

Pillars of Public Health

To Protect and Improve the Health of All Ohioans



Ohio Department of Health
Annual Report
State Fiscal Year 2015



Ohio
Department of Health



Ohio's Commitment to Protecting and Improving Health of all Ohioans

Senior Executive Team

Director - Richard Hodges
Medical Director - Mary DiOrio, M.D.
Chief of Staff - Julie Walburn
General Counsel - Lance Himes
Chief Financial Officer - Harry Kamdar

Ohio Department of Health
246 North High Street
Columbus, OH 43215
<http://www.odh.ohio.gov>

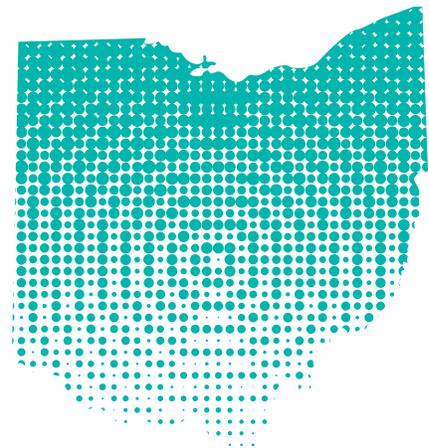
Additional ODH Locations:

- Laboratory, 8995 E. Main St., Reynoldsburg
- Vital Statistics, 225 Neilston St., Columbus
- Warehouse, 900 Freeway Dr., Columbus
- Akron District Office, Ocasek Government Building, 161 S. High St., Suite 400, Akron
- Toledo District Office, Disalle Government Building, One Government Center, Suite 1320, Toledo

Acknowledgments:

Creative Services
Elsie Stiger

Office of Communications
Russ Kennedy
Shannon Libby



State of Ohio

John R. Kasich
Governor

Richard A. Hodges
Ohio Department of Health
Director





Table of Contents

Message from the Director	4
About the Ohio Department of Health	5
ODH Core Public Health Responsibilities and Values	6
Key ODH Initiatives During State Fiscal Year 2015	8
Infectious Diseases	9
Preparedness	15
Health Improvement & Wellness	18
Health Equity & Access	23
Environmental Health	26
Regulatory Compliance	31
Ohio's Public Health Laboratory	34
Managing Ohio's Vital Records and Statistics	36
Financial Management & Stewardship	38



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 2015 covering July 1, 2014 to June 30, 2015. ODH has experienced significant changes in the past year, starting with my appointment as Director of Health in August 2014 by Gov. John R. Kasich. I am deeply honored to lead ODH in fulfilling its mission to protect and improve the health of all Ohioans.



I believe that ODH must renew its focus on core public health responsibilities - what we call our "Pillars of Public Health."

ODH also implemented a new senior leadership model with both a Director and a Medical Director to strengthen agency management and ensure broader medical participation in agency decision-making. ODH has approximately 120 programs and 1,200 employees. A large organization needs strong management oversight, and ODH's new senior leadership model allows me to use my management experience to focus on leading and managing the agency. ODH also must address many complex medical and clinical issues, and the agency's new senior leadership model allows Medical Director Mary DiOrio, M.D., to focus her attention on these issues.

I believe that ODH must renew its focus on core public health responsibilities – what we call our "Pillars of Public Health." This report explains these pillars and highlights key ODH initiatives around them during the past year.

As you will read in this report, ODH, local health departments and other state and local partners have worked together to protect Ohioans during several public health emergencies, including the largest measles outbreak in the U.S. in 20+ years; the Toledo water crisis caused by harmful algal blooms in Lake Erie; the potential Ebola event in northeast Ohio; a severe 2014-15 flu season which resulted in three times as many flu-associated hospitalizations compared to the previous year; and a foodborne botulism outbreak.

Throughout these public health emergencies, and as I have traveled around the state visiting some of Ohio's 123 local health departments and other public health professionals, I have been impressed and inspired by their passion and dedication to their communities. That is why in the midst of the changing healthcare environment I am very optimistic about the future of public health in Ohio!

Sincerely,

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 with Ohio's 123 local health departments.

MISSION

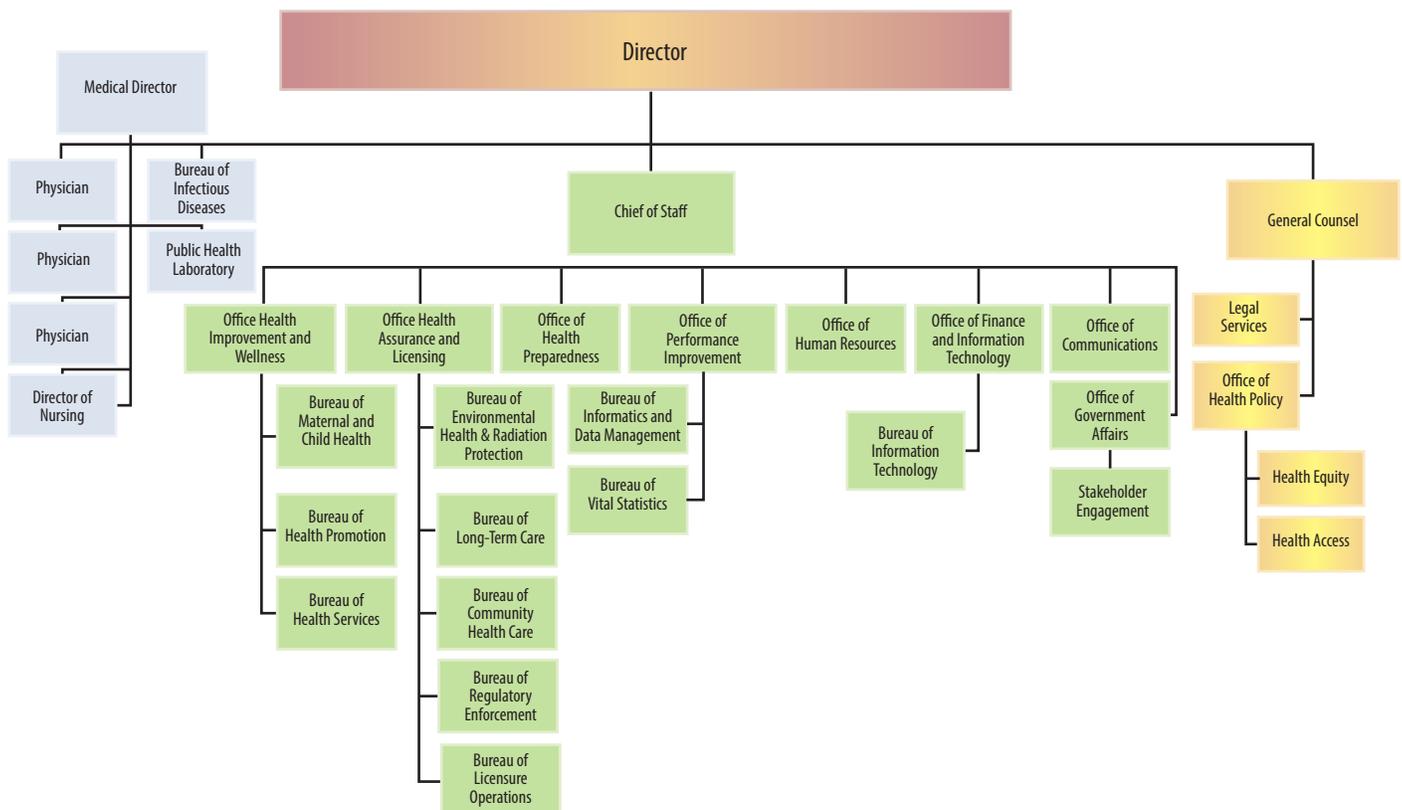
"To protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality health care"

VISION

"Optimal health for all Ohioans"

Organizational Realignment

The ODH organizational structure was realigned during State Fiscal Year 2015 to reflect the agency's new senior leadership model; to improve cross-agency collaboration; to operate more effectively and efficiently; and to foster better planning for and management of change.





ODH Core Public Health Responsibilities and Values



ODH Core Public Health Responsibilities and Values

The healthcare environment is changing due to the federal Affordable Care Act and efforts to increase value in healthcare spending. In the midst of this change, ODH will continue to focus on its core public health responsibilities – its “Pillars of Public Health.” ODH also will remain true to its values – how the agency and its staff approach their work.

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.



Key ODH Initiatives During State Fiscal Year 2015



Infectious Diseases

To prevent and control the spread of infectious diseases.

