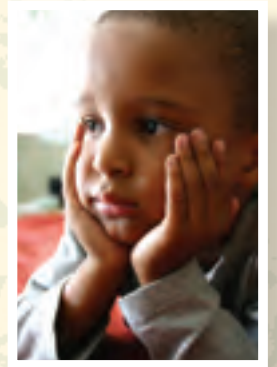


Cuyahoga County Board of Health

# 2010 ANNUAL REPORT

[www.ccbh.net](http://www.ccbh.net)



*Prevent Disease and Injury*

*Promote Positive Health Outcomes*

*Provide Critical Health Services*

# 2010 ANNUAL REPORT

## Contents

Message from the Board.....	3
MAPP – “Roadmap” to a Healthier Community.....	4
National Public Health Accreditation.....	5
Chronic Disease Prevention.....	6
Health Inequities and Disparities.....	8
Unintentional Poisoning and Unused Medications.....	9
Bedbugs.....	10
Hoarding.....	10
Communicable Diseases in Cuyahoga County.....	11
Governance and Leadership.....	12
2010 Financial Overview.....	13
CCBH funders.....	13
Snapshot of Programs and Services.....	14-15



## Members Of The Board

(standing L to R) James T. Gatt, Charles T. Riehl, Esq.,  
Terry Allan, R.S., M.P.H. Secretary and Health  
Commissioner, Gregory L. Hall, M.D.

(sitting L to R) Debbie L. Moss, Esq., Ye-Fan Glavin, Ph.D.

## 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.

*Prevent Disease and Injury*

# Message from the Cuyahoga County Board of Health

2010 was a decidedly introspective year, marked by strategic planning and earnest preparation for organizational restructuring and new directions at the Cuyahoga County Board of Health (CCBH). The impetus for change involved several major issues facing public health in Ohio and across the nation:

- Major policy and program shifts related to National Health Reform
- Recession related funding challenges at all levels of government
- Rising costs of chronic diseases like cancer, diabetes and heart disease which represent 75% of all health care costs in the United States
- The widening gap of health inequities across minority populations and those living in poverty in Cuyahoga County
- The growing movement of quality improvement mandates and performance-based management and funding in public health

In order to effectively address these forces of change, CCBH proposed to build a strategic plan that would:

1) expand and modernize human resources to more directly incorporate quality improvement and performance management; 2) align ourselves with the national prevention movement and build internal capacity to conduct evidence-based community prevention work; and 3) develop a platform from which to launch a county-wide community health improvement planning process.

A detailed planning process was necessary to ensure success as we are well aware that, over time, our relevance will be determined by our ability to best position CCBH amid an evolving landscape of community health priorities. A comprehensive review of all our program areas against a set of objective criteria was conducted in the summer of 2010. These

criteria included relevant factors such as program cost, funding stability, existence of evidence based practices, legal mandates and the impact of the program on morbidity and mortality. The results of this extensive review were consolidated by management staff and presented to the Board of Health at an organizational retreat in October. During this planning retreat the plans for our agency restructuring emerged and the final version was presented to staff in January of 2011.

*“Our Relevance Will Be Determined by Our Ability to Best Position CCBH Amid an Evolving Landscape of Community Health Priorities”*

In March of 2011, CCBH will form an Organizational Development Unit within Administration to modernize human resource practices, institutionalize performance improvement principles and prepare for the national accreditation of state and local health departments, which is discussed later in this report. We will also be consolidating our Nursing and Community Health functions into a Prevention and Wellness service area to expand our community prevention capacity and focus on chronic diseases. Finally, we will consolidate all of our lead poisoning prevention and asthma related programming within a Healthy Homes unit under our Environmental Public Health service area. These efforts will lead to CCBH being well positioned to meet community health priorities over the next 5 years, as we continue to strive for excellence in public health programming in our work to help create a healthy workforce for Cuyahoga County. Thanks for taking the time to review this report, and we look forward to 2011 and the challenges ahead.

# Mobilizing for Action through Planning and Partnership (MAPP)

## The “Roadmap” to a Healthier Community

The Cuyahoga County Board of Health (CCBH) is a lead partner with the Cleveland Department of Public Health and Shaker Heights Department of Health in the county-wide initiative focused toward developing a plan for improving the community health status of those who live, work, and play in Cuyahoga County.



