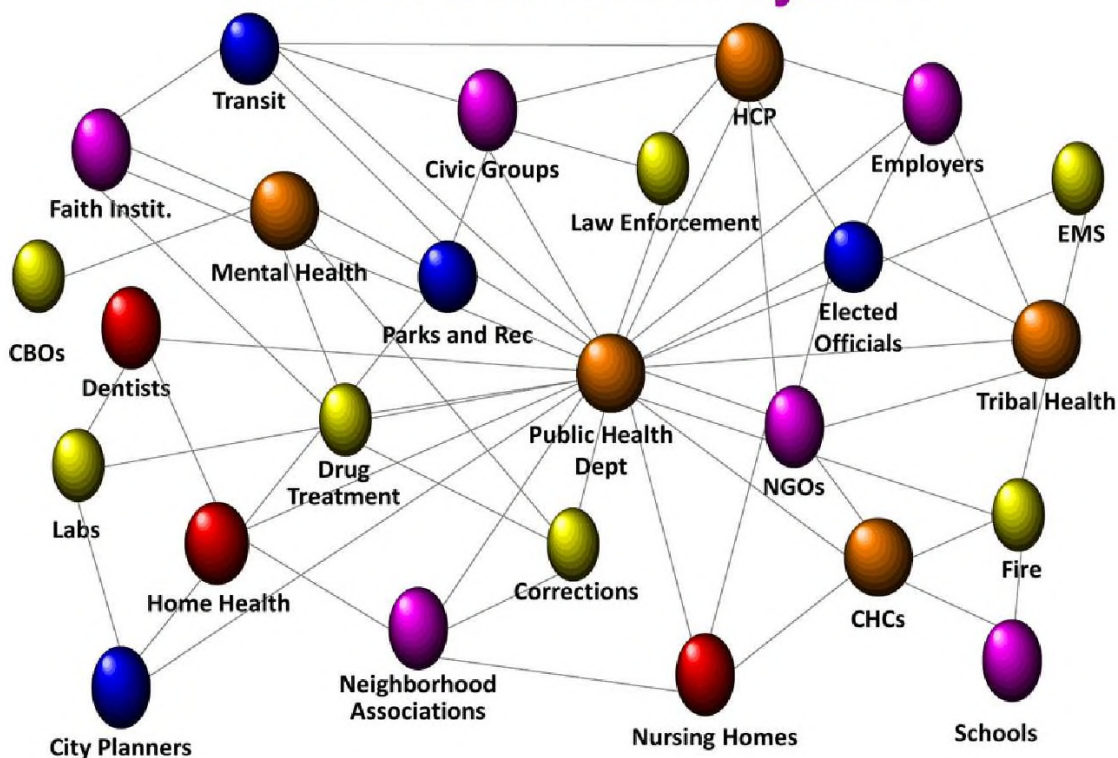


# Trumbull County Combined Health District

## Local Public Health System



**2018**

**Annual Report**

Our Values...

Integrity/Honesty \* Effectiveness \* Dependability \* Service \* Accuracy \* Responsibility

Our Mission...

We are committed to protect and promote the health and well-being of our community and prevent disease, disparity and harm to our residents. This is accomplished by responding promptly to serve the needs of the public in a professional and respectful manner with emphasis on public health education and outreach.

Our Vision...

The effective exchange, collaboration and communication of ideas and thoughts with all internal and external stakeholders will enhance our policies, procedures and programs. This, along with the promotion of our public health services, will eliminate disparities and have a stunning effect on our community.

Our Goal...

Building Healthy Communities



# FRANK MIGLIOZZI, MPH, REHS/RS HEALTH COMMISSIONER

## PUBLIC HEALTH ACCREDITATION

Public Health Accreditation Board (PHAB) representatives visited our offices on March 27<sup>th</sup> & March 28<sup>th</sup> to conduct our accreditation site visit. Although the site visitors were impressed with many of the efforts we had taken to obtain accreditation, they felt that we had a few areas to address. Therefore, our next step was to develop and submit an Action Plan outlining how we would address the identified issues. We submitted the Action Plan to PHAB in September 2018. We have one year to implement the plan.

