



2013-2016



# Hamilton County Public Health Strategic Plan

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PREVENT. PROMOTE. PROTECT.

250 William Howard Taft Road, 2<sup>nd</sup> Floor  
Cincinnati, OH 45219 513.946.7800  
[www.HCPH.org](http://www.HCPH.org)

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## **LETTER OF INTRODUCTION**

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June 10, 2013

We are pleased to submit the following strategic plan for Hamilton County Public Health mandated and other needed services to our stakeholders.

The convergence of the Affordable Care Act and challenging economic times have propelled us to take an inward look at our region's health to determine the most effective ways to deliver public health services.

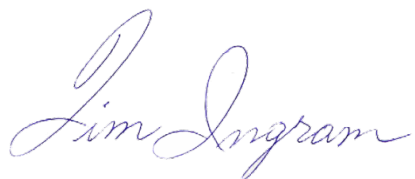
In public health, we are moving into an era of certifying agency performance. Called Public Health Accreditation, this initiative sets a measurement of health department performance against nationally recognized standards. The initial foray into the accreditation process involved conducting a Community Health Needs Assessment, which we completed in 2012. This assessment will serve as the basis for a Community Health Improvement Plan (CHIP), which will drive our activity for the foreseeable future.

Next steps are the implementation of this strategic plan. Our plan moves forward in two distinct areas:

- Develop actionable items from the Community Health Improvement Plan into the Strategic Plan, and;
- Develop activities from the plan into individual and team performance measurement tools.

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

Sincerely,

A handwritten signature in blue ink that reads "Tim Ingram". The signature is written in a cursive, flowing style.

Tim Ingram  
Health Commissioner

## **AGENCY OVERVIEW**

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Hamilton County Public Health (HCPH), founded in 1919, serves a population of nearly 500,000 in 44 political jurisdictions. With a budget of approximately \$11M, the agency employs some 80 associates across a wide spectrum of programs and mandated services.

Hamilton County is the third largest in Ohio by population and is home to the city of Cincinnati. The metropolitan statistical area, which includes counties in Northern Kentucky and Southeast Indiana, is approximately 2.2 million. Population breakdown is nearly 82 percent white and 15 percent black. Median household income is just over \$36,000 and nearly half of the population holds a Bachelor's degree or higher. (2010 U.S. Census).

Reporting to the County Board of Health, the agency divides its services into three broad categories – Administrative, Community Health Services and Environmental Health Services. Community Health Services and Environmental Health Services falls under the direction of an assistant health commissioner, both of whom report to the County Health Commissioner. Administrative is managed by the Health Commissioner.

Under its tagline -- *Prevent, Promote, Protect* – HCPH manages public health activities for the County through the following functions:

### **Environmental Health Services**

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

### **Community Health Services**

- **Emergency Preparedness & Response** – Division experts partner with the community and other public health and emergency response agencies to make our region and our county safer, healthier and better prepared to respond to emergencies.

- **Epidemiology & Assessment** -- Preventing disease and injury among Hamilton County residents is a primary goal for the Epidemiology & Assessment team. The team works to detect and help diagnose community health issues that run the gamut from outbreaks of infectious disease to infant mortality rates.
- **Health Promotion & Education** -- Staff in HCPH’s Health Promotion and Education Division work to increase physical activity, improve healthy eating opportunities, prevent tobacco use and exposure and reduce unintentional injuries caused by falls or motor vehicle crashes. This is accomplished through awareness, education, assessment, policy development and environmental change.
- **Disease Prevention** -- Public health nurses provide caring and responsive health services to Hamilton County residents. Health District nurses visit and educate individuals and families about health and safety concerns. Public health nurses also conduct immunization clinics, work with families of children with special health care needs and visit with first-time mothers to ensure their child's life begins in the healthiest of fashions.

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

## ***EXECUTIVE SUMMARY***

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HCPH engaged Board, management and staff in a strategic planning process to address internal and external issues and influences on the ability of the Agency to create value for citizens and communities in the Hamilton County, OH service area for the next three years. Working with a strategic planning consultant to guide the process and facilitate consensus, HCPH leaders first sought input from Board and staff on the agency’s vision, mission and values (which had been adopted in the late 1990s) and the strategic forces enabling—or impeding—healthy outcomes for the community.

Impetus for this strategic planning effort can best be summed up in two quotes; the first from Albert Einstein: “We cannot solve our problems with the same thinking we used when we created them.” And the other from James Baldwin: “Not everything that is faced can be changed. But nothing can be changed until it is faced.”

Acknowledging the accelerated pace of change and the challenge of continuous improvement, HCPH leaders analyzed the work system of HCPH. This enterprise work system consists of value-creation processes (customer and community impact from programs and services delivery) and value-support processes (functions necessary to enable the programs and services that produce health outcomes).

In a series of five, four-hour sessions over an eight-week period (Appendices A and B), the strategic planning core team:

- Revised the mission (stating the purpose and business of HCPH)
- Created an external vision statement (the ideal state of the community as a result of the Agency’s work)
- Crafted an internal vision statement (how the Agency will strive to be known)
- Articulated the values (guiding principles and standards for behavior)

- Developed a strategic approach to identified internal and external strategic issues in six value-support process key result areas
- Constructed a “Was/Will Be” grid of five key attributes (challenge, measures, engagement, health information technology, and funding/financial resources) where change would be the focused response to external and internal strategic issues (Appendix C).
- Agreed to a second phase of planning that would evaluate all current programs and services (value-creation) against community health improvement data, mission-critical outcomes measures, and resource allocation criteria

In addition, work in these sessions produced an Agency strategy for 2013-16:

- Renew commitment to values, vision, mission, continuous improvement and measuring what matters
- Respond to the community’s needs and address priority issues with creativity and innovation with limited resources in an uncertain business arena
- Refine processes to create a community of smart health-consumers and realize better outcomes.

The six key result areas in value-support identified for strategic planning include:

- Program Knowledge & Data Management
- Workforce/Human Resources
- Internal Communications
- External Communications
- Finance/Operations/Administration
- Program Planning & Process Improvement

Working in small teams, HCPH managers defined the key result area of their focus; wrote an overarching objective and a diagnosis (or ‘current reality’ or situation) of the strengths to be leveraged and the opportunities for improvement. Each key result area team then developed goals which were vetted by the large group and adopted by consensus. Action steps, output measures and outcomes were added once the Board approved the strategic direction, key result areas, objectives and goals.

## ***MISSION, VISION AND GUIDING PRINCIPLES/VALUES STATEMENTS***

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To best understand the evolution of HCPH and its mission, vision and values, it is best to step back and look at where the agency has been. Previous guiding statements focused on a more tactical approach to the responsibilities of a public health function. New statements call out the increased role of public health in the overall, holistic health and wellness of the communities served.

### **Mission**

#### **Previous**

The purpose of HCPH is to work with the community to protect the public health and environment. By providing education, inspections, health care coordination and data analysis, we strive to assure that the citizens of Hamilton County are safe from disease, injury and contamination.

#### **New**

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

### **Vision**

In the vision statement, the agency developed both internal and external versions. The internal statement challenges our team to question methodology and always look for better ways to complete our mission.

### **Previous**

HCPH will revolutionize the way it provides services to a changing community.

### **New**

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. In addition, it is much easier to share with our stakeholders and simply directs attention to the job at hand, while not limiting opportunities in a rapidly changing public health environment.

### **Previous**

Communities will develop new and innovative ways to solve problems. We will provide a network of information to be used as a tool to improve public health. Together we will be uniquely equipped to face the challenges of tomorrow and provide an environment in which we will be proud to live and work.

### **New**

Healthy choices. Healthy lives. Healthy communities.

### **Values**

### **Previous**

Our service will be prompt, reliable and professional  
Our staff will be caring, responsible.

### **New**

We believe:

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

## **SUMMARY OF SWOT/SWOC AND ENVIRONMENTAL SCAN RESULTS**

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To involve the Hamilton County Board of Health in the environmental scan, HCPH leadership selected a pre-work survey (via email) as the primary tool to gather board members' perspectives on strengths, opportunities, challenges and external forces (societal, technology-related, economic and political) that impact the short- and long-term strategies of HCPH. The Health Commissioner presented a top line, subject matter expert view on short- and long-term public health issues globally, and those critical few issues affecting the public health agency locally (Appendix D).

Management and staff worked as a large group to identify strengths, weaknesses, opportunities and threats (SWOT). In addition, they completed a STEP analysis, to recognize external factors that will now or in the future, impact the Agency. STEP external environmental scan typically produces acknowledgment of forces over which an organization has little or no control, other than its chosen response to the issue (Appendix E).

An in-depth internal environmental scan was conducted by the strategic planning team.

Strategic issues were classified as 'internal' and 'external'. Internal issues include:

- Financial and operating systems optimization
- Program knowledge and data management
- Communications between and among staff, contractors and management
- Maintaining and enhancing workforce development
- Broader performance-to-budget reporting
- Program/service identification, adoption, production, evaluation process
- Input from public, communities and key stakeholders

External issues identified include:

- Affordable Care Act
- Level of collaboration
- Interoperability of Agency and Systems data
- Sustainable resource development
- Outcomes measurement
- Optimal product/service mix
- Public, community and stakeholder relationships

Small groups worked on the key result areas they deemed the high priority value-support processes. The group identified six key result areas, after a discussion of the Agency system (value-creation and value-support). The six key result areas identified are:

- Program Knowledge & Data Management
- Workforce/Human Resources
- Internal Communications
- External Relations
- Finance/Operations/Administration
- Program Planning & Process Improvement

These six key result areas—while value-support processes in the Agency—have significant impact and implications for programs and services delivery and community impact. The first phase of strategic planning centered on developing objectives, goals, action steps and measures for these six areas. The Community Health Improvement Plan (CHIP) informs key result areas encompassing program and service design, delivery and measurement (value-creation).



## **SUMMARY OF STRATEGIC PRIORITIES**

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Strategic priorities for HCPH were identified through two steps in the strategic planning process.

**Step one:** upon a review of the identified internal and external issues, including the Health Commissioner’s global perspective, the management team performed a ‘key driver’ exercise with the value-support process key result areas.

Results concluded that the area for ‘breakthrough’ impact—a strategy commanding resource investment that would generate highest return—was Program Knowledge & Data Management.

Workforce/Human Resources and Internal Communications were identified as ‘improve’ impact areas. This means those two key result areas deserve additional attention (human and capital resources) and the organization would realize great benefit by making significant and strategic improvements or changes in its approach and deployment of these processes.

In the ‘continue’ category –incremental improvements upon high performance to generate desired outcomes—were External Relations, Finance/Operations/Administration, and Program Planning & Process Improvement.

