



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

Canton City Public Health

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(330) 489-3231

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# Canton City Public Health 2020 Annual Report Health Commissioner

**James M. Adams, RS, MPH**

I am pleased to present this 2020 Canton City Public Health annual report. This report contains a brief snapshot of the extraordinary work done by our dedicated staff. This year, above all others, our staff has risen to the challenges presented by the COVID-19 pandemic. During 2020 our department responded to one of the most difficult public health challenges in the last 100 years. Like you, we have dealt with lockdowns, mandates, and illness. We have responded to the urgent questions of our friends and neighbors. We have vaccinated and been vaccinated. We have, together, preserved through a truly remarkable year.

When reviewing the report keep in mind that each number, each statistic, represents a pivotal event in a person's life. It is not just a number; it tells a story- a story of struggle, sadness, sacrifice, and triumph. It tells a story of how our community responded, and continues to respond, to a great challenge. Please accept my heartfelt thanks and appreciation for the work of our department and the community as we strive to achieve better health for all.

*James M. Adams, RS, MPH*

## Laboratory

**Christina Henning, Laboratory Director**

Due to a change in clinical testing platforms, significant changes in staffing and space were able to be realized in 2020. Canton City Public Health Laboratory (CCPHL) moved from an RNA detection system, that required up to 20 feet of counter space and up to 7 hours of employee time each week, to a system requiring less than 3 feet of space and only minutes of hands-on employee time per sample. The new system (Cepheid-GeneXpert) also permitted DNA testing of additional specimens that formerly required culture growth. This removed the need to maintain cultures and reduced weekend staffing needs to nearly zero. The counter space formerly used for RNA testing was removed and converted to storage for the air pollution control division. The staffing changes permitted the filling of a full-time retiring employee (Heather MacDonald with 25 years of service) with a part-time employee position (Jordan Mastrocola).

The CCPHL team is proud to say that a bi-annual survey to renew a Certificate of Compliance, from the Clinical Laboratory Improvements Amendment (CLIA), for clinical testing and a tri-annual survey, for EPA Drinking Water Certification, were both completed in 2020. Neither survey had any citations noted.

An in-depth look at sampling costs for clinical, as well as drinking water tests started in 2019, was completed and resulted in cost increases to the public for drinking water submissions. This was the first increase since IDEXX Colilert/Colisure products were placed into service in 2010.

And finally, no report in 2020 could be complete without discussing the changes required due to COVID-19. Extreme shortages in testing supplies for gonorrhea and chlamydia occurred due to manufacturers' needs to produce COVID materials. This was just one reason for reduced clinical services and a closure of clinical testing in the lab. The water sample drop off site was done in a new and efficient contactless method. Our new staff member was temporarily reassigned to the nursing division. Our remaining staff maintained our other ongoing and increasing water testing needs, environmental testing and aided in multiple COVID related activities. Through all of this, the team remained strong, rapidly adapted to changing schedules and demands, learned recent technology, and generously supported each other with their time and empathy. 2020 was demanding, and a team of conscientious employees led to positive outcomes for our clients.

## 2020 Board of Health

### President

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### Vice President

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Amy Lakritz, MD, FAAP

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# Finance

## Christi Allen, Fiscal Officer

| 2020 EXPENSES  |                  |   |                  |                    |                    |
|--|------------------|---|------------------|--------------------|--------------------|
| <u>Foundational Capabilities</u>   | Non-Labor        | Itemized/Outlier                        | Shared Services  | Labor              | TOTAL              |
| Assessment (surveillance/epidemiology)   | \$20,734         | \$420,901                               | \$0              | \$840,724          | \$1,282,359        |
| Emergency preparedness   | 1,052            | 1,288                                   | 0                | 42,668             | 45,008             |
| Communication  | 156              | 0                                       | 0                | 6,338              | 6,494              |
| Policy development & support   | 950              | 0                                       | 0                | 38,535             | 39,485             |
| Community partnership development  | 1,429            | 0                                       | 0                | 57,947             | 59,376             |
| Organizational competencies  | 8,508            | 5,892                                   | 0                | 344,996            | 359,396            |
| <i>Services performed that may cut across multiple if not all foundational areas.</i>  |                  |   |                  |                    |                    |
| <u>Foundational Areas</u>  | Non-Labor        | Itemized/Outlier                        | Shared Services  | Labor              | TOTAL              |
| Communicable disease control   | \$11,751         | \$137,614                               | \$39,142         | \$476,491          | \$664,998          |
| Chronic Disease and Injury Prevention  | 1,889            | 407                                     | 51,050           | 76,580             | 129,926            |
| Environmental Public Health  | 18,677           | 62,781                                  | 0                | 757,301            | 838,759            |
| Maternal/Child/Family Health   | 711              | 0                                       | 0                | 28,842             | 29,553             |
| Access/linkage with clinical health care   | 338              | 0                                       | 0                | 13,711             | 14,049             |
| <i>Services performed specific to each foundational area or responsibility that it not related to any foundational capability.</i> |                  |   |                  |                    |                    |
| <u>Expanded Service Activities</u>   | Non-Labor        | Itemized/Outlier                        | Shared Services  | Labor              | TOTAL              |
| Communicable disease control   | \$8,648          | \$88,549                                | \$0              | \$350,670          | \$447,867          |
| Chronic disease and injury prevention  | 747              | 6,244                                   | 2,330            | 30,306             | 39,627             |
| Environmental public health  | 20,862           | 158,805                                 | 0                | 845,896            | 1,025,563          |
| Maternal/Child/Family Health   | 22,597           | 622,107                                 | 642,947          | 916,263            | 2,203,914          |
| Access/linkage with clinical health care   | 792              | 24,487                                  | 0                | 32,104             | 57,383             |
| <i>Services performed to each expanded area or responsibility that is not related to any foundational capability or area.</i>      |                  |   |                  |                    |                    |
| <b>TOTAL</b>   | <b>\$119,841</b> | <b>\$1,529,075</b>                      | <b>\$735,469</b> | <b>\$4,859,372</b> | <b>\$7,243,757</b> |
| 2020 REVENUES  |                  |   |                  |                    |                    |
| <u>Local Source Funds</u>  |                  |   |                  |                    |                    |
| Carryover  | \$0              | <u>State Funds</u>                      |                  |                    |                    |
| Local governmental funds   | \$2,425,567      | Carryover                               |                  |                    | \$0                |
| Personal health services   | \$293,070        | State subsidy                           |                  |                    | \$16,168           |
| Home health services   | \$0              | ODH funded projects/grants              |                  |                    | \$2,392,291        |
| Environmental health fees  | \$278,782        | Other state (non-ODH) funded projects   |                  |                    | \$1,596,289        |
| Vital statistic fees   | \$417,486        |   |                  |                    | \$4,004,748        |
| Laboratory   | \$45,256         |   |                  |                    |                    |
| Locally funded projects contracts  | \$91,241         | <u>Federal Funds</u>                    |                  |                    |                    |
| Donations  | \$1,240          | Carryover                               |                  |                    | \$304,476          |
| Miscellaneous income   | \$389,739        | Grants received directly from fed gov't |                  |                    | \$0                |
| <b>3,942,381</b>   |                  |   |                  |                    | <b>\$304,476</b>   |
|  |                  | <b>TOTAL</b>                            |                  |                    | <b>\$8,251,605</b> |

