

Aligning Public Health

To Help Improve Health Outcomes



State Fiscal Year 2016
Annual Report

Aligning Public Health

To Help Improve Health Outcomes

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Message from the Director

Dear Ohio Citizens,

I am pleased to submit to you the Ohio Department of Health's (ODH) Annual Report for State Fiscal Year 2016 covering July 1, 2015 to June 30, 2016. This report highlights how we are working with others to position public health to help improve health outcomes, and the agency's key initiatives during the past year to protect and improve the health of all Ohioans.



I am immensely proud to report that ODH received national accreditation by the Public Health Accreditation Board (PHAB) in November 2015 when we were among only 11 state health departments and the District of Columbia to achieve such accreditation. In addition to ODH, 12 local health districts in Ohio are now PHAB-accredited—the most of any state. PHAB is a non-profit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of the nation's public health departments.

Accreditation demonstrates that a public health agency meets or exceeds a common set of national standards; has the capacity to provide core public health services; and is continually striving to improve service, value, and accountability to stakeholders, including the residents it serves. Accreditation also demonstrates that local health districts have the foundational capabilities to help improve population health and health outcomes in Ohio (see page 8).

Every Ohioan deserves to receive quality, core public health services from an agency that meets national standards.

The Ohio General Assembly's 2012 Legislative Committee on Public Health Futures report recommended that all local health districts shall meet PHAB eligibility within five years. Recognizing the benefits of PHAB accreditation, the state legislature in 2013 authorized the Director of Health to require all local health districts to apply for accreditation by 2018 and to become accredited by 2020.

By meeting or exceeding the PHAB accreditation standards, local health districts can demonstrate that they are capable of meeting all of their community's public health needs.

Also during the past year, ODH developed a new strategic plan (see page 9), and began the process of conducting a new state health assessment in order to help identify and address population health priorities and improve health outcomes (see page 11).

In addition, ODH, local health districts and other state and local partners pursued key initiatives to protect and improve the health of Ohioans. These initiatives included ensuring Ohio's preparedness for Zika virus (see page 13); expanding on Ohio's aggressive and comprehensive approach to combatting opiate abuse and overdoses (see page 15); and implementing new initiatives to reduce infant mortality and save babies' lives (see page 19).

ODH looks forward to building upon all of the efforts outlined above in collaboration with others to strive for optimal health for all Ohioans.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Hodges".

Richard Hodges, MPA
Director of Health

About the Ohio Department of Health

Public health in Ohio has undergone many changes since 1886 when the State Board of Health was established to help coordinate the fight against tuberculosis. In 1917, the Ohio Department of Health (ODH) was created by the Ohio General Assembly to control the spread of all infectious diseases. Today, ODH is a cabinet-level agency, and its director reports to the governor. ODH fulfills its mission through collaborative relationships, including those with Ohio's 118 local health departments.

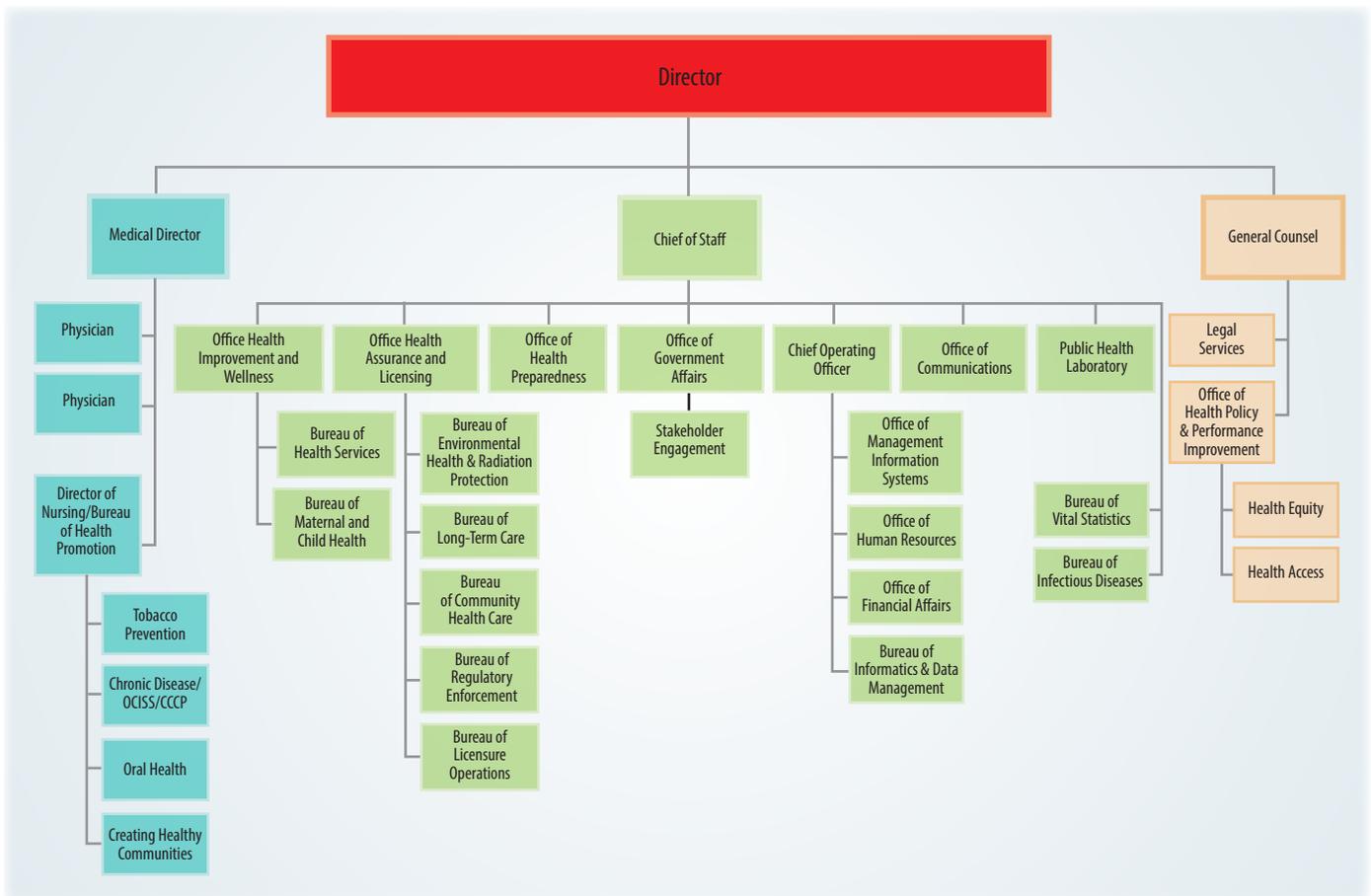
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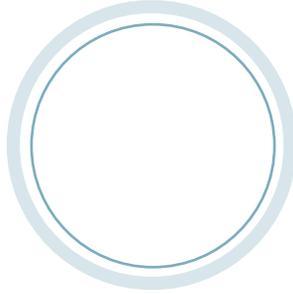
"To protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality healthcare."

