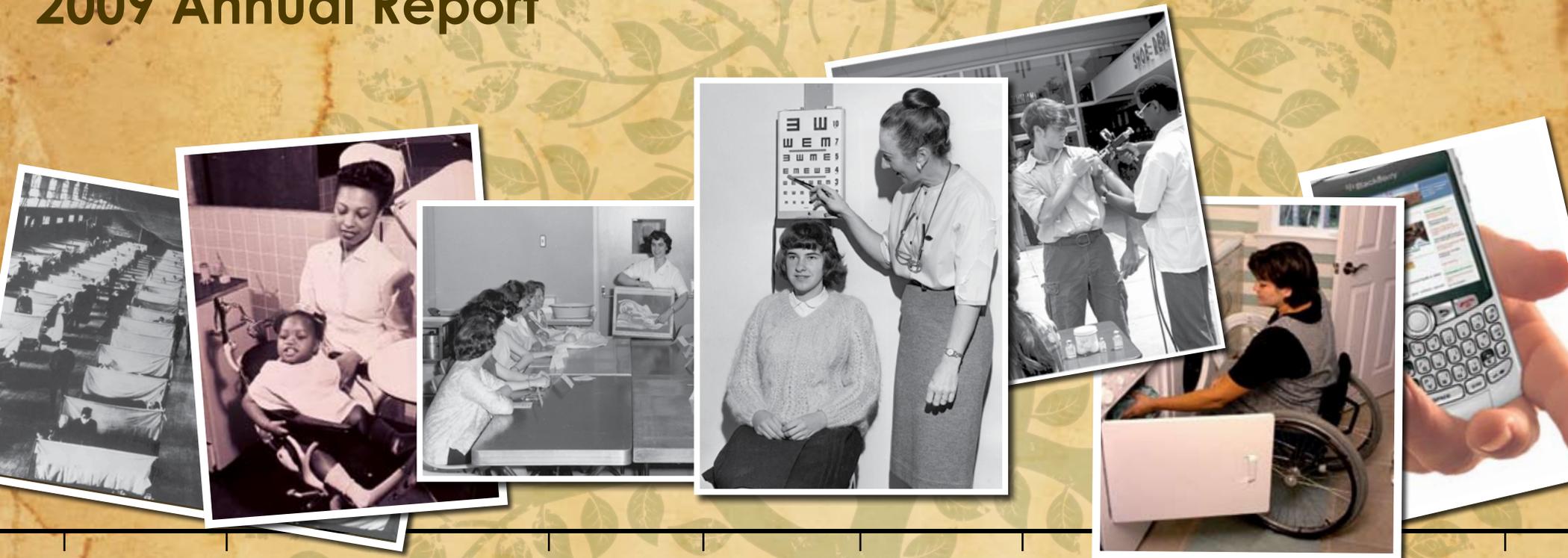


Cuyahoga County Board of Health 2009 Annual Report



1919

1929

1939

1949

1959

1969

1979

1989

1999

2009

PREVENT disease and injury **PROMOTE** positive health outcomes and
PROVIDE critical services to improve the health status of the community



Public Health

Northwest Ohio Public Health Partnership



PREVENT - PROMOTE - PROVIDE

90th Anniversary
www.ccbh.net

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MEMBERS OF THE BOARD

(Left to Right) Terry Allan, R.S., M.P.H., Secretary & Health Commissioner
Charles T. Riehl, Esq.; David G. Litaker, M.D., Ph.D., President;
James T. Gatt; Debbie L. Moss, Esq.; Ye-Fan Glavin, PhD.

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.

A MESSAGE FROM THE CUYAHOGA COUNTY BOARD OF HEALTH

2009 marked the 90th Anniversary of the Cuyahoga County Board of Health, which calls for a moment of reflection on the achievements of public health over the last century that changed the course of history and substantially improved the lives of all Americans.

Since 1900, the average lifespan of persons in the United States has lengthened by greater than 30 years; 25 years of this gain are attributable to advances in public health.

Here are a few of these successes:

- Control of infectious diseases through vaccines
- Improved sanitation
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

As a tribute to our 90th Anniversary, we will share more details on the profound impact of these and other achievements in the pages of this report, alongside information about our accomplishments and challenges in 2009.

Among the challenges was the national call for local health departments to play an integral role in responding to H1N1 influenza. When our time came, we knew what to do and we knew how to do it. We dispensed vaccine in our schools and daycares and to the developmentally disabled population. We served our first responders, the chronically ill, pregnant women and caregivers of

infants. We acted as brokers in our health districts to assure the vaccine load and types of doses were properly balanced among providers to serve clients in a timely manner. We activated plans to reach large numbers of people in mass vaccination clinics over short time periods and took responsibility for replenishing antivirals and other assets for providers to meet public health needs.

This type of mobilization would not have been possible without the incredible support we received from our community partners in cities, villages and townships throughout Cuyahoga County and the multitude of volunteers that staffed the many H1N1 clinics that were held. The level of professionalism and unwavering commitment to civic responsibility shown by all involved was truly impressive. Editorials in local newspapers, emails, weblogs and phone calls from the public expressed their gratitude for our service. Some of these are shared with you throughout this report.

Many of the people expressing their opinions didn't know much about public health before, but all of them know us now.

While all of this was happening, the nation was dealing with the financial fallout from the deepest recession since the Great Depression of the 1930's. While CCBH was not spared from this national crisis, we prepared for the unknown impact of funding reductions on our operating budget resulting from cuts by the Ohio Department of Health and other local and national funders. We were also well aware that the communities in our health district were facing these same issues head-on.

