Aligning Public Health

With Ohio's New State Health Improvement Plan

State Fiscal Year 2017
Annual Report

Ohio
Department of Health

Aligning Public Health
With Ohio's New State Health Improvement Plan

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Message from the Director

July 2017

Dear Ohio Citizens,

I am pleased to submit to you the Ohio Department of Health's (ODH) Annual Report for State Fiscal Year 2017 covering July 1, 2016 to June 30, 2017.

This report highlights the agency's key initiatives during the past year to protect and improve the health of all Ohioans, and how we are working with partners at the state and local levels to align Ohio's capacity to improve health outcomes.

During the past year and a half, ODH and the Governor's Office of Health Transformation worked with the Health Policy Institute of Ohio and other state and local partners to conduct a new State Health Assessment. We also developed a new State Health Improvement Plan to help identify and address key health priorities and improve health outcomes in Ohio. The State Health Assessment was completed in August 2016, and a new 2017-19 State Health Improvement Plan was released in February 2017 (see article on page 8 for details).

> Working with state and local partners, ODH conducted a new State Health Assessment to identify key health priorities, and developed a new 2017-19 State Health Improvement Plan to address them.

We also continued work during the past year on aligning Ohio's capacity to improve population health and address disparities in health outcomes. This work involves aligning local and state efforts to improve health outcomes, and assisting Ohio's local health departments on their path to receiving national accreditation.

Working with state and local partners, ODH also pursued new and ongoing initiatives to address critical public health issues, including opiate abuse and overdose deaths, infant mortality and children living in housing with uncontrolled lead hazards.

The initiatives outlined in this annual report demonstrate ODH's commitment to fulfilling its mission to "Protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality care."

Sincerely,

Lance D. Himes, J. D.
Director
Ohio Department 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 was created by the Ohio General Assembly to control the spread of all infectious diseases. Today, ODH is a cabinet-level agency, and its director reports to the governor. ODH fulfills its mission through collaborative relationships, including those with Ohio's 117 local health departments.
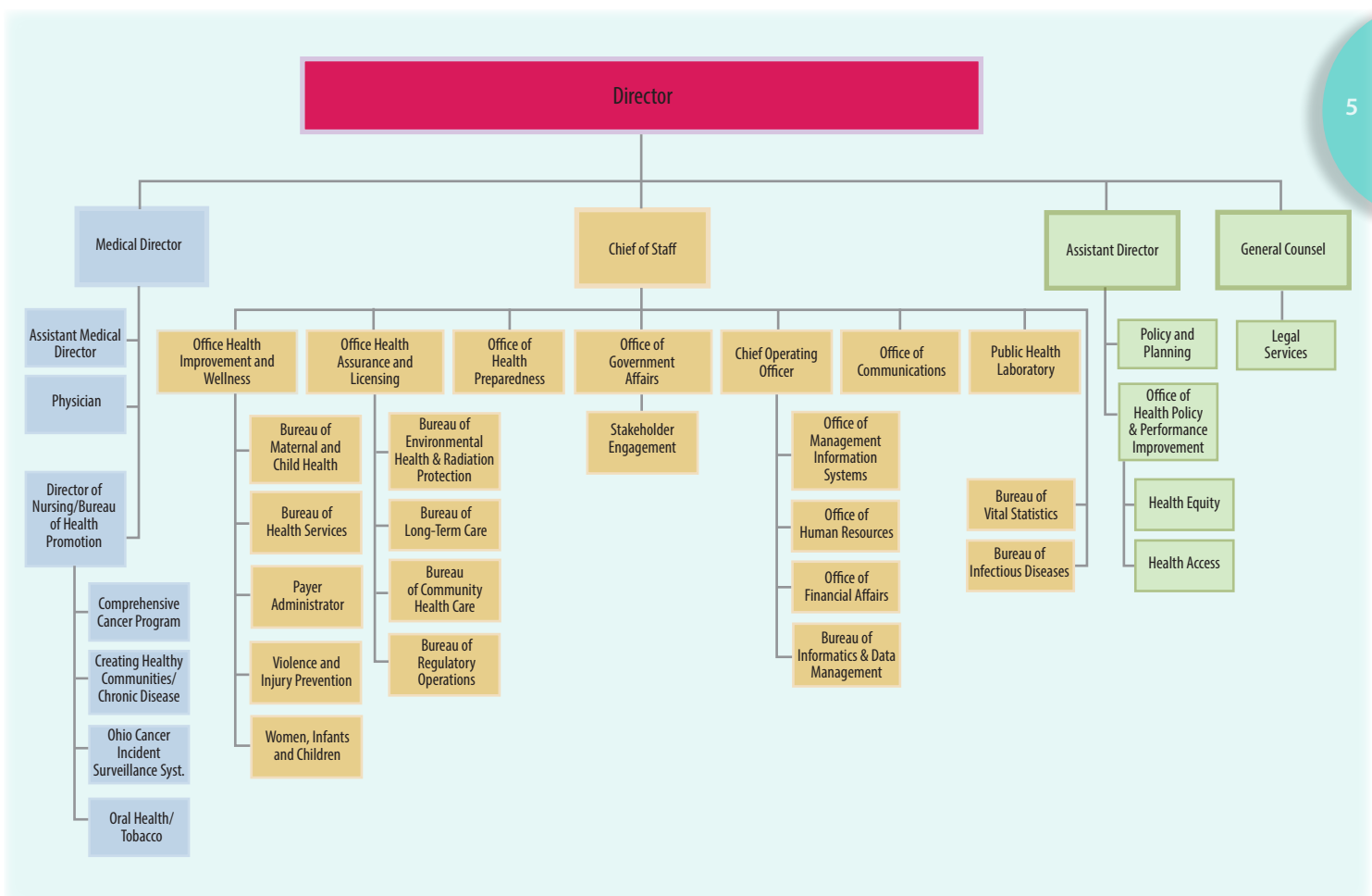
MISSION

"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 STRUCTURE

ODH Core Public Health
Responsibilities and Values

ODH Pillars of Public Health

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

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

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

Health Equity & Access – Value everyone equally, address health inequalities and disparities, and support access to comprehensive, integrated health care 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 health care facilities, health care services, and environmental health through smart regulation to protect the health and safety of Ohioans.

ODH Values (I CARE)

Integrity – We embrace high ethical and professional standards.

Collaboration – We build strong collaborative relationships that increase innovation.