Ohio's Ebola Response and Monitoring Protocols

As a result of the growing Ebola outbreak in West Africa, ODH, other state agencies and healthcare leaders from across Ohio conducted a tabletop exercise and preparedness seminar on October 14, 2014 to strengthen Ohio's Ebola preparedness at the local and state levels in coordination with the Centers for Disease Control and Prevention (CDC). The next morning, CDC alerted ODH that a Dallas nurse who recently visited family in Ohio had tested positive for the Ebola virus upon her return to Texas. The state activated its Ebola response plans, working with local officials in affected jurisdictions in the event of an actual or suspected case in Ohio. At the request of Gov. John R. Kasich, CDC sent a team to Ohio to support state and local efforts.

ODH quickly activated an Ebola Call Center to provide information to the public about Ebola and the state's response. ODH also recommended that Ohio hospitals conduct a practice drill with appropriate staff about how to properly receive and isolate a potential Ebola patient, and to implement proper infection control practices, including how to put on and take off personal protective equipment, to ensure safety of staff treating a patient. All Ohio hospitals completed the drill. ODH also sought, and received, approval from the state Controlling Board to purchase additional personal protective equipment to support frontline emergency first responders and healthcare providers, if necessary.

In addition, ODH issued Ebola monitoring and quarantine protocols for local health departments responding to a suspected or confirmed Ebola case. The protocols were developed in consultation with Ohio infectious disease experts and built upon CDC guidelines. Protocols for monitoring potentially exposed individuals included monitoring travelers from Ebola-affected countries twice daily for 21 days since Ebola's incubation period can last that long. By the end of June 2015, more than 400 travelers from Ebola-affected countries had been monitored, with no confirmed Ebola cases in Ohio during that time.

What You Need to Know about Ebola

The 2014 Ebola epidemic is the largest in history
While Ebola does not pose an imminent risk to Ohio residents, out of an abundance of caution the Ohio Department of Health is working with local health departments, hospitals, EMS responders, physicians, other health care professionals and state agencies to be prepared.
The first U.S. Ebola case (a traveler from West Africa) was diagnosed in Dallas, Texas on September 30.

Ebola is spread through direct contact with blood and body fluids
Ebola is spread through **direct contact** (through broken skin or mucous membranes) with:
• Blood and body fluids (like urine, feces, saliva, vomit, sweat and semen) of a person who is sick with Ebola.
• Objects (like needles) that have been contaminated with the blood or body fluids of a person sick with Ebola.
Ebola is **not** spread through the air, water, or food.

Facts about Ebola in the U.S.
You can't get Ebola through air.
You can't get Ebola through water.
You can't get Ebola through food.

A person infected with Ebola can't spread the disease until symptoms appear
The time from exposure to when signs or symptoms of the disease appear (the incubation period) is 2 to 21 days, but the average time is 8 to 10 days. Signs of Ebola include fever (higher than 101.5 F) and symptoms like severe headache, muscle pain, vomiting, diarrhea, stomach pain, unexplained bleeding or bruising.

If you recently traveled to West Africa or had close contact with a person sick with Ebola, you may be at risk if you
• Had direct contact with blood or body fluids or items that came into contact with blood or body fluids from a person with Ebola.
• Touched bats or non human primates or blood, fluids, or raw meat prepared from these animals.
• Went into hospitals where Ebola patients were being treated and had close contact with patients.
• Touched the body of a person who died of Ebola.

What you should do
• Watch for signs and symptoms of Ebola for 21 days.
• Take your temperature every morning and evening to see if you develop a fever.
• Watch for other Ebola symptoms, like severe headache, muscle pain, vomiting, diarrhea, stomach pain, unexplained bleeding or bruising.
• Get medical care right away if you have these symptoms and have traveled to West Africa.
• Call first before you go to the hospital or your doctor. Calling first will help them take care of you and protect other people.

For more information
www.odh.ohio.gov
Call the Ohio Department of Health, Bureau of Infectious Disease (614) 995-5599
Call your local health department



Chronology of Ohio's Ebola Response

Nov. 1-

Present: Continued health monitoring of travels from Ebola-affected countries.

Oct. 31: ODH strengthened its protocols for managing travelers returning from Ebola outbreak countries. Standards range from daily health checks by public health officials to 21-day home quarantine for those with direct contact to a potentially infected person.

Oct. 23: ODH and the Ohio Hospital Association announced that 100 percent of Ohio hospitals had completed Ebola preparedness and response drills.

Oct. 21: ODH evaluated new CDC guidance for personal protective equipment when treating potential cases of Ebola to determine what, if any, additional personal protective equipment ODH should acquire to add to its stockpile.

Oct. 20: The state Controlling Board approved ODH's request to purchase additional personal protective equipment as needed.

Oct. 18: Press conference held in Akron with Gov. John R. Kasich, Lt. Gov. Mary Taylor and several federal, state and local doctors, health care professionals and elected officials to update the public on the status of Ohio's Ebola response.

Oct. 17: ODH announced it would be adding to current stockpiles of personal protective equipment for frontline healthcare workers.

Oct. 16: ODH Director Rick Hodges asked Ohio hospitals to conduct practice drills within two days to ensure Ohio hospitals are prepared to handle a potential Ebola patient, and all hospitals did so.

State officials briefed CDC on Ohio's Ebola response efforts.

ODH updated infectious disease experts in Ohio and issued enhanced quarantine protocols for individuals with possible Ebola exposure.

Oct. 15: Gov. Kasich requested CDC staff to support Ohio's Ebola response efforts. CDC staff arrived in Ohio overnight. The state of Ohio activated its Emergency Operation Center to manage Ohio's Ebola response, and initiated a 24-hours-a-day call center to answer Ohioans' questions about Ebola and the recent events.

ODH deployed State Epidemiologist Mary DiOrio, M.D., and other staff to Summit County to assist with local Ebola response efforts.

CDC notified ODH that a Dallas nurse who tested positive for the Ebola virus had recently visited Ohio/Summit County.

Oct. 14: State conducted an Ebola tabletop exercise and preparedness seminar with statewide stakeholders, including hospitals, physicians, nurses, EMS responders and local health departments.

July-

Oct. 14: ODH issued periodic Ebola preparedness guidance to health care providers and local health departments.



Supporting Affected Local Health Departments in Controlling Measles Outbreak

In late April 2014, ODH, Knox County Health Department and Holmes County General Health District began investigating several suspected measles cases in the Knox County area in collaboration with the Centers for Disease Control and Prevention. The cases occurred after unvaccinated travelers returned from the Philippines which was in the midst of a large measles outbreak.

Ohio's measles outbreak eventually spread into nine counties in the region among unvaccinated individuals. ODH supported the efforts of local health departments to control the spread of measles by providing them with thousands of doses of the measles-mumps-rubella (MMR) vaccine, and they administered more than 12,000 doses. ODH also issued news releases on a regular basis urging MMR vaccination as the most effective and safe way to prevent the spread of measles, resulting in widespread news coverage.

The measles outbreak ended in September 2014 with 382 cases, making it the largest measles outbreak in the U.S. since 1992 when the disease was endemic.

Controlling Foodborne Botulism Outbreak

In April 2015, several individuals who attended a church potluck in Lancaster, Ohio, became ill with foodborne botulism. ODH assisted the Fairfield Department of Health with a public announcement urging individuals who attended the church potluck to seek immediate medical attention for an assessment as a precaution.

The Centers for Disease Control and Prevention (CDC) supplied doses of botulism antitoxin from the Strategic National Stockpile, and ODH delivered the antitoxin to central Ohio hospitals treating botulism patients. CDC also sent staff to Ohio to assist with the outbreak investigation. The ODH Bureau of Infectious Diseases coordinated the combined local, state and federal outbreak investigation.

ODH and CDC staff worked with the Fairfield Department of Health to identify and control the source of the botulism outbreak. With the support of testing by the ODH Public Health Laboratory, the investigation concluded that potato salad made with improperly home-canned potatoes was the likely cause of the outbreak. The outbreak concluded with 25 confirmed botulism cases including one death, and four suspected cases.



Promoting Flu Vaccination During Severe 2014-15 Influenza Season

According to the Centers for Disease Control and Prevention, the 2014-15 flu season in the U.S. was severe because Influenza A (H3N2) was the predominant virus strain, leading to more severe illness and mortality, especially in older people and young children. Also, the flu vaccine prepared for the season was not well-matched to two-thirds of the circulating H3N2 flu viruses, reducing its effectiveness. Still, ODH promoted flu vaccination because it remained the best protection against the flu, its severity and potential serious complications. ODH provided information about influenza, vaccination, prevention and flu activity in Ohio in regular news releases on its website at www.flu.ohio.gov. By the end of May 2015 – the traditional end of flu season – Ohio had 9,396 flu-associated hospitalizations, including six flu-associated pediatric deaths. By comparison, there were 3,451 flu-associated hospitalizations during the previous year's flu season and no flu-associated pediatric deaths.



