

Canton City Public Health 2019 Annual Report

Canton City Public Health

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In this report:

Vital Statistics	1
Finance	2
Performance Management & Quality Improvement	3
Air Pollution Control	4
Environmental Health	5
Laboratory	5
Office of Public Health Information	6
Nursing/Medical Director	7
SWAP	7
THRIVE	11

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It is with pleasure that I submit the 2019 annual report for Canton City Public Health.

Like most things in 2020, the publication of this report has been delayed by the current COVID-19 pandemic. The information in this reports is but a brief summary of the countless hours of work by staff at Canton City Public Health on your behalf.

Of note, Canton City Public Health achieved accreditation status with the Public Health Accreditation Board as a nationally accredited health department. Achieving this status was a process that took over three years. I wish to express my appreciation for the hard work and dedication our staff provided to highlight the services and programs we provide and also the work that is done beyond the doors of the department with a multitude of community agencies and other partners. Though the efforts of all of us, we have made improvements in infant mortality, air quality, and so much more. Moving forward, we will continue to strive to improve our practices and programs, and foster relationships and partnerships that challenge us to grow and improve the services our community needs. Thank you Canton for helping improve the health of our community.

James M. adams, RS, MPH

Vital Statistics

Leading Causes of Death in Canton*						
	2019	2018	2017			
Heart Disease	501	481	405			
Cancer (All Types)	266	268	285			
Chronic Lower Respiratory Disease	108	132	134			
Accidents	134	115	103			
Cerebrovascular Disease	108	78	101			
Septicemia	51	73	56			
Influenza/Pneumonia	48	69	45			
All Other Causes	782	608	634			
*Data source changed since previous reporting years						

City of Canton Vital Statistics*							
	2019	2018	2017				
Deaths	1,803	1,824	1,763				
Births	4,239	4,221	4,152				
- Teen Births (13 - 19)	292	293	306				
*For all births occurring in Canton, not only residents							

Certificates Issued							
	2019	2018	2017				
Birth	10, 557	9,280	9,723				
Death	6,666	6,881	6,492				

Finance

Christi Allen, Fiscal Officer

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2019 EXPENSES						
Foundational Capabilities	No	n-Labor	Itemized/Outlier	Share Services	Labor	TOTAL
Assessment (surveillance/epidemiolo	ogy)	\$8,488	\$204,074	\$0	\$293,928	\$506,490
Emergency preparedness		1,726	1,925	0	59,759	63,409
Communication		609	0	0	21,080	\$28,563
Policy development & support		1,759	0	0	60,916	62,675
Community partnership developmen	t	1,618	0	0	56,024	57,642
Organizational competencies		10,859	0	0	366,664	377,253
Services performed that may cut acros	ss multiple i	if not all f	oundational areas.			
Foundational Areas	No	n-Labor	Itemized/Outlier	Share Services	Labor	TOTAI
Communicable disease control		\$18,240	\$152,240	\$55,031	\$631,594	\$857,105
Chronic Disease and Injury Prevention	on	4,326	4,202	64,427	149,812	222,767
Environmental Public Health		20,616	50,393	0	713,876	784,886
Maternal/Child/Family Health		1,298	0	0	44,947	46,245
Access/linkage with clinical health c	are	527	0	0	18,237	18,763
Services performed specific to each fo	undational	area or r	esponsibility that it	not related to any	foundational c	apability.
Expanded Service Activities	No	n-Labor	Itemized/Outlier	Share Services	Labor	TOTAI
Communicable disease control		\$8,602	\$60,861	\$0	\$297,863	\$367,320
Chronic disease and injury prevention	n	279	426	0	9,670	10,37
Environmental public health		24,973	73,647	0	864,736	963,35
Maternal/Child/Family Health		26,592	414,295	646,325	920,791	2,008,003
Access/linkage with clinical health c	are	1,588	28,604	1,579	54,992	86,763
Services performed to each expanded	area or res	ponsibilit	y that is not related	to any foundation	al capability or	· area.
ТО	TAL S	\$131,830	\$990,667	\$767,362	\$4,564888	\$6,454,747
2019 REVENUES						
Local Source Funds						
Carryover	\$569,557		State Funds	<u>s</u>		
Local governmental funds	\$2,046,171		Carryover			\$0
Personal health services	\$349,936		State subsidy	у		\$13,696
Home health services	\$0		ODH funded	l projects/grants		\$2,109,938
Environmental health fees	\$304,173		Other state (non-ODH) funded	projects	\$1,984,991
Vital statistic fees	\$435,700					\$4,108,625
Laboratory	\$41,119					
Locally funded projects contracts	\$194,414		<u>Federal Fu</u>	<u>nds</u>		
Donations	\$100.00		Carryover			\$303,172
Miscellaneous income	\$80,102		Grants receiv	ved directly from	fed gov't	\$0
	84,021,272					\$303,172
	p+,021,272					

Performance Management & Quality Improvement in Public



Two terms often associated are "Performance Management" and "Quality Improvement". Although the terms are associated, they describe different processes with separate goals.

