

Eat Well, Be Active, Live Tobacco Free



State Fiscal Year **2013**  
ANNUAL REPORT

John R. Kasich  
Governor

Theodore E. Wymyslo  
Ohio Department of Health Director



**Ohio**  
Department of Health



**Ohio**



**State of Ohio**

**John R. Kasich**  
Governor

**Theodore E. Wymyslo, M.D.**  
Ohio Department of Health  
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# Table of Contents

Letter from the Director .....	5
Chapter 1: About ODH.....	6–9
Chapter 2: Financial Management.....	10–13
Chapter 3: Highlighted Accomplishments .....	14–17
Chapter 4: Protecting the Public From Disease .....	18–19
Chapter 5: 2013 Public Health Activities at a Glance.....	20–24
Chapter 6: ODH’S 2014-15 Budget Highlights .....	25–27

## Letter from the Director



Dear Citizens of Ohio,

It is with great pleasure that I submit to you this report of the official transactions and proceedings of the Ohio Department of Health (ODH) for State Fiscal Year 2013. While the accomplishments of the Kasich Administration over the past year have been far-reaching, the state's new \$62 billion Jobs 2.0 Biennial Budget has established a new blueprint for prosperity for all Ohioans, and better positioned Ohio's public health system to be a catalyst for transforming health outcomes in our state.

This report highlights some of the new investments and operational strategies included in the budget that will enable ODH to achieve its goals of: curbing tobacco use; decreasing infant mortality; reducing obesity; and expanding the patient-centered medical home model of care.

Public health was in the forefront this past year on many issues that threatened to impact the health of Ohio's citizens. Public health emergency responders helped keep people safe last summer when severe storms swept across Ohio and knocked out power to nearly one million homes and businesses. Public health led state efforts to protect the public during the H3N2v influenza outbreak associated with swine during the 2012 fair season. Along with federal, state and local officials, ODH staff played a key role in keeping the public informed during the nationwide meningitis outbreak associated with a widely-distributed steroid medication. Each step of the way, through the leadership of the Kasich Administration, ODH was there ensuring the public remained safe.

The value of a strong public health system is quite literally all around us—it's in the air we breathe, the water we drink, the food we eat, and the places where we all live, learn, work and play. It's in the thousands of people whose lives are saved by seat belts, the young people who say 'No!' to tobacco and the children given a healthy start thanks to vaccines. It is no stretch to say that we are all living examples of the public health return on investment.

As we celebrate the start of the new state fiscal year, I am optimistic about the future and public health's role in using new investments on those initiatives that have the greatest impact on transforming health outcomes in our state. These initiatives, however, will only be successful through strong collaboration between stakeholders and ODH.

I look forward to working together and building the strongest public health system in the nation.

Sincerely,

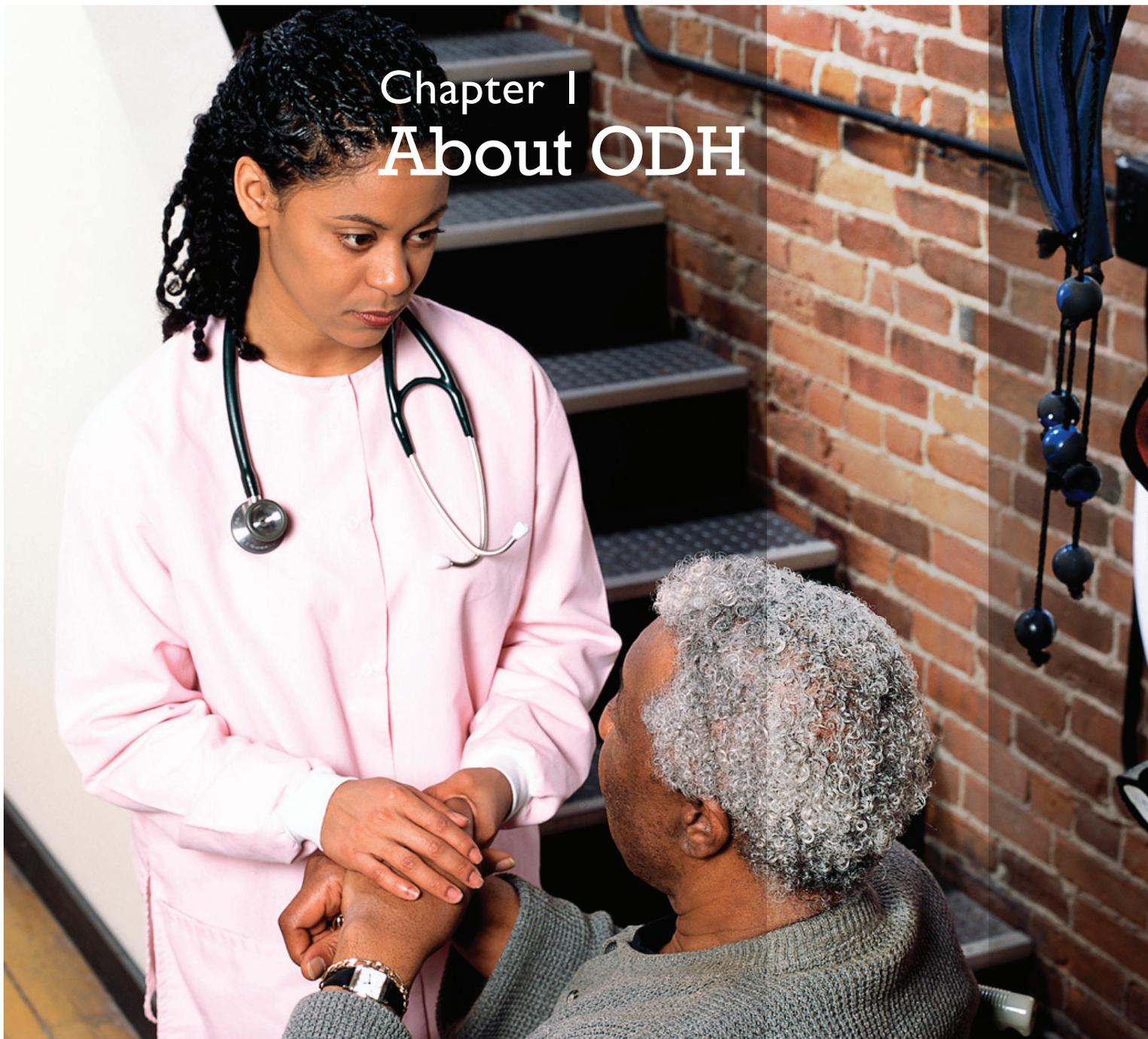
A handwritten signature in blue ink that reads "Theodore E. Wymyslo M.D." with a stylized flourish at the end.

