



Cuyahoga County Board of Health 2008 Annual Report

www.ccbh.net



Public Health

Prevent - Promote - Protect

Northeast Ohio Public Health Partnership



PREVENT - PROMOTE - PROVIDE

Contents

Message from the Board	p. 3
Strategic Planning	p. 4
Our Challenges	p. 6
Health Indicators	p. 8
Healthy Environments	p. 10
Where You Live Impacts Your Health	p. 10
Stormwater	p. 12
Prevention of Disease and Injury	p. 14
Preparing and Responding to Emergencies	p. 14
Early Event Detection	p. 15
Programs and Services Snapshot	p. 16
Revenue & Expenditures	p. 18
Traveling Clinics	p. 19
Our Health District	back cover



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Joseph Bucci (not pictured)

Message from the Cuyahoga County Board of Health

In 2008, Cuyahoga County and the entire country experienced first hand the height of the foreclosure disaster and subsequent banking industry collapse. The resulting economic shock wave that moved swiftly across the country did not spare our community. These unfortunate realities required the Cuyahoga County Board of Health to redouble our efforts on behalf of our citizens. We have consequently committed to diversify income sources, maximize efficiencies and assure that appropriate public health services are available to assist the 886,000 Cuyahoga County residents we serve in this period of elevated need. Our new focus on addressing health inequalities has become even more critical in illuminating the obligation to support the most underprivileged members of our community.

In 2008, we also moved boldly to transform our approach in measuring our performance. With a focus on continuous quality improvement, organizational goals are now being amplified through program and individual improvement plans implemented by staff in conjunction with management. This new business model will assure cross-cutting accountability and objective measurement on our success.

The work we do in public health is directly tied to the economic vitality of our community and the collective need to maintain a healthy workforce. We work to control health care costs by preventing chronic diseases like heart disease and asthma; we are reducing rates of childhood lead poisoning so that kids can reach their full potentials, and we are vaccinating our citizens against infectious diseases that can stifle productivity.

Our 2008 report provides a snapshot of our services, under the categories of Our Challenges, Healthy Environments, and Prevention of Disease and Injury. Our collective focus on meeting the essential public health services and preparing for national accreditation await us in 2009, as we continue to honor our commitment to quality and community service. We hope you find this report informative and we encourage you to visit us on the web at www.ccbh.net to view the full range of our services.

Vision:

To optimize the public health status of the community through transformational programming that creates a clear line of sight between what we do every day and how the organization performs.

Core Values:

*Leadership, Integrity, Accountability,
Partnership, Community Service*

Mission:

Prevent disease and injury, promote positive health outcomes, and provide critical services to improve the health status of the community.

10 Essential Public Health Services

The Essential Public Health Services describe the public health activities that should be undertaken in all communities.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.



Strategic Planning Through Continuous Quality Improvement

In 2008 we worked to build a culture of quality improvement. Plans were set into motion targeting distinct components of public health. The 10 Essential Services of Public Health, including administration, have been our strategic priorities.

Individual Performance is now assessed using the Management by Objective (MBO) approach. Individual work plans are developed to carry out program goals of each person. These program goals support our Agency Performance Goals based on the 10 Essential Services of Public Health.

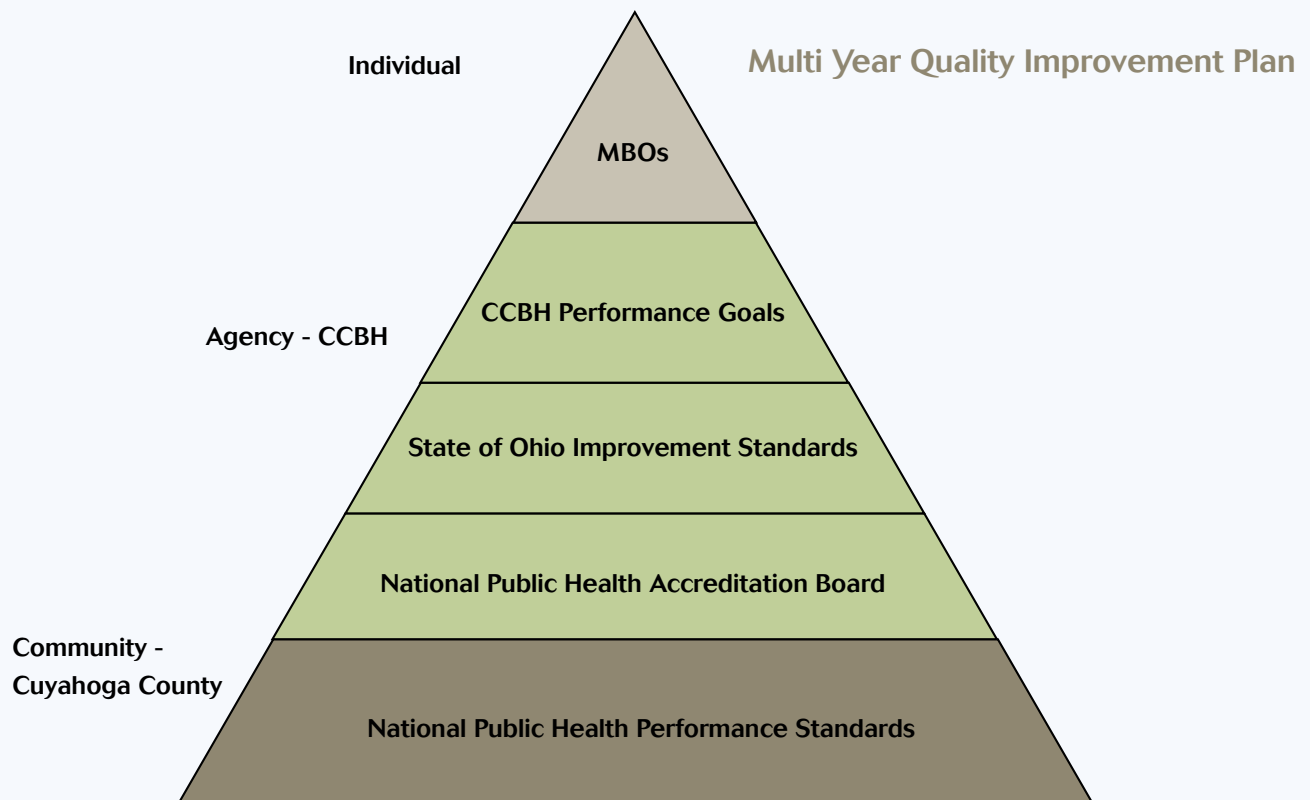
Agency Performance Goals are now cross-cutting and involve all service areas of our agency, dismantling the traditional silo approach to public health. Each goal now spans two years, and involves a diverse and talented team to strategically carry out objectives and performance evaluations.

