

A NEW DAY IN  
PUBLIC HEALTH

# 2019 Annual Report





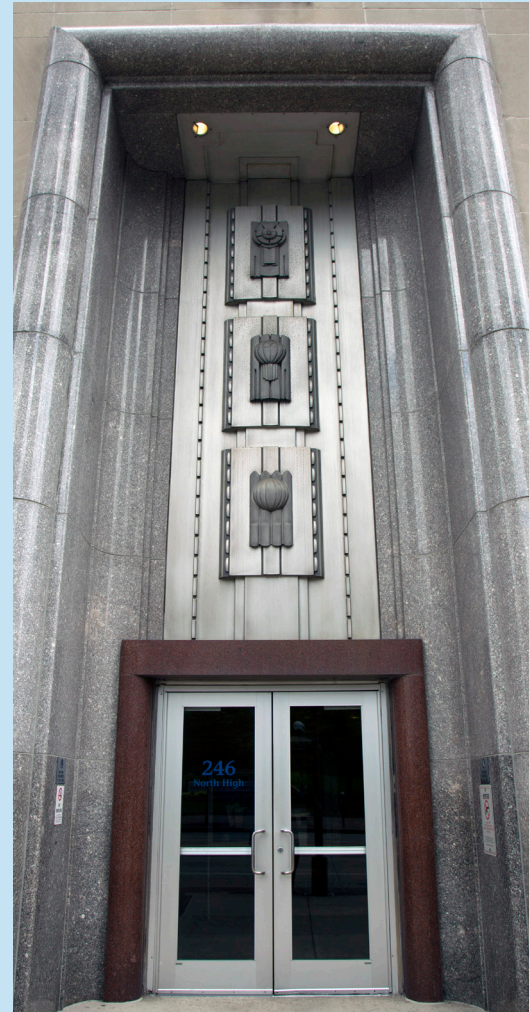
### Senior Executive Team

- Amy Acton, MD, MPH** – Director
- Lance Himes, JD** – General Counsel
- Mark Hurst, MD** – Medical Director
- William McHugh** – Assistant Director
- Erica Wilson** – Director of Government Affairs
- Anthony Perry** – Chief Financial Officer
- Jose Rodriguez** – Deputy Director, Office of Public Affairs and Communications
- Joanne Pearsol** – Deputy Director, Office of Performance and Innovation
- Jaime Erickson** – Chief, Office of Human Resources

Ohio Department of Health  
246 N. High St. / 35 E. Chestnut St.  
Columbus, OH 43215  
<http://www.odh.ohio.gov>

### Additional ODH Locations

- Laboratory, 8995 E. Main St., Reynoldsburg, OH 43068
- Vital Statistics, 225 Neilston St., Columbus, OH 43215
- Warehouse, 900 Freeway Dr. N., Columbus, OH 43229
- Akron District Office, Oliver R. Ocasek Government Office Building, 161 S. High St., Suite 400, Akron, OH 44308
- Toledo District Office, Michael V. DiSalle Government Center, 1 Government Center, Suite 1320, Toledo, OH 43604



### State of Ohio

- Mike DeWine** – Governor
- Jon Husted** – Lt. Governor
- Amy Acton, MD, MPH** – Director of Health





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Public health issues, such as clean water, sanitation, a safe food supply, and preventing and controlling infectious diseases have added 25 years to life expectancy in our country.

*It's a new day for the Ohio Department of Health (ODH), and I am enthused about the possibilities.*

*When I was appointed director of health in early 2019, I pledged this agency would have an unwavering commitment to transparency, integrity, and customer service, and would begin helping shape public health of the future.*

*This year we are transforming by tearing down bureaucratic barriers and building a culture committed to change. Our state public health department's goal is to be innovative, modern, and strong—so we can respond swiftly to emerging threats and health emergencies to ensure the well-being of all 11.7 million Ohioans.*

*In my short time as director, we have partnered with local health departments on a number of public health policies and initiatives. Working with partners, we conducted investigations of legionella outbreaks at several health care facilities, and supported the emergency response to a string of dangerous tornadoes that damaged the southwest corridor of our state.*