Theodore E. Wymyslo, M.D.  
Ohio Department of Health  
Director



As we celebrate the start of the new state fiscal year, I am optimistic about the future and public health's role in using new investments on those initiatives that have the greatest impact on transforming health outcomes in our state.

# Chapter I About ODH



# Ohio

## MISSION

“To Protect and Improve the Health of All Ohioans by Preventing Disease, Promoting Good Health and Assuring Access to Quality Health Care”

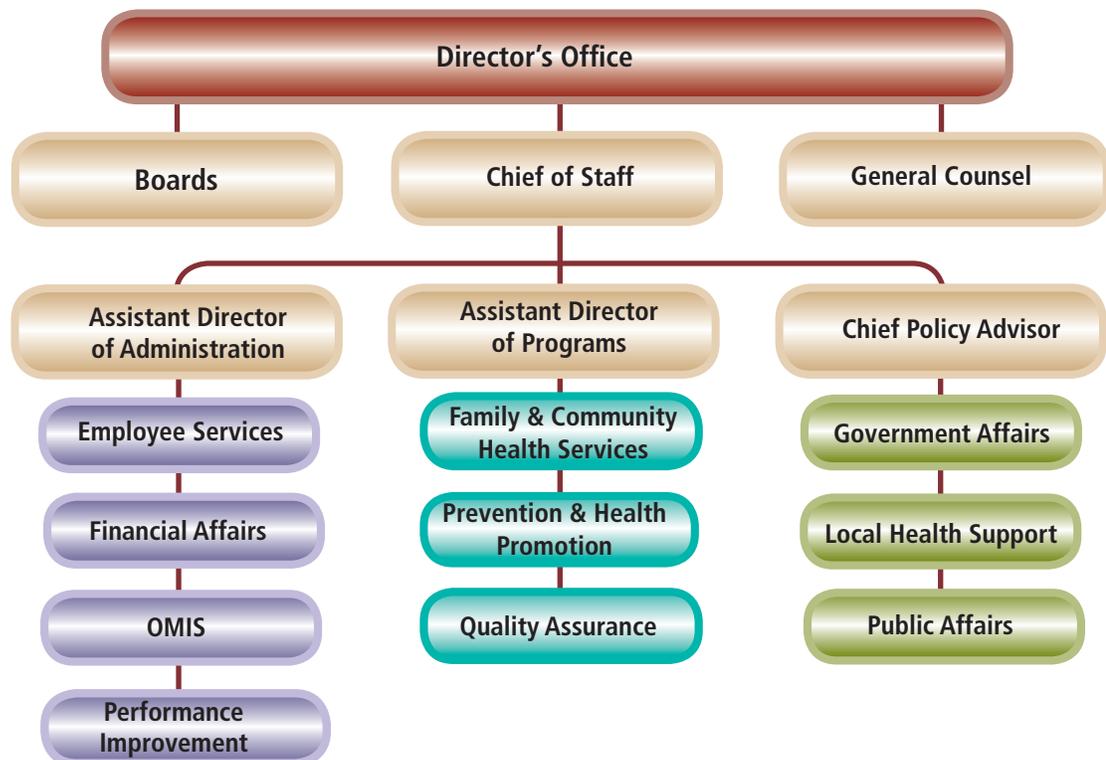
## VISION

“Optimal Health for All Ohioans”

## ABOUT ODH

The Ohio Department of Health (ODH) is a cabinet-level agency that reports to the governor and its director serves as a member of the Governor’s Cabinet. The ODH executive team helps the director of health formulate the agency’s strategic policy goals and objectives. The team is comprised of the Chief of Staff, Assistant Director of Programs, Assistant Director of Administration, Chief Policy Advisor, and General Counsel. These leaders, along with agency senior-level managers and supervisors, work in tandem to ensure the state health department is responsive to the needs of Ohio’s 11.5 million residents.

### The Ohio Department of Health Table of Organization



## ABOUT THE OHIO DEPARTMENT OF HEALTH

ODH is organized into three main divisions—Prevention and Health Promotion, Family and Community Health Services and Quality Assurance—and several functional offices.

### ○ DIVISIONS

**Division of Family and Community Health Services** provides administrative direction, leadership, and coordination of the activities for child and family health services, children with medical handicaps, early intervention services, nutrition services, and community health services.

**Division of Quality Assurance** protects the health and safety of Ohio residents through activities that assure the quality of both public health and health care delivery systems. The Division's primary mission is to ensure the proper licensure and regulation of long-term and non-long-term care facilities as well as employ professionals in the environmental fields such as lead abatement and eliminating radon in homes.