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

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

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

Aligning Public Health with New State Health Improvement Plan

Ohio's New 2017-19 State Health Improvement Plan Focuses on Key Health Priorities to Improve Health Outcomes

Throughout the past two decades, Ohio's performance on population health outcomes has declined relative to other states. Ohio also has significant disparities for many health outcomes by race, income and geography and spends more on health care than most other states.

During the past year and a half, ODH and the Governor's Office of Health Transformation worked with the Health Policy Institute of Ohio and other state and local partners to conduct a new State Health Assessment and develop a new State Health Improvement Plan to help identify and address key health priorities and improve health outcomes in Ohio.

2016 State Health Assessment

Health Policy Institute of Ohio convened a Population Health Planning Advisory Group that included 42 participants representing local health departments, hospitals, health care and behavioral health providers, health insurance plans, and consumer advocates among others. From March to August 2016, Health Policy Institute of Ohio coordinated the completion of the State Health Assessment, looking at issues that impact health, including but not limited to social and economic factors, health conditions, health behaviors and access to health care and public health services.

Key findings from the State Health Assessment included:

- Many opportunities exist to improve health outcomes in Ohio, particularly in the areas of mental health and addiction, maternal and infant health, chronic disease and health behaviors.

- Many opportunities exist to decrease health disparities.

- Opportunities exist to address health challenges at every stage of life.

- Access to health care has improved, but challenges remain.

- Social determinants of health are underlying drivers of health and health disparities.

From August 2016 to February 2017, Health Policy Institute of Ohio coordinated the process of identifying population health priorities based on results of the State Health Assessment and the development of a new State Health Improvement Plan to address them.

The three priority health topics across the lifespan identified in the State Health Assessment are:

- **Mental health and addiction** – Including outcomes for drug dependence and abuse, drug overdose deaths, depression and suicide.

- **Maternal and infant health** – Including outcomes for infant mortality, preterm births and low birth weight.

- **Chronic disease** – Including outcomes for heart disease, diabetes and child asthma.

2017-19 State Health Improvement Plan

The new State Health Improvement Plan, released in February 2017, takes a comprehensive approach to improving Ohio's greatest health challenges by identifying underlying drivers of health through cross-cutting factors that impact multiple outcomes.

These cross-cutting factors include:

- **Social determinants of health** — Including economic vitality and housing affordability and quality.

- **Public health system, prevention and health behaviors** — Including healthy eating, active living and tobacco prevention and cessation.

- **Healthcare system and access** — Including access to quality health care and comprehensive primary care.

To address disparities in health outcomes that exist based on race, income and geography, health equity is embedded throughout the new State Health Improvement Plan. Each health priority identifies priority populations and outcomes where resources and interventions will be targeted.

Ohio 2017-2019 State Health Improvement Plan

Overall health outcomes
⬆ Health status
⬇ Premature death

Three priority topics		
Mental health and addiction	Chronic disease	Maternal and infant health

Ten priority outcomes		
⬇ Depression ⬇ Suicide ⬇ Drug dependency/abuse ⬇ Drug overdose deaths	⬇ Heart disease ⬇ Diabetes ⬇ Asthma	⬇ Preterm births ⬇ Low birth weight ⬇ Infant mortality

Equity: Priority populations for each outcome above

Cross-cutting outcomes and strategies
The SHIP addresses the 10 priority outcomes through cross-cutting locations that impact all 3 priority topics

Cross-cutting factors	Strategies to promote:
Social determinants of health	● Student success ● Economic vitality
Public health system, prevention and health behaviors	● Housing afford ability and quality ● Tobacco prevention and cessation ● Active living ● Healthy eating ● Violence-free communities
Healthcare system and access	● Population health infrastructure ● Access to quality health care ● Comprehensive primary care
Equity	● Strategies likely to decrease disparities for priority populations

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Priority populations are population subgroups that have worse health outcomes than the overall Ohio population and consequently prioritized for intervention in the State Health Improvement Plan.
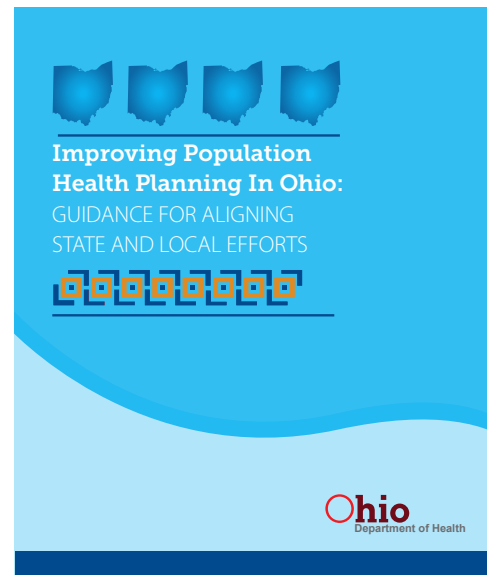
Examples of priority populations include subgroups identified based on race/ethnicity, age, income, disabilities and geographic region.

The State Health Improvement Plan outlines detailed strategies to be pursued at the state and local levels to address the health priorities, reduce health disparities and improve health outcomes. The plan also outlines existing state initiatives that are already addressing these issues.

The State Health Improvement Plan serves as a strategic menu of priorities, objectives and evidence-based strategies to be implemented by state agencies; local health departments, hospitals and others engaged in community health improvement planning; and sectors beyond health including education, housing and employers.

The State Health Assessment, State Health Improvement Plan, state action plans, community strategy and indicator toolkits, local planning guidance and other materials are available on ODH's State Health Improvement Plan Webpage.

To address disparities in health outcomes, health equity is embedded in the State Health Improvement Plan by identifying priority populations and outcomes where resources and interventions will be targeted.

Improving Population Health Planning In Ohio:
GUIDANCE FOR ALIGNING STATE AND LOCAL EFFORTS

Ohio
Department of Health

Agreement on health issues identified at the local, regional and state levels can be an impetus for greater collaboration to improve health outcomes and decrease disparities.

Aligning Public Health to Improve Health Outcomes

In order to improve population health and address disparities in care, Ohio must align its capacity to improve health outcomes.

In some cases the system itself is a barrier when state and local strategies do not align, or local capacity is insufficient to provide public health services at an appropriate scale.