One of the areas that PHAB felt that we were deficient was in the area of "Access to Care". To address the issue of "Access to Care", we conducted three focus group studies in Trumbull County, which were facilitated by HCNO (Hospital Council of Northwest Ohio). The attendees of the focus groups were asked questions on individual priorities, strengths, social determinants of health, awareness, barriers and health inequities. These focus groups were well attended and successful. We also committed re-

sources to participate in a community health assessment with Mercy Hospital and the Mahoning County Health District. Surveys were sent out in October randomly to residents in our area asking questions on topics relating to healthcare and barriers to access. We are continuing to work to achieve our goal of accreditation in 2019.

## OPIOID EPIDEMIC

We were invited by the state to speak at the Opioid Summit at the Governor's Conference in Columbus on September 27, 2018, Kathy Parrilla and I attended and highlighted the work being done in Trumbull to combat our local opioid crisis, which resulted in a 42% reduction of opioid overdoses & deaths in Trumbull County.



State officials then came to Trumbull County on November 29, 2018, to recognize our health district for our efforts.

## GET VACCINATED OHIO

In 2018, our health district was awarded a new grant, Get Vaccinated Ohio, in the amount of \$63,319.00. The goal of this grant is to raise, and thereafter maintain, Trumbull County child & adolescent immunization rates of 90% by the age of 2-18, respectively. The program target population includes children 0-24 months of age, adolescents and 11-18 years of age. We will provide opportunities for these children to receive their recommended immunizations by offering low or no cost immunization clinics. We will also provide education regarding the vaccine schedule, the importance of vac-

cine timeliness and outline vaccine specifics. All these efforts are being done to improve immunization rates & prevent childhood diseases.

## MATERNAL & CHILD HEALTH GRANT

As part of our Maternal & Child Health Grant, we obtained additional funding of \$44,100.00 to implement & continue programs & services that will improve the health status of women, infants & children in Trumbull County. We will be focusing on childhood nutrition & obesity, overall adolescent health, adolescent resiliency development, teen birth rates, teen obesity rates, graduation rates, & the prevention of child abuse & neglect in Trumbull County.

# BOARD OF HEALTH ACTIVITIES FOR 2018

There were 11 regular and two special Board meetings conducted in 2018.

The Board Members successfully completed their required two hours of continuing education units (CEU) prior to the start time of the February, August, September, October & November meetings.

The Board adopted fee changes and categories for two environmental programs (pools & food).

The Board authorized the Health Commissioner to enter into nine contracts for purposes of inspections/enforcement and professional services.

The Board approved the purchase of two equipment items and two vehicles.

The Board declared 26 properties/structures unfit for human habitation, and lifted a declaration from one.

The Board declared four properties to be a danger to life and health for lack of essential utilities.

The Board granted 11 septic variances primarily dealing with sewer tie-ins, septic component distances, and installer CEUs.

One variance was granted to keep a water well from being sealed so that it could be used for agricultural purposes.

The Board approved eight policies and procedures pertaining to human resources and operations.

The Board approved four comprehensive plans pertaining to emergency preparedness and accreditation efforts.

The Board imposed final findings & orders to one food service operation and two septic system property owners for failure to comply with state rules.

The Board approved the renewal of the Lordstown Construction Recovery construction & demolition debris site with two additional conditions to provide for additional environmental protection.

The Board approved the appointment of an employee to serve on an educational board that collaborates in the implementation of public health activities.

The Board supported, by resolution, the Tobacco 21 policy.

## **2018 Board of Health Members**

<b><u>Name</u></b>	<b><u>Term Expires</u></b>
Dr. Harold Firster	March 2019
John "Jack" Simon, Jr.	March 2020
Kathy Salapata, R.N.	March 2020
Thomas Borocz	March 2021
Gregory Dubos	March 2021
Robert Biery, Jr.	March 2022
John Messersmith	March 2023

# BUDGET

The health district's general fund ended 2018 in the black, with a positive balance of \$477,606.62, and our overall fund balance ended with \$1,623,362.54. This is approximately \$500,000.00 more than 2017 due to several factors. Grants were up approximately \$130,000.00; the health district received an additional \$109,000.00 from the state for accreditation efforts; all levels of the permits to operate were due in 2018, so there was an approximate increase of \$75,000.00 in the sewage fund; the construction & demolition debris fund was up by \$164,000.00 due to an increase in debris collection, and also due to the county's end of year cut off, which did not allow us to pay out the fee transmittals to the state, county and Lordstown and finally, the general fund was also up by approximately \$28,000.00. So, although our end of year balance appears to be higher than in previous years, when you look at the whole overall picture, and take into account the factors that affected our year end balance, we do not anticipate to see that high of a carry over balance in the following year.