**Division of Prevention and Health Promotion** evaluates health status, prevents and controls injuries and diseases, both chronic and infectious, and promotes good health. Collaborations and partnerships at the federal, state and local levels provide enhanced capacity to meet strategic priorities.

- **Environmental Health** ensures the implementation of environmental health standards established in the Ohio Revised and Administrative Codes.
- **The State Epidemiology Office** collaborates with local, state and federal partners to build epidemiologic capacity for the state and to assist with the translation and reporting of epidemiologic findings and the application of those findings to public health programs and policies in Ohio.
- **Healthy Ohio** is a key component of ODH's healthcare transformation efforts in creating a better quality of life, assuring a more productive workforce and equipping students for learning, while also contributing to more efficient and cost-effective uses of medical services.
- **Public Health Preparedness** operates with a primary mission of coordinating the emergency preparedness and response activities of ODH. Responsibilities include preparedness for both man-made and natural disasters.

## ABOUT THE OHIO DEPARTMENT OF HEALTH

### ○ OFFICES

**General Counsel** assists the director of ODH in defining agency goals and objectives by overseeing and coordinating all ODH legal activities. Its primary responsibilities include negotiating, developing and advocating the legal and legislative positions of the department.

**Management Information Systems** administers the computer-based management systems across the ODH enterprise. The office is responsible for maintaining ODH computer networks and servers and for the development and implementation of strategies that support the current and future technology needs of the agency.

**Employee Services** oversees the management of ODH's human resource needs through the daily operations of:

- Human Resources
- Labor Relations
- Workforce Development
- Equal Employment Opportunity Program

**Financial Affairs** assists in the establishment of ODH's long and short-range fiscal goals and objectives. The office provides the agency with the overall fiscal administration support through its various unit operations including accounting, purchasing, budgeting and grants administration. The office oversees the agency's biennial budget process, provides technical assistance to agency decision-makers and provides daily monitoring and analysis of agency spending trends.

**Performance Improvement** helps define agency goals and objectives relative to strategic planning and performance improvement. The office coordinates the development of performance measures for local health departments and for programs within ODH.

**Government Affairs** directs and coordinates legislative affairs for ODH and develops policies and procedures to promote the department's legislative agenda. The office is the primary liaison for the agency in working with the Ohio legislature and with all federal, state and local elected officials.

**Public Affairs** is responsible for the development of all ODH internal and external communication strategies. Its primary functions include media relations, public relations and marketing. The office leverages mass and social media channels to ensure the general public has immediate access to critical public health information.

**Public Health Support** works closely with local health departments (LHDs) to carry out our joint mission of public health in Ohio. The office serves as the agency liaison to LHDs, administers public health improvement standards, drafts recommendations regarding approval of LHD contracts, serves on statewide committees, workgroups and task forces and provides technical assistance to LHDs.



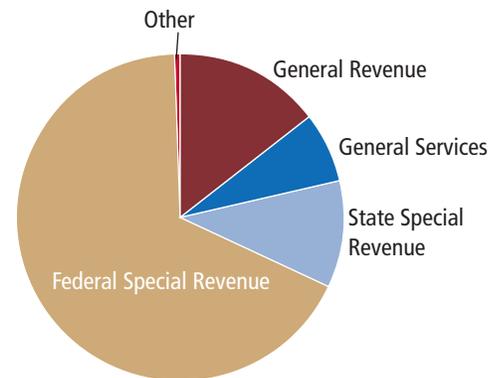
Chapter 2:  
**Financial Management**

**Ohio**

## ODH'S SFY 2013 EXPENSE SUMMARY

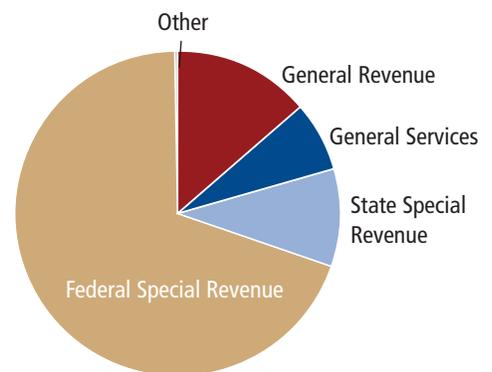
### SFY 2013 Revenue by Fund Group

	Amount	Percentage
General Revenue	\$85,720,926	14.18%
General Services	\$40,947,922	6.78%
State Special Revenue	\$64,690,294	10.70%
Federal Special Revenue	\$412,768,469	68.30%
Other*	\$198,358	0.03%
Total**	\$604,325,969	100.00%



### SFY 2013 Expenditures by Fund Group

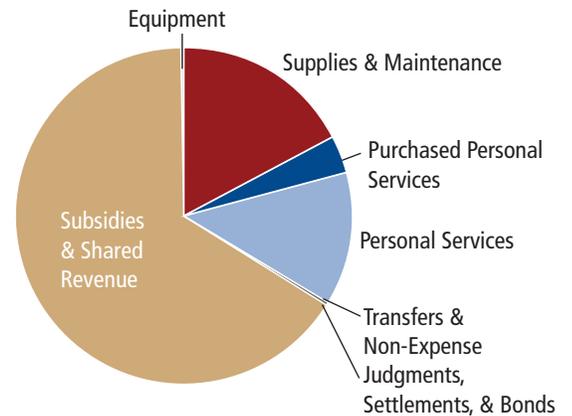
	Amount	Percentage
General Revenue	\$81,477,570	13.79%
General Services	\$40,973,223	6.94%
State Special Revenue	\$57,845,557	9.79%
Federal Special Revenue	\$409,616,604	69.34%
Other*	\$835,522	0.14%
Total	\$590,748,476	100.00%



