

Strategic Plan

2022-2026



**HAMILTON COUNTY
PUBLIC HEALTH**

PREVENT. PROMOTE. PROTECT.



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Document Revisions

Date	Revision Number	Description of Change	Pages Affected	Reviewed/ or Changed By

I. Introduction

Local governmental public health departments play an essential role in the integrated public health system. They are increasingly working with others in the broader health system to address the social determinants of health — the conditions in places where people live, work, learn, and play that impact health risks and outcomes.¹ Hamilton County Public Health (HCPH) is committed to improving the population's health by enhancing its readiness, responsiveness, and equitable program and service delivery.

HCPH is focusing on strengthening core foundational capabilities and services and remains steadfast to its mission, vision, and values. In March of 2017, HCPH became a nationally accredited health department by the Public Health Accreditation Board. Among other standards, accreditation requires health departments to set performance goals, implement continuous quality improvement, monitor customer service, track important health issues, and respond to public health emergencies.

To be reaccredited in 2022, HCPH must demonstrate how it continues to evolve, improve, and advance at improving the health of the population we serve. The HCPH Performance Management and Quality Improvement Plan serves as the foundation of this work and enables us to systematically evaluate and improve the quality of programs, processes, and services to achieve a high level of efficiency, effectiveness, and customer satisfaction.

In addition to its core foundational capabilities, HCPH identified several public health priorities in the in the 2021 Community Health Needs Assessment (CHNA) which will guide the work of the agency and impact morbidity and mortality. These priorities include Chronic Disease and Obesity; Maternal, Infant, and Child Health; Mental Health and Addiction; HIV and Sexually Transmitted Infections; and Oral Health.

The 2022-2026 strategic plan planning process presented an opportunity for HCPH to redefine its priorities while also reaffirming its purpose. In so doing, HCPH acknowledges the landscape of public health has changed since its previous strategic plan. Most notably, the COVID-19 global pandemic has fundamentally changed public health service delivery. This new strategic plan builds on our CHNA and the 2018-2022 Community Health Improvement Plan (CHIP) while also aligning with state and national efforts such as Ohio's public health quality indicators and Public Health 3.0. HCPH is poised to build on the accomplishment of public health accreditation by expanding its ability to provide core public services and build healthier communities by addressing the social determinants of health.

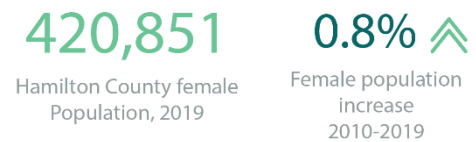
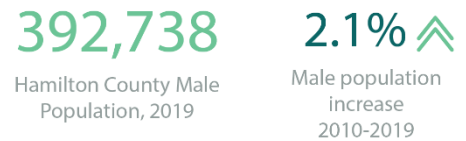
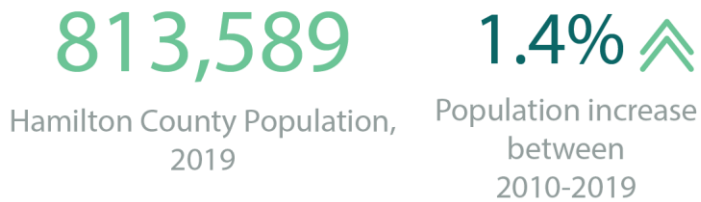
¹ US Department of Health and Human Services, Office of the Assistant Secretary for Health. Public Health 3.0: a call to action to create a 21st century public health infrastructure. 2016. <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>. Accessed June 15, 2021.

II. Hamilton County Profile

Hamilton County is located in the southwestern corner of Ohio and is home to 813,589 residents (Census, 2019). It is a multi-jurisdictional county comprised of 48 distinct political jurisdictions and 22 public school districts serviced by four health departments.

Data Snapshot — 2019

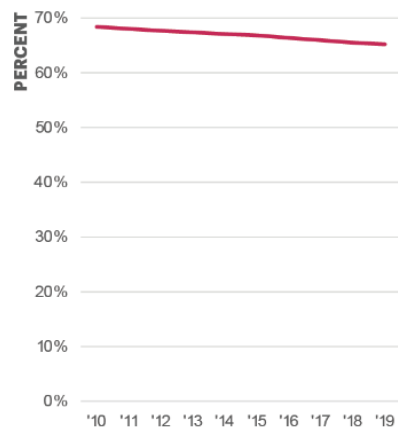
POPULATION CHARACTERISTICS



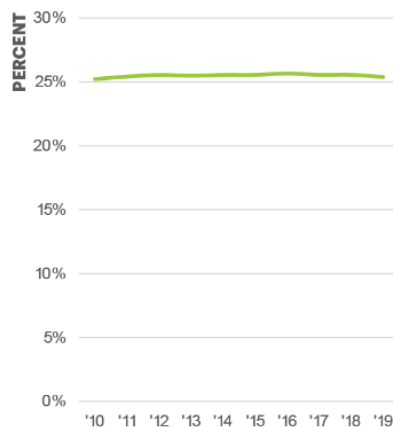
POPULATION TRENDS BY RACE/ETHNICITY

Hamilton County, 2010-2019

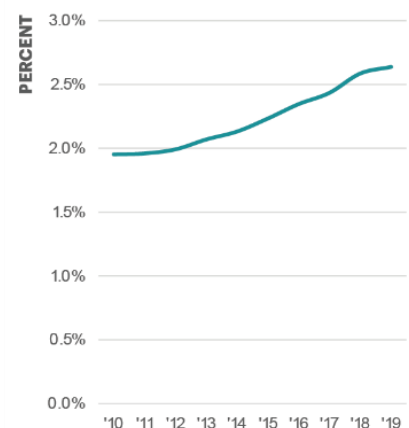
NON-HISPANIC WHITE



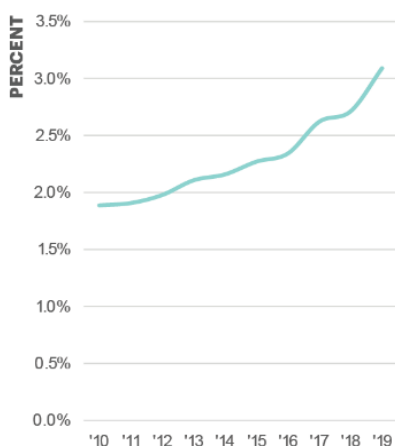
NON-HISPANIC BLACK



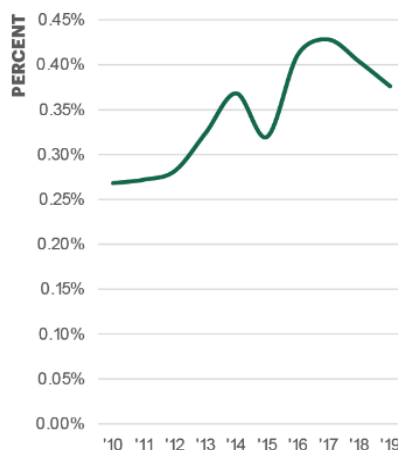
NON-HISPANIC ASIAN



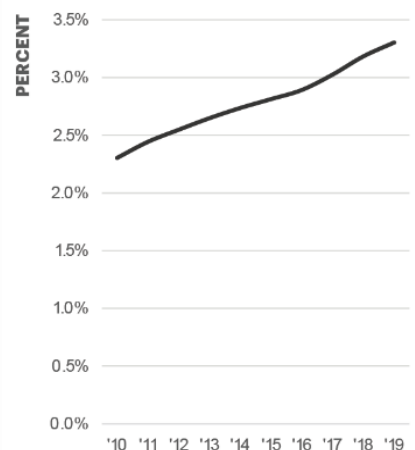
NON-HISPANIC MULTI-RACIAL



NON-HISPANIC OTHER RACE



HISPANIC



ECONOMIC CHARACTERISTICS

\$83,247

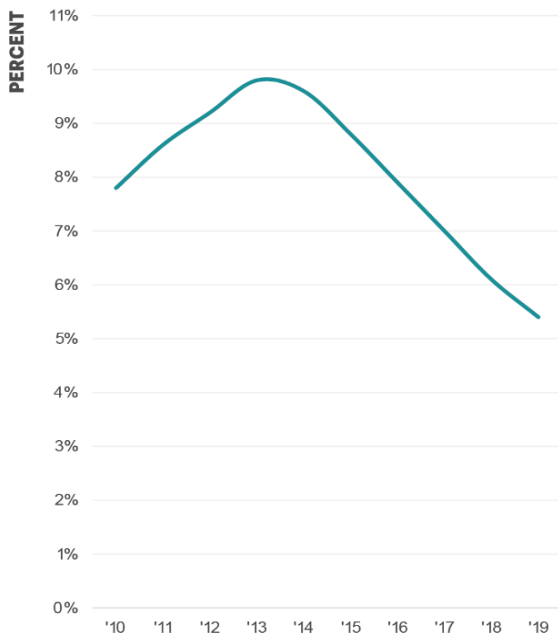
Average Hamilton County
Household Income, 2019

21% 

Average household
income increase
between
2010-2019

UNEMPLOYMENT TRENDS

Hamilton County, 2010-2019

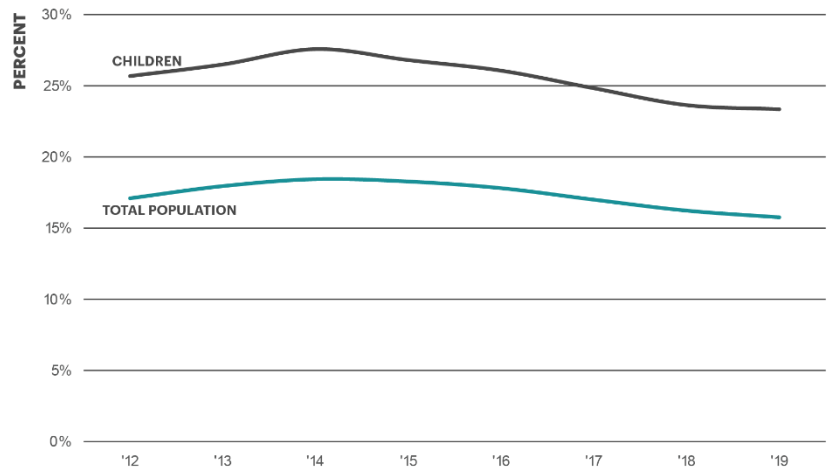


TOP 10 LEADING CAUSES OF DEATH

1. Heart Disease
2. Cancer
3. Accidents
4. Cerebrovascular Diseases
5. Alzheimer's Disease
6. Chronic Lower Respiratory Disease
7. Diabetes Mellitus
8. Kidney Diseases
9. Influenza & Pneumonia
10. Septicemia