Community refers to our health district, which was assessed in 2008 using the National Public Health Performance Standards Governance Instrument, which is a model set forth by the Centers for Disease Control and Prevention. The Public Health Accreditation Board's recent release of national draft standards will undoubtedly change the face of public health. These standards may be viewed at www.phaboard.org. In 2009 the Cuyahoga County Board of Health will match these standards with our own agency goals and continue to explore ways in which we can improve our performance to better serve Greater Cleveland.



2009-2010 Performance Goals

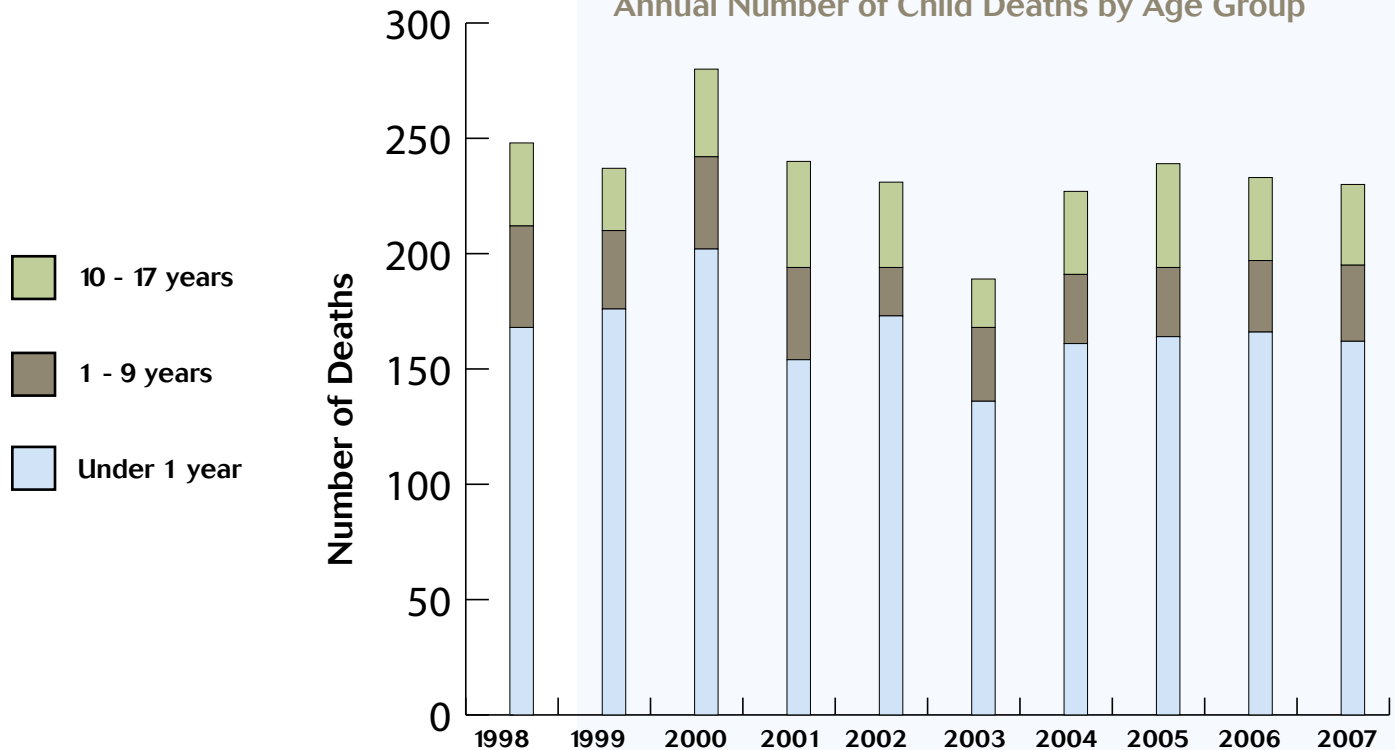
- ✓ Complete inventory of programs, identify key programmatic elements and other relevant health and social service data.
- ✓ Create a comprehensive public health report for Cuyahoga County.
- ✓ Expand programming for seniors to promote positive health outcomes.
- ✓ Enhance the CCBH Emergency Response Plan (ERP).
- ✓ Implement the organizational strategic plan developed in 2008 for providing culturally and linguistically appropriate services (CLAS) based on national CLAS standards.
- ✓ Assess the need to expand clinical services in the community.
- ✓ Develop a coordinated system to communicate health information.
- ✓ Promote the CDC coordinated school health model in two additional local school districts.
- ✓ Promote the role of public health in community development to sustain healthy places throughout Cuyahoga County.
- ✓ Participate in the County-wide initiative to increase access to care.
- ✓ Implement a system to accept client payments electronically.
- ✓ Utilize customer and external partner satisfaction surveys to evaluate effectiveness and quality of select CCBH programs.
- ✓ Develop the agency quality improvement plan.
- ✓ Increase program efficiencies through technology.
- ✓ Participate in the development of the national public health accreditation system.
- ✓ Further develop the agency Continuity of Operations Plan (COOP).
- ✓ Promote sustainability practices in our agency and throughout our community.



Maternal and Child Health

The Cuyahoga County Board of Health delivers and coordinates several programs aimed at improving the health status of women and children throughout the county. This includes monitoring maternal and child health indicators to help community leaders identify areas where resources should be focused. The Child Fatality Review (CFR) Program and the Child and Family Health Services (CFHS) Program are two such programs. The CFR is funded by the Board of County Commissioners and administered by CCBH. During 2008, a multi-disciplinary committee, established through the CFR, reviewed 230 child deaths that occurred in 2007.