In recent years, Public Health has adopted both processes. Why are they important and what are the differences? According to the Public Health Foundation, the reason these processes have been adopted is because "By improving both performance and quality, public health system can save lives, cut costs and get better results." What does this mean and what are the differences?

As defined by University of California, Berkley; "Performance management is an ongoing process of communication between a supervisor and an employee that occurs throughout the year, in support of accomplishing the strategic objectives of the organization. The communication process includes clarifying expectations, setting objectives, identifying goals, providing feedback, and reviewing results." At Canton City Public Health, this is a system where strategic goals are defined and achieved by selecting indicators of success in these goals and then monitoring the success of the steps necessary to improve the indicators.

The National Association of County and City Health Officials (NACCHO) defines Quality Improvement as "Quality Improvement (QI) in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes that achieve equity and improve the health of the community." At Canton City Public Health, this means that an existing process is identified as needing improvement, possibly as a result of Performance Management. A team is then assembled to gather data indicative of the success of the existing process, plan improvements to the process utilizing a set of QI tools, implement the changes, gather data to show the changes made to the efficiency of the process, study the results to determine success and then return to the planning stages, if necessary.

At a higher level, Performance Management describes a long-term process that monitors steps taken to achieve the department's goals and their success. Quality Improvement describes a rapid cycle of process improvement aimed at increased efficiency and reduction of errors. Canton City Public Health is dedicated to using both Performance Management and Quality Improvement to help maximize health outcomes and reduce inequities in our community.

To learn more about Quality Improvement and Performance Management at Canton City Public Health, please visit our performance and quality improvement page at https://cantonhealth.org/projects/?pg=381.

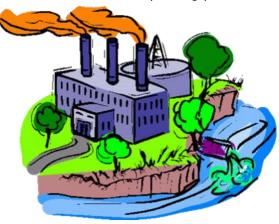


Air Pollution Control

Terri Dzienis; APC Director

The Air Pollution Control Division (APC) is a contractual representative for the Ohio Environmental Protection Agency's (EPA) Division of Air Pollution Control for all of Stark County. As such, we process applications for air permits and conduct inspections to ensure compliance by the regulated community. CCPH's 2017-2020 Strategic Plan established 3 strategic priorities for APC. The status of the primary priority is monitored quarterly. The status of the other two priorities is monitored semi-annually in accordance with the CCPH Organizational Performance Management System.

In order for CCPH to keep community informed of environmental laws and rules, the first and primary strategic priority for APC is: To Keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged



by 6/30/2020. This priority started with a baseline of 29 backlogged renewal operating permits as of the end of 2017 which were to be to be processed so there would be zero by

6/30/2020. 2019 started with 15 and ended with 11 of these permits. The target APC was hoping to achieve was 6 of these permits. Though progress was made in 2019, APC was below the target. This strategic priority deadline was extended through 12/31/2020 to allow APC to complete the remaining 11 permits in 2020.

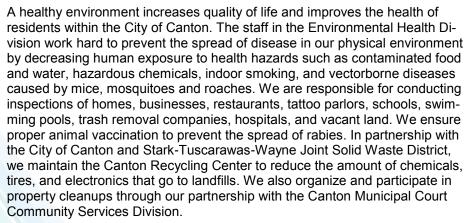
Air Pollution Control	Acti	vities	5
Facility Program	2019	2018	2017
Inspections (non-complaint)	51	50	68
Complaints Investigated	27	54	41
Enforcement Actions	21	18	18
Violations Resolved	18	8	11
Performance Tests Observed	20	18	19
Opacity Observations	18	23	23
Permits Issued Final	53	59	54
Open Burning			
Inspections (non-complaint)	2	6	13
Complaints Investigated	154	174	184
Enforcement Actions	134	110	136
Violations Resolved	91	84	111
Open Burning Permissions	19	18	12
Asbestos Program			
Inspections (non-complaint)	23	64	71
Complaints Investigated	8	12	4
Enforcement Actions	11	8	13
Violations Resolved	9	12	9
Other Programs			
Anti-tampering Inspections	2	2	3
Inspections (non-complaint)	0	3	4
Complaints Investigated	19	18	45
Opacity Observations	3	2	0
Enforcement Actions	3	0	2
Violations Resolved	1	0	3