# SFY13 FINANCIAL MANAGEMENT

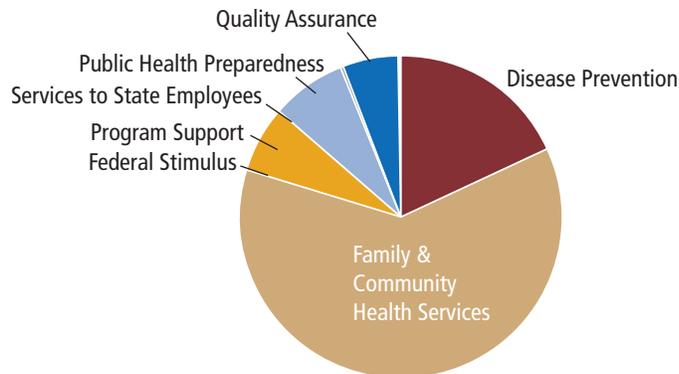
## SFY 2013 Expenditures by Category

	Amount	Percentage
Personal Services	\$102,888,195	17.42%
Purchased Personal Services	\$21,349,324	3.61%
Supplies & Maintenance	\$74,982,134	12.69%
Equipment	\$2,169,785	0.37%
Subsidies & Shared Revenue	\$389,035,661	65.85%
Judgments, Settlements, & Bonds	\$115,990	0.02%
Transfers & Non-Expense	\$207,387	0.04%
Total	\$590,748,476	100.00%



## SFY 2013 Expenditures by Program Series

	Amount	Percentage
4650A - Disease Prevention	\$107,058,183	18.12%
4700A - Family & Community Health Services	\$364,973,463	61.78%
4750A - Quality Assurance	\$39,129,262	6.62%
4800A - Public Health Preparedness	\$44,495,221	7.53%
4850A - Services to State Employees	\$879,268	0.15%
4875A - Program Support	\$33,527,263	5.68%
4876A - Federal Stimulus	\$685,817	0.12%
Total	\$590,748,476	100.00%



\*Other includes Tobacco Master Settlement Agreement, Holding Account Redistribution, and State Highway Safety Fund Groups.

\*\*Based on actual revenue received

### SFY13 FINANCIAL MANAGEMENT ACCOMPLISHMENTS

#### ○ **INCREASED EFFICIENCIES**

Streamlined the quarterly Federal 272 reconciliation and reporting process for grants resulting in increased accuracy and timeliness of report submission to federal funders.

#### ○ **LEVERAGED REVENUE SOURCES**

Increased the number of agencies participating in Medicaid Administrative Claiming (MAC) from 66 in SFY 2012 to 71 in SFY 2013. The unit also increased Time Study participants from 1,575 in SFY 2012 to 1,760 in SFY 2013. The MAC reimbursement amount will increase from \$7,470,047 in SFY 2012 to a projected amount just under \$9,000,000 in SFY 2013.

#### ○ **SHARED SERVICES**

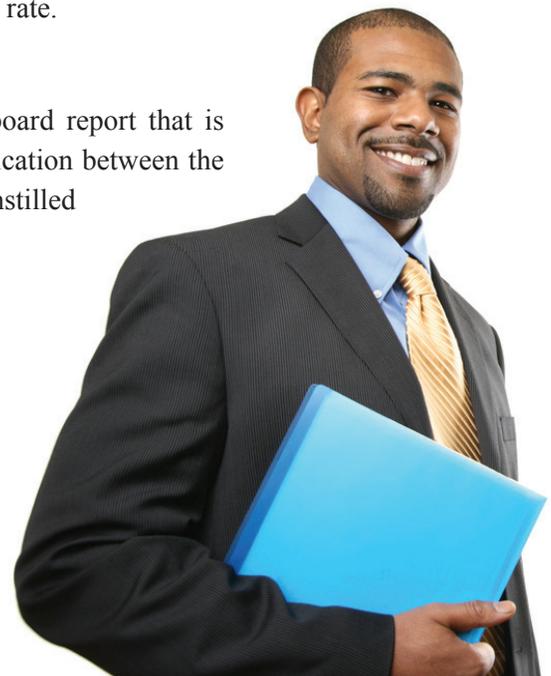
Established collaborative partnerships with the Ohio Department of Job and Family Services and the Ohio Department of Public Safety to create a single invoice billing system that captures revenue due to each agency as a result of local registrar sales of birth and death certificates. This collaboration streamlines the payment process for local registrars and increases the efficiency of revenue monitoring.

#### ○ **BUDGET PRIORITIZATION**

Completed ODH's SFY14-15 budget request, which succeeds in reprioritizing ODH's GRF funding to support new efforts such as promotion of tobacco cessation and efforts to reduce the state's infant mortality rate.

#### ○ **TRANSPARENCY**

Implemented an operational and process metrics dashboard report that is shared with customers. It resulted in increased communication between the ODH Office of Financial Affairs and program staff and instilled transparency in fiscal operations.



Chapter 3:  
**Highlighted  
Accomplishments**



**Ohio**

## ODH EARNS NATIONAL RECOGNITION FROM CDC FOR RESPONSE TO HEAT EMERGENCY

On June 29, 2012, severe storms and high winds swept across the Midwest knocking out power to approximately one million homes and business across two-thirds of the state of Ohio. The storms were immediately followed by an extreme heat wave, putting the health and safety of the public at substantial risk.

