

Ohio Department of Health 2003 Annual Report



Mission Statement

The mission of the Ohio Department of Health is to protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality health care.

Director's Message - "Doing More with Less"

Governor Bob Taft and my Fellow Ohioans:

State Fiscal Year 2003 was a challenging one for the Ohio Department of Health (ODH).



Since Sept. 11, 2001, public health has emerged as a front-line defense against potential acts of bioterrorism and emerging diseases such as West Nile virus (WNV) and severe acute respiratory syndrome (SARS). At the same time;

however, Ohio – like most other states – was grappling with a challenging budget situation.

Despite these challenges, ODH continued its work to protect and improve the health of all Ohioans. For instance:

- ODH vaccinated 1,920 public health and health care professionals against smallpox, creating teams of experts which can respond should there be an intentional release of the smallpox virus. Ohio ranked fourth in the nation in the number of professionals receiving smallpox vaccine.
- ODH funded a highly visible, public-information campaign titled "Fight the Bite," which encouraged Ohioans to protect themselves against potential WNV infection from mosquito bites. Although WNV could re-emerge at high levels in 2004, I am happy to report Ohio's WNV case count fell by more than 300 – from 441 in 2002 to 108 in 2003.
- ODH investigated 16 suspect cases and one probable case of SARS in Ohio. None; however, were laboratory confirmed.

- ODH continued to build on Governor Bob Taft's Healthy Ohioans initiative, which encourages Ohioans to adopt healthier lifestyles by exercising more, eating less, quitting smoking and consuming at least five to seven servings of fruits and vegetables daily. Look for more from this exciting initiative in the coming weeks and months.

This annual report contains detailed financial and structural information about your Ohio Department of Health. It also includes feature stories from each of our three divisions: Family and Community Health Services; Prevention; and Quality Assurance. The dedicated ODH staff members in each of these divisions are working to protect and improve the health of all Ohioans and will continue doing so despite any challenges the future may bring.

On behalf of ODH, I respectfully submit the 2003 Ohio Department of Health Annual Report.

