

Ohio public health basics

What is public health?

We often think about the decisions we make, like whether we go for our annual medical checkups, brush our teeth or exercise, as being the main contributors to our health. We forget or take for granted everything that makes it possible for us to be healthy and avoid illness, such as whether our food and water are safe, we have access to vaccines and know how to avoid health risks. Clinical care influences just 20% of our health outcomes, while the remaining is shaped by health behaviors (30%) and the social, economic and physical environment (50%). This is where public health plays a vital role.

Public health improves and protects the health of everyone who lives in a community through collective efforts. Examples of public health activities include:

- Inspecting restaurants to prevent foodborne illness outbreaks
- Public health nurses providing services at community health centers and hospitals
- Implementing school-based health centers to make prevention and treatment services more accessible
- Conducting routine and emergency well water testing for contaminants, as was done after the [East Palestine train derailment](#)
- Analyzing health and disease trends by epidemiologists to identify causes, connections and solutions for issues like infant mortality and drug overdoses
- Monitoring disease outbreaks and vaccinating communities to curb the spread of communicable diseases, such as measles, mumps and rubella and human papillomavirus (HPV)¹
- Public health educators teaching diabetes education classes

Public health efforts are led by a wide range of partners in the public and private sectors, including community-based organizations, schools, businesses, healthcare and government agencies.² This brief describes public health at the state and local government levels, which includes the Ohio Department of Health (ODH) and local health departments (LHDs).

3 Key findings for policymakers

- 1 Public health initiatives deliver a high return on investment**, with every dollar spent yielding an average return of \$14 through improved health outcomes, reduced healthcare costs and increased productivity.
- 2 Investment in public health contributes to better health outcomes for Ohioans**, such as improved overall health, lower death rates and reduced healthcare spending.
- 3 Strengthening Ohio's public health workforce** would ensure effective and consistent delivery of public health services statewide.

Public health and health care

Public health and health care are two complementary fields. While health care focuses on treating individual patients, public health is focused on prevention of illness and injury for the entire **population within a community**.³

Why is public health important?

Research finds that public health can significantly improve health outcomes, lower healthcare costs and advance equity. For example:

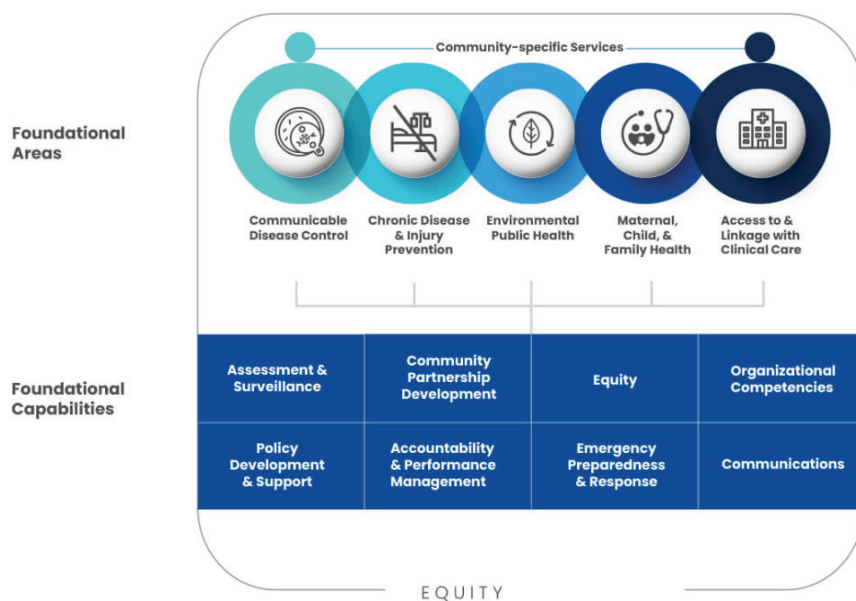
- **High return on investment.** A systematic review of 52 studies found that the median return on investment for public health interventions was 14.3 to 1.⁴ This indicates that for every dollar invested in public health interventions, there is a return of \$14.
- **Increased productivity.** Effective public health interventions can reduce school and workplace absenteeism while increasing economic productivity.⁵
- **Reduced healthcare spending.** Public health spending can reduce Medicare utilization and spending on chronic conditions such as heart disease and diabetes.⁶
- **Longer lives.** Moderate increases in public health spending have been linked to as much as a 7% decrease in mortality rates.⁷
- **Improved health.** Increased spending on the public health system and targeted interventions are linked directly to reductions in low birth weight, foodborne illnesses, rates of sexually transmitted diseases and other health outcomes.⁸
- **Improved community conditions.** Many public health interventions target the social drivers of health, such as housing, healthy food access and economic stability. Action on these community factors is shown to improve population health equity.⁹

What do state and local health departments do?

