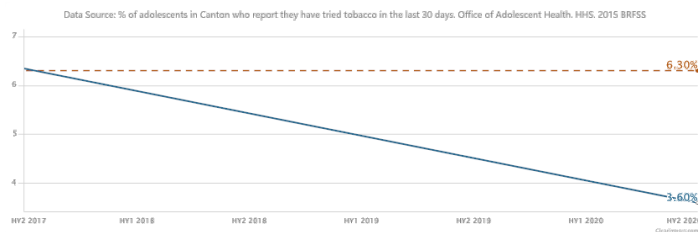


P Chronic Disease

I Goal 1. Increase access to healthier lifestyle choices in the community



Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
HY2 2020	—	3.60%	6.30%	↓ 1	-47% ↓
HY1 2017	—	6.80%	6.30%	→ 0	0% →

Story Behind the Curve

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

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

Partners

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

What Works

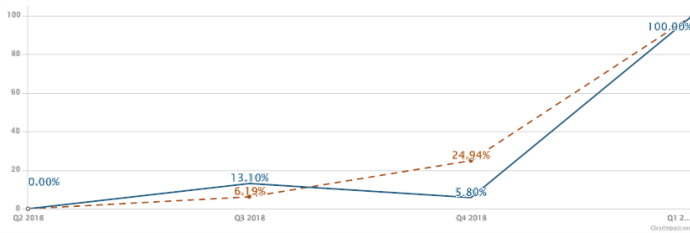
The strategies used to address this indicator were met. Due to the pandemic and pandemic response, this indicator was not able to be measured.

Strategy

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

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

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

Story Behind the Curve

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

Vision: A world without nicotine addiction and tobacco use.

Partners

- Stark County Healthy Lifestyles Coalition

What Works

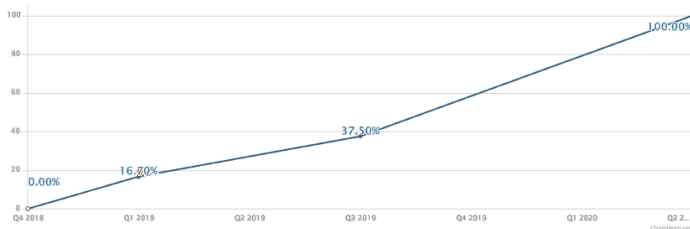
Early exposure permanently alters neuro-receptors in the deepest, most ancient parts of the brain that then manifests as ongoing desire or addiction. Preventing that early inoculation requires a concerted societal and political strategy including school-based education, reduced media exposure, counter-marketing,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

Action Plan

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

PM

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



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

Story Behind the Curve

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

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

Partners

- LiveWell Stark County

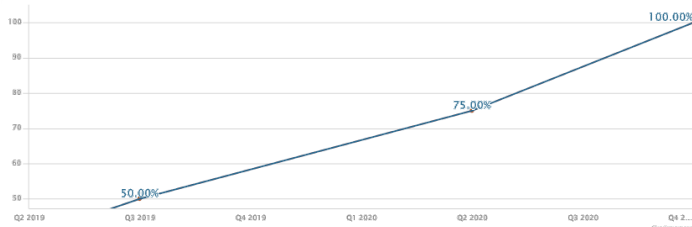
What Works

Action Plan

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

PM

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



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

Story Behind the Curve

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

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

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

Partners

- StarkFresh

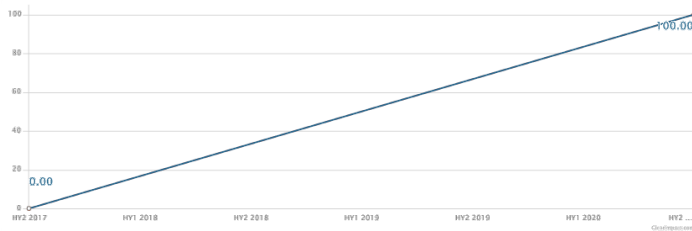
What Works

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

Action Plan

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

Goal 2. Decrease the rate of unintentional injuries.



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

Story Behind the Curve

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

Partners

Stark County Dog Warden

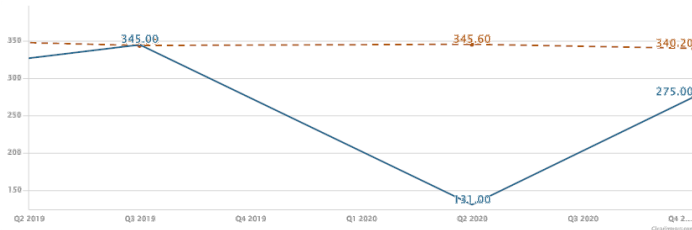
What Works

Subobjectives completed

Strategy

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

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



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

Story Behind the Curve

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

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

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

Partners

Stark County Dog Warden

What Works

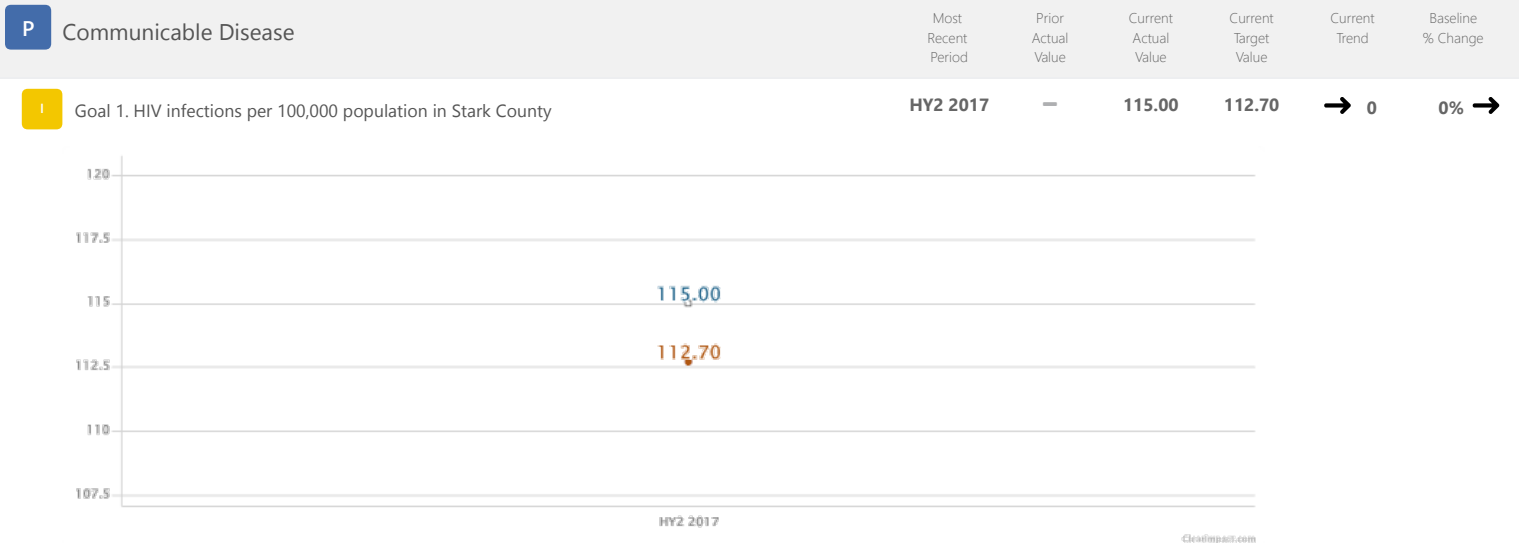
Communities – especially children – should be informed about the risks of dog bites and prevention techniques such as avoiding stray dogs and never leaving a child unattended around any dog.