Sincerely,

J. Nick Baird, M.D.

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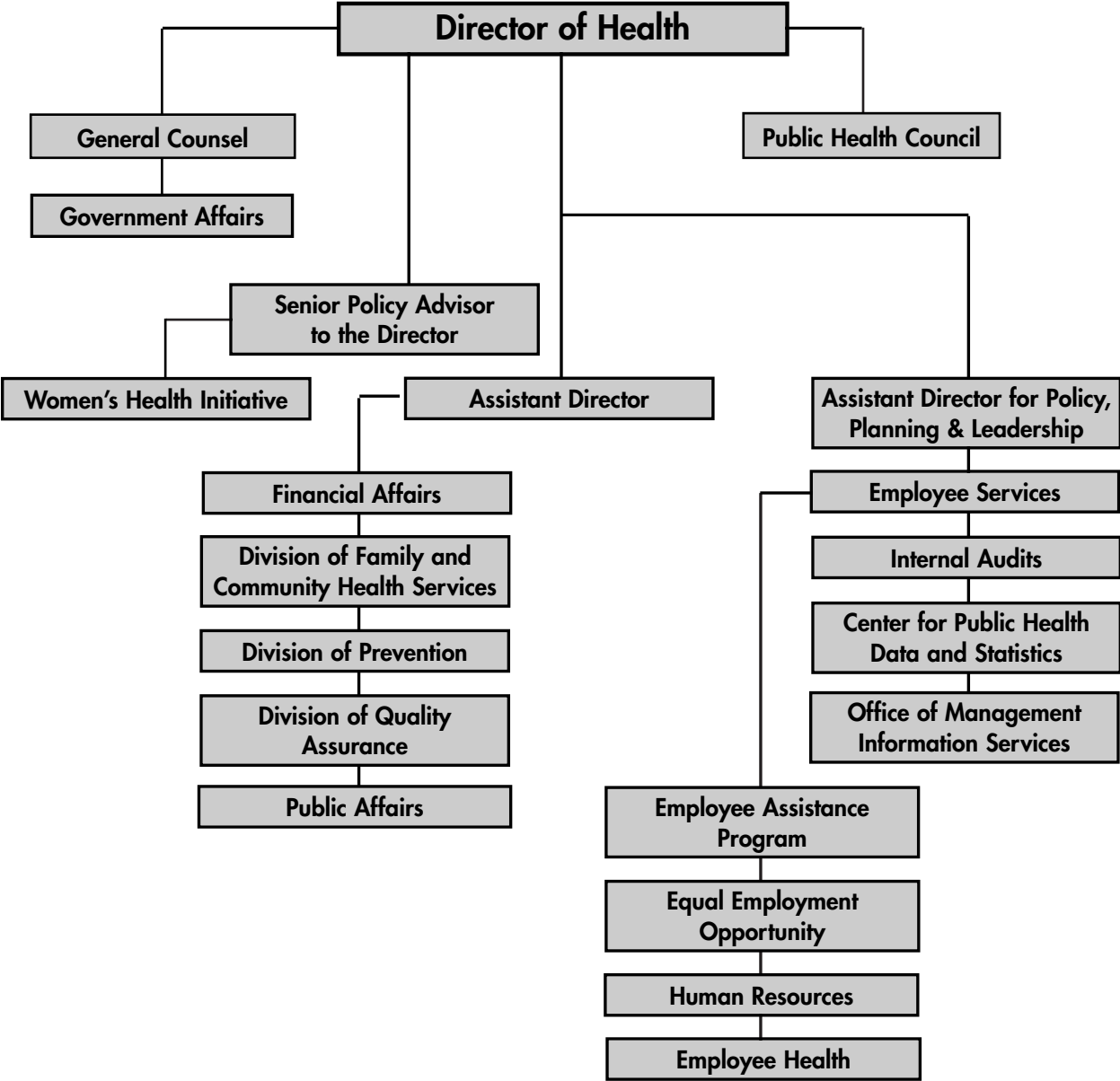
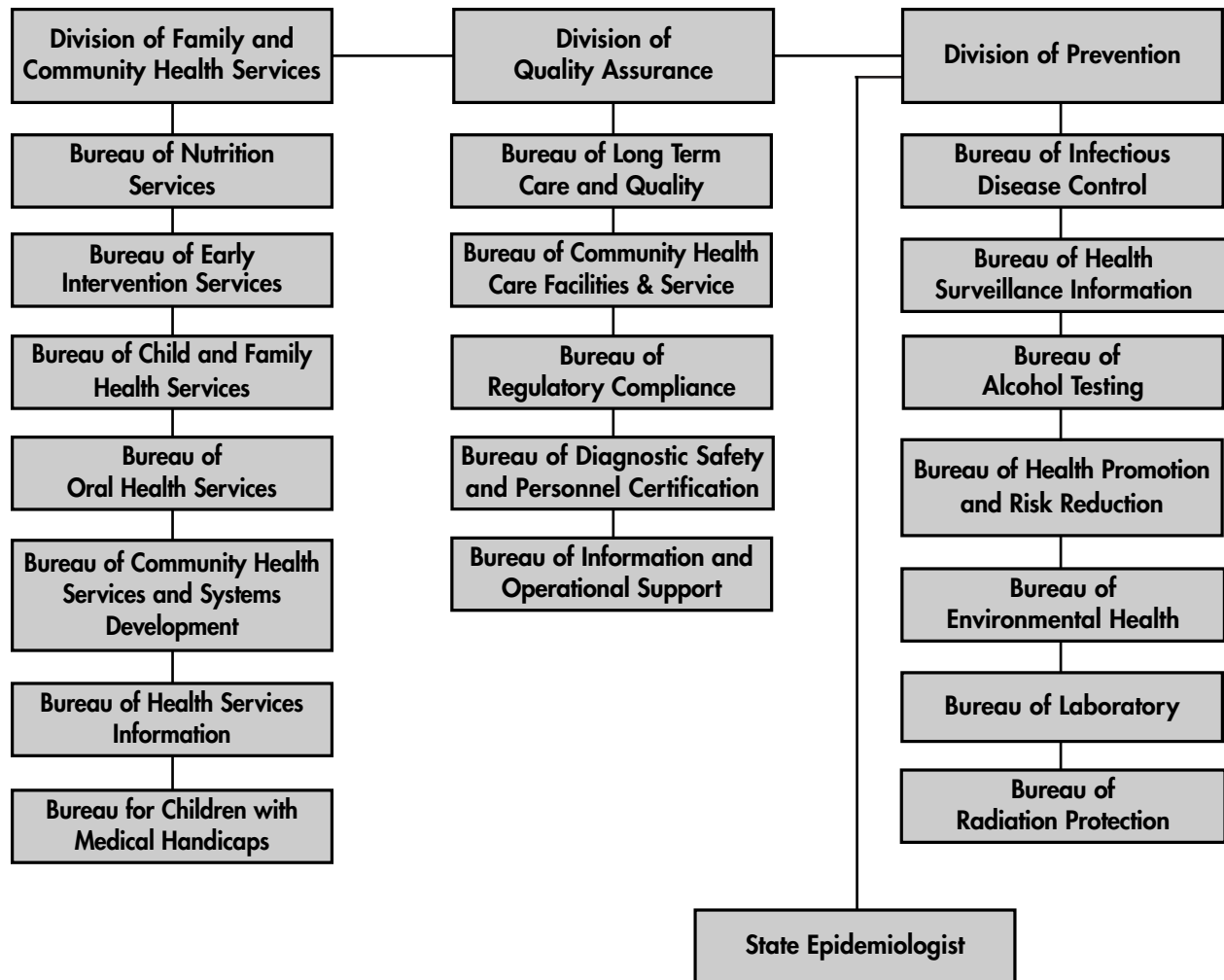
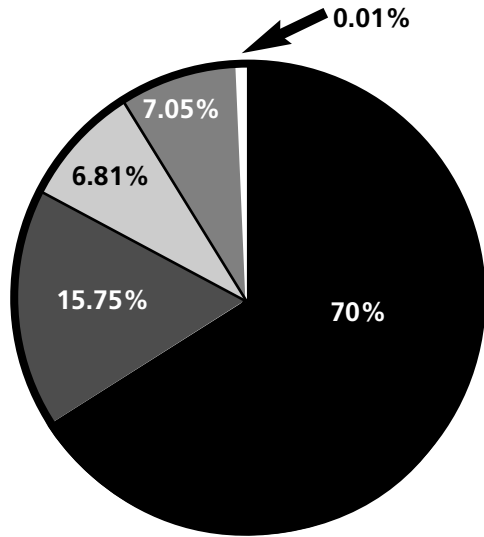


