

# BOARD OF HEALTH



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

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**Canton City Health District**

**Friday, January 22, 2018**  
**@ 12:00pm**



**Board of Health Meeting**  
Monday, January 22, 2018 @ 12:00pm – Board Room

**Agenda**

**Public Health**  
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**Canton City Health District**

1. Call to Order and Roll Call
2. Approve December 18, 2017 Board of Health Meeting Minutes
3. Approve January 12, 2018 Special Board of Health Meeting Minutes
4. Approve List of Bills: \$725,977.43
5. Election of Board of Health Officers
6. Approve Personnel:
  - a. Retirement of Gregory Clark, APC Engineer (R6), Effective April 13, 2018
  - b. Probationary Period Ending for Amanda Morningstar, Nurse Practitioner (R7), Retroactive to November 29, 2017
  - c. Probationary Period Ending for Danielle Grimm, THRIVE Executive Assistant (R4), Retroactive to January 7, 2018
  - d. Tuition Reimbursement for Colton Masters, Staff Sanitarian II (R5), for \$400.00 (In accordance with Provision 207.13 of the Canton City Health Code)
  - e. Unpaid Leave of Absence for David Hampton, APC Engineer (R6), for Six Days (February 27, 2018 – March 2, 2018 and March 6, 2018)
  - f. Unpaid Leave of Absence for Alessandra Frey, Staff Nurse II (R5), for Two Days (July 5, 2018 - July 6, 2018)
  - g. Unpaid Leave of Absence for Brianna Parker, Disease Intervention Specialist (R5), for One Day (June 22, 2018)
  - h. Vacation Credit and Sick Time Balance from Previous Employment for Alessandra Frey, Staff Nurse II (R5)
  - i. Amended Classification Schedule for Nursing and Air Pollution Control
  - j. Position Description Part-Time APC Technical Assistant (PT3)
  - k. Position Description Full Time WIC Assistant (R2)
  - l. Position Description Part Time WIC Assistant (PT2)
7. Approve Resolutions:
  - a. 2017-24: Establishing Food License Fees, 3<sup>rd</sup> and Final Reading
  - b. 2018-01: Authorizing Payment of Regular Expenses
  - c. 2018-02: Periodic Program-Related Travel Expenses
8. Approve Recommendations of the Hearing Officer for January 22, 2018
9. Approve Agreement with SCF Development, Ltd. For Lease of Office Space at 400 Market Ave N, 4<sup>th</sup> Floor, Canton, Ohio 44702 for the Period of February 1, 2017 through January 31, 2019 at an Amount not to Exceed \$25,560.00 Annually
10. Agreement with LaToya Dickens to Provide Nurse Practitioner Services on as as-needed Basis from January 1, 2018 through December 31, 2018 at a Rate of \$35.48 per Hour not to Exceed \$2,128.80

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**Monday, January 22, 2018**  
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11. Authorize the Health Commissioner to Enter inter an Agreement with United HealthCare Services, Inc for Canton-Stark County THRIVE Pathways Community HUB Services
12. Approve Travel Authorization
  - a. Kimberly Koons, WIC Dietitian, for Travel from 1/29/18 to 1/31/18 and 2/6/18 to 2/7/18, LeanOhio Boot Camp: Transforming the Public Sector in Cleveland, OH at a Cost not to Exceed \$664.00 (2317)
  - b. Christine Kardos, Public Health Clerk, for Travel from 1/29/18 to 1/31/18 and 2/6/19 to 2/7/18, LeanOhio Boot Camp: Transforming the Public Sector in Cleveland, OH at a Cost not to Exceed \$664.00 (2317)
  - c. Dawn Miller, THRIVE Project Manager, for Travel from 02/05/18 to 02/06/18, HUB Operations – Hospital Council of Northwest Ohio in Toledo, OH at a Cost Not to Exceed \$94.00 (2314)
13. Acceptance of Reports
  - a. Medical Director
  - b. Nursing/WIC
  - c. Laboratory
  - d. OPHI/Surveillance
  - e. THRIVE
  - f. Environmental Health
  - g. Air Pollution Control
  - h. Vital Statistics
  - i. Fiscal
  - j. Health Commissioner
  - k. Accreditation Team
  - l. Quality Improvement
14. Other Business
15. Next Meeting: Monday, February 26, 2018 at 12:00pm
16. Adjournment



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Canton City Health District

**Board of Health Meeting**  
Monday, December 18, 2017 @ 12:00 PM – Board Room  
**Minutes**

**Call to Order and Roll Call**

Dr. Hickman called to order the regular meeting of the Board of Health of the Canton City Health Department on Monday, December 18, 2017 at 12:27 PM with a quorum present.

Dr. Hickman, Mr. Wyatt and Dr. Lakritz were present. Also present were James Adams, Christi Allen and Robert Knight.

**Approve November 27, 2017 Board of Health Meeting Minutes**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the November 27, 2017 Board of Health meeting minutes. Motion passed unanimously.

**Approve December 8, 2017 Special Board of Health Meeting Minutes**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the December 8, 2017 special Board of Health meeting minutes. Motion passed unanimously.

**Approve List of Bills - \$402,073.85**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the list of bills totaling \$402,073.85. Motion passed unanimously.

**Executive Session to Discuss Compensation of a Public Employee**

No executive session was held.

**Approve Personnel**

**a. Rescind November 27, 2017 Board of Health Motion Reclassifying Ashley Archer from a Full-Time Employee to a Part-Time Employee**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to rescind the November 27, 2017 Board of Health motion reclassifying Ashley Archer from a full-time employee to a part-time employee. Motion passed unanimously.

**b. Appointment of Ashley Archer, WIC Clinic Assistant, to Permanent Full Time Employee**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve the appointment of Ashley Archer, WIC Clinic Assistant, to a permanent full-time employee effective December 4, 2017 at \$32,124.00 per year with no probationary period. Motion passed unanimously.

**c. Amend Position Classification Schedule, Stark County THRIVE HUB Coordinator**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve amending the position classification schedule to add the Stark County THRIVE Pathways HUB Coordinator. Motion passed unanimously.

**d. Appointment of WIC Peer Helper**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the appointment of Jessica Imhoff as a WIC Peer Helper (PT13) at \$10.64 per hour with a ½ step pay increase to \$10.86 per hour after satisfactory completion of a 90-day probationary period with a start date of January 1, 2018 and as a second choice Sierra Tanner (same salary). Motion passed unanimously.

**e. Special Appointment of Nejla Shaheen to Staff Sanitarian I**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve the special appointment of Nejla Shaheen to Staff Sanitarian I at \$40,047.00 per year with a ½ step pay increase to \$40,872.00 per year after satisfactory completion of a 90-day probationary period with a start date of January 1,

**Board of Health Minutes**

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2018. Salary to be paid from the following funds: General Fund – EH (1001 307001) 85%, Recycling Fund (2354 307001) 10% and Food Fund (2351) 5%. Motion passed unanimously.

**f. Unpaid Personal Leave of Absence of Five (5) Days for Danielle Grimm, THRIVE Executive Assistant (R4) (November 27, 2017 – December 1, 2017) Retroactively**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve an unpaid personal leave of absence of five (5) days for Danielle Grimm, THRIVE Executive Assistant (R4), retroactively for November 27, 2017 through December 1, 2017. Motion passed unanimously.

**g. Carryover to 2018 of 1 Unused Vacation Day for Marsha Miller**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the carryover of one unused vacation day for Marsha Miller to 2018. Motion passed unanimously.

**Approve Resolutions**

**a. 2017-24: Establishing Food License Fees, 2<sup>nd</sup> Reading**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the second reading of Resolution 2017-24 to amend the schedule of fees for food protection licenses. A roll call to vote was taken:

Dr. Hickman – Yes

Mr. Wyatt – Yes

Dr. Lakritz – Yes

Motion passed unanimously.

**Approve Recommendations of the Hearing Officer for December 18, 2017 Hearings**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the recommendations of the hearing officer for the December 18, 2017 hearings. Motion passed unanimously.

**Approve 2018 Board of Health Meeting Dates**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve the 2018 Board of Health meeting dates as presented. Motion passed unanimously.

**Approve the FY18 Dental Sealant Grant Application and Initial Budget in the Amount of \$57,988.00 with a Grant Period of January 1, 2018 through December 31, 2018**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the FY18 Dental Sealant grant application and initial budget in the amount of \$57,988.00 with a grant period of January 1, 2018 through December 31, 2018. Motion passed unanimously.

**Approve the FY18 Dental Sealant Program Agreement with Dr. Meredith Robeson at an Amount not to Exceed \$1,800.00 for the Period of January 1, 2018 through December 31, 2018**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the FY18 Dental Sealant program agreement with Dr. Meredith Robeson at an amount not to exceed \$1,800.00 for the period of January 1, 2018 through December 31, 2018. Motion passed unanimously.

**Approve FY18 Dental Sealant Program Agreement with Anna Mayle at an Amount not to Exceed \$11,377.00 for the Period of January 1, 2018 through December 31, 2018**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the FY18 Dental Sealant program agreement with Anna Mayle at an amount not to exceed \$11,377.00 for the period of January 1, 2018 through December 31, 2018. Motion passed unanimously.

**Board of Health Minutes**

**December 18, 2017**

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**Approve FY18 Dental Sealant Program Agreement with Alison Giammarco at an Amount not to Exceed \$11,377.00 for the Period of January 1, 2018 through December 31, 2018**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve the FY18 Dental Sealant program agreement with Alison Giammarco at an amount not to exceed \$11,377.00 for the period of January 1, 2018 through December 31, 2018. Motion passed unanimously.

**Approve a Contract with R & G Janitorial Inc. at an Amount not to Exceed \$22,800.00 (\$1,900.00/month) for Custodial Cleaning Services for the Period of January 1, 2018 through December 31, 2018**

Mr. Wyatt moved and Dr. Lakritz seconded a motion to approve a contract with R & G Janitorial Inc. at an amount not to exceed \$22,800.00 (\$1,900.00/month) for custodial cleaning services for the period of January 1, 2018 through December 31, 2018. Motion passed unanimously.

**Approve Travel Authorization**

- a. Jaclyn Hupp, APC Monitoring and Inspections Technician, for Travel from 12/20/17 to 12/21/17, Tisch Environmental Training in Village of Cleves, OH at a Cost not to Exceed \$233.05
- b. Courtney Rusnak, APC Monitoring and Inspections Technician, for Travel from 12/20/17 to 12/21/17, Tisch Environmental Training in Village of Cleves, OH at a Cost not to Exceed \$233.05

Dr. Lakritz moved and Mr. Wyatt seconded a motion to approve the above travel. Motion passed unanimously.

**Acceptance of Division Reports**

- a. Medical Director – Nothing additional to report.
- b. Nursing/WIC – Diane Thompson reported that a candidate has accepted the offer for the recently posted nurse position.
- c. Laboratory – Nothing additional to report.
- d. OPHI/Surveillance – Amanda Archer reported that there was recently a small pertussis outbreak. She also reported that 48 flu cases have been admitted to the hospital so far this year versus two cases for the same period last year. She additionally reported that the vaccine this year matches the circulating viruses.
- e. THRIVE – James Adams reported that THRIVE has submitted proposal for a renewal of funding from the Department of Medicaid for the infant mortality reduction programming.
- f. Environmental Health – Nothing additional to report.
- g. Air Pollution Control – Linda Morckel reported that a PM10 monitor was recently installed at the Republic Steel monitoring site at the request of Ohio EPA to monitor manganese levels. Ohio EPA plans to schedule a public meeting after the manganese monitoring reports are analyzed. Linda also reported that there were 56 odor complaints on Friday and Saturday of last week but that the division was unable to locate the odor or its source. A report was called in this morning and the division was able to detect a strong odor of decay from Sippo Creek near List Street NW. The gas company was notified as well as the Ohio EPA Division of Surface Water. A gas canister was collected and will be analyzed.

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**December 18, 2017**

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- h. Vital Statistics – Robert Knight reported that the Vital Statistics division will be closed from 11:30 AM to 1:00 PM on Friday, December 22 for a division lunch. Also, Ohio Department of Health is preparing some updates to IPHIS/EDRS but the implementation and training for the updates has been delayed.
- i. Fiscal Officer – Christi Allen let the board know about a small error in the Fiscal report and its correction.
- j. Health Commissioner – The Health Commissioner reported to the board that the department would need to reduce staff in order to accommodate raises given the current budget.

Dr. Hickman said that he'd like to see a report prepared to compare department salaries to the same positions at Stark County Health Department and to equivalent positions in Canton City.

Dr. Lakritz and Mr. Adams discussed the possibility that services may be duplicated at other local health departments and if any overlap of responsibilities exists between the departments.

- k. Accreditation – Robert Knight reported to the board that the first documents have been submitted to him by a domain as ready for review.
- l. Quality Improvement – James Adams reported that the phone answering improvement project is nearing completion and that the immunization clinic is starting to implement some changes suggested by the immunization QI project.

Mr. Wyatt moved and Dr. Lakritz seconded a motion to accept the Division reports. Motion passed unanimously.

**Other Business**

There was no other business.

**Announcement of Next Meeting: Monday, January 22, 2018 at 12:00 PM**

The next regular scheduled meeting of the Board of Health of the Canton City Health District will be on Monday, January 22, 2018 at 12:00 PM.

**Adjourn**

Dr. Lakritz moved and Mr. Wyatt seconded a motion to adjourn. Motion passed unanimously. The meeting adjourned at 1:31 PM.

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President of the Board of Health

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Secretary to the Board of Health

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Date of Approval



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

Canton City Health District

**Board of Health Special Meeting**  
Friday, January 12, 2018 @ 9:30 AM – Board Room  
**Minutes**

**Call to Order and Roll Call**

Dr. Hickman called to order the special meeting of the Board of Health of the Canton City Health Department on Friday, January 12, 2018 at 9:31 AM with a quorum present.

Dr. Hickman, Ms. Snell and Mr. Wyatt were present. Also present were James Adams and Robert Knight.

**Approve Personnel**

**a. Appointment of Staff Nurse II (R5)**

Mr. Wyatt moved and Ms. Snell seconded a motion to approve the appointment of Brianna Parker as a Disease Intervention Specialist (R5) at \$43,419.00.00 a year with a ½ step pay increase to \$44,441.00 after a 90-day satisfactory probationary period with a start date to be determined and as a second choice Jeff Dreyer (at the same salary). Salary to be paid from the following funds: 84% from the HIV Fund (2318), 11% from the STD Fund (2312) and 5% from the Nursing General Fund (1001 303001). Motion passed unanimously.

**Adjourn**

Mr. Wyatt moved and Ms. Snell seconded a motion to adjourn. Motion passed unanimously. The meeting adjourned at 9:42 AM.

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President of the Board of Health

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Secretary to the Board of Health

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Date of Approval



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 1001 - General Operating</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
51874 - VERIZON WIRELESS	9798867260	Monthly Hot Spot Fee (Apr-Dec)	Edit		12/26/2017	01/18/2018	* 01/10/2018			40.17	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 1	<u>40.17</u>
Account <b>705.06 - Professional Services Other Professional Services</b>											
34563 - RICHARD L DEAN	B.James Indigent	Indigent Cremation: Bruce James, DOD: 12/01/2017	Edit		01/17/2018	01/17/2018	01/17/2018			495.00	
20114 - LEXISNEXIS	1712216353 (2)	Monthly Database Service Charge (Apr-Dec)	Edit		12/31/2017	01/17/2018	* 01/17/2018			134.50	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 2	<u>629.50</u>
Account <b>705.13 - Professional Services Building Maintenance</b>											
27986 - R & G JANITORIAL, INC.	2929	Snow plowing on parking lot of 5th and Cherry, as needed in 2017	Edit		12/31/2017	01/12/2018	* 01/12/2018			330.00	
									Account <b>705.13 - Professional Services Building Maintenance</b> Totals	Invoice Transactions 1	<u>330.00</u>
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
27986 - R & G JANITORIAL, INC.	2926	Cleaning of CCHD Offices, 2nd - 4th Quarter (Apr-Dec17)	Paid by Check # 628328		12/31/2017	01/05/2018	* 01/11/2018		01/11/2018	1,900.00	
493 - COPECO INC	AR317611	Copier maintenance for 5 copiers	Edit		11/09/2017	01/10/2018	* 01/10/2018			1,584.43	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 2	<u>\$3,484.43</u>
Account <b>734.11 - Supplies Miscellaneous Office Supplies</b>											
34628 - I PRINT TECHNOLOGIES	512112, 512767	Printer Cartridges, as needed in 2017	Edit		12/08/2017	01/08/2018	* 01/12/2018			138.00	
									Account <b>734.11 - Supplies Miscellaneous Office Supplies</b> Totals	Invoice Transactions 1	<u>138.00</u>
Account <b>734.12 - Supplies Outside Printing</b>											
51821 - USA QUICKPRINT	308759	Vital Statistics Applications	Edit		12/06/2017	01/12/2018	* 01/12/2018			454.01	
									Account <b>734.12 - Supplies Outside Printing</b> Totals	Invoice Transactions 1	<u>454.01</u>
Account <b>734.52 - Supplies Uniform Supplies</b>											
22532 - COUNTRY SISTERS EMBROIDERY	7113	Jackets for remaining staff members	Edit		11/27/2017	01/12/2018	* 01/12/2018			238.00	
									Account <b>734.52 - Supplies Uniform Supplies</b> Totals	Invoice Transactions 1	<u>238.00</u>
Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b>											
1945 - TREASURER STATE OF OHIO	18201276	4th Qtr 2017 Quarterly Tech Fees - VS	Edit		01/08/2018	01/10/2018	01/10/2018			43,700.56	
									Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b> Totals	Invoice Transactions 1	<u>\$43,700.56</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 1001 - General Operating</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>758.48 - Capital Outlay Furniture/Fixtures \$1000-\$5000</b>											
50028 - BUDGET BLINDS	CCHD Blinds	Echo 5% blinds, Color - Edit manuscript, continuous cordloop			12/22/2017	01/12/2018	* 01/12/2018			4,299.00	
									Account <b>758.48 - Capital Outlay Furniture/Fixtures \$1000-\$5000</b> Totals	Invoice Transactions 1	\$4,299.00
Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b>											
40392 - ASSOCIATION OF HEALTH COMMISSIONERS	AOHC 2018 Dues	AOHC Membership dues, 2018	Edit		01/12/2018	01/12/2018	01/12/2018			914.00	
									Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b> Totals	Invoice Transactions 1	\$914.00
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 12	\$54,227.67
Department <b>303001 - Nurses</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
177 - AT&T	33454766412	Service for 2nd fax line in Nursing, 2017	Paid by Check # 628172		12/16/2017	01/04/2018	* 01/05/2018		01/05/2018	40.05	
51874 - VERIZON WIRELESS	9798706908	Surface 3 service for 2017	Paid by Check # 628343		12/23/2017	01/18/2018	* 01/11/2018		01/11/2018	80.34	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 2	\$120.39
Account <b>705.06 - Professional Services Other Professional Services</b>											
43371 - LATOYA DICKENS	Dec17 Services	Contract Services, as needed, for Nurse Practioner	Paid by Check # 628258		12/19/2017	01/05/2018	* 01/10/2018		01/10/2018	141.92	
51158 - JON ELIAS M D	Dec17 Services	2nd - 4th quarter Medical Director Services (Apr-Dec)	Paid by Check # 628261		01/01/2018	01/05/2018	* 01/10/2018		01/10/2018	1,000.00	
41842 - DUTCH GIRL CLEANERS	CCHD Lab Coats	Cleaning service for lab coats, as needed in 2017	Edit		12/15/2017	01/12/2018	* 01/12/2018			69.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 3	\$1,210.92
Account <b>705.14 - Professional Services Maintenance Contracts</b>											
39134 - RICOH USA INC	5051818004	Maintenance on MCP3503 machine for 2017, Nursing	Edit		01/01/2018	01/31/2018	* 01/12/2018			112.68	
									Account <b>705.14 - Professional Services Maintenance Contracts</b> Totals	Invoice Transactions 1	\$112.68
Account <b>734.71 - Supplies Computer Equip (\$0-\$999.99)</b>											
9789 - DELL MARKETING L.P.	10210269457	Latitude 14 3000 (3460) Laptop, replacement for clinic	Edit		12/09/2017	01/09/2018	* 01/12/2018			589.57	
									Account <b>734.71 - Supplies Computer Equip (\$0-\$999.99)</b> Totals	Invoice Transactions 1	\$589.57
Account <b>772.20 - Travel Registration/Tuition</b>											
51329 - STARK CTY MENTAL HEALTH & ADDICTION RECVY	4657	Opiate Symposium on 12/6/17, 6 Employees	Edit		11/30/2017	01/12/2018	* 01/12/2018			100.00	
									Account <b>772.20 - Travel Registration/Tuition</b> Totals	Invoice Transactions 1	\$100.00



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
<b>Fund 1001 - General Operating</b>										
Department <b>303001 - Nurses</b>										
Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b>										
51750 - AMANDA MORNINGSTAR	Emp. Travel Reim	Public Health Nurse Conf, 12/13-12/15/17, Dublin, OH	Paid by Check # 628178		12/22/2017	01/02/2018	* 01/05/2018		01/05/2018	378.95
								Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b> Totals	Invoice Transactions 1	<u>\$378.95</u>
								Department <b>303001 - Nurses</b> Totals	Invoice Transactions 9	<u>\$2,512.51</u>
Department <b>304001 - Lab</b>										
Account <b>705.06 - Professional Services Other Professional Services</b>										
50080 - AMERICAN PROFICIENCY INSTITUTE	471622	Clinical Laboratory Proficiency Testing, Blood Lead	Edit		10/26/2017	01/10/2018	01/10/2018			1,499.68
35693 - CANTON PATHOLOGY ASSOCIATES	Nov/Dec17 Fees	Laboratory Director Services for 2017 (Apr-Dec)	Edit		01/02/2018	01/12/2018	* 01/12/2018			2,000.00
34284 - REAM & HAAGER LABORATORY	4302891, 4303015	4303074, 4303181, 4303265	Edit		12/21/2017	01/17/2018	* 01/17/2018			195.00
								Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 3	<u>\$3,694.68</u>
Account <b>734.13 - Supplies Freight</b>										
50080 - AMERICAN PROFICIENCY INSTITUTE	471622	Clinical Laboratory Proficiency Testing, Blood Lead	Edit		10/26/2017	01/10/2018	01/10/2018			90.09
7835 - FISHER HEALTH CARE	4166342	Equipment for Clinic (in the lab)	Edit		12/12/2017	01/17/2018	* 01/17/2018			3.70
7835 - FISHER HEALTH CARE	5129243, 5624302	6015698	Edit		12/20/2017	01/17/2018	* 01/17/2018			15.70
								Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 3	<u>\$109.49</u>
Account <b>734.17 - Supplies Equipment (\$0.00 - \$999.99)</b>										
43051 - SYNCB/AMAZON	Supplies for Lab	6045787810276614	Edit		12/10/2017	02/10/2018	* 01/12/2018			178.96
7835 - FISHER HEALTH CARE	4166342	Equipment for Clinic (in the lab)	Edit		12/12/2017	01/17/2018	* 01/17/2018			278.13
								Account <b>734.17 - Supplies Equipment (\$0.00 - \$999.99)</b> Totals	Invoice Transactions 2	<u>\$457.09</u>
Account <b>734.18 - Supplies Furniture/Fixtures (\$0-\$999.99)</b>										
905 - INDEPENDENCE BUSINESS SUPPLY	1450098-0	Replacement Chairs for the Lab	Edit		12/14/2017	01/14/2018	* 01/12/2018			779.00
								Account <b>734.18 - Supplies Furniture/Fixtures (\$0-\$999.99)</b> Totals	Invoice Transactions 1	<u>\$779.00</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>										
7835 - FISHER HEALTH CARE	5129243, 5624302	6015698	Edit		12/20/2017	01/17/2018	* 01/17/2018			638.23
24836 - MCKESSON MEDICAL - SURGICAL	16294331	Lab Safety Equipment	Edit		12/08/2017	01/07/2018	* 01/17/2018			155.38
								Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 2	<u>\$793.61</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>1001 - General Operating</b>										
Department <b>304001 - Lab</b>										
Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b>										
19733 - CLIA LABORATORY PROGRAM	36D 0672229	Compliance with Federal Regulations - LAB	Edit		12/19/2017	02/02/2018	01/12/2018			964.00
							Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b> Totals		Invoice Transactions 1	<u>\$964.00</u>
							Department <b>304001 - Lab</b> Totals		Invoice Transactions 12	<u>\$6,797.87</u>
Department <b>307001 - Environmental Health Administration</b>										
Account <b>734.60 - Supplies Subscriptions</b>										
1398 - OHIO TAVERN NEWS	FY18-19 Subsc.	2 Year Subscription 2018-2019 - EH	Edit		01/12/2018	01/12/2018	01/12/2018			37.00
							Account <b>734.60 - Supplies Subscriptions</b> Totals		Invoice Transactions 1	<u>\$37.00</u>
Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b>										
35141 - PATRICIA J MCCONNELL	License Reimb.	Renewal of Registered Sanitation License	Edit		01/12/2018	01/12/2018	01/12/2018			93.50
							Account <b>776.13 - Membership dues &amp; Fees Membership Dues and Fees</b> Totals		Invoice Transactions 1	<u>\$93.50</u>
							Department <b>307001 - Environmental Health Administration</b> Totals		Invoice Transactions 2	<u>\$130.50</u>
							Fund <b>1001 - General Operating</b> Totals		Invoice Transactions 35	<u>\$63,668.55</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2312 - V.D. - I03 Gonorhea (VD)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
186 - AULTMAN HOSPITAL	FTA 22 & 23	099915682-9673 N	Edit		12/31/2017	01/10/2018	* 01/10/2018			29.50	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	\$29.50
Account <b>706.36 - Contract Service Health Contract Grant Expend</b>											
1109 - MAHONING CO.HEALTH DEPT.	Dec17 STD Reimb	Contract service for DIS partner services	Edit		01/08/2018	01/17/2018	* 01/17/2018			589.77	
									Account <b>706.36 - Contract Service Health Contract Grant Expend</b> Totals	Invoice Transactions 1	\$589.77
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	\$619.27
									Fund <b>2312 - V.D. - I03 Gonorhea (VD)</b> Totals	Invoice Transactions 2	\$619.27



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2313 - Local Health Dept Prev Support</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
177 - AT&T	8896798300	Internet upgrade monthly charge	Paid by Check # 628173		12/05/2017	01/04/2018	* 01/05/2018		01/05/2018	276.00	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 1	<u>\$276.00</u>
Account <b>705.06 - Professional Services Other Professional Services</b>											
50079 - INSYNC HEALTHCARE SOLUTIONS, LLC	943153	Electronic Medical Record system maintenance fees	Edit		01/31/2018	01/12/2018	01/12/2018			94.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	<u>\$94.00</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	<u>\$370.00</u>
									Fund <b>2313 - Local Health Dept Prev Support</b> Totals	Invoice Transactions 2	<u>\$370.00</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2314 - Family Health (476)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.05 - Professional Services Computer Access Line Fees</b>											
51468 - SPECTRUM BUSINESS	312559704010518	Telephone and internet services for THRIVE program	Paid by Check # 628287		01/05/2018	01/24/2018	01/10/2018		01/10/2018	114.94	
									Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions 1	<u>114.94</u>
Account <b>705.06 - Professional Services Other Professional Services</b>											
50540 - CLEO LUCAS	Dec17 THRIVE	Community Outreach Coordinator Contract (FY18) - THRIVE	Paid by Check # 628177		01/02/2018	01/02/2018	* 01/05/2018		01/05/2018	522.08	
51327 - EARLY CHILDHOOD RESOURCE CENTER	THRIVE Payment	Fatherhood Coalition - THRIVE	Edit		01/05/2018	01/05/2018	01/05/2018			108,900.00	
51325 - ACCESS HEALTH STARK COUNTY	THRIVE - CHW's	Community Health Workers - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			90,880.00	
85 - ALLIANCE CITY HEALTH DEPT	THRIVE Payment	Home Visiting Program - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			13,790.25	
51326 - ALLIANCE FAMILY HEALTH CENTER INC	THRIVE - CHW	Community Health Workers - THRIVE Program	Edit		01/10/2018	01/10/2018	01/10/2018			59,357.25	
51326 - ALLIANCE FAMILY HEALTH CENTER INC	THRIVE - CP Prg	CenturingPregnancy Program - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			17,540.00	
51120 - COMMQUEST SERVICES INC	THRIVE - CHW's	Community Health Workers - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			29,678.75	
51825 - NEW BALTIMORE COMMUNITY CHURCH	THRIVE Payment	Community Education and Awareness - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			2,285.00	
1800 - STARK COUNTY HEALTH DEPARTMENT	Home Visiting Pr	Home Visiting Program - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			114,683.00	
1800 - STARK COUNTY HEALTH DEPARTMENT	THRIVE - CHW's	Community Health Workers - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			59,357.25	
38982 - YWCA OF CANTON	THRIVE - CHW's	Community Health Workers - THRIVE	Edit		01/10/2018	01/10/2018	01/10/2018			29,678.75	
186 - AULTMAN HOSPITAL	Home Visit Progr	Home Visiting Program - THRIVE	Edit		01/11/2018	01/12/2018	01/12/2018			44,199.25	
4168 - KENT STATE UNIVERSITY	416371-10	Comprehensive Evaluation of the Stark/THRIVE Project	Edit		01/08/2018	01/12/2018	* 01/12/2018			2,282.94	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 13	<u>\$573,154.52</u>
Account <b>734.11 - Supplies Miscellaneous Office Supplies</b>											
43051 - SYNCB/AMAZON	THRIVE Supply	60457 8781 027661 4	Edit		12/10/2017	02/10/2018	* 01/12/2018			112.61	
									Account <b>734.11 - Supplies Miscellaneous Office Supplies</b> Totals	Invoice Transactions 1	<u>112.61</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
2627 - FISHER FOOD MARKETING INC.	1222142, 1226142	Supplies for Community events and meetings	Edit		12/26/2017	01/12/2018	* 01/12/2018			75.11	



