

Partners

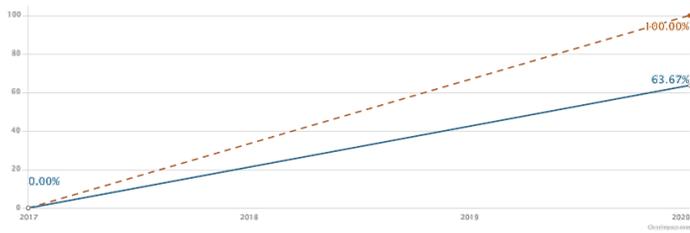
What Works

Action Plan

Completion of objective by having documentation of completed list.

I Goal 7. Provide excellent customer service.

2020	—	63.67%	100.00%	↗ 1	6267% ↗
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2017 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

What Works

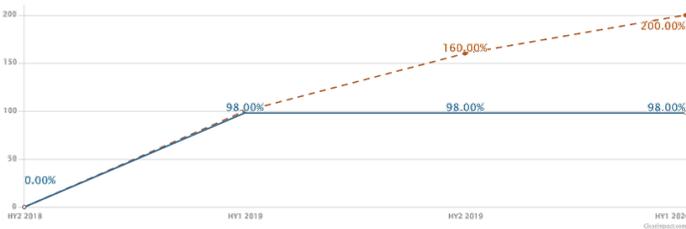
One goal was cancelled and the other was 63.67% completed.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM Objective 7.1. Staff training related to customer service will be provided to all staff at a minimum of once every two years with the first training occurring in 2018 and the second training occurring no later than 06/30/2020.

HY1 2020	98.00%	98.00%	200.00%	→ 2	9700%	↑
HY2 2019	98.00%	98.00%	160.00%	→ 1	9700%	↑
HY1 2019	0.00%	98.00%	100.00%	↗ 1	9700%	↑
HY2 2018	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

This objective is related to an action that was not completed in this manner before 7/1/17, so 0% complete is baseline.

Partners

What Works

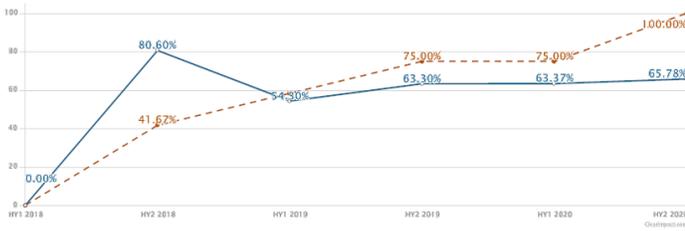
Cancelled due to COVID-19 and pandemic response.

Action Plan

Objective is % of staff completed customer service training in 2 year objective period. Determined based on data in Ohio Train.

PM Objective 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Complete by 6/30/2020.

HY2 2020	63.37%	65.78%	100.00%	↗ 3	6478%	↑
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HY1 2020	63.30%	63.37%	75.00%	↗ 2	6237%	↑
HY2 2019	54.30%	63.30%	75.00%	↗ 1	6230%	↑
HY1 2019	80.60%	54.30%	58.33%	↘ 1	5330%	↑
HY2 2018	0.00%	80.60%	41.67%	↗ 1	7960%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

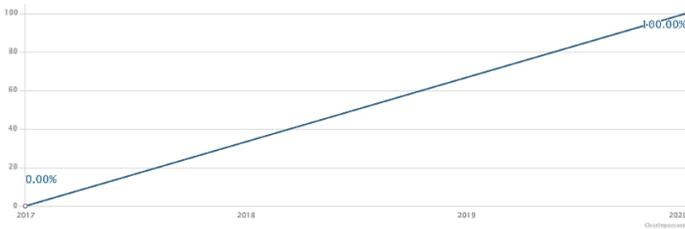
What Works

Continue to scan until completed.

Action Plan

Completion of objective by having documentation of completed file conversion.

