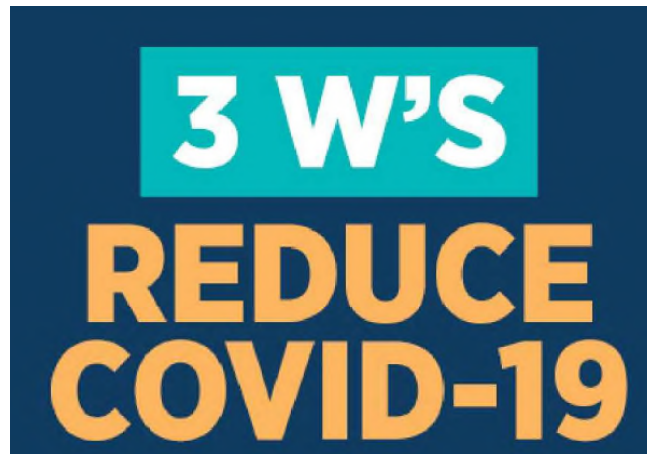


Trumbull County Combined Health District



2020 Annual Report

Our Values...

We serve our communities, our organization and each other with trustworthiness, collaboration, communication, helpfulness and dedication.

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.

Our Vision...

Our programs and services result in healthy people, safe environments and thriving communities.

Our Goal... Building Health Communities

TRUMBULL COUNTY BOARD OF HEALTH MEMBERS

<u>Name</u>	<u>Term Expires</u>
Dr. Harold Firster	March 2024
John “Jack” Simon, Jr.	March 2025
Kathy Salapata, R.N.	March 2025
Thomas Borocz	March 2021
Gregory Dubos	March 2021
Robert Biery, Jr., President	March 2022
John Messersmith, President Pro Tempore	March 2023

Qualifications for Appointment to 5-Year Term on the Trumbull County Board of Health

U.S. Citizen

Elector (Registered Voter)

Reside within the Health District
(Residents of the city of Warren are ineligible)

FRANK MIGLIOZZI, MPH, REHS/RS

HEALTH COMMISSIONER

2020: COVID-19...WHERE WE WERE & WHERE WE ARE GOING

As you are all aware, the COVID-19 pandemic started the year 2020 off. As it continued throughout the year, our staff's efforts in 2020 were primarily concentrated on COVID-19, and addressing all the issues arising from this pandemic.

The Trumbull County Combined Health District tackled the pandemic in different phases:

PHASE 1 CONTAINMENT: As there were no confirmed cases of COVID-19 in Ohio, we started in the containment phase, in an attempt to prevent the virus from spreading across the country. These efforts entailed advising residents how to protect themselves, such as staying home when they are sick, avoiding contact with people who are sick, increased handwashing, avoiding the touching of eyes, nose or mouth and cleaning of high touch surfaces. We also stressed the avoidance of travel to high risk areas to avoid exposure and import of the virus into our community. It was soon realized that containment was not possible, and Trumbull County had their first COVID-19 case in early March.

PHASE 2 MITIGATION: The next phase we went into was the mitigation phase in an attempt to limit the spread and effect of the virus. This involved social distancing, limiting gatherings, mask wearing, case/contact tracing, the issuance of isolation and quarantine orders to those ill or exposed and complaint investigation of violations of the state health orders. We continued in this phase throughout 2020.

During this phase, our county opened the Emergency Operations Center (EOC). This provided for a multi-coordinated effort to deal with the

spread of the virus. It was staffed by several fire chiefs, sheriff's office and other county agencies, such as Emergency Management Agency, Mental Health & Recovery Board, Trumbull County Board of Developmental Disabilities, the Trumbull County Planning Commission and state ombudsman's office. The utilization of a unified incident command structure allowed for the sharing of COVID-19 information, and a strategic approach to deal with issues such as the distribution of personal protective equipment to all entities handling COVID-19 infected persons.

Moreover, we collectively worked with administrative staff at long-term care facilities to develop effective infection control practices to limit spread of the virus in these highly vulnerable settings. When an outbreak in these settings did occur, our health district staff, and the EOC, set up strike teams with the facility, and involved the Ohio Department of Health, to utilize best practices to control the spread of the virus in these facilities.