The Centers for Disease Control and Prevention (CDC) and National Association of County and City Health Officials (NACCHO) model, **Mobilizing for Action through Planning and Partnerships (MAPP)**, was identified as a best practice for guiding the community health improvement planning process. It has been implemented in hundreds of communities across the United States, providing the framework for successful prioritization of community health issues and needs, while also supplying methods for developing goals and strategies to address these priorities.

MAPP consists of six identified phases, most often visually depicted as stops along the “roadmap” to a healthier community. The six phases include activities like organizing and developing partnerships, creating a shared community vision, completing four major assessments, identifying key strategic issues, formulating goals and strategies to address these issues, and putting the community health

improvement plan into action. MAPP proposes the idea of a paradigm shift, challenging traditional public health systems to change their usual way of doing business. It does not have a definite endpoint, but instead should be implemented, evaluated, and re-launched in a cyclical manner, evolving and continuously gathering community input. This repetitive cycle helps to accurately inform community leadership in making decisions that can impact community health status.

To achieve improved health status in Cuyahoga County, successful collaborations with a vast network of community partners is essential. The partnerships associated with the Cuyahoga County MAPP process were initiated in September 2009 when representatives from various sectors convened at the CCBH to complete a Local Public Health System Performance Assessment (LPHSPA). Since then, the original network has been expanded to include more than 50 partner agencies, a leadership team consisting of both CCBH and non-CCBH members, and two subcommittees that will supply the time, effort, and resources required to conduct two major health-related community assessments.

The foundation of the Cuyahoga County MAPP initiative was established and solidified in 2010. Considerable progress was made in organizing the process, procuring partners, developing a shared community vision, and establishing subcommittees to complete the comprehensive assessments that lie ahead. In 2011, the goals of the MAPP initiative will shift, focusing on the finalization of the shared community vision, as well as the completion of the Community Themes and Strengths Assessment (CTSA) and Community Health Status Assessment (CHSA). Production of comprehensive community health status reports resulting from the CTSA and CHSA will inform the development of a county-wide community health improvement plan, guiding future efforts to improve community health status in Cuyahoga County through identification of strategic community issues and the goals and strategies that can be used to successfully address these issues.

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# National Public Health Accreditation

Over the past several years, the Centers for Disease Control & Prevention (CDC) and the Robert Wood Johnson Foundation have funded the development of the Public Health Accreditation Board (PHAB). PHAB is charged with developing a national voluntary accreditation program for state, local, territorial and tribal public health departments. The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

Accreditation is designed to drive public health departments to continuously improve the quality of the services they deliver to the community. Accreditation is a critical part of the future of public health, and as the national conversation around health reform progresses, accreditation will be an integral part of that dialogue.

For public health departments, accreditation means demonstrated accountability and improved quality. Nationally, public health accreditation means that people across the country can expect the same quality of public health programs and services no matter where they live – in a Northeast city, a West Coast suburb, or a Midwest town. The expectation is that accreditation will strengthen public health departments and the services they provide, which will contribute to improved health outcomes in communities. Local public health departments that are participating in state accreditation programs have already reported a variety of benefits from accreditation, including:

- **Performance feedback and quality improvement.** The accreditation assessment process provides valuable, measurable feedback to health departments on their strengths and areas for improvement so they can better protect, promote and preserve the community's health.
- **Accountability and credibility.** Gaining accreditation status demonstrates accountability to elected officials and communities, resulting in increased credibility for public health departments.
- **Staff morale and visibility.** The recognition of excellence brought on by meeting accreditation standards has positively impacted staff morale and enhanced the visibility of the health departments.

The Cuyahoga County Board of Health (CCBH) has been working over the previous two years to prepare the agency to pursue national accreditation, and staff members have actively participated in the standards development process and the beta testing of model standards. By autumn of 2011 it is anticipated that PHAB will begin accepting applications for accreditation, and CCBH plans to apply for national accreditation as this process unfolds.



# Shaping a 21st Century Approach to Chronic Disease Prevention

Chronic diseases such as cancers, diabetes, heart disease, hypertension, stroke, mental disorders and pulmonary conditions are among the most prevalent, costly and preventable of all health issues. Both the human and economic cost of chronic disease are great, making it the most pressing healthcare challenge of the 21st century.