Aligning Local and State Efforts to Improve Health Outcomes

To promote the alignment and coordination of state and local efforts to improve health outcomes in Ohio, a new state law took effect in 2016 requiring tax-exempt hospitals and local health departments to work together to develop local community health assessments and local community health improvement plans every three years.
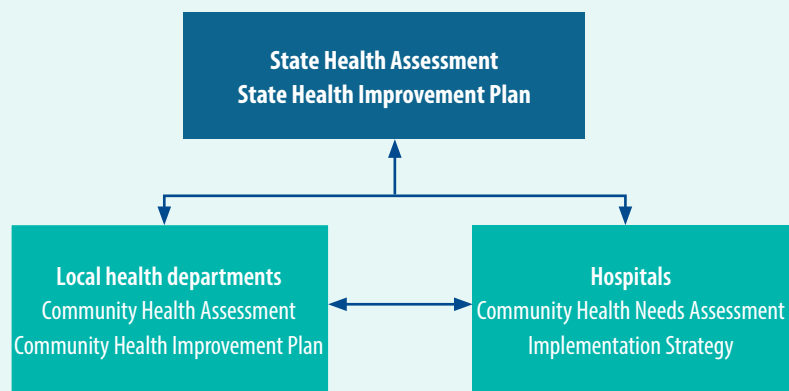
Local health departments and hospitals are being encouraged to align their community health improvement plans with the

State Health Assessment
State Health Improvement Plan

Local health departments
Community Health Assessment
Community Health Improvement Plan

Hospitals
Community Health Needs Assessment
Implementation Strategy

State Health Improvement Plan by selecting at least two state plan health priorities, including at least one state plan core outcome indicator for each of these health priorities, and selecting evidence-based strategies from a menu of state plan strategies. Tax-exempt hospitals are being encouraged to allocate a portion of their total community benefit expenditures to activities that most directly support community health planning objectives.

Public Health Accreditation

National accreditation by the Public Health Accreditation Board is validation that a public health department is capable of providing public health services at an appropriate scale for its community. This capability is important for local health departments to help improve population health.

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

As of June 2017, 17 of Ohio's 117 local health departments had received accreditation. ODH became accredited in November 2015.

Key Public Health Initiatives

During State Fiscal Year 2017

Combatting Opiate Abuse and Saving Lives

The Centers for Disease Control and Prevention announced in December 2016 that opiate overdose deaths continued to increase in the U.S., with more than 52,000 deaths in 2015.

Ohio has one of the nation's most aggressive and comprehensive approaches to combatting opiate abuse and saving lives by tackling the supply of drugs, preventing drug abuse before it starts, treating those who fall prey to drug addiction, and reversing opiate overdoses with a potentially life-saving drug called naloxone. Ohio invests nearly $1 billion each year fighting drug abuse and addiction.
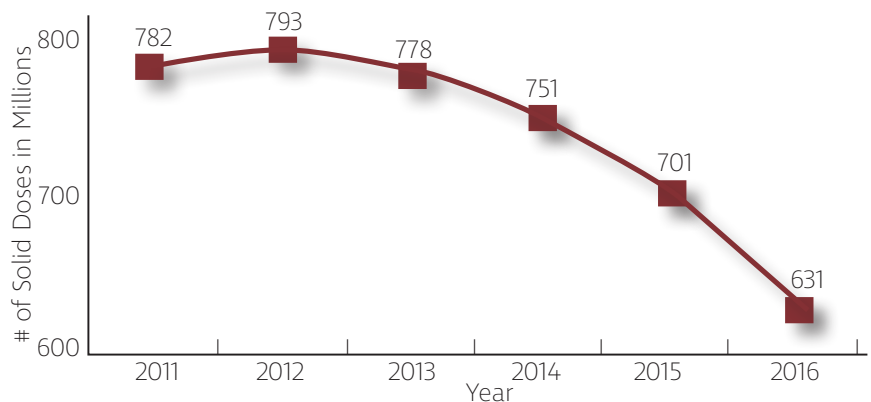
Although there is still more work to do, Ohio is seeing promising progress on some fronts in battling the opiate epidemic.

Of all unintentional drug overdose deaths in 2015 (the most recent finalized data available), the percentage of prescription opiate-related deaths declined for the fourth straight year.

This decline corresponded with efforts to reduce the prescription opiate supply available for diversion and abuse through law enforcement efforts, working with medical professionals to establish opiate prescribing guidelines, and empowering prescribers and pharmacists to prevent opiate abuse using Ohio's prescription drug monitoring system, the Ohio Automated Rx Reporting System (OARRS). Doctors and other prescribers are required to check OARRS before prescribing an opiate or benzodiazepine to see what controlled substance medications a patient might already be taking. A May 2017 fact sheet from the American Medical Association showed that Ohio led the nation in prescription drug monitoring in 2016 when OARRS received more than 24 million queries from Ohio prescribers – far more than any other state.

Opiate prescribing in Ohio declined for a fourth consecutive year in 2016, according to the State of Ohio Board of Pharmacy's OARRS annual report. Between 2012 and 2016, the total number of opiates dispensed to Ohio patients decreased by 162 million doses or 20.4 percent, from a peak of 793 million doses to 631 million doses. The number of opiate prescriptions provided to Ohio patients decreased by 20 percent during the same period. The report also found a 78.2 percent decrease in the amount of people engaged in the practice of "doctor shopping" for controlled substances since 2012.

Opioid Solid Doses Dispensed to Ohio Patients, by Year

Line chart titled "Opioid Solid Doses Dispensed to Ohio Patients, by Year". Y-axis: "# of Solid Doses in Millions" ranging 600 to 800. X-axis: "Year" from 2011 to 2016. Data points: 2011 = 782, 2012 = 793, 2013 = 778, 2014 = 751, 2015 = 701, 2016 = 631.

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

2016 Opiate Mid-Biennium Review Legislation Signed Into Law — Governor John R. Kasich signed the 2016 Opiate Mid-Biennium Review (Senate Bill 319) into law, strengthening prescription drug oversight, expanding access to the opiate overdose reversal drug naloxone, and encouraging responsible treatment. The law requires Ohio's 42,000 pharmacy technicians to register with the State of Ohio Board of Pharmacy; places a 90-day cap on the total days' supply for any opiate prescription and invalidates any prescription that has not been filled within 14 days; and requires greater oversight of health care providers who store, administer and dispense prescription opiates. It also builds on previous measures that increase access to naloxone to save lives by allowing facilities such as homeless shelters, halfway houses, schools and treatment centers to keep a supply of the naloxone on hand. The law also includes language that expands treatment capacity by making it easier for new methadone clinics to open. This fact sheet provides more information about the Opiate Mid-Biennium Review, and here is what stakeholders had to say about it.

