



Summit County Health District
ANNUAL REPORT

2010

MESSAGE FROM THE COMMISSIONER and BOARD OF HEALTH

The year 2010 saw the continued dominance of depressed economic indicators in the news. Unemployment, foreclosures, and business closings matched news of local government and school cutbacks in service, layoffs or furloughs. The State is facing billions of dollars in deficit spending in 2011, portending a predictable local negative impact. Like so many of our community partners we continue to struggle to meet expanding critical need in time of local government contraction. The Summit County Board of Health has remained committed to assuring a responsibly conservative budget with nominal demand on the local subdivisions, yet sufficient enough to address the core responsibilities of the health district.



Gene Nixon, RS, MPA
Health Commissioner

We began 2010 addressing the now-fading H1N1 flu virus pandemic that resulted in the largest public health mobilization ever. Our school systems, police, EMTs, and elected officials responded overwhelmingly positively to every request for support. Special thanks to our Summit County Medical Reserve Corps, a network of volunteer health professionals that helped us leverage our community medical professional capacity providing vaccines. A total of 102 individuals volunteered at 44 H1N1 clinics for over 700 man-hours of support. This effort demonstrated the value of a strong unified local public health system and our collaborative local spirit and capacity in Summit County.

In 2010, we saw the release of a number of national assessments of local health status including a sentinel report that was released by the Robert Wood Johnson Foundation and the University of Wisconsin that ranked counties by state throughout the country, available online at www.countyhealthrankings.org. The report provided measures of both health outcomes—length of life and quality of life, and health factors including health behaviors, clinical care, social and economic factors and the physical environment. In Ohio, Summit County ranked 43rd (out of 88) in health outcomes and 24th in health factors. The ranking exercise demonstrated that where we live matters to our health and provoked serious local discussion on the multiple variables that impact health status. We need to do better.

Most significant for us this year has been preparation for the health district merger with Barberton Health District and Akron Health Department. The March 2010 report of the Feasibility Study Committee chaired by Bill Considine, CEO of Akron Children's Hospital, declared the merger with Akron both feasible and desirable. Intense work began and continued throughout the year preparing for the union. We gained welcome support, leadership and encouragement from our District Advisory Board members, the Honorable Mayors Robert Genet (Barberton) and Donald L. Plusquellic (Akron), County Executive Russell M. Pry and all three Boards of Health. On October 1, 2010 Barberton was welcomed into the district. Responsibilities for the City of Akron became effective January 1, 2011.

We move forward together into this next decade with a renewed sense of hope, enthusiasm and determination to identify and address the environmental, social and behavioral determinants that limit the health and well-being of our community. We have been provided a privileged opportunity with our merger that bears with it an equal burden and responsibility. There is a strong history of public health excellence in Summit County, Akron and Barberton which we honor and which has provided the firm foundation enabling us to bear this challenge and advance our mission united.

A handwritten signature in black ink, appearing to read "Gene Nixon".

Gene Nixon, RS, MPA
Health Commissioner

A handwritten signature in black ink, appearing to read "Barry L. Ganoe".

Barry L. Ganoe
President, Board of Health

ENVIRONMENTAL HEALTH

2010 has been a year for reviewing policies and regulations in preparation for the consolidation of environmental health programs for Akron and Barberton with the remainder of the county. Consolidation with Barberton was implemented on October 1, 2010. With the consolidation came four Barberton employees into our program, two full time sanitarians, a full time secretary and a part time sanitarian.

Other highlights of the year include:

Food safety staff conducts training of food workers. A new State of Ohio rule requires the food workers at newly licensed restaurants and restaurants with poor inspection track records to be trained. Training is provided by private consultants, on-line study and by the SCHD staff. In 2010, staff conducted 10 training sessions for over 350 food workers.

Low cost pet vaccination clinics were sponsored by the SCHD in Sagamore Hills and Green; the clinics yielded 595 vaccinations. The clinics are arranged to encourage pet owners to vaccinate their pets against rabies to prevent the spread of rabies.



MISSION STATEMENT

The mission of the Summit County Health District is to protect and promote the health of the entire community through programs and activities designed to address the safety, health and well-being of the people who live in Summit County. Through its programs and activities, the Health District seeks to create a healthful environment and ensure the accessibility of health services to all.

HEALTH COMMISSIONER

Gene Nixon, R.S., M.P.A.

ASSISTANT HEALTH COMMISSIONER

Thomas Quade, M.A., M.P.H., C.P.H

MEDICAL DIRECTOR

Marguerite Erme, D.O., M.P.H.