News Release

John R. Kasich/ Governor
Richard Hodges/ Director

FOR IMMEDIATE RELEASE
Contact: Office of Public Affairs 614.644.8562

Dec. 6, 2014

Flu-Related Hospitalizations Up Significantly Over Last Year; ODH Urges Ohioans to Get Influenza Vaccine
Dec. 7-13 is National Influenza Vaccination Week

COLUMBUS – Influenza-like illness is on the rise in Ohio, and the number of associated hospitalizations are significantly higher with 202 through Nov. 29 compared to 89 last year. There has been one confirmed influenza-associated pediatric death, a teenager from southern Ohio. The 2014-2015 flu season started in October and likely will continue into next spring.

"Influenza vaccination is the safest and most effective way to fight the flu, so I encourage all Ohioans who have not already done so to get vaccinated today, except infants younger than 6 months old," said Dr. Mary DiOrio, medical director of the Ohio Department of Health (ODH). "With flu activity increasing and family and friends gathering for the holidays, now is a great time to get vaccinated to protect yourself and your loved ones."

Symptoms of influenza can include fever, cough, sore throat, body aches, headache, chills and fatigue. The U.S. Centers for Disease Control and Prevention (CDC) recommends that everyone 6 months and older get a flu vaccine each year. Flu vaccination is available at most healthcare providers' offices, local health departments and retail pharmacies.

The 2014-2015 flu season may be severe, according to information released by CDC this week. Influenza A (H3N2) is the predominant virus strain this year, and hospitalizations and deaths are higher when it is dominant. In addition, the influenza vaccine that was prepared for this year's flu season is poorly matched to half of H3N2 viruses circulating, reducing its effectiveness.

"It's still important to get vaccinated," said Dr. DiOrio. "The flu vaccine has been found to provide some protection against drifted viruses. It also offers protection against circulating influenza strains for which the vaccine remains well-matched, such as Influenza A (H1N1) and B viruses."

CDC is recommending that clinicians administer one of two prescription antiviral drugs as a second line of defense as soon as possible to patients with confirmed or suspected influenza who are hospitalized, have severe illness, or may be at higher risk for flu complications. These antiviral drugs are oseltamivir (Tamiflu®) and zanamivir (Relenza®). Patients who could benefit from them include children younger than 2 years old; adults 65 and older; people with chronic medical conditions including asthma, heart disease, or weakened immune systems; pregnant women; American Indians/Alaska Natives; and people who are morbidly obese.

"These antiviral medications can reduce the severity of the flu and prevent serious flu complications," said Dr. DiOrio. "They work best when started within two days of getting sick."

While influenza-associated pediatric deaths must be reported to ODH, adult deaths are not reportable so total influenza-associated death statistics are not available.

More information about influenza and flu activity in Ohio is available at www.flu.ohio.gov.

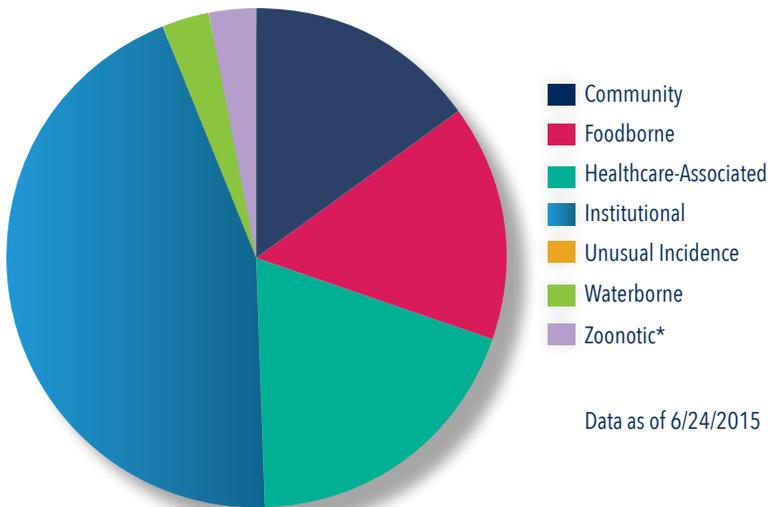
###



Outbreaks By the Numbers

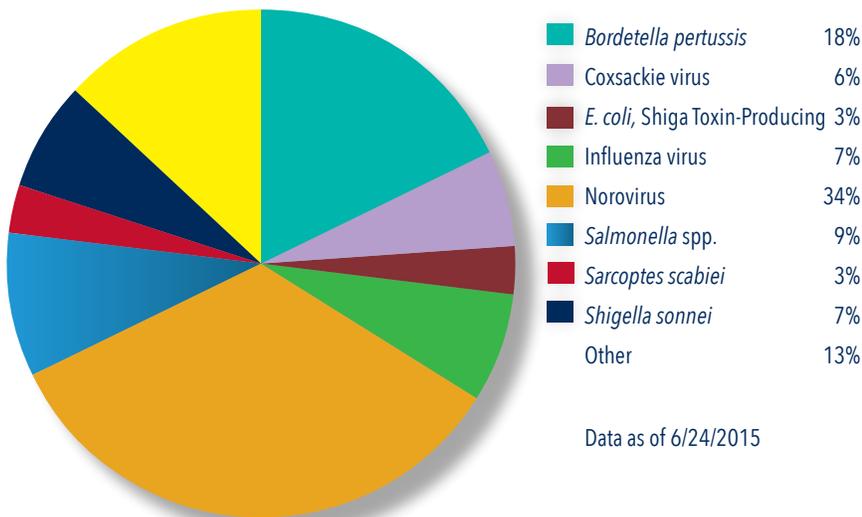
The ODH Bureau of Infectious Diseases, the ODH Public Health Laboratory, other areas of the agency and local public health departments across Ohio responded to numerous outbreaks over the past year.

Outbreaks Reported by Type, Ohio, 2014



Outbreak Type	N	%
Community	72	15%
Foodborne	74	15%
Healthcare-Associated	94	19%
Institutional	215	44%
Unusual Incidence	2	0%
Waterborne	14	3%
Zoonotic*	13	3%
Total	484	100%

Confirmed Outbreaks by Causative Agent, Ohio, 2014



Causative Agent	N	%
<i>Bordetella pertussis</i>	48	18%
Coxsackie virus	15	6%
<i>E. coli</i> , Shiga Toxin-Producing	8	3%
Influenza virus	17	7%
Norovirus	88	34%
<i>Salmonella</i> spp.	24	9%
<i>Sarcoptes scabiei</i>	7	3%
<i>Shigella sonnei</i>	19	7%
Other**	35	13%
Total	261	100%

* Diseases transmitted from animals to humans.

** Other agents (≤ 1 of outbreaks each) include: *Campylobacter* spp., *Clostridium botulinum*, *Clostridium difficile*, *Clostridium perfringens*, *Cryptosporidium parvum*, Enterovirus, Epstein-Barr virus, Fifth disease, *Giardia* spp., LaCrosse virus, *Legionella* spp., head lice, measles virus, microcystin, mumps virus, *Mycoplasma pneumoniae*, parainfluenza virus, Respiratory Syncytial virus (RSV), methicillin-resistant *Staphylococcus aureus* (MRSA), group A *Streptococcus*, other *Streptococcus*, *Tinea* spp., and Varicella-Zoster virus.



Use of Statewide Electronic Immunization System Continues to Grow

The use of Ohio's immunization registry, Impact Statewide Immunization Information System (ImpactSIIS), continues to grow. In 2014, more than 2,500 separate locations around Ohio contributed immunization data to ImpactSIIS. These included local health departments, federally qualified health centers, hospitals, physician offices, pharmacies, schools, and payers. As of January 1, 2015, ImpactSIIS included more than 72 million immunization records on more than 8.5 million individuals. A central immunization registry enables providers to check on the status of a patient's immunization record, and individuals who need a copy of the record for enrollment in a licensed child care center, enrollment in school or college, or for employment can obtain one from a participating provider.



CDC FoodCORE Site Visit to ODH

In April 2015, the ODH Outbreak Response and Bioterrorism Investigation Team (ORBIT) and ODH Public Health Laboratory staff participated in a site visit by the Centers for Disease Control and Prevention FoodCORE program staff. FoodCORE (Foodborne Diseases Centers for Outbreak Response Enhancement) includes 10 centers across the country, including ODH. Participation in FoodCORE has helped enhance Ohio's ability to detect and respond to disease outbreaks through increased training opportunities, staffing, and laboratory equipment and reagent support. CDC staff complimented ODH for its success in addressing foodborne illness outbreaks in Ohio.