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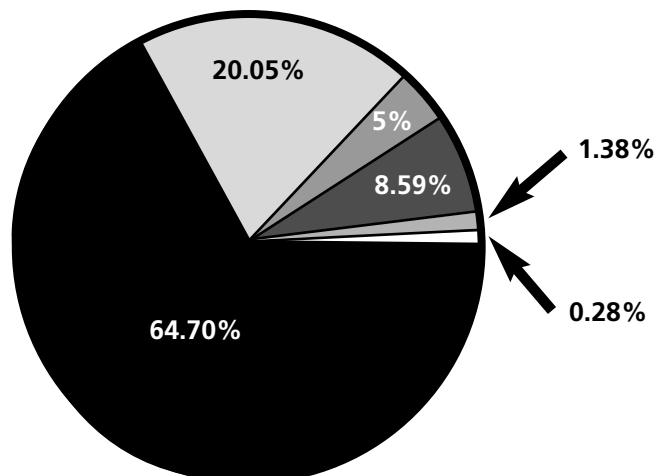
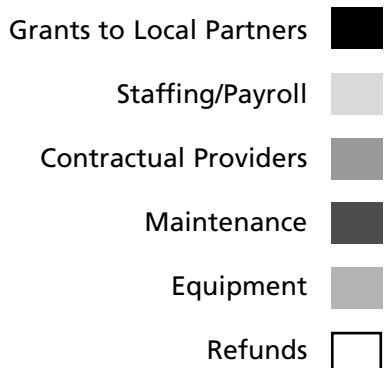