# Environmental Health

## Annmarie Butusov, RS; Director of Environmental Health

A healthy environment increases quality of life and improves the health of city residents. Canton City Public Health's Environmental Health Division staff work hard to prevent the spread of disease by decreasing human exposure to health hazards such as contaminated food and water, hazardous chemicals, indoor smoking, and vector borne diseases caused by mice, mosquitoes, and roaches. The division inspects homes, businesses, restaurants, tattoo parlors, schools, swimming pools, trash removal services, hospital sterilizers and autoclaves, as well as vacant properties. We ensure proper animal vaccination to prevent the spread of rabies. In partnership with the City of Canton and Stark-Tuscarawas-Wayne Recycling District, we operate the Canton Recycle Center to reduce the amount of chemicals, tires, and electronics that go to landfills. We also organize and participate in property cleanups with assistance from the Court's Community Services Division and Canton City's Building and Code Department.

In 2020, the Nuisance Program increased our cleanup fees for property owners who fail to maintain their property. Licensing programs began accepting debit and credit cards for license fees. While the number of annual inspections diminished this year, Environmental Health staff stayed busy answering ten times the typical number of complaints, assisting the community by delivering "Blue Bags" (masks, thermometers, and quarantine letters) to COVID-19 patients, and volunteering at COVID-19 vaccination clinics. This is the first year the Environmental Health Division applied for, and was awarded, nearly \$50,000 in grant funding provided by the Environmental Protection Agency and the Food and Drug Administration. These grant funds will be put toward site upgrades at the Canton Recycle Center and software upgrades in the Food Safety Program.

If you would like to know more about our Environmental Health programs or services, please contact me directly at [abutusov@cantonhealth.org](mailto:abutusov@cantonhealth.org) or (330) 438-4641. I look forward to hearing from you and working with you to keep Canton strong, viable, and healthy!

### EH Activities

|                              | 2020  | 2019  |
|------------------------------|-------|-------|
| Animal Bites                 | 275   | 345   |
| Nuisance Complaints Received | 1,707 | 1,811 |
| Pool Inspections             | 12    | 24    |
| School Inspections           | 29    | 17    |
| Tattoo Shop Inspections      | 8     | 12    |

### Food Activities

|                             | 2020 | 2019  |
|-----------------------------|------|-------|
| Food Complaints             | 605  | 60    |
| Food Inspections            | 721  | 1,161 |
| Mobile Inspections          | 13   | 22    |
| Temporary Event Inspections | 0    | 128   |
| Vending Inspections         | 30   | 60    |

### Recycling Activities

|                                   | 2020        | 2019        |
|-----------------------------------|-------------|-------------|
| Customers Served                  | 3,615       | 2,442       |
| Tires Recycled, Pounds            | 304,020     | 375,240     |
| Household Hazardous Waste, Pounds | 100,391     | 150,203     |
| Commodity Sales                   | \$44,696.17 | \$60,130.01 |

## Vital Statistics

### Jil Neuman, Deputy Registrar

#### City of Canton Vital Statistics\*

|                         | 2020  | 2019  | 2018  |
|-------------------------|-------|-------|-------|
| Deaths                  | 2,172 | 1,803 | 1,824 |
| Births                  | 3,908 | 4,239 | 4,221 |
| - Teen Births (13 - 19) | 266   | 292   | 293   |

\*For all births occurring in Canton, not only residents

#### Certificates Issued

|       | 2020  | 2019   | 2018  |
|-------|-------|--------|-------|
| Birth | 8,453 | 10,557 | 9,280 |
| Death | 8,097 | 6,666  | 6,881 |