Governor Kasich Calls for Third Frontier Commission to Invest Up to $20 Million to Battle Drug Abuse and Addiction — During his sixth State of the State Address before a joint session of the Ohio General Assembly in April 2017, Governor John R. Kasich said that state government will continue to do its part in fighting the opiate epidemic by providing communities, educators, medical professionals and other partners with new tools to help them in this fight at the local level. "Even as we work together on this mission, do all this, drive our strategies at prevention and treatment and interdiction, we've got to have a new idea," he said. "I'm asking the Third Frontier Commission to provide up to $20 million to help bring new scientific breakthroughs to the battle against drug abuse and addiction. These funds will target existing, proven ideas that simply need an extra push to be brought to the fight." In late May, the commission agreed to spend up to $12 million on the best devices, drugs, medical products, tests or other ideas to combat the opiate crisis that are already in development but need some more funding to get them to market. The commission also will spend up to $8 million on a challenge to bring in new ideas.

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New Common Sense Limits on Opiate Prescriptions for Acute Pain — Governor John R. Kasich and leaders of Ohio's health care regulatory boards announced in April 2017 new common sense limits on opiate prescriptions for treatment of acute pain. These new prescribing limits can lead to an estimated reduction of opiate doses in Ohio by 109 million per year while preserving the ability of clinicians to address pain in a competent and compassionate way. Highlights of these opiate prescribing limits for acute pain include: No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors; the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day; and health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits, and prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, the Ohio Automated Rx Reporting System. The new limits do not apply to opiates prescribed for cancer, palliative care, end-of-life/hospice care or medication assisted treatment for addiction. The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing.

Making Naloxone Available to First Responders and Family and Friends of People at Risk of Overdose — The 2016-17 state budget included an investment of $1 million per year to expand access to and use of naloxone by first responders as well as to people at risk for an opiate overdose and their family and friends through Project DAWN (Deaths Avoided With Naloxone) programs. Project DAWN is a community-based program supported by ODH that offers free naloxone kits and education for people at risk for an opiate overdose and their family and friends to administer during an opiate overdose until first-responders arrive. ODH produced a toolkit during the past year for communities that want to start a Project DAWN program. There are currently 68 Project DAWN sites in 54 Ohio counties. Ohio's Project DAWN programs collectively dispensed more than 10,000 naloxone kits in 2016 and are aware of at least 909 lives saved using them.

EpiCenter Alerts on Drug-Related Hospital Emergency Department Visits Signal Potential Spike in Overdoses — ODH is using Ohio's statewide syndromic surveillance system called EpiCenter to alert local health departments about potential spikes in drug overdoses occurring in their jurisdictions. EpiCenter analyzes near real-time information from hospital emergency departments to identify the number of drug-related visits. EpiCenter uses statistical algorithms to determine whether the number of drug-related emergency department visits within a 24-hour period is higher than the predicted number based on historical data. If it is, EpiCenter automatically issues an alert to the local health department so that it can investigate the anomaly and help coordinate a community response, if needed. ODH provideda Community Response Plan Template for Rapid Increase in Drug Overdoses which can be implemented by local partners.

Leveraging New Funding to Support Ohio's Efforts — ODH applied for and received a four-year, $6.6 million federal grant to combat prescription drug overdoses. ODH has awarded grants to 14 high risk counties to implement comprehensive drug overdose prevention programs. These local projects will implement many of the state initiatives in local communities and include coalition development, health care prescriber education and health care system changes for safer prescribing practices, and increasing access to naloxone. Separately, the Ohio Department of Mental Health and Addiction Services applied for and will receive up to $26 million a year in 2017 and 2018 through the federal 21st Century Cures Act to help fight Ohio's opiate epidemic at the state and local levels. The funding will help support medication assisted treatment; prevention; screening, brief intervention and referral to treatment; recovery supports; workforce development; and addressing secondary trauma among first responders who respond to drug overdoses (EMS personnel, firefighters, law enforcement, etc.).

Partnering with County Jails, the Ohio Department of Rehabilitation and Correction and Local Courts — The Ohio Department of Mental Health and Addiction Services funds mental health and addiction services for individuals in the criminal justice system at the local and state levels. In State Fiscal Years 2016-17, the agency directed $3 million a year to support linkages between community-based treatment and local jails, which encourages counties to focus on how individuals with serious mental illness and co-occurring substance use disorders can be more effectively connected with treatment and recovery supports. The 2016-17 state budget also allocated more than $16 million to support specialty docket drug courts intended to connect non-violent offenders with the types of community support that they need to remain in the community rather than serve a sentence in prison or jail. Of that investment, $11 million went toward establishing an Addiction Treatment Program offering medication assisted treatment

services in local certified drug courts. By the end of State Fiscal Year 2017, the Addiction Treatment Program had expanded into 21 Ohio counties. The 2016-17 state budget also made a significant investment in launching a state-level partnership between the Ohio Department of Rehabilitation and Correction and the Ohio Department of Mental Health and Addiction Services. This partnership allowed the Ohio Department of Mental Health and Addiction Services to assume responsibility for provision of recovery support services in Ohio's prisons, resulting in an approximate 50 percent increase in the number of clinical professionals providing addiction treatment to Ohio prison inmates.

Updated Community Action Guide to Address Opiate Abuse — In addition to funding services and initiatives in local communities to address opiate abuse and overdose deaths, the state has created tools that can be used to battle Ohio's opiate epidemic at the local level. The Governor's Cabinet Opiate Action Team published in early 2017 an updated Action Guide to Address Opioid Abuse, a 20-page resource that serves as a blueprint to help communities address this issue. The guide includes a series of goals and checklists of actionable items on such topics as building a local team to take action; adopting prevention practices; monitoring opiate prescribing, managing medications and halting diversion; preventing overdoses; linking people to treatment; helping people sustain recovery; and supporting law enforcement interdiction. The guide also includes examples of current local responses and actions across Ohio.
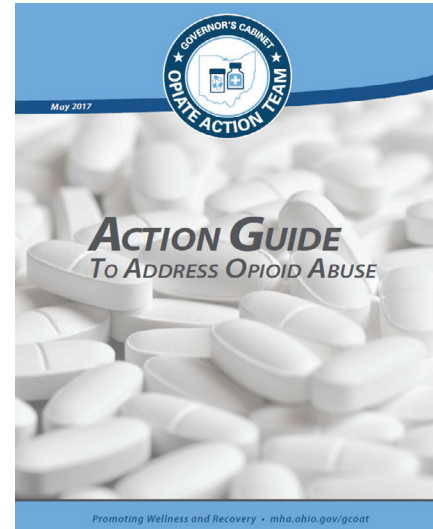
Meetings of State Government Leaders and Local Leaders in Communities With Highest Risk of Drug Overdoses — Leaders in state government including several state agencies and boards met during the past year with local leaders in several Ohio communities with the highest risk of drug overdoses to discuss local drug abuse and addiction issues, initiatives to address them, and the importance of strong local leadership and community engagement. Promising local practices were identified during these site visits and helped inform the development of the updated Action Guide to Address Opioid Abuse as a resource for Ohio's communities. State officials also outlined state initiatives and support for local efforts to help combat drug abuse and addiction to save lives.