POVERTY TRENDS

Hamilton County, 2012-2019

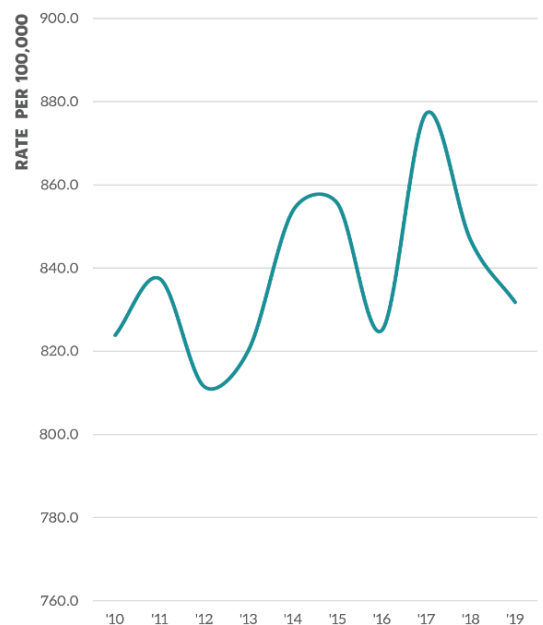


44,419 Households with Public Assistance in 2019

143,889 Renter-Occupied Housing Units (42% of total occupied housing) in 2019

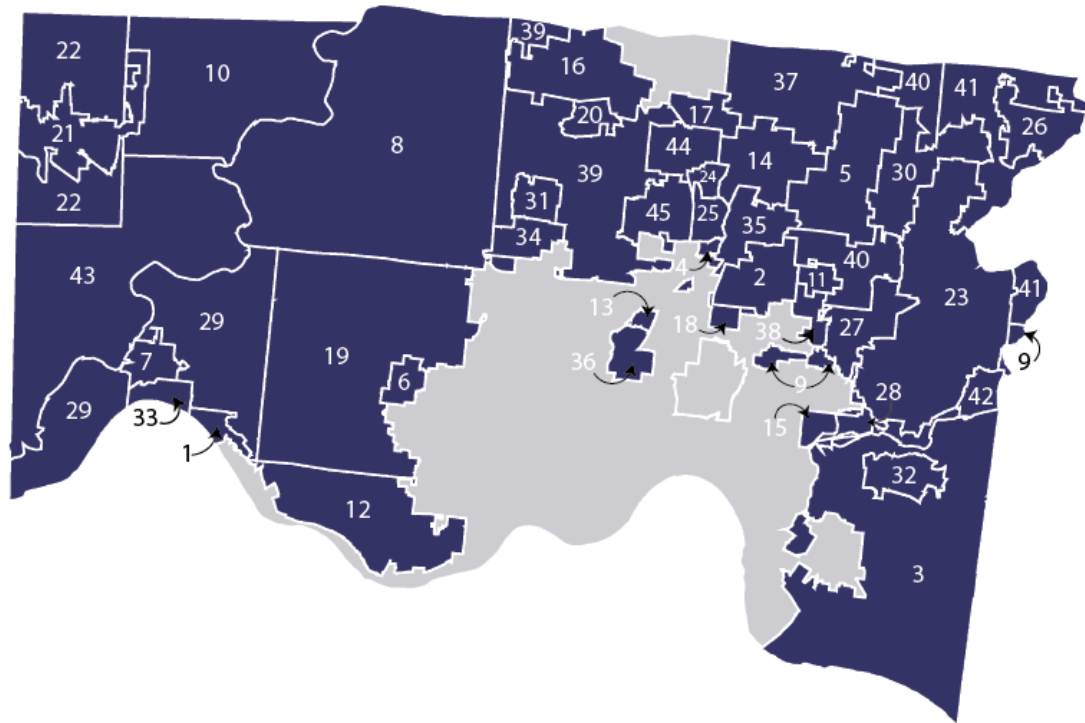
AGE-ADJUSTED MORTALITY RATE

Hamilton County, 2010-2019



About HCPH

HCPH is a local health department located in Southwest Ohio that was founded in 1919 and provides public health services for more than 497,000 Hamilton County residents living outside the cities Cincinnati, Norwood, and Springdale. We proudly serve the following 45 political jurisdictions:



1	Addyston	16	Forest Park	31	Mount Healthy
2	Amberley Village	17	Glendale	32	Newtown
3	Anderson Township	18	Golf Manor	33	North Bend
4	Arlington Heights	19	Green Township	34	North College Hill
5	Blue Ash	20	Greenhills	35	Reading
6	Cheviot	21	Harrison	36	Saint Bernard
7	Cleves	22	Harrison Township	37	Sharonville
8	Colerain Township	23	Indian Hill	38	Silverton
9	Columbia Township	24	Lincoln Heights	39	Springfield Township
10	Crosby Township	25	Lockland	40	Sycamore Township
11	Deer Park	26	Loveland	41	Symmes Township
12	Delhi Township	27	Madeira	42	Terrace Park
13	Elmwood Place	28	Mariemont	43	Whitewater Township
14	Evendale	29	Miami Township	44	Woodlawn
15	Fairfax	30	Montgomery	45	Wyoming

HCPH addresses the well-being of Hamilton County residents through a community-focused approach, the examination of health and disease trends, healthcare coordination, inspections, education and by helping communities to cope with disease prevention and emergencies. In March 2017, HCPH became the first health department in Southwest Ohio to become a nationally accredited health department by the Public Health Accreditation Board.

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 better equip people to make healthy choices that strengthen the entire community.*
- *HCPH's work to educate and ensure compliance can result in a healthier community and environment.*
- *Our team will be competent and strive to continuously improve delivery of our services.*

HCPH is comprised of over 124 full-time and part-time employees led by a health commissioner, two assistant health commissioners, and further structured into divisions.

The health commissioner directly oversees the administration division, which includes:

- Assistant health commissioner of community health
- Assistant health commissioner of environmental health
- Finance officer
- Human resources officer
- Public information officer
- Information technology manager
- Performance management and grants coordinator (accreditation coordinator)

The assistant health commissioner of community health oversees the divisions of:

- Disease Prevention
- Epidemiology and Assessment
- Harm Reduction
- Health Promotion and Education

The assistant health commissioner of environmental health oversees the divisions of:

- Emergency Preparedness
- Environmental Health
- Plumbing
- Waste Management
- Water Quality

III. Meeting PHAB Standards

The Public Health Accreditation Board (PHAB) requires local health departments to develop and implement a strategic plan. More specifically, the strategic plan sets forth what the organization plans to achieve, how it will achieve it, and how it will know if it has been achieved. The plan must include the following:

- Strategic priorities
- Goals and objectives with measurable and time-frame targets
- Consideration of agency infrastructure and capacity required for efficiency and effectiveness
- Identification of changing or emerging trends that affect the effectiveness and/or strategies of the health department
- Linkage to the community health improvement plan

IV. Strategic Planning Process

HCPH utilized a strategic planning process similar to the process outlined in NACCHO's guide *Developing a Local Health Department Strategic Plan: A How-to Guide*.

Laying the Groundwork

During this step, HCPH formed the Strategic Planning Committee (SPC) to guide all steps of the planning process. Key actions included identifying key stakeholders, determining available data to inform the strategic plan, and outlining the process and timeline. The SPC consisted of the following members:

- Greg Kesterman, Health Commissioner
- Craig Davidson, Assistant Health Commissioner – Environmental Health Services
- Jenny Mooney, Assistant Health Commissioner – Community Health Services
- Rebecca Stowe, Performance Management & Accreditation Coordinator
- Greg Varner, Finance Officer
- Stephanie Taylor, Human Resource Officer
- Kurstin Jones, Diversity, Equity, & Inclusion Coordinator
- David Carlson, Epidemiology Director

Environmental Scan

Information and data identified during the groundwork phase were compiled. This included:

- HCPH Workforce Profile
- Financial Health data
- Demographic and Health Outcome Data
- Foundational Capabilities Analysis
- Strengths, Opportunities, Aspirations, Results and Challenges (SOAR-C) Analysis

See **Appendix B** for the Strategic Planning Input Summary for Hamilton County.

Analyzing Results and Selecting Strategic Priorities

The HCPH Board of Health, senior staff, and division directors attended a half-day strategic planning retreat on October 9, 2021. The retreat opened with a year-in-review, presented by the health commissioner. Next, division directors provided a brief overview of their key programs. Results from the environmental scan were presented, including HCPH's workforce profile, financial health indicators, population health data/trends, health outcome data/trends, public health foundational capabilities assessment, and SOAR-C findings. See **Appendix C** for the Strategic Planning Retreat Presentation.

A representative from The Ohio State University Center for Public Health Practice (CPHP) facilitated a two-hour portion of the meeting. First, the CPHP consultant gave a brief presentation on what a strategic plan is, what components are needed in a strategic work plan, and the various Public Health Accreditation Board alignment and consideration requirements. After the strategic planning presentation, participants were given an opportunity to work in pairs and discuss the environmental scan inputs. Guidance was given to discuss the inputs and note interesting or surprising information from those inputs. After the environmental scan discussion, participants transitioned to priority selection through a gap analysis activity.

A gap analysis is a planning activity where participants were given the opportunity to brainstorm the current status of the agency, the ideal future status of the agency, and how to bridge the gap between the two. The group was asked to consider things like culture, staffing, funding, public perception, programs, and services; as well as the required PHAB considerations of capacity for, and enhancement of, information management, workforce development, communication (including branding, and financial sustainability. To brainstorm the current status, participants were asked to consider their environmental scan discussion and were given five minutes to individually note their thoughts on a worksheet provided by CPHP. Following the current state brainstorming session, the group was asked to switch their thinking to brainstorming an ideal future. To achieve this, participants were given blank index cards and given 10 minutes to brainstorm the ideal future. The group was given guidance to write one thought per card on things what they would like to see happen in and for the agency.

Once all the cards were generated, participants were asked to work together to theme the cards with the guidance that the themes would become the strategic priorities of the agency, and the cards would become the goals and objectives, and would also complete the gap analysis.

After the cards were themed, the group reviewed the proposed priority list and came to consensus on proposed priorities:

- Diversity/Health Equity
- Innovation
- Workforce Development
- Finance
- Infrastructure

The group engaged in a discussion about how to assure that data and COVID-19 are incorporated into the plan. The group came to consensus that both data and COVID-19 would be cross-cutting factors and represented throughout the plan, where appropriate. Data will be a focus to assure metrics are developed and monitored. The impact of COVID-19 will be represented where appropriate as it relates to the lasting impact COVID-19 will have on the agency, the systems the agency works in, and the community at large.

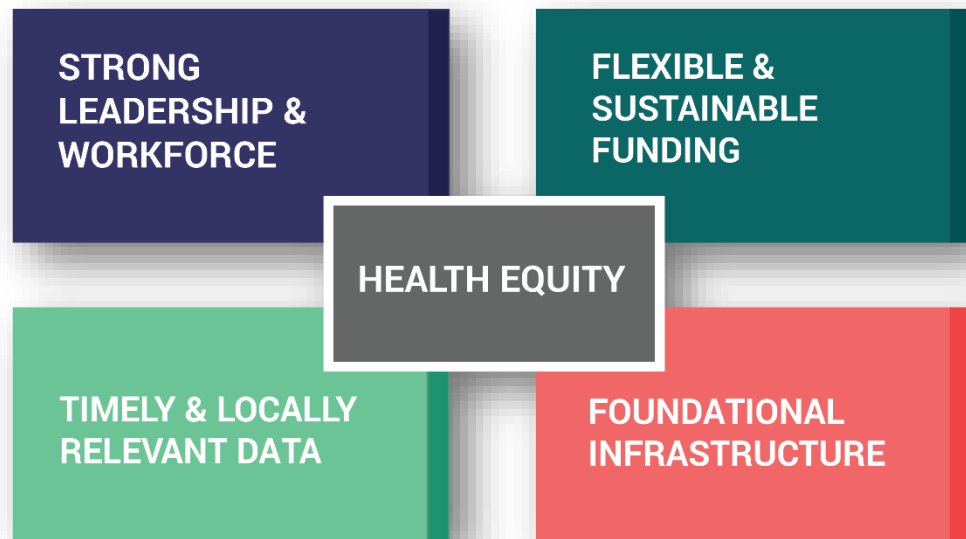
V. Identifying Goals, Objectives, and Strategies

Following the retreat, the SPC reflected upon the gap analysis, index cards, and summary notes provided by the CPHP consultant from the retreat, as well as the environmental scan data. The SPC took a closer look into all the data and feedback to gain a deeper understanding of the intent and impact, and to refine priorities.

Priority areas were modified to be more inclusive of key points discussed during the retreat, as well as alignment with needs identified in the environmental scan. The most significant change was removing health equity as a standalone priority. The SPC believed that to incorporate diversity, equity, and inclusion across the fabric of the agency's culture and services, it must be infused across all priorities.

The four strategic plan priority areas are:

- 1) Strong Leadership & Workforce
- 2) Flexible & Sustainable Funding
- 3) Timely & Locally Relevant Data
- 4) Foundational Infrastructure



Next, the SPC worked with program experts to draft goals, objectives, and strategies for each priority area. After receiving feedback from key stakeholders, the strategic plan was prepared for the Board of Health

Plan Approval

Strategic plan priorities, goals, objectives, and strategies were presented to the HCPH Board of Health at the December 13, 2021 meeting. The performance management & accreditation coordinator explained in detail the modifications that were made to the priorities. Following some discussion, the strategic plan priorities, goals, objectives, and strategies were approved.

Appendix A is the approved 2022-2026 strategic plan priorities, goals, and objectives.

VI. Tracking Progress

Key action steps are developed annually to operationalize the strategic plan. Metrics and implementation progress are tracked and reported to the Board of Health, HCPH, staff, and key stakeholders quarterly via the Program Implementation dashboard.

The strategic plan is reviewed annually by the Performance Management Council based on performance gaps identified through monitoring and evaluation. Revisions are submitted to the health commissioner and/or Board of Health, as needed. Plan changes are documented in the Document Revision Table.

