STARK COUNTY HEALTH DEPARTMENT

2012 Annual Report

PublicHealth
Prevent. Promote. Protect

Health Commissioner's Report

Kirkland K. Norris
Health Commissioner

It has been a year since Bill Franks retired and I was named Health Commissioner of the Stark County Combined General Health District. In this past year we have seen many things occurring at the Federal and State level that have had an enormous impact at the Local level. County and Local agencies/organizations have had to implement innovative strategies to ensure that essential services are maintained and the public for which we serve is provided a quality product in the midst of governmental cutbacks. With this being said the Stark County Health Department has aggressively reviewed departmental programs, policies, procedures, and operations to ensure services are being delivered in the most efficient manner possible. The department has reorganized divisions and reduced staffing to focus on the delivery of services to our townships, cities, and villages within the Health District. The health of our community is our first priority and we are committed to providing excellent services to the ninth largest health district in the State of Ohio. I want to thank all of you, if it wasn't for all of the townships', cities', and villages' continued support and dedication we would not be able to accomplish what we do within the health jurisdiction.

Leading Causes of Death 2012

Cancer	**399**
Diseases of the Heart	**395**
Alzheimer's Disease	**274**
Chronic Lower Respiratory	**136**
Cerebrovascular Disease	**100**
Influenza and Pneumonia	**65**
Diseases of the Kidney	**57**
Septicemia	**51**
Accidents (Unintentional Injuries)	**50**
Suicide	**36**
Diabetes	**26**
Other	**60**
TOTAL	**1,649**

METHANE IN WATER WELLS

On July 26, 2012, Paul DePasquale and Randy Ruszkowski gave a presentation on the potential dangers of methane in water wells. Invitations were sent out to all of the Stark County Fire Departments, as well as elected officials from our municipalities. There were approximately 25 people that attended the presentation that was held at the Jackson Township Safety Center. The presentation was to initiate communication with the Fire Departments and to make them aware of the potential issues with methane gas accumulating within private water wells.

The oil and gas companies are required by the Ohio Department of Natural Resources (ODNR) to conduct background tests on private water wells. Some of the results are indicating that Methane is being reported at levels that could be explosive. Due to this wording within the letters from the consultants to the homeowners, a serious concern has been raised – How do we make sure the methane gets mitigated from the wells? An informal committee has been formed to address this issue and other issues that may arise from these alerts. The committee currently consists of Ohio Department of Natural Resources, Ohio Department of Health, Ohio Water Well Association, Mahoning County Health Department, and the Stark County Health Department. Through this committee, a guidance document is being developed and should be available in the near future. In the meantime, the Stark County Health Department is pursuing potential revenue streams to compensate for the increased time and resources used to address this matter.

Health IMPROVEMENT PLAN

The Improvement Plan may be found on the Stark County Health Department's website: www.starkhealth.org

The Stark County Health Department began facilitating a Community Health Needs Assessment in 2010, with the support of several local agencies. In 2011, sub-committees collected, updated and analyzed community data and prioritized the identified health needs of County residents. During 2012 the first Health Improvement Plan for Stark County was developed and a Health Improvement Summit was organized.

Stark County's Health Improvement Plan was developed as a guide with goals, strategies and activities to improve the health of the community by addressing the top three health needs identified as priority areas:

- Obesity and Healthy Lifestyle Choices
- Access to Health Insurance Coverage and Health Care
- Mental Health Wellness

Obesity and Healthy Lifestyle Choices promotes healthy lifestyles in the areas of nutrition and physical activity under the theme, "Live Well Stark County" to encourage and support a unified effort for community-wide health transformation.

Access to Health Insurance Coverage and Health Care promotes early interventions to identify chronic diseases by increasing awareness of health care resources, educating residents on properly using a primary care physician and developing a Patient/System Navigator to access health care.

Mental Health Wellness promotes mental health and substance abuse prevention, awareness and treatment opportunities throughout Stark County by increasing awareness of resources to residents and partners, decreasing the negative stigma associated with mental health and substance abuse and encouraging access to and usage of treatment resources.

The second annual Health Improvement Summit was organized to bring together all of the organizations and agencies throughout Stark County whose efforts and initiatives fit into the plan for implementation and evaluation. The purpose of the Summit was also to show support for the distribution of the plan and to showcase the County's collaboration on coming together to make Stark County a healthier community. The Stark County Health Department would like to thank all of the agencies and individuals who assisted with the development of the Plan.