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

Action Plan

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

Communicable



Story Behind the Curve

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

Partners

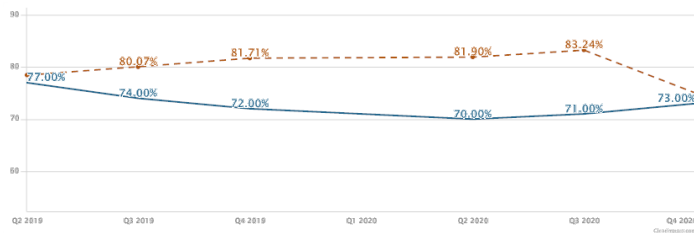
What Works

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

Action Plan

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

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

Story Behind the Curve

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

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

Partners

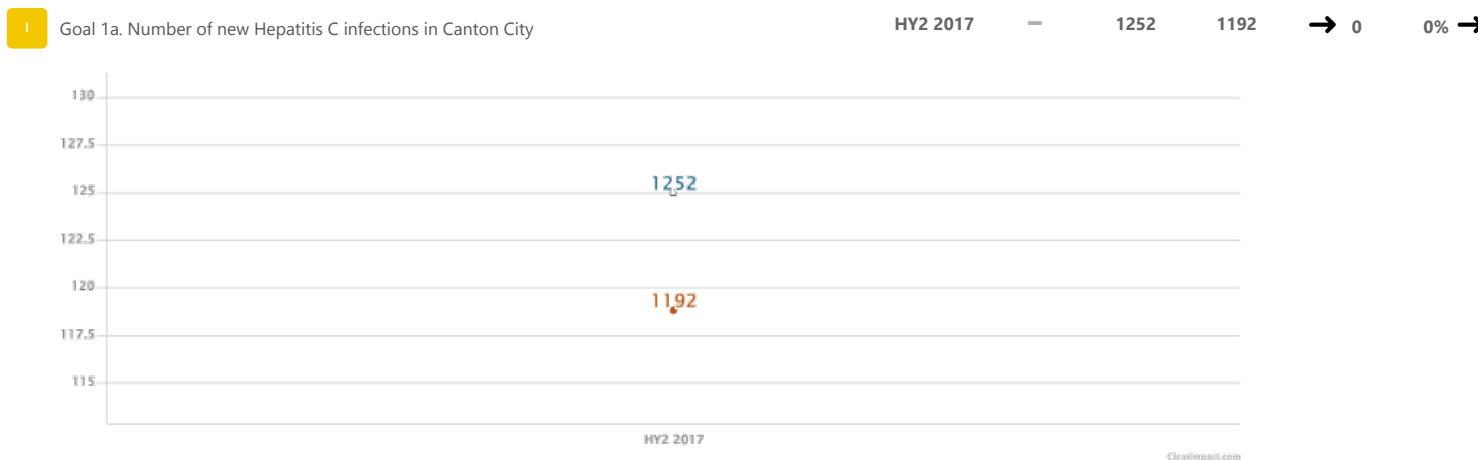
What Works

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

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

Strategy

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



Story Behind the Curve

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

Partners

- Opiate Task Force

What Works

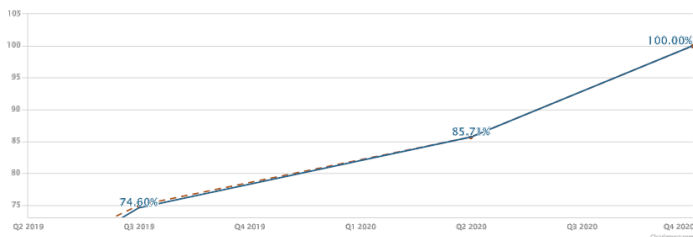
Due to COVID19 response, data entry of Chlamydia lab results has been a low priority and have not been entered; therefore, we can not report out on this value as a result

Strategy

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

PM

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



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

Story Behind the Curve

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

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

Partners

- Opiate Task Force

What Works

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

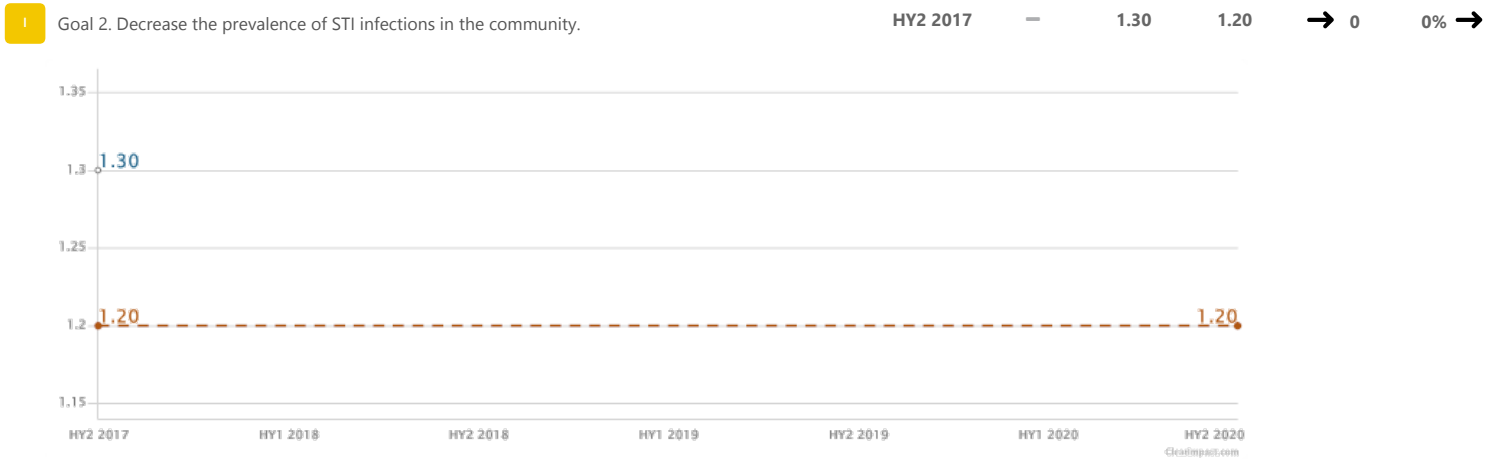
A study found that in Melbourne, Sydney and Amsterdam, HCV incidence fell dramatically between 1995 and 2011, the same time frame when harm reduction programs such as needle and syringe exchange programs and opiate substitution therapy were scaled up.

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

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

Action Plan

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



Story Behind the Curve

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

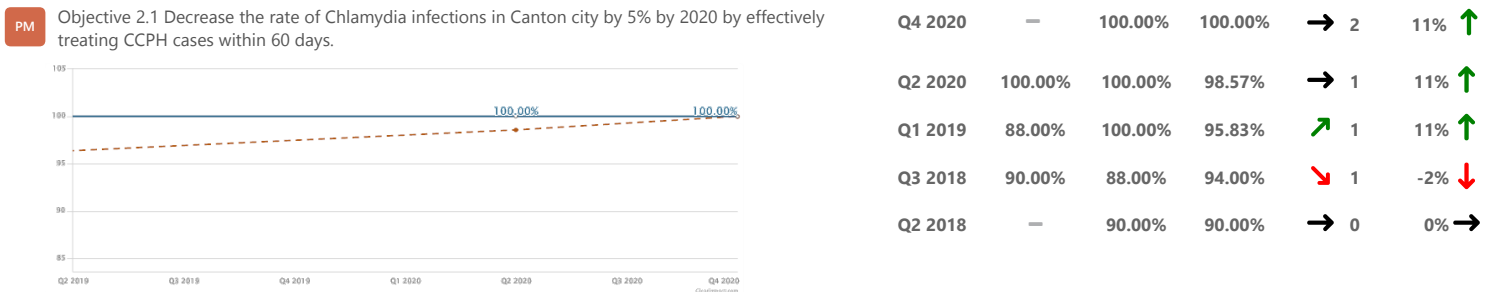
Partners

What Works

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

Strategy

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



Story Behind the Curve

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

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

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

Partners

What Works

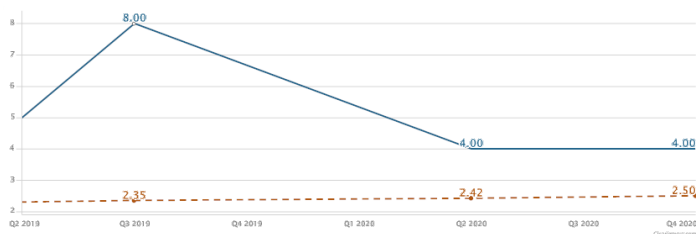
A lab test can confirm a chlamydia infection. Antibiotics will cure the infection. Correct usage of latex condoms greatly reduces, but does not eliminate, the risk of catching or spreading chlamydia. Experts recommend that sexually active women 25 and younger get a chlamydia test every year.