The primary role of the Ohio Department of Health is surveilling, coordinating and overseeing public health activities across the state. LHDs provide essential public health programs, including inspection for food safety, public swimming pools, campgrounds, sewage systems and water quality. They also manage environmental health initiatives such as programs to reduce secondhand smoke exposure and lead exposure, as well as improve asthma-related outcomes by removing triggers in the home.¹⁰ While their required responsibilities are guided by requirements in the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC), the scope of their activities varies widely depending on the unique needs of their communities and the funding they receive.¹¹

Local health departments in Ohio were leaders in the development of the national Foundational Public Health Services (FPHS) framework (illustrated in figure 1). The framework defines the essential public health programs and capabilities required in every jurisdiction of the U.S.

Figure 1. The Foundational Public Health Services



Source: The Foundational Public Health Services, The Public Health Accreditation Board Center for Innovation, 2022

Public health activities

Figures 2 and 3 provide examples of the variety of activities the Ohio Department of Health and Ohio LHDs engage in to promote population health and well-being. These examples do not cover all activities done by these entities.

Figure 2. **Examples of state public health activities in Ohio**




Agency	Activity
Ohio Department of Health 	Infant Vitality initiatives, including: <ul style="list-style-type: none"> The Infant Vitality Produce Prescription Program, for pregnant women, infants in the first year of life, and other Ohioans experiencing certain health conditions. The program provides nutrition security to reduce pre-term births, low birth weight, infant deaths, and to improve health through good nutrition. The Group Prenatal Care Initiatives grant, which funds recipients to develop and implement an evidence-based group prenatal care service or enhance an existing service (e.g. through staff training, childcare, transportation, accessibility).
Ohio Department of Health 	Project DAWN (Deaths Avoided with Naloxone), a network of naloxone and fentanyl test strip distribution programs that provide opioid overdose education and harm reduction services. As of October 2024, there are over 221 Project DAWN programs registered in Ohio. There were 20,368 known overdose reversals in 2023 alone, and 84,785 overdose reversals since 2019.
Ohio Department of Health 	Ohio's Child Passenger Safety Law mandates that children under 4 years of age or less than 40 pounds are required to be in a child safety seat. The Ohio Department of Health's Child Passenger Safety (CPS) Program provides child safety seats, booster seats and training to eligible, low-income families in all 88 counties in Ohio.

Figure 3. **Examples of local public health activities in Ohio**






Agency	Activity
Greene County Public Health 	Access & Linkage with Clinical Care services, which include coordinating services at one location, coordinating services between locations and developing ways to refer patients to resources.
Hamilton County Public Health 	The Lead Hazard Reduction Grant Program aims to reduce lead paint hazards in homes built before 1978 and improve healthy housing conditions, such as ventilation and moisture control. The program also provides free paint chip and soil testing.
Lorain County Public Health 	The Communicable Disease Prevention program tracks and identifies trends of communicable diseases in the county, including the flu, measles and ringworm. LCPH also provides COVID-19, flu and travel vaccines (e.g., Hepatitis A, typhoid and tetanus).

Figure 3. **Examples of local public health activities in Ohio** (cont.)

Agency	Activity
Monroe County Health Department 	Diabetes Empowerment Education Program , which educates Monroe County residents ages 60 and older on managing diabetes at no cost.
Summit County Public Health, Medina County Health Department, Portage County Health District 	The Akron Regional Air Quality Management District (ARAQMD) is jointly administered by the local health departments of Summit, Medina and Portage Counties. The program aims to protect the public from the adverse health impacts of air pollutants and to educate community members about air quality issues. ARAQMD responds to complaints of odors, dust, asbestos and open burning activities and collects air pollutant levels across the three counties.

Public health workforce

The public health workforce is made up of a wide variety of positions, such as restaurant inspectors, Women, Infants and Children (WIC) dietitian nutritionists, public health nurses, epidemiologists, vital statistics registrars and Help Me Grow home visitors. Prior to the pandemic, the public health workforce was shrinking and not large enough to meet core needs.¹² Since 2020, the federal government has provided states with significant resources to strengthen the public health workforce and infrastructure, including information technology.