Expansion of Drug Overdose and Naloxone Public Awareness Campaign — The state launched a targeted campaign in May 2016 to raise awareness about the signs and symptoms of a drug overdose and to urge family members and friends of people who use drugs to obtain naloxone to administer during an overdose while waiting on first responders to arrive. The use of naloxone as quickly as possible is vital to saving lives during opiate overdoses. A collaboration of ODH and the Ohio Department of Mental Health and Addiction Services, the campaign initially focused on 15 high- risk counties, and was later expanded to 29 high-risk counties. The public awareness campaign includes two billboard designs, a radio spot, and mobile and digital ads. They direct people to a website stopoverdoses.ohio.gov for more information, including how to obtain a naloxone kit without a prescription at participating pharmacies, or through Project DAWN (Deaths Avoided with Naloxone) community programs supported by ODH.

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

Reducing Infant Mortality to Help
More Babies Reach Their First Birthdays

Ohio continues to build upon a comprehensive range of initiatives tackling the leading causes of infant mortality, focusing resources in the communities where the needs are greatest, and implementing system changes that will help save babies' lives.

Ohio has invested nearly $41.3 million over the past five years to support state and local initiatives that help address infant mortality, and is surging millions of new dollars into local communities to improve birth outcomes and reduce racial and ethnic disparities in infant mortality.

Infant mortality in Ohio is trending downward over time. Still, Ohio has work to do to save babies lives, especially African-American babies who die at nearly three times the rate as white babies.

Infant mortality is defined nationwide as the death of a live-born baby before his or her first birthday. Infant mortality rate is calculated as the number of such deaths per 1,000 live births.

Ohio's goal is to reach the national Healthy People 2020 objective of a 6.0 infant mortality rate or lower in every racial and ethnic group. Healthy People 2020 is a national collaborative managed by the U.S. Department of Health and Human Services that provides science-based, national objectives for improving the health of Americans.

In November 2016, ODH released its 2015 Ohio Infant Mortality Report which showed that 1,005 Ohio infants died before their first birthday, reflecting an infant mortality rate for all races of 7.2 deaths per 1,000 live births.

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

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

Continued Funding to Support Ongoing Local Initiatives in High-Risk Communities — The state is providing continuing funding to support ongoing local infant mortality initiatives through a combination of general revenue dollars and federal grants: $5.8 million for 27 Ohio counties at risk for poor birth or childhood developmental outcomes to expand local voluntary, evidence-based home visiting services to women during pregnancy, and to parents with young children; $2.6 million for 14 Ohio counties with the highest infant mortality rates for African-American babies to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development; and $2.5 million to support infant mortality initiatives of local Ohio Equity Institute teams.

Surging New Resources to Support Local Initiatives in High-Risk Communities — The 2016-17 state budget allocated $26.8 million through the Ohio Medicaid program to support community-driven proposals to combat infant mortality at the local level. In June 2016, the Ohio Department of Medicaid announced that the funding would support 46 local projects in nine Ohio metropolitan areas that accounted for close to two-thirds of all infant deaths, and 90 percent of black infant deaths, in Ohio in 2015. Together with its five contracted managed care plans, Ohio Medicaid engaged local leaders in these communities to identify innovative projects that will connect women and infants to quality health care and care management. Information about these projects is available in the Ohio Department of Medicaid's funding announcements.

EVERY BABY MATTERS
OEI
OHIO INSTITUTE FOR EQUITY IN BIRTH OUTCOMES

Help Our Babies Reach Their First Birthdays

For more information, please call: 1-800-755-4769
www.odh.ohio.gov/OEI

Ohio Department of Health

Identifying and Promoting Promising Practices to Reduce Infant Mortality — Community infant mortality coalitions and Ohio Equity Institute teams in Ohio's nine highest risk counties/metropolitan areas are pursuing some promising practices that every Ohio community can adopt to help more babies reach their first birthdays. ODH compiled these promising practices to reduce infant mortality into a resource tool and shared it across the state. Examples of promising practices include promoting infant safe sleep practices to prevent sleep-related deaths; implementing the "Centering Pregnancy" model of care which integrates maternal health assessment, education and support; and a "community connectors" program to train community members to educate and support families in neighborhoods at risk for poor birth outcomes and to connect them to care.
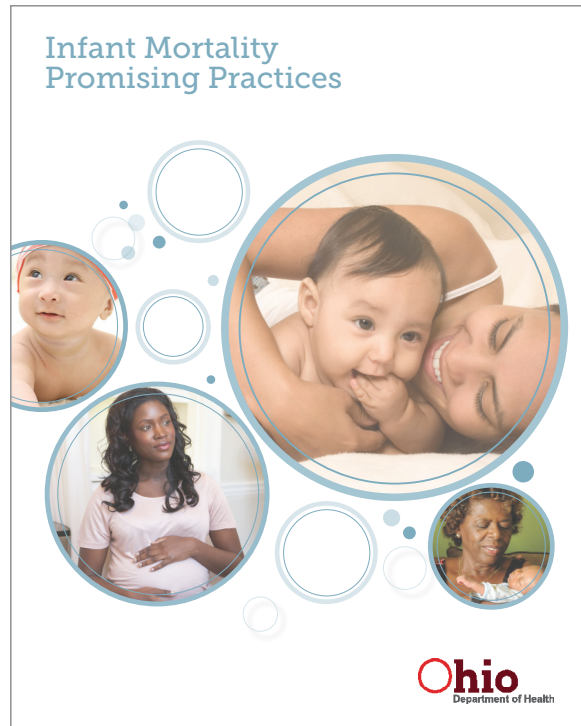
Infant Mortality
Promising Practices

Ohio
Department of Health

**Meetings of State Government Leaders and Local Leaders in Communities With Highest Risk of Infant Morality**— Leaders in state government including several state agencies met during the past year with local leaders in several Ohio communities with the highest risk of infant mortality to discuss local infant mortality issues, initiatives and the importance of strong local leadership and community engagement. State officials shared promising practices to reduce infant mortality being pursued by other Ohio communities and outlined state initiatives and support for local efforts to help more babies reach their first birthdays.