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2314 - Family Health (476)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
43051 - SYNCB/AMAZON	THRIVE Supply	60457 8781 027661 4	Edit		12/10/2017	02/10/2018	* 01/12/2018			14.99	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 2	\$90.10
Account <b>773.43 - Lease and Rental Payments Other Rentals</b>											
51594 - SCF DEVELOPMENT LTD	Jan-Jun Rent	Lease office space for THRIVE offices	Edit		01/05/2018	01/10/2018	01/10/2018			12,780.00	
									Account <b>773.43 - Lease and Rental Payments Other Rentals</b> Totals	Invoice Transactions 1	\$12,780.00
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 18	\$586,252.17
									Fund <b>2314 - Family Health (476)</b> Totals	Invoice Transactions 18	\$586,252.17
<b>Fund 2316 - WIC Supplemental Health - FY 77</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>706.36 - Contract Service Health Contract Grant Expend</b>											
85 - ALLIANCE CITY HEALTH DEPT	Dec17 WIC Reimb	WIC Program Expenses	Edit		01/12/2018	01/12/2018	* 01/12/2018			9,346.05	
1121 - MASSILLON CITY HEALTH DEPT	Dec17 WIC Reimb	WIC Program Expenses	Edit		01/12/2018	01/12/2018	* 01/12/2018			10,931.24	
1800 - STARK COUNTY HEALTH DEPARTMENT	Dec17 WIC Reimb	WIC Program Expenses	Edit		01/03/2018	01/12/2018	* 01/12/2018			30,455.93	
									Account <b>706.36 - Contract Service Health Contract Grant Expend</b> Totals	Invoice Transactions 3	\$50,733.22
Account <b>713.13 - Utilities Telephone</b>											
51874 - VERIZON WIRELESS	9798672742	WIC Peer Helper Cell Phone, FY18	Paid by Check # 628343		12/23/2017	01/18/2018	* 01/11/2018		01/11/2018	54.85	
									Account <b>713.13 - Utilities Telephone</b> Totals	Invoice Transactions 1	\$54.85
Account <b>734.11 - Supplies Miscellaneous Office Supplies</b>											
18671 - CANTON CITY TREASURER	Reim to Purchase	Reimbursement to Purchasing for Printer Cartridge	Edit		01/12/2018	01/12/2018	01/12/2018			139.62	
43051 - SYNCB/AMAZON	Supplies for WIC	60457878101276614	Edit		12/10/2017	02/05/2018	* 01/12/2018			316.17	
43051 - SYNCB/AMAZON	Supply - WIC	60457 8781 027661 4	Edit		12/10/2017	02/10/2018	* 01/12/2018			285.15	
									Account <b>734.11 - Supplies Miscellaneous Office Supplies</b> Totals	Invoice Transactions 3	\$740.94
Account <b>734.13 - Supplies Freight</b>											
43051 - SYNCB/AMAZON	Supplies for WIC	60457878101276614	Edit		12/10/2017	02/05/2018	* 01/12/2018			11.96	
									Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 1	\$11.96
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 8	\$51,540.97
									Fund <b>2316 - WIC Supplemental Health - FY 77</b> Totals	Invoice Transactions 8	\$51,540.97



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2318 - Local Aids Prevention</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
20114 - LEXISNEXIS	1712216353 (1)	FY17 Database Services (split between GF)	Edit		12/31/2017	01/17/2018	* 01/17/2018			134.50	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 1	<u>134.50</u>
Account <b>706.36 - Contract Service Health Contract Grant Expend</b>											
85 - ALLIANCE CITY HEALTH DEPT	Dec17 HIV Reimb	FY17, Additional Grant Funds for HIV Grant	Edit		01/05/2018	01/12/2018	* 01/12/2018			1,075.69	
1484 - PLANNED PARENTHOOD	Dec17 HIV Reimb	2017 Reimbursement for HIV Prevention Expenditures	Edit		12/28/2017	01/12/2018	* 01/12/2018			1,925.66	
1109 - MAHONING CO.HEALTH DEPT.	Dec17 HIV Reimn	2017 Reimbursement for HIV Expenditures	Edit		01/08/2018	01/17/2018	* 01/17/2018			3,801.70	
1109 - MAHONING CO.HEALTH DEPT.	Dec17 HIV Reim.	FY17, Additional Grant Funds for HIV Grant	Edit		01/08/2018	01/17/2018	* 01/17/2018			1,060.96	
									Account <b>706.36 - Contract Service Health Contract Grant Expend</b> Totals	Invoice Transactions 4	<u>\$7,864.01</u>
Account <b>713.13 - Utilities Telephone</b>											
51874 - VERIZON WIRELESS	9798697095	Cell phone service for DIS for 2017	Paid by Check # 628343		12/23/2017	01/18/2018	* 01/11/2018		01/11/2018	31.72	
									Account <b>713.13 - Utilities Telephone</b> Totals	Invoice Transactions 1	<u>\$31.72</u>
Account <b>734.15 - Supplies Computer Software(up to \$999.99)</b>											
9789 - DELL MARKETING L.P.	10203811010	Microsoft Office license - standard, Nursing	Edit		11/20/2017	12/20/2017	* 01/12/2018			233.52	
									Account <b>734.15 - Supplies Computer Software(up to \$999.99)</b> Totals	Invoice Transactions 1	<u>\$233.52</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
24836 - MCKESSON MEDICAL - SURGICAL	15966663, 16358832		Edit		12/08/2017	01/03/2018	* 01/12/2018			1,584.20	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$1,584.20</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 8	<u>\$9,847.95</u>
									Fund <b>2318 - Local Aids Prevention</b> Totals	Invoice Transactions 8	<u>\$9,847.95</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>2320 - Nursing Clinic Activity Fund</b>										
Department <b>303002 - Travel Clinic</b>										
Account <b>734.58 - Supplies Miscellaneous Supplies</b>										
10877 - INNOVATIVE TRENDS	115281	Silicone Smart Wallet with Lettering	Edit		12/15/2017	01/12/2018	* 01/12/2018			307.50
26625 - SANOFI PASTEUR	909535719	Private Purchase Travel and Immunization Vaccines	Edit		12/06/2017	01/06/2018	* 01/12/2018			1,931.04
							Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 2		<u>\$2,238.54</u>
							Department <b>303002 - Travel Clinic</b> Totals	Invoice Transactions 2		<u>\$2,238.54</u>
							Fund <b>2320 - Nursing Clinic Activity Fund</b> Totals	Invoice Transactions 2		<u>\$2,238.54</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
<b>Fund 2321 - Immunization Action Grant</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>706.36 - Contract Service Health Contract Grant Expend</b>										
1800 - STARK COUNTY HEALTH DEPARTMENT	Nov17 IAP (1)	FY17 IAP Grant Reimbursement	Paid by Check # 628186		12/07/2017	01/02/2018	* 01/05/2018		01/05/2018	1,711.00
1800 - STARK COUNTY HEALTH DEPARTMENT	Nov17 IAP (2)	FY17 IAP Grant	Paid by Check # 628186		12/07/2017	01/02/2018	* 01/05/2018		01/05/2018	2,389.00
1800 - STARK COUNTY HEALTH DEPARTMENT	Dec17	FY17 IAP Grant	Paid by Check # 628333		01/03/2018	01/05/2018	* 01/11/2018		01/11/2018	800.00
85 - ALLIANCE CITY HEALTH DEPT	Dec17 IAP Reimb	FY17 IAP Grant Reimbursement	Edit		01/05/2018	01/12/2018	* 01/12/2018			381.57
							Account <b>706.36 - Contract Service Health Contract Grant Expend</b> Totals	Invoice Transactions	4	<u>\$5,281.57</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	4	<u>\$5,281.57</u>
							Fund <b>2321 - Immunization Action Grant</b> Totals	Invoice Transactions	4	<u>\$5,281.57</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 2322 - Dental Sealant 132T Grant</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
40279 - ALISON GIAMMARCO	Dec17 Dental	FY17 Dental Hygienist Services plus Mileage	Paid by Check # 627971		12/13/2017	12/18/2017	12/19/2017		12/19/2017	689.04	
38676 - ANNA MAYLE	Dec17 Dental	FY17 Dental Hygienist Services plus Mileage	Paid by Check # 627989		12/15/2017	12/18/2017	12/19/2017		12/19/2017	521.45	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 2	<u>\$1,210.49</u>
Account <b>705.11 - Professional Services EQ/Office Equipment Repair</b>											
165 - ASEPTICO	617420	Miscellaneous dental equip supplies & equip repairs, as needed	Edit		12/19/2017	01/19/2018	* 01/12/2018			120.00	
									Account <b>705.11 - Professional Services EQ/Office Equipment Repair</b> Totals	Invoice Transactions 1	<u>\$120.00</u>
Account <b>734.13 - Supplies Freight</b>											
29972 - PULPDENT CORPORATION	2015831	Dental supplies, as needed in 2017	Edit		12/04/2017	01/04/2018	* 01/12/2018			7.65	
									Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 1	<u>\$7.65</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
29972 - PULPDENT CORPORATION	2015831	Dental supplies, as needed in 2017	Edit		12/04/2017	01/04/2018	* 01/12/2018			279.83	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$279.83</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 5	<u>\$1,617.97</u>
									Fund <b>2322 - Dental Sealant 132T Grant</b> Totals	Invoice Transactions 5	<u>\$1,617.97</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 <b>2323 - Personal Responsibility Ed Pr Fd</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>705.05 - Professional Services Computer Access Line Fees</b>										
51874 - VERIZON WIRELESS	9798626353	iPad Service, FY18 PREP Grant	Paid by Check # 628343		12/23/2017	01/18/2018	* 01/11/2018		01/11/2018	40.17
							Account <b>705.05 - Professional Services Computer Access Line Fees</b> Totals	Invoice Transactions	1	<u>\$40.17</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	1	<u>\$40.17</u>
							Fund <b>2323 - Personal Responsibility Ed Pr Fd</b> Totals	Invoice Transactions	1	<u>\$40.17</u>



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G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
<b>Fund 2327 - Lead Assessment Fund</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>705.06 - Professional Services Other Professional Services</b>										
50260 - ACCURATE ANALYTICAL TESTING	L112596	Dust and soild sampel analysis for lead based paint testing	Edit		12/14/2017	01/13/2018	* 01/17/2018			28.00
							Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions	1	<u>\$28.00</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	1	<u>\$28.00</u>
							Fund <b>2327 - Lead Assessment Fund</b> 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 <b>2328 - Public Health Infrastructure</b>										
Department <b>301001 - Health - Administration</b>										
Account <b>705.06 - Professional Services Other Professional Services</b>										
10277 - PROTECH SECURITY INC.	295685	Monthly monitoring service for panic buttons in VS/WIC/N lobby	Edit		01/01/2018	01/31/2018	01/12/2018			65.85
							Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions	1	<u>\$65.85</u>
							Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions	1	<u>\$65.85</u>
							Fund <b>2328 - Public Health Infrastructure</b> Totals	Invoice Transactions	1	<u>\$65.85</u>



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G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2331 - Air Pollution (134)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>705.06 - Professional Services Other Professional Services</b>											
445 - COLE-PARMER INSTRUMENT CO	1348710	Re-certification/calibration of Thermohygrometer (PM2.5)	Edit		12/18/2017	01/12/2018	* 01/12/2018			200.00	
42568 - MESA LABS	INV-192797	Recertification of Bios Defenders 520-L & 520-M (CO Monitoring)	Edit		12/29/2017	01/28/2018	* 01/12/2018			650.00	
1941 - TREASURER STATE OF OHIO	RS122617	Air monitoring lab analysis	Edit		12/26/2017	01/12/2018	* 01/12/2018			1,335.00	
									Account <b>705.06 - Professional Services Other Professional Services</b> Totals	Invoice Transactions 3	<u>\$2,185.00</u>
Account <b>706.18 - Contract Service Car Wash</b>											
1597 - RED CARPET CAR WASH	CCHD Car Wash	Car washes as needed - 2017	Edit		12/31/2017	01/12/2018	* 01/12/2018			4.25	
									Account <b>706.18 - Contract Service Car Wash</b> Totals	Invoice Transactions 1	<u>\$4.25</u>
Account <b>713.12 - Utilities Electric</b>											
1366 - OHIO EDISON CO.	1100 33872 497	Electric Service for APC Monitoring Site, 2017	Edit		01/10/2018	01/31/2018	* 01/12/2018			53.00	
									Account <b>713.12 - Utilities Electric</b> Totals	Invoice Transactions 1	<u>\$53.00</u>
Account <b>734.13 - Supplies Freight</b>											
42568 - MESA LABS	INV-192797	Recertification of Bios Defenders 520-L & 520-M (CO Monitoring)	Edit		12/29/2017	01/28/2018	* 01/12/2018			41.00	
18228 - MET ONE INSTRUMENTS, INC	163884	Parts and supplies for air monitoring equipment - 2017	Edit		12/13/2017	01/13/2018	* 01/12/2018			15.00	
1909 - THERMO ENVIRONMENTAL INST., INC.	419450 (2)	Monitoring equipment parts and supplies - 2017	Edit		12/19/2017	01/18/2018	* 01/12/2018			11.50	
39452 - UPS	E11A07507,	E11A07497, E11A07517, E11A07018	Edit		12/16/2017	01/12/2018	* 01/12/2018			94.50	
39452 - UPS	E11A07018	Freight and shipping costs for 2018, as needed	Edit		01/06/2018	02/06/2018	01/12/2018			25.56	
									Account <b>734.13 - Supplies Freight</b> Totals	Invoice Transactions 5	<u>\$187.56</u>
Account <b>734.57 - Supplies Machine Parts and Supplies</b>											
18228 - MET ONE INSTRUMENTS, INC	163884	Parts and supplies for air monitoring equipment - 2017	Edit		12/13/2017	01/13/2018	* 01/12/2018			375.00	
1909 - THERMO ENVIRONMENTAL INST., INC.	419450 (1)	Monitoring equipment parts and supplies, 2017	Edit		12/19/2017	01/18/2018	* 01/12/2018			578.00	



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2331 - Air Pollution (134)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>734.57 - Supplies Machine Parts and Supplies</b>											
36075 - TISCH ENVIRONMENTAL INC	00019946	Spare motor for Pb sampler, APC	Edit		12/21/2017	01/12/2018	* 01/12/2018			210.00	
									Account <b>734.57 - Supplies Machine Parts and Supplies</b> Totals	Invoice Transactions 3	<u>\$1,163.00</u>
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
21121 - GRAINGER	9650523518	9649947877	Edit		12/20/2017	01/20/2018	* 01/12/2018			57.35	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$57.35</u>
Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b>											
51235 - COURTNEY GROSSMAN	Travel Reimb.	Tisch Env. Training, 12/20/17 - 12/21/17, Cleves, OH	Edit		01/12/2018	01/12/2018	* 01/12/2018			161.25	
42754 - DAVID HAMPTON	Travel Reimb	Lean Event for HOV/ATR Process, 1/4/18, Columbus	Edit		01/12/2018	01/12/2018	01/12/2018			6.00	
39425 - JACLYN M HUPP	Travel Reimb.	Tisch Env. Training, 12/20/17 - 12/21/17, Cleves, OH	Edit		01/12/2018	01/12/2018	* 01/12/2018			55.54	
									Account <b>772.40 - Travel Meals, Lodging, Plane, etc.</b> Totals	Invoice Transactions 3	<u>\$222.79</u>
Account <b>773.41 - Lease and Rental Payments Building Rental</b>											
35010 - BREWSTER-SUGARCREEK TWP HISTORICAL SOCIETY	291	2017 rental fees for ozone monitoring site	Edit		01/31/2018	01/12/2018	* 01/12/2018			200.00	
									Account <b>773.41 - Lease and Rental Payments Building Rental</b> Totals	Invoice Transactions 1	<u>\$200.00</u>
Account <b>773.43 - Lease and Rental Payments Other Rentals</b>											
51903 - AIRGAS, INC	9950119268	Gas cylinder rental for 2017	Edit		12/31/2017	01/12/2018	* 01/12/2018			36.86	
									Account <b>773.43 - Lease and Rental Payments Other Rentals</b> Totals	Invoice Transactions 1	<u>\$36.86</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 19	<u>\$4,109.81</u>
									Fund <b>2331 - Air Pollution (134)</b> Totals	Invoice Transactions 19	<u>\$4,109.81</u>



# Accounts Payable by G/L Distribution Report

G/L Date Range 12/14/17 - 01/17/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
Fund <b>2351 - Food Service (055)</b>											
Department <b>301001 - Health - Administration</b>											
Account <b>734.58 - Supplies Miscellaneous Supplies</b>											
43051 - SYNCB/AMAZON		Food Service Sup	6045787810276614	Edit	12/10/2017	02/10/2018	* 01/12/2018			52.61	
									Account <b>734.58 - Supplies Miscellaneous Supplies</b> Totals	Invoice Transactions 1	<u>\$52.61</u>
Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b>											
1945 - TREASURER STATE OF OHIO		Dec17 FSO Reimbursement	December 2017 FSO	Edit	01/12/2018	01/12/2018	01/12/2018			244.00	
									Account <b>747.14 - Refunds, Claims and Reimbursements Reimbursements</b> Totals	Invoice Transactions 1	<u>\$244.00</u>
									Department <b>301001 - Health - Administration</b> Totals	Invoice Transactions 2	<u>\$296.61</u>
									Fund <b>2351 - Food Service (055)</b> Totals	Invoice Transactions 2	<u>\$296.61</u>
									Grand Totals	Invoice Transactions 108	<u>\$725,977.43</u>

\* = Prior Fiscal Year Activity



**Public Health**  
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Canton City Health District

**Board of Health Meeting**  
Monday, January 22, 2018 @ 12:00pm – Board Room  
**Miscellaneous Items**

1. APC Position Classification Schedule
2. Nursing Position Classification Schedule
3. APC Technical Assistant Part Time Position Description
4. WIC Assistant Full Time Position Description
5. WIC Assistant Part Time Position Description

**Canton City Public Health  
Position Classification Schedule as of January 22, 2018**

**AIR POLLUTION CONTROL DIVISION**

<b>Classification</b>	<b>Code</b>	<b>Allowed # of Employees</b>	<b>Employed by CCHD</b>	<b>Pay Range</b>
APC Administrator	835	1	1	8
APC Permitting & Compliance Supervisor	844	6		7
APC Engineer	836		6	6
APC Engineering Technician I	839			5
APC Engineering Technician II	847			6
APC Monitoring & Inspection Supervisor	838		3	1
APC Monitoring & Inspection Technician	846	2		5
APC Electronic Engineering Technician	842	<b>DELETE</b>		4
Public Health Clerk I	831	2		1
Public Health Clerk II	830			2
Public Health Clerk (Part-time Hourly)	834			PT1
APC Technical Assisnt (Part-time hourly)	<b>ADD</b>			PT3
APC Technician (Part-time Hourly)	851	2		PT11
		<b>14</b>	<b>10</b>	

**3/22/2010** - Board of Health approves revised classifications.

**8/23/2010** - Approved by Board of Health for Classification Title change for APC Permitting & Compliance Supervisor.

**1/23/2012** - Change pay range for APC Engineering Technician I, APC Engineering Technician II and APC Electric Engineering Technician. Deleted positions 841 and 843. Added APC Technician Part-time, APC Monitoring & Inspection Technician. Changed number of employees for Public Health Clerks to Three (3).

**9/28/2015** - Deleted positions 840 and 837.

**01/22/2018** - Deleted position 842 (APC Electronic Engineering Technician). Added APC Technical Assistant Part-Time. Reduced number of Public Health Clerks from three (3) to two (2) as combined between full-time and part-time Public Health Clerks with new Technical Assistant position. These changes reduce the total number of employees from 15 to 14.

**Canton City Public Health  
Position Classification Schedule as of January 22, 2018**

**NURSING DIVISION**

<b>Classification</b>	<b>Code</b>	<b>Allowed # of Employees</b>	<b>Employed by CCHD</b>	<b>Pay Range</b>
Director of Nursing	880	1	1	8
Staff Nurse II	881	7	6	5
Staff Nurse III	892		0	6
Disease Intervention Specialist	<b>ADD</b>		1	6
Health Services Coordinator	882	1	1	5
Office Manager	875	1	1	4
Public Health Clerk I	831	2	2	1
Public Health Clerk II	830		2	
Advanced Nurse Practitioner- PT (Part-time hourly)	874	1		PT10
Family Nurse Practitioner/Nursing Supervisor (Staff Nurse III)	900	1	1	7
Medical Services Director (Part-time Salary)	829	1		9
Clinic Physician (Part-time Hourly)	883	2		PT12
Public Health Nurse (Part-time Hourly)	893	3		PT5
Public Health Clerk I (Part-time Hourly)	834	1		PT1
Interpreter (Part-time Hourly)	878	1		PT4 (Clinic Assistant)
Public Health Intervention Specialist	879	2		
Dental Program Manager (Part-time Hourly)	877	1	1	PT4 (Clinic Assistant)

**25**

**14**

\*It is permissible to substitute a part-time position for a full time position provided the total number of positions does not exceed eight (8).

**9/2009** - Board of Health approves revised classifications.

**10/2010** - Board of Health approves revised classifications.

**7/25/2011** - Added Dental Program Manager.

**4/2012** - Added Officer Manager and reduced Staff Nurse II to eight (8).

**9/28/2015** - Added Advanced Nurse Practitioner - PT position.

**5/23/2016** - Added Family Nurse Practitioner/Nursing Supervisor (Staff Nurse III)

**1/22/2018** - Added Disease Intervention Specialist



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Canton City Health District

# Position Description

Canton City Health District  
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<b>Position Title:</b>	Air Pollution Control Technical Assistant			<b>Position #:</b>	
<b>Working Title:</b>	APC Technical Assistant			<b>CS Status:</b>	Non-classified
<b>Division or Unit:</b>	Air Pollution Control (APC)			<b>Reports to:</b>	APC Administrator
<b>Employment Status:</b>	Part-time	<b>Pay Grade:</b>	PT3	<b>FLSA Status:</b>	Non-exempt
<b>Funding Source:</b>	Ohio EPA APC contract funded with anticipated annual renewal				

**Position Summary:** Responsible to function at the professional and technical level to support air pollution control program for Stark County, Ohio. The APC Technical Assistant provides support to the APC program by performing various office, field and other duties as assigned under supervision. This individual is a dependable, highly detailed, and motivated person. Repetitious work is expected to be performed independently with some supervision.

**Essential Duties and Responsibilities:**

- 40% Air Monitoring duties: Perform air monitoring duties including: routine cleaning of monitoring equipment; site maintenance such as grass trimming, cleaning, painting; routine filter sample collection and setup; routine filter sample shipment; routine filter preparation; other routine tasks and assisting other staff.
- 20% Data and records handling: Review and evaluate data/records; data entry into databases; scanning and organizing records; preparing records for disposal. Requires use and understanding of Ohio EPA statewide facility tracking system (STARS2), internal complaint database (CID2), and various internal spreadsheets.
- 20% Complaint program and Outreach: Pursue routine open burning investigations with the objective of identifying legitimate complaints, identifying violations, and explaining regulations to the community. This includes inspections of residential properties and communicating both orally and in writing. Requires use and understanding of internal complaint database (CID2).
- 15% Facility Inspection: Perform or assist other staff in various permitted facility inspections including Full Compliance Evaluations (FCEs), complaint investigations, opacity observations, and stack test observations. Also includes conducting field surveillance to identify operating facilities which may not have permits. This includes inspections of commercial and industrial facilities, which may include support of Ohio EPA permit system requirements, and communicating both orally and in writing. Requires use and understanding of Ohio EPA statewide facility tracking system (STARS2).
- 5% Clerical: Prepare and track mailings through use of DAPC eCorrespondence Tracker; preparing meeting minutes; intake and distribute mail; obtaining supply price quotes.

**Other Duties and Responsibilities:**

- Various other duties as assigned by the Air Pollution Control Administrator or designee.

**Minimum Qualifications:**

- Must meet one of the following qualifications:
  - Associates degree in environmental science, engineering, math, chemistry, physics, biology, physical sciences, or related field
  - Currently enrolled in a College or University pursuing a degree in an above-mentioned field with a minimum of one year successfully completed.

- Must be computer proficient and able to work efficiently in a heavily computerized PC environment using various Office Suite and database applications, including web-based collaboration tools, email, etc.

**Preferred Qualifications:**

- n/a

**Minimum Credentials:**

The following credentials must be acquired and maintained prior to initial hire:

- Valid Ohio driver's license with good driving record

The following credentials must be acquired and maintained. These credentials are not required upon initial hire, but are required to be acquired after hiring within 6 months. Training will be provided for these credentials:

- Method 9 Visible Emissions certification

**Key Competencies:**

The following Council on Linkages Core Competencies (Adopted June 2014) for this position include:

- Analytical and Assessment Skills: 1A3, 1A4, 1A5, 1A6, 1A7, 1A8, 1A9, 1A10, 1A14
- Policy Development and Program Planning Skills: 2A1, 2A2, 2A4, 2A6, 2A7, 2A8, 2A10, 2A11
- Communication Skills: 3A2, 3A4, 3A5, 3A6, 3A7
- Cultural Competency Skills: 4A4
- Community Dimensions of Practice Skills: 5A1, 5A4, 5A5, 5A6, 5A7, 5A8, 5A9
- Public Health Sciences Skills: 6A4, 6A5
- Financial Planning and Management Skills: 7A1, 7A3, 7A6, 7A10, 7A11, 7A12, 7A13
- Leadership and Systems Thinking Skills: 8A1, 8A6, 8A7, 8A9

Canton City Health District has adopted Organizational Competencies that all employees are expected to achieve, of which the following are for this position:

- Customer Focus: 1A1, 1A2, 1A3, 1A4, 1A5
- Accountability: 2A1, 2A2, 2A3, 2A4, 2A5, 2A6, 2A7, 2A8
- Equity, Ethics and Fairness: 3A1, 3A2, 3A3, 3A4, 3A5
- Continuous Quality Improvement: 4A1, 4A2, 4A3, 4A4, 4A5, 4A6
- Occupational Health and Safety: 5A1, 5A2, 5A3, 5A4, 5A5, 5A6
- Emergency Preparedness: 6A1, 6A2, 6A3

The following Professional Competencies from the MARAMA National Air Quality Training Project (March 2012) apply to this position:

- Introduction to Air Pollution Control: S1.1.1-S1.1.5
- Ambient Monitoring, QA/QC, & Data Analysis: S2.1.1, S2.1.4, S2.1.6, S2.1.7
- Inspection and Enforcement: S7.1.1, S7.1.3, S7.1.4, S7.1.5, S7.1.11

- Work Environment:**
- This position is classified as part-time. Therefore, it is limited to an annual average of 30 work hours per week.



# Position Description

Canton City Health District  
DRAFT

- This position is limited to daytime and weekday work hours only
- Daily work environment includes both general office setting and field setting (industrial, commercial, residential and outdoors). Also includes driving City vehicle to field destinations. All work requires mental focus.
- Office setting includes sitting for long periods of time and viewing a computer screen for long periods of time; standing at work bench to complete detailed record review/scanning and equipment cleaning using fine motor skills and vision; and exposure to constant noise from running equipment.
- Must have the ability to perform inspection duties in field setting. Must have the following minimum abilities to perform inspection duties: lift/hoist 50 pounds or more; carry field equipment; walk on uneven/unimproved surfaces for long periods of time; climb ladders and stairs; work at substantial heights; and tolerance of extreme outdoor weather conditions.
- Work performed may be subject to challenging interactions with community members.
- Occasional same day travel will be required to other area offices, the Ohio Environmental Protection Agency, and other trainings and meetings. Occasional overnight travel may be required for trainings and meetings.

**Approval:** This position description was approved by the Board of Health on:

**Revision History:** Dates of prior approved versions:

## Employee Statement:

I hereby acknowledge that I have received a copy of this position description on this date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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Canton City Health District

# Position Description

Canton City Health District  
DRAFT

<b>Position Title:</b>	WIC Assistant		<b>Position #:</b>	828	
<b>Working Title:</b>	WIC Full-Time Clinic Assistant/Clerk		<b>CS Status:</b>	Classified	
<b>Division or Unit:</b>	WIC		<b>Reports to:</b>	WIC Supervisor	
<b>Employment Status:</b>	Full-time	<b>Pay Grade:</b>	2	<b>FLSA Status:</b>	Non-exempt
<b>Funding Source:</b>	WIC Grant				

**Position Summary:** Dual trained public health clerk and clinic assistant. Performs general duties in a noisy, fast-paced setting and must be knowledgeable in and adhere to WIC policies and procedures. WIC Assistant engages in repetitive clerical work and must be able to multi-task, assist to facilitate and manage the WIC clinic, perform WIC clinic anthropometric measurements, generalized WIC laboratory and administrative duties, and related work as required. He/she must maintain confidentiality, and possess required knowledge, skills, abilities and experience to maintain accurate data and statistics and be able to explain and demonstrate the essential functions of the job. Under the general supervision of the WIC Supervisor and/or his/her representative.

- Essential Duties and Responsibilities:**
- 50% Clerical (Participant related)
    - Providing services for WIC eligibility including scheduling, documenting and completing the appropriate WIC application, answering phones and directing calls, providing voter registration forms, screening for immunization records, and registering clients for clinic.
  - 25% Clerical (Non-participant related)
    - Completing non-direct participant related services such as mailing appointment reminders, checking and pulling charts, completing transfers, taking meeting minutes, tracking show rates, maintaining supply inventory and ordering supplies as needed; utilizing Microsoft Office and other computer programs specific to WIC; opening daily mail and sorting; maintaining accurate statistics for various annual and monthly reports; and being mindful of record retention requirements.
  - 20% Clinic Assistant
    - Performing clinical procedures including but not limited to heights, weights, and hemoglobins, assessing Immunization Records and inputting forecasts into the ImpactSIIS database or system used by the WIC program, and referring WIC participants to community or health services as needed. Must be able to work quickly and efficiently while processing a high volume of program participants.
  - 5% Other duties as assigned

**Other Duties and Responsibilities:** Additional duties include assisting WIC Clinic Assistant and WIC Dietitian as needed or as determined by the WIC Supervisor and/or WIC Director.

**Minimum Qualifications:** This individual must have a high school diploma or equivalent and completed a standard course in high school including typing, Microsoft Office or a combination of both.

**Preferred Qualifications:** Preferred Graduate of an accredited school with a medically-focused degree such as a Medical Assistant or Dietetic Technician Degree.



# Position Description

Canton City Health District  
DRAFT

- Excellent communication skills (verbal, non-verbal, written)
- Previous work experience (WIC clinic or healthcare service)
- Up-to-date computer system skills & social media knowledge
- Bilingual/cultural awareness

**Minimum Credentials:** N/A

**Key Competencies:** The following Council on Linkages Core Competencies (Adopted June 2014) for this position include:

- Analytical and Assessment Skills: 1A3, 1A4, 1A5, 1A7, 1A8, 1A10, 1A11, 1A12
- Policy Development and Program Planning Skills: 2A2, 2A5, 2A6, 2A8, 2A10, 2A11
- Communication Skills: 3A1, 3A2, 3A6
- Cultural Competency Skills: 4A1, 4A2, 4A3
- Community Dimensions of Practice Skills: 5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A10
- Public Health Sciences Skills: 6A2, 6A6, 6A7, 6A9
- Financial Planning and Management Skills: 7A3, 7A7, 7A10, 7A11, 7A12, 7A14
- Leadership and Systems Thinking Skills: 8A1 8A2, 8A5, 8A7, 8A9

Canton City Health District has adopted Organizational Competencies that all employees are expected to achieve, of which the following are for this position:

- Customer Focus: 1A1, 1A2, 1A3, 1A4, 1A5
- Accountability: 2A1, 2A2, 2A3, 2A4, 2A5, 2A6, 2A7, 2A8, 2B7
- Equity, Ethics and Fairness: 3A1, 3A2, 3A3, 3A4, 3A5
- Continuous Quality Improvement: 4A1, 4A2, 4A3, 4A4, 4A5, 4A6
- Occupational Health and Safety: 5A1, 5A2, 5A3, 5A4, 5A5, 5A6
- Emergency Preparedness: 6A1, 6A2, 6A3

**Work Environment:** General office setting in a health department facility. Work performed in this position may be subject to challenging interactions with community members. WIC clinic is fast-paced and typically noisy due to high volume of clients. Some in-state travel required.

