Hamilton County General Health District
STRATEGIC PLANNING RETREAT — BOARD OF HEALTH
October 9, 2021 – 8:00 a.m.
Minutes

Members Present:	Mark Rippe, President Elizabeth Kelly MD, Vice President James Brett Tracey Puthoff, Esq. Dan Meloy
District Staff Present:	Greg Kesterman, Health Commissioner Dr. Jennifer Mooney, Assistant Health Commissioner Craig Davidson, Assistant Health Commissioner Dr. Stephen Feagins, Medical Director Greg Varner, Finance Officer Rebecca Stowe, Performance Management & Accreditation Coordinator Kurstin Jones, Diversity, Equity & Inclusion Coordinator David Carlson, Epidemiology Director Chuck DeJonckheere, Waste Management Director Jeremy Hessel, Environmental Health Director Lisa Humble, Plumbing Director Mary Ellen Knaebel, Health Promotion & Education Director Shana Merrick, Harm Reduction Director Martha Walter, Disease Prevention Director
Guests:	Kelly Bragg, OSU Center for Public Health Practice (facilitator)

1. **Welcome & Introductions**
   Commissioner Kesterman welcomed at 8:05a.m. the Board, staff, and facilitator and provided an overview of the mission, vision, and values that guide the agency's work. Board members and the Medical Director introduced themselves. Directors provided an overview of their division's key programs and services. Administrative and senior leadership provided an overview of their respective roles.

2. **Environmental Scan**
   Performance Management & Accreditation Coordinator Rebecca Stowe shared that an environmental scan is a key component of the strategic planning process. An environmental scan is the review and analysis of quantitative and qualitative data to establish historical context, current context, and outlook of the internal and external environment in which Hamilton County Public Health (HCPH) operates. Five key data collection and analyses were reviewed, including the HCPH workforce profile, financial health, health outcomes data, foundational capabilities analysis, and the SOAR/C (Strengths, Opportunities, Aspirations, Results, and Challenges) summary.

   Rebecca Stowe reviewed the HCPH workforce profile. As of 9/30/2021, HCPH has 124 employees, which includes 121 full-time and three part-time employees. The racial/ethnic breakdown approximately 80 percent White, 14 percent Black/African American, and six percent other races/ethnicities. The racial/ethnic demographic is relatively reflective of the population served within HCPH's health jurisdiction. Additionally, the agency's staff is majority female, and the average age is 40 years of age.

Finance Officer Greg Varner reviewed the status of HCPH's financial health. Mr. Varner shared that overall, the agency's fund balances are in great shape. Of the approximately $9M fund balance (as of 9/30/2021), $4M is from Restricted funds. HCPH's revenue in 2020 was $16.2M, approximately $2.5M of which was from COVID grants. The average total revenue over the past 10 years is $11.5M. Despite having received COVID grant funding in 2020 and 2021, the agency has steadily increased its revenues.

Epidemiology Director David Carlson reviewed county health data, including population demographics and trends, social vulnerability index (SVI), various health indicators and trends, and key data findings and limitations. Mr. Rippe asked why we are seeing a seven percent decrease in individuals with independent living difficulties as there has been a 15 percent increase in the 65+ population in the County. Mr. Carlson mentioned that it could be a result of the work around "aging in place" and trying to keep older adults in their homes for as long as possible. Another explanation is that perhaps the 65+ population overall is living healthier lives and are more easily able to complete activities of daily living. After reviewing the top 10 leading causes of the death, Mr. Rippe asked where COVID-related deaths fit in. Mr. Carlson explained that the data presented is for 2019 (the last year of complete and finalized data). COVID data would start to emerge in the 2020 data sets. Mr. Rippe asked if we could look at the preliminary data for 2020 and see where COVID would rank. He also asked if it was possible to breakdown leading causes of death by age. Mr. Carlson replied that we could work on pulling that data together. After reviewing the maternal and infant health data, Dr. Kelly asked if we collect maternal mortality data. Mr. Carlson mentioned that we do not but can check with the Ohio Department of Health to see if county-level maternal mortality data is available.

Rebecca Stowe briefly reviewed findings from the Foundational Capabilities Analysis. Prior to the retreat, a survey was previously sent to Board of Health members, Division Directors, and Senior Administrative staff. The purpose of the survey was to assess HCPH's performance against each of the seven public health foundational capabilities to help with prioritization of organizational needs and allocation of resources to support core public health functions. The seven public health foundational capabilities include: (1) Assessment and Surveillance; (2) Emergency Preparedness and Response; (3) Policy Development and Support; (4) Communications; (5) Community Partnership Development; (6) Organizational Administrative Competencies; and (7) Accountability, Performance Management, and Quality Improvement. Overall, results were extremely favorable. Three foundations had one "Poor" response, including:

- Community Partnership Development: Create, convene, and support strategic partnerships; convene across governmental agencies.
- Emergency Preparedness & Response: Be notified and respond to events 24/7.
- Assessment & Surveillance: Conduct a community-wide health assessment and identify health priorities.

