



2017-2022



HAMILTON COUNTY PUBLIC HEALTH Strategic Plan



HAMILTON COUNTY
PUBLIC HEALTH

PREVENT. PROMOTE. PROTECT.

250 William Howard Taft Road, 2nd Floor
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www.HCPH.org

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LETTER OF INTRODUCTION

December 12, 2016

We are pleased to submit the following strategic plan for Hamilton County Public Health's mandated and other needed services to our stakeholders. Building on the success of the 2013-16 Plan's execution, the staff of Hamilton County Public Health conducted an assessment of not only the impact of current programs and services, but also the staff's and the community's view of issues needing to be addressed in the next five years.

The result was the identification of five key objectives: relevance, sustainability, readiness, responsiveness, and equity. Four indicators of need were identified: mental health, substance abuse, obesity/healthy living, and dental health. To these indicators of need (programmatic areas), administration and accreditation were added.

Next steps involve timely implementation of this strategic plan within budget. Our plan moves forward in three distinct areas, to achieve continuous improvement in:

- Environmental Health Services and Community Health Services programming delivery and outcomes
- Administration and support services systems and delivery (including workforce, workspace, information technology, education and information, and funding)
- Accreditation

I am looking forward to the changing paradigms for public health. This plan will guide us toward advancing population health in Hamilton County.

Sincerely,



Tim Ingram

Health Commissioner

AGENCY OVERVIEW

Hamilton County Public Health (HCPH), founded in 1919, serves a population of more than 481,000 in 45 political jurisdictions. With a budget of approximately \$10 million, the Agency employs some 90 associates across a wide spectrum of programs and mandated services.

Hamilton County is the third largest in Ohio by population and is home to the city of Cincinnati. In 2015, Hamilton County was home to 807,598 residents. Population breakdown is nearly 68 percent white and 26 percent black. Median household income is just over \$50,000 and 37 percent of Hamilton County residents 25 years of age and older claim a bachelor's degree or higher as their highest level of educational attainment. (U.S. Census Bureau/American FactFinder, American Community Survey, 2015 1-Year Estimates).

Reporting to the Hamilton County Board of Health (Board), the Agency divides its services into three broad categories – Administrative, Community Health Services, and Environmental Health Services. Community Health Services and Environmental Health Services Departments are each led by an assistant health commissioner who reports to the Health Commissioner. Agency activities include immunization clinics, TB control, disease surveillance and investigation, health promotion programs, public health preparedness, environmental health inspection and licensing.

Guided by its vision—Healthy Choices. Healthy Lives. Healthy Communities--HCPH manages public health service for the County through the following functions:

Environmental Health Services

- **Environmental Health** -- HCPH sanitarians inspect and ensure the safety of everyday activities such as visiting a public pool or playground or eating dinner out. Sanitarians build relationships with residents and business owners and assure regulatory compliance through education, risk assessment, communication, prevention and, when necessary, enforcement. Environmental Health also handles housing complaints, smoking complaints and school inspections. Rabies prevention is also under the purview of Environmental Health Services.
- **Plumbing** -- Certified plumbing inspectors ensure and maintain the safety of our water supply. HCPH inspects backflow devices, water heaters, new and remodeled plumbing installations, and medical gas flow systems. When complaints about incorrectly installed plumbing or permit compliance arise, inspectors investigate and work to remedy problems.
- **Waste Management** -- Sanitarians respond to nuisance complaints and conduct inspections and monitoring at landfills and other solid waste disposal facilities within the District's jurisdiction. Additionally, sanitarians inspect tattoo and body piercing facilities and work with property owners in Hamilton County to reduce the potential for lead-related health issues.
- **Water Quality** -- The Division of Water Quality manages a set of diverse programs to help protect the environment and public from hazards which may result from faulty sewage treatment systems, storm water pollution and private (drinking) water system contamination.

Community Health Services

- **Emergency Preparedness & Response** – Division experts partner with the community and other public health and emergency response agencies to make our region and our county safer, healthier and better prepared to respond to emergencies.
- **Epidemiology & Assessment** –Investigating the causes of disease and other public health problems to preventing them from happening or spreading is a primary goal for the Epidemiology & Assessment team. Their work is focused in the areas of communicable disease, infant mortality, cancer, injury and opioids.
- **Health Promotion & Education** -- Staff in HCPH’s Health Promotion and Education Division, through the WeTHRIVE! Initiative, work to improve the overall health of the communities within Hamilton County. Program pathways examine issues including chronic disease, injury, substance abuse and health equity. The team also works in the areas of Maternal and Child Health and tobacco-use prevention and control. Their work is accomplished through awareness, education, assessment, policy development and environmental change.
- **Disease Prevention** – The Disease Prevention team works to prevent the spread of tuberculosis and sexually-transmitted infections including HIV/AIDS and syphilis. Public health nurses within the program also conduct immunization clinics and work with families of children with special health care needs.

In addition to the Board, the Agency works with a District Advisory Council (DAC) and a Licensing Council. The DAC selects members of the Board, makes recommendations to the Board, and authorizes city contractual agreements. The Licensing Council appoints one member to the Board of Health and provides input on rules and fees for business entities licensed by HCPH.

EXECUTIVE SUMMARY

HCPH engaged the Board, management, staff and community partners in a strategic planning process to address internal and external issues and influences on the ability of the Agency to create value for citizens and communities in HCPH’s service area for the next five years. Working with a strategic planning consultant to guide the process and facilitate consensus, HCPH leaders sought input from the staff on strengths and weaknesses, opportunities and threats to quality programs and services delivery. Further, all staff were invited to identify what they believed would be the strategic forces enabling—or impeding—healthy outcomes for the community. In addition, the Board and community stakeholders were given the opportunity to weigh in on the issues they believed were priorities for HCPH to address in the next five years. Finally, team members reviewed external data reports and the perspectives of community partners identifying and ranking health issues in an effort to align the Agency’s approach with state and national priorities.

Having gathered and analyzed input from staff, the Board, stakeholders, and national reports, the strategic planning team (consultant and division leaders) met to reach consensus on the strategic

imperatives and Plan objectives in Administration (value-support processes), Environmental Health Services, and Community Health Services.

Next, Division representatives met with the Health Commissioner and the Board to review the issues identified in the data-gathering and analysis. These efforts resulted in review of goals and action steps in the key result areas in Administration, and goals and action steps in “indicators of need” areas that impact both program divisions.

This work by staff produced an Agency strategy for 2017-22:

Hamilton County Public Health educates, serves and protects our community for a healthier future. HCPH will remain a relevant and sustainable force in improving the health of Hamilton County’s population through maintaining and enhancing its readiness, responsiveness and equitable program and service delivery.

The objectives include:

OBJECTIVES

- **Relevance**—the programs and services of HCPH continue to connect with the people of Hamilton County and improve their lives.
- **Sustainability**— the human and capital resources needed are available and leveraged to return the greatest value for the investment.
- **Readiness**
 - Programs/services are available when and where needed to address health issues today, and into the future
 - Data and IT support are state of the art, high functioning, interactive, up to date
 - HR Training and development improve customer service with cultural competence
 - The organization is right-sized to achieve objectives of responsiveness, readiness and equity
 - Financial resources are available and invested to maximize impact
 - Workspace and work-life balance support high performance
 - Public information and awareness efforts balance reach and frequency to keep customer-decision makers (and decision-influencers) informed
 - Each division will seek partnerships and collaborations to find workable solutions to current and future challenges
- **Responsiveness**
 - Internal systems are optimized and downtime/wait times are minimized
 - Response to customers exceeds defined, best practice expectations

- **Equity**
 - Customers are served in culturally competent ways
 - Program/service delivery focuses on minimizing health disparities

MISSION, VISION AND GUIDING PRINCIPLES/VALUES STATEMENTS

To best understand the evolution of HCPH and its mission, vision and values, it is best to step back and look at where the agency has been. Previous guiding statements focused on a more tactical approach to the responsibilities of a public health function. New statements adopted in the 2013-16 strategic planning cycle, called out the increased role of public health in the overall, holistic health and wellness of the communities served. The existing mission, vision and values statements were reviewed for their currency, accuracy, and effectiveness and affirmed for the 2017-22 Strategic Plan.

Mission

HCPH educates, serves and protects our community for a healthier future.

Vision

The internal vision statement challenges our team to question methodology and always look for better ways to complete our mission.

HCPH is recognized as the valued leader in creating environments for healthier lives and communities.

The external vision succinctly defines the ultimate aspiration for achieving community health.

Healthy choices. Healthy lives. Healthy communities.

Values

We believe:

- *Everyone deserves the opportunity to live a healthy, fulfilling life.*
- *We can achieve and sustain a healthier community for everyone by working collaboratively with others.*
- *A healthier community reinforces the economic vitality of the region.*
- *Accurate and timely information and services will better equip people to make healthy choices that strengthen the entire community.*
- *HCPH's work to educate and to ensure compliance can result in a healthier community and environment.*
- *Our team will be competent and strive to continuously improve delivery of our services.*

SUMMARY OF SWOT AND ENVIRONMENTAL SCAN RESULTS

To involve the Board in the environmental scan, HCPH leadership invited staff to respond to a series of prompts to identify the division purpose, what systems are working well/not working, greatest challenges, what action might free up resources for other mission-critical activity, what would improve impact, and what support will be needed in finance, human resources, information technology and public relations. Each Division also completed its own Strength/Weakness/Opportunity/Threat (SWOT) analysis (see Appendix B).

In addition to the Division Assessment and the SWOT Analysis, staff completed an external factors analysis, to recognize forces that will now, or in the future, impact the Agency. These external environmental scans typically produce acknowledgment of forces over which an organization has little or no control, other than its chosen response to the issue. Emerging themes from the analysis of the ‘down the road’ issues that may impact the health of Hamilton County are included in Appendix B.

HCPH referred to the State of Ohio CHIP, HCPH CHIP, Healthy People 2020 Report, the Health Policy Institute of Ohio, Robert Wood Johnson Foundation community rankings, Health Value Dashboard, and the Health Collaborative Gen-H process to develop and prioritize the Indicators of Need to be addressed in the Plan. External data and community input used to compare issues identified by staff to those cited by Board of Health members and community partners, and state and national reports on factors impacting health can be found in Appendix C.

Division staff worked on the key result areas they deemed to be high priority value-support processes. The group identified five key result areas, after a discussion of the Agency system (value-creation through programs and services delivery, and value-support through administrative functions). The key result areas identified are:

- Workforce
- Work space
- Tools
- Education & Information
- Funding

These five key result areas—while value-support processes in the Agency—have significant impact and implications for programs and services delivery and community impact. The first phase of strategic planning centered on developing objectives, goals, action steps and measures for these five areas. Goals for each key result area can be found in Appendix D.

SUMMARY OF STRATEGIC PRIORITIES

The organizational strategy was based on the need to continue the focus on improving value-support (Administrative) processes to better enable HCPH to meet the challenge in programs and services, of the changing business environment, and the evolving needs of the communities served. Administrative goals and action steps will support goals and action steps identified to address four priority “Indicators of Need” identified through an analysis of primary and secondary research conducted with internal and external stakeholders.

OBJECTIVES AND GOALS

HCPH’s management team’s environmental scan consisting of internal and external issues analysis provided the focus for two planning sessions with Division leaders. The first session was facilitated by the consultant to reach consensus on the objectives and goals the 2017-22 should address in Administration support services. The second session involved Division leaders, assistant Health Commissioners, the Health Commissioner and members of the Board to address the identified Indicators of Need impacting programs and services. Finally, the consultant worked with the Health Commissioner and Assistant Health Commissioners to reach consensus on specific goals and action steps in each identified Indicator of Need (mental health, substance abuse, obesity/health eating, and dental health).

The key result areas, goals and strategies identified by the strategic planning team, recommended by the Health Commissioner, and adopted by the Board of Health can be found in Appendix D.

The program areas listed under “Indicator of Need” respond to issues and imperatives identified in the program and service key result areas (value-creation) with a direct impact on health outcomes in the community. Under “Administration,” the value-support key result areas are addressed, as is “Accreditation” to complete the Plan. The Plan as adopted by the Board can be found in Appendix E.

PUTTING THE PLAN IN ACTION

The Strategic Plan will be disseminated to all employees through agency-wide and division meetings. Plan deliverables will be integrated into the Agency Program Implementation Plan and assigned to individuals for completion. Progress will be monitored by the Performance Management Council on a quarterly basis. Based on progress, the Plan will be revised on a yearly basis.



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HAMILTON COUNTY PUBLIC HEALTH Strategic Plan APPENDIX A Agendas & Templates



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Hamilton County Public Health: Strategic Plan 2017-19—PROGRAMS

KEY RESULT AREA (Division or Department)
PURPOSE OF THE WORK (COMMUNITY IMPACT OR OUTCOMES):
What systems in your area are working well? What systems are not working?
Greatest challenges facing your area in 2017-19?
What might you stop doing, to free up resources for mission-critical program activity?
If money were no object, what would you do to improve impact (outcomes)?
What kinds and levels of support will be needed in 2017-19 from: <ul style="list-style-type: none">• Finance?• Human Resources?• Information Technology?• Public Relations?
Looking farther down the road, what issues do you see coming that could present either an overwhelming challenge, or once-in-a-lifetime opportunity to leverage for Public Health?

Hamilton County Public Health: Strategic Plan 2017-19—SUPPORT FUNCTIONS

KEY RESULT AREA (Division or Department)
PURPOSE OF THE WORK (COMMUNITY IMPACT OR OUTCOMES):
RESULTS (OUTPUTS AND OUTCOMES) OF 2014-16 PLAN: Key accomplishments? Areas of shortfall?
What systems in your area are working well? What systems are not working?
Greatest challenges facing your area in 2017-19?
What might you stop doing, to free up resources for mission-critical program activity?
If money were no object, what would you do to improve impact (outcomes)?
Looking farther down the road, what issues do you see coming that could present either an overwhelming challenge, or once-in-a-lifetime opportunity to leverage for Public Health?