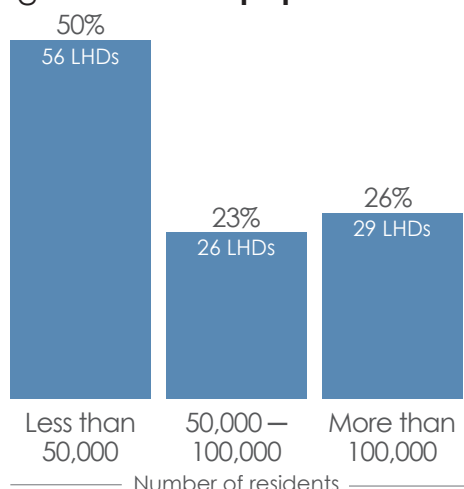
The Health Policy Institute of Ohio's **Ohio Public Health Workforce** fact sheet provides more information on the state's public health workforce and the challenges it faces, including high rates of staff turnover, burn-out and unclear sustainability of funding after the COVID-19 pandemic.

How is public health structured in Ohio?

Ohio is one of 30 states that have a decentralized public health system, meaning that LHDs are units of local government rather than units of the state health department.¹³ Each LHD has a health commissioner who reports to the local board of health. Powers and duties of boards of health and health commissioners are outlined in **ORC Chapter 3707**.¹⁴

Ohio has 111 LHDs, down from 150 in 1993. There are 23 city health districts in Ohio; the other 88 LHDs are county or "combined" health districts that each serve one county. A "combined health district" refers to a single entity formed from one or more city health districts combining with a "general" (county) health district. Half of Ohio's LHDs serve populations under 50,000 residents, while 26% of LHDs serve populations over 100,000 (see figure 4).

Figure 4. **Size of population served by LHD jurisdiction** (n=111 LHDs)



Note: Population data are from the 2020 U.S. Census. LHD jurisdiction list is from 2023.
Source: Association of Ohio Health Commissioners

Ohio is one of 25 states with a freestanding state health department with a singular focus on public health.¹⁵ In some other states, the public health department is part of a larger umbrella agency that oversees Medicaid and other health and human services functions. As a cabinet-level agency, the director of ODH reports directly to the governor.

ODH manages federal and state grants to local communities and provides technical assistance and other resources to LHDs (e.g., state laboratory, epidemiology expertise, policy guidance). Powers and duties of ODH and the [Public Health Advisory Board](#) are outlined in [ORC 3701](#).¹⁶

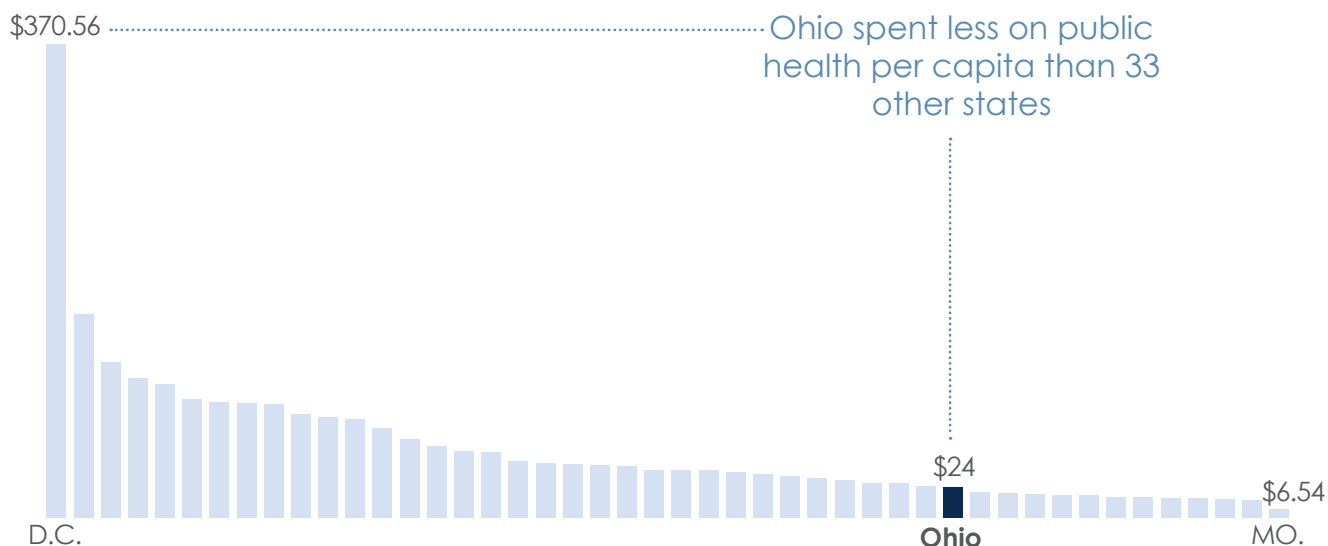
In 2021, the authority of ODH and LHDs was curtailed by the passage of [Senate Bill 22](#). The bill resulted in greater legislative oversight of public health officials in a pandemic or other state of emergency. SB 22 was enacted by the 134th General Assembly after overriding a veto from Gov. Mike DeWine.