There are significant inequities in prevalence of and health outcomes associated with chronic disease linked to the economic, social and community conditions in which people live, work, learn and play. Traditionally, public health has focused on health promotion through health behavior modification and emphasis on personal responsibility, and expanding access to healthcare. However, research on the root causes of chronic disease and health inequities suggests that population-based prevention and “place-based” strategies are more effective in reducing the burden of chronic disease. These types of strategies place a greater focus on improving neighborhood environments, engaging and empowering the community, and improving day-to-day management of chronic disease.

In line with this shifting paradigm CCBH is building its internal capacity and increasing engagement of the broader public health system and overall community to shape a 21st century roadmap for addressing chronic disease in our county. We are aligning staff, programs and services to assure that we effectively address leading causes of morbidity and mortality and improve health outcomes of the residents we serve. As we create this 21st century roadmap we are guided by key functions outlined by the National Association of County and City Health Officials (NACCHO) and The Centers for Disease Control (CDC) that local health departments should utilize to effectively address chronic disease. Successful and innovative programs, projects and services within each of these functions are serving as a foundation for the roadmap.

- **Mobilizing Community Partners and Building Relationships**

The CCBH has a long standing history of mobilizing and convening partners to assure a collaborative approach to addressing pressing health issues. In recent years, we have broadened our partnerships to include sectors not traditionally linked to the public health system with an understanding that virtually all sectors whether economic, social or environmental are linked to and impact health outcomes.

- **Conducting Community Health Assessment and Planning**

The CCBH recognizes that in order to set public health priorities for improving our community’s health we need to understand what the unique issues are and what the members are most concerned about. The CCBH is currently working with a broad spectrum of partners to develop a Community Health Improvement Plan for Cuyahoga County, as described on page 4 of this report.



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## South Euclid-Lyndhurst School District Farm to School



Before Lunch



After Lunch

- **Implementing Chronic Disease Surveillance and Conducting Evaluation**

The CCBH is continually expanding its role in chronic disease surveillance and evaluation. Current surveillance work includes focusing on targeted diseases, as well as studying the leading causes of death and life expectancy across the county. Two examples of this work are a recently completed assessment of cancer clusters to be followed by a comprehensive cancer report that will geographically illustrate the burden of several types of cancer throughout the county, and an analysis of life expectancy graphically depicted in a map of the county. This life expectancy map starkly illustrates the 24.5 year disparity in life expectancy between those who live the longest and the shortest in our county, based on their place of residence.

- **Implementing Policy, Systems and Environmental Change Strategies**

CCBH programs such as *Creating Healthy Communities and School Wellness Policy* utilize a population-based approach in addressing chronic disease through environmental, systems and policy changes. A recent example of this approach is the innovative and evidence-based *Farm to School* program being piloted by CCBH. This program brings fresh fruits, vegetables, and other staples directly from local farms into schools for incorporation into lunch programs, while also providing students with hands-on learning about nutrition and agriculture.

- **Pursuing Health Equity**

The CCBH is part of **PLACEMATTERS**, which is a national initiative of the Joint Center for Political and Economic Studies, Health Policy Institute. **PLACEMATTERS** was designed to improve the health of communities by addressing social conditions through policy and/or systems change. The team is guided by its vision for a Cuyahoga County where people thrive because of equitable access to the economic, social and environmental resources and opportunities necessary to attain the highest quality of life. As part of **PLACEMATTERS**, the CCBH is currently examining relationships between health, social inequities and land use, with the goal of refining our role in improving health outcomes, decreasing premature death, and reducing health inequities.

- **Providing Local Health Department Leadership**

Since being established in 1919, the CCBH has successfully implemented large-scale health promotion programs within a diverse and multi-cultural Cuyahoga County. During this time the CCBH has also been recognized for its excellence and leadership in administering programs funded at the local, state and national levels.

