

SUMMIT COUNTY PUBLIC HEALTH 2013 ANNUAL REPORT



*Return on
Investment*

Mission

The mission of Summit County Public Health 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.

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2013 in Review

In 2013, Summit County Public Health (SCPH) celebrated its third year following the consolidation of the Akron, Barberton and Summit County health districts. Our agency has transformed itself in that time to better respond to the social, environmental and health issues within our community and its many diverse neighborhoods. Significant health inequities remain prevalent and are based in large part on where we live. SCPH is now participating in and leading local policy decisions that can influence these health disparities and improve health outcomes at the local level.

In 2013, SCPH began several new programs aimed at addressing health inequities. We secured a \$2.5 million lead grant through HUD to help assure safe and healthy homes for children. With an \$800,000 contract with Summit County Department of Job and Family Services, we have created a community-response model to assure that elderly or frail Summit County residents have access to comprehensive care and are able to safely remain in the least restrictive environment. In partnership with GAR Foundation and the Summit County Department of Job and Family Services, we have secured \$100,000 in funding to establish a database with Caresource, Buckeye and United Medicaid HMOs to identify and address developmental delays in children early so they can enter school ready to learn. We are proud of these innovative approaches to improving health outcomes.

In 2013, Summit County Public Health was awarded National Accreditation status by the National Public Health Accreditation Board. We were one of only eleven local health departments in the nation to gain this coveted designation and the first and only in Ohio. The accreditation process challenged us to think about our values and programs and how we deliver our services. It has also helped to stimulate greater quality assurance and improvement changes throughout the agency.

In 2014, we look forward to completing the remodeling of our facility at Fairway Center on West Market Street and merging our staff in a central location. SCPH's primary responsibility is to improve the health of all Summit County residents. Decisions on the appropriate allocation of public funds require a disciplined commitment to formal planning with a focus on identified strategic priorities towards improved health. Please contact me with your thoughts on how we're doing.



Gene Nixon
Health Commissioner



Dr. Al Barber
President, Board of Health

Administrative Services

The Division of Administrative Services provides a variety of supports for the programmatic divisions of SCPH. Services include fiscal management, human resources, information systems, billing and collection services, delivery and mailroom services, and facilities management. The Division of Administrative Services also oversees the Office of Vital Statistics.

2013 brought both challenges and accomplishments. Changes implemented as a result of the Affordable Care Act and potential impacts of sequestration have forced us to closely examine our core services and what the future of public health will look like. Our team continued to look for ways to improve operating efficiencies and increase return on investments.

The Fiscal Department manages an annual budget of more than \$23.5 million dollars. For local health districts, diversifying revenues and creating economies of scale are critical for long term sustainability. SCPH works to minimize the financial burden on local communities by seeking alternative sources of funding where possible. In FY13, 70 percent of SCPH's funding came from sources other than county dollars.

In 2013, Human Resources completed a formal workforce development plan and implemented a new web-based recruitment system to ensure SCPH attracts the right people for the right jobs. Investments in workforce development and training help to reduce turnover, reduce errors, improve efficiency and improve the quality of interventions, thereby significantly improving our return on investment.

With the help of Information Systems staff, a number of technological solutions were employed in 2013 to address operational bottlenecks. Emerging technologies were utilized to automate several long-standing paper processes, reduce workflow times and increase access to data needed by multiple programs.

Billing activities were centralized under Administration this year. Centralization has expedited claim payments, increased revenues, reduced staff and increased service efficiencies. Plans for 2014 include transition to electronic health record technology that supports the exchange of health information and the collection and analysis of data needed for decision making. This will provide further strides in efficiency and allow us to measure our progress toward quality goals.

Our Office of Vital Statistics was selected by the Ohio Department of Health to be the first Ohio health district to participate in testing the State Integrated Public Health Information System (IPHIS) kiosk for local operations. SCPH will no longer be required to maintain or modify local records collections which will result in significant time and space savings.

Last, but certainly not least, Facilities staff worked diligently on plans to consolidate fragmented service locations into one headquarters facility. The facility will provide one-stop access to a wide range of services provided by SCPH and its partners and provide a more efficient service delivery model. SCPH is scheduled to move to its new home in the fall of 2014.

Environmental Health

Environmental Health programs are based on the premise that education, regulation and inspection can lead to improved health outcomes by preventing unintended hazards like food borne illness, recreational water illness, asthma from air pollution, surface water pollution, etc. Like much of public health, if the system is working well it is largely invisible. Highlighting a few environmental health initiatives will help to demonstrate the value these programs provide to the larger community.

Food Protection & Communicable Disease

In 2013, the Communicable Disease and Food Safety Units together investigated over 15 outbreak investigations related to restaurants and over 57 single-case food borne illness investigations. Lessons learned during these investigations are shared with other food service operators to prevent future illnesses. According to the CDC, prevention of a single fatal case of *e. coli* 0157 infection saves an estimated \$7 million dollars. Sanitarians performed over 8,214 food safety inspections and responded to 270 complaints in 2013, an example of prevention and responsiveness.