The Advisory Committee's future plans will include implementing Stark County's Health Improvement Plan, evaluating the Plan by reporting the outcomes of the strategies and activities to the community and distributing an evaluation report to community members and organizations.

DEATHS IN Children

Deaths in children can often be considered a good predictor of a community's health. The raw numbers can tell us the overall picture but only with a detailed review of each and every child death can we learn how to respond best as a community to prevent further tragedies from occurring.

In 2000, Substitute House Bill 448 was enacted requiring every Ohio County to create a Child Fatality Review Board. These boards are tasked with the review of all deaths of children under the age of 18 with the ultimate goal being to decrease the number of preventable child deaths that occur in their individual communities.

Over the past eleven years the Stark County Child Fatality Review Board has reviewed 576 deaths of children under the age of 18. These deaths can be classified by manner in one of the five ways listed below:

- Natural: Death resulting from inherent, existing conditions (congenital anomalies, disease, SIDS, etc.).
- Accident: Death resulting from non-intentional trauma.
- Suicide: Intentional, self-caused death.
- Homicide: Death caused by another.
- Undetermined: Unable to determine manner of death.

Of those 576 deaths: 409 were from Natural causes, 102 were due to accidents, 28 were homicides, 18 were suicides, and in 19 cases the official classification was unable to be determined.

Most recently the board reviewed the deaths of children that occurred during 2011, a small sample of this data can be found in the chart below. Additional data and statistics from previous years can be found on the Stark County Health Departments website at www.starkhealth.org Full statistics on the 2011 child deaths will be available in the Stark County Child Fatality Review Board annual report later in 2013.

2011 Child Deaths Classified by Manner

AGE GROUP	ACCIDENT	HOMICIDE	NATURAL	SUICIDE	COUNT
< 1 Year Old	5	0	26	0	**31**
1-4 Years Old	0	1	2	0	**3**
5-9 Years Old	0	0	0	0	**0**
10-14 Years Old	2	0	2	0	**4**
15-17 Years Old	5	2	0	3	**10**
TOTAL	**12**	**3**	**30**	**3**	**48**

Division Directors

Emily S. Caniford, RN, MSN
Director of Administration & Support Services

Paul DePasquale RS, MPA
Director of Environmental Health

Lynn M. McCoy, RN, MS
Director of Nursing

CHUBBY IS CUTE? BUT IS IT?

The CDC says that childhood obesity has tripled in the last 30 years. More and more studies have been done that link childhood obesity to obesity in adults. Adulthood obesity leads to risk of heart disease, Type 2 Diabetes, and increased risk for certain cancers. So what is being done? The Child and Family Health Services grant targeted childhood obesity as one of the objectives they wanted to see worked on in Ohio. The Stark County Health Department Nursing Division took the challenge and began forming a plan to work with children under the age of 5. In 2012 there were two daycare/preschools with over 50 students in each that participated in the programs. A plan was developed using Michelle Obama's *"Let's Move"* campaign program. The program centers on moving, Sesame Street and music. Students and workers alike move for a half hour with the instructor. Each facility is offered six visits per year during the times of the year that it is the most difficult to get out of doors and play. The two centers that participated in 2012 are very excited and wanting to expand and work with our curriculum for the program for the next year. During the 2012/2013 school year at least one more day care will be added. A nutritional part has been added for the centers that are participating for the second year. All centers are very excited and many are planning the topics and behaviors that will be taught that day into their own curriculum to assist the children in learning. The goal is for the children to learn and for their families to learn different behaviors to become more active.

CHILDHOOD IMMUNIZATIONS

Childhood immunizations are important to each child, their family and their community. Immunizations can be received from children's primary physician, a public health department or other healthcare facility that carries them. There are circumstances that exist when a person cannot receive their vaccines from their private physician. The federal government has allotted money for the Vaccines For Children (VFC) program. This allows the state health departments to purchase the vaccines at a lower price and then offer vaccines free to physicians and other healthcare facilities that meet the criteria necessary to be able to give them. In return the facilities are not to bill the client or Medicaid for the vaccine, an allowable administration fee is set to be used with billing. In the past this pot of free vaccine could be used on any clients that had no insurance or those that were under insured. March of 2013 there is a proposed change. As of March 1, 2013 VFC vaccines are to be used only for families without insurance or that have Medicaid. Those with private insurance, even those with high deductibles (under insured) will no longer be able to use the VFC vaccines. Those families will be forced to bill their insurance and facilities that are unable to bill insurance will no longer be able to serve those families. This may put a strain on some families. The Health Department is looking into what they can do in this situation to help keep our families immunized.