The success of this effort led to a decrease of transmission within the congregate care settings, but we started to see a higher rate of community spread. Due to increased community spread, the state developed a color coded system to alert individuals of the risk of COVID-19 transmission in their community. To supplement this system, the EOC pushed for the development of a COVID dashboard to post our data in real time to show trends, this included cases by zip code area. These tools allowed us to have a focused approach to provide more of our time and resources to "hot spots", especially as we entered the holiday season. This ultimately led to the development of a stay-at-home advisory at the end of year, as community transmission soared.

Furthermore, we worked with our Educational Service Center to assist school administrative personnel to provide guidance as they first switched to remote learning, then transitioning to returning to in-person learning during the fall. I have been personally involved in weekly virtual meetings with out superintends, to develop an open line of communication to effectively limit the effects of COVID-19 in our educational setting.

Equally important during the mitigation phase of the COVID-19 response was the rapid identification of positive cases. This primarily occurred through testing, clinical diagnosis by a physician and through epidemiological investigations. At the beginning of the pandemic, testing resources were scarce; therefore, a coordinated effort between our hospital systems and our epidemiologist were utilized to identify cases so that proper case and contact tracing could occur. As Governor DeWine provided for use of the National Guard to conduct pop-up testing sites in Ohio, we were fortunate to have a community leader in Mr. Van Nelson of the Trumbull Community Action Program (TCAP), who took the lead in this effort. Thanks to Mr. Nelson's desire to make a positive impact in our community, at least 3 National Guard testing clinics occurred in our county, where thousands of individuals were tested.

PHASE 3 VACCINATION: In December 2020, we entered the vaccination phase. Due to our years of emergency preparedness and national accreditation efforts, we were able to expand on our existing medical counter measures plan to develop an effective COVID-19 vaccine campaign. The first part of the vaccination phase focused on reaching critical groups who fell under Tier 1A.

Tier 1A included:

- ◆ Healthcare Workers
- ◆ Nursing Home & Assisted Living Facility Residents and Staff

- ◆ Patients and Staff at State Psychiatric Hospitals
- ◆ People With Development Disabilities and Those With Mental Health Disorders, Including Substance Use Disorders, Who Live in Group Homes, Residential Facilities, or Centers, and Staff at Those Locations
- ◆ Residents and Staff at Our Two State-Run Homes for Ohio Veterans
- ◆ EMS Responders

As our resources were already limited during the mitigation phase, they were further stressed, and continue to be stressed as we move further and further into the vaccination phase.

I want to thank our entire staff for their effort they put forth in the past year, and their ongoing dedication to saving lives moving forward. Even in the face of adversity, their will to defeat the virus cannot be broken.

I especially thank our Board of Health for their support, as well as our Medical Director, Dr. Enyeart, our Nursing Director, Sandra Swann and our Director of Environmental Health, Kristofer Wilster, for providing their staff with direction during this very difficult time.

I also want to thank the command staff of the EOC for their leadership throughout 2020, and their new effort to assist in the vaccination phase, in providing logistics, regular communication messages, and actual participation in clinics. Moreover, I am grateful for all our volunteers from our community and the Medical Reserve Corp, for the giving of their time and efforts during this very busy and stressful period.

2020 was a very challenging and tiring year, but as we start 2021, and enter further into the vaccination phase, I believe we are beginning to see the light at the end of the tunnel. Trumbull County and our residents will come out stronger and healthy for everyone's efforts.

Thank you.

FUNDING

Local health districts are funded through local funding sources (fees & inside millage), state funding sources (competitive & pass through federal grants, and per capita subsidy from the Ohio Department of Health) and through federal sources (targeted federal grant monies).