SFY 2003 Revenue by Source

Revenue Type/Source	Amount	Percentage
Federal	343,704,674	70.38%
Fees	34,406,331	7.05%
Intrastate Transfer	33,257,551	6.81%
Refunds	63,105	0.01%
State General Revenue	76,899,174	15.75%
Total	488,330,835	100.00%

SFY 2003 Obligations by Category

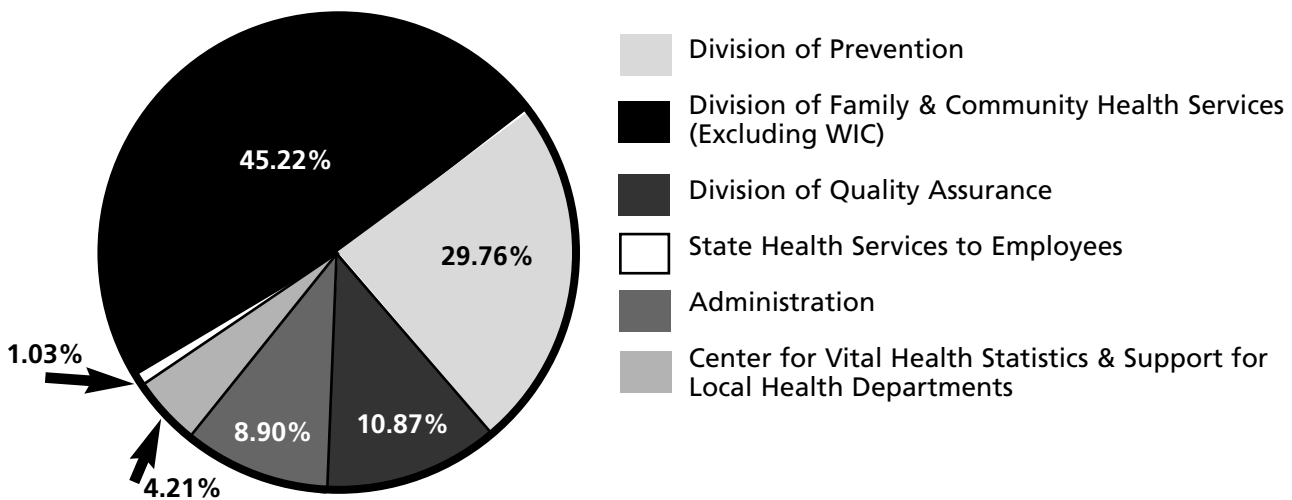
Expenditures	Amount	Percentage
Payroll (10)	92,592,513	20.05%
Contractual (13)	23,098,532	5.00%
Maintenance (29)	39,643,871	8.59%
Equipment (30)	6,360,759	1.38%
Grants/Subsidies (50)	298,752,929	64.70%
Refunds (90)	1,274,604	0.28%
Total	461,723,207	100.00%