**Approval:** This position description was approved by the Board of Health on:

**Revision History:** Dates of prior approved versions:

**Employee Statement:**

I hereby acknowledge that I have received a copy of this position description on this date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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Canton City Health District

# Position Description

Canton City Health District  
DRAFT

<b>Position Title:</b>	WIC Assistant			<b>Position #:</b>	826
<b>Working Title:</b>	WIC Part-time Clinic Assistant /Clerk			<b>CS Status:</b>	Non-classified
<b>Division or Unit:</b>	WIC			<b>Reports to:</b>	WIC Supervisor
<b>Employment Status:</b>	Part-time	<b>Pay Grade:</b>	PT2	<b>FLSA Status:</b>	Non-exempt
<b>Funding Source:</b>	WIC Grant				

**Position Summary:** Dual trained public health clerk and clinic assistant. Performs general duties in a noisy, fast-paced setting and must be knowledgeable in and adhere to WIC policies and procedures. WIC Assistant engages in repetitive clerical work and must be able to multi-task, assist to facilitate and manage the WIC clinic, perform WIC clinic anthropometric measurements, generalized WIC laboratory and administrative duties, and related work as required. He/she must maintain confidentiality, and possess required knowledge, skills, abilities and experience to maintain accurate data and statistics and be able to explain and demonstrate the essential functions of the job. Under the general supervision of the WIC Supervisor and/or his/her representative.

- Essential Duties and Responsibilities:**
- 50% Clerical (Participant related)
    - Providing services for WIC eligibility including scheduling, documenting and completing the appropriate WIC application, answering phones and directing calls, providing voter registration forms, screening for immunization records, and registering clients for clinic.
  - 25% Clerical (Non-participant related)
    - Completing non-direct participant related services such as mailing appointment reminders, checking and pulling charts, completing transfers, taking meeting minutes, tracking show rates, maintaining supply inventory and ordering supplies as needed; utilizing Microsoft Office and other computer programs specific to WIC; opening daily mail and sorting; maintaining accurate statistics for various annual and monthly reports; and being mindful of record retention requirements.
  - 20% Clinic Assistant
    - Performing clinical procedures including but not limited to heights, weights, and hemoglobins, assessing Immunization Records and inputting forecasts into the ImpactSIIS database or system used by the WIC program, and referring WIC participants to community or health services as needed. Must be able to work quickly and efficiently while processing a high volume of program participants.
  - 5% Covering all WIC sites throughout Stark County and other duties as assigned.

**Other Duties and Responsibilities:** Additional duties include assisting WIC Clinic Assistant and WIC Dietitian as needed or as determined by the WIC Supervisor and/or WIC Director.

**Minimum Qualifications:** This individual must have high school diploma or equivalent and completed a standard course in high school including typing, Microsoft Office or a combination of both.

**Preferred Qualifications:** Preferred Graduate of an accredited school with a medically-focused degree such as a Medical Assistant or Dietetic Technician Degree.

- Excellent communication skills (verbal, non-verbal, written)
- Previous work experience (WIC clinic or healthcare service)
- Up-to-date computer system skills & social media knowledge
- Bilingual/cultural awareness

**Minimum Credentials:** N/A

**Key Competencies:** The following Council on Linkages Core Competencies (Adopted June 2014) for this position include:

- Analytical and Assessment Skills: 1A3, 1A4, 1A5, 1A7, 1A8, 1A10, 1A11, 1A12
- Policy Development and Program Planning Skills: 2A2, 2A5, 2A6, 2A8, 2A10, 2A11
- Communication Skills: 3A1, 3A2, 3A6
- Cultural Competency Skills: 4A1, 4A2, 4A3
- Community Dimensions of Practice Skills: 5A1, 5A2, 5A4, 5A5, 5A7, 5A8, 5A10
- Public Health Sciences Skills: 6A2, 6A6, 6A7, 6A9
- Financial Planning and Management Skills: 7A3, 7A7, 7A10, 7A11, 7A12, 7A14
- Leadership and Systems Thinking Skills: 8A1, 8A2, 8A5, 8A7, 8A9

Canton City Health District has adopted Organizational Competencies that all employees are expected to achieve, of which the following are for this position:

- Customer Focus: 1A1, 1A2, 1A3, 1A4, 1A5
- Accountability: 2A1, 2A2, 2A3, 2A4, 2A5, 2A6, 2A7, 2A8, 2B7
- Equity, Ethics and Fairness: 3A1, 3A2, 3A3, 3A4, 3A5
- Continuous Quality Improvement: 4A1, 4A2, 4A3, 4A4, 4A5, 4A6
- Occupational Health and Safety: 5A1, 5A2, 5A3, 5A4, 5A5, 5A6
- Emergency Preparedness: 6A1, 6A2, 6A3

**Work Environment:** General office setting in a health department facility. Work performed in this position may be subject to challenging interactions with community members. WIC clinic is fast-paced and typically noisy due to high volume of clients. Scheduled work location will vary based on clinic need. Some in-state travel required.

**Approval:** This position description was approved by the Board of Health on:

**Revision History:** Dates of prior approved versions:

**Employee Statement:**

I hereby acknowledge that I have received a copy of this position description on this date.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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Canton City Health District

**Board of Health Meeting**  
Monday, January 22, 2018 @ 12:00pm – Board Room  
**Resolutions for Approval**

1. 2017-24: Establishing Food License Fees, 3<sup>rd</sup> and Final Reading
2. 2018-01: Authorizing Payment of Regular Expenses
3. 2018-02: Periodic Program-Related Travel Expenses

**Resolution 2017-24**

*A resolution by the Board of Health of the Canton City Health District,  
State of Ohio amending section 251.02 of the Canton City Health Code  
to amend a schedule of fees for food protection licenses.*

BE IT RESOLVED that section 251.02 of the Canton City Health Code be amended to read as follows:

251.02 LICENSE FEES

(A) The license fee for a food service operation or a retail food establishment as described in chapter 3717 of the Ohio Revised Code shall be charged as follows, plus any additional fee as required by chapter 3717 of the Ohio Revised Code:

License Category	License Fee
Food Service Operation/Retail Food Establishment Commercial Operation with floor area from 0 to 24,999sq. ft.	
Risk Level 1	\$300.00
Risk Level 2	\$350.00
Risk Level 3	<del>\$650.00</del> \$675.00
Risk Level 4	<del>\$850.00</del> \$875.00
Food Service Operation/Retail Food Establishment Commercial Operation with floor area equal to or greater than 25,000sq. ft.	
Risk Level 1	<del>\$300.00</del> \$450.00
Risk Level 2	<del>\$350.00</del> \$475.00
Risk Level 3	<del>\$1100.00</del> \$1210.00
Risk Level 4	<del>\$1500.00</del> \$1650.00

(B) The license fee for a noncommercial food service or a noncommercial retail food establishment as described in chapter 3717 of the Ohio Revised Code shall be 50% of the commercial fee specified in section 251.02(A) of the Canton City Health Code, plus any additional fee as required by chapter 3717 of the Ohio Revised Code.

(C) The license fee for a vending food service operation as described in chapter 3717 of the Ohio Revised Code shall be ~~\$30.00~~ \$25.00, plus any additional fee as required by chapter 3717 of the Ohio Revised Code.

(D) The license fee for a mobile food service operation or a mobile retail food establishment as described in chapter 3717 of the Ohio Revised Code shall be ~~\$165.00~~ \$120.00, plus any additional fee as required by chapter 3717 of the Ohio Revised Code.

(E) The license fee for a temporary food service operation or a temporary retail food establishment as described in chapter 3717 of the Ohio Revised Code shall be \$47.00 for each day of operation at one location for a single event as required by law, plus any additional fee as required by chapter 3717 of the Ohio Revised Code.

(F) Pursuant to Section 3717.25 of the Ohio Revised Code, the fee for a plan review of a new ~~commercial risk based operation shall be two hundred (\$200.00). The fee for the plan review of an existing commercial risk based operation shall be one hundred dollars (\$100.00).~~ OR EXISTING COMMERCIAL RISK BASED OPERATION SHALL BE NINETY (90%) PERCENT OF THE RISK LEVEL LICENSING FEE ASSIGNED TO THE OPERATION. The plan review fee for a non-commercial risk based operation shall be fifty percent (50%) of the commercial risk based plan review fee. The plan review fee shall be paid at the time of plan submission and is non-refundable.

BE IT FURTHER RESOLVED that this resolution will become effective on February 1, 2018.

ADOPTED by the Board of Health of the Canton City Health District this 22<sup>nd</sup> day of January, 2018.

APPROVED:

\_\_\_\_\_  
President  
Canton City Board of Health

\_\_\_\_\_  
Secretary  
Canton City Board of Health

\_\_\_\_\_  
November 27, 2017  
First Reading

\_\_\_\_\_  
November 27, 2017  
First Publication

\_\_\_\_\_  
December 18, 2017  
Second Reading

\_\_\_\_\_  
December 18, 2017  
Second Publication

\_\_\_\_\_  
Third Reading

\_\_\_\_\_  
Effective Date

## **Resolution 2018-01**

*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. And,

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

**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, 2018 through and including December 31, 2018 for the following vendors:

**Vendors**

AT&T  
Idexx Laboratories Inc  
GlaxoSmithKline  
Ohio Edison  
Sanofi Pasteur  
Spectrum/Time Warner Cable  
Verizon Wireless

**BE IT FURTHER RESOLVED** that expenses for any vendor that offers either a discount for timely payment or would incur a penalty are approved for payment.

**BE IT RESOLVED** that any expense from a contract previously approved by the Board of Health are approved for payment.

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

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

**ADOPTED** by the Board of Health of the Canton City Health District this **22<sup>nd</sup>** day of **January, 2018**.

**APPROVED**

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President, Canton City Board of Health

**ATTEST**

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Secretary, Canton City Board of Health

## Resolution 2018-02

*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 (not to include expenses for overnight travel which will require separate approval by the Board of Health) for the following programs are approved pursuant to section 207 of the Canton City Health Code by the Board of Health for the period January 1, 2018 through and including December 31, 2018 for the following programs:

<b>Program</b>	<b>Fund</b>
Air Pollution Control	2331
STD Prevention	2312
Women Infant and Children Supplemental Nutrition	2316
HIV Prevention	2318
Immunization Action Plan	2321
Dental Sealant	2322
Personal Responsibility Education Program	2323
Public Health Emergency Preparedness	2328
THRIVE – Infant Mortality Program	2314
Early Health Start	2335
Accreditation	2317

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

**ADOPTED** by the Board of Health of the Canton City Health District this **22<sup>nd</sup>** day of **January, 2018**.

**APPROVED**

---

President, Canton City Board of Health

**ATTEST**

---

Secretary, Canton City Board of Health



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

Canton City Health District

**Board of Health Meeting**  
Monday, January 22, 2018 @ 12:00pm – Board Room  
**Division Reports**

1. Medical Director – **No report**
2. Nursing/WIC
3. Laboratory
4. OPHI/Surveillance – **No report**
5. THRIVE
6. Environmental Health – **No report**
7. Air Pollution Control
8. Vital Statistics
9. Fiscal
10. Health Commissioner – **No report**
11. Accreditation Team – **No report**
12. Quality Improvement Team

# Canton City Health Department

December 2017 Report (Meeting 1/22/18)

**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	5	26	454
Tuberculosis (TB) Mantoux	4	6	181
Travel	3	14	257
S.T.I.	9	60	1017
C.T.S.	5	4	65
Field/Outreach Testing		1	75
SWAP	5	86	330
SWAP Testing		1	6

## DENTAL SEALANT PROGRAM

	Students Screened	YTD Screened	Students Sealed	YTD Sealed
Dental Sealants	211	3125	140	1697

## HIV TESTING

	Month	YTD	HIV+ Month	HIV+ YTD
Tests Performed	39	766	2	11
Results Given	39	753	2	11

## HIV INFECTION

	Month	YTD	Total HIV Infected	Deaths for Month	Deaths for Year	Total Living with HIV Infection
Canton City	0	19	421	0	0	406
Stark County*	2	9	587	0	0	582

\* excludes Canton City Residents

\*\* corrected

**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			1	25
STD/HIV Programs (Quest) – Goal 8 programs per year				
Communicable Disease Programs	0	2	0	45
Health Promotions / Fairs (Goodwill Parenting talks)	0	17	0	511
Immunization Action Plan – Maximizing Office Based Immunization Programs (MOBI) – Goal 11 per year	2	7		
Immunization Action Plan – Teen Immunization Education Sessions (TIES) – Goal 11 per year	0	5		
DIS Interviews and/or Visits	5	91		
Bureau for Children with Medical Handicaps (BCMh) and PHN Consultative Service Home Visits/Contacts [Goal – 90% of caseload will be contacted annually July 1st-June 30th]	0	48		

**WIC Division  
Monthly Caseload Report**

Assigned Caseload for Canton WIC FY17: 2, 285

Assigned Stark Project Caseload FY16: 6,163

WIC Fiscal Year 2018 October 2017 – September 2018		
	Canton City	Total for Stark Project
October 2017	2,208	5,883
November 2017	2,196	5,775
December 2017	2,119	5,603

# Canton City Health Department

January 2018 Report (Meeting 1/22/2018)

WIC DIVISION

## 1. State & Regional WIC Updates

- a. Any pertinent details from the January 18<sup>th</sup> Regional Director's Meeting will be shared at the Board Meeting.
  - i. A State WIC Representative typically attends the Regional Meetings and provides fiscal and/or policy information.

## 2. Decrease in Canton City WIC Vendors

- a. Announcement of two (2) Fisher Foods locations closing.
  - i. Stores at 1365 Cherry Ave. NE and 1272 Harrison Ave. SW will close January 22, 2018.
  - ii. WIC Director anticipates a decline in program participation at the Canton City Office.

## 3. WIC Computer System Updates are Pending

- a. State WIC continues with preparations for the new, cloud-based WIC Certification System.
- b. A "New Workstation Survey" was sent to all Local WIC Projects the week of January 8<sup>th</sup>.
  - i. Projects are to submit the survey before February 2<sup>nd</sup>.
    1. Surveys will indicate the number of desktop computers and laptops each Project maintains currently.
    2. Locals will include the number of laptops and desktop computers they plan to order.
      - a. For laptop orders, Locals need to specify what they intend to use them for (off-site clinics, etc.).
      - b. There will be restrictions on how many laptops each project may purchase in place of current desktop workstations.
    3. More guidance will be provided when the reallocation of funds is provided.

## 4. Community Health Workers invited to attend Stark County WIC Peer Helper Training Sessions

- a. The Stark County WIC Breastfeeding Coordinator, Jennifer Hayden, RN, IBCLC, has invited Community Health Workers (CHW) to join in the Loving Support/Peer Helper Training sessions.
  - i. The goal is to provide education that would allow for increased breastfeeding support in the Community.
- b. This is the second time CHWs have been invited to attend WIC training sessions; the first was in March 2017.

# Canton City Health Department

December 2017 (Meeting 1/22/2018)

**LABORATORY**

Program	Tests	Tests Positive	Proficiency Testing	YTD Samples Tested	YTD Samples Positive	YTD Proficiency Testing
<b>WATER:</b>						
Private	88	30	0	1520	522	0
Public	30	0	0	536	73	21
Commercial	0	0	0	100	0	0
Other	0	0	0	5	5	0
<b>FOOD SERVICES:</b>						
Frozen Desserts	4	0	0	670	103	0
Other Exams	0	0	0	2	2	0
<b>CLINICAL:</b>						
Gonorrhea-smear	20	3	0	204	40	20
N.G.U.	20	14	0	204	120	0
Gonorrhea-culture	44	3	0	589	39	15
Oxidase Reflex	25	4	0	446	61	4
Culture Gram Stain Reflex	4	4	0	61	55	3
Sugar Confirmation Reflex	3	3	0	57	38	3
Gonorrhea-Gene amp.	32	0	0	700	23	15
Chlamydia-Gene amp.	32	0	0	700	54	15
Syphilis Serology Qualitativ	43	2	5	777	32	15
Syphilis Serology Quantitat	2	2	3	32	32	9
Candida	13	1	0	276	40	6
Gardnerella	13	7	0	276	136	4
Trichomonas	13	0	0	276	41	4
Pregnancy-urine	0	0	0	49	3	3
HIV screen	39	2	2	764	11	6
Blood Lead	0	0	0	44	1	6
<b>MISCELLANEOUS:</b>						
Pollen counts	0	0	0	127	127	0
Other Exams	0	0	0	17	12	0
Misc. (insects, etc.)	0	0	0	4	2	0

**Canton-Stark County THRIVE**  
**January 2018**  
**Canton City Health Board Report**  
**Dawn Miller, Project Manager**

Infant Mortality & Disparity Rates	Preliminary data for 2017 (up to November)	2016 Final Data
All Races	8.8	8.9
Black	17.5	21.0
White	7.9	7.7
Disparity	2.2	2.7

Disparity rate is defined as the number of deaths that occur between white and black infants. So, for every one white baby that died before its first birthday, nearly 3 black babies died.

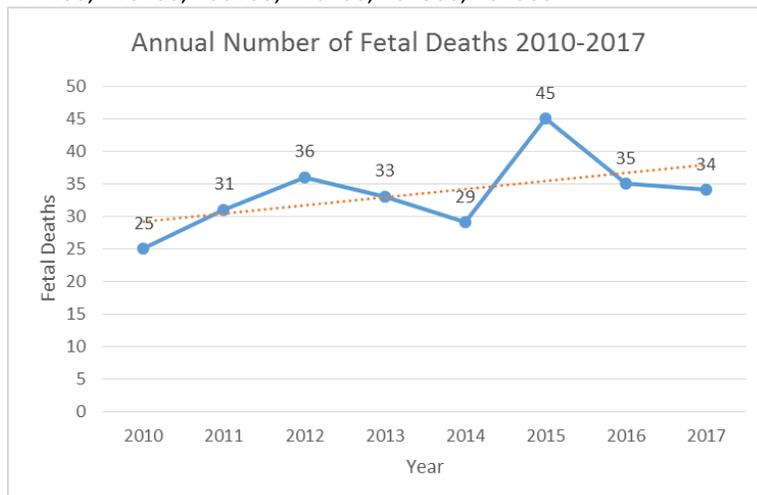
**1) Fetal Infant Mortality Review (FIMR)** – Annie Butusov, Canton City Health Department epidemiologist is leading the committee performing data extraction, case review and development of recommendations for system and policy changes. As part of the FIMR process families that have lost a child are offered bereavement counseling and a maternal interview. Angie Shapiro, a nurse with Stark County Health Department has been trained to conduct maternal interviews and will be coordinating this part of the FIMR process in collaboration with obstetrical nurses from Mercy and Aultman hospitals. FIMR meetings are held the second Thursday of every month from 5:00 pm - 7:00 pm.

**FY2017-2018 Quarter Birth Death Data**

Period: October 1 - December 31, 2017		White	Black
County	# Live Births	833	125
	# Infant deaths.	4	2
	# Babies born < 37 Weeks Preterm.	63	6
	# Babies born weighing < 2500 grams.	61	12
	# Babies born weighing < 1500 grams.	14	0

		White	Black
Hotspots*	# Live Births	69	49
	# Infant deaths.	2	1
	# Babies born < 37 Weeks Preterm.	8	1
	# Babies born weighing < 2500 grams.	6	3
	# Babies born weighing < 1500 grams.	3	0

\*Hot Spots are the 10 lowest ranking census tracts based on poor birth outcomes. They include census tracts: 700500, 702100, 701800, 702500, 714200, 710200, 700200, 710400, 701300, 702300.



**2) Canton-Stark County Pathways Community HUB** – After receiving training in July the CHWs are busy entering client information into the electronic care coordination, tracking and billing system known as CCS (Care Coordinating Systems). To date, approximately 120 pregnant/post-partum women are enrolled with the seven Community Health Workers. Of those 120 women the following demographics include,

- % by Race: 55% black and 45% white
- % residing in zip code/census tract identified: 87% of blacks and 70% of whites
- 71% of clients reside in census tracts defined as very high/high risk for poor birth outcomes
- % enrolling in 1<sup>st</sup> trimester: 67% whites and 33% black (21 unknown)
- % enrolling in 2<sup>nd</sup> trimester: 24% white and 29% black
- % enrolling in 3<sup>rd</sup> trimester: 29% white and 29% black
- 11 babies born: 6 black and 5 white
- Born at term greater than 37 weeks: 100% white and 80% black
- Breastfeeding at birth: 60% white and 66% black
- Approximately 500 Pathways have been opened; an average of 4 per client. Pathways represent the social determinants of health that a client needs assistance with obtaining.

By January 17<sup>th</sup>, all CHWs 2017 billable activities will be submitted to the Managed Care Plans for reimbursement and monthly invoicing will continue after that date. Billing for the CHW services allows agencies to sustain the CHW salary beyond the two-year funding awarded by Canton City Health Department via the Medicaid funds.

### **3) Housing Assistance to Reduce Infant Mortality Funding Opportunity –**

**BACKGROUND:** Jim and Dawn are representing the Health Department/THRIVE on a committee working to develop a single community-wide proposal for funds to the Ohio Housing Finance Agency. Canton-Stark County THRIVE, Stark Housing Network, and Sisters of Charity Foundation of Canton convened a discussion about a collaborative opportunity to apply for Ohio Housing Finance Agency’s recently announced “Housing Assistance to Reduce Infant Mortality” grant. The grant, with up to \$1 million available is focused on funding a housing assistance pilot program targeted to pregnant women, new mothers, or households with infants. Also represented are Stark County Health Department, ICAN, YWCA, and Alliance for Children & Families, Stark Metropolitan Housing Authority, Access Health Stark County, Stark Mental Health & Addiction Recovery, Goodwill, Alliance Family Health Center, and Kent State University THRIVE evaluators – all key partners according to Ohio Housing Finance Agency’s announcement. Sisters of Charity Foundation of Canton is providing funding for a grant writer to support this effort.

**UPDATE:** Stark County did not receive the grant; the \$1 Million was awarded to CelebrateOne, a Franklin County-based organization created to reduce infant mortality. See press release at <https://ohiohome.org/news/releases/2018/infantmortality.aspx>

#### **4) MEDICAID FUNDING REQUEST ROUND TWO - PROGRAM CONTINUATION**

**On December 8, 2017 Canton City Public Health submitted a proposal to the Ohio Department of Medicaid for program continuation funding in the amount of \$2,369,872.89.** With this funding we will expand our capacity to implement evidence-based and promising practice interventions including:

Certified Community Health Workers within the Pathways Community HUB model of care coordination

- Nurse Newborn Home Visiting program
- CenteringPregnancy® model of group prenatal care
- Fatherhood Home Visiting and Coaching program

**UPDATE:** As of the writing of this report we have not received notification of the Departments funding decision.

#### **5) Social Determinants of Infant Mortality Advisory Committee and Housing & Infant Mortality Subcommittee**

**BACKGROUND- Jim and Dawn serve on the two committees described below.**

The Legislative Service Commission (LSC) contracted with the Health Policy Institute of Ohio to study the social determinants of health and infant mortality. As a part of this project, HPIO is convening an advisory group that will contribute content expertise, provide feedback on preliminary findings and make recommendations for policy changes to improve the social, economic and physical environments that impact maternal and infant health.

The requirement for LSC to contract with a nonprofit entity to study and make recommendations related to the social determinants of infant mortality was included in Senate Bill 332 (sponsored by Senators Jones and Tavares). SB 332 was enacted by the Ohio General Assembly in late 2016 and signed by Governor Kasich in early 2017. HPIO will complete a report for this project by Dec. 1, 2017.

##### **Advisory Committee**

The Advisory Committee will review the wide variety of ways that housing, transportation, education and employment impact infant mortality and how these factors intersect

HPIO will receive:

- Constructive feedback from group members on potential gaps in the draft literature review and scope of the problem sections and which aspects of these sections are most important to address through policy recommendations
- Useful information from group members on relevant state and federal policies, funding sources, organizations/agencies involved in planning and implementation, and existing policies and programs. HPIO will complete the policy landscape sections for housing, transportation, education and employment

##### **Housing Sub-Committee**

- Members will understand the LSC project requirements related to state-funded rental assistance and will be aware of the Ohio Housing Finance Agency pilot project – Housing Assistance to Reduce Infant Mortality
- HPIO staff will be able to complete a literature review on the potential impacts of a state-funded rental assistance program targeted at infant mortality reduction
- HPIO staff will be able to draft policy recommendations related to the state-funded rental assistance for review and prioritization by the Advisory Group

**UPDATE:** On Dec. 1, HPIO delivered the final report titled A New Approach to Reduce Infant Mortality and Achieve Equity. Developed with guidance from over 100 Ohio stakeholders, the report:

- Describes the many ways that factors beyond medical care affect the health of infants and their families, focusing on housing, transportation, education and employment as required by SB 332
- Assesses the extent to which current housing, transportation, education and employment policies and programs meet the needs of Ohioans most at risk for infant mortality
- Identifies lessons learned from other states that have successfully reduced overall and black infant mortality rates, including innovative ideas to address the social determinants of health
- Offers specific, actionable and evidence-informed policy options that state and local policymakers can employ to address unmet needs and inequities

A 2-page overview of the report can be viewed at [http://www.healthpolicyohio.org/wp-content/uploads/2017/12/SDOIM\\_Snapshot\\_posted.pdf](http://www.healthpolicyohio.org/wp-content/uploads/2017/12/SDOIM_Snapshot_posted.pdf)

On February 28<sup>th</sup> during the Annual Stark County Health Improvement Summit, Amy Bush Stevens, HPIO’s Vice President for Prevention and Public Health Policy will provide an overview of the project and distribute the report.

## 6) Community Outreach and Education –

### A) Adolescent Girls Needs Assessment Community Forums Project - Cleo Lucas, Community Outreach Coordinator for Canton-Stark County THRIVE will be the primary contact for this work.