The Trumbull County Combined Health District's funding is 64% local funding and 36% state funding. In 2020, you will see that we received \$2,202,247.01 in grant funding. This grant funding aids in our delivery of quality preventative health care services to our community, and of that grant total, \$1,001,411.09, was to assist in the fight against COVID-19. Through this funding, and our other local funding, our health district provides the following services:

- ◆ Environmental health services, such as water safety, institution inspections (schools & jails), nuisance abatement, food safety (restaurant & grocery store inspections), park/campground inspections, public swimming pool & spa inspections, tattoo & body piercing registration, plumbing inspections and sewage system inspections.
- ◆ Immunization Clinics.
- ◆ Epidemiology services for communicable disease outbreaks and trending and disease prevalence and morbidity/mortality reporting.
- ◆ Tuberculosis Prevention & Investigation Services.
- ◆ Child Fatality Review.
- ◆ Animal bite investigation and rabies prevention.
- ◆ Car Seat Program.
- ◆ Project DAWN (Narcain Distribution & Education)
- ◆ Help Me Grow Home Visiting Program Services.
- ◆ Health promotion and prevention (health education and policy, systems, and environmental change)
 - Chronic disease prevention (including tobacco, physical activity, nutrition)
 - Injury prevention/preterm birth prevention
 - Infant mortality/preterm birth prevention
- ◆ Emergency preparedness, response, and ensuring safety of an area after a disaster.
- ◆ Linking people to health services to make sure they receive needed medical care.
- ◆ Community engagement, community health assessment and improvement planning, and partnerships.
- ◆ Accreditation Efforts.
- ◆ COVID-19 Activities.

The mission of public health professionals in Ohio is to promote health, prevent disease and maintain and improve a healthy environment for the protection of the citizens in our communities.

Grant Awards

- ◆ Ohio Maternal, Infant & Early Childhood Home Visiting
- ◆ Maternal & Child Health Program
- ◆ Get Vaccinated Ohio
- ◆ Cribs for Kids
- ◆ Vaccine Needs Assessment
- ◆ Public Health Emergency Preparedness
- ◆ COVID-19 Contact Tracing
- ◆ COVID-19 Contract Tracing Supplemental
- ◆ Coronavirus Response
- ◆ Coronavirus Response Supplemental
- ◆ Creating Healthy Communities
- ◆ Drug Overdose Prevention
- ◆ ODMAP (Overdose Detection Mapping Application Program)
- ◆ Integrated Naloxone
- ◆ Resource Coordination
- ◆ Tobacco Use Prevention & Cessation

2020 Funding Sources

2019 Carry Over Balance	\$2,056,777.46
Inside Millage/Taxes	\$449,349.97
Immunizations.....	\$3,748.50
TB Contract w/ County Commissioners ..	\$60,000.00
Environmental Health Fees.....	\$2,914,891.10
Locally Funded Proj. (DAWN & Tobacco Enf.)..	\$5,850.00
Car Seat Donations.....	\$2,100.00
Help Me Grow Home Visiting & MAC.....	\$490,811.30
Misc. Reimb. (BWC Refund, Telephone) ..	\$55,197.78
State Subsidy	\$85,378.43
ODH State Funded Projects/Grants	<u>\$2,202,247.01</u>
Total	\$8,326,351.55

2020 Expenditures

State & Local Remittances	\$983,955.60
Labor Costs	\$3,171,865.31
Non-Labor Costs	<u>\$1,482,413.70</u>
Total	\$5,638,234.61

