Eat Well, Be Active, Live Tobacco Free

STATE FISCAL YEAR 2012 ANNUAL REPORT

Ohio Department of Health
Living Healthier, Living Better

John R. Kasich
Governor

Theodore E. Wymyslo
Ohio Department of Health
Director

Ohio

State of Ohio

John R. Kasich
Governor

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

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Letter from the Director

On June 11, 2012, HB 487 was signed into law. This law has opened up many opportunities to our ODH programs so that they may work to improve healthcare quality and reduce costs.

Dear Governor Kasich,

It is with great pleasure that I submit to you this report of the official transactions and proceedings of the Ohio Department of Health for State Fiscal Year 2012. The Kasich Administration has accomplished a tremendous amount of work in a very short time and I am proud of the contributions we have made in public health over the past year to protect and improve the lives of all Ohioans.

As we continue working to align our strategic goals and initiatives with the Office of Health Transformation, the State of Ohio and with the needs of our various stakeholders throughout the state, we are constantly being challenged by a rapidly evolving public health system and the changing needs of Ohioans.

Studies have found that 50 percent of health problems can be attributed to unhealthy lifestyle choices. In fact, eliminating three unhealthy behaviors alone – poor diet, inactivity, and smoking – would prevent 80 percent of heart disease, stroke and type 2 diabetes, and 40 percent of cancer.

By moving to a system where primary care and prevention are the foundations of medical practices and one in which providers are paid for improving the health of their patients and clients through measurable outcomes, we can finally get our healthcare spending under control and give health consumers the information they need to enjoy the improved quality of life that comes with good health.

I believe the key to changing our system is through better care coordination. That is why I am such a strong advocate for the patient-centered medical home model of care. At the core of this approach is a health professional who coordinates and integrates a person's broad healthcare needs. The model also incorporates safe and high quality care, enhanced access to care and, of course, payment that recognizes the added value of coordinated care that patients receive in the patient-centered medical home model.

Ohio has recently taken innovative steps to move in the right direction. Several months ago, we began our work with you, the legislature and with other state government agencies, to fine-tune the current budget. The result was the Mid-Biennium Review (MBR), which was submitted as House Bill (HB) 487 to the legislature. When HB 487 was signed into law on June 11, 2012, it opened up many opportunities. The impact of the MBR spans many of our programs here and is noticeable in each section of this annual report.

Dynamic organizations like ODH must constantly seek change in order to successfully meet the needs of the people it serves. As we change, tapping into the strengths of our staff makes us better as an agency, which ultimately results in the delivery of high quality services to the people of Ohio. My staff will utilize their wealth of skills and knowledge to help make us a strong organization today and well into the future.

It is my hope that you will find this report useful in gaining a better understanding of the critical role of ODH and public health in our state.

Sincerely,

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

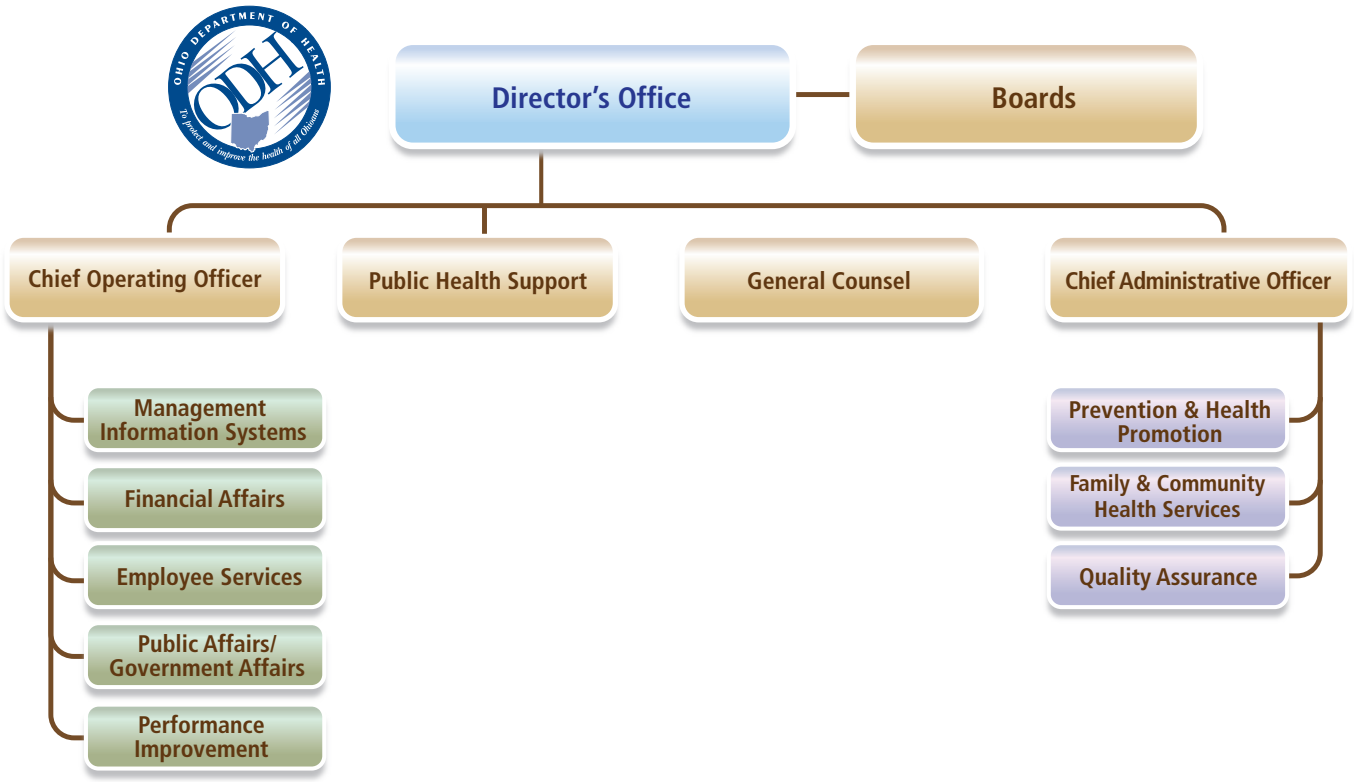
About the
Ohio Department of Health

About the Ohio Department of Health

The mission of ODH is to "**Protect and Improve the Health of All Ohioans by Preventing Disease, Promoting Good Health and Assuring Access to Quality Care.**" The ODH public health vision is "**Optimal Health for All Ohioans**."

The Ohio Department of Health (ODH) is a cabinet-level agency, meaning the director reports to the governor and serves as a member of the Executive Branch of Ohio's government. The director has several direct reports: the chief operating officer, the chief administrative officer, the deputy director of public health support and general counsel. These leaders, along with the leaders of all offices associated with the director, facilitate a more direct line of communication and reporting to best serve the strategic goals of ODH.

ODH is organized into three main divisions (Prevention and Health Promotion, Family and Community Health Services and Quality Assurance) and eight main offices.



DIVISIONS

Chief Administrative Officer

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 regulatory oversight activities that assure the quality of both public health and healthcare delivery systems. The division's primary mission is to ensure the proper licensure and regulation of the providers of long-term and non long-term health care facilities as well as employ professionals in the environmental fields such as lead clean up and eliminating radon in homes.

Division of Prevention and Health Promotion evaluates health status, prevents and controls injuries and diseases (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** was formed in 2008 to guide public health priorities and activities for the state, operate in coordination and collaboration with local, state and federal partners, 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 healthcare transformation, to create a better quality of life, assure a more productive workforce and equip students for learning, while also contributing to the more efficient and cost-effective use of medical services.
- **Public Health Preparedness** operates with a primary mission of coordinating the emergency preparedness and response activities of ODH. Included in these responsibilities are preparedness for man-made and natural disasters.

OFFICES

Chief Operating Officer

Office of 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.

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

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

Office of 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.

Office of 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. The Office oversees the Department's Data Center and Vital Statistics Office.

Office of 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.