Having said that, it is necessary to have carryover funds due to the fact that we must "front" the monies to cover the costs of administering our grants. This is in direct response to the state shifting all grants to a deliverable based system. In this situation, activities must occur and a benchmark achieved before any funds are released. Consequently, we must expend funds and resources to achieve these objections prior to receiving reimbursement. A monthly financial report is provided to the board of health, as well as our workforce, so that they have a better understanding of our financial situation.

Our long term goal continues to be, to live within our means. As you will see in our financial section, we have succeeded thus far. Overall, we continue to receive 8% local support (inside millage), which is less than many health districts our size in the state of Ohio. However, this too fits within our long term goal, which is not to further burden the local political subdivisions, but to seek more state and federal monies to further provide quality core public health services to our citizens, and also provide programs and services

that seek to diminish health disparities that are prevalent in our communities.

As some of you may know, the county switched over to a new accounting system (Munis) at the beginning of 2018. With this new accounting system, it changed the format with which we reported our bills to the Board of Health. In October 2018, the county switched their payroll system over to this new system also. Over the course of the year, there have been several glitches that we have had to work with, and it continues to be a learning process for everyone, but we feel that as we continue to move forward, we will be able to provide better financial reporting.

CORE PUBLIC HEALTH SERVICES	
<ul style="list-style-type: none"><li>◆ Environmental health services, *such as water safety, school inspections, nuisance abatement, and food safety (restaurant &amp; grocery store inspections).</li><li>◆ Communicable disease control, vaccination capacity, and quarantine authority*.</li><li>◆ Epidemiology services for communicable disease outbreaks and trending* and disease prevalence and morbidity/mortality reporting*.</li><li>◆ Access to birth and death records.</li><li>◆ Health promotion and prevention (health education* and policy, systems, and environmental change)<ul style="list-style-type: none"><li>- Chronic disease prevention (including tobacco, physical activity, nutrition)</li><li>- Injury prevention/preterm birth prevention</li><li>- Infant mortality/preterm birth prevention</li></ul></li><li>◆ Emergency preparedness, response, and ensuring safety of an area after a disaster.</li><li>◆ Linking people to health services to make sure they receive needed medical care*.</li><li>◆ Community engagement, community health assessment and improvement planning, and partnerships.</li></ul>	<p><i>*Service mandated by state of Ohio (ORC, OAC) (Note: Ohio law mandates several specific services related to environmental health and communicable diseases. Not all the services we provide are listed here.</i></p>

You will notice a slightly different look to our financial pages this year. The financial numbers that we provide in this report are what we report in our annual financial report to the State of Ohio. This year, the Ohio Department of Health has changed the reporting line items. The revenue will look similar, but the expenses are broken down by Foundational Public Health Services, which are skills, programs and activities that must be available in state and local health departments everywhere for the health system to work anywhere. Our expenses are broken down into 3 areas: “Foundational Capabilities”, “Foundational Services” and “Expanded Services”, and we have explained these areas as follows:

**Foundational Capabilities**

Cross-cutting skills needed in state/local health departments; essential skills/capacities to support all activities:

- \* Epidemiology \* Local Emergency Planning \* Communications (i.e. website & social media)
- \* Community Health Assessment & Community Health Improvement Plan \* Fiscal—Preparing Budgets & Paying Bills
- \* Human Resources—Hiring & Training Staff \* Information Technology—Computers, Hardware, Software

**Foundational Services**

These services include, but are not limited to:

- \* Communicable Disease Investigation \* Immunizations \* TB Testing & Control \* Chronic Disease \* Infant Mortality/Safe Sleep
- \* Tobacco Education & Policy \* Food Protection \* Household Sewage Systems \* Drinking Water \* Vector-Borne Disease
- \* Nuisance Abatement \* Animal Bites/Rabies Control \* Children with Medical Handicaps \* Child Fatality Review \* Provide Timely & Locally Relevant & Accurate Information to the Health Care System & Community on Emerging & On-Going Maternal Child Health Trends, Access & Linkage to Care

**Expanded Services:**

These are services that are local protections & services that are provided & unique to our community’s needs:

- \* Plumbing Inspection \* Manufactured Home Park Set Inspection \* Tobacco Cessation/Tobacco Enforcement (Smoke-Free Workplace Law) \* Project DAWN \* Help Me Grow

2017 Carry Over Balance	\$1,004,483.69
Local Sources of Funding (Inside Millage/Taxes)	\$446,195.63
Personal Health Services ( <i>Nursing/Immunizations</i> )	\$8,941.91
TB Contract with County Commissioners	\$60,000.00
Environmental Health Fees	\$2,719,854.00
Locally Funded Projects (Project DAWN)	\$7,829.18
Donations (Car Seats)	\$4,400.00
Miscellaneous <i>Reimbursements</i>	\$12,945.13
State Subsidy & MAC Payments	\$401,868.30
ODH State Funded Projects/Grants	\$1,270,829.12
	\$5,937,346.96

	LABOR COSTS	NON-LABOR COSTS	TOTAL COSTS
<b>Foundational Capabilities</b>			
Assessment (Surveillance & Epidemiology)	\$ 31,129.00	\$ 4,547.00	\$ 35,676.00
Emergency Preparedness	\$ 86,342.00	\$ 11,222.00	\$ 97,563.00
Communication	\$ 27,448.00	\$ 4,401.00	\$ 31,848.00
Policy Development & Support	\$ 129,754.00	\$ 18,483.00	\$ 148,236.00
Community Partnership Development	\$ 24,781.00	\$ 3,374.00	\$ 28,155.00
Organization Competencies	\$ 269,674.00	\$ 40,413.00	\$ 310,087.00
<b>SUBTOTAL</b>	\$ 569,128.00	\$ 82,440.00	\$ 651,565.00
<b>Foundation Services</b>			
Communicable Disease Control	\$ 249,226.00	\$ 112,301.00	\$ 361,527.00
Chronic Disease & Injury Prevention	\$ 35,078.00	\$ 5,794.00	\$ 40,873.00
Environmental Public Health (Mandated Programs)	\$ 1,156,970.00	\$ 331,908.00	\$ 1,488,878.00
Maternal/Child/Family Health	\$ 69,363.00	\$ 11,442.00	\$ 80,805.00
Access/Linkage with Clinical Health Care	\$ 12,456.00	\$ 1,907.00	\$ 14,363.00
<b>SUBTOTAL</b>	\$ 1,523,093.00	\$ 463,352.00	\$ 1,986,446.00
<b>Expanded Services</b>			
Communicable Disease Control	\$ -	\$ -	\$ -
Chronic Disease & Injury Prevention	\$ 170,383.00	\$ 32,271.63	\$ 202,655.00
Environmental Public Health	\$ 203,414.00	\$ 34,471.97	\$ 237,886.00
Maternal, Child & Family Health	\$ 387,409.00	\$ 32,439.36	\$ 469,848.00
Access/Linkage with Clinical Health Care	\$ -	\$ -	\$ -
<b>SUBTOTAL</b>	\$ 761,206.00	\$ 99,182.96	\$ 910,389.00
<b>TOTAL LABOR &amp; NON-LABOR EXPENSES</b>			\$ 3,548,400.00
<b>FEES REMITTED TO OTHER POLITICAL SUBDIVISIONS</b>			\$ 765,584.00
<b>2018 TOTAL EXPENSES</b>			<b>\$ 4,313,984.00</b>