BOARD OF HEALTH MEMBERS

Lewis Debevec, Jr.
Fairlawn

Peggy Burns
General Health District

Lynn Clark
New Franklin

Gale Betterly, PhD
General Health District

Jeffrey Snell
General Health District

Kristine Gill, RN, PhD
Cuyahoga Falls

Alexsandra Mamonis, MD
Green

Douglas Hasbrouck
Hudson

Pat Lachowski
Macedonia

Gayleen Kolaczewski, MD
Munroe Falls

Dan Karant, RPH
Norton

Albert Barber, Pharm.D.
Stow

Jay Williamson, MD
Tallmadge

Martha Allen, RN, MSN
Twinsburg

John Marcy
Licensing Council

Barry Ganoe
General Health District

Leon Ricks
Barberton

Dr. C. William Keck
Akron

Over 1200 wells and/or septic systems were inspected prior to transfer of sale of homes served by such systems. SCHD began requiring these inspections in the fall of 2009. These inspections are conducted by SCHD inspectors and by private evaluators. In 2010, 204 of the inspections were conducted by SCHD inspectors. The goal of the program is to assure that water systems are safe and septic systems are not creating a nuisance prior to the change in ownership of the home.

In 2010, SCHD provided storm water quality testing for 21 Summit County communities. The program focuses on the inspection and testing of water flow from hundreds of storm water pipes and roadside ditches into creeks and streams. The service provided by the SCHD helps the communities comply with EPA Phase II Storm Water rules. Over the long term, the program is expected to provide data that will help to identify surface water pollution trends.



Public Health
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COMMUNITY HEALTH

The Division of Community Health is committed to improving the quality of life in Summit County by offering services and engaging in activities that protect and promote the health of its residents. Prevention and early intervention are the guiding principles that both drive this work and are woven into a variety of programs that span the life cycle. Priorities for the Division of Community Health include:

Maintaining a coordinated, integrated continuum of care for children – Community Health is a major part of Summit County’s safety-net system for children ages 0-21. Our work includes administering a number of programs that address child development and well-being, and partnering with numerous service providers, medical providers, researchers, private funders, and other public systems to ensure that comprehensive services for children are available and accessible. Community Health’s Continuum of Care for Children includes:

*Ohio Infant Mortality Reduction Initiative * Help Me Grow * Help Me Grow Plus * First Things First * Child Fatality Review Board * Bureau for Children w/Medical Handicaps * School Health * Cluster for Youth * System of Care * Child Abuse and Neglect Prevention * Child and Family Health Services * Family and Civic Engagement*



Tonya Block, LSW, MSW
Director, Community Health

Breast and Cervical Health – Funded by the State of Ohio, the Breast and Cervical Cancer Prevention Program provides free breast and cervical cancer screenings and case management services for women in Summit, Portage, Wayne and Stark counties.

Ensuring Access to Care for uninsured and underserved populations - Access to Care is a program of Healthy Connections Network, in partnership with the Austin BioInnovation Institute in Akron, and administered by the Health District. The program is a community collaborative, which links lower income uninsured residents in Summit County to volunteer or low-cost health care services, including primary and specialty physician care, laboratory, diagnostic, and therapeutic care, and pharmaceuticals.

Creating Healthy Communities - Project staff work with community partners in four settings: school, worksite, community and health-care to promote cardiovascular health. Their interventions encompass six modifiable CVH risk factors: nutrition, physical activity, blood pressure, blood cholesterol, tobacco and diabetes.

CLINIC SERVICES

Clinical Health Services is comprised of communicable disease surveillance and investigation, oral health services, immunizations and grant-supported programs including the Dental Sealant program, Immunization Action Plan, ARRA Peer Advocate Immunization project, WIC, and Women’s Health Services program funded by the Ohio Department of Health and a continuous quality improvement project funded by the Robert Wood Johnson Foundation.

Nearly 10,000 immunizations (not including H1N1 influenza vaccine) were administered at SCHD clinics and within the community. Efforts to improve the clinic experience for clients included reinstatement of reminder telephone calls, introduction of a new childhood immunization record, and flexible staffing which meant that 99% of walk-in clients were served at the time they arrived at clinic. Up-to-date immunization rates for children at 24 months increased from 68% in June of 2008 to 79% in June of 2010 for children who received at least one non-flu immunization at SCHD clinics.

Summit County successfully sought ARRA funding to add staff to conduct community engagement to seek support for improved immunization rates for infants and toddlers in the 44306 zip code. This 18-month project will help determine whether support from the faith, business and civic community can increase up-to-date immunization rates in high risk communities.



Gillian Solem, RN, MSN
Director, Clinical Services

Dental staff sought and employed grant funding to expand services to the community. With support from the Tuscora Park Foundation, 143 children in the Barberton and Springfield school districts received treatment on the dental van. Similarly, with support from Delta Dental, 83 children from the Coventry school district were treated on the dental van. The ODH-funded Dental Sealant program provided sealants to over 1550 children in Summit, Portage and Cuyahoga Counties. Low cost dental van services included Project Homeless Connect and the Cornerstone project, as well as adult clinics which began in August. Also, 84 preschoolers and their mothers received care during 10 scheduled days on the van.