HAMILTON COUNTY PUBLIC HEALTH: DIVISION LEADERS DISCUSSION GUIDE PLANNING SESSION

9/9/16

TIME	TOPIC/ACTIVITY
8:50 a.m.	Set up (tables/chairs in “U” shape, marker board, projector/screen, easel pads [one per each of four groups], post-its color-coded to each department, dots for prioritizing)
9:00 a.m.	Welcome and goals for the session (Kathy)
9:05 a.m.	Ice-breaker (thumbballs) (Marie)
9:15 a.m.	<p>Large group: Mission-critical, mission-effective</p> <p>--Define ‘relevance’ and ‘sustainability’ as related to HCPH remaining a force for public health improvement in Hamilton County. (Marie/Kathy)</p> <p>Individual programs:</p> <p>“Define your program (what it is you do) and connect it to one or more elements/outcomes in the HCPH mission statement.” (All)</p> <p>----Place initials of your program on three post-its and post them next to the mission element(s) that your work fulfills. (All)</p> <p>----Each program representative presents the relevance of the program (tied to mission), and identifies ‘who is the customer’ for the program—both the direct customer who requests or receives the deliverable/service, and the indirect customer who is ‘next in line’ to benefit. (All)</p>
9:45 a.m.	<p>Small groups (four groups, including two programs each—self-select your group)</p> <p>Elect one reporter for your group (or two, one per program)</p> <p>Present your answers to these prompts:</p> <p>--“Where do you see your program in five years?”</p> <p>--Consider not only your specific program emerging themes, but the array identified by you and your colleagues. [document, Key Emerging Themes]</p> <p>--“How is this direction/destination relevant to your customer?”</p> <p>--“How will this direction/deliverable be sustained?”</p>
10:30 a.m.	Small groups report out results by program (record on an easel page, by program; easel pages are posted around the room); presentation, but limited discussion
11:10 a.m.	<p>Strategy prioritization</p> <p>Each program representative has three dots to use to select their top three strategies—i.e., where do you see your program in five years—i.e., doing what, delivering what, serving whom, etc. tied to delivering on the mission.</p> <p>--Choose your top three (do not select your own program).</p> <p>--Choose your top three on the basis of: relevance to the mission, sustainability as effective and efficient use of resources (human and capital).</p> <p>--When all votes are completed, share (limited) observations.</p>
11:25 a.m.	Next steps: how this information will be used.
11:30 a.m.	Thank you, and adjourned!

HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PROGRAM ISSUES ANALYSIS & RECOMMENDATIONS—2017-22 [10/15/16]

PROGRAM ISSUE	<i>MENTAL HEALTH</i>	<i>SUBSTANCE ABUSE</i>	<i>OBESITY/HEALTHY LIFESTYLE</i>	<i>DENTAL HEALTH</i>
<i>CURRENT ROLE</i>				
• CONVENER				
• INFLUENCER				
• OWNER				
<i>CURRENT APPROACH</i>				
<i>OUTCOME INDICATORS</i>				
<i>WHO ELSE OPERATES IN THIS 'SPACE'? WHAT IS THEIR ROLE?</i>				
<i>WHAT SHOULD HCPH DO IN 2017-22 TO SIGNIFICANTLY IMPROVE THE OUTCOMES?</i>				
<i>WHAT WILL BE THE IMPACT OF THESE ACTIVITIES ON STAFF, TECHNOLOGY, FUNDING?</i>				

CONVENER: brings stakeholders together to inform, educate, define the challenge, discuss the need and possible action. **INFLUENCER:** engages in work that supports the actions and value-creating activities assumed by other stakeholders; includes policy-making, research and analysis, data management. **OWNER:** takes a leadership role that creates value resulting in measurable change in the health of the community.

HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH PLANNING SESSION ON 10/15/16

AGENDA

TIME	ACTIVITY	NOTES
7:15 a.m.	Arrival, set up	All
8:30 a.m.	Welcome, introductions	Board chair, Tim
8:40 a.m.	Purpose of the session On the system/in the system Process (slide 7) Objectives Was/Will Be Strategic Goals (On the system)[briefly]	PowerPoint (Kathy, Marie)
	In the system (slide 12), beginning with Hamilton County demographics and ending with Finance & Staffing (slide 17) [background/basis for today's work]	
9:30 a.m.	Strategic Issues (slide 18) and large group work	
	Hand out the grids (green) Prepare an easel page for each indicator of need (hand out the CIO grid worksheet too) --Mental Health --Substance Abuse --Obesity --Dental Health	Marie, Kathy
	Assign C-I-O role to each indicator of need	
<i>10:30 a.m.</i>	<i>Break</i>	
10:40 a.m.	Small groups tackle the I's and the O's	
11:30 a.m.	Report back	
12 noon	Observations of the large group	
12:05 p.m.	Next Steps	
12:15 p.m.	Adjourn	



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HAMILTON COUNTY PUBLIC HEALTH Strategic Plan APPENDIX B Staff Input



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Working Well/Not Working/Challenges

Hamilton County Public Health: Strategic Plan 2017-19—DIVISION ASSESSMENT

DIVISION NAME: Administration

DATE: August 30, 2016 **START TIME:** 11:00AM **FACILITATOR NAME:** Tim Ingram

Instructions:

1. *Complete and attach a participant sign-in sheet*
2. *Answer questions for the Division as a whole (NOT the program level)*
3. *Submit one assessment per Division to Assistant HC by 12:00 pm 8/26/16*

Purpose of the Work (Community Impact or Outcomes)

- ▶ *Support programs and accountability*
- ▶ *Direct and support functional facets of the agency*
- ▶ *Strategic leadership & serving our mission*
- ▶ *Providing tools for employees so they fulfill their program needs*
- ▶ *Policy and advocacy – including external and internal*
- ▶ *Enhance public relations, customer service and public information*
- ▶ *Assure necessary resources are available (funding, technology)*
- ▶ *Guidance to employees including training, evaluation, performance, recognition*
- ▶ *Provide great internal and external customer service*

RESULTS (OUTPUTS AND OUTCOMES) OF 2014-16 PLAN:

Key accomplishments?

- ▶ *Finance - efficiencies and transparency*
- ▶ *Stakeholder identification and engagement (PHAC)*
- ▶ *Internal communication (identified tasks completed; survey showed)*
- ▶ *Data and workforce development plans completed*
- ▶ *Continuous Quality Improvement*

Areas of shortfall?

- ▶ *More staff inclusion opportunities (Disease prevention)*
- ▶ *Continuous Quality Improvement*
- ▶ *Community inclusion in HCPH processes*
- ▶ *Foundation not operationalized*
- ▶ *Flexible workplace & competitive salary / benefits*
- ▶ *Never moved clean kitchen award to other programs (sewage award)*
- ▶ *Add health lens to all policies*
- ▶ *Program prioritization and grant evaluation tools*

What systems in your area are working well?

- ▶ *Core services*
- ▶ *Grant support – financially*
- ▶ *Online payment/purchasing of licensing and permits*
- ▶ *Access to inspection records and data*
- ▶ *Internal response to IT issues*

What systems are not working?

- ▶ *Depth of resources*
- ▶ *Current website is outdated*
- ▶ *Employee engagement has growth opportunity*
- ▶ *Customer experience “felt lost in lobby”.*
- ▶ *Evaluation system alignment (strategic plan, plan of work, success factors)*

Greatest challenges facing your area in 2017-19?

- ▶ *Lots of staff retirement / transition and succession*
- ▶ *Core services are changing (heroin, health equity)*
- ▶ *Changing grant funding mechanisms (reimbursement to outcome based)*
- ▶ *Vitals revenue – central issuance for death certificates*
- ▶ *Staying relevant for public officials*
- ▶ *Changing healthcare and public health landscape*
- ▶ *Advancing IT technologies to meet agency needs and expansion*
- ▶ *Meeting needs of new workforce*
- ▶ *Balancing public health needs and priorities with available resources (meeting needs on limited resources – prioritization)*
- ▶ *Consolidation of public health / shared resources*
- ▶ *Space / meeting rooms*
- ▶ *Keeping an engaged, enthusiastic, and well-trained workforce*

What might you stop doing, to free up resources for mission-critical program activity?

- ▶ *Administrative functions may not be appropriate for the position to whom they are assigned (board to health commissioner activities)*
- ▶ *Double checking finance transactions (checks and balance on auditor)*
- ▶ *Is the depth of our performance reporting efficient?*
- ▶ *TMS policy adjustments to reduce entry time while maintaining accountability and integrity of system*
- ▶ *Going to too many meetings / conference calls that do not meet agency mission*

If money were no object, what would you do to improve impact (outcomes)?

- ▶ *Satellite offices for vital stats, licensing and permits*
- ▶ *Professional signage and look at access (lobby and service)*
- ▶ *New building (no room for expansion)*
- ▶ *New carpet, paint, etc.*
- ▶ *Dedicated policy and advocacy staff person*
- ▶ *Public Health Legal Counsel (Internal)*
- ▶ *Technology improvements*
- ▶ *Expanded workspace for IT*
- ▶ *Cell phone upgrades*
- ▶ *Fleet vs personal car*
- ▶ *Increased staffing to provide surge capacity*
- ▶ *Cost of living increases*
- ▶ *Dedicated planning / CQI / Accreditation coordinator*
- ▶ *Dedicated staff member to manage Healthy Communities Foundation Staff*
- ▶ *Hire multilingual services and resources*
- ▶ *More funding for preparedness training exercise and on the job / just in time training*

Looking farther down the road, what issues do you see coming that could present either an overwhelming challenge, or once-in-a-lifetime opportunity to leverage for Public Health?

- ▶ *Satellite offices*
- ▶ *Consolidation / public health recognition*
- ▶ *Health care data interoperability*
- ▶ *Health care system / public health integration*
- ▶ *Increase of staff and technology advancements to keep up with demand*
- ▶ *Expansion of substance abuse into public health*
- ▶ *Emerging infections*
- ▶ *Lifestyle changes that may result in more public health needs and services*
- ▶ *Globalization*
- ▶ *Climate change*
- ▶ *Loss of funding (i.e. grants = 30% budgets; ensuring that the grants meet mission)*
- ▶ *Alignment with hospital community benefit funding*

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
WQ	<ul style="list-style-type: none"> • Staff are experienced. • Well thought out operation permit program with an educated public. • Through the use of technology, the operation permits program and SW inspection are efficiently managed. 	<ul style="list-style-type: none"> • Communication and guidance by ODH on STS rules. • New sanitarians have a steep and long learning curve. • STS contractors work against us. • Databases and website are in need of improvement 	<ul style="list-style-type: none"> • Public perception regarding high STS installation costs • Implementing the plan to phase out drywells • Operation permits program extended into Indian Hill • 2019 planned completion of STS mapping –What will next stormwater contract/ permit require? • Streamline processes to be efficient and effective for all involved • Working with IT Department to improve processes and services • Lack of staff incentive/advancement
PLU	<ul style="list-style-type: none"> • Team Work and Division communication- 	<ul style="list-style-type: none"> • Desk phones, backflow program glitches, need electronic field inspection capability to upload pictures to PermitsPlus 	<ul style="list-style-type: none"> • Changes in the plumbing code through BBS (Board of Building Standards)
WM	<ul style="list-style-type: none"> • Having required inspections, as in quotas, or a certain number of inspection required per month seem to work well. We all meet these requirements. Having the new XRF and having HHLLPS seems to have really helped quicken the lead report process. I think our systems are working well. • Use of electronic pdf inspection sheets and doforms for odor complaints and waste hauler 	<ul style="list-style-type: none"> • A system that is not working is the new lab (ALS) we use for sampling. It seems we've had issues/problems acquiring proper containers, results, etc. in a timely manner. 	<ul style="list-style-type: none"> • The unexpected. Increased numbers of lead cases or closing/expansions of landfills at any given time. • Process for closures of C&DD landfills • Any changes in the north end reaction area at Rumpke • Possible changes for C&DD recyclers moving from and un-regulated activity to a regulated activity Different interpretation of regulations can make it difficult to inspect at times. OEPA seems to have problems communicating to local health

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
	<p>inspections seems to be working well.</p> <ul style="list-style-type: none"> • Work assignments seem to work well. The 3 man division allows for workload to be evenly spaced. In the event one person has an influx of work (complaints, open dumps, lead, etc.) we can move inspections around to another inspector to account for it. 		<p>departments and facilities on program updates, etc. Not unusual to have inspections where OEPA has communicated with a facility on an issue and not included the local inspector. (Ex.Compost annual report review and removing a compost facility from the registered list)</p>
EH	<ul style="list-style-type: none"> • Customer service/ response • Leader in health • Education • Knowledge of regulations/ laws/ programs • Community relationships • Digital inspections • Enforcement process • Inspector training • Resources 	<ul style="list-style-type: none"> • Assistance to affected communities – Funds, programs to help (demo, clean-up) • Resources – Smart phones • Auditing process – Sanitarians • Nuisances – enforcement after 2nd NOV • Community action/ engagement – Disparity (equity) 	<ul style="list-style-type: none"> • Possible regulation changes • Man power • Retaining staff • Accreditation – site visit training in a timely manner, full time accreditation specialist • Language barriers • Monetary resources – community, pay for staff
DP	<ul style="list-style-type: none"> • Our TB data has been migrated into an EclinicalWorks test data base; after testing data, migration will proceed to our live DB. We are currently entering demographic and financial data into both DBs in order to make the operational transition more seamless. Our 	<ul style="list-style-type: none"> • We still do not have contracts with a number of insurance vendors, including two of the state's Medicaid managed care vendor. This is costing us lost revenue for our programs (TB and Immunizations) and confusion for our patients. 	<ul style="list-style-type: none"> • Because of the increasing incidence of drug-resistant case of gonorrhea (GC), there is discussion at the State and Federal levels to have DIS staff investigate GC cases in the same manner as syphilis and HIV cases are currently managed. • If surveillance and incidence data indicate local transmission of Zika

