HAMILTON COUNTY PUBLIC HEALTH

Program Implementation Plan Results: 3rd Quarter, 2022

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2022. It assigns responsibilities and dates for the work to be completed. Output targets are determined by 3-year output data or grant, contract, and state administrative guidelines. This plan was developed by directors and staff, reviewed by the Program Implementation Plan Workgroup, and approved by the Performance Management Council and Hamilton County Board of Health.

Program Implementation Plan Agency Summary

		Percent	
11	Exceeding | Complete	8%	Currently above benchmark or complete.
121	On Track | Performing as Needed	90%	Progressing as anticipated.
1	Behind | Unfavorable	1%	Currently behind anticipated progress.
1	Road Block | Postponed	1%	Not progressing as anticipated.

Program Implementation Plan Agency Narrative

The 2022 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for Q3 of 2022. HCPH had a successful third quarter. Eight (8) percent of all metrics performed as "Exceeded | Completed" and ninety (90) percent performed as "On Track | Performing as Needed." Two (2) percent of metrics were behind or postponed.

Program Implementation Plan Index

ADMINISTRATION

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

2 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
10 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

Birth certicate benchmarks are slightly behind and are likely to fall short of the annual targets, as third quarter is typically strong due to school and fall sports resuming. We are ahead of our quarterly benchmark for death certificates. HCPH's deesignated Accreditation Specialist at PHAB completed the Pre-Site Visit Review for our agency's upcoming reaccreditation. Some measures were reopened for additional clarity before the virtual site visit. PHAB is also in the process of transitioning to a new e-PHAB system. HCPH will have 45 days from when we get access to the new e-PHAB system to submit our responses. The due date for our response to requests for additional documentation is still to be determined at this time.

Programs

Customer Service & Vital Stats	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued D. Comeau	13,854	2,894	3,022	2,964		64%	
Number of death certificates issued D. Comeau	29,839	9,860	6,620	7,547		81%	
Number of EHS permits issued C. Davidson	19,554	5,676	5,740	4,886		83%	
Number of EHS licenses issued C. Davidson	3,936	2,658	596	254		89%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours G. Kesterman	2.00	0.00	0.75	1.40		108%	

Accreditation	Status
Annual accreditation report created and submitted R. Stowe	Yes
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A) J. Mooney	In Progress

Administration	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete) G. Varner	100%	25%	25%	25%		75%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) G. Varner	100%	25%	25%	25%		75%	
Human Resources - New hires that have completed orientation S. Taylor	100%	100%	100%	1		100%	
Human Resources - Quarterly review of HCPH personnel policies (25% indicates quarter complete) S. Taylor	100%	25%	25%	0.25		75%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists M. Samet	4	2	3	3		175%	

HCPH STRATEGIC PLAN:2017-22

HAMILTON COUNTY PUBLIC HEALTH 3rd Quarter 2022

2 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
9 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

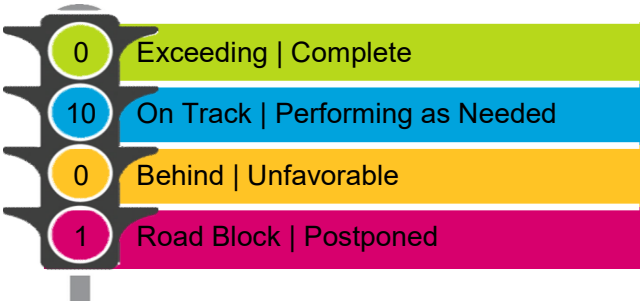
The Tier 1 health equity training video was finalized and launched for staff on 8/30/2022. The in-person training was finalized by the DEI Coordinator and Health Equity Coaches and will be launched in October 2022. New hire orientation presentations were also finalized and launched for staff on 8/30/2022. The Learning Management System (formerly the Training Database) was updated to document staff training requirements and compliance. The data management plan was shared with the administrative team on 9/13/2022. The plan is being reviewed and will be shared with one of IT's vendors who is assisting with HIPAA compliance. Lastly, senior leadership continues to review details of potential office spaces, as well as analyze the potential cost to the general fund and restricted funds if it was decided to house all HCPH in a central space.