The second strategic priority for APC is: *Increase public access to APC enforcement information including summaries of complaints and enforcement actions by 12/31/2019.* This priority included reformatting the monthly APC Board report to better display data and summaries of complaints and enforcement actions. This was completed in January 2018 and used for monthly reports through 2018 and 2019. The same reformatting was used for the CCPH annual reports starting with the 2017 annual report. Both monthly and annual reports are available on the CCPH website for public viewing. This priority also included creating a new "Public Records and Notices" page and a new "Compliance and Enforcement" page under APC on the CCPH website to describe information available online and how to retrieve it. This strategic priority was achieved and completed by the deadline of 12/31/2019.

In order for CCPH to increase compliance with environmental health laws and rules, the third strategic priority for APC is: *Decrease the number of open burning violations in Stark County by 10% by 12/31/2019*. This priority started with a baseline of 109 open burning violations in Stark County in 2016. At the close of 2019 (12/31/2019), there were 91 open burning violations which reflects a 16% reduction! APC accomplished this by increasing outreach to the public on open burning through a WHBC radio spot, social media posts, and improved communication with first time violators. This strategic priority was achieved and completed by the deadline of 12/31/2019.

Environmental Health

Annmarie Butusov, RS; Director of Environmental Health



EH Activities	
	2019
Animal Bites	337
Nuisance Activities	
Cases Opened	1,811
Cases Resolved	1,311
Food Activities	
	2019
Food Complaints	36
Food Inspections	1,101
Follow-up Inspections	60
Mobile Inspections	22
Temporary Event Inspections	128
Vending Inspections	60

In 2019, we updated the Canton City Health Code and created internal policies, enhanced participation with local partners, streamlined processes to provide more effective and efficient services, and provided staff training and education on new computer systems, technology, and state Health Code rules and regulations. We solicited a safety survey of the Recycle Center by the Bureau of Worker's Compensation that resulted in the creation of written Standard Operating Procedures, ensured all recycle center staff are certified to operate a forklift, improved security measures at the Center and received a temporary Certificate of Occupancy for the building. We identified the need for an updated camera system, heat and automatic gates. We diminished the time it takes to complete property cleanups by three days, partnered with a Sheriff's deputy to help prosecute open dumping violators, and will be purchasing new cameras to curb open dumping on vacant properties. We conducted a customer satisfaction survey with our licensed food facilities and plan to implement some of their suggestions for improvements in 2020.

Laboratory Christina Henning, Laboratory Director

Within the laboratory, 2019 brought new challenges to meet new standards of testing and technology and saying goodbye to a long-loved program.

Early in 2019 it was brought to our attention that another local laboratory was closing their doors, thus creating a significant testing void for local business. To fill this void our staff worked with the Ohio De-

partment of Agriculture and business to meet their bottled water testing needs and we adapted to FDA regulatory standards for testing. This was a new challenge which the staff took on and implemented with enthusi-

Laboratory Exams							
	2019	2018	2017				
Food Samples	154	666	670				
Clinical Tests	4,238	4,737	5,455				
Other	7	2	21				
Pollen/Mold	140	125	127				
Water	2,617	2,046	2,161				

asm, and local businesses are now benefitting from local accessibility to testing. Simultaneously, a program we have supported for well of 30 years was eliminated, the Frozen Dessert Program. The program was a long time favorite of our staff, ensuring our local eateries met dairy standards. However, with changing standards, it was no longer required. Late in 2019 our laboratory was offered access to purchase a piece of technology that would allow our department to save numerous employee hours in testing patient samples via genetic material identification of chlamydia and gonorrhea. This testing would expand our capabilities on the types of samples acceptable for testing, as well as reduce the turn around time for results from up to one week to just one day. Due to the numerous benefits of the testing, the process to obtain the equipment was undertaken and the purchase was completed just prior to the end of the year. The goal will be to have the new equipment fully in use prior to the end of February 2020.

Office of Public Health Information

The Office of Public Health Information and Innovation (OPHII) works with other divisions, agencies and the public to increase emergency preparedness and awareness of public health activities. In everyday activities as well as emergency situations, strong communication is the key to an effective response. CCPH uses a variety of tools including our website (www.cantonhealth.org), Health Alert Network (HAN) messages and social media platforms (Facebook and Twitter) to keep our community and partners up to date on important issues. Social media provides the opportunity to provide real time information and has proven effective. Facebook is used on a daily basis and continues to be an excellent means of providing Facebook friends with educational information, programs offered by public health, and community activities. We have over 5,500 friends which places us 3rd in Ohio's 95 health departments with Facebook pages. Our social media guru has expanded our use of Twitter and our audience continues to grow. You can find us on Twitter @cantonhealth. You can find all of our social media by using our hashtag #cantonhealth.