Concurrently, the federal stimulus funding designed to combat the recession presented multiple opportunities for CCBH to address unmet needs and gaps in service and leverage new funding for important initiatives. Taking advantage of these opportunities required agency staff to be nimble and committed to meeting aggressive deadlines and rallying partners to get the job done.

"Fixing the Roof While the Sun is Shining"

Many may be familiar with this metaphor used by President John F. Kennedy. It extols the value of foresight in making the necessary strategic investments and organizational adjustments in anticipation of future changes. We began the process of "fixing our roof" at a strategic planning retreat involving our Board members and management team last September. The central challenge identified for moving forward in 2010 was to "Create a 21st Century Local Public Health Model that Achieves Measurable Impact on Changing Community Needs". An organizational strategic map was developed to achieve this ambitious goal. We are committed to pursuing novel approaches in addressing difficult issues such as health inequalities and unacceptable disparities in life expectancy across communities. We are also committed to assuring that the public health implications of climate change and land use and resource management are well understood by our communities. In looking ahead to our 100th anniversary, our goal is to paint with bold strokes over the next decade to achieve the highest level of health and well-being possible for the citizens we serve.

10 GREATEST PUBLIC HEALTH ACHIEVEMENTS 1900 – 1999

1. Vaccination
2. Motor-vehicle safety
3. Safer workplaces
4. Control of infectious diseases
5. Decline in deaths from coronary heart disease and stroke
6. Safer and healthier foods
7. Healthier mothers and babies
8. Family planning
9. Fluoridation of drinking water
10. Recognition of tobacco use as a health hazard

CCBH Creation and H1N1



THEN: The influenza pandemic of 1918-1919 killed more people than World War I, at somewhere between 20 and 40 million people. It is considered by many to be the most devastating epidemic in history, killing more people in a single year than during the entire four years of the Black Death Bubonic Plague (1347-1351).

On 12/30/09 I brought my sister for her scheduled H1N1 vaccine. The personnel involved that day went to great extremes to accommodate us due to my sister's use of oxygen. Not only did a nurse come out to our vehicle to administer the vaccine, she also gave me a vaccine immediately afterward so my sister wouldn't have to sit in the car waiting for me to go through the clinic. I did not get the names of the individuals involved, but saw so many acts of kindness that day, not only for our situation but for all the many people who came to get their flu shots. The welcoming personnel, nurses and other members of the staff were fantastic and are to be commended for their warmth and caring attitude. --Loretta Mlady

It was shortly after this pandemic that the Cuyahoga County District Board of Health (CCBH) was created under the Hughes-Griswold Act of 1919. Passage of this legislation established a system of local health districts required to employ a full-time health commissioner, with at least one nurse and one clerk. The legislation also required each health district to establish a board, of which the commissioner acted as the administrative and executive agent.

NOW: The Cuyahoga County Board of Health is a thriving public health agency with over 200 employees dedicated to protecting the citizens of Cuyahoga County through prevention of disease and injury, promotion of positive health outcomes and provision of critical health services.

It is ironic that during the 90th anniversary year of our creation we were again faced with combating an influenza pandemic caused by an H1N1 influenza virus similar to but less virulent than the H1N1 strain that caused the 1918-1919 pandemic. While some of the prevention techniques used during both pandemics are very similar, such as the importance of hand-washing, social distancing, and isolation of sick individuals, we now have tools for prevention not historically available such as the capacity for mass vaccination and use of electronic technology for tracking numbers of ill individuals, hospitalizations, deaths, etc.

12/18/09 Plain Dealer "Cheers & Jeers" Section
 Cheers...to the Cuyahoga County Board of Health and to the doctors, nurses, paramedics, and crowd-control volunteers who saw to it that 2,504 people in Brecksville, 2,463 in Lakewood and 2,384 in Mayfield were vaccinated against the H1N1 virus – all in a single day. The well run event showed that the county's emergency mobilization plan works. - The Plain Dealer

I brought my daughter to your clinic where she received both the H1N1 and regular flu immunizations. I have to comment on how organized the program was. We were greeted at the front door, instructed by several staff on exactly where to go and what to do. From the time we arrived until we were headed home was not more than 20 minutes. What really stood out was how friendly and happy each person was that we came in contact with. As we were walking out the door my daughter turned to me and said "those people must really enjoy what they are doing". --Dan Teel

This most recent strain of H1N1 virus first emerged in spring of 2009 and spread throughout the United States and many parts of the globe by early summer, at which point the Centers for Disease Control and Prevention (CDC) led efforts to produce vaccine to protect the public against this new threat.

In October a limited quantity of the new vaccine became available to protect those at highest risk of complications from the H1N1 flu. In response, the CCBH coordinated efforts to vaccinate pregnant women, children and staff at day care centers, children and staff in school settings and students and staff at local colleges

and universities. As vaccine supplies increased, coordination efforts expanded into the business and faith-based communities as well as to county service agencies.

The H1N1 pandemic also provided us with the opportunity to put into practice the emergency preparedness planning that has been ongoing since 2001. We were able to hold large scale vaccination clinics in collaboration with several communities throughout the county that have diligently worked on developing emergency response plans and establishing Community Emergency Response Teams (CERTs). By the end of 2009, CCBH supported nearly 100 clinics in a ten week period and administered over 35,000 doses of H1N1 vaccine, which is double the number of doses of seasonal flu vaccine typically administered during an entire flu season.