VISION

"Optimal health for all Ohioans"

Organizational Structure





ODH Core Public Health Responsibilities and Values

ODH Pillars of Public Health

Infectious Diseases – Prevent and control the spread of infectious diseases.

Preparedness – Provide direction, support and coordination in preventing, preparing for and responding to events that threaten the public's health.

Health Improvement & Wellness – Build healthy communities to enable Ohioans of all ages and abilities to live disease and injury-free.

Health Equity & Access – Value everyone equally, address health inequalities and disparities, and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes.

Environmental Health – Assess and monitor environmental factors that potentially impact public health including air, water, soil, food and physical and social features of our surroundings.

Regulatory Compliance – Assure quality in healthcare facilities, healthcare services, and environmental health through smart regulation to protect the health and safety of Ohioans.

ODH Values (I CARE)

Integrity – We embrace high ethical and professional standards.

Collaboration – We build strong collaborative relationships that increase innovation.

Accountability – We take responsibility as stewards for our actions and results.

Respect – We treat others with respect and value equity, diversity and inclusion.

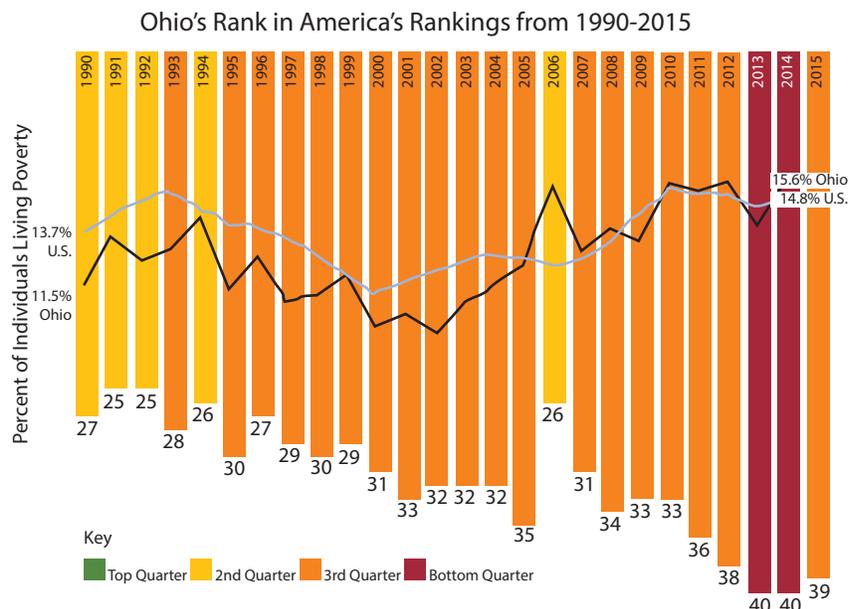
Excellence – We strive for excellence through empirical, data-driven, evidence-based decision-making.

Aligning Public Health in Ohio with Improving Health Outcomes

Ohio’s performance on population health outcomes has steadily declined relative to other states, and there are significant disparities in many health outcomes by race, income and geography. In order to improve health outcomes and address disparities in care, Ohio must align its capacity to improve population health – including a role for public health.

That is the message which Governor’s Office of Health Transformation Director Greg Moody and ODH Director Rick Hodges shared with the audience at the annual Ohio Public Health Combined Conference in May 2016. The annual conference is hosted by a group of public health associations, organizations and universities.

Aligning Ohio's Capacity to Improve Population Health



Source of poverty rate: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements, Historical Poverty Tables — People.

In his presentation “Better Planning for Better Health,” Director Moody noted that aligning Ohio’s capacity to improve population health includes aligning public health and health coverage strategies, improving state-level health improvement planning, aligning population health priorities, and incorporating population health priorities into primary care.

“Public health strategies alone are not sufficient to improve health outcomes,” Director Moody said. “We must align public health and health coverage strategies so that both are working closely together to achieve the same population health goals.”

He noted that this approach is already being used to reduce infant mortality. ODH vital statistics data is being used to identify at-risk neighborhoods for poor birth outcomes, resources are being surged into areas of greatest need, and Medicaid managed care plans are required to implement enhanced care management for every woman in those neighborhoods.

Director Moody also noted that several state agencies jointly contracted with the Health Policy Institute of Ohio (HPIO) in September 2015 to develop recommendations for improving population health planning statewide. HPIO issued its recommendations and is working with the state agencies to implement them.

New ODH Strategic Plan

The healthcare environment is changing nationally and in Ohio as a result of the federal Affordable Care Act, the extension of Medicaid coverage in Ohio and efforts to increase value in healthcare and public health spending.

“We are positioning ODH strategically in the midst of this change to continue fulfilling the agency’s mission, and to help support population health management and improve health outcomes,” explained ODH Director Rick Hodges. “During the past year, we developed a new strategic plan which outlines the critical strategic issues we will pursue to move the agency forward in this new environment.”



These strategic issues include aligning ODH’s work with the State Health Improvement Plan and state health initiatives and priorities; ensuring effective decision-making processes to support the agency’s goals; ensuring that programs and staff are aligned behind the agency’s priorities and speak with “one voice” to its partners and stakeholders; developing the agency’s workforce to support ODH’s public health priorities; and ensuring that ODH’s data infrastructure supports data-driven decisions.

