
Advancing Public Health in Ohio

What is Public Health?

Public health is what society does collectively to keep people healthy: protecting health by preventing disease, disability, and injury; promoting activities to enhance health in groups of people of all ages; and preparing people to address potential emerging threats to health. Public health addresses current and emerging health issues through policy change, public health services, and community action. Public health is absolutely essential for our society's health and well being, quality of life and economic success.

The achievements of public health in the last century improved our quality of life by increasing life expectancy, reducing infant and child mortality, and eliminating or reducing many communicable diseases. Since 1900, the average life expectancy for Ohioans has increased by about 30 years. Whereas medical advances account for about four of those years, more than 25 years can be attributed to public health initiatives. The Centers for Disease Control and Prevention (CDC) identified the 10 greatest public health achievements of the 20th Century that contributed to increased life expectancy: vaccination, motor-vehicle safety, safer workplaces, control of infectious diseases, decline in coronary heart disease and stroke deaths, safer and healthier foods, healthier mothers and babies, family planning, fluoridated drinking water, and recognition of tobacco as a health hazard.

Although public health has made dramatic improvements in life expectancy, quality of life, and safety, there are still major challenges in our communities and our country. For example, public health is called upon to respond to outbreaks from food-borne illnesses and other communicable diseases such as meningitis, tuberculosis and influenza and to prepare for potential bioterrorism and natural disaster threats. Health challenges and disparities persist, with some ethnic and minority populations having higher death rates for key preventable health conditions. Public health is often the safety net provider for these populations. Life expectancy in our country currently ranks 46th in the world in large part due to Americans' health choices. For example, poor diet and physical activity are major health risks, and tobacco continues to be a significant preventable cause of disease, disability, and death in our country. Public health works to improve and advocate for policies that address these issues. Environmental health threats create new public health challenges from changes in vector borne diseases to extreme weather events.

The work of public health is done by professionals in partnership with businesses and other organizations in the community who have a role in the public's health. It takes a robust and sustainable public health system to address the health challenges that our communities face. With adequate funding, a focus on prevention, a strong and capable workforce, and support for research and innovation, we can overcome health disparities and emerging risks, and continue improving health and life expectancy across the country and around the world. Despite the public health achievements of the 20th century, the need for a strong public health system has increased, not decreased.

OPHA– Leading the Way for Public Health in Ohio

The Ohio Public Health Association (OPHA), which was founded in 1925, is Ohio’s oldest and largest statewide professional public health association. OPHA is an affiliate of the American Public Health Association (APHA) and a member of the Great Lakes Coalition of 6 APHA state affiliates (Illinois, Indiana, Michigan, Minnesota, Wisconsin, and Ohio). OPHA and APHA work at local, state and national levels to protect all Americans from preventable health threats and to assure access to community-based health promotion and disease prevention services. Both associations advocate for local and federal public health funding and policies, raise visibility of public health issues, and provide education to strengthen the public health profession.

OPHA represents approximately 2,000 of the more than 7,500 public health workers in Ohio – a diverse group of professionals from many fields with the common purpose of protecting and promoting the health of the public. The public health workforce includes professionals such as:

- Emergency responders,
- Health educators and nutritionists,
- Occupational health and safety professionals,
- Public Health physicians and nurses,
- Environmental Health professionals,
- Scientists, researchers and academics, and
- Social workers.

Their work — with the support of our association and stakeholders such as committed businesses and community leaders — helps advance a community approach to public health.