Action Plan

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

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

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

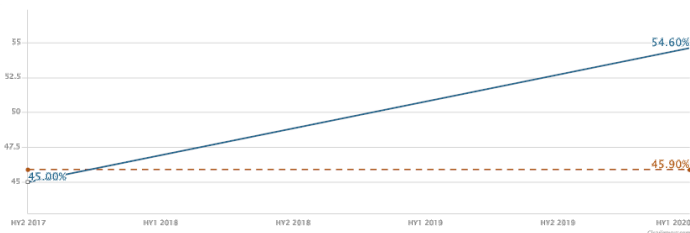
Action Plan

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



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

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



Story Behind the Curve

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

Partners

What Works

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

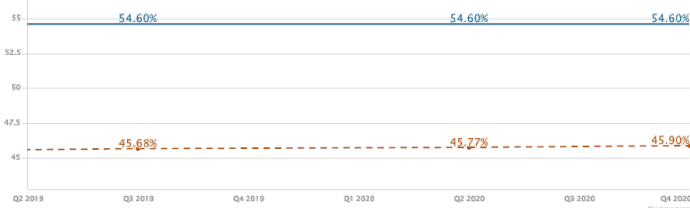
Strategy

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



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

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



Story Behind the Curve

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

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

Partners

What Works

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

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

Action Plan

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

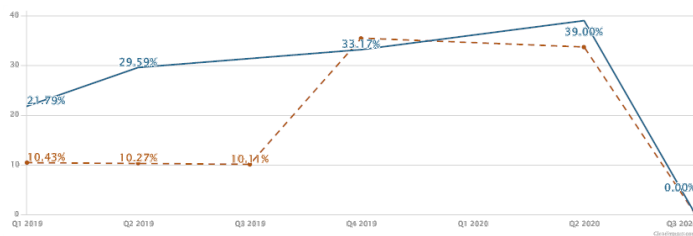
Environmental

P

Environmental Health and APC

I

Goal 1. Increase compliance with environmental health laws and rules



Q2 2020	33.17%	39.00%	33.70%	↗ 5	251% ↗
Q4 2019	29.59%	33.17%	35.48%	↗ 4	199% ↗
Q2 2019	21.79%	29.59%	10.27%	↗ 3	167% ↗
Q1 2019	14.36%	21.79%	10.43%	↗ 2	96% ↗
Q3 2018	10.33%	14.36%	10.58%	↗ 1	29% ↗
Q2 2018	11.10%	10.33%	10.90%	↘ 1	-7% ↘
Q1 2018	—	11.10%	10.00%	→ 0	0% →

Story Behind the Curve

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

Partners

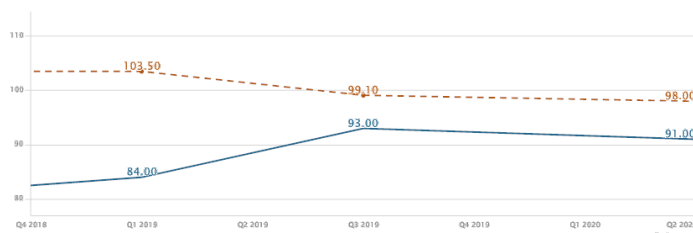
What Works

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

Action Plan

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

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



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

Story Behind the Curve

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

Partners

What Works

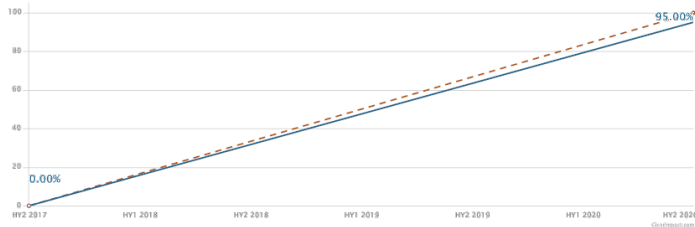
Action Plan

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

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



Goal 2. Keep community informed of environmental laws and rules



HY2 2020	—	95.00%	100.00%	↗ 1	9400%	↑
HY2 2017	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

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

Partners

What Works

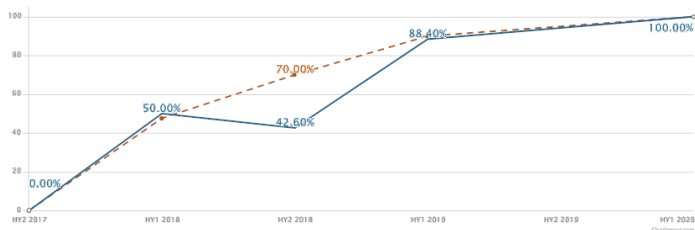
APC permitting goal was 79%, the others were 100% so this goal was 95% accomplished. The remainder of the goal will be completed in 2021.

Strategy

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



Objective 2.1 Increase public access to APC/EH enforcement information including summaries of complaints and enforcement actions



HY1 2020	—	100.00%	100.00%	↗ 2	9900%	↑
HY1 2019	42.60%	88.40%	90.00%	↗ 1	8740%	↑
HY2 2018	50.00%	42.60%	70.00%	↘ 1	4160%	↑
HY1 2018	0.00%	50.00%	47.60%	↗ 1	4900%	↑
HY2 2017	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

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

Partners

What Works

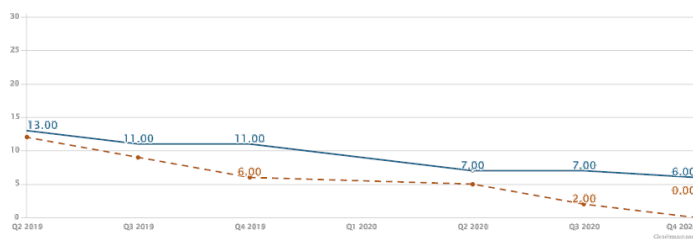
Prioritize getting enforcement letter to food operators by 12/31/2019. Get Annual Report published

Action Plan

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

PM

Objective 2.2 To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.



Q4 2020	7.00	6.00	0.00	↓	1	-79%	↓
Q3 2020	7.00	7.00	2.00	→	1	-76%	↓
Q2 2020	11.00	7.00	5.00	↓	1	-76%	↓
Q4 2019	11.00	11.00	6.00	→	1	-62%	↓
Q3 2019	13.00	11.00	9.00	↓	6	-62%	↓
Q2 2019	14.00	13.00	12.00	↓	5	-55%	↓
Q1 2019	17.00	14.00	15.00	↓	4	-52%	↓
Q4 2018	19.00	17.00	15.00	↓	3	-41%	↓
Q3 2018	23.00	19.00	20.00	↓	2	-34%	↓

Story Behind the Curve

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

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

Partners

The permitted community and Ohio EPA.

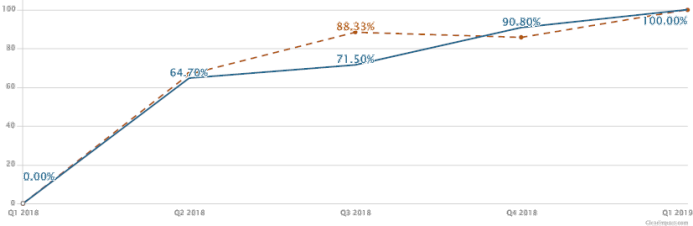
What Works

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

Action Plan

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

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



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

Story Behind the Curve

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

Partners

What Works

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

Action Plan

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

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

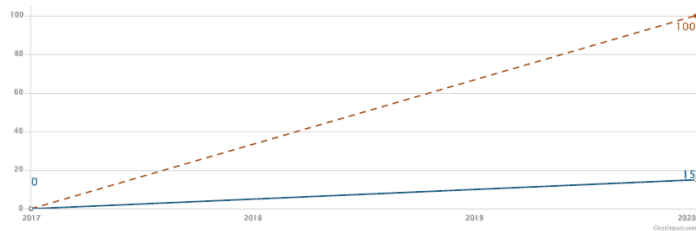
Q4 2019	80.00%	100.00%	100.00%	↗ 3	9900%	↑
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Maternal						
P	Maternal, Child and Infant Health	Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend

Goal 1. Decrease the rate of infant mortality and disparities in birth outcomes in Stark County.