Programs:	Year 3	Requirement	Q1	Q2	Q3	Q4	Average	Status
Strong Leadership and Workforce								
Percent of staff completing CCPHP assessment		80%	0%	91%			91%	
Percent of staff completing Tier 1 Health Equity training		80%	0%	0%	0%		0%	
Percent staff recruitment and retention key actions complete		100%	25%	25%	50%		50%	
Percent of required staff completing New Hire Orientation		80%	0%	0%	0%		0%	
Percent of public health workforce and pipeline key actions complete		100%	25%	25%	75%		75%	
Flexible and Sustainable Funding								Status
Percent of finance key actions completed		100%	0%	15%	50%		50%	
Timely and Locally Relevant Data								Status
Percent of data access and availability key actions completed		100%	0%	20%	50%		50%	
Foundational Infrastructure								Status
Percent of public information key actions completed		100%	50%	50%	100%		100%	
Percent of strategic partnerships key actions completed		100%	25%	25%	50%		50%	
Percent of information technology key actions completed		100%	20%	20%	60%		60%	
Percent of facilities key actions completed		100%	50%	50%	75%	75%	75%	

DISEASE PREVENTION

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Program Narrative

The Disease Prevention division has seen a lot of changes in the past two quarters, including departure of staff with significant historical knowledge of our programs. In the spring, a new clinic manager started and she has recently assumed the additional title of Director of Nursing. A new PHN2 has been hired to supervise the TB/CMH/IMM programs. Due to staff turnover at the beginning of the summer, the managment team decided to pause the IMM program for the time being. Currently, IMM patients are being referred to the Cincinnati Health Department. Medical assistants are being cross trained on all areas of clinical service, and a new PHN2 is onboarding while functioning as a TB RN case manager. DP has posted a PHN role but has had few applicants. Overall, the team is working together to learn TB control, the immunization program, and how MAs can support the team while also ensuring that everyone is fully trained. Taking the time to make sure that people are comfortable with their assigned tasks has slowed clinic numbers a bit, but it also ensures staff and patient safety.

Programs

Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	25%	38%	42%	61%		47%	

Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
75 % of contact investigations in the TB Program will begin within 24 hrs or next business day of notification for new case	75%	100%	75%	100%		92%	
100 % of patients who are eligible, receicve counseling on starting LTBI treatment	100%	63%	100%	100%		88%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	100%	100%	70%		90%	

Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Total vaccine administration will increase by 25% (2019 was 1,064; 2020 goal is 1,330)	1330	95	95	52		18%	

Syphilis	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets.	9	8	6	7		78%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	87%	87%	87%		87%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	102	111	92		149%	

HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	8	8	8		89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	80%	67%	75%		74%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1.0%	0.7%	0.8%	0.7%		1%	

Continuous Quality Improvement	Current Projects	New Projects Identified
To provide additional structure to clinical roles, DP has decided to implement a new training schedule for medical assistants. Feedback from staff indicated that more structured training was preferred. The clinic manager, nurse supervisor, and nurse practitioner worked with the MAs to develop a training schedule that will lead to rotating roles (1,2, and 3) from week to week. Each MA will have an assigned role during the week and rotate to the next role the following week. This will be a trial period of 2 months, starting in mid September.	In Progress	Yes

ENVIRONMENTAL HEALTH

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

0	Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
14	On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0	Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0	Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Environmental Health Division is on track and performing as needed for all 14 metrics through the third quarter. The food program is ahead of schedule with inspections due to education and enforcement of underperforming facilities. The ServSafe / food education program is rebounding from the COVID pandemic with increasing numbers of students being educated.

Programs

Food Safety and Education	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of FSO / RFE inspections completed (License Year: March 1 - February 28)	5,990	2,471	1,660	2,296		107%	
Number of people educated (3-Year Avg)	459	125	132	156		90%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	52	17	23	18		113%	

Housing and Nuisance Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,152	302	407	300		88%	
Average number of days to respond to complaint (Requirement)	2	2	2	2		100%	

Public Swimming Pools and Spas	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,253	25	534	646		96%	
Number of equipment inspections completed	210	0	358	28		184%	

Additional Inspection Programs	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
School Inspections - Number of standard inspections conducted per calendar year	345	35	158	14		60%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	23	1	8	13		98%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	197	56	74	85		109%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	57	20	9	0		51%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	22	4	7	3		65%	

Rabies Prevention and Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of quarantine notices sent	662	143	221	215		87%	
Number of samples sent to the Ohio Department of Health for testing	48	7	12	11		63%	