An electronic copy of this plan is available on the agency's shared network drive, as well as the Microsoft Teams page.

VII. Plan Alignment

The strategic plan is an internal document that guides what the agency does and the steps that can be taken to achieve its goals. The strategic plan also works to support and advance components of the Community Health Improvement Plan (CHIP). Below is a crosswalk of how the CHIP and Strategic Plan align:

Strategic Plan Objectives		Community Health Improvement Plan Priorities				
By 12/31/2026, HCPH will...		Chronic Disease & Obesity	Maternal, Infant, & Child	Mental Health & Addiction	HIV & STI	Oral Health
STRONG LEADERSHIP & WORKFORCE	Develop and implement structured professional development opportunities to cultivate leadership potential among staff.	The workforce must have a solid foundation of the 10 essential services and core competencies of public health; be skilled at developing strategic partnerships to enact equitable change; collect and utilize of new types of data; and provide services in a culturally competent manner. Education on equity and the determinants of health will impact community recognition of the factors that contribute to health outcomes, as well as the potential strategies to improve it.				
	Provide training on the core competencies of public health professionals to all levels of personnel for their career development.					
	Provide health equity training to all levels of personnel emphasizing its importance and connection to job duties and responsibilities.					
	Assess, identify, and implement strategies directed toward recruiting and retaining a diverse and skilled workforce.					
	Develop and implement a comprehensive new hire orientation and training program on agency core functions and principles, including health equity and cultural competence.					
	Expand collaborative partnerships with academic institution residency programs, including primary care residencies, to improve physician knowledge of public health.	A diverse workforce that is representative of the jurisdiction we serve is essential to provide services in a culturally appropriate manner. Staff that have foundational knowledge of core competencies and health equity, work in an environment that is safe and supportive, and feel their contributions are impacting the populations' health will be more likely remain an employee and contribute to fulfilling HCPH's mission.				
FUNDING	Assess alternative financing models to sustain and/or expand programs and services to promote population health.	Interprofessional collaboration is essential for improving population health outcomes. As awareness of the determinants of health increases, public health and healthcare are better positioned to prevent disease/disability, reduce hospital utilization, and improve quality of care and support services.				
	Review current financial obligations to advise recommended fund balances to prevent service impacts in the absence of new grants or State funding.					
		Public health funding should be enhanced and modified (where possible) to expand financial support for core infrastructure, as well as community-level work to address the social determinants of health.				
DATA	Establish data sharing agreements to expand access to locally relevant data to drive equitable strategies and decision-making.	Access to real-time and locally relevant data is needed to prioritize populations with poorer health outcomes, as well as assess the impact of initiatives that address determinants of health and enhance health equity.				
INFRASTRUCTURE	Enhance its website and social media platforms to ensure access to accurate, timely, and culturally appropriate health information for all.	HCPH provides public health protections and services tailored to our community's needs. We must be ready 24/7 to serve our communities. The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy, and includes: access to a wide range of timely and accurate health information that is in culturally and linguistically appropriate formats for the various populations served; ability to maintain trust with and engage the community at the grassroots level to enact change; ability to support, use, and maintain communication technologies needed to interact with the community; and the ability to procure, maintain, and manage safe facilities and efficient operations.				
	Formalize strategic relationships with traditional and non-traditional partners to advance equitable policy and environmental change.					
	Incorporate data visualization tools and technologies to make data accessible and facilitate data-driven decision-making.					
	Assess its facilities to determine if existing clinical and workspaces meet existing needs and future growth.					

Below is a crosswalk of how strategic plan objectives support and/or align with specific public health foundational capabilities:

Strategic Plan Objectives		Foundational Capabilities Addressed						
By 12/31/2026, HCPH will...		Assessment & Surveillance	Emergency Preparedness & Response	Policy Development & Support	Communications	Community Partnerships	Organizational Administrative Competencies	Accountability, PM, and QI
STRONG LEADERSHIP & WORKFORCE	Develop and implement structured professional development opportunities to cultivate leadership potential among staff.	✓	✓	✓	✓	✓	✓	✓
	Provide training on the core competencies of public health professionals to all levels of personnel for their career development.	✓	✓				✓	✓
	Provide health equity training to all levels of personnel emphasizing its importance and connection to job duties and responsibilities.						✓	✓
	Assess, identify, and implement strategies directed toward recruiting and retaining a diverse and skilled workforce.				✓	✓	✓	✓
	Develop and implement a comprehensive new hire orientation and training program on agency core functions and principles, including health equity and cultural competence.						✓	✓
	Expand collaborative partnerships with academic institution residency programs, including primary care residencies, to improve physician knowledge of public health.					✓	✓	✓
FUNDING	Assess alternative financing models to sustain and/or expand programs and services to promote population health.	✓				✓	✓	✓
	Review current financial obligations to advise recommended fund balances to prevent service impacts in the absence of new grants or State funding.						✓	✓
DATA	Establish data sharing agreements to expand access to locally relevant data to drive equitable strategies and decision-making.	✓	✓	✓		✓	✓	✓
INFRASTRUCTURE	Enhance its website and social media platforms to ensure access to accurate, timely, and culturally appropriate health information for all.		✓	✓	✓	✓		✓
	Formalize strategic relationships with traditional and non-traditional partners to advance equitable policy and environmental change.			✓		✓		✓
	Incorporate data visualization tools and technologies to make data accessible and facilitate data-driven decision-making.	✓			✓		✓	✓
	Assess its facilities to determine if existing clinical and workspaces meet existing needs and future growth.						✓	✓

VIII. Appendices

APPENDIX A – 2022-2026 Strategic Plan Priorities, Goals, and Objectives

APPENDIX B – Strategic Planning Inputs Summary

APPENDIX C – Strategic Planning Retreat Presentation

APPENDIX A

2022-2026 STRATEGIC PLAN PRIORITIES, GOALS, AND OBJECTIVES

PRIORITY AREA 1: STRONG LEADERSHIP & WORKFORCE

The public health workforce must strengthen its knowledge base, skills, and tools to meet the evolving needs and challenges of the population's health. The workforce must have a solid foundation of the 10 essential services and core competencies of public health; be skilled at developing strategic partnerships to enact equitable change; collect and utilize of new types of data; and provide services in a culturally competent manner. This will require strong and diverse leadership, as well as a pipeline of diverse individuals entering the public health workforce.

As of 9/30/2021, HCPH employed 124 staff, of which 80% were White, 14% Black, and 6% Other Race/ Ethnicity. HCPH staff demographics closely align with the population served in HCPH's health jurisdiction which are 76% White, 15% Black, and 9% Other. However, of HCPH's 35 senior leaders, directors, and supervisory staff, 91% are White, 3% Black, 3% Asian, and 3% American Indian/Alaska Native². Strategies to attract, recruit, and retain a diverse and skilled public health workforce are necessary to meet the evolving needs of Hamilton County residents.

Professional Development & Training	
GOAL 1.1: HCPH will invest in diversity & leadership development opportunities for its workforce.	
Objectives	1.1.1 — By 12/31/2026, HCPH will develop and implement structured professional development opportunities to cultivate leadership potential among staff.
	1.1.2 — By 12/31/2026, HCPH will provide training on the core competencies of public health professionals to all levels of personnel for their career development.
	1.1.3 — By 12/31/2026, HCPH will provide health equity training to all levels of personnel emphasizing its importance and connection to job duties and responsibilities.
Strategies	a) Review evidence-based knowledge, skills, and abilities (KSAs) of an effective leader and core competencies of public health professionals.
	b) Assess gaps in leadership KSAs and identify public health core competency and health equity training needs for all levels of personnel.
	c) Identify and/or develop training related to leadership, public health core competencies, health equity, and agency core values and culture.
	d) Implement leadership, public health core competencies, and health equity training. Evaluate training; revise as needed.

Staff Recruitment & Retention	
GOAL 1.2: HCPH will attract, recruit, and retain a diverse and skilled workforce.	
Objectives	1.2.1 — By 12/31/2026, HCPH will assess, identify, and implement strategies directed toward recruiting and retaining a diverse and skilled workforce.
	1.2.2 — By 12/31/2026, HCPH will develop and implement a comprehensive new hire orientation and training program on agency core functions and principles, including health equity and cultural competence.

Strategies	a) Assess the agency's recruiting strategies to examine. Identify, develop, and implement targeted solutions to recruit a diverse and skilled workforce.
	b) Conduct a climate assessment (e.g., staff survey, exit interviews) to determine how staff are experiencing the agency. Identify, develop, and implement targeted solutions to ensure a workplace where all individuals feel welcome and can use their talents to contribute to the agency's mission/vision.
	c) Engage the Staff Engagement & Development workgroup to develop a comprehensive new hire orientation and training program. Implement new hire orientation as indicated in the Workforce Development Plan Training Schedule.

Public Health Workforce Pipeline	
GOAL 1.3: HCPH will build a strong public health workforce pipeline.	
Objectives	1.3.1 — By 12/31/2026, HCPH will expand collaborative partnerships with academic institution residency programs, including primary care residencies, to improve physician knowledge of public health.
Strategies	a) Partner with the University of Cincinnati College of Medicine first-year medical students to educate future physicians on the health disparities and impact of social determinants of health in Hamilton County and explore role of physicians in improving community health.
	b) Work with HCPH Medical Director to link academic institution residency programs to HCPH's programs, including clinical services.
	c) Engage Environmental Health divisions to provide field opportunities, including to restaurants, housing complaints, sewage, and public swimming pool inspections.

PRIORITY AREA 2: FLEXIBLE & SUSTAINABLE FUNDING

Public health departments have historically had access to distinct, narrowly defined federal, state, and local government funding streams. This model can fall short when addressing health equity and determinants of health. The U.S. spends an estimated \$3.6 trillion annually on health; less than three percent of that spending is directed toward public health and prevention. Public health spending as a proportion of total health spending has been decreasing since 2000 and falling in inflation-adjusted terms since the Great Recession. Health departments across the country are battling 21st-century health threats with 20th century resources. The COVID-19 crisis demonstrates this reality in the starkest of terms.³

In fiscal year 2020, HCPH had nearly \$16.3 million in revenue. Over half (\$8.3 million) of all revenue was from grants and contracts, \$2.47 million of which was from COVID grants. Only 1.5 percent of revenues (\$240,283) was from state subsidies – an approximate \$.50 per person investment in public health funding for residents in HCPH's health jurisdiction. Additionally, expenditures in fiscal year 2020 were \$15.6 million. Personnel costs (\$9 million) accounted for 58 percent of total expenditures, of which nearly \$3.6 million were directly related to COVID-19 response efforts. Moreover, the personnel costs for 28 percent of HCPH staff were fully covered by grant funding (as of 9/30/2021).² Public health funding should be enhanced and modified (where possible) to expand financial support for core infrastructure, as well as community-level work to address the social determinants of health.

Flexible & Sustainable Public Health Funding	
GOAL 2.1: HCPH will develop and implement strategies to obtain sustainable and flexible public health funding.	
Objectives	2.1.1 — By 12/31/2026, HCPH will assess alternative financing models to sustain and/or expand programs and services to promote population health.
	2.1.2 — By 12/31/2026, HCPH will review current financial obligations to advise recommended fund balances to prevent service impacts in the absence of new grants or State funding.
Strategies	a) Finance work with the Performance Management & Grants Coordinator and department grant coordinators to determine long-term financial needs of agency departments.
	b) Finance, Performance Management & Grants Coordinator, and department grant coordinators will work collectively to identify, contact, and ultimately engage with alternative funding sources to meet agency financial needs.
	c) Finance will develop the methodology for recommended fund balances on no less than an annual basis to the Board of Health, including adapting to current economic and social climate.

PRIORITY AREA 3: TIMELY & LOCALLY RELEVANT DATA, METRICS, & ANALYTICS

Timely, reliable, granular, and actionable data is needed to guide, focus, and assess the impact of prevention initiatives, including those that address the social determinants of health and enhance health equity.¹ One of the core foundations of public health is the ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.⁴ To more effectively address health disparities, access to real-time data (e.g., morbidity, injury, disability, etc.) is needed.

The COVID-19 pandemic demonstrated the ability of public health departments to access and maintain confidentiality of electronic health information during contact tracing and Surveillance efforts. HCPH will build upon this foundation and establish data sharing agreements with local hospital systems and agencies serving diverse populations.