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MY PLATE

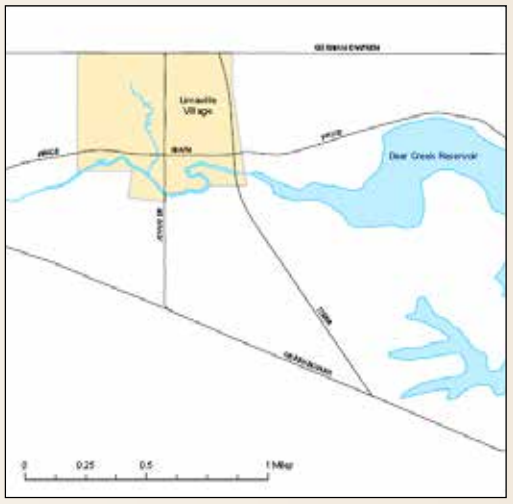
The Stark County Health Department is working to decrease obesity within the county. Through a grant from the Ohio Department of Health, Division of Family and Community Health Services and the Bureau of Child and Family Health Services, a health educator is working to increase the knowledge of nutrition and physical activity among youth by implementing the My Plate Program.

My Plate is a fun, interactive program designed for 1st, 3rd and 5th graders. The curriculum for each grade consists of three, age appropriate lessons designed to integrate nutrition with the following school subjects: math, language and art. The program teaches children the five food groups, the amount of food needed from each group daily, how to make healthy choices and build a nutritionally balanced plate, as well as, the importance of physical activity.

My Plate is being implemented in three school districts throughout Stark County. We have reached approximately 2500 students throughout the county already for 2012 and more schools continue to schedule the program.

LIMAVILLE VILLAGE SEWAGE PROJECT

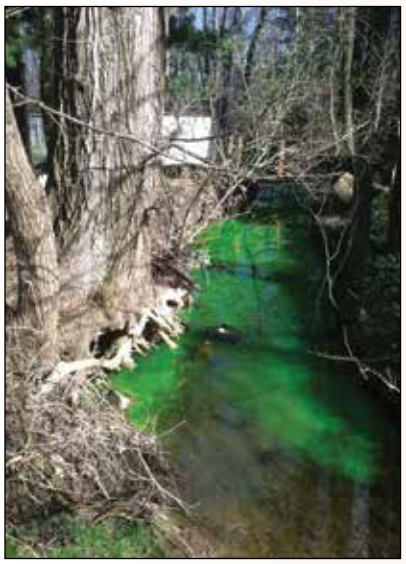
In March 2012, the Stark County Health Department received a complaint from the City of Alliance after the City conducted water sample tests in a number of the Village of Limaville's storm water catch basins. The City conducted sampling to determine the sources of impairment, which were contributing to algal growth in Deercreek Reservoir. The reservoir serves as the source of Alliance's drinking water supply, and the algae blooms have caused taste and odor problems with the water. The City of Alliance found a very high number of E. coli bacteria in the samples indicating many failing home sewage systems. Samples taken by the Stark County Health Department verified the results. Sewage records research indicated that 79% of the homes likely have failing septic systems and are creating a public health nuisance.



State of Ohio and Federal grant funding opportunities are available for sewer infrastructure projects; however, a feasibility study must be completed first. Typically these studies are funded through a levy paid by the members of the community. Knowing that this would be a challenge for such a small community, the Health Department aided the Village's mayor in seeking different ways of funding the study. In August 2012, Limaville was awarded a grant by the Herbert W. Hoover Foundation for the total cost of the study, in the sum of $25,000. According to the Ohio Water Development Authority, who deals with these problems on a frequent basis, grant funding for the study is unprecedented in the State.