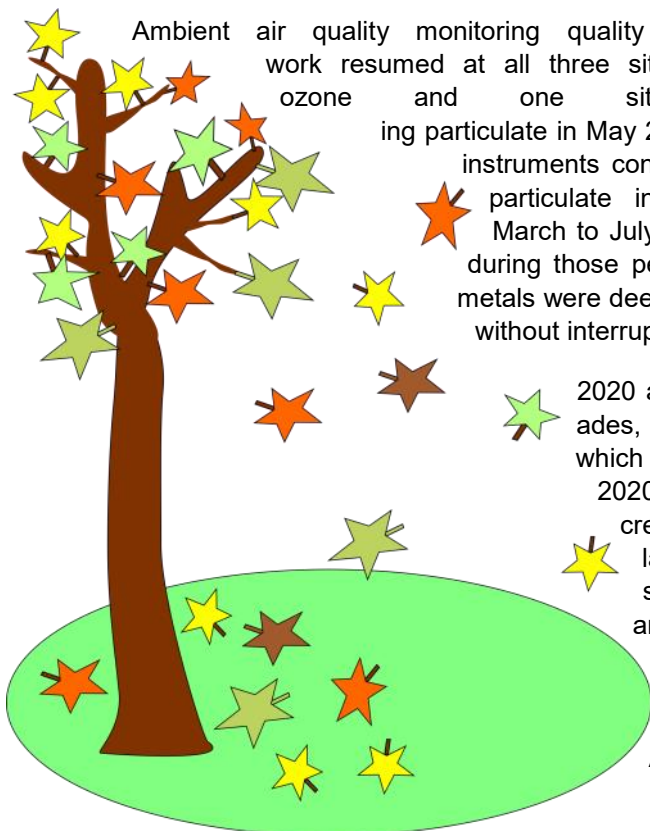
# Air Pollution Control

## Terri Dzienis; APC Director

Canton City Public Health's Air Pollution Control Division (APC) is the contractual representative for the Ohio Environmental Protection Agency's (EPA) Division of Air Pollution Control for all of Stark County. We process applications for air permits, conduct inspections to ensure compliance by the regulated community, and monitor air quality throughout the county. Due to the COVID-19 pandemic, APC encountered several challenges in 2020. After Governor DeWine's "Stay at Home" order, Ohio EPA suspended all field work deemed non-essential, and APC staff began working remotely in March 2020.

APC utilized available technology, like Microsoft TEAMS, SharePoint and GoToMyPC, to work from home effectively. All computer and phone work continued without interruption from home but paper mail work required weekly in-office visits. APC staff returned to the office part-time in July 2020 and continues a hybrid home/office schedule presently.

APC relied on phone calls, outside agency (like Canton's Fire Department) inspection reports, and correspondence for complaint investigations. After Ohio EPA developed a virtual site visit tool in June 2020, routine compliance inspections and performance test observations were completed by collecting and reviewing records, photos, and videos from the facilities. This virtual process is longer for routine compliance inspections due to delays in gathering information but shorter for performance test observations due to no travel or test idle time. No in-person on-site inspections were conducted in 2020 after March. These tools will still be used as options for future work.



Ambient air quality monitoring quality control field work resumed at all three sites measuring ozone and one site measuring

particulate in May 2020, and no ozone or continuous particulate data was lost since the instruments continued to operate. The field work necessary to operate intermittent particulate instruments at our Dueber Ave site was suspended between March to July 2020 and October 2020 to March 2021, so data was not collected during those periods. The instruments at our Republic Steel site measuring lead/metals were deemed critical and the field work essential so they continued to operate without interruption.

2020 also provided an opportunity for a project to be completed. For decades, APC staff occupied 4 separate areas of the office building, which affected team dynamics and hindered collaboration. In 2019 and 2020, capital improvement funds were approved to remodel the office to create a common space for APC. The remodel repurposed extra APC lab space to create an office room for all APC staff, a supervisor's office, a smaller more efficient APC lab space, and a shared area for APC storage and Lab division work. This remodel occurred in May-June 2020 and September 2020. APC staff moved into the new space in June and October 2020. It has been a great improvement to the working environment and team building among APC staff.

## Air Pollution Control Activities

| Open Burning                | 2020 | 2019 | 2018 |
|-----------------------------|------|------|------|
| Inspections (non-complaint) | 1    | 2    | 6    |
| Complaints Investigated     | 236  | 154  | 174  |
| Enforcement Actions         | 148  | 134  | 110  |
| Violations Resolved         | 123  | 91   | 84   |
| Open Burning Permissions    | 11   | 19   | 18   |
| <b>Asbestos Program</b>     |      |      |      |
| Inspections (non-complaint) | 5    | 23   | 64   |
| Complaints Investigated     | 8    | 8    | 12   |
| Enforcement Actions         | 5    | 11   | 8    |
| Violations Resolved         | 3    | 9    | 12   |
| <b>Facility Program</b>     |      |      |      |
| Inspections (non-complaint) | 20   | 51   | 50   |
| Complaints Investigated     | 29   | 27   | 54   |
| Enforcement Actions         | 22   | 21   | 18   |
| Violations Resolved         | 19   | 18   | 8    |
| Tests Observed              | 10   | 20   | 18   |
| Opacity Observations        | 7    | 18   | 23   |
| Permits Issued              | 58   | 53   | 59   |
| <b>Other Programs</b>       |      |      |      |
| Anti-tampering Inspections  | 1    | 2    | 2    |
| Inspections (non-complaint) | 0    | 0    | 3    |
| Complaints Investigated     | 17   | 19   | 18   |
| Opacity Observations        | 0    | 3    | 2    |
| Enforcement Actions         | 3    | 3    | 0    |
| Violations Resolved         | 1    | 1    | 0    |