Continuous Quality Improvement	Current Projects	New Projects Identified
Currently working on a project with an ESL (English as a Second Language) food facility algong with Kurstin Jones, DEI Coordinator, and Becca Stowe, PM & Grants Coordinator. Project goal is to use an equity lens to develop method aimed at improving ESL facility inspection results. The project was started in August.	Yes	Yes

EMERGENCY PREPAREDNESS

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Emergency Preparedness (EP) Division is on track and performing as needed for all twelve metrics through the third quarter. The EP Division continued working on PHEP Core, Regional and CRI grant deliverables. One specific PHEP deliverable focused on Whole Community Planning, which involved describing to ODH how HCPH communicates and disseminates information accurately, quickly and equitably with at-risk populations in its jursidictions. The EP Division drafted its Integrated Preparedness Plan, which outlines its preparedness training and exercise program for the next five years. In addition, the EP Division drafted a Radiological Response Annex, which outlines public health's responsibilities in the event of a radiological incident. The CRI deliverable involving file uploads to ODH in preparation for the ODH site visit remains at zero percent as a result of ODH postponing the site visit. On November 2, 2022, the EP Division will be hosting an Anthrax Tabletop Exercise, which will run through the steps how public health will respond to an anthrax release at a major event within Hamilton County.

Programs

Public Health Emergency Preparedn	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP3 & BP4) - # of deliverables completed	27	5	11	5		78%	
Regional PHEP Grant (BP3 & BP4) - # of deliverables completed	16	4	4	4		75%	
Number of multi year training and exercise plans written	1	0	0	0		0%	
Cities Readiness Initiative	**Requirement**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Local CRI Grant - # of deliverables completed	9	2	3	1		67%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	0%	0%	0%		0%	
Agency Emergency Preparedness	**Requirement**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Intro to Incident Command (IS100) Training	75%	72%	69%	73%		73%	
Intro to National Incident Management System (IS700) Training	75%	73%	68%	71%		71%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	81%	85%	72%		72%	
Department Operations Training for Command staff	75%	59%	60%	48%		48%	
Number of agency emergency preparedness plans reviewed / updated	100%	1%	25%	0.25		17%	
Accreditation Standard 1.2.1 (24/7 communication; Requirement)		**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Complete 1 per quarter after hour checks on HCPH phone, fax and website	4	0	2	0		50%	
Complete 1 annual checks of HCPH panic and lockdown buttons	1	0	1	0		100%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no projects identified at this time.	No	No

EPIDEMIOLOGY

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

0 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
13 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
1 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

Tthe epidemiology staff is currently on track for all but one of its measures in the third quarter. The one measure that is currently behind is our progress on the AHEAD tool. We have been working with our vendor to finalize a dashboard template to use for the new AHEAD tool. The division should be able to get back on track during Q1 of 2023. The division has also hired a third communicable disease specialist and the director position. The epidemiology division was able to return to its normal work across most of its program areas. Monkeypox began to ramp up. During the past quarter, we successfully were able to coordinate testing and vaccination for the at-risk population. We also have been a go-to resource for other local health departments during that time on the processes of testing and vaccination. The injury surveillance programs were able to get an additional data sources into our Tableau Server platform and are currently working on the external injury data with The Health Collaborative. The decedent, monthly SSP, and monthly community links reports are now all available on our Tableau server. A SharePoint was created for all internal dashboards to support programs.

Programs

Surveillance	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of data requests completed by requestor's deadline.	100%	100%	100%	100%		100%	
Percent of facilities reporting injury data to epidemiology division.	100%	75%	75%	100%		83%	
Percent of AHEAD tool modules updated within Tableau.	100%	0%	20%	20%		40%	

Communicable Disease	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of weekly and monthly reports that are completed by established deadlines.	100%	100%	100%	100%		100%	
Percent of monthly contract reports completed by established deadlines.	100%	100%	100%	100%		50%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%	100%	100%	100%		100%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%	100%	100%	100%		100%	

Maternal and Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of OEI monthly reports and surveillance data submitted to ODH by grant deadline.	100%	100%	100%	100%		100%	
Percent of all fetal deaths between 1/2022 and 12/2022 reviewed by FIMR. (Requirement of 15%)	15%	0%	1%	3%		29%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	100%	100%	100%		100%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%	100%		100%	
11 MCH grant required interviews conducted by FIMR staff.	11	0	1	7		73%	