**BACKGROUND:** In collaboration with a contract partner, the Ohio Department of Health and each of the nine Ohio Equity Institute communities’ we will work to increase the positive youth development needs of young adolescent girls as a strategy to reduce risk behaviors outcomes, including teen pregnancy, substance abuse and obesity. The overall scope of the project is to identify the specific needs and capacity to deliver positive youth development activities within each of the nine Ohio Equity Institute funded communities. **Community-based discussions will be hosted to identify current level of available activities and participation that support positive youth development within adolescent girls, ages 11-14. Forums will also identify community level needs to enhance and expand available activities.**

### B) Fatherhood Programming - 24/7 Dad, Dr. Dad, and Parent Cafés

Metric	White	Black
# Program participants.	467	329
# Individuals from hotspot.	467	329
% Individuals from hotspot.	100%	100%
Average age of intervention participants.	18-35 years	

### OEI Community Inventory Snapshot

	Community Engagement <i>(includes multiple deliverables in some cases)</i>	Centering/Group PNC	Smoking Cessation	Safe Sleep	Breastfeeding	Family Planning/LARC	Progesterone	Fatherhood	Peer Advocates	Health Education Curriculum	Racism/Community Dialogue	Pathways HUB	Newborn Nurse Home Visits
Canton/Stark	x	x	x	x	x		x	x				x	x
Cincinnati	x								x	x			
Cleveland	x	x				x	x						
Columbus	x							x					
Dayton	x	x					x						
Montgomery													
Butler	x	x	x	x	x								
Summit	x					x	x				x		
Toledo/Lucas	x	x		x		x					x	x	
Youngstown	x	x		x	x	x	x				x	x	
Mahoning													



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**Canton City Health Department**



# 2016 Infant Vitality and Mortality Data: City to County Comparisons

Annie Butusov, Epidemiologist  
(234) 410-3087  
abutusov@ cantonhealth.org

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

Births by Age of Mother in Years	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Less than 15	0	0.00	0	0.00	0	0.00	0	0.00
15-17	6	2.43	18	1.62	7	1.70	53	1.25
18-19	16	6.48	87	7.82	26	6.33	211	4.99
20-24	70	28.34	394	35.43	100	24.33	1000	23.63
25-29	76	30.77	353	31.74	153	37.23	1401	33.10
30-34	50	20.24	172	15.47	91	22.14	1049	24.79
35-39	25	10.12	72	6.47	33	8.03	455	10.75
40-44	3	1.21	16	1.44	1	0.24	57	1.35
45 and Over	1	0.40	0	0.00	0	0.00	6	0.14
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Education of Mother	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
<8th Grade	3	1.21	31	2.79	27	6.57	104	2.46
9-12 Grade, No diploma	40	16.19	174	15.65	31	7.54	352	8.32
HS Diploma/GED	100	40.49	456	41.01	145	35.28	1286	30.39
Some college, No degree	54	21.86	271	24.37	106	25.79	933	22.05
Associates	18	7.29	68	6.12	38	9.25	409	9.66
Bachelors	18	7.29	85	7.64	40	9.73	758	17.91
Masters	12	4.86	19	1.71	23	5.60	316	7.47
Doctorate	2	0.81	8	0.72	1	0.24	73	1.72
Unknown	0	0.00	0	0.00	0	0.00	1	0.02
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Race of Mother	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Black	16	6.48	341	30.67	42	10.22	476	11.25
White	224	90.69	706	63.49	349	84.91	3616	84.91
Asian	2	0.81	5	0.45	4	0.97	41	0.97
Native American	1	0.40	4	0.36	0	0.00	5	0.00
Pacific Islander/Hawaiian	0	0.00	0	0.00	0	0.00	1	0.00
Unknown	4	1.62	56	5.04	16	3.89	93	3.89
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Ethnicity of Mother	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Hispanic	3	1.21	58	5.22	36	8.76	133	3.14
Non-hispanic	244	98.79	1054	94.78	375	91.24	4098	96.83
Unknown	0	0.00	0	0.00	0	0.00	1	0.02
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

Marital Status of Mother at Delivery	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Married	104	42.11	298	26.80	191	46.47	2325	54.94
Not Married	143	57.89	814	73.20	220	53.53	1905	45.01
Unknown	0	0.00	0	0.00	0	0.00	2	0.05
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Insurance	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Medicaid	131	53.04	807	72.57	218	53.04	1884	44.52
Private	75	30.36	235	21.13	160	38.93	2067	48.84
Self-Pay	6	2.43	57	5.13	30	7.30	186	4.40
Other/Unknown	35	14.17	13	1.17	3	0.73	95	2.24
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Prenatal Care, All Races	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
First Trimester	171	69.23	553	49.73	218	53.04	2456	58.03
Second Trimester	42	17.00	281	25.27	107	26.03	968	22.87
Third Trimester	10	4.05	68	6.12	14	3.41	169	3.99
None	2	0.81	19	1.71	4	0.97	38	0.90
Unknown	22	8.91	191	17.18	68	16.55	601	14.20
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Prenatal Care, Black Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
First Trimester	12	75.00	165	48.39	20	47.62	241	50.63
Second Trimester	2	12.50	83	24.34	14	33.33	114	23.95
Third Trimester	1	6.25	27	7.92	2	4.76	35	7.35
None	0	0.00	6	1.76	0	0.00	6	1.26
Not Reported	1	6.25	60	17.60	6	14.29	80	16.81
Total	16	100.00	341	100.00	42	100.00	476	100.00

Prenatal Care, White Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
First Trimester	153	68.30	361	51.13	193	55.30	2151	59.49
Second Trimester	39	17.41	179	25.35	89	25.50	818	22.62
Third Trimester	9	4.02	34	4.82	10	2.87	121	3.35
None	2	0.89	13	1.84	2	0.57	29	0.80
Not Reported	21	9.38	119	16.86	55	15.76	467	12.91
Total	224	100.00	706	100.00	349	100.00	3616	100.00

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

Smoking During Pregnancy, All Races	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Smoked before pregnancy	74	29.96	345	31.03	97	23.60	866	20.46
First Trimester	68	27.53	312	28.06	74	18.00	732	17.30
Second Trimester	59	23.89	286	25.72	69	16.79	652	15.41
Third Trimester	59	23.89	274	24.64	70	17.03	632	14.93
Total Births	247	100.00	1112	100.00	411	100.00	4232	100.00
Smokers who quit during pregnancy	15	20.27	71	20.58	27	27.84	234	27.02

Smoking During Pregnancy, Black Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Smoked before pregnancy	6	37.50	85	24.93	11	2.68	118	24.79
First Trimester	4	25.00	73	21.41	10	2.43	100	21.01
Second Trimester	4	25.00	65	19.06	8	1.95	88	18.49
Third Trimester	4	25.00	60	17.60	8	1.95	83	17.44
Total Black Births	16	100.00	341	100.00	411	100.00	476	100.00
Smokers who quit during pregnancy	2	33.33	25	29.412	3	27.27	35	29.66

Smoking During Pregnancy, White Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Smoked before pregnancy	67	29.91	244	34.56	86	20.92	731	20.22
First Trimester	64	28.57	223	31.59	64	15.57	616	17.04
Second Trimester	55	24.55	206	29.18	61	14.84	549	15.18
Third Trimester	55	24.55	199	28.19	62	15.09	534	14.77
Total White Births	224	100.00	706	100.00	411	100.00	3616	100.00
Smokers who quit during pregnancy	12	17.91	45	18.44	24	27.91	197	26.95

Clinical Estimate of Gestation, All Races	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Preterm (36 weeks or less)	20	8.10	110	9.89	61	14.84	411	9.71
Term (37-41 weeks)	226	91.50	1001	90.02	349	84.91	3813	90.10
Post-Term (42 weeks or more)	1	0.40	0	0.00	1	0.24	6	0.14
Unknown	0	0.00	1	0.09	0	0.00	2	0.05
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Clinical Estimate of Gestation, Black Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Preterm (36 weeks or less)	0	0.00	40	11.73	5	11.34	54	11.34
Term (37-41 weeks)	16	100.00	301	88.27	37	88.66	422	88.66
Post-Term (42 weeks or more)	0	0.00	0	0.00	0	0.00	0	0.00
Unknown	0	0.00	0	0.00	0	0.00	0	0.00
Total	16	100.00	341	100.00	42	100.00	476.00	100.00

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

Clinical Estimate of Gestation, White Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Preterm (36 weeks or less)	20	8.93	60	8.50	48	13.75	335	9.26
Term (37-41 weeks)	203	90.63	646	91.50	300	85.96	3274	90.54
Post-Term (42 weeks or more)	1	0.45	0	0.00	1	0.287	6	0.17
Unknown	0	0.00	0	0.00	0	0	1	0.03
Total	224	100.00	706	100.00	349	100	3616	100.00

Birth Weight Category, All Races	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
High (4000+ grams)	22	8.91	73	6.56	36	8.76	381	9.00
Normal (2500-3999 grams)	207	83.81	922	82.91	326	79.32	3497	82.63
Low (2499-1500 grams)	18	7.29	95	8.54	48	11.68	290	6.85
Very Low Birth Weight (<1500g)	0	0.00	21	1.89	1	0.24	63	1.49
Unknown	0	0.00	1	0.09	0	0.00	1	0.02
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

Birth Weight Category, Black Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
High (4000+ grams)	2	12.50	12	3.52	2	4.76	18	3.78
Normal (2500-3999 grams)	14	87.50	283	82.99	32	76.19	398	83.61
Low (2499-1500 grams)	0	0.00	46	13.49	6	14.29	45	9.45
Very Low Birth Weight (<1500g)	0	0.00	0	0.00	2	4.76	15	3.15
Total	16	100.00	341	100.00	42	100.00	476	100.00

Birth Weight Category, White Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
High (4000+ grams)	19	8.37	59	8.36	37	10.60	352	9.73
Normal (2500-3999 grams)	187	82.38	582	82.44	278	79.66	2983	82.49
Low (2499-1500 grams)	18	7.93	64	9.07	32	9.17	235	6.50
Very Low Birth Weight (<1500g)	3	1.32	0	0.00	2	0.57	45	1.24
Unknown	0	0.00	1	0.14	0	0.00	1	0.03
Total	227	100.00	706	100.00	349	100.00	3616	100.00

Delivery Method, All Races	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Primary C-Section	44	17.81	159	14.30	83	20.19	737	17.41
Repeat C-Section	33	13.36	184	16.55	49	11.92	580	13.71
Vaginal, not VBAC	169	68.42	755	67.90	276	67.15	2866	67.72
VBAC	1	0.40	14	1.26	3	0.73	49	1.16
Total	247	100.00	1112	100.00	411	100.00	4232	100.00

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

Delivery Method, BlackRace	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Primary C-Section	2	12.50	51	14.96	6	14.29	72	15.13
Repeat C-Section	2	12.50	60	17.60	7	16.67	87	18.28
Vaginal, not VBAC	11	68.75	225	65.98	29	69.05	310	65.13
VBAC	1	6.25	5	1.47	0	0.00	7	1.47
Total	16	100.00	341	100.00	42	100.00	476	100.00

Delivery Method, White Race	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Primary C-Section	41	18.30	100	14.16	73	20.92	647	17.89
Repeat C-Section	31	13.84	113	16.01	41	11.75	473	13.08
Vaginal, not VBAC	152	67.86	484	68.56	233	66.76	2457	67.95
VBAC	0	0.00	9	1.27	2	0.57	39	1.08
Total	224	100.00	706	100.00	349	100.00	3616	100.00

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.

## 2016 Infant Vitality and Mortality Data: City to County Comparisons\*

# of Deaths by Infant's Age	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Neonatal Death	1	100.00	14	73.68	5	50.00	26	68.42
Postneonatal Death	0	0.00	5	26.32	5	50.00	12	31.58
Total	1	100.00	19	100.00	10	100.00	38	100.00

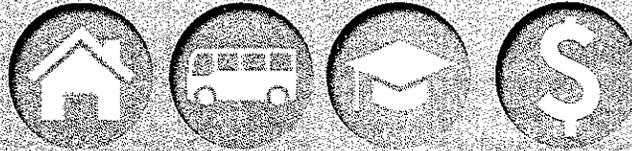
Neonatal Death: occurs from birth to 27 days of life. Includes preterm birth.

Postneonatal Death: occurs between 28 days and 365 days after birth.

Deaths by Age of Mother in Years	Alliance		Canton		Massillon		Stark County Total	
	#	%	#	%	#	%	#	%
Less than 15	0	0.00	0	0.00	0	0.00	0	0.00
15-17	0	0.00	0	0.00	0	0.00	0	0.00
18-19	0	0.00	1	5.26	0	0.00	1	2.63
20-24	0	0.00	6	31.58	2	20.00	9	23.68
25-29	0	0.00	7	36.84	5	50.00	14	36.84
30-34	0	0.00	3	15.79	3	30.00	7	18.42
35-39	0	0.00	2	10.53	0	0.00	5	13.16
40-44	1	100.00	0	0.00	0	0.00	2	5.26
45 and Over	0	0.00	0	0.00	0	0.00	0	0.00
Total	1	100.00	19	100.00	10	100.00	38	100.00

Infant Mortality Rates	Alliance	Canton	Massillon	Stark County Total
	#	#	#	#
Deaths, All Races	1	19	10	38
Births, All Races	247	1112	411	4232
IMR, All Races	4.05	17.09	24.33	8.97921
<b>Black Infant</b>				
Black Infant Deaths	0	6	4	10
Black Infant Births	0	341	42	476
Black IMR	#####	17.60	95.24	21.01
<b>White Infant</b>				
White Infant Deaths	1	13	6	28
White Infant Births	224	706	349	3616
White IMR	4.46	18.41	17.19	7.74
<b>Disparity Rate</b>				
	4.46 W:B	0.96 B:W	5.54 B:W	2.71 B:W

\*Stark County Total in last column includes events that occurred within Alliance, Canton and Massillon, as well as the remainder of the county. Revised 1/18/2018.



## A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

### Snapshot

#### What is the problem?

**Ohio's infant mortality rate increased in 2015 and again in 2016, and remains higher than most other states.**

In the early 1990s, Ohio's overall infant mortality rate was slightly lower than the U.S. rate. Since then, however, improvements at the national level have outpaced improvements in Ohio.

**Ohio has troubling infant mortality disparities by race and geography.**

- In 2016, Ohio's non-Hispanic black infant mortality rate (15.2 per 1,000 live births) was almost three times as high as the white rate (5.8).
- There were only three states with higher non-Hispanic black infant mortality rates than Ohio, based on most-recent U.S. comparison data.<sup>1</sup>
- Infant mortality rates are highest in Ohio's largest metropolitan areas and in some rural counties, particularly in Appalachian parts of the state.

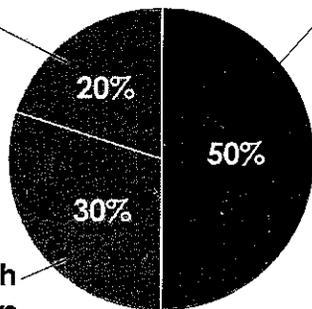
#### Why is this happening?

**Access to health care is necessary, but not sufficient. Improvements to factors beyond medical care are needed to achieve infant mortality reduction goals.**

- Researchers estimate that of the modifiable factors that impact overall health, 20 percent are attributed to clinical care (e.g., healthcare access and quality) and 30 percent to health-related behaviors. The remaining 50 percent are attributed to the types of community conditions highlighted in the pie chart below.
- Over the past few decades, Ohio's efforts to reduce infant mortality have focused primarily on medical care and interventions for pregnant women. These strategies focus on some—but not all—of the underlying causes of infant death, and may not be enough to improve maternal and child health in a widespread way.

#### Modifiable factors that influence health<sup>2</sup>

**Clinical care**  
Such as prenatal care quality and access



**Health behaviors**  
Such as tobacco use and nutrition

**Social, economic and physical environment**  
Such as:  
• Housing  
• Transportation  
• Education  
• Employment

**Underlying drivers of inequity:** Poverty, racism, discrimination, trauma, violence and toxic stress

#### Community conditions for low-income, African-American and rural families in Ohio are particularly challenging.

As an indicator of the overall health and wellbeing of a state, infant mortality rates reveal the cumulative impact of poverty, discrimination, racism and inequities in the social, economic and physical environment. For example:

- Median income for Ohioans has lagged behind the U.S. over the last 12 years, and many of Ohio's fastest-growing occupations pay wages below \$12 per hour.
- A national ranking of child wellbeing found that Ohio was the second worst state in the country for African-American children.
- Rural communities and small cities in Ohio have experienced more population decline, industry loss and worsening economic indicators than urban centers.

## What can we do about it?

State and local policymakers have many options to address the community conditions and inequities that contribute to infant mortality.

- Improvement is possible. Other states have made faster progress than Ohio in reducing infant deaths, including black infant deaths.
- This report highlights lessons learned from other states, including examples of approaches to improving social and economic conditions.
- This report offers a total of 127 specific policy recommendations based upon stakeholder input and a review of the research evidence for what works to improve housing, transportation, education, employment and cross-cutting factors.

Going forward, Ohio's new approach to reducing infant mortality by improving community conditions should:

- **Prioritize housing and employment.** Housing and income are foundational, basic human needs.
- **Connect the disconnected.** Better connect low-income families to jobs, transportation, post-secondary education and social support.
- **Ensure all children have the opportunity to thrive.** Extend the reach of early childhood programs, decrease education disparities, prevent violence and support marriage.
- **Acknowledge and address the roles of racism, discrimination, violence and toxic stress.** Provide all Ohioans with the opportunity to be healthy by eliminating discriminatory policies and practices and helping families be resilient in the face of trauma and toxic stress.
- **Innovate, leverage public-private partnerships and join forces across sectors.** Innovative financing and collaboration between new partners are critical for long-term impact.
- **Coordinate, collaborate, monitor and evaluate.** Policymakers and state agencies have an important role to work together to develop, document, assess and continually improve infant mortality efforts.
- **Balance short-term fixes with longer-term change.** Address immediate needs, such as homelessness, but also pursue fundamental changes to the housing, transportation, education and employment sectors that ensure that all Ohio families can participate in the economy, build positive social relationships and attain optimal health.

## Priority populations

This report focuses on babies born to the following groups of Ohioans most at risk for infant mortality:

- African-American/black Ohioans
- People with low levels of educational attainment
- People with low incomes
- Residents of infant mortality "hot spot" communities (mostly urban neighborhoods and rural counties with higher rates of infant death)

It is important to note that racism and inequities in the social, economic and physical environment drive the increased risk of infant mortality for African Americans.

## About this study

Prepared by HPIO for the Legislative Service Commission, this report was a requirement of Senate Bill 332 and drew upon the following sources of information:

- Guidance from over 100 state and local-level Ohio stakeholders
- Existing quantitative data and research literature
- New state-level analysis of social, economic and physical environment metrics conducted by Ohio University researchers
- 23 key informant interviews with stakeholders from eight case study states

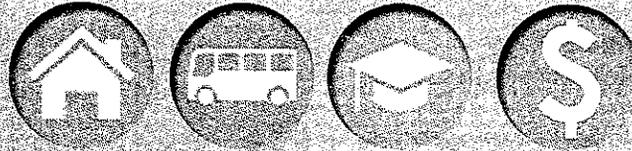
## Notes

1. Pooled years 2012-2014. Linked birth/infant death records via CDC WONDER for the 34 states and Washington D.C. for which non-Hispanic black infant mortality rate data is available.
  2. Booske, Bridget C. et. al. County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.
- All other sources are cited in the full report.

To read the full report and see other material related to the Social Determinants of Infant Mortality project, visit

<http://bit.ly/SDOIM>





# A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

## Executive summary

### Purpose and methods

Signed into law in January 2017, Senate Bill 332 enacted most of the recommendations from the 2016 Ohio Commission on Infant Mortality report. The new law required the Legislative Service Commission (LSC) to contract with a nonprofit organization to issue a report regarding the social drivers of infant mortality, and LSC contracted with the Health Policy Institute of Ohio (HPIO) to do so.

Prepared by HPIO, with guidance from over 100 Ohio stakeholders, the purposes of this report are to:

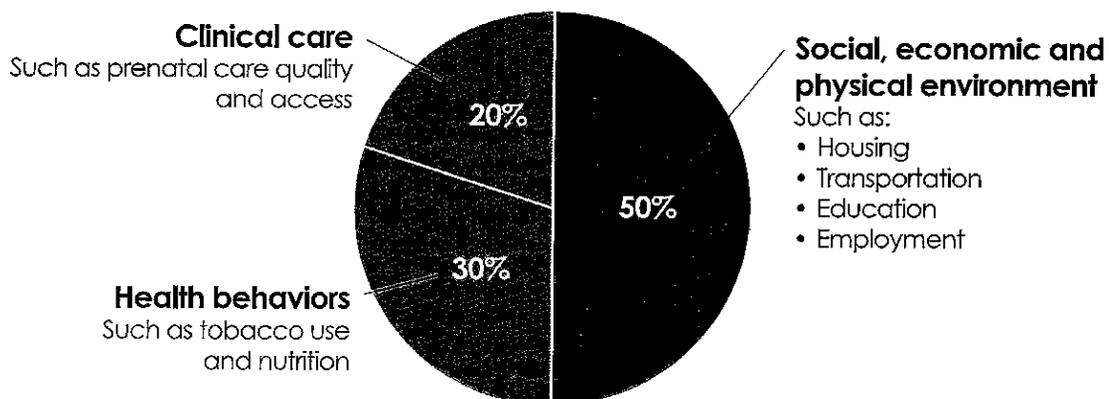
- Describe the many ways that factors beyond medical care affect the health of infants and their families, focusing on housing, transportation, education and employment
- Assess the extent to which current housing, transportation, education and employment policies and programs meet the needs of Ohioans most at risk for infant mortality

- Identify lessons learned from other states that have successfully reduced overall and black infant mortality rates, including innovative ideas to address the social determinants of health
- Offer specific, actionable and evidence-informed policy options that state and local policymakers can employ to address unmet needs and inequities

### Social determinants of health

This report looks beyond medical care to explore factors in the social, economic and physical environment that affect infant mortality. These factors are commonly referred to as the "social determinants of health." Researchers estimate that of the modifiable factors that impact overall health, 20 percent are attributed to clinical care (e.g., healthcare quality and access) and 30 percent to health-related behaviors. The remaining 50 percent are attributed to the types of community conditions highlighted in figure ES 1.1.

Figure ES 1.1. **Modifiable factors that influence health<sup>1</sup>**



**Underlying drivers of inequity:** Poverty, racism, discrimination, trauma, violence and toxic stress

## Data sources and methodology

This report relies upon the following data sources and research:

- Existing quantitative data from state agencies, Centers for Disease Control and Prevention (CDC), Census Bureau, Bureau of Labor Statistics, etc.
- Review of research literature, including journal articles and evidence registries
- New state-level data analysis of social, economic and physical environment metrics conducted by researchers at the Ohio University Voinovich School of Leadership and Public Affairs
- 23 key informant interviews with stakeholders from eight case study states

## Key findings

### Key finding 1. Ohio's infant mortality rate increased in 2015 and again in 2016, and remains higher than most other states.

- In the early 1990s, Ohio's overall infant mortality rate was slightly lower than the U.S. rate. Since then, however, improvements at the national level have outpaced improvements in Ohio.
- There were only seven states with higher overall infant mortality rates than Ohio, based on the most-recent U.S. comparison data (pooled years 2012-2014).
- After decades of gradual improvement, there were increases from 2014 to 2016 in the overall, black and white infant mortality rates in Ohio, despite renewed attention to the issue around the state in recent years.

### Key finding 2. Ohio has troubling infant mortality disparities by race and geography.

- In 2016, Ohio's non-Hispanic black infant mortality rate (15.2 per 1,000 live births) was almost three times as high as the white rate (5.8).
- There were only three states with higher non-Hispanic black infant mortality rates than Ohio in 2012-2014.<sup>2</sup>
- Infant mortality rates are highest in nine Ohio Equity Institute metropolitan areas and in some rural counties, particularly in Appalachian parts of the state.

## Priority populations

Infant mortality rates vary widely by race, ethnicity, education level, geography and other factors. In order to target resources to the areas of greatest need, this report focuses on babies born to the following groups of Ohioans most at risk for infant mortality and related risk factors:

- African-American/black Ohioans
- People with low levels of educational attainment
- People with low incomes
- Residents of infant mortality "hot spot" communities (mostly urban neighborhoods and rural counties with higher rates of infant death)

It is important to note that racism and inequities in the social, economic and physical environment drive the increased risk of infant mortality for African Americans.

Strategic allocation of resources toward these priority populations is a critical component of efforts to reduce infant mortality and achieve equity.

### Key finding 3. Access to health care is necessary, but not sufficient. Improvements to factors beyond medical care are needed to achieve infant mortality reduction goals.

- Given the importance of non-clinical factors, it is unrealistic to expect that improvements in medical care alone will achieve Ohio's goal of reducing infant mortality to no more than 6.0 infant deaths per 1,000 births for all racial and ethnic groups by 2020.
- Research suggests that a woman's health before pregnancy can have a greater impact on outcomes and disparities than do the nine months of gestation. Therefore, interventions such as prenatal care, case management and care coordination that often do not reach women until their second or third trimester are largely "too little, too late."
- Over the past few decades, Ohio's efforts to reduce infant mortality have focused primarily on healthcare access and quality and interventions for pregnant women. These strategies focus on some — but not all — of the underlying causes of infant death.

**Key finding 4. Community conditions for low-income, African-American and rural families in Ohio are particularly challenging.**

As a key indicator of the overall health and wellbeing of a state, infant mortality rates reveal the cumulative impact of poverty, discrimination, racism and inequities in the social, economic and physical environment. For example:

- Median income for Ohioans has lagged behind the U.S. over the last 12 years, and many of Ohio's fastest-growing occupations pay wages below \$12 per hour.
- A national ranking of child wellbeing found that Ohio was the second worst state in the country for African-American children.
- Black Ohioans have higher unemployment and poverty rates and lower labor force participation rates than African Americans in the case study states. Hiring discrimination plays a role in this disparity.
- Rural communities and small cities in Ohio have experienced more population decline, industry loss and decline in economic indicators than urban centers.

Figure ES 1.2 describes how poverty, racism, discrimination, trauma and violence are related to the challenges in housing, transportation, education and employment that contribute to infant mortality.

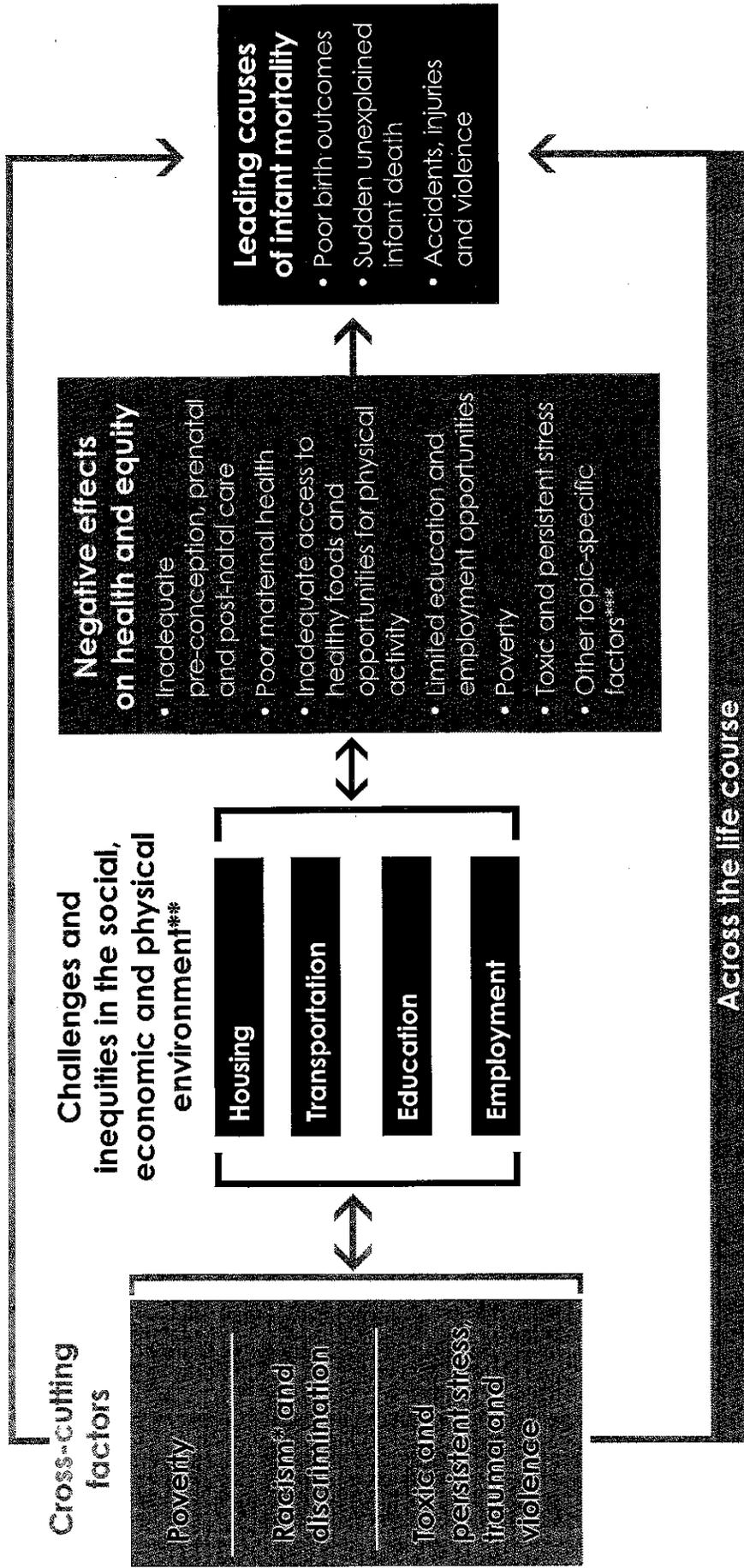
**Key finding 5. State and local policymakers have many options to address the community conditions and inequities that contribute to infant mortality.**

- High infant mortality rates and disparities are not inevitable. Improvement is possible. Other states have made faster progress than Ohio in reducing infant deaths, including black infant deaths. This report highlights lessons learned from other states, including examples of different approaches to improving social and economic conditions.
- This report offers a total of 127 specific policy recommendations based upon stakeholder input and a review of the research evidence for what works to improve housing, transportation, education, employment and cross-cutting factors.

Going forward, Ohio's new approach to reducing infant mortality by improving community conditions should:

- **Prioritize housing and employment.** Ensure families have decent, stable housing and income. Housing and income are foundational, basic human needs.
- **Connect the disconnected.** Better connect low-income families to jobs, transportation, post-secondary education and social capital.
- **Ensure all children have the opportunity to thrive.** Extend the reach of early childhood programs, decrease education disparities, prevent violence and support marriage.
- **Acknowledge and address the roles of racism, discrimination, violence and toxic stress.** Provide all Ohioans with the opportunity to be healthy by eliminating discriminatory policies and practices and helping families be resilient in the face of trauma and toxic stress.
- **Innovate, leverage public-private partnerships and join forces across sectors.** Innovative financing and collaboration between new partners are critical for long-term impact.
- **Coordinate, collaborate, monitor and evaluate.** Policymakers, state agencies and community leaders have an important role to work together to develop, document, assess and continually improve infant mortality efforts.
- **Balance short-term fixes with longer-term change.** Address immediate needs, such as homelessness, but also pursue fundamental changes to the housing, transportation, education and employment sectors that ensure that all Ohio families can participate in the economy, build positive social relationships and attain optimal health.

Figure ES 1.2. Summary of relationships between social determinants of health and infant mortality



\* Structural, institutional, interpersonal and internalized racism

\*\* Topics specified for study by SB 332

\*\*\* See figures 4.1, 5.1, 6.1 and 7.1 in the full report for details

## Housing summary

### How does housing affect infant mortality?

Safe, secure and affordable housing is a fundamental human need, but is out of reach for many Ohioans with lower incomes. When housing is too expensive, it is harder to pay for other essentials like healthy food, transportation and prescriptions, which are important for a healthy pregnancy. In addition, the quality and location of housing can impact the wellbeing of pregnant women and families in various ways. For example:

- A woman who cannot afford quality housing in a good neighborhood may have to rent in a high-crime area, double up with friends or relatives or move in with an abusive partner to avoid homelessness. All of these options come with health risks for pregnant women and children.
- Housing that is old, poorly maintained and/or overcrowded can make it harder to use safe sleep practices, cause stress that is difficult to manage and expose pregnant women and infants to hazards, including lead and pests.
- Affordable housing stock in Ohio is often located in communities with poor schools, low-wage jobs and weak or unsupportive social connections between residents.

### What are the biggest housing challenges related to infant mortality?

Largely driven by discriminatory practices, divestment from low-income communities and under-funding of housing programs, Ohio faces housing challenges. For example:

- There are only 43 available units that are affordable for every 100 renters with Extremely Low Incomes, and there is only enough federal rental assistance to help about one-quarter of all households that are eligible.
- Ohio's cities are highly segregated, and residential segregation is associated with increased risk of poor birth outcomes as well as neighborhood conditions that contribute to infant mortality, including crime and poor-quality housing.
- Historical policies and inequitable housing practices have concentrated populations at the greatest risk of infant mortality in under-resourced areas that offer residents fewer opportunities.
- Advisory Group members described how housing instability and homelessness make it difficult to have and raise a healthy baby, including stress from being behind on rent, living in overcrowded situations and trouble holding onto baby items like strollers and pack-and-plays through multiple moves.

### What can be done to improve housing?

This report includes specific recommendations to achieve the policy goals listed in figure ES 1.3.

Figure ES 1.3. Housing policy goals



**Note:** For a more detailed description of the relationships between the outcomes in this diagram and a review of relevant research literature, see part four of the full report.

## Transportation summary

### How does transportation affect infant mortality?

Not being able to get to prenatal care appointments is one example of how lack of transportation contributes to poor birth outcomes. Taking a broader look at factors beyond medical care that affect health, however, there are many other ways that the quality and availability of transportation options impact the wellbeing of children and families. For example:

- Long commutes on city busses to get from inner-city neighborhoods to jobs in suburban areas make it difficult for parents to get and maintain employment and earn a decent wage. Poverty is a risk factor for infant mortality.
- A rural family without a car may have a difficult time getting to the grocery store to access healthy food. Poor nutrition is a risk factor for low birth weight and preterm birth.
- Women living in areas without sidewalks and crosswalks are less likely to be physically active, which is a risk factor for hypertension, obesity and Type 2 diabetes—all causes of maternal complications in pregnancy.
- Air pollution from vehicle emissions and other sources is linked to preterm birth, low birth weight and Sudden Infant Death Syndrome.