Inside Millage

	*2010 <u>Popula- tion</u>	Value <u>Estimated</u>	2020 Proposed Dollars Generated From <u>.15 Inside Millage</u>	2020 Per Capita Expenditure From <u>.15 Inside Millage</u>
Bazetta	5,874	\$164,282,660	\$ 24,642.40	\$4.20
Bloomfield	1,322	23,267,140	3,490.07	\$2.64
Braceville	2,856	59,114,070	8,867.11	\$3.10
Bristol	2,919	59,421,170	8,913.18	\$3.05
Brookfield (Incl. Yankee Lake)	8,854	141,387,830	21,208.17	\$2.40
Champion	9,612	188,751,940	28,312.79	\$2.95
Farmington (Twp. & Village)	2,728	53,117,820	7,967.67	\$2.92
Fowler	2,595	55,171,340	8,275.70	\$3.19
Greene	1,015	20,419,990	3,063.00	\$3.02
Gustavus	829	22,706,570	3,405.99	\$4.11
Hartford	2,070	49,202,870	7,380.43	\$3.57
Howland	19,106	449,048,530	67,357.28	\$3.53
Hubbard	5,654	110,172,410	16,525.86	\$2.92
Johnston	1,952	40,992,870	6,148.93	\$3.15
Kinsman	1,876	36,612,030	5,491.80	\$2.93
Liberty	12,024	235,897,340	35,384.60	\$2.94
Mecca	2,674	49,374,170	7,406.13	\$2.77
Mesopotamia	3,387	50,290,910	7,543.64	\$2.23
Newton Falls (Twp. & Village)	8,875	199,568,150	29,935.22	\$3.37
Southington	3,717	74,810,820	11,221.62	\$3.02
Vernon	1,536	30,267,750	4,540.16	\$2.96
Vienna	3,997	104,378,490	15,656.77	\$3.92
Warren	5,551	72,707,910	10,906.19	\$1.96
Weathersfield	6,642	163,577,970	24,536.70	\$3.69
TOTAL TOWNSHIPS	117,665	\$2,454,542,750	\$ 368,181.41	\$3.13
Lordstown	3,417	\$132,295,200	\$ 19,844.28	\$5.81
McDonald	3,263	48,050,280	7,207.54	\$2.21
Orangeville	197	2,890,430	433.56	\$2.20
TOTAL VILLAGES	6,877	\$183,235,910	\$ 27,485.39	\$4.00
Cortland	7,104	\$154,475,980	23,171.40	\$3.26
Girard	9,958	118,741,930	17,811.29	\$1.79
Hubbard	7,874	125,989,360	18,898.40	\$2.40
Niles	19,266	274,530,500	41,179.58	\$1.94
TOTAL CITIES	44,202	\$673,737,770	\$ 101,060.67	\$2.29
TOTAL ALL SUBDIVISIONS	168,744	\$3,311,516,430	\$ 496,727.46	\$2.94

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

**We had several staff changes take place in 2020.
We celebrated two retirements and welcomed several new employees.**



Sharon O'Donnell was one of our environmental secretaries, working primarily in the sewage system program. Sharon had been with our agency for 24 years.



Randee Shoenberger came to our agency originally as a public health nurse, but moved into the role as the agency's epidemiologist, serving in that capacity for 6 years. Randee had been with our agency for 17 years.



Kristopher Kriebel joined our staff in January. He has a Bachelor's Degree in nutrition & dietetics, and a Master's Degree in health education, with a concentration in community and public health education. Kris is working as our health educator.



Daniel Bonacker joined our staff in July. He has a Bachelor's Degree and a Master's Degree in public health. Dan is working as a sanitarian in our environmental



Lindsay Adams also joined our staff in July. Lindsay has a Bachelor's Degree in Nursing, and is working as a public health nurse in our nursing division.



Ericka Clark joined our staff in September. Ericka has a Bachelor's Degree in Public Health, is pursuing her Masters in Public Health, and is working as our epidemiologist.



Tomi Liptak-Cardinale joined our staff in September. Tomi has a Bachelor's Degree in Nursing, and is working as a public health nurse in our nursing division.



Julie Callen joined our staff in September. Julie has an Associate's Degree in Computerized Office Technology with a major in Accounting, and is working as a secretary in our nursing division.

Health District Positions As of 12/31/20

Administrative Staff	5
Accreditation Coordinator	1
Health Educator	1
Sanitarians	10
Plumbing Inspector	1
Epidemiologist	1
Nurses	5
Family Service Educators	2
Clerical Staff	7
<i>Total</i>	33