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
	<p>practice manager is still attending remote ECW training and is beginning to develop training tools for our staff. With this transition we will be able to incorporate our immunization services from HDIS to ECW as well. This will provide remote internet access, a benefit in our Sharonville and off-site clinics, but will involve some work to set up the program parameters in ECW. This will also allow us to have all TB and immunization appointments to be scheduled by registration desk staff, increasing our already existing need for two DP registration personnel.</p>	<ul style="list-style-type: none"> DIS personnel are fully trained, managing full caseloads. We are seeing a reduction in the number of new syphilis but not HIV cases. We have 2 vacant positions in the BCMH program and only one RN (the DON) to staff immunization clinics. The TB nurses are unable to staff the Sharonville clinics and agency personnel have been unreliable in their attendance. The DP Director and DON is receiving too many in-coming calls which interfere with her work. Once we have transitioned to ECW and we have two staffed registration positions, all nursing calls (946-7882) will be forwarded to the registration desk. 	<p>infections through sexual contact, it is likely that these too would be added to the caseloads of DIS staff. Either of occurrences these would require additional staff training and an increase in their caseloads.</p> <ul style="list-style-type: none"> During 2016 we have received an average of three-four new referrals for refugees with positive TB screening tests, which must be evaluated for TB disease. These are time and labor intensive cases due to language and cultural barriers and the general frail health of this population. Depending upon the immigration and homeland security policy decisions made with regard to admitting additional numbers of refugees, this could stretch our existing resources in the TB Control program.
EP	<ul style="list-style-type: none"> While working under the two grants, we know what deliverables are required to be submitted to ODH. There are not many unknowns in the program. We have very good internal communication and are 	<ul style="list-style-type: none"> Cannot think of anything that is wrong. 	<ul style="list-style-type: none"> Decreased funding. Maintaining our current volunteer database. Receiving communication from our POD managers. Lack of community resources to commit to EP

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
	efficient in meeting the PHEP and CRI grant deliverables.		
EPI	<ul style="list-style-type: none"> • Good communication between staff members within Epi • Access to training opportunities • Slowly acclimated and not “thrown to the wolves” • Generally most systems are working well. • Being able to ask questions and not feeling like a closed door policy 	<ul style="list-style-type: none"> • Processing of lab reports (mail, fax) are not very efficient; many duplicates are sent; takes time to identify the new cases • Know what each person may be working on every couple weeks...status updates • Multiple sources for information that are not fully connected 	<ul style="list-style-type: none"> • Time being spread too thin; many different project/topics without enough staff • Figuring out what’s going to take place with certain programs • Potential for response from the community to handle potential outbreaks like Zika • Potential political change • Grant change requirements - Knowing 100% of what is expected to go along with the grant requirements • Data availability and quality (injury, chronic, EpiCenter) • Experienced personnel to serve agency as a resource
HPE	<ul style="list-style-type: none"> ▪ WeTHRIVE! as the framework or system for meaningful change ▪ As an HPE team, we ideate well collectively and collaborate across initiatives whenever possible. ▪ Regularly scheduled team meetings and communication. 	<ul style="list-style-type: none"> ▪ Lack of consistency or system for assigning and prioritizing work that falls outside of the traditional scope of the division. HPE staff are seen as experts (yay!) in many areas—the downside is that other agency staff consistently come to us to make decisions (nominal, or not related to our area), write grants (for topics not in our content area of expertise or that will be 	<ul style="list-style-type: none"> ▪ Staff capacity to provide the level of technical assistance and support needed to institutionalize healthy living in our communities. Need more staff to meet demand and go for depth vs. breadth. ▪ Money (lack of, deliverables based budgeting and reimbursement for grants, and chasing funding/topic jumping) ▪ Competing (and potentially complimentary) initiatives that work on similar strategies, used a similar title to describe their initiative, and have funding available to

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
		<p>assigned to us), or assign special projects—all of which are deemed high priority—that detracts from time spent on executing grant and plan of work deliverables. On the flip side, when HPE staff has a need to collaborate with other divisions and programs, the technical assistance and expertise is not reciprocated or is not a priority.</p> <ul style="list-style-type: none"> ▪ Conference room scheduling (as an agency). The agency calendar is not used by all staff, rooms double-booked, or people are often bumped from a conference room. Sometimes this shifts other agency staff into the HPE workroom, which on occasion can be a challenge since it is where our printers and supplies are stored and we often hold our small group meetings in the room. ▪ Levels of moving up the chain to raise an issue to the appropriate staff (e.g. IT, facilities) can be cumbersome (too many people involved sometimes). Is there a better way to make a request or raise a question directly to the intended recipients while copying 	<p>incentivize the work (e.g. Interact for Health’s “Thriving Communities” and CCHMC’s Thrive initiative that is said to be in development)</p> <ul style="list-style-type: none"> ▪ Health equity/social determinants of health

DIVISION INPUT: Working/Not Working/Challenges			
	Working Well	Not Working Well	Challenges 2017-2019
		<div>other folks that need to know?</div> <ul style="list-style-type: none">▪ Basement storage.	

SWOT Analysis

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Administration

DATE: August 30, 2016 ***START TIME:*** 11:00AM ***FACILITATOR NAME:*** Tim Ingram

Instructions:

- 4. SWOT = Strengths, Weaknesses, Opportunities, Threats***
- 5. Complete and attach a participant sign-in sheet***
- 6. Complete SWOT analysis for categories below for the Division as a whole (NOT the program level)***
- 7. See SWOT analysis overview document from MN Department of Health for additional guidance***
- 8. Submit one analysis per Division to Assistant HC by 12:00 pm 8/26/16***

STRENGTHS may include:

- ▶ Skilled and dedicated human resources
- ▶ Nimble and flexible
- ▶ Well financed with money in the bank
- ▶ Excellent customer service
- ▶ Strong reputation, well respected with great leadership
- ▶ Unified board of health
- ▶ Investment in workforce -- training
- ▶ Stakeholder engagement strong
- ▶ Efficient services and low costs with excellent quality
- ▶ Award-winning
- ▶ Captive customer base
- ▶ Lots of experience
- ▶ Creative team with impressive list of technical skills
- ▶ Quick response times with good follow-up

WEAKNESSES may include:

- ▶ Identity issue (think of us as Cincinnati)
- ▶ People don't know what public health is
- ▶ Jurisdictional boundaries – balance needs of each community
- ▶ Struggle with capacity for new programs and needs
- ▶ Ability to attract and keep certain skillsets (nursing, clinical)
- ▶ Mission creep (priority management)
- ▶ Multiple locations for staff
- ▶ People do not believe that the government is here to help them
- ▶ Geographically not located in our jurisdiction
- ▶ Building issues
- ▶ Soured with Cincinnati reputation
- ▶ Difficult to remove poor performers, restrictive personnel policies

OPPORTUNITIES may include:

- ▶ Regionalization, shared services, and consolidation
- ▶ Increased collaboration with the City of Cincinnati Health Department
- ▶ Increased vital revenue with IPADS, statewide issuance, etc.
- ▶ Ability to sell services
- ▶ Social media (mobile website)
- ▶ University collaboration
- ▶ Healthcare collaboration
- ▶ Continued growth of WeTHRIVE! – Health in All Policies
- ▶ Healthcare and public health alignment
- ▶ Population health
- ▶ Healthy People Communities Foundation

THREATS may include:

- ▶ Cincinnati working in Springfield Township (Vitals Kiosk)
- ▶ Political changes
- ▶ Staffing costs
- ▶ Facilities costs
- ▶ Retention of skilled workforce (retirements)
- ▶ Expansion of public health mission (and erosion thereof)
- ▶ Not securing shared services agreements
- ▶ Changes in grant funding
- ▶ Losing our winning way – value
- ▶ Limited upward mobility

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Disease Prevention

DATE: 8/23/16; 8/26/16 ***START TIME:*** 8:00am; 9:00 am

FACILITATOR NAME: Pat Allingham

1. Strengths

- *Characteristics of our agency that will help us achieve successful outcomes in the next three years:* Diversity of training, experience and expertise of our staff. Culture of customer service.
- *Resources/capabilities that may contribute to success:* We have staff that truly cares about the people in our community.

Nursing

- Although our immunization program is small, it is a vitally important service to a small cohort of Hamilton County residents who: Have Medicaid but whose primary care provider is not a VFC provider; Have no insurance (typically because they are foreign-born and of limited income); Have private insurance plans which do not cover vaccines after the age of 4 years
- In 2015, we provided 1387 doses of VFC vaccines to 542 Hamilton County residents under age 20 years. At market rates for these vaccines, we were able to leverage **\$51,330** in federal VFC funds to provide free vaccines to these children. Similarly, we provided 62 vaccine doses to 48 adult Hamilton County residents (leveraging **\$1275** in state 317 vaccine funds) who had no health insurance. Most were foreign-born and needed these vaccines to enter health-care related employment or training programs.
- The BCMH program assists families who have children with special health care needs by providing payment for medical services child needs. It serves as a “safety net” health care program – covering medical bills as a private insurance would – BCMH covers remaining costs after these two insurances have paid and also may cover services that are not covered by insurance plans at all.
- PHN Helps identify children with special health care needs that may qualify for the program; Help families fill out forms for CMH; Make referrals to doctors, pharmacies, durable medical equipment providers and other providers; Explain the BCMH programs, the Letters of Approval, and CMH paperwork; Help families with denied service appeals; Help families with billing related problems; Visit families and children in their home

Tuberculosis

- Nurses with special training in managing TB infections and diseases, completing complex contact investigations and supporting patients, who are often of limited means and varied cultures, to successfully complete treatment, thus preventing new infections in our community. Nurses also function as case managers, especially while patients are in isolation, so that we can safely manage co-morbidities (Diabetes, HIV infection) and help them access social and financial resources to assist with costs of food, housing and non-TB medications.

Disease Investigation Specialists

We have become experts in finding difficult to find people and gaining their trust. We also assist them in accessing a variety of services in the community. Besides education and counseling, we provide logistical support to ensure those exposed or infected are promptly treated.

2. Weaknesses

- *Characteristics that might hinder our achievements, progress toward our goals in the next three years; Absences or “Flip Sides” of Strengths:*
- Frequent staff turnover for a variety of reasons including; nurses and disease investigators have many options in the current health care environment, many that offer higher salaries. Decisions to “silo” staff in single programs, rather than cross-training them to work in one or more contributes to “burn out”. Very few nurses feel fulfilled if they have more computer than “people” time.
- *Billing goals* are set unrealistically, when nurses attempt to schedule HVs they are faced with barriers such as schedule conflicts or unwillingness of families. This directly contributes to performance measurement which can be frustrating to beginning or seasoned nurses. (Scheduling HV with families can be a challenge. Their available hours don't always match ours. (Work from home option allows nurses more flexibility in terms of scheduling to actually be accessible to our clients; maybe during evening hours.)

Physical Contact with Patients- (While the scheduling of HVs can be a challenge, Nurses rely on Home Visits for patient contact. What other patient contact can nurse get engaged in? It would be nice if the RN's here worked more with the Health Educators across the street. They go out into the community more...perhaps getting involved in the Lead and Newborn screening programs, heroin epidemic trainings, and immunizations.

3.) *Department morale:* Finding ways to create a cohesive company culture; In orientation staff were offered the opportunity to go out with was environmental health staff. Within the Division of Disease Prevention staff are all so segregated, finding ways to increase our interactions as a whole will increase overall job satisfaction. Suggest: ALL STAFF MEETINGS FOR DISEASE PREVENTION STAFF

Work phones- Yes while out in the field staff need to have a way to communicate or may need to be accessible; however, STAFF hardly ever used designated work phone as it is primitive and has few if any features. It is inconvenient to carry 2 phones. Maybe a monthly stipend on check may be more cost effective than paying monthly bills for phones not being used.

- *Things to avoid when starting or developing new project or programs in the next three years*
New projects should be planned comprehensively (as is generally our history) with EQUAL attention to desired outcomes and goals; required resources; staff development and sustainability.
- *Factors contributing to past failures.*
Our salary structure limits our capability to attract experienced public health personnel. As a result, we hire many “newbies” who receive training and experience for 2 + years before they move on to a better-paying position in another public or private agency.
- *What other organizations might do better than ours.*
- Retain experienced personnel and offer a more comprehensive array of services.
- The services to which we refer our customers are scattered in many agencies and locations.
- It will be increasingly difficult to recruit and retain experienced public health staff if the City of Cincinnati increases its pay rates.
- *Our “Achilles Heels”*
Our Achilles Heel is one of the aspects that makes Public Health so exciting (for some). There are unforeseeable occurrences of new public health events/outbreaks which require a quick, well-planned response; often in the absence of complete scientific information. One of our Achilles Heels is the limited access to mental health services.

3. Opportunities

- *Environmental factors that might influence successful outcomes in the next three years:*
Political outcomes often influence the availability of resources; well-developed contingency plans might allow us to respond to funding or service opportunities; eg. If Zika becomes widespread in our communities; if a new infectious agent appears; if climate change impacts the severity of storms and spring flooding.
- *Other factors (political, socio-cultural, technological changes): ?*

4. Threats

- *Environmental, Political or Regulatory factors*
- Poorly understood effects of climate change and continuing reluctance of government entities to embrace scientific data that would allow us to begin planning our responses to these challenges.
- Continuing mental health challenges, currently manifesting as the opioid/heroin epidemic.
- *Technical*

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Emergency Preparedness & Prevention

DATE: 8/24/16

START TIME: 2:45pm

FACILITATOR NAME: John Sherrard

STRENGTHS:

WEAKNESSES:

- Volunteer recruitment and retention

OPPORTUNITIES:

- WeTHRIVE!
- Environmental factors that might influence/contribute to successful outcome

THREATS:

- POD Manager to agency communication
- Jurisdictions unwilling to adopt the WeTHRIVE! EP Pathway
- Budget cuts
- Funding to conduct exercises

Hamilton County Public Health: Strategic Plan 2017-19— SWOT ANALYSIS

DIVISION NAME: Epidemiology and Assessment

DATE: 8/23/16 and 8/25/16 ***START TIME:*** 9:00am and 12:00pm

FACILITATOR NAME: Tom Boeshart and David Carlson

	Helpful	Harmful
Internal	Strengths <ul style="list-style-type: none">• Staff: Dedicated, flexible, team-oriented, and knowledgeable• Enough staff to get the job done• Promote customer service• Having SAS and the software/programs to utilize in house• Good reporting• Funding: software; ability to explore innovative programs; training	Weakness <ul style="list-style-type: none">• Allocation of workload; spread thin on projects that leaves staff unable to spend quality time on projects to further our agencies mission and vision• Rigidity of work schedules/environments• Lack of veteran staff• Systems built using variety of means; outdated ways that software has been designed• Knowledge on up-to-date products

External

Opportunities

- Political change
- Providing more flexible scheduling options
- Jumping on the outbreaks/epidemics to create reports and standards of reporting and that it's a PH issue
- Providing support to the community by reporting and getting data out into the communities hands
- Reducing opiate use in Hamilton County
- Streamlining reporting process for reportable diseases
- Developing new processes through accreditation
- Building better relationships with public, providers, and partners

Threats

- Staff turnover
- Political change
- Funding changes
- Upcoming changes to status quo (healthcare and pharmacy policies)
- New programs – additional work/building out programs; hindering the operation of current programs.