**Step two:** because the vision, mission and values of the Agency had not been formally revisited since 1997, the team “started with why” (and with the help of Simon Sinek and his TED Talk on Why Some Leaders Inspire More Than Others) and re-crafted a set of values and beliefs to guide behavior. Next, the vision statement was divided into ‘external’ vision—the ideal state of the community if the Agency achieves its mission—and ‘internal’ vision—how the Agency wants to be known. The external vision became the ‘you’ statement—what customers and the community will experience as HCPH succeeds. The internal vision became the ‘me’ statement—how staff want the organization to be known and regarded. Combined, these two vision statements convey the ‘we’ of HCPH and the communities it serves.

The mission statement—purpose and business—was modified to reflect the aspirational vision through the work being done.

These three enterprise statements, strategic issues (internal and external) and the key result areas fed the conclusion that the 2013-16 Strategy for HCPH would be:

- **Renew** commitment to values, vision, mission and continuous improvement and measuring what matters
- **Respond** to the community’s needs and address priority issues with creativity and innovation with limited resources and in an uncertain business arena
- **Refine** processes to create a community of smart health-consumers and realize better outcomes.

The organizational strategy was based on the need to transform the organization to meet the operational challenges of both the changing business environment and the evolving needs of the communities served.

## **OBJECTIVES AND GOALS**

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HCPH’s management team conducted an environmental scan and incorporated the results into a series of four planning sessions to develop six key result areas on which the strategic plan would focus (for value-support processes).

The team structured its plan as such:

*Key results areas:* The focal points of operations in which the organization must be successful in order to meet its overall vision and mission objectives and goals. Key results areas include a balance of both internal and external performance areas that demand focus.

*Objectives:* the specific target for a goal; easily measured and easily understood by all stakeholders to be effective. Collectively the objectives make up a scorecard for the Agency's performance.

*Goals:* the outcomes that the organization identifies to focus its activity and determine its performance in key strategic areas.

*Action steps:* the day-to-day, month-to-month operations and activities that are undertaken to move the organization toward its overall objectives. Action steps involve everyone in the organization working together to achieve the desired/required outcomes identified in the planning process.

Below are the key result areas, objectives and goals identified by the strategic plan team.

### **Key Results Area: EXTERNAL RELATIONS**

**Objective 1: Maintain and enhance a positive working relationship among key publics, communities and priority stakeholders to advance the agency's mission.**

#### **Goal**

- Sustain and expand relationships with identified key stakeholders to advance HCPH's mission locally, regionally, statewide and on a national level.

### **Key Results Area: INTERNAL COMMUNICATIONS**

**Objective 2: Leverage internal communication activities to contribute to high performance and to sustain a unified, motivated workforce fully engaged in fulfilling HCPH's mission.**

#### **Goals**

- Develop an internal communication process, plan and owner as a management function.
- Leverage the intranet and internet (website) to inform and empower employees 24/7.
- Create regular and responsive occasions for dialogue among leadership and staff, and between/among staff groups, on programs and performance.

### **Key Results Area: FINANCE/OPERATIONS/ADMIONISTRATION**

**Objective 3: Prepare and provide mission-critical performance information to guide decision-making agency-wide.**

#### **Goals**

- Improve the existing recording/analysis/reporting system to provide more timely and useful financial, operational and administrative information on both value-creation processes (programs and services) and value-support processes to staff.

- Incorporate a performance-to-budget metrics element in all processes and programs so staff can make informed decisions for results review and recommendations regarding performance and program/service life cycles.
- Diversify funding sources to sustain the Agency mission.

**Key Results Area: PROCESS AND PROGRAM KNOWLEDGE & DATA MANAGEMENT**

**Objective 4: Sustain optimal levels of security, accuracy, access, compliance, and data management, and the stewardship of agency process and program knowledge.**

**Goals**

- Create and implement a comprehensive software/data program plan for supporting mission-critical value-creation (program) and value-support (management) functions.
- Optimize program information development and sharing to improve the quality of decision-making.
- Ensure integration of public health/healthcare information.

**Key Result Area: WORKFORCE/HUMAN RESOURCES**

**Objective 5: Engage a high-performing professional workforce in delivering mission-critical community outcomes.**

**Goals**

- Leverage the value of a high performing Human Resources function, agency-wide.
- Optimize recruitment and retention through training and development strategies.
- Address ethnic diversity and succession planning for management and staff positions.
- Analyze compensation, benefits, headcount and workload issues and recommend ways to close any critical gaps.

**Key Results Area: PROGRAM PLANNING & PROCESS IMPROVEMENT**

**Objective 6: Maintain and enhance a culture of continuous improvement deployed through a planning process built on quantitative and qualitative data from the community, key stakeholders, and agency teams to support high performance and continuously improving community impact.**

**Goals**

- Adopt a data-driven process to manage decision-making around selection and delivery of discretionary agency programs and services.
- Engage each program/service team in a proven system to demonstrate value, efficiency and effectiveness of the work (outcomes and outputs).

Please see Appendix F for Action Steps in each Key Results Area, as well as Measures: Impact (outcome) and Activity (output). Also included is an implementation timeline (Appendix G).

## ***LINKAGES WITH THE CHIP***

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Once the Community Health Improvement Plan is completed, goals pertaining to public health will be incorporated into the Strategic Plan.

## ***PUTTING THE PLAN IN ACTION***

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The Strategic Plan will be disseminated to all employees through agency-wide and division meetings. Plan deliverables will be integrated into the agency Plan of Work and assigned to individuals for completion. Progress will be monitored quarterly by staff, supervisors, health commissioner and board of health members. Based on progress, the plan will be revised on a yearly basis.

# Appendix A

**HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PLANNING  
APRIL 22, 2013 8:30 a.m. to 1:30 p.m. AGENDA (ANNOTATED)**

**AIM:** Engage the workforce, leadership and Board in developing the strategic direction for Hamilton County Public Health for 2014-16

**SESSION GOAL:** Identify where HCPH is, and where it needs to be going to accomplish its mission and fulfill its vision for community impact in key result areas of value-support [i.e., work processes, not the health improvement programs]

<b>TIME</b>	<b>TASK</b>	<b>TEAM</b>
8:00 a.m.	Set-up	MGC
8:30 a.m.	<p><b>Welcome and introductions</b></p> <p>--Tim: Let's set the stage --Kathy: We thank you for your time and perspective --MGC: What motivates you to do the work you do</p>	Tim, Kathy, MGC
8:45 a.m.	<p><b>Overview of Strategic Planning</b></p> <p>--Goal for the process, goal for this session --Working 'on' the system (what's happening agency-wide), not 'in' the system (Community Health Improvement Plan will deal with the programs—i.e., program grid)</p>	MGC
9:00 a.m.	<p><b>Simon Sinek, "Start with Why" video</b> (approx. 20 minutes)</p> <p>--Small groups: --Group 1: discuss HCPH's 'why' and beliefs about individual health, family health, community health, value of HCPH to the community, and role of each team member --Group 2: discuss HCPH's community impact today --Group 3: discuss how HCPH wants to be known --Group 4: discuss what HCPH's purpose is and what business is it in</p>	Large Group, then Small Groups
10:15 a.m.	<p><b>Who is it that we say we are?</b></p> <p>--Readout of small group discussions to large group --Observations</p>	Large Group
10:30 a.m.	Break	All
10:45 a.m.	<p><b>What are the key issues we face?</b></p> <p>--Small groups --Group 1: internal scan/strengths and weaknesses --Group 2: internal scan/opportunities and threats --Group 3: external scan/social, economic conditions --Group 4: external scan/technology, political</p>	Small Groups
11:30 a.m.	<b>Issues Readout</b>	Small Groups
11:45 a.m.	Break to get Lunch	All

<b>TIME</b>	<b>TASK</b>	<b>TEAM</b>
12:00 noon	<p><b>Working lunch: What does the future look like for public health?</b></p> <p>--Commissioner's view of the changes coming in public health  --Commissioner's view of what changes need to occur in HCPH ('was/will be' grid) to sustain positive community impact  --Observations/questions/comments from participants</p>	Tim, Large Group
1:15 p.m.	<p><b>Next steps</b></p> <p>--Homework:  --<b>Answer the question (individually) "To achieve the vision and accomplish the mission, what does Hamilton County Public Health need to be doing differently in 2014-16?"</b> Note: not programmatically, but rather in key result areas such as Workforce/HR, Planning, Internal Communications, Finance/Operations/Administration, Knowledge &amp; Data Management, Process Improvement.  --<b>Complete the "was/will be" grid for your department.</b>  --Email all information by 4/29/13.  --Next session is Wed., 5/1 at 8:30 a.m.</p>	MGC, Kathy
1:30 p.m.	<b>Adjourn</b>	

**April 22, 2013 Meeting Attendance**

Brad Johnson	Water Quality Supervisor
Chris Griffith	Water Quality Director
Chuck Dejonckheere	Waste Management Director
Craig Davidson	Epi and Assessment Director
Dave Nutini	Emergency Preparedness Supervisor
Denise Comeau	Customer Service Supervisor
Donna Jacomet	HIV/STD Disease Investigator Supervisor
Greg Cassiere	Water Quality Supervisor
Greg Kesterman	Assistant Health Commissioner, EH
Jackie Hagan	Nursing Supervisor
Jaime Love	Health Educator
Jeremy Hessel	Environmental Health Director
John Teufel	Finance Officer
Kathy Lordo	Assistant Health Commissioner, CHS
Lisa Humble	Plumbing Director
Maria Bland	Customer Service Supervisor
Marie Gemelli-Carroll	Facilitator
Pat Allingham	Disease Prevention Director
Scott Puthoff	Environmental Health Supervisor
Sean Moore	Plumbing Supervisor
Tim Ingram	Health Commissioner
Tucker Stone	Environmental Health Supervisor

**HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PLANNING SESSION  
MAY 1, 2013 8:30 a.m. to 1:30 p.m. AGENDA**

8:00 a.m.	<b>Set up</b>
8:30 a.m.	<b>Welcome, introductions, goal for the session</b>
8:45 a.m.	<b>Review notes from April 22 session</b>
	<b>Draft values statement</b> --Small group discuss, consensus --Large group readout --Overall consensus
	<b>Draft external vision/internal vision statement</b> --Small group discuss, consensus --Large group readout --Overall consensus
	<b>Draft mission statement</b> --Small group discuss, consensus --Large group readout --Overall consensus
10:00 a.m.	<b>Break</b>
10:15 a.m.	<b>Strategic Issues</b> --Discussion: what does HCPH need to be doing differently in 2014-16 [based on individual input] --Department presentations: Was/Will Be Grids --Large group discussion --Consensus on strategic issues --Review Key Result Area small group assignments
11:45 a.m.	<b>Working lunch</b> --Key Result Area small groups --Use KRA Templates to develop goals, action steps --Report out to large group
1:15 p.m.	<b>Next steps</b>
1:30 p.m.	<b>Adjourn</b>