State Enterprise Infant Mortality Website With Data, Tools and Resources — ODH developed a state enterprise infant mortality website (preventinfantmortality.ohio.gov) that went live in November 2016 containing infant mortality data, information about Ohio's efforts to reduce infant mortality, and tools and resources.

Public Awareness Campaign to Promote Infant Safe Sleep Practices — Sleep-related deaths are one of the three leading causes of infant mortality in Ohio, and three babies die in unsafe sleep environments every week. Babies who sleep on couches/chairs, co-sleep with others such as parents or siblings, or sleep on their stomachs are more likely to die from an unexpected sudden cause. ODH continued its public awareness campaign in high-risk communities during the past year to educate parents, grandparents and caregivers about the ABCs of safe sleep: place infants Alone, on their Back, in a Crib. The campaign included billboards, radio and cable TV spots, and social media. ODH also continued supporting the Cribs for Kids® program along with participating partners to promote the use of cribs as a safe sleep practice for infants, and to provide portable cribs to those who qualify.

For more information about Ohio's comprehensive efforts to reduce infant mortality and help more babies reach their first birthdays, as well as tools and resources, go to preventinfantmortality.ohio.gov.
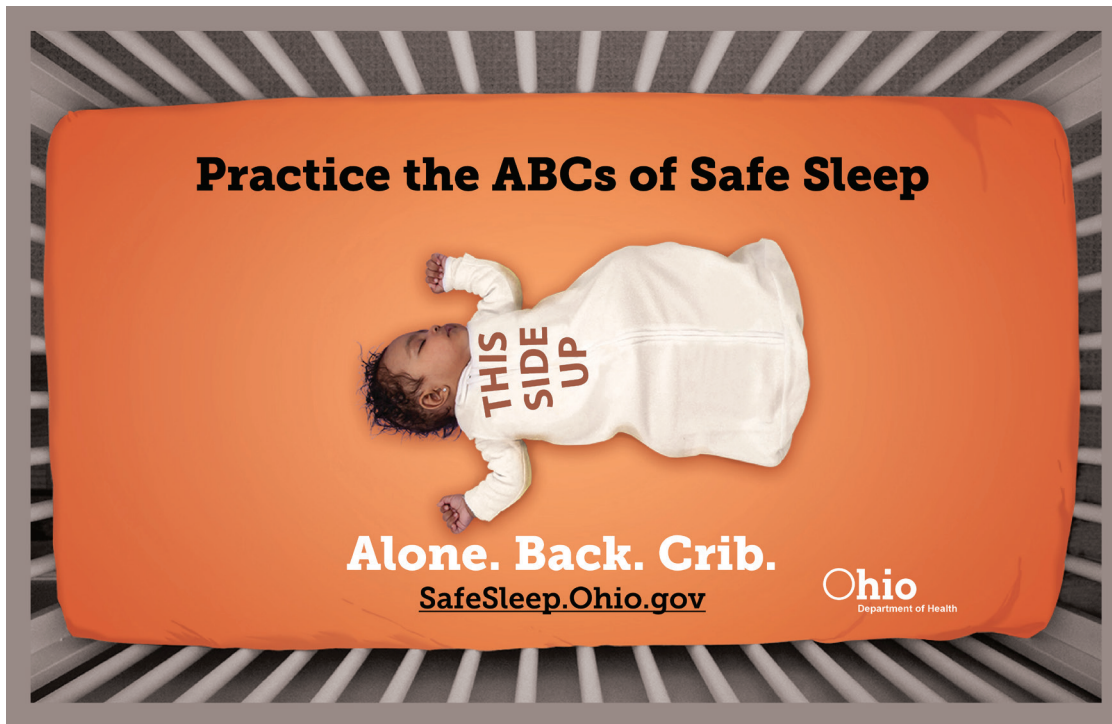
Reducing Incidence of Child Lead Poisoning in Ohio

Lead exposure is a serious environmental public health issue, especially for children. Lead exposure can damage the brain and nervous system, slow growth and development, and cause learning and behavior problems as well as hearing and speech problems. The primary source of lead exposure in children with lead poisoning is deteriorated lead-based paint (dust). Other potential lead exposure sources include soil, water and consumer products.

ODH has operated a comprehensive statewide lead poisoning prevention program since 1991. The program provides guidelines on lead testing and medical management; educates health care providers; conducts lead surveillance and case management; conducts public health lead investigations of child lead poisoning cases (either directly or through local delegated boards of health); licenses lead risk assessors, abatement, contractors and other professionals; approves laboratories that analyze blood lead levels in people and the amount of lead in the environment; and provides compliance assistance and monitoring.

When a child under six years of age is identified with an elevated blood lead level (lead poisoning), ODH or its local delegated board of health conducts a public health lead investigation to determine the probable source of lead exposure. If an investigation identifies a lead hazard, a lead hazard control order is issued directing the property owner to control the lead hazard. If a property owner refuses to control an identified lead hazard, an order to vacate the property is issued, declaring it unsafe for human occupation, especially for children younger than six years old and pregnant women.

During the past year, ODH and its partners pursued numerous initiatives to promote the testing of children for lead in high risk communities, and to ensure that Ohio's children are not living in housing with known lead hazards.

Instructional Video for Physicians on Child Lead Testing — ODH partnered with the State Medical Board of Ohio to create an instructional video for physicians on "Ohio Child Lead Testing Requirements" which the Medical Board promoted with physicians. Ohio law requires primary care providers to order a blood lead screening test for any child under six years old who is determined to be at risk of lead exposure based on the child's ZIP Code. The law also requires that a blood lead screening test be performed on all Medicaid-enrolled children at ages one and two, and up to age six if the child has not received a previous test. The video also provides recommendations on the medical management of child lead poisoning.

Public Awareness Campaign to Encourage Child Lead Testing in High-Risk Areas — To increase public awareness about the dangers of lead exposure for children and to increase blood lead testing, ODH ran a public awareness campaign in the fall of 2016 targeting parents and guardians of children most at risk for lead exposure as well as women of child-bearing age living in high-risk ZIP Codes. The campaign featured billboards, social media and online advertising.