1920s diphtheria; pertussis; tuberculosis

1930s yellow fever; typhus

1940s 1st flu vaccine

1950s polio; Japanese encephalitis; anthrax

1960s oral polio; measles; mumps

1970s rubella; pneumonia; meningitis

1980s hepatitis B; HiB; chicken pox

1990s hepatitis A; Lyme disease; rotavirus

2000s nasal flu vaccine; HPV; H1N1

Impact of Vaccines in the 20th and 21st Centuries			
Disease	20th Century Annual Morbidity	2007 Total	% Decrease
Smallpox	48,164	0	100
Diphtheria	175,885	0	100
Pertussis	147,271	10,454	93
Tetnus	1,314	28	98
Polio (paralytic)	16,316	0	100
Measles	503,282	43	>99.9
Mumps	152,209	800	99.5
Rubella	47,745	12	>99.9
Congenital rubella	823	0	100
Haemophilus Influenza (<5 years)	20,000 (est)	202 (serotype B or unknown serotype)	99

Sources:

1. CDC. Impact of vaccines universally recommended for children - United States. 1900 - 1998. MMWR 1999;48(12):243-8
2. CDC. Notice to Readers: Final 2007 Reports of Notifiable Diseases. MMWR 2008;57(33):903-13

Vaccinations Then and Now

THEN: In 1919 infectious diseases were still widely prevalent in the U.S. and there were few effective treatments or measures to prevent

one of the greatest achievements of biomedical science.



them. The first effective vaccinations were developed in the 1920s against traditional child killers such as diphtheria and pertussis (whooping cough) and the more universal killer tuberculosis. Over the remainder of the 20th century many additional vaccines were developed, leading to dramatic declines in morbidity and mortality from infectious illnesses. It is widely agreed throughout the medical and public health arenas that vaccines are certainly

NOW: While vaccine-preventable diseases have greatly declined in the developed world over the past 90 years, such diseases are still widespread in developing countries. In recognition of the upward trend in global travel seen in recent years, CCBH opened a travel clinic at our Parma location in 2006. Services available in the travel clinic include a thorough review of the travel plan by experienced

medical personnel, administration of necessary and recommended vaccines and prescriptions for medications to help prevent illness while traveling.

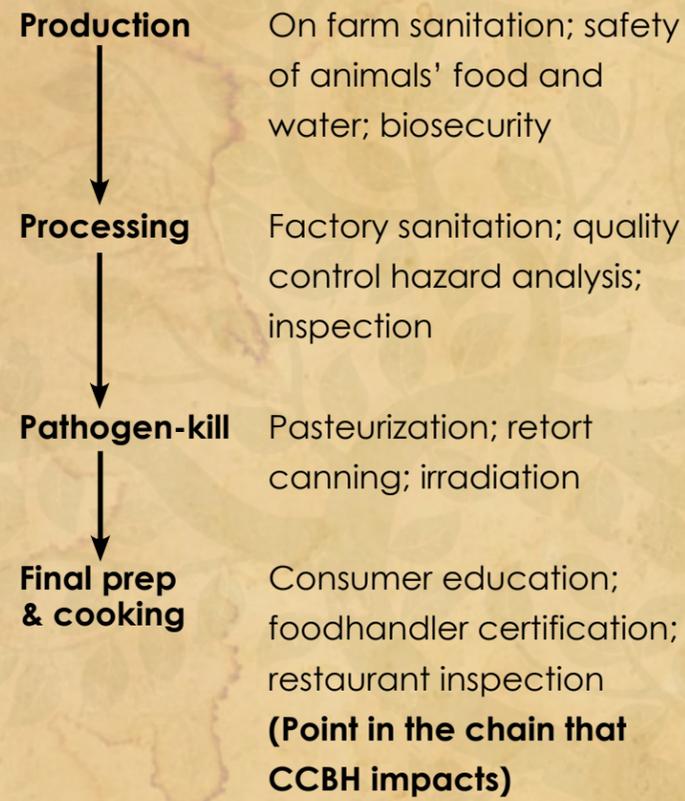
Individual and group education is provided regarding risk factors for health problems while traveling, review of medical and emergency needs that may arise and required versus recommended vaccines.

In 2009 the number of clients utilizing our travel clinic was more than double the number seen in 2006.

Additionally, in 2009 we provided clients with over 400 prescriptions for travel medications and administered almost 900 vaccines.



THE CHAIN OF FOOD PRODUCTION AND FOODBORNE DISEASE PREVENTION (FDA Guidelines)



Food Safety

THEN: During the early part of the 20th century it was already well recognized that a safe food supply resulted in a healthier population. In an article written in 1918 about food inspection in relation to public health, which appeared in an early version of the American Journal of Public Health (Vol. 69, No. 2), it was stated that this relationship was best demonstrated by the reduction of the frequency and extent of milk-borne outbreaks of typhoid fever, scarlet fever and diphtheria after the efficient pasteurization of the milk supply. However, this article also cited the ongoing public health problem of food being infected by "excreta", which had not yet been solved by routine sanitary inspections of food establishments.

NOW: The public health system continues to be tasked with assuring a safe food supply to prevent illness and widespread disease outbreaks and is still grappling with some of the same issues faced by the system 90 years ago. Foodborne infections continue to cause over 75 million cases of illness in the U.S. every year, with E. coli 0157:H7, Campylobacter, Listeria, and Toxoplasmosis causing the most severe illness. Evidence has shown that educating

food preparers in restaurants and home kitchens can have a positive impact on food safety and decrease the incidence of foodborne illnesses. The Food Protection Unit within CCBH incorporates a proactive educational approach to food safety while conducting inspections. This approach allows us to develop a working relationship with food establishment operators, who in turn learn to understand the health impact the operation of their establishment can have on the larger community. An additional component of this proactive approach is the "Be Food Safe" award which was created to highlight food establishments using the highest quality food-handling practices. Of approximately 5,000 food locations in our health jurisdiction, almost 200 are participating in the "Be Food Safe" program. Qualifying for a "Be Food Safe" award requires two years of inspections with no critical violations, use of an effective temperature control procedure and scheduling of at least one staff member that has received food safety education per shift. All designated "Be Food Safe" establishments are featured on a map that is housed on our web site for easy access by our constituents.