Annual Number of Child Deaths by Age Group



Our Challenges

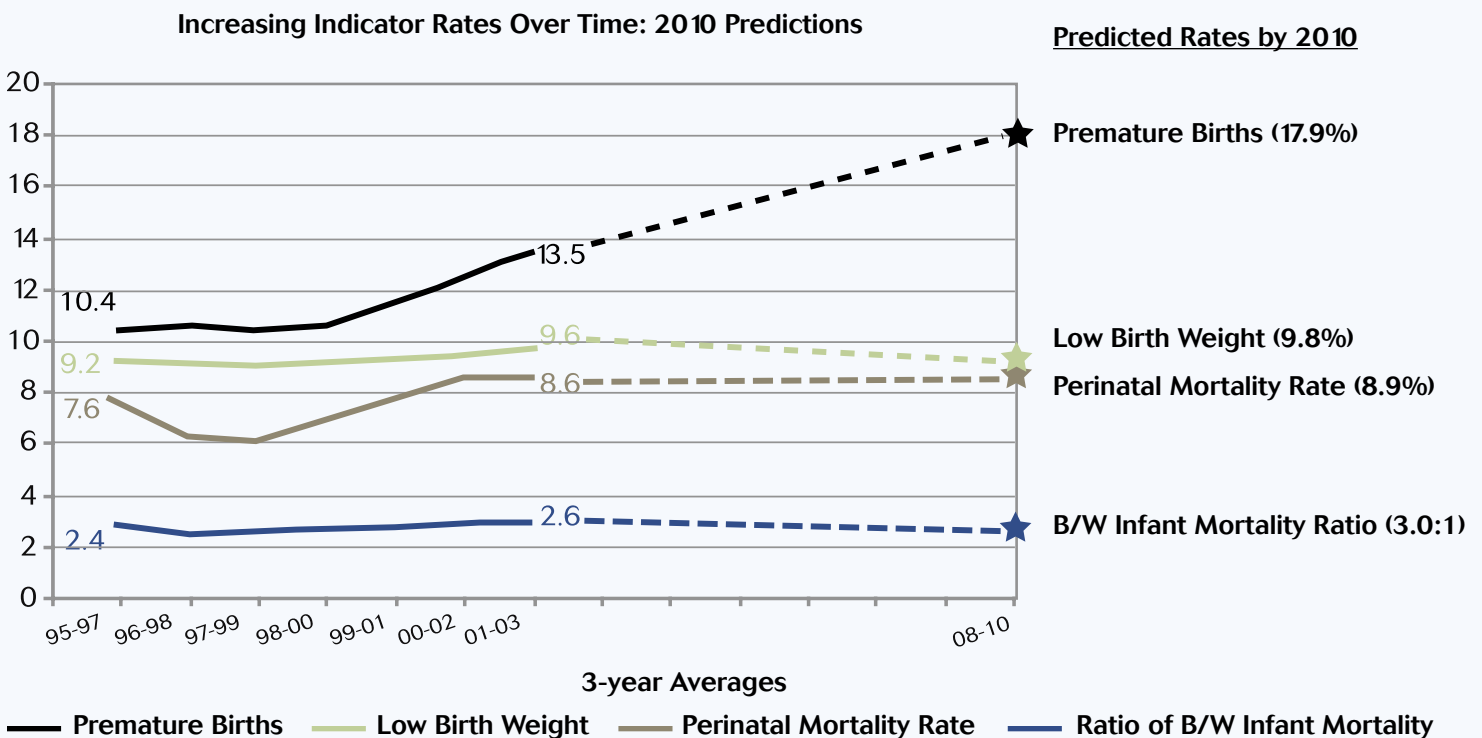
Below are some of the key findings among the 2007 child deaths:

- Of the 230 child deaths in 2007, 121 (53%) had poverty identified as a risk factor.
- In 2007, minority children were almost three times more likely than white children to die.
- The estimated infant death rate for 2007 is 9.9 deaths per 1,000 live births, higher than the U.S. rate of 6.4.
- In 2007, 60% of infant deaths were attributed to prematurity, accounting for 42% of all child deaths.
- The most common risk factor associated with prematurity is poverty.

Since 1999, the Community Health Indicators Project has been one of the cornerstones of the CFHS Program. This project has been compiling and analyzing data at the individual community or neighborhood level on a range of identified Maternal and Child health indicators identified as critical measures of community health status. Funding for this project is received through the Ohio Department of Health as a part of the federal Maternal and Child Health Block Grant.

For more detailed information on the CFR and CFHS programs, please go to www.ccbh.net. Additional vital statistics data can be viewed at the Ohio Department of Health’s Data warehouse at <http://dwhouse.odh.ohio.gov>.

This chart provides county-level data on four of the project indicators that have moved away from the Healthy People 2010 goals since 1995. Furthermore, it appears that these indicators will exceed the Healthy People 2010 targets by two- to three-fold.



Premature Births (births occurring before 37 weeks gestation)
 Low Birth Weight (infants weighing less than 2,5000 grams at birth) - Perinatal Mortality Rate (fetal deaths > 28 weeks gestation and infant deaths < 7 days)
 Ratio of B/W Infant Mortality (compares the infant death rate among Black/African Americans to the infant death rate among Whites, infant deaths are deaths occurring < in babies 365 days old)