Publicly Available List of Ohio Properties Whose Owners Refuse to Control Known Lead Hazards — ODH lauched on its website a list of Ohio properties whose owners have refused to comply with an order from ODH or its delegated local board of health to control known lead hazards. For a property to be included on the list, a child younger than age six living in the home must test positive for an elevated blood lead level. This triggers a public health lead investigation by ODH or its delegated local board of health, and the investigation identifies a lead hazard in the home (the most common being deteriorating lead-based paint in pre-1978 housing). A lead hazard control order is issued to the property owner, directing him/her to control the lead hazard. If the property owner refuses to control the lead hazard, an order to vacate the property is issued, declaring it unsafe for human occupation, especially for children younger than six years old and pregnant women.

The property is then listed among properties whose owners refuse to control known lead hazards. ODH has asked Ohio's housing rental assistance organizations for their help in ensuring that children are not living in housing with known uncontrolled lead hazards since lead poisoning disproportionately affects children in low-income families. ODH's website list of properties is the source housing rental assistance organizations can check to make sure that they are not providing rental assistance for such properties.

Other Key Public Health Initiatives

ODH Annual "Fight the Bite" Mosquito and Tick Bite Prevention Public Awareness Campaign — ODH launched its annual public awareness campaign in May 2017 urging people to "fight the bite" and take precautions to prevent bites from mosquitoes and ticks which can carry diseases such as West Nile virus, Zika virus and Lyme disease. The campaign included a news release, billboards, social media ads, gas pump topper ads at gas stations and print ads. In Ohio, mosquitoes are most common in spring and summer and active when temperatures are consistently above 50 degrees. Ticks may be active year-round any time the temperature is above freezing. Ohio has a type of mosquito that can transmit West Nile virus, and 17 cases were reported in the state in 2016. The primary mosquito that transmits Zika virus is found in the tropics and southern U.S., but it is not known to be established in Ohio. A "cousin" of the mosquito is found in parts of Ohio and may potentially transmit Zika virus. Ohio had 95 travel-associated Zika cases in 2016 in returning travelers from Zika-affected areas. The types of ticks found in Ohio can transmit a variety of diseases, including Lyme disease, and 160 cases were reported in the state in 2016.

TELL MOSQUITOES TO BUZZ OFF.

For more information, visit www.odh.ohio.gov/MOSQUITOES

FIGHT THE BITE | **Ohio** Department of Health

Local Mosquito Control Grants — Ohio EPA and ODH announced during the past year additional state funding for local health departments and other local public entities to help control the mosquito population and prevent the spread of mosquito-borne diseases. In September 2016, the agencies announced $691,340 in mosquito control grants in 31 counties. In February 2017, the agencies announced $996,900 in mosquito control grants in 27 counties. In May 2017, Ohio EPA and ODH announced $976,600 in mosquito control grants in 35 counties. During the past two years, Ohio EPA has awarded nearly $3 million to local health departments and communities for mosquito control initiatives. The grants may be used for local mosquito surveillance; larval control; adult mosquito control; community outreach; breeding source reduction, including trash or tire removal; and other possible proposed activities. More information, including a listing of all grant recipients, is available on the Ohio EPA's website.

ODH Annual Flu Vaccination Public Awareness Campaign — ODH launched its annual public awareness campaign in October 2016 to promote flu vaccination for everyone six months old and older to protect against seasonal flu viruses. In Ohio, flu season officially runs from October to May, with cases typically spiking between December and February. The campaign included a news release, a television public service announcement and radio spots. During the 2016-17 flu season, there were 8,661 flu-associated hospitalizations in Ohio and seven pediatric deaths.

New Immunization Information System Enhances Ohio's Immunization Registry — ODH contracted with Scientific Technologies Corporation to use its Immunization Information System (IIS). Beginning in June 2017, this system replaced the previous IIS application. This update makes Ohio's IIS current with today's technology, and it increases processing speed and provides faster implementation of system updates. Some features of the new IIS application include a user-friendly interface; forecasting that includes recommended and accelerated immunization schedules of the Advisory Committee on Immunization Practices; patient lists for reminder postcards, letters and emails; and advanced vaccine inventory ordering and management tools. Anyone who administers vaccines can use the new IIS application, including private physician practices, public health clinics, hospitals, and pharmacies. Anyone who uses IIS for viewing immunization records, including schools and WIC Clinics, also can use the new IIS application.

ODH HIV/STD/Hepatitis Prevention and Surveillance Program Aligned with Ryan White HIV/AIDS Program — As part of ODH's continuing commitment to operational effectiveness and efficiency, the agency's HIV/STD/Hepatitis Prevention and Surveillance Program was integrated into the ODH Office of Health Improvement and Wellness where the agency's Ryan White HIV/AIDS program resides. The federal Health Resources and Services Administration and the Centers for Disease Control and Prevention, which provide funding for both the HIV/STD/Hepatitis Prevention and Surveillance Program as well as the Ryan White program, are now requiring their grantees like ODH to work together on the creation of a five-year plan to address the needs, gaps and barriers to HIV prevention and care. The alignment of both the HIV/STD/Hepatitis Prevention and Surveillance Program and the Ryan White program will strengthen collaboration and ensure the successful implementation of Ohio's HIV prevention and care integrated plan. During the past year, planners from across Ohio have met with clients, HIV professionals, and others to prepare the Ohio HIV Prevention and Care Integrated Plan, 2017-2021.

Aligning Ohio's Early Intervention Program Under One Agency – In 2016, ODH and the Ohio Department of Developmental Disabilities announced that we would begin to work to transition the lead agency role for administering Ohio's Part C Early Intervention program from ODH to the Ohio Department of Developmental Disabilities. Previously, each agency had oversight responsibilities for different parts of the program, which caused confusion for some early intervention professionals. Consequently, in the interest of providing the best service to Ohioans, the two agencies worked together to ensure a seamless transition from ODH to the Ohio Department of Developmental Disabilities for families enrolled in the program. At ODH, Early Intervention had been one component of the Help Me Grow program, whose Home Visiting component will continue to provide expectant and new parents at risk for poor birth outcomes with information and support in the comfort of their homes.

Ohio Public Health Data Warehouse Update — As part of its continuing commitment to make public health data available as quickly as possible, ODH updated its web-based Ohio Public Health Data Warehouse to provide faster access to aggregated data about deaths in Ohio. As a result, in most cases preliminary mortality data are now available in a matter of days after a death occurs. In addition, new data warehouse features enable users to look at mortality data in deeper, more meaningful ways. Mortality data can be used to help inform policy-making decisions and initiatives at the state and local levels, including to improve health outcomes, reduce infant mortality and prevent drug overdose deaths. Mortality data also can guide public health and other researchers in their work. The mortality data is preliminary when first posted in the data warehouse because it may take more time to finalize some death data, such as cause of death for injury-related deaths, drug overdose deaths and other unexpected deaths. It also takes time to receive data from other states for Ohio residents who die out of state.