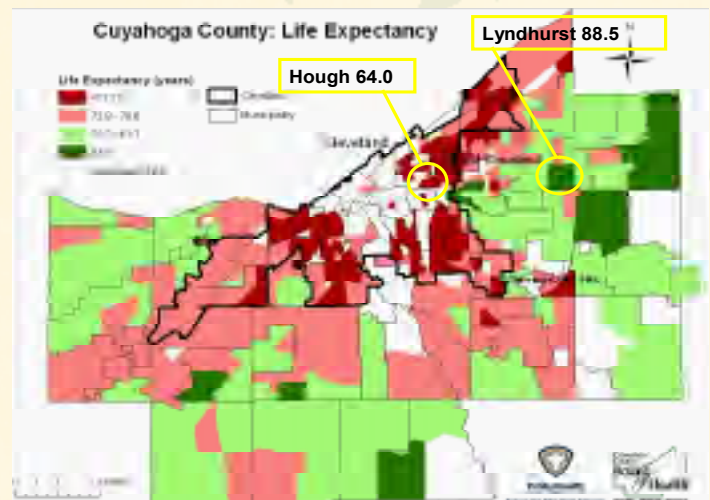
# Priming Public Health to Address Health Disparities and Inequities.

Two primary goals of the Centers for Disease Control and Prevention (CDC) are to reduce preventable morbidity and mortality and eliminate health disparities between segments of the population. Health disparities and inequities are important indicators of community health and provide information for decision making and intervention implementation. Increasingly, the research, policy, and public health literature report substantial disparities in life expectancy, morbidity, risk factors, and quality of life across population sectors. Health disparities (differences in health outcomes between segments of the population) are defined by race/ethnicity, sex, education, income, geographic location, and disability status. Inequities in the health status of certain populations are modifiable, associated with social disadvantage, and considered ethically unfair.

The Cuyahoga County Board of Health recognizes that such disparities exist in many of our communities, with health status and life expectancy able to be predicted based on place of residence. Inequities are geographically concentrated in the urban core (Cleveland and the first ring suburbs) where the highest concentrations of poverty are found, and where children and minority populations live. Residents of these communities are less healthy overall than the general population and suffer from more negative social determinants such as poor housing, substandard education, low socio-economic status, limited transportation, lack of healthy food choices, high rates of crime and disproportionate environmental hazards. In Cuyahoga County, life expectancy data show there is a 24 year difference between those that live the longest in Cuyahoga County and those that live the shortest. In response, CCBH is developing and realigning programs to address the larger social context of disparities and inequities.

While shifting focus to prevention of negative health outcomes by identifying and addressing root causes, public health is being challenged to also address the end result of disparities by providing safety-net services. As noted by the CDC, vulnerable populations are more likely to be adversely affected by economic recession, leading to worsening health disparities if access to effective safety-net services and targeted programs does not keep pace with need. An example of this need is the increase in utilization of CCBH immunization clinics since the economic recession began, and the fact that approximately 10% of the cost of services provided was waived in 2010 based on client inability to pay.

In the ongoing movement to effectively address health inequities and disparities, public health agencies must reorient to move beyond programs and services addressing individual conditions to focusing on power imbalances that produce health inequities, and monitoring emerging social trends that impact health. Reframing the conceptualization of causes of preventable morbidity and mortality will serve to reshape program design, implementation and evaluation as we continue to build a 21st century public health delivery model.



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# Unintentional Prescription Drug Poisonings and Unused Medications

According to the Ohio Department of Health (ODH), recent statistics show an alarming trend in Ohio – an increase in prescription drug abuse and overdose. A new education and awareness campaign was recently launched by ODH to address this trend. This campaign, *Prescription for Prevention: Stop the Epidemic*, includes the development of public service announcements, fact sheets, and brochures for communities and agencies to utilize in addressing the problem. The magnitude of the problem is illustrated by the following facts:

- In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes and suicides for the first time on record.
- In 2007 and 2008, an average of four people per day died from an overdose attributed to the misuse of prescription medication.
- The average *annual* cost of unintentional poisonings in Ohio is \$3.6 billion.
- While white males have the highest death rates from unintentional poisoning by pain killers, females represent the fastest growing risk group.
- Since 2007, more teenagers are using pain killers as recreational drugs than marijuana.

Cuyahoga County is one of the top five counties in Ohio for reported prescription drug overdoses. In order to increase efforts to combat this growing public health problem, the Cuyahoga County Prescription for Prevention Coalition was formed in June 2010 with a goal of decreasing the number of deaths due to misuse of prescription medications, and increasing awareness among those at highest risk. The Cuyahoga County Board of Health (CCBH) is an active member of this coalition, along with numerous other collaborative partners.