**May 1, 2013 Meeting Attendance**

Brad Johnson	Water Quality Supervisor	Marie Gemelli-Carroll	Facilitator
Chris Griffith	Water Quality Director	Mary Ellen Kramer	Health Educator
Chuck Dejonckheere	Waste Management Director	Pat Allingham	Disease Prevention Director
Craig Davidson	Epi and Assessment Director	Scott Puthoff	Environmental Health Supervisor
Dave Nutini	Emergency Preparedness Supervisor	Sean Moore	Plumbing Supervisor
David Carlson	Epi and Assessment Supervisor	Tim Ingram	Health Commissioner
Denise Comeau	Customer Service Supervisor	Tucker Stone	Environmental Health Supervisor
Donna Jacomet	HIV/STD Disease Investigator Sup.	Stacy Wegley	Health Promotion and Education Dir.
Greg Cassiere	Water Quality Supervisor		
Greg Kesterman	Assistant Health Commissioner, EH		
Jackie Hagan	Nursing Supervisor		
Jeremy Hessel	Environmental Health Director		
John Teufel	Finance Officer		
Kathy Lordo	Assistant Health Commissioner, CHS		
Lisa Humble	Plumbing Director		
Maria Bland	Customer Service Supervisor		



**HAMILTON COUNTY PUBLIC HEALTH: STRATEGIC PLANNING SESSION  
MAY 8, 2013 12:30 p.m. to 4:00 p.m. AGENDA**

12 noon	<b>Set up</b>
12:30 p.m.	<b>Welcome, introductions, goal for the session</b>
12:45 p.m.	<b>Review notes from May 1 session</b>
1:15 p.m.	<b>Revised values, external vision, internal vision and mission statement</b>  --Discussion  --Consensus
1:45 p.m.	<b>Review input from Board members</b>  --Strengths, under-performing areas  --Issues, short- and long-term  --Discussion
2:05 p.m.	<b>Break</b>
2:15 p.m.	<b>Review draft plan for breakthrough KRA: Knowledge &amp; Data Management; improve KRAs: Workforce/HR, and Internal Communication; additional Planning &amp; Process Improvement</b>  --Discussion  --Consensus
2:40 p.m.	<b>Key Result Areas: External Relations, Finance/Operations/Administration</b>  --Discussion  --Consensus
3:50 p.m.	<b>Next steps</b>
4:00 p.m.	<b>Adjourn</b>

**May 8, 2013 Meeting Attendance**

Chris Griffith	Water Quality Director
Chuck Dejonckheere	Waste Management Director
Craig Davidson	Epi and Assessment Director
Dave Nutini	Emergency Preparedness Supervisor
Greg Kesterman	Assistant Health Commissioner, EH
Jaime Love	Health Educator
Jeremy Hessel	Environmental Health Director
John Teufel	Finance Officer
Kathy Lordo	Assistant Health Commissioner, CHS
Lisa Humble	Plumbing Director
Marie Gemelli-Carroll	Facilitator
Pat Allingham	Disease Prevention Director
Tim Ingram	Health Commissioner

**HAMILTON COUNTY PUBLIC HEALTH STRATEGIC PLANNING**  
**5/15/13 AGENDA [12:30 p.m. to 3:00 p.m.)**

AIM	<ul style="list-style-type: none"> <li>• Agree on draft Plan and Presentation for Board of Health retreat set for 5/18/13</li> </ul>
CONSENSUS	<ul style="list-style-type: none"> <li>• Review the revised drafts of each Key Result Area; gain consensus on objectives and goal statements</li> <li>• Review draft presentation; gain consensus on content and on presenters</li> </ul>
NEXT STEPS	<ul style="list-style-type: none"> <li>• Finalize Key Result Area grids</li> <li>• Finalize presentation</li> </ul>
ADJOURN	

**May 15, 2013 Meeting Attendance**

Brad Johnson	Water Quality Supervisor
Chris Griffith	Water Quality Director
Craig Davidson	Epi and Assessment Director
David Carlson	Epi and Assessment Supervisor
Denise Comeau	Customer Service Supervisor
Donna Jacomet	HIV/STD Disease Investigator Supervisor
Greg Cassiere	Water Quality Supervisor
Greg Kesterman	Assistant Health Commissioner, EH
Jeremy Hessel	Environmental Health Director
John Teufel	Finance Officer
Kathy Lordo	Assistant Health Commissioner, CHS
Lisa Humble	Plumbing Director
Maria Bland	Customer Service Supervisor
Marie Gemelli-Carroll	Facilitator
Mary Ellen Kramer	Health Educator
Pat Allingham	Disease Prevention Director
Scott Puthoff	Environmental Health Supervisor
Tim Ingram	Health Commissioner
Tucker Stone	Environmental Health Supervisor

**5/18/13 AGENDA [9 a.m. to 12 noon]**

AIM	<ul style="list-style-type: none"> <li>Gain support from Board of Health for strategic planning process and draft plan to date</li> </ul>
WELCOME/INTRODUCTIONS	<ul style="list-style-type: none"> <li>Tim, Kathy</li> </ul>
PROCESS	<ul style="list-style-type: none"> <li>Kathy</li> </ul>
PRESENTATION and RECOMMENDATIONS	<ul style="list-style-type: none"> <li>Marie</li> </ul>
DISCUSSION	<ul style="list-style-type: none"> <li>Marie to moderate; Tim, Kathy, Greg to respond</li> </ul>
NEXT STEPS	
ADJOURN	

**May 18, 2013 Meeting Attendance**

Chuck Dejonckheere	Waste Management Director
Craig Davidson	Epi and Assessment Director
Dr. Kenneth Amend	Board of Health Vice-President
Dr. Steve Bjornson	Medical Director
Greg Kesterman	Assistant Health Commissioner, EH
Jeremy Hessel	Environmental Health Director
Jim Brett	Board of Health President
John Teufel	Finance Officer
Kathy Lordo	Assistant Health Commissioner, CHS
Lisa Humble	Plumbing Director
Marie Gemelli-Carroll	Facilitator
Mark Rippe	Board Member
Pat Allingham	Disease Prevention Director
Tim Ingram	Health Commissioner
Thomas Chatham	Board Member
Tracey Puthoff	Board Member

# Appendix B

### WHY DO YOU DO WHAT YOU DO? INTRODUCTIONS

- To leave the world a better place, to improve it now, too; help people be prepared (for the future)
- So everyone has access to health
- I care for the environment
- Make a difference, provide for my family
- Impact the health of the community and provide for my family
- To shape the future for our children
- Promote a healthy environment
- Gather data which are useful; serve in order to help people do their jobs better
- I like being in the field with people, protecting the environment
- Passion to help those in need
- Challenge myself and our team (staff) to improve health
- An opportunity to stop the spread of disease
- To prevent new infections
- To prevent disease
- To serve our customers
- Participate in (making) a big impact
- Variety of things to do, to make a difference
- I love teaching plumbers
- Believe in direction, connect with my work to health and safety
- Challenges: meet them, help people
- Helping people

### QUICK PRIMER ON STRATEGIC PLANNING

- Strategic planning is a process
- Creates a plan (organic, dynamic) not a paperweight
- Establishes impact
- Aligns resources
- Assesses progress, adjust as needed (changing conditions)
- Forces critical choices (what to do, what not to do)
- Defines the organization

### SIMON SINEK “Start With Why” OBSERVATIONS

[http://www.ted.com/talks/simon\\_sinek\\_how\\_great\\_leaders\\_inspire\\_action.html](http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action.html)

- Simple message
- He has passion for his ideas and message
- Sinek repeats the concept throughout the video
- Uses powerful examples
- (I) have an opportunity to change behavior in what I do

### SMALL GROUP ACTIVITY

#### GROUP 1 NOTES

**Develop your set of beliefs about the world of Hamilton County Public Health.**

- Community should provide singular message to ensure accurate information
- The responsibility of personal/family health decisions resides with the individual and/or family
- Everyone should have equal access to health information and services
- HCPH should work toward preventing injury and disease

- Everyone should have the opportunity to live a fulfilling life
- We are to provide baselines and standards; easier to do and enforce for environmental than for behavioral
- We can be ambassadors to our community to encourage change
- We should provide assessment of community health status (feedback, monitor, act)

## GROUP 2 NOTES

**State what you believe is Public Health's community impact.**

- Reduce illness
- Healthier individuals
- Less use of emergency room
- Health center
- No socio-economic barriers for any service; everyone counts
- Codes inspection for all
- Impart knowledge; increase knowledge so individual takes action; empowered
- Equally empowered; empower everyone (resources, education) so they choose to live a healthy life (healthy decisions re: food, exercise, etc.)
- Healthier decisions (less use of healthcare; shifting of resources; apply dollars to better things; focus on chronic)

## GROUP 3 NOTES

**How is it that you want Hamilton County Public Health to be known?**

- We want to be the public health leader in the community by
  - Providing emerging effective education to the community
  - Innovative technologies creating efficiencies for customers
  - Creating the healthiest living environment
  - Engaging and collaborating with other stakeholders to increase efficiencies and reduce duplication of service
  - Low cost for great outcomes supported by highly trained staff, data, and mobilizing resources

## GROUP 4 NOTES

**What is Public Health's purpose (why) and the business you are in (what).**

- We exist to prevent suffering due to disease and hazards and to enable an optimal life for the residents we serve.
- Longevity, feeling well; absence of suffering (outcomes)
- We provide disease surveillance and prevention, inspection, health education and treatment services.
- Why we exist:
  - Statutory requirement
  - Back in time, people got sick and spread disease
  - Want people to live long lives and have healthy communities
  - More sick society is a less productive society
  - Illness is expensive to take care of
  - Prevention is relatively inexpensive
  - Prevent suffering (it breaks your heart); there is suffering that is preventable
  - Enable optimal life
  - Create clean and healthy environment
  - How to change behavior
- What is our business:
  - Prevention services
  - Identify risks
  - Removal of health and safety hazards
  - Creating healthier communities

- Mitigating risks through regulation based on science
- Motivating people to make healthy choices
- Treat TB and other select diseases
- Linking people to care

## **SMALL GROUP ACTIVITY**

### **SWOT ANALYSIS: FACTORS ESTABLISHING YOUR CURRENT POSITION IN THE MARKETPLACE**

#### **STRENGTHS**

- Customer service
- Knowledgeable staff
- Well-trained staff
- Dedicated staff
- Efficient
- Embrace technology (EH, GIS)
- Low, affordable fees (EH, Vitals, etc.)
- Engagement of community
- Working relationships with community leaders and partners
- Website: lots of info
- Transparent (external), financial
- Reactive to immediate needs

#### **WEAKNESSES**

- Transparency/internal communications
- Lean staff
- Who are we? What do we do? Getting the message to the public, to health care system
- Technology innovations (vs. embracing); social media, equipment
- Resource uncertainty/changes
- Time...
- Long-term follow-through/systemic change
- Measuring and defining success
- Reinvent the wheel to track same data
- Integration with health care system (long-term)