Water Sanitation

THEN: In 1876 sanitarians across the country recognized and argued that pure water, a sanitary environment, pure air and pure food were prerequisites for good health. The availability of pure and potable drinking water was maybe the most important aspect of that argument given that throughout history urban populations had suffered from frequent and widespread outbreaks of water-borne diseases such as cholera and typhoid fever. Formalized efforts to assure pure drinking water in Cleveland began in the mid-19th century with construction of its first public water system in 1856, followed by chlorination of the water supply in 1911 and filtration in 1917. With each improvement to the drinking water supply, there was a notable decrease in the incidence of water-borne diseases, until outbreaks of these types of diseases virtually disappeared after the filtration and chlorination system was completed in 1925.

The other aspect of assuring pure and potable drinking water is having a well-engineered sewage and waste-water treatment system, which did not occur in Greater Cleveland until the late 19th century. As late as 1914 there were upwards of 50 separate sewage lines dumping millions of gallons of raw sewage into the Cuyahoga River and Lake Erie. In response, three sewage treatment plants were built and

opened in the 1920s on the east, west and south sides of the county. However, further improvements in water quality were limited until passage of federal pollution control and water quality laws in the 1960s. An outcome of this legislation was the formation of the Cleveland Regional Sewer District in 1972.



NOW: In addition to maintaining programs that address traditional water sanitation needs, non-traditional public health risks have begun to emerge in recent years requiring us to develop new and innovative approaches to address these risks. Problems with surface water degradation are being addressed through our watershed management, storm water and beach monitoring programs and will also

include three distinct stream restoration projects. We also continue to provide storm water services to 46 communities and hope to begin studying bacterial "hot-spot" inputs into Porter Creek that influence the water quality at Huntington Beach. CCBH's leadership in the EPA's National Pollutant Discharge Elimination System Phase II Storm Water Program continues to enable us to provide valuable water quality data to our communities, as well as educating citizens, elected officials and community workers on ways to minimize the storm water footprint from their individual and collective actions.

Another recent non-traditional risk that is garnering increased levels of attention is the public health impact of climate change. In coming years, Northeast Ohio is predicted to experience an increase in acute precipitation events that will negatively impact the water quality and overall "health" of Lake Erie. In anticipation of this phenomena CCBH is establishing partnerships with other organizations and agencies to develop climate change adaptation strategies aimed at dealing with lower lake levels, poorer water quality and potential economic losses within our shipping, recreational and fishing industries. CCBH is strongly committed to playing a leadership role and remaining integrally involved in all aspects of the sustainability and climate change movement in Northeast Ohio.

MCH Programs



THEN: In the early 1900s approximately six to nine women in the U.S. died of pregnancy and birth-related complications for every 1,000 live births. Most births occurred at home and were attended by midwives or general practitioners. Many deliveries, including some surgical interventions, were performed without use of aseptic techniques resulting in infection, commonly known as “childbirth fever”, that often proved fatal. During that same time, almost 100 infants per 1,000 live births died before their first birthday. Since then better hygiene and nutrition, availability of

antibiotics, greater access to prenatal care and technical advances in maternal and neonatal medicine have resulted in a decline in the infant mortality rate (IMR) of greater than 90% and in the maternal mortality rate of almost 99%, which is unparalleled by any other mortality reduction during the same time period.

NOW: Despite the dramatic decline in infant and maternal mortality rates described above, the infant mortality rate in Cuyahoga County remains above the federal Healthy People 2010 recommended goal. CCBH administers and/or participates in several programs aimed at reducing the IMR and improving overall pregnancy and birth outcomes, two of which are described here.

CCBH Nursing Services is contracted by **Help Me Grow** of Cuyahoga County to provide home visiting services to mothers and their babies beginning prenatally and continuing through the third year of life.

During the home visits the public health nurse assesses the child’s health and development, as well as safety of the home environment and provides the parent(s) with the necessary information, support and encouragement to help their child thrive and develop. CCBH nurses work mainly with families of children with identified developmental delays and/or disabilities and serve as a critical referral resource, linking families with necessary programs and services to help ensure the child reaches his/her full potential during the early years of life. In 2009, CCBH nurses served 205 families in this important program.

CCBH administers the **Cuyahoga County Child Fatality Review (CFR) Program** which is funded by the Board of County Commissioners. This program collects information on every child death in the county, a subset of which is then

reviewed on a monthly basis by a formal case review committee. During the case review process risk factors are identified and recommendations for prevention are made.

One such frequently made prevention recommendation is to increase community awareness of safe infant sleep practices in order to decrease the number of infants exposed to hazards in their sleep environment, such as loose fluffy bedding and pillows, which

may lead to suffocation. In response to this recommendation the CCBH nurse who administers the program developed a safe infant sleep educational program that includes use of a portable crib and doll to allow for interactive learning, and has been presented county-wide to parents, families, grandparents, healthcare providers, etc. In 2009, this safe sleep educational program was presented at 10 community events reaching over 500 people and at 6 area hospitals reaching 75 medical personnel.