A survey was administered to staff and community partners by the OSU Center for Public Health Practice to determine HCPH's strengths, opportunities, aspirations, results, and challenges (SOAR/C). Eighty-one staff and 25 community partners responded. Themes included:

- **Strengths:** knowledgeable and dedicated workforce, leadership, customer service, workplace culture, collaboration, and community outreach and education.
- **Opportunities:** collaboration/partnerships, health disparities, health equity, communication and education, and emergency preparedness/COVID-19.
- **Aspirations *(Results):*** Workforce Diversity (*staffing represents the community served*); Staff Development (*cross-trained staff that is confident in their duties and up to date on public health issues*); Public Awareness (*more awareness of what HCPH/public health does*); and Health Equity (*collaborative relationships to drive equitable change).*

negatively impact this vision. Additional staff added that they wrote ideas down with the lens that we are very much in COVID and/or with a "COVID lens." Commissioner Kesterman assured everyone that the agency will continue to prioritize COVID through the development of the new Division of Emergency Preparedness. The new division will also allow other agency staff to continue their work on our other programs and services. He recognized that COVID will most likely be part of several strategy goals or tasks.

Therefore, the five strategic priority areas are: (1) Diversity/Health Equity; (2) Innovation; (3) Workforce Development; (4) Finance; and (5) Infrastructure. These strategic areas will incorporate data and a COVID lens.

4. **Next Steps/Wrap-Up**
Ms. Bragg collected the index cards. She will synthesize the ideas into prospective goals and objectives for the group to vote on at a later date.

5. **Adjourn**
The Strategic Planning Retreat adjourned at 11:25 a.m.

Next Board of Health meeting: October 11, 2021.

Mark A. Rippe, President

Greg Kesterman, Secretary
Health Commissioner

- **Challenges:** Internal – Growth (rapid)/office space; staff retention; staffing capacity; funding & resources. External – Politics; COVID, public trust/misinformation (as it relates to the politics around COVID), and communication.

Mr. Rippe asked if HCPH's jurisdictions received the survey. Commissioner Kesterman stated the survey went to over a hundred community partners, including the village/township/city administrators. Mr. Rippe asked if a 25 percent response rate is decent. Ms. Bragg mentioned that a 25 percent responses rate from community partners for this type of survey is actually pretty good.

3. **Planning Session**

Kelly Bragg with the OSU Center for Public Health Practice facilitated the planning session. She provided an overview of what a strategic plan is and how the different required plans should align with Public Health Accreditation Board (PHAB) accreditation. Strategic planning nomenclature was reviewed so participants had a common understanding of what is considered a strategic priority, goal, and objective. The review of Public Health Accreditation and Board responsibility shall count as 30 minutes of continuing education.

A worksheet that included a strategic planning inputs summary was provided. Participants were paired up to review the environmental scan data that was presented and list 3-5 takeaways to consider for each input area. Participants were asked to share key takeaways or observations. The discrepancy between Hamilton County's health outcomes ranking (55 out of 88) and health factors ranking (28 of 88) was noted. Discussion centered around being a service-rich, system-poor County. Additionally, Ms. Puthoff asked why the three public health foundational capabilities were identified as opportunities for improvement if the foundational capabilities assessment was overall positive. Ms. Stowe mentioned that while there were very few "poor" responses, the responses indicated a need for improvement, nonetheless. Commissioner Kesterman highlighted that a respondent indicated "poor" to HCPH's ability to be notified of and respond to an emergency 24/7. The agency has standard operating guidelines) that clearly outlines the process for notification and response. We see the "poor" response as an opportunity to provide further awareness to the Board and staff of this process. Additionally, Ms. Stowe highlighted that a respondent indicated "poor" to HCPH's ability to conduct a community-wide health assessment and identify health priorities. It was noted that, for example, Mr. Carlson provided a detailed assessment of the county's health outcomes and highlighted health disparities. We see this as another opportunity to provide awareness to the Board and staff. Mr. Rippe asked if our communities can access data that is specific to their communities. Ms. Knaebel stated that communities can, and are, accessing community-level data through the WeTHRIVE! initiative. Mr. Brett commented that his community has received community-level data through WeTHRIVE! that has helped them to obtain grant funding.

The group transitioned into the gap analysis phase. Participants were asked to take time on their own to list where we are currently ("as is") related to staffing, culture, organizational structure, public perception, funding, etc. Next, participants were asked to brainstorm where we want to be ("desired") with consideration of workforce development, financial sustainability, communications, and technology/information management by placing ideas on index cards. As a group, index cards (ideas) were arranged into common themes. Themes included: (1) post-COVID; (2) Diversity/Health Equity; (3) Innovation; (4) Workforce Development; (5) Finance; and (6) Infrastructure. Best-practice for strategic plans is to have 3-5 strategic priorities. There was discussion regarding the meaning behind post-COVID as a strategic priority. Mr. Rippe commented that we need to focus beyond COVID in the strategic plan. We continue to have work on repairing our credibility and trust in the community and move forward. Dr. Kelly shared that she sees the trauma from COVID daily in the hospital from patients, families, and health care workers. Dr. Feagins added that the hospital systems continued to ensure that they can continue normal operations in the coming years and that COVID does not