*Moving forward, much of our work will focus on the social determinants of health to create improvements for the health of everyone in our state. Today, a person's ZIP code is a stronger predictor of health than their genetic code—this is simply unacceptable. We look forward to continuing our closeness with our local health departments to assist them in getting accredited by the national Public Health Accreditation Board. This rigorous process is validation that a public health department can provide services at an appropriate scale for its community.*

*No one entity will solve public health issues by itself. In public health, we never work alone. Public health truly is a team sport.*

*I hope you will be our partner in building a new infrastructure of healthy communities, so we can begin to close the gaps in health and ensure the well-being of ALL Ohioans. This is just the beginning of our new day.*

Be Well,

Amy Acton, MD, MPH



## 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.

## Core Public Health Responsibilities

We fulfill our mission through core public health responsibilities:

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

**Health Equity and 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.



*Amy Acton, MD, MPH, director of health, delivers the Ohio Department of Health budget testimony to the Ohio House Finance Subcommittee on Health and Human Services on April 2, 2019.*



## Lead

There is no safe level of lead in our bodies. The primary source of lead exposure in children with elevated lead levels is deteriorated lead-based paint (dust). Other potential lead exposure sources include soil, water, and consumer products.

ODH provides guidelines on lead testing and medical management, educates health care providers, conducts surveillance and case management, and conducts public health lead investigations (either directly or through local health departments). We also license the professional workforce, approve lead laboratories and lead training courses, and provide compliance assistance and monitoring.

ODH collaborates with local health departments to investigate child lead poisoning cases to ensure that children are not living in housing with known lead hazards. In 2019, ODH awarded local health departments up to \$10,000 each to increase public awareness about lead poisoning prevention during Healthy Homes Awareness Month.

ODH also collaborated with the Ohio Department of Medicaid to start a statewide lead abatement project utilizing State Children’s Health Insurance funds to provide lead abatement services in the homes of low-income children and pregnant women.

Working with the Ohio Housing Finance Agency and its existing Ohio Housing Locator website, the ODH Lead Program also developed an online lead-safe rental housing registry.

In 2018,  
**168,577**  
children  
were tested  
for lead  
poisoning

**3,872**  
children  
had confirmed  
blood lead levels





## Ohio Choose Safe Places

Ohio Choose Safe Places began on April 1, 2019. The program protects children from environmental hazards by encouraging potential child care center operators to make safe siting choices for their business by considering the building and land, neighboring industries that may use hazardous chemicals, and naturally occurring contaminants such as radon.

## Legionella

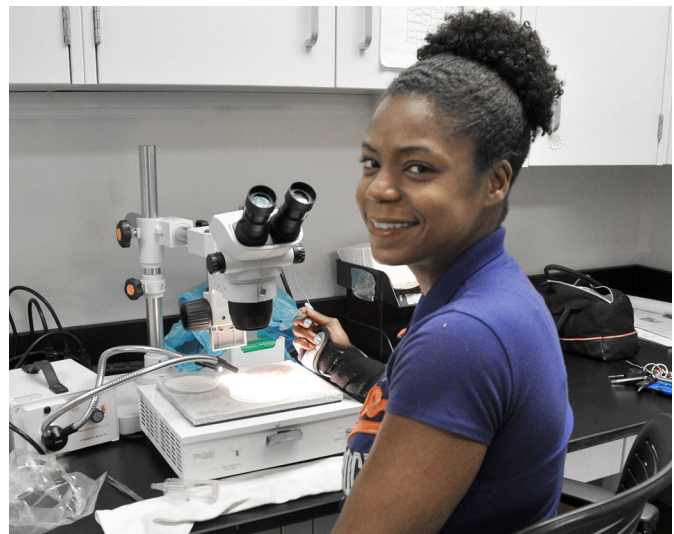
People can get sick when they breathe in mist or accidentally swallow water containing *Legionella* bacteria into the lungs. Legionnaires' disease is a serious type of pneumonia (lung infection) caused by *Legionella*. Following the national trends, Legionnaires' disease cases in Ohio have continued to rise. Additional federal funding has enabled ODH to increase outreach to local health departments, health care facilities, and the public.