How is public health funded in Ohio?

Overall spending

In 2021, ODH spent \$24 per capita on public health, far less than most other states (see figure 5).

Figure 5. **State public health funding, per capita, 2021**



Source: HPIO analysis of Shortchanging America's Health, Investing in America's Health from Trust for America's Health by the State Health Access Data Assistance Center, as compiled by State Health Compare for the 2024 Health Value Dashboard.

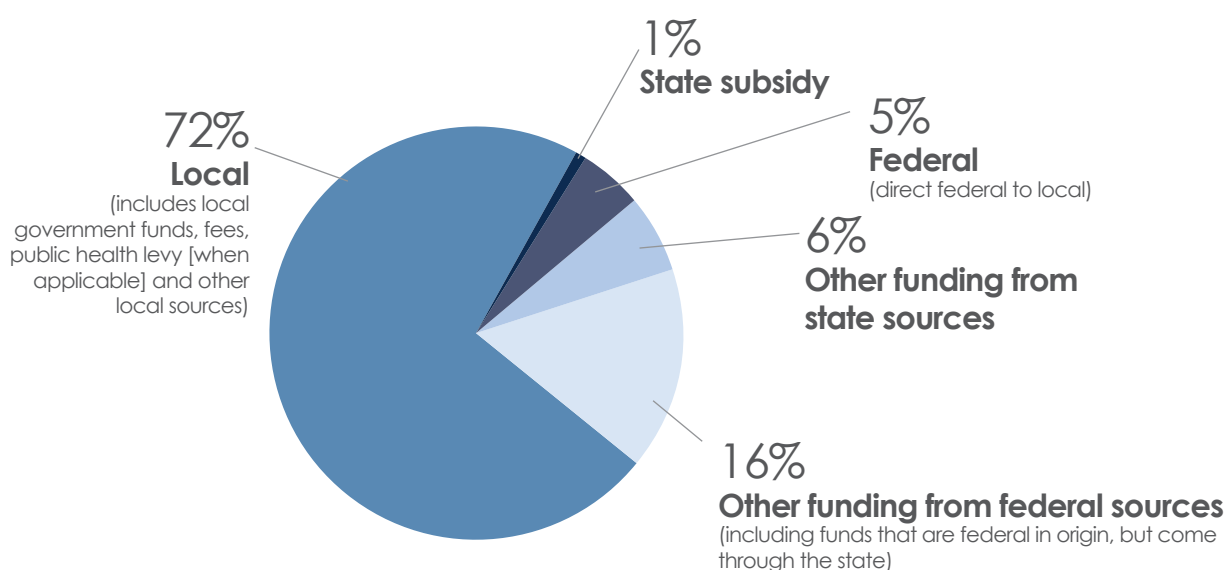
In State Fiscal Year (SFY) 2022, median per capita spending by Ohio LHDs was \$34.57.¹⁷ By comparison, a national survey of LHDs found that the median per capita LHD expenditure was \$49 in 2022.¹⁸ Overall, Ohio's investment in public health is lower than many other states at both the state and local levels.

Local health departments

LHD revenue

As shown in Figure 6, most LHD revenue (72%) is from local sources. In addition to local government funds and fees generated from services, some LHDs also receive levy and/or inside millage funds (portion of property tax revenue). As of SFY 2022, 45 LHDs were supported by public health levies and 41 received inside millage. Notably, the state subsidy accounted for 1% of LHD revenue in SFY 2023.

Figure 6. **Local health department revenue, SFY 2023** (n=111 LHDs)



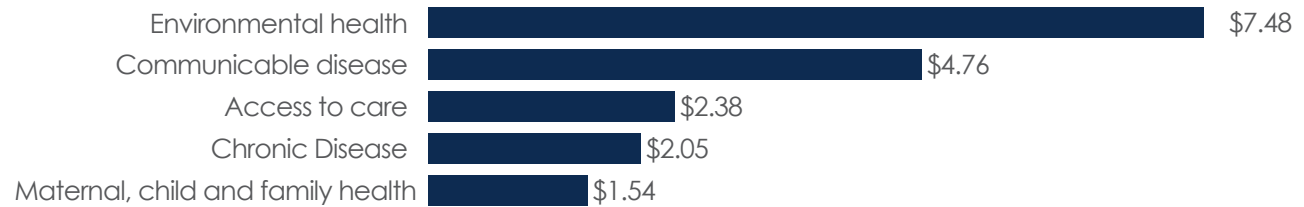
Source: Annual Financial Reports, Ohio Department of Health and the Association of Ohio Health Commissioners