The mission of the Ohio Public Health Association (OPHA) is to be an inclusive voice for public health and to enable the achievement of optimal health for every Ohioan. OPHA works to ensure good public health for people in Ohio and to maintain strong public health linkages within Ohio, nationally, and internationally. OPHA brings people together to meet these goals through programs such as:

- The Public Policy Institute, which uses public dialogue to support informed policy choices. The 2010 Public Policy Institute theme was “Putting the Public in Public Health;”
- The annual Public Health Combined Conference, which brings together over 400 public health professionals for training, education and discussion of emerging issues;
- The annual Director of Nursing Conference, which provides professional workforce development for nursing directors from local public health departments in Ohio;
- The Vital Statistics Conference, which in 2009 focused on community emergency preparedness planning for mass fatalities. This conference led to a follow-up training in 2010 focusing on helping communities recover from disasters — “Reinventing Normal: Community Resilience in the Face of Tragedy;”
- The annual Public Health Nurse Orientation, which uses a curriculum for workforce development for newly hired public health nurses across Ohio;
- Coordination of Statewide Ohio Older Adult Falls Prevention Coalition and leadership in strategic plan development and evaluation.

Ensuring A Healthy Future for Ohio

Now OPHA and our community partners must build on our track record, increase our impact, and prepare to meet our state's growing public health needs. We are working to reduce tobacco use, obesity, physical inactivity, and other health risks, and to promote better health for everyone in our state. In addition, we are preparing for and responding to emerging issues such as bioterrorism and epidemic/pandemic illnesses. We do all this for a population that includes alarming numbers of uninsured people who lack access to adequate, routine health care, and many vulnerable groups that suffer from persistent and disparate health issues. We face a national crisis in public health; after the extraordinary public health achievements of the last century that increased life expectancy, our current generation of children will be the first in 100 years to have a lower life expectancy than their parents!

Our priorities for the years ahead are to ensure a healthy future for Ohio through work on these issues:

Obesity Prevention and Intervention

Problem

At least two-thirds of American adults and one third of children are overweight or obese, with Ohio having one of the highest rates. Considering obesity alone, in 2009 about one-third of adults and 17 percent of children were obese. In the last 30 years, the adult obesity rate has doubled and that for children tripled, causing the CDC to declare obesity an epidemic. The obesity epidemic has particularly affected African Americans, Hispanics and low income populations.

Impact

Obesity increases the risk for a variety of serious and costly health problems, including type-2 diabetes, heart disease, some types of cancer, strokes, hypertension, arthritis, breathing problems, psychological problems such as depression, and a shortened life expectancy, particularly for children. Diseases associated with obesity account for a significant percentage of the increases in U.S. medical costs.

OPHA's role

Obesity is a complex problem, and no single strategy has proved to be effective. Therefore, both the prevention and intervention for obesity will require a comprehensive approach across multiple settings and sectors that can change individual and physical activity behaviors and the environments and policies that affect these behaviors. Because both behavior and environment play a large role in causing people to be overweight and obese, these may be the greatest areas for prevention and intervention. People may make decisions based on their environment or community. For example, a person may choose not to walk to the store or to work because of a lack of sidewalks. Providing the infrastructure that supports a healthy behavior can be one approach to dealing with the problem of obesity. These efforts need to include communities, homes, schools and workplaces. OPHA partner's with the Ohio Department of Health to implement, augment, expand and provide advocacy for, as mutually agreeable, for the Ohio Obesity Prevention Plan

Access to Health Care

Problem

Ohioans who lack access to care can be summarized under three categories. First, some areas and populations do not have providers who will see patients regardless of ability to pay or insurance coverage status, or who will accept Medicaid. Second, many communities do not have any, or nearly as many as needed, health care providers in practice. Lastly, many Ohioans lack health insurance.

More than 1.2 million Ohio residents ages 18 to 64 lacked health insurance in 2007, according to the most recent survey data available from the Ohio Department of Health Family Health Survey. The recent economic downturn has exacerbated this issue, making access to health care unaffordable for more Ohioans. The survey also shows that persons without health insurance are heavier users of costly emergency room services than the insured. People without insurance are likely to delay seeking services, in some cases resulting in more serious illness or disability. Access to dental and mental health services are also essential to a healthy population. Implementation of federal health insurance legislation is not a certainty. State budget shortfalls, which could dramatically affect Ohio's Medicaid and Department of Mental Health funding, are also a concern.