2020	—	15	100	↗ 1	1400% ↗
2017	—	0	0	→ 0	0% →



Story Behind the Curve

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

Partners

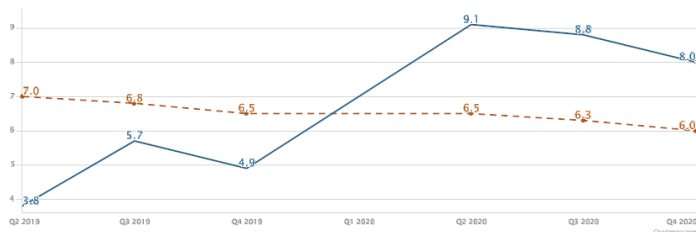
What Works

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

Strategy

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

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



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

Story Behind the Curve

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

How it Works: Stark County THRIVE Pathways HUB

Infant Mortality Facts: 2017 vs 2018

Partners

What Works

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

Action Plan

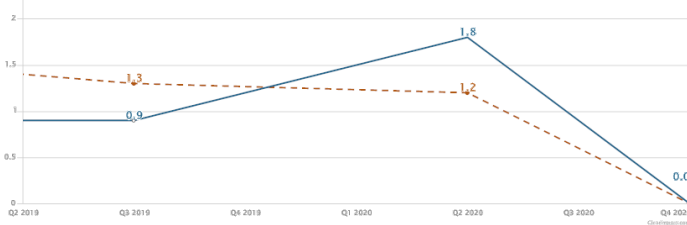
To reduce the overall infant mortality rate in Stark County, Canton City Public Health will:

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

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

PM

Objective 1.2. By 2020, decrease by more than 50% the disparity between black and white infant mortality rates



Q4 2020	—	0.0	0.0	↓	1	-52%	↓
Q2 2020	0.9	1.8	1.2	↑	1	-14%	↓
Q3 2019	0.9	0.9	1.3	→	1	-57%	↓
Q1 2019	1.3	0.9	1.5	↓	2	-57%	↓
Q3 2018	2.1	1.3	1.4	↓	1	-38%	↓
Q2 2018	—	2.1	2.1	→	0	0%	→

Story Behind the Curve

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

Partners

What Works

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

Action Plan

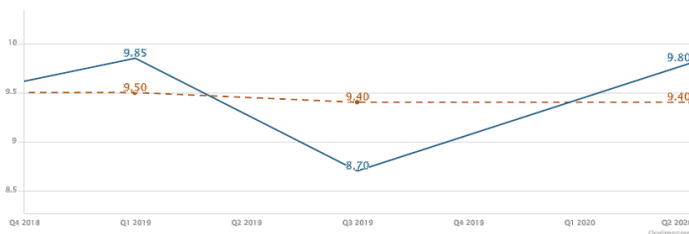
To decrease the disparity rate between black and white infant mortality rates, Canton City Public Health will:

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

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

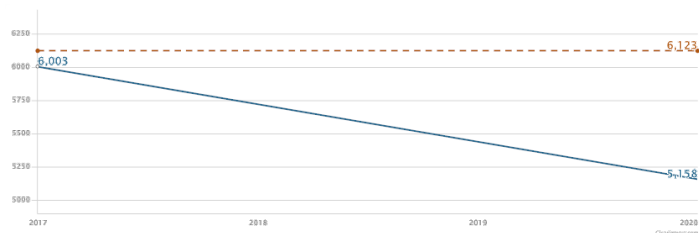
Action Plan

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

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

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

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



Story Behind the Curve

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

Partners

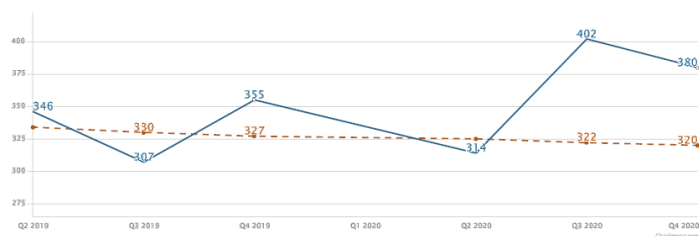
What Works

Year end program-wide numbers taken from board report.

Strategy

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

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



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

Story Behind the Curve

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

Partners

What Works

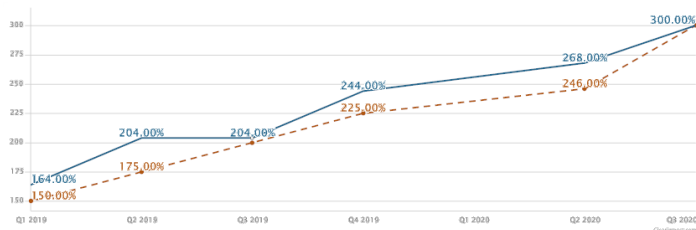
Goal ended. Increased values can be attributed to new clinic processes due to the coronavirus; program participants are enrolled in the program remotely after phone interviews instead of in-office. Report now includes those enrolled but they never came in office to finalize process/receive WIC food benefits.

Action Plan

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

PM

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



Q3 2020	268.00%	300.00%	300.00%	↗ 3	29900%	↑
Q2 2020	244.00%	268.00%	246.00%	↗ 2	26700%	↑
Q4 2019	204.00%	244.00%	225.00%	↗ 1	24300%	↑
Q3 2019	204.00%	204.00%	200.00%	→ 1	20300%	↑
Q2 2019	164.00%	204.00%	175.00%	↗ 2	20300%	↑
Q1 2019	120.00%	164.00%	150.00%	↗ 1	16300%	↑
Q4 2018	120.00%	120.00%	125.00%	→ 1	11900%	↑
Q3 2018	76.00%	120.00%	100.00%	↗ 2	11900%	↑
Q2 2018	0.00%	76.00%	75.00%	↗ 1	7500%	↑

Story Behind the Curve

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

Partners

What Works

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

Action Plan

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

Access

R

Access to Health Care and Clinic Services

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

I

Goal 1. Increase use of billable clinic services.

—	—	—	—	—	—
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Story Behind the Curve

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

Partners

What Works

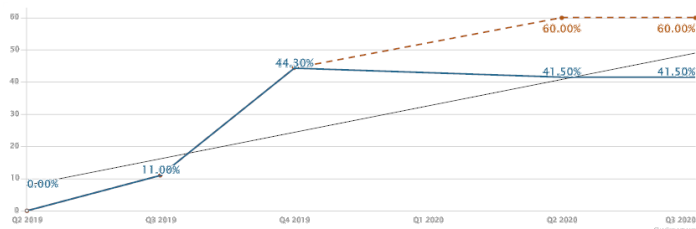
Objective was cancelled due to COVID-19 and pandemic response.

Strategy

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

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

Action Plan

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

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

I

Goal 2. Improve access to transportation services.

Story Behind the Curve

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

Partners

What Works

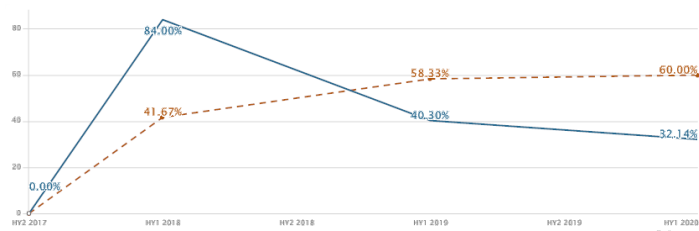
Objective was cancelled due to COVID-19 and pandemic response.

Strategy

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

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

Action Plan

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

Foundational

R

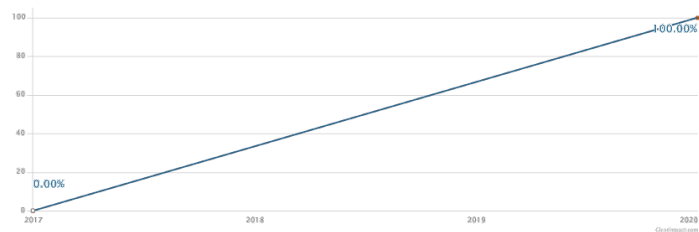
Foundational Services

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

I

Goal 1. Increase marketing of the department and its services.