ODH provides epidemiological and environmental technical assistance and recommendations to local health departments for individual cases and outbreaks of Legionnaires' disease. We also assist local health departments in locating environmental sources, reviewing facility water management plans for *Legionella* prevention and risk reduction, and providing treatment to control *Legionella* growth.

We license **more than 65,000 food service operators each year**, ensuring places where Ohioans eat are safe and sanitary

In 2018, **930 cases** of Legionnaires' disease were recorded, a 50% increase from 2017

Onsite assistance was provided at **27 sites** during outbreaks and all throughout the year





## Count the Kicks

One out of every 167 pregnancies in the United States ends in stillbirth, according to the Centers for Disease Control and Prevention (CDC).

Scientific studies show the benefits of expectant moms tracking their baby's movements once a day during the third trimester and learning how long it normally takes their baby to get to 10 movements. If that "normal time" changes during the third trimester, this could be a sign of potential problems and an indication that the expectant mom should call her healthcare provider.

ODH partnered with Count the Kicks, a proven stillbirth prevention public awareness campaign that teaches a method for, and the importance of, tracking fetal movement during the third trimester of pregnancy.

In 2017,  
**865 Ohio pregnancies ended in stillbirth**



Our scientific laboratory conducts more than **134,800 newborn screenings annually**. Only **five drops of a baby's blood** are needed to identify infants at risk for many serious medical conditions







## Infant Mortality

Infant mortality is defined nationwide as the death of a liveborn baby before their first birthday. 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. Much work remains to help more babies reach their first birthdays, especially African American babies who die at nearly three times the rate of white babies.

ODH provides technical assistance and financial support to local teams in nine large metropolitan areas in Ohio that account for the majority of the state's infant deaths, especially African American infant deaths. These teams connect pregnant women to evidence-based clinical and social services that address key drivers of infant mortality, such as the health of the expectant mother, including management of chronic diseases, prenatal care, and smoking during pregnancy.



## Home Visiting — Help Me Grow

Home visiting programs serve pregnant women who are at risk for poor birth outcomes and parents with young children who are at risk for poor developmental outcomes.

Research shows that evidenced-based home visiting services, provided in the familiar surroundings of family homes, improve birth outcomes and can help reduce infant mortality.

Ohio's evidence-based home visiting program, called Help Me Grow, is administered by ODH with services provided locally through a statewide network of local agencies. Social workers, nurses, or other early childhood professionals meet regularly with at-risk pregnant women and their families to provide the support, education, and resources needed to raise children who are physically, socially, and emotionally healthy and ready to learn. Our program follows four different home visiting models—Healthy Families America, Moms and Babies First, Parents as Teachers and Nurse-Family Partnership. ODH uses both state and federal funds to support local home visiting programs across the state.

Gov. Mike DeWine has made **home visiting** one of his key initiatives. He formed the Governor's Advisory Committee on Home Visitation, a group made up of industry leaders from across the state, to develop recommendations aimed at **tripling** the number of **families served** each year.



## Safe Sleep

Suffocation is the leading cause of injury-related deaths for babies before their first birthdays. Babies who sleep on couches or chairs, in bed with another person, or on their stomachs are more likely to die from suffocation. Sleep-related infant deaths have been trending downward over time, corresponding with intensive state and local initiatives to promote safe sleep practices. Still, sleep-related infant deaths are preventable by practicing the ABCs of infant safe sleep practices — place babies Alone, on their Back, in a Crib.



ODH launched a public awareness campaign on the ABCs of safe sleep, which included spots on TV and radio, as well as ads on video streaming services and social media. This year, we also included smoke-free homes as a recommended safe sleep environment. We targeted 12 counties with the highest percentage of mothers who smoked in the first trimester and counties funded by Mom’s Quit for Two, a tobacco cessation program targeted at pregnant women.



## Vaccines Save Lives

ODH works to make sure all Ohio children, adolescents, and adults are fully vaccinated against preventable diseases. Every year, tens of thousands of Americans get sick from diseases that could be prevented by vaccines. Science tells us immunization is the best protection to keep people safe.