# Nursing/Medical Director

**Jon Elias, MD; Medical Director**

**Diane Thompson, RN, MSN; Director of Nursing**

In 2020, Canton City Public Health, our nation, and the world confronted a new threat with unprecedented challenges – the COVID-19 pandemic. For the nursing department, all normalcy went out the window with our first reported case in March 2020. Our “normal” workday turned into an around-the-clock response with late night and early morning phone calls from hospitals to gain clearance to test individuals. Staff transitioned from “normal roles” and were trained to complete case investigations and contact tracing. Nurses, the dental sealant assistant, AIDS coordinator, PrEP Navigator and others transitioned to working from home and to conduct case interviews and contact tracing efforts. Clinics were canceled and services suspended as we moved into case surges with more than 50 cases reported in a day at the height of the pandemic. The surge in cases stretched our capacity to implement public health contact tracing efforts. We had to accept that we couldn’t reach every person and made a plea in the newspaper telling people that they weren’t forgotten and to be patient as we tried to reach each of them.

Nursing staff made thousands of phone calls connecting with cases and those individuals exposed to COVID-19. We became the voice on the other end of the phone for people isolating in a room while recovering from their illness. We offered a voice of reassurance and encouragement to drink fluids, get rest, but above all, keep moving! We delivered “blue bags” that included literature and thermometers that were left hanging on doorknobs so there was no face-to-face contact. We experienced pandemic fatigue. We lost friends and loved ones. We faced scary times and new challenges at every phase of this pandemic and it’s not over yet.

During a crucial time in the response, we lost essential public health leaders, including Ohio’s Director of Health, Amy Acton, who resigned as she faced threats and harassment for pushing measures to limit the spread of disease. We listened to angered individuals who were frustrated with the enforcement of isolation and quarantine necessary to further prevent the spread of COVID19. We told people NOT to attend mass gatherings, family gatherings and other events. We had Thanksgiving dinners alone and celebrated Christmas with fewer family members.

And then there were limited doses of vaccine to administer to limited populations as we rolled into December. We dusted off our pandemic flu plans for mass vaccination clinics and continued to work not only with case management and contact tracing, but also with vaccine administration. We continue to tackle this and attempt to reduce its impact on people facing health inequalities.

We look forward to the promise of 2021: to recommit our resolve in keeping up our defensive protocols, to administer more vaccine as the supply increases and to support each other in the days to come. Through this response, we have been encouraged by the strong partnerships in place in our community. The pandemic has reinforced how much we need to support each other. A coordinated, collaborative response is the only way a community can weather this COVID-19 storm.

This will not be the last major infectious outbreak we face, although we sincerely hope it will be the last global pandemic for many years. We need to understand the lessons from this pandemic and apply them, so we can achieve a seamless response to future challenges.

## Nursing Outreach

|                                 | 2020 | 2019  | 2018  |
|---------------------------------|------|-------|-------|
| Disease Intervention Specialist | 148  | 131   | 140   |
| Dental - Students Screened      | 916  | 1,665 | 3,370 |

## Clinic Services

|                         | 2020  | 2019  | 2018  |
|-------------------------|-------|-------|-------|
| STI Clinic              | 385   | 850   | 909   |
| International Travel    | 51    | 224   | 223   |
| Tuberculosis Testing    | 57    | 194   | 237   |
| Well-Baby Immunizations | 313   | 455   | 464   |
| HIV Testing             | 97    | 180   | 82    |
| SWAP Visits             | 2,752 | 2,756 | 1,718 |
| SWAP HIV/HepC Tests     | 6     | 25    | 18    |

# Office of Public Health Information and Innovation

## Amanda Archer, MPH; Director

The Office of Public Health Information (OPHI) was an existing division of CCPH whose work included epidemiology and emergency preparedness. As our community and its health needs grew, and the practice of public health to be driven by data, the need to enlarge the OPHI team became essential to the continued success of the department. Embracing the vision of being the leader in population health, the team expanded in January 2020 to create the Office of Public Health Information and Innovation (OPHII). The team now includes the OPHII Director/Epidemiologist, Preparedness Coordinator, Performance Improvement and Accreditation Coordinator, Outreach Specialist and Public Health Support Specialist.

The overarching goals of the 'new' OPHII team are:

- To identify and address the highest priority issues affecting the health of Canton City residents;
- To ensure that CCPH programs are meeting their performance goals, while adhering to all
- statutory and accreditation requirements;
- To assure the growth and ongoing development of CCPH, through planning and innovation,
- while continuously driving toward our vision of being the leader in population health;
- To identify priority areas in which to advance strategic efforts and collaboration.
- To provide oversight and direction for epidemiology, surveillance/evaluation, informatics, communications and emergency preparedness.

However, 2020 had other plans and, in early March, a mere 2 months after the official start to OPHII, a COVID-19 case was identified in our community. This case propelled Canton City's OPHII staff into a historic public health response to a novel infectious disease pandemic. Fortunately, the foundation of OPHII, including communications, preparedness/response and epidemiology were strong, existing pillars of the department.

Communication avenues used to keep our community and partners informed during the pandemic included our website ([www.cantonhealth.org](http://www.cantonhealth.org)), Health Alert Network (HAN) messages and social media. Social media provided the opportunity to provide real time information and has proven effective as an outreach tool. During 2020, our Facebook following increased 75.7% from 4849 followers to 8519 by the end of the year. Additionally, our content reached over 559,000 Facebook users, and engaged nearly 451,000 throughout the year. Both of these indicators represent an increase from the previous year of 108% and 309% respectively. You can also find us on twitter @cantonhealth, and all of our social media content can be found by using our hashtag, #cantonhealth.