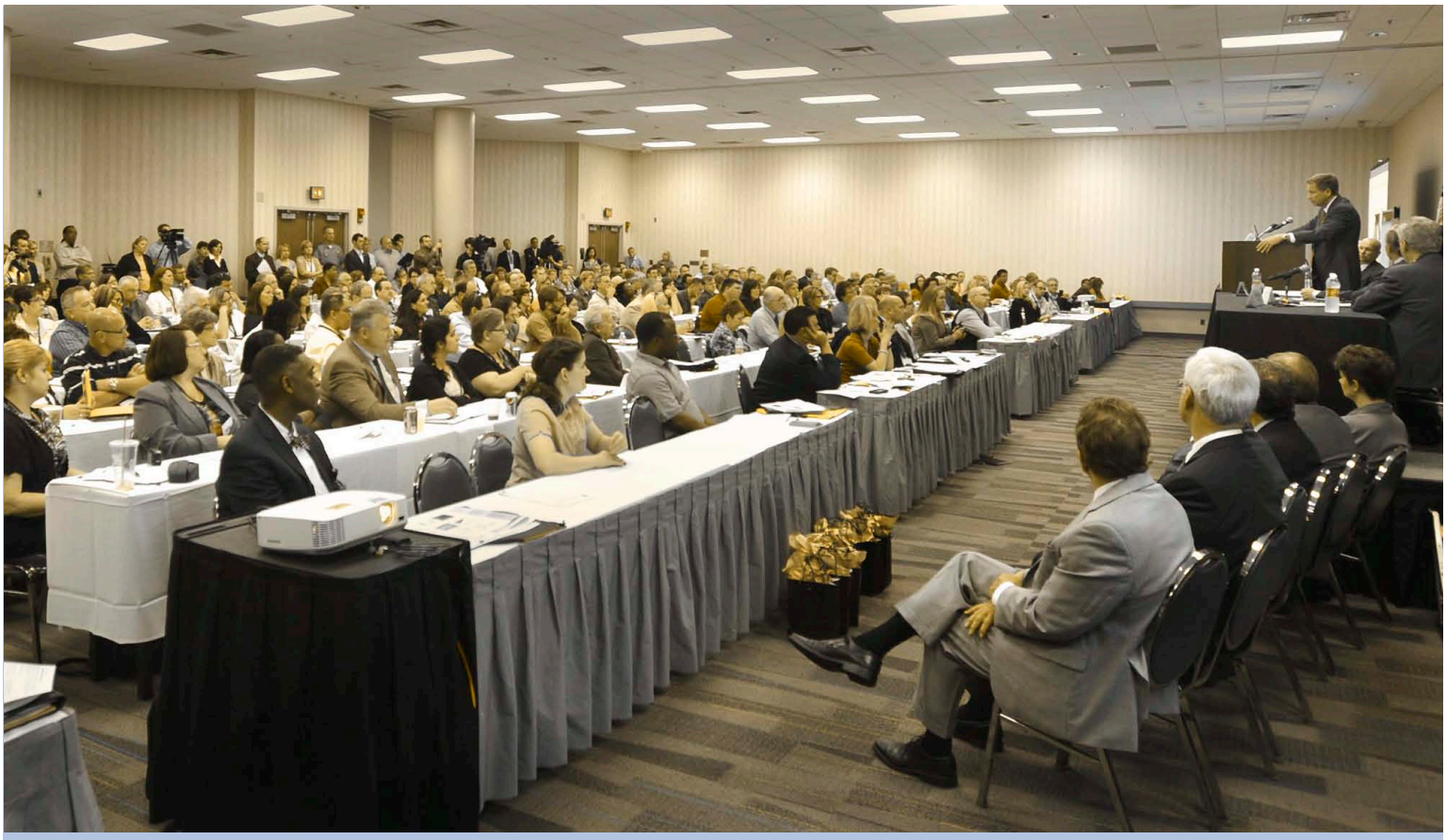
Office of Public Affairs is responsible for the development of all ODH internal and external communication strategies. Its primary functions include media relations, public relations and marketing. The office leverages mass and social media channels to ensure the general public has immediate access to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

ODH Director

Office of 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.

Office of 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.

The director of health also oversees the activities of the chief operating officer and the chief administrative officer.



Highlighted Accomplishments

HIGHLIGHTED ACCOMPLISHMENTS

Patient-Centered Medical Homes – Ohio PCMH Education Pilot Project

In January, ODH in partnership with the Governor's Office of Health Transformation (OHT), announced that Ohio would invest $1 million to assist primary health-care practices around the state transition to a patient-centered medical home (PCMH) model of care and expand the number of PCMH practice sites in Ohio.

The PCMH model of care promotes partnerships between patients and their primary health-care providers to improve care coordination and bolster individuals' health outcomes. Patient care is coordinated using state-of-the-art tools such as registries, information technology, health information exchange and other means to assure that individuals get appropriate care when and where they need it.

House Bill (HB) 198 paved the way for the Ohio PCMH Education Pilot Project to be developed in 44 primary-care practices throughout the state. This funding allows six additional practices to undergo the transformation to a PCMH. The legislation was designed around national standards for PCMHs and provides training for health-care providers in this enhanced model of primary care.

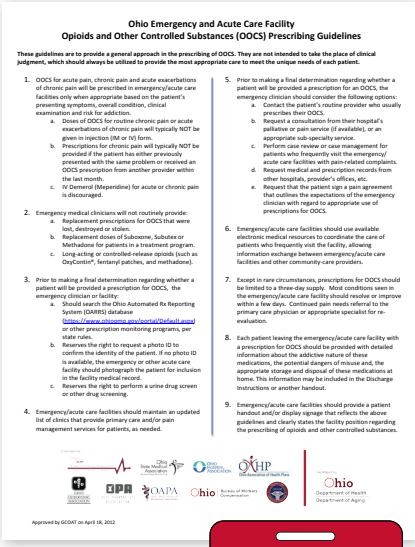
PCMH Education Advisory Group

The Patient-Centered Medical Home Education Advisory Group (EAG) was created in HB 198 for the purpose of implementing and administering the Ohio PCMH Education pilot project. EAG was initially managed by the Ohio Academy of Family Physicians (OAFP), but the Mid-Biennium Review (MBR) transitioned this program to ODH. The movement of this program allows ODH access to resources and successful implementation of the pilot project.

Emergency Room Guidelines for Opioids and Other Controlled Substances

Governor Kasich and representatives from the Governor's Cabinet Opiate Action Team announced the establishment of statewide guidelines for prescribing opioids and other controlled substances in emergency departments and other acute care facilities in early May 2012.

The guidelines symbolize a unified front in the war against opiate abuse as numerous stakeholders supported the effort.

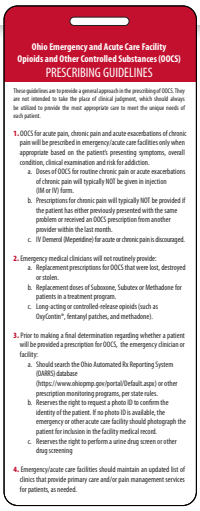


Ohio Emergency and Acute Care Facility
Opioids and Other Controlled Substances (OOCS) Prescribing Guidelines

These guidelines are to provide a general approach in the prescribing of OOCS. They are not intended to take the place of clinical judgment, which should always be utilized to provide the most appropriate care to meet the unique needs of each patient.

1. OOCS for acute pain, chronic pain and acute exacerbations of chronic pain will be prescribed in emergency/acute care facilities only when appropriate based on the patient's presenting symptoms, overall condition, clinical examination and risk for addiction.
   a. Doses of OOCS for routine chronic pain or acute exacerbations of chronic pain will typically NOT be given in injection (IM or IV) form.
   b. Prescriptions for chronic pain will typically NOT be provided if the patient has either previously presented with the same problem or received an OOCS prescription from another provider within the last month.
   c. IV Demerol (Meperidine) for acute or chronic pain is discouraged.
2. Emergency medical clinicians will not routinely provide:
   a. Replacement prescriptions for OOCS that were lost, destroyed or stolen.
   b. Replacement doses of Suboxone, Subutex or Methadone for patients in a treatment program.
   c. Long-acting or controlled-release opioids (such as OxyContin®, fentanyl patches, and methadone).
3. Prior to making a final determination regarding whether a patient will be provided a prescription for OOCS, the emergency clinician or facility:
   a. Should search the Ohio Automated Rx Reporting System (OARRS) database (https://www.ohiopmp.gov/portal/Default.aspx) or other prescription monitoring programs, per state rules.
   b. Reserves the right to request a photo ID to confirm the identity of the patient. If no photo ID is available, the emergency or other acute care facility should photograph the patient for inclusion in the facility medical record.
   c. Reserves the right to perform a urine drug screen or other drug screening.
4. Emergency/acute care facilities should maintain an updated list of clinics that provide primary care and/or pain management services for patients, as needed.
5. Prior to making a final determination regarding whether a patient will be provided a prescription for an OOCS, the emergency clinician should consider the following options:
   a. Contact the patient's routine provider who usually prescribes their OOCS.
   b. Request a consultation from their hospital's palliative or pain service (if available), or an appropriate sub-specialty service.
   c. Perform case review or case management for patients who frequently visit the emergency/acute care facilities with pain-related complaints.
   d. Request medical and prescription records from other hospitals, provider's offices, etc.
   e. Request that the patient sign a pain agreement that outlines the expectations of the emergency clinician with regard to appropriate use of prescriptions for OOCS.
6. Emergency/acute care facilities should use available electronic medical resources to coordinate the care of patients who frequently visit the facility, allowing information exchange between emergency/acute care facilities and other community-care providers.
7. Except in rare circumstances, prescriptions for OOCS should be limited to a three-day supply. Most conditions seen in the emergency/acute care facility should resolve or improve within a few days. Continued pain needs referral to the primary care physician or appropriate specialist for re-evaluation.
8. Each patient leaving the emergency/acute care facility with a prescription for OOCS should be provided with detailed information about the addictive nature of these medications, the potential dangers of misuse and, the appropriate storage and disposal of these medications at home. This information may be included in the Discharge Instructions or another handout.
9. Emergency/acute care facilities should provide a patient handout and/or display signage that reflects the above guidelines and clearly states the facility position regarding the prescribing of opioids and other controlled substances.