For details about the new ODH strategic plan, [click here](#) or go to ODH’s website at odh.ohio.gov.

Aligning Public Health to Improve Health Outcomes

In his presentation, “Aligning Public Health in Ohio with Improving Population Health and Role of PHAB Accreditation,” Director Hodges talked about the foundational capabilities that Ohio’s local health districts must have in order to do their part to help improve population health and health outcomes.

He said that ODH and local health districts should be able to provide core public health services that protect and improve the health of all Ohioans, and they should be able to collaborate with others in community health planning.

“Every Ohioan has a right to receive core public health services from an agency that meets national standards,” Director Hodges said. He explained that examples of core public health services include infectious disease prevention and control, preparedness for public health emergencies, environmental health, and health and wellness promotion.

Director Hodges said that local community health planning involves conducting a community health assessment and using the results to develop a community health improvement plan in collaboration with local partners.

“The state and local health improvement plans should be linked, with both addressing statewide health priorities like reducing infant mortality,” he said.

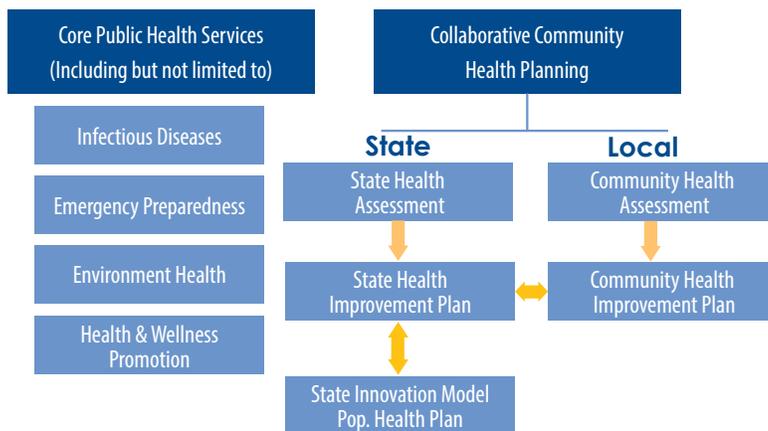
He also talked about the importance of national accreditation of Ohio’s local health districts by the Public Health Accreditation Board (PHAB) in validating that they are prepared to play their role in improving health outcomes.

“PHAB accreditation validates that local health districts have the capacity to provide core public health services,” Director Hodges said. “It also validates that local health districts meet or exceed a common set of national standards which require performing functions that are essential to addressing and improving population health.”

In 2013, the Ohio General Assembly passed a law granting the state’s director of health the authority to require local health districts to apply for accreditation by July 1, 2018, and to become accredited by July 1, 2020, as a pre-condition to receive funding from the ODH.

“I am proud to be part of the public health system in Ohio as we work together to protect and improve the health of our residents at the local level and statewide,” Director Hodges said. “I am both excited and challenged by the opportunity for public health to do its part in improving population health and health outcomes in our state.”

Foundational capabilities public health must have to play its role in improving population health in Ohio



Setting and Addressing Population Health Priorities

During the past year, ODH began working with the Health Policy Institute of Ohio (HPIO) on a process to conduct a new State Health Assessment and develop a new State Health Improvement Plan in order to help identify and address population health priorities and improve health outcomes.

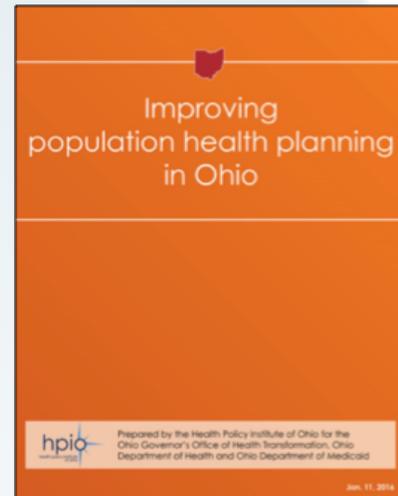
“A State Health Assessment is a comprehensive and actionable picture of health and wellbeing in Ohio,” said ODH Director Rick Hodges. “A State Health Improvement Plan is an action plan to improve health and control healthcare costs.”

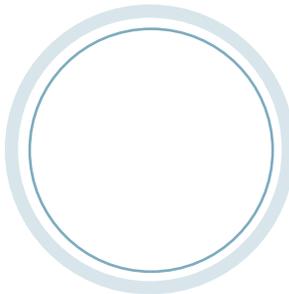
HPIO convened a Population Health Planning Advisory Group that included 42 participants representing stakeholders from local health departments, hospitals, healthcare and behavioral health providers, purchasers of healthcare services, and consumer advocates among others. Based on the work of the advisory group, HPIO issued two reports — one with recommendations for improving Ohio’s population health planning infrastructure, and the other one with recommendations for improving the State Health Assessment and the State Health Improvement Plan.

From March to July 2016, HPIO coordinated the completion of the State Health Assessment, looking at issues which impact health in the categories of social and economic environment (e.g., employment, poverty, income and education); physical environment (e.g., housing, transportation, air, water and toxic substances); health conditions (e.g., obesity, chronic diseases, drug and alcohol abuse, and mental health); health behaviors, violence and injury (e.g., physical activity, tobacco use, nutrition, violence and injury); and access to healthcare and public health services (e.g., medical and behavioral healthcare services, dental care and community services, and healthcare system performance). From July to November, HPIO is coordinating the process of identifying population health priorities and the development of the State Health Improvement Plan to address them.

“We want local health departments, hospitals and other local partners to work together to conduct local Community Health Assessments and Community Health Improvement Plans that link to the State Health Improvement Plan,” Director Hodges said. “Working together at the state and local levels, we can improve the health of Ohioans by implementing evidence-based activities on the scale needed to measurably improve health outcomes and improve health equity.”

More information about these efforts is available on HPIO’s [population health webpage](#) and [State Health Assessment and State Health Improvement Plan webpage](#) on its website at healthpolicyohio.org.