A related problem that may contribute to the risk outlined above is the disposal of unused prescription medications. Proper drug disposal is an emerging environmental issue and, as with any household waste, the disposal method chosen can directly impact the health and safety of the environment. One commonly recommended method of disposing of unwanted, unused, and expired medication is flushing it down the toilet or rinsing it down the drain. However, when medications are flushed or rinsed down the drain they end up at a wastewater treatment plant or in a homeowner's septic tank, which can lead to unintended consequences such as inadequate wastewater treatment and release of medication residue into the surrounding environment including streams, rivers and Lake Erie. Alternatively, many people simply leave unused medications in their cupboards or medicine cabinets which means they are available for misuse by teens or others seeking recreational drugs.


The CCBH is working with local partners to provide safe methods for disposal of unused medications, such as *Operation Medicine Cabinet*, which helped collect 11,000 pounds of unused medications in September 2010. Please visit [www.drugawarenessandprevention.com](http://www.drugawarenessandprevention.com) for more information about this program.

## Bed Bugs: What's Old is New Again

Many are familiar with the old adage...“good night, sleep tight, don't let the bed bugs bite”, but few are aware of the relevance this saying again has today. Bed bugs have made a big resurgence in the United States over the last several years, and public health officials and pest control operators find themselves responding to a significant increase in bed bug complaints. Although not known to transmit disease, bed bugs can and do cause a variety of physical and mental health concerns to those living with an infestation.



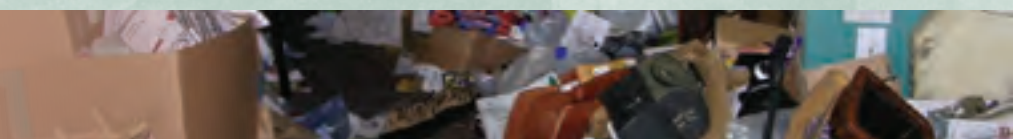
Infestations are currently being found in homes, apartments, office buildings, hospitals, college dorms, businesses and even movie theaters. In fact, the Centers for Disease Control and Prevention (CDC) and the U. S. Environmental Protection Agency (USEPA) have declared that the bed bug is now a “pest of significant public health



importance”! Cuyahoga County has not been immune to this problem, with the CCBH receiving hundreds of complaints during 2010 that resulted in education and outreach by our sanitarians. This surge in complaints alerted us to the need for property owner and general community education about this growing issue, which resulted in our collaboration with the Cleveland Department of Public Health and the Cleveland Museum of Natural History to host a Bed Bug Symposium at which over 400 people were in attendance.

Additional education is planned for 2011, including outreach to school districts since there is a potential for bed bugs to be brought into this environment from the home setting. The CCBH is also assisting with the creation of a Northeast Ohio Bed Bug Task Force to address associated issues in our region.

## Hoarding



Hoarding can be defined as the compulsive collection of items and the inability to discard them, which can then lead to cramped and unhealthy living conditions. Often compounding this problem is the over-collection of pets such as cats, dogs, or birds to the extent that the animals cannot be properly cared for, and unsanitary living conditions are created by the presence of urine and feces inside the home. The combined effect of this type of situation often becomes a general nuisance to neighbors and the community due to foul smells emanating from the affected home and accompanying overall lack of property maintenance.

Hoarding situations are often first discovered when a person becomes ill and requires home health care, when an emergency first-responder enters the home to deal with an emergency, when a utility company enters a home to deal with a problem or read a meter, or through a neighbor or family member lodging a

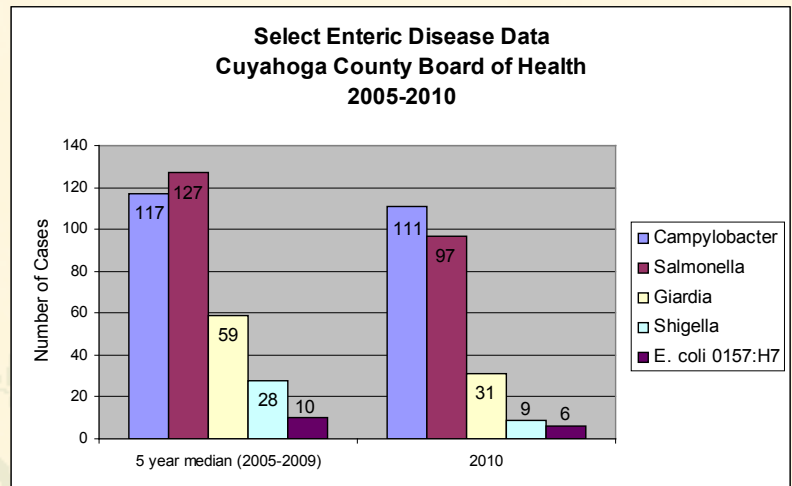
complaint. Reality television shows dealing with this issue have recently grown in popularity which may indicate an overall increase in the general population's awareness of this serious problem.