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



Story Behind the Curve

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

Partners

What Works

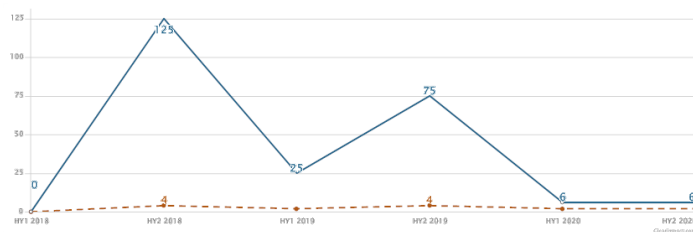
Several objectives were cancelled due to COVID, the others were achieved.

Strategy

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

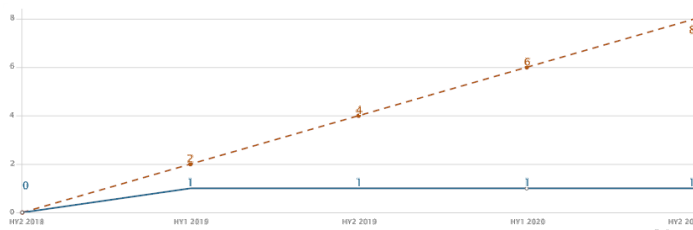
Reporting at least 4 separate, CCPH promotion activities (articles or radio spots) annually for each year. Objective met if 4 of 4 activities completed (or 100%) by end of each year.

Action Plan

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

PM

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



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

Story Behind the Curve

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

Partners

- Stark Community Foundation

What Works

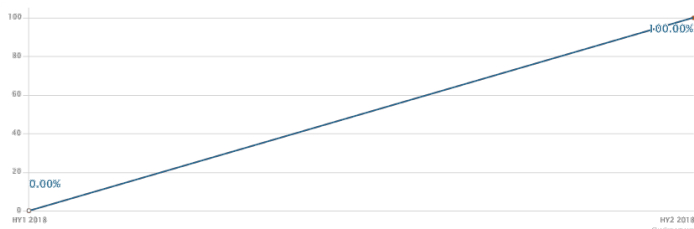
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

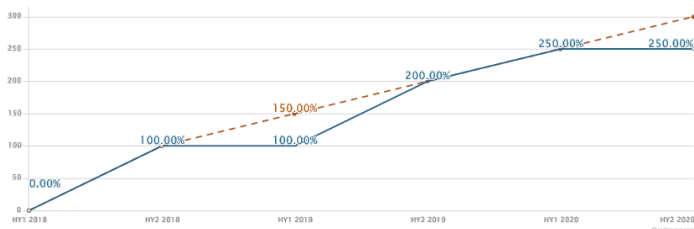
Objective completed by 9/1/2018.

Action Plan

Completion of objective by having documentation of completed action steps.

PM

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



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

Story Behind the Curve

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

Partners

What Works

Objective cancelled due to COVID-19 and pandemic response.

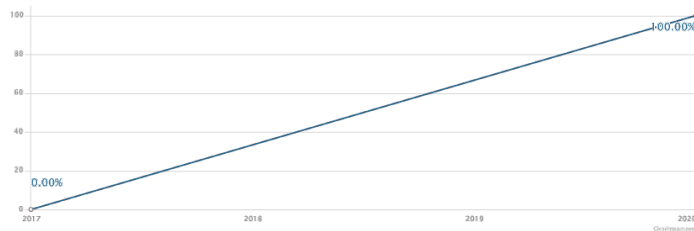
Action Plan

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

I

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

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

Story Behind the Curve

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

Partners

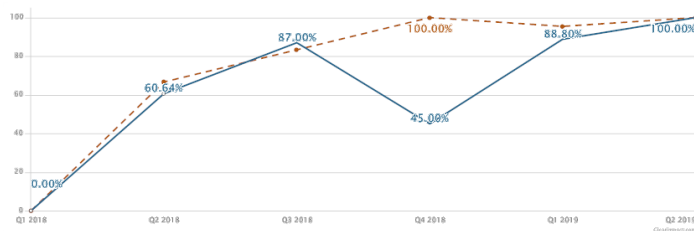
What Works

Objectives under this goal were completed.

Strategy

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

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



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

Story Behind the Curve

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

Partners

Canton City Auditor's office and Kronos

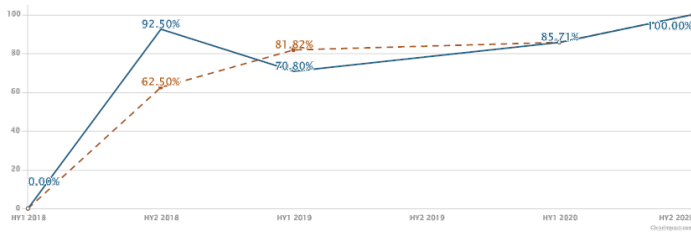
What Works

Action Plan

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

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

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



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

Story Behind the Curve

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

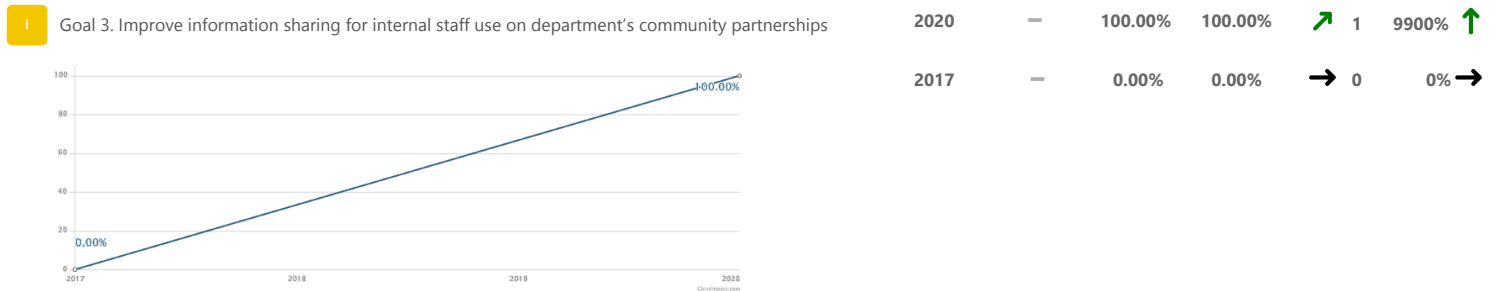
Partners

What Works

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

Action Plan

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



Story Behind the Curve

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

Partners

What Works

Objectives under this goal were completed.

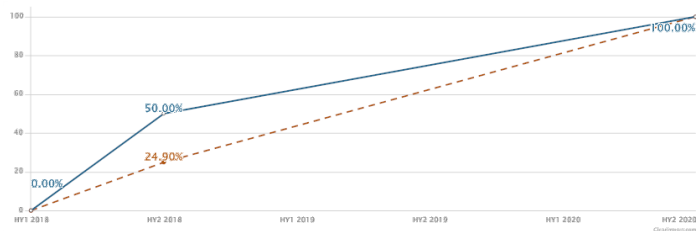
Strategy

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

PM

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

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



Story Behind the Curve

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

Partners

What Works

This objective has been completed

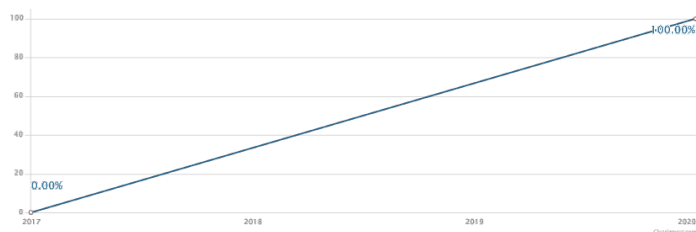
Action Plan

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

I

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

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



Story Behind the Curve

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

Partners

What Works

Objectives under this goal were completed.