### What are the biggest transportation challenges related to infant mortality?

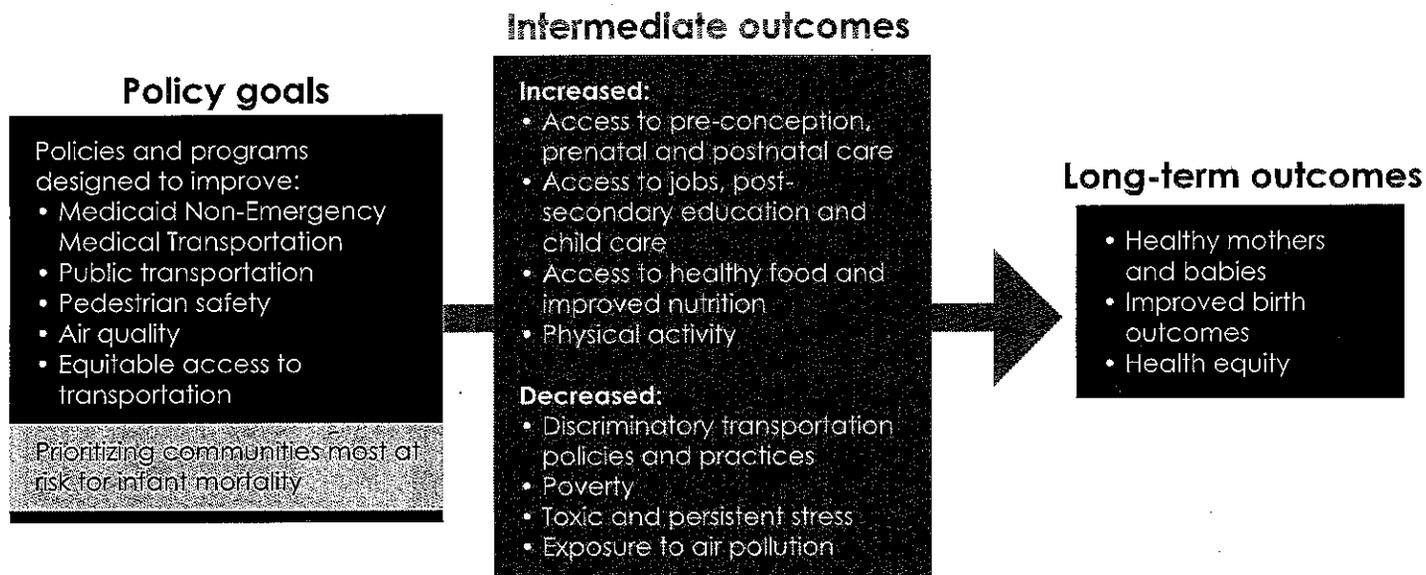
Because of inequities in transportation access and the transportation infrastructure, many Ohioans are disconnected from health care, employment and other resources and opportunities. For example:

- Twenty-two percent of black households in Ohio did not have a vehicle in 2014, compared to 8 percent overall.
- Advisory Group members reported widespread problems with transportation services funded through Medicaid, known as Medicaid Non-Emergency Medical Transportation (NEMT), such as mothers waiting several hours to be picked up from appointments.
- Compared to cities in other states, Ohio's metropolitan areas generally have less robust bus service and less walkable neighborhoods. In Toledo, for example, only an estimated 41 percent of jobs are accessible within 90 minutes via public transportation.
- In 2012, Ohio's \$0.63 per capita transit spending ranked among the lowest in the U.S. (38 out of 51).

### What can be done to improve transportation?

This report includes specific recommendations to achieve the policy goals listed in figure ES 1.4.

Figure ES 1.4. Transportation policy goals



**Note:** For a more detailed description of the relationships between the outcomes in this diagram and a review of relevant research literature, see part five of the full report.

## Education summary

### How does education affect infant mortality?

Lower educational attainment is associated with higher rates of poor birth outcomes and infant mortality.

Educational attainment affects the health and wellbeing of pregnant women, children and families in various ways. For example:

- Lower educational attainment often leads to lower-paying jobs offering fewer benefits, such as paid leave. A lower income makes it more challenging to live in safe and healthy neighborhoods and access healthy foods, which may negatively impact a woman's health before and during pregnancy.
- The knowledge and skills gained through education lead to higher levels of literacy and health literacy, which can result in a better ability to navigate the healthcare system and access credible and reliable health information. All of these factors can improve birth outcomes and reduce infant mortality.
- People with higher educational attainment tend to belong to stronger, healthier social networks and receive more support from their relationships. Social support protects health.

### What are the biggest education challenges related to infant mortality?

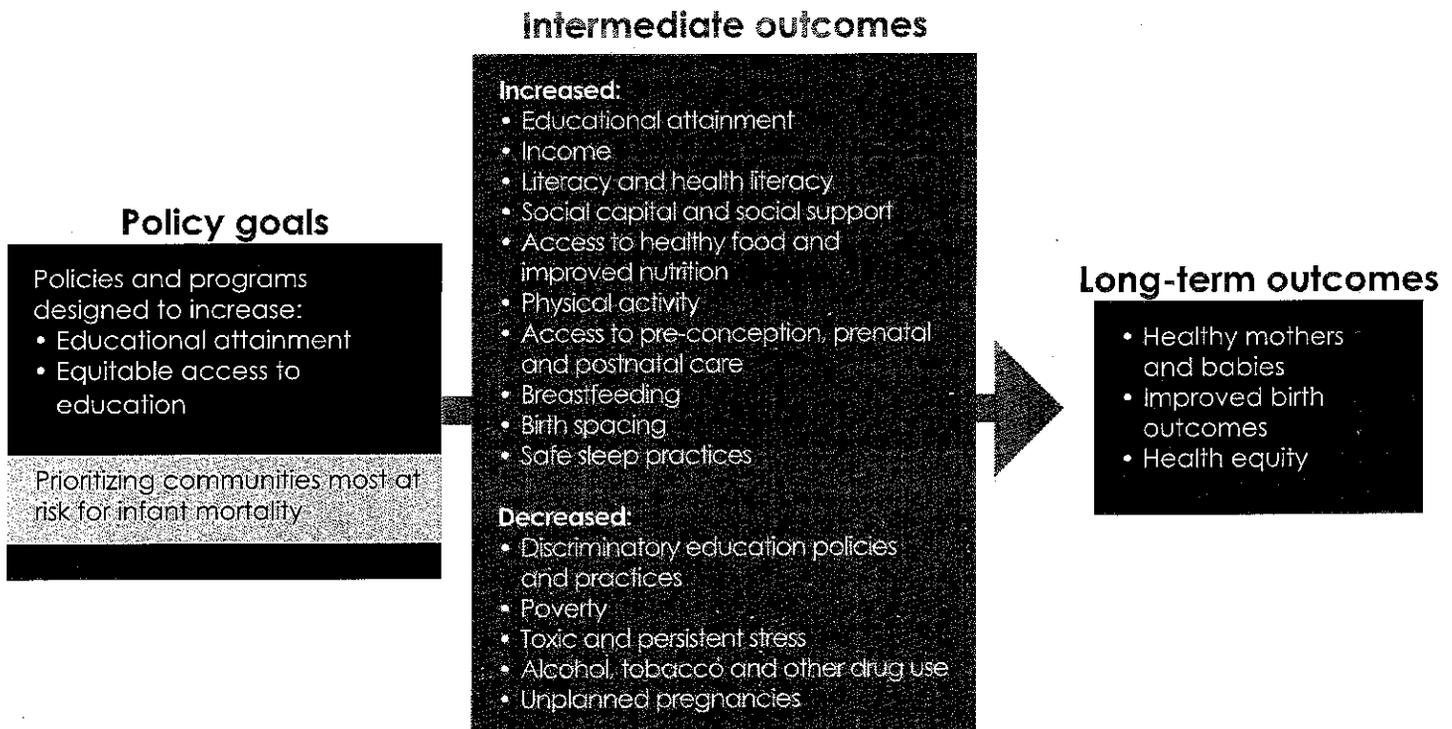
In 2016, the highest level of educational attainment for 43.3 percent of Ohio adults was a high school diploma (including equivalency) or less, and educational attainment varies widely by race. Achievement gaps appear before children enter kindergarten and widen throughout schooling. For example:

- Only 24 percent of black and 26 percent of economically-disadvantaged students entered kindergarten demonstrating readiness, meaning they had sufficient skills, knowledge and abilities to engage with kindergarten-level instruction.
- Considerable variations exist in third-grade reading proficiency based on the wealth of a school district. In Ohio's eight largest urban districts, only 30 to 60 percent of third-graders were reading proficiently in the 2016-2017 school year, compared to 87 percent or more in wealthier districts.
- Eighty-three percent of all Ohio high school seniors graduated in 2015. Rates among black and economically disadvantaged students were 59.7 and 68.7 percent respectively.

### What can be done to improve education?

This report includes specific recommendations to achieve the policy goals listed in figure ES 1.5.

Figure ES 1.5. Education policy goals



**Note:** For a more detailed description of the relationships between the outcomes in this diagram and a review of relevant research literature, see part six of the full report.

## Employment summary

### How does employment affect infant mortality?

Poverty exposes pregnant women to health risks that can affect both moms and babies. Parents need good jobs, with decent wages and benefits, in order to give their children a healthy start in life. Employment, income and benefits affect children and families in a variety of ways. For example:

- Women with low incomes are more likely to give birth to low birth weight babies.
- Low-income households have difficulty affording basic necessities, like healthy food. Poor nutrition is a risk factor for low birth weight and preterm birth.
- Women who work in low-wage jobs often have difficulty getting time off work to go to prenatal care appointments.
- Coping with many stressors, such as getting to appointments and affording food and medical care, can increase risk of poor birth outcomes.
- Low-wage and part-time jobs do not typically offer paid family or sick leave. Paid leave has a positive impact on birth weight and rates of breastfeeding.

### What are the biggest employment challenges related to infant mortality?

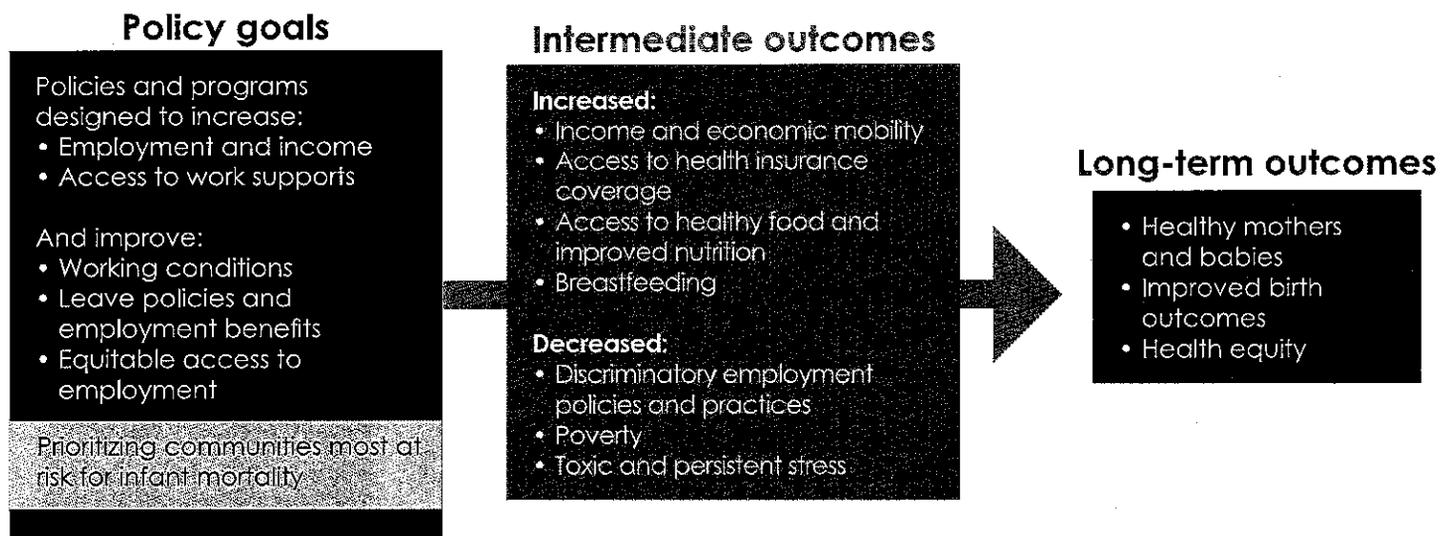
Many Ohioans do not have access to medium- or high-wage jobs and employment benefits that promote health for babies and moms. For example:

- Wages are low in the fastest growing jobs in Ohio. Five of the ten occupations that are projected to have the most job openings in the next several years pay median wages below \$10 per hour.
- Black Ohioans are more than twice as likely to be unemployed than white Ohioans. Hiring discrimination plays a role in this disparity.
- In 2016, nearly half of black Ohioans had annual incomes below 200 percent of the Federal Poverty Level — \$23,540 for an individual and \$48,500 for a family of four.

### What can be done to improve employment?

This report includes specific recommendations to achieve the policy goals listed in figure ES 1.6.

Figure ES 1.6. Employment policy goals



**Note:** For a more detailed description of the relationships between the outcomes in this diagram and a review of relevant research literature, see part seven of the full report.

## Case study summary

HPIO developed brief case studies of seven states and Washington D.C. that had impressive reductions in overall infant mortality, black infant mortality and/or a narrowing of the black-white disparity gap from 2005-2007 to 2012-2014 (see figure ES 1.7). The purposes of the case studies were to identify:

- Factors that may have contributed to success in these states
- Examples of ways that other states are addressing the social determinants of health
- Lessons learned that may help Ohio to improve or expand existing strategies

## Major drivers of improvement

HPIO interviewers asked key informants from these states what they believed were the major drivers of improvement. The most frequently mentioned factors were policies and programs that Ohio is currently implementing, such as:

- Home visiting (Nurse-Family Partnership or other models)
- Safe sleep campaigns and programs
- Centering Pregnancy (or other group prenatal care model)
- Medicaid policy changes (including coverage expansions in 2014 or earlier and reimbursement changes)
- Policies and education to reduce early elective deliveries and C-sections
- Tobacco prevention policies and/or smoking cessation programs

## Social determinants of health

When specifically asked about social determinants, some key informants were able to identify policies and programs enacted in their state that may have

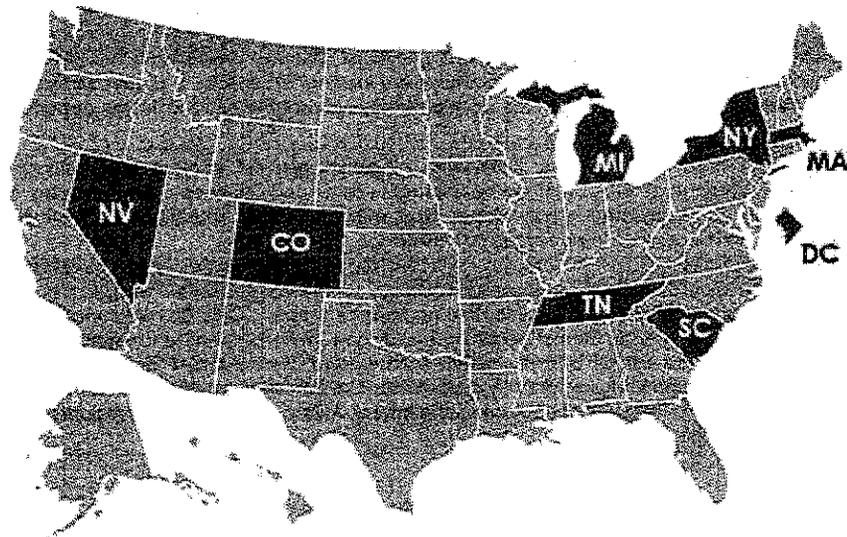
improved conditions for families most at risk for infant mortality, although causal links to infant mortality reduction cannot be proven. Examples include:

- **Tennessee** Gov. Bill Haslam launched the Tennessee Promise scholarship program and other education reforms that have helped to improve education outcomes.
- **New York** implemented tax credits (state Earned Income Tax Credit, Child Tax Credit, and Child and Dependent Care Tax Credit) that support family incomes.
- **South Carolina** leveraged an innovative Pay for Success financing model to extend the reach of the Nurse-Family Partnership, an evidence-based home visiting program.
- **Nevada** Gov. Brian Sandoval has championed early childhood education and full-day kindergarten, and the state has experienced strong employment growth and an increase in well-paying jobs for workers with less than a bachelor's degree.
- **Michigan** implemented an equity initiative to build the capacity of state health department staff to address health disparities and raise awareness of racism and discrimination.

A review of Ohio performance relative to the case study states on social, economic and physical environment metrics highlights several challenges for Ohio. For example, most case study states have:

- Higher rates of preschool enrollment and adult educational attainment (at least some college)
- Lower child poverty rates
- Better economic outcomes for African Americans (e.g., higher black labor force participation rates and lower black poverty rates)
- Better outdoor air quality (less exposure to particulate matter)

Figure ES 1.7. Case study states



## Policy goals and recommendations

HPIO drew upon the following sources of information to identify the policy goals and recommendations in this report:

- Literature reviews, scope of problems and policy landscapes (parts four through seven of the report)
- Evidence inventories (see Appendix B)
- Suggestions and feedback from the Advisory Group, including prioritization of goals and recommendations
- Input from additional subject matter experts on technical and political feasibility

The policy goals listed below address the most critical challenges and inequities related to housing, transportation, education and employment identified in the report. Research indicates that achievement of these goals would likely contribute to improved birth outcomes, healthier infants and health equity.

Within each long-term policy goal, this report identifies specific and actionable recommendations for state and local policymakers. The top-priority recommendations are listed below and additional policy options are listed in Appendix A.



### Housing policy goals and recommendations

<b>Goal 1</b>	<b>Increase the availability of rental assistance programs for renters with Extremely Low Incomes</b>
1.1	State policymakers can provide funding from the General Revenue Fund for the Ohio Housing Finance Agency (OHFA) to establish a new state-funded rental assistance program targeted to reducing infant mortality among populations most at-risk for infant mortality, including people with low incomes and low levels of education attainment, African Americans and residents of infant mortality hot spot zip code areas or neighborhoods.
1.2	State policymakers can direct state agencies to increase funding from new and existing sources for rapid re-housing programs and rental assistance programs for pregnant women and families with very young children. Potential sources of new and existing funding include: a. Increased revenue to the Ohio Housing Trust Fund through increased county recordation fees b. Increased funding for these programs from the Ohio Development Services Agency c. Amending the state TANF spending plan to allow funds to be dedicated to these programs
1.3	State policymakers can use recommendations from the OHFA evaluation of the Housing Assistance to Reduce Infant Mortality pilot project to plan future state-funded rental assistance programs targeted to reduce infant mortality.
<b>Goal 2</b>	<b>Reduce structural barriers to accessing affordable housing for the highest-risk renters (structural barriers include level of income, source of income, criminal record, etc.)</b>
2.1	State legislators can pass legislation to reduce or eliminate barriers to obtaining affordable housing. Barriers that could be reduced or eliminated include: a. Landlord discrimination based on the source of income potential tenants will use to pay rent (such as Housing Choice Vouchers, Supplemental Security Income and Temporary Assistance for Needy Families) b. "Banning the box" or delaying the use of criminal background checks in the tenant screening process until after a conditional housing offer is made c. Restrictions on not renting to people with criminal records
<b>Goal 3</b>	<b>Increase the supply of affordable rental housing for Extremely Low Income and Very Low Income households in high opportunity and low poverty areas</b>
3.1	State policymakers can provide incentives, such as increased funding for services or preference for state grant programs, to municipalities that encourage and support the development of affordable housing in high opportunity areas within their communities.
3.2	Local policymakers can require or incentivize that new housing developments implement inclusionary policies such as reserving a certain percentage of new units to be affordable as a condition of obtaining a zoning variance. Local policymakers can also require that housing developers work with local public housing authorities to ensure that new housing development will be eligible to accept rental assistance.
<b>Goal 4</b>	<b>Improve coordination of services for low-income families by convening cross-sector partnerships</b>
4.1	Convene the Ohio Department of Medicaid, Ohio Housing Finance Agency, Ohio Development Services Agency, Ohio Capital Corporation for Housing, Ohio Mental Health and Addiction Services, Ohio Department of Health and Ohio's Medicaid managed care plans with Ohio Equity Institute partners and Continuums of Care to discuss ways that Medicaid managed care plans can support housing stability among Medicaid enrollees most at-risk for infant mortality, including people with low incomes and low levels of education attainment, African Americans and residents of infant mortality hot spot zip code areas or neighborhoods.



## Housing policy goals and recommendations (cont.)

4.2	State policymakers can require service systems, such as Medicaid, Temporary Assistance for Needy Families (TANF) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to collect information about the housing status of households during the application and re-certification process. This data could be collected consistently across systems and used to: <ul style="list-style-type: none"> <li>a. Provide a standardized means for identifying and connecting people experiencing a housing crisis to appropriate and timely interventions</li> <li>b. Inform the allocation of resources to affordable housing programs</li> <li>c. Direct resources to areas with the greatest need</li> <li>d. Inform the development of cross-sector partnerships with the potential to improve housing outcomes for Ohioans</li> </ul>
4.3	The Ohio Department of Health and the Ohio Housing Financial Agency can collaborate to create additional guidance for directing hospital community benefit spending to affordable housing strategies related to the State Health Improvement Plan.
<b>Goal 5</b>	<b>Increase the supply of affordable housing renters with Extremely Low Incomes</b>
5.1	State agencies can promote strategies that can be implemented at the local level to reduce financial and regulatory barriers to increasing the supply of affordable housing. Examples of strategies that could be promoted include: <ul style="list-style-type: none"> <li>a. Adopting clearer and shorter permitting requirements for affordable housing development</li> <li>b. Revising zoning ordinances to reduce the need for variances and/or expedite the process for obtaining a variance for affordable housing development</li> <li>c. Allowing developers to purchase or use housing plans that are examples of good design that have been pre-approved by the city for conformance with building codes and/or other standards</li> <li>d. Allowing or encouraging the use of innovative housing design and construction techniques to reduce the cost of developing and operating affordable housing by investing in micro-housing, green affordable housing development and/or non-conventional building technology, such as modular, prefabricated or shipping container units</li> </ul>
<b>Goal 6</b>	<b>Reduce the number of evictions and forced moves experienced by low-income families most at risk of infant mortality, including African Americans and pregnant women</b>
6.1	State and local policymakers can increase rapid access to legal representation, landlord-tenant mediation and other supportive services, including emergency financial assistance, to prevent formal evictions experienced by low-income families most at risk of infant mortality, including African Americans and pregnant women.
6.2	State policymakers and the Ohio Supreme Court can commission research to determine how inequitable rental practices and discrimination based on race, gender, and pregnancy status impact housing stability for low-income families most at risk of infant mortality, including African Americans and pregnant women, and provide recommendations for local executives and courts to address these issues.
<b>Goal 7</b>	<b>Improve the quality of affordable housing stock</b>
7.1	State policymakers can increase funding to the Ohio Department of Health, local health departments and other local entities that screen for and remediate housing quality issues with potential impacts on health such as lead, mold and pests. Additional incentives could be developed for entities that give preference to women who are pregnant and families with infants.



## Transportation policy goals and recommendations

<b>Goal 1</b>	<b>Increase access to health care, particularly for pregnant women and parents of young children, by evaluating and continuously improving Medicaid Non-Emergency Medical Transportation provided through managed care plans</b>
1.1	Medicaid managed care plans can monitor NEMT grievances from members and promptly make changes to improve the timeliness and quality of NEMT, prioritizing infant mortality hot spot areas.
1.2	Medicaid managed care plans can improve the timeliness, responsiveness, and customer service of NEMT provided by vendors (including reduced wait times and improved scheduling process), and increase the overall accountability and transparency of the Medicaid NEMT system.
1.3	Medicaid managed care plans can explore the use of Lyft, Uber or other ride-sharing services and innovative technologies (such as apps) for NEMT.
1.4	The Ohio Department of Medicaid can carefully monitor and enforce managed care plan compliance with NEMT requirements in their contracts.



## Transportation policy goals and recommendations (cont.)

<b>Goal 2</b>	<b>Increase access to health care, particularly for pregnant women and parents of young children, by evaluating and continuously improving Medicaid Non-Emergency Medical Transportation to be provided through the new state-based brokerage model starting in 2018</b>
2.1	<p>The Department of Medicaid can develop performance metrics and a data tracking system to monitor the effectiveness of the new brokerage model. Metrics to monitor include:</p> <ul style="list-style-type: none"> <li>a. Passenger information (type of visit, number of passengers, etc., while protecting patient privacy)</li> <li>b. Ride information (on-time rates, no-show rates for drivers and passengers, wait times, etc.)</li> <li>c. Quality of service information (complaints, driver reviews, call volume and responsiveness, etc.)</li> </ul> <p>The Department can use this information to monitor performance of vendors, identify trends, increase transparency and accountability, and improve service, particularly in infant mortality hot spot areas.</p>
2.2	The Department of Medicaid can use the results of the performance measurement described above to improve the timeliness, responsiveness, and customer service of NEMT provided by vendors (including reduced wait times and improved scheduling process) and increase the overall accountability and transparency of the Medicaid NEMT system.
2.3	The Department of Medicaid can explore the use of Lyft, Uber or other ride sharing services and innovative technologies (apps) for NEMT.
<b>Goal 3</b>	<b>Strengthen access to public transportation by improving and expanding local bus systems</b>
3.1	State policymakers can support bus systems by replacing lost revenue from the cut to transit authorities that resulted from the repeal of the Medicaid managed care organizations sales tax required by the federal government.
3.2	State legislators can increase funding available to local bus systems from existing revenue by allowing gas tax and vehicle-related fee revenue to be used for transit systems through revision of ORC 5501.05. (ORC 5501.05 currently prohibits use of fuel or vehicle-related fees or taxes for non-highway purposes.)
3.3	Local transit agencies, metropolitan planning organizations and other transportation partners can actively engage groups at high risk for infant mortality—particularly African American and low-income families with young children—in decisions about transit services and improvements to the built environment.
3.4	<p>Local transit agencies can improve local bus systems and prioritize the needs of pregnant women, families and people of childbearing age in transit system improvements:</p> <ul style="list-style-type: none"> <li>a. Add or expand routes that better connect low-income communities to jobs, health care providers, grocery stores and other critical resources</li> <li>b. Provide more frequent and consistent service seven days a week</li> <li>c. Implement family-friendly policies that allow parents to bring strollers and other baby equipment onto buses (including priority seating for pregnant women and families with young children and eliminating bag limits)</li> <li>d. Increase the number of bus shelters and benches</li> <li>e. Provide discounted bus passes for low-income parents and pregnant women</li> <li>f. Coordinate with municipalities and developers to install sidewalks, crosswalks, lighting and other pedestrian safety features near bus stops</li> </ul>
3.5	Local municipalities can require real estate developers to include safe pedestrian access to bus stops in all new developments, where applicable.
<b>Goal 4</b>	<b>Improve pedestrian safety and active transportation through infrastructure design and investment</b>
4.1	The Ohio Department of Transportation can encourage local municipalities to adopt complete streets policies by providing model policies and increased technical assistance and support.
4.2	The Ohio Department of Transportation and local municipalities can prioritize funding for active transportation improvements, such as sidewalks and crosswalks, in infant mortality hot spot neighborhoods.
4.3	The Ohio Department of Transportation and local municipalities can integrate health equity considerations into zoning and development decision making by assigning additional points to projects that address inequities (for example, awarding extra points to projects that improve pedestrian safety near bus stops in infant mortality hot spot zip code areas).
4.4	Local municipalities can require real estate developers to include safe pedestrian access to bus stops in all new developments, where applicable.
<b>Goal 5</b>	<b>Decrease barriers to maintaining a driver's license</b>
5.1	State legislators can pass legislation authorizing courts to allow completion of a community service program in lieu of payment of a driver's license reinstatement fee when the court determines the offender cannot reasonably pay for those fees. (See SB 160 introduced in 132nd General Assembly.)
5.2	State legislators can pass legislation authorizing courts to allow people with suspended licenses to continue driving to work and to healthcare appointments (for those suspended for non-driving-related offenses, e.g. inability to pay fees or fines).



## Transportation policy goals and recommendations (cont.)

<b>Goal 6 Improve air quality through reduced vehicle emissions</b>	
6.1	State policymakers can incentivize state agencies, local transit agencies, school districts and local municipalities to transition vehicle fleets to clean diesel technology.
6.2	Local transit agencies and school districts can implement vehicle anti-idling policies (education and signage to minimize time that drivers idle engines).
6.3	Municipalities can prohibit idling for their own for vehicle fleets.



## Education policy goals and recommendations

<b>Goal 1 Strengthen early childhood education and family support programs</b>	
1.1	State and local policymakers can increase the provision of evidence-based parenting education and support interventions, such as home visiting.
1.2	State and local policymakers can increase the number of Ohio children served by high-quality child care, preschool and pre-K by increasing public funding for early learning programs to provide access for more 3 and 4 year-old children and/or exploring the possibility of more innovative funding mechanisms such as pay-for-success financing.
1.3	State policymakers can create incentives to encourage early childhood care and education programs to participate in Step Up To Quality and achieve high-quality ratings.
<b>Goal 2 Increase high school graduation rates through high-quality programs geared toward the highest risk students</b>	
2.1	The Ohio Department of Education, State Board of Education, Ohio Department of Higher Education, Governor's Office of Workforce Transformation, local school districts and/or local philanthropic organizations can strengthen and expand use of the following evidence-based strategies: <ol style="list-style-type: none"> <li>Career academies</li> <li>Talent search programs (programs to help low-income and first-generation college students complete high school and gain access to college)</li> <li>Community schools (Note: Charter schools in Ohio are referred to as "community schools" under Ohio law, ORC 3314.01, but this is different from the community schools model referenced here.)</li> <li>School-based health centers</li> <li>Mentoring and/or case management programs, specifically for pregnant and parenting teens</li> </ol>
2.2	School districts can support students' high school graduation by: <ol style="list-style-type: none"> <li>Establishing community partnerships to facilitate provision of more support services (e.g., mental health services and supports, mentoring, child care, health care, including prenatal care) for struggling students, especially pregnant and parenting teens</li> <li>Providing early educational intervention services to at-risk students to keep them on a path toward academic success, high school graduation and career readiness</li> <li>Implementing career academies and identifying other ways to increase school engagement</li> <li>Recognizing early warning signs of dropout (e.g., chronic absenteeism, students falling far behind academically, suspensions/expulsions, etc.) and taking appropriate preventive action early (Districts can utilize the Student Success Dashboard offered by DOE)</li> <li>Implementing trauma-informed policies and practices in schools</li> </ol>
2.3	State and local policymakers can encourage and support partnerships between schools and community health and social service providers to increase services offered to students and strengthen coordination of services.
2.4	The Ohio General Assembly can require the Ohio Department of Education to establish health education standards.