Our lab director and the THRIVE epidemiologist joined our infectious disease epidemiologist to track the incidence of COVID-19 in the community and respond to and manage outbreaks across the city. From nearly the beginning of the pandemic, the Epi Branch created a COVID-19 Epi Report to monitor the situation and keep the community informed. All issues of this report representing the entirety of the 2020 pandemic can be found here: <http://cantonhealth.org/?pg=562>.

| Case Count of Select Reportable Diseases  |              |              |
|---|--------------|--------------|
|   | 2020         | 2019         |
| Campylobacteriosis  | 10           | 16           |
| Chlamydia infection   | 791          | 812          |
| COVID-19  | 3366         | 0            |
| Cryptosporidiosis   | 7            | 4            |
| E. coli, Shiga Toxin-Producing  | 0            | 3            |
| Giardiasis  | 1            | 5            |
| Gonococcal infection  | 507          | 314          |
| Haemophilus influenzae (invasive disease)                                       | 0            | 2            |
| Hepatitis A   | 22           | 3            |
| Hepatitis B - acute   | 1            | 3            |
| Hepatitis B - chronic   | 18           | 19           |
| Hepatitis C - acute   | 3            | 2            |
| Hepatitis C - chronic   | 84           | 107          |
| Immigrant Investigation   | 0            | 0            |
| Influenza-associated hospitalization  | 102          | 119          |
| Legionellosis - Legionnaire's Disease   | 8            | 7            |
| Lyme Disease  | 1            | 2            |
| Meningitis - aseptic/viral  | 2            | 6            |
| Meningitis - bacterial (Not N. meningitidis)                                    | 1            | 0            |
| Mumps   | 0            | 0            |
| Pertussis   | 0            | 11           |
| Salmonellosis   | 6            | 4            |
| Shigellosis   | 0            | 3            |
| Streptococcal - Group A -invasive   | 4            | 2            |
| Streptococcal - Group B - in newborn  | 1            | 0            |
| Streptococcal toxic shock syndrome (STSS)                                       | 0            | 0            |
| Streptococcus pneumoniae - invasive antibiotic resistance unknown/non-resistant | 8            | 7            |
| Streptococcus pneumoniae - invasive antibiotic resistant/intermediate           | 5            | 2            |
| Syphilis - any stage  | 21           | 19           |
| Tuberculosis  | 0            | 2            |
| Varicella   | 3            | 8            |
| Vibriosis (not cholera)   | 1            | 0            |
| West Nile   | 0            | 0            |
| Yersiniosis   | 1            | 1            |
| Zika virus infection  | 0            | 0            |
| <b>Grand Total of All Reportable Diseases</b>                                   | <b>5,001</b> | <b>1,505</b> |



Additionally, reporting for other communicable diseases didn't stop. Our epidemiologist(s) focus on disease surveillance to identify, investigate and prevent outbreaks in our community. The attached table shows the incidence of reportable diseases reported to public health during 2020. In 2020, COVID-19 cases dominated the resources of our epi team and our nursing team. As a new reportable disease, the influx of COVID cases accounted for 67% of the caseload, and was a 225% increase in total cases when compared to our 5 year average (5001 vs 1541).

| 2020 Epi COVID-19 Outbreak Responses        |   |   |   |
|---|---|---|---|
| Healthcare associated (non-congregate care) | 6 | First Responders                                | 2 |
| Healthcare associated (congregate care)     | 8 | University/College (Academics and/or Athletics) | 2 |
| Group homes                                 | 1 | Schools (Academics and/or Athletics)            | 2 |
| Jail/Prison/Detention Center:               | 3 | Daycare   | 1 |
| Factory or Manufacturing                    | 5 | Community transmission                          | 2 |
| Workplace (Other)                           | 1 |   |   |

## Stark County THRIVE Project

### Dawn Miller, MBA, Project Manager

Beginning in July 2013, Stark County was identified as one of nine Ohio communities with highest infant mortality and racial disparity rates. Canton City Public Health convened a comprehensive coalition of community partners and formed Stark County THRIVE (Toward Health Resiliency for Infant Vitality and Equity) to address the unacceptable infant mortality and disparity rates in Stark County. Stark County THRIVE focuses on supporting the implementation of evidence-based and promising practice programs and services.

Significant research has shown that infants who reach their first birthday have a greater chance of thriving to adulthood. Factors that increase the risk of infant mortality include late entry into prenatal care, exposure to tobacco smoke, substance use, low educational attainment, poverty, and maternal stress.

THRIVE has been working to improve access to primary care and social services for women most at-risk of poor birth outcomes. Services are provided with a focus on serving pregnant African-American women and women of childbearing age (ages 15-44) living in areas of Stark County identified as having the poorest rates of birth outcomes.

In 2020, Stark County residents experienced 3,913 births; a decrease of 4.4% from 2019. There were,

- 3,274 (83.7%) Non-Hispanic White
- 509 (13%) Non-Hispanic Black
- 160 (4%) Hispanic/Latinx ethnicity (All races)
- Tragically, 31 infants died, an infant mortality rate (IMR) of 7.9 per 1,000 live births; an increase from 2019 when Stark County families experienced the loss of 21 infants, an IMR of 5.1 per 1,000 live births.
- 25 infants (IMR: 7.6) NH White
- 6 infants (IMR not calculated due to rates based on counts less than 10 are considered unstable) NH Black