Family Planning Timeline

- 1912** Modern birth-control movement begins
- 1916** First family planning clinic opened in Brooklyn, N.Y.
- 1920s** Court challenges result in precedent allowing physicians to provide Family Planning services.
- 1930s** Some state health departments and public hospitals begin providing Family Planning services
- 1960s** Birth-control pills and IUDs become available
- 1965** Supreme Court strikes down state laws prohibiting contraceptive use by married couples
- 1970** Title X Family Planning funding established
- 1972** Medicaid funding for Family Planning services authorized
- 1980s** Contraceptive sterilization becomes most widely used method in the U.S.
- 1990s** Long-acting hormonal contraception becomes available

Family Planning and Women's Health

THEN: In 1919, the year CCBH was established, women in the U.S. didn't yet have the right to vote let alone the right to determine when and how often to become pregnant. The modern birth-control movement began in the U.S. in 1912, and the first family planning clinic was opened by public health nurse Margaret Sanger in Brooklyn, N.Y. in 1916. However, police closed the clinic within 10 days of its opening and Sanger was arrested. Ensuing court challenges and the resulting precedent made it possible for physicians to begin providing family planning services to their female patients beginning in the 1920s. Family planning services didn't really become a primary area of public health programming until establishment of federal **Title X** funding in 1970, which was further strengthened by authorization to use Medicaid funds for family planning services in 1972.

NOW: While much of the focus of family planning services has traditionally centered on women and teen girls, since 2006 CCBH has delivered programming aimed at preventing premature fatherhood. This programming is

funded by the Board of County Commissioners and targets teen males aged 11 to 19, with the goal of reducing the incidence of unintended pregnancies, sexually transmitted diseases and HIV, through the use of evidence-based programming and culturally specific strategies. Surveys have shown that young men know less than young women about the risk of pregnancy, STD/HIV prevention and birth control methods. Concepts covered in the Prevent Premature Fatherhood program include: benefits of waiting to become a father; STD/HIV and pregnancy prevention; healthy and respectful dating relationships; refusal skills related to coercion issues and peer pressure; legal issues for young unwed fathers and their parents; influence of media and the hip-hop culture on what it means to be a man; challenging traditional gender views of men; and where to go for help/services as a young male. Since 2006 over 7,000 young men, parents and community members have participated in this program, with 2,573 participating in 2009.

Then: In the early part of the 20th century breast cancer was a very different disease than it is today. In the early 1900s when a woman detected a lump in her breast it was seen as an automatic death sentence, and by the time she went to a doctor the tumor had likely grown to the point that it took up a large portion of the breast and little could be done in the way of treatment. Early breast cancer prevention efforts actually began with the founding of the American Cancer Society in 1913 through its messaging to women to see a doctor right away if they saw or felt anything growing in their breast.

Now: Early detection of breast cancer has now become the standard of medical care through the use of screening mammography. However, access to this potentially life-saving medical technology is not universal, with thousands of uninsured women unable to afford the high cost procedure without some type of financial assistance. CCBH has been able to address this gap in service for more than a decade through the Breast & Cervical Cancer Prevention Program (BCCP) which is funded by the Ohio Dept. of Health and receives supplemental funding through the Susan G. Komen for the Cure Northeast Ohio Affiliate. The BCCP program at CCBH serves women living in a seven county region in Northeast Ohio and has partnered with over 100 medical providers throughout this region

to provide screening mammograms and pap tests to eligible women at no cost to them. An additional critical benefit of this program is our ability to enroll women who are diagnosed with cancer in the BCCP Medicaid program which then pays for treatment services until they are completed. In 2009 the CCBH BCCP program provided breast and cervical cancer screening services to more than 2,000 women in Northeast Ohio.



Tobacco

THEN: With continued growth of cigarette smoking in the early 20th century, the first articles addressing the health effects of smoking began to appear. In 1930, researchers in Cologne, Germany made a statistical correlation between cancer and smoking. By 1940, it was reported that smokers did not live as long as non-smokers, and in the mid-1940s the American Cancer Society began to warn about the possible ill effects of smoking. In 1952, Reader's Digest published an article on the dangers of smoking followed by similar articles in other periodicals which caused the smoking public to take notice and lead to decreased cigarette sales for the first time in over 20 years. The tobacco industry's response was to introduce filtered and low-tar cigarettes for a "healthier" smoke which, in turn, lead to increased sales and use. During the 1960s the Surgeon General's Report concluded there was a causal link between smoking and lung cancer, resulting in warning labels on all packages of cigarettes. Further blows to the tobacco industry came in the early 1970s when all broadcast advertising was banned, and then again when smoking on all interstate buses and domestic air flights was banned. The Master Tobacco Settlement of 1998

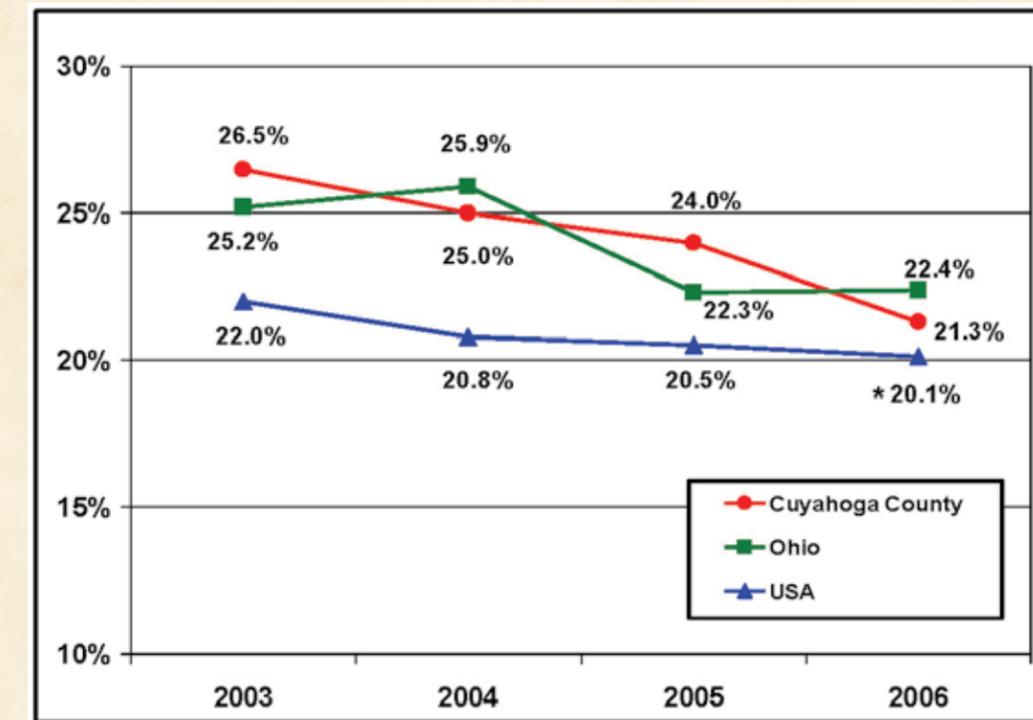
led to curtailment of certain tobacco marketing practices and also to the development of the anti-smoking advocacy group the American Legacy Foundation. The combined effects of these public health interventions and campaigns resulted in decreased prevalence of smoking among adults and the prevention of millions of smoking-related deaths.