Recognizing the growing significance of this problem through increased hoarding nuisance complaints, the CCBH became a partner of the Cuyahoga County Hoarding Connection (CCHC). This group's mission is to provide support and advice, develop best practices, and assist in identifying needed resources for individuals who hoard and those who may be assisting them. The CCBH also works closely with community officials when a hoarding situation is identified in order to effectively address the problem while also remaining sensitive to an individual's personal and legal rights. For more information on the CCHC, visit the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County website at [www.adamhsc.org](http://www.adamhsc.org).

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# Communicable and Chronic Diseases in Cuyahoga County

The Cuyahoga County Public Health Collaborative (CCPHC), which includes the Cuyahoga County Board of Health, the City of Cleveland Department of Public Health, and Shaker Heights Health Department, publishes quarterly disease reports containing information on communicable diseases reported in Cuyahoga County. This year also saw the publication of the first annual disease report, containing a detailed description of communicable diseases reported in Cuyahoga County in 2009. The graph to the right is an illustration of the type of detailed information contained in this report. To access more data on communicable diseases, please visit our website at [www.ccbh.net](http://www.ccbh.net).



## Leading Causes of Death in Cuyahoga County

Many of the leading causes of death of residents in Cuyahoga County in 2008 (most recent data available) resulted from chronic diseases considered preventable by the CDC (see discussion on pg. 6). The following table lists in rank order the leading causes of death in Cuyahoga County in 2008.

**Table 1 Top Six Leading Cause of Death Among Cuyahoga County Residents (2008)**

	International Classification of Diseases (ICD)	Total Number of Deaths	Cuyahoga Rate <sup>a</sup>	State Rate <sup>a</sup>
1	Diseases of heart	4,014	234.2	206.9
2	Malignant neoplasms (i.e. cancers)	3,198	198.8	193.7
3	Chronic lower respiratory diseases	696	41.9	53.4
3	Cerebrovascular diseases (i.e. stroke)	662	38.3	44.6
5	Accidents (unintentional injuries)	481	33.2	42.2
6	Alzheimer's disease	452	24.3	31.5
	<b>Total Deaths All Causes</b>	<b>14,002</b>	<b>847.0</b>	<b>844.0</b>

<sup>a</sup>Age-Adjusted Rate per 100,000.

Source: Data were obtained from the Ohio Department of Health's Center for Public Health Statistics and Informatics

## H1N1 in Cuyahoga County

In the spring of 2010 the CCBH administered the last dose of vaccine in the historic H1N1 vaccination campaign. During this campaign CCBH held 191 clinics of varying sizes and vaccinated more than 41,000 persons (see Table 2). This monumental task was made possible with the help of over 1,000 community volunteers who worked tirelessly to assure the success of the large clinics that were held in several communities throughout the county.

**Table 2. CCBH H1N1 Vaccination Campaign Data**

Clinic Type	Number of Clinics Held	Number of Vaccinations Administered	% of Vaccinations Administered
Large Community Based Clinics November 15, 2009-January 31, 2010	14	23,429	57%
Small Clinics October 15, 2009 – April 9, 2010	60	7,554	18.4%
Day Care Based Clinics November 5, 2009 – February 25, 2010	34	1,279	3.1%
School Based Clinics November 11, 2009 – January 28, 2010	83	8,830	21.5%
<b>TOTAL</b>	<b>191</b>	<b>41,092</b>	<b>100%</b>

# Governance and Leadership

## District Advisory Council

The District Advisory Council (DAC) is comprised of mayors of the villages and townships of Cuyahoga County and the Cuyahoga County Executive. The DAC is mandated under section 3709.03 of the Ohio Revised Code to meet annually in March to authorize contracts between the Board of Health and the cities we serve, review and approve our annual report and appoint members to our Board of Health.