# Inside Millage

	*2010 Population	Value Estimated	2018 Proposed Dollars Generated From .15 Inside Millage	2018 Per Capita Expenditure From .15 Inside Millage
Bazetta	5,874	\$151,428,460	\$ 22,714.27	\$3.87
Bloomfield	1,322	21,060,660	3,159.10	\$2.39
Braceville	2,856	53,953,820	8,093.07	\$2.83
Bristol	2,919	52,991,280	7,948.69	\$2.72
Brookfield (Incl. Yankee Lake)	8,854	131,062,770	19,659.42	\$2.22
Champion	9,612	172,533,770	25,880.07	\$2.69
Farmington (Twp. & Village)	2,728	44,655,930	6,698.39	\$2.46
Fowler	2,595	48,362,770	7,254.42	\$2.80
Greene	1,015	18,129,230	2,719.38	\$2.68
Gustavus	829	19,729,760	2,959.46	\$3.57
Hartford	2,070	43,523,050	6,528.46	\$3.15
Howland	19,106	417,101,610	62,565.24	\$3.27
Hubbard	5,654	98,659,860	14,798.98	\$2.62
Johnston	1,952	36,993,530	5,549.03	\$2.84
Kinsman	1,876	34,883,990	5,232.60	\$2.79
Liberty	12,024	214,737,460	32,210.62	\$2.68
Mecca	2,674	44,941,930	6,741.29	\$2.52
Mesopotamia	3,387	42,535,730	6,380.36	\$1.88
Newton Falls (Twp. & City)	8,875	184,183,240	27,627.49	\$3.11
Southington	3,717	66,113,150	9,916.97	\$2.67
Vernon	1,536	27,961,400	4,194.21	\$2.73
Vienna	3,997	95,246,800	14,287.02	\$3.57
Warren	5,551	67,279,070	10,091.86	\$1.82
Weathersfield	6,642	152,861,520	22,929.23	\$3.45
<b>TOTAL TOWNSHIPS</b>	<b>117,665</b>	<b>\$2,240,930,790</b>	<b>\$ 336,139.62</b>	<b>\$2.86</b>
Lordstown	3,417	\$124,060,060	\$ 18,609.01	\$5.45
McDonald	3,263	44,852,700	6,727.91	\$2.06
Orangeville	197	5,219,190	782.88	\$3.97
<b>TOTAL VILLAGES</b>	<b>6,877</b>	<b>\$174,131,950</b>	<b>\$ 26,119.79</b>	<b>\$3.80</b>
Cortland	7,104	\$139,827,540	20,974.13	\$2.95
Girard	9,958	112,201,430	16,830.21	\$1.69
Hubbard	7,874	115,113,560	17,267.03	\$2.19
Niles	19,266	261,368,030	39,205.20	\$1.94
<b>TOTAL CITIES</b>	<b>44,202</b>	<b>\$628,510,560</b>	<b>\$ 94,276.58</b>	<b>\$2.13</b>
<b>TOTAL ALL SUBDIVISIONS</b>	<b>168,744</b>	<b>\$3,043,573,300</b>	<b>\$ 456,536.00</b>	<b>\$2.71</b>

*Population Numbers Taken from the Last Population Census, Which was Conducted in 2010*

*Estimated Value & Inside Millage Figures Obtained from the Trumbull County Auditor's Office.*





# Employees' Corner

Congratulations to Jenna Amerine for being named 2018 Employee of the Year for the Health District. Jenna was recognized for being named a Board Member on the Trumbull County Memorial Health Foundation, her Creating Healthy Communities (CHC Grant) program being featured by the Ohio Department of Health, her steering committee membership on the Healthy Community Partnership, participation in the collaboration with Mercy Hospital on the Mahoning Valley Needs Health Assessment and taking the lead on three focus groups as part of that assessment. These activities were all in addition to her countless other programs and projects that she heads up and participates in on behalf of our agency.



## 2018 Employees of the Month

January—Tony Veitz  
 February—Kenya Franklin  
 March—Tara Lucente  
 April—Natalie Markusic  
 May—Jan Chickering  
 June—Greg Hall

July—Beth Shelar  
 August—Jen Francis  
 September—Lisa Spelich  
 October—Kathy Parrilla  
 November—Andrea Cramer  
 December—Jenna Amerine

*Special thanks to all of our valued employees!  
 Your dedication is greatly appreciated!!*

Health District Staff As of 12/31/18	
Administrative Staff	6
Accreditation Coordinator	1
Health Educator	1
Sanitarians	9
Plumbing Inspector	1
*Nurses	4
Family Service Educators	4
Clerical Staff	7
<b>Total Staff</b>	<b>33</b>
<i>*Includes Epidemiologist</i>	



Tara Lucente was named 2017-2018 Home Visitor of the Year (Ohio Region 3) by the Ohio Department of Health. This award was a peer-nominated award for outstanding service and innovations in the field of home visiting. This award is yet another indication of Tara's commitment to our health district, the community and the families that she serves.

