## health policy institute of ohic

# Ohio public health basics

executive summary

The following summary provides a brief overview of public health in Ohio. The full version of Ohio Public Health Basics, including data sources, will be posted at http://www.healthpolicyohio.org/resources/publications/

#### What is public health?

The public health system is made up of government agencies and private organizations that work to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and support healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

Although public health organizations work closely with medical and social service providers, the field of public health is distinctly focused on **prevention** of health problems before they occur, **populations and groups** rather than individual patients, and **all factors that affect health**, including socio-economic factors and the physical environment.

#### What is the value of public health?

Public health strategies are responsible for much of the dramatic increase in life expectancy over the past 100 years. Public health leaders are adapting these strategies to address the current threats to health, including the growing burden of chronic diseases such as diabetes, heart disease, and depression, and risk factors such as obesity and exposure to violence.

Recent research has demonstrated the value of public health and prevention in saving lives and controlling health care costs. A 2011 study concluded that local public health spending was associated with reduced mortality from the leading preventable causes of death. For every 10% increase in local public health spending, there was an 6.9% reduction in infant mortality and a 3.2% reduction in heart disease deaths. A 2008 return-on-investment analysis (ROI) of community-based prevention programs calculated that Ohio could potentially save \$685 million in health care spending by investing in programs to increase physical activity, improve nutrition and prevent tobacco use (6 to 1 ROI).

# How is the public health system structured in Ohio?

Ohio has a decentralized, public health governance structure, where local government retains authority over many decisions. Local health departments, however, have a strong relationship with the Ohio Department of Health (ODH), which manages federal and state grants to local communities and provides technical assistance, and public health infrastructure and leadership. Ohio's 88 counties are home to 125 local health departments.

#### **Public health achievements**

- Vaccination campaigns.
   Widespread distribution of vaccines led to the elimination of polio in the Americas, and a vast reduction in the number of children killed by measles, diphtheria and other diseases.
- Clean water and sanitation.
  Environmental health engineering and enforcement reduced deaths from diarrhea, typhoid and cholera, which were common in the early 1900s and major causes of infant mortality.
- Motor vehicle safety. Policy changes to make vehicles and roadways safer and education to change personal behavior helped reduce the annual death rate per 100 vehicle miles traveled by 90% from 1925 to 1997.
- Tobacco control. Education about the health hazards of tobacco use and secondhand smoke, state and federal excise taxes on cigarettes, smoke free laws, restrictions on advertising and youth access, and increased access to evidence-based tobacco cessation and prevention programs have combined to cut the percent of adults who smoke from 42% in 1965 to 19% in 2010.

#### What does ODH do?

In addition to providing policy leadership and public information, ODH staff implement some direct services, such as monitoring long-term care and other health care facilities. ODH also maintains the state public health laboratory, data center, and vital statistics registry, and provides technical assistance to local health departments. The majority of ODH's budget, however, is passed through to local organizations, including local health departments.

1

#### What do local health departments do?

Aside from mandated services—which emphasize environmental health and communicable disease control—activities vary widely across local health departments in Ohio, reflecting differences in local community needs and funding levels.

### Core services provided by most local health departments in Ohio\*

- Restaurant and food service inspections
- Regulation of septic systems, private wells, manufactured homes, public swimming pools, etc.
- Regulation of solid waste and other "nuisances," such as garbage, tires, old appliances, etc.
- Disease outbreak surveillance, tracking, and reporting
- Child and adult immunizations
- Vital statistics registry (birth and death records)
- Emergency preparedness
- Health education on topics such as hand washing, nutrition, physical activity, tobacco, infant car seats, bike helmets, drunk driving, etc.
- Helping people to access health care services by providing referrals, helping them enroll in insurance or prescription benefit programs, etc.

### Additional services provided by some local health departments\*

- Women, Infants, and Children (WIC) nutrition program
- Help Me Grow home visiting program
- Bureau for Children with Medical Handicaps (BCMH) program
- Sexually transmitted disease screening
- Family planning
- Medical and dental clinics (primary care)
- Comprehensive strategies for prevention of chronic disease, injury, and infant mortality

\*These are selected examples and not an exhaustive list. Note that health departments often contract with another department to provide a service, and therefore may not directly provide it themselves.

#### How is public health funded?

Governmental public health is supported by a complex mix of federal, state, and local funding sources for activities carried out at the state and local levels.

#### Key facts about the ODH budget

- 70% of ODH's funding comes from federal sources and 30% from state sources (state fiscal year 2012).
- ODH passes the majority of its funds (65%) on to local health departments, businesses and other organizations to implement public health programs.
- The ODH budget declined 5% from SFY 2008 to SFY 2012 and the number of employees declined 13% from 2007 to 2012.
- Ohio spends less on public health than most other states, including most neighboring states. Combining state and federal sources, ODH spent \$54 per resident in SFY 2009, 32% below the US median for state public health agencies.

#### Key facts about local health department funding

- Most local health department funding comes from local sources (76% in 2011). This includes local government funding (such as inside millage and levies in some districts) and fees collected for environmental health and medical services.
- Combining federal pass-through funds, state grants and contracts, and the "state subsidy," 21% of local health department revenue flows through the state, although most of the state-controlled funds are from federal sources. Overall, about 7% of local health department revenue is from state sources such as the General Revenue Fund.
- Ohio local public health departments spend less than local health departments in most other states. The median per capita expenditure for Ohio local health departments was \$33 in 2010, 20% below the US median for local departments.

#### The future of public health: challenges, opportunities, and priorities

Recent reports from prominent public health groups on the challenges and opportunities facing the US public health system point to recommendations related to funding, accountability, relationships with medical care, chronic disease prevention and accreditation.

Ohio's public health priorities are best summarized by the 2012 State Health Improvement Plan (SHIP), developed by representatives from more than 40 organizations across the state with leadership from ODH. Health priorities identified in the plan include chronic disease, injury and violence, infectious diseases, infant mortality/premature births, access to care, integration of physical and behavioral healthcare, electronic health records/health information exchange, workforce development and public health funding.