The vast majority of Ohioans who do not have access to care live in inner urban neighborhoods or Appalachian counties. According to the Ohio Department of Health (data from 2010), more than 1.3 million Ohioans reside in 127 primary care Health Professional Shortage Areas (HPSA), and are in need of 123 (320 to reach an ideal patient: provider ratio of 2000:1) additional providers. Fifty-eight of Ohio's 88 counties have some level of underservice for primary care.

Slightly less than 1.2 million Ohioans in 98 HPSAs are underserved for dental care. It would take an additional 180 dentists to remedy this situation (246 to reach 2000:1). Fifty-four of Ohio's 88 counties have some form of dental HPSA.

More than 2.2 million Ohioans in 63 HPSAs are underserved for mental health care. It would take an additional 33 psychiatrists to remedy this situation (161 to reach 2000:1). Most mental health HPSAs are designated on a geographic basis, indicating that 41 full counties do not have a sufficient number of psychiatrists. Over half of mental health HPSAs are located within the Appalachian region; only four of the 32 Ohio Appalachian counties are not designated.

Impact

The availability of health care services – primary care, dental and mental health – is critical to maintaining or improving the health status of Ohioans. A healthy work force is of benefit to employers, schools and universities, health care systems, government agencies, and the state economy in general. Health care services such as vaccinations, age-appropriate cancer screenings, mental health counseling, and routine physical examinations can prevent pre-mature deaths and the development of disease or disability. Chronic diseases, ailments or injuries can be detected at early stages when conditions are less costly to manage or treat.

OPHA's role

Local health departments and the Ohio Department of Health (ODH) help fill gaps in the availability of health care services around the state. Through grant funding of safety-net dental clinics and recruitment and retention programs, such as the National Health Service Corps and state-administered loan repayment programs, the ODH assists in the development and maintenance of the safety-net. OPHA and its partners can promote the existing programs and health care services, such as local health department well child clinics, Community Health Centers, ADAMH Board funded mental health agencies, community action agency programs, safety net dental clinics, etc. to their respective communities.

Equally important is the role of advocacy for continued funding for the health-care safety net, whether provided by local health departments or other agencies as mentioned above. OPHA can partner with other entities, such as hospitals and health care-related organizations, to promote the critical importance of health care access. In addition, OPHA can seek opportunities for involvement in primary care health workforce planning at the state level.

Finally, OPHA must work with partners, funders and policy makers to overcome the myth that access equals care. Many Ohioans do not understand the importance of prevention, or have the wherewithal to navigate the healthcare system. Cultures of generational poverty often do not have the capacity, without assistance, of planning for future health status.

Injury Prevention and Control

Problem

Injury is defined as physical harm or damage to the body resulting from an exchange, usually acute, of mechanical, chemical, thermal, or other environmental energy that exceeds the body's tolerance. Intentional injuries, which include child and elder maltreatment, domestic violence, sexual assault, aggravated assault, homicide and suicide, are purposely inflicted and often associated with violence. Unintentional injuries include only those injuries that occur without intent of harm and are not purposely inflicted. Like diseases, injuries follow recognizable patterns that can be studied and used to inform prevention strategies such as policy and behavior change. For these reasons, injuries are an important public health issue with opportunities for risk reduction and prevention at national, state and local levels.

Impact

Injuries are a clear public health problem in Ohio for all ages. They are the leading cause of death for Ohioans aged 1 – 34 and the 5th leading cause of death overall. Injuries, including suicide and homicide, cause more deaths of children and young adults from ages 1 – 34 than all other causes combined, including heart disease, stroke and cancer. In just one year in Ohio, the number of deaths caused by unintentional injuries alone exceeds that of one large jet crash per month, each causing 360 fatalities. When intentional and all other injuries are included, the toll from injury increases to an average of 541 lives lost each month in Ohio. The statistics for Ohio are alarming. In 2005, 6,502 Ohioans lost their lives to injury and violence. Over 29,500 Ohioans died from injury and violence from 2001– 2005. On average, there is an injury–related hospitalization every 9½ minutes and an injury–related ER visit every 24 seconds, amounting to more than 53,000 inpatient hospitalizations and 1.29 million ER visits each year. Many of these injuries lead to serious or life–long consequences such as traumatic brain injury or permanent loss of function. The medical, work loss, and quality of life costs of fatal injuries in Ohio total \$14.4 billion annually (in 2004 dollars): medical cost = \$60,329,900; work loss cost = \$4,777,218,900; quality of life cost = \$9,592,862,400; total = \$14,430,411,200.