A branch of OPHI includes the public health discipline epidemiology. Epidemiologists study public health problems, such as unintentional injuries, communicable disease, environmental exposures, cardiovascular disease, obesity, tobacco use and other health-related issues that affect our community. Epidemiologists may prepare reports and presentations to assist with programmatic planning efforts and to display data in an understandable format. Our epidemiologist focuses on disease surveillance to identify, investigate and prevent outbreaks in our community. In 2019, 1,489 individual reportable disease cases were reported to the communicable disease staff at Canton City Public Health. The epidemiologist and communicable disease staff investigated 4 outbreaks within Canton City's limits (compared to 9 in 2016):

- 1 hand, foot and mouth disease investigations
- 1 Scabies investigation
- 1 Parainfluenza Type 3
- 1 Varicella zoster virus (chickenpox)

Of the mandated reportable disease cases investigated by Canton City Public Health, statistically significant differences were identified only in the number of chlamydia infections and gonorrhea infections from 2018 to 2019. A statistically significant increase was noted for chlamydia infection, while a statistically significant decrease was noted for gonorrhea infection. Overall, a statistically significant difference was not identified between total cases from 2018 to 2019 (based on population estimates for Canton), even though there were 93 less cases reported among Canton City residents in 2019 than in 2018. The 1489 case total reported in 2019 is slightly lower than the 5-year annual average of 1538 cases. No statistically significant differences among cases in 2019 where identified when compared to the 5-year annual average.

Case Count of Select Reportable Diseases

	2019	5 Year Annual Average (Count)
Campylobacteriosis	16	20.2
Chlamydia infection	812	810.0
CP-CRE	5	N/A
Cryptosporidiosis	4	5.2
Cyclosporiasis	1	0.4
E. coli, Shiga Toxin-Producing	3	3.2
Giardiasis	5	5.8
Gonococcal infection	314	363.4
Haemophilus influenzae (invasive disease)	2	2.4
Hepatitis A	3	2.0
Hepatitis B - acute	3	3.6
Hepatitis B - chronic	19	18.4
Hepatitis C - acute	2	2.4
Hepatitis C - chronic	107	111.4
Influenza-associated hospitalization	119	104.6
Legionellosis - Legionnaire's Disease	7	6.4
Lyme Disease	2	3.0
Meningitis - aseptic/viral	6	8.6
Meningitis - bacterial (Not N. meningitidis)	0	1.0
Mumps	0	.8
Pertussis	11	9.4
Salmonellosis	4	7.6
Shigellosis	3	8.0
Streptococcal - Group A -invasive	2	4.4
Streptococcal - Group B - in newborn	0	0.6
Streptococcal toxic shock syndrome (STSS)	0	0.4
Streptococcus pneumoniae - invasive anti- biotic resistance unknown/non-resistant	7	8.8
Streptococcus pneumoniae - invasive anti- biotic resistant/intermediate	2	3.8
Syphilis - any stage	19	9.8
Tuberculosis	2	1.8
Varicella	8	4.2
Vibriosis (not cholera)	0	0.2
West Nile	0	0.4
Yersiniosis	1	1.4
Zika virus infection	0	0.2
Grand Total of All Reportable Diseases	1,489	1538.0

Nursing/Medical Director

Jon Elias, MD; Medical Director Diane Thompson, RN, MSN; Director of Nursing



In 2019, the nursing department's HIV Program expanded. In addition to offering HIV testing to those at high risk, partner services, HIV prevention services and HIV education throughout 8 counties, we now offer Linkage to Care (LTC) and PrEP (pre-exposure prophylaxis) Navigation services.

New to the nursing staff is a part-time LTC coordinator who works with newly diagnosed HIV positive individuals and previously diagnosed HIV positive individuals to connect to care. The LTC connects them to services they need and addresses barriers that keep them from getting and staying in care. Some of the services needed are navigating the healthcare system, setting up doctor's appointments, taking to and attending appointments when needed, referrals to Ryan White case management, mental health and other social services. The LTC remains a continual support for up to six months.