I	Goal 8. Provide a facility that can better serve the public and enhance work environment for staff.	2020	—	100.00%	100.00%	↗ 1	9900%	↑
		2017	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

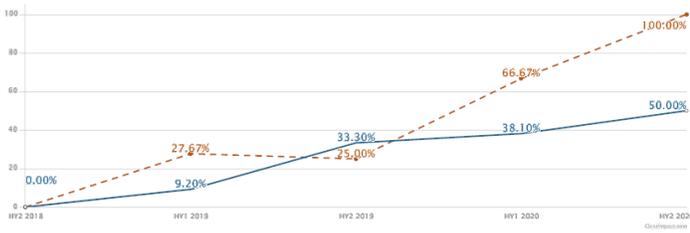
What Works

Two objectives cancelled and three completed.

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM	Objective 8.1. Implement a schedule for regular staff safety drills (for example fire, active shooter, severe weather) by June 30, 2020.	HY2 2020	38.10%	50.00%	100.00%	↗ 4	4900%	↑
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HY1 2020	33.30%	38.10%	66.67%	↗ 3	3710%	↑
HY2 2019	9.20%	33.30%	25.00%	↗ 2	3230%	↑
HY1 2019	0.00%	9.20%	27.67%	↗ 1	820%	↑
HY2 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

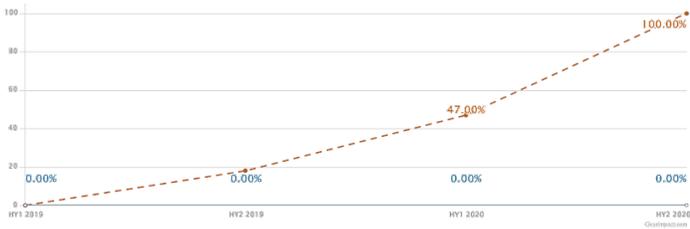
What Works

Objective cancelled due to COVID-19 and pandemic response.

Action Plan

Completion of objective by having documentation of completed drills and any improvements.

PM Objective 8.2. Assure that all staff have basic situational awareness training by June 1, 2020.



HY2 2020	0.00%	0.00%	100.00%	→ 3	0%	→
HY1 2020	0.00%	0.00%	47.00%	→ 2	0%	→
HY2 2019	0.00%	0.00%	18.00%	→ 1	0%	→
HY1 2019	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This objective is related to an action that was not completed in this manner before 8/1/19, so 0% complete is baseline.

Partners

What Works

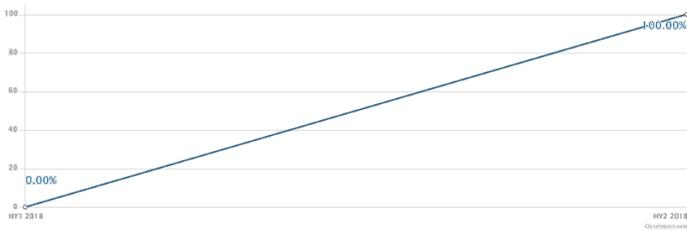
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

Objective is % of staff completed training by objective end date. Determined based on data in Ohio Train.

PM Objective 8.3. Improve the external and internal signage for the department, by August 31, 2018.

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900%	↑
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HY1 2018 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

New signs and banners installed.

Action Plan

Completion of objective by having documentation of completed signage.

PM	Objective 8.4. Provide paint updates to most areas of department and update the floor carpet by June 30, 2020	HY1 2019	81.20%	100.00%	100.00%	↗ 2	9900%	↑
		HY2 2018	0.00%	81.20%	75.00%	↗ 1	8020%	↑
		HY1 2018	—	0.00%	0.00%	→ 0	0%	→



Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

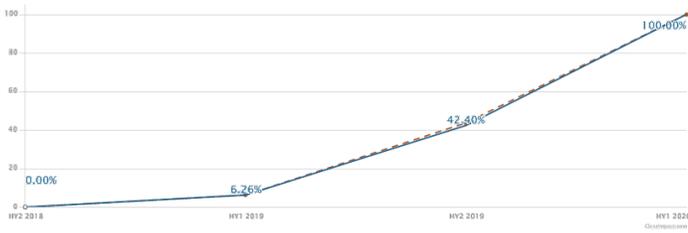
What Works

Floors in Nursing clinic area, WIC clinic area, WIC waiting have been replaced with tile. Painting completed in WIC, Nursing, and VS waiting areas.

Action Plan

Completion of objective by having documentation of completed repairs.