Unsafe Injection Practices at WV Pain Management Clinic

After the West Virginia Bureau for Public Health identified possible unsafe injection practices at a pain management clinic that also treated Ohio residents, ODH urged Ohio patients of the clinic to consider getting tested for some infectious diseases. Potentially unsafe injection practices might expose patients to bloodborne infectious diseases like hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). Patients who had health insurance were encouraged to talk with their primary care provider about arranging testing. Patients who did not have health insurance were encouraged to call ODH to receive instructions about how to arrange testing. ODH, the Ohio Department of Medicaid, and the Ohio Bureau of Workers Compensation attempted to identify and contact Ohio patients to make sure that they were aware of their potential exposure risk and testing options. ODH set up a telephone hotline that individuals could call with questions or for more information.



Preparedness

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

ODH Support for Toledo Water Emergency Response

In early August 2014, the City of Toledo issued a "do-not-drink" water advisory for more than 400,000 individuals served by the city's public water system because of the amount of microcystin toxins in the water as a result of harmful algal blooms in the city's Lake Erie water supply.

ODH's support efforts included providing guidance on a variety of water health issues to the general public, restaurants, healthcare facilities and others; conducting health surveillance of hospital emergency departments to monitor how many individuals sought medical care related to the incident; and coordinating with partners to ensure that there was sufficient ready-to-feed formula for infants in the affected area since tap water could not be used to make the formula. One of ODH's largest missions was the receipt of 20 trucks with more than 650,000 bottles of water to be distributed, if needed.

ODH Support for Ohio's Ebola Preparedness and Response

In response to the growing Ebola outbreak in West Africa, the ODH Bureau of Health Preparedness in collaboration with the Ohio Emergency Management Agency facilitated a tabletop exercise and seminar in October 2014 to strengthen Ohio's Ebola preparedness at the local and state levels in the event of an actual or suspected case in Ohio. State agencies and healthcare leaders from across Ohio participated in the exercise.

After the Centers for Disease Control and Prevention alerted ODH that a Dallas nurse who recently visited family in Ohio had tested positive for the Ebola virus upon her return to Texas, the state activated its Ebola response plans.

The ODH Bureau of Health Preparedness supported Ohio's Ebola response throughout the incident. These efforts included, but were not limited to, purchasing personal protective equipment that might be needed by healthcare workers and securing contracts with vendors which could supply just-in-time equipment and supplies.



ODH Provides Bottled Water during Lawrence County Water Emergency

In February 2015, the Lawrence Water Corporation in Lawrence County experienced a pump station flood, pump motors were damaged, and the station was taken off-line. Approximately 1,100 individuals in rural portions of the county were without water. The ODH Office of Health Preparedness shipped a trailer with 34,272 bottles of water to the Lawrence County Emergency Management Agency, enough bottled water to sustain the affected population for four days until the pump station motors could be replaced.

ODH Support for Harmful Algal Bloom Response in Harrison County

In May 2015, the Village of Cadiz in Harrison County reported elevated levels of microcystin toxin in water samples taken from its water source, Tappan Lake. The Ohio Environmental Protection Agency's lab confirmed the elevated results, and the state's response included the ODH Office of Health Preparedness providing guidance to the local health department.

ODH Support for Local Health Departments During Columbus Water Nitrate Advisory

In June 2015, the City of Columbus issued a nitrate advisory for individuals served by one of the city's water treatment plants because of the level of nitrate in its water source. Nitrate, an inorganic chemical usually the result of runoff of agricultural fertilizers or from human or animal waste, is harmless to most people but is considered an acute toxin to infants younger than 6 months old and can be harmful to pregnant women.



The ODH Office of Health Preparedness shipped more than 316,512 bottles of water to the local health departments for distribution to the affected population as needed.



ODH Response to Severe Storms and Flooding

In June 2015, Ohio experienced consecutive days of rain and thunderstorms with locally heavy rainfall. Continued rainfall over northern Ohio resulted in widespread flooding. The ODH Office of Health Preparedness monitored and assessed the impact to local communities and coordinated information sharing between local county public health departments, impacted nursing home communities and the Ohio Emergency Management Agency.

FEMA Calls Ohio's Nuclear Power Station Drill "Excellent"

The ODH Bureau of Environmental Health and Radiation Protection along with other agency employees participated in a drill involving state and local officials responding to a simulated emergency at the Davis-Besse Nuclear Power Station in the Toledo area. The exercise was evaluated by the Federal Emergency Management Agency (FEMA), which called the exercise "excellent" in its preliminary feedback. Ohio holds a nuclear power station drill every year, rotating it among the state's three stations.



Health Improvement and Wellness

To build strong communities to enable Ohioans of all ages and abilities live disease and injury-free.

2014 Ohio Infant Mortality Summit

The ODH Office of Health Improvement and Wellness coordinated the 2014 Ohio Infant Mortality Summit attended by more than 1,700 people from across the state. Attendees learned more about infant mortality in Ohio, and the need to do even more to save babies lives. Speakers included Ohio Gov. John R. Kasich, ODH Director Rick Hodges, State Senator Shannon Jones (R-Springboro), State Senator Charleta Tavares (D-Columbus), and national and local infant mortality experts.



Annual Drug Overdose Data Report

The ODH Violence and Injury Prevention Program released its annual report about drug overdoses in Ohio based on 2013 (most recently available) data. Reflecting a continuing national trend, unintentional drug overdoses caused 2,110 deaths of Ohio residents in 2013, about 196 more deaths than in 2012. Opiates, which include heroin and prescription painkillers, were culpable in more than 70 percent of overdose deaths. Heroin-related deaths increased in 2013, significantly surpassing prescription opiates among unintentional overdose deaths. Heroin overdose deaths rose from 697 in 2012 to 983 in 2013. Prescription opiates remained a significant contributor to drug overdose deaths, increasing from 680 in 2012 to 726 in 2013.

The report also outlined numerous initiatives addressing drug abuse and overdose. One initiative that has had an immediate impact is the expanded availability and use of naloxone, a life-saving drug that is used to reverse some drug overdoses. For example, naloxone was administered by Ohio EMS personnel 12,256 times in 2013.

“First Steps for Healthy Babies” Campaign

ODH and the Ohio Hospital Association (OHA) launched “First Steps for Healthy Babies” in early 2015 to recognize maternity centers that have taken steps to promote and support breastfeeding with new moms. Multiple studies have linked breastfeeding to a reduction in Sudden Infant Death Syndrome and infant mortality, as well as a reduction in asthma, childhood obesity, Type 2 diabetes, ear infections and more. Through the program, hospitals will



A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION



be recognized based on progress toward achieving the “Ten Steps to Successful Breastfeeding” as defined by the World Health Organization. ODH received accolades from the National Association of State and Territorial Health Officials for partnering with OHA on the initiative.

Infant Safe Sleep Practices

Sleep-related deaths are one of the three leading causes of infant mortality in Ohio – accounting for about 16 percent of such deaths. ODH continued its Safe Sleep campaign during the past year to increase public awareness about the ABCs of safe sleep for infants: Babies should be placed **A**lone, on their **B**ack, in a **C**rib. The campaign, which includes TV ads, are based on the American Academy of Pediatrics evidence-based recommendations. ODH is also supporting an initiative called “Cribs for Kids,” which provides portable cribs and safe sleep educational materials to low-income mothers. ODH also coordinated implementation of legislation passed by the Ohio General Assembly



that required development of educational materials on safe sleeping practices for infants; a model screening tool for hospitals to identify expectant and new parents without a safe sleep environment for their baby; and model policies for licensed child care centers, maternity units, and pediatric hospitals. ODH also implemented a community engagement project in partnership with the Sudden Infant Death Network of Ohio to educate Ohio’s most at-risk populations about infant safe sleep practices.

Ohio Youth Sports Concussion and Head Injury Return-to-Play Guidelines

Gov. John R. Kasich signed legislation in 2012 establishing requirements related to youth sports concussions. The new law required ODH to develop a concussion information sheet and post links to concussion training for coaches and referees on its website. Under the law, youths with a concussion may only return to play with written clearance from a physician or a licensed healthcare professional acting in consultation with a physician. The Ohio General Assembly subsequently passed additional legislation establishing a committee to develop guidelines to outline the diagnosis and treatment of concussions; the





conditions under which an athlete may be granted clearance to return to practice or competition; and the minimum education requirements necessary to qualify as a physician or licensed healthcare professional to assess and clear an athlete to return to practice and competition. The committee, chaired by ODH Director Rick Hodges, released in March 2015 its recommended guidelines to protect youths from the harmful effects associated with concussions sustained during athletic competition.