Another additional to our staff is a full time PrEP navigator. The PrEP Navigator works with individuals who feel they could be at risk for contracting HIV and would like to take the daily preventative treatment. The Navigator educates on ways to reduce HIV risk and helps individuals navigate the system so as to apply and pay for PrEP. The Navigator helps individuals apply for medication assistance through the manufacturer of

Nursing Outreach			
	2019	2018	2017
Communicable Disease	0	35	45
Disease Intervention Specialist	131	140	91
Dental - Students Screened	2,985	3,370	1,697
Clinic Services			
	2019	2018	2017
STI Clinic	850	909	1,017
International Travel	224	223	257
Tuberculosis Testing	194	237	181
Immunizations	455	464	454
HIV Testing	180	590	766
SWAP Visits	2,756	1,718	330
SWAP HIV/HepC Tests	30	18	6

PrEP and helps register individuals for the ODH's program to pay for medical costs surrounding PrEP. The Navigator also stays in contact with individuals through the process and assists with any barriers that may keep individuals from being adherent.

SWAP Clinic

This report provides an update of the Canton City Public Health (CCPH) Syringe Services Program (SSP) as required by Ohio law, Ohio Revised Code 3707.57. The SSP is a program that provides syringe exchange services in the County of Stark, in the City of Canton. This report outlines all aspects of the program including the distribution and receipt of syringes. This report does not account for other sources of syringes (prescription or nonprescription) available in the County. The data in this report is taken from January 1, 2019 through December 31, 2019.

On June 23, 2017, CCPH began administering the SSP known as SWAP (Stark Wide Approach to Prevention). The goal of SWAP is to protect and promote the County of Stark resident's health and safety by preventing the spread of infectious diseases associated with injection drug use, and by decreasing the number of improperly disposed syringes in the community. The goal is addressed through three major components of the program: 1) Syringe exchange/linkage and referral; 2) Syringe disposal (grinding), and community cleanup; and 3) Community awareness and education.

Syringe exchange has been documented to be a public health intervention that reduces transmission of blood-borne pathogens, and also reduces the number of improperly discarded syringes in a community. CCPH utilizes a harm reduction approach by providing people who inject drugs with new syringes and a place to safely dispose of used syringes. At the same time, referrals and linkage to substance abuse treatment programs, mental health services, and medical services are provided along with information on disease prevention. Syringe access programs provide an essential link to health services for uninsured and marginalized populations that do not have access to traditional health care.

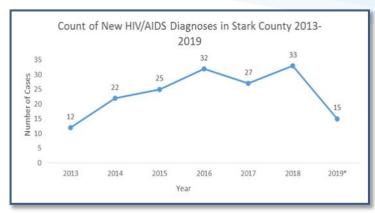
In addition to the program's core component of exchanging syringes and providing education and referrals, several other aspects of the program were developed and enhanced since its inception. SWAP continues to provide additional services including NARCAN® distribution, HIV and Hepatitis C rapid testing, administration of Hepatitis A and B

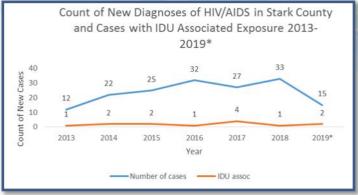
Page 8

vaccination, and wound care education and referrals. Education includes verbal and printed information on HIV, hepatitis, sexually transmitted infections (STIs), overdose prevention, wound care and treatment of abscesses, encouraging one-time use of needles and safe injection practices. External referrals include drug and alcohol treatment, medical care, mental health care, domestic violence, food, clothing and shelter.

In an effort to continuously improve SWAP, staff have consulted with other county operated syringe exchange programs. The SWAP Planning Group is an Ad Hoc Committee of the Stark County Opiate Task Force and consists of stakeholders including recovery, counseling and support service agencies, a family support and advocacy agency and other content experts concerning syringe exchange, disease control and drug treatment who meet on a quarterly basis. This planning group has served to provide insight and guidance to SWAP while mitigating potential negative impacts of the program. CCPH staff works collaboratively with law enforcement in an effort to maintain an open dialogue regarding syringe exchange and other substance abuse issues.

HIV/AIDS infection due to injection drug use (IDU) has been essentially non-existent since the 1990's as seen in the chart below.





Incidence of HIV/AIDs cases diagnosed in Stark County. Source: Ohio Department of Health HIV/AIDS Surveillance Program with the exception of the most recent year (*) being data from the Disease Intervention Specialist (DIS).

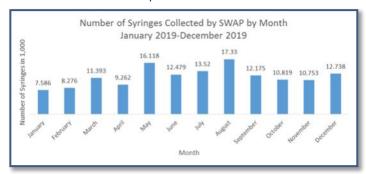
Note: IDU associated exposure are inclusive of total case count per year. (Ex: Stark County had 12 cases of HIV in 2013, and 1 of those cases reported an IDU associated exposure).