Harm Reduction	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of daily and monthly reports completed by established deadlines	100%	100%	100%	100%		100%	
Percent of data sources built into the Tableau dashboard	100%	75%	100%	100%		92%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvement projects at this time.	No	No

HARM REDUCTION

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

3 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
5 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Harm Reduction division is on track or exceed for all eight metrics for the third quarter. In reflecting on quarters during the summer months, the team reflected on successes and barriers: Challenge of time constraints for all partners, those in attendance were very engaged, smaller and informal group setting advanced dialogue. Action steps that came from this activity is to taking a deeper dive into naloxone distriubtion within our county and determine if a county wide strategy and county nalxone distribution data base can be developed.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	226,560	259,770	244,020		157%	
Number of syringes received	330,596	137,530	156,633	127,025		127%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	2	0	0		100%	

Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Harm Reduction Subcommittee meetings (including workgroup meetings)	2	5	5	4		700%	
Expand number of community partners engaged in the quarterly harm reduction meeting by 5 providers	5	2	1	0		60%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%	13%	53%		22%	

Addressing Stigma	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of venues reached with stigma marketing material	20	23	0	0		115%	
Number of trauma informed care / adverse childhood events training	25	6	0	0		24%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvement projects identified at this time.	No	No

HEALTH PROMOTION AND EDUCATION

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

2 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
10 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Health Promotion and Education division is on track with all metrics for the third quarter. Tobacco and WeTHRIVE! staff worked with Delhi Township and the Delhi Township WeTHRIVE! team to pass a smokefree playgrounds policy in July. The Q3 metrics around media campaigns for the tobacco grant are lower than other quarters due to ODH's delay in providing the media campaigns. WeTHRIVE! hosted the annual Speed Networking Event where community representatives and partner organizations met to discuss opportunities to collaborate and available resources. During the grant period, OEI Neighborhood Navigators continued to identify, screen, and serve women through non-traditional avenues. HPE received a grant from the Centers for Disease Control (CDC) to create Social Determinants of Health (SDOH) accelerator plans within the ten highest concentrated disadvantaged communities within HCPH's jurisdiction. The grant will also provide funding toward additional morbidity data from local hospital systems and a review from a Leadership team and communities to prioritize future implementation of strategies.The division currently has two Population Health Specialist positions open for the WeTHRIVE! initiative and for the tobacco grant (For the tobacco grant, Madison Witczak's last day was 10/28).

Programs

Tobacco Grant (7/1 to 6/30)	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.)	389,596	#######	492,772	30000		386%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	5	3	3	0		120%	
Number of tobacco related trainings and education as outlined by the grant	10	5	6	4		150%	

Maternal & Child Health (10/1 to 9/30)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Adolescent Health Advisory Committee meetings	4	2	1	2		125%	
Create adolescent health implementation plan as outlined by grant						Yes	
Create adolescent health evaluation plan as outlined by grant						Yes	

Ohio Equity Institute (10/1 to 12/31)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	6	5	7	7		100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligiblity criteria for OEI services	300	25	63	68		52%	

WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE! communities	100%	100%	100%	100%		100%	
Maintain engagement of existing WeTHRIVE school districts	100%	100%	100%	100%		100%	
Complete community health assessments in partnership with the Division of EPI						In Progress	
WeTHRIVE Health Equity recommendations developed						In Progress	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvements identified at this time.	No	No

PLUMBING

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Plumbing Division is on track and performing as needed for all eight metrics through the third quarter. Overall, plumbing permits and inspections are on track to meet the annual benchmark. Medical gas permits and inspections will also meet the benchmarks. On team member spent a majority of his time in backflow processing and investigating delinquent backflow devices with the aim of getting this program caught up. During late fall and winter, his time will be spent surveying to ensure the the benchmarks are met.

Programs

Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	3,968	958	1,085	990		76%	
Number of plumbing inspections completed	8,617	2,682	2,580	1,355		77%	
Number of residential plan reviews completed	3,410	811	867	824		73%	
Number of commercial plan reviews completed	563	147	168	171		86%	

Medical Gas Permits	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	26	4	6	10		77%	
Number of medical gas inspections completed	130	39	21	23		64%	

Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	331	33	120	131		86%	
Number of backflow / cross connections surveys completed	69	17	0	9		38%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvement projects identified at this time.	No	No

WASTE MANAGEMENT

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

1	Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
9	On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0	Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0	Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Waste Management Division is on track and performing as expected for all ten metrics through the third quarter. Though Body Art inspection numbers are low for the year, this is normal as we attempt to inspect these facilities in the fourth quarter- closer to licensing time. We surpassed our target of 50 scrap tire inspections over the second and third quarters, eliminating mosquito breeding grounds during the warmer months. Lead case referrals continue to be sporadic in nature and were up over last quarter. In our HUD grant we have successfully completed work on four units to date. We have several projects working through production and more applications in the pipeline. We hope to ramp up the speed with which we process projects through the grant in coming quarters. We were able to pick up two additional vetted contractors through our most recent RFQ in July.

Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	50	10	3	8		42%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	1	0		33%	

Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	116	36	39	39		98%	

Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	13	12	14		93%	
Number of scrap tire facility inspections completed	50	2	50	25		154%	
Number of compost facility inspections completed	24	0	10	5		63%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	54	31	37		94%	

Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	16	10	12		152%	
Number of newly identified children with blood levels greater than 10 µg/dL	12	5	0	5		83%	
Number of public health lead poisoning investigations completed	12	7	1	5		108%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no identified quality improvement projects at this time.	In Progress	No

WATER QUALITY

HAMILTON COUNTY PUBLIC HEALTH

3rd Quarter 2022

1 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
12 On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0 Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The Water Quality Division is on track and performing as needed for twelve metrics and exceeding in one through the third quarter. Overall, activity remained fairly steady with respect to sewage treatment systems. Inspection numbers are a little lower than average as we have hiring two REHS staff and have focused efforts on training. Numbers are expected to increase in the fourth Quarter as Stormwater staff are helping with routine inspections. As expected during the warm weather months, storm water program activities saw an increase. Stormwater located seven maintance facilities that had not been included in the FSWP inspections previously. These facilities will be inspected annually moving forward.

Programs

Sewage Treatment Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,863	3,038	3,142	2,544		74%	
First Reinspections: Percent Passing	67%	69%	64%	68%		101%	
Second Reinspections: Percent Passing	51%	51%	43%	45%		70%	
Number of STS Operation Permit Follow-up Inspections	2,077	671	1033	856		123%	
Number of Individual Improvement / Modifications Inspections Requested	295	65	95	70		78%	
Number of Requests for Variances (Includes STS & PWS)	42	24	29	24		183%	
Applications to Replace or Install a Sewage Treatment System	76	15	26	24		86%	

Stormwater	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Conduct outfall investigations in accordance with the contract and abate pollution	35	0	31	36		191%	
Number of nuisance complaint investigations completed	252	54	75	65		77%	
Number of STS's Mapped	500	75	132	88		59%	
Number of sanitary sewer connection orders issued	68	8	12	52		106%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0	6	43		136%	
Train Government Employees	299	0	63	243		102%	

Continuous Quality Improvement	Current Projects	New Projects Identified
Continue work from 2020 to make improvements in the Septage Hauler online reporting and education.	In Progress	No

0	Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
9	On Track | Performing as Needed	On Track | Performing as Needed: Progressing as anticipated.
0	Behind | Unfavorable	Behind | Unfavorable: Currently behind anticipated progress.
0	Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs

Workforce Development Workgroup

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of staff who have completed training as required by the workforce development training plan	100%	60%	60%	70%		63%	
Assess staff knowledge of core competencies						Status	Status
Review staff training feedback						*In Progress*	
Training curriculum updated based on staff feedback						*In Progress*	

Health Equity

			Status	Status
Develop Tier 1 Health Equity Training for all staff	Percent Complete:	100%		
Percent of staff receiving Tier 1 Health Equity Training (target: 80 percent)	Percent Complete:	0%		
Additional Health Equity Coaches recruited (target: 5)	# Complete	2.00		

Customer Service Feedback

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD/ Status	Status
Implement 2022 surveys (Requirement)	5	1				*20%*	
Finalize 2023survey and audit schedule (Q4 of 2021)						*In Progress*	
Provide findings and recommendations based on completed surveys and audits to divisions and to the PMC						*In Progress*	

Program Implementation Plan

	Status	Status
2023 Program Implementation Plan adopted by the HCPH BOH and dashboard completed (Q4)	*In Progress*	
2022 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	*In Progress*	

Community Health Improvement Plan

	Status	Status
2022 progress reporting to the Public Health Advisory Council and other key stakeholders	*In Progress*	