PM	Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020	HY1 2020	42.40%	100.00%	100.00%	↗ 3	9900%	↑
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HY2 2019	6.26%	42.40%	43.76%	↗ 2	4140% ↑
HY1 2019	0.00%	6.26%	6.26%	↗ 1	526% ↑
HY2 2018	—	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

This is a action goal that wasn't completed before 7/1/17, so 0% complete is baseline.

Partners

What Works

Plans were completed for 2nd floor remodel and APC lab area. Additonal work completed to establish timelines for completion. Budget for Capital was submitted and approved by City Council, however budget was put on hold due to pandemic response.

Some work has resumed and storage areas on 2nd floor are now completed.

Action Plan

Completed improvements to WIC and Clinic areas to better serve clients.

Staff

R

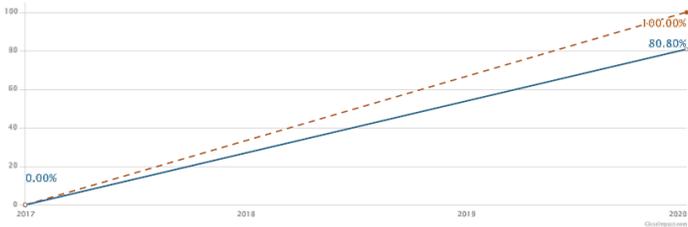
Staff Development

Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
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I

Goal 1. Streamline training and development programs for employees.

2020	—	80.80%	100.00%	↗ 1	7980% ↑
2017	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

Partners

- Workforce Development Team
- Division Leadership Team

What Works

Unable to complete due to COVID-19 and pandemic response.

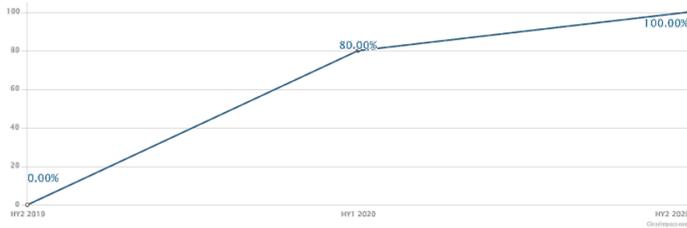
Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.

PM	Objective 1.1. Develop a new hire onboarding/training guide by December 31, 2020 (in line with WFD Plan)	HY2 2020	75.49%	42.50%	100.00%	↓ 1	4150%	↑
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PM	Objective 1.2. Document a plan for staff training to include required and optional training modules by January 31, 2020 (in line with WFD Plan)	HY2 2020	80.00%	100.00%	100.00%	↗ 2	9900%	↑
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HY1 2020	0.00%	80.00%	80.00%	↗ 1	7900%	↑
HY2 2019	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 10/1/19, so 0% complete is baseline.

Partners

- Division Leadership Team
- Workforce Development Team

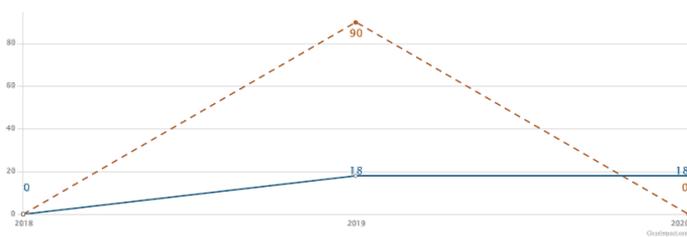
What Works

Revised work plan. Assignement made to WFD.

Action Plan

Canton City Public Health's (CCPH) Workforce Development Team (WDT) will complete a staff training plan that includes required and optional trainings for the department. The WDT will complete a staff competency assessment and analyze the results then revise the existing training matrix to reflect the updated data.

PM	Objective 1.3. REMOVED AND REPLACED WITH 1.5	2020	18	18	0	→ 1	1700%	↑
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2019	0	18	90	↗ 1	1700%	↑
2018	—	0	0	→ 0	0%	→

Story Behind the Curve

Objective 1.3 was removed and replaced with objective 1.5.

Partners

Objective 1.3 was removed and replaced with objective 1.5.

What Works

Objective 1.3 was removed and replaced with objective 1.5.

Action Plan

Objective 1.3 was removed and replaced with objective 1.5.

PM

Objective 1.4. Revise policy/form to require a written individual development plan documented in annual performance evaluations for all staff by January 31, 2020.