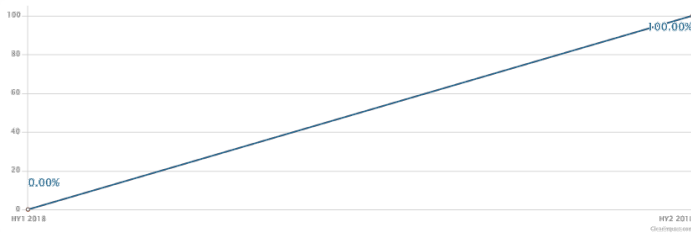
Strategy

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

PM

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

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

Story Behind the Curve

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

Partners

What Works

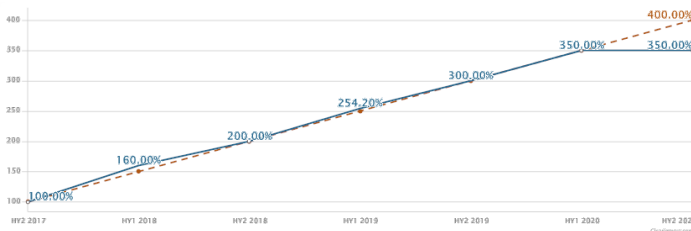
QIC meets monthly starting 7/22/16 and nearly 100% members present at each meeting. All members have completed assignments.

Action Plan

Completion of objective by having documentation of completed action steps.

PM

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



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

Story Behind the Curve

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

Partners

What Works

Objective cancelled due to COVID-19 and pandemic response.

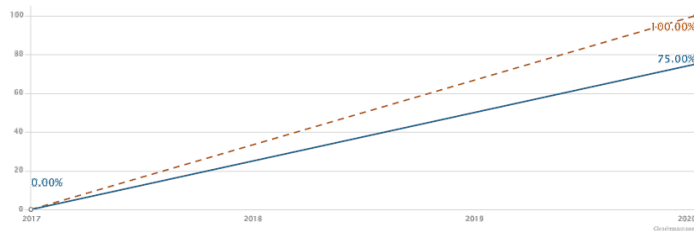
Action Plan

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

I

Goal 5. Provide high quality and relevant internal staff communication

2020 — 75.00% 100.00% ↗ 1 7400% ↑



2017 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

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

Partners

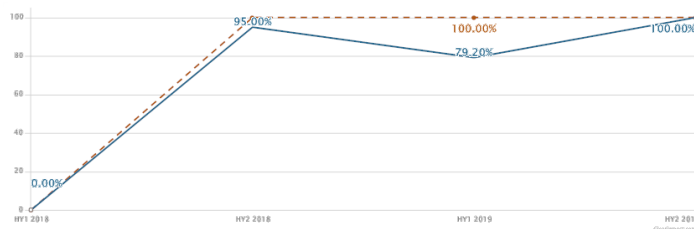
What Works

Three of four goals were accomplished.

Strategy

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

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



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

Story Behind the Curve

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

Partners

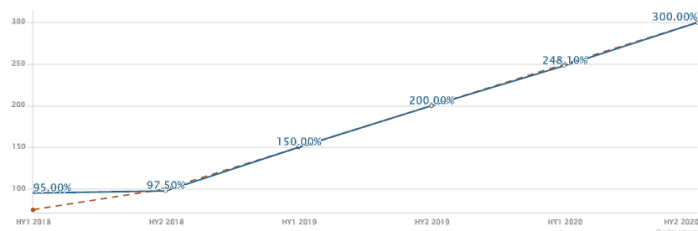
What Works

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

Action Plan

Completion of objective by having documentation of completed action steps.

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



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

Story Behind the Curve

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

Partners

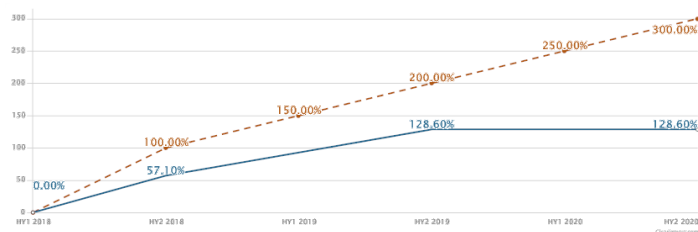
What Works

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

Action Plan

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

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



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

Story Behind the Curve

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

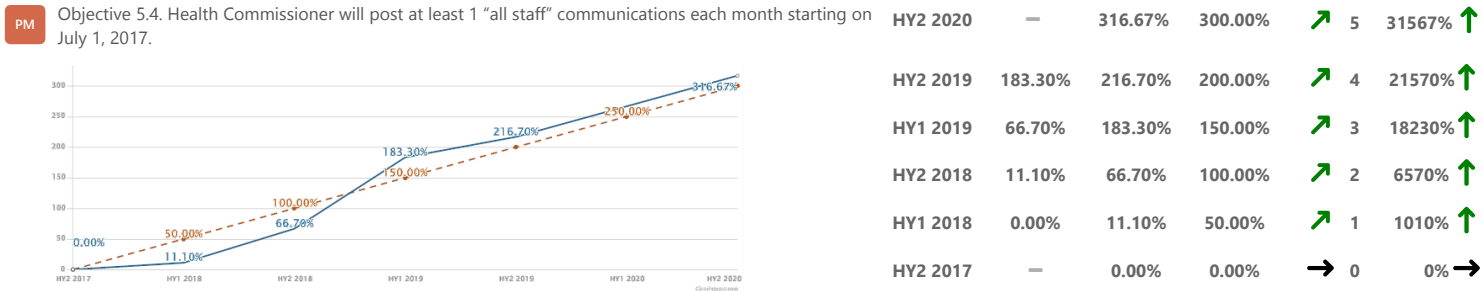
Partners

What Works

Cancelled due to COVID-19 and pandemic response.

Action Plan

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



Story Behind the Curve

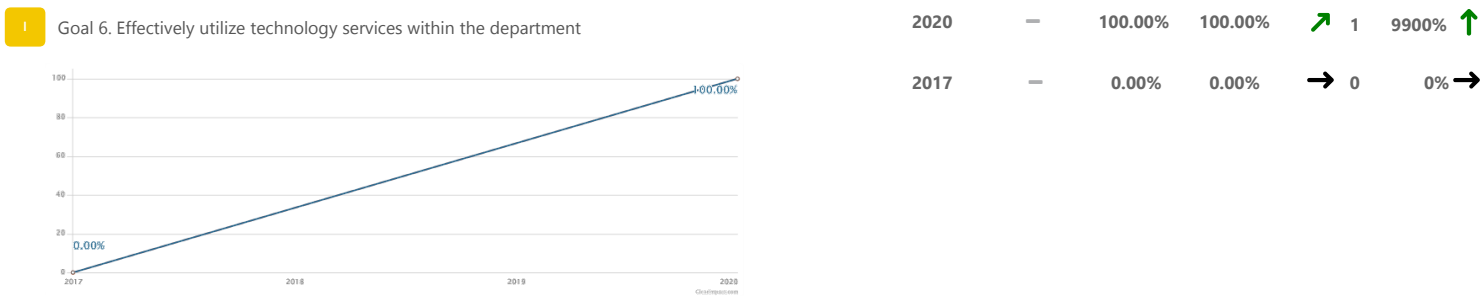
Baseline is considered 0 activities completed since it is the start of the 6-month period

Partners

What Works

Action Plan

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



Story Behind the Curve

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

Partners

What Works

Objectives under this goal were met.

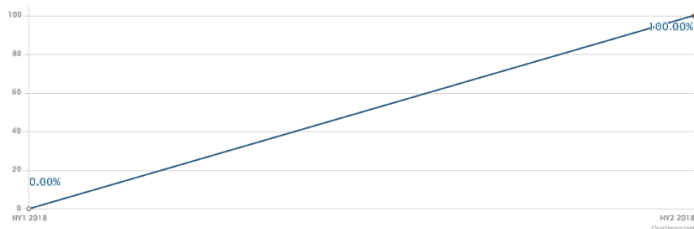
Strategy

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

PM

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

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



Story Behind the Curve

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

Partners

What Works

Completion of objective by having documentation of completed action steps.