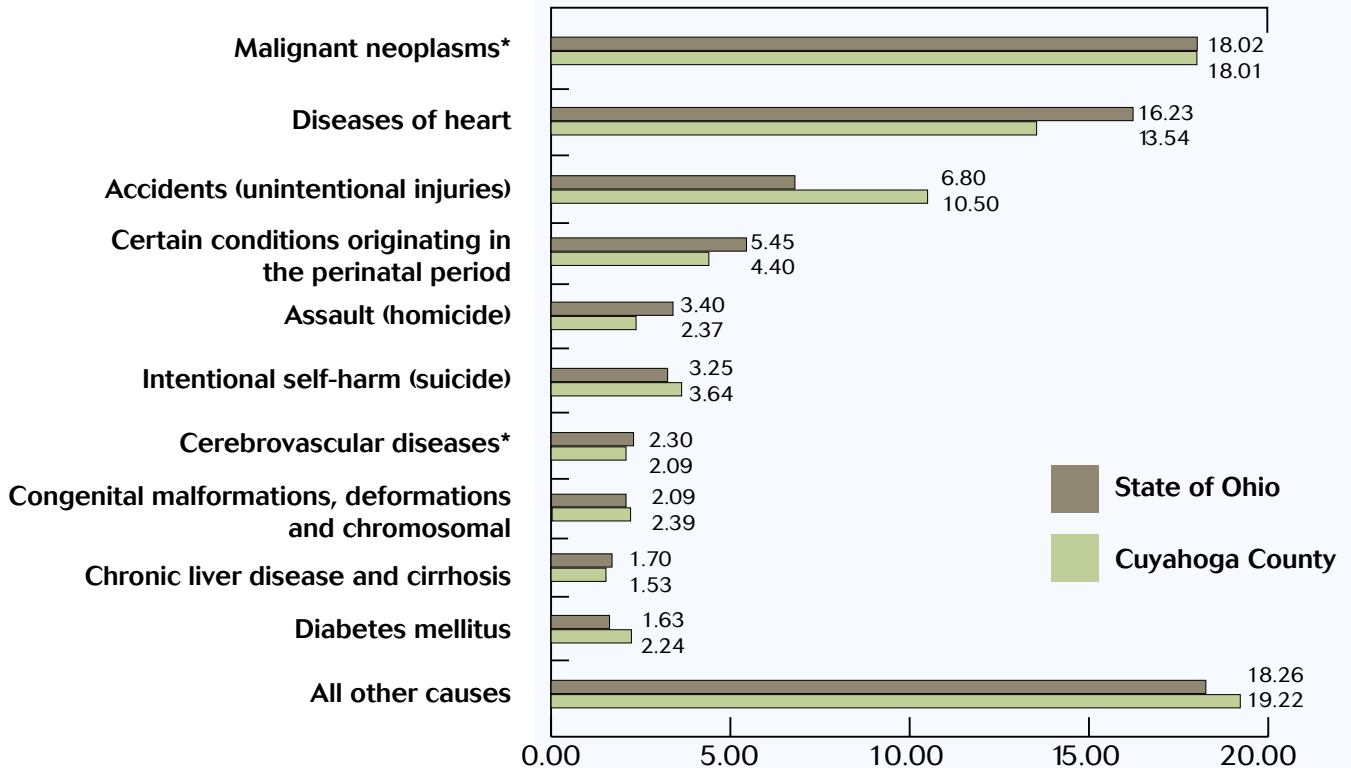


Premature and Leading Causes of Death

One way of assessing the impact of premature death in a community is to calculate years of potential life lost (YPLL). This analysis involves estimating the average time a person would have lived had he or she not died prematurely. To perform this analysis, death records were obtained from the Ohio Department of Health for the years between 2003 to 2005. The YPLL places a greater loss on those causes of death that happen earlier in life, while still accounting for the number of deaths in each cause.

The graph below illustrates the top 10 causes for YPLL. The effect of the YPLL analysis is best shown in the category congenital malformations, deformations and chromosomal (birth defects). This category ranks 8th in the YPLL analysis, while it is the 22nd leading cause of death. Also, chronic lower respiratory diseases is the 4th leading cause of death but does not make the top 10 for YPLL.

Years of Potential Life Lost



The leading causes of death in Cuyahoga County for 2003 to 2005 are shown below. The final column shows the rate for the State's leading cause of death analysis. In approximately one-third of the causes, the State rate is higher than Cuyahoga County's rate. The top four causes are the same in the State and the County, but the State has a higher prevalence of accidents than diabetes.

Leading Cause of Death Among Cuyahoga County Residents 2003 – 2005

	International Classification of Diseases (ICD)	Total Number of Deaths	Annual Average ^a	Cuyahoga Rate ^b	State Rate ^b
1	Diseases of heart	14,083	4,694	3.37	2.67
2	Malignant neoplasms*	10,182	3,394	2.43	2.23
3	Cerebrovascular diseases*	2,415	805	0.58	0.59
4	Chronic lower respiratory diseases	1,936	645	0.46	0.55
5	Diabetes mellitus	1,206	402	0.29	0.33
6	Accidents (unintentional injuries)	1,145	382	0.27	0.38
7	Alzheimer's disease	1,051	350	0.25	0.28
8	Nephritis, nephrotic syndrome and nephrosis	885	295	0.21	0.18
9	Influenza and pneumonia	723	241	0.17	0.21
10	Septicemia*	684	228	0.16	0.14
	All Other Causes	9,628	3,209	2.30	-
	Cuyahoga County Total	43,938	14,646	10.51	-
	State Total	332,034	110,678	-	9.75

^a Annual average for 2003-2005.

^b Rates (per 1,000) were calculated using the 2000 census for the entire population of the county/state.

The top three leading causes of death in the table above are considered preventable chronic diseases according to the Center for Disease Control (CDC). Living a healthy lifestyle such as a healthy diet and physical activity can decrease the risk of these factors. Additionally, early detection is an important part of reducing the risk of cancers. For additional information on how to reduce these risk factors contact Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP).

*Malignant neoplasms (Cancers); Cerebrovascular diseases (Stroke); Nephritis, Nephrotic syndrome and Nephrosis (Kidney Diseases); Septicemia (blood infections and poisoning)

Data Source: ¹Ohio Department of Health, Bureau of Vital Statistics.

The CDC estimates ... 80% of heart disease and stroke, 80% of type 2 diabetes, 40% of cancer ... could be prevented if only we were to do three things: stop smoking, start eating healthy & get in shape.



Childhood lead poisoning affects IQ, school performance, and earning potential.