## District Licensing Council

The Cuyahoga County Health District Licensing Council (CCHDLC) was established under Ohio Revised Code 3709.41(A), which applies to most local health districts. The goal of the CCHDLC is to initiate, build and maintain a relationship between the regulated community and the CCBH and to address issues affecting the licensed community. This body also represents the regulated community in Board of Health deliberations by recommending a member to sit on the Board of Health.

Licensee	License Type	Business Activity
Charles T. Riehl, ESQ., Chair	Swimming Pools	Walter and Haverfield LLC
Gordon Adams	Manufactured Home Parks	Columbia Mobile Home Park
Joseph Bucci	Food Service Operations	Bucci's Restaurant
Gary Lucarelli	Food Service Catering	Sweetwater Restaurant Group
Rick Merhar	Marinas	Rocky River Marina
John Kurtz	Construction Demolition/ Debris	Kurtz Bros. Inc
Richard Zavoda	Solid Waste	ISG Cleveland, Inc
John Patten	Retail Food Establishment	Tops Corporation

## The Board of Health

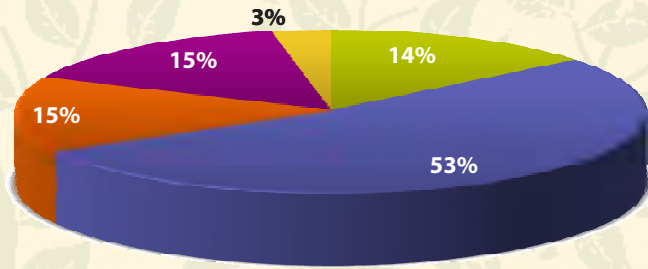
The Board of Health members are appointed to 5 year staggered terms by the DAC. The Board is comprised of five members, with one of those members appointed from the District Licensing Council, which also provides a Board alternate. The Health Commissioner, who serves as Secretary to the Board, is appointed by the Board, which also appoints the Medical Director. The Board of Health meets monthly to review and approve all fiscal, legal, program and planning operations of the department.



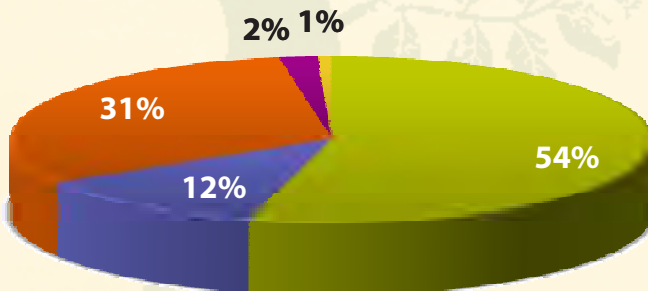
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# 2010 Financial Overview

Revenue	In Dollars	Pct
City Contracts	\$3,278,828	14%
Federal, State & Local Funds	12,079,896	53%
Licenses, Permits & Fees	3,417,715	15%
Charges for Services	3,521,109	15%
Other Receipts	703,160	3%
<b>Total Revenue</b>	<b>\$23,000,708</b>	<b>100%</b>



Expenditures	In Dollars	Pct
Personal Services	12,544,887	54%
Services & Charges	2,808,307	12%
Grants & Subcontracts for Services	7,220,256	31%
Supplies & Materials	457,442	2%
Capital Outlays	160,217	1%
<b>Total Expenditures</b>	<b>23,191,109</b>	<b>100%</b>