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Health Promotion & Education

DATE: 08/23/2016

START TIME: 11:00 a.m. ***FACILITATOR NAME:*** Rebecca Stowe

STRENGTHS:

- Impact
 - HPE places significant emphasis on executing policy, systems, and environmental change (PSEC) strategies using evidence-based strategies. We recognize that PSEC-supportive strategies are also necessary to be effective.
 - Health equity is a core principle in all HPE-related initiatives.
 - HPE values evaluation as a method for documenting outputs and outcomes. Evaluation strategies vary depending upon strategies and capacity.
- Communication
 - Team meetings are effective and well-planned.
 - HPE staff listens and respond to the needs of each individual team member.
 - Multiple outlets of communication are provided to employees. HPE often raises concerns or advocates for change on behalf of other divisions and programs.
- Expertise
 - HPE staff are experts within multiple disciplines/backgrounds
 - HPE staff is highly educated and qualified. All staff has or is actively pursuing a Master's degree in their discipline, as well as professional certifications.
 - HPE is known for its knowledge and experience in grant writing and grant management.
- Supportive Environment
 - HPE staff is passionate about their work.
 - HPE has a team culture that supports and encourages each other.
 - HPE staff can be open and express ideas without fear of judgment or retribution.
 - HPE staff feels they work in a safe space.
- Relationship Building/Collaboration
 - HPE has a strong background in community engagement and values feedback from the priority populations.
 - HPE staff meets people where they are and provide superior customer service. The prompt and professional level of responsiveness to customer needs helps us to establish critical relationships in the community.
 - HPE is often viewed as “connectors” to partners and resources in the community.
- WeTHRIVE!

WEAKNESSES:

- Lack of Diversity/Inclusivity
 - HPE (and other agency staff) lack the ability to learn and grow from people with diverse backgrounds. Staffing lacks diversity (racial, ethnic, etc.).
 - Some HPE customers and staff have difficulty accessing our facilities and services. The building—while ADA compliant (as a result of being grandfathered in)—can be challenging for people with physical limitations (who may or may not require assistive devices), language barriers, etc.
 - There is a desire on the part of HPE to continue to grow in cultural competence and health equity, which is also highly needed across all levels of the agency.

- English is the primary (and only) language spoken fluently among our team. (The agency has 1-2 Spanish speaking employees). It is a challenge to engage communities and residents with limited English proficiency.
- Capacity
 - Staff feels stretched thin with current workloads. There never seems to be enough time to take a deep dive into initiative planning, implementation, and evaluation efforts as desired.
 - Lack of meaningful (morbidity) data. We know why people are dying, but not what they are living with day-to-day. It's difficult to prevent disease when you don't actually know what needs the most attention.
 - There is a lack of technology to make tasks easier and more time efficient.
 - Additional projects and responsibilities take time away from main job duties.
 - Taking on new programs/projects on a short notice or those that do not fall in our wheelhouse. We've taken on projects that are high-touch high cost (perhaps due to funding attached or politics) and taken a step backward from our PSEC emphasis (which is where we excel).
- Value/Support
 - HPE staff feels that the work of the division is not fully supported or valued by other divisions or the agency as a whole.
 - There is a disparity/inconsistency in pay across the agency. Staff hired in other divisions with similar qualifications and responsibilities have a higher starting pay grade.
 - As an agency, we don't walk the walk when it comes to employee health. The county's Employee Wellness program is a step in the right direction, but more is needed to attract and keep healthy employees.
- Rigidity
 - There is a lack of flexibility to the work schedule that places undue burden on team members. To effectively meet communities where they are (included when they can meet), there is a need for flexibility in the core hours requirement. A majority of community meetings, events, and trainings occur during non-traditional work hours (evenings and weekends). Staff is consistently working over 80 hours per pay period (even with infrequent schedule adjustments) and not being compensated accordingly. A simple adjustment could be to reconsider core hours.
- Other
 - Disconnection (physically) to other divisions we work closely with day-to-day (e.g. Epi, Disease Prevention)
 - Staff feels that the agency is not receptive to new (and potentially innovative) ideas. Fun and expression of individuality is not encouraged.
 - As an agency, do not ask previous salary on job applications. It further perpetuates the disparity in salaries. Previous wages should have no bearing on what we can offer and how we value our employees and our work.
 - Some agency staff is dismissive and unresponsive to staff concerns. This is especially concerning when they are in a position to make or influence decisions-particularly those related to the health, safety, and well-being of the employee.

OPPORTUNITIES:

- Diversifying
 - Engage multi-sectoral and potentially non-traditional public health partners to address determinants of health, minority health, and health equity.
 - Contract directly with others that fluently speak other languages (e.g. Spanish, French) that can be accessed more quickly than the traditional contracted agencies (Language Line, etc.).
 - Add standard line to job postings to encourage multi-lingual candidates to apply to help alleviate language and translation barriers.
 - Be more intentional about engaging racial and ethnic minorities.

- Make translation of key documents a priority so we can reduce the barriers to serving ALL of our customers.
- Enhancing Collaboration
 - Make more connections with local elected officials to build relationships.
 - Submit proposals to partner agencies for funding to support initiatives (e.g. PHAC partners who committed financial resources but have not been approached with a solid proposal).
- Scale Up
 - Share model/best practices with other organizations and counties. Helps with alignment of efforts, but could also serve as a revenue stream.
- Other
 - Grant opportunities to work in new public health spaces (e.g. violence, health equity, etc.)

THREATS:

- Competition
 - Competing initiatives (e.g. Interact's Thriving Communities)
 - Credentials and experience are not competitively compensated. Other agencies are paying more and/or providing other incentives to attract and retain qualified employees. As was the case three years ago, HCPH invested time and money to train up experts in PSEC only to have a majority of them move on to other opportunities.
 - We are a large county with many jurisdictions. Some communities (particularly smaller communities) feel less important/valued.
- Restrictions
 - Grants! (Duration, changes to duration or scope, deliverables-based budgeting, etc.)
 - State laws that prevent partnerships (e.g. Planned Parenthood due to voluntary abortion services)
- Other
 - Unforeseen changes in elected officials, community leaders, etc.
 - Changes in political will.
 - Conservative political climate (unwillingness to explore or take on new things deemed controversial).
 - Changes in project scope.
 - Politics from other organizations or partners that influence the work that we do (or do not do).

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME:

DATE: 8/22/16 **START TIME:** 7:30 am **FACILITATOR NAME:** Jeremy Hessel

Instructions:

1. ***SWOT = Strengths, Weaknesses, Opportunities, Threats***
2. ***Complete and attach a participant sign-in sheet***
3. ***Complete SWOT analysis for categories below for the Division as a whole (NOT the program level)***
4. ***See SWOT analysis overview document from MN Department of Health for additional guidance***
5. ***Submit one analysis per Division to Assistant HC by 12:00 pm 8/26/16***

STRENGTHS may include:

- ***Response time***
-
- ***Team mentality and flexibility***
- ***Generalists***
- ***CQI trained/ projects***
- ***Staff accessibility (external/ internal)***
- ***Technology (digital systems)***
- ***Education over enforcement***
- ***We care about health***
- ***Peer relations with other health depts.***
- ***Dependable***

WEAKNESSES may include:

- ***Pay/ Room for advancement***
- ***Lean staff***
- ***Limited enforcement after second NOV***
- ***Languages/ translation***
- ***Meaningful CQI projects***
- ***Generalist attitude weakening staff's positions***
- ***Dependent of technology – break downs***
- ***Not being up to date on latest technology – phones***
- ***Time allocation – other assignments – backflow, MAC, posters, etc.***
- ***Clean Kitchen Awards – conflict of violations/ award/ goal***
- ***Success Factors – goals, entry of data, expectations of system***
- ***Other Divisions office availability – affects office time***

OPPORTUNITIES may include:

- ***Enforcement and education – mobile food***
- ***Transparency***

- *Health equity*
- *SOP/ SOG review – regulations*
- *Community education*
- *NEHA/ OEHA involvement – committees, positions*
- *Advertising (PR)*
- *Data based decision making*
- *Spanish speaking staff for Spanish speaking facilities*
- *Trainings for other languages in facilities*
- *Partnering with other small LHD's on trainings*
- *Regionalization of inspections (MHP's)*
- *New phones – texting, internet*

THREATS may include:

- *Other “assignments” add up – time loss*
- *Transparency*
- *Budget*
- *Auditing (internal/ external)*
- *Regulations/ privatization of education on food safety*
- *Food trends (local food/ pop up dinners) – time / efforts*
- *Interest in “We Thrive”*
- *Staff turnover*
- *Politics*
- *Media requests*
- *Apathy*
- *Language barriers*
- *Emerging illnesses (Zika)*
- *Food terrorism (FDA Alert tool)*

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME:

DATE:

START TIME:

FACILITATOR NAME:

Instructions:

1. **SWOT = Strengths, Weaknesses, Opportunities, Threats**
2. **Complete and attach a participant sign-in sheet**
3. **Complete SWOT analysis for categories below for the Division as a whole (NOT the program level)**
4. **See SWOT analysis overview document from MN Department of Health for additional guidance**
5. **Submit one analysis per Division to Assistant HC by 12:00 pm 8/26/16**

STRENGTHS may include:

- **Financially sound**
- **Great teamwork – group works well together**
- **Division gives customers a two hour window for inspections – something that other organizations do not do. Customers like this.**
- **Office hours in the morning allow the division to communicate with each other.**
- **Office space conducive for communication among peers.**
-

WEAKNESSES may include:

- **Pay grade comparison to sanitarians not equal. Pay does not offset health care costs as it once did.**
- **Better technology for permits plus to use in the field.**
- **Needs structure pay – inspectors pay not equal to peers in the field – *journeyman's plumber scale exceeds plumbing inspector, must have at least 7 years' experience as a plumber to be eligible to even take the plumbing inspectors exam-* example provide of military pay scales**
- **Phone system in the office could be improved (comments of occasional dropped calls)**

OPPORTUNITIES may include:

- **Technology improvements including an improved field database for capturing permit notes.**
- **Opportunity to acquire medical gas in the City of Cincinnati.**
- **Positive impact that we have had on Brown County – raise the standards (some plumbing contractors work in both jurisdictions).**
- **Additional backflow and medical gas.**

THREATS may include:

- **State plumbing restructure under the Board of Building Standards**
- **Not getting accredited**
- **Management change at MSD has cause some changes to previous decisions from MSD**
- **Builders not posting addresses on properties making job difficult at times.**

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Waste Management

DATE:

8/19/16

START TIME:

08:30

FACILITATOR NAME:

Chuck DeJonckheere

Instructions:

1. **SWOT = Strengths, Weaknesses, Opportunities, Threats**
2. **Complete and attach a participant sign-in sheet**
3. **Complete SWOT analysis for categories below for the Division as a whole (NOT the program level)**
4. **See SWOT analysis overview document from MN Department of Health for additional guidance**
5. **Submit one analysis per Division to Assistant HC by 12:00 pm 8/26/16**

STRENGTHS may include:

- **Characteristics of the organization that will help it achieve successful outcome or reach goals *Strong Leadership, Adequate Resources, Up-to-date Technology, Respect from Regulated Community/Partners***
- **Resources, capabilities that will contribute to success *Continued Funding Level, Training Opportunities, Solid Team Approach***

WEAKNESSES may include:

- **Characteristics of the organization that might hinder successful outcome / reaching goals *Breadth of programs in the division (Tattoo to MSW in same day), Hard to remain proficient in programs with few facilities (IW Treatment)***
- **Absences of strengths *Lack of Experience with successful enforcement case prosecution***
- **"Flip sides" of strengths *Declining funding from SWMD beginning 2018, investment of time and effort to keep up with technology***
- **Things to avoid when executing program *Over investing in trends***
- **Factors contributing to past failures *With enforcement cases, limitations due to "due process"***
- **What other organizations might do better than yours *Divisional Community Outreach, Ability to impose penalty for violations***
- **"Achilles Heels"**

OPPORTUNITIES may include:

- **Environmental factors that might influence/contribute to successful outcome**
- **Unfulfilled / open niches not served by other programs (unmet customer need) *Need to address junk accumulation vs. dumping/disposal***
- **Upcoming changes to status quo (regulatory, political, social, etc.) *Regulation of C&DD Recycling Facilities***
- **Chances made possible by unique strengths / eliminating weaknesses (?) *Seek out new revenue streams***
- **Factors: Political, Economic, Socio-cultural, Technological *Partnerships with local zoning departments, other Health Departments.***

THREATS may include:

- *Environmental factors that might prevent successful outcome* **Operator Turn-over – death/hire/fire, Changes in commodities value/acceptance**
- *Upcoming changes to status quo (regulatory, political, social, etc.)* **Changing Conservative/Liberal interpretations of regulations based on OEPA auditor.**
- *Factors: Political, Economic, Socio-cultural, Technological* **Inherent Threat – to do nothing is easier (not enforce code/cite code violations)**

Hamilton County Public Health: Strategic Plan 2017-19—SWOT ANALYSIS

DIVISION NAME: Water Quality

DATE: 8/19/16

START TIME: 7:30

FACILITATOR NAME: Chris Griffith

Instructions:

- 1. SWOT = Strengths, Weaknesses, Opportunities, Threats**
- 2. Complete and attach a participant sign-in sheet**
- 3. Complete SWOT analysis for categories below for the Division as a whole (NOT the program level)**
- 4. See SWOT analysis overview document from MN Department of Health for additional guidance**
- 5. Submit one analysis per Division to Assistant HC by 12:00 pm 8/26/16**

STRENGTHS may include:

- Ability to get work done**
- Rapid Response**
- Good Equipment**
- Many resources available to staff**
- Support of Management, Administration and Board of Health**
- Prosecutor Support**
- Public Buy-in**
- Elected officials familiar with programs**