Data Access & Availability	
GOAL 3.1: HCPH will expand data access to more effectively drive equitable programs, services, policy, and environmental change among our most vulnerable populations.	
Objective	3.1.1 — By 12/31/2026, HCPH will establish data sharing agreements to expand access to locally relevant data to drive equitable strategies and decision-making.
Strategies	a) Assess HCPH's current access to county/sub-county level population health and determinants of health data. Identify data needed to comprehensively analyze and understand health disparities in Hamilton County.
	b) Identify the entities/agencies that have the data needed to comprehensively analyze health disparities across diverse population groups.
	c) Meet with identified entities/agencies to determine what data sets are accessible and the steps needed to access. Establish data sharing agreements.
	d) Determine method(s) for making county/sub-county health disparity data more accessible to the public to drive equitable programs, services, policies, and resource allocation. Implement identified method(s).

PRIORITY AREA 4: FOUNDATIONAL INFRASTRUCTURE

Health departments provide public health protections and services unique to their community's needs. They must be ready to be ready 24/7 to serve their communities. The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy, and includes: access to a wide range of timely and accurate health information that is in culturally and linguistically appropriate formats for the various populations served; ability to maintain trust with and engage the community at the grassroots level to enact change; ability to support, use, and maintain communication technologies needed to interact with the community; and the ability to procure, maintain, and manage safe facilities and efficient operations.³

The COVID-19 pandemic brought to light several opportunities to enhance its foundational public health infrastructure, including: a user-friendly website with timely, accurate, and culturally appropriate materials to dispel COVID misinformation; strategic partnerships address health disparities among our most vulnerable populations; technology improvements to securely store and display volumes of COVID data and upgrade devices and software to accommodate remote work; and provide facilities to accommodate personnel growth.

Public Information	
GOAL 4.1: HCPH will be a trusted source for health information in Hamilton County.	
Objective	4.1.1 — By 12/31/2026, HCPH will enhance its website and social media platforms to ensure access to accurate, timely, and culturally appropriate health information for all.
Strategies	a) Develop and implement an annual schedule to meet with each division director/program manager to ensure currency and relevancy of web and social media content.
	b) Develop and implement a system to maintain currency of “announcement” section of the agency website to reflect the most current initiatives and communication priorities.
	c) Design and implement public health communications that are inclusive and appeal to the needs of a diverse population.
	d) Create a system of “bench strength” for website and social media platforms to ensure depth in communication functions and continuity in event of illness or other personnel disruption.

Strategic Partnerships	
GOAL 4.2: HCPH will cultivate new and existing relationships to advance health equity and improve population health outcomes.	
Objective	4.2.1 — By 12/31/2026, HCPH will formalize strategic relationships with traditional and non-traditional partners to advance equitable policy and environmental change.
Strategies	a) Conduct an agency-wide assessment to identify existing traditional and non-traditional partners. Identify gaps and opportunities for collaboration based on assessment results.
	b) Identify priority populations and/or agencies for strategic partnerships to advance equitable policy and environmental change.
	c) Establish partnerships to address identified gaps and agency strategic priorities.
	d) Develop a process for internal communication around collaborative partnerships for ongoing agency-wide alignment and support.

Information Technology	
GOAL 4.3: HCPH's data and information technology systems will be state-of-the-art.	
Objective	4.3.1 — By 12/31/2026, HCPH will incorporate data visualization tools and technologies to make data accessible and facilitate data-driven decision-making.
Strategies	a) Identify current/future data sets that HCPH maintains/accesses. Research and select best methods for managing data sets.
	b) Develop standard templates/branding for data visualization in Tableau and rules for how data will be displayed (public facing vs. internal use)
	c) Create automations within the process so that data can be downloaded, cleaned, and exported to visualizations as efficiently as possible.
	d) Manage the lifecycle of Information Systems hardware to ensure the highest level of reliability and speed. Explore and install new hardware to bring new feature sets into the agency.
	e) Manage the lifecycle of Information Systems software to ensure the highest security, reliability, compatibility, and most robust feature set for staff. Explore and install new software to bring new feature sets into the agency.
	f) Evaluate how each department is using each database and optimized them for the most reliability and efficient use by staff. Add and subtract features as requested. Examine ways to innovate, improving our ability to share and use data sets available to us.

Facilities	
GOAL 4.4: HCPH will ensure its facilities meet existing service needs and accommodate future growth.	
Objective	4.4.1 — By 12/31/2026, HCPH will assess its facilities to determine if existing clinical and workspaces meet existing needs and future growth.
Strategies	a) Analyze structure, design, and appearance of HCPH clinical and public spaces, and staff workspaces.
	b) Ongoing consultation with division directors and program staff to determine current and emerging needs.
	c) Engage outside consultant(s) as needed to evaluate agency needs and plans to help determine best available options.
	d) Convene internal team to review and develop recommendations. Establish an implementation plan with timeline, including budget considerations. Implement as indicated in plan.

References/Citations:

¹ US Department of Health and Human Services, Office of the Assistant Secretary for Health. Public Health 3.0: a call to action to create a 21st century public health infrastructure. 2016. <https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf>. Accessed June 15, 2021.

² Environmental Scan results – Strategic Planning Retreat Presentation. October 9, 2021.

³ Trust for America's Health. The Impact of Chronic Underfunding on America's Public Health System: Trends, Risks, and Recommendations. 2020. <https://www.tfah.org/report-details/publichealthfunding2020/>. Accessed November 22, 2021.

⁴ Public Health National Center for Innovations. Foundational Public Health Services. 2018. <https://phnci.org/uploads/resource-files/FPHS-Factsheet-November-2018.pdf>. Accessed

APPENDIX B

Strategic Planning Inputs Summary – Hamilton County

2021 CHNA Indicators (Preliminary; Regional Priorities)	2021 County Health Rankings	2020-23 Community Health Improvement Plan	2021 Foundational Capabilities Analysis (Foundations receiving ≥ 1 "Poor")
Health Needs: <ul style="list-style-type: none"> Cardiovascular Disease (CVD) Mental Health Chronic Diseases (diabetes, arthritis osteoporosis) Regional Priorities <ul style="list-style-type: none"> Social determinants of health (Economic Stability) Access to care for mental health and CVD Workforce diversity and cultural competence 	Health Outcomes: <ul style="list-style-type: none"> 55th of 88 counties in Ohio Health Factors: <ul style="list-style-type: none"> 28th of 88 counties in Ohio 	<ul style="list-style-type: none"> Chronic Disease Maternal, Infant & Child Health Mental Health/ Addiction HIV & Sexually Transmitted Infections Oral Health 	Community Partnership Development: <ul style="list-style-type: none"> Create, convene, & support strategic partnerships Convene across governmental agencies. Emergency Preparedness: <ul style="list-style-type: none"> Be notified & respond to events 24/7 Assessment and Surveillance: <ul style="list-style-type: none"> Conduct a community-wide health assessment & identify health priorities
2021 SOAR-C Themes			
Strengths	Opportunities	Aspirations (Results)	Challenges
<ul style="list-style-type: none"> Knowledgeable and Dedicated Workforce Leadership Customer Service Workplace Culture Collaboration Community Outreach and Engagement 	<ul style="list-style-type: none"> Collaboration / Partnerships Health Disparities Health Equity Communication and Education Emergency Preparedness / COVID 	<ul style="list-style-type: none"> Workforce Diversity (<i>staffing represents the community served</i>) Staff Development (<i>cross-trained staff that is confident in their duties and up to date on public health issues</i>) Public Awareness (<i>more awareness of what HCPH/public health does</i>) Health Equity (<i>collaborative relationships to drive equitable change</i>) 	Internal <ul style="list-style-type: none"> Growth (rapid) / Office Space Staff Retention Staffing Capacity Funding & Resources External <ul style="list-style-type: none"> Politics COVID Public Trust / Misinformation Communication

2020 Financial Summary: Balance: \$726,431

Revenue: \$16,281,430	
Fees & Permits	\$5,233,185
Grants & Contract	\$8,279,413
TB Control-Indigent Care Levy	\$1,101,000
Cities, Townships, Villages	\$860,050
Other Revenues	\$567,499
State Subsidies	\$240,283

Expenditures: \$15,554,999	
Personnel Services	\$9,012,546
Operating Expenses	\$5,405,574
State & Other Agency Fees	\$1,036,720
Capital Outlay	\$100,159

OTHER	
▪	Average total revenue over the past 10 years: \$11,514,749
▪	2021 Fund Balance (as of 9/30/2021): \$8,963,063
▪	General Fund: \$5,052,909
▪	Restricted Fund: \$3,910,154

Workforce Demographics: White – 78.9%; Black – 13.7%; 2+ Races – 2.4%; Asian – 1.6%; Hispanic/Latino – 1.6%; American Indian/AK Native – 0.8%
HCPH Jurisdiction Only: White – 75.8%; Black – 15.3%; 2+ Races – 2.9%; Asian – 3.0%; Hispanic/Latino – 2.6%; American Indian/AK Native – 0.1%



1

**STRATEGIC
PLANNING
2021**

AGENDA

Agenda is subject to change.
All times are approximate.

SIGN-IN / BREAKFAST	8:00 AM
1. WELCOME & INTRODUCTIONS	8:30 AM
2. ENVIRONMENTAL SCAN	9:00 AM
3. PLANNING SESSION	9:30 AM
4. NEXT STEPS / WRAP-UP	11:15 AM

HAMILTON COUNTY PUBLIC HEALTH
PREVENT. PROMOTE. PROTECT.

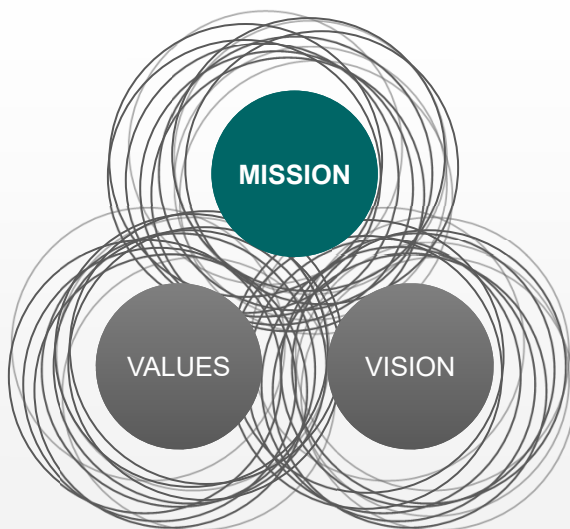
PHAB
PUBLIC HEALTH ADVISORY BOARD

2

1 WELCOME AND INTRODUCTIONS



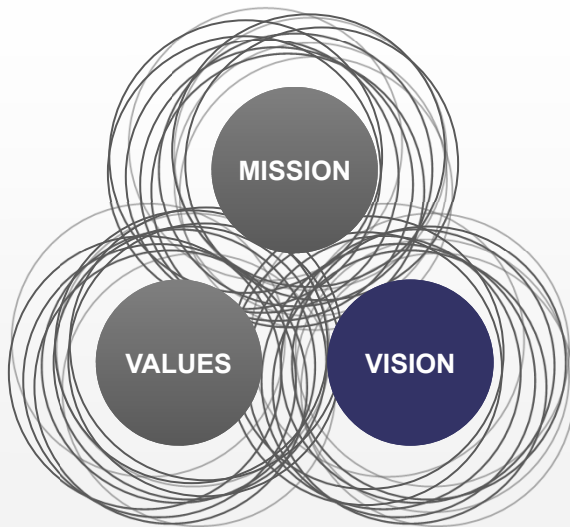
3



OUR MISSION

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

4



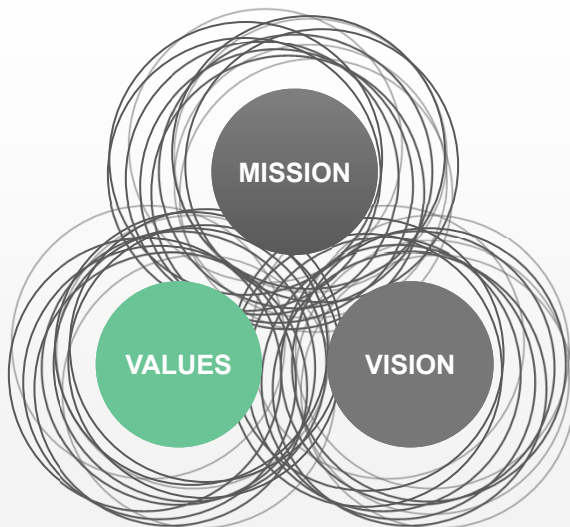
OUR VISION

Healthy choices.