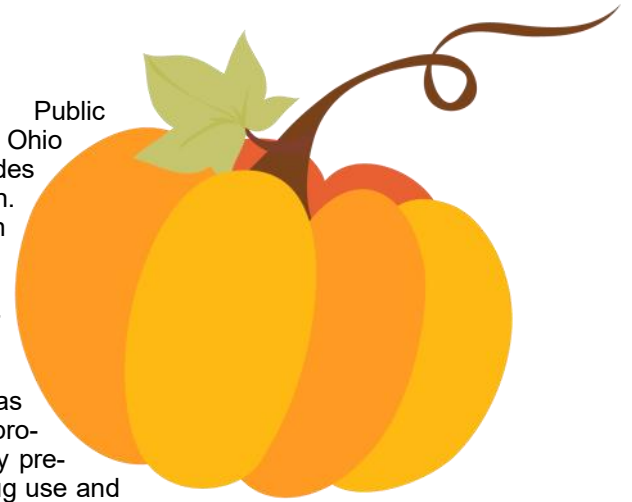
Certified Community Health Workers (CHWs), working in the Stark County THRIVE Pathways HUB, connect pregnant women, families and caregivers to the medical and social services they need in order to deliver full-term, healthy-weight infants and support the continued growth of the child. The CHWs coordinate care (which prevents duplication of services), improve efficient and effective service delivery, and offer one-on-one support that helps the moms and family address barriers to care and reduce risk. In 2020, the CHWs supported:

- 493 pregnant and maternal clients
- 167 births
- Individuals and families in getting needed medical and social services and basic needs

We gained a much deeper understanding of the nature of Stark County's infant mortality problem through the monitoring, analysis and evaluation of data, community conversations, and significant collaboration. We received financial support for our efforts from state and local funders including Stark County hospitals, Sisters of Charity Foundation of Canton, Stark Community Foundation, United Way of Greater Stark County, Ohio Department of Health, Ohio Department of Medicaid and managed care organizations. We also implemented evidence-based programs designed to lower our infant mortality rates and eliminate the racial inequity in our birth outcomes. We thank the community and our partners for supporting this collaborative program!

# 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, 2020 through December 31, 2020.



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 residents' 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. These goals are addressed through four major components of the program: 1) Syringe exchange/linkage and referral; 2) Syringe disposal (grinding) and community cleanup; 3) Harm reduction/safer injection education 4) Community awareness and education.

Evidence shows that syringe exchange is a public health intervention that reduces transmission of blood-borne pathogens and also reduces the number of improperly discarded syringes in the community. CCPH utilizes a harm reduction approach by providing people who inject drugs (PWID) 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 services 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. The SWAP program provides additional services including Narcan distribution, HIV and Hepatitis C rapid testing, administration of Hepatitis A and B vaccination and wound care education and referrals. Education services include verbal and printed information on HIV, hepatitis, sexually transmitted infections (STIs), overdose prevention, wound care education, 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.

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 serves to provide insight and guidance to SWAP while mitigating potential negative perceptions 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.

## REDUCING TRANSMISSION OF DISEASE

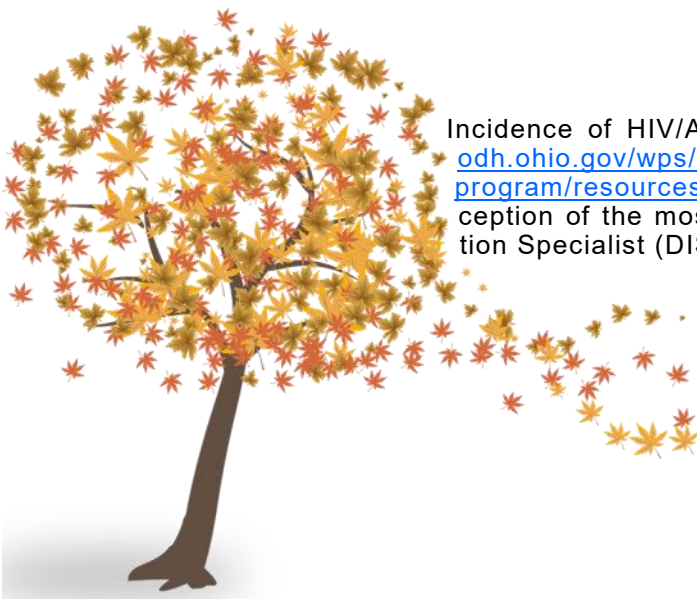
### HIV/AIDS Data

Incidence of HIV/AIDS cases diagnosed in Stark County. Source: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/hiv-aids-surveillance-program/resources/stark-county-hiv-surveillance-data-tables> with the exception of the most recent year (\*) being data from the Disease Intervention Specialist (DIS).

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

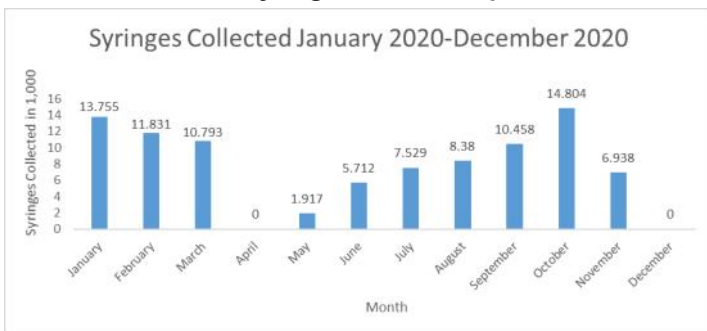
Note: IDU associated exposure are inclusive of total case count per year. (Ex: Stark County had 12 cases of HIV in 2013, and 1 of those cases reported an IDU associated exposure).