2020 Health District Staff

- | | |
|---|--|
| Lindsay Adams, Public Health Nurse | Steven Kramer, Public Health Sanitarian |
| Jenna Amerine, Grants Coordinator | Kristopher Kriebel, Health Educator |
| Sharon Bednar, Secretary | Tomi Liptak-Cardinale, Public Health Nurse |
| Johnna Ben, Administrative Coordinator | Tara Lucente, Family Service Coordinator |
| Daniel Bonacker, Sanitarian-in-Training | Natalie Markusic, Accreditation Coordinator |
| Michael Burke, Public Health Sanitarian | Teresa Merrick, Public Health Nurse |
| Julie Callen, Secretary | Frank Migliozi, Health Commissioner |
| Janet Chickering, Secretary | Sharon O'Donnell, Secretary (Retired 10/2020) |
| Ericka Clark, Epidemiologist | Julia Paolone, Secretary |
| Beverly Cope, Secretary | Steve Pop, Plumbing Inspector |
| Andrea Cramer, Secretary | Kathy Parrilla, Public Health Nurse |
| Richard Curl, Public Health Sanitarian | Randee Shoenberger, Epidemiologist (Retired 10/20) |
| Daniel Dean, IT Specialist/Fiscal Officer | Dianne Simon, Public Health Sanitarian |
| Jennifer Francis, Family Service Coordinator | Rita Spahlinger, Public Health Nurse |
| Kevin Francis, Public Health Sanitarian | Lisa Spelich, Secretary |
| William Gootee, Public Health Sanitarian | Anthony Veitz, Public Health Sanitarian |
| Gregory Hall, Public Health Sanitarian | Kristofer Wilster, Director of Environmental Health |
| Rodney Hedge, Public Health Sanitarian | |
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2020 Trumbull County Communicable Disease Report

Reportable Condition (data collected on 2-9-2021)	# of Con- firmed and Probable Cases for 2020	# of Con- firmed and Probable Cases for 2019	# of Con- firmed and Probable Cases for 2018	# of Con- firmed and Probable Cases for 2017	# of Con- firmed and Probable Cases for 2016
Brucellosis	0	0	1	0	0
Campylobacteriosis	4	20	13	17	15
Chlamydia infection	855	1216	1175	1088	943
Coccidioidomycosis	0	0	0	0	1
COVID-19	10,941				
CP-CRE	16	24	0	0	0
Creutzfeldt-Jakob Disease	1	0	0	0	0
Cryptosporidiosis	5	11	11	5	11
E. coli - enterohemorrhagic (shiga toxin producing) - Not O157:H7	0	5	5	0	0
E. coli - enterohemorrhagic (shiga toxin producing) - O157:H7	0	0	0	0	0
Encephalitis - primary	0	0	0	0	0
Ehrlichiosis / Anaplasmosis	0	0	0	0	0
Giardiasis	2	5	2	6	1
Gonococcal infection	501	362	303	304	392
Haemophilus influenzae (invasive disease)	5	10	2	5	3
Hemolytic uremic syndrome	0	0	0	0	0
Hepatitis A	2	8	24	0	0
Hepatitis B Perinatal	0	0	0	0	2
Hepatitis B (including delta) - acute	0	0	5	2	16
Hepatitis B (including delta) - chronic	20	24	23	49	46
Hepatitis C - acute	11	5	7	1	4
Hepatitis C - chronic	213	376	348	438	520
Hepatitis C –perinatal	0	1	0	0	0
Influenza A - novel virus	0	0	0	0	0
Influenza-associated hospitalization	212	229	360	298	84
LaCrosse virus disease (other California serogroup virus disease)	1	1	0	1	0
Legionellosis - Legionnaires' Disease	10	15	20	9	10
Listeriosis	0	0	0	1	0
Lyme Disease	19	9	6	6	0

2020 Trumbull County Communicable Disease Report

Reportable Condition (data collected on 2-9-2021)	# of Con- firmed and Probable Cases for 2020	# of Con- firmed and Probable Cases for 2019	# of Con- firmed and Probable Cases for 2018	# of Con- firmed and Probable Cases for 2017	# of Con- firmed and Probable Cases for 2016
Lyme Disease	19	9	6	6	0
Meningitis - aseptic/viral	6	9	7	6	6
Meningitis - bacterial (Not N. meningitidis)	1	1	0	2	2
Meningococcal disease - Neisseria meningitidis	0	0	0	1	2
Pertussis	4	3	8	8	1
Rabies-animal	2	0	0	0	0
Salmonellosis	11	19	19	17	23
Shigella	1	1	0	0	10
Staphylococcal aureus - intermediate resistance to vancomycin (VISA)	1	0	0	0	0
Streptococcal - Group A -invasive	14	15	6	21	8
Streptococcal - Group B -Newborn	0	0	3	0	0
Streptococcus pneumoniae - invasive antibiotic resistance unknown or non-resistant	13	22	21	16	22
Streptococcus pneumoniae - invasive antibiotic resistant/intermediate	2	2	4	7	5
Tuberculosis	0	0	0	1	1
Varicella	1	4	9	12	5
West Nile Virus	0	1	4	0	0
Yersiniosis	2	1	2	2	0
Zika virus infection	0	0	0	0	0