## 2018 Health District Staff

Melissa Adams, Family Service Coor.  
*(Hired 7/17/18—Resigned 10/24/18)*  
 Jenna Amerine, Health Educator  
 Sharon Bednar, Secretary  
 Johnna Ben, Administrative Secretary  
 Kristyn Bugnone, Family Service Coor.  
 Michael Burke, Public Health Sanitarian  
 Janet Chickering, Secretary  
 Beverly Cope, Secretary  
 Andrea Cramer, Secretary  
 Richard Curl, Public Health Sanitarian  
 Daniel Dean, IT Specialist/Fiscal Officer  
 Jennifer Francis, Family Service Coor.

Kevin Francis, Public Health Sanitarian  
 Kenya Franklin, Family Service Program Coordinator  
 Nichole Garrison, Family Service Coor.  
*(Resigned 5/4/18)*  
 William Gootee, Public Health Sanitarian  
 Gregory Hall, Public Health Sanitarian  
 Rodney Hedge, Public Health Sanitarian  
 Steven Kramer, Public Health Sanitarian  
 Tara Lucente, Family Service Coordinator  
 Natalie Markusic, Accreditation Coor.  
 Teresa Merrick, Public Health Nurse  
 Frank Migliozi, Health Commissioner

Sharon O'Donnell, Secretary  
 Julia Paolone, Secretary  
 Steve Pop, Plumbing Inspector  
 Kathy Parrilla, Public Health Nurse  
 Elizabeth Shelar, Family Service Coor.  
 Randee Shoenberger, Epidemiologist  
 Dianne Simon, Public Health Sanitarian  
 Rita Spahlinger, Public Health Nurse  
 Lisa Spelich, Secretary  
 Sandra Swann, Nursing Director  
 Anthony Veitz, Public Health Sanitarian  
 Kristofer Wilster, Director of Environmental Health

# Kristofer Wilster, MPH, RS/REHS—Director of Environmental Health

## PROGRAM SURVEYS

The Ohio Department of Health surveyed our public swimming pool & spa program and the Ohio EPA surveyed our solid waste program in 2018. I am happy to report that these programs are approved and the Trumbull County Combined Health District is under no limitations set forth by the State of Ohio.

## PROGRAM FUNDING

Cost methodology is used to calculate the actual costs of providing services in a specified program. In 2018, this office performed cost methodology on our food service program. The cost methodology resulted in the fees being unchanged, with the exception of vending, which increased slightly.

The Trumbull County Combined Health District assisted in obtaining approximately \$300,000.00 in grant funding for Trumbull County Citizens to replace their failing sewage treatment systems. That brings the total amount of funding secured for sewage system replacements at over \$1,700,000.00 since 2010.

For the summer of 2018, the Ohio EPA offered grant money for mosquito control. This office took a lead role in applying for the Ohio EPA grant funding, and we collaborated with Niles City, Cortland City, Champion Township and Howland Township on this application. We received a total of \$26,370.00 for 2018 & 2019.

### Environmental Programs

- ◆ Nuisance Complaints
- ◆ Plumbing
- ◆ Food Protection
- ◆ Residential Sewage
- ◆ Commercial Sewage (H.B. 110)
- ◆ Private Water Systems
- ◆ Swimming Pools
- ◆ Tattoos/Body Art
- ◆ School Inspections
- ◆ Construction & Demolition Debris
- ◆ Smoke Free Ohio
- ◆ Parks/Camps
- ◆ Solid Waste

## ENVIRONMENTAL PROGRAM COMPLIANCE TRENDS:

Our job in the environmental division is to protect the public health, which sometimes requires enforcement action to be taken. Our enforcement actions take the form of issuance of notices of violation, in-house administrative hearings, Board of Health Findings & Orders, and if we cannot achieve compliance through those actions, we ultimately must file court actions. In this section, I have listed the enforcement action trends seen in our sewage, solid waste and private water system programs.