Healthy Environments

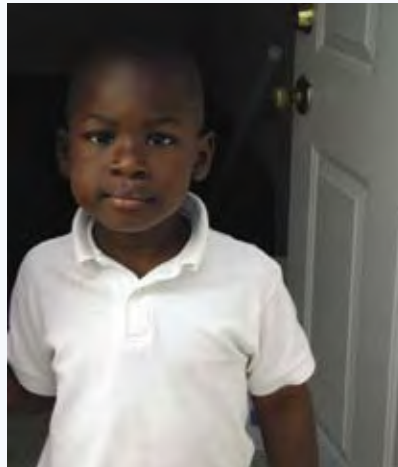
Where You Live Impacts Your Health

Your Environment Impacts Your Health

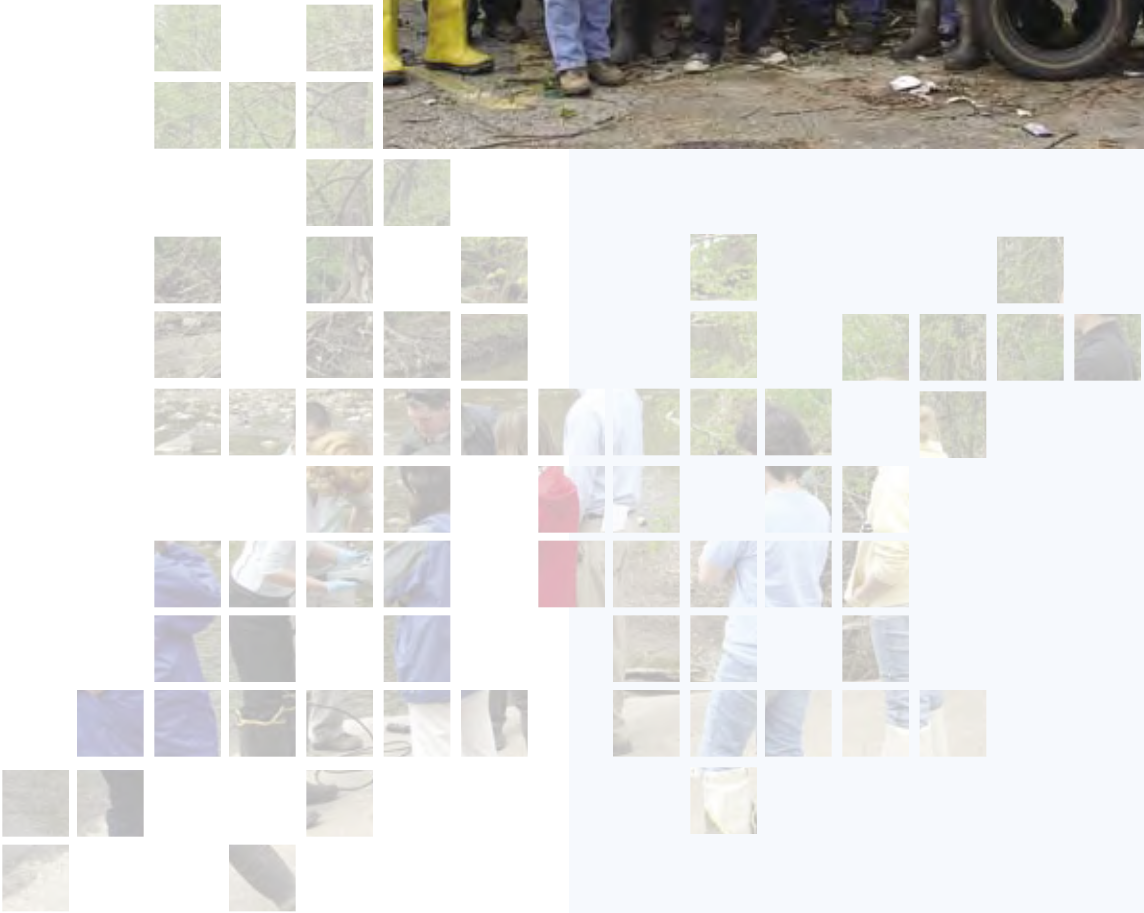
It has become well recognized that where we live, work and play impacts our health. Residents of low-income communities and communities of color suffer more from negative environmental factors including poor air quality, poorly maintained homes, lack of healthy food options, and the lack of clean and safe green spaces such as parks and playgrounds.

The Cuyahoga County Board of Health has joined a movement to develop healthy communities. One example is the healthy land use initiative developed in partnership with the City of East Cleveland. Healthy homes are an important part of a healthy community, which is why CCBH delivers comprehensive programming to reduce the incidence of asthma, lead poisoning and unintentional injuries throughout the health district. CCBH partners with local departments of community development, medical providers and community-based organizations to deliver the following services:

- More than 260 homes received lead hazard evaluations in 2008. Out of a proposed 400 houses for the entire project, 60 houses were made lead safe in the past year.
- More than 175 housing assessments for asthma triggers were conducted in 2008. Additionally, together with our weatherization housing partners, we performed more than 50 interventions to reduce asthma triggers in the homes of at risk children.
- More than 1,200 Cuyahoga County senior citizens were provided fall prevention education, a 30% increase over 2007.
- Sixty homes were remediated for fall hazards.
- The senior safety program was extended to nine new cities and in 2009 a new group of cities will be identified and served.



2008 ANNUAL REPORT



Managing Our Stormwater

Reducing the environmental impact of stormwater requires a true regional approach. Besides assisting our communities here in Cuyahoga County by mapping and surveying more than 6,000 outfalls (stormwater discharge pipes), we actively collaborate with regional partners and assist surrounding counties, which include Lorain, Medina, Portage and Summit. The Cuyahoga County Board of Health's stormwater program has become a national model, receiving recognition from the U.S. Environmental Protection Agency and featured in Stormwater and Onsite Installer magazines. The Ohio EPA provided CCBH with funding to create a guidance manual for dry weather sampling protocols for use by other departments in the state. The fundamentals of the program gathered in the manual were recently presented to industry experts at the National Stormwater Conference in Colorado.

In 2008, the CCBH was a major contributor to the 2008 Northeast Ohio Stormwater Conference. This conference provided the most current information and best practices to communities. More than 500 attendees, 55 exhibitors and 50 speakers gathered to share expertise. The success of this conference has now led to the 2009 Ohio Stormwater Conference. The CCBH has been asked to help lead the planning for this event as well.



Protecting our vital resources: our streams, rivers, and Lake Erie.