OPHA's Role

Injuries are the result of numerous causes and as such require a multifaceted approach to risk reduction and prevention – namely, public health. A comprehensive and interdisciplinary approach is required – including health care providers and facilities, public safety and law enforcement agencies, health educators and epidemiologists, pharmacists and physical therapists, social service agencies and faith–based organizations, persons at risk and family and caregivers. In no other field than public health are all of these stakeholders as likely to come together to solve a problem and to monitor trends in the journey to those solutions. Coalition building, policy development and advocacy, program development and implementation, evaluation and epidemiology, and public and professional education are all hallmark activities of public health. OPHA is the health–related organization in Ohio most capable and well–poised to convene the necessary participants and to effectively implement and evaluate best practices for reducing the risk and cost – human and financial – of injuries among all Ohioans.

Reducing Health Disparities and Achieving Health Problem

Despite having the world's most advanced health care facilities and large expenditures on health services, certain populations in the US continue to have differences in health that are due to social, economic, or environmental factors rather than due to innate biological or genetic factors. Populations that bear the burden of health disparities include, but are not limited to, certain racial and ethnic groups, people in poverty, people who live in certain geographic areas, people with mental, cognitive, sensory, or physical disabilities. Evidence of persistence of disparities is seen in poorer health status, higher mortality and morbidity, and shorter life expectancies in these populations in all states including Ohio.

Impact

The following statistics regarding highest prevalence of various risk factors and health indicators illustrate the pervasive problem of health disparities among selected subgroups in Ohio: smoking rates are 29.0% among Appalachian county residents compared to a rate of 23.5% for all Ohioans, Black females have the overall highest likelihood of suffering from a stroke, stroke death rates are 53% higher in Black males than in other racial-gender group, Appalachian county residents have significantly longer EMS transport times to hospitals, infant mortality rates are over twice as high in Black infants (14.8 deaths per 1,000 live births for Black infants compared to 6.3 deaths per 1,000 live births for White infants in 2007), and children are the largest age subgroup in poverty, with over 31% of all children up to age of 17 living below, at, or only slightly above the poverty rate.

OPHA's role

As previously noted, public health is about what society does to keep people healthy. As the voice of public health in Ohio, OPHA is committed to focusing on the multiple determinants of health and in particular those social conditions and policies—or lack of policies—that contribute to poor health for Ohioans and in particular disparities for vulnerable populations of Ohioans. OPHA does this by advocacy in policy-making, targeted education to the general public and to specific subgroups that are at risk for health disparities, education to health care providers about disparities, and partnerships with other organizations to address disparities across our state. In summary, OPHA is strongly committed to an Ohio that does all it can to assure the conditions in which all people can be healthy.

Reducing Tobacco Use Among Ohioans Problem

Tobacco use is the leading cause of preventable death in the U.S. and in Ohio and the cause of one in every five Ohio deaths. The adult cigarette smoking rate in Ohio was 20.3 percent in 2009, ranking Ohio 37th among the 50 states and the District of Columbia. Tobacco use rates are highest in rural and Appalachian counties in Ohio. In addition to being a known carcinogen, tobacco smoke is also a known trigger for asthma, and smoking during pregnancy contributes to low birth weights in infants. Children of women who smoked during pregnancy may also be twice as likely to be diagnosed with attention deficit disorder (ADHD).