\* There were three cases in 2020 that did not complete and interview so no IDU association could be determined

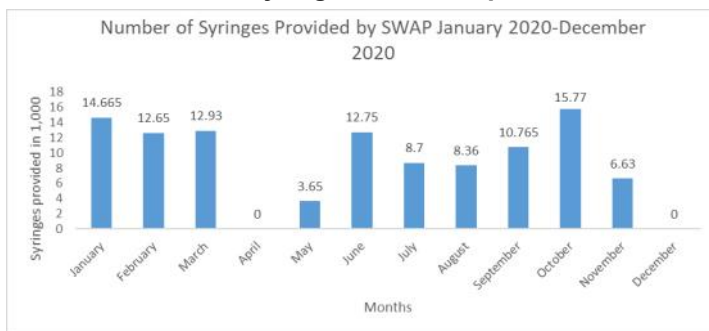




### Number of Syringes Collected per Month



### Number of Syringes Provided per Month



Above data indicates that during the period from January 1, 2020 to December 31, 2020, SWAP collected 92,117 used syringes and distributed 106,870 sterile syringes. It is important to note that there are other legal sources of syringes in the community. The table below indicates the number of new syringes dispensed monthly from January

### Number of Visits to SWAP January 2020-December 2020



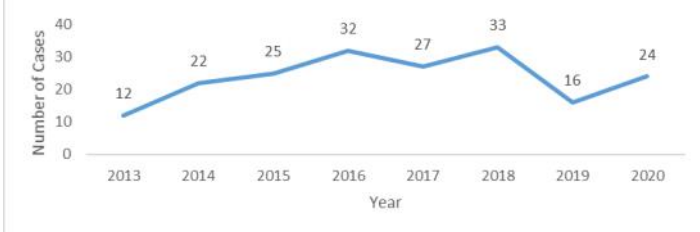
### Conditions by Year of Diagnosis Stark County Residents (2013-2020)

During the period from January 1, 2020 to December 31, 2020, there were 2,747 visits to SWAP and at least 565 unduplicated clients were served by the program. During the onset of the COVID-19 pandemic, SWAP was closed for the month of April and the first two weeks of May. Due to an increase in community spread of COVID-19, SWAP was again closed halfway through November through the end of 2020. This explains the reduced number of encounters during April-May, as well as November-December, in the graph above. To reduce possible exposure among clients and SWAP staff, a modified process of exchange occurred. Staff spent time pre-

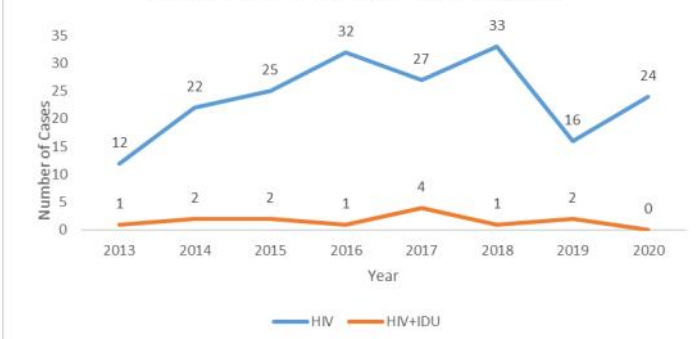
The table above summarizes newly reported cases of chronic Hepatitis C and HIV/AIDS among Stark County residents from 2013 through 2020. HIV/AIDS case reporting generally takes at least 6 months to be considered complete, and all case data is subject to change as more information is collected.

packing bags of harm reduction materials each week, used syringes were placed into sharps containers instead of being ground by the NeedleSharks, and at times incomplete data was collected to expedite the process. Client codes were not always individually collected and COVID-19 was used as an identifier for the program, leaving the possibility that the program served more than 565 unique individuals. Clients were still offered Narcan during the hours of clinic, and resources were posted on the front doors and on social media about locations to receive Narcan during the periods when SWAP was closed.

### Count of New HIV/AIDS Diagnoses in Stark County 2013-2020



### HIV Cases Associated with IDU 2013-2020\*



The tables below reflect the utilization data and basic demographics for SWAP over the period of January 1, 2020 to December 31, 2020. These values are incomplete as during parts of the pandemic, client ID codes were not always collected and COVID-19 was used as an identifier. It is possible that these values are not a full representation of the clients at SWAP.

| Age Groups         | Count      | Rate†*       | % of Total    |
|--------------------|------------|--------------|---------------|
| 15-19              | 1*         | -            | 0.17          |
| 20-24              | 28         | 60.59        | 4.96          |
| 25-29              | 76         | 154.09       | 13.45         |
| 30-34              | 143        | 276.30       | 25.31         |
| 35-39              | 133        | 257.86       | 23.54         |
| 40-44              | 73         | 148.90       | 12.92         |
| 45-49              | 40         | 90.69        | 7.08          |
| 50-54              | 27         | 63.78        | 4.78          |
| 55-59              | 25         | 57.96        | 4.24          |
| 60-64              | 12         | 26.71        | 2.12          |
| 65+                | 4          | -            | .071          |
| Unknown/Unreported | 3          | -            | 0.53          |
| <b>Total</b>       | <b>565</b> | <b>76.27</b> | <b>100.0%</b> |

| Sex <sup>1</sup>   | Count      | Rate†*       | % of Total    |
|--------------------|------------|--------------|---------------|
| Female             | 214        | 55.81        | 37.88         |
| Male               | 349        | 97.68        | 61.77         |
| Transgender*       | -          | -            | -             |
| Unknown/Unreported | 2          | -            | .35           |
| <b>Total</b>       | <b>565</b> | <b>76.27</b> | <b>100.0%</b> |

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

| Race <sup>2</sup>  | Count      | Rate†* | % of Total |
|--------------------|------------|--------|------------|
| White              | 409        | 60.82  | 72.39      |
| Black              | 17         | 28.29  | 3.01       |
| Biracial           | 12         | -      | 2.12       |
| Other              | 69         | -      | 12.21      |
| Unknown/Unreported | 58         | -      | 10.66      |
| <b>Total</b>       | <b>565</b> |        | <b>100</b> |

†\*All rates were calculated from the Ohio Department of Health Data Warehouse 2020 data on Stark County. Not all SWAP participants reside in Stark County. All rates are per 100,000 persons.