#### **OPPORTUNITIES**

- Consolidation=absorbing other areas/programs
- Technology=more accessible information dissemination to empower community/awareness
- Expand collaboration, partnerships and interacting with community
- Accreditation (process improvement)
- New grants
- Look for additional types of funders
- Expanding educational services
- Use more diverse expertise (cross-departmental training CHS and EH)
- Leverage the passion for work; direct cultural shift
- Simplify processes
- More aggressive revenue streams (e.g., Vitals)

## **THREATS**

- Consolidation; losing programs and jurisdictions
- Dwindling funds
- Recovering funds
- Turnover rates
- Adequate staffing plan
- Lack of staff input
- Consideration for additional programs
- Things are too complex and complicated
- Employee resistance/lack of staff
- Transformation of healthcare system

## **STEP ANALYSIS: EXTERNAL FACTORS IMPACTING YOUR PERFORMANCE, PURSUIT OF MISSION**

### **SOCIAL FACTORS**

- Healthcare/reform
- Values: acceptance of alternative lifestyles
- Terrorism/fear
- Dislike/distrust of government
- Connectivity of public (social media, etc.)
- Five health departments (inside Hamilton County)
- Political (48 jurisdictions)
- New/emerging diseases
- Aging population
- Mental health care
- Unchecked health care costs
- Difficult to show Public Health's worth
- Generation housing (in-laws, parents moving in, children out of school/no job/move back home)
- Dedication to occupation and mission

### **TECHNOLOGICAL**

- No universal system for what we do
- Hospitals have electronic records system; we don't have access to it
- Impact health of people we serve (i.e., cars, videogames, computers=no physical activity)
- Helps with some services (iPad used in field)
- Opportunities to reach people in another medium (i.e., social media)
- Do new things in terms of cataloguing and identifying information (code, GIS, etc.)
- We rely on Access
- Information overload: good and bad
- Enables customers to do business with us when they want to, not when we want to
- Dependent on Internet, but exposed to cyber-threats
- Percent of County residents that are 'wired'; definite gap (some of our customers do not have computer access at home)

### **ECONOMIC**

- Unfunded mandates
- Healthcare/reform
- Recession: increased poverty
- Banking/financial industry challenges
- Decreased financial aid
- Competitive wages
- Unchecked health care costs
- Decline in housing development
- Public scandals/abuse of programs



**POLITICAL**

- Gridlock
- Public health funding
- No discussion of issues; (policy makers) don't follow their own process and rules)
- For elected officials to understand the value of public health to their constituents
- Not good communication with Cincinnati Health Dept.
- Territorial: health departments, organizations
- Jurisdictions (home rule)
- Fear of change
- Mistrust
- Democracy has survived 220 years
- Lobbyists and advocates can be good or bad, depending on message

**HOMEWORK**

- **Submit your individual answer to the following question (via email) by Monday, April 29**
  - To achieve the vision and accomplish the mission, what does Hamilton County Public Health need to be doing differently in 2014-16? Use the following areas when framing your responses:
    - Workforce/HR
    - Planning
    - Internal Communication
    - Finance/Operations/Administration
    - Knowledge and Data Management
    - Process Improvement
    - Stakeholder Relations
- **Complete the “Was/Will Be” grid for your department.**
  - Use the “Was/Will Be” grid distributed in the meeting as a guide.

<b>WAS</b>	<b>ATTRIBUTE</b>	<b>WILL BE</b>
	<i>Challenge</i>	
	<i>Measures</i>	
	<i>Engagement</i>	
	<i>Health information Technology</i>	
	<i>Funding/Financial Resources</i>	

**NEXT MEETING: Wednesday, May 1 from 8:30 a.m. to 1:30 p.m.**

**HAMILTON COUNTY PUBLIC HEALTH: NOTES FROM 5/1/13 SESSION**

**Observations on the “do differently” issues exercise:**

- Invest in workforce, the employees
- Competitive salaries
- Impact on morale
- General motivation issue
- Consistency in practice needed
- More cross-program knowledge
- Communication
- Flexible work schedules
- What should be kept/a strength, missing

**Key Driver Exercise results:**

<b>Key Result Area</b>	<b># Outbound arrows (key driver of another KRA)</b>	<b># Inbound arrows (another KRA is a key driver)</b>
Knowledge/Data Management	7	2
Workforce/Human Resources	2	5
Internal Communication	2	4
Financial/Operations/Administration	3	3
Planning	3	3
Process Improvement	3	3
External Relations	2	3

**Knowledge/Data Management=Breakthrough Key Result Area**

**Workforce/Human Resources and Internal Communication=Improve Key Result Areas**

## Hamilton County Public Health Strategic Plan 2014-16



### Process & Recommendation

May 18, 2013

HAMILTON COUNTY  
PUBLIC HEALTH

## IMPETUS

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

HAMILTON COUNTY  
PUBLIC HEALTH

## BACKGROUND

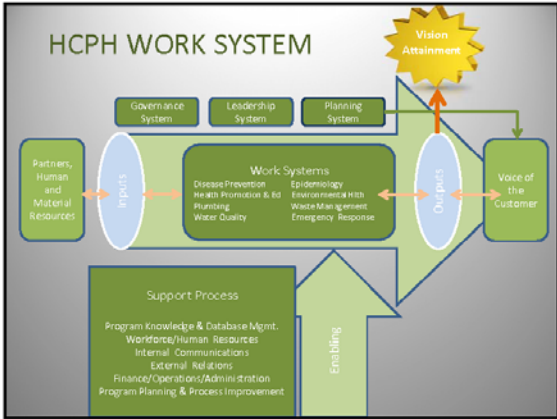
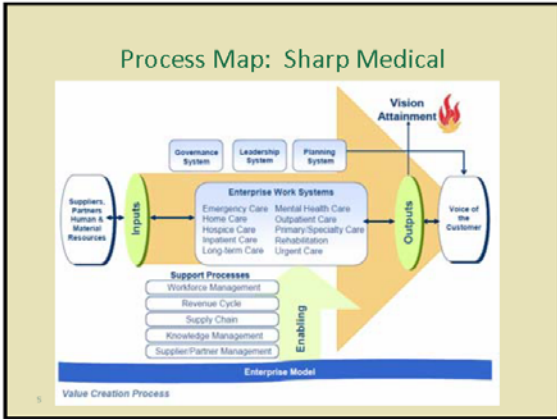
- Pace of change
- Continuous improvement
- Mission, money, measures
- Strategic issues
- HCPH is a system
- Strategic Plan required for accreditation

HAMILTON COUNTY  
PUBLIC HEALTH

## PROCESS

- Engage staff, management and Board
- Inventory perceptions; use SWOT and STEP
- Align on values, vision, mission
- Facilitate four planning sessions
- Develop strategic issues and key result area responses
- Phase 1, value-support; phase 2, value-creation

HAMILTON COUNTY  
PUBLIC HEALTH



- ### STRATEGIC ISSUES
- **Internal**
    - Financial and operating systems optimization
    - Program knowledge and data management
    - Communications between and among staff, contractors and management
    - Maintaining and enhancing workforce development
    - Broader performance-to-budget reporting
    - Program/service identification, adoption, production, evaluation process
    - Input from public, communities and key stakeholders
- HAMILTON COUNTY PUBLIC HEALTH

- ### STRATEGIC ISSUES
- **External**
    - Affordable Care Act
    - Level of collaboration
    - Interoperability of Agency and Systems data
    - Sustainable resource development
    - Outcomes measurement
    - Optimal product/service mix
    - Public, community, stakeholder relationships
- HAMILTON COUNTY PUBLIC HEALTH

## HCPH: WAS/WILL BE

WAS	ATTRIBUTE	WILL BE
Individual, segregated response	<b>CHALLENGE</b>	Collective, integrated response
Outputs	<b>MEASURES</b>	Outcomes
"Take a number"	<b>ENGAGEMENT</b>	"How may I help you?"
Data records	<b>HEALTH INFORMATION TECHNOLOGY</b>	Data registry
Categorical, expiring	<b>FUNDING/FINANCIAL RESOURCES</b>	Diversified, sustained

5/28/13

9

## STRATEGY: 2014-16

- **Renew** commitment to values, vision, mission, continuous improvement, and measuring what matters
- **Respond** to the community's needs and address priority issues with creativity and innovation in a constrained, uncertain business arena
- **Refine** processes to create a community of smart health-consumers and realize better outcomes

HAMILTON COUNTY  
PUBLIC HEALTH

## STRATEGY: 2014-16

- **Renew** commitment to values, vision, mission, continuous improvement, and measuring what matters

HAMILTON COUNTY  
PUBLIC HEALTH

## VALUES

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

HAMILTON COUNTY  
PUBLIC HEALTH

## VISION

- **External Vision**
  - *Healthy choices. Healthy lives. Healthy communities.*
- **Internal Vision**
  - *Hamilton County Public Health is recognized as a valued leader in creating environments for healthier lives and communities.*



## MISSION

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



## STRATEGY: 2014-16

- **Respond** to the community's needs and address priority issues with creativity and innovation in a constrained, uncertain business arena
  - Community Health Improvement Plan
  - Process for identifying needs, evaluating approaches, adding/dropping/modifying programs and services; monitoring/measuring outcomes



## STRATEGY: 2014-16

- **Refine** processes to create a community of smart health-consumers and realize better outcomes



## KEY DRIVER EXERCISE

- What Key Result Areas are 'key drivers' in the organization?
- Opportunity for impact
  - *Breakthrough:* Program Knowledge & Data Management
  - *Improve:* Workforce/Human Resource, Internal Communications
  - *Continue:* External Relations, Finance/Operations/Administration, Program Planning & Process Improvement

## KEY RESULT AREAS

- Program Knowledge & Data Management
- Workforce/Human Resources
- Internal Communications
- External Relations
- Finance/Operations/Administration
- Program Planning & Process Improvement

## PROGRAM KNOWLEDGE & DATA MANAGEMENT

- Objective
  - Sustain optimal levels of security, accuracy, access, compliance, and data management, and the stewardship of agency process and program knowledge.
- Goals
  - Create and implement a comprehensive software/data program plan.
  - Optimize program information development and sharing.
  - Ensure integration of public health/healthcare information.

## WORKFORCE & HUMAN RESOURCES

- Objective
  - Engage a high-performing professional workforce in delivering mission-critical community outcomes.
- Goals
  - Leverage the value of a high performing Human Resources function, agency-wide.
  - Optimize recruitment and retention.
  - Address ethnic diversity and succession planning.
  - Analyze compensation, benefits, headcount and workload issues and close any gaps.