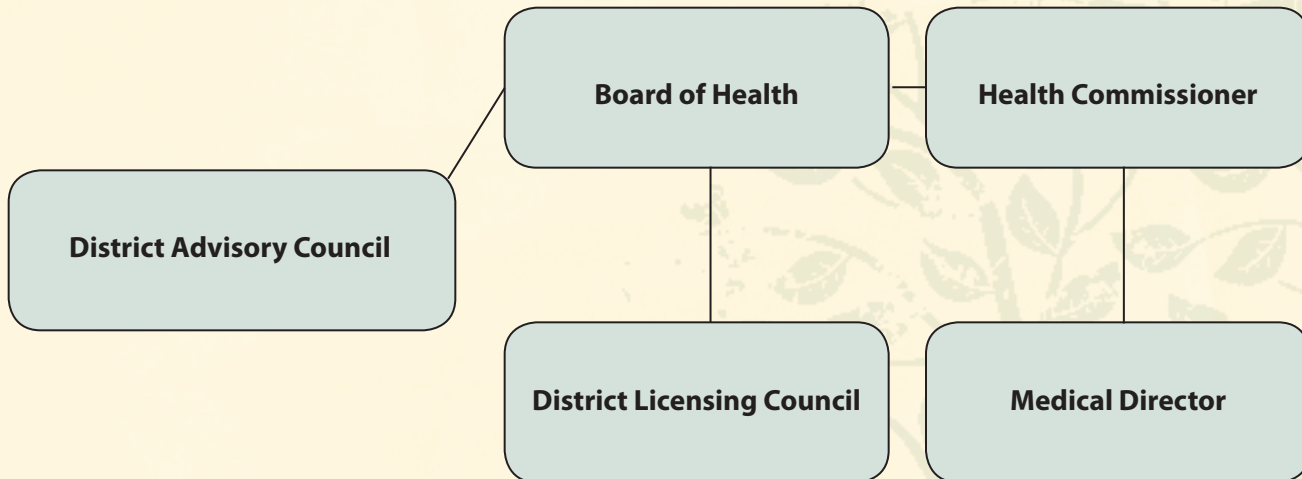


# CCBH Funders

- Aids Funding Collaborative
- Case Western Reserve University
- Center for Community Solutions
- Centers for Disease Control & Prevention
- City of Cleveland
- Department of Public Health
- Cleveland Foundation
- Community Endeavors Foundation, Inc
- Council for Economic Opportunities in Greater Cleveland
- Cuyahoga County
- Education Services Center of Cuyahoga County
- George Gund Foundation
- National Association of County and City Health Officials
- Northeast Ohio Affiliate of Susan G. Komen for the Cure
- Ohio Attorney General's Office
- Ohio Child Care Resource and Referral Association
- Ohio Department of Health
- Ohio Department of Natural Resources
- Ohio Environmental Protection Agency
- Saint Luke's Foundation
- Starting Point
- State of Ohio Department of Transportation
- U.S. Department of Housing and Urban Development
- U.S. Environmental Protection Agency
- Western Reserve Area Agency on Aging

# Snapshots

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.*

*Prevent Disease and Injury*

## Community Health Services

Breast & Cervical Cancer  
Screening & Treatment  
Child & Family Health Services  
Child Fatality Review  
Creating Healthy Communities

Dental OPTIONS  
Healthy Homes Program  
Lead-based Paint Hazard Control  
National Children's Study

Nutrition Services for Children  
with Special Health Care Needs  
Senior Safety Project  
Teen Pregnancy Prevention Program

## Environmental Public Health Services

Aging Initiatives  
Matter of Balance Program  
Bathing Beach Monitoring  
Consumer Products Safety  
& Recall Tracking  
Emergency Preparedness & Response  
Food Service Licensing & Inspection  
Health Education and Training

Healthy Homes Program  
Lead Hazard Risk Assessments  
Manufactured Home Parks Inspections  
Marina Inspections  
Mosquito & Rodent Control  
Nuisance Abatement

Phase II Storm Water Assessments  
Private Water Systems Sampling  
Rabies/Zoonotic Diseases  
Solid Waste & Wastewater Site  
Inspection & Hazards Assessment  
Tattoos & Body Piercing  
Licensing & Inspections

## Nursing Services

Adult & Child Immunizations  
Bureau for Children  
with Medical Handicaps (BCMH)  
CPR and Health Education Classes  
Family Planning Clinic  
Fatherhood Programs

Healthy Child Care Ohio  
Help Me Grow  
HIV Testing  
Immunization Action Plan Grant  
Lead Poisoning Case Management

Newborn Home Visiting  
School Health Services  
Special Needs Child Care Training  
Travel Immunization Clinic

## Epidemiology Surveillance & Informatics

All Hazards Emergency Planning  
Cancer Cluster Investigation  
Data Analysis & Evaluation  
Data Collection & Management

Disease Investigation  
Informatics  
Network Administration  
Outbreak investigation

Preparedness  
Research Administration  
Study Design  
Surveillance

## Administration

Legal Counsel  
Fiscal Oversight  
Grants Management

Public Reception  
Strategic Planning  
Human Resources

Information Technology  
Marketing  
Quality Improvement

*Prevent Disease and Injury*

*Promote Positive Health Outcomes*

*Provide Critical Health Services*

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

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



### **Cuyahoga County Board of Health**

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