Approved by GCOAT on April 18, 2012



Ohio Emergency and Acute Care Facility
Opioids and Other Controlled Substances (OOCS)
PRESCRIBING GUIDELINES

These guidelines are to provide a general approach in the prescribing of OOCS. They are not intended to take the place of clinical judgment, which should always be utilized to provide the most appropriate care to meet the unique needs of each patient.

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   c. Reserves the right to perform a urine drug screen or other drug screening
4. Emergency/acute care facilities should maintain an updated list of clinics that provide primary care and/or pain management services for patients, as needed.

Online Letters, posters and employee reminder badges were made available to participating health care providers.

The set of guidelines include reminders to clinicians on what drugs to avoid routinely prescribing, as well as points to consider when making a determination on the most appropriate treatment options. In addition, companion guidelines were established to educate patients on these new pain management policies for emergency acute care facilities.

In 2007, drug overdose became the leading cause of injury death in Ohio, surpassing motor vehicle crashes for the first time on record. This trend continued through 2010 when unintentional drug overdoses rose to their highest levels by claiming the lives of 1544 Ohioans. Prescription drug overdoses have largely driven this rise in deaths.

Emergency Departments (ED) are a major source of opiate prescriptions, with 39 percent of all opioids prescribed, administered or continued in the U.S. Nationally, opioid prescribing for pain-related ED visits increased from 23 percent in 1993 to 37 percent in 2005 (the most recent year for which data is available). In Ohio, 16 percent of fatal overdose victims in 2008 had a history of "doctor shopping" (filling prescriptions from at least five different prescribers in a year).

The set of guidelines are the product of months of work by a subgroup of the Governor's Cabinet Opiate Action Team, led by the Ohio Departments of Health and Aging. The various endorsers of the guidelines also play a significant role in clinical pain management prescribing practices in Ohio. Those who participated in the development of the guidelines and also endorse them are: Ohio State Medical Association; Ohio Osteopathic Association; Ohio Chapter of the American College of Emergency Physicians; Ohio Hospital Association; Ohio Pharmacists Association; Urgent Care College of Physicians; Ohio Bureau of Workers Compensation; Ohio Physician Assistants Association; and Ohio Association of Health Plans.

Supreme Court Ruling on Ohio's Indoor Smoking Ban

A unanimous Ohio Supreme Court ruling issued on May 23, 2012, upheld both the constitutionality and the state's enforcement of the citizen-initiated and voter-approved law restricting workplace smoking.

The Smoke Free Workplace Act was enacted through the state's initiative process in 2006. It is a health and occupational safety law that restricts smoking inside most public places, such as bars and restaurants, as well as workplaces. Investigations into violations of the law are complaint-driven.

The ruling was a victory for the health of Ohioans and ODH, which is charged with enforcing the smoking ban. The decision affirmed the importance of protecting Ohioans from secondhand smoke in enclosed public places.

Stroke Improvement

Coverdell Stroke Registry

The Bureau of Healthy Ohio completed implementation of a five year grant from CDC for the Paul Coverdell Acute Stroke Program. ODH is one of six state health departments in the country that received this competitive federal funding. Coverdell is a data-driven quality improvement program to reduce deaths and disabilities from stroke. ODH provided training, clinical consultation and other quality improvement resources to stroke teams in 45 Ohio hospitals to help them implement evidence based stroke treatment.

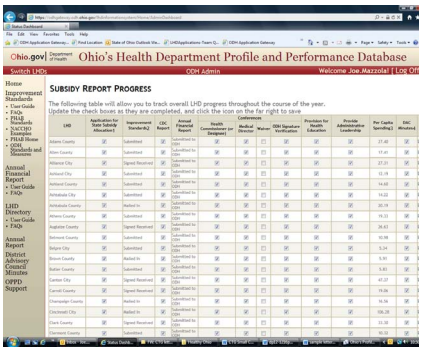
During the five years of this grant, participating hospitals provided treatment to 36,988 stroke patients; significantly improved the quality of the stroke treatment they provided; and improved their rate of defect free treatment from 17 percent of stroke patients in 2008 to 71 percent of stroke patients in 2012.

Second Chance Trust Fund

The Second Chance Trust Fund (SCTF) expanded its Green Chair campaign in 2011-2012 with new advertising, partnership and social media programs designed to increase the number of registered organ, eye and tissue donors in Ohio. The "Many Faces" television, convenience store and Facebook advertising campaign was launched to dispel common myths associated with donation while also reaching communities and demographic groups with traditionally low registration rates. SCTF and the state's organ procurement organizations launched a Hospital Champions program in partnership with Ohio Hospital Association, which will equip and encourage hospitals to register new donors. As a result of the SCTF's continued efforts to increase Ohio Donor Registry registration rates, 57.9 percent of Ohio license holders registered as organ, eye or tissue donors in May 2012, compared to 52.1 percent in May 2007.

Local Health Department Reporting System

ODH launched a new reporting database for local health departments: Ohio's Health Department Profile and Performance Database. This database manages local health department's reporting requirements for state subsidy funds. In addition, it integrates performance, financial and staffing data to create a more comprehensive picture of local public health across the state of Ohio.



This database allows ODH staff to more efficiently administer state subsidy dollars and gives local health departments the ability to benchmark performance and financial indicators; share best practices; and compare progress relative to other states and communities.

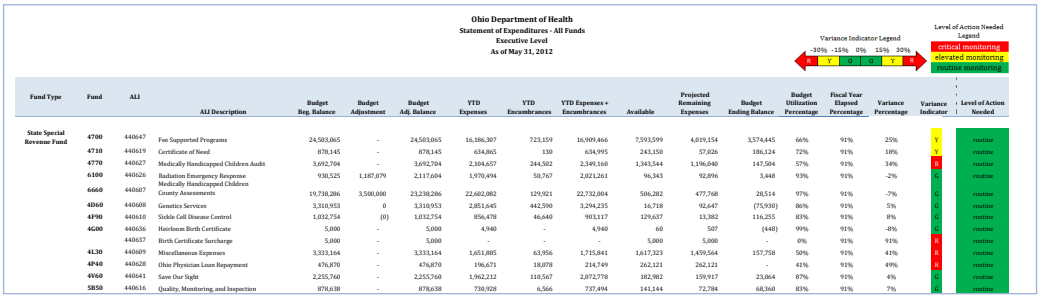
Since the reporting system was launched, ODH began to receive state subsidy funding reports from every local health department, which resulted in a seven percent increase in overall state subsidy. Ohio's Health Department Profile and Performance Database has now become the model for other states interested in designing a reporting system, including Missouri and New Jersey.

Financial Management

SFY12 FINANCIAL MANAGEMENT

Financial Dashboard Reports

In an effort to aid senior managers and program staff in reviewing agency spending by each appropriation line item and also for each individual federal grant administered by the agency, the ODH Office of Financial Affairs (OFA) developed dashboard-style financial reporting. These monthly dashboard reports include red, yellow and green indicators reflective of the variance size between time-elapsed in the budget cycle versus actual expenditures incurred at a given point in time. This strategy has helped invoke a proactive culture of financial stewardship, thus paving way to better accountability, data-mining and re-purposing of precious resources where applicable. The financial benefit is optimal stewardship of funds with minimal lapsing or carryover into the next budget cycle.



Ohio Department of Health
Statement of Expenditures - All Funds
Executive Level
As of May 31, 2012

Variance Indicator Legend: -20% -15% 0% 15% 20% — R Y G G Y R

Level of Action Needed Legend: critical monitoring; elevated monitoring; routine monitoring