WEAKNESSES may include:

- Unable to make some decisions quickly – Chain of Command**
- ODH STS staff lacks technical knowledge and advanced field expertise**
- ODH STS Department are understaffed**
- STS Sanitarian Manpower – Constantly “Robbing Peter to Pay Paul”**
- Constantly in a reactive mode, never proactive**
- Inconsistencies between inspectors**
- Private Water Program too small to be knowledgeable about program**
- Lack of County Vehicles**
- Some Customer Service personnel are complacent.**
- Part time IT database person unable to keep up with the needs of division database issues.**
- Lack of IT training/awareness with new/updated database rollouts.**

OPPORTUNITIES may include:

- Access to data/files in field - Digitization**
- Field uploading of data – Real time data**
- Funding for education programs**
- Contractor/designer education**
- Public/Elected Official Education**
- Expanded service on Web**
- Integration of data with other departments (Auditor, Building, etc)**

- *New employees*
- *Standardization*
- *Regionalization of services or programs*

THREATS may include:

- *Politics*
- *Public perception/misguided public*
- *ODH lack of communication*
- *STS rules require STS Drywell elimination*
- *Economy could change*
- *Increasing costs*
- *Incompetent contractors*
- *Change of leadership in Administration*
- *Change of requirements for stormwater contract driven by NPDES permit*
- *High cost of STS installations*

Future Issues

HAMILTON COUNTY PUBLIC HEALTH: ISSUES 'FARTHER DOWN THE ROAD'

8/31/16 Compilation

AREA	ISSUE
HPE	<ul style="list-style-type: none"> • Gun violence • Health equity • Social Justice • Racism • Political climate • Climate change • Preconception health/reproductive health
E&A	<ul style="list-style-type: none"> • Heroin problem • Accreditation: ability to change our agency and reshape our processes • Coordination of efforts/responses with other LHDs • Laws regarding privacy of data and ability to gather useful data from hospitals/providers • Next big outbreak/program • Leveraging public health to change health care/pharmacy policies • Creating new reports or tracking methods to be the 'gold standard' for other LHDs to utilize • Political climate and political change (grants or moneys being funneled down)
EP&P	<ul style="list-style-type: none"> • Major emergency involving a mass dispensing campaign will always be an overwhelming challenge • Exercising our PODs is essential to preparing for this potential event. We would be challenged to receive large quantities of medical countermeasures from ODH (as provided by the SNS) at the warehouse that we have under an MOU agreement • Managing our volunteers is a challenge, as it is up to the volunteer to enter and maintain their information in the Ohio Responds system.
DP	<ul style="list-style-type: none"> • Both challenges and opportunities for public health will largely be determined by political and economic decisions made at the federal and state levels of government. Additional impacts will be influenced by local business decisions made by our large hospital systems. • General thoughts about the agency/its role in 3 years: <ul style="list-style-type: none"> ○ Create employee engagement programs to increase productivity and morale. ○ It would be great if selected persons had access to Epic Care Everywhere. ○ Develop more educational materials in Spanish ○ HR should provide Conflict Resolution and Trainings ○ Patient satisfaction surveys: are we meeting our customers' needs
WQ	<ul style="list-style-type: none"> • Challenge: <ul style="list-style-type: none"> ○ Phasing out of drywells ○ Implementation in Indian Hill into the operation permit program • Opportunity: <ul style="list-style-type: none"> ○ Regional opportunities/expansion of services ○ Cooperative service with MDS (holding tanks, grease traps) ○ Swimming pool backwash water program
EH	<ul style="list-style-type: none"> • Health equity—actually impacting where the rubber meets the road--funding <ul style="list-style-type: none"> ○ Making a true impact with funding • Accreditation—could be overwhelming on the site visit <ul style="list-style-type: none"> ○ Preparation for staff—reach out to others in Ohio that have had site visits ○ Hire full time person for continuation of accreditation—5-year review • OEHA involvement—sanitarians participation in committees and possible positions in the organization

AREA	ISSUE
	<ul style="list-style-type: none"> ○ Influence legislation/have voice • Out of state education for staff: NEHA, Conf. on Food Protection <ul style="list-style-type: none"> ○ Exposure, national stage • Zika prevention/emerging diseases • Privatization of training (food)—threat • ODH and ODA surveys—legislation/changes • Training for other languages • Regionalization of services--MHPs
PLU	<ul style="list-style-type: none"> • Possibility of plumbing being restructured under BBS and removed out of the Dept. of Commerce • Cost of out of pocket health care insurance • Decline of building and plumbing materials that are being used in construction—low quality • Plumbing trade—dying trade • Inability to attract or keep quality plumbing inspectors due to low wages
WM	<ul style="list-style-type: none"> • Having to perform full risk assessments for 5-10s would increase my workload a lot • Funding/workload as more C&DD landfills close • Contracting with ‘smaller’ HDs unable or unwilling to become accredited due to time/money • CDD recycling will continue to be a growing program and will need an increase in inspector presence in the coming years; I think moving forward without a set of regulations, if not, this program could create a challenge in enforcement and inspections
ADMIN	<ul style="list-style-type: none"> • Satellite offices • Consolidation / public health recognition • Health care data interoperability • Health care system / public health integration • Increase of staff and technology advancements to keep up with demand • Expansion of substance abuse into public health • Emerging infections • Lifestyle changes that may result in more public health needs and services • Globalization • Climate change • Loss of funding (i.e. grants = 30% budgets; ensuring that the grants meet mission) • Alignment with hospital community benefit funding

HAMILTON COUNTY PUBLIC HEALTH: ISSUES 'DOWN THE ROAD'=EMERGING THEMES

9/1/16

<i>SOCIETY/ECONOMICS/POLICY</i>	<i>DISEASE CONTROL/ENVIRONMENTAL HEALTH</i>
<ul style="list-style-type: none"> • Health equity • Political climate • Privacy of data • Globalization • Social justice • Racism • Lifestyle changes • Health care policies re: pharmacy 	<ul style="list-style-type: none"> • Massive outbreak • Major emergency • Emerging diseases and infections • Heroin epidemic • Gun violence • Climate change • Lifestyle changes
<i>ORGANIZATION/PROFESSIONAL</i>	<i>DELIVERY SYSTEMS</i>
<ul style="list-style-type: none"> • Accreditation • Language fluency (Spanish) • Cost of health insurance • Staff and technology support keeping up with demand 	<ul style="list-style-type: none"> • Coordination/collaboration with other LHDs • Workload • Volunteers • Systems integration (public, private) • Warehouse • Regional expansion • Quality of materials in systems being inspected • Satellite offices • Outcomes measurement (Performance Management System)
<i>OTHER?</i>	

NOTE: Issues highlighted appear to cut across key result areas, impacting several departments and functions in the organization. Creating and implementing a strategy to address these overarching systemic issues should be considered as a major focus of the 2017-19 HCPH Plan.

Administration and Supervisor Planning Sessions

HAMILTON COUNTY PUBLIC HEALTH: ADMINISTRATION TEAM SESSION 9/7/16 AT 1:30 P.M.—ISSUES IDENTIFICATION

Review of “Kind and Level of Admin Support” compilation and Key Issues Summary prepared 9/2/16

Kathy Lordo, Gerg Kesterman, Carolyn Ford, Jeremy Watson, John Teufel, Maria Bland, Denise Comeau, Mike Samet, Tim Ingram, Stephanie Taylor

FINANCE	HUMAN RESOURCES	INFORMATION TECHNOLOGY	PUBLIC RELATIONS
<ul style="list-style-type: none"> Comments from John: our customer; we need to improve what they (say) we need to improve We are looking to assigning a Finance individual to each of the departments, their ‘go to’ person Assign people to administer the grants At mercy of auditor in terms of how quickly reimbursements happen All opportunities for improvement Comments from Jeremy: expense reimbursement depends on downtown Learning curve for us (Jeremy and Carolyn) Comments from Carolyn: lots of pieces, just a learning curve for us 	<ul style="list-style-type: none"> Comments from Stephanie: recurring themes around salary Maybe update policies (annually) Training is a good idea (conflict resolution); can be helpful in many situations—at work/in office, in the field, personal life; bring someone in to train all staff in this 	<ul style="list-style-type: none"> Comments from Greg: back up can be an issue (that can be addressed); phone hardware to be addressed, new technology to be considered 	<ul style="list-style-type: none"> Comments from Mike: certainly have an opportunity with new website to incorporate a lot of these things Media training for staff, not sure we’d expand our media availability from a select few spokespersons Events are prioritized so limited staff resources can attend
DIVISION ASSESSMENT	DIVISION ASSESSMENT	DIVISION ASSESSMENT	DIVISION ASSESSMENT
<ul style="list-style-type: none"> Comment from Tim: what about the Foundation—not operationalized; look at Talbert House foundation—always have events and fund raising activities; this is an 	<ul style="list-style-type: none"> Comment from Stephanie: people don’t know what we do—refer to PR: increase inclusion of the community about our programs and processes 	<ul style="list-style-type: none"> Comment from Greg: answer ‘how did you involve the community in your effort’ Comment from Tim: engagement and enthusiasm! Keep it going 	<ul style="list-style-type: none"> Comment from Jeremy: new system for reporting 10/1/16, so challenge with complying with grants Comment from Maria: vitals revenue will change,

<p>opportunity to forward our mission and engage other organizations to align with our mission by giving grants</p> <ul style="list-style-type: none"> • If Board agrees, then we need to do it—staff it, operationalize it • Comment from Denise: foundation fits in with the health equity work we are doing • Comment from Greg: comment means core programs/services working well • Comment from John: grant support, providing information to grant administrators/departments 	<ul style="list-style-type: none"> • Comment from Tim: need bench strength in all key functions/support services (IT, for instance) • Fine line, need balance in these support functions—look at those that are critical to maintaining core operations running • Comment from Stephanie: what about our ‘surge capacity’—if we are pulled off on to a crisis, how do we maintain day-to-day? • Comment from John: need succession planning, especially in customer service (in advance of retirements expected) • The ‘green line’ helps direct people from the lobby to the customer service front desk • Comment from Tim: need to address the lobby—maybe have DAAP students take it on as a project • Comment from Stephanie: address alignment; no more silos 	<ul style="list-style-type: none"> • Comment from Tim: new programs; there will be further trend to move governmental public health out of direct services; move more toward health policy world • Comment from Stephanie: regionalization • Comment by Mike: driven by change in the accreditation process, and having three HDs in the county) • Comment by Tim: Medicare/Medicaid moving to population health model in their payments; all systems except Children’s, get 40% to 50% of revenue from Medicaid—an opportunity to show value to them—how to meet mandates of Medicare/Medicaid using existing resources in our area • All: relevance—do people understand what we do; do officials understand, in order to remain sustainable (funded)? 	<p>purchase anywhere in state</p> <ul style="list-style-type: none"> • Comment from Tim: priorities, priorities, priorities • Comment from Stephanie: work life balance, flexibility and more variety (millennials); we are not currently set up for that • Comment from Stephanie: is the data entry and tracking for dashboard too time-consuming? • Comment from Tim: alignment with hospital community benefit funding: changes coming in reporting from hospital systems, IRS imposing more strict/more transparent guidelines for the hospitals’ tax exempt status—so LHDs could align their population health functions with hospital systems for collaboration/funding [community benefit dollars] (and provide for the uninsured) • If money no object: <ul style="list-style-type: none"> ○ Denise: satellite offices will put us closer to the customer, rotate sites; tie in to registrars (existing locations) ○ Signage, welcoming lobby
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			<ul style="list-style-type: none">○ Technology improvements (especially cell phone issues)○ Training○ Fleet management● Farther down the road (opportunities)<ul style="list-style-type: none">○ Improved access via technology to support greater flexibility○ Program expansion (expand substance abuse into public health)○ Emerging infections○ Lifestyle impacts—comment from Tim: society more tolerant (i.e., same sex marriage); impact on certificates.○ Climate changes○ Health care system and public health integration○ Data interoperability—comment from Tim: need interoperability and access○ Globalization may increase threat of disease; comment from Tim: “our open borders admit the weary and the weak”○ Greater recognition
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			by public of what HCPH does
STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Money in the bank • Skilled, dedicated human resources • Experienced • Creative team, impressive list of technical skills • Investment in workforce/training • Nimble and flexible programs/services • Excellent customer service • Strong stakeholder engagement • Efficient services, low costs, excellent quality • Award-winning • Captive customer base • Quick response times with good follow up • Strong reputation, well respected, great leadership • Unified board of health 	<ul style="list-style-type: none"> • Identity issue (think of us as Cincinnati) • People don't know what public health is • Soured with Cincinnati reputation • People do not believe the government is here to help them • Multiple locations for staff • Geographically not located in our jurisdiction • Building issues • Ability to attract and keep certain skillsets (nursing, clinical) • Difficult to remove poor performers, restrictive personnel policies • Struggle with capacity for new programs and needs • Mission creep (priority management): are we chasing the funding? Is the value to the community as great as it was when we took on the task/priority? Is this a reaction to change or truly disruptive to the focus of the HCPH? How to help the team adapt to needed changes that increase relevance and sustainability? Tim: don't we want more reliable, 	<ul style="list-style-type: none"> • Increase revenue <ul style="list-style-type: none"> ◦ Regionalization, shared services and consolidation ◦ Increased vital revenue with iPads, statewide issuance, etc. ◦ Ability to sell services ◦ Healthy People/Healthy Communities Foundation? • Increase collaboration <ul style="list-style-type: none"> ◦ University ◦ Healthcare ◦ City of Cincinnati Health Department ◦ Healthcare and public health alignment • Expand programming <ul style="list-style-type: none"> ◦ Social media (mobile website) ◦ Continued growth of WeTHRIVE!—Health in All Policies ◦ Population health • Evaluate risks for investment (i.e., be part of the solution for opioid treatment) 	<ul style="list-style-type: none"> • Financial <ul style="list-style-type: none"> ◦ Cincinnati working in Springfield township ◦ Staffing costs ◦ Facilities costs ◦ Not securing shared services agreements ◦ Changes in grant funding • Staffing <ul style="list-style-type: none"> ◦ Retention of skilled workforce (retirements) ◦ Limited upward mobility • Organization <ul style="list-style-type: none"> ◦ Expansion of public health mission (and erosion) ◦ Losing our winning way: value ◦ Political changes • All: Unfunded mandates • Tim: Bioterrorism and emergency preparedness (expect need for change in opiate crisis to be funded by federal and state agencies)