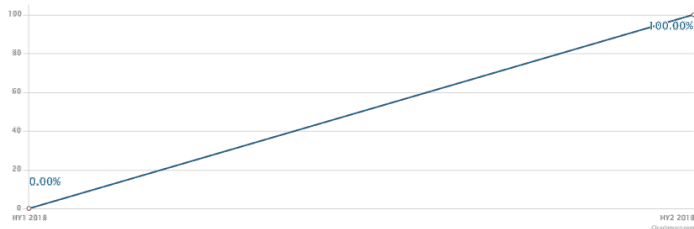
Action Plan

Completion of objective by having documentation of completed action steps.

PM

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

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



Story Behind the Curve

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

Partners

What Works

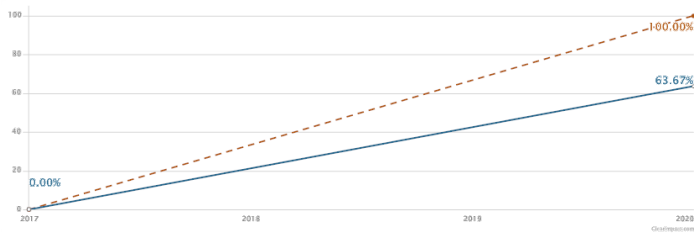
Action Plan

Completion of objective by having documentation of completed list.

I

Goal 7. Provide excellent customer service.

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

Story Behind the Curve

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

Partners

What Works

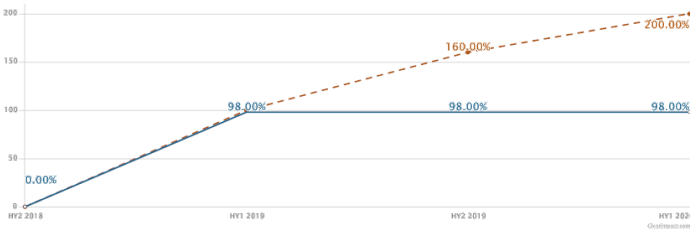
One goal was cancelled and the other was 63.67% completed.

Strategy

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

PM

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



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

Story Behind the Curve

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

Partners

What Works

Cancelled due to COVID-19 and pandemic response.

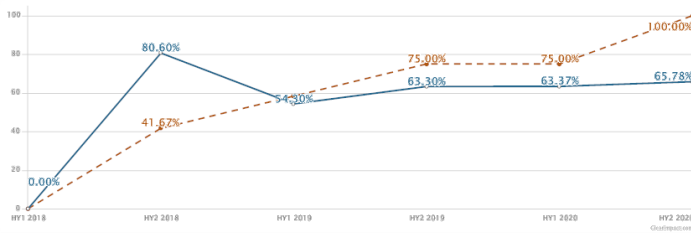
Action Plan

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

PM

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

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

Story Behind the Curve

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

Partners

What Works

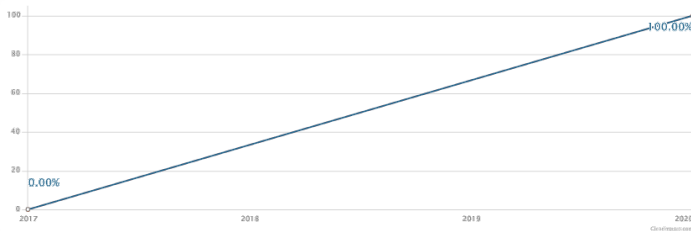
Continue to scan until completed.

Action Plan

Completion of objective by having documentation of completed file conversion.

I Goal 8. Provide a facility that can better serve the public and enhance work environment for staff.

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



Story Behind the Curve

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

Partners

What Works

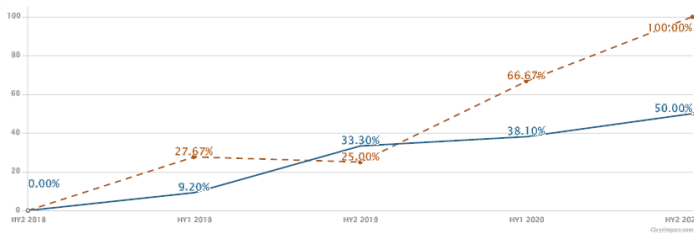
Two objectives cancelled and three completed.

Strategy

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

PM Objective 8.1. Implement a schedule for regular staff safety drills (for example fire, active shooter, severe weather) by June 30, 2020.

HY2 2020	38.10%	50.00%	100.00%	↗ 4	4900%	↑
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HY1 2020	33.30%	38.10%	66.67%	↗ 3	3710% ↑
HY2 2019	9.20%	33.30%	25.00%	↗ 2	3230% ↑
HY1 2019	0.00%	9.20%	27.67%	↗ 1	820% ↑
HY2 2018	—	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

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

Partners

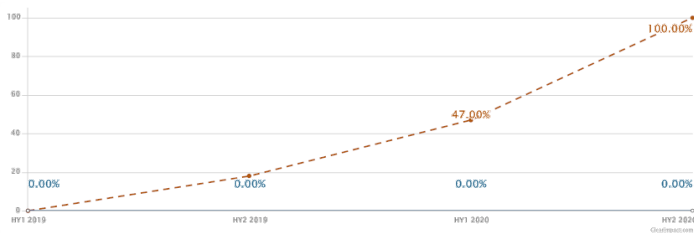
What Works

Objective cancelled due to COVID-19 and pandemic response.

Action Plan

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

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



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

Story Behind the Curve

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

Partners

What Works

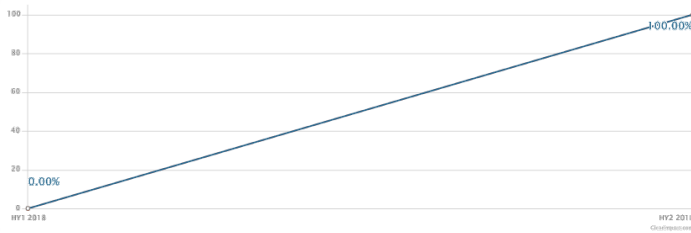
Objective cancelled due to COVID-19 and pandemic response.

Action Plan

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

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

HY2 2018	0.00%	100.00%	100.00%	↗ 1	9900% ↑
----------	-------	---------	---------	-----	---------



HY1 2018 — 0.00% 0.00% → 0 0% →

Story Behind the Curve

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

Partners

What Works

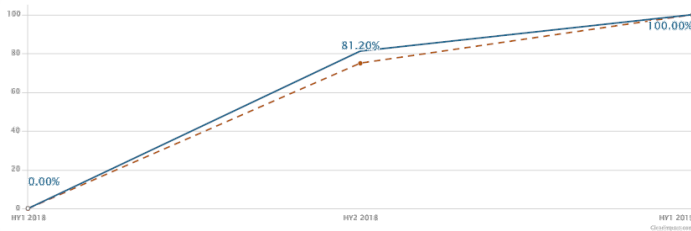
New signs and banners installed.

Action Plan

Completion of objective by having documentation of completed signage.

PM

Objective 8.4. Provide paint updates to most areas of department and update the floor carpet by June 30, 2020



HY1 2019	81.20%	100.00%	100.00%	↗ 2	9900%	↑
HY2 2018	0.00%	81.20%	75.00%	↗ 1	8020%	↑
HY1 2018	—	0.00%	0.00%	→ 0	0%	→

Story Behind the Curve

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

Partners

What Works

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

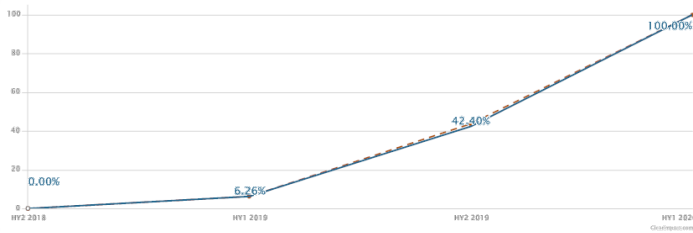
Action Plan

Completion of objective by having documentation of completed repairs.