Healthy lives.

Healthy communities.

5



OUR VALUES

- 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 better equip people to make healthy choices that strengthen the entire community.
- HCPH's work to educate and ensure compliance can result in a healthier community and environment.
- Our team will be competent and strive to continuously improve delivery of our services.

6



7



8

STRATEGIC
PLANNING
2021

MEDICAL DIRECTOR



9

STRATEGIC
PLANNING
2021

ENVIRONMENTAL HEALTH DIVISION

Jeremy Hessel, Director



10



FUNCTIONS:

- 1 Education
- 2 Regulatory Compliance and Enforcement of Codes and Rules
- 3 Policy and Rule Development for Programs and Personnel
- 4 Staff Development

11



Food Safety



Rabies Surveillance



Nuisance & Housing



Campgrounds



Public Swimming Pools



Smoke-Free Ohio Enforcement

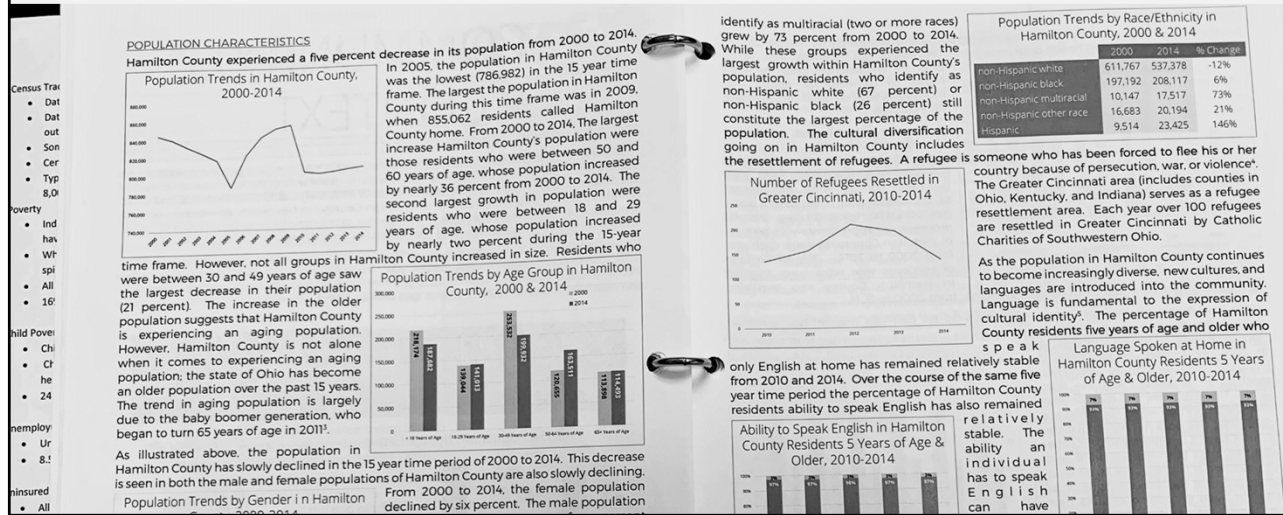


Public Accommodation Facilities

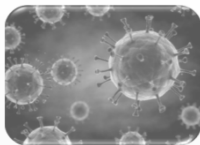


Manufactured Home Parks

12



13



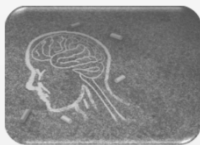
Infectious Disease Program:

- Reportable disease/outbreak investigations
- Reportable disease surveillance (including HIV/STIs)
- COVID-19 response



Maternal and Child Health Program:

- Child Fatality Review
- Fetal and Infant Mortality Review
- Ohio Equity Institute surveillance



Overdose/Injury Program:

- Overdose surveillance
- Syringe Services Program surveillance
- OD2A innovative surveillance projects

14



15



FUNCTIONS:

- 1** Regulatory Compliance & Enforcement —
Ohio Plumbing Code, National Fire Protection Association, and
Hamilton County Rules & Regulations
- 2** Policy and Rule Development for
Programs and Personnel
- 3** Staff Development

16



Plumbing

Certified plumbing inspectors inspect backflow devices, water heaters, and new/remodeled plumbing installations.

What we do:

- Plan review
- Permits
- Inspections



Backflow

The program identifies and tracks all backflow devices and makes sure they are tested annually.

What we do:

- Survey commercial properties
- Investigations



Medical Gas

All medical gas installations intended for human use must be inspected for compliance.

What we do:

- Plan Review
- Permits
- Inspections



Nuisance

When complaints about incorrectly installed plumbing or permit compliance arise, inspectors investigate and work to remedy problems.

What we do:

- Investigations

17



18

HARM REDUCTION IS...

...a set of practical strategies and ideas aimed at reducing negative consequences associated with addiction.

- Reduce spread of preventable diseases
- Provide clean and safe supplies to reduce risk associated with substance use
- Programs that impact individuals and the community as a whole

- Syringe Services Program
- Safe syringe disposal
- Fentanyl test strips distribution
- Naloxone distribution
- ACES and Trauma Informed Care training
- Peer recovery support
- Workforce development
- Technology
 - App development, texting service, online forum, social media



21

- Landfills
- Transfer Stations
- Composting Facilities
- Infectious Waste Treatment Facilities
- Scrap Tire Inspections
- Open Dumping / Nuisance
- Environmental Sampling
- Lead Poisoning Investigations
- Lead Hazard Reduction — HUD Grant
- Tattoo & Body Piercing



Photo's Provided by RFPD member Karen Malone



22



23



Population Health

Goal:

Improve the overall health, safety, and wellness of the communities within Hamilton County.

Programs/Initiatives:

- WeTHRIVE! Initiative
- Tobacco Use Prevention and Cessation Grant (ODH)



Maternal, Infant & Child Health

Goal:

Improve the health of women, infants, and children throughout Hamilton County.

Programs/Initiatives:

- Ohio Equity Institute (ODH)
- Adolescent Health (ODH)

24



25

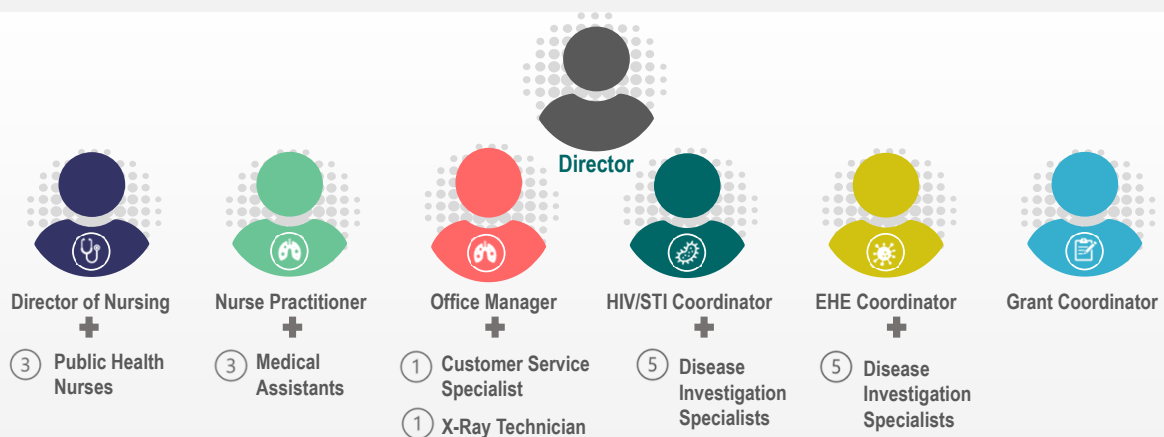
- **Private Drinking Water**
 - Permitting of new, alteration, abandonment
- **Storm Water**
 - Mapping STS and private SW infrastructure
 - Illicit discharge detection and elimination
 - Training on SW pollution prevention and BMPs
- **Wastewater Treatment and Dispersal**
 - Permitting of new, alteration, abandonment
 - Operation permit inspections for compliance
 - Property transfer inspections
 - Subdivision review



26



27



CONTRACTED PROVIDERS

• Medical Director (Mercy) • 4 TB Program Physicians (UC) • Pharmacist (CCHMC) • Radiology Services (UC)

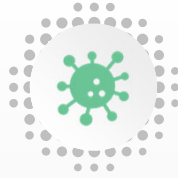
28



Tuberculosis Control & Prevention

Full-service TB clinic provides skin tests, MD visits, case management, prescriptions, and directly observed therapy for active and latent TB.

X-Ray and pharmacy services are also available.



HIV & STI Prevention

HIV & STI testing at the clinic and at various sites around Hamilton County and 6 surrounding counties.

Linkage to Care & Partner Notification Services to people with HIV & Syphilis, including examination, treatment, and referrals.



Immunizations

Provide immunizations to any child within HCPH's jurisdiction who has Medicaid, is uninsured, or whose insurance does not provide vaccine coverage.

Offer a small number of vaccines to adults who have not health insurance.



Children with Medical Handicaps

Provides comprehensive care and services to eligible families of children (<21 yrs of age) with special health care needs.

Public health nurses assist with application process and offer support and coordination for participating families.





Greg Kesterman
Health Commissioner

Jenny Mooney
Asst. Health Commissioner

Craig Davidson
Asst. Health Commissioner



Greg Varner,
Finance Officer



Rebecca Stowe,
PM & Accreditation Coordinator



Kurstin Jones,
DEI Coordinator

31



Stephanie Taylor,
Human Resources Officer



Mike Samet,
Public Information Officer



Ed Moser,
IT Manager

Additional functions under Admin:

- Vital Statistics
- Licensing & Permitting

32



33

WHAT WE'LL REVIEW:

I. WORKFORCE PROFILE

II. FINANCIAL HEALTH

III. HEALTH DATA REVIEW

IV. FOUNDATIONAL CAPABILITIES ANALYSIS

V. SOAR/C SUMMARY

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STRATEGIC
PLANNING
2021

ENVIRONMENTAL SCAN
WORKFORCE PROFILE REVIEW

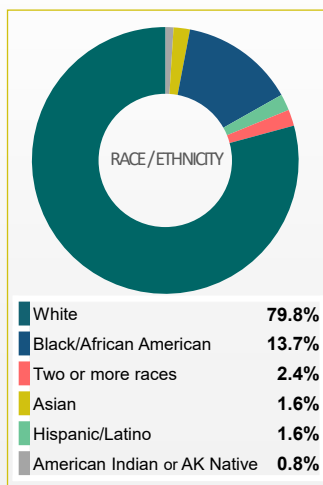
Becca Stowe, Performance Management &
Accreditation Coordinator



35

WORKFORCE
PROFILE

AS OF SEPTEMBER 30, 2021



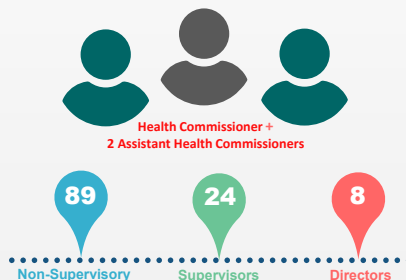
121 + **3** = **124**
FULL-TIME PART-TIME STAFF

28%

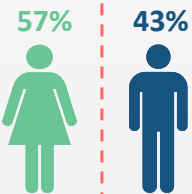
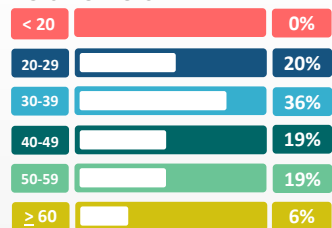
STAFF WITH SALARY
FULLY COVERED BY
GRANTS