**Key Public Health Initiatives
& Accomplishments**
During State Fiscal Year 2016

Zika Virus Preparedness

Zika virus, a disease primarily spread by certain species of mosquitoes, was found for the first time in the Western Hemisphere in northeastern Brazil in May 2015. The virus has since spread through much of the Caribbean, Central America and South America.

There is no indication that the Zika virus can spread from person to person through casual contact. It can be spread through sexual transmission.

Most people infected with Zika virus do not have any symptoms. Of those who do, symptoms are usually mild and include fever, rash, joint pain or conjunctivitis (red eyes). Other symptoms can include muscle pain and headache. Severe illness requiring hospitalization is uncommon. Despite these relatively mild symptoms, health officials have determined that there is an association between Zika virus infections in pregnant women and certain birth defects.

In January 2016, the federal Centers for Disease Control and Prevention (CDC) issued a national health alert to healthcare providers and state and local health departments about recognizing Zika virus in returning travelers from Zika-affected countries.

ODH immediately mobilized to prepare for potential Zika virus cases in Ohio in returning travelers from Zika-affected countries, and to prepare for mosquito season in Ohio which generally runs from May to October. ODH's efforts have focused on Zika virus education and prevention, testing and mosquito control.

Zika Virus Education and Prevention – ODH educated Ohio's healthcare providers, local health districts and the general public about Zika virus and how to prevent contracting it, primarily by preventing mosquito bites. The agency conducted a tabletop exercise with representatives of state agencies and boards, healthcare provider associations and local health districts to ensure Ohio's preparedness; held webinars for healthcare providers and local health departments; worked with local health districts to place signs in airports targeting travelers



to and from Zika-affected countries; developed a Zika virus webpage on ODH's website with extensive information and resources; ran a social media campaign targeting college-age students as well as families that might travel to Zika-affected countries during spring break; and launched a mosquito bite prevention public awareness campaign.

Zika Virus Testing – The ODH Public Health Laboratory received approval from CDC to conduct Zika virus surveillance testing to identify suspected Zika virus infection in individuals within seven days of symptom onset. Previously, all such testing had to be completed by CDC, requiring a longer timeframe for anxious patients to receive test results. ODH has continued to forward blood specimens to CDC for confirmatory testing.

Mosquito Control – The primary mosquito that transmits Zika virus is found in the tropics and southern U.S., but it is not known to be established in Ohio. A “relative” of the mosquito is found in parts of Ohio and may potentially transmit Zika virus, so ODH held a Zika vector surveillance and control workshop to help local health districts and other partners prepare for the 2016 mosquito season, which usually runs from May to October. During the workshop, representatives from ODH, the Ohio State University, Columbus Public Health, Franklin County Public Health and industry discussed mosquito surveillance and control methods, including adult mosquito control and larval control. ODH surveyed local health districts regarding local mosquito control programs to identify and address gaps. ODH ordered special mosquito traps to enhance mosquito surveillance around the state, and worked with the Ohio Environmental Protection Agency to offer grant funding to local communities to expand their mosquito control capabilities.

Statewide Immunization Campaigns



ODH launched new statewide public awareness campaigns to educate Ohioans about the importance of getting vaccinated against potentially harmful illnesses. The Childhood Immunization Campaign raised awareness among parents about the importance of childhood vaccinations and was featured online as well as on television, on the radio and in malls and movie theaters. ODH's annual Flu Vaccination Campaign, which included digital ads on several websites, featured ODH Medical Director Dr. Mary DiOrio in new radio spots that explained that flu vaccine is the safest, most effective way to prevent the flu.

Combating Opiate Abuse to Save Lives

Ohio has one of the nation's most aggressive and comprehensive approaches to combating drug overdoses and saving lives by tackling the supply of drugs, preventing drug abuse before it starts, treating those who fall prey to drug addiction, and reversing opiate overdoses with a potentially life-saving drug called naloxone.

Although there is still more work to do, Ohio is seeing some promising progress in addressing the supply of prescription pain medications available for abuse: there were 92 million fewer opiate doses prescribed to Ohio patients in 2015 compared to 2012. And, the number of individuals doctor-shopping for controlled substances, including opiates, as identified through OARRS decreased 71 percent since 2010.

When ODH released annual data about drug overdose deaths in September 2015, the agency noted a new challenge in Ohio's battle against opiate abuse and overdose deaths: the rise of fentanyl, an opiate that is 30 to 50 times more potent, and lethal, than heroin. The number of fentanyl-related overdose deaths soared from 84 in 2013 to 503 in 2014.

ODH, the Ohio Department of Mental Health and Addiction Services, and other members of the Governor's Cabinet Opiate Action Team worked together during the past year to expand the fight against opiate abuse, including fentanyl. Some of these initiatives included:

CDC Visit to Ohio – ODH requested assistance from the Centers for Disease Control and Prevention (CDC) to better understand the increase in Ohio's fentanyl-related overdose deaths. CDC staff came to Ohio for a three-week stay that included visits to four regional hotspots (Cuyahoga, Hamilton, Montgomery and Scioto counties) for meetings with local officials representing public health, addiction services, coroners and medical examiners, law enforcement and emergency medical services among others. CDC issued a report after its site visit characterizing risk factors for fentanyl-related overdose deaths and offering



STOP OVERDOSES.

Know these signs:

- Very pale
- Choking/ Vomiting
- Blue/ Gray Skin
- Snoring/ Hard to wake

Naloxone can reverse an opiate overdose.



Call 911 in an emergency.
stopoverdoses.ohio.gov

recommendations for addressing them. The report also noted that the state “has launched a comprehensive response to the increase in fentanyl-related deaths,” and that the joint CDC/ODH investigation “represented one of a wide range of activities across Ohio state government in response to the opiate crisis in Ohio.”

OARRS Prescription Monitoring System Integration – The Ohio Automated Rx Reporting System (OARRS) is a tool to track the dispensing of controlled prescription drugs, including opiates, to patients. OARRS is designed to monitor this information for suspected abuse or diversion for illegal use, and can give a prescriber or pharmacist critical information regarding a patient’s controlled substance prescription history. This information can help prescribers and pharmacists identify high-risk patients who would benefit from early interventions. In October 2015, Governor John Kasich announced an investment of up to \$1.5 million a year to integrate OARRS directly into healthcare provider electronic medical records and pharmacy dispensing systems across the state, allowing instant access for prescribers and pharmacists.