Financial Information 2003

SFY 2003 Obligations Incurred by ODH Programs

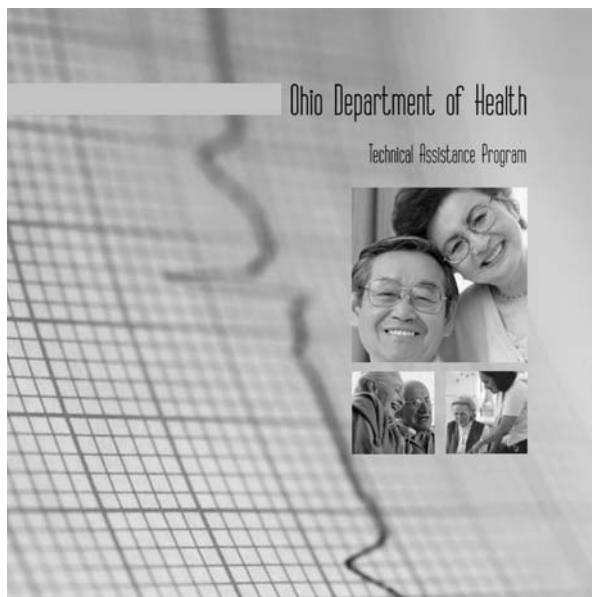
Category	Amount	Percentage
Division of Prevention	80,430,175	29.76%
Division of Family & Community Health Services (Excluding WIC)	122,186,140	45.22%
Division of Quality Assurance	29,378,670	10.87%
State Health Services to Employees	2,790,122	1.03%
Administration	24,062,021	8.90%
Center for Vital Health Statistics & Support for Local Health Departments	11,381,414	4.21%
Total	270,228,541	100.00%



Division of Quality Assurance does Quality Work

Technical Assistance Program (TAP)

The Technical Assistance Program (TAP) develops programs to improve the quality of life for nursing home residents. As a result, the Models to Improve Care project was initiated in July 2002 by the Ohio Department of Health (ODH) as part of the state's focus on improving the quality of care in nursing facilities. Since March 2003, 12 new facilities have implemented at least one of the Models to Improve Care programs.



The three Models of Improved Care are:

- Self-care for Seniors – a nursing-based rehabilitation program effective in reducing the rate of activities of daily living decline.
- Functional Improvement Program – a rehabilitation program effective in maintaining activities of daily living function over a period of time.
- Fluid Maintenance and Early Detection of Dehydration – a program to identify residents at risk of dehydration and interventions for management of oral intake.

Although the Models of Improved Care project did not include a study of costs, nursing homes found these programs typically provide savings in several ways: they do not require additional staff; they do not require additional cost for treatment; they often create savings through prevention of complications and/or increased functionality of residents; and they often help with staff retention.

In addition, a performance-improvement project was implemented in an additional seven facilities to help address urinary incontinence. TAP will continue to have a positive effect on the quality of care provided to residents in Ohio nursing facilities. The program is voluntary and designed to provide assistance to nursing facilities in focused areas.

Bureau of Information and Operational Support

Since Jan. 31, 2003, the online Nurse Aide Registry has been live and accessible through the ODH Web site at <http://www.odh.state.oh.us>. The online system expands the means by which entities can submit inquiries and obtain information regarding a nurse aide's employment history and background. The Bureau of Information and Operational Support provides up-to-date and instantaneous information to health care facilities, partner agencies and states.

E-documents lead to \$36k Savings for Bureau of Nutrition Services

State Fiscal Year (SFY) 2003 was a challenge for the Ohio Department of Health (ODH). Like all ODH programs, the Bureau of Nutrition Services (BNS), in the Division of Family and Community Health Services, was asked to cut costs as ODH struggled with an unprecedented budget crunch. So, BNS applied for – and received – a Women, Infants and Children (WIC) Program Infrastructure grant from the United States Department of Agriculture (USDA) to begin an electronic documents project (EDP).

BNS spent \$34,191 of the \$70,000 grant and to date has saved ODH nearly \$36,000 by greatly reducing the manual labor and paper costs involved in updating and copying these Ohio WIC documents:

- The Ohio WIC Policy and Procedure Manual which is updated some 12 times annually and requires detailed instructions on the insertion of updates and removal of the outdated policy.
- The Ohio WIC All Projects letters which contain program updates, program deadlines and local agency requirements, about 110 annual updates.
- The Ohio WIC System Users Manual which is used by the 235 local WIC clinics and updated each time the WIC program certification system is upgraded.
- The Ohio WIC Retail Manual which contains all rules and regulations for about 1,500 WIC authorized retail vendors.
- The Ohio WIC State Plan which is submitted annually to USDA.
- The Ohio WIC/Farmers' Market Nutrition Program (FMNP) State Plan which is submitted annually to USDA.