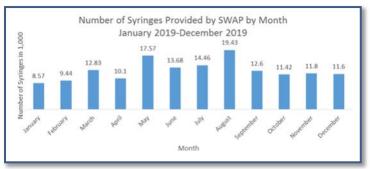
The table below summarizes newly reported cases of chronic Hepatitis C and HIV/AIDS among Stark County residents from 2013 through 2019. HIV/AIDS case reporting generally takes at least 6 months to be considered complete, and all case data is subject to change as more information is collected. We are hopeful that the decline in Hepatitis C cases since 2016 may be in some way attributed to the implementation of SWAP in 2017.

Stark County Total Cases of Bloodborne	Pathogens						
	2013	2014	2015	2016	2017	2018	2019
Hepatitis C	239	277	391	344	306	313	323
HIV/AIDS	12	22	25	32	27	33	15
HIV/AIDS with IDU exposure	1	2	3	1	4	2	2

During the period from January 1, 2019 to December 31, 2019, there were 2,758 visits to SWAP. 651 unduplicated clients were served by the program. In the middle of October, SWAP implemented a limit of 50 syringes per visit per client because of a dwindling supply of sterile syringes and at the time, no secured funding for more syringes. We believe that enforcing this limit resulted in more individuals presenting to SWAP for services (attributing to the sudden increase of client visits October – December). This provided us with an added opportunity to provide education and harm reduction measures to individuals who would otherwise not have accessed our services. Despite the increase in new clients and visits to SWAP, the amount of syringes dispensed and collected at SWAP did not experience a spike in comparison to other months.







The data in the tables above indicate that during the period from January 1, 2019 to December 31, 2019, SWAP collected 142,499 used syringes and distributed 153,500 new syringes. It is important to note that there are other legal sources of syringes in the community. There were 5 Fridays in the months of May and August which helps to explain the increase in collection and distribution of syringes in those months.

The tables below reflect the utilization data and basic demographics for SWAP over the period of Jan 1, 2019 to Dec 31, 2019.

Sex			
	Count	Rate†*	% of Total
Female	255	172.04	59.54%
Male	334	264.54	40.11%
Transgender *	-	-	-
Unknown/Unreported	2	-	.36%
Total	531	218.25	100%
Race			
	Count	Rate†*	% of Total
White	494	186.76	88%
Black	14	60.71	3%
Direcial	19		3%
Biracial	19		3 /0
Other ³	11	-	2%
		-	

Services & Referrals			
	2019	Average per Visit	Average per Month
Narcan	618	.224	52
Substance Use Referral	65	.024	5.42
Mental Health Referral	3	.001	0.25
HIV Testing	22	.008	1.83
Hepatitis C Testing	18	.007	1.5
Wound Care Education	22*	.008	1.83
Hepatitis A Vaccination - (Implemented 8/3/2018)	33	.012	2.75
Total Services & Referrals	781	.283	65.08

^{*} Represents the total number of times that wound care education was documented. Wound care education happens much more frequently than indicated.

†* All rates were calculated from the Ohio Department of Health Data Warehouse 2019 data on Stark County. Gender rates were compiled using the population in the age ranges of those at SWAP 18-69. Race rates were compiled using ages 18+ in Stark County because those above the age range for SWAP could have sought services despite not being captured in our program.

*Transgender client(s) has/have been placed into the category that fits their identity and not with their sex at birth.

Other race category includes American Indian/Alaska Native, Asian Pacific Islander, Multiracial and Other as reported by clients.

Age Groups				
	Count	Rate†*	% of Total	
15-19	3*	-	0.53%	
20-24	28	123.67	4.99%	
25-29	111	474.93	19.78%	
30-34	143	681.24	25.49%	
35-39	114	523.22	20.32%	
40-44	74	366.21	13.19%	
45-49	31	132.94	5.52%	
50-54	23	94.37	4.10%	
55-59	21	78.02	3.74%	
60-64	8	29.69	1.43%	
65-69	3*	-	0.53%	
Unknown/ Unreported	2*	-	0.36%	
Total	561		100.0%	

^{*} Rates were not calculated with less than 5 participants.

Age Range: 19–69 years Median Age: 34 years SWAP participants presented from 71 different zip codes—with about half of the zip codes reported outside Stark County.