A "kick-off" meeting was held at the Village on November 28, 2012. Representatives from Limaville, Ohio Water Development Authority, Rural Communities Assistance Program, Alliance City, County Commissioners, the Health Department, and Hammontree and Associates (engineer doing the study) were present to discuss the study and direction for the future.

STARK COUNTY HEALTH DEPARTMENT PROPERTY TRANSFER PROGRAM



Since January 2008, a total of 3080 systems have been inspected; 694 inspections occurred in 2012. 18% of the 694 inspection were found to be failing, which is close to the state average.

A common fallacy is that all older systems must be replaced; this is not true. The Property Transfer Program uses criteria set forth in Ohio Revised Code 3718.011 (A) & (B), "conditions under which sewage treatment system causes a public health nuisance," to determine the functionality of the system. This code addresses everything from the missing components, surfacing sewage, blockage, to the effluent quality of the system.

Another common question is whether the septic system must be replaced prior to transfer. We do not interfere with the real estate transaction, but allow the buyer and seller to negotiate the corrections. (The buyer or lender may require correction before transfer as many banks do not want to lend money for a home with a non-functioning septic system.)
Lastly, the inspection and educational materials provided by the service provider and the health department have raised the awareness of new septic system owners.

The result of this program has been the removal of approximately 10.8 million gallons (over 16 Olympic sized pools) of raw sewage from Stark County's streams and ditches just this past year and better educated property owners, who are more conscious of their system and how to properly maintain it.

The inspection table below displays the total number of inspections by township and their respective percentages. "Total failure" would be considered a public health nuisance as described in ORC 3718.011. "Gray Water" issues are items like improperly routed sink/laundry discharges. "Recommended Minor Corrections" can be the rerouting of the water softener discharge out of the septic system to the installation/ replacement of tank risers or a deteriorated distribution/diversion box.

Property Transfer Inspections Conducted				
2008	2009	2010	2011	2012
593	739	471	583	694

2012 Inspections Breakdown							
Township	Total Inspections	Total Failure		Gray Water		Recommended Minor Corrections	
Bethlehem	13	2	15%	3	23%	1	8%
Canton	43	9	21%	1	2%	6	14%
Jackson	78	9	12%	3	4%	8	10%
Lake	125	14	11%	4	3%	21	17%
Lawrence	66	8	12%	4	6%	15	23%
Lexington	22	6	27%	7	32%	6	27%
Marlboro	21	4	19%	1	5%	3	14%
Nimishillen	45	5	11%	7	16%	11	24%
Osnaburg	30	9	30%	3	10%	3	10%
Paris	32	7	22%	2	6%	10	31%
Perry	29	4	14%	6	21%	6	21%
Pike	21	6	29%	2	10%	2	10%
Plain	77	12	16%	8	10%	14	18%
Sandy	8	2	25%	0	0%	1	13%
Sugarcreek	14	4	29%	0	0%	3	21%
Tuscarawas	41	13	32%	5	12%	6	15%
Washington	29	9	31%	6	21%	4	14%
TOTALS	**694**	**123**	**18%**	**62**	**9%**	**120**	**17%**

Dealing with Sewage Problems is a CHALLENGE

Sewers will soon be run in the Village of Marlboro to abate nearly a century old sewage problem. Likewise, a study soon will be completed in the Village of Limaville to determine the best solution to deal with their sewage problem. *(See Limaville article in this report).* For about the last 20 years the Health Department has facilitated sewer expansion into areas with sewage problems on about a three year cycle that correlated to the Community Block Grant (CDBG) funding cycle. Areas of Canton, Nimishillen, Osnaburg, Lake, Washington, and Lexington have been sewered as result. All of these areas have been in close proximity to existing sanitary sewers. Yet problems remain in Stark County. CDBG dollars have decreased and rural communities, farther from the sewer, are still in need of improvements. Not only that, but communities regulated by OEPA's Phase II Stormwater requirements are looking to county officials to abate the problems that have been found while doing their required inspections.

For these reasons, the Health Department began meeting with the Sanitary Engineer and County Commissioners to find ways to fund and install sewers into the County's problem areas, both near and far from existing sewers. Thus far, strategies have been discussed that have the potential of meeting this need. Additional details will be forthcoming in 2013.

