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Dear fellow Ohioans,

Nearly one year ago, we sent our staff home to work remotely without a date to return to the office. Schools and businesses closed their doors, families stocked up at the grocery store unsure of what to expect, and we said "see you soon" to our loved ones, friends and co-workers. Never could we have imagined the challenges and economic impacts we would experience due to the COVID-19 pandemic.

Billions of federal pandemic relief dollars flowed into Ohio as we worked to create our own pandemic mitigation strategy. Differing views on how to control the pandemic and protect Ohioans sparked many discussions, protests, rumors and questioning of the data being presented to Ohioans.

In July of 2020, my office joined a multi-state effort to develop an audit plan that would study COVID-19 data collection and data management, surveillance and monitoring, and public communications in our respective states. This effort includes the State Auditors' offices from Delaware, Florida, Mississippi, and Pennsylvania, and was developed with assistance from the National State Auditors Association. The intent was to provide a way for states to determine the quality of data used to make policy decisions, where best to invest resources to control the virus spread, and to give the public confidence in the COVID figures being reported.

The Ohio Performance Team (OPT) began an initial audit of the Ohio Department of Health (ODH) in September 2020 and worked cooperatively with the agency throughout the audit. To provide a more complete picture of the response, OPT requested full access to the agency's COVID-19 data. However, due to the agency's interpretation of the Health Insurance Portability and Accountability Act (HIPAA) and other constraints, ODH only provided a portion of the requested data to our auditors. Our analysis of the limited data provided by ODH showed minimal duplicates (0.20%), and minimal misclassifications between confirmed and probable cases (0.12%). Recently, ODH reported a miscalculation of death data and has undertaken efforts to identify the failure and design a better data gathering and reporting process. The death data provided was not sufficient to allow our auditors to identify the death miscount.

While our analysis of the data provided uncovered minimal errors and inefficiencies, opportunities to improve transparency, and methods to collect better data certainly exist. For instance, the "COVID-19 dashboard" created by ODH, while informative, can be confusing and overwhelming for non-medical professionals. This makes drawing conclusions from the data harder for Ohioans and could lead to misinterpretation. To their credit, ODH continues to adapt their public communications to public demands, and the data presented to Ohioans is largely accurate. This adaptation has progressed as ODH leadership has changed hands – from an ODH Director initially focused on being the voice of Ohio's response, to now a third director focused on fixing operational shortcomings.

Bottom line: Were the numbers reported by ODH during this pandemic correct? Generally, yes. I am pleased that ODH is taking steps to improve some operational issues, while also working proactively to implement some of the recommendations made in our audit already.

I hope the Department continues to use this audit and our recommendations to improve its response to COVID-19 and any future pandemics. As the state has emphasized throughout the pandemic, we are all in this together. That remains true today as we hold each other accountable and help government serve Ohioans more effectively and transparently.

Finally, I would like to thank ODH staff, as well as the medical professionals and front-line workers across the Buckeye State who have worked tirelessly to keep us safe over the last year. The light at the end of the tunnel is near.

Sincerely,

Keith Faber, Ohio Auditor of State