Fund Type	Fund	ALI	ALI Description	Budget Beg. Balance	Budget Adjustment	Budget Adj. Balance	YTD Expenses	YTD Encumbrances	YTD Expenses + Encumbrances	Available	Projected Remaining Expenses	Budget Ending Balance	Budget Utilization Percentage	Fiscal Year Elapsed Percentage	Variance Percentage	Variance Indicator	Level of Action Needed
State Special Revenue Fund	4700	440647	Fee Supported Programs	24,503,065	-	24,503,065	16,186,307	723,159	16,909,466	7,593,599	4,019,154	3,574,445	66%	91%	25%	Y	routine
	4710	440619	Certificate of Need	878,145	-	878,145	634,865	130	634,995	243,150	57,026	186,124	72%	91%	18%	Y	routine
	4770	440627	Medically Handicapped Children Audit	3,692,704	-	3,692,704	2,104,657	244,502	2,349,160	1,343,544	1,196,040	147,504	57%	91%	34%	R	routine
	6100	440626	Radiation Emergency Response	930,525	1,187,079	2,117,604	1,970,494	50,767	2,021,261	96,343	92,896	3,448	93%	91%	-2%	G	routine
	6660	440607	Medically Handicapped Children County Assessments	19,738,286	3,500,000	23,238,286	22,602,082	129,921	22,732,004	506,282	477,768	28,514	97%	91%	-7%	G	routine
	4D60	440608	Genetics Services	3,310,953	0	3,310,953	2,851,645	442,590	3,294,235	16,718	92,647	(75,930)	86%	91%	5%	G	routine
	4F90	440610	Sickle Cell Disease Control	1,032,754	(0)	1,032,754	856,478	46,640	903,117	129,637	13,382	116,255	83%	91%	8%	G	routine
	4G00	440636	Heirloom Birth Certificate	5,000	-	5,000	4,940	-	4,940	60	507	(448)	99%	91%	-8%	R	routine
		440637	Birth Certificate Surcharge	5,000	-	5,000	-	-	-	5,000	5,000	-	0%	91%	91%	R	routine
	4L30	440609	Miscellaneous Expenses	3,333,164	-	3,333,164	1,651,885	63,956	1,715,841	1,617,323	1,459,564	157,758	50%	91%	41%	R	routine
	4P40	440628	Ohio Physician Loan Repayment	476,870	-	476,870	196,671	18,078	214,749	262,121	262,121	-	41%	91%	49%	R	routine
	4V60	440641	Save Our Sight	2,255,760	-	2,255,760	1,962,212	110,567	2,072,778	182,982	159,917	23,064	87%	91%	4%	G	routine
	5B50	440616	Quality, Monitoring, and Inspection	878,638	-	878,638	730,928	6,566	737,494	141,144	72,784	68,360	83%	91%	7%	G	routine

Funding Application Screening Team

The Funding Application Screening Team (FAST) was launched in March 2012. The team's mission is to act as a multi-disciplinary clearinghouse for funding opportunities contemplated by the agency. FAST meets on a weekly basis and reviews funding opportunities submitted by program staff. The quick and efficient review consists of ensuring that the funding opportunity syncs up with the agency's strategic priorities and has adequate support from ODH indirect areas such as information technology, human resources, legal and fiscal offices.

Grant Application Eligibility Matrix

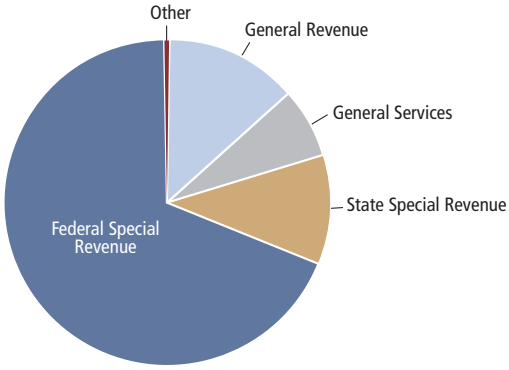
ODH standardized the process for determining the eligibility of grant applications received from subgrantees for all programs through the creation of a Grants Application Eligibility Matrix (GAEM). The matrix serves as a quick-reference interpretation of complex requirements set forth in the Code of Federal Regulations and also in the ODH Grants Administration Policies & Procedures manual.

Grant Expenditure Allowability Matrices

The agency also standardized the process for determining the allowability of subgrantee spending through the creation of expenditure matrices. These quick-reference matrices were created exclusively for certain subgrantee expenditures, governed by a complex set of rules and regulations that sometimes vary by each grant. Examples include: cell phone stipends, promotional items and food purchases.

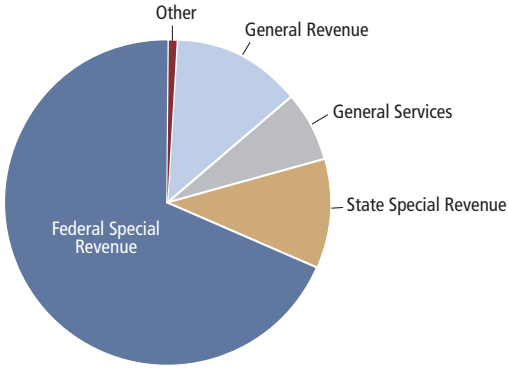
SFY 2012 Revenue by Fund Group

	Amount	Percentage
General Revenue	80,787,432	13.34%
General Services	43,194,511	7.13%
State Special Revenue	65,638,939	10.83%
Federal Special Revenue	415,875,237	68.65%
Other*	330,745	0.05%
Total**	**605,826,864**	**100.00%**



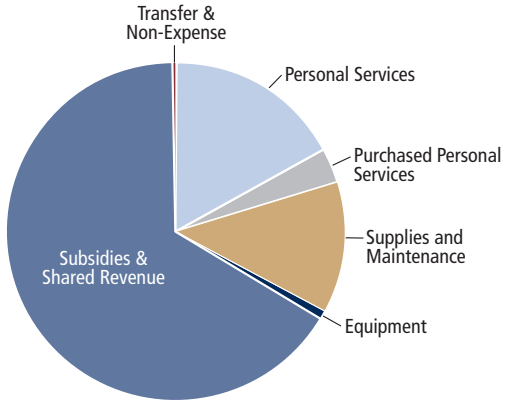
SFY 2012 Expenditures by Fund Group

	Amount	Percentage
General Revenue	81,353,127	13.65%
General Services	41,884,568	7.03%
State Special Revenue	60,274,757	10.11%
Federal Special Revenue	411,379,056	69.03%
Other*	1,032,799	0.17%
Total	**595,924,307**	**100.00%**



SFY 2012 Expenditures by Category

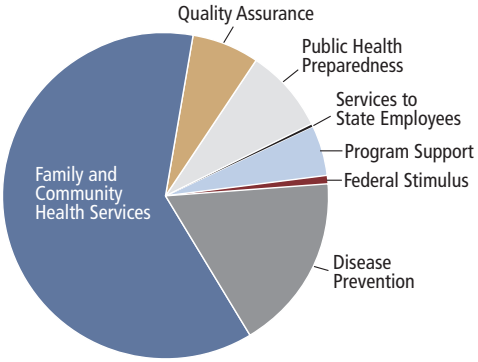
	Amount	Percentage
Personal Services	105,700,393	17.74%
Purchased Personal Services	20,998,965	3.52%
Supplies & Maintenance	77,970,534	13.08%
Equipment	3,046,807	0.51%
Subsidies & Shared Revenue	386,855,896	64.92%
Transfers & Non-Expense	1,351,711	0.23%
Total	**595,924,307**	**100.00%**



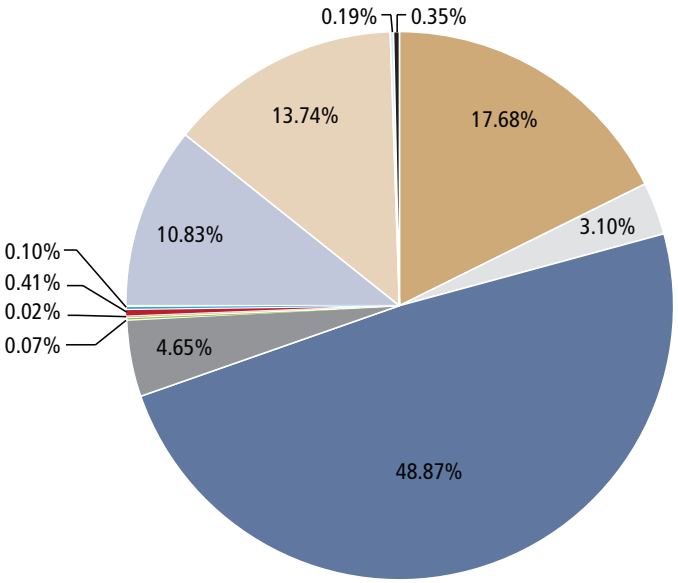
*Other includes Tobacco Master Settlement Agreement, Holding Account Redistribution, and State Highway Safety Fund Groups.
**Based on actual revenue received

SFY 2012 Expenditures by Program

	Amount	Percentage
4650A Disease Prevention	104,624,777	17.56%
4700A Family & Community Health Services	366,912,006	61.57%
4750A - Quality Assurance	39,630,607	6.65%
4800A Public Health Preparedness	49,131,339	8.24%
4850A Services to State Employees	889,340	0.15%
4875A - Program Support	30,646,740	5.14%
4876A - Federal Stimulus	4,089,497	0.69%
Total	**595,924,307**	**100.00%**



Summary of Grant Awards



- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services (CMS)
- Department of Agriculture (USDA)
- Department of Education
- Department of Justice
- Department of Labor
- Environmental Protection Agency (EPA)
- Food and Drug Administration (FDA)
- Health and Human Services (HHS)
- Health Resources and Services Administration (HRSA)
- Ohio Department of Job and Family Services (ODJFS)
- Ohio Department of Public Safety

New Rules
Policy Changes

Ohio

NEW RULES POLICY CHANGES

Many of the new rules and policies adopted by ODH in SFY12 were made possible by the Mid-Biennium Review (MBR), which was submitted as House Bill (HB) 487 to the legislature. Whether the changes impacted how ODH interacted with external stakeholders or how ODH employees interacted with each other, the new initiatives resulted in a more streamlined and focused organization.