	<p>excellent, consistent programs from all public health services in the region (reasonable expectation from the citizens)? Changes in lines of business in public health—move toward most efficiency (sometime to private sector)</p> <ul style="list-style-type: none"> • Jurisdictional boundaries—balance needs of each community 		
FINANCE: NEXT 5 YEARS			
<ul style="list-style-type: none"> • Foundation up and running <ul style="list-style-type: none"> ○ Organization ○ Funding (initial and ongoing) ○ How the foundation will operate, create value, measure its impact 	<ul style="list-style-type: none"> • Participate in selection of new financial system for the County <ul style="list-style-type: none"> ○ Ensure HCPH has a voice, a seat at the table 	<ul style="list-style-type: none"> • Increase transparency of Finance with departments in support of departmental needs <ul style="list-style-type: none"> ○ Review the 'need to know' protocols for balance, accuracy, usefulness, confidentiality 	<ul style="list-style-type: none"> • Training, support, and assistance in the budgeting process, cost accounting, grant administration, compliance, reporting
• HR: NEXT 5 YEARS			
<ul style="list-style-type: none"> • Talent life cycle: recruiting, developing, advancing retaining <ul style="list-style-type: none"> ○ Assess staffing processes to ensure adequate staffing to do the job ○ Address cultural competence, diversity and inclusion in all staffing decisions ○ Address work-life balance, flexible work arrangements 			

• IT: NEXT 5 YEARS			
• Responsiveness to internal needs to maintain continuous connectivity and productivity	• Maintain cutting edge of technology hardware, software, and provide ongoing training on these tools	• Integration of website, public access to information	
• PR: NEXT 5 YEARS			
• Develop communication plan to build awareness and understanding of the mission, the work and the outcomes (and public benefit) of HCPH	• Stay aware of and incorporate/utilize strategic social media and other communication delivery trends to build awareness and understanding among all key stakeholder audiences	• Address bench strength to continue quality—efficient and effective) communications (movement and management of information among stakeholders)	
• ORGANIZATION: NEXT 5 YEARS			
<ul style="list-style-type: none"> • Cultural competence <ul style="list-style-type: none"> ○ Address need to effectively communicate with the people we serve; beginning with language ○ Expand contact network to assist in recruitment to reflect the demographic composition of the County 	<ul style="list-style-type: none"> • Customer service <ul style="list-style-type: none"> ○ Improve building accessibility (lobby, for starters) ○ Work on eliminating language barriers (phone, lobby signage, front line staff) ○ Succession planning 	<ul style="list-style-type: none"> • Building and grounds <ul style="list-style-type: none"> ○ Assess business needs for office space (location, configuration) based on strategic plan ○ Prepare a space and support needs plan based on current and future uses for staff and equipment 	<ul style="list-style-type: none"> • Health equity <ul style="list-style-type: none"> ○ Provide equitable services across all programs, services, and support functions (from Board of Health to front-line staff) to all members of the community without regard for race, gender, income, education, residence, religion, or current state of their health

	HCPH SUPERVISOR PLANNING SESSION: LOOKING AHEAD			
	Participants	Next Five	Relevant to Customer	How Sustain
DP	Pat Allingham, Serenity Millow, Serena Collins	<u>Child Health</u> More need in children (Zika and opioid use). Vaccine prices increasing with reimbursement rates going down. Fewer school nurses to help kids with special needs. <u>TB</u> Increase in the proportion of foreign born cases. Increase drug prices squeezes treatment costs. Limited insurance coverage for at risk populations. Expand clinic? <u>HIV/STD</u> Drug resistance. Influence of opioids on incidence. Change in sexual mores.(younger onset, more partners, riskier behaviors).		
EPI	David Carlson	Collecting, analyzing and sharing more improved quality data with customers. Secure/increase reputation as reliable source for data. Improved response and timeliness of outbreak investigations. Improved interconnectivity of our data. Open sharing. Producing reports with health literacy appropriate to audience.	Quality data and its use will keep our customers more informed of issues with our county. Improvements in data will allow our HD the ability to better target and evaluate interventions. Health literacy will allow our customers of any background to be informed and make healthy decisions.	Funding for personnel. Policies/Data agreements. Innovative software. Training on analytic techniques.

EP	John Sherrard	Continue planning for mass event. Continue local and regional EP Planning meetings. Maintain and strengthen relationships. Continue volunteer recruitment, training and retention. Continue and maintain current EP Plans to prepare for emerging disease. New outbreaks (Zika, Ebola, Etc.). Opioid issues could mean the potential for added grant deliverables. Radiation Event (Planning and Exercise). Continue staff training (PODs, EOC, COOP, General EP (it's a lifestyle). Greater partnership with Hamco EMA. Better relationship with CHD. Online training to be more accessible to volunteers, POD staff and HCPH staff.	Maintaining, updating and exercising our EP Plans is vital to responding to an emergency. Residents obtain EP Information through social media. Proper planning and training improves our reaction to an emergency.	Adequate grant funding. New disease or large event may have supplemental grant funding. Employee retention ensures consistency. Indirectly POD manager.
HPE	Becca Stowe, Mary Ellen Kramer, Dorian	Health equity consistent theme. Social justice and racism issues that creates great impact. Engaging high risk populations. Policy, systems, environment in all programs . Health included in all policies. Addressing gun violence as a public health issue. Prioritizing funding based on impact and cost effectiveness. County-wide initiative alignment and centralized data system/sharing. Agency engagement and support for all programs.	Addressing customer's and employees' specific needs.	Creative solutions for funding (staff technology, partners, etc.)

EH	Jeremy Hessel, Scott Puthoff, Tucker Stone	Databased decision making. Emerging diseases and infections (Zika). Transparency access to information (web based). Language diversity (education). More prepared and educated staff. Increased non-mandated and mandated responsibilities (larger staff). Recruitment and retaining competent staff (competitive with other health departments).	Decisions are informed based on facts and data. Protects citizens/community. Ability to communicate knowledge to all customers. Maintaining a competent workforce. Quality work with happy Continuing to be lexible to community and emergency needs.	Increasing staff size with increasing license fees. IT support is continuous. Competitive with salary and benefits (example comp time). Continuing education on language diversity
PLU	Lisa Humble, Sean Moore	All Programs Expanding(Med Gas, Plumbing, Back Flow. Currently serve Hamco, Brown Co. Warren Co. Med Gas. More advanced technicians and equipment	Becoming more regional. Expanding out to other counties. Expanding more services. Better customer service then what exists	More certified med gas inspectors, more plumbing inspectors, satelite offices.
WM	Chuck DeJonckheere	Increase partnerships. Zoning for exterior hoarding. Sheriff and scrap tires. City of Cincinnati for lead money. OEPA for consistency.	Increased capacity to address issues. Resources increased. Clear message.	Demonstrated success helps to gain support. Continual Effort
WQ	Chris Griffith, Greg Cassiere, Brad Johnson	More educated and aware public and agencies. Expanded services throughout the region	Protect public health and their investment. Residents are downstream of other exterior pollution sources.	Educated public and agencies will require less enforcement allowing for more education. Expanding services will bring additional revenue sources to HCPH

HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC ISSUES—ADMINISTRATION—2017-22

HCPH ADMINISTRATION	WORKFORCE	WORK SPACE	TOOLS	EDUCATION & INFORMATION	FUNDING
STRATEGIC GOALS	<ul style="list-style-type: none"> Staff complement is right-sized and achieving work-life balance. Services are delivered in culturally competent ways. 	<ul style="list-style-type: none"> Work and service environment is accessible and welcoming. Work space utilization is optimized. 	<ul style="list-style-type: none"> Leading edge IT hardware, software, user training and support improve system functionality and reduce IT downtime. 	<ul style="list-style-type: none"> Communication plans and programs are effective in reaching, informing and educating customers. Staff members are aware of, and understand, the action plans in place to ensure HCPH is ready to address and respond to public health needs. 	<ul style="list-style-type: none"> New revenue stream(s) will support the readiness and responsiveness objectives.

NOTES:

- To maximize available staff and financial resources, work to achieve these goals may be staged over the course of the five-year period covered by the Plan.



2017-2022



HAMILTON COUNTY

PUBLIC HEALTH

Strategic Plan

APPENDIX C

Community Input & External Data



**HAMILTON COUNTY
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	PARTNER & BOARD OF HEALTH SURVEY RESULTS				
# Sent	A	Issues Mentioned Multiple Times			
2/5	Board of Health		Succession Planning		
40.0%	BOH	Drugs	Succession Planning		
10/87	Day Care				
11.5%	DC				
	DC	Immunizations			
	DC				
	DC		Poverty		
	DC	CD			
	DC	Drugs			
	DC				
	DC	Health and Nutrition			
	DC				
5/69	Jurisdiction	Drugs			
7.2%	JUR	Drugs			
	JUR	Drugs			

	JUR				
	JUR		Funding		
7/30	Govt Agency		Funding		
23.3%	Health Care				
	HC				
	HC				
	HC				
	Not for Profit				
	NP	Drugs			
22/176	Schools		Safety		
12.5%	SCH		Safety		
	SCH				
	SCH	CD	Poverty (Homelessness)		
	SCH				
	SCH				
	SCH	Mental Health	Poverty		

	SCH				
	SCH				
	SCH	Mental Health			
	SCH		Safety		
	SCH				
	SCH	Mental Health			
	SCH	Mental Health	Poverty		
	SCH		Safety		
	SCH	Mental Health			
	SCH	Immunizations			
	SCH	Mental Health			
	SCH				
	SCH	Mental Health			
	SCH		Funding		
	SCH	Drugs	Mental Health		
46/367	8	Mental Health			
12.5%	7	Drugs			
	4	Safety			
	4	Poverty			

	2	Funding			
	2	Immunizations			
	2	Succession Planning			

Review of Data Sources

		Robert Wood Johnson Foundation County Health Rankings	Health Policy Institute of Ohio Health Value Dashboard	Healthy People 2020	State CHIP	Health Collaborative GEN H	HCPH CHIP	Totals
Health Behaviors	Smoking (youth, adult, pregnant women)	x Adult		x				2
	Alcohol Use	x Adult			x			1
	Substance Abuse			x	x		x	3
	Physical Inactivity/access		x (access)	x				2
	Healthy Eating (Consumption of fruit and vegetables)		x	x				2
	Food access/insecurity		x		x			2
Conditions and Diseases	Obesity	x		x	x	x	x	5
	Cardiovascular Disease				x			
	Diabetes				x			
	Cancer				x			
	Prevention of chronic disease		x					
Injury and Violence	Violent Crime	x						
	Injury Prevention		x					
Communicable Disease Control	Chlamydia	x						
	Child immunizations		x					
Children in single person household		x						
Social Determinants	Employment		x					
	Poverty		x		x			
	Income	x	x		x			3
	Education		x	x	x			3
	Social Support		x					
	Violence, trauma and toxic stress (partner violence and adverse childhood experience)		x					
	Housing/Built environment		x					

	Equity/disparities				x			
Access to Care	Affordability of Health Insurance Coverage and Care		x					
	Primary Care Services		x		x			
	Hospital Utilization		x					
	Uninsured adults and children			x				
	Quality of care/		x					
	Health Care Value					x		
	Behavioral /Mental			x	x	x		3
	Dental Health			x	x			
Maternal & Infant Health	Maternal and Infant Health				x			
	Infant Mortality		x					
Pollution	air/water/toxic substances		x					
	Physical Environment (transportation, housing, residential segregation, lead poisoning and air and water quality)		x			x		



2017-2022



HAMILTON COUNTY PUBLIC HEALTH Strategic Plan APPENDIX D Recommendations



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HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PLAN 2017-2022—DRAFT SYSTEM OBJECTIVES, GOALS, STRATEGIES

VISION: HAMILTON COUNTY PUBLIC HEALTH: Healthy choices. Healthy lives. Healthy communities.

MISSION: Hamilton County Public Health educates, serves and protects our community for a healthier future.

BELIEFS: Hamilton County Public Health: we believe...

- Everyone deserves the opportunity to live a healthy, fulfilling life.
- We can achieve and sustain a healthier community for everyone by working collaboratively with others
- A healthier community reinforces the economic vitality of the region.
- Accurate and timely information and services will better equip people to make healthy choices that strengthen the entire community.
- HCPH's work to educate and to ensure compliance can result in a healthier community and environment.
- Our team will be competent and strive to continuously improve delivery of our services.