ODH develops and maintains a statewide immunization registry; offers training, education, and support to local health departments; oversees immunization reporting for children enrolled in school; and works closely with health care providers to improve immunization rates.

In June 2018, Ohio declared a statewide community outbreak of hepatitis A after observing a large increase in cases. Hepatitis A is a vaccine-preventable liver disease that usually spreads when a person ingests fecal matter (even in microscopic amounts) from contact with objects, food, or drinks contaminated by the stool of an infected person. Hepatitis A can also be spread from close personal contact with an infected person, such as through sex.

At the time of this report, the outbreak continues, but the number of new cases has decreased. ODH and local partners are working to decrease cases in the coming year.

In May 2019, ODH announced a commitment of **\$650,000** awarded to local health departments to purchase additional **hepatitis A vaccine** to combat the hepatitis A outbreak





## Protecting Vulnerable Populations

ODH is responsible for the licensure and certification of regulated healthcare facilities in Ohio. This ensures that all residents in nursing facilities are provided safe and high-quality care according to state and federal regulations.

Each nursing home facility receives at least one unannounced inspection during a nine-month to 15-month cycle. During these reviews, all aspects of care and services are evaluated to ensure state and federal laws are being followed. Complaints are also investigated related to residents' rights, quality of care, quality of life, staffing, abuse, dietary, and environmental concerns. When nursing facilities do not comply with the rules and regulations, an enforcement action is initiated by ODH.

ODH also conducts inspections of other health care providers and suppliers such as home health agencies, end stage renal disease facilities, and hospice programs. Hospital inspections are conducted at the request of the CDC.

### In 2018, ODH conducted:

- **4,191** surveys (**3,313** complaints, **674** annual surveys, **204** annual surveys/complaints combined)
- **743** investigations against individuals accused of abuse, neglect, misappropriation, or exploitation
- Placement of **105** individuals on a registry for offenses against nursing home residents (placement on the registry is a lifetime ban from working in long-term care facilities)






## Naloxone Saves Lives

Each day, Ohio loses 10 people to unintentional drug overdoses. Also known as Narcan, naloxone can be used to reverse drug overdoses. Every life is worth saving.

ODH has spearheaded community naloxone distribution efforts by providing support and assistance as well as funding 17 agencies to implement or expand Project DAWN (Deaths Avoided With Naloxone) in their areas. ODH received funding from Ohio Mental Health and Addiction Services (OMHAS) to create infrastructure for community naloxone distribution programs, expand distribution strategies to reach high-risk Ohioans, and released a competitive solicitation for local applicants. Approximately \$3.2 million in infrastructure funding was awarded along with \$2.2 million in naloxone kits.

**28,440**  
naloxone kits  
distributed\*



\*SFY 2019 preliminary data

**3,831**  
overdose  
reversals  
reported\*



\*SFY 2019 preliminary data

## Local Drug Overdose Prevention Projects

Our agency implemented capacity-building contracts with 18 local agencies, reaching 25 counties with drug overdose prevention strategies including coalition building, development of strategic plans, and implementation of overdose fatality reviews and systems changes. We also provided funding to 15 counties to implement comprehensive prevention programs with an emphasis on building community/clinical linkages to link high-risk individuals with treatment and wraparound services.





## EpiCenter Alerts Regarding Local Spikes in Suspected Drug Overdoses

ODH uses a statewide electronic syndromic surveillance system, called EpiCenter, to alert local health departments any time a spike in suspected drug overdoses occurs in their jurisdiction. The system analyzes near real-time, de-identified information from hospital emergency departments to identify the number of drug-related visits. It then uses statistical algorithms to determine whether the number of visits in a 24-hour period is significantly higher than the predicted number based on historical data. ODH monitors this system for instances of sudden increases in drug-related emergency department visits and alerts both state and local partners. Local health departments can investigate the anomalies and mobilize community partners to address spikes in drug overdoses using a community response plan template provided by ODH.