LHD expenditures

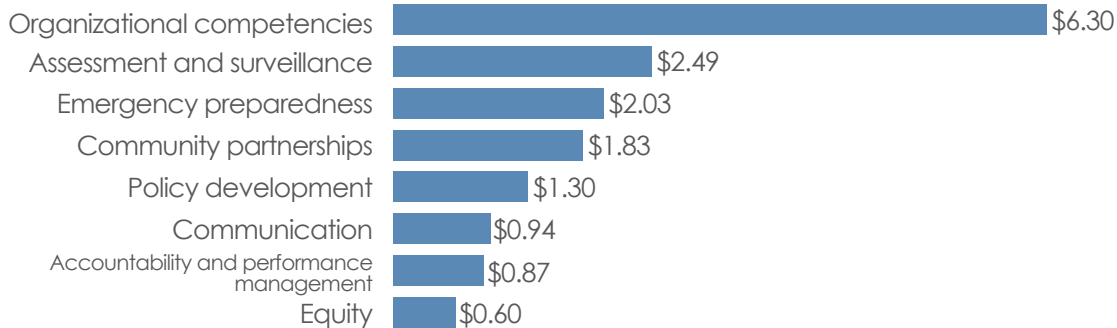
In SFY 2022, LHDs in Ohio spent an average of \$34.57 per capita on the Foundational Public Health Services (FPHS). Figure 7 displays the per capita amounts by specific FPHS areas and capabilities. The largest investments were in environmental health, communicable disease and organizational competencies (such as information technology, workforce development and human resources, financial management and legal services). Analysis by the [Ohio Public Health Institute](#) (OPHI) finds that existing resources are not adequate for Ohio LHDs to fully provide services at the levels OPHI estimates are needed. Based on SFY 2022 expenditures, an estimated additional annual investment of \$9.94 per capita is needed to ensure core public health services; this amounts to a total gap of \$123.7 million to fully implement the FPHS.¹⁹

Figure 7 . **Average per capita local health department expenditures, by FPHS, SFY 2022**

Foundational public health areas



Foundational public health capabilities



Note: Per capita calculations are based on 2020 population estimates from the U.S. Census Bureau.

Source: Ohio Public Health Institute

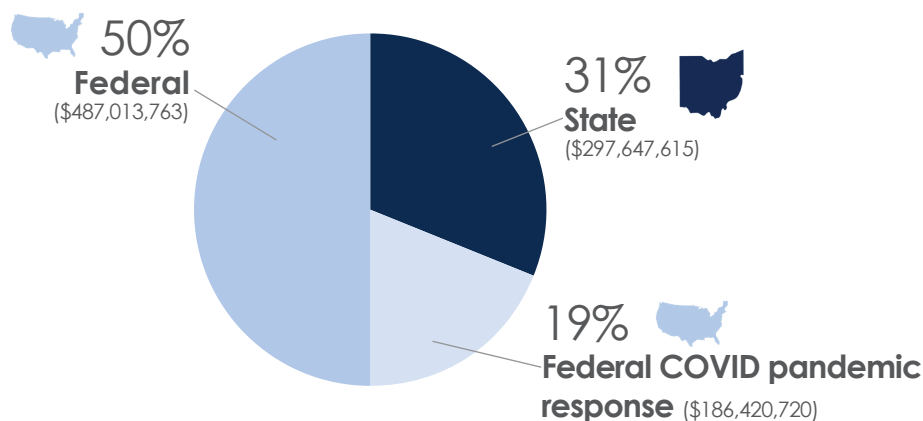
LHD spending increased after the start of the pandemic, largely due to federal COVID-19 response funds. Average per capita expenditures on FPHS among Ohio LHDs rose from \$26.89 in SFY 2019²⁰ to \$34.57 in SFY 2022.²¹