NOW: In 2006, 2.2 million Ohioans made their voices heard by passing the **Smoke Free Workplace Act**, making Ohio the 12th state to protect workers and the public from exposure to secondhand smoke in work- and public places. The law took effect December 7, 2006 and enforcement began in May 2007. This landmark decision ensured that all Ohioans would be protected from the serious health hazards of secondhand smoke exposure

by the force of law. National studies show a reduction in hospital admission rates involving cardiovascular disease as smoking bans are implemented, which translates into significant healthcare cost savings as well as saving lives. Since the law's inception CCBH has been responsible for local enforcement and recently took over responsibility for enforcement in Geauga and Portage counties. To date CCBH has conducted over 2,000 investigations into smoking complaints. However, these investigations have resulted in only 30 fines which is consistent with national compliance rates of 98% in states that have smoking bans. A state-wide survey conducted two years after passage of the law indicated that nearly seven of ten voters approved of Ohio's smoke-free law. In fact, these survey results revealed that across party and gender lines more voters supported the law after it was in effect than actually voted for the law's initial passage. Despite the positive results from passage of this landmark legislation in Ohio, prevention efforts especially targeting youth remain ongoing and will need sustained funding over time to have any kind of lasting effect.

County, State and National Trends in Cigarette Smoking



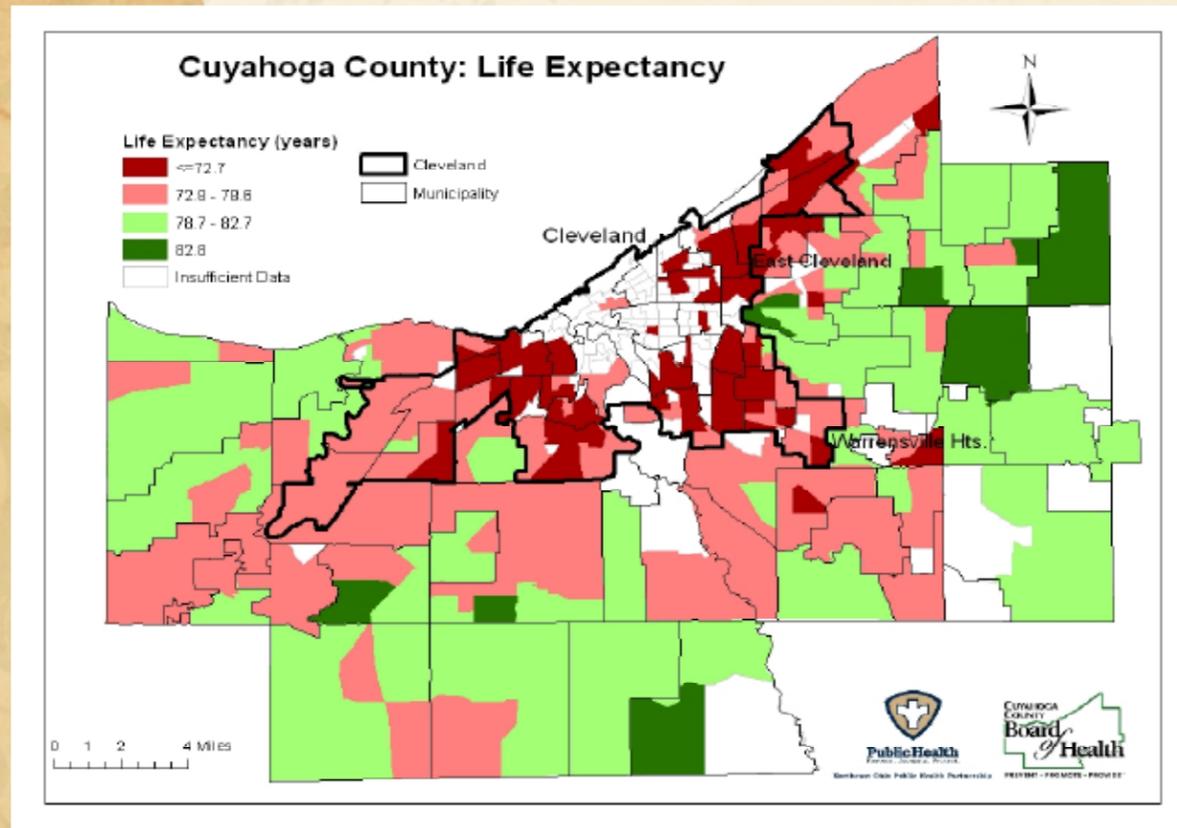
Source: Center for Health Promotion Research at Case Western Reserve University



On January 11, 1964, 200 reporters listen in a locked State Department auditorium to a briefing by the Surgeon General and other experts on the report titled "Smoking and Health". The extra security measures were deemed necessary due to the nature of the report's bold and closely guarded verdict on smoking. (source: Tobacco.org)

UNNATURAL CAUSES (unnaturalcauses.org) is the acclaimed documentary series broadcast by PBS and now used by thousands of organizations and agencies around the country to understand and begin addressing the root causes of our alarming socio-economic and racial inequities in health.