BNS had to spend money to save money. Therefore, staffers invested in a CD burner, a scanner, a printer and a digital camera. Temporary employees were hired to scan the

initial documents and create the CDs. While the logistics of compiling, formatting and burning CDs is at times tedious, the benefits are significant.

For example, BNS provides the 1,062-page Ohio WIC Policy and Procedure Manual for use at each of the 750 certification work



stations in clinics. The CDs and cases, which cost about \$2.39 per set, eliminate the need to maintain 1,500 three-inch binders, to print 796,500 pages and for local staff time to manually update the pages when changes are made. The estimated cost of printing paper manuals maintained in binders for the 375 copies that were issued in clinics is \$26,655. The estimated cost of producing a CD for each of the 750 WIC work stations is \$896.25. The estimated savings overall for electronic documents production of the policy manual on CD is \$25,759, and for the All Projects letter CD is \$10,157, for a total savings of \$35,916.

As an added bonus, the CDs virtually guarantee all local clinics have up-to-date information for eligibility determination and audit purposes.

Limited Resources Can't Limit Division of Prevention's Scope



With limited resources, the Ohio Department of Health (ODH) Division of Prevention responded to two emerging diseases never before seen in the Western Hemisphere, conducted smallpox vaccination clinics for the first time in three decades and continued its efforts to prepare for potential acts of bioterrorism.

Bioterrorism Preparedness

In February 2003, Ohio resumed smallpox vaccinations for medical professionals who would quickly respond if the virus were used as a terrorist weapon. More than 1,900 physicians, nurses and support personnel were vaccinated, ranking Ohio fourth in the nation.

These vaccinations are part of a continuing effort to keep Ohioans healthy and safe from those who might intentionally try to bring harm. Those efforts also extend to combating naturally occurring diseases.

During State Fiscal Year 2003, Ohio received more than \$34 million in grants from the U.S. Department of Health and Human Services (HHS). These grants are being used to build public health and hospital capacity to respond to an act of bioterrorism, an outbreak of an infectious disease or other public health emergency. Among the specific projects are:

- A system to quickly identify, investigate and report diseases on line, 24/7.
- A state-of-the art radio system for public health and hospitals enabling all responders (health, fire, law enforcement) to communicate on a single channel during an emergency.
- A securely contained lab to safely identify and test highly infectious microorganisms.

ODH and its partners are laying the groundwork for a system to monitor certain events such as sales of medicines (prescription and over-the-counter) and visits to hospital emergency rooms from an area to detect a possible disease outbreak from chemical, biological or traditional origins.

In addition, Governor Bob Taft signed into law House Bill 6 (dubbed the "bioterrorism bill") which enhances ODH's and local health's ability to detect and respond to both intentional acts of bioterrorism as well as everyday public health situations.

Infectious Disease

Prior to 2003, neither severe acute respiratory syndrome (SARS) nor monkeypox had been seen in the Western Hemisphere. Suspected cases of both diseases appeared during 2003 in several states, including Ohio. ODH and its



local partners used time-tested medical detective work and modern technology in investigating and treating these emerging diseases.

Radiation Protection

Ohio distributed more than 280,000 doses of potassium iodide (KI) to residents in three counties which are located within 10-mile emergency planning zones that surround each commercial nuclear power plant in, or near, Ohio.

KI is used to prevent the human thyroid gland from absorbing radioactive iodine which may be released during an accident at a nuclear power facility. KI, if taken in time and at the appropriate dosage, blocks the thyroid gland's

uptake of radioactive iodine and thus could reduce the risk of thyroid cancer. Overall, the KI distribution was successful with a higher-than-expected redemption rate from eligible residents and employers. More than 40 percent of Ohio's eligible residents and employers elected to receive KI tablets on a voluntary basis. The majority of schools elected to receive KI tablets for their schoolchildren and staff. Tablets were distributed through volunteering pharmacies and through advertised health clinics hosted by local health districts.



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