HY1 2020	63.40%	100.00%	100.00%	↗ 2	9900%	↑
HY2 2019	56.60%	63.40%	73.98%	↗ 1	6240%	↑
HY1 2019	100.00%	56.60%	57.54%	↘ 1	5560%	↑
HY2 2018	0.00%	100.00%	53.63%	↗ 1	9900%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This objective is related to an action that was not completed in this manner before 7/1/17, so 0% complete is baseline.

Partners

- Division Leadership Team
- Workforce Development Team

What Works

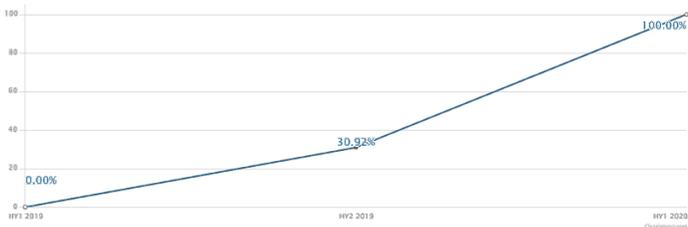
The WFD plan was approved containing a requirement for staff development plans. The evaluation policy was revised to reflect this new requirement. 10 evaluations out of 63 employees were completed by April 1. All 10 of these evaluations had a documents employee improvement plan (section 7).

Action Plan

Canton City Public Health (CCPH) will ensure that all staff have a written Individual Development Plan (IDP) by first evaluating the existing usage of IDPs for past calendar years. The department's Division Leadership Team (DLT) and Workforce Development Team (WDT) will collaborate to determine what is needed in an IDP policy. The WDT will draft a plan with these requirements and seek feedback from the DLT. After completing the needed revisions and gaining approval from the DLT, the WDT will present the plan to CCPH staff and monitor the completion of IDPs for all staff.

PM

Objective 1.5. Revise staff performance evaluation form to be simpler and more focused on necessary performance measures by 6/30/2020.



HY1 2020	30.92%	100.00%	100.00%	↗ 2	9900%	↑
HY2 2019	0.00%	30.92%	30.92%	↗ 1	2992%	↑
HY1 2019	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This objective is related to an action that was not completed in this manner before 6/1/19, so 0% complete is baseline.

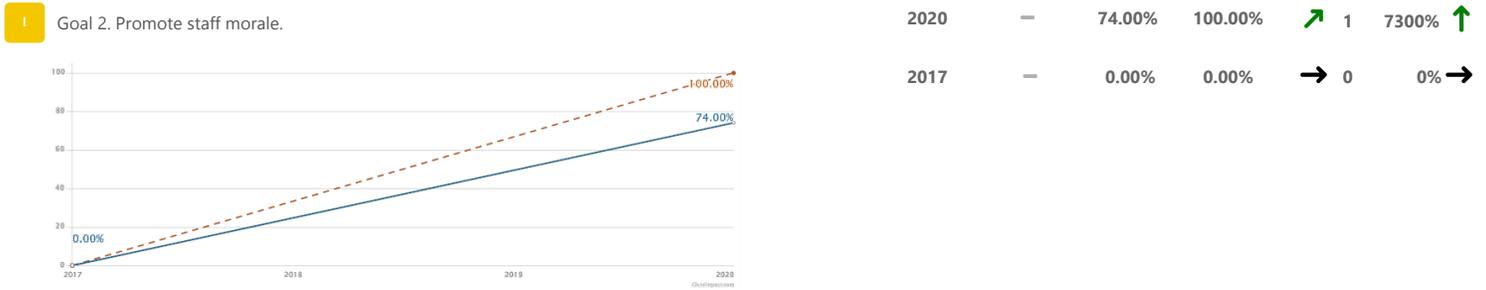
Partners

- Division Leadership Team
- Workforce Development Team

What Works

Action Plan

Canton City Public Health (CCPH) will revise the annual staff performance evaluation form to be more simple and more focused on necessary performance measures. The Division Leadership Team (DLT) will revise the form attached to policy 800-002 and then share the draft revision with the Workforce Development Team (WDT). After receiving feedback from the WDT, the DLT will incorporate the necessary changes and then present the revised form to all staff to be used for annual staff evaluations.



Story Behind the Curve

Didn't have program before 7/1/17, so 0% complete is baseline.