Further Strengthening Ohio’s Opiate Prescriber Guidelines – The Governor’s Cabinet Opiate Action Team announced in January 2016 new opiate prescribing guidelines for the outpatient management of patients with acute pain, typically short-term pain that can result from injuries as well as surgical and dental procedures. The guidelines recommend non-opiate treatment options when possible, and limiting the amount of opiates prescribed when appropriate. The new acute pain prescribing guidelines expanded upon Ohio’s opiate prescribing guidelines for emergency departments and acute care facilities issued in 2012, and for the management of chronic pain issued in 2013.

State Budget Funding for Naloxone, Treatment and Recovery – The State Fiscal Year 2016-17 operating budget includes an investment of \$1 million over the biennium to expand access and use of naloxone by law enforcement, distributed through local health districts. The state budget also calls for the Ohio Department of Rehabilitation and Correction and the Ohio Department of Mental Health and Addiction Services to expand

the availability of treatment within state prisons and upon release. The budget also continues investment in recovery housing, and provides additional funding to expand the Addiction Treatment Pilot Project to a total of 15 counties.

Mid-Biennium Review Proposals to Strengthen Fight Against

Prescription Drug Abuse – Ohio Lt. Governor Mary Taylor and other members of the Governor’s Cabinet Opiate Action Team announced in April 2016 new proposals in the Mid-Biennium Review to strengthen Ohio’s fight against prescription drug abuse and opiate addiction. The proposals would ensure responsible opiate addiction treatment; hold pharmacy technicians to stronger accountability; establish new oversight for purchasing and distributing controlled substances; limit high-volume prescriptions to prevent misuse; enact common sense regulation for methadone clinics; and further expand access to naloxone.

Naloxone Public Awareness Campaign – The state launched a targeted campaign in May 2016 to raise awareness about the signs of a drug overdose and to urge family members and friends of people who use drugs to obtain naloxone to administer during an overdose while waiting on first responders to arrive. A collaboration of ODH and the Ohio Department of Mental Health and Addiction Services, the campaign focused on 15 counties that accounted for 80 percent of Ohio’s fentanyl-related overdose deaths in 2014. The use of naloxone as quickly as possible is vital to saving lives during all opiate overdoses — but it is especially critical during overdoses involving fentanyl because it can kill quickly. The public awareness campaign included two billboard designs, a radio spot, and mobile and digital ads. They direct people to stopoverdoses.ohio.gov for more information, including how to obtain a naloxone kit without a prescription at participating pharmacies, or through Project DAWN (Deaths Avoided with Naloxone) community programs supported by ODH.

For more information about Ohio’s comprehensive efforts to combat opiate abuse and overdose deaths, go to the Governor’s Cabinet Opiate Action Team website at www.fightingopiateabuse.ohio.gov.

Evidence-Based Stroke Treatment

Ohio was one of only nine states to receive a notice of award through 2020 from the Centers for Disease Control and Prevention for the Coverdell Stroke Program. ODH will receive \$750,000 a year for Coverdell, a data-driven quality improvement program to improve the implementation of evidence-based stroke treatment and reduce recurrent strokes and the number of Ohioans who die from and are disabled by strokes. During the new grant cycle, grantees must improve pre-hospital care transitions with emergency medical services and emergency departments, acute inpatient hospital treatment, and post-hospital care transitions for stroke patients.

ODH Lab Passes Food Emergency Response Protocol

In early 2016, the ODH Laboratory received the results of its participation in a voluntary exercise regarding the U.S. Department of Agriculture's Food Emergency Response Network triage protocol. The ODH Laboratory was one of only 13 laboratories across the country that successfully passed the exercise. As a result, the ODH Laboratory has been deemed competent to respond to an event involving the contamination of a food source with a bioterrorism agent.

Harmful Algal Bloom Strategy for Recreational Waters

ODH, in collaboration with the Ohio Environmental Protection Agency and the Ohio Department of Natural Resources, worked to further strengthen the state's approach to addressing harmful algal blooms in recreational waters like state park beaches and boat ramps. Under the updated strategy, a probable case of algal toxin-related human illness or a pet death is no longer required for an elevated recreational public health advisory to be issued for recreational waters. Such an advisory will be issued solely based on algal toxin levels in the water. Another change making it easier for Ohioans to know what the water quality is at state park beaches and boat ramps is the designation of the BeachGuard website as the state's single source for public information about recreational water quality. BeachGuard consolidates information previously posted separately on the websites of multiple state agencies. BeachGuard is accessible at ohioalgaefinfo.com which also offers other extensive harmful algal bloom information and resources provided by the Ohio Environmental Protection Agency, the Ohio Department of Natural Resources and ODH.

2015 Edition of County Cancer Profiles

ODH's Chronic Disease Epidemiology and Evaluation program completed the 2015 edition of *County Cancer Profiles*, a series of county-level cancer fact sheets that include data and information on cancer cases and mortality trends, stage at diagnosis, cancer screenings and risk factors. The Ohio Cancer Incidence Surveillance System (OCISS) staff collects and analyzes Ohio cancer incidence data. All Ohio medical care providers are required by law to report to OCISS all diagnosed and/or treated cancers.

Cancer is diagnosed in more than 60,000 Ohioans each year. The collection and analysis of population-based cancer incidence data helps determine the burden of cancer in Ohio's communities, raise awareness about factors that may increase cancer risk and the benefits of early detection, and improve the survival of persons diagnosed with cancer. Ohio's cancer incidence data are widely used by public health professionals, medical researchers and others to develop, implement and promote many cancer prevention and control activities in Ohio and to support important cancer-related research.

Reducing Infant Mortality in Ohio to Save Babies' Lives



Ohio's infant mortality rate is showing signs of improvement, according to data released by ODH in December 2015. The data showed a decline in Ohio's overall infant mortality rate from 7.4 infant deaths per 1,000 live births in 2013 to 6.8 in 2014. While data show a continued trend in a positive direction overall, Ohio's infant mortality rate — especially its black infant mortality rate — remains too high. African-American infants in Ohio die at more than twice the rate of white infants.