OBJECTIVES

- **Relevance**—the programs and services of HCPH continue to connect with the people of Hamilton County and improve their lives.
- **Sustainability**— the human and capital resources needed are available and leveraged to return the greatest value for the investment.
- **Readiness**
 - Programs/services are available when and where needed to address health issues today, and into the future
 - Data and IT support are state of the art, high functioning, interactive, up to date
 - HR Training and development improve customer service with cultural competence
 - The organization is right-sized to achieve objectives of responsiveness, readiness and equity
 - Financial resources are available and invested to maximize impact
 - Workspace and work-life balance support high performance
 - Public information and awareness efforts balance reach and frequency to keep customer-decision makers (and decision-influencers) informed
 - Each division will seek partnerships and collaborations to find workable solutions to current and future challenges
- **Responsiveness**
 - Internal systems are optimized and downtime/wait times are minimized
 - Response to customers exceeds defined, best practice expectations
- **Equity**
 - Customers are served in culturally competent ways
 - Program/service delivery focuses on minimizing health disparities

HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH STRATEGIC PLANNING SESSION 10/15/16

INDICATOR OF NEED	MENTAL HEALTH
	LARGE GROUP DISCUSSION
CURRENT ROLE	Convener/Influencer
CURRENT APPROACH	<ul style="list-style-type: none"> ✓ Environmental/housing condemnation—see a lot of hoarding; collaborate to send occupants to safe housing (transitional) ✓ Convene and collaborate for housing with Protective Services, private practitioners in mental health, housing organizations ✓ Take complaints and develop plans to address hoarding issues ✓ We own ‘in the field coordination’ to get residents the help they need (when home condemned) ✓ Refer to other providers and agencies; we influence care of the affected individuals ✓ We Thrive initiative helps people connect to their community, support better mental health ✓ Identify home environment/situations that may be harmful to a person ✓ Referral to services to help change an individual’s living conditions ✓ TB clinic deals with chronic homeless and substance abusers; this impact testing. Related to Vesta system at The Partnership Center. ✓ Mental health of TB-infected people is fragile. Sometimes difficult to get their cooperation to be tested and treated. ✓ What is our preparedness to deal with the mental-health population? ✓ Where lead is found in a home and it has affected child’s health, we clean up the home and the occupants return. What about the child’s (cognitive, learning abilities) health? ✓ Convene health educators ✓ Work with Greater Cincinnati Water Works and day care centers to discover homes where lead may be a problem ✓ Risk assessment; write abatement orders
<i>HPE</i>	
<i>E&A</i>	
<i>EP&P</i>	
<i>DP</i>	
<i>WQ</i>	
<i>EH</i>	
<i>PLU</i>	
<i>WM</i>	
<i>ADMIN</i>	
KEY PLAYERS	<ul style="list-style-type: none"> • UC Mobile Crisis • Adult/Child Protective Services • Council on Aging • Police • Fire/EMS • Hamilton County Building Dept. • Faith-based organizations • Barron Shelter House for Men; Hatton Shelter House for Women • Legal Aid Society • Veterans Administration • Volunteers of America • Center for Respite Care • Public school systems • GCWW • Hamilton County JFS • Cincinnati Economic Development Dept. • Child Fatality Review Board • Hamilton County Mental Health Board
SMALL GROUP	Team: Pat, Lisa, Jeremy, Tom, Jeremy

2017-22 ROLE	Influencer: education, services, data Enforcer: education, help (services through other agencies, family, collaborators)
DO DIFFERENTLY	<ul style="list-style-type: none"> • Influencing statutes • More collaboration with other agencies • More resources: funds (clean-up of homes, mental services), agencies, education • Outreach: ambassador/collaborator
RESOURCES NEEDED	<ul style="list-style-type: none"> • New role on resources/impact • Collaborator/ambassador role: staff, all services • Funds: use of foundation to assist in mental health services, clean-up • Resource collaboration • Data: use to help outcomes/collaboration

HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH STRATEGIC PLANNING SESSION 10/15/16

INDICATOR OF NEED	SUBSTANCE ABUSE
	LARGE GROUP DISCUSSION
CURRENT ROLE	Convener/Influencer
CURRENT APPROACH	<ul style="list-style-type: none"> ✓ Provide health education to restaurants for employees; alert to signs of drug use ✓ Hamilton County Heroin Task Force; daily report process on overdoses ✓ Test homes that are suspected of, or proven illegal drug manufacturing sites ✓ Emergency preparedness; provide Narcan kits to local communities ✓ Prevention through injury prevention coordinator ✓ Child care center tobacco-free areas ✓ Clean-up of drug houses so tenants can return or new tenants can occupy without danger from residual chemicals ✓ Promote standardized pain management guidelines with prescribing health professionals (to reduce opportunity for patients to become drug-dependent) ✓ Educating youth to the detriments of smoking and substance use ✓ Creating tobacco-free spaces in communities (part of We Thrive), moving from indoor to outdoor spaces ✓ Review overdose surveillance reports ✓ Prevention: youth pathway in We Thrive; schools; Prevention First! Organization ✓ Targeted testing: TB, HIV, STD/syphilis; test the most at-risk; outreach a related issue ✓ Data capture
<i>HPE</i>	
<i>E&A</i>	
<i>EP&P</i>	
<i>DP</i>	
<i>WQ</i>	
<i>EH</i>	
<i>PLU</i>	
<i>WM</i>	
<i>ADMIN</i>	
KEY PLAYERS	<ul style="list-style-type: none"> • Hamilton County Sheriff • First responders • Health Care community • Hamilton County Mental Health Board • Providers (i.e., Talbert House) • CCHMC • Undercover Drug Task Force • Body Art facilities • Child Care Centers • Prevention First! • Schools • NIOSH
SMALL GROUP	Team: Tim, Steve, Mark Jim, David
2017-22 ROLE	Convener: Influencer:
DO DIFFERENTLY	<ul style="list-style-type: none"> • Operationalize Bloodborne Pathogen Reduction program • Provide data/surveillance to inform partner agencies • Assist with the coordination of substance abuse efforts • Convene TriState Collective Impact; integrate Hamilton County Health Care group
RESOURCES NEEDED	<ul style="list-style-type: none"> • 1 FTE coordinator • Additional time for Epi personnel • Funding for Bloodborne Pathogen Reduction program

HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH STRATEGIC PLANNING SESSION 10/15/16

INDICATOR OF NEED	OBESITY
	LARGE GROUP DISCUSSION
CURRENT ROLE	Convener/Owner
CURRENT APPROACH	<ul style="list-style-type: none"> ✓ Gather data on obesity and other physical health indicators ✓ Get data from the 21 We Thrive communities ✓ We Thrive Program: chronic disease pathway; health living; HCPH owns this ✓ Convene the We Thrive Implementation Team; always seeking alignment ✓ Outdoor activities; clean-ups in neighborhoods with resources from Housing; playground and safety checks ✓ Convene the Public Health Advisory Council ✓ Conduct community health assessments and environmental audits
HPE	
E&A	
EP&P	
DP	
WQ	
EH	
PLU	
WM	
ADMIN	
KEY PLAYERS	<ul style="list-style-type: none"> • Health Promotion group • Health Collaborative • Interact for Health • We Thrive Communities (21) • Public Health Advisory Council • Hospitals • Churches • Hamilton County Developmental Disabilities Services
SMALL GROUP	Team: Tracey, Mary Ellen, John, Chris
2017-22 ROLE	Convener: Influencer: support community leadership
DO DIFFERENTLY	<ul style="list-style-type: none"> • Tracking data (health outcomes): looking at each year (Epi) • Measurements of success: identify and track (Epi & HPE) • Expand/work more (HPE) with schools (healthy eating, physical activity)
RESOURCES NEEDED	<ul style="list-style-type: none"> • Hire an additional 1 FTE health educator or technical person for evaluation • Are there CHIS program dollars that can shift to HPE? • Look at foundations, hospitals, etc. • Look at how fees are used for 'administration' to get 1 FTE evaluator

HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH STRATEGIC PLANNING SESSION 10/15/16

INDICATOR OF NEED	DENTAL HEALTH
	LARGE GROUP DISCUSSION
CURRENT ROLE	Convener
CURRENT APPROACH	<ul style="list-style-type: none"> ✓ No involvement in dental health (from policy, to services delivery) unless there are needs/requests for national data or trends ✓ Some funds to dental care in the County from the Indigent Care Levy ✓ Sale of Drake Hospital required UC Health to look at dental health in the County ✓ Serving low income individuals—Cincinnati Health Centers, FQHC, private dentists; report from UC Health being re-circulated now; indicates there is a dental health need in the community ✓ County Commissioners want to explore and address this need by convening stakeholders (to review situation, statistics, policy, providers, agencies and associations, data, state the challenge, look at possible role for HCPH to assume (or not) and roles for other stakeholders
<i>HPE</i>	
<i>E&A</i>	
<i>EP&P</i>	
<i>DP</i>	
<i>WQ</i>	
<i>EH</i>	
<i>PLU</i>	
<i>WM</i>	
<i>ADMIN</i>	
KEY PLAYERS	<ul style="list-style-type: none"> • UC Dental Hygiene clinics • Ohio Dept. of Health • County Commissioners • Dental insurers • Cincinnati Dental Society • Cincinnati Health Dept. Dental Clinics • Children's and UC (small dental departments) • Federally Qualified Health Centers • Private dentists • Dental Care Access (expansion of scope of practice for dental assistants)
SMALL GROUP	Team: Dr. Amend, Chris, Chuck, Greg
2017-22 ROLE	Convener: convene all the key players <ul style="list-style-type: none"> • Clear boundaries: not providing services; at best/most, take the handoff from the Commissioners and narrowly define the scope of 'convener' and the goal of an initial meeting to state the problem, outline course of action, assign responsibility, set the scope and timeline, and • Limited by finances, ability to secure funding (relative to direct or indirect service) • Currently no subject matter experts on staff; significant learning curve (relative to direct or indirect service as an influencer or owner)
DO DIFFERENTLY	<ul style="list-style-type: none"> • Gathering information to define the challenge; examine data • We have existing model with STDs/Heroin approach
RESOURCES NEEDED	<ul style="list-style-type: none"> • Need to finance new staff (coordinator?) • Role will be dictated by available funding

HAMILTON COUNTY PUBLIC HEALTH



Strategic Issues and Planning Ahead

October 15, 2016

HAMILTON COUNTY
PUBLIC HEALTH

IMPETUS

- "We cannot solve our problems with the same thinking we used when we created them." *Albert Einstein*
- "Not everything that is faced can be changed. But nothing can be changed until it is faced." *James Baldwin*

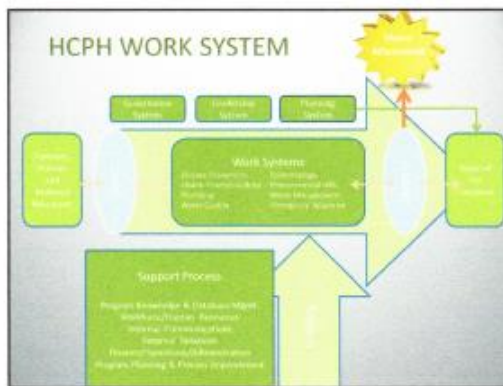
HAMILTON COUNTY
PUBLIC HEALTH

BACKGROUND

- Mission, money, measures
- HCPH is a system
- Continuous improvement
- Strategic issues drive response
- Strategic Plan required for accreditation

HAMILTON COUNTY
PUBLIC HEALTH

HCPH WORK SYSTEM



VALUES

- We believe:
 - Everyone deserves the opportunity to live a healthy, fulfilling life.
 - We can achieve and sustain a healthier community for everyone by working collaboratively with others.
 - A healthier community reinforces the economic vitality of the region.
 - Accurate and timely information and services will better equip people to make healthy choices that strengthen the entire community.
 - HCPH's work to educate and to ensure compliance can result in a healthier community and environment.
 - Our team will be competent and strive to continuously improve delivery of our services.

HAMILTON COUNTY
PUBLIC HEALTH

VISION AND MISSION

- **External Vision**
 - Healthy choices. Healthy lives. Healthy communities.
- **Internal Vision**
 - Hamilton County Public Health is recognized as a valued leader in creating environments for healthier lives and communities.
- **Mission**
 - Hamilton County Public Health educates, serves and protects our community for a healthier future.

HAMILTON COUNTY
PUBLIC HEALTH

PLANNING PROCESS: 2017-22

- Engage staff, management and Board
- Inventory perceptions, identify challenges
- Review results of current Plan
- Develop strategic issues for the next five years
- Phase 1—Operations Issues
- Phase 2—Strategic Outcomes
- Draft a five-year Plan

STRATEGIC PLAN: 2017-22

- **OBJECTIVES**
 - *Relevance*
 - *Sustainability*
 - *Readiness*
 - *Responsiveness*
 - *Equity*

HCPH: WAS/WILL BE 2017-22

WAS	KEY RESULT AREA	WILL BE
Workloads need to be balanced; increasingly diverse customer base	WORKFORCE	Right-sized, culturally competent
Barriers need to be reduced/minimized; space allocation needs alignment	WORK SPACE	Welcoming, accessible, optimized
Systems not optimized; IT functionality and downtime are issues	TOOLS	Leading edge (hardware, software, user training, support)
Staff vertically focused; are customers and consumers getting the message?	EDUCATION & INFORMATION	Reaching, informing, educating customers, consumers and staff effectively
Insufficient to address new challenges	FUNDING/FINANCIAL RESOURCES	New stream(s), such as Foundation

STRATEGIC GOALS: 2017-22

- **ADMINISTRATION**
 - **Workforce**
 - Staff complement is right-sized and achieving work-life balance
 - Services are delivered in culturally competent ways
 - **Work space**
 - Work and service environment is accessible and welcoming
 - Work space utilization is optimized

STRATEGIC GOALS: 2017-22

- **ADMINISTRATION**
 - **Tools**
 - Leading edge IT hardware, software, user training and support improve system functionality and reduce IT downtime
 - **Education & Information**
 - Communication plans and programs are effective in reaching, informing and educating customers
 - Staff members are aware of, and understand, the action plans in place to ensure HCPH is ready to address and respond to public health needs
 - **Funding**
 - New revenue stream(s) support the readiness and responsiveness objectives

HAMILTON COUNTY, OHIO, USA

- **DEMOGRAPHICS**
 - In 2015, Hamilton County was roughly equal to or better than Ohio and the U.S. in most categories (health insurance coverage, SNAP, disability, overall educational attainment)
 - However, key differences exist:
 - Greater disparity in income, educational attainment, and unemployment
 - Fewer individuals who speak a language other than English at home

HAMILTON COUNTY DEMOGRAPHICS

• 2012 vs 2015

- Largely unchanged: population size and demographics (age, race, sex, language, disabilities)
- Slight improvements: poverty, educational attainment, median household income, unemployment, health insurance coverage, SNAP

HAMILTON COUNTY DEMOGRAPHICS

- Disparity in multiple indicators among specific populations in Hamilton County

	BLACK	HISPANIC	WHITE
Bachelor's Degree or Higher	18.1%	32.2%	41.9%
Median Household Income	\$28,424	\$41,005	\$62,059
Percent Unemployment	12.3%	6.0%	4.7%

HAMILTON COUNTY DEMOGRAPHICS

- 7% of the population speaks a language other than English at home
- Slight increase in the population 55 and older:
 - 26.5% in 2012 vs 27.7% in 2015 (Over 11,000 additional residents).