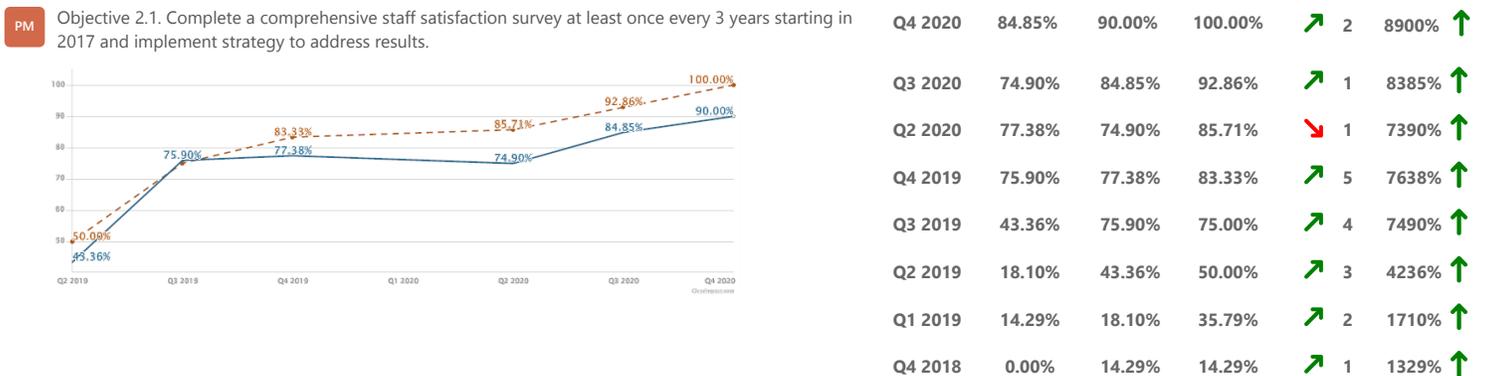
Partners

- Workforce Development Team
- Division Leadership Team
- CCPH Staff

What Works

Strategy

Completion of objectives under this goal have metrics that measure goal achievement. Therefore, achievement of objectives is achievement of goal. Target is to complete objectives.



Story Behind the Curve

This is a action goal that wasn't completed before 11/1/18, so 0% complete is baseline.

Partners

- CCPH Workforce Development Team
- CCPH Division Leadership Team
- CCPH Staff

What Works

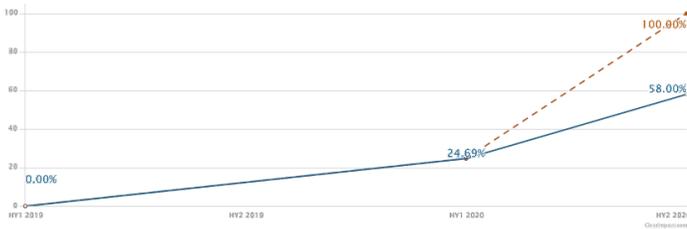
Action Plan

To understand staff morale and satisfaction, CCPH will conduct a comprehensive staff survey at least once every three years. The Workforce Development Team (WDT) will develop and conduct the survey then analyze and present results to the Division Leadership Team (DLT). The DLT will develop a strategy to address issues from the survey, and an implementation plan, then present the report to CCPH staff.

The WDT will revise the survey as needed and this process will repeat no less than once every three years.

PM

Objective 2.2. Implement a policy to complete staff exit interviews by June 30, 2020



HY2 2020	24.69%	58.00%	100.00%	↗ 2	5700%	↑
HY1 2020	0.00%	24.69%	24.69%	↗ 1	2369%	↑
HY1 2019	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

This is a action goal that wasn't completed before 11/15/19, so 0% complete is baseline.

Partners

- Division Leadership Team
- Workforce Development Team

What Works

This objective is essentially completed. The remaining steps should be completed within the next several weeks.

Action Plan

Canton City Public Health's (CCPH) Workforce Development Team (WDT) and Division Leadership Team (DLT) will collaborate to create and implement a staff exit interview policy. The WDT will complete a draft policy and submit it to the DLT for feedback. After incorporating the DLT's feedback and gaining approval, the WDT will present the policy to all CCPH staff and monitor its implementation.