Infant mortality is defined nationwide as the death of a live-born baby before his or her first birthday. Infant mortality rate is calculated as the number of such deaths per 1,000 live births. Ohio's goal is to reach the national Healthy People 2020 objective of a 6.0 infant mortality rate or lower in every race and ethnicity group. Healthy People 2020 is a national collaborative managed by the U.S. Department of Health and Human Services that provides science-based, national objectives for improving the health of Americans.

The number of infant deaths in Ohio declined nearly 6.7 percent from 1,024 in 2013 to 955 in 2014, marking the first time since deaths were registered in Ohio beginning in 1939 that the state had fewer than 1,000 infant deaths in a year.

ODH, other state agencies, and various partners across the state are pursuing a full range of initiatives to address the three leading causes of infant deaths in Ohio – prematurity/ pre-term births, sleep-related deaths and birth defects.

During the past year, key ODH initiatives to help reduce infant mortality included:

Helping Connect Uninsured Women to Health Insurance – Better access to medical care is associated with better birth outcomes, so connecting uninsured women to health insurance is a key way to reduce infant mortality. ODH is supporting efforts to enroll uninsured eligible women in Medicaid or a health plan in the federal health insurance

marketplace under the Affordable Care Act. As one of their primary tasks, ODH safety net programs and their subgrantees assist Ohioans in enrolling in healthcare coverage for which they are eligible.

Focusing Resources Where Need is Greatest – ODH and CityMatCH, a national organization that supports urban maternal and child health initiatives at the local level, partnered to form the Ohio Institute for Equity in Birth Outcomes (also called Ohio Equity Institute) in 2013. The partnership includes nine high-risk Ohio metropolitan communities to improve overall birth outcomes and to reduce racial and ethnic disparities in infant mortality. The nine communities are Butler, Canton/Stark, Cincinnati/Hamilton, Cleveland/Cuyahoga, Columbus/Franklin, Dayton/Montgomery, Akron/Summit, Toledo/Lucas, and Youngstown/Mahoning counties). In 2015, Ohio Equity Institute teams launched evidence-based interventions to address highest risk populations in targeted areas.

Infant Mortality Awareness in High-Risk Neighborhoods - ODH launched a public awareness campaign in June 2016 in the Ohio Equity Institute nine urban communities statewide. The objective for this campaign is to encourage young women and families to take immediate action in family planning and prenatal care to improve overall birth outcomes and reduce racial and ethnic disparities in Ohio.

Educational Tools for At-Risk Women – The ODH Help Me Grow Home Visiting team completed an update of the “OH baby!” kit for new or expecting parents. The kits provide outreach and educational tools to women at risk of poor birth outcomes and include a breastfeeding brochure, children’s book, immunization card, baby diary, information for fathers and more. The new kits were distributed to entities contracted with the Help Me Grow program, focusing on the Ohio Equity Institute’s nine urban high-risk Ohio communities.

Along with other state agencies, ODH is pushing to achieve greater results for the state’s significant investment in addressing infant mortality by:

Requiring Evidence-Based Strategies and Measurable Outcomes – ODH established a new administrative review process for infant mortality grants and contracts that requires subgrantees to pursue evidence-based strategies and produce measurable outcomes.

Encouraging Greater Local Collaboration – Infant mortality is a complex issue that requires collaboration at the state and local levels. ODH coordinates the Ohio Collaborative to Prevent Infant Mortality which has more than 100 members representing public health, government, education, medicine, business, insurance and advocacy groups. In addition, ODH partnered in 2015 with The Paul J. Aicher Foundation and its Everyday Democracy

one life
one voice
one community

every baby deserves a 1st birthday

EVERY BABY MATTERS
OEH
OHIO INSTITUTE FOR EQUITY IN BIRTH OUTCOMES

One Life, One Voice, One Community: Every Baby Deserves a First Birthday

Please Call
(216) 664-4281 or
(216) 201-2001 ext. 1517

www.clevelandhealth.org
www.ccbh.net

CityMatch

Ohio

program to help Ohio Equity Institute teams enhance community engagement in their nine urban communities. Everyday Democracy has extensive experience in partnering with diverse community coalitions to help create and sustain community engagement on public issues. The goal of the community engagement is to increase public knowledge and awareness about populations most impacted by high infant mortality; raise awareness about the connections between social determinants of health and infant mortality; and foster conversations about racism and its effects on infant mortality.

Piloting “Centering Pregnancy” Model of Care – ODH in collaboration with the Ohio Association of Community Health Centers and the Office of Health Transformation, selected four community health centers across the state in July 2015 to pilot a healthcare delivery program for pregnant women called the “Centering Pregnancy Demonstration Project.” The Centering Pregnancy model integrates maternal care, education and support to improve birth and infant health outcomes in high-risk communities. The project is funded by the Ohio Health Transformation Innovation Fund awarded by the Governor’s Office of Health Transformation. The participating community health centers include PrimaryOne Health (Columbus), Five Rivers Health Centers (Dayton), Muskingum Valley Health Centers (Muskingum County) and Neighborhood Health Association (Toledo).

Referring WIC Enrollees to Other Public Assistance Programs – Eligible women and infants can benefit from public assistance programs provided by multiple government agencies. ODH refers enrollees in its Women, Infants and Children (WIC) program to other resources for which they are eligible, such as infant mortality reduction initiatives, immunizations and Temporary Assistance for Needy Families. ODH WIC staff made more than 108,000 such referrals in Federal Fiscal Year 2016.

Tobacco Use Cessation and Prevention Campaigns

In late 2015, ODH’s Tobacco Use Cessation and Prevention Program partnered with the U.S. Department of Defense for the Veterans/Heroes campaign, which addressed the high tobacco-use rates of those who have served in the military. The campaign used the slogan, “You’ve served your country. Now serve your body,” and encouraged veterans to quit smoking. It was featured on billboards, targeted digital ads and Facebook.