OTHER SWAP PREVENTION ACTIVITIES FOR PEOPLE WHO INJECT DRUGS

- HIV education and rapid testing services.
- Hepatitis C education and rapid testing services.
- Partner counseling services providing support for notification to partners of potential exposure and testing available to HIV positive individuals and their partners.
- Linkages for making follow up medical appointments for new HIV-positive people to reduce the number of individuals falling out of care and adherence to HIV medications.
- Bi-annual training in harm reduction.
- Distribution and education of Narcan Kits through CommQuest and the Integrated Naloxone Access and Infrastructure Grant through the Ohio Department of Health.
- Vaccination and education on Hepatitis A/B.
- Wound care recommendations and education.

IDENTIFIED AREAS FOR PROGRAM IMPROVEMENT

Referrals/Linkages

CCPH, with the assistance of CommQuest Recovery Services will continue to improve the referral and linkages aspect of the program. CCPH continues to develop relationships with community partners in order to improve the quantity and quality of referrals and linkages to treatment and services and other services to SWAP participants when appropriate.

Hours of Operation

Currently, SWAP operates out of the health department on Friday afternoons from 2 PM to 4 PM. The day and time of operation appears to work for the high risk population (consistent attendance during hours of operation). There are limitations as to the day and time of operation because of the other services offered at CCPH. However, the hours of operation should efficiently serve the population while reducing the impact that SWAP has on the clinic and clinic staff – this is something the planning group will periodically evaluate and address.

Overdose Prevention

Thanks to the partnership with CommQuest, Narcan is distributed to SWAP participants for the purpose of overdose prevention services. Data is collected on overdose reversals and distribution of kits. In May 2019, CCPH received a grant for expanding naloxone access to those at risk of overdose.

Law Enforcement Outreach and Education

Initial outreach to law enforcement was done prior to the program implementation on June 23, 2017. There have been a few occasions when officers have parked their vehicles within the one-block radius of the exchange. Additional department specific outreach is needed. We hope to expand our efforts in this area in the upcoming year.

FISCAL IMPLICATIONS

To date, the cost to operate SWAP is estimated to be \$56,000 - \$63,000. It is anticipated that program costs will increase as the need increases. Initially, funding was secured from United Way Foundation (to purchase NeedleShark grinder), startup funds from AIDS Healthcare Foundation, and a grant from the Comer Family Foundation to purchase syringes. With the addition of the Early Intervention Services grant, funds can be allocated to the purchase of harm reduction materials. CCPH was also

Line Item	Annual	
Personnel (Salary/Benefits)	\$21,184	
Syringes (by grant allocations)	\$8,000—\$15,000	
Supplies	\$27,387	
TOTAL	\$56,571—\$63,571	

receintly awareded \$15,000 to purchase syringes from the Ohio Department of Health through the Ohio Overdose Prevention network (Ohio OPN) Mini Grant securing an additional year of program implementation.

CONCLUSION

- Access to sterile needles is making a positive difference in Stark County and remains an important component of the
 overall strategy to reduce transmission of blood borne disease.
- Needle exchange services in Stark County plays a significant role in the strategy to reduce the number of improperly discarded syringes.

2020 Goals

- Continue anonymous, safe services to reduce the risk of HIV and Hepatitis C infection in our communities by promoting revisits by clients and encouraging clients to tell others about SWAP.
- Continue to educate clients on the importance and rational of using each syringe one time only.
- Continue development of program for overdose prevention and naloxone availability.
- Continue to inform clients at each visit of resources available at SWAP and in the community.
- Continue to offer free HIV testing and counseling at each visit.
- Continue offering free Hepatitis C testing and offering Hepatitis A & B vaccine.
- Continue dialog with clients regarding improvement of SWAP services.
- Prioritize supplies to be stocked, keeping only those deemed necessary to maintain safe practices among IDU clients. Inform clients of alternative safe materials, such as using soda bottles for the collection of used needles in lieu of sharps containers.
- Sustainable and reliable funding for the program.
- Monitor the size of the program to see if it is becoming too large for our space at CCPH. Consideration of partnering
 with other agencies for more space.
- Increase the ability for data to be shared among other SSPs throughout Ohio through a partnership with Case Western Reserve University.