Top 10 most common causes of death groups: Hamilton County residents, 2013-2015

Rank	2013 Deaths (n=1,334)	2014 Deaths (n=1,488)	2015 Deaths (n=1,712)
1	Ischemic heart disease (n=185)	Ischemic heart disease (n=204)	Ischemic heart disease (n=214)
2	Cancer (n=176)	Cancer (n=195)	Cancer (n=201)
3	Unintentional injury (n=151)	Unintentional injury (n=161)	Unintentional injury (n=171)
4	COPD (n=110)	COPD (n=120)	COPD (n=124)
5	Stroke (n=104)	Stroke (n=114)	Stroke (n=119)
6	Diabetes (n=101)	Diabetes (n=111)	Diabetes (n=116)
7	Alzheimer's disease (n=101)	Alzheimer's disease (n=111)	Alzheimer's disease (n=116)
8	Chronic kidney disease (n=101)	Chronic kidney disease (n=111)	Chronic kidney disease (n=116)
9	Complications of pregnancy (n=101)	Complications of pregnancy (n=111)	Complications of pregnancy (n=116)
10	Chronic liver disease (n=101)	Chronic liver disease (n=111)	Chronic liver disease (n=116)

FINANCE & STAFFING

• ACTUAL 2013-PROJECTED 2017

- Staff size increased by 16% from 75 to 87
- Budget increased by 17% from \$8,419,000 to \$9,861,000

STRATEGIC ISSUES: 2017-22

• SOCIAL DETERMINANTS OF HEALTH EQUITY

- HEALTH EQUITY: The attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the attainment of health and health care disparities. (Healthy People 2020)

- Poverty
- Income
- Education
- Access to Care

• INDICATORS OF NEED

- Mental Health
- Substance Abuse
- Obesity/Healthy Living
- Dental Health

STRATEGIC PLAN: 2017-22

PLANNING AHEAD [large group]

- Describe HCPH's current approach (*programs, services, involvement, impact*)
- Identify all the major players
- Assign each issue to HCPH role category (*convener, influencer, owner*)
- "Where do you want to be in the next five years?" (*change in approach? Change in role?*)



STRATEGIC PLAN: 2017-22

PLANNING AHEAD [3 breakouts]

- Brainstorm ways to significantly improve/increase outcomes by addressing the issue
 - What do you want HCPH's role to be?
 - What will HCPH be doing differently?
 - What is the impact of this new role on resources (staff, technology, dollars)?
- Create an easel page of your work
- Elect a reporter to present to the large group



NEXT STEPS

- Today's discussion will be summarized
- HCPH leadership reviews budget impact of emerging priorities
- HCPH leadership team will draft goals, action steps
- Draft Strategic Plan: 2017-22 will be completed by December Board meeting



HAMILTON COUNTY PUBLIC HEALTH



Strategic Issues and Planning Ahead

October 15, 2016

HAMILTON COUNTY PUBLIC HEALTH



HAMILTON COUNTY
PUBLIC HEALTH

Draft Strategic Plan

November 14, 2016

PLANNING PROCESS: 2017-22

- Engage staff, management and Board
- Inventory perceptions, identify challenges
- Review results of current Plan
- Develop strategic issues for the next five years
- Phase 1—Operations Issues
- Phase 2—Strategic Outcomes
- **Draft a five-year Plan**

HAMILTON COUNTY
PUBLIC HEALTH

STRATEGIC PLAN: 2017-22

- **OBJECTIVES**
 - Relevance
 - Sustainability
 - Readiness
 - Responsiveness
 - Equity

HAMILTON COUNTY
PUBLIC HEALTH

STRATEGIC ISSUES: 2017-22

- **INDICATORS OF NEED**
 - Mental Health
 - Substance Abuse
 - Obesity/Healthy Living
 - Dental Health
- **ADMINISTRATION**
- **ACCREDITATION**

HAMILTON COUNTY
PUBLIC HEALTH

STRATEGIC GOALS: 2017-22

- **MENTAL HEALTH** [Existing Resources]
 - **Goal:** improve response to the need for housing to support those displaced.
 - **Strategy:** identify best practices and develop plan to use additional emergency support and referral partners in temporary housing and mental health.

HAMILTON COUNTY
PUBLIC HEALTH

STRATEGIC GOALS: 2017-22

- **MENTAL HEALTH** [Existing Resources]
 - **Goal:** Increase coordinated support for, and recognition of, mental health impact in schools.
 - **Strategy:** Convene key players to determine strengths and opportunities for improvement in mental health in school classrooms.

HAMILTON COUNTY
PUBLIC HEALTH

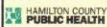
STRATEGIC ISSUES: 2017-22

- **SUBSTANCE ABUSE** [Resources TBD by role]

- **Goal:** Reduce public health effects of substance abuse by individuals.

- **Strategies:**

- Coordinate blood borne pathogen reduction program.
 - Explore larger role for HCPH in the regional coordinated heroin response.
 - Expand the overdose surveillance system.



STRATEGIC ISSUES: 2017-22

- **OBESITY** [Add health educator or Epi]

- **Goal:** Increase the impact of the WeTHRIVE! health education program.

- **Strategies:**

- Expand program emphasis on physical activity, healthy eating and stress management to schools in the at-risk communities currently served.
 - Expand WeTHRIVE! Programming to more at-risk communities.
 - Develop WeTHRIVE! Evaluation Plan.



STRATEGIC ISSUES: 2017-22

- **DENTAL HEALTH** [Resources TBD by role]

- **Goal:** Define the challenge to public health by the current condition of dental health needs in Hamilton County.

- **Strategy:** Convene key players in policy, care, cost reimbursement, professional training and education to determine role for HCPH.



STRATEGIC GOALS: 2017-22

- **ADMINISTRATION** [Existing and contracted services]

- **Workforce**

- **Goal:** Staff complement is right-sized and achieving work-life balance.
 - **Strategy:** Assess capacity and implement any re-distribution of workload as indicated.
 - **Goal:** Services are delivered in culturally competent ways.
 - **Strategy:** Provide signage and materials in multiple languages that reflect and respond to the key nationalities served.
 - **Strategy:** Provide staff training in culturally competent customer service delivery and in supervision of staff.

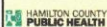


STRATEGIC GOALS: 2017-22

- **ADMINISTRATION** [Existing resources]

- **Work Space**

- **Goal:** Work and service environment is welcoming and contributes to the team's high performance.
 - **Strategy:** Analyze structure, design and appearance of common physical space and modify as indicated.

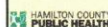


STRATEGIC GOALS: 2017-22

- **ADMINISTRATION** [Add 1 FTE]

- **Tools**

- **Goal:** Leading edge IT hardware, software, user training and support improve system functionality and reduce IT downtime.
 - **Strategy:** Assess and incorporate needed solutions.



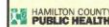
STRATEGIC GOALS: 2017-22

- **ADMINISTRATION** [Existing Resources]
 - **Education & Information**
 - **Goal:** Communication plans and programs are effective in reaching, informing and educating customers.
 - **Strategy:** Conduct periodic measurement of reach, frequency, and impact of communication and modify channels, message, and/or frequency if indicated.
 - **Goal:** Staff members are aware of, and understand, the action plans in place to ensure HCPH is ready to address and respond to public health needs.
 - **Strategy:** Create and sustain internal communication that features programs and processes guiding readiness and responsiveness.



STRATEGIC GOALS: 2017-22

- **ADMINISTRATION** [Existing resources to launch; consultant services as needed post-launch]
 - **Funding**
 - **Goal:** Add new revenue stream(s) to support the readiness and responsiveness objectives
 - **Strategy:** Operationalize the Healthy People and Communities Foundation.



STRATEGIC GOALS: 2017-22

- **ACCREDITATION** [Add .25 FTE]
 - **Goal:** Meet requirements for accreditation as a high-performing Local Health Department.
 - **Strategy:** Leverage strengths and respond to opportunities for improvement in key performance indicators identified in formal review.



STRATEGIC PLAN: 2017-22

- Discussion
- Consensus of the Board
- Approval to proceed with annual operations plans



HAMILTON COUNTY PUBLIC HEALTH



Draft Strategic Plan

November 14, 2016



2017-2022



HAMILTON COUNTY PUBLIC HEALTH Strategic Plan APPENDIX E Adopted Strategic Plan



**HAMILTON COUNTY
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.

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HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PLAN 2017-22—PUBLIC HEALTH STRATEGIC ISSUES OF IMPACT

INDICATOR OF NEED	GOAL	STRATEGY	RESOURCE NEEDS	2017	2018	2019	2020	2021
MENTAL HEALTH	Improve response to the need for housing to support those displaced by condemnation orders, lead contamination, etc.	<ul style="list-style-type: none"> Identify best practices and develop a plan to utilize additional emergency support and referral partners in temporary housing and mental health services to assist people who are displaced with nowhere to turn. 	Use existing resources.	Review best practice. Create plan. Expand resource team.	Deploy plan.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.
	Increase coordinated support for, and recognition of, mental health impact in schools.	<ul style="list-style-type: none"> Convene key players in mental health diagnoses, treatment and training to determine strengths and opportunities for improvement in mental health in school classrooms. 	Use existing resources.	Convene team to define challenge and develop action plan.	Schools and mental health community owners implement plan.	.		
SUBSTANCE ABUSE	Reduce public health effects of substance abuse by individuals.	<ul style="list-style-type: none"> Coordinate blood borne pathogen reduction program. 	To be determined based on role assumed by HCPH.	Determine project owner. HCPH provides support as needed.			.	.
		<ul style="list-style-type: none"> Explore larger role for HCPH in the regional coordinated heroin response. 	To be determined based on role assumed by HCPH.	Determine role.				

INDICATOR OF NEED	GOAL	STRATEGY	RESOURCE NEEDS	2017	2018	2019	2020	2021
		<ul style="list-style-type: none"> Expand the overdose surveillance system. 	To be determined based on role assumed by HCPH.	Determine role.				
OBESITY	Increase the impact of the WeTHRIVE! health education program.	<ul style="list-style-type: none"> Expand program emphasis on physical activity, healthy eating, and stress management to schools in the at-risk communities currently served. 	Add health educator or Epi.	Identify the target WeTHRIVE! communities and their schools. Develop and begin expansion plan.	Implement plan and begin measurement.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.
		<ul style="list-style-type: none"> Expand WeTHRIVE! programming into additional at-risk communities. 		Identify target expansion plan; begin implementation.	Implement plan and begin measurement.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.
		<ul style="list-style-type: none"> Develop WeTHRIVE! Evaluation Plan. 		Develop expected outcomes and determine data points.	Measure results. Modify WeTHRIVE! program delivery as needed.	Measure results. Modify WeTHRIVE! program delivery as needed.	Measure results. Modify WeTHRIVE! program delivery as needed.	Measure results. Modify WeTHRIVE! program delivery as needed.
DENTAL HEALTH	Define the challenge to public health by the current condition of dental health needs in Hamilton County.	<ul style="list-style-type: none"> Convene key players in policy, care, cost reimbursement, professional training and education to determine role for HCPH. 	To be determined based on role assumed by HCPH.	Identify partners. Convene working group to develop action plan.	Implement plan under the process owner.			
ADMINISTRATION								

INDICATOR OF NEED	GOAL	STRATEGY	RESOURCE NEEDS	2017	2018	2019	2020	2021
Workforce	Staff complement is right-sized and achieving work-life balance.	<ul style="list-style-type: none"> Assess workforce capacity and implement any re-distribution of workload as indicated. 	Use existing resources.	Assess workforce; develop projections and implement action plan.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.
		<ul style="list-style-type: none"> Identify and deploy effective means to recruit and retain the new generation of workers. 	Use existing resources.	Conduct qualitative and quantitative assessment to inform action plan. Implement plan.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.	Measure results. Modify plan as needed.
	Services are delivered in culturally competent ways.	<ul style="list-style-type: none"> Provide signage and printed materials in multiple languages that reflect and respond to the key nationalities in the customer base. 	Translation services, printing.	Determine what messages, what languages, what sites, in what quantities; identify a vendor and costs.				
		<ul style="list-style-type: none"> Provide staff training in culturally competent customer service delivery and in supervision of staff. 	Cultural competence/unconscious bias, diversity & inclusion consultant for training design and delivery.	Define training goals and outcomes; identify consultant and cost for implementation in 3Q or 4Q.				
Work Space	Work and service environment is welcoming, and contributes to	<ul style="list-style-type: none"> Analyze structure, design and appearance of common physical 	Use existing resources.	Convene internal team to review and develop recommendations.				

INDICATOR OF NEED	GOAL	STRATEGY	RESOURCE NEEDS	2017	2018	2019	2020	2021
	the team's high performance.	space and modify as indicated.		Implement as indicated.				
Tools	Leading edge IT hardware, software, user training and support improve system functionality and reduce IT downtime.	<ul style="list-style-type: none"> Assess and incorporate needed solutions. 	Add 1 FTE	Administration, IT and Department heads assess needs and develop response plan.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.
Education & Information	Communication plans and programs are effective in reaching, informing and educating customers.	<ul style="list-style-type: none"> Conduct periodic measurement of reach, frequency, and impact of communication and modify channels, message, and/or frequency if indicated. 	Use existing resources.	Survey key audience groups; modify communication plan as indicated.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.	Measure results. Modify plan if needed.
	Staff members are aware of, and understand, the action plans in place to ensure HCPH is ready to address and respond to public health needs.	<ul style="list-style-type: none"> Create and sustain internal communication that features programs and processes guiding readiness and responsiveness. 	Use existing resources.	Emergency Preparedness Coordinator meets with Assistant Commissioners to plan and deploy information channels and timing.	Repeat as needed.	Repeat as needed.	Repeat as needed.	Repeat as needed.
Funding	Add new revenue stream(s) to support the readiness and	<ul style="list-style-type: none"> Operationalize the Healthy People and Communities Foundation. 	Use existing resources to launch; add consultant services as needed post-launch.	Foundation Board meets to determine strategy, management,	Measure progress. Modify plan as needed.	Measure progress. Modify plan as needed.	Measure progress. Modify plan as needed.	Measure progress. Modify plan as needed.

INDICATOR OF NEED	GOAL	STRATEGY	RESOURCE NEEDS	2017	2018	2019	2020	2021
	responsiveness objectives.			staffing, fundraising plan, and execution.				
ACCREDITATION	Meet requirements for accreditation as a high-performing Local Health Department.	<ul style="list-style-type: none"> Leverage strengths and respond to opportunities for improvement in key performance indicators identified in formal review. 	Add .25 FTE	Based on findings, Accreditation Coordinator reviews results and develops response plan with Health Commissioner.	Report progress.	Report progress.	Report progress.	Report progress.