Certificate of Need Law

HB 487 updated the CON statute to reflect current practice, eliminate terminology and provisions that are no longer relevant, and clarify and reorganize provisions to eliminate confusion. The language clarifies that the CON law is only applicable to long-term care, not hospitals and acute care facilities. The Ohio Departments of Health and Aging, along with Ohio Medicaid and the three nursing facility associations reviewed and agreed to the language.

Reduced Regulatory Burden on Nursing Homes

HB 487 aligned state rules with the federal requirement for one full-time social worker at a long-term care facility of 120 beds or more.

Adopting National Public Health Standards

ODH, working with the Ohio Voluntary Accreditation Team, completed its work of reviewing and making recommendations to change governing legislation to advance the quality and performance of state and local health departments. The legislation, effective in December, 2011, aligns state improvement standards with that of the national standards adopted by the Public Health Accreditation Board. By adopting these national standards, Ohio will continue to advance the quality and performance of state and local health departments.

Structural & Programmatic Reforms

Ohio

STRUCTURAL & PROGRAMMATIC REFORMS

State Fiscal Year 2012 marked significant organizational changes at ODH all designed to bring together programs with similar missions, increase efficiency of operations and better reflect ODH's priorities and strategic goals.

The Office of Healthy Ohio and the Office of Public Health Preparedness transformed from being stand-alone offices into bureaus under the Division of Prevention (DOP). In addition, DOP was re-named the Division of Prevention and Health Promotion to reflect the greater range of programs that now fall under its umbrella.

The Health Equity program, previously part of the Office of Healthy Ohio, is now part of the Office of Performance Improvement (OPI). Making Health Equity an integral part of OPI reflects ODH's commitment to eliminate health disparities by making this effort an agency-wide strategic goal pursued by all internal programs.

Within the Division of Family and Community Health Services (DFCHS), Ohio's Bureau for Children with Medical Handicaps merged with the Bureau of Early Intervention Services. This merger improves coordination between early intervention and early childhood systems. The result is a more seamless process for families as well as improved social, emotional and developmental well-being for the child. This facilitated collaboration on new initiatives to address the needs of the whole child and their family, consistent with the broad definition of children and youth with special healthcare needs.

Also within DFCHS, the Bureau of Community Health Services has been renamed the Bureau of Community Health Services and Patient-Centered Primary Care to reflect ODH's commitment to a system that provides individuals with easily accessed, high-quality and well-coordinated healthcare.

Legislative Committee on Public Health Futures

The MBR established the Legislative Committee on Public Health Futures to review the report of the Futures Committee of the Ohio Association of Health Commissioners and to develop recommendations for legislative and fiscal policies that would improve public health services in Ohio. Those policy recommendations will be considered as part of the state biennial operating budget for state fiscal years 2014 and 2015. ODH's Office of Public Health Support was tasked with supporting the committee, whose report to the legislator is due October 31, 2012.

Reform and Modernize ODH Rule Adoption Process

Ohio's Public Health Council (PHC) was sunsetted and replaced with the Public Health Advisory Board under HB 487. PHC pre-dated the creation of the Joint Committee on Agency Rule Review (JCARR) and many of the subject matter

experts in ODH's programs. Eliminating PHC streamlined the rule-making process at ODH, bringing it in line with the processes at other state agencies, and ensured ODH the flexibility needed to be more responsive to the needs of all Ohioans, including businesses.

Local Health Department Minimum Standards

Working with the Ohio Voluntary Accreditation Team, ODH revised rules for local health departments for minimum standards (Ohio Administrative Code 3701-36-03) and state subsidy distribution (OAC 3701-36-10). The minimum standards rule speaks to reporting and administrative requirements aligning Ohio's performance standards with the national Public Health Accreditation Board standards. Ohio's state subsidy distribution rule outlines the qualifications for subsidy and the distribution method of per-capita basis.

Early Intervention Rules Rewritten

The Division of Family and Community Health Services' Help Me Grow Early Intervention and Home Visiting completed a two year process of revising program rules, resulting in an elimination of operating from both OAC and program policies and clarifying the processes, procedures, and expectations for both families and providers in the state. The process engaged stakeholders in revision, writing and leadership teams and also included public hearings and comment periods.

Manufactured Home Parks Program

HB 487 moved the Manufactured Home Parks program from ODH to the Manufactured Homes Commission, which will provide proper oversight and administration for the program. With this transfer, all aspects of the manufactured housing industry are now under the umbrella of the commission, which already is responsible for licensing manufactured home park installers, dealers, brokers, and salespeople, and certifies inspection agencies and inspectors. The move resulted from the collaboration of numerous parties including ODH, the Ohio Manufactured Homes Commission, the Ohio Manufactured Homes Association, the Association of Ohio Health Commissioners, the Ohio Environmental Health Association, and the Association of Manufactured Home Residents of Ohio. Additionally, local health departments also gained the right of first refusal to perform these inspection activities.

Repeal of the Marina Laws and Rules

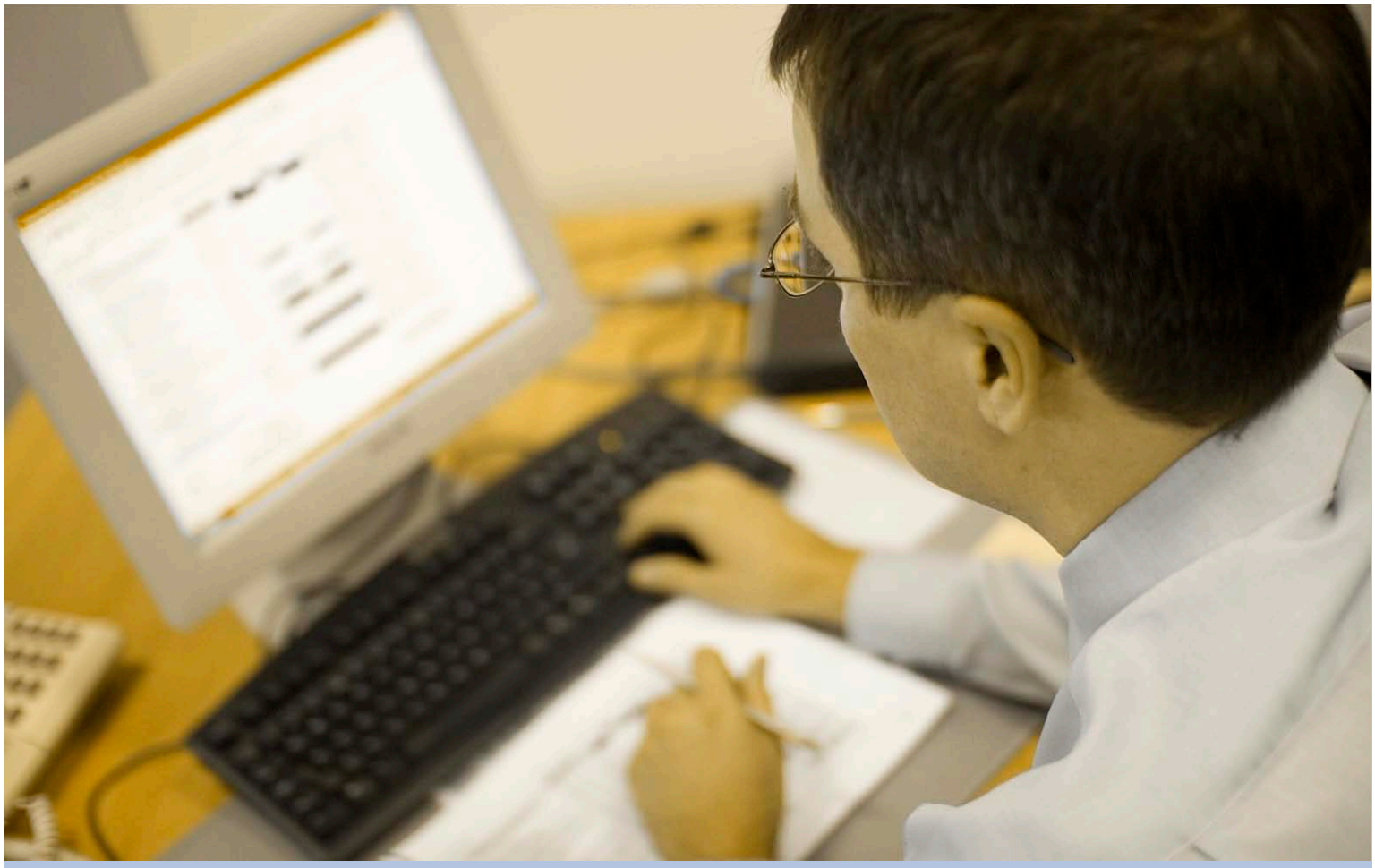
Marina laws and rules were repealed during SFY12. ODH determined that regulation of marinas in Ohio did not support a core public health function. The Ohio Environmental Protection Agency and Ohio Department of Natural Resources already have jurisdiction over waters of Ohio.