## INTERNAL COMMUNICATIONS

- Objective
  - Leverage internal communication to contribute to high-performance and to sustain a unified, motivated workforce fully engaged in fulfilling HCPH's mission.
- Goals
  - Develop an internal communication process, plan and owner.
  - Leverage the intranet and internet (website) to inform and empower the workforce 24/7.
  - Create regular and responsive occasions for dialogue among leadership and staff, and between/among staff groups, on programs and performance.



## EXTERNAL RELATIONS

- Objective
  - Maintain and enhance a positive working relationship among key publics and priority stakeholders to advance the agency's mission.
- Goal
  - Sustain and expand relationships with identified key stakeholders to advance HCPH's mission locally, regionally, statewide and on a national level.



## FINANCE/OPERATIONS & ADMINISTRATION

- Objective
  - Prepare and provide mission-critical performance information to guide decision-making agency-wide.
- Goals
  - Improve existing systems to provide more timely and useful financial, operational and administrative information.
  - Incorporate a performance-to-budget metrics element in all processes and programs so staff can make informed decisions for results review and recommendations regarding performance and program/service life cycles.
  - Diversify funding sources to sustain the Agency mission.



## PROGRAM PLANNING & PROCESS IMPROVEMENT

- Objective
  - Maintain and enhance a culture of continuous improvement deployed through a planning process built on quantitative and qualitative data from the community, key stakeholders, and agency teams to support high performance and improved community impact.
- Goals
  - Adopt a data-driven process to manage decision-making around selection and delivery of discretionary agency programs and services.
  - Engage each program/service team in a proven system to demonstrate value, efficiency and effectiveness of the work.





## NEXT STEPS

- Consensus on strategic direction
  - “Renew, respond, refine” approach
  - Key result area draft objectives and goals
- Staff begins work on operations plan for each key result area (the action steps)
- Prepare plan for value-creation key result areas (community-responsive programs, services) areas



## STRATEGY: 2014-16

- **Renew** commitment to values, vision, mission, continuous improvement and measuring what matters
- **Respond** to the community’s needs and address priority issues with creativity and innovation in a constrained, uncertain business arena
- **Refine** processes to create a community of smart health-consumers and realize better outcomes



## KEY RESULT AREAS

- Program Knowledge & Data Management
- Workforce/Human Resources
- Internal Communications
- External Relations
- Finance/Operations/Administration
- Program Planning & Process Improvement



## Hamilton County Public Health Strategic Plan 2014-16



Process &  
Recommendation

*May 18, 2013*

# Appendix C

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Health Promotion & Education**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Partnerships with individual workplans	<b>Challenge</b>	Collaborations with shared agenda and measurement.
Outputs	<b>Measures</b>	Outcomes and community narratives
HCPH as expert. Individual and programmatic	<b>Engagement</b>	Community voice has equal power. Population-policy and systems change.
Personal health record.	<b>Health Information Technology</b>	Bridging findings in personal health records to community context and services.
Grants, renewable.	<b>Funding/Financial Resources</b>	Agency (HCPH) and community investment (local foundations, hospitals, jurisdictions).

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Disease Intervention—HIV/STD**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Non-working STD clinic	<b>Challenge</b>	Daily clinic w/apts and walk-ins
Missed opportunities for treatment	<b>Measures</b>	Treatment provided
Providing treatment venues	<b>Engagement</b>	“let me schedule you an apt at HCHD
Open records	<b>Health Information Technology</b>	Case closure
Grant renewal and funding sources	<b>Funding/Financial Resources</b>	Increased funding for program and employees

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Environmental Health**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Housing – reactive surveillance	<b>Challenge</b>	Proactive – education of community/ jurisdictions
Nuisance database – outputs	<b>Measures</b>	Healthier living – reduction of complaints/ time. Surveys
Reactive	<b>Engagement</b>	Proactive – engage jurisdictions/ clients/ community
Data records – nuisance database	<b>Health Information Technology</b>	-Transparency of records/ website -GIS registry – map complaint types
No funding  General fund	<b>Funding/Financial Resources</b>	-Grants -Re-inspection fees -Fines/ tickets

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Customer Service Group**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Individual Tasks	<b>Challenge</b>	Team/Group Tasks
Cross Training	<b>Measures</b>	Thorough knowledge/Completion of Tasks
We don’t have that information	<b>Engagement</b>	Let me find that information for you
Electronic Data	<b>Health Information Technology</b>	Digital Data
Jurisdictional Issuance	<b>Funding/Financial Resources</b>	State Wide issuance & expansion of sales/revenue

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Finance/Administration**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Status Quo	<b>Challenge</b>	Leading edge, efficiencies
Data	<b>Measures</b>	Operational Metrics
Individual	<b>Engagement</b>	Management team focus, brainstorm
Data Records	<b>Health Information Technology</b>	Data Registry
Acceptance	<b>Funding/Financial Resources</b>	Dynamic, new, change efficiencies

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” —Emergency Preparedness**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Preparedness planning and training	<b>Challenge</b>	Maintenance and improvement (Validating capabilities)
Local Technical Assessment Review Tool	<b>Measures</b>	Operations-based Assessment
Limited Community Partners (health stood more alone)	<b>Engagement</b>	Health Part of Process (Community Partners, other partner agencies and groups, businesses)
Spreadsheets	<b>Health Information Technology</b>	Systems (i.e., 21 <sup>st</sup> Century, WebEOC)
CRI/PHEP Grants Volunteers	<b>Funding/Financial Resources</b>	CRI/PHEP Grants (Sustainment) Volunteers (MRC, COAD, CERT, EMA-VRC)

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Epi & Assessment Division**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Reactive	<b>Challenge</b>	Proactive
Descriptive analysis	<b>Measures</b>	Predictive analysis
Customers come to us	<b>Engagement</b>	Seek new customers
Siloed	<b>Health Information Technology</b>	Integrated
Prescribed programmatic budgets	<b>Funding/Financial Resources</b>	Fee for service

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Water Quality**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Reactive	<b>Challenge</b>	Proactive
Not thought out	<b>Measures</b>	Planned
Enforcement Based/Monitor staff	<b>Engagement</b>	Educational Based/Involve staff
Hardfiles and Digital Files, Multiple Databases	<b>Health Information Technology</b>	Digital Files, Integrated Database
Unstrategized	<b>Funding/Financial Resources</b>	Strategic

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Waste Management**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Have to overcome	<b>Challenge</b>	Opportunity
Abstract	<b>Measures</b>	Only that which can be
Here and gone	<b>Engagement</b>	Continual Effort
Paper	<b>Health Information Technology</b>	PDF
Good	<b>Funding/Financial Resources</b>	Better

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE” Plumbing**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Overwhelmed, inability to help our customers, scattered	<b>Challenge</b>	Organized, productive, satisfied customers
Number of plumbing inspections and backflow surveys	<b>Measures</b>	Time spend conducting these activities
Better communication for customers	<b>Engagement</b>	Customers informed
Hour + inputting information in database in the morning	<b>Health Information Technology</b>	Field devices for PermitsPlus
Look at actual cost	<b>Funding/Financial Resources</b>	Re-evaluate fee’s

**HAMILTON COUNTY PUBLIC HEALTH “WAS-WILL BE”--Disease Prevention**

<b>WAS</b>	<b>ATTRIBUTES</b>	<b>WILL BE</b>
Poor communication between programs	<b>Challenge</b>	Improved communication between programs
Missed opportunities for services	<b>Measures</b>	Comprehensive services provided
Not user-friendly.	<b>Engagement</b>	Improved customer access
Disjointed IT resources	<b>Health Information Technology</b>	Productive IT resources
Reliance on public sources	<b>Funding/Financial Resources</b>	Expand private funding streams

# Appendix D

## HAMILTON COUNTY PUBLIC HEALTH: BOARD OF HEALTH RESPONSES TO PROMPTS 5/6/13

- **Key strengths?**

- Our staff is extremely well-educated and experienced. In many cases our personnel are regarded as either the best in the state/region or near the top.
- Well-defined plans and goals which are measurable. We strive to have a Program Plan of Work in place outlining the direction we expect our agency to precede, allowing our personnel to operate with confidence and a clear direction.
- Public leader—locally, regionally and nationally. As shared services and budget concerns become an issue for public health departments, Hamilton County is in the position to lead our region. (Examples: TB program saving taxpayers over \$400K and CDC request to assume communicable disease surveillance program.)
- Responsiveness to citizens/customer service, technical knowledge and expertise, professionalism, dedication, use of technology.
- Knowledgeable staff able to execute plans, strategy, staying in front of public health issues.
- Ability to assist other area Boards of Health with our strengths of programs we offer.
- Disease control. Management. Use of technology.
- Our people and their service ethic. We have excellent customer service, probably the best around this area for a governmental agency. The staff, for the most part, practice our core values and the many testimonials from our customers attest to this. The strongest program areas lie in environmental health and epidemiology. Previously, health promotion and education division was a strong program area but it is now in transition.

- **Under-performing?**

- HCPH has talent and leadership to take a lead role in forming Public Health's role in the 2010 Affordable Healthcare Act. As a recognized leader at the national level, we must expand our role in forming this policy.
- Our experience with TB and communicable disease surveillance indicate a need to become more involved in the clinical and treatment areas of public health. While I would resist becoming directly involved in running clinics, our relationship-building with the area medical providers has provided the basis for expanding into those areas.
- Ethnic diversity in management positions (unknown how ethnically diverse the organization is).
- Sharing of information by reaching out to the public through social media and health blogs on important health issues facing the community.
- Informing, educating and empowering people about healthcare issues.
- Raise the awareness of what we do for the community.
- In the area of assuring or providing personal health care services. Our medical leadership is not as strong as it needs to be. It is difficult in a county like ours, with so many political jurisdictions, local health departments, and not for profit organizations to coordinate a public health response that is needed to tackle community health issues. This is not due to a lack of community resources but the ability to coordinate diverse interests and competing approaches to affect the best possible outcome.
- Could do a better job of managing and using the data we collect to set the community health agenda for change. As a health care delivery system transforms itself to wellness model based on value and not volume, it is important for HCPH to align and communicate closely with the healthcare systems and their new model of care.