The four-hour series highlights a cross-section of the nation and reveals startling findings that suggest there is much more to our state of health than personal bad habits, lack of adequate health care, or genetic predispositions. The social circumstances in which we are born, live, and work can actually get under our skin and disrupt our physiology as much as germs and viruses.



VS data obtained from: The Ohio Dept. of Health
 Life expectancy data calculate by: CCBH and the Alameda County Public Health Dept. (CA)

Health, Wealth and Life Expectancy in Cuyahoga County

Cuyahoga County is experiencing a trend of escalating chronic disease rates associated with obesity, overweight, sedentary lifestyle and tobacco use. According to the most recent available vital statistics data from 2004-2006, chronic diseases including heart disease, cancer and stroke are the leading causes of death in our county at 60% of all deaths. Minority and ethnic communities suffer disproportionately from these chronic diseases, leading to health disparities in these disadvantaged communities.

A recent analysis of life expectancy data from 2000 conducted by CCBH clearly demonstrated these trends in disparities. The data revealed dramatic differences in life expectancy between those that live the longest in Cuyahoga County and those whose lives were the shortest. Poor minority communities have disproportionately lower life expectancy than majority white communities. The most striking finding from this analysis illustrates that life expectancy can dramatically change across very short distances.

The unfortunate but clear message from our analysis is that where you live profoundly impacts your health, your wealth, your quality of life and how long you will live. This should not be the case in 21st century America.

As we begin to strategically address these disparities related to morbidity and mortality, we are drawing from evidence-based approaches used in other areas of the country. One such approach is the model being used in Alameda County, California that is proving successful through utilization of a sustainable approach to eliminating health inequities by designing and implementing intensive, multi-sector "place-based" interventions. These interventions are specifically designed to identify existing assets and build social, political and economic power among a critical mass of community residents in historically under-resourced communities.

As part of this approach, we are promoting construction of playgrounds for children to

increase physical activity, cultivation of community gardens and access to fresh fruits and vegetables via corner stores and revitalized farm markets. We are facilitating dialogue to advance the use of health impact assessment data in community development projects and supporting the formation of community groups as a platform for promoting change.

The CCBH is also a partner in a ground-breaking national initiative called **Place Matters**, led by the Joint Center for Political and Economic Studies at the Health Policy Institute. Through this initiative, CCBH is working to improve the health of communities by addressing social conditions through policy and/or systems change. CCBH and other **Place Matters** team members are currently in the process of examining access to health care as a social issue and assessing the relationship between health, social inequities and land use with an overall goal of improving health outcomes and preventing premature death.

Public Health's Role in Creating Healthy Communities

The fundamental conditions and resources for health are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. (World Health Organization, 1986)

Health is the bridge that connects community health issues related to environmental quality, ecology, sustainability, physical activity, food access and economic and social well-being. Where we live can determine whether these factors will have a positive or negative impact on our health. Residents of low-income communities often deal with compounding disadvantages leading to neighborhood disinvestment and poor health outcomes.

Public health can play a critical role in addressing the root causes of poor health by establishing comprehensive strategies to improving health and contributing to the sustainability of the communities they serve.

CCBH has embarked on a strategic planning process through which we are linking internal programs, building staffing capacity, identifying partnership opportunities and engaging the community to address the social, economic, ecological and environmental processes that impact the health of our communities.

New efforts are in place to effectively manage our storm water and build on the community's commitment to protecting the ecology of Lake Erie. In the wake of the foreclosure crisis, a productive dialogue on the public health implications of decisions around housing stock, community planning,

brownfield redevelopment and functional land use is emerging. A growing local food economy and strategies to make fresh fruits and vegetables available to everyone in Greater Cleveland are under development.

These initiatives, combined with efforts to establish meaningful quality of life indicators and to advance equity in life expectancy, have sparked local discussions around the clear link between health, equity and sustainability. If you turn to the web, Wikipedia offers an interesting definition of sustainability. It is described as "...the capacity to endure. In ecology, the word describes how biological systems remain diverse and productive over time. "

For humans it is the potential for long-term maintenance of wellbeing, which in turn depends on the wellbeing of the natural world and the responsible use of natural resources. In practical terms, sustainability describes the interface between what

has been referred to as the triple bottom line: People, Profit and Planet. It is a means for measuring the success of society from an economic, ecological and social perspective.

Over the next several years, CCBH will actively work with community partners in refining our role and the needs of our communities to capitalize on the sustainability movement. We will develop the strategic vision for our agency and establish priorities essential to creating the conditions in which all of us can be healthy.



Building a Culture of Quality Improvement in Public Health

Accreditation of state and local health departments is an integral component in a national movement to build a culture of quality improvement in America's governmental public health system. A major focus of accreditation is improving performance by assisting local public health departments in conducting a baseline assessment of their overall capacity and guiding them to improve health outcomes. Over the last year, the CCBH has partnered with the Cleveland Department of Public Health and the Shaker Heights Health Department in a collaborative effort to assess the public health system and to identify ways to improve the health status of our citizens.