Health Promotion Division

Access to Healthy Produce Produces Healthier Outcomes

Trumbull Continues to Expand Healthy Food Retail Initiative

Challenge

Food deserts can be described as geographic areas where residents' access to affordable, healthy food options, especially fresh fruits and vegetables, is restricted due to the absence of grocery stores within convenient traveling distance. Another characteristic of food deserts is socio-economic: that is, they are most commonly found in low-income areas where many people don't have cars. Based on data from the USDA, approximately 67% of the residents living in the city of Niles live more than a half mile from a supermarket, particularly those living on the west side of the city. A challenge for residents in Niles is that many don't have reliable transportation to and from a full-service grocery store. This makes it difficult to sustain a healthy diet consisting of fresh, unprocessed foods.

Approach

Cottage Market is a small store in a Niles neighborhood where many residents lack access to fresh fruits and vegetables. The Trumbull Neighborhood Partnership and Creating Healthy Communities conducted a food assessment of the store to determine the store's current inventory and how to improve it. By working with a local produce distributor, Flying High Inc, and using Good Food Here (GFH) promotional materials, Cottage Market began to market and sell healthy foods. Produce displays and GFH materials were utilized to catch the attention of the customers.

Results

Cottage Market has successfully provided fresh produce and brought attention to other healthy items in their store. A variety of fresh produce is available including squash, lettuce, potatoes, peppers, tomatoes, cucumbers, apples, oranges, limes and bananas. Cottage Market sold out of their produce in the first month of implementation! They continue to be successful at selling their produce as Flying High Inc delivers to the store on a monthly basis. Through this project, a trusted partnership has been built with the local community store. Thanks to promotion by TNP, CHC and local media outlets, this has opened the door for continued expansion into the city of Niles. There are numerous other neighborhoods in the city that would benefit from this initiative.



At A Glance

The City of Niles is considered a food desert. To the residents that live there, it is a hurdle to access fresh, healthy foods. This lack of access to healthy foods can lead to negative health outcomes such as obesity, diabetes and heart disease. In collaboration with the Trumbull Neighborhood Partnership's (TNP) Food Access Coordinator, the Trumbull County Combined Health District's Creating Healthy Communities (CHC) Coalition successfully began offering fresh and healthy choices, especially produce, to customers at Cottage Market, located on the east side of Niles.

Kristopher Kriebel, CHES
Health Educator
Trumbull County Combined
Health District

HeKriebe@co.trumbull.oh.us
<http://www.tchcd.org/>

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

Due to COVID-19, most of the environmental division’s efforts went towards the pandemic. The environmental division was tasked with enforcement of the public health orders put in place by the state, and investigated in excess of 1,000 complaints. Those complaints involved business entities not enforcing the mask requirements, social distancing and gatherings in excess of the limit allowed by the state’s public health order, among others. Although many complaints were received after an incident occurred, our agency did conduct an inspection on every complaint received. Upon inspection, if the sanitarian observed any violations, the owners were notified, and provided guidance as to how to better come into compliance. The environmental division continues to assist with the COVID efforts.

Also in 2020, the Ohio EPA conducted a survey of our solid waste program, and I am pleased to report that the program was approved and is under no limitations

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.

Overall, the programs analyzed, showed a trend of compliance after enforcement action had been taken. I have also listed the total number of inspections and violations in our food program.

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

Program	Compliance Achieved	Non-Compliance	Extensions Granted (Pending/In Process)	Over Compliance
Sewage	33%	38%	30%	62%
Solid Waste	31%	53%	16%	81%
Private Water System	44%	33%	23%	66%

2020 Food Program Inspections			
	Total Inspections	Total Violations	Total Critical Violations
1st Quarter	255	414	86
2nd Quarter	265	323	83
3rd Quarter	437	618	147
4th Quarter	310	453	111
Total	1267	1808	427