Preparing and Responding to Emergencies

Cuyahoga County Board of Health participated in response efforts following the wind storms that hit in the wake of Hurricane Ike this past September. According to utility companies, the storm left more than 150,000 area residents without power. Roads were blocked with debris and downed trees. Classes were cancelled at local schools, while offices and retail stores were closed for business. CCBH collaborated with local media sources to post precautions associated with severe weather and clean up throughout this time. Two high-rise apartment buildings on the county's east side were without power and had interrupted water for more than 36 hours.

In coordination with Cuyahoga County Emergency Management, the Red Cross, and Cuyahoga County Department of Senior and Adult Services and the City of East Cleveland, our staff went door to door conducting safety, sanitation and wellness checks for residents in affected high-rise apartment buildings. Throughout the county, our staff responded by visiting area businesses to ensure the safety of food. We also verified that products were discarded and alternative refrigeration was being used. In some communities within the county, it was nearly a week before full power was restored.

In the Fall of 2008, CCBH participated in a series of exercises, which provided an opportunity to test current response plans and procedures. All exercises involved local responders in the communities. In the first drill, more than 96% of communities were represented in an exercise that involved pickup of simulated medication by local police and fire departments. A second exercise sought to study efficiency of processing medication for first responders. A third drill focused on dispensing simulated medication to public health staff. More than 100 people participated in the timed drill. Within 45 minutes, more than 350 doses were administered.

Prevention

of Disease & Injury

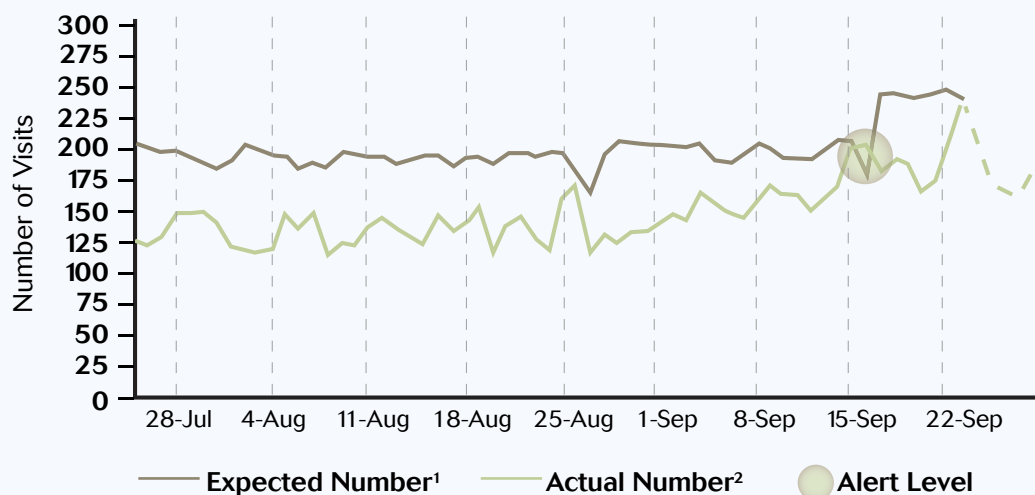
An Ounce of Prevention: Early Event Detection

Although an ounce of prevention may be worth a pound of cure, it is difficult to “weigh” many of the benefits resulting from public health activities or countless illnesses that did not occur because of successful responses. By tracking the occurrence of disease in the community, local public health officials can limit its spread and protect the health of the general public.

Prevention-based public health programs, such as early event detection, function like an invisible safety net. Disease reporting from health care providers to local health departments is part of a system that collects information about illness and disease events throughout the community. Even with the most serious types of sickness reported to health departments, there is a delay while doctors examine patients or laboratories complete tests. But in the case of early event detection, a specialized network called EpiCenter extends into area hospitals and automatically gathers data in real time every hour of the day, every day of the year.

This type of disease tracking, known as syndromic surveillance, runs quietly in the background of emergency departments. As patients communicate their symptoms at the registration desk, these complaints are organized into groups of symptoms known as syndromes. The counts are compared to those of past years to check if there is a higher than expected amount. If numbers are higher, an immediate alert provides health departments more time to respond than normal disease reporting because early event detection does not wait for a doctor’s diagnosis or lab results.

Trends in the Number of Respiratory (Lung related) Emergency Room Visits Over Time