In 2015, ODH also teamed up with The Ohio State University’s Nisonger Center to help people with disabilities quit smoking. People with disabilities tend to use tobacco more than the general population, smoking at a rate of 34.6 percent compared to Ohio’s overall smoking rate of 20.4 percent. The two collaborated to develop and distribute tobacco cessation materials for people with disabilities and their caregivers.

ODH's Baby & Me Tobacco Free initiative used practical incentives, such as counseling and free diapers, to encourage pregnant women quit smoking. The program focuses on low-income women (the largest group of smokers during pregnancy) and has proven effective in decreasing the number of women who smoke during and after pregnancy. Twenty-six local projects affiliated with ODH's Bureau of Child and Family Health Services elected to implement the Baby & Me Tobacco Free initiative within their counties.

Helping Older Ohioans Live “Well Beyond 60”

ODH partnered with the Ohio Department of Aging to help older Ohioans live “Well Beyond 60.” Together, older adults and baby boomers represent more than 40 percent of Ohio's population today. ODH strives to help older Ohioans live “Well Beyond 60” by promoting and supporting evidence-based disease management, injury prevention and infectious disease vaccination programs. ODH also participates in the Steady U Ohio falls prevention initiative developed by the Ohio Department of Aging by providing and promoting the STEADI (Stopping Elderly Deaths, Accidents and Injuries) toolkit and supporting the Ohio Older Adult Falls Prevention Coalition. To fully face the challenges and reap the benefits of the aging population, Ohio's communities, governments, businesses and individuals must work together to design and implement solutions that address the issues, opportunities and impact of an aging population.



Lead-Based Paint Hazard Control

The U.S. Department of Housing and Urban Development (HUD) awarded ODH a \$3.2 million grant for Lead-Based Paint Hazard Control. The grant, which began on October 15, 2015, will be used during a three-year period in 18 targeted high-risk counties in Ohio. The funding will be used to protect children and families by removing dangerous lead paint and other housing-related health hazards in thousands of privately owned, low-income housing units. Specifically, the funds are used for the identification of lead hazards in units occupied by children who have been lead poisoned or are at-risk of becoming lead poisoned; the remediation of the lead hazards through appropriate control or abatement procedures; and, supplementary activities such as training, outreach and casework. The ODH Lead Hazard Control Grant program partners with local Community Housing Impact and Preservation Programs when possible.



ODH Recognizes Ohio's Free Clinics

Ohio's free clinics play an important role in providing affordable, accessible healthcare for Ohioans. In 2014, Ohio's free clinics provided more than \$200 million worth of healthcare to more than 38,000 people through more than 72,000 patient visits. In 2015, ODH and the Ohio Association of Free Clinics (O AFC) hosted the first-ever event at the Ohio Statehouse to recognize 55 free clinics and celebrate December as Free Clinic Appreciation Month. At the event, ODH and O AFC presented awards to one free clinic and three volunteers for their service. The recipients included the following: Free Clinic of the Year: Ohio University Heritage College of Osteopathic Medicine Community Health Programs; Free Clinic Physician Volunteer of the Year: Robert Cooper, MD, of the Columbus Free Clinic; Free Clinic Nurse Volunteer of the Year (awarded posthumously): Mary Ann Stone, RN, of the Open Arms Health Clinic of Bellbrook; and Free Clinic Dentist Volunteer of the Year: James Hegyi, DDS, of the Viola Startzman Clinic in Wooster.

Ohio WIC Transitions to Smartcards

The Ohio Women, Infants and Children (WIC) program, which is administered by ODH, successfully replaced WIC's paper coupons for its nutrition program with smartcards. Statewide, all retailers participating in the WIC nutrition program are now part of the Electronic Benefits Transfer (EBT) system. WIC families can use the smartcard much like a credit or debit card in authorized retail locations, making for a faster and more satisfactory shopping experience for both retailers and participants. EBT allows retailers to be paid for their WIC claims within days rather than weeks. Only 11 states have implemented WIC EBT, and Ohio is the only state WIC program to plan, develop, implement, operate and maintain EBT using existing internal resources. The Ohio WIC EBT project was completed five years earlier than the federally mandated deadline and 42 percent under budget.

Centers for Medicare & Medicaid Services Recognition

The ODH Office of Health Assurance and Licensing (OHAL) received a Certificate of Appreciation from the Centers for Medicare and Medicaid Services (CMS), stemming from the investigations of two nursing homes OHAL conducted on behalf of CMS. Based on deficiencies identified by OHAL site surveyors, CMS terminated the nursing homes' Medicare and Medicaid provider agreements. CMS recognized OHAL for "high quality work in the area of survey and certification under difficult circumstances," and for "working collaboratively with State partners to ensure high standards of safety of our nursing home residents." OHAL worked with the Ohio Department of Aging, the State Long Term Care Ombudsman, the Ohio Department of Medicaid and other partners to ensure the safety and relocation of the nursing home residents.

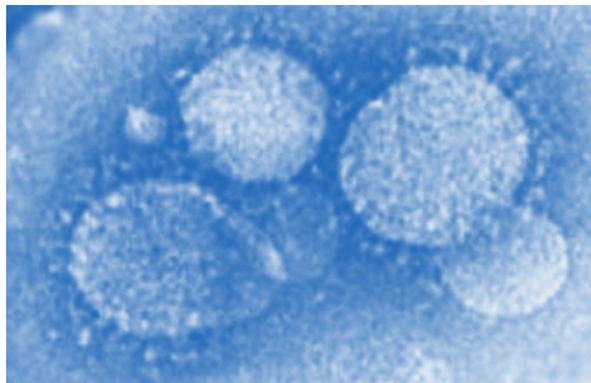
ODH Public Health Laboratory

The ODH Public Health Laboratory assists the agency, local health departments, and clinicians across Ohio in disease outbreak investigations, public health emergencies, and identification of disease causes to aid in treatment and prevention. Its services include screening for diseases of public health interest, reference support for confirmation of low incidence infectious agents, laboratory investigation to determine epidemiological patterns, and oversight of the state's alcohol breath testing program.

Among testing it conducted in State Fiscal Year 2016, the ODH Public Health Laboratory completed 140,733 newborn screenings for certain metabolic/endocrine disorders as required under Ohio law; tested more than 12,000 mosquito pools as part of public health surveillance across the state to monitor mosquito-borne diseases like West Nile virus; and tested 103 specimens for food-borne diseases.