Ohio Department of Health

ODH revenue

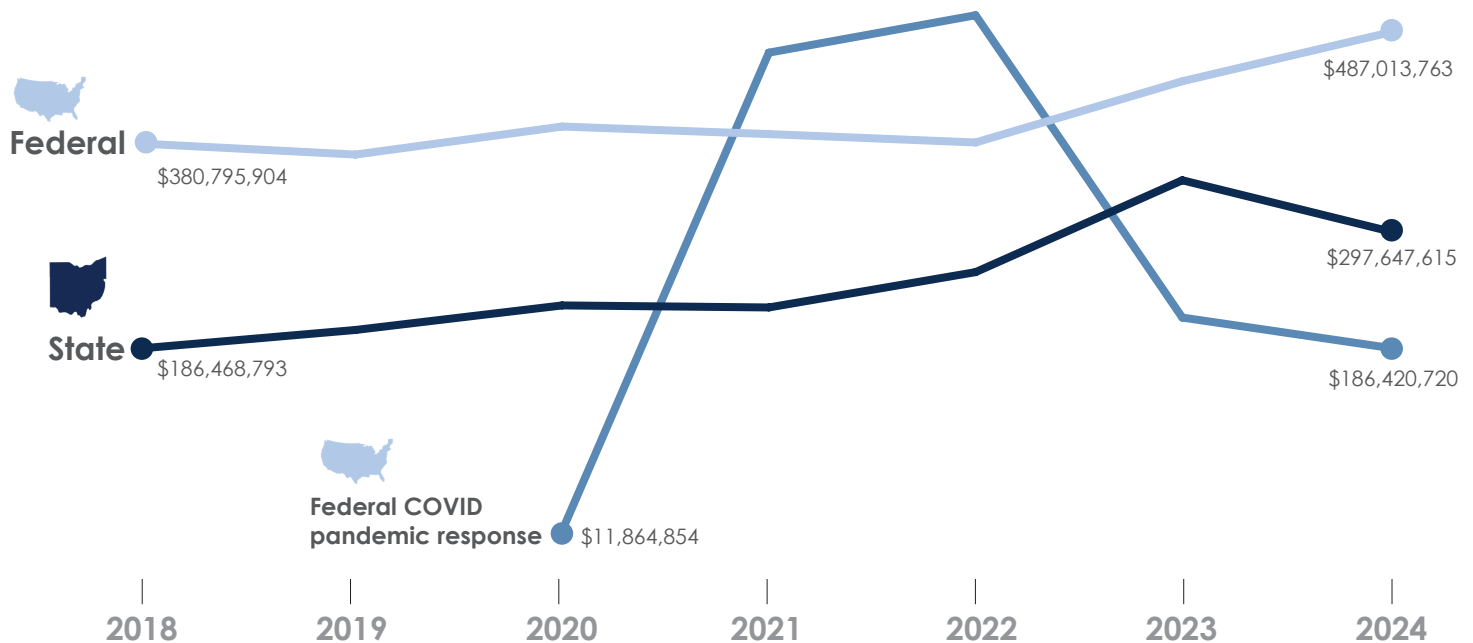
As shown in figure 8, most of ODH's funding came from federal sources in SFY 2024. While state funding for ODH has been relatively stable from SFY 2018 to SFY 2024, federal funding rose sharply in 2021 and 2022 after an influx of pandemic response resources. This funding has been a significant portion of ODH's budget, peaking at 44% of the total budget in SFY 2022. From SFY 2022 to SFY 2024, pandemic-specific funding fell by more than 60 % (figure 9).