## Education policy goals and recommendations (cont.)

<b>Goal 3</b>	<b>Strengthen career-technical education programs</b>
3.1	State policymakers can explore ways to increase capacity for secondary and postsecondary career-technical education (vocational training) programs by: a. Incentivizing businesses to partner with and provide support to career-technical education programs b. Working with schools and career-technical planning districts to re-evaluate and streamline teacher credentialing requirements c. Providing additional incentive-based resources for under-subscribed career-technical education programs, especially those in high-need career areas, in hopes of increasing enrollment in those programs
3.2	State policymakers can identify ways to increase participation of high-school students in career-technical education (vocational training) programs such as: a. Increasing opportunities for work-based learning b. Further leveraging credit flexibility c. Allowing students to attend Ohio Technical Centers through College Credit Plus d. Encouraging schools to implement career academies
<b>Goal 4</b>	<b>Reduce financial barriers to postsecondary education</b>
4.1	The Ohio Department of Higher Education can further tailor financial aid and scholarship eligibility criteria to students who would likely not be able to attend without this financial support.
4.2	State policymakers can increase opportunities for Ohioans to obtain quality postsecondary credentials by raising appropriations for the Ohio College Opportunity Grant (OCOG) and requiring the Ohio Department of Higher Education to either reverse the Pell-first policy or otherwise reform OCOG so community college and OTC students can use financial aid to cover the total cost of attendance (not only tuition and fees, but other expenses such as textbooks and room and board as well). However, this will require policymakers to be mindful of not reducing allocations for currently-eligible recipients.
<b>Goal 5</b>	<b>Increase the number of Ohio adults who take and pass high school equivalency exams or pursue other paths to earn a high school diploma</b>
5.1	State policymakers can explore ways to improve the quality and effectiveness of the Adult Diploma Program, the 22+ Adult High School Diploma Program and preparation services for high school equivalency tests provided by Aspire (formerly ABLE) programs, especially in infant mortality hot spot areas.
<b>Goal 6</b>	<b>Improve college preparation and college entry programs and services for low-income Ohioans</b>
6.1	Local school districts can: a. Provide more assistance to students and families applying for financial aid and completing college applications b. Offer ACT/SAT preparation services, especially for low-income students c. Deliver more college and career advising services, beginning at younger ages, which include information about career-technical education programs, community colleges and other educational options outside of four-year college degrees
6.2	State policymakers can identify ways to expand the reach of College Credit Plus, especially in low-income and rural areas, such as through: a. Expanding financial support or incentives for teachers to obtain the necessary credentials to become College Credit Plus instructors in their own schools b. Identifying new or innovative pathways to expand opportunities for students to pursue technical certificates or credentials through College Credit Plus
<b>Goal 7</b>	<b>Reduce other barriers to high school completion programs and postsecondary education for students</b>
7.1	Institutions of higher education can implement retention programs and interventions, such as first year experience programs, co-requisite remediation models and guided pathways, especially for first-generation college students.



## Employment policy goals and recommendations

<b>Goal 1 Increase incomes for pregnant women and parents of young children</b>	
1.1	State policymakers can expand the state Earned Income Tax Credit (EITC), lift the existing cap on the credit, make it refundable and/or expand the credit to non-custodial parents. (HPIO Income and Health brief)
1.2	State policymakers can prioritize funds for career-technical education (vocational training) to: <ol style="list-style-type: none"> <li>Jobs and/or employers that pay a living wage</li> <li>Jobs and/or employers that are offering a lower wage, but in a job with an articulated and stepped career pathway to higher wages and benefits</li> <li>Employers that do not have a history of wage and hour violations</li> <li>Employers that have relatively low turnover</li> <li>Jobs that are in-demand or on the 21st Century Jobs list</li> </ol> These programs could also include job search assistance and comprehensive support services (including child care) during training.
1.3	Local policymakers, infant mortality collaboratives and other partners can encourage employers to voluntarily adopt living wage policies.
<b>Goal 2 Reduce unemployment and under employment</b>	
2.1	State policymakers can reform occupational licensing to reduce barriers to employment, such as through reductions in license requirements for some occupations, including cosmetology. (See SB 129 for an example of proposed legislation to reduce the required number of training hours for a cosmetology license in Ohio.)
2.2	State policymakers can reduce barriers to employment related to criminal convictions by increasing monitoring and enforcement of the Ohio Fair Hiring Act, which prohibits public employers from asking any questions about conviction history on a job application or previous salary ("ban the box"), as well as extending this same prohibition to any employer with a state contract over \$50,000.
2.3	State policymakers can reduce barriers to employment related to criminal convictions by offering tax benefits to employers who hire people with criminal records. Tax benefits can be paired with legislation reducing civil liability for employers who hire people with criminal records.
<b>Goal 3 Increase access to work supports</b>	
3.1	State policymakers can increase funding for child care subsidies so that eligibility limits can be restored to 200 percent FPL and more families can access child care. Access can also be expanded by increasing the reimbursement rate paid to child care centers to the 75th percentile, making 75 percent of the state's child care centers affordable to voucher families.
3.2	State policymakers can incentivize employers to provide child care subsidies to their employees in order to remove barriers to employment for parents, particularly those with part-time and/or low-wage jobs.
3.3	The Ohio Department of Job and Family Services can analyze and evaluate the effectiveness of the Comprehensive Case Management and Employment Program (CCMEP). If the evaluation is favorable, policymakers can increase funding for CCMEP to connect more youth and young adults with low incomes to skilled employment in Ohio.
3.4	State policymakers can review eligibility levels for government programs that serve individuals with low incomes in order to remove disincentives for job attainment or wage increases ("benefit cliffs"). Eligibility levels for programs such as medical, food and child assistance should be aligned with the self-sufficiency of the program recipients.
<b>Goal 4 Adopt more robust leave policies and employment benefits</b>	
4.1	State policymakers can offer low-cost incentives to employers, primarily those with part-time and/or low-wage workers, who choose to offer employment benefits, such as paid family leave, sick leave and work schedule predictability. An example of a low-cost incentive may be awarding employers additional points in a state contracting process.
4.2	State policymakers can prohibit employers, primarily those offering part-time, classified and/or low-wage work, from discriminating against employees who breastfeed.
4.3	The Ohio Department of Job and Family Services can provide, on its website, information and links to other websites where employers can access information regarding methods to accommodate nursing mothers in the workplace.
4.4	Local municipalities and local infant mortality partners can monitor the legal challenges to Senate Bill 331 to determine the extent to which local governments can establish employment policies, such as minimum wage, leave policies and schedule predictability.
<b>Goal 5 Reduce exposure to toxic and persistent stress in employment settings</b>	
5.1	State policymakers can increase enforcement efforts related to discriminatory workplace practices through the Ohio Civil Rights Commission (OCRC) by increasing the staff at OCRC to implement enforcement.
5.2	State policymakers can consider an employer's record with the OCRC when determining tax incentives, and assess a fee on employers with regular complaints to the OCRC. Revenue gained from these fees can be dedicated to fund education programs on eliminating discrimination in the workplace.

## Cross-cutting policy recommendations

1	<b>Monitor and evaluate implementation of the recommendations in this report.</b> State legislators can request that the Commission on Infant Mortality monitor the extent to which the recommendations in this report are implemented and report findings to House and Senate leadership and all relevant committees on an annual basis.
2	<b>Increase the effectiveness of policies and programs serving Ohioans most at-risk for infant mortality.</b> State agencies and local organizations can increase the effectiveness of policies and programs serving Ohioans most at risk for infant mortality by: <ol style="list-style-type: none"> <li>Hosting cultural competence and implicit bias training for staff</li> <li>Implementing programs like Michigan's Practices to Reduce Infant Mortality through Equity (PRIME) initiative to address health disparities through the social determinants of health and the identification and elimination of policies and practices that support institutional racism and discrimination</li> <li>Increasing workforce diversity through recruitment of minority and rural/Appalachian students for health and human services higher-education programs</li> <li>Implementing evidence-based strategies to prevent violence and integrating trauma-informed care approaches into existing services and programs</li> </ol>
3	<b>Increase local-level leadership and advocacy to address the social determinants of health.</b> Local infant mortality reduction collaboratives and other local partners can: <ol style="list-style-type: none"> <li>Identify which policy goals to focus on from this report that best address challenges, inequities and social drivers within their communities, guided by input from community residents and local/neighborhood-level data</li> <li>Implement specific local-level recommendations in this report that align with the selected policy goals</li> <li>Advocate for state-level recommendations that align with the selected policy goals and recommendations</li> <li>Gather and disseminate qualitative information and real-life stories from Ohio families that illustrate the housing, transportation, education and employment challenges and inequities described in this report</li> </ol>
4	<b>Measure, report and act upon disparities and inequities data.</b> State agencies can collect and report data on infant mortality, birth outcomes and related inequities in the social, economic and physical environment disaggregated by race, ethnicity, income level, sex and geography. In addition, local partners can collect and use local-level data (e.g., by zip code or census tract) and advocate for improved data collection that allows for actionable analysis, transparency and accountability for differences in health and community conditions by race, ethnicity, income level, sex and geography.
5	<b>Coordinate, collaborate and evaluate.</b> State agencies and other state or local-level organizations can work together to coordinate, evaluate and continuously improve infant mortality reduction policies and programs.
6	<b>Expand upon case study findings.</b> State policymakers can commission a study to assess the extent to which Ohio is implementing the evidence-based strategies used in other states that have led to larger improvements in infant mortality. (Determine, for example, the number of families reached by Centering Pregnancy and Nurse-Family Partnership in Ohio compared to the case study states.)

## Conclusions

Legislators, community leaders, clinicians and other stakeholders are concerned about Ohio's infant mortality rate and are particularly troubled that some babies face worse odds than others at the beginning of life. While healthcare providers play a key role in improving infant outcomes, access to quality health care

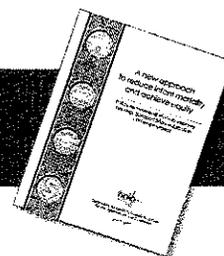
is necessary, but not sufficient. Improvements to factors beyond medical care are needed to achieve infant mortality reduction goals, to overcome the inequities and community conditions driving Ohio's worsening infant mortality rates and large disparities. Addressing the social drivers of poor health, such as housing, education, employment and transportation, holds promise for preventing infant mortality.

## Notes

- Booske, Bridget C. et. Al, County Health Rankings Working Paper: Different Perspectives for Assigning Weights to Determinants of Health. University of Wisconsin Public Health Institute, 2010.
- Among the 34 states and Washington D.C. for which non-Hispanic black infant mortality rate data is available from CDC WONDER. All other sources are cited in the full report.

To read the full report and see other material related to the Social Determinants of Infant Mortality project, visit

<http://bit.ly/SDOIM>



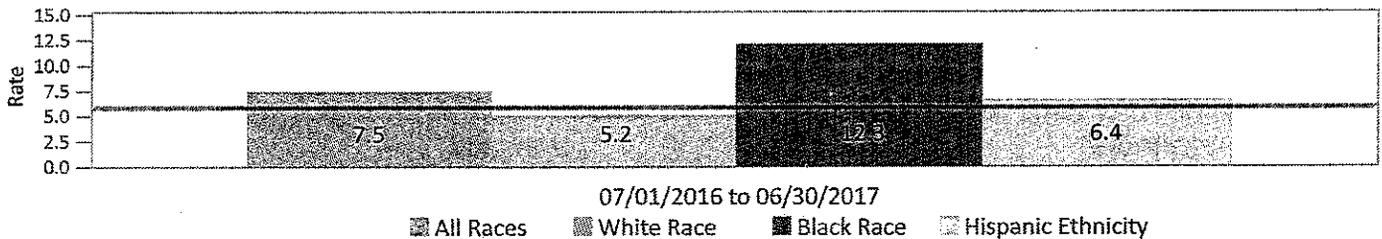
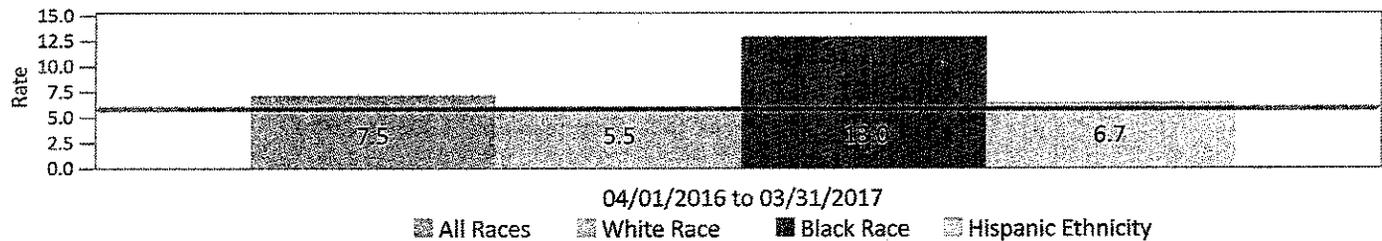
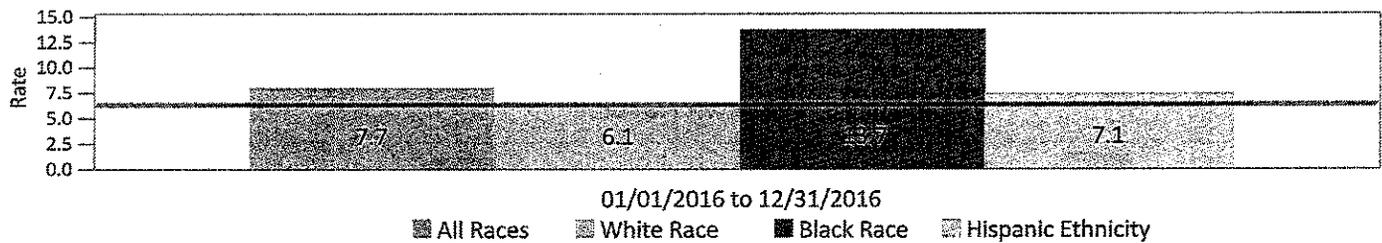
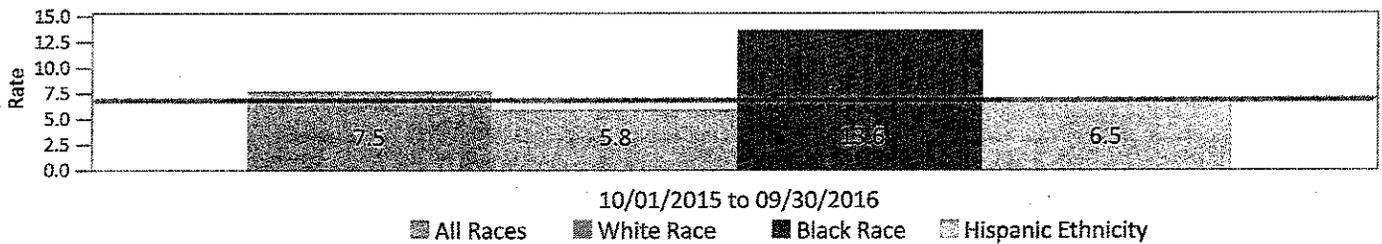
# Quarterly Infant Mortality Scorecard

(October 2015 through June 2017)

All data are preliminary and subject to change. The most recent data for births, infant deaths, and mothers, for Ohio residents, are included in this report (October 2015 through June 2017). Due to instability of infant mortality rates over a three-month period, data are shown as 12-month moving averages, with the most recent quarter of data included in the most recent estimates. In addition to mortality estimates, estimates of factors contributing to infant mortality are included (e.g., prematurity, low birthweight, etc.) and risk factors associated with infant mortality are included in the supplemental tables. Reference levels for each metric are noted.

## Quarterly Infant Mortality by 12-Month Moving Averages

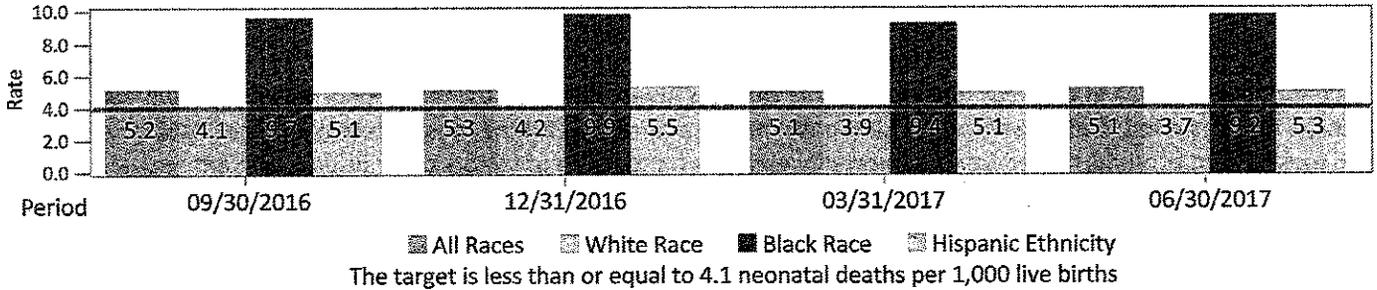
The target is less than or equal to 6.0 infant deaths per 1,000 live births.



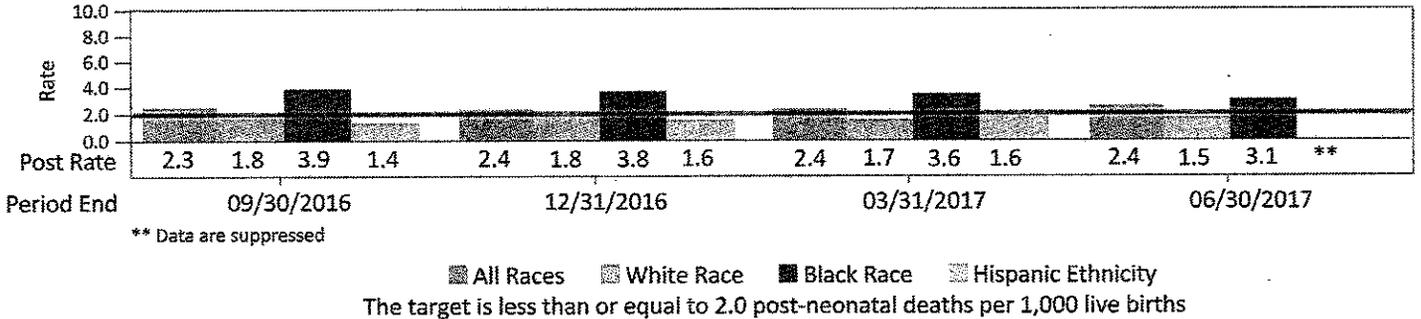
Source: Ohio Department of Health, Bureau of Vital Statistics birth, mortality, and fetal death files. All data files were updated as of 12/04/2017. All graphs are quarterly 12-month moving averages.

## Quarterly 12-month Trends (Percentage or Rate)

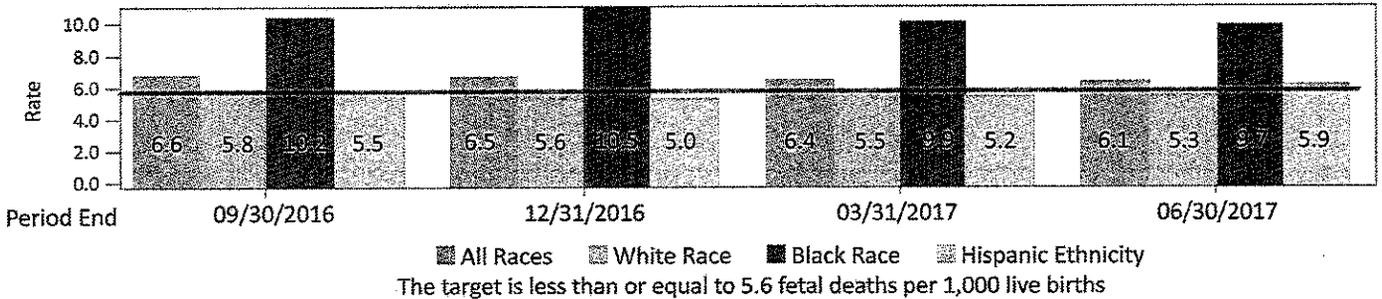
### Neonatal Mortality



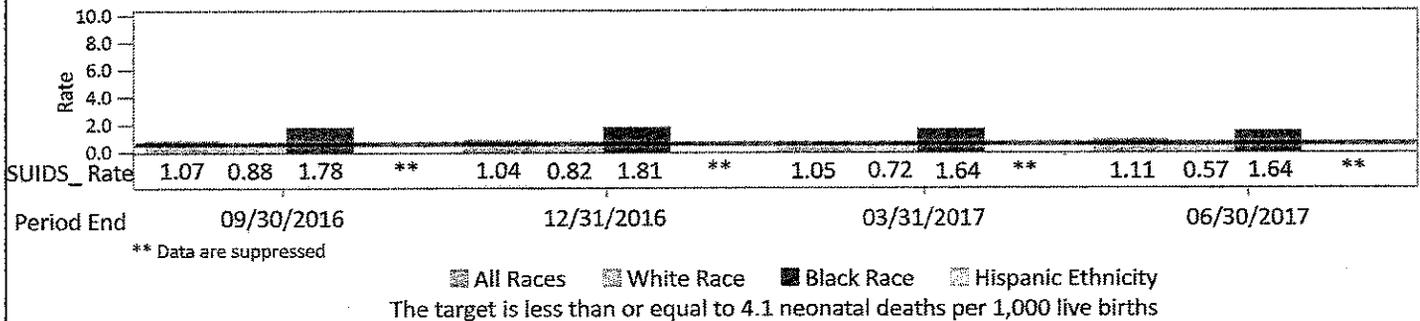
### Post-Neonatal Mortality



### Fetal Mortality

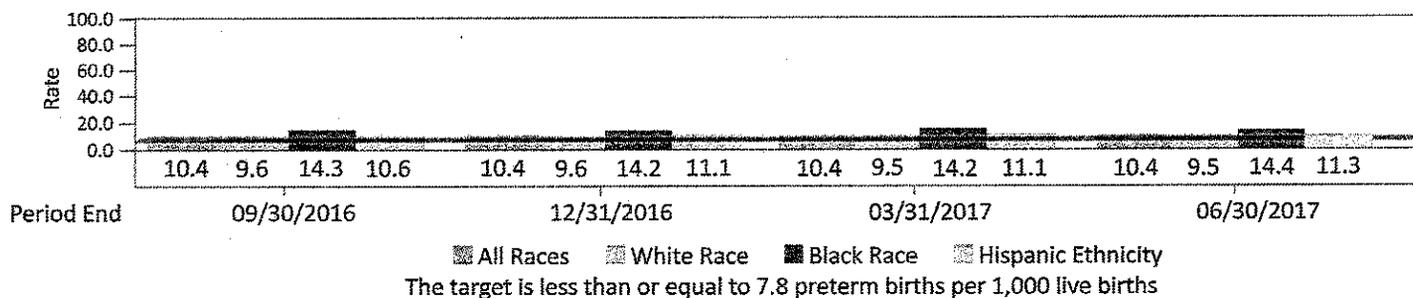


### SUIDS Mortality

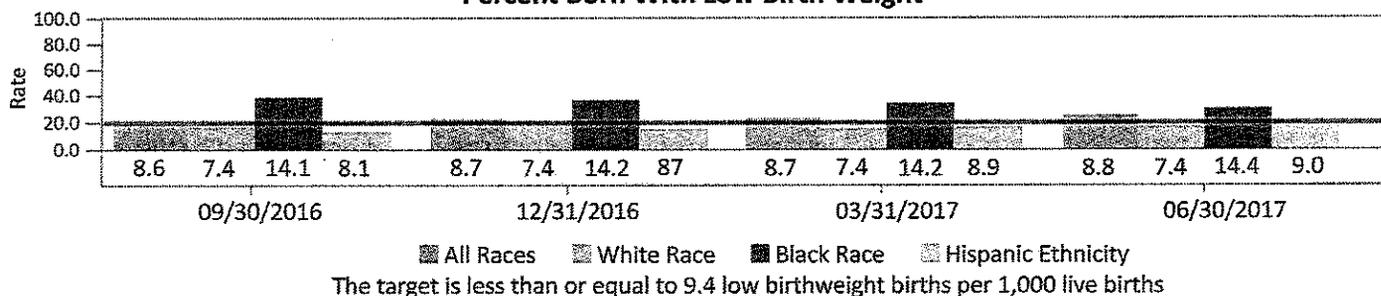


Source: Ohio Department of Health, Bureau of Vital Statistics birth, mortality, and fetal death files. All data files were updated as of 12/04/2017. All graphs are quarterly 12-month moving averages.

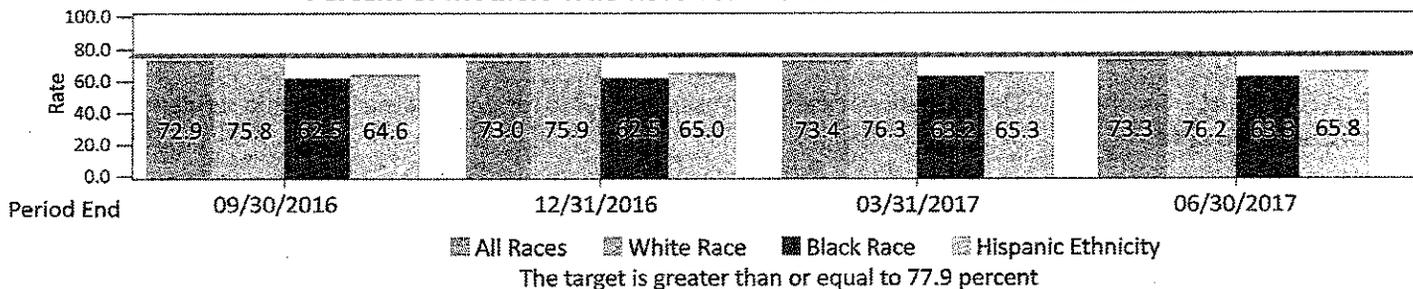
### Percent Born Preterm



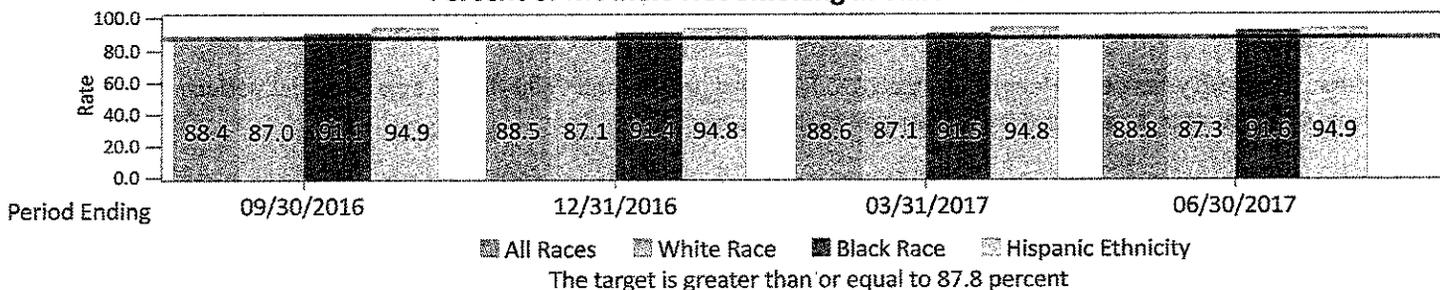
### Percent Born With Low Birth Weight



### Percent of Mothers Who Received Prenatal Care in First Trimester



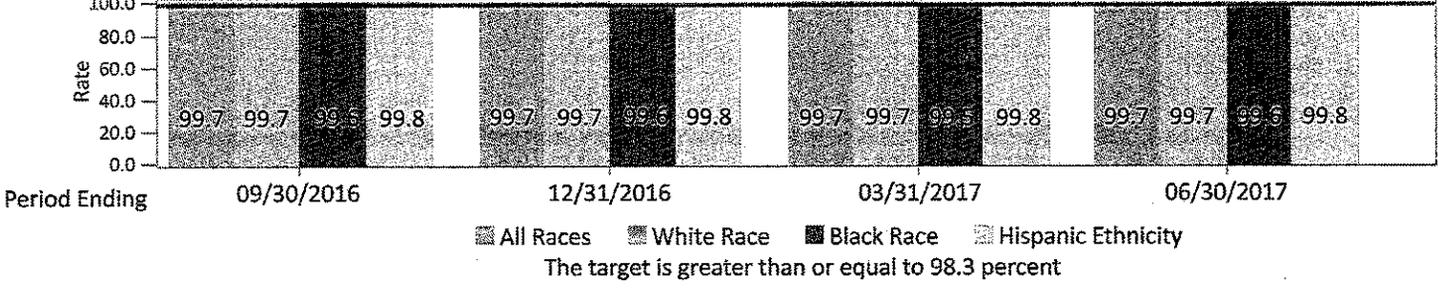
### Percent of Mothers Not Smoking in Third Trimester



Source: Ohio Department of Health, Bureau of Vital Statistics birth, mortality, and fetal death files. All data files were updated as of 12/04/2017. All graphs are quarterly 12-month moving averages.



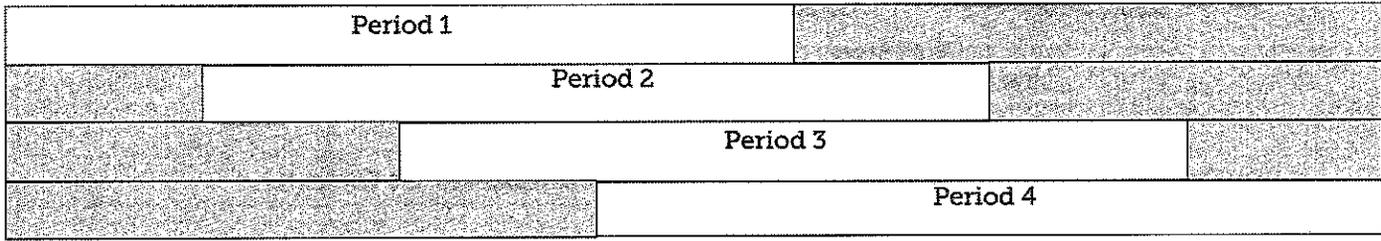
### Percent of Mothers Not Drinking in Third Trimester



Source: Ohio Department of Health Vital Statistics birth, mortality, and fetal death files. All data files were updated as of 12/04/2017. All graphs are quarterly 12-month moving averages.

### Scorecard Definitions

**Rolling Quarterly 12-Month Period** – These are overlapping 12-month periods of time, lagged by three months each (one quarter). Twelve-month intervals were needed to improve statistical reliability.



**Ohio Resident** – For the Ohio Department of Health analyses, only Ohio resident mothers, or Ohio resident infant or fetal deaths are used.

**Mother** – An Ohio resident woman physically giving birth to the infant. One birth certificate from each set of plural births (twins, triplets, etc.) was selected to represent the data for that mother.

**Infant** – Infant mortality is defined as the death of a live-born baby before his or her first birthday.

**Infant mortality rate** – Infant mortality rates presented by the Ohio Department of Health are calculated using the number of infant deaths in a specific year as the numerator and the number of live births within that same year as the denominator.