Initiatives to Reduce Childhood Obesity

Obesity prevention is most effective when strategies are focused on children under six years old. With support from the Ohio Department of Education and the Ohio Department of Job and Family Services, ODH applied to participate in the first National Collaborative Improvement and Innovation Network (CoIIN) to Reduce Childhood Obesity. A group of early care and education experts from state agencies are participating in the CoIIN project to create healthy environments for young children in both in-home child care and early care and education centers to increase opportunities for young children to be active and have healthy food and beverages.

In addition, ODH and the Ohio Chapter of the American Academy of Pediatrics are partnering to create sustainable approaches to prevent obesity and improve care for obese children and their families. The “Parenting at Mealtime and Playtime” learning collaborative completed its first wave of medical practices (12 practices participated, with a combined patient population of more than 50,000 children, about 20,000 of whom were receiving Medicaid) in late 2014, with key results: documentation of weight status increasing by 124.5 percent; documentation of blood pressure categorization increasing by 47.3 percent; and nutritional and physical activity counseling documentation increasing by 23.5 percent and 42.7 percent, respectively. The second wave of the quality improvement collaborative kicked off in October 2014.

WIC Program’s New Electronic System

The Ohio Women, Infants and Children (WIC) program piloted Electronic Benefits Transfer (EBT) in five counties in 2014. EBT replaces the paper benefit system in which WIC participants’ food benefits are printed on paper coupons. With EBT, WIC benefits for a family are issued on a smartcard which can be used like a debit card in authorized retail locations, making for a more efficient and satisfactory shopping experience for WIC participants and retailers alike. The pilot project was implemented so smoothly that statewide implementation is expected to be complete by August 2015.



Ohio Text4Baby Initiative

In the summer of 2014, Ohio launched Text4Baby, an initiative of ODH and the National Healthy Mothers, Healthy Babies Coalition to customize text messages to expectant mothers in Ohio. Text4Baby is the largest free health text messaging service in the U.S. It currently reaches more than 700,000 mothers, many of whom are some of the country's most vulnerable pregnant women, mothers, and children.



ODH's Tobacco Cessation Program for Pregnant Women

ODH Child and Family Health Services launched "Baby & Me - Tobacco Free," a smoking cessation program for low-income women during pregnancy and after delivery. The program combines smoking cessation support for pregnant women with practical incentives. ODH selected 26 local projects across Ohio to implement "Baby & Me - Tobacco Free" within their counties.

Project DAWN – a Life-Saving Drug Overdose Program

A drug called naloxone is used to reverse drug overdoses from opioids like heroin or some prescription pain medications. ODH administers a program called Project DAWN (**D**eath **A**voided **W**ith **N**aloxone) that is a community-based naloxone distribution and drug overdose education program. The ODH Violence and Injury Prevention Program provides technical assistance to community organizations that want to start a Project DAWN program. Ohio's 27 Project DAWN community-based programs have distributed more than 3,439 naloxone kits and saved more than 200 lives by providing naloxone that was used to reverse drug overdoses. The ODH Prescription Drug Abuse Action Group (PDAAG) worked with Ohio Medicaid to remove the preauthorization requirement before clinicians can prescribe naloxone. PDAAG is a statewide advisory group established as one of the action groups of the Ohio Injury Prevention Partnership which is convened by ODH.





Ohio Sickle Cell Awareness Campaign

The ODH Sickle Cell Services Program, in collaboration with Regional Sickle Cell Projects and community partners, unveiled a new statewide social media campaign to raise public awareness about the most common genetic blood disease in the U.S. “Take Time, Know Your Status” – or #TTKYS – emphasizes individual personal responsibility to get tested and find out whether they carry the gene for sickle cell. The #TTKYS campaign targets at-risk populations who may be unaware of their sickle cell status.

Creating Healthy Communities Grants in 23 High-Need Communities

The ODH Bureau of Health Promotion launched the 2015-2019 competitive cycle for its Creating Healthy Communities program. Grants have been awarded in 23 high-need counties throughout Ohio to implement evidence-based strategies to reduce health disparities, increase access to and affordability of healthy foods, increase access to physical activity opportunities and reduce tobacco use and exposure. ODH’s Creating Healthy Communities program seeks to prevent and reduce chronic disease statewide through cross-sector collaboration to create a culture of health where Ohioans live, work and play.



Hospitals Participating in ODH’s Coverdell Stroke Program Administer Clot-Busting Drug to More Stroke Patients

In Ohio in 2013, only 65 percent of stroke patients in Ohio who needed immediate, life-saving medications to break up blood clots received it within three hours of the onset of the stroke, according to Health Policy Institute of Ohio’s Health Value Measurement Dashboard. In contrast, for hospitals participating in the Paul Coverdell Stroke Program which is administered by ODH and funded by the Centers for Disease Control and Prevention, 90 percent of people suffering a stroke received the treatment within three hours. Ohio’s Coverdell Stroke Program is a data-driven quality improvement program for stroke treatment in hospitals. The program provides participating hospital stroke teams with quality improvement resources to reduce the number of Ohioans who die from or are disabled by stroke.



Health Equity and Access

To value everyone equally, address health inequities and disparities, and support access to comprehensive, integrated healthcare for all to achieve the best possible outcomes.

Expanding Number of Patient-Centered Medical Home Practices in Ohio

A Patient-Centered Medical Home (PCMH) is a medical office or clinic that offers coordinated, comprehensive primary care that is personal and focused on making sure the patient's healthcare needs are met. The PCMH model of patient care has the potential to improve health outcomes, control healthcare costs and enhance the patient's experience. To be designated as a PCMH, a medical office or clinic must meet certain criteria of accrediting organizations like the National Committee for Quality Assurance. Increasing the number of PCMHs across Ohio in collaboration with others statewide has been a priority for ODH. The number of PCMHs in Ohio has increased from 157 in June 2012 to 293 in June 2013, to 513 in August 2014 and 620 in spring 2015.



Fostering Improved Access to Health Providers in Underserved Areas

The ODH Office of Health Policy and Bureau of Health Promotion foster improved access to healthcare providers for Ohioans in underserved areas by administering the state's Physician Loan Repayment Program and Dentist Loan Repayment Program. These programs assist in paying the medical/dental school loans for eligible primary care physicians and dentists in exchange for practicing in underserved communities. Nineteen physicians and 10 dentists participated in the loan repayment programs in the past year. The Ohio General Assembly passed legislation in December 2014 expanding funding for the Dentist Loan Repayment Program and creating a new Dental Hygienist Loan Repayment Program. The legislature then passed legislation in March 2015 making physicians and dentists who practice in free clinics eligible to be included in the state's loan repayment programs, regardless of whether the clinics are located in underserved communities.



The ODH Office of Health Policy also fosters improved access to primary care in Ohio's underserved communities through other healthcare workforce programs. Through the Office in State Fiscal Year 2013-14, 286 health professionals provided care through various state and federal recruitment/retention programs; 70 site applications were submitted for the National Health Service Corps; there were 68 newly developed or expanded safety net sites; and 404 clients received technical assistance. For Federal Fiscal Year 2014, the Office approved 24 physicians for the State 30 J-1 Visa Waiver Program. J-1 visa waivers allow foreign medical graduates to remain in the United States after completing residency/fellowship training in exchange for a three-year commitment to provide healthcare services in underserved communities. These placements included nine primary care physicians and 15 subspecialists.

Support for Ohio Institute for Equality in Birth Outcomes Teams

In 2013, ODH partnered with a national organization called CityMatCH to form the Ohio Institute for Equity in Birth Outcomes (known as the Ohio Equity Institute, OEI). CityMatCH is a non-profit organization that supports urban maternal and child health initiatives at the local level. OEI involves nine partnering Ohio urban communities seeking to improve birth outcomes and reduce racial and ethnic disparities in infant mortality.



Over the past year, the ODH Office of Health Policy has provided support and technical assistance to OEI teams as they have gathered and reviewed data about their communities to identify issues contributing to infant mortality and racial and ethnic disparities in birth outcomes.

In addition, The ODH Office of Health Policy has pioneered the use of Nielsen's market research data and technology to make strategic data-driven decisions in pursuit of health equity. These data are commonly available to Fortune 100 companies and provide insights beyond traditional public health data-sets. Market research data and analytical tools enables ODH be more proactive in responding to health issues, such as identifying how to reach heavy smokers in geographic areas with extensive health disparities.