¹ Average number of visits calculated from previous years' visits

² Number from current visits to emergency departments

Source: EpiCenter respiratory syndrome classifications in Cuyahoga County

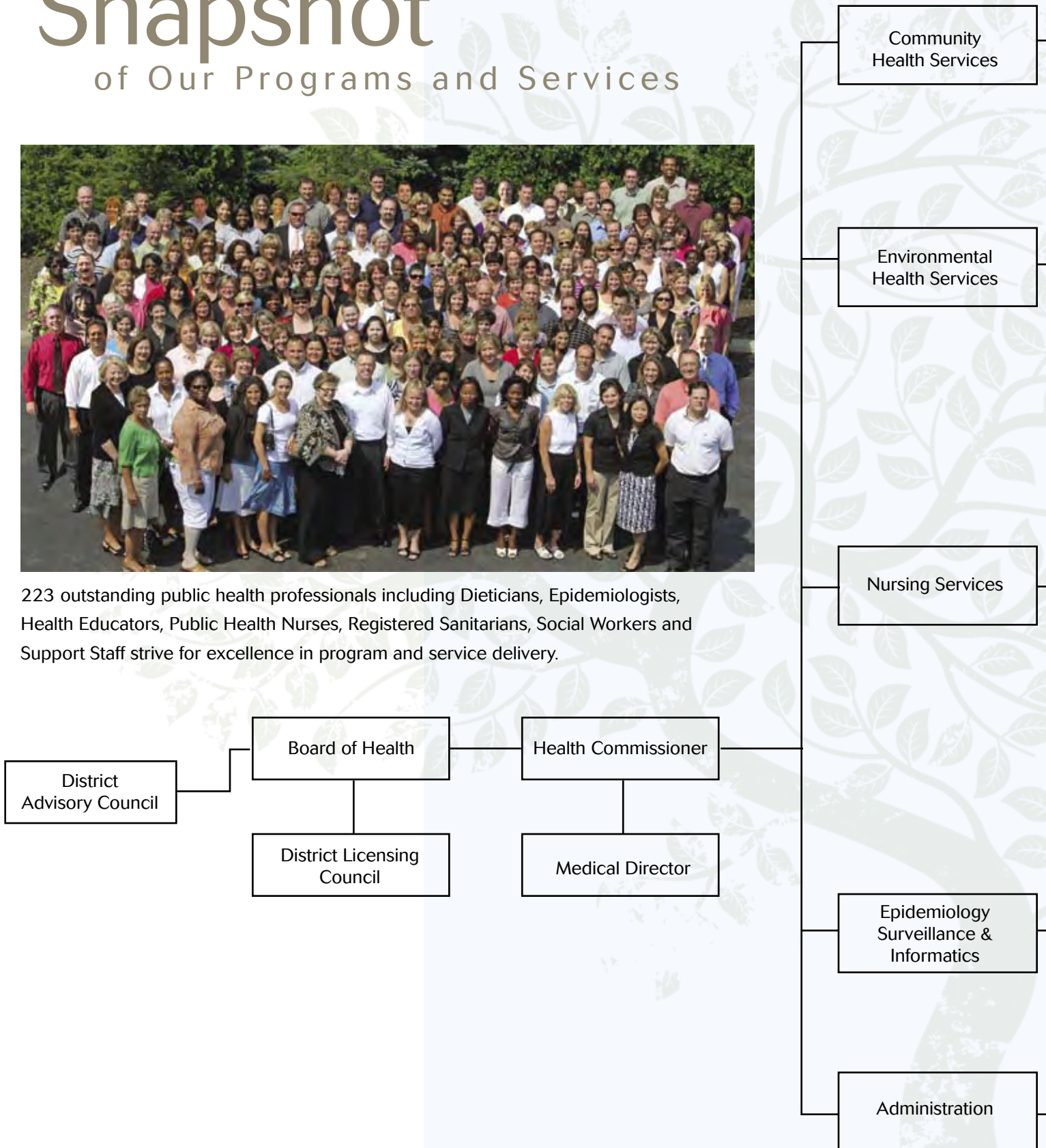
Early Detection = Faster Response.

Snapshot

of Our Programs and Services



223 outstanding public health professionals including Dietitians, Epidemiologists, Health Educators, Public Health Nurses, Registered Sanitarians, Social Workers and Support Staff strive for excellence in program and service delivery.



Behavioral Health:	Teen Pregnancy Prevention Program, Cardiovascular Health
Health Promotion:	Nutrition Services, Dental Services, Tobacco Use Reduction, Community Wellness, MyCom - Youth Development Initiative, East Cleveland Health and Development
Health System Development:	Child Fatality Review, Child & Family Health Services, Enhanced Prenatal Services
Preventative Health Care:	Lead-Based Paint Hazard Control, Home Mold & Moisture Program, Breast & Cervical Cancer Screening & Treatment, Senior Home Injury Prevention Program

Healthy Environments:	Emergency Preparedness & Response, Environmental Lead Risk Assessment, Healthy Homes Programs, Manufactured Home Parks Inspections, Mosquito Control, Rodent Control, Nuisance Abatement
Injury Prevention:	Aging Initiatives, School Inspections, Consumer Products Safety, Recalls Tracking, Rabies/Animal Diseases, Tattoos & Body Piercing Licensing & Inspections
Food Protection:	Retail Food & Food Service Licensing & Inspection, Health Education & Training, Epidemiological Investigations, Childcare Assessments, Vending Inspections
Watershed Protection:	Bathing Beach Monitoring, Marina Inspections, Phase II Storm Water Assessments, Private Water Systems Sampling
Waste & Waste Water:	Solid Waste Site Inspection, Wastewater Site Inspection, Environmental Hazards Assessment

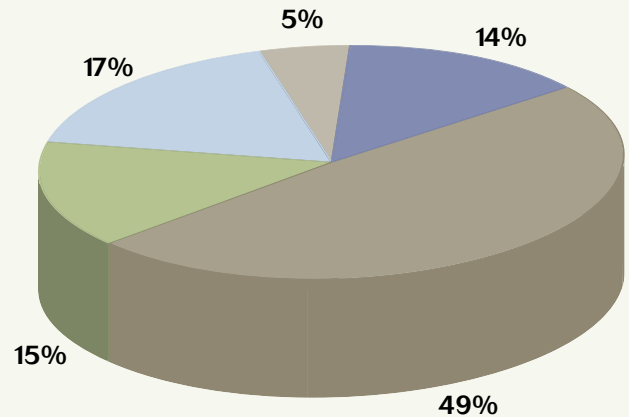
School Health Services:	Health Education, Maturation Classes, OSHA Regulations, Communicable Disease Updates, School Health Nursing Contracts
Family Health Services:	Programs for Special Needs Children, Children with Medical Handicaps (BCMH) Assistance, Home Care Visitation, Help Me Grow
Child Care:	Ohio Childcare Resource & Referral Programs, Daycare Assessment
Health Education:	Child Care Assessment, First Aid Training, Child Abuse Prevention, Communicable Disease Prevention, CPR, Shaken Baby Syndrome Prevention, Fatherhood
Vaccine Preventable:	Child & Adult Immunizations, Immunization Action Plan, HIV Education
Preventive Health:	Influenza Immunizations, Senior Programs, Lead Poisoning Prevention, Perinatal Outreach, Occupational Health

Disease Investigations	Study Design	Informatics
Outbreak Investigation	Data Collection and Management	Network Administration
Surveillance	Research Administration	All Hazards Planning
Cancer Cluster Investigations	Data Analysis/Evaluation	HIV Education
Preparedness		

Legal Council	Public Reception	Information Technology
Fiscal Oversight	Strategic Planning	Marketing
Grants Management	Human Resources	Quality Improvement