In the past year, ODH and state and local partners responded to **91 sudden increases** in drug-related emergency department visits in **13 counties**

## CDC Drug Overdose Crisis Funds

ODH received Cooperative Agreement Emergency Crisis Response funding from the CDC to provide resources to reduce fatalities related to drug overdoses. Surveillance and training projects included coroner overdose death scene investigation training; vulnerability assessments and the enhancement of evidence-based HIV and hepatitis C prevention interventions; and strengthening bio-surveillance through EpiCenter and real-time overdose encounters with quarterly, year-to-date and rolling weekly reports. As of the publication date of this report, these funds have supported nearly 2,000 referrals to treatment, more than 2,800 referrals to risk-reduction/wraparound services, and 5,770 linkages to treatment or risk-reduction services; and facilitation of opioid use disorder screening protocols with more than 25,000 patients in the emergency department.





## Protecting Our Youth

ODH is working to promote 100% tobacco-free policies in schools to protect young people from the dangers of tobacco and secondhand smoke.

## Promoting Tobacco Cessation

Our agency works to promote cessation, prevent exposure to secondhand smoke, and get tobacco policies established to protect and promote the health of all Ohioans. This work is done through:

- Outreach events to reach disparate populations with a higher prevalence for tobacco smoking.
- Public awareness campaigns to target disparate populations affected by the harmful effects of tobacco and secondhand smoke.
- Store audits and compliance checks at retailers to make sure they are compliant with laws and regulations regarding sales to minors and marketing of products.
- Ohio Tobacco Quit Line, a 24/7 quit line service where individuals can be paired with a quit coach, get access to free nicotine replacement therapy, and participate in a motivational texting program.

In early 2019, Governor Mike DeWine submitted his executive proposal of the state’s main operating budget (HB 166) for the next two fiscal years. As part of his proposal, Governor DeWine took bold action to address the increasing rates of middle and high school youth vaping by proposing that the state’s tobacco sales age be raised from 18 to 21 years old. In order to draw attention to this key public health issue, Governor DeWine and ODH Director Dr. Amy Acton held a press conference at Nationwide Children’s Hospital to declare youth vaping a public health crisis. The e-cigarette use rate among high school-age youth in the United States increased by 78% in one year, from 11.7% in 2017 to 20.8% in 2018. Among middle school students, e-cigarette use increased 48% in one year, from 2017 to 2018.

The Tobacco 21 proposal was introduced in order to improve health outcomes, promote wellness, prevent chronic conditions, and reduce health care costs. About 95% of adult smokers begin smoking before they turn 21, and about 80% first try it before 18. While less than half (47%) of adult smokers become regular, daily smokers before 18, four out of five become regular, daily smokers before they turn 21. This means the 18 to 21 age range is a time when many smokers transition to regular smoking.



**70,000 children** were protected with the **100% tobacco-free ODH model policy**

Due to the number of **Ohioans under 40** who quit smoking/tobacco last year using the **Ohio Tobacco Quit Line**, Ohioans have been given back a possible **8,000 years of life**



## Social Determinants of Health

Health is largely determined by where people live, work, and play. This is referred to as social determinants of health. Socio-economic class, disability status, aging, and geographic location can all contribute to disparities among the health of Ohioans. Life expectancy should not be tied to an individual's ZIP code.

Certain groups of Ohioans, including our most vulnerable residents and racial and ethnic minority groups, face significant barriers to achieving the best health possible. These groups often experience more disease, death, or disability beyond what would normally be expected based on their relative size of population. When this happens, it results in health inequities and disparities in health outcomes.

ODH is committed to addressing these social determinants of health, health inequities, and disparities in health outcomes among all populations through our Office of Health Equity.

## Office of Health Equity

The Office of Health Equity recently completed two data projects aimed at advancing health equity for all Ohioans. These include the Ohio Health Opportunity Index (OHOI) and the Disparate Convergence Analysis Technique (DCAT).