Informed Consent Brochures

Under previous law, ODH was required to produce information related to pregnancy services and fetal development (informed consent brochures) and distribute as many copies of the brochures as requested by providers. HB 487 changed the requirement so that ODH now only provides one hard copy of the informed consent brochures to abortion providers upon the request of the provider. Published materials are also available electronically on the ODH website. The provider may then make additional copies of the brochures.

Adult Care Facilities

Ohio's Adult Care Facilities licensure program moved to the Ohio Department of Mental Health (ODMH). The change was supported by data that indicated that more than 60 percent of residents in these facilities had a primary diagnosis of mental illness.



Reducing Backlog

Ohio

REDUCING BACKLOG

Over the last year, the reorganized ODH started to rethink the ways in which services are delivered to its customers. The pace of change in state government accelerated rapidly, and ODH turned to technological advances to help change the way it does business. Information technology was employed to eliminate backlogs and increase real-time responses.

Online Survey Processing for Nursing Homes and Other Facilities

The Division of Quality Assurance is developing a Web-based application for transmission of survey reports, plans of correction, and related communications between ODH staff and healthcare providers. The application replaces the current paper-based communication model, including: notice letters and written correspondence with providers; survey reports; requests for waivers; requests for informal dispute resolution; and plans of correction review and approval. Online survey processing will provide new capabilities for publishing survey reports with plans of correction on the ODH Web page for public review.

Radiation Late Payment Penalties

HB 487 changed the penalties for late payment of Bureau of Radiation Protection invoices from two times or five times the invoiced amounts to a maximum 10 percent of the invoiced amounts. The late fee penalty had been two times the billed amount for any fee that is not paid within 90 days after the invoice date and five times the billed amount for any fee that is not paid within 180 days after the invoice date. In a move to be more business friendly, the language removed these excessive penalties.

Online Access for Radon Licensing and X-ray Registration

The Bureau of Radiation Protection (BRP) went live with a new online radon licensing system so licensees can access their current license information; create activity reports; create and submit applications to amend or renew their license; and pay fees electronically.

Continuing the information technology advances, BRP launched an X-ray registration online record management system that reduces processing time and empowers our customers to apply, make record changes, print certificates, and pay X-ray invoices electronically.

Electronic Case Management

The Bureau for Children with Medical Handicaps (BCMH) links families of children with special healthcare needs to a network of quality providers and helps families obtain payment for the services their children need. In SFY12, BCMH revised its electronic case management system to:

- Implement an electronic medical record and claims payment system.
- Decrease paper usage due to digitization and electronic storage of correspondence documents.
- Achieve real-time access to the BCMH case management system by local public health nurses.
- Implement an on-line provider portal that allows electronic, real-time access to claims remittance advice and allows providers to verify eligibility for BCMH programs electronically.

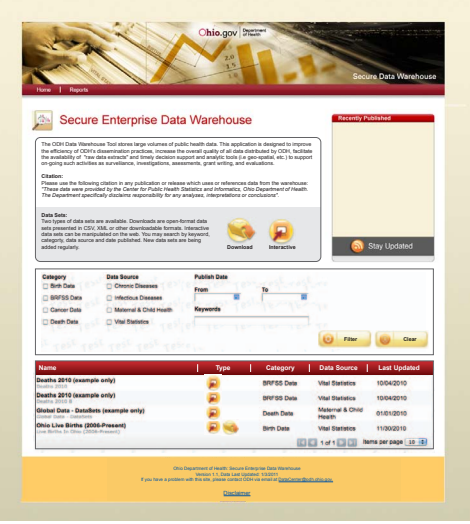
Ensure Confidentiality of Ohio Violent Death Reporting System (OVDRS)

The OVDRS provides a comprehensive data source about the circumstances that surround violent deaths. Information on the details of violent deaths can be personal, sensitive and confidential. HB 487 ensured that identifiable data will remain confidential and cannot be released under a public records request or subpoena.

Public Information Warehouse

ODH implemented the Ohio Public Health Information Warehouse. The goal of the system is to provide a "one-stop shop" to maximize the timeliness and efficiency for customers to access ODH data in a user-friendly and consistent manner. Both secure and public views will eventually be available, with shared tools for data analysis, graphing and mapping.

Currently birth and cancer data are in the secure warehouse, accessed by over a hundred users, primarily in local health departments. The addition of death, infant mortality, maternal and child health, as well as risk factor data in both the secure and public views is planned for SFY13.



Access to generate ODH data in a "one-stop" location. The secure and public view resource will allow data search, analysis and tools to generate maps and graphs.

Efficient Collection of Vital Statistics Fees

The new streamlined vital record issuance fee collection process designed in SFY12 will benefit two state agencies. In the past, there has been no consistent process to collect fees for the Children's Trust Fund (Ohio Department of Job and Family Services) and the Family Violence Prevention Fund (Ohio Department of Public Safety).

Through new language passed in the budget bill, ODH can now utilize its existing invoice process to collect fees on behalf of the two agencies. This will be a great convenience to local registrars and local health departments and improve efficiency and cash flow for the trust funds. The process will be fully implemented in SFY13.

Collecting Outstanding Fees

The Office of Public Health Support, in collaboration with the Office of Financial Affairs (OFA), reduced the number of local health departments with outstanding debts owed to ODH by over 90 percent. Using timely information provided by OFA, the Office of Public Health Support proactively reached out to the local health departments with outstanding balances that were certified to the Attorney General's Office and provided technical assistance related to the balance owed and the process to make payment.

In addition, the Office of Public Health Support worked with OFA to identify local health departments that were more than 30 days late in payment and again proactively contacted them to avoid the AG certification process. This partnership between the two offices not only returned necessary and proper funds back to ODH, it saved local health departments from late penalties and interest. These efforts are part of a larger initiative to streamline the process for local health departments and subgrantees to return unspent funds and make payments to ODH in a more efficient and timely manner.

Increased Collaboration

Ohio

INCREASED COLLABORATION

ODH worked with other health-related state agencies as well as private sector partners in the quest to improve the health of the state's residents. The goal of this increased collaboration is coordinated care that spans public health as well as clinical medicine to improve the healthcare delivery system and achieve better health outcomes for all Ohioans.

Reducing Pre-Term Births

Perinatal leaders, doctors, nurses, the Ohio Department of Health, the Ohio Department of Job and Family Services, Ohio Medicaid and other policymakers in Ohio joined together in March 2007 to create the Ohio Perinatal Quality Collaborative (OPQC). This unique collaboration has received national recognition for its efforts in reducing scheduled early deliveries in Ohio. The OPQC facilitates this effort by making sure hospitals have access to best methods of care for pregnant women, increasing collaboration among hospitals, and by providing the research and evidence needed by perinatal leaders and clinicians to test and implement effective strategies.

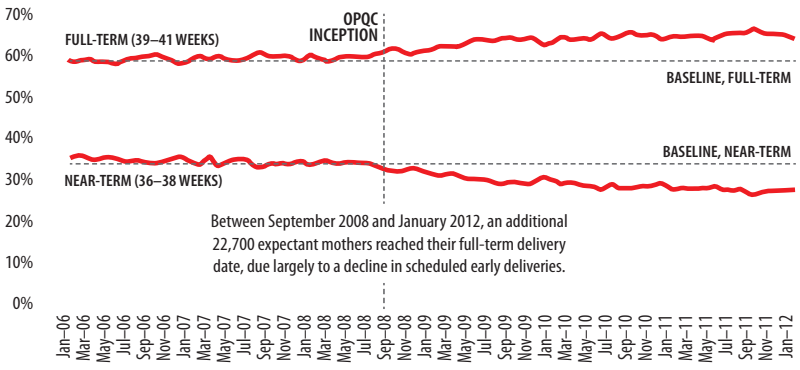
Prevention of 500+ Neonatal Admissions and Preventing 34 Infant Deaths.

From September 2008 to June 2010, OPQC worked closely with 20 Ohio maternity hospitals, which deliver more than 47 percent of babies born in the state.

As a result of OPQC's 39-Week Project, nearly 23,000 babies that would have been delivered at 36-38 weeks were delayed to 39 weeks, representing an increase of 8 percent in full-term deliveries. This shift helped prevent approximately 500 admissions to neonatal intensive care units and 34 infant deaths. In addition, this project has saved approximately $27 million in health care costs through avoided NICU admissions.

For these significant public health accomplishments, the Association of State and Territorial Health Officials recognized the Ohio Department of Health as a *2012 Vision Award* winner.

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



Baseline averages were calculated from the initial 24 months, January 2006 to December 2007.

WebMD Partnership

ODH launched a partnership in June with Medscape of WebMD, a leading online-source of information for healthcare professionals, to communicate urgent public health messages to its physicians, pharmacists and nurse members in Ohio. This unique public-private partnership became a tool to innovatively reach more Ohioans with critical health news and information. ODH is part of the Centers for Disease Control and Prevention (CDC) national Health Alert Network (HAN) system. The HAN is used to immediately disseminate vital health information to local health departments, hospitals and public health partners.