- **Key issues, short-term?**

- Posturing for the implementation of the 2010 Affordable Healthcare Act appears to be the driving force for Public Health in the immediate future (short- and long-term). The way we approach this program will define Public Health in our community.
- Funding and budget process within the State of Ohio will be a key issue. The biggest example of that is the continuing discussion as to the County providing space for the local Board of health to operate from.
- Result of a change in the current situation would force HCPH to look at the communities that we serve for additional funds. Those communities are already dealing with cutbacks in funding and tax revenues. HCPH has not raised the contribution fee from our members for over five years because of our acknowledgment of their budget issues.
- Some staff retention issues; pay scale review.
- Resource generation from grants or other sources for revenue-producing programs. Sufficient and flexible funding.
- Continue to use IT solutions to reduce costs and create value.
- Evaluate current programs and services against key performance measurements to see if still necessary.
- Collaboration: pursuing constructive alliances, partnerships and mergers when there is overlapping services/agencies. Effective community relationships.
- Provide measurable proof that the services/programs have an impact on the community and population we target. Maybe a defined set of best practices and an effective way to manage.
- Leadership challenges: continue improving the quality of the organization structure. Who are the future leaders of the organization? Attracting and retaining skilled staff.
- Management capacity to support the services/programs of the organization including accounting, HR, IT and marketing/development functions.
- Key issues in the future will collectively continue to be economic, political, technological and social. Public health is inherently political but the practice of public health is grounded in the natural and social sciences. HCPH will need to be more nimble, flexible, and use data and best practices to hone in on the public health 'hot spots' and not try to be all things to all people.
- HCPH needs a sustainable funding stream along with leveraging other organizations' resources to implement a common agenda for community health improvement. This will be the key for lasting policy changes that create healthier people in healthier communities. The work we do is important for the continued success of our society. The work of HCPH and public health should not be taken for granted and complacency will deter future successes.

- **Key issues, long-term?**

- A current proposal in the Governor's budget is to require a representative from the major healthcare system in the region to have a representative on the Board of Health. The member communities lost one appointment to the Licensing Advisory Council and in our case; they only appoint four of the five Board members. The discussion would have to include allowing the communities to lose another appointment or expanding the number of Board members. Two members would have to be added if the number was expanded to allow an odd number, preventing tie votes. The change in the dynamics of the Board makeup could be an issue.
- Succession plan for Health Commissioner; shared services/taking over services from City.




## Building a Healthier Future Together

HCPH Strategic Planning Sessions  
 Tim Ingram  
 Health Commissioner


### Definitions of Public Health

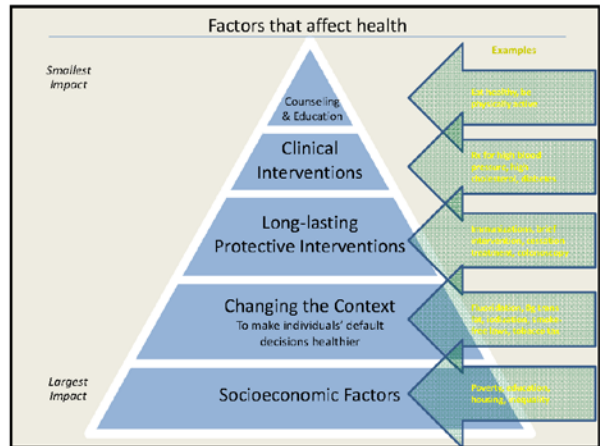
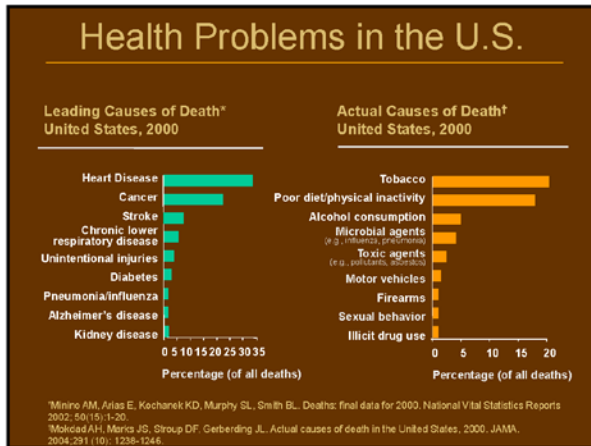
- Science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort (Winslow, 1920)
- Successive re-definings of the unacceptable (Vickers, 1958)
- Fulfilling society's interest in assuring conditions in which people can be healthy (Institute of Medicine, 1988)



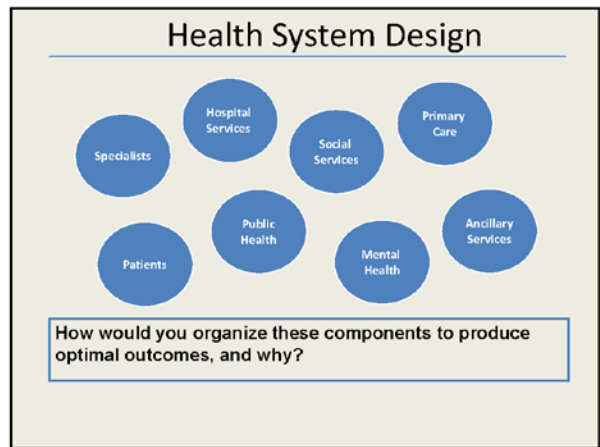
### What Public Health Does

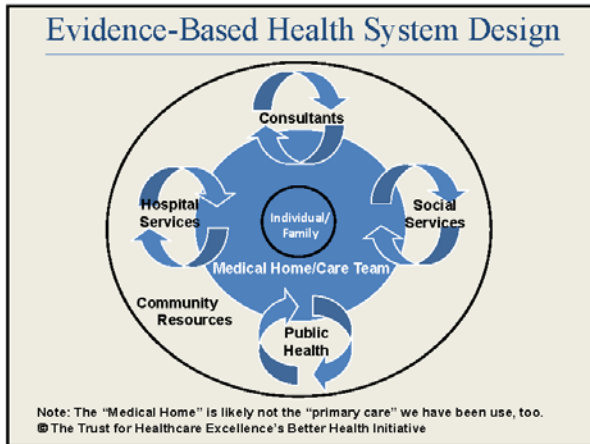
- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services



Public Health versus Medical Models of Professional Training	
Public/Population Health Model	Hospital/Medical Model
Primary focus on population	Primary focus on the individual
Public service ethic, tempered by concerns for the individual	Personal service ethic, conditioned by awareness of social responsibilities
Emphasis on prevention and health promotion for the whole community	Emphasis on diagnosis, treatment, and care for the whole patient
Paradigm employs a spectrum of interventions aimed at the environment, human behavior and lifestyle, and medical care	Paradigm places predominant emphasis on medical care





### Health Service Integration-ACO's

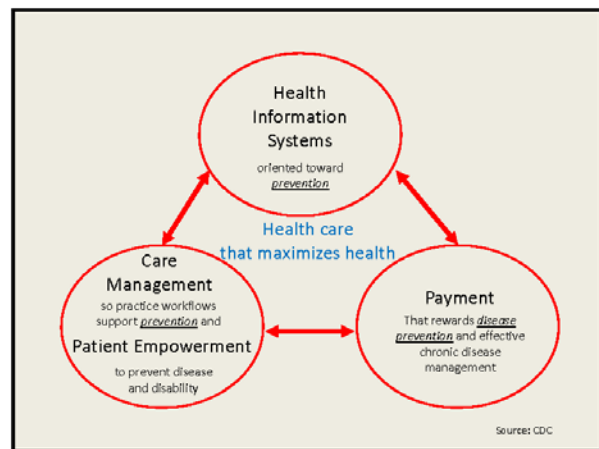
CULTURE	YESTERDAY TODAY	TOMORROW	FUTURE
FEELING:	Individual responsibility and autonomy	Team accountability, patient and family empowerment	Care team for patient – Community responsibility for health
FUNCTION:	High quality care for individual – acute and chronic disease	High value care for specific set of acute and chronic disease	Triple aim: High value care for population
FINANCE:	Individual fee for service (volume based)	Evidence base case rates, bundled payments	Population based budgets
FORM:	Physicians work in our buildings and independent offices	Healthcare/Hospitals employ/partner with physicians	Community ownership

Source: H. Daft Paper "Disruptive Integration of Physicians", Presented @ HIMSS 2011, "From the Top: The Role of the Board in Quality and Safety", October 6, 2010

### Public Health Impacts

- Focus on parity among clinical care, preventative services, and population-based medical services
- LHD workforce development—re-tooling
- Impact of increase health insurance and Medicaid expansion on LHD services/finances
- What needs remain for safety net services of populations served by LHD's (undocumented)
- LHD's role in health care quality improvement
- Community Health Disease Registries

HAMILTON COUNTY  
PUBLIC HEALTH  
250 William Howard Taft Road, 2nd Floor  
Cincinnati, OH 45229 • 513.946.1988  
hamiltoncountyhealth.org



## Population and Public Health Data Registry Objectives

- Reporting immunizations to registries
- Electronic laboratory reporting for reportable conditions
- Public health syndromic surveillance
- Future—disease specific registries; cost and quality transparency



## Policy Forces

- Accreditation and performance improvement standards
  - New tools for describing and assessing essential functions
- Health care reform
  - ACA: PCMH, Data, Resources, Insurance Exchange
  - Ohio reforms: School Health clinics, Medicaid Exp
  - Smart Health Consumers—Q1, acct, transparent
  - Leverage resources—shared health agenda



## Economic Environment

- Political aversion of public sector
- Federal Deficit Reductions
- “Leaner government” at state and local levels
- ODH/CDC staff reductions = fewer services provided
- Customer Expectations



## Funding

- Ohio ranks 33<sup>rd</sup> nationally in median per-capita LHD expenditures and 41<sup>st</sup> state public health expenditures
- HCPH funding= about 73% is local revenue
  - Vulnerable to political conditions
- State subsidy revenue= about 1%
  - Although 26% of grant revenue flows through the state (including federal pass-through)



### Challenges

- Complexity and fragmentation of funding
- Opportunities for better alignment between funding streams and the services LHDs are mandated and expected to provide

Services LHDs Can provide	Services LHDs Must Provide	Services LHDs Should Provide
\$	Mandated services (ORC, OAC) & Relationships with state agencies	PHAB standards, Health Impact Pyramid, & Community Needs

### Challenges and Opportunities— Future Role of Public Health

- Re-focus communicable disease control prevention and environmental health protections using HIT
- Assert PH's role in chronic disease prevention and population health approach using evidence base
- Re-balance various services role within new healthcare landscape---expanding markets
- Lead community health outcomes improvement-CHIP, --evaluate and communicate
- Create new revenue opportunities and use CQI to reduce cost, and avoid duplication of services



HAMILTON COUNTY  
**PUBLIC HEALTH**  
200 Wilson Memorial Park Road, 3rd Floor  
Cincinnati, OH 45229 • 513.763.7800  
hcp@hamiltoncountyohio.gov



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# Appendix E

**April 22, 2013**

## **SMALL GROUP ACTIVITY SWOT and STEP Analysis**

### **SWOT ANALYSIS: FACTORS ESTABLISHING YOUR CURRENT POSITION IN THE MARKETPLACE**

#### **STRENGTHS**

- Customer service
- Knowledgeable staff
- Well-trained staff
- Dedicated staff
- Efficient
- Embrace technology (EH, GIS)
- Low, affordable fees (EH, Vitals, etc.)
- Engagement of community
- Working relationships with community leaders and partners
- Website: lots of info
- Transparent (external), financial
- Reactive to immediate needs

