



Ohio Department of Health Budget Overview

Governor John R. Kasich today released the [SFY14-SFY15 executive budget proposal](#), which will transform Ohio through major government reforms and fiscally responsible investments. Agencies across the spectrum of public service will be affected by the decisions our governor has made to keep the state on sound financial footing.

Ohio is successfully emerging from one of the most pivotal economic periods in its history, a time during which it closed an historic \$7.7 billion budget imbalance without raising taxes. The Governor's Executive Budget, as proposed, builds on the successes of the past two years by cutting taxes, improving education, improving Medicaid and fixing the state's infrastructure.

Summary of ODH'S Funded Programs

The Governor's State Fiscal Years (SFY) 2014-2015 Executive Budget proposal for the Ohio Department of Health seeks to balance the need to support the state's most critical public health priorities, while also being a responsible steward of public funds. In addition, the agency's budget priorities are closely aligned with those of the Governor's Office of Health Transformation (OHT). In particular, ODH has focused on those OHT initiatives that improve overall health system performance, such as paying for health care based on value instead of volume, continuing the expansion and elevation of the patient-centered medical home model of care; coordinating programs for expectant mothers, infants and toddlers; expanding workforce capabilities; and accelerating efforts to better integrate health information technologies.

While ODH's flat-funded GRF budget proposal allows the agency to maintain critical programs for Ohio's most vulnerable residents, it also provides an opportunity to reinvest resources in those public health services that improve the health of all Ohioans and reduce associated health care costs. The ODH all-funds budget proposal for SFY 2014 is \$648,717,859, which represents a 0.8 percent

increase over SFY 2013 projected spending. The total SFY 2015 proposal is \$651,871,702, which represents a slight increase over the SFY 2014 appropriation.

Budget Highlights

Curbing Tobacco Use—Tobacco use remains the single most preventable cause of death and disease in Ohio and the nation. This biennial budget request adds **\$1.5 million** in GRF and other state funding each year of the biennium to assist Ohioans in kicking the tobacco habit. This commitment of state funding allows ODH to bolster its Ohio Tobacco Quit Line services and implement more effective counter-marketing strategies. While stepping up efforts to support smokers through cessation, Ohio will also re-commit to protecting nonsmokers from the dangers of secondhand smoke by continued enforcement of Ohio's Smoke-Free Workplace Act.

Reducing Infant Mortality—Another major area of focus is preventing infant mortality. The number of babies who die in their first year of life is a direct indicator of the health of a region. More than 1,000 Ohio babies die before their first birthday every year making Ohio the 11th worst in the country. Having healthier babies translates into healthier families and more productive and prosperous adults in our state. The budget puts forth over **\$3.1 million** in additional GRF funding each year for new initiatives aimed at improving the health of expectant mothers and newborns.

Public Health Futures— Currently in Ohio there are 125 local health departments (LHD) comprised of 88 county and 37 city health departments. The 2012 mid-year biennial budget review created the Legislative Committee on Public Health Futures to examine current local public health capacity, services, and quality. The committee unanimously agreed to eleven recommendations presented to the Governor and State Legislature October 31, 2012. To create greater efficiency for local public health services, several Ohio Revised Code (ORC) changes are recommended for the SFY 2014-2015 budget which build on the recommendations of the committee. By removing these ORC barriers, along with other programmatic and administrative opportunities with the Ohio Department of Health, LHDs will be better positioned to provide public health services in a more effective and efficient manner.

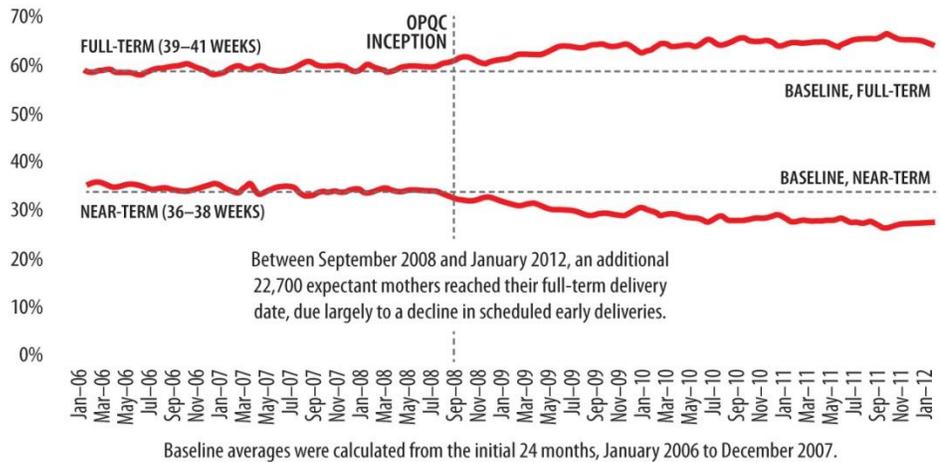
How this budget improves the agency

The Ohio Department of Health is committing this budget cycle to changing the model of how health care is delivered across Ohio by creating efficiencies, allowing for organizations and programs to modernize their structures and addressing health care needs- like tobacco cessation and infant health- through programs that are proven to have the greatest impact and return on investment.

The additional funding allocated for reducing Ohio’s infant mortality rates will help fund programs similar to Ohio’s 39-Week Project. Working in collaboration with the 20 Ohio maternity hospitals which deliver more than 47 percent of babies born in the state, the project has resulted in more than 26,000 babies that would have been delivered at 36-38 weeks to be delayed to 39 weeks (approximately an eight percent reduction), thereby preventing an estimated 789 Neonatal Intensive Care Unit (NICU) admissions as of October 2012. Latest data also shows Ohio saved approximately \$27 million in health care costs through these avoided NICU admissions.



The Impact in Ohio of Reducing Unnecessary Scheduled Deliveries Before 39 Weeks



Data related to Ohio’s Smoke Free laws show measurable public health benefits and the need to protect the public from the negative effects of second hand smoke.

Total Percentage of Emergency Department Visits Related to Heart Attacks in All Ohio Counties (excluding Franklin), 2005-2010