\*Rates were not calculated for case counts < 5 or where rate could not be calculated due to limited data.

<sup>1</sup>Sex rates were compiled from using the population in the age ranges of those at SWAP 18-70.

<sup>2</sup>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.

SWAP participants presented from 71 different zip codes – with about half of the zip codes reported were outside Stark County.

#### OTHER SWAP PREVENTION ACTIVITIES FOR INJECTION DRUG USE

- HIV and Hepatitis C prevention 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 last completed in 2019.
- 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.

| Comprehensive Services & Referrals               | 2020        | Average per Visit | Average per Month* |
|--|-------------|-------------------|--------------------|
| Narcan   | 1114        | .41               | 123.78             |
| Substance Use Referral                           | 7           | .002              | .07                |
| Mental Health Referral                           | 2           | .-                | .02                |
| HIV Testing                                      | 2           | -                 | .02                |
| Hepatitis C Testing                              | 1           | -                 | .01                |
| Wound Care Education**                           | 8           | .002              | .08                |
| Hepatitis A Vaccination - (Implemented 8/3/2018) |             |                   |                    |
| ***  | 61          | .02               | 6.78               |
| <b>Total Services &amp; Referrals</b>            | <b>1195</b> | <b>.44</b>        | <b>132.78</b>      |

Substance use referrals and mental health referrals were lower this year than in the past due to SWAP not using CommQuest's nurses during most of 2020 because of COVID-19. SWAP utilized the Naloxone grant through CCPH's OPHII division to provide Naloxone to SWAP clients. HIV testing and Hepatitis C testing were also reduced due to services not being offered routinely, but instead by appointment only.

### 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. 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 days and time of operation because of the other services offered by 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 of 2019, CCPH received a grant for expanding naloxone access among to those who are at risk of overdose.

### 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 a 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 awarded a mini grant of \$15,000 to purchase syringes from the Ohio Department of Health in 2020.

### 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.

### 2021 Goals

- Continue anonymous, safe services to reduce the risk of HIV and Hepatitis C infection in our communities by promoting revisits by clients and to encourage 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 and increase access to naloxone.
- Continue to inform clients at each visit of resources available at SWAP and in the community.
- 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.
- 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.
- 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 room.
- Provide vaccinations to participants against COVID-19.

| Annual SWAP Costs               |                          |
|---------------------------------|--------------------------|
| Line Item                       | Annual                   |
| Personnel (Salary/Benefits)     | \$21,607                 |
| Syringes (by grant allocations) | \$8,000-\$15,000         |
| Supplies                        | \$27,387                 |
| <b>Total Cost of SWAP</b>       | <b>\$56,994-\$63,994</b> |





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

**Canton City Public Health**

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Canton City Public Health is proud to present our annual report for 2020. This report represents a brief summary of the activities of an amazing group of public health professionals. Health Department staff are working to improve our neighborhoods, protect our food, monitor the air we breathe, follow up on a contagious disease, track vital records, work with new moms to provide better nutrition for their babies and provide immunizations and education that will 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

As I reflect back to the end of 2019, I vividly remember preparing for two program events scheduled in early 2020. These included a major conversion to an online system for all WIC offices in Stark County during the first week of February that would allow us to explore providing services in the community as opposed to only in the office. Following this change, our office was in the midst of an extensive, biannual audit conducted on-site by Ohio Department of Health (ODH) Staff. I recall thinking that, following February, we would return to “business as usual”. Then came March 2020 and the pandemic. Our WIC staff have continued to provide amazing service while faced with many unforeseen obstacles to our “normal” processes.

Many people know WIC as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that is funded by the United States Department of Agriculture (USDA). They also know that our services include nutrition education, breastfeeding support, healthy foods, and referrals to other health and social service agencies. What many did not realize, until 2020, is providing these services required the parents/caregivers, or the individual themselves, to be present in-person so that staff could add food benefits onto their WIC cards. The Ohio WIC card is not an online card and requires an office visit to provide these food benefits. Generally, this step was completed at the same time as a nutrition consultation in the office. Major questions surrounding safe delivery of program services were answered when State WIC was granted a physical presence waiver from USDA late in March. For the remainder of 2020, program participants did not need to be present in the office and anthropometric measurements and bloodwork requirements were also waived.

WIC staff quickly adapted and provided program screenings, education, and referrals remotely. WIC foods were added onto the cards at scheduled times and in the waiting area; this allowed for social distancing as well as expedited service. While phone consultations presented new challenges at times, many program participants expressed their gratitude for this shift in processes. This allowed our WIC families to continue to receive their food and formula benefits without having their young children in the offices for an extended timeframe.

Fast-forward to now as we continue our dedication to supporting a healthier Canton City. While WIC services may look a little different, they are still tailored to meet individual needs and focused on supporting personalized health and nutrition goals. I'm so very proud of the WIC team and their flexibility in adapting to changes while providing excellent service. Keep up the great work!

**Monthly Average  
WIC Program Participants**

|                        | 2020  | 2019  | 2018  |
|------------------------|-------|-------|-------|
| Canton City WIC        | 1,967 | 2,094 | 2,138 |
| Total Stark County WIC | 5,095 | 5,446 | 5,574 |