Figure 8. **Ohio Department of Health revenue, SFY 2024**



Source: Ohio Department of Health

Figure 9. Ohio Department of Health revenue, SFY 2018 to SFY 2024

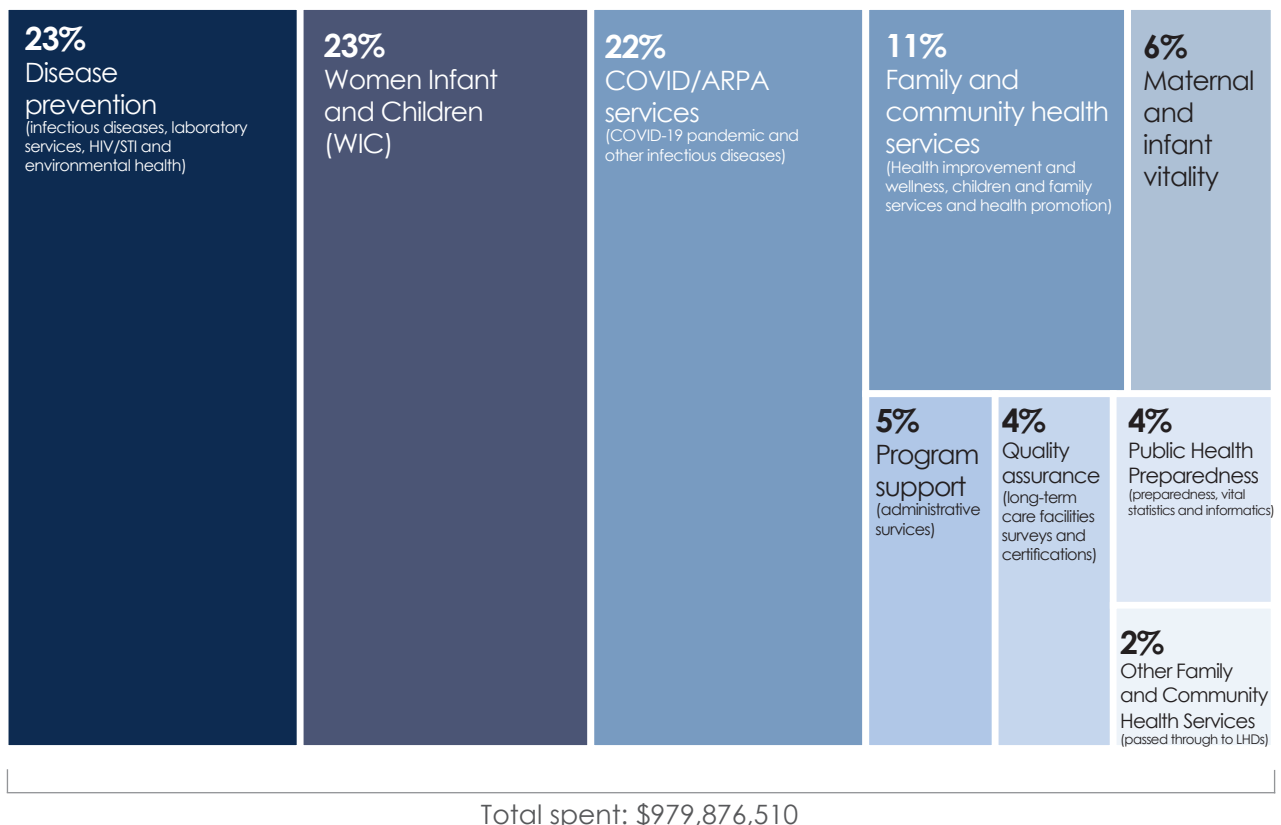


Source: Ohio Department of Health

ODH expenditures

Figure 10 shows ODH's expenditures for SFY 2024. Almost one quarter of ODH's expenditures are for the federally funded Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Other major ODH expenditure categories in 2024 were COVID-19/American Rescue Plan Act (ARPA) services and disease prevention.

Figure 10. Ohio Department of Health Expenditures, SFY 2024



Source: Ohio Department of Health

What is public health accreditation?

Accreditation for public health departments across the United States was launched in 2011 through the Public Health Accreditation Board (PHAB).²² The goal of accreditation is to ensure that health departments deliver a comprehensive range of essential public health services.²³ PHAB assesses public health departments using 10 accreditation domains (as displayed in figure 11) that align with the 10 Essential Public Health Services framework.

Figure 11. **PHAB domains** (Version 2022)

Domain 1	Assess and monitor population health
Domain 2	Investigate, diagnose and address health hazards and root causes
Domain 3	Communicate effectively to inform and educate
Domain 4	Strengthen, support and mobilize communities and partnerships
Domain 5	Create, champion and implement policies, plans and laws
Domain 6	Utilize legal and regulatory actions
Domain 7	Create, champion and implement policies, plans and laws
Domain 8	Build a diverse and skilled workforce
Domain 9	Improve and innovate through evaluation, research and quality improvement
Domain 10	Build and maintain a strong organizational infrastructure for public health

Although national accreditation is a voluntary process, Ohio's policymakers took several steps between 2013 and 2021 to mandate accreditation of local health departments:

- The Director of Health may mandate that all local health districts apply for accreditation by July 1, 2018, and achieve accreditation by July 1, 2020, as a prerequisite for receiving funding from ODH. (**ORC 3701.13 effective 2013**)
- Local Health Districts must meet minimum standards, which include reporting on their efforts to prepare for and apply for national accreditation. (**OAC 3701-36-03 as authorized by ORC 3701.342**)
- Local health departments were required to submit their existing Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) to ODH by July 1, 2017. They were also required to transition from a five-year to a three-year planning cycle beginning Jan. 1, 2020. (**ORC 3709.012, effective 2021**)
- Cities with populations under 50,000 whose city health districts achieve accreditation by Dec. 31, 2025, are exempt from the requirement to conduct a study evaluating the efficiency and effectiveness of merging with their county's general health district. (**ORC 3701.981, effective 2016**)

Ohio has the highest percentage of accredited health departments in the United States. ODH achieved initial PHAB accreditation in November 2015, and 95 of Ohio's 111 local health departments have attained initial PHAB accreditation as of December 2024.²⁴ Eighteen have been reaccredited. For more detailed information, see the HPIO evaluation report, "**Telling the Story of Public Health Accreditation in Ohio.**"

Conclusion

Spending on public health decreases healthcare costs and gives every Ohioan the opportunity to achieve their full health potential. Although state funding has risen since SFY 2018, Ohio invests less in public health than other states, which can limit the ability of health departments to promote population health and well-being. Ohio also experiences considerable challenges due to a shrinking public health workforce. To promote health and well-being for all Ohioans, policymakers can make sustained investments to improve the reach of public health interventions and strengthen the workforce.