**Infant mortality target** – Healthy People 2020 Maternal, Infant, and Child Health objective 1.3: Reduce the rate of all infant deaths (within 1 year) to 6.0 or lower per 1,000 live births.

**Neonatal mortality** – Neonatal mortality is defined as the death of a live-born baby before he or she is 28 days of age.

**Neonatal mortality rate** – Neonatal mortality rates presented by the Ohio Department of Health are calculated using the number of neonatal deaths in a specific year as the numerator and the number of live births within that same year as the denominator.

**Neonatal mortality target** – Healthy People 2020 Maternal, Infant, and Child Health objective 1.4: Reduce the rate of neonatal deaths (within the first 28 days of life) to 4.1 or lower per 1,000 live births.

**Post-neonatal mortality** – Post-neonatal mortality is defined as the death of a live-born baby when he or she is from 28 days to less than 1 year of age.

**Post-neonatal mortality rate** – Post-neonatal mortality rates presented by the Ohio Department of Health are calculated using the number of post-neonatal deaths in a specific year as the numerator and the number of live births within that same year as the denominator.

**Post-neonatal mortality target** – The Healthy People 2020 Maternal, Infant, and Child Health objective 1.5: Reduce the rate of post-neonatal deaths (between 28 days and 1 year) to 2.0 or lower per 1,000 live births.

**Fetal death (stillbirth)** – The death prior to the complete expulsion or extraction from its mother of a product of human conception of at least 20 weeks of gestation, which after such expulsion or extraction does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

**Fetal mortality rate (stillbirth rate)** – The sum of fetal deaths, divided by the sum of all live births plus fetal deaths, reported per 1,000 live births plus fetal deaths.

**Fetal mortality target** – The Healthy People 2020 Maternal, Infant, and Child Health objective 1.1: Reduce the rate of fetal deaths at 20 or more weeks of gestation to 5.6 or fewer per 1,000 live births plus fetal deaths.

**SUIDS** – A sudden unexplained infant death is defined as the death of a live-born baby from ICD 10 causes beginning with R95, R99, or W75.

**SUIDS mortality rate** – The sum of deceased infants less than one year old from SUIDS, divided by the total number of live births, reported per 1,000 live births.

**SUIDS mortality target** – Healthy People 2020 Maternal, Infant, and Child Health objective 1.9: Reduce the rate of infant deaths from sudden unexpected infant death syndromes (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed) to 0.84 deaths per 1,000 live births.

**Preterm birth** – A birth of less than 37 weeks of gestation (as based upon the obstetric estimate of gestation).

**Preterm percent** – The sum of preterm infants, divided by the sum of total number of live births, reported per 100 live births with known values for weeks of gestation. Unknown term infants are subtracted from the total of live births.

**Preterm birth target** – Healthy People 2020 Maternal, Infant, and Child Health objective 9.1: Reduce total preterm births (less than 37 weeks) to 9.4 percent or less.

**Low birthweight birth** – A birth of less than 2,500 grams of weight.

**Low birthweight percent** – The sum of low birth weight infants, divided by the sum of total number of live births, reported per 100 live births with known values for birth weight. Unknown birth weight infants are subtracted from the total of live births.

**Low birthweight target** – Healthy People 2020 Maternal, Infant, and Child Health objective 8.1 - Reduce low birth weight (LBW) of less than 2,500 grams to 7.8 percent or lower.

**Prenatal care received in first trimester** – A mother who reported receiving prenatal care in the first trimester.

**Prenatal care received in first trimester percent** – The sum of mothers receiving prenatal care in the first trimester, divided by the total number of mothers with a known value for month of prenatal care, reported per 100 mothers.

**Prenatal care received in first trimester target** – Healthy People 2020 Maternal, Infant, and Child Health objective 10.1: Increase the percent of women who receive prenatal care beginning in the first trimester to 77.9 percent or greater.



**Smoking abstinence in third trimester** – A mother who did not report smoking during the third trimester.

**Smoking abstinence in third trimester percent** – The sum of women who reported not smoking in the third trimester, divided by the sum of women who gave live birth, reported per 100 women with known values for smoking in the third trimester. Unknown third trimester smoking women are subtracted from the total of women giving live birth.

**Smoking abstinence in third trimester target** – State Health Improvement Plan 73: Reduce smoking in late pregnancy to 16.3 percent or less; increase smoking abstinence in the third trimester to 87.8 percent.

**Alcohol abstinence in third trimester** – A mother who did not report drinking during the third trimester.

**Alcohol abstinence in third trimester percent** – The sum of mothers who did not report drinking in the third trimester, divided by the sum of women who gave live birth, reported per 100 women with known values for drinking in the third trimester. Unknown third trimester drinking women are subtracted from the total of women giving live birth.

**Alcohol abstinence in third trimester target** – Healthy People 2020 Maternal, Infant, and Child Health objective 11.1: Increase abstinence from alcohol among pregnant women to 98.3 percent or greater or decrease drinking among pregnant women to 1.7 percent or less.

**Resident birth** – An infant born of a mother who resided in Ohio at the time of birth. The Ohio Department of Health reports birth statistics based on resident births.

**Resident death** – An infant who resided in Ohio at the time of death. The Ohio Department of Health reports mortality statistics based on resident deaths.

**Occurrence birth** – Any birth in Ohio. The Ohio Department of Medicaid reports its birth coverage based on Ohio occurrence births.

**Occurrence death** – Any death in Ohio. The Ohio Department of Medicaid reports its death coverage based on Ohio occurrence deaths.

**Data Suppression** – When the difference between the number of specific events (e.g., births with low birthweight) and the total number of events (e.g., all births) is less than 10, the statistics are suppressed due to instability or confidentiality requirements.

# Canton City Health Department

December 2017 Report (Meeting 01/22/18)

AIR POLLUTION CONTROL

## AIR MONITORING:

### Summary of Air Monitoring Network

MONITORING TYPE	ATTAINMENT STATUS	# OF REQUIRED MONITORS	# OF OPERATING MONITORS	MONITORING LOCATION
Ozone	Attainment	3	0*	Malone College; Brewster; Alliance
Carbon Monoxide	Attainment	1	1	Canton Health Department
PM2.5	Attainment	4	4	Canton Fire Station #8; Canton Health Department
PM2.5 Speciation	n/a	2	2	Canton Fire Station #8
Lead	Attainment	1	2	Republic Steel
PM10 (special)	n/a	1	1	Republic Steel

- *Monitoring Network Details:*

- \*The Ozone Season ended 10/31/2017 so the monitors have been shut down. Routine maintenance on the monitoring equipment is underway and the ozone standards were recently recertified to prepare for the 2018 season, which begins 03/01/2018.

### Air Pollution Laboratory Report

#### *Suspended Particulates PM2.5- Comparison of Monthly Averages\* (in micrograms per cubic meter of air)*

*Primary Standard Limits: Annual Arithmetic Mean = 12; Daily 24-hr Average = 35*

*\*Note: Due to data availability averages are reported for previous month*

Location	November 2013	November 2014	November 2015	November 2016	November 2017
#1 Health Department	6.6	8.4	8.7	10.5	8.8
#15 Fire Station #8	8.1	10.6	10.1	13.0	10.6

#### *Air Quality Index (AQI) - Comparison of Monthly Data*

*AQI Value Ranges Per Category of Air Quality Conditions:*

*Good = 0-50; Moderate = 51-100; Unhealthy for Sensitive Groups = 101-150; Unhealthy = 151-200*

Data Type	December 2013	December 2014	December 2015	December 2016	December 2017
# of AQI Reporting Days	21	21	22	22	20
Highest AQI Value	55	32	60	58	72
# of Days in Good Category	19	21	21	19	13
# of Days in Moderate Category	2	0	1	3	7
# of Days in Unhealthy For Sensitive Groups Category	0	0	0	0	0
# of Days in Unhealthy Category	0	0	0	0	0

## Data Capture Rate Report

*Quality assured data is to be collected per the frequency indicated in the table no less than 75% of the time  
Comparison of annual data capture rates*

*\*Note: Due to data availability, this is the expected data capture rate once December data is submitted.*

Pollutant	Sample Frequency	2013	2014	2015	2016	2017
PM2.5 Intermittent (Fire Station #8)	1 every 3 days	98%	98%	99%	98%	100%*
PM2.5 Intermittent (Health Dept.)	1 every 3 days	97%	97%	98%	99%	96%*
PM2.5 Continuous	Continuous, hourly averages	95%	98%	99%	86%	86%
PM2.5 Speciation	1 every 6 days	97%	98%	99%	98%	99%
Carbon Monoxide	Continuous, hourly averages	96%	99%	98%	99%	99%
Ozone (Alliance)	Continuous, hourly averages	98%	99%	98%	98%	99%
Ozone (Malone)	Continuous, hourly averages	99%	99%	98%	99%	99%
Ozone (Brewster)	Continuous, hourly averages	99%	99%	98%	99%	99%

### SIGNIFICANT OTHER EVENTS:

- 12/05/17: Contract expenditure reports for 4<sup>th</sup> quarter (07/01/17-09/30/17) and Core Contract year-end closeout (period 10/01/16-09/30/17) were submitted to the Ohio EPA. There was \$612 of unspent balance of the PTI fees portion of funding provided in September 2017 and \$1,380 unspent balance of the core carryover funding from the previous year, which will be rolled over for use in the next contract year (period 10/01/17-09/30/18) in accordance with the carryover budget submitted on 12/05/17. The enforcement carryover funding that has had a balance for numerous years and was used to cover a portion of an APC Engineer personnel costs has been fully spent with no unspent balance.

### SIGNIFICANT COMPLIANCE MONITORING DETAILS:

*Please see the APC Compliance Monitoring Activities table on the next page for the quantities of conducted activities. Below are details of any compliance monitoring activities with significant importance or impact.*

- 12/04/17: Linda Morckel sent a Notice of Violation (NOV) and Resolution of Violation (ROV) combination letter for significant non-compliance of open burning regulations to Rick Shifflet for the property located at 6480 Valley Dr SE, Pike Township. The burn area was 9x12 feet in size and contained paint cans, aerosol cans, plastics, rubber, textiles, and treated wood. The complaint was forwarded to Stark County Health Department for an abundance of trash and tires on the property. The owner is now cleaning the property and disposing of material in an appropriate manner.
- 12/08/17: David Hampton sent a NOV letter for general non-compliance to Steve DiPietro for NTV facility, Tiger Sand and Gravel, located at 411 Oberlin Ave SW, Massillon, OH. The non-compliance issues involved the installation of several material storage silos without first getting a permit. This is the second time a NOV has been sent for this reason to this facility; the first NOV was sent 1/15/2015. The letter requested the facility to submit a permit application to resolve this violation.

- 12/22/17: Ohio EPA Director’s Final Findings and Orders were issued to Title V facility, Marathon Refinery, located at 2408 Gambirinus Ave SW, Canton. These F&Os resolve 2 significant non-compliance issues of FCCU particulate emissions stack test exceedances that occurred in 2017. The F&Os include several milestones for Marathon to complete to resolve the violations, including stack testing every 3 months until they install a new control device and then annually thereafter. The F&Os also include a \$250,000 civil penalty, of which about \$62,500 will be paid to Canton during FFY2020 (two years from now).
- December 2017: On 12/15/17, 9 odor complaints (categorized as “other”) were received in the morning regarding a strong decay/dead animal smell. The Canton Repository posted an article late morning regarding the odor and Canton APC’s efforts, which requested the community to call in information of the location they smelled the odor. About 66 calls were received from the community reporting locations of odors throughout Stark County including Hartville, Massillon, Canton, Jackson Twp, North Canton, Perry Twp. On 12/15/17 two inspectors traveled to the locations to investigate but were not able to identify a source of the odor. A couple more odor complaints were received on 12/18/17 which were investigated and found the source of the odor was caused by chicken manure spread on the farm field in Perry Twp over the weekend. The Canton Repository posted an updated article regarding Canton APC’s investigation into the odor. Posts were made to Facebook and Twitter to inform the community of the progress.
- Quarterly Inspection Goals Status (Oct-Dec): We achieved 100% of the quarterly goal for high priority facility inspections, anti-tampering inspections, and asbestos landfill inspections. We exceeded the yearly asbestos inspection rate goal of 15%, by achieving an inspection rate of 20.0% for the quarter for notifier and non-notifier inspections combined, and 18.6% for notifier inspections only, so we anticipate to achieve the yearly goal.
- CY2017 Comparison to CY2016: The tables below include both the CY2017 totals and the previous CY2016 totals.
  - The overall facility inspection (items 1-8) rate for CY2017 was slightly lower (nearly equal) than CY2016, mostly due to the distribution of FCE inspection frequency requirements, less inspections for Non-High Priority facilities for permit processing needs, more required performance tests and more opacity observations made.
  - The overall asbestos inspection rate for CY2017 was slightly higher than CY2016, mostly due to more asbestos notifications received. However, the overall asbestos notification inspection percentage decreased in CY2017 to 26.3% as compared to CY2016 of 37.5% to reduce workload by more closely matching the 15% contract requirement.
  - The amount of complaints received (item 9) was higher in CY2017 than CY2016 for nearly all complaint categories, and the investigated to received ratio increased slightly in CY2017 to 94.2% as compared to CY2016 of 91.7%.
  - The enforcement (items 16-18) rate was higher for CY2017 than CY2016, which was result of more complaints received and more violations found during opacity observations and inspections. A second table (below) is included in this year’s report that provides the CY2017 and CY2016 totals of the different categories of non-compliance. As seen, the enforcement rate increased for all the individual categories. The overall ratio of non-compliances resolved versus taken increased in CY2017 to 100% as compared to CY2016 of 96.4%, however, these ratios vary per category.
  - Note: The Ohio EPA contract starting October 2017 changed the anti-tampering inspection requirement from 1 per 3 months to 1 per 6 months, so 4<sup>th</sup> quarter CY17 (or 1<sup>st</sup> quarter contract year) did not require an anti-tampering inspection which is why the CY2017 inspection rate was lower than CY2016.

# APC Compliance Monitoring Activities

December 2017

Activity	Month Totals					Quarter Goal	Quarter Totals		CY2017 Totals		CY2016 Totals	
	Received	Investigated		Recd	Inv	Recd	Inv	Recd	Inv	Recd	Inv	
<i>INSPECTIONS</i>												
1. High Priority facilities inspected (FCE)	0					4	4		13		16	
2. High Priority facility Site Visits conducted	1						5		36		13	
3. Non-High Priority facilities inspected	0					0	0		1		0	
4. Non-High Priority facility Site Visits conducted	0						1		18		64	
5. Site Visits conducted at Non-Facilities	1						2		24		20	
6. Performance tests observed	0						2		19		12	
7. Opacity observations made	0						3		23		13	
8. Anti-tampering inspections	0					0	0		3		4	
<i>COMPLAINTS</i>												
9. Complaints received & investigated (total of a-e)	29		28			73	69	291	274	217	199	
a. Open burning	8		8			36	38	192	184	151	146	
b. Related to a High Priority Facility	1		1			7	7	30	30	6	5	
c. Related to a Non-High Priority Facility	2		3			3	3	11	11	19	12	
d. Asbestos	1		1			1	1	4	4	2	2	
e. Other	17		15			26	20	54	45	39	34	
<i>ASBESTOS</i>												
10. Demo/Renovation notifications received	23						70		240		152	
11. Demo/Renovation inspections performed	5					15%	13		63		57	
12. Non-Notifier inspections performed	0						1		5		9	
13. Asbestos Landfill inspection performed	0					0	0		3		3	
<i>OPEN BURNING ISSUANCE</i>												
14. Open Burning Notifications	0		0			0	0	6	6	10	8	
15. Open Burning Permissions	0		0			2	3	6	6	6	5	
<i>ENFORCEMENT</i>												
	OB	Asb	Fac	Ot	Total							
16. Warning actions taken	2	0	0	0	2		10		34		21	
17. General NC enforcement actions taken	3	0	1	0	4		24		110		119	
18. Significant NC enforcement actions taken	1	0	0	0	1		7		24		18	
19. GNC Resolved without further action – Local	3	0	0	0	3		23		115		117	
20. SNC Resolved without further action – Local/OEPA	1	0	0	0	1		7		11			
21. Enforcement Action Referral to Ohio EPA	0	0	0	0	0		5		14		15	
22. Final Enforcement Action Issued by Ohio EPA/AGO	0	0	1	0	1		1		8		15	

Abbreviations: OB = open burning; Asb = asbestos; Fac = facility; Ot = Other; NC = Non-compliance, S = Significant, G = General

<b>ENFORCEMENT DETAILS</b>	<b>OB Totals</b>		<b>Asb Totals</b>		<b>Fac Totals</b>		<b>Ot Totals</b>	
<i>Annual comparisons per type</i>	<b>CY17</b>	<b>CY16</b>	<b>CY17</b>	<b>CY16</b>	<b>CY17</b>	<b>CY16</b>	<b>CY17</b>	<b>CY16</b>
16. Warning actions taken	<b>29</b>	<i>11</i>	<b>1</b>	8	<b>4</b>	2	<b>0</b>	<i>0</i>
17. General NC enforcement actions taken	<b>97</b>	<i>96</i>	<b>7</b>	<i>10</i>	<b>4</b>	<i>10</i>	<b>2</b>	<i>3</i>
18. Significant NC enforcement actions taken	<b>10</b>	<i>13</i>	<b>5</b>	<i>1</i>	<b>9</b>	4	<b>0</b>	<i>0</i>
19. GNC Resolved without further action – Local	<b>98</b>	<i>103</i>	<b>7</b>	8	<b>7</b>	6	<b>3</b>	<i>0</i>
20. SNC Resolved without further action – Local/OEPA	<b>8</b>		<b>1</b>		<b>2</b>		<b>0</b>	
21. Enforcement Action Referral to Ohio EPA	<b>3</b>	8	<b>5</b>	3	<b>6</b>	4	<b>0</b>	<i>0</i>
22. Final Enforcement Action Issued by Ohio EPA/AGO	<b>4</b>	6	<b>1</b>	4	<b>3</b>	5	<b>0</b>	<i>0</i>

Abbreviations: OB = open burning; Asb = asbestos; Fac = facility; Ot = Other; NC = Non-compliance, S = Significant, G = General

**PERMITTING:**

**Summary of Permit Activity for December 2017**

	<b>Incoming</b>	<b>Outgoing</b>	
	<b>Applications Received</b>	<b>Draft Issued Permits</b>	<b>Final Issued*</b>
TVPTI-Initial Installation	0	0	0
TVPTI-Ch31 Modification	0	0	1
FEPTIO-Initial Installation	0	0	0
FEPTIO-Ch31 Modification	0	0	0
NTVPTIO-Initial Installation	2	0	0
NTVPTIO-Ch31 Modification	0	0	0
<b>Total Installation Permits</b>	<b>2</b>	<b>0</b>	<b>1</b>
TVPTO-renewal	0	1	0
FEPTIO-renewal	0	0	0
PTIO-renewal	1	0	1
<b>Total-Renewals</b>	<b>1</b>	<b>1</b>	<b>1</b>
TVPTI - Admin Modification	0	0	0
TVPTO-APA/MPM/SPM	0	0	0
TVPTO-Initial	0	1	0
FEPTIO-Admin Modification	0	0	0
NTVPTIO-Admin Modification	0	0	0
<b>Total other permits</b>	<b>0</b>	<b>1</b>	<b>0</b>
PBR-Initial Installation	0	n/a	0
PBR-Replace Renewal	0	n/a	0
<b>Total PBRs</b>	<b>0</b>	<b>n/a</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>3</b>	<b>2</b>	<b>2</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

## Summary of Permit Goals and Status for CYTD 2017

	CYTD Final Issued* Permits	DAPC Yearly Issuance Goals	Year End % Goal Achieved
FEPTIO-Renewal (backlogged)~	1	6	17%
NTVPTIO-Renewal (backlogged)~	4	15	27%

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

~Only includes Backlogged permits, which means older than 6 months for FEPTIO/NTVPTIO-Renewals

	Processing complete; waiting for CO to issue	CYTD TVPTO Issuance Details				DAPC Yearly Issuance Goal	Year End % Goal Achieved
		Draft	PPP	PP	Final*		
TVPTO-Renewal~	1	2	1	1	1	6	17%

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

~Only includes Backlogged permits, which means older than 18 months for TVPTO-Renewals

	CYTD permits issued final*	CYTD permits issued on time	Year End % of permits issued on time	Goal
% of Installation Permits issued final within 180 days	7	5	71.4%	100%
% of Admin Mod Permits issued final within 180 days	10	9	90.0%	100%

\*Value of both final issued permits and canceled permits (permits no longer needed) combined. This value does not include permits that were already older than 180 days as of 01/01/2017.

- Permit Issuance Goals and Status:** This is the sixth year that goals have been provided to Canton from Ohio EPA DAPC. Out of the 5 goals DAPC provided us for 2017, we didn't meet any of them as seen in the table above. We put forth a concerted effort this year, maintaining good quality of the final issued permits. We spent a lot of time working on TVPTO renewals, in which can be seen in our CYTD TVPTO table above and will contribute to our goals in 2018 when they are issued final. We even completed processing The Marathon Refinery TVPTO Renewal for PPP issuance in December, which we are waiting for CO to issue. We did progress with issuing renewal permits, but we still have renewal permit backlog, which will carry forward as the goal for 2018 to complete. We completed processing 1 backlog PTIO renewal and 1 backlog FEPTIO renewal in December, which we are waiting for CO to issue, so were not able to be counted toward the goals. The Installation permits continue to be the highest processing priority, so this causes the renewal work to be delayed. See CY2017 versus CY2016 comparison for additional discussion on performance.

## Facility Universe in Stark County (APC Jurisdiction)

	November 2017 End Balance	Facilities shutdown in December 2017	New Facilities in December 2017	Facilities changed type in December 2017	December 2017 End Balance
# of Title V Facilities	20	0	0	0	20
# of FEPTIO Facilities	20	0	0	0	20
# of NTV Facilities	183	0	0	0	183
# of PBR Facilities	283	0	0	0	283

**PERMITTING – QUARTERLY AND YEARLY STATISTICS:**

**Summary of Final Issued Permits for 4<sup>th</sup> Quarter 2017 Compared to Benchmarks**

	Final Issued Permits*		
	Canton	Benchmark-High: Toledo	Benchmark-Low: Portsmouth
TVPTI-Initial Installation	0	0	0
TVPTI-Ch31 Modification	2	0	0
FEPTIO-Initial Installation	0	0	0
FEPTIO-Ch31 Modification	0	1	0
NTVPTIO-Initial Installation	0	1	1
NTVPTIO-Ch31 Modification	2	1	0
<b>Total Installation Permits</b>	<b>4</b>	<b>3</b>	<b>1</b>
TVPTO-renewal	0	2	1
FEPTIO-renewal	0	2	0
NTVPTIO-renewal	1	1	0
<b>Total Renewals</b>	<b>1</b>	<b>5</b>	<b>1</b>
TVPTI - Admin Modification	2	3	1
TVPTO-APA/MPM/SPM	0	0	0
TVPTO-Initial	0	0	2
FEPTIO-Admin Modification	0	3	0
NTVPTIO-Admin Modification	0	0	0
<b>Total Other Permits</b>	<b>2</b>	<b>6</b>	<b>3</b>
<b>Total PBRs</b>	<b>1</b>	<b>3</b>	<b>3</b>
<b>GRAND TOTAL</b>	<b>8</b>	<b>17</b>	<b>8</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

- Quarterly Benchmark Comparison:* We have two Benchmarks: Toledo, which is a slightly larger size jurisdiction with more permit writing staff; and Portsmouth which is a slightly smaller jurisdiction with less permit writing staff. Our goal is to achieve performance at the same level as our high benchmark, but to never fall below our low benchmark. This quarter our performance has decreased compared to the last quarter since we are below our high benchmark, but we are still meeting the goal of being above our low benchmark. We are achieving 47% of our high benchmark’s performance. Our goal next quarter is to maintain our performance levels (in between our low & high benchmarks).

**Summary of Final Issued Permits for Calendar Year 2017 Compared to Benchmark**

	Final Issued Permits*		
	Canton	Benchmark-High: Toledo	Benchmark-Low: Portsmouth
TVPTI-Initial Installation	2	2	0
TVPTI-Ch31 Modification	2	1	0
FEPTIO-Initial Installation	0	5	0
FEPTIO-Ch31 Modification	1	1	1
NTVPTIO-Initial Installation	4	6	2
NTVPTIO-Ch31 Modification	3	1	0
<b>Total NSR Category Permits</b>	<b>12</b>	<b>16</b>	<b>3</b>
TVPTO-renewal	1	5	3
FEPTIO-renewal	1	3	0
NTVPTIO-renewal	9	1	1
<b>Total Renewals</b>	<b>11</b>	<b>9</b>	<b>4</b>
TVPTI - Admin Modification	12	7	
TVPTO-APA/MPM/SPM	2	1	0
TVPTO-Initial	0	0	2
FEPTIO-Admin Modification	0	3	1
NTVPTIO-Admin Modification	2	4	0
<b>Total Other Permits</b>	<b>16</b>	<b>15</b>	<b>9</b>
<b>Total PBRs</b>	<b>15</b>	<b>21</b>	<b>7</b>
<b>GRAND TOTAL</b>	<b>54</b>	<b>61</b>	<b>23</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

- Yearly Benchmark Comparison:* As a yearly comparison to our two benchmark offices, we accomplished 89% of high benchmark and 235% of our low benchmark, which is maintaining a position between the two benchmarks. In comparison to last year 2016, Canton achieved 130% of what the high benchmark office achieved and was the best performance since 2011, so 2017 shows a decline in performance. In comparison to last year 2016, Canton achieved 287% of what the low benchmark office achieved, which also shows a slight decline in performance. In 2017 our performance has decreased compared to 2016 since we are below our high benchmark, but we are still meeting the goal of being above our low benchmark. However, both our benchmarks had their lowest performance since 2011, which compares to Canton's overall performance. See CY2017 versus CY2016 comparison for additional discussion on performance.

**Summary of Final Issued Permits for CY2017 Compared to CY2016**

	Final Issued Permits*		Comparison
	Canton CY2016	Canton CY2017	% difference from 2016-2017
TVPTI-Initial Installation	5	2	-60%
TVPTI-Ch31 Modification	3	2	-33%
FEPTIO-Initial Installation	1	0	-100%
FEPTIO-Ch31 Modification	1	1	0%
NTVPTIO-Initial Installation	23	4	-83%
NTVPTIO-Ch31 Modification	8	3	-63%
<b>Total NSR Category Permits</b>	<b>41</b>	<b>12</b>	<b>-71%</b>
TVPTO-renewal	5	1	-80%
FEPTIO-renewal	3	1	-67%
NTVPTIO-renewal	19	9	-53%
<b>Total Renewals</b>	<b>27</b>	<b>11</b>	<b>-59%</b>
TVPTI - Admin Modification	18	12	-33%
TVPTO-APA/MPM/SPM	0	2	+200%
TVPTO-Initial	0	0	0%
FEPTIO-Admin Modification	0	0	0%
NTVPTIO-Admin Modification	4	2	-50%
<b>Total Other Permits</b>	<b>22</b>	<b>16</b>	<b>-27%</b>
<b>Total PBRs</b>	<b>22</b>	<b>15</b>	<b>-32%</b>
<b>GRAND TOTAL</b>	<b>112</b>	<b>54</b>	<b>-52%</b>

\*Value of both final issued permits and canceled permits (permits no longer needed) combined.

Canton Total Final Issued Permits (past 7 years)							
CY2011	CY2012	CY2013	CY2014	CY2015	CY2016	CY2017	Average
72	72	53	69	86	112	54	74

- CY2017 versus CY2016 Comparison:* Our performance has declined by 52% in comparison to our 2016 level, which was the best performing year since data has been tracked (see 7 year summary table above). This year is among the lowest performing year in the past 7 years. The decline in performance is primarily due to the 71% decrease in NSR permit applications received and processed, which caused us to focus work on difficult and time consuming renewal permits (Title V, FEPTIO). The decline of performance is also due to changes to Permitting and Compliance (P&C) group staffing levels in late 2016, impacting 2017. In late 2016, APC Engineer (permit writer) Marisa Toppi resigned and Sam Norman was hired. During 2017, we had a total of 4 instead of 5 fully trained permit writing staff (Carl Safreed, Ron Jones, Ed Pabin, and David Hampton) since Sam Norman was still receiving training. Staffing changes will continue in 2018. Greg Clark, APC Engineer, who works in the P&C group with a primary focus on compliance tasks, will retire in early 2018, which will add his workload to the other P&C staff, reducing their time on permit writing. Despite the staffing changes in 2018, the goal is to complete all the backlog permits remaining and to improve our performance by 37% to achieve our average performance levels.