Ohio's response to this public health emergency was recently credited for saving lives in a report published by the Centers for Disease Control and Prevention (CDC). In *Heat-Related Deaths After an Extreme Heat Event — Four States, 2012, and United States, 1999–2009*, the CDC looked at Maryland, Ohio, Virginia, and West Virginia and noted that the number of fatalities was less than there had been in similar events during other years. The article went on to say that lives might have been saved because “public health and emergency management officials in Maryland, Ohio, Virginia, and West Virginia rapidly initiated preplanned heat response activities.”

### ○ **Summer 2012 Influenza A (H3N2v) Outbreak Response**

In conjunction with its federal, state and local partners, the Ohio Department of Health led statewide efforts to protect the health of Ohioans during the summer's influenza A (H3N2v) virus outbreak associated with infected swine contact at the state and county fairs. ODH's emergency response efforts of utilizing its laboratory services and disease surveillance systems, coordinating multi-agency activities, facilitating the information needs of its response partners and the media, and keeping the public informed were key to minimizing the public health impact of the virus. In addition, the Kasich Administration, the Ohio Department of Agriculture, local health districts, fair boards, swine exhibitors and medical professionals all were integrally important to ensuring Ohioans remained safe during Ohio's popular fair going season.



## HIGHLIGHTED ACCOMPLISHMENTS

### Leading Efforts to Reduce Infant Mortality

ODH is leading a collaborative effort to reduce infant mortality in Ohio. In late November 2012, the department convened Ohio's first statewide summit on infant mortality, drawing nearly 1,000 advocates to develop and refine strategies to make measurable improvements in the rate of pre-term births and infant deaths. ODH was also recognized in 2012 with the *Vision Award* from the Association of State and Territorial Health Officials for a "39-week" project it led in conjunction with the Ohio Perinatal Quality Collaborative. As a result of the project, from September 2008 – March 2013, 31,000 babies that would have been delivered at 36-38 weeks were delayed to 39 weeks, requiring 950 fewer neonatal intensive care unit admissions and saving \$19 million in health care associated costs. The state also invested significant resources in reducing the incidence of low-weight babies.

### Patient-Centered Medical Homes (PCMH) Expanding Rapidly

The number of PCMH recognized and accredited sites in Ohio is increasing quickly. In PCMH, patient care is coordinated using state-of-the-art tools such as registries, information technology, health information exchanges and other means to assure that individuals get appropriate care when and where they need it. In June of 2012, Ohio had 153 NCQA (National Committee for Quality Assurance)-recognized PCMH sites and four AAAHC (Accreditation Association for Ambulatory Health Care)-accredited sites, for a total of 157 Ohio sites. In June of 2013, these numbers had increased to 277 NCQA-recognized sites, five AAAHC-accredited sites, and 11 Joint Commission-accredited sites, for a total of 293 Ohio sites. Additionally, 48 sites are participating in the Ohio PCMH Education Pilot Project, 61 Ohio sites are participating in the Comprehensive Primary Care initiative (CPCi) in the Cincinnati-Dayton region, and behavioral health sites in five counties are participating in Phase I of the Medicaid Health Homes program. Expansion of the PCMH model of care in Ohio is one of ODH's four strategic priorities.



## HIGHLIGHTED ACCOMPLISHMENTS

### ○ **Oral Health Interventions in Underserved Communities**

The ODH Oral Health Program released the report, *Hills and Valleys: The Challenge of Improving Oral Health in Appalachian Ohio*. This report on oral health and the barriers to getting dental care in Appalachian Ohio, was presented at the 2012 Ohio Rural Health Conference. The report highlights examples of innovative programs in Appalachian Ohio that are improving oral health and access to dental care and includes recommendations for addressing the unique oral health challenges in the Appalachian region. As a result of this report, ODH is convening the Director's Task Force on Oral Health and Access to Dental Care in late 2013. This state level group will review data on access to dental care in Ohio, including local stakeholder input to be collected via several regional meetings. This data coupled with local input will be used to develop a state level plan for improving access to dental care in Ohio. The 2009 Oral Health Strategic and Implementation Plans are available on the ODH Webpage.

### ○ **Public Health Workers Trained to Identify Human Trafficking Activity**

Human trafficking is one of the fastest growing criminal industries in the world. Annually, the money generated through human trafficking is estimated to be more than \$35 billion. Victims of human trafficking include children and adults exploited in an industry that has largely been hidden in the shadows. Ohio has ranked as high as fifth among all 50 states in total reported human trafficking cases, with Toledo being ranked the fourth highest city in the nation for recruiting victims into the illegal trade.

Following the recommendations of Gov. Kasich's Task Force on Human Trafficking, ODH's Division of Family and Community Health Services (Division Office) and the Bureau of Healthy Ohio/ Sexual Assault and Domestic Violence Prevention Program developed a *Human Trafficking Protocol Template*, trainings and resources in order to ensure that Ohio's public health professionals are prepared to respond appropriately when they encounter victims of human trafficking in their work. ODH developed role-specific protocols and training for health surveyors and school nurses, and has provided training to over 190 health surveyors and over 100 school nurses.