Following closure of the Western Reserve Outreach Center, the northern WIC and Clinic site moved to 781 E. Aurora Road, Macedonia with little interruption in client services. WIC caseloads continue to increase (another 2.3% increase in 2010) as the economic picture in Summit County slowly begins recovery. Breast feeding rates exceed state averages for initiating (76%) and sustaining breastfeeding for greater than six months (31%). WIC now has 4 Certified Lactation Consultants on staff, including a Breastfeeding Peer Helper, hired in August 2010.



Donna Skoda, MS, RD, LD
Director, Policy and Planning

POLICY and PLANNING

The Policy and Planning Division continues to support the efforts of the Health District for the benefit of all Summit County residents. Primary responsibilities for this division include:

Information Technology and Data Management, Epidemiology/Biostatistics/GIS-Geographic Information Science, Office of Vital

Statistics, Emergency/All Hazards Planning and Preparedness, and a community-wide assessment process, Summit 2010: A Quality of Life Project. These efforts within the Health District are supported with a robust and efficient data management integration system utilizing the SAS Integrative Business Intelligence Software. This software affords the opportunity to complete high level analysis resulting in data to be used for effective planning and program implementation across Summit County.

Emergency Operations Planning continued to be a major focus as we strive to minimize public health effects and manage the consequences of disasters and/or emergencies. The Summit County Health District provided public health emergency preparedness coordination for a 13-county, 31-health department, and 34-hospital region. The Summit County Medical Reserve Corps unit with ongoing volunteer recruitment and training efforts resides within the Office of Emergency Preparedness and has assisted during events such as H1N1 vaccination clinics.

Epidemiology and Biostatistics is core to public health. It is the cornerstone method of public health research, and helps inform evidence-based medicine for identifying risk factors for disease and determining optimal treatment approaches to clinical practice and for preventive medicine.

Geographic Information Science to store data and map disease patterns is another tool available to the communities we serve. The Office of Vital Statistics plays an important role in the community as the repository for all birth and death vital records and the only entity capable of issuing certificates. Building on these principles, the Summit 2010: A Quality of Life Project has been developing strategies and monitoring progress on the work of 15 community committees and 20 predetermined indicators over the last six years to improve the quality of life for Summit County residents. The final report will be available in early 2011.

The merger of all three health departments offers great opportunities within the Division of Policy and Planning to complete further data analysis, plan and implement new and innovative programs to improve the health and well-being of all Summit County residents.

COMMUNICABLE DISEASE

Summit County encountered several less common communicable diseases, including measles, La Crosse encephalitis, dengue fever, malaria and typhoid fever. With prompt investigation and prevention efforts including vector control, immunization, and education there were no secondary cases of these diseases. Enhanced surveillance for H1N1 influenza continued into the late spring of 2010. Unlike in 2009, there were no spring or summer outbreaks of influenza within Summit County.

There were a total of 1,059 reportable disease cases reported in the SCHD in 2010.

Sexually-transmitted diseases accounted for 54%, enteric diseases accounted for about 12% of cases, while all other diseases combined accounted for the remaining 34%. Monthly communicable disease reports are available on the Health District's website at www.schd.org.

EMERGENCY PREPAREDNESS

Specific to emergency preparedness, planning efforts continue to strengthen communication mechanisms with safety forces and community response partners, ongoing emergency planning efforts with community agencies and renewed efforts at emergency planning for functional needs populations.

All emergency operation plans and procedures are integrated into a comprehensive training and exercise program that provides a robust mechanism of continually assessing public health capabilities before, during and after an emergency event.

FISCAL

December 31, 2010



Public Health
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CASH RECEIPTS

Local Taxation	\$ 3,128,607
State Subsidy	52,376
Environmental Health Fees	1,525,416
Vital Statistics	134,680
Personal Health Services	599,969
School Health Program	411,960
Miscellaneous Receipts	123,760
Nuisance Abatement	-
State Fees	283,560
TOTAL CASH RECEIPTS	\$ 6,260,328

CASH DISBURSEMENTS

Salaries	\$ 3,217,793
PER / Workers' Comp/ Medicare	535,737
Health Benefits	624,621
Travel	106,576
Supplies	235,312
Contracts-Repairs / Services	583,009
Building Rental	16,700
Advertising and Printing	5,652
Other Expenses	35,817
Equipment	304,765
Remittance to State	351,391
Nuisance Abatement	-
Debt Service-Building	-
TOTAL CASH DISBURSEMENTS	\$ 6,017,373

Reserve for Encumbrances \$ 1,341,107

Transfers/Advances-In (Receipts) \$ 944,846

Adjustment for Central Stores (Receipts) \$ 10,000

Transfers/Advances-Out (Disbursements) \$ 446,951

NET ADJUSTMENTS \$ **1,849,002**

FUND BALANCE \$ **2,091,956**



Summit County Health District
1100 Graham Road Circle
Stow, Ohio 44224

Mailing Address