2014 Ohio GuardCare Event

Approximately 375 Ohio residents from 16 counties received 1,213 routine health assessments and screenings, 449 immunizations and 667 lab services during the 2014 GuardCare event held August 9-10, 2014 in Wilmington. ODH staff worked



in partnership with the Ohio National Guard, the Clinton County Health Department, the Clinton County Emergency Management Agency and Southern State Community College to make the event a success. Other partners included the local health districts of the City of Norwood as well as Clermont, Highland, Brown and Warren counties; 62 community volunteers; and many community partners including Health Alliance of Clinton County, Health Foundation of Clinton County, and Greater Cincinnati Health Council.



Ohio River Medical Mission

The ODH Office of Health Preparedness was the lead organizer for the 2015 Ohio River Medical Mission conducted by the 7241st Army Medical Command in Meigs County. The Office coordinated with approximately 18 ODH programs to provide information for patients after their screenings. The mission served 2,952 individuals (and animals) with an estimated total cost savings to the community of \$739,357. Individuals came from 61 communities across 20 counties in four states for dental care, vision services, and veterinary services for their animals.

Cultural Competency Training for ODH Employees

The ODH Office of Health Policy began the process of conducting cultural competency training for ODH's 1,200+ employees in June 2015. The mandatory three-hour training, "Building Cross Cultural Competence in Health Care," is designed to enable ODH employees to learn and practice cross-cultural communications skills as part of ODH's commitment to diversity and tolerance. The training will help ODH employees deliver culturally appropriate services to all Ohioans.

Linking ODH Funding to National Health Equity Strategies

Every year, ODH administers hundreds of millions of dollars in funding to support local public health initiatives. ODH's Grants Management Information System contains a Health Equity Module that requires agencies seeking funding through ODH to link initiatives in their grant proposals to national health equity strategies (i.e., National Stakeholder Strategy for Achieving Health Equity). This linkage will enable ODH to better align local grant investments with key health equity needs and areas for improvement.



Environmental Health

To assess and monitor environmental factors that potentially impact public health including air, water, soil, food and physical and social features of our surroundings.

New Home Sewage Treatment System Rules Protect Public Health

New state rules proposed by ODH for home sewage treatment systems took effect on January 1, 2015, modernizing home sewage treatment system standards that will help reduce the discharge of waste into the environment to protect Ohio's lakes, streams and waterways. ODH Environmental Services staff conducted training for home sewage treatment system contractors, including regional training sessions and webinars.

Ohio's home sewage treatment system standards had not been updated since 1977. The old standards used a "one-size-fits-all" approach to home sewage treatment systems based on the size of the house and did not take into account the site's geology and soils which are critical to a sewage treatment system's effectiveness. Ohio's soils vary significantly across the state, and the new rules combine statewide minimum standards with local flexibility regarding home sewage treatment system design based on the geology and soil conditions of the area. The new standards also allow the use of new sewage treatment technologies that provide more options for homeowners.



ODH Helps Ensure Homes are Healthy for Families

ODH works with local health departments throughout Ohio to fund the removal of hazardous materials from eligible private residents, including lead-based paint through the Lead Poisoning Prevention Program, and radon through the Indoor Radon Program. Approximately 5,000 homes were mitigated for radon in Ohio during the past year. Funding received from the U.S. Department of Housing and Urban Development assisted ODH in mitigating lead hazards in 84 properties in





Allen, Ashtabula, Belmont, Columbiana, Coshocton, Holmes, Huron, Jefferson, Muskingum, Richland, Stark and Tuscarawas counties. In addition, ODH assisted 15 low-income families in making their homes healthy by repairing other housing-related health hazards such as radon, pests, mold/moisture problems, and falls/tripping dangers.

Tobacco Use Prevention and Cessation Initiatives

Ohio ranks 8th nationally among states in the percent of adults who smoke. ODH's Tobacco Program seeks to curb tobacco use in Ohio by focusing on preventing youths from starting to use tobacco; helping Ohioans who want to quit using tobacco; and preventing exposure to secondhand smoke. The Tobacco Program awarded grants to nine local health departments to work on youth engagement activities including one called "stand," and on smoke-free multi-unit housing initiatives. The Tobacco Program logged 38 K-12 school districts with 100 percent smoke-free policies and more are in progress. John



Carroll University and Zane State College adopted smoke-free policies in State Fiscal Year 2015; Columbus State Community College will go tobacco-free on July 1, 2015; Ohio Wesleyan University will go smoke-free on August 1, 2015; Shawnee State University will go smoke-free on November 8, 2015; and Owens State Community College will go smoke-free on January 1, 2016. Ohio also made progress in smoke-free multi-unit housing as Lucas County and Lorain County Metropolitan Housing Authorities transitioned all of their public housing complexes smoke-free, benefiting approximately 6,750 residents.

The ODH Tobacco Program sponsored "Tobacco-Free Communities: Building Capacity and Partnerships" in October 2014 in Columbus, the first statewide tobacco conference held by ODH in several years. The conference's 126 participants attended plenary sessions and breakout sessions on four tracks: cessation, environments, partnerships and youth engagement. The Ohio Tobacco Quit Line continues to help Ohioans quit smoking and use of other tobacco products. Program engagement is key to success as evidenced by a quit rate of 54.5 percent for participants who completed five or more coaching calls in calendar year 2014. In addition, the use of nicotine replacement therapy (up to four weeks for those eligible) resulted in slightly higher six-month quit rates (33.4 percent) than those not using nicotine replacement therapy (31.7 percent). Changes in the program, including a switch to an all-coach model, resulted in enhanced service delivery and high customer satisfaction, with 88.3 percent of Quit Line participants reporting being pleased with the service.



New Body Art (Tattoo and Body Piercing) Rules

New state rules took effect on September 1, 2014 regulating body art (tattoo and body piercing) in Ohio. The rules establish minimum standards for the operation and maintenance of body art facilities in order to protect individuals from injury and minimize the potential for disease transmission. ODH Environmental Health staff, in collaboration with the Ohio Body Art Association, conducted training sessions around the state during the summer of 2014 to help educate body art facilities and local health districts about the new rules.

New Electronic Project Inspection Reports for Asbestos and Lead Abatement Programs

The ODH Environmental Abatement Section developed an Electronic Project Inspection Report for both its asbestos and lead abatement programs. ODH asbestos and lead inspectors are now able to enter inspection information into hand-held mobile devices while completing inspections onsite. Reports are electronically uploaded from the mobile device into an ODH database, and it can be e-mailed to an abatement contractor, increasing efficiency and speeding up the entire process.

Radiation Protection Program Distributed Potassium Iodide for Emergency Workers and General Public

The ODH Radiation Protection program distributed more than 16,000 doses of Potassium Iodide (KI) for use by emergency workers who would respond to an accident at one of Ohio's three nuclear power stations. In a radiological emergency response, KI can be taken orally to saturate the thyroid gland with nonradioactive iodine that blocks the gland's ability to absorb radioactive iodine which may be released during a nuclear reactor accident. The Radiation Protection program also distributed 1.4 million doses of KI for use by the general public in the event of an accident at a nuclear power plant requiring evacuation. The KI was distributed to local health departments in counties within 10 miles of Ohio's three nuclear power stations.



ODH X-Ray Inspection Program

The ODH X-ray program registers approximately 33,000 radiation-generating units at 10,000 facilities in Ohio including healthcare facilities, and licenses 15,422 operators of radiation-generating equipment and 1,454 nuclear medicine technologists. The X-ray program inspected 7,388 units at 3,198 facilities in calendar year 2014. These inspections ensure that radiation dose limits are within acceptable limits and quality assurance programs are followed to provide minimal radiation exposure to patients, operators and the general public.





Regulatory Compliance

To assure quality in health care facilities, health care services, and environmental health through smart regulation to protect the health and safety of Ohioans.

The ODH Office of Health Assurance and Licensing is responsible for ensuring that applicable healthcare facilities follow state and federal laws and regulations designed to protect the health and safety of individuals.

Number of Long-Term Care Facilities in Ohio as of June 2015

959	Nursing Homes/Facilities
640	Residential Care Facilities (Assisted Living)
432	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
465	Nurse Aide Training Competency Program (NATCEP)

Number of Long-Term Care Facility Surveys Conducted in SFY 2015

2,730	Nursing Facilities/Homes
882	Residential Care Facilities (Assisted Living)
461	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
199	Nurse Aide Training Competency Program (NATCEP)
4,272	TOTAL

Note: Survey types include standard, complaint and combined surveys and may not include surveys conducted during the last week of June.