<http://trafficking-monitor.blogspot.com>



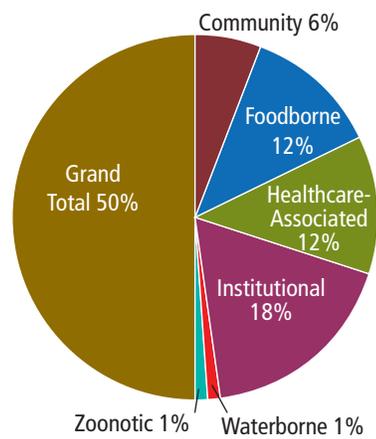
Chapter 4

# Protecting the Public from Disease

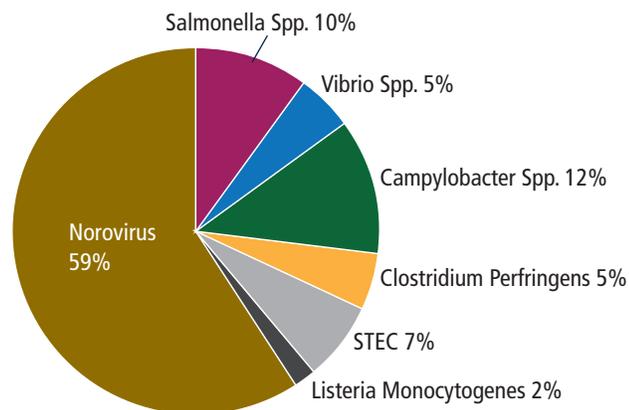
**Ohio**

Public health staff in the Bureau of Infectious Diseases work each day to develop, conduct, and maintain a statewide program of surveillance, prevention and control of foodborne, waterborne, health-care associated infection (HAI), and emerging infectious disease outbreaks, and incidents of bioterrorism. In coordination with local health departments, the bureau investigated 366 outbreaks from January — December of 2012 (*note: outbreak data is kept by calendar year*).

### 2012 Outbreaks by Outbreak Type



### 2012 Confirmed Outbreaks by Etiology



*Data is for the calendar year January 2012 – December 2012. Note: STEC = Shiga toxin-producing Escherichia coli*

Chapter 5

# 2013 Public Health Activities at a Glance



**Ohio**



## HEALTHY CHILDREN AND YOUTH

### ○ **Ohio's Help Me Grow Home Visiting Program**

Successfully transitioned to a fee-for-service program in 2012-2013. There are currently 74 approved agencies providing evidence-based home visiting services in all 88 counties and the number of families and children being served consistently increases over time. The first Help Me Grow Home Visiting Program Report was published with results showing there are four key areas that are important early determinants of a child's health and in which Help Me Grow Home Visiting participants enrolled and who were served starting during their first trimester of pregnancy fair better than the state as a whole. These include: fewer preterm births, fewer low birth weight babies, more smoking cessation among pregnant women, and more breastfed babies.

### ○ **The School Nursing Program**

Launched a new training program targeting public health nurses working in the school setting. Since January, the program has conducted a monthly one hour live webcast on a topic of interest to those nurses. The webcast is later archived for independent study through Ohio's public health integrated training network, Ohio TRAIN. The response to this new training opportunity has been very favorable and plans to offer more webcasts and other opportunities for public health nurses working in the school setting to earn nursing continuing education contact hours will be added over the next fiscal year.

### ○ **The School and Adolescent Health Section**

Provided facilitation support in the creation of the Ohio Adolescent Health Partnership (OAHP), a diverse group of agencies, organizations and individuals with expertise in adolescent health and wellness, with the common goal of supporting optimal health and development for all adolescents. OAHP's vision is all Ohio adolescents are empowered and able to live safe, healthy productive lives as they transition into and reach adulthood.

### ○ **The Ohio PREP (Personal Responsibility Education Program)**

Reached the milestone of 500 trained staff in foster care and juvenile justice settings. These staff members have been trained in the Ohio PREP curriculum which includes information from 14 to 19 year old at risk youth in those settings regarding career planning, healthy relationships, financial literacy and pregnancy and STI prevention. Training the staff in these youth serving agencies will enhance sustainability of the educational program. More than 1,600 youth received the training in the program's first year in the field.

### ASSURING HIGH QUALITY SERVICES FOR THOSE IN NEED OF LONG-TERM CARE

The Division of Quality Assurance (DQA) ensures the quality of care and quality of life of the residents of nursing homes and nursing facilities by conducting on-site surveys for compliance with state and federal rules and regulations in nursing facilities. Each nursing facility in Ohio receives at least one unannounced survey during a nine to 15-month cycle. During these surveys, all aspects of care and services are evaluated based on state and federal laws and rules. The Division also investigates complaints related to residents' rights, quality of care, quality of life, staffing, abuse, dietary and environmental concerns.

When nursing facilities do not comply with rules and regulations, an enforcement action is initiated. Enforcement may include civil money penalties, denial of payment for new Medicare and/or Medicaid eligible admissions, and license revocations. During SFY 13 there were 2,671 nursing facility surveys conducted.

#### DQA Licenses

Nursing Homes	944
Residential Care Centers (Assisted Living)	611
Maternity Units	116
Maternity Homes	2
Ambulatory Surgical Facilities	268
Freestanding Dialysis Centers	268
Freestanding Inpatient Rehabilitation Centers	2
Freestanding Birthing Center	1
Hospice Programs	141

#### SFY 2013 Surveys Conducted

Nursing Facilities	2,671
Home Health	357
Hospitals	94
Ambulatory Surgical Facilities	106
Hospice	30
<b>Total</b>	<b>3,258</b>

*(Note: Survey types include standard, complaint and combined)*

### INCREASED COLLABORATION

#### ○ **ODH has been working in partnership with the Ohio Department of Developmental Disabilities (DODD)**

To develop a better Early Intervention (EI) system in Ohio for children with disabilities. The Governor's Office of Health Transformation assisted DODD and ODH in the development of a project plan. Leveraging the expertise from both agencies, stakeholders have been engaged to implement a coordinated system which provides supports and services to children and their families from birth to age three. Staff at ODH and DODD now collectively provide the programmatic and consultative support EI service providers need to serve families to the best of their abilities.