Impact

Rates of cigarette smoking in the state of Ohio are among the highest in the nation. In 2002, 8.3% of Ohio infants were born with a low birth weight, and Ohio remains above the national average. Low birth weights are associated with multiple health problems and are a major predictor of infant mortality. Lifetime asthma rates for Ohio children are 13.3%, and current asthma prevalence rates are 50% higher for black Ohioans. Because the majority of tobacco use begins during middle school and high school, it is important that Ohio works to keep 12–17 year olds from using tobacco. In 2008, 11.2% of middle school

students and 30.1% of high school students used some form of tobacco, primarily cigarettes, followed by cigars.

OPHA's role

In partnership with other organizations, OPHA will advocate for policies and interventions that have been shown to be effective in reducing tobacco use and exposure including: reducing youth access to tobacco, increasing excise tax rates on tobacco products, providing cessation services to adults and youth, providing school-based prevention education, requiring tobacco-free school campuses that reduce secondhand smoke exposure and reduce exposure of youth to adult role models using tobacco, and increasing smoke-free policies in public places, homes, vehicles, and outdoor environments.

Improving Community Health

By supporting the built environments that promote healthy lifestyles we can make significant improvements in several public health conditions and risk factors.

We aim to achieve these goals by:

- 1) Partnering with other health organizations to advocate for prevention and interventions to address tobacco use and the epidemic of obesity.
- 2) Providing professional education and career recruitment to prevent the predicted shortage of 2000 health workers by 2020.
- 3) Growing our membership so we represent and serve all public health workers in the state, ensuring greater collaboration, better information sharing, and a higher level of professionalism in our field.
- 4) Expanding grassroots advocates for sound public health policy that make health a priority, focusing on access to care, prevention, community-based solutions, and transportation.
- 5) Increasing our education outreach to the public to improve health and prevent disease.

Please Join Us as an Investor in Public Health.

To advance the public health of Ohio, we are committed to growing our association's impact and ensuring our long-term viability by investing additional resources to fund our public education, professional development and advocacy services.

In fulfilling our mission, we seek to invest:

- **\$16,000 in advocacy** – for sound policies, proven evidence-based programs, and effective community action to address leading public health issues in our state;
- **\$25,000 in outreach** – to develop user-friendly tool kits that public health professionals can use to reach those Ohioans such as children, older adults, inner city and rural Ohioans who are at greatest risk for persistent and adverse health problems;

- **\$15,000 in professional development** – to build a public health workforce that is strong, up-to-date in knowledge about public health issues and practice, and prepared to take on the leadership and programmatic challenges that face our state.
- **\$20,000 for infrastructure and capacity building**– to enable OPHA to strengthen the advances and commitment we have made in the last 2 years, to enable us to be timely in our responses to opportunities that arise, and to position us to be proactive in generating opportunities and collaborative partnerships that address our priorities.

OPHA activities are supported by member dues, contracts, corporate donations, and sponsorships. Our \$50 member dues make up a large portion of our budget and demonstrate the value of our organization to the people we serve and their commitment to meeting the state’s public health needs.

To fund the critical programs and services that meet Ohio’s public health needs, we must ensure a sustainable resource base for the association. You can help protect this crucial resource for the health and vitality of our state. Our state association offers many opportunities for funding, including:

- **Gifts and grants** that enable us to reach more members, provide more robust professional services, and address critical public health needs through general operating support;
- **Sponsorships and program-specific grants and gifts** that support events, trainings, outreach initiatives and other programs;
- **Scholarships** that will enable us to nurture exceptional students into becoming members of a skilled, dedicated, and diverse public health workforce;
- **Organizational memberships** that allow agencies to support our work both financially and directly as members.

Please join us as a supporter of public health in Ohio. Your contribution will be leveraged by our membership dues; by meaningful contributions from members of our Governing Council, by contributions from other companies, foundations and individuals; and by the volunteer work of our members and partner organizations. Together, we will increase health access, prevent disease and illness, improve quality of life, advance health outcomes and ultimately create a stronger community and state.

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