Top 10 Health and Life Safety Code Deficiencies Identified During Long-Term Care Facility Surveys (based on number of deficiencies)

289	Accidents & supervision
257	Quality of care
252	Automatic sprinkler systems are operable
239	Infection control
203	Exits readily accessible at all times
194	Corridor doors
191	Sanitary conditions, food prep & service
188	Hazardous areas
186	Inspect, test and maintain generators
183	Unnecessary drugs

Number of Non Long-Term Care Facilities in Ohio

298	End Stage Renal Dialysis/ Freestanding Dialysis Centers
193	Ambulatory Surgical Facilities/Centers
797	Home Health Agencies
139	Hospice Programs
226	Hospitals
11,674	Clinical Laboratories
116	Maternity Units
2	Maternity Homes
4	Freestanding Birthing Center
2	Freestanding Inpatient Rehabilitation Centers



Number of Non Long-Term Care Facility Surveys Conducted in SFY 2015

166	End Stage Renal Dialysis/ Freestanding Dialysis Centers
101	Ambulatory Surgical Facilities/Centers
545	Home Health Agencies
41	Hospice Programs
80	Hospitals
232	Clinical Laboratories
72	Maternity Units
1	Maternity Homes
2	Freestanding Birthing Center
2	Freestanding Inpatient Rehabilitation Centers
1,182	TOTAL

Top 10 Health and Life Safety Code Deficiencies Identified During Non Long-Term Care Facility Surveys (based on number of deficiencies)

116	Acceptance of Patients, Plan of Care, Med Supervision
800	Drug Regimen Review
70	Plan of Care
61	Supervision
59	Personnel Competency Assessment Policies
47	Assignment & Duties of Home Health Aide
43	Skilled Nursing Services
42	Supervision
42	Test Report
42	Periodic Review of Plan of Care



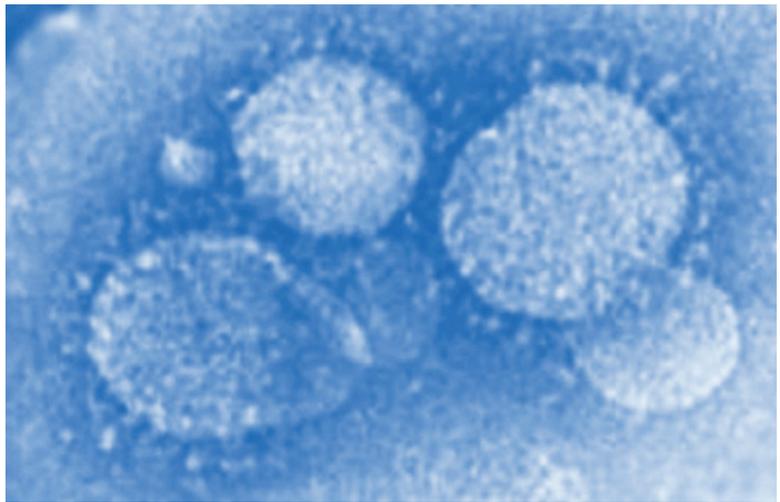
Ohio's Public Health Laboratory

The ODH Public Health Laboratory was established in 1898 as a Chemical and Bacteriological Laboratory by the Ohio State Board of Health. At the time, it became only the fourth such laboratory in the U.S.

Today, the Public Health Laboratory assists ODH, 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.

Microbiology - Testing of infectious diseases such as respiratory viruses, *E.coli*, *Salmonella*, tuberculosis, rabies and select agents such as anthrax.

Newborn Screenings - Testing for 36 metabolic, endocrine and genetic disorders on every newborn infant in Ohio, approximately 140,000 babies each year. Newborn screenings help identify at-risk babies for faster diagnosis and treatment.



Radiation Chemistry - Environmental testing of water, soil, air, vegetation and milk from areas around nuclear power plants in Ohio.

Alcohol and Drug Testing - Oversight of breath alcohol testing programs and laboratory programs for the evidentiary tests of samples for alcohol and/or drugs for "operating a vehicle while impaired" violations within Ohio.



Public Health Lab Shines in Certification Inspection and Audit

The Public Health Laboratory passed its Clinical Laboratory Improvement Amendment (CLIA) certification inspection with flying colors in May 2015 with no deficiencies. CLIA certification renewal is essential as laboratory employees cannot conduct testing on patient samples without it. The Laboratory also passed an audit by the federal Centers for Disease Control and Prevention for the renewal of its Select Agent Registration, allowing it to test specimens for agents such as anthrax, Ebola and botulism.

Newborn Screening Program Celebrates 50th Anniversary in 2015



ODH is celebrating the 50th anniversary of its Newborn Screening Program in 2015. Newborn screening is considered one of the top 10 public health achievements in the past century. In Ohio, millions of babies have been screened and tens of thousands of at-risk babies with life-threatening and debilitating diseases and disabilities have been identified early.

A Cincinnati mother wrote to ODH in March 2015, eager to report how well her baby boy was doing despite his diagnosis of Severe Combined Immunodeficiency (SCID). His condition was diagnosed early through the ODH Public Health Laboratory's Newborn Screening Program and staff. "I am so thankful that Ryan's SCID was caught early," she wrote, noting the importance of early detection in successful treatment.



Managing 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 2015, the Bureau of Vital Statistics:

- Registered 138,252 births.
- Registered 115,516 deaths, including fetal deaths.
- Handled 47,744 calls from the general public and 19,039 calls from business partners, including coroners, funeral directors, birth facilities and local health departments.
- Served 17,957 walk-in customers.
- Issued 63,886 certified copies of requested vital records.
- Processed 3,361 adoptions.
- Processed 40,426 paternity documents.
- Logged 3,110 legal name changes.
- City and county vital statistics offices issued more than 938,000 certified copies of vital records, primarily from the Bureau of Vital Statistics statewide birth database.

In May 2015, the Bureau of Vital Statistics implemented phase one of an initiative enabling Ohio coroners to electronically certify death certificates back to the funeral directors for final printing, eliminating the need for the exchange of hard copies and speeding up the process.



Bureau of Vital Statistics Processes Influx of Adoption Records Requests after New Law Takes Effect

On March 20, 2015, a new state law took effect opening previously sealed files of Ohio adoptions between January 1, 1964 and September 18, 1996 during which time more than 400,000 children were adopted in Ohio. Early on the first day that the law took effect, a line formed in front of the Bureau's office before it opened. Bureau staff handled 250 applications completed in person that day and were recognized for how smoothly the process went. ODH and Adoption Network Cleveland hosted an event in

Columbus that afternoon celebrating the opening of the adoption files, and it was attended by more than 100 people and media outlets from across the state. Speakers included emotional adoptees who shared their personal stories and excitement about the opportunity to request a copy of their adoption records; State Sen. Bill Beagle (R-Tipp City) and State Rep. Nickie Antonio (D-Lakewood), both sponsors of the legislation opening the adoption files; State Sen. David Burke (R-Marysville), an adoptee who received a copy of his adoption records; ODH Director Richard Hodges, who is the parent of an adoptee; and Betsie Norris, Executive Director of Adoption Network Cleveland. The new law received extensive news coverage across Ohio and beyond.

By the end of June, the Bureau received 5,804 requests for adoption files. Birth parents had one year before the law took effect to redact their identities from adoption records, and ODH received 259 redaction requests.





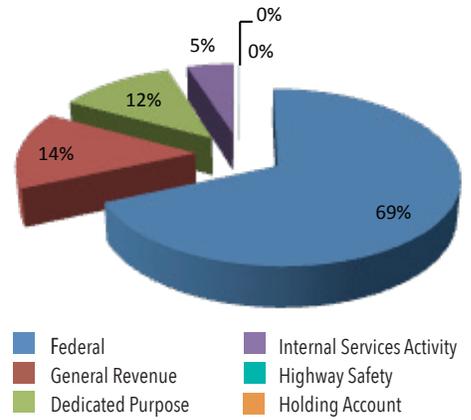
Financial Management & Stewardship



Financial Management & Stewardship

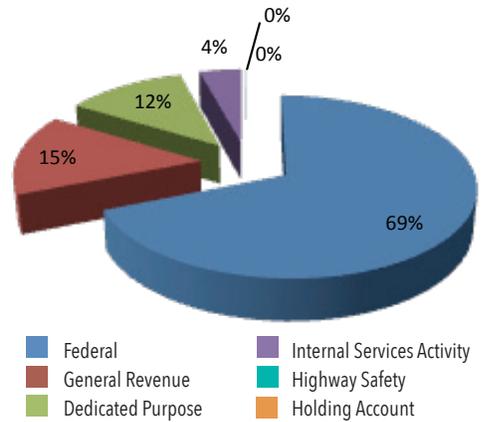
SFY 2015 Revenue by Fund Group

	Amount	Percentage
Federal	\$406,985,010	68.46%
General Revenue	\$ 85,828,788	14.44%
Dedicated Purpose	\$72,399,405	12.18%
Internal Service Activity	\$ 28,955,053	4.87%
Highway Safety	\$ 193,734	0.03%
Holding Account	\$ 80,474	0.01%
Total	\$594,442,464	100.00%