The CDC published an analysis estimating that produce was the source for most illnesses caused in recent years by major food borne pathogens. This resulted in a recent rule change for the industry to include cut leafy green vegetables as potential food sources that may cause food borne illness. The Ohio Uniform Food Safety Code was recently changed and now requires refrigeration of these foods for food safety. Through scientific investigation and applying the principles yielded by research, significant progress has also been made to reduce human illness caused by three major pathogens, campylobacter, listeria, and *e. coli* 0157. These decreases are thought to have averted over 500,000 illnesses and an approximation of \$100 million in direct medical cost savings in calendar year 2010. Local health departments like SCPH play a role in education, enforcement and prevention of food borne illness in our community by applying scientific principles of food safety in the field through direct observation and correction.

Water Quality

Approximately 38,000 households in Summit County rely on individual water supplies (typically wells) for drinking water, and approximately 33,000 households depend on individual wastewater treatment systems (septic systems). SCPH works to assure that new wells are constructed properly and that the water source is safe. SCPH has one of the most proactive wastewater inspection programs in the State of Ohio to promote responsible management of systems and to identify failing systems that need to be repaired. To assist homeowners with the repairs, SCPH, in collaboration with the Summit County Executive and the Ohio EPA, has secured more than \$290,000 over the past several years to assist low- to moderate- income home owners in 45 system replacements.

Air Quality

In 1999, the United States Environmental Protection Agency (USEPA) established a National Ambient Air Quality Standard (NAAQS) for ambient fine particulate matter (PM_{2.5}), in other words, the amount of fine particulates in the air. The Akron Regional Air Quality Management District (ARAQMD) has been measuring PM_{2.5} since 1999 in Summit, Medina and Portage counties. Research has shown that reducing the amount of fine particulates in the air is associated with an increase in longevity. (A decrease of 10 µg/m³ PM_{2.5} is associated with an increase of 0.61 (+/- 0.20) years of life¹.) Since 1999, the amount of fine particulates in the air in the ARAQMD region has decreased 41 percent. This means that, based on an average Summit County population of 541,000, improved air quality has potentially increased the lifespan of Summit County residents by an average of 142 days.

¹Pope, et al, in the January 22, 2009 New England Journal of Medicine article, "Fine Particulate Air Pollution and Life Expectancy in the United States"

Waste Disposal

The number of drug overdose deaths (most of which are from prescription drugs) in Ohio has tripled since 1999 when the rate was 4.2 per 100,000. SCPH, in collaboration with local community partners, has established a pharmaceutical disposal program called "Dispose of Unused Medicines Properly" (D.U.M.P.) for residents to safely dispose of their unused medications. The program's purpose is to provide residents a safe, environmentally-friendly way to dispose of unused or expired prescriptions or over-the-counter medications. The program began in April of 2011 and as of December 2013, SCPH has collected and incinerated 7,124 pounds of unused medications.

Healthy Homes

An estimated 24 million U.S. housing units (which some 4 million young children call home) have deteriorated lead paint contributing to lead-contaminated house dust. A child's main risk of acquiring lead poisoning comes from lead-based house paints which were in near-universal use before 1950. The paints were banned for housing use in 1978.

The U.S. Centers for Disease Control and Prevention (CDC) says about 310,000 American children, aged 1 to 5 years, have blood-lead levels over 10 micrograms/dL. The CDC defines a blood lead of 5 micrograms (ug) per deciliter of blood (dL) as a level of concern for these children.

Exposure to even lower levels of lead can cause damage over time, especially to children. The greatest risk is to brain development, where irreversible damage may occur. Higher levels can damage the kidneys and nervous system in both children and adults. Very high lead levels may cause seizures, unconsciousness and possibly death.

In January 2011, the Akron Lead Hazard Control Program was adopted by SCPH. Since then, SCPH has conducted approximately 64 elevated blood lead level investigations and 39 of those homes have been made lead-safe through lead abatement actions. Additionally, 100 lead risk assessments have been conducted by SCPH in homes posing lead risks to child occupants. Lead abatement work was done on the homes and the adult occupants were educated on ways to prevent lead poisoning. Through collaboration with the Public Housing Authority, as of June 2013, SCPH has conducted lead risk assessments in 25 Section 8 voucher homes to identify lead hazards to reduce the incidence of lead poisoning in low-income housing.

Community Partnership

The Elderly Safety Net in Summit County

In 2012, the Department of Job and Family Services, in partnership with Summit County Public Health (SCPH), launched a community response model with a number of partner agencies. The purpose of Adult Protective Services (APS) is to assist vulnerable and elderly adults to prevent or discontinue abuse, neglect, or exploitation until that condition no longer requires intervention. APS workers partner with public health nurses, sanitarians and the Summit County Sheriff's Office to address the multiple issues that can arise from such complaints.