ODH Public Health Laboratory — The ODH Public Health Laboratory assists the agency, local health departments, and clinicians across Ohio in disease outbreak investigations, public health emergencies, and identification of disease causes to aid in treatment and prevention. Its services include screening for diseases of public health interest, reference support for confirmation of low incidence infectious agents, laboratory investigation to determine epidemiological patterns, and oversight of the state's alcohol breath testing program. Among testing it conducted in State Fiscal Year 2017, the ODH Public Health Laboratory completed 138,853 newborn screenings for certain metabolic/endocrine disorders as required under Ohio law; tested 12,716 mosquito pools as part of public health surveillance across the state to monitor mosquito-borne diseases like West Nile virus; and tested 3,815 specimens for food-borne diseases.

Ohio's Vital Records and Statistics — The ODH Bureau of Vital Statistics operates a statewide system for the registration of births, deaths, fetal deaths, and other "vital records." 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 2017, the Bureau of Vital Statistics registered 147,168 births; registered 117,744 deaths; processed 6,277 adoptions; and provided 77,934 certified copies of requested vital records (city and county vital statistics offices issued an additional 998,437 certified copies).

Financial Management & Stewardship

During State Fiscal Year 2017

Financial Management & Stewardship

SFY 2017 Revenue by Fund Group

	Amount	Percentage
Federal	360,908,958	65.89%
General Revenue	78,616,868	14.35%
Dedicated Purpose	78,484,333	14.33%
Internal Service Activity	29,555,617	5.40%
Highway Safety	166,789	0.03%
Holding Account	-22,433	0.00%
Grand Total	547,710,132	100.00%
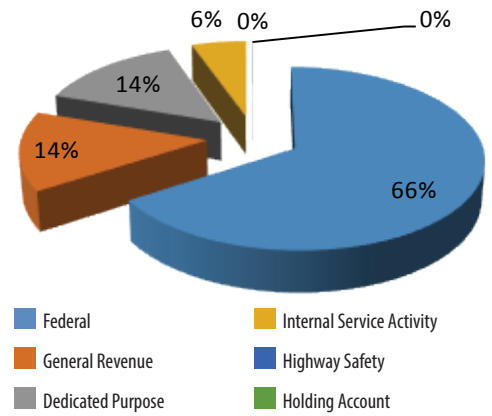
SFY 2017 Expenditures by Fund Group

	Amount	Percentage
Federal	360,102,349	66.84%
General Revenue	78,616,868	14.59%
Dedicated Purpose	72,773,155	13.51%
Internal Service Activity	26,936,384	5.00%
Highway Safety	306,444	0.06%
Holding Account	26,978	0.01%
Grand Total	538,762,178	100.00%
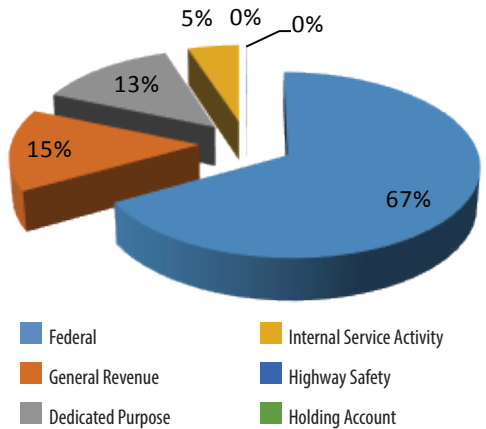
SFY 2017 Expenditures by Category

	Sum of Disbursements	Percentage
Subsidies & Shared Revenue	343,583,318	63.77%
Personal Services	103,915,309	19.29%
Supplies & Maintenance	65,968,993	12.24%
Purchased Personal Services	23,253,392	4.32%
Equipment	1,406,205	0.26%
Transfers & Non-Expense	634,962	0.12%
Grand Total	538,762,179	100.00%

- Subsidies and Shared Revenue
- Personal Services
- Supplies and Maintenance
- Purchased Personal Services
- Equipment
- Transfer and Non-Expense
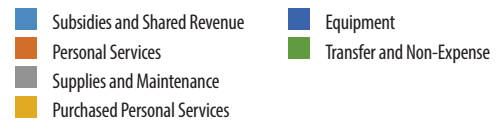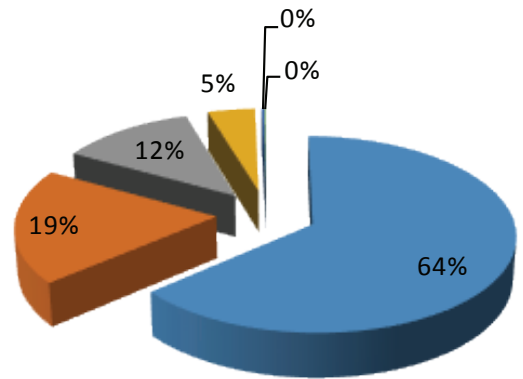
SFY 2017 Expenditures by Program Areas

	Sum of Disbursements	Percentage
Women, Infants, and Children	193,627,836	35.94%
Maternal and Child Health	63,733,682	11.83%
Children with Medical Handicaps, Breast and Cervical Cancer, and Injury Prevention/Drug Overdose	50,813,501	9.43%
Health Care Facility Survey and Certification	41,012,783	7.61%
Infectious Disease	28,760,051	5.34%
Public Health Preparedness	27,991,212	5.20%
Program Support	26,239,333	4.87%
Health Promotion	25,182,540	4.67%
HIV/AIDS Care	22,894,956	4.25%
Local Health Department Support	13,032,582	2.42%
Public Health Laboratory	11,815,499	2.19%
Environmental Health	11,579,789	2.15%
Health Policy	6,433,593	1.19%
Radiation Protection	6,407,760	1.19%
Vital Statistics	6,041,709	1.12%
Informatics & Data Management	1,373,247	0.25%
Alcohol & Drug Testing	1,027,401	0.19%
Health Improvement & Wellness Support	794,704	0.15%
Grand Total	538,762,179	100.00%

- Women, Infants and Children
- Maternal and Child Health
- Children with Medical Handicaps, Breast and Cervical Cancer, and Injury Prevention/Drug Overdose
- Health Care Facility Survey and Certification
- Infectious Disease
- Public Health Preparedness
- Program Support
- Health Promotion
- HIV/AIDS Care
- Local Health Department Support
- Public Health Laboratory
- Environmental Health

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.