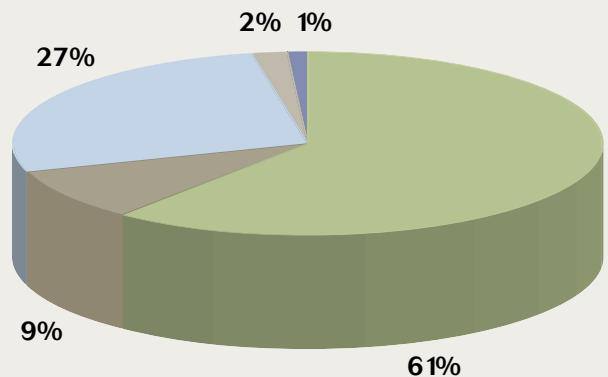
Organizational Budget

Revenue	In Dollars	Pct
City Contracts	3,122,235	14%
Federal, State & Local Funds	10,681,424	49%
Licenses, Permits & fees	3,321,638	15%
Charges for Services	3,699,701	17%
Other Receipts	1,084,125	5%
Total Revenue	21,909,123	100%



The Cuyahoga County Board of Health has worked hard to diversify our funding sources to meet the expanding needs of the community.

Expenditures	In Dollars	Pct
Personal Services	2,305,368	61%
Grants & Subcontracts	5,328,437	27%
Services & Charges	1,755,885	9%
Supplies & Materials	493,763	2%
Capital Outlays	203,061	1%
Total Expenditures	20,086,514	100%



Preventing Disease and Injury: Travel and Immunization Clinics

The international travel clinic at the Cuyahoga County Board of Health finished its third full year of operation with record-high numbers of vaccinations given to travelers with destinations all over the world. Travelers will be well protected against preventable diseases, and informed and educated to reduce potential risks and injury while abroad. Two experienced physicians provide a one-on-one consultation before giving vaccine recommendations and prescriptions if indicated. More than a dozen vaccines are available to travelers. Public health nurses administer vaccines and provide the traveler with written information on their destination country. Included in the packet is information on insect, food and water precautions, safety and other potential risks the traveler may encounter.

Immunization Clinic Locations

CCBH public health nurses provide low-cost or free child and adult immunizations and screenings to residents of Cuyahoga County at the following locations:

West Side

Parma (Main Clinic)

Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130
(In the Parma Commerce Center, off West 130th)

Lakewood

12805 Detroit Road,
Lakewood, OH 44107
(Across from City Hall)

Westlake

St. John Westshore
29160 Center Ridge Road,
Westlake, OH 44145

East Side

Cleveland Heights

Cleveland Heights City Hall
40 Severance Circle
Cleveland Heights, OH 44118

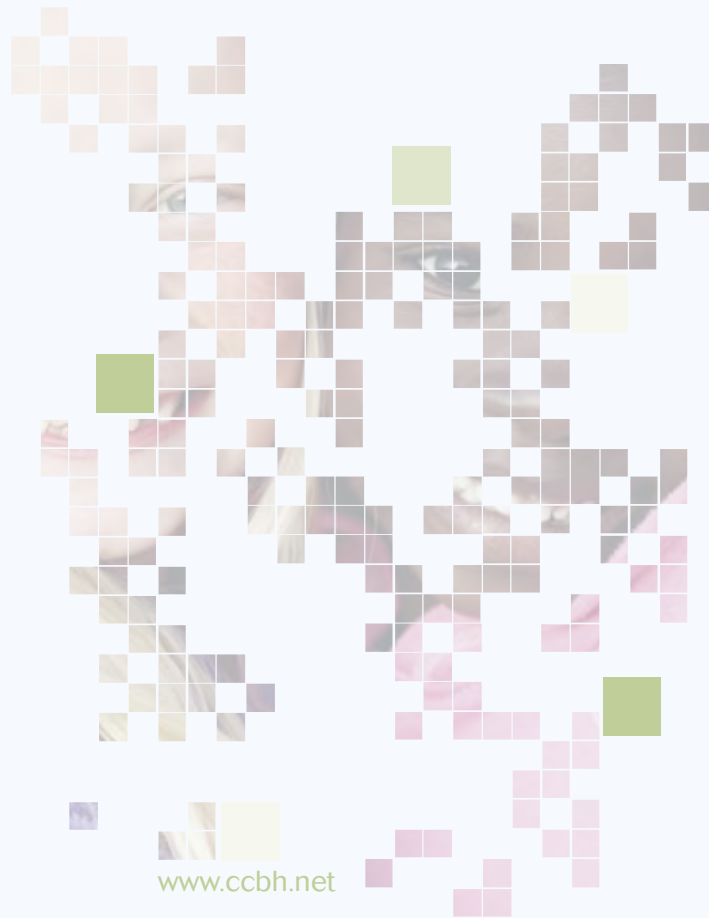
East Cleveland

(Forest Hills area)
EARLY CHILDHOOD CENTER
14800 Private Drive
East Cleveland, OH 44112
(Road next to McGregor Home)

Lyndhurst

Lyndhurst Community Center
1341 Parkview Drive
Lyndhurst, OH 44124

Please call (216) 201-2041 to schedule an appointment.



Our Health District Representing more than 886,000 citizens of Cuyahoga County

- | | | | |
|------------------------|------------------|--------------------|----------------------|
| Bay Village | Cuyahoga Heights | Mayfield Heights | Richmond Heights |
| Beachwood | East Cleveland | Mayfield Village | Rocky River |
| Bedford | Euclid | Middleburg Heights | Seven Hills |
| Bedford Heights | Fairview Park | Moreland Hills | Solon |
| Bentleyville | Garfield Heights | Newburgh Heights | South Euclid |
| Berea | Gates Mills | North Olmsted | Strongsville |
| Bratenhal | Glenwillow | North Randall | University Heights |
| Brecksville | Highland Heights | North Royalton | Valley View |
| Broadview Heights | Highland Hills | Oakwood Village | Walton Hills |
| Brooklyn | Hunting Valley | Olmsted Falls | Warrensville Heights |
| Brooklyn Heights | Independence | Olmsted Township | Westlake |
| Brook Park | Lakewood | Orange Village | Woodmere |
| Chagrin Falls Township | Linndale | Parma | |
| Chagrin Falls Village | Lyndhurst | Parma Heights | |
| Cleveland Heights | Maple Heights | Pepper Pike | |