Once a complaint is investigated, if there is no sign of abuse, neglect or exploitation found, vulnerable seniors are referred to SCPH Care Coordinators to address any unmet needs with services and resources. Local community agencies provide contracted services to support the needs of the elderly such as home repair, groceries and delivered meals, pharmaceutical support, housekeeping and chores, and any other needed services. These services are intended to provide a safety net for Summit County seniors, with the goal of allowing these residents to remain in the least restrictive environment. In 2013, 932 elderly residents benefited from this successful joint program with another 2,593 incoming calls to Care Coordination, resulting in another 81 seniors receiving resources and referrals.

Case Study

"John Doe," a 66 year old male, was referred to the APS program by a neighbor who was concerned about John not taking his medications properly, not paying his bills, and the condition of his home. After assessing John's situation, APS workers were able to set John up with a third party payee who now assures that his bills are paid. APS also worked with the Veterans' Administration who was able to replace John's furnace and assisted him in catching up with his utilities, so that John could pay his past due tax bill. John was also assessed for level of care, and home health aides were assigned under the overview of a registered nurse to monitor John's medications. This is a typical case for APS, and it illustrates the benefits of a cooperative approach to addressing the needs of vulnerable seniors in our community.

Community Health

SCPH Pink Ribbon Program

The SCPH Pink Ribbon Program provides free breast and cervical cancer screenings to low-income, uninsured women. Women who are uninsured are more likely to die from breast or cervical cancer than insured women. The American Cancer Society found that 20–30 percent of women who lack health insurance are diagnosed with late-stage cancer (stage III or IV), compared to just 10–15 percent of privately insured women. During 2013, 3,022 screening services were provided to the 973 women enrolled in the Pink Ribbon Program.

Influenza Vaccination

During 2013, there were 533 confirmed flu-related hospitalizations in Summit County. Influenza vaccination is the most effective way to reduce the chance of becoming infected with seasonal flu and is recommended for everyone ages 6 months and older. SCPH vaccinated 1,932 first responders, healthcare workers and relocated citizens during the 2012-13 season.

Reproductive Health

Reducing the spread of sexually transmitted infections (STIs) and HIV continues to be a public health priority. Untreated, STIs including gonorrhea, syphilis, and chlamydia can have a devastating impact on fertility and birth outcomes. Those most affected are men and women between the ages of 15 and 35. During 2013, SCPH provided screening and treatment services to 948 men and women that reside in Summit County.

Women, Infants and Children's Supplemental Nutrition Program

The Special Supplemental Nutrition Program for Women, Infants and Children, often referred to simply as WIC, provides nutritious food for pregnant women, breastfeeding women, infants and young children that have low incomes and are therefore at risk for malnutrition or nutritional deficiencies. WIC provides a variety of healthful foods such as eggs, milk, whole grain cereals, fruits and vegetables, infant formula and baby cereal. In 2013, the 10,500 Summit County WIC participants received additional food resources valued at approximately \$4.4 million.

Financial Statement 2013

Cash Receipts	General Fund	Akron Contract Fund	Special Revenue	Total
Local Taxation	3,230,675	0	0	3,230,675
State Subsidy	101,446	0	0	101,446
Environmental Health Fees	1,683,824	497,247	292,555	2,473,626
Vital Statistics	3,028	435,356	0	438,384
Personal Health Services	691,251	461,800	178,130	1,331,182
Miscellaneous Receipts	394,973	479,952	1,369,686	2,244,610
Federal Funds Reimbursement	64,476	54,576	8,813,532	8,932,585
Local Contracts (Including Akron)	38,100	3,820,641	0	3,858,741
State Fees	167,784	731,178	0	898,962
TOTAL CASH RECEIPTS	8,376,667	8,480,761	10,863,803	28,610,211
Cash Disbursements				
Salaries	3,050,265	2,955,330	4,414,068	10,419,663
PERS/Workers Comp/Medicare	511,394	501,705	740,051	1,753,151
Health Benefits	597,628	551,707	829,646	1,978,981
Travel	96,209	62,500	64,449	223,157
Supplies	210,659	305,440	250,205	766,304
Contracts-Services/Repairs	608,583	977,150	3,046,629	4,632,361
Building Rental	8,630	132,175	190,533	331,338
Advertising and Printing	11,397	8,437	56,149	75,984
Other Expenses	150,858	33,386	14,450	198,693
Equipment	94,184	100,990	170,589	365,762
Remittance to State	157,548	729,937	0	887,485
Debt Service-Building	36,231	36,231	0	72,462
Client Services	64,122	0	148,022	212,144
TOTAL CASH DISBURSEMENTS	6,697,707	8,394,889	8,824,790	21,917,486
RECEIPTS LESS DISBURSEMENTS	777,860	86,783	728,113	1,682,728
Transfers/Advances-In	1,811,615	557,690	1,746,468	4,115,773
Transfers/Advances-Out	1,935,398	550,000	1,630,376	4,115,773
Reserve for Encumbrances	2,547,261	332,386	1,954,485	4,834,132
FUND BALANCE	3,201,328	425,839	2,798,690	6,428,658



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Public Health