The new partnership expands the distribution to Medscape's network of Ohio-based healthcare providers. Medscape can now instantaneously email important health information including infectious disease outbreaks, environmental and product safety advisories, preparedness planning and response information, and public health developments among other alerts, to its network of registered clinical members throughout Ohio.

State Health Improvement Plan

In 2011, ODH completed a State Health Assessment (SHA). The SHA is one of three pre-requisites required prior to applying for national public health accreditation according to the newly Public Health Accreditation Board (PHAB) standards. These standards require states to perform and update a systematic collection and analysis of health and health-related data every five years—a process that will provide ODH with a solid foundation for engagement of public health entities and collaboratively strengthen Ohio's public health infrastructure.

The SHA will be used for the second step of accreditation, which is the development of a State Health Improvement Plan (SHIP). The SHIP will identify and prioritize goals and objectives providing focus and direction to strategically fulfill the public health system's mission to protect and improve the health of all Ohioans. This is expected to be completed in July 2012.

The third component of accreditation by PHAB is creating a strategic plan for the agency.

Strategic Plan

In late June, 20 leaders from across ODH met to begin developing a strategic plan for the agency. The group reviewed the priorities identified in the State Health Improvement Plan and discussed how ODH's strategic priorities must fit into the priorities established by federal funders. After sorting through the feedback from internal conversations as well as from a survey sent to external stakeholders, the group identified seven areas on which to focus for the next 24 months, including:

1. Access to Care
2. Prevention & Wellness
3. Infrastructure
4. Funding & Grants
5. Technology & Data
6. Marketing & Communications
7. Collaboration & Building Relationships

In the next steps, the group will begin developing goal statements for each issue and discussing potential strategies for reaching those goals.

Home Health Agency Criminal Records Checks

Under current law, there are gaps and inconsistencies in statutes and regulations governing criminal background checks and disqualifying criminal convictions for workers providing home health and waiver transportation services under the Medicaid program. HB 487 changed administrative rules to close these gaps and protect individuals receiving home-based and community-based services from harm.

Reducing Voter Fraud

The Secretary of State's office has begun to use the State and Territorial Electronic Vital Record Exchange portal to electronically receive death notification for Ohio registered voters. The office will use the information to removed deceased individuals from voting rosters to help reduce voting fraud.

CDC Epidemiology Mentorship

The State Epidemiology Office completed another round of mentorship work with the Centers for Disease Control and Prevention's (CDC) Epidemic Intelligence Service (EIS) and undergraduate and graduate schools of public health. ODH has had five EIS officers since 2002 and will have a sixth officer begin her work in Ohio in August. As part of the EIS program, each of the CDC EIS officers is assigned to ODH offices in Columbus for two years. Dr. Rodgers was ODH's most recent EIS Officer and his training program occurred from July 2010- June 2012. In 2012, Dr. Rodgers worked with local health departments and ODH staff on outbreak investigations and has had several publications in public health and medical journals regarding these investigations. In addition, in 2011, three interns from undergraduate and graduate schools of public health in Ohio have worked with State Epidemiology Office staff on projects to allow them to develop applied epidemiology skills.

Agriculture Labor Camps

Before a collaborative project in SFY12, both ODH and the Ohio Department of Job and Family (ODJFS) Services inspected agriculture labor camps. Through a memorandum of understanding with ODJFS, ODH will now perform the inspections for both agencies.

Harmful Algal Blooms

The State of Ohio announced additions to its Harmful Algal Blooms (HABs) strategy that included permanent signage at designated state park lakes. The use of permanent signage at state park beaches became another tool to help increase public awareness about HABs by providing messaging and educational color photos about what to look out for in the water.

Photo credit: sanduskyregister.com

In addition to the permanent signs, two new color-coded signs were posted at beaches where toxin levels exceed the limits in the 2012 HAB Response Strategy for Recreational Waters. They include:

- An orange Recreational Public Health Advisory sign for toxin levels that exceed the recommended threshold, to warn high-risk groups that swimming or wading is not recommended.
- A red No Contact Advisory sign posted when toxin levels exceeding the recommended threshold and there are one or more probable cases of human illness or pet deaths attributable to cyanotoxins.
- The new strategy was the result of work by ODH, the Ohio Environmental Protection Agency and the Ohio Department of Natural Resources.

Fracking

In order to ensure safe exploration and development of Ohio's shale drilling operations, representatives from ODH, the Ohio Environmental Protection Agency, and the Ohio Department of Natural Resources (ODNR) regularly met to coordinate activities. Although ODNR is the lead agency for response, ODH subject matter experts including staff from both the Bureau of Radiation Protection and Bureau of Environmental Health participated in the meetings.

Home Visiting

The Division of Family and Community Health Services' Help Me Grow Home Visiting achieved affiliation as a multi-site with Healthy Families America, an evidence-based home visiting model and served more than 5,000 families over the last year. ODH worked closely with ODJFS to write a State Plan Amendment to implement Medicaid reimbursement for Home Visiting services to Medicaid-eligible individuals.

5,000+
Families Served

Ohio Family and Children First Initiative
Help me grow™
Home Visiting
PROGRAM

Division of Family and
Community Health Services

PROJECT DAWN

Health Information Exchanges

The Bureau of Infectious Diseases worked with the ODJFS, Ohio's hospitals and health information exchanges (CliniSync and HealthBridge) to create a syndromic surveillance Meaningful Use policy. Having such a policy ensures that health information technology systems are used in a meaningful way to provide better patient care. Hospitals that want to meet Meaningful Use under the Centers for Medicare and Medicaid Electronic Health Records Incentive Programs will need to provide additional data to ODH for the purpose of detecting and tracking health events such as pandemic influenza, outbreaks, and potential bioterrorism incidents.

Project DAWN

Building on its commitment to stop the dramatic increase in drug overdose deaths, the Violence and Injury Prevention Program allocated seed money to initiate Project DAWN (Deaths Avoided with Naloxone), Ohio's first naloxone overdose reversal project. Project DAWN is a community-based drug overdose prevention and education project housed and administered out of the Portsmouth City Health Department and serving all of Scioto County. Project DAWN participants receive training on: recognizing the signs and symptoms of overdose, distinguishing between different types of overdose, performing rescue breathing, calling emergency medical services, and administering intranasal Naloxone.

A Lifetime of Good Health

Ohio

A LIFETIME OF GOOD HEALTH

Each day, ODH policies and programs make Ohio a safer and healthier place to live, work, and play. Everyone in Ohio benefits.

WIC
mothers provides
$175,569,876
in revenue to 1,500 grocery and pharmacy vendors

Healthy Babies

Women, Infants and Children (WIC)

Ohio WIC's food package cost ranking is the sixth lowest in the country. The administrative cost per participant is the tenth lowest in the country, resulting in Ohio having the fourth lowest combined cost in the country for administering this program.

USDA approved the Ohio WIC Electronic Benefit Transfer (EBT) Advanced Planning Document allowing continued progress on EBT implementation goal of 2015, which will speed up transactions and payments.

Early Intervention

The Division of Family and Community Health Services' Help Me Grow Early Intervention served over 14,000 infants and toddlers with disabilities and developmental delays in SFY 2012. The Ohio Department of Health providers training to the field, technical assistance to grantees in each of Ohio's 88 counties, and monitors all service providers for compliance with the federal Individuals with Disabilities Education Act, Part C; investigates family complaints and reported data to the public by county.

Perinatal Quality Collaborative

The Bureau of Child and Family Health Services received a new grant from CDC's National Center for Chronic Disease Prevention & Health Promotion to further develop the state's Perinatal Quality Collaborative. The $350,000 award supports a three years partnership between ODH and the Ohio Perinatal Quality Collaborative (OPQC). The mission of OPQC is collaborative use of improvement science methods to reduce preterm births and improve outcomes of preterm newborns. The Office of Vital Statistics is noted nationally for its ability to provide real time birth data to hospitals to monitor maternity quality outcomes.

Division of Family and Community Health Services Team Recognized Nationally

ODH was awarded a "Zero to Three" State Policy Action Team grant (one of seven states chosen) to attend a meeting with experts in the field of Home Visiting. ODH's Division of Family and Community Health Services was one of only seven groups chosen nationally for the award. Ohio's team was then asked to present at multiple sessions as leaders in the field of early childhood health and development.

Online Training for Better Birth Outcomes

The Division of Family and Community Health Services' Bureau for Children with Medical Handicaps and Early Intervention programs worked with the Michigan Department of Health to create online trainings for nurses and other health care providers. The web-based training teaches them how to improve the preconception and interconception health of women of childbearing age that visit their practices or clinics. These self-studies provide information and resources addressing some common risk factors for poor reproductive outcomes, with a particular emphasis on recognizing and decreasing the risk for birth defects.