Reportable Infectious Disease Summary
Stark County Health Department Jurisdiction

DISEASE	2012	2011	DISEASE	2012	2011
Brucellosis	1	0	Malaria	0	1
Campylobacteriosis	32	26	Meningitis – Aseptic/Viral	20	23
Chlamydia	563	458	Meningitis – Bacterial (Not N. Meningiditis)	1	1
Coccidioidomycosis	1	0			
Creutzfeldt-Jakob Disease	0	2	Meningococcal Disease	0	1
Cryptosporidiosis	28	13	Mumps	1	0
Dengue	1	2	Mycobacterium Other Than TB	15	17
E. Coli 0157:H7	2	1	Pertussis	10	10
E. Coli (unknown serotype)	1	2	Rocky Mountain Spotted Fever (RMSF)	0	1
Giardiasis	32	45			
Gonorrhea	175	132	Salmonellosis	31	25
Haemophilus Influenza Bacteremia	6	5	Shigellosis	2	4
Hepatitis A - Acute	3	1	Streptococcal – Group A invasive	12	17
Hepatitis B – Acute	2	2	Streptococcal-Group B Newborn	1	1
Hepatitis B – Chronic	22	12	Streptococcal Toxic Shock Syndrome (STSS)	1	1
Hepatitis C - Acute	2	1			
Hepatitis C - Chronic	102	143	Streptococcal – Invasive Pneumoniae	46	34
Influenza-associated Hospitalization	91	90			
LaCrosse Virus Disease	1	1	Tuberculosis	1	0
Legionellosis	9	5	Typhoid Fever	1	0
Listeriosis	1	2	Varicella	22	22
Lyme Disease	11	9	Yersiniosis	2	0

**This report includes confirmed, probable, and suspect cases reported 01/01/2012 – 12/31/2012*

Financial Statement Fiscal Year 2012 (unaudited)

SOURCES OF REVENUE	
Contract Fees	446,022
Fees for Services	456,852
C&D User Fees	667,905
Inspection Fees	162,941
Vital Statistics	234,927
Permits	1,120,216
Fines/Late Charges	43,506
State Subsidy	46,787
Local Tax Subdivisions	1,466,720
Advance for 2013	375,000
Public Health Infrastructure	91,052
CFHS State Grant	364,353
Immunization Grant	20,309
WIC Grant	441,948
Dental Grant	80,000
SIDS Funding	1,500
Reproductive Health Grant	58,663
Injury Prevention Grant	48,778
Citizen's Corps Funding	513
Sisters of Charity Funding	67,000
NACCHO Funding	5,000
Area Health Education Grant	24,737
Other Receipts	109,511
Reimbursements	116,523
Carryover from 2011	209,797
TOTAL SOURCES OF REVENUE	**6,660,560**

EXPENDITURES	
Salaries	3,276,502
Insurance	509,925
Medicare	44,559
PERS	556,064
Workers Compensation	51,208
Unemployment	1,111
Supplies	151,158
Utilities	24,343
Contracts & Purchased Services	227,293
Phones & Communications	36,821
Equipment / Vehicle Rental	23,198
Rent	320,612
Equipment	5,733
Other Expenses	1,651
State Remittances	869,018
Travel	67,472
Refunds	11,793
Encumbrances Carried Over To 2013	135,508
TOTAL EXPENDITURES	**6,313,969**

COMMUNICABLE DISEASE HIGHLIGHTS, 2012

Communicable diseases (also known as infectious diseases) are caused by microorganisms, such as bacteria and viruses. A person can contract a communicable disease from an infected person, an infected animal, and/or another infected source such as water or food. Stark County Health Department communicable disease staff keeps track of the number of persons infected by different communicable diseases throughout the year. They also conduct follow-up investigations on all reported diseases by collecting demographic and clinical information, as well as exposures to potential sources of disease. By collecting this data, we are able to determine potential sources of disease, quickly implement control measures, detect trends and outbreaks, and create targeted policies and programs to protect or improve the health of the community.

This annual summary represents the 2012 communicable disease data required by Ohio law to be reported to state and local health departments. Only selected communicable diseases determined to be of public health importance are reportable therefore this summary does not reflect all communicable disease in our community. Additionally, the summary represents only cases of disease for residents of Stark County Health Department jurisdiction therefore does not include disease data for the cities of Alliance, Canton, or Massillon.