OHOI was designed to help local communities, state agencies, health care organizations, and businesses understand local factors which govern health. Developed with assistance from the Virginia Department of Health, OHOI assesses health opportunity by census tract and identifies specific neighborhood-level factors at the neighborhood level that drive health disparities. This helps ODH and local health departments focus resources and improve health status, especially in vulnerable communities.

DCAT uses data to identify neighborhoods where different types of health disparities converge at their very worst levels. Many public health programs are funded to focus on one particular disease or health outcome (e.g. heart disease, diabetes, lead, premature birth, asthma, or lead poisoning). This results in interventions being siloed in their approach. By identifying where different health disparities converge at their worst levels, local communities can better coordinate resources to improve health outcomes.

**Women, Infants and Children (WIC) serves more than 250,000 eligible women, infants and children up to age 5**

**WIC participants redeem nutritious food year round at 1,200 grocery stores and pharmacies, and seasonally with 322 farmers and 30 farmers markets**





## Office of Performance and Innovation

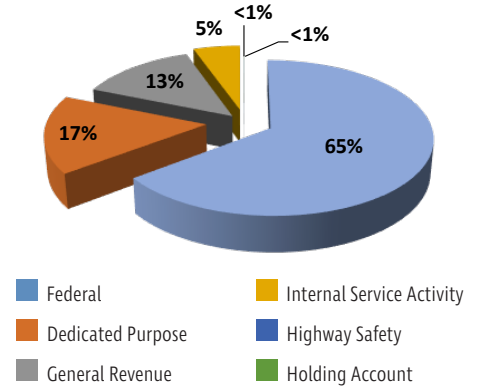
ODH's Office of Performance and Innovation was formed in May 2019. It serves to advance the culture of quality across the agency. Currently, this office supports existing activities such as state health improvement and agency strategic planning, health equity initiatives, data and informatics, local health department services/support, public health accreditation efforts, and performance and quality improvement initiatives. In the future, the office will expand agency efforts related to practice-based research, data-based decision making, academic/student partnerships, utilization of evidence-based and promising practices, and innovation. These cross-cutting functions are foundational to our status as an accredited public health agency and will foster alignment and continued improvement as we work to protect and improve the health of all Ohioans.



## Financial Management and Stewardship

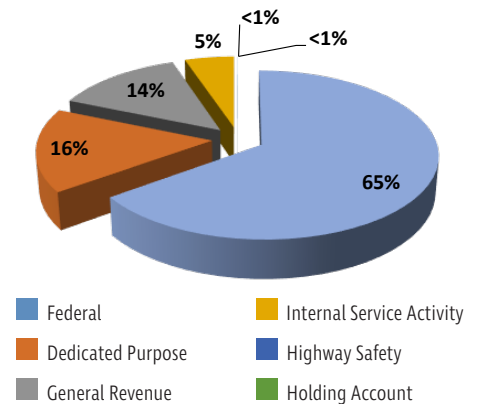
SFY 2019 Revenue by Fund Group

	Amount	Percentage
Federal	370,717,635	64.68%
Dedicated Purpose	94,617,968	16.51%
General Revenue	76,619,637	13.37%
Internal Service Activity	30,862,218	5.38%
Highway Safety	163,033	0.03%
Holding Account	144,190	0.03%
<b>Grand Total</b>	<b>573,124,681</b>	<b>100.00%</b>



SFY 2019 Expenditures by Fund Group

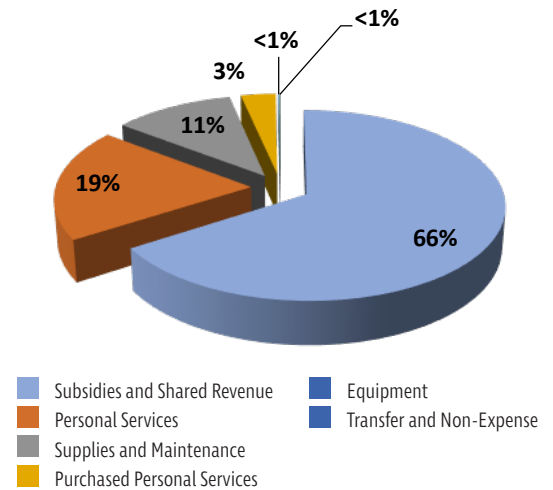
	Amount	Percentage
Federal	372,945,439	65.04%
Dedicated Purpose	93,249,811	16.26%
General Revenue	77,434,513	13.50%
Internal Service Activity	29,618,070	5.17%
Highway Safety	149,892	0.03%
Holding Account	32,098	0.01%
<b>Grand Total</b>	<b>573,429,823</b>	<b>100.00%</b>