Program	Compliance Achieved	Non-Compliance	Extensions Granted (Pending/In Process)
Sewage	17%	33%	50%
Solid Waste	14%	22%	64%
Private Water System	31%	15%	63%

Overall, these programs analyzed, showed a trend of non-compliance, which resulted in the health district being left with no other option then to file charges in court in an attempt to gain compliance.

### 2018 Food Program Inspections

	Total Inspections	Total Violations	Total Critical Violations
1st Quarter	538	548	132
2nd Quarter	722	331	93
3rd Quarter	301	472	106
4th Quarter	492	656	146
<b>Total</b>	<b>2053</b>	<b>2007</b>	<b>477</b>

# Protecting and Promoting the Health and Well Being of Trumbull County

**SANDRA SWANN, BSN, R.N.**  
**DIRECTOR OF NURSING**

## Multi-state outbreak of Hepatitis A Virus (HAV)

In January 2018 the state of Ohio reported cases of HAV that were linked to a multi-state outbreak that encompassed Michigan, Indiana, West Virginia and Kentucky.

Trumbull County Combined Health District (TCCHD) received our first case of HAV which matched the outbreak in June. A total of 24 HAV cases in 2018 were confirmed in Trumbull County and of those six cases were linked to this outbreak.

TCCHD initiated an outreach to our local community partners offering guidance to the jails, recovery houses, homeless shelters, hospitals and drug treatment centers regarding infection control to prevent the spread of this disease. Educational flyers were distributed, explaining general information about HAV, how it was spread, and the persons at highest risk. Information was shared to the community about the availability of vaccine clinics in the Trumbull County area. Vaccine clinics were conducted throughout the county to those who were exposed to HAV and or those who were considered to be at highest risk.



**Contributed by: Rande Shoenberger, PHN, Epidemiologist**

## Decrease in Opioid Deaths and Overdoses

Trumbull County has experienced a decline in the number of total overdoses as well as



the number of unintentional overdose deaths in 2018. In 2017, there were a total of 1254 overdoses and 135 confirmed overdose deaths in the county. In 2018, there have been 65 confirmed overdose deaths with 11 still pending until toxicology results are completed. If those are confirmed we can potentially end 2018 with 76 total overdose deaths and 721 total overdoses which is nearly half the numbers in 2017.

So, to what do we attribute as the decrease in the numbers in the county? (1) the stellar collaboration of the stakeholders that are working together to battle this epidemic; (2) the education which is disseminated to the community such as what drugs are trending in the county, where to seek treatment and the resources available in Trumbull County; and (3) the increased access of Naloxone to residents in the community and to our First Responders.

We know that the more individuals that are trained to carry and use Naloxone the more lives that are being saved! The reversals and results that have been reported for 2018 are: 132 have been successful and, unfortunately, 6 were unsuccessful. However, we look forward to 2019 with the hope that this trend continues, people recover and lives continue to be saved.

**Contributed by: Kathy Parrilla, PHN, PDOP Coordinator**

## Home Visiting Program

As an accredited Healthy Families of America home visiting provider, TCCHD provided 1,786 home visits in 2018 to families that reside in Trumbull County. Our evidenced based home visiting model addresses many risk factors including post-partum depression, domestic violence, tobacco use, and substance abuse. Home visiting supports and empowers parents so they in turn provide a positive environment during their child's critical years.

In 2018, Tara Lucente, LSW, was selected by her peers and the Ohio Department of Health as Home Visitor of Year for Ohio Region 3. Tara has been employed with TCCHD for 7 years as a Family Service Coordinator.