Acknowledgments

Authors

Robin Blair-Ackison, MPH
June Postalakis, BS
Amy Bush Stevens, MSW, MPH (Amy Bush Stevens Consulting, LLC)

Graphic design and layout

Nick Wiselogel, MA

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Notes

1. CDC, "Child and Adolescent Immunization Schedule by Age," Vaccines & Immunizations, November 19, 2024, <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>.
2. Ibid
3. Ibid
4. Masters, Rebecca, Elspeth Anwar, Brendan Collins, Richard Cookson, and Simon Capewell. "Return on Investment of Public Health Interventions: A Systematic Review." *Journal of Epidemiology and Community Health* 71, no. 8 (August 2017): 827–34. <https://doi.org/10.1136/jech-2016-208141>.
5. American Public Health Association. "Public Health and Chronic Disease: Cost Savings and Return on Investment." Accessed October 29, 2024. https://www.apha.org/~media/files/pdf/factsheets/chronicdiseasefact_final.ashx
6. Mays, Glen P., and Cezar B. Mamaril. "Public Health Spending and Medicare Resource Use: A Longitudinal Analysis of U.S. Communities." *Health Services Research* 52 Suppl 2, no. Suppl 2 (December 2017): 2357–77. <https://doi.org/10.1111/1475-6773.12785>; American Public Health Association. "Public Health and Chronic Disease: Cost Savings and Return on Investment." Accessed October 29, 2024. https://www.apha.org/~media/files/pdf/factsheets/chronicdiseasefact_final.ashx
7. Mays, Glen P., and Sharla A. Smith. "Evidence Links Increases In Public Health Spending To Declines In Preventable Deaths." *Health Affairs* 30, no. 8 (August 2011): 1585–93. <https://doi.org/10.1377/hlthaff.2011.0196>.
8. McCullough, J. Mac. "The Return on Investment of Public Health System Spending." *Academy Health*, 2018. https://academyhealth.org/sites/default/files/roi_public_health_spending_june2018.pdf
9. Marmot, Michael, Sharon Friel, Ruth Bell, Tanja AJ Houweling, and Sebastian Taylor. "Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health." *The Lancet* 372, no. 9650 (November 8, 2008): 1661–69. [https://doi.org/10.1016/S0140-6736\(08\)61690-6](https://doi.org/10.1016/S0140-6736(08)61690-6).
10. Information from the Ohio Department of Health. "Local Public Health | Ohio Department of Health," accessed December 12, 2024, <https://odh.ohio.gov/about-us/local-health-departments>.
11. Public-Health-Accreditation-Board, "The Foundational Public Health Services," *Public Health Accreditation Board* (blog), accessed December 2, 2024, <https://phaboard.org/center-for-innovation/public-health-frameworks/the-foundational-public-health-services/>.
12. Jonathon P. Leider et al., "Staffing Up and Sustaining the Public Health Workforce," *Journal of Public Health Management and Practice* 29, no. 3 (June 2023): E100, <https://doi.org/10.1097/PHH.0000000000001614>.
13. Cunningham, M., Patel, K., McCall, T., et al., "2022 National Profile of LHDs Study Report" (National Association of County and City Health Officials, 2024), <https://www.naccho.org/resources/lhd-research/national-profile-of-local-health-departments>.
14. "Ohio Local Health Districts," Association of Ohio Health Commissioners, accessed November 6, 2024, https://www.aohc.net/aws/AOHC/pt/sp/local_health_districts.
15. "Profile of State and Territorial Public Health," 2022, <https://astho.shinyapps.io/profile/>.
16. "Ohio Local Health Districts."
17. Refers to spending on the Foundational Public Health Services (FPHS). Simone R. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
18. Cunningham, M., Patel, K., McCall, T., et al., "2022 National Profile of LHDs Study Report."
19. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
20. Simone R. Singh, "Costing the FPHS in Ohio: Analysis for FY 2019 Final Report," September 2021.
21. Simone R. Singh, "Costing the Foundational Public Health Services in Ohio: Full Report for Fiscal Year 2022," October 2024.
22. Public-Health-Accreditation-Board, "About," *Public Health Accreditation Board* (blog), accessed December 12, 2024, <https://phaboard.org/about/>.
23. "10 Essential Public Health Services," de Beaumont Foundation, accessed February 4, 2025, <https://debeaumont.org/10-essential-services/>.
24. Public-Health-Accreditation-Board, "Accreditation Activity," *Public Health Accreditation Board* (blog), accessed January 6, 2025, <https://phaboard.org/accreditation-recognition/accreditation-activity/>.



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