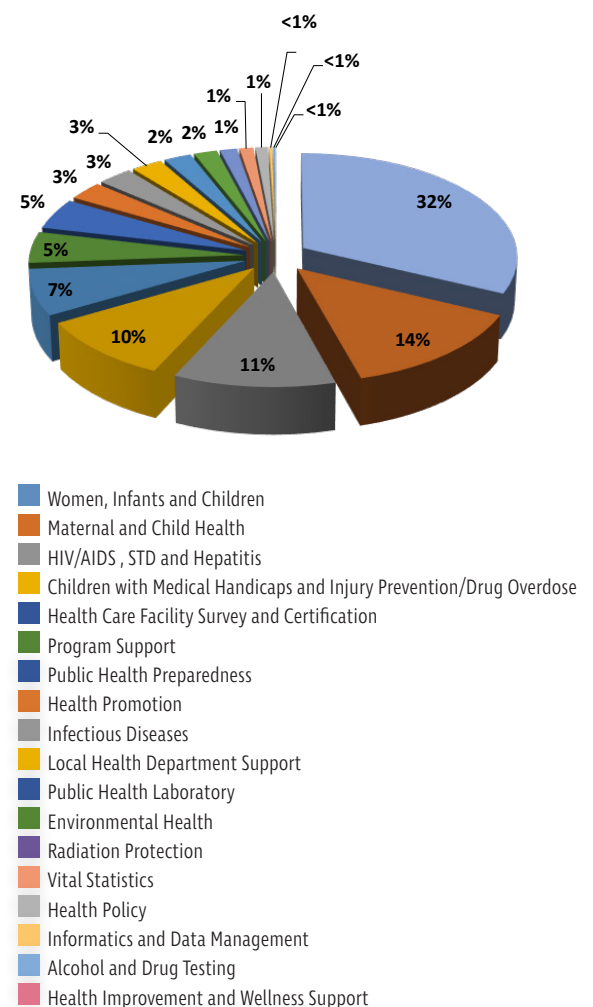
SFY 2019 Expenditures by Category

	Amount	Percentage
Subsidies and Shared Revenue	378,203,902	65.95%
Personal Services	111,148,334	19.38%
Supplies and Maintenance	64,492,189	11.25%
Purchased Personal Services	18,567,264	3.24%
Equipment	749,161	0.13%
Transfers and Non-Expense	268,973	0.05%
<b>Grand Total</b>	<b>573,429,823</b>	<b>100.00%</b>



SFY 2019 Expenditures by Program

	Amount	Percentage
Women, Infants and Children	184,065,105	32.10%
Maternal and Child Health	78,067,903	13.61%
HIV/AIDS, STD and Hepatitis	64,163,215	11.19%
Children with Medical Handicaps and Injury Prevention/Drug Overdose	55,681,897	9.71%
Healthcare Facility Survey and Certification	41,118,478	7.17%
Program Support	27,823,078	4.85%
Public Health Preparedness	27,350,533	4.77%
Health Promotion	16,619,580	2.90%
Infectious Diseases	16,497,664	2.88%
Local Health Department Support	14,722,041	2.57%
Public Health Laboratory	12,952,225	2.26%
Environmental Health	10,973,117	1.91%
Radiation Protection	8,076,631	1.41%
Vital Statistics	6,588,976	1.15%
Health Policy	5,794,311	1.01%
Informatics and Data Management	1,658,035	0.29%
Alcohol and Drug Testing	1,168,054	0.20%
Health Improvement and Wellness Support	108,981	0.02%
<b>Grand Total</b>	<b>573,429,823</b>	<b>100%</b>



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.