40

AVERAGE AGE
OF WORKFORCE



AGE of WORKFORCE

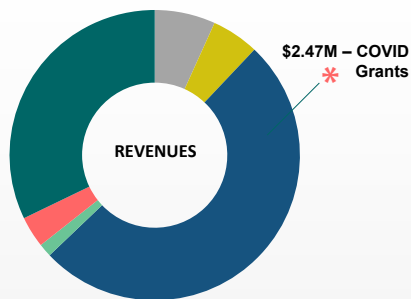


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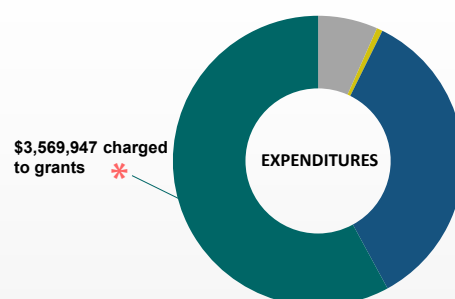


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REVENUES & EXPENDITURES | 2020



Fees & Permits	\$5,233,185
Grants & Contracts	\$8,279,413
TB Control-Indigent Care Levy	\$1,101,000
Cities, Townships, Village	\$860,050
Other Revenues	\$567,499
State Subsidies	\$240,283
Total Revenues	\$16,281,430



Personnel Services	\$9,012,546
Operating Expenses	\$5,405,574
State & Other Agency Fees	\$1,036,720
Capital Outlay	\$100,159
Total Expenditures	\$15,554,999

38

OTHER FINANCIAL HEALTH MEASURES

\$11,514,749	Average Total Revenue Over Past 10 Years
\$8,963,063	Fund Balance as of 9/30/2021
\$649,589	Total Accrual of Employee PTO as of 9/15/2021



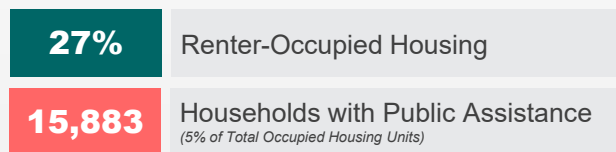
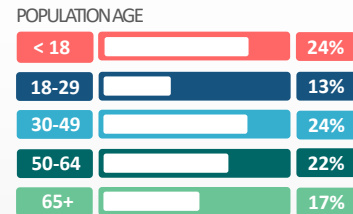
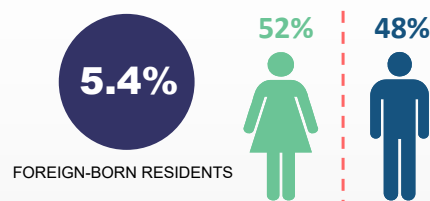
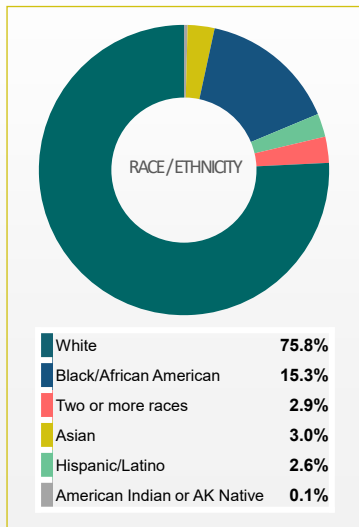
HEALTH DATA OVERVIEW

- Limitations
- Population Snapshots
- Population Trends
- Social Vulnerability Index
- Health Indicators and Trends
- Key Findings

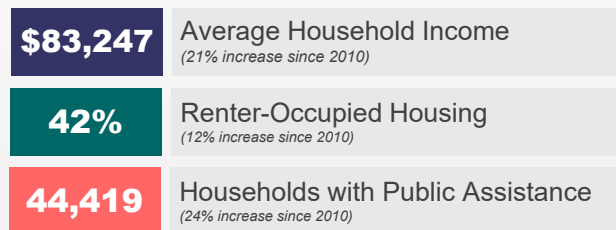
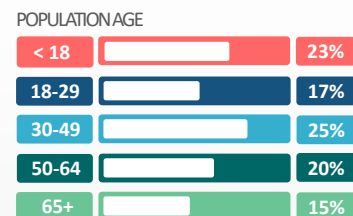
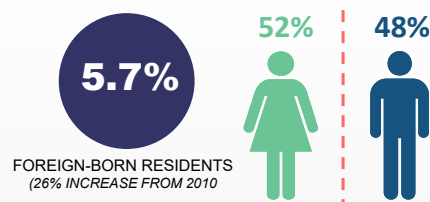
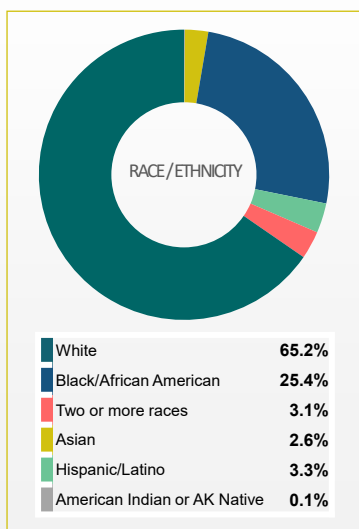


LIMITATIONS:

- HCPH does not have access to morbidity data for chronic diseases, thus data for chronic conditions are only available for those resulting in a death.
- Mortality data for certain race/ethnicities are very small counts and sometime excluded from rate analyses.
- Most data reported in this presentation use 2019 as the most current year, unless specifically stated.
- 2020 was the beginning of the COVID-19 pandemic and impacted the availability of certain data sources.

HCPH JURISDICTION ONLY DEMOGRAPHIC SNAPSHOT, 2019

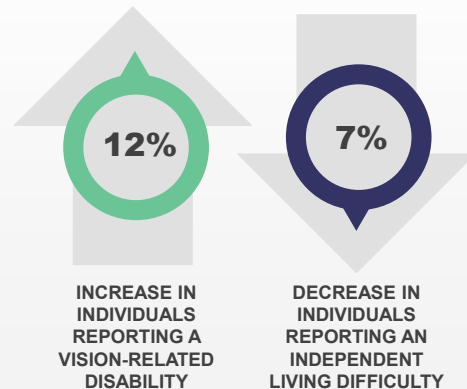
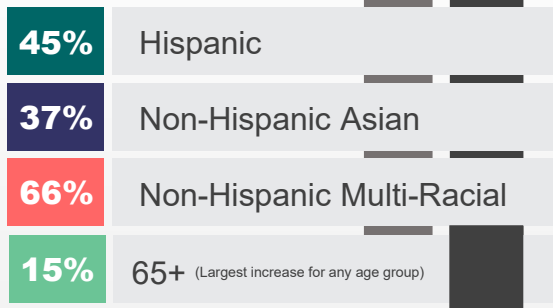
43

HAMILTON COUNTY DEMOGRAPHIC SNAPSHOT, 2019

44

POPULATION TRENDS

Increased since 2010:

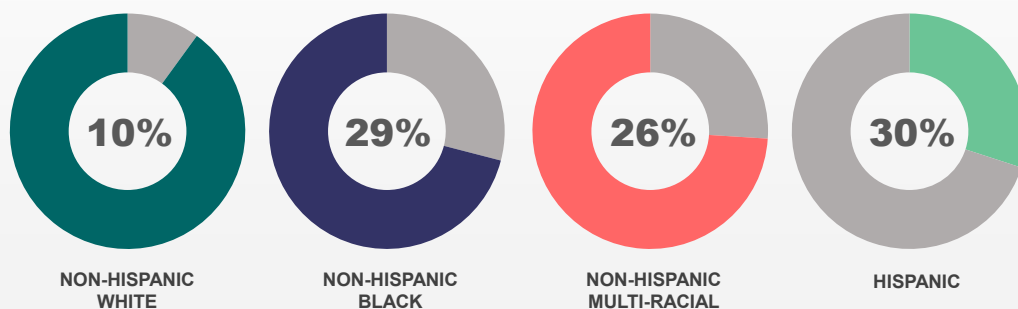


45

POPULATION TRENDS – POVERTY

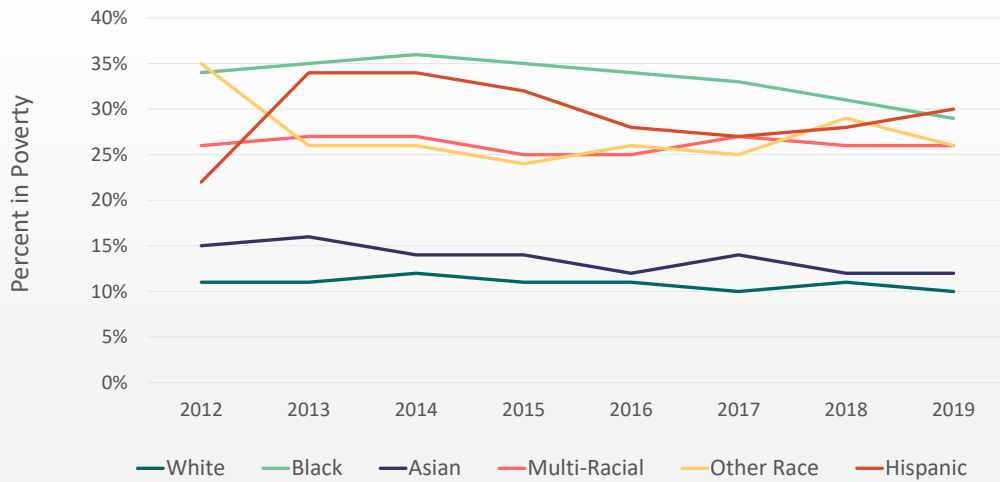
- Decrease in percent of poverty for Hamilton County from **17%** to **16%**

Percent Living in Poverty by Race/Ethnicity:



46

POPULATION TRENDS — POVERTY

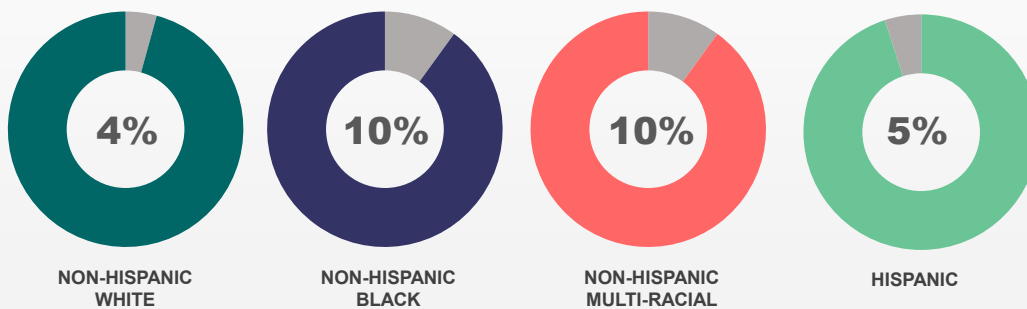


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POPULATION TRENDS – UNEMPLOYED

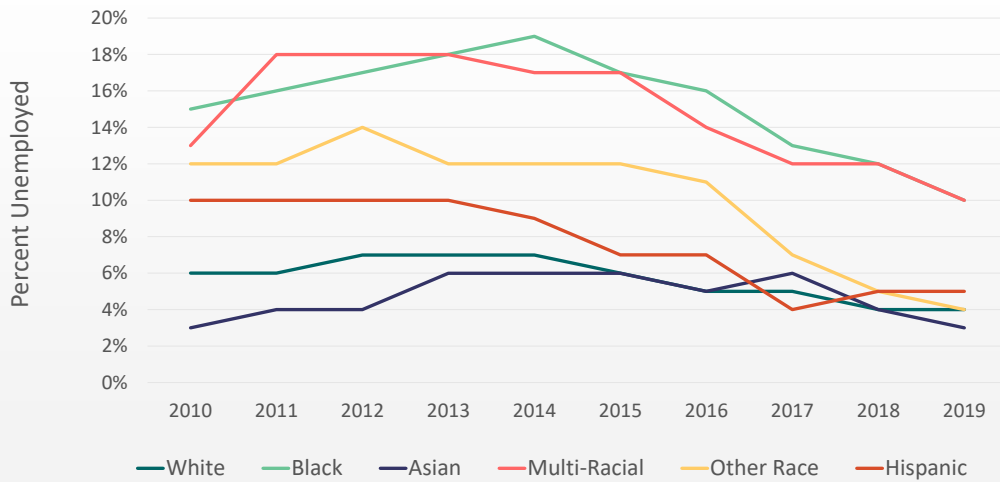
- Decrease in percent of unemployed for Hamilton County from **8%** to **5%**

Percent Unemployed by Race/Ethnicity:



48

POPULATION TRENDS — UNEMPLOYMENT

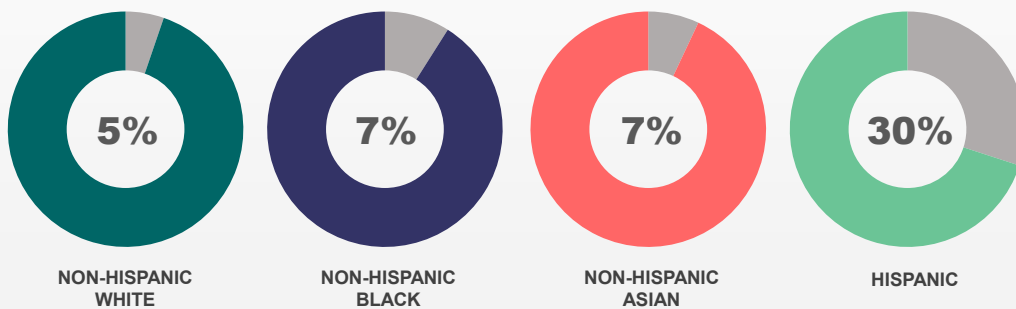


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POPULATION TRENDS – UNINSURED

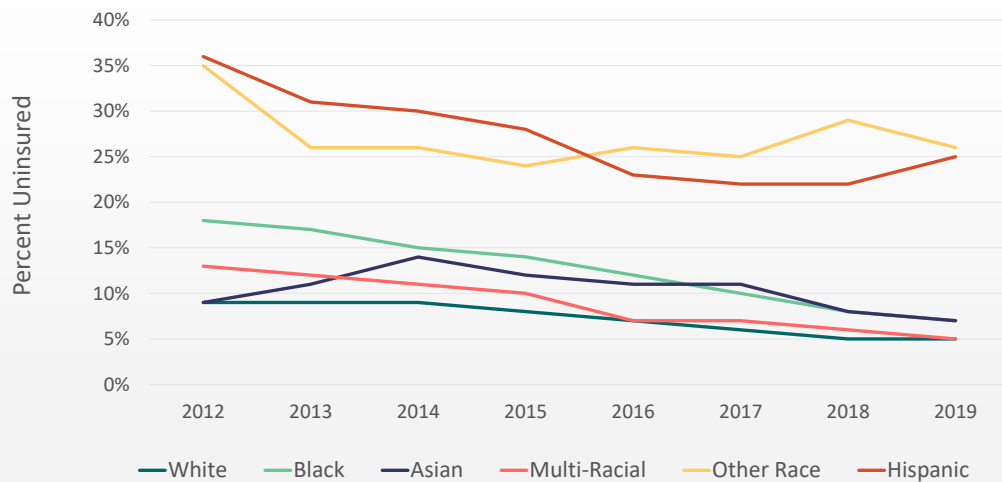
- Decrease in percent of population that is uninsured from **12%** to **6%**

Percent Uninsured by Race/Ethnicity:



50

POPULATION TRENDS — UNINSURED



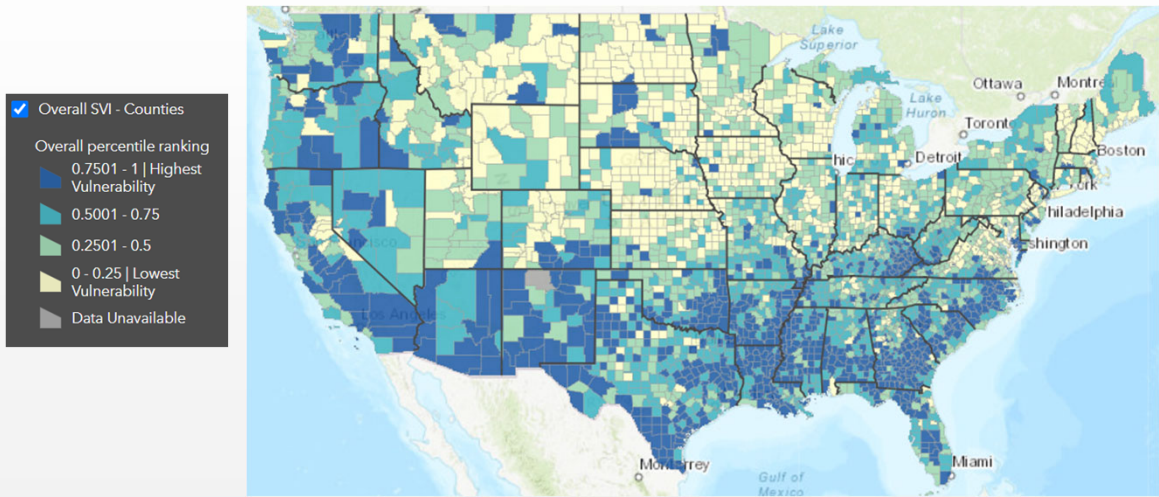
51

SOCIAL VULNERABILITY INDEX (SVI)

- Groups fifteen census-derived factors into four themes:
 - Socioeconomic
 - Household Composition and Disability
 - Minority Status and Language
 - Housing Type and Transportation
- Measures the community's ability to prepare and respond to a natural disaster, outbreak, or other disaster.

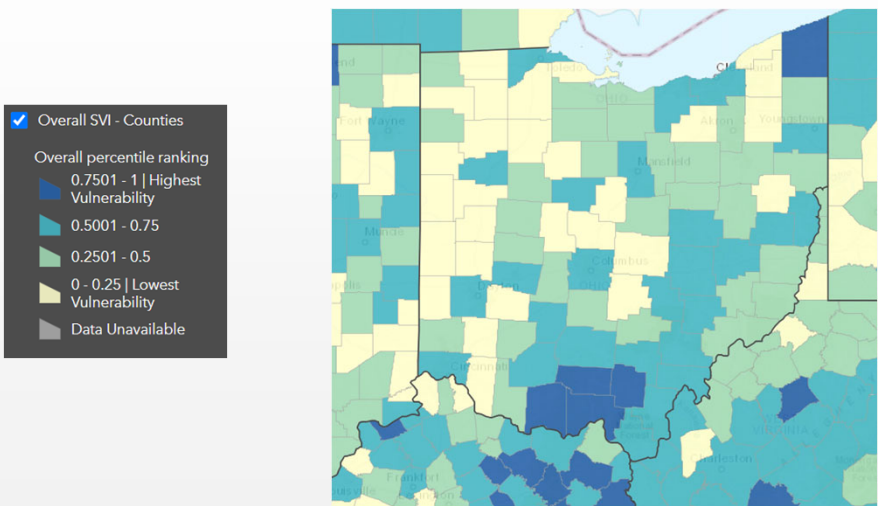
52

SOCIAL VULNERABILITY INDEX (SVI) – U.S.



53

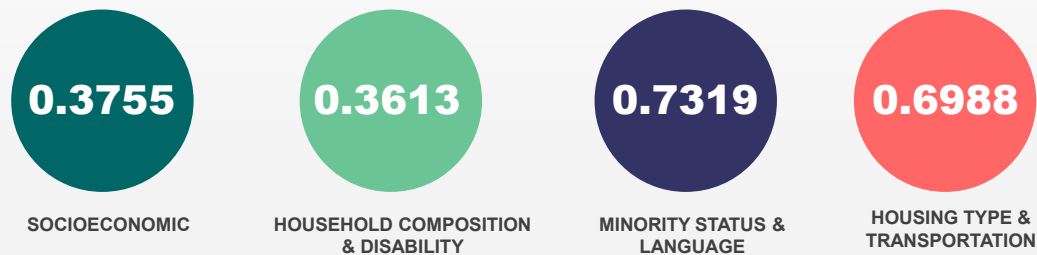
SOCIAL VULNERABILITY INDEX (SVI) – OHIO



54

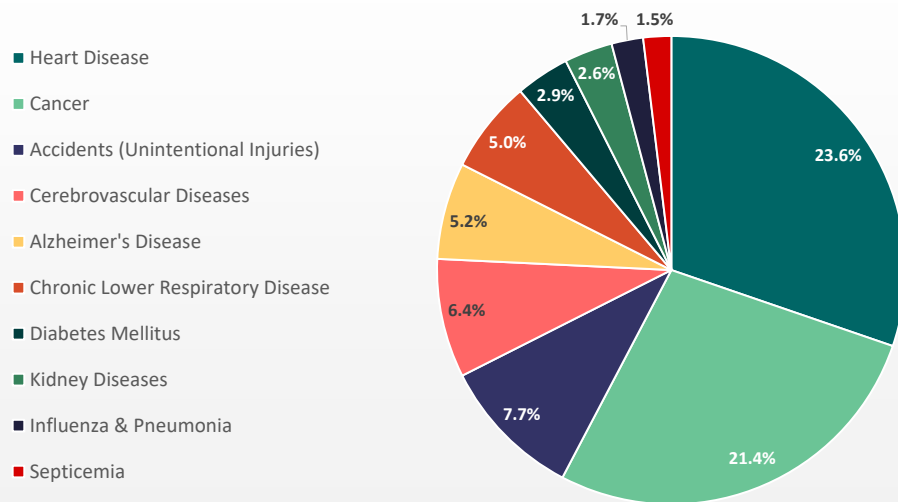
SOCIAL VULNERABILITY INDEX (SVI)

- Hamilton County has an overall SVI score of **0.5369** compared to the rest of the counties in the U.S.
- This puts Hamilton County slightly above the mid-point among all counties and moderate-to-high level of vulnerability.



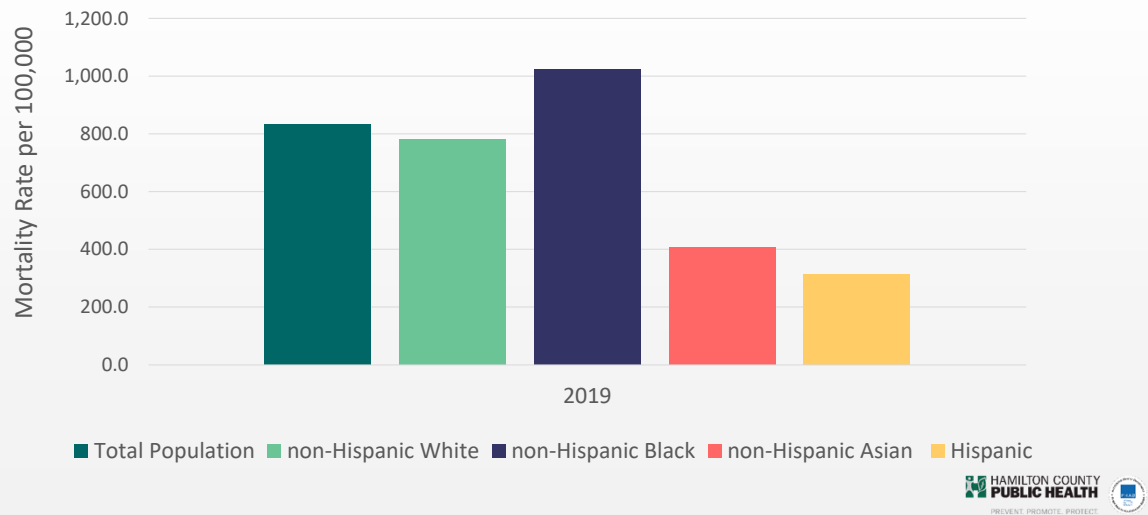
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HEALTH INDICATORS — TOP 10 CAUSES OF DEATH