#### **WEAKNESSES**

- Transparency/internal communications
- Lean staff
- Who are we? What do we do? Getting the message to the public, to health care system
- Technology innovations (vs. embracing); social media, equipment
- Resource uncertainty/changes
- Time...
- Long-term follow-through/systemic change
- Measuring and defining success
- Reinvent the wheel to track same data
- Integration with health care system (long-term)

#### **OPPORTUNITIES**

- Consolidation=absorbing other areas/programs
- Technology=more accessible information dissemination to empower community/awareness
- Expand collaboration, partnerships and interacting with community
- Accreditation (process improvement)
- New grants
- Look for additional types of funders
- Expanding educational services
- Use more diverse expertise (cross-departmental training CHS and EH)
- Leverage the passion for work; direct cultural shift
- Simplify processes
- More aggressive revenue streams (e.g., Vitals)

## THREATS

- Consolidation; losing programs and jurisdictions
- Dwindling funds
- Recovering funds
- Turnover rates
- Adequate staffing plan
- Lack of staff input
- Consideration for additional programs
- Things are too complex and complicated
- Employee resistance/lack of staff
- Transformation of healthcare system

## STEP ANALYSIS: EXTERNAL FACTORS IMPACTING YOUR PERFORMANCE, PURSUIT OF MISSION

### SOCIAL FACTORS

- Healthcare/reform
- Values: acceptance of alternative lifestyles
- Terrorism/fear
- Dislike/distrust of government
- Connectivity of public (social media, etc.)
- Five health departments (inside Hamilton County)
- Political (48 jurisdictions)
- New/emerging diseases
- Aging population
- Mental health care
- Unchecked health care costs
- Difficult to show Public Health's worth
- Generation housing (in-laws, parents moving in, children out of school/no job/move back home)
- Dedication to occupation and mission

### TECHNOLOGICAL

- No universal system for what we do
- Hospitals have electronic records system; we don't have access to it
- Impact health of people we serve (i.e., cars, videogames, computers=no physical activity)
- Helps with some services (iPad used in field)
- Opportunities to reach people in another medium (i.e., social media)
- Do new things in terms of cataloging and identifying information (code, GIS, etc.)
- We rely on Access
- Information overload: good and bad
- Enables customers to do business with us when they want to, not when we want to
- Dependent on Internet, but exposed to cyber-threats
- Percent of County residents that are 'wired'; definite gap (some of our customers do not have computer access at home)



## **ECONOMIC**

- Unfunded mandates
- Healthcare/reform
- Recession: increased poverty
- Banking/financial industry challenges
- Decreased financial aid
- Competitive wages
- Unchecked health care costs
- Decline in housing development
- Public scandals/abuse of programs

## **POLITICAL**

- Gridlock
- Public health funding
- No discussion of issues; (policy makers) don't follow their own process and rules)
- For elected officials to understand the value of public health to their constituents
- Not good communication with Cincinnati Health Dept.
- Territorial: health departments, organizations
- Jurisdictions (home rule)
- Fear of change
- Mistrust
- Democracy has survived 220 years
- Lobbyists and advocates can be good or bad, depending on message

# Appendix F

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 "DOING DIFFERENTLY"

### WORKFORCE/HUMAN RESOURCES

- Biennial supervisors meetings to program information and motivation.
- Upfront incentives should be presented to staff to accomplish our collective goals with clear guidelines on how they can be met/exceeded. Over the past several years, staff has become increasingly discouraged and unmotivated to complete additional work when raises/bonuses are not known. Despite having very good end of year reviews, staff are discouraged when they end up giving more for less.
- Management should know the scores that are needed ahead of schedule in order to determine which staff they would like to be eligible for raises/bonuses.
- Hold supervisor meetings where individuals can come and learn about other programs' happenings/updates. This is very important as we are all a part of HCPH and should be able to have the knowledge to direct our customers to the right people/departments.
- Involve front line staff in decisions being made which will affect their daily work. Front line staff holds much knowledge on what would be best for their clients and the county as a whole.
- Having support staff would be a great benefit. One office staff dedicated to our program would provide the opportunity to prioritize our time more efficiently.
- Provide awards quarterly to outstanding/exemplary employees. I believe this will stay fresh on their mind and make them strive to be recognized.
- Keep replenishing staff as they leave; this will keep current employees happy and less likely to leave.
- Continue offering competitive benefits, wages (these assist with employee retention), and training opportunities (to assist with employee development).
- Need to ensure that employees maintain high morale and obtain the best continuing education available.
- Promote growth in the Hamilton County Public Health workforce.
- Invest in personnel resources.
- Determine whether HCPH salary structure is competitive to hire and retain good personnel.
- Develop a means to gauge employee morale, purpose being to maintain a highly motivated workforce.
- Look introspectively to determine if HCPH would benefit from celebrating in the successes of the agency (e.g., if Crumbine Award is received, celebrate the achievement in some fashion).
- Have activities that promote bringing together the environment (Greg) with the community health (Kathy).
- Determine the different types of occupations needed to carry out future programs.
- Develop and implement a top notch training and development program for staff.
- Establish flexible work schedules.
- Understand the needs of multiple generations at HCPH.
- Explore possibility of making HR a full-time position.
- Hire part-time BT person to help with Regional PH Coordination and planning.
- Provide video orientation to new staff so that they can get familiar with all activities/divisions of the health district.
- Continue to promote programs for staff (i.e., wellness program).
- Continued and enhanced workforce development and growth, to ensure HCPH workforce is properly aligned with and capable of meeting the needs associated with the changing healthcare landscape. Part of this could entail exploring more active relationships with local universities.
- HCPH would benefit from interval meetings (perhaps quarterly) between Division Directors, program supervisors, so that cross-training and collaborative efforts would be more meaningful. I have been told by some colleagues that they do not know much about the program/services provided by (our division).
- Strengthen sense of team/morale/inclusion; this could come from a wide range of things like manager/supervisor team building activities to blend EH and CHS departments, voluntary community services group, etc.
- Pay scale needs to be evaluated and pay adjusted as necessary to create a sense of equality for roles and to attract/retain employees.
- Health Commissioner needs more face time with employees; people think he is out of reach and out of touch. Admin started "TimBits" on intranet, but this is still a distant electronic form of communication. Maybe he could do quick rounds once a week to say hello to areas, and check in.
- Simplify everything from website to work process/approval process to agency policies.

- We are a lean staff and we sometimes bend under the pressure of turnover/additional unforeseen responsibilities. Examine staffing needs throughout the agency. Look into part-time staffing if full-time staff is not needed/cost prohibitive.
- We've developed many SOPs and SOGs over the past couple years; now, we should develop training programs that systematically train new employees on their positions.
- Be consistent and transparent in regard to the employee review process: develop easy-to-understand criteria employees need to reach to achieve the possibility of raises and/or bonuses. If money is an issue (i.e., raises/bonuses are financially unfeasible), then look for other ways to reward employees for high performance (more time-off, expanding comp time opportunities, employee cook-outs/luncheons).
- Our workforce needs to be empowered—own their work.
- The agency needs to cultivate a positive environment to foster productivity. We have exceptional staff who are knowledgeable in their fields and well-trained. However, morale as a whole is very low. Management does not trust employees and therefore does not treat them with respect and with the premise that they will get the job done. People often refer to the office as 'big brother' because employees are constantly being watched and questioned. If management would lead and not just try to be in power/control, they would see the maximum potential that employees have to offer.
- There needs to be clear guidelines and understanding for HR. Agency hasn't always had an HR representative. HR does not advocate for the employee, and often it feels like you will just be directed toward whatever is in the best interest of the Commissioner and not yourself. Sometimes, I don't feel comfortable talking to HR because I know it will possibly be shared with people that I don't want to (know). Things are not standardized for every employees; special exceptions made for some, and information is not shared with everyone.
- Offering a work-from-home option or flexible schedule that is available to everyone is very important. Need to be forward-thinking about needs of staff in order to retain good workers. Expected to work from home in a large-scale emergency situation; yet same sentiment not valued as a regular practice. Turnover could greatly decrease if these are taken into account=less turnover, more consistency among projects meaning great customer service and greatest impact on community.
- Flexible Work schedule: remote working policy, reduction mandatory core hours, etc.
- Professional Development: National Level, Skill Development, Self-Directed, Cross topic
- Strengthen Orientation- multi-sector, staged over 6-12 months
- Recognition: Milestones, verbal "thank-you", external, valued
- Wellness Policies/committee
- Diversity among staff
- Competitive salaries
- Mobile/Remote tools
- Agency wide team building
- Further develop internship program (agency wide)
- Proactive HR when issues arise (FMLA, COBRA, etc.)
- Success factors closely aligned with work plan
- Consistency for policy and procedures interpretation and application
- Administration needs to look at the workload per division in relationship to current staffing levels and adjust staffing levels as needed. Require HR representative in the office at a minimum of M-W-F to deal with personnel issues.
- Our strongest asset at HCPH is our workforce and their ability to achieve success with any challenge thrown their way. I believe it is essential for all staff to feel a part of the "team" and that they are aware of how they are contributing to accomplish the overall vision/mission. This builds individual pride and purpose, creating an enjoyable work environment for the "team" to succeed. While employees currently have clearly defined expectations, the outcomes are lacking. Our current model for rewarding both team and individual achievements (merit raises, bonuses, awards, etc.) are not clearly structured and employees lack a feeling of what they are achieving or even have the ability to achieve.
- Competitive salary for specific position , adequate trained staff for task conducted.