# Canton City Health Department

December Report 2017 (Meeting 01/22/2018)

VITAL STATISTICS

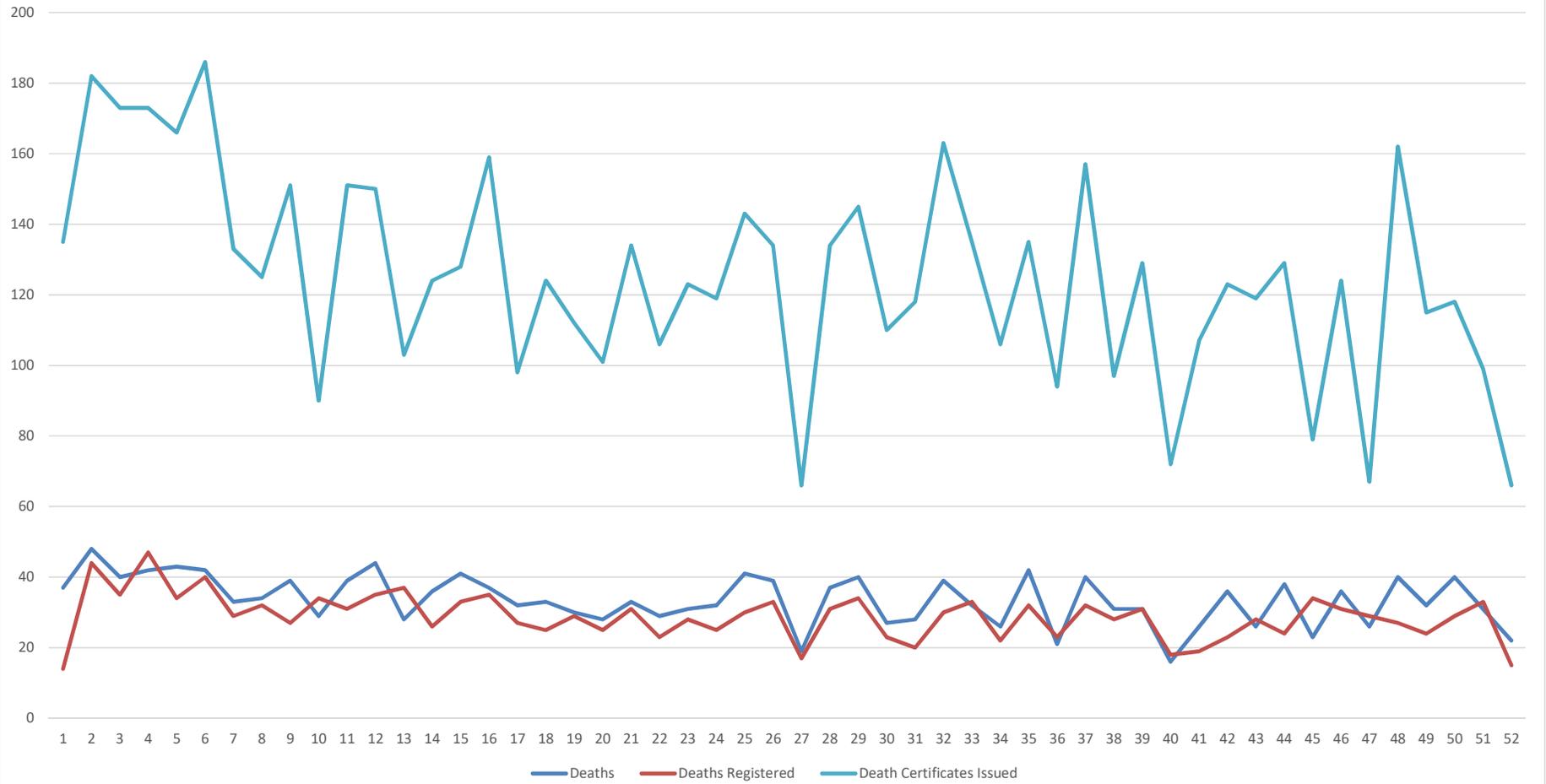
Certificates Issued	DEC 2017	2017 YTD	2016 YTD
Death Certificates Issued	412	6,885	6,667
Birth Certificates Issued	490	9,345	9,650

*Births Total Residents & Nonresidents	DEC 2017	2017 YTD	2017 YTD
Births	271	4,132	
Unmarried Parent Births	133	2,025	49%
Births to Mothers aged 14 and under	-	1	0%
Births to Mothers aged 15 - 17	4	75	2%
Births to Mothers aged 18 - 19	23	227	5%
Births to Mothers aged 20 - 24	73	1,024	25%
Births to Mothers aged 25 - 29	81	1,423	34%
Births to Mothers aged 30 - 34	51	910	22%
Births to Mothers aged 35 - 39	30	406	10%
Births to Mothers aged 40 - 44	8	65	2%
Births to Mothers aged 45 and over	1	1	0

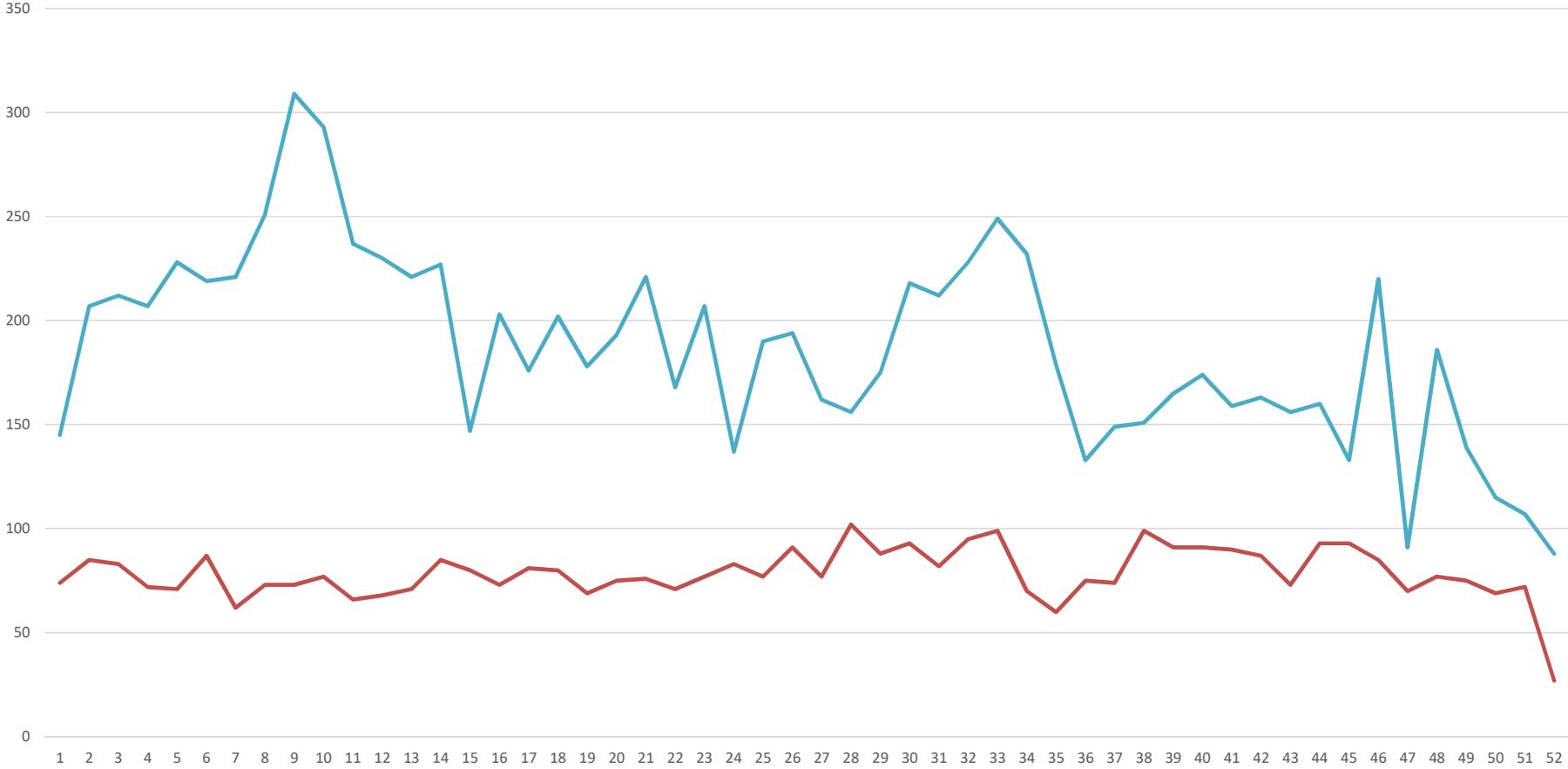
Deaths in Canton City	DEC 2017	2017 YTD	YTD Male	TYD Female
Total	128	1,747	53%	47%
Deaths aged 0 - 9	1	27	56%	44%
Deaths aged 10 - 19	-	2	0.5	50%
Deaths aged 20 - 29	4	41	78%	22%
Deaths aged 30 - 39	1	32	63%	38%
Deaths aged 40 - 49	5	57	61%	39%
Deaths aged 50 - 59	10	193	60%	40%
Deaths aged 60 - 69	34	390	61%	39%
Deaths aged 70 -79	27	398	54%	46%
Deaths aged 80 and over	46	607	43%	57%

Based on the number of births and deaths registered for the month of December 2017.

2017 Weekly Summary - Deaths



2017 Weekly Summary - Births



Births Registered Birth Certificates Issued

**City of Canton**  
**Statement Of Cash Position**

Report Date: 12/31/2017

Fund	Beginning Balance	M-T-D Revenues	Y-T-D Revenues	M-T-D Expenses	Y-T-D Expenses	Unexpended Balance	Outstanding Encumbrances	Ending Balance
Fund Category: 1 - Governmental Funds								
Fund Type: 12 - Special Revenue Funds								
2312 - V.D. - I03 Gonorrhea (VD)	\$149,482.63	\$2,185.43	\$28,653.12	\$4,632.54	\$27,982.63	\$150,153.12	\$1,146.06	\$149,007.06
2313 - Local Health Dept Prev Support	\$176,731.04	\$18,839.94	\$90,701.81	\$3,838.81	\$53,303.79	\$214,129.06	\$283.59	\$213,845.47
2314 - Family Health (476)	\$1,328,616.75	\$34,226.38	\$1,708,792.54	\$122,910.12	\$875,802.82	\$2,161,606.47	\$60,244.87	\$2,101,361.60
2315 - HTLV Antibody (Aids)	\$5,572.32	\$0.00	\$0.00	\$0.00	\$0.00	\$5,572.32	\$0.00	\$5,572.32
2316 - WIC Supplemental Health - FY 77	\$345,341.41	\$106,192.45	\$1,336,883.42	\$165,523.02	\$1,333,498.91	\$348,725.92	\$67,366.10	\$281,359.82
2317 - Local Health Assess & Accred Fnd	\$19,192.82	\$0.00	\$0.00	\$1,469.61	\$17,408.36	\$1,784.46	\$1,043.75	\$740.71
2318 - Local Aids Prevention	\$352,968.27	\$34,300.47	\$337,295.10	\$40,804.40	\$314,907.69	\$375,355.68	\$17,006.12	\$358,349.56
2319 - Aids Home Health Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2320 - Nursing Clinic Activity Fund	\$296,056.83	\$14,698.74	\$214,469.10	\$13,912.39	\$115,872.35	\$394,653.58	\$3,961.05	\$390,692.53
2321 - Immunization Action Grant	\$141,993.06	\$6,185.55	\$61,506.72	\$15,632.49	\$115,716.61	\$87,783.17	\$27,309.81	\$60,473.36
2322 - Dental Sealant 132T Grant	\$149,358.44	\$0.00	\$46,711.03	\$9,281.27	\$71,925.93	\$124,143.54	\$647.23	\$123,496.31
2323 - Personal Responsibility Ed Pr Fd	\$27,746.81	\$14,500.00	\$174,805.27	\$20,888.39	\$147,321.08	\$55,231.00	\$864.37	\$54,366.63
2324 - STD Seroprevalence Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2325 - Ohio Early Start	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2326 - Healthy Start	\$12,174.31	\$0.00	\$0.00	\$0.00	\$5,940.00	\$6,234.31	\$0.00	\$6,234.31
2327 - Lead Assessment Fund	\$17,737.42	\$0.00	\$14,812.46	\$1,575.61	\$10,839.35	\$21,710.53	\$620.42	\$21,090.11
2328 - Public Health Infrastructure	\$46,923.04	\$0.00	\$240,560.30	\$14,279.43	\$244,935.96	\$42,547.38	\$82.68	\$42,464.70
2329 - Smoke Free Ohio	\$23,611.59	\$90.00	\$1,215.00	\$1,694.22	\$5,619.18	\$19,207.41	\$0.00	\$19,207.41
2331 - Air Pollution (134)	\$592,653.57	\$107,859.06	\$873,823.59	\$112,300.91	\$816,027.81	\$650,449.35	\$33,463.08	\$616,986.27
2332 - Air Pollution (135)	\$40,258.25	\$0.00	\$688.00	\$6,044.13	\$39,728.59	\$1,217.66	\$0.00	\$1,217.66
2335 - EARLY HEAD START	\$15,797.67	\$173.02	\$15,207.94	\$1,928.90	\$21,780.77	\$9,224.84	\$1,724.90	\$7,499.94
2351 - Food Service (055)	\$62,873.52	\$6,594.00	\$275,213.25	\$33,112.47	\$223,145.11	\$114,941.66	\$191.93	\$114,749.73
2352 - Private Water Supply	\$336.50	\$0.00	\$0.00	\$0.00	\$0.00	\$336.50	\$0.00	\$336.50
2353 - Swimming Pool	\$34,502.34	\$0.00	\$5,740.00	\$425.05	\$5,422.44	\$34,819.90	\$0.00	\$34,819.90
2354 - Solid Waste Disposal License	\$118,186.61	\$889.88	\$117,499.60	\$10,324.72	\$87,392.72	\$148,293.49	\$0.00	\$148,293.49
2355 - Infectious Waste Registration	\$5,172.40	\$0.00	\$0.00	\$0.00	\$0.00	\$5,172.40	\$0.00	\$5,172.40

City of Canton  
**Statement Of Cash Position**

Report Date: 12/31/2017

Fund	Beginning Balance	M-T-D Revenues	Y-T-D Revenues	M-T-D Expenses	Y-T-D Expenses	Unexpended Balance	Outstanding Encumbrances	Ending Balance
2356 - Tattoo Parlors	\$18,888.12	\$499.00	\$1,320.00	\$578.76	\$3,904.61	\$16,303.51	\$0.00	\$16,303.51
Fund Type 12 - Special Revenue Funds Subtotal:	\$3,982,175.72	\$347,233.92	\$5,545,898.25	\$581,157.24	\$4,538,476.71	\$4,989,597.26	\$215,955.96	\$4,773,641.30
Fund Category 1 - Governmental Funds Subtotal:	\$3,982,175.72	\$347,233.92	\$5,545,898.25	\$581,157.24	\$4,538,476.71	\$4,989,597.26	\$215,955.96	\$4,773,641.30
<b>Grand Total:</b>	\$3,982,175.72	\$347,233.92	\$5,545,898.25	\$581,157.24	\$4,538,476.71	\$4,989,597.26	\$215,955.96	\$4,773,641.30

City of Canton  
**Budget by Fund Category Report**  
 12/31/2017

Prior Fiscal Year Activity Included

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>1 - Governmental Funds</b>									
<b>Revenue</b>									
52 - Licenses and permits	\$237,100.00	\$0.00	\$237,100.00	\$7,093.00	\$0.00	\$326,873.25	(\$89,773.25)	138%	\$252,525.89
53 - Intergovernmental revenue	\$4,950,033.00	\$0.00	\$4,950,033.00	\$284,552.30	\$0.00	\$4,926,434.07	\$23,598.93	100%	\$4,759,197.21
54 - Charges for services	\$273,100.00	\$0.00	\$273,100.00	\$15,565.52	\$0.00	\$234,276.56	\$38,823.44	86%	\$219,105.85
56 - Other misc revenue	\$0.00	\$0.00	\$0.00	\$23.10	\$0.00	\$3,314.37	(\$3,314.37)	+++	\$4,690.74
83 - Transfer in - from other fund	\$40,000.00	\$0.00	\$40,000.00	\$40,000.00	\$0.00	\$40,000.00	\$0.00	100%	\$40,000.00
84 - Advance in - from other fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,000.00	(\$15,000.00)	+++	\$0.00
<b>Revenue Totals</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$347,233.92</b>	<b>\$0.00</b>	<b>\$5,545,898.25</b>	<b>(\$45,665.25)</b>	<b>101%</b>	<b>\$5,275,519.69</b>
<b>Expense</b>									
61 - Salary and benefits	\$1,950,889.00	(\$41,111.71)	\$1,909,777.29	\$135,456.49	\$0.00	\$1,808,697.67	\$101,079.62	95%	\$1,731,961.68
62 - Payroll fringes	\$862,285.00	\$15,225.37	\$877,510.37	\$252,493.72	\$0.00	\$808,667.40	\$68,842.97	92%	\$730,079.08
70 - Services	\$2,128,071.00	\$375,171.33	\$2,503,242.33	\$165,598.42	\$178,305.50	\$1,628,280.67	\$696,656.16	72%	\$1,410,151.02
71 - Utilities	\$7,944.00	\$3,305.77	\$11,249.77	\$1,458.80	\$1,642.45	\$6,915.20	\$2,692.12	76%	\$5,392.18
73 - Supplies	\$330,799.00	\$54,946.72	\$385,745.72	\$24,033.71	\$34,357.15	\$194,171.01	\$157,217.56	59%	\$149,896.67
74 - Refunds, claims and reimbursements	\$16,400.00	\$842.55	\$17,242.55	\$43.82	\$272.52	\$14,640.27	\$2,329.76	86%	\$14,879.19
75 - Capital Outlay	\$89,407.00	\$18,494.98	\$107,901.98	\$1,335.96	\$0.00	\$26,528.15	\$81,373.83	25%	\$14,283.46
77 - Other	\$86,831.00	\$25,094.57	\$111,925.57	\$736.32	\$1,378.34	\$50,576.34	\$59,970.89	46%	\$23,715.09
<b>Revenue Totals:</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$347,233.92</b>	<b>\$0.00</b>	<b>\$5,545,898.25</b>	<b>(\$45,665.25)</b>	<b>101%</b>	<b>\$5,275,519.69</b>
<b>Expenditure Totals:</b>	<b>\$5,472,626.00</b>	<b>\$451,969.58</b>	<b>\$5,924,595.58</b>	<b>\$581,157.24</b>	<b>\$215,955.96</b>	<b>\$4,538,476.71</b>	<b>\$1,170,162.91</b>	<b>80%</b>	<b>\$4,080,358.37</b>
<b>1 - Governmental Funds Net Totals:</b>	<b>\$27,607.00</b>	<b>(\$451,969.58)</b>	<b>(\$424,362.58)</b>	<b>(\$233,923.32)</b>	<b>(\$215,955.96)</b>	<b>\$1,007,421.54</b>	<b>(\$1,215,828.16)</b>		<b>\$1,195,161.32</b>
<b>Revenue Grand Totals:</b>	<b>\$5,500,233.00</b>	<b>\$0.00</b>	<b>\$5,500,233.00</b>	<b>\$347,233.92</b>	<b>\$0.00</b>	<b>\$5,545,898.25</b>	<b>(\$45,665.25)</b>	<b>101%</b>	<b>\$5,275,519.69</b>
<b>Expenditure Grand Totals:</b>	<b>\$5,472,626.00</b>	<b>\$451,969.58</b>	<b>\$5,924,595.58</b>	<b>\$581,157.24</b>	<b>\$215,955.96</b>	<b>\$4,538,476.71</b>	<b>\$1,170,162.91</b>	<b>80%</b>	<b>\$4,080,358.37</b>
<b>Grand Totals:</b>	<b>\$27,607.00</b>	<b>(\$451,969.58)</b>	<b>(\$424,362.58)</b>	<b>(\$233,923.32)</b>	<b>(\$215,955.96)</b>	<b>\$1,007,421.54</b>	<b>(\$1,215,828.16)</b>		<b>\$1,195,161.32</b>



# Budget by Account Classification Report

Through 12/31/17  
 Prior Fiscal Year Activity Included  
 Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund 1001 - General Operating</b>									
<b>REVENUE</b>									
Licenses and permits	.00	.00	.00	.00	.00	.00	.00	+++	.00
Intergovernmental revenue	23,000.00	.00	23,000.00	.00	.00	19,920.38	3,079.62	87	24,674.31
Charges for services	440,850.00	.00	440,850.00	26,648.25	.00	446,940.70	(6,090.70)	101	446,796.95
Fines and forfeitures	.00	.00	.00	.00	.00	.00	.00	+++	.00
Other misc revenue	7,500.00	.00	7,500.00	3,352.88	.00	11,500.63	(4,000.63)	153	9,157.60
<b>REVENUE TOTALS</b>	<b>\$471,350.00</b>	<b>\$0.00</b>	<b>\$471,350.00</b>	<b>\$30,001.13</b>	<b>\$0.00</b>	<b>\$478,361.71</b>	<b>(\$7,011.71)</b>	<b>101%</b>	<b>\$480,628.86</b>
<b>EXPENSE</b>									
Salary and benefits	1,021,770.00	(3,575.00)	1,018,195.00	68,256.03	.00	946,615.07	71,579.93	93	1,054,745.66
Payroll fringes	442,390.00	3,575.00	445,965.00	52,619.38	.00	424,876.96	21,088.04	95	509,476.83
Services	114,857.00	5,730.17	120,587.17	13,754.48	17,494.19	99,405.25	3,687.73	97	138,263.42
Utilities	39,896.00	1,484.26	41,380.26	2,763.45	6,254.45	35,119.81	6.00	100	36,196.24
Inter-departmental charges	2,009.00	.00	2,009.00	.00	.00	2,009.00	.00	100	2,009.00
Supplies	59,942.00	7,911.84	67,853.84	7,647.92	6,752.69	56,512.29	4,588.86	93	52,373.58
Refunds, claims and reimbursements	290,000.00	(11,240.67)	278,759.33	40,312.50	445.00	265,715.46	12,598.87	95	262,838.42
Capital Outlay	.00	6,299.14	6,299.14	.00	6,299.14	.00	.00	100	.00
Other	10,371.00	2,309.74	12,680.74	253.50	516.80	10,619.94	1,544.00	88	5,942.05
Advance out - due to other fund	54,335.00	.00	54,335.00	.00	.00	15,000.00	39,335.00	28	.00
<b>EXPENSE TOTALS</b>	<b>\$2,035,570.00</b>	<b>\$12,494.48</b>	<b>\$2,048,064.48</b>	<b>\$185,607.26</b>	<b>\$37,762.27</b>	<b>\$1,855,873.78</b>	<b>\$154,428.43</b>	<b>92%</b>	<b>\$2,061,845.20</b>
<b>Fund 1001 - General Operating Totals</b>									
<b>REVENUE TOTALS</b>	<b>471,350.00</b>	<b>.00</b>	<b>471,350.00</b>	<b>30,001.13</b>	<b>.00</b>	<b>478,361.71</b>	<b>(7,011.71)</b>	<b>101%</b>	<b>480,628.86</b>
<b>EXPENSE TOTALS</b>	<b>2,035,570.00</b>	<b>12,494.48</b>	<b>2,048,064.48</b>	<b>185,607.26</b>	<b>37,762.27</b>	<b>1,855,873.78</b>	<b>154,428.43</b>	<b>92%</b>	<b>2,061,845.20</b>
<b>Fund 1001 - General Operating Totals</b>	<b>(\$1,564,220.00)</b>	<b>(\$12,494.48)</b>	<b>(\$1,576,714.48)</b>	<b>(\$155,606.13)</b>	<b>(\$37,762.27)</b>	<b>(\$1,377,512.07)</b>	<b>(\$161,440.14)</b>		<b>(\$1,581,216.34)</b>
<b>Grand Totals</b>									
<b>REVENUE TOTALS</b>	<b>471,350.00</b>	<b>.00</b>	<b>471,350.00</b>	<b>30,001.13</b>	<b>.00</b>	<b>478,361.71</b>	<b>(7,011.71)</b>	<b>101%</b>	<b>480,628.86</b>
<b>EXPENSE TOTALS</b>	<b>2,035,570.00</b>	<b>12,494.48</b>	<b>2,048,064.48</b>	<b>185,607.26</b>	<b>37,762.27</b>	<b>1,855,873.78</b>	<b>154,428.43</b>	<b>92%</b>	<b>2,061,845.20</b>
<b>Grand Totals</b>	<b>(\$1,564,220.00)</b>	<b>(\$12,494.48)</b>	<b>(\$1,576,714.48)</b>	<b>(\$155,606.13)</b>	<b>(\$37,762.27)</b>	<b>(\$1,377,512.07)</b>	<b>(\$161,440.14)</b>		<b>(\$1,581,216.34)</b>

# Canton City Health Department

December 2017 Report (Meeting 01/22/18)

QUALITY IMPROVEMENT

*On a quarterly basis, the Quality Improvement Committee provides a written update to the Board of Health as to the progress of QI Plan goals and objectives and completed QI project outcomes per the 2016-2017 QI Plan 800-015-P approved on 06/09/2016.*

## **PROGRESS OF QI PLAN GOALS AND OBJECTIVES:**

- *QI Goals with deadlines within 4<sup>th</sup> quarter 2017 (10/01/2017-12/31/2017) due to extensions:*
  - Develop QIPT PDCA implementation structure for QIPT meetings due 12/31/2017:
    - The developed outline summarizing the structure was used for the QI projects conducted in 2017. Since the QI projects are still underway, the outline is still under evaluation to determine if any revisions are still needed.
    - EH has agreed to build a supplies cart out of recyclable materials from the Recycle Center to minimize costs. EH has not started this work yet. To assist in minimizing EH's work, a unused supply cart was evaluated to see if it could be modified by EH for our use, but EH determined it would not work. This will likely not be completed until end of 1<sup>st</sup> quarter 2018.
    - Goal deadline extended to 03/31/2018.
  - Develop QIPT Charter for each QIPT due 12/31/2017.
    - As part of the QIPT PDCA implementation structure goal above, each QIPT will complete their QIPT Charter form. The Phone Routing QIPT completed this in August 2017 during their meeting, and the Immunization Clinic QIPT completed this in October 2017.
    - Goal Completed.
  - Find free QI Tool training modules for QIPT members by 12/31/2017
    - The training documents available from LeanOhio were revised to fit CCHD needs. These training documents were used during QI projects conducted in 2017. Since the QI projects are still underway, the training documents are still under evaluation to determine if any revisions are still needed.
    - Goal deadline extended to 03/31/2018.
  - Develop and implement Performance Management System (PMS) due 12/31/2017
    - Assigned to the Accreditation Domain 9 Team. Another free PMS training and mentoring was made available to CCHD, so 1 member of the Domain 9 team (Terri), the Accreditation Coordinator (Rob), and a member of the division leaders (Mark) attended the 1-day additional training on 11/09/17. During that event, the mentors assisted the CCHD team in deciding that select strategic plan goals will be used as the performance management (PM) measures. The next step in developing the PM measures is to complete the strategic plan action plan. The first of those meetings occurred on 12/7/17 with the entire Domain 9 Team and Division Leadership Team. More meetings are scheduled in February with each of the DLT members assigned certain strategic goals to draft the action plan before February.

- Goal deadline extended to 03/31/2018.
- *QI Goals with deadlines within 4<sup>th</sup> quarter 2017 (10/01/2017-12/31/2017) originally:*
  - Conduct advanced QI training for QIPT Consultant and any other interested staff by 12/31/2017.
    - The QIC selected the LeanOhio Boot Camp training as the advanced QI training. The QIC researched to find the state-offered LeanOhio Boot Camps are not available for local government staff to attend. Therefore, CCHD is researching the costs of arranging hosting their own LeanOhio Boot Camp in 2018 to use the NACCHO grant funding awarded.
    - Lake County HD is hosting LeanOhio Boot Camp training for LHDs in NE Ohio on Jan 30-31 and Feb 6-7, 2018. CCHD was granted 2 staff to attend this training in which 2 QIC members, Kim Koons and Chrissy Kardos, are scheduled to attend. The NACCHO grant funding will be used to pay the travel expenses for this training.
    - Goal deadline extended to 03/31/2018.
  - Complete one QI project in an administrative area by 12/31/2017.
    - In January 2017, the QIC selected the Phone Answering and Routing (“phone”) project proposal to be a QI project in an administrative area. After the baseline data was collected 09/15/17-09/22/17, the Phone QI project team conducted another meeting on 09/29/17 in which the improvement strategies and plan were developed. The team and responsible persons have been working toward implementing the improvements. As of 12/31/2017, the majority of the improvements have been implemented but a few more need completed. After they are all completed, the improvement data needs to be collected and analyzed before the project is deemed complete.
    - Goal deadline extended to 03/31/2018.
  - Complete one QI project in a program area by 12/31/2017.
    - In January 2017, the QIC selected the Improving Immunization Clinic project proposal to be a QI project in a process area. The Immunization Clinic QI project team conducted seven (7) meetings during October and November 2017. Baseline data forms were developed and data was collected in November. The improvement strategies and plan were drafted and presented to the process owner, Diane Thompson on 12/07/17. Diane made the final improvement selections in December 2017 and began implementing the improvements. Improvements still being implemented in January 2018. After they are all completed, the improvement data needs to be collected and analyzed before the project is deemed complete.
    - Goal deadline extended to 03/31/2018.
  - Develop and conduct one customer satisfaction survey by 12/31/2017.
    - In October 2017, the QIC reviewed the survey developed and conducted for the SWAP program in August 2017. Since it was determined this survey will satisfy the PHAB standards, this QIC will use this survey to satisfy this goal requirement. Goal Completed.
  - Conduct QI Maturity survey for progress data due 12/31/2017:
    - The established 10-question QI maturity survey was emailed to all CCHD staff on 12/12/17. The survey was closed on 12/31/17, so this was completed on time. 88% of CCHD staff responded to the survey (as compared to 86% response rate for baseline survey conducted in August 2016).

- The results of the December 2017 survey are below as well as the results from the baseline survey conducted in August 2016. The December 2017 results indicate the quality improvement maturity at CCHD is still in the beginning stages, since the score is less than 68%. However, the results show CCHD is at 64%, which is an overall improvement over the baseline data of 49%. The results show these improvements in QI maturity are in all 3 maturity categories. These results will be used to guide QI goals planning in 2018 in an effort to further improve QI maturity.

	<b>Points received / total points possible</b>	
	<b>Baseline Data (August 2016)</b>	<b>Progress Data (December 2017)</b>
Culture	12 / 20 = 60%	13 / 20 = 66%
Capacity & Competency	7 / 15 = 47%	10 / 15 = 69%
Alignment & Spread	5 / 15 = 35%	9 / 15 = 57%
<b>Total</b>	<b>24 / 50 = 49%</b>	<b>32 / 50 = 64%</b>

- Collect CCHD & social media website views progress data due 12/31/2017:
  - Gathered internal CCHD and social media website views data to show progress of views on 12/27/2017. Sent email to IT to provide external CCHD views data, but they will not be able to provide the data until January 2018.
  - Goal deadline extended to 03/31/2018.

### **COMPLETED QI PROJECTS:**

No QI Projects were completed during the 4<sup>th</sup> quarter 2017. As specified above, the goal is to have two QI projects completed by 12/31/2017, and progress has been made toward completion, but the projects need more time prior to completion, so the goal deadline has been extended until 03/31/2018.



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

Canton City Health District

## December 2017 Travel

### **Travel (NO expenses)**

<b>Name</b>	<b>Meeting description</b>	<b>Location</b>	<b>Date of meeting</b>
Adams, James	OEI Meeting	Columbus	12/4/2017
Archer, Amanda	OEI Meeting	Columbus	12/4/2017
Butusov, Annie	OEI Meeting	Columbus	12/4/2017
Grimm, Danielle	OEI Meeting	Columbus	12/4/2017
Jones, Ron	DAPC Annual Workshop	Columbus	12/6/2017
Masters, Colton	NE OEHA Planning Committee Meeting	Akron	12/19/2017
Miller, Dawn	OEI Meeting	Columbus	12/4/2017
Morckel, Linda	Meeting of Technical Services Organization	Groveport	12/12/2017
Norman, Samuel	DAPC Annual Workshop	Columbus	12/6/2017

### **Travel (WITH expenses)**

<b>Name</b>	<b>Meeting description</b>	<b>Location</b>	<b>Date of meeting</b>	<b>Fund and account</b>
Morningstar, Amanda	Ohio Public Health Association (OPHA) PHN Conference	Dublin, Ohio	12/13/17 - 12/15/2017	1001 303001 77240
Hupp, Jaclyn	Tisch Environmental Training	Cincinnati	12/20/17 - 12/21/2017	2331 301001 77240
Rusnak, Courtney	Tisch Environmental Training	Cincinnati	12/20/17 - 12/21/2017	2331 301001 77240