#### ○ **The ODH Bureau for Children with Medical Handicaps (BCMh)**

Merged during SFY 13 with the Bureau of Early Intervention Services to become the newly formed Bureau for Children with Developmental and Special Health Needs (BCDSHN). The BCDSHN was created to promote optimal integration of systems serving children with a broad range of special needs and to expand the reach of and coordination between programs impacting this diverse population. The merge has leveraged the expertise of early childhood professionals, public health nurses, and Children and Youth with Special Health Care Needs Medical Director/Physician Administrator to provide innovative, high quality improvements to access and delivery of services at the state, regional and local level. The improvements promote health as well as social, emotional and developmental well-being.

The BCDSHN includes the Children with Medical Handicaps (BCMh) program; Ohio Connections for Children with Special Health Needs which is Ohio's birth defects information system, Genetics Centers, Metabolic Formula program, Community Dietician program, Infant Hearing and Sickle Cell Programs; Help Me Grow Part C Early Intervention and Help Me Grow Home Visiting program for pregnant and parenting low income mothers.



### MANAGING OHIO'S VITAL RECORDS

The ODH Office of Vital Statistics (VS) operates a statewide system for the registration of births, deaths, fetal deaths, and other vital events that happen within the state. The information that is collected is electronically exchanged with many entities in order to assess population health, evaluate programs and services provided by ODH, local health departments and other health providers. The Office of Vital Statistics also transmits data recorded to other state agencies and federal partners so events can be verified electronically, making paper copies obsolete.

In SFY 13, VS expanded its website ordering options, now helping customers purchase paternity affidavits and death certificates online with a credit card. The lobby continues to serve walk-in customers within 15 minutes, serving 20,000 visitors in the front office. Including postal mail and online applicants, more than 97,000 certified copies were issued.

Customer Service staff handled 50,124 calls from the general public regarding how to obtain certified copies, how to amend records, paternity establishment, etc. Their referral partnership with local health departments was also strengthened, helping customers obtain the vital records they need as quickly as possible through local agencies. City and county vital statistic offices issued more than 256,000 certified copies, primarily from the statewide birth database.

Registered in the State of Ohio were 145,496 births, 112,763 deaths, and 931 fetal death certificates in 2012. HelpDesk staff handled 15,865 business partner calls regarding the creation of Ohio vital records from coroners, funeral directors, birth facility clerks and local health staff.

Special Registration staff processed 13,891 paternity documents and 4,235 adoptions. Clerks also logged changes, attached 14,724 affidavits to the original birth/ corrected 891 birth records by order of a court.



**145,496  
Registered  
Ohio Births**

Chapter 6:

# ODH'S 2014-15 Budget Highlights (House Bill 59 - As Enacted)



**Alone.**

Always put me in my  
crib alone.



**Back.**

Always put me on my  
back to sleep.



**Crib.**

Only thing on my firm  
mattress is a fitted sheet.

# Ohio

## ODH'S 2014-15 BUDGET HIGHLIGHTS (HOUSE BILL 59 - AS ENACTED)

Over the course of SFY 13, ODH staff worked diligently with the Kasich Administration, the Office of Health Transformation and the Ohio General Assembly to develop a SFY 14-15 state budget that placed increased emphasis on prevention and wellness programs, and funded important public health priorities such as tobacco cessation and infant health.

### **Focusing on Prevention and Improving Care for Children, Adults and the Elderly**

- Funds approximately \$3.1 million per year to address initiatives that address the largest contributing factors to infant mortality: promoting safe sleep practices for infants, smoking cessation for pregnant women, and increased use of progesterone for pregnant women.
- Provides \$1.5 million per year to support use of the Ohio Tobacco Quit Line. Combined with federal funding, these dollars will allow ODH to extend services up to 8,000 individuals per year.
- Establishes a Patient Centered Medical Home Program housed at ODH to assist expansion of patient-centered medical homes across Ohio.

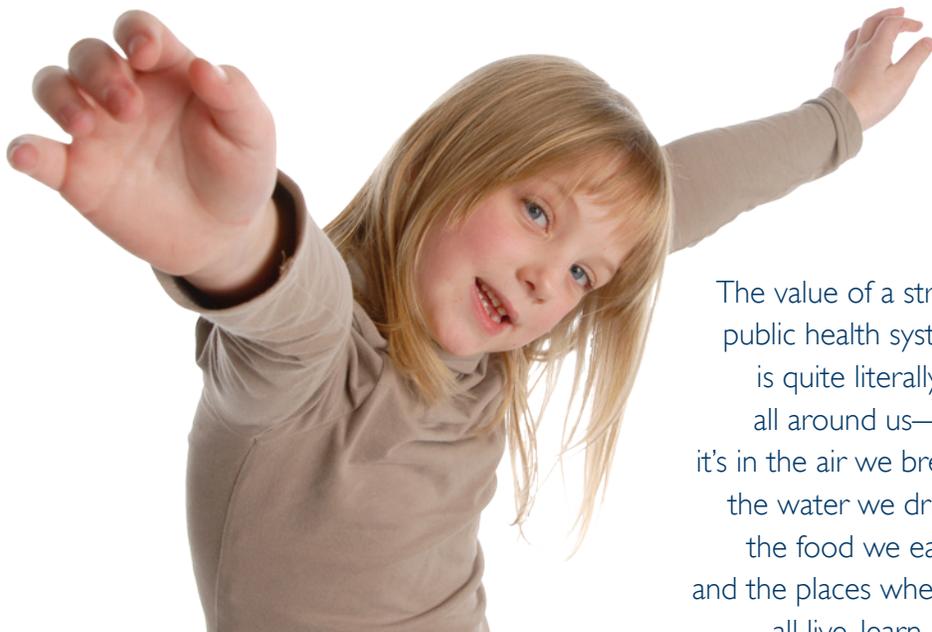
CALL IT QUILTS.  
**1-800-QUIT-NOW**  
1-800-784-8669