Stark County THRIVE Project

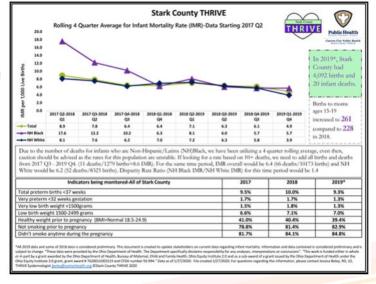
Dawn Miller, MBA, Project Manager



Since 2013, Canton City Public Health (CCPH) has been the lead agency for the countywide infant vitality and disparity in birth outcomes collaborative known as Stark County THRIVE (Toward Health Resiliency for Infant Vitality & Equity). Stark County THRIVE has the primary responsibility for moving the community toward reaching long-term measures in infant vitality. The use of accurate data, solid scientific analysis, and evidence-based interventions to implement programs will move the needle to reduce Stark County's unacceptable disparity and infant mortality rates. Implementing a countywide approach, THRIVE has been working closely with our partners to identify local causes of infant mortality and executing evidence-based interventions to lower the infant mortality rates in our community. We formed a broad-based local coalition and have made great strides since starting this effort. To date, CCPH manages over 19 sub-recipient contracts with local agencies, along with faith-based and grassroots organizations. THRIVE is supported with funding from the Ohio Department of Health, Ohio Department of Medicaid and five managed care plans, United Way of Greater Stark County, Sisters of Charity Foundation of Canton and Stark Community Foundation.

2019 Highlights

- Maintaining or decreasing infant mortality rates across
- Improvement in preterm births and women not smoking prior to and during pregnancy.
- Canton City Public Health Department and Aultman Hospital received the American Hospital Association's Dick Davidson NOVA Award for the Stark County THRIVE program. The AHA award is reserved for recognizing the "bright stars of the health care field" focused on improving community health through collaborative health projects among health care systems, hospitals, and other community leaders and organizations.
- Sandy Marinchick, THRIVE HUB Coordinator reports that the sixteen THRIVE Community Health Workers employed by ten community agencies served over 256 clients and documented the birth of 98 babies!



- Jessica Boley, THRIVE epidemiologist and Dawn Miller, THRIVE project manager lead committees charged with identifying and implementing upstream policy and practice changes which can positively impact the downstream effects on infant mortality. Known as the Social Determinants of Health (SDOH) Committees, THRIVE and community partners have adopted policy/practice changes in the areas of Housing and Adolescent Health/Family Planning.
- Elonda Williams, joined CCPH in December of 2018 as the THRIVE Neighborhood Navigator. Throughout 2019 she has provided support to approximately 63 women of child-bearing age in our community by connecting them to the appropriate resources to best meet their needs.
- The 2019 THRIVE "organizational chart" shows the breadth and depth of the countywide collaboration that is needed to make an impact on infant mortality and disparity rates. The chart was developed by the very talented Danielle Grimm. THRIVE executive assistant.

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

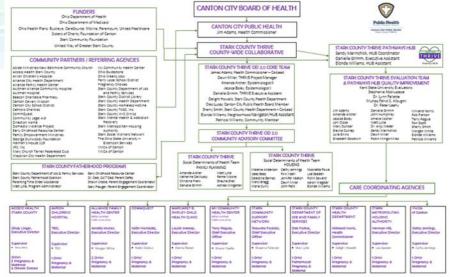














Canton City Public Health

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Canton City Public Health is proud to present our 2019 Annual Report. This report provides a snapshot of the activities of an amazing group of public health professionals. Health Department staff work daily to improve our neighborhoods, protect our food, monitor the air we breathe, follow up on contagious diseases, track vital records, work with new moms to provide better nutrition for their babies, provide immunizations and education to help improve the health of those who live, work and play in the City of Canton.

Women, Infants & Children (WIC) Laura Roach, RD, LD; WIC Director

What is WIC? It is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funded by the United States Department of Agriculture. This short-term program is designed to influence nutrition and health behaviors during critical times of growth and development. Services provided include nutrition education, breastfeeding support, healthy foods, and referrals to other services.

Monthly Average WIC Program Participants					
	2019	2018	2017		
Canton City WIC	2,094	2,138	2,210		
Total Stark County WIC	5,446	5,574	5,881		

How does WIC impact public health? Numerous studies show that WIC is effective and helps to reduce premature births, increase access to prenatal care in pregnancy, increase immunization rates, and improve diet quality.

2019 saw collaborative efforts to reach eligible individuals among all levels of the WIC Program in response to the decline in program participation. National WIC Association (NWA) representatives joined Ohio WIC to discuss our role in helping to reduce infant mortality rates. The State of Ohio joined the NWA's recruitment and retention campaign, and also partnered with the WICShopper mobile app to assist families with their purchases of authorized food products.

The Stark WIC Project continues to rise to the challenge of participant retention. Staff have increased outreach efforts to local agencies and programs. In fact, the Canton City office tracked more outreach activities during 2019 than in any previous year. This WIC office also evaluated their clinic flow in an effort to decrease overall visit times for the families we serve. While we did see a decline in program participation when comparing the average number served each month between 2019 and 2018, this decline has slowed due to the hard work and effort of our WIC staff. Together we will continue to work for a healthier Canton City!