Healthy Kids

Healthy Housing and Lead Poisoning Surveillance System

The Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP) deployed a web-based lead poisoning surveillance system called Healthy Housing and Lead Poisoning Surveillance System (HHLPSS). HHLPSS gives ODH and local health department staff access to near real time lead testing data. Alerts are generated that notify users when new cases are opened or when existing cases receive additional lead tests.

154,880 kids in Ohio were tested for lead last year.

1,742 were found to have an elevated blood lead level.

Medications in Schools

The ODH School Nursing program developed an online course for licensed health professionals to use in training school staff to properly administer medications to children during the school day. The training is designed to implement the change in Ohio law (ORC 3313.713) to require school staff without a healthcare license to be trained to safely administer prescription medication. More than 1,200 nurses took this course since its launch in May 2011.

Healthy School Environments

ODH and the Ohio Department of Education obtained grant funding to support work with 13 school districts to integrate health, wellness and climate strategies into district school improvement plans to improve academic performance, attendance, behavior and graduation rates. The "Healthy School Leadership Institute" approach received national recognition from the Association for Supervision and Curriculum Development and the National Association of Chronic Disease Directors.

Vision Screening Registry

ODH obtained a Healthy People 2020 Action Project one-year grant to establish statewide collection of vision screening and referral data in the statewide Immunization Registry. The voluntary recording and reporting of this data will help Ohio advance the cause of early detection of vision loss in children.

Dental Sealants for Children

Dental Sealant Expansion

With new grant funding, the ODH School-based Sealant Program surpassed its target for the number of children receiving dental sealants from 20,187 to 25,399 children. This represents a 21 percent increase in the number of children who received sealants due to expansion of the program.

Teen Pregnancy Prevention

ODH obtained two teen pregnancy prevention grants. Ohio will receive $1.9 million for each grant each year over the next four years totaling $15 million. Programming is a combination of abstinence education and comprehensive pregnancy prevention efforts. Abstinence programming is focused on youth ages 11-14 provided through a variety of school-based curricula.

The second grant program, called Personal Responsibility Education Program, is a collaborative effort with the Ohio Departments of Youth Services and ODJFS' Foster Care program. It targets high-risk youth in systems, such as foster care and juvenile detention, with information on post-adolescent topics to ensure successful transition into independent living and healthy adulthood.

Teen Immunization

The Immunization Program coordinated an multi-media campaign targeting Ohio adolescents, encouraging them to have conversations with their parents about keeping vaccinations current.

"Get Vaccinated Ohio" used social media, such as Facebook and Twitter, and a dynamic website to engage teens in conversations. ODH's Immunization program received a 2011 Association of Immunization Managers Bulls-Eye Award for the adolescent immunization campaign, "Spread the Word, Not the Disease. Get Vaccinated."

www.getvaccinatedohio.org

Disease Surveillance and Prevention for All Ohioans

Vaccine Tracking

Ohio was chosen by the Centers for Disease Control and Prevention to serve as one of five states to transition to Vaccine Tracking System (VTrckS) "based on the carefully planned and exemplary approach" used in Ohio to routinely manage, monitor, and update vaccine usage and spending.

Vaccines for Children

Vaccines for Children (VFC) delegation of authority was completed for all health departments in Ohio that allowed the use of VFC vaccine for underinsured children. This action deferred some of the costs of vaccines for underinsured children from General Revenue Funds and 317 funds to national VFC funding. As a result, a limited amount of rotavirus and hepatitis A vaccine was made available to local health districts.

Disease Monitoring

Data from the Ohio Disease Reporting System (ODRS) began flowing into Ohio's syndromic surveillance system, the EpiCenter, at the beginning of SFY12. Rather than creating new, costly, data analysis functionality in ODRS, data is now forwarded to EpiCenter for automated analysis. State and local epidemiologists use the analytic tools in EpiCenter to monitor trends in reportable diseases.

ODH was one of the first states to officially join the BioSense 2.0 project, another tool to enhance disease monitoring. BioSense 2.0 is a national syndromic surveillance system that allows Ohio to share data with other states in order to detect, track and characterize health events such as pandemic influenza, outbreaks, and potential bioterrorism incidents.

Foodborne Illnesses

The collaborative work among staff from the Bureau of Public Health Laboratory, the Bureau of Infectious Diseases (ORBIT) and the Bureau of Environmental Health resulted in a ground beef recall that was issued just 20 days after onset of first illness. ODH received the recognition and appreciation of U.S. Department of Agriculture and CDC.

Cancer Control

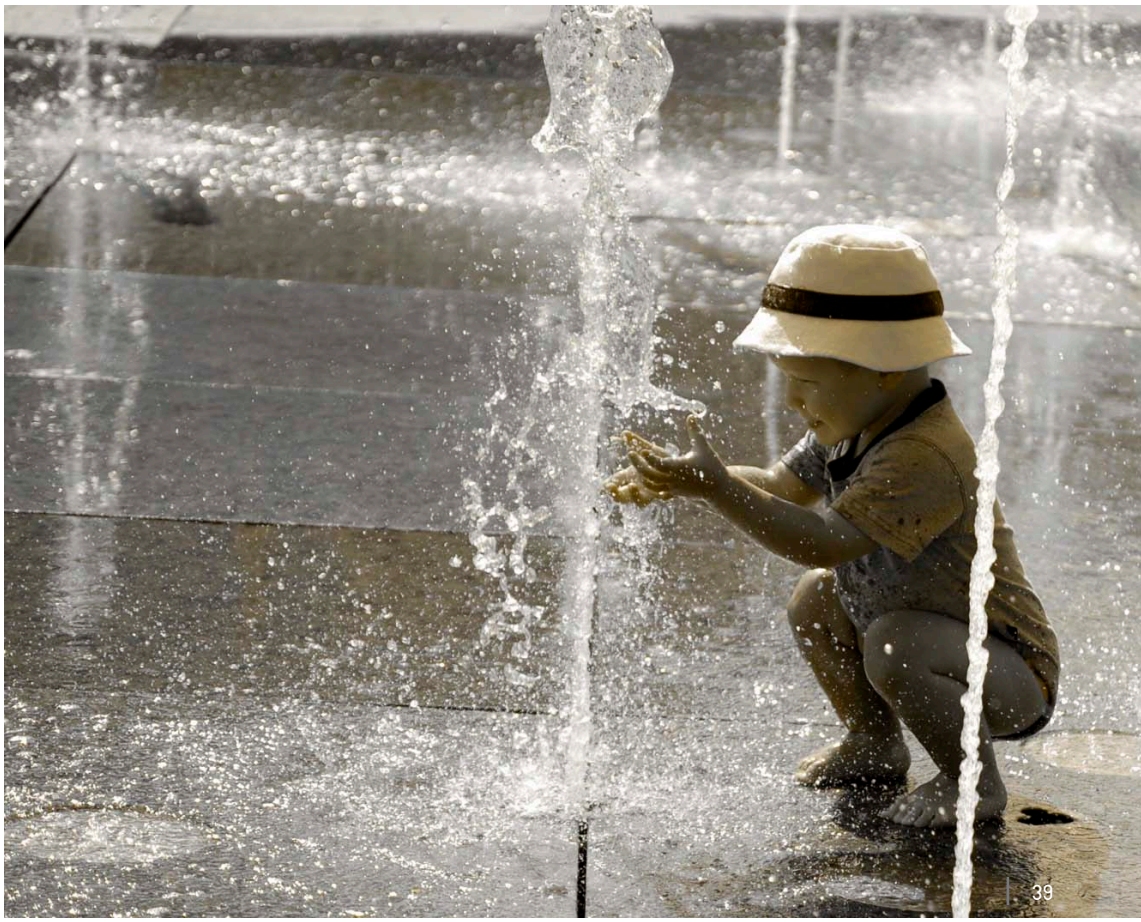
ODH and the Ohio Partners for Cancer Control wrote the Ohio Comprehensive Cancer Control Plan 2011-2014. Created with the collaboration of more than 20 organizations the plan serves as a blueprint for cancer surveillance, prevention, screening and early detection, clinical trials, palliative care, and survivorship. The Plan's strategies are intended to direct collaborative efforts towards specific and measurable objectives that will reduce the cancer burden for all Ohioans.

Colon Cancer Surveillance

The Division of Family's Bureau of Children with Medical Handicaps Genetics Services Program and the ODH Comprehensive Cancer Program worked together to develop the first cancer-genetics objectives for the State Cancer Plan, and continue planning for a hereditary colon cancer surveillance system to be implemented in 2012.

Biological Agent Testing

ODH Lab is part of the Laboratory Response Network which is an integrated national and international network of laboratories that can respond quickly to needs for rapid testing, timely notification and secure messaging of results associated with acts of biological or chemical terrorism and other high priority public health emergencies. This network of laboratories respond to testing for biological or chemical terrorism incidents. ODH Lab has in the past year set up three instruments and trained the staff to test for two of the toxic chemicals. The lab would continue the efforts to add more tests to the menu by training the staff at the CDC facilities.



www.odh.ohio.gov

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