1) In 2012 SCHD reported and/or investigated 8 communicable disease outbreaks. Among these were:

- 1 outbreak of gastrointestinal illness (associated with a long term care facility, no organism identified).
- 3 Norovirus outbreaks (associated with an extended care facility, a school, and a cruise ship)
- 1 Group A Streptococcus outbreak (associated with a long term care facility)
- 1 Cryptosporidium outbreak (associated with a waterpark)
- 1 Hepatitis A outbreak (associated with foodhandlers in an extended care facility)
- 1 Scabies outbreak (associated with a long term care facility)

Each of these outbreaks was managed utilizing the guidelines and regulations developed by the Ohio Department of Health, and in conjunction with other public health departments. Through the cooperation of every organization and private party impacted, SCHD was able to terminate and/or assist in termination of each outbreak.

2) In August 2012 the Ohio Department of Health began investigating cases of H3N2 variant influenza. Influenza viruses such as H3N2 and its variants are not unusual in swine and can be directly transmitted from swine to people and from people to swine in the same way that all viruses can be transmitted between people. When humans are in close proximity to live infected swine, such as in barns and livestock exhibits at fairs, movement of these viruses can occur back and forth between humans and animals. Influenza viruses cannot be transmitted by eating pork or pork products. SCHD had no cases of H3N2, and active surveillance and public health efforts were made during that time, including during the Stark County Fair, to curb an incidence of H3N2 variant spread. As a reminder, Individuals should always wash hands with soap and water before and after petting or touching any animal. Never eat, drink, or put anything in your mouth in animal areas. Older adults, pregnant women, young children, and people with weakened immune systems should be extra careful around animals.

3) Winter of 2012 showed a marked increase in influenza-associated hospitalizations. Influenza-hospitalizations are on the rise in many parts of the United States, as influenza got off to an early start this season. Flu season can begin as early as October, and run as late as March. Most people who get the flu usually recover in one to two weeks, but the flu can be deadly, and in many cases prompt hospitalization, which is a reportable condition. The flu can possibly be prevented with a flu vaccine. Common symptoms of seasonal flu include: fever, cough, sore throat, body aches, headache, chills and fatigue.

4) There were a few diseases reported in 2012 that are not commonly seen within Ohio and/or SCHD jurisdiction, and are briefly discussed in the order in which they are listed in the chart.

- Brucellosis was a recurring case, patient from a country where brucellosis is endemic. Ohio is considered a Brucella- free state within the cattle population, and does not allow the legal sale of unpasteurized dairy products, which are typical vectors of the disease.
- Coccidioidomycosis is a fungal disease caused by the Coccidioides species that primarily causes respiratory symptoms and a fever but can spread to other organs, and has several other known nicknames, such as desert or valley fever. This fungus is endemic to southwestern states, which our case frequently visits, and where he/she is believed to have contracted the fungus.
- Dengue fever causes millions of cases of worldwide and is commonly found in the tropical and sub-tropical environments of Asia, East and West Africa, Polynesia, Micronesia and Tahiti. Although there are two types of mosquitoes capable of transmitting dengue fever found in some Ohio counties, the virus is not endemic in the state. A few (two to three) human cases are reported in Ohio each year, but most have a history of travel to infected areas; this was indeed the reason our case was exposed to dengue.
- Typhoid Fever diagnosed in a person who had traveled overseas. Typhoid fever is caused by Salmonella Typhi, and is characterized by sustained headache, malaise, anorexia, constipation or diarrhea, and often a nonproductive cough. However, many mild and atypical infections occur. Typhoid fever is transmitted through the ingestion of contaminated food or water from someone with typhoid fever or a carrier of Salmonella Typhi. The primary mode of transmission is person to person. SCHD closely followed this case to ensure no further spread, and prolonged surveillance ruled out a carrier state.

The Communicable Disease Unit continues to provide information resources to schools, healthcare facilities and the community regarding infection prevention and control. Common topics that foster significant public interest include influenza, scabies, head lice, MRSA, tuberculosis, enteric illnesses, and sexually transmitted diseases.

**The approximate population of the Stark County Health Jurisdiction is 248,108 (U.S. Census Bureau: State and County Quick Facts).*

STARK COUNTY BOARD OF HEALTH







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