<b>Reportable Condition (data collected on 1-7-2019 )</b>	<b># of Confirmed &amp; Probable Cases 2018</b>	<b># of Confirmed &amp; Probable Cases 2017</b>	<b># of Confirmed &amp; Probable Cases 2016</b>	<b># of Confirmed &amp; Probable Cases 2015</b>	<b># of Confirmed &amp; Probable Cases 2014</b>
Brucellosis	1	0	0	0	0
Campylobacteriosis	13	17	15	15	12
Chlamydia infection	1175	1088	943	885	980
Coccidioidomycosis	0	0	1	0	0
Cryptosporidiosis	11	5	11	5	6
E. coli - enterohemorrhagic (shiga toxin producing) - Not O157:H7	5	0	0	0	0
E. coli - enterohemorrhagic (shiga toxin producing) - O157:H7	0	0	0	4	0
Encephalitis - primary	0	0	0	0	0
Ehrlichiosis / Anaplasmosis	0	0	0	0	1
Giardiasis	2	6	1	4	6
Gonococcal infection	303	304	392	233	291
Haemophilus influenzae (invasive disease)	2	5	3	6	1
Hemolytic uremic syndrome	0	0	0	0	0
Hepatitis A	24	0	0	1	0
Hepatitis B Perinatal	0	0	2	0	0
Hepatitis B (including delta) - acute	5	2	16	2	2
Hepatitis B (including delta) - chronic	23	49	46	50	17
Hepatitis C - acute	7	1	4	1	2
Hepatitis C - chronic	348	438	520	309	284
Influenza A - novel virus	0	0	0	0	0
Influenza-associated hospitalization	360	298	84	74	56
LaCrosse virus disease (other California serogroup virus disease)	0	1	0	0	0
Legionellosis - Legionnaires' Disease	20	9	10	8	5
Listeriosis	0	1	0	0	0
Lyme Disease	6	6	0	3	1
Meningitis - aseptic/viral	7	6	6	3	8
Meningitis - bacterial (Not N. meningitidis)	0	2	2	1	0
Meningococcal disease - Neisseria meningitidis	0	1	2	0	0
Pertussis	8	8	1	8	15
Salmonellosis	19	17	23	18	18
Shigella	0	0	10	18	2
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	0	0	0	0	0
Streptococcal - Group A -invasive	6	21	8	3	5
Streptococcal - Group B -Newborn	3	0	0	0	1
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	21	16	22	11	21
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	4	7	5	10	1
Tuberculosis	0	1	1	1	0
Varicella	9	12	5	4	6
West Nile Virus	4	0	0	1	0
Yersiniosis	2	2	0	0	0
Zika virus infection	0	0	0	0	0



# Health Promotion Department



Jenna Amerine, MPH, CHES  
Health Educator



The Health Promotion Department provides health education services and materials, manages the Creating Healthy Communities (CHC) Coalition Projects, and distribution of health information on social media platforms.

The Trumbull County CHC coalition is committed to preventing and reducing chronic disease statewide. Through cross-sector collaboration, we are activating communities to improve access to and affordability of healthy food, increase opportunities for physical activity, and assure tobacco-free living where Ohioans live, work and play. By implementing sustainable evidence-based strategies, CHC is creating a culture of health.

## Highlights of 2018:

### Physical Activity Opportunities

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- ADA Accessible Concrete Walkway from Parking Lot to Pickle Ball Courts at Bolindale Park -

Complete Streets  
Town Hall Event



Walk & Bike Audit of Downtown  
Warren



- Hosted a Professional Development Ride with Community Stakeholders to Learn the Importance and Benefits of Active Transportation in Our Community -



7th Annual Bike to Work Event  
May 18, 2018



- Developed Draft Complete Streets Policy for Warren City -



- Distributed Bicycle Helmets to Children from the Ohio American Academy of Pediatrics "Put A Lid On It" Grant -



- Phase 1 of Playground Equipment Improvements at Quinby Park in Warren -



## Access to Healthy Food

- Begin Developing Inclusive Community Garden at Bolindale Park -



Bolindale Park

Quinby Park



- Hosted Pop-Up Farmers' Markets at Bolindale Park in Howland and Quinby Park in Warren -



- Began implementing Healthy Retail Good Food Here Kits at SmartMart and Lit'l Mac's in Warren -

## Tobacco-Free Living

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- Passed a Resolution With Warren City in Support of Tobacco 21 Initiatives  
Happening Throughout the State of Ohio -

TOBACCO  
~~eighteen~~ twenty-one