PM

Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020

HY1 2020	42.40%	100.00%	100.00%	↗ 3	9900%	↑
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HY2 2019	6.26%	42.40%	43.76%	↗ 2	4140% ↗
HY1 2019	0.00%	6.26%	6.26%	↗ 1	526% ↗
HY2 2018	—	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

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

Partners

What Works

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

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

Action Plan

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

Staff

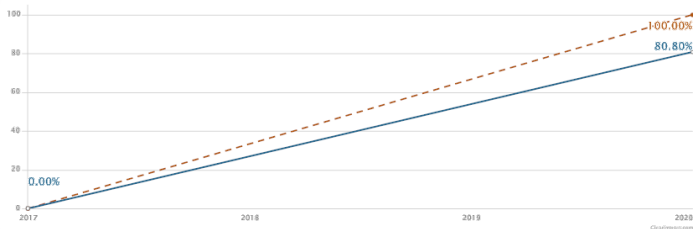
R

Staff Development

I

Goal 1. Streamline training and development programs for employees.

Most Recent Period	Prior Actual Value	Current Actual Value	Current Target Value	Current Trend	Baseline % Change
2020	—	80.80%	100.00%	↗ 1	7980% ↗
2017	—	0.00%	0.00%	→ 0	0% →



Story Behind the Curve

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

Partners

- Workforce Development Team
- Division Leadership Team

What Works

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

Strategy

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

PM

Objective 1.1. Develop a new hire onboarding/training guide by December 31, 2020 (in line with WFD Plan)

HY2 2020

75.49%

42.50%

100.00%



1

4150% ↑



PM

Objective 1.2. Document a plan for staff training to include required and optional training modules by January 31, 2020 (in line with WFD Plan)

HY2 2020

80.00%

100.00%

100.00%



2

9900% ↑

HY1 2020

0.00%

80.00%

80.00%



1

7900% ↑

HY2 2019

—

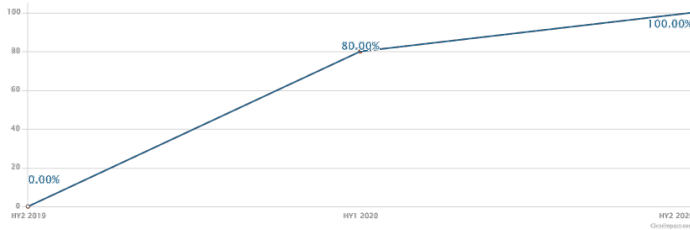
0.00%

0.00%



0

0% →



Story Behind the Curve

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

Partners

- Division Leadership Team
- Workforce Development Team

What Works

Revised work plan. Assignement made to WFD.

Action Plan

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

PM

Objective 1.3. REMOVED AND REPLACED WITH 1.5

2020

18

18

0



1

1700% ↑

2019

0

18

90



1

1700% ↑

2018

—

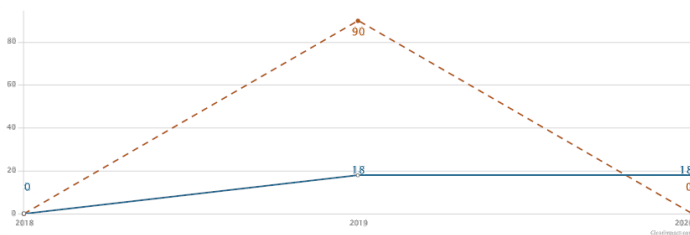
0

0



0

0% →



Story Behind the Curve

Objective 1.3 was removed and replaced with objective 1.5.

Partners

Objective 1.3 was removed and replaced with objective 1.5.

What Works

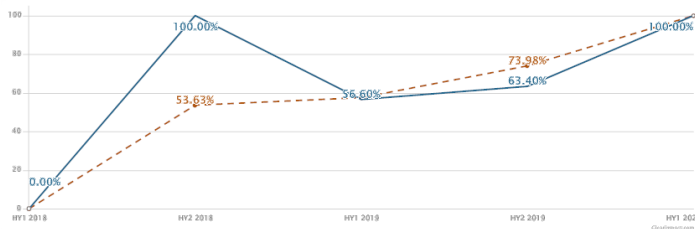
Objective 1.3 was removed and replaced with objective 1.5.

Action Plan

Objective 1.3 was removed and replaced with objective 1.5.

PM

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



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

Story Behind the Curve

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

Partners

- Division Leadership Team
- Workforce Development Team

What Works

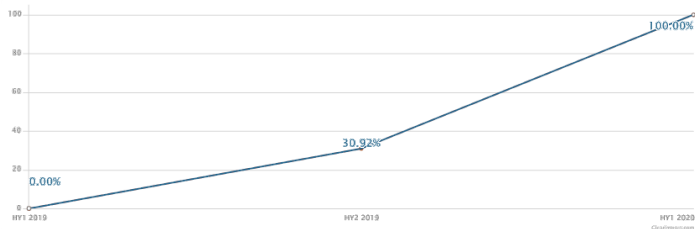
The WFD plan was approved containing a requirement for staff development plans. The evaluation policy was revised to reflect this new requirement. 10 evaluations out of 63 employees were completed by April 1. All 10 of these evaluations had a documents employee improvement plan (section 7).

Action Plan

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

PM

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



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

Story Behind the Curve

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

Partners

- Division Leadership Team
- Workforce Development Team

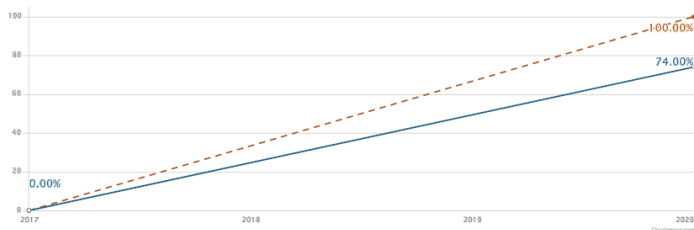
What Works

Action Plan

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



Goal 2. Promote staff morale.



2020	—	74.00%	100.00%	↗ 1	7300% ↗
2017	—	0.00%	0.00%	→ 0	0% →

Story Behind the Curve

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

Partners

- Workforce Development Team
- Division Leadership Team
- CCPH Staff

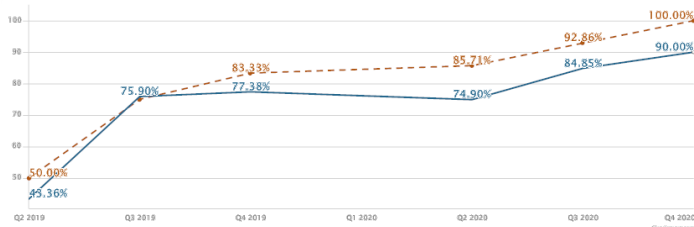
What Works

Strategy

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



Objective 2.1. Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2017 and implement strategy to address results.



Q4 2020	84.85%	90.00%	100.00%	↗ 2	8900% ↗
Q3 2020	74.90%	84.85%	92.86%	↗ 1	8385% ↗
Q2 2020	77.38%	74.90%	85.71%	↘ 1	7390% ↗
Q4 2019	75.90%	77.38%	83.33%	↗ 5	7638% ↗
Q3 2019	43.36%	75.90%	75.00%	↗ 4	7490% ↗
Q2 2019	18.10%	43.36%	50.00%	↗ 3	4236% ↗
Q1 2019	14.29%	18.10%	35.79%	↗ 2	1710% ↗
Q4 2018	0.00%	14.29%	14.29%	↗ 1	1329% ↗

Story Behind the Curve

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

Partners

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

What Works

Action Plan

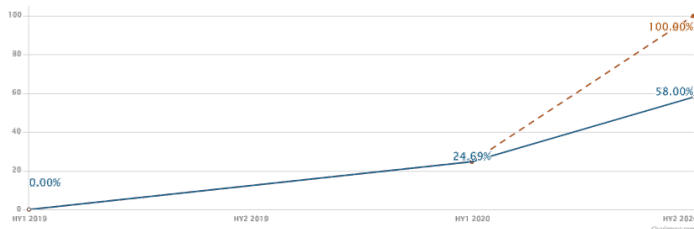
To understand staff morale and satisfaction, CCPH will conduct a comprehensive staff survey at least once every three years. The Workforce Development Team (WDT) will develop and conduct the survey then analyze and present results to the Division Leadership Team (DLT). The DLT will develop a strategy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

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

PM

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

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



Story Behind the Curve

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

Partners

- Division Leadership Team
- Workforce Development Team

What Works

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

Action Plan

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