Ohio's Vital Records and Statistics

The ODH Bureau of Vital Statistics operates a statewide system for the registration of births, deaths, fetal deaths, and other "vital records." The vital record statistics are used to assess population health and inform public health programs provided by ODH, local health departments and other providers across Ohio. In State Fiscal Year 2016, the Bureau of Vital Statistics registered 139,169 births; registered 117,504 deaths; processed 4,268 adoptions; and provided 78,448 certified copies of requested vital records (city and county vital statistics offices issued an additional 979,485 certified copies).



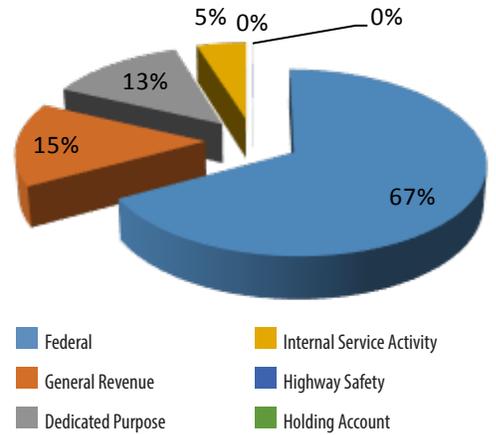


Financial Management & Stewardship

Financial Management & Stewardship

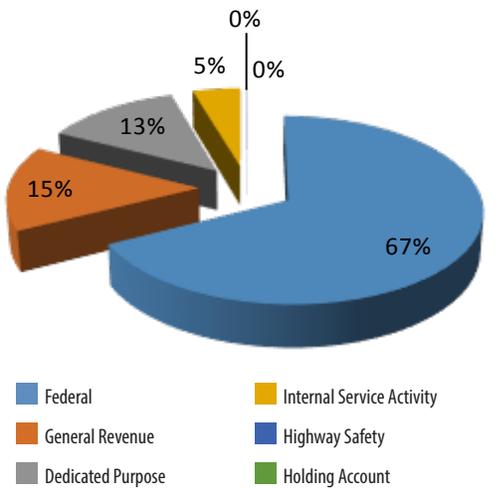
SFY 2016 Revenue by Fund Group

	Amount	Percentage
Federal	381,879,945	67.09%
General Revenue	84,477,028	14.84%
Dedicated Purpose	75,296,625	13.23%
Internal Service Activity	27,325,459	4.80%
Highway Safety	179,695	0.03%
Holding Account	44,841	0.01%
Grand Total	569,203,593	100.00%



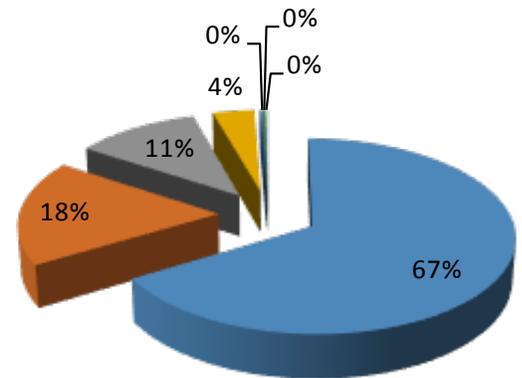
SFY 2016 Expenditures by Fund Group

	Amount	Percentage
Federal	381,688,568	67.53%
General Revenue	84,477,028	14.95%
Dedicated Purpose	73,188,695	12.95%
Internal Service Activity	25,630,032	4.53%
Highway Safety	205,845	0.04%
Holding Account	32,248	0.01%
Grand Total	565,222,416	100.00%



SFY 2016 Expenditures by Category

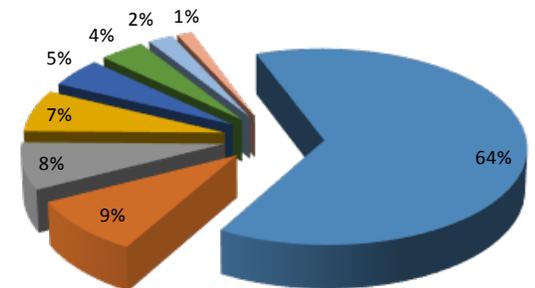
	Amount	Percentage
Subsidies & Shared Revenue	375,196,918	66.38%
Personal Services	100,932,152	17.86%
Supplies & Maintenance	64,092,775	11.34%
Purchased Personal Services	21,398,218	3.79%
Equipment	1,300,462	0.23%
Judgments, Settlements, & Bonds	1,345,447	0.24%
Transfers & Non-Expense	956,444	0.17%
Grand Total	565,222,416	100.00%



- Subsidies & Shared Revenue
- Equipment
- Personal Services
- Judgments, Settlements & Bonds
- Supplies & Maintenance
- Transfer & Non-Expense
- Purchased Personal Services

SFY 2016 Expenditures by Program Areas

	Amount	Percentage
Health Improvement and Wellness	360,815,763.00	63.84%
Infectious Diseases	52,020,921.00	9.20%
Program Support, Direct Local Health Department Support, Health Policy, Informatics & Data Management	43,783,339.00	7.75%
Regulatory Compliance	39,260,590.00	6.95%
Health Preparedness	26,985,908.00	4.77%
Environmental Health	22,377,366.00	3.96%
Public Health Laboratory	12,440,134.00	2.20%
Vital Statistics	7,538,397.00	1.33%
TOTAL	565,222,418.00	100.00%



- Health Improvement and Wellness
- Infectious Diseases
- Program Support, Direct Local Health Department Support, Health Policy, Informatics & Data Management
- Regulatory Compliance
- Health Preparedness
- Environmental Health
- Public Health Laboratory
- Vital Statistics



**THE VALUE OF A STRONG PUBLIC HEALTH SYSTEM
IS ALL AROUND US.
IT'S IN THE AIR WE BREATHE,
THE WATER WE DRINK,
THE FOOD WE EAT,
AND THE PLACES WHERE
WE LIVE, LEARN, WORK AND PLAY.**



Public Health
Prevent. Promote. Protect.