The three health departments, collectively referred to as the *Cuyahoga County Public Health Collaborative*, are sponsoring a series of sessions to gather the thoughts of community experts and the general public. The goal of this process, which utilizes the *Mobilizing for Action Through Planning and Partnership (MAPP)* tool from the National Association of County and City Health Officials (NACCHO), is designed to assist local health departments with the community assessment process in building a comprehensive community health improvement plan. The first meeting was held September 24, 2009, with over 80 community partners from government, non-profits, foundations, hospitals and academia assisting in the completion of CDC's National Public Health Performance Standards, a local community assessment tool. This tool allows

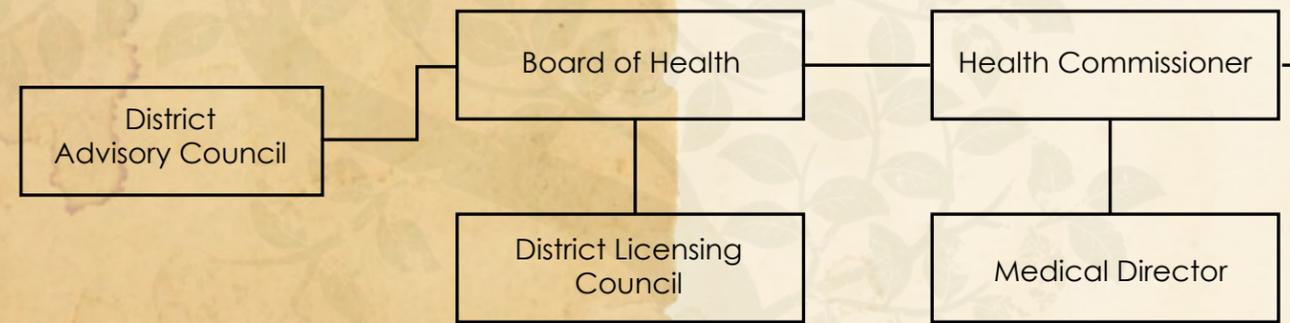
the public health system to rate itself against standards identified by three core functions of public health: assessment, assurance and policy development.

During the second phase of the process, held on January 25, 2010, stakeholders identified the key components to a community mission and vision statement and shared their opinions about the most pressing public health concerns in Greater Cleveland. In the coming months, we will gather input from the general public and convene a Steering Committee to use all of the information we received in building our community health improvement plan. All of these important activities will leave us well positioned to seek national accreditation in 2011.

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.



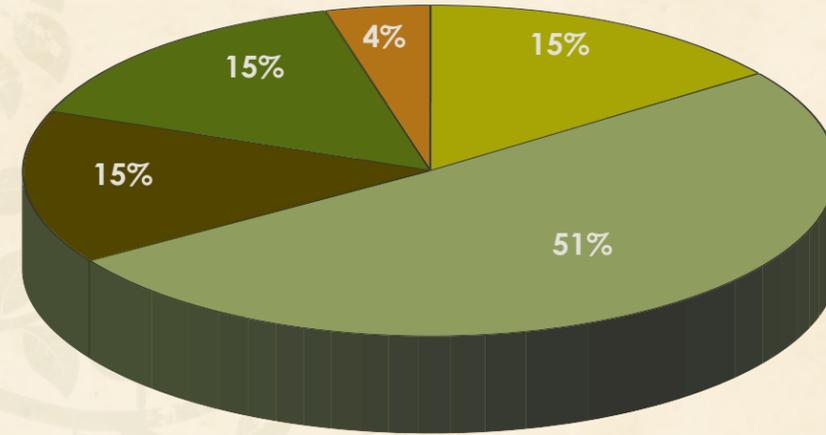
Programs and Services



2009 Financial Overview

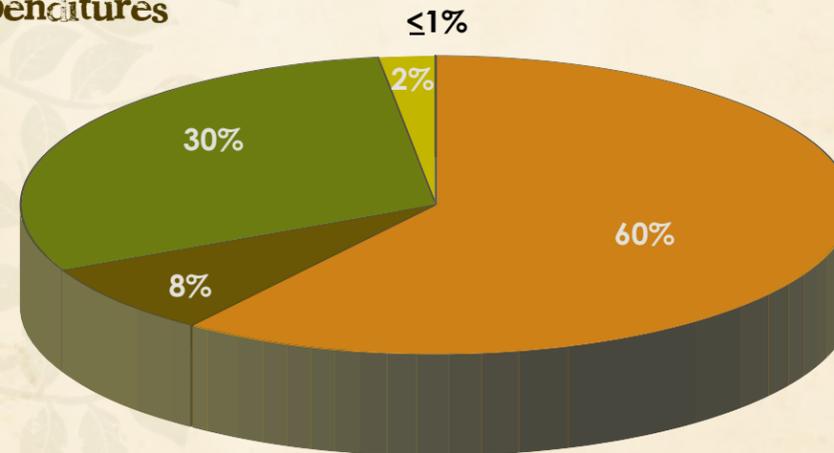
Revenue	In Dollars	Percent
City Contracts	\$3,278,828	15%
Federal, State & Local Funds	\$11,327,522	51%
Licenses, Permits & Fees	\$3,367,734	15%
Charges for Services	\$3,409,345	15%
Other Receipts	\$818,931	4%
Total Revenue	22,202,360	100%

Revenue



Expenditures	In Dollars	Percent
Personal Services	\$12,391,273	60%
Services & Charges	\$1,658,828	8%
Grants & Subcontracts for Services	\$6,256,099	30%
Supplies & Materials	\$392,259	2%
Capital Outlays	\$102,135	≤1%
Total Expenditures	20,800,594	100%

Expenditures



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	



Public Health

Northwest Ohio Public Health Partnership



PREVENT • PROMOTE • PROVIDE

Cuyahoga County Board of Health
5550 Venture Drive Parma, OH 44130 | Phone: (216) 201-2000 Fax: (216) 676-1311

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