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 “DOING DIFFERENTLY”

### PLANNING

- Involve front-line staff and provide motivational trainings.
- Administration should engage staff for brainstorming sessions. Some of the best ideas come from the bottom up, not the top down.
- HCPH will plan strategically with the workforce employed and stakeholders we serve to improve and update current processes, increase the knowledge base in the community, and manage data.
- When making a change, please get input from the department or the people the change will be affecting.
- We (as an agency) have a tendency to just put things into effect with no warning. Try to give ample notice if possible.
- Continue to engage all levels of staff throughout processes. The less focus on structural frame of the organization can increase open communication lines between staff and management.
- We shall plan for upcoming health care reform, while maintaining mandated programs.
- Elicit community opinions during priority planning.
- Involve social media to reach out to community and healthcare partners.
- Report at least quarterly to directors; how their divisions are performing to Plan (Budgeting).
- Incorporate operational reporting, including performance measurements.
- Keep directors informed of performance; they can initiate amendments as needed (besides Finance).
- Hire a full-time person to manage planning, CQI, and accreditation for agency.
- Develop process to select new programs.
- Continued engagement of staff and partners.
- Provide consistent ability to train.
- Have staff review and provide input to preparedness plans as we do others (i.e., MRC).
- Continue to foster and grow the level of engagement from all levels of staff in agency planning processes.
- I think the strategic planning process is important and I think it is incorporated into staff goals fairly well at present.
- Work toward providing education across our inspection programs to attempt to prevent violations.
- Planning needs to occur at all levels.
- Take into account future trends for public health, particularly as it relates to a population-based approach. Our divisions have been very divided and segregated in terms of our work, not often working collaboratively across the agency. If we focus on mission of creating healthy communities from all aspects, we can figure out how to work together and not view each division as its own entity that doesn't touch the rest of us.
- Align grant goals and agency goals
- Process for quarterly/semi-annual progress and evaluation (more than just BOH grid)
- Allowing elasticity to include new opportunities
- Value the time of the planning process; involve stakeholder input
- Goals and possible compensation for performance measures need to be clearly defined at the beginning of the work year to motivate staff and give staff adequate time to accomplish their goals. Also, notify division directors and supervisors of compensation parameters prior to evaluations to allow managers to award personnel who they believe deserve compensation if applicable.
- I believe that the existing planning procedures HCPH follows is one of our strengths. While the planning may not require improvement, the transparency of these processes to employees and the public could use some improvement. Clearing demonstrating how our workload/projects are strategically planned will assist with employee and public “buy in” to the efficacy of HCPH programs and their effectiveness.
- Research any major change in a process for impact on division, employees, and customer before implementing.

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 "DOING DIFFERENTLY"

### INTERNAL COMMUNICATION

- Completely assess the repercussions and the impact to other employees regarding funding decisions.
- Occasionally hold district-wide meetings.
- Staff should have a forum to ask questions of administration and management anonymously.
- Intranet is working great to keep the communication lines open for those who are in the office.
- Maybe send the intranet updates by text or email for those who are not in the office.
- Agency has done a great job providing educational resources and training to staff. Continue offering this for staff development.
- Promote more use of the intranet to employees.
- Promote communications with all staff; monthly staff meetings?
- Seek staff input where appropriate when making changes (e.g., bringing on new systems/hardware).
- Hold two meetings/year where health Commissioner provides updates on activities within HCPH and activities outside of the organization that impact HCPH.
- Increase use of intranet by HCPH staff.
- Improve communication with staff. We have the intranet, but face-to-face contact would be welcome.
- Improve staff interfacing on a professional/social level.
- Continue to foster not only top-down, but bottom-up communication. Consider more frequent cross-training among divisions to facilitate this.
- (Our division) programs and staff are not well known to those in 250 WHT building; nor are our staff well-versed in the staff/programs housed at 250 WHT.
- Utilize email communication more for updating employees on important events. Continue to develop the intranet as a way to communicate and recognize employees.
- Internal Communication through use of intranet needs to be utilized to engage staff.
- Needs to be more transparent and information should be shared quickly. News travels fast and when information is heard on the floor but hasn't been shared by management, it usually looks like they are trying to hide something.
- Intranet needs to be accessible from home. The information on the site is hardly relevant at work because you can get to all of the files outside of the system. It becomes relatively useless because we need to get to any files and updates that may be posted when we are not in the office.
- Semi-annual state of the agency staff meeting
- Quarterly grant reviews/updates both programmatic and financial
- Quarterly supervisor meeting with all agencies involved
- Intranet access outside agency
  - Staff hires/departures
  - Both individual and group achievements
- Intra-agency communication plan
- Top leadership sharing emerging and relevant information (such as emerging trends, ACA, Accreditation, National Mtg resources, etc.)
- Leadership know all staff
- Create multi-divisional teams for special task/collaboration
- Better communication is needed from the administrative level to the staff level.
- In 2014-2016, HCPH should be providing increased communication to both managers and employees on accomplishments and outlining clearly defined parameters on how they are measured and achieved.
- The recent addition of a staff intranet has tremendously increased HCPH internal communication; however, various improvements could be implemented to make this a much more effective tool. In 2014-2016, HCPH should investigate and implement even more innovative ideas to improve staff communication on the existing intranet platform.

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 "DOING DIFFERENTLY"

### FINANCE/OPERATIONS/ADMINISTRATION

- Consider adequately trained staff for employment positions.
- Administration and Finance will continue to look at process improvement to become continually efficient with current budget and money constraints. Through the education provided, process improvement, and management of data, HCPH will continue to be a leader in improving the health of our community and efficient in the ways we serve the public.
- Since employees like to know how the agency is doing, maybe a brief financial report could be placed on the intranet.
- Wage increases seem to be such a secret throughout the agency and the employees never know if they are getting a raise or bonus and it makes stress levels increase and makes them anxious. Maybe provide a follow-up that the Board approved raises and bonuses but the amount has not been determined.
- Challenge existing procedures to make more efficient.
- Promote the use of performance measurements.
- Create a culture that finance can be a resource in areas beyond financial reports.
- Make administrative matters less cumbersome wherever possible.
- We need to improve our timeline for RFPs/grant applications/contracts so that we can begin paying vendors in a more timely manner.
- Finance/Operations/Administration needs to be transparent.
- Finance operations have improved over the years, but the system could still be more streamlined. With every purchase request we have to give justification for the item, even when it's already been specifically approved in the budget. But the greater issue is with requests sitting in the performance box and not being pushed through to downtown. If management would put requests through in a timely manner, that would be one step closer to helping the process.
- Communication loop for budget/expenditures for grants; accessible to all project staff
- Increase speed/effectiveness for contract development, review, approval
- Meaningful staff review process
- Timely approval process for purchase requests.
- HCPH must continue to operate in the black and look at additional revenue streams to keep on good financial footing.
- Communication is the key to these vital aspects of any business, whether it's private or public. While I often hear that we are "financially sound," I routinely find it challenging to receive additional resources when they are requested with substantial justification and background information. In 2014-2016, HCPH administration should provide increased communication to management regarding any financing/operations limitations, especially during today's economic climate.
- Anticipate increase cost of business, increase HR.

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 “DOING DIFFERENTLY”

### KNOWLEDGE & DATA MANAGEMENT

- Consideration of software for the community that might not be effective for all programs.
- Move toward web-based databases.
- Having one electronic medical record system to document all of our work would be more effective and streamlined.
- Maybe IT could meet with divisions annually and take a list of wants/needs.
- It seems like things don't change around here to new technology until something is no longer working or severely outdated and then when we receive new equipment or programs we are still a little behind the times.
- Since the information highway and equipment is improving daily, maybe equipment and programs need to be updated to the latest and greatest every two years instead of five.
- We need to go digital where we can so that we can obtain good data to steer the direction of various programs.
- Provide information to community and stakeholders in easily obtainable and readable formats.
- Strive to make data bases comprehensive; attempt to limit proliferation of data bases where possible.
- Encourage training for all employees.
- Document how data bases are to be used.
- Assure public health access to community registry for data analysis.
- Contract for technical assistance for epidemiology.
- Continue to explore use of technology to expand/simplify capabilities (i.e., inventory tracking, electronic forms).
- Work toward more sustainable IT support and infrastructure. Then, work toward internal data systems integration/interoperability. Explore opportunities for integration/interoperability with external data systems.
- There should be a core IT orientation that all new employees could access. There is a range of skills and capabilities in staff and I think better access to IT-related training would be helpful.
- Increased monitoring of data for trends or shifts; increased focus on correlations so that one factor can be leveraged against another factor and HCPH can aggressively work with community to address all contributing factors.
- Website needs to be redesigned and simplified so that it's easier to find specific information if people are trying to self-educate themselves.
- Re-design (of website) should create a sense of cohesiveness between departments (EH and CHS); most people probably don't know which department they should look in for specific information.
- Should look for ways to integrate new electronic records software in Disease Prevention with electronic software in surrounding healthcare facilities.
- Knowledge and data management needs overall architecture to be sustainable.
- Biggest process improvement relates to the finance system—requests need to be pushed through to downtown.
- Knowledge (key/legend) of all data options available
- Pool collected data from divisions
- Process for the data request improved (internal/external)
- Process for evaluation support and capacity
- Data use training for internal/external customers
- Train Epidemiology on behavior health (social determinants of health)
- Shared source or location for use
- Dissemination/publication across divisions
- HCPH needs to consistently be looking to increase knowledge and obtain, maintain, and easily access and distribute data quickly and efficiently
- I believe that this has been another HCPH strength over the past several years. A clear procedure has been implemented relative to data management and resources continue to improve on a continuous basis. In 2014-2016, HCPH should continue to promote the existing program and increase available resources relative to knowledge and data management within our organization.
- Stay on the pulse of the changing ability of data management.



## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 “DOING DIFFERENTLY”

### PROCESS IMPROVEMENT

- Provided better accessibility for STD/HIV clinic.
- Annually, require each division to improve/change or update one process for their division and make this a goal on their Success Factors. This allows each division to keep processes current and up to date with today's standards and regulations and it also helps to eliminate items/steps that aren't needed anymore.
- The agency has educated all staff on the CQI process and encourages projects. That said, it remains a difficult sale to (those) already busy. Continue to prioritize this process among staff.
- Identify cumbersome processes, prioritize them, create a multi-functional team to streamline and eliminate 'side record keeping systems'.
- Identify processes that should exist but rather are done manually with time-consuming methods.
- Contract for technical assistance for CQI.
- Improve follow-up to improvements that are suggested, worked on, and implemented.
- Continue to make continuous quality improvement an agency priority/value by making sure all new employees are aware of our “culture of quality” and ensure current employees do not forget it. Make this a part of new hire orientation and/or refresher training for current employees.
- Services will require continued movement toward and integration of electronic communication/uses/services; this will meet customer/residential demand for expedited flow of information and services.
- Continued focus on quality improvement for improved service and economic savings.
- Integrate all inspections programs into a single system, so that information can be shared and linked for better understanding of community-wide issues that may cross disciplines.
- Integrate internal programs (databases, intranet, HR, licensing, etc.) into a single system to allow less redundancy of information and better communication between departments.
- Be intentional about process improvement; reward those that find improvements, encourage (don't require) innovation within the agency.
- Process improvement should use CQI process.
- Contract development
- Engage relevant staff with changes that affect agency workflows.
- Use the CQI process to further improve on processes throughout Hamilton County Public Health.
- Continuous Quality Improvement (CQI) has been recently introduced to HCPH and successful projects have been completed to evaluate process improvements. In 2014-2016, HCPH needs to not only continue the CQI process, but create and promote an overall culture of CQI. Successes should be routinely documented and reported to staff to promote further growth of this program.
- Consider input from management and staff, while all may not agree having input at the employee level brings a different outlook and sense of working together as a “team.”

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 “DOING DIFFERENTLY”

### STAKEHOLDER RELATIONS

- Provide current and accurate data for stakeholders.
- We should engage them more routinely.
- Improvement in relationship between other local health departments in Hamilton County would be beneficial for agency.
- We shall engage our stakeholders