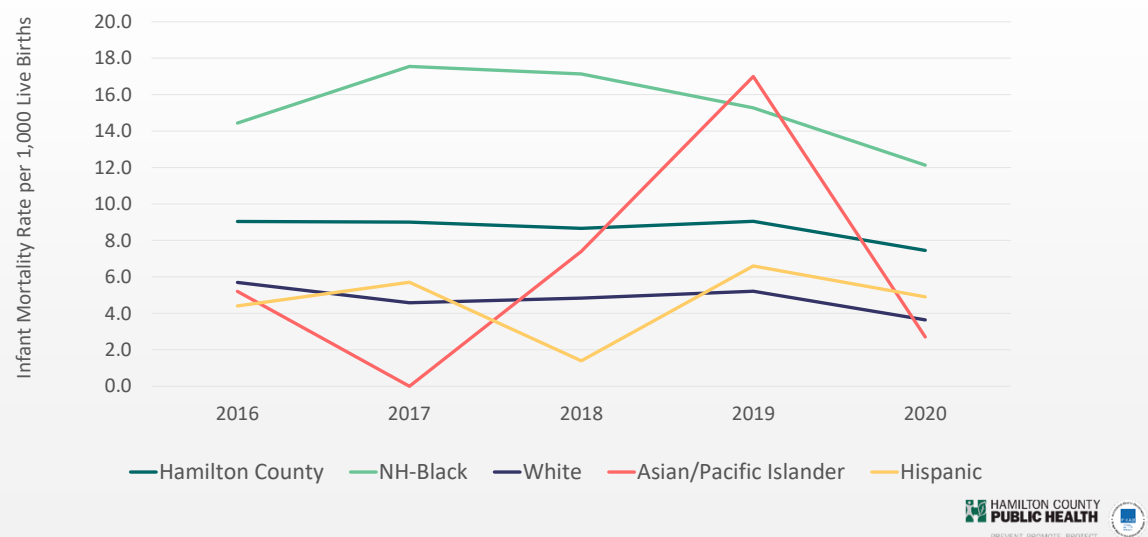
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HEALTH INDICATORS — MORTALITY RATES BY RACE/ETHNICITY



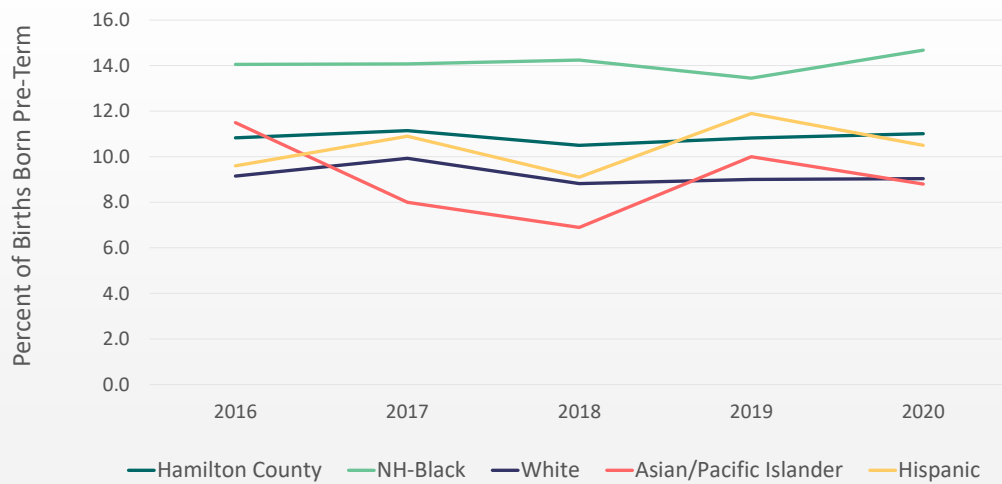
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HEALTH INDICATORS — INFANT MORTALITY



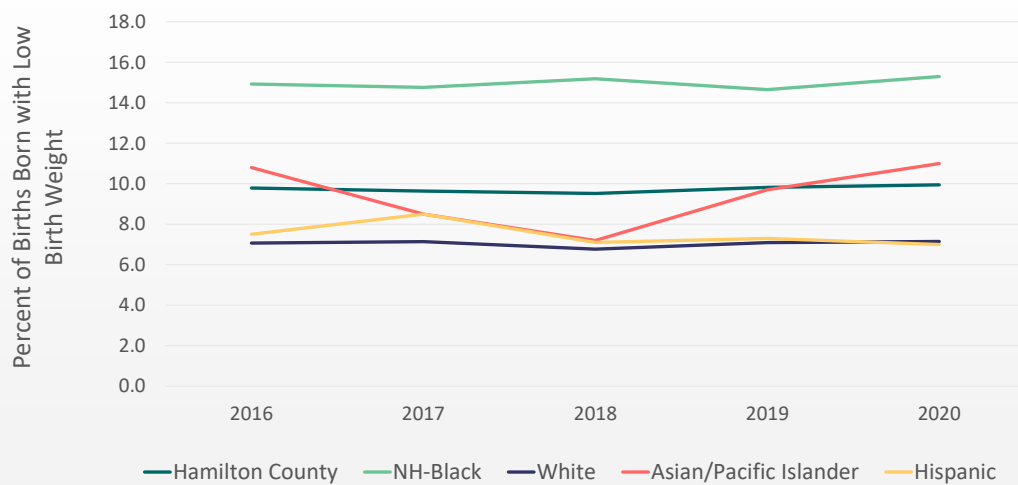
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HEALTH INDICATORS — PRE-TERM BIRTH



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HEALTH INDICATORS — LOW BIRTH WEIGHT



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HEALTH INDICATORS — MATERNAL & CHILD HEALTH

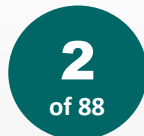
- Disparities in infant mortality, preterm birth, and low birth weight are the greatest among non-Hispanic Black residents.
 - Disparities among other races/ethnicities are also present.
- Low birth weight and preterm birth are relatively constant over the past 5 years.
- Infant mortality has decreased over the past 5 years.
- Over 2015-2019, Hamilton County was in the Top 5 counties for highest infant mortality rates.

HEALTH INDICATORS — HIV & SEXUALLY TRANSMITTED INFECTIONS

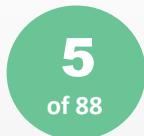
- HIV case numbers are near the level they were 5 years ago.
 - Increase in cases 2-3 years ago among PWID.
 - Rates of HIV higher among non-Hispanic Black compared to non-Hispanic White.
- Chlamydia rates are ~3% higher than they were 5 years ago.
- Gonorrhea rates increased by 33% from 2015-2018 but dropped back to 2015 levels in 2019.
- Total syphilis rate is 23% higher in 2019 than in 2015.
 - Congenital syphilis cases still occurring (2 in 2020).

HEALTH INDICATORS — HIV & SEXUALLY TRANSMITTED INFECTIONS

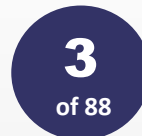
- Hamilton County typically has some of the highest rates of HIV and STIs in the state of Ohio, based on 2019 data.
 - Where Hamilton County ranks out of 88 counties in Ohio:



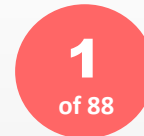
Chlamydia



Gonorrhea



Syphilis

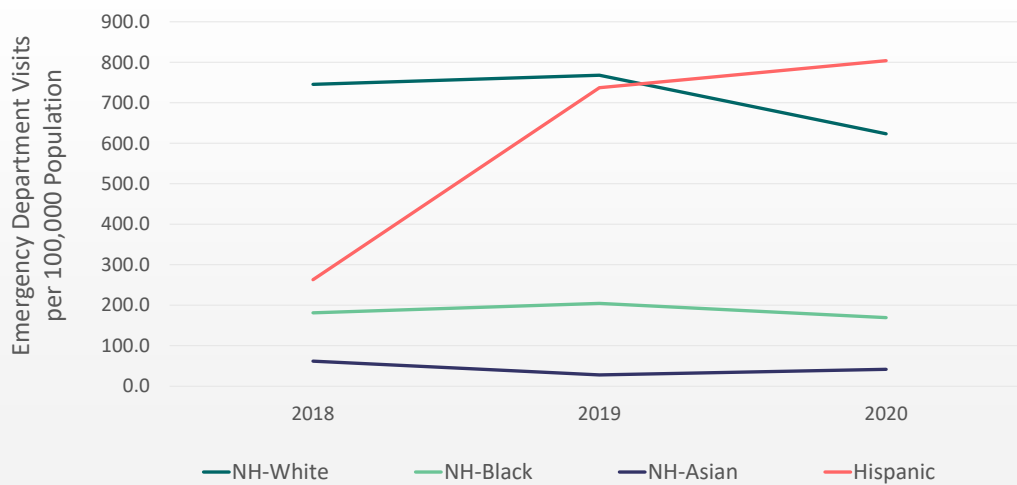


HIV

- Much higher rates of STIs among non-Hispanic Black residents vs non-Hispanic White residents.

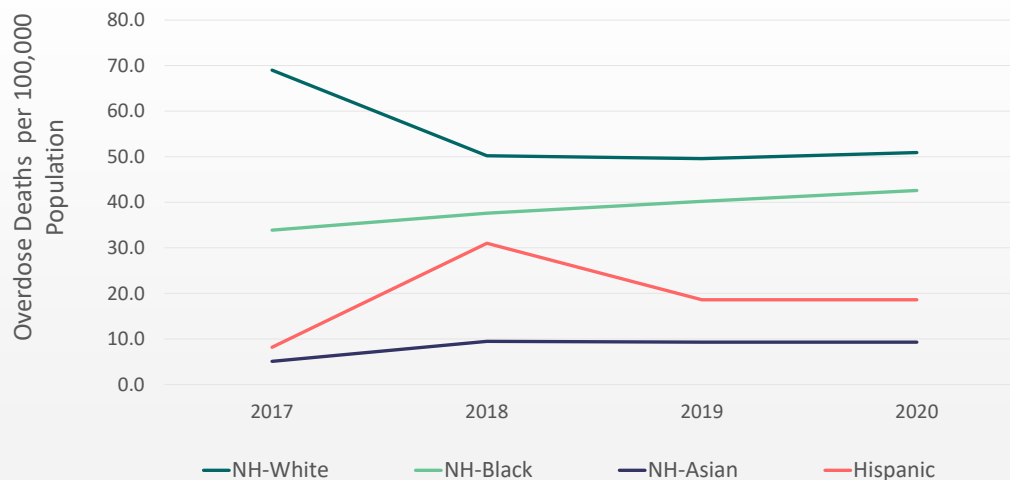
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HEALTH INDICATORS — OVERDOSE EMERGENCY DEPARTMENT VISITS



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HEALTH INDICATORS — OVERDOSE DEATHS

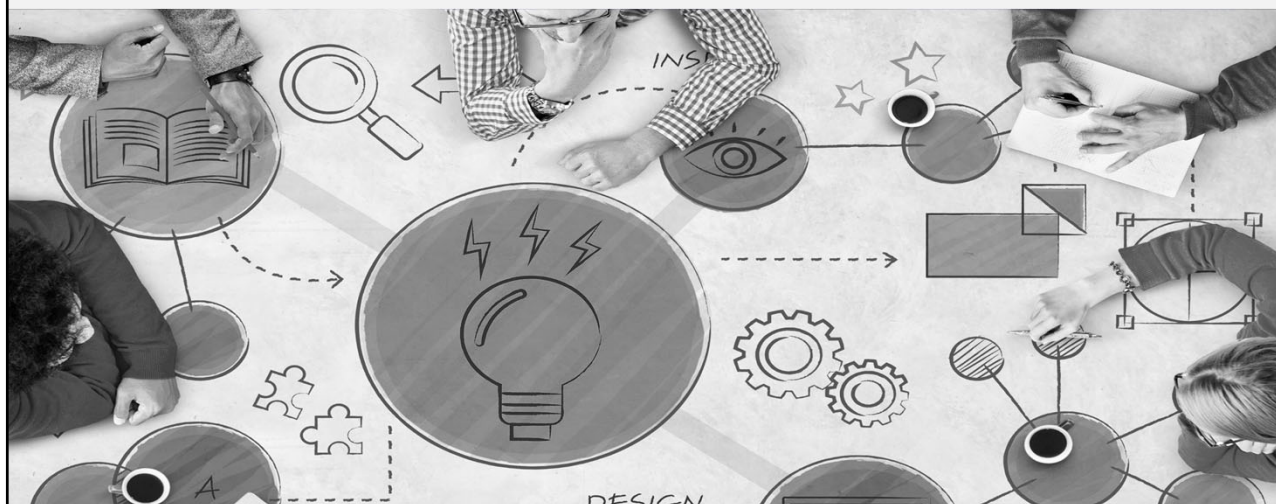


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KEY FINDINGS:

- Our population is becoming older and more diverse.
- Improvements in socio-economic status and other determinants of health are occurring for Hamilton County overall.
- Healthy equity gaps still exist among Hamilton County residents when viewing determinants of health, as well as health outcomes.
- Hamilton County residents are experiencing several outcomes that put them near the top of all counties in the state, including:
 - Maternal and Child Health
 - HIV/STIs
 - Overdoses

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Thank You!

For questions following the retreat, contact:

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