SFY 2015 Expenditures by Fund Group

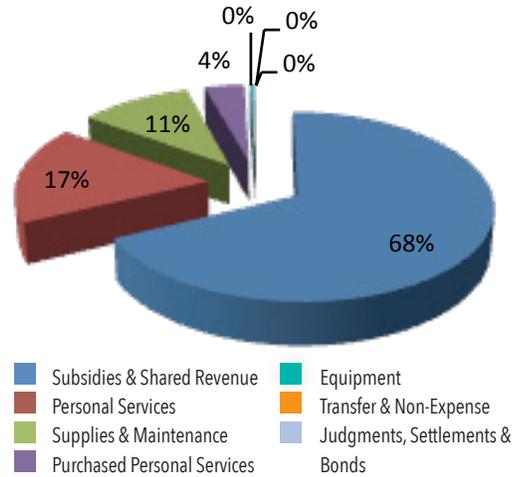
	Amount	Percentage
Federal	\$ 401,015,762	68.92%
General Revenue	\$ 85,828,788	14.75%
Dedicated Purpose	\$ 70,295,662	12.08%
Internal Service Activity	\$ 24,510,617	4.21%
Highway Safety	\$ 125,094	0.02%
Holding Account	\$ 43,954	0.01%
Total	\$ 581,819,876	100.00%





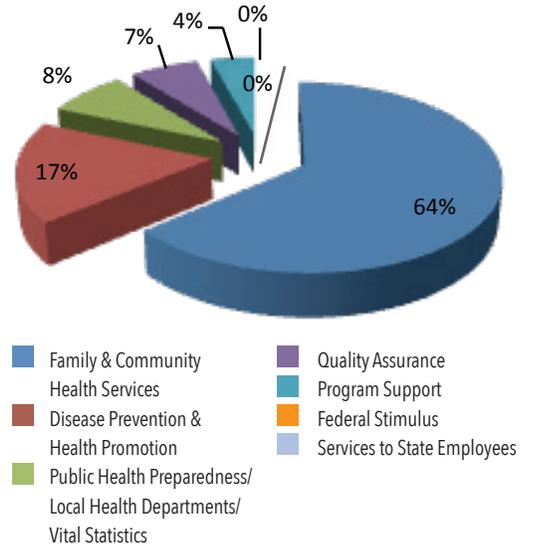
SFY 2015 Expenditures by Category

	Amount	Percentage
Subsidies & Shared Revenue	\$ 394,502,966	67.80%
Personal Services	\$ 99,804,762	17.15%
Supplies & Maintenance	\$ 62,435,316	10.73%
Purchased Personal Services	\$ 22,073,214	3.79%
Equipment	\$ 2,559,034	0.44%
Transfers & Non-Expense	306,760	0.05%
Judgments, Settlements, & Bonds	137,825	0.02%
Total	581,819,876	100.00%



SFY 2015 Expenditures by Program Series

	Amount	Percentage
Family & Community Health Services	\$372,055,657	63.95%
Disease Prevention & Health Promotion	\$ 101,887,447	17.51%
Public Health Preparedness / Local Health Departments / Vital Statistics	\$ 45,102,159	7.75%
Quality Assurance	\$ 38,299,087	6.58%
Program Support	\$ 24,475,133	4.21%
Federal Stimulus	\$ 392	0.00%
Total	\$ 581,819,876	100.00%





Ohio 2016-17 State Budget

Gov. John R. Kasich's proposed Executive Budget and the final State Budget adopted by the Ohio General Assembly for the 2016-17 biennium, contained provisions that help protect and improve the health of all Ohioans and advance public health in the state.

Focuses Resources Where the Need is Greatest to Reduce Infant Mortality

- *Creates a process to identify neighborhoods with the highest rates of infant mortality in order to prioritize and surge resources into those areas.* ODH is using vital statistics data to pinpoint "hot spot" neighborhoods that have the poorest birth outcomes in the state as measured by preterm birth and low birth-weight babies. This data will be used to help direct infant mortality resources and initiatives to these high-risk neighborhoods through initiatives contained in the new state budget.
- *Supports enhanced care management for women in high-risk neighborhoods.* Under the new state budget, Ohio Medicaid managed care plans will be required to provide enhanced care management services for both pregnant and non-pregnant women in the most high-risk neighborhoods as a strategy to improve health status and future birth outcomes. The managed care plans will automatically connect pregnant women and infants in these neighborhoods to enhanced care management services.
- *Expands access to peer support programs for expecting mothers.* "Centering Pregnancy" is an evidence-based healthcare delivery model which integrates maternal care, education and support to improve birth and infant health outcomes in high-risk communities. ODH, together with the Ohio Association of Community Health Centers, will establish and evaluate the Centering Pregnancy model of care through four participating community health centers around the state.





- *Provides Continuing Support for Existing Infant Mortality Initiatives.*

The new state budget provides continuing support for existing ODH initiatives to reduce infant mortality, including the Safe Sleep campaign to raise public awareness about infant safe sleep practices since about 16 percent of infant deaths are sleep-related. The campaign promotes the “ABCs” of safe sleep: Place infants **A**lone, on their **B**ack, in a **C**rib. The new state budget will also support initiatives of the Ohio Institute for Equity in Birth Outcomes, which is targeting nine counties that account for 95 percent of the state’s black infant deaths and 49 percent of white infant deaths.



- *Increases the state’s capacity to analyze and respond to infant mortality data.* ODH holds a tremendous amount of vital statistics data that can be used to help drive Ohio’s infant mortality reduction initiatives at the state and local levels. As the state continues to increase investments and focus on infant mortality, there is a greater need for increased analytical capacity to target hotspots and to evaluate state and local efforts. The new state budget expands state capability to measure progress in reducing infant mortality, and to ensure that policy decisions are data-driven and investments are outcome-based.

Supports Tobacco Use Prevention and Cessation Efforts

- *Supports tobacco use prevention and cessation initiatives.* ODH’s efforts to curb tobacco use in Ohio focus on preventing youth from starting to use tobacco; helping Ohioans who want to quit using tobacco; and preventing exposure to

secondhand smoke. ODH initiatives include public awareness campaigns, the Ohio Tobacco Quit Line which provides tobacco cessation counseling to qualified individuals, and the Ohio Tobacco Collaborative which is a public-private partnership. ODH also funds local efforts to reduce the prevalence of youth smoking, and enforces Ohio’s Smoke Free Workplace Law. The new state budget includes funding to support these and other tobacco use prevention and cessation efforts.





- *Increases tax on cigarettes.* The new state budget increases the tax on cigarettes in Ohio by 35 cents. Increasing the price of tobacco is the single most proven strategy for decreasing smoking prevalence and preventing youth from starting to smoke.
- *Supports evidence-based strategies to reduce maternal smoking.* Smoking during pregnancy is linked to poor birth outcomes and infant mortality. ODH and the Ohio Department of Medicaid will develop evidence-based tobacco cessation toolkits to help people, including pregnant women, quit smoking during their pregnancy. The toolkits will be used by Medicaid health plans, healthcare providers, and Ohio's local health departments. This effort will focus first on neighborhoods identified by ODH as most at-risk for poor birth outcomes, and provide an opportunity for community partners to support it.
- *Supports community projects to adopt tobacco-free environments.* ODH will partner with local health departments, community organizations and schools to encourage adoption of tobacco-free policies in K-12 schools, and tobacco or smoke-free policies on college campuses, in multi-unit housing and in outdoor spaces. This approach is an evidence-based strategy for decreasing initiation of tobacco use, increasing quitting and protecting individuals from secondhand smoke.
- *Supports demonstration projects for local organizations to address tobacco disparities.* ODH will partner with the Ohio Commission on Minority Health and the Ohio Department of Mental Health and Addiction Services to fund demonstration projects for local organizations to address tobacco use in minority, low-income, and mental health populations.



Supports Ohio's Preparedness for Public Health Emergencies

- ODH's emergency preparedness and response program ensures that the agency is prepared to work with local public health and emergency management agencies to help protect Ohioans in the event of public health emergencies caused by infectious disease outbreaks, natural events or acts of terrorism. This includes providing critical equipment, supplies and resources to first responders, hospitals, local health departments and other local authorities. The new state budget provides general revenue funding specifically dedicated to supporting ODH's emergency preparedness and response activities.



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.