### **Public Health Futures and Other Local Health Department Changes**

- Requires general and city health districts to apply for accreditation by July 1, 2018, and be accredited by July 1, 2020.
- Requires board of health members to complete two hours of continuing education annually and specifies that it must pertain to ethics, public health principles, and a member's responsibilities. Specifies that credits earned for the purpose of license renewal or certification by licensed health professionals serving on a board of health may be counted toward the requirement.
- Requires ODH to establish by July 1, 2014 a standardized process by which all health districts must collect and report information about public health quality indicators.

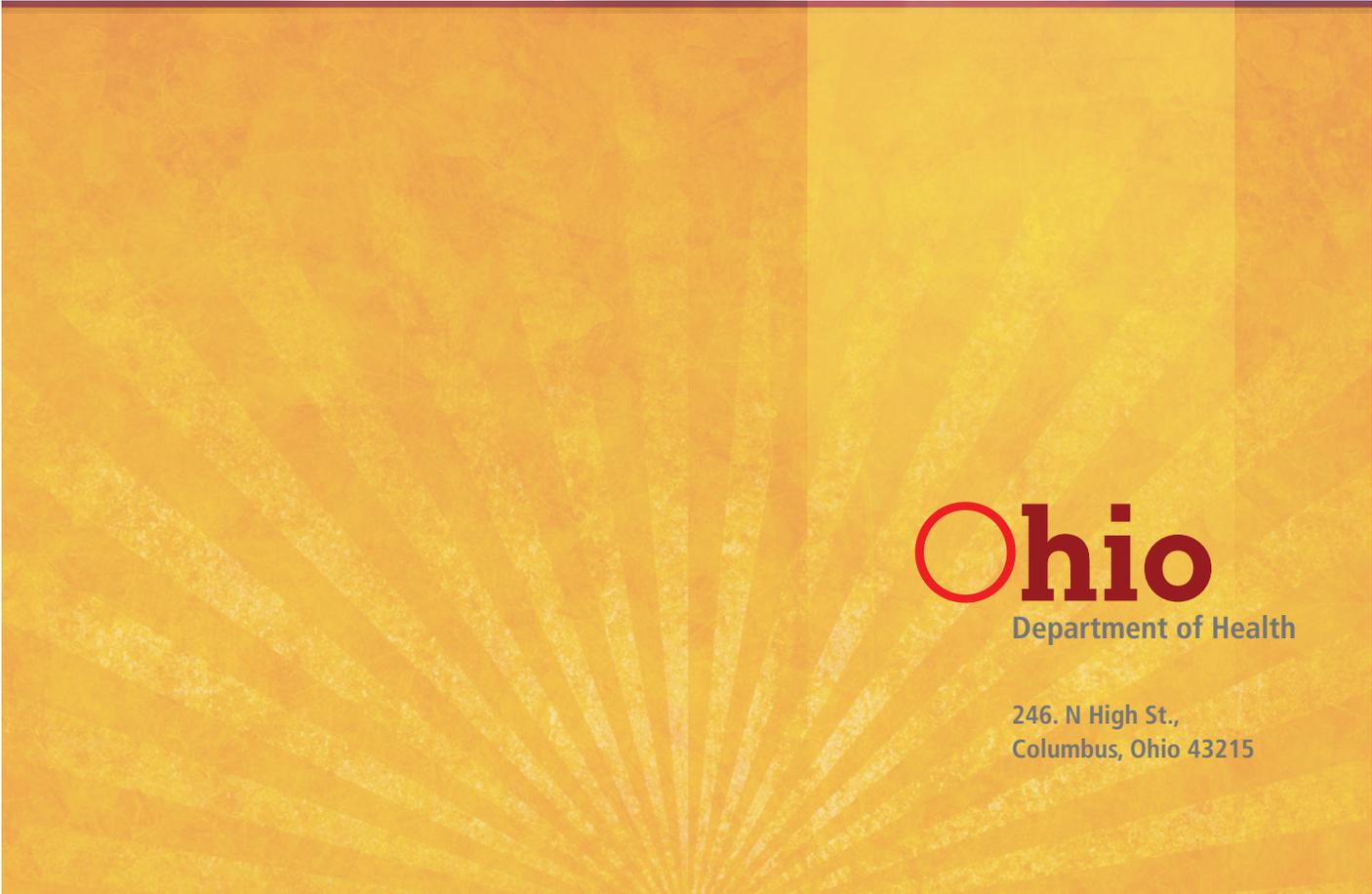
**○ Creating Efficiencies and Reducing Bureaucracy:**

- Relocates of the Board of Examiners of Nursing Home Administrators (BENHA) and the Technical Assistance Program (TAP) to the Department of Aging to better align regulatory and programmatic incentives and expectations for quality.
- Transfers the Employee Assistance Program (EAP) to the Department of Administrative Services to enhance the program's ability to provide counseling and referral services to all state employees from a state agency which serves all state employees.
- Requires ODH to process and review WIC vendor applications within 45 days, but specifies that the vendor must submit a complete application, pass the required site visit, and complete the required in-person training within 45 days



The value of a strong public health system is quite literally all around us— it's in the air we breathe, the water we drink, the food we eat, and the places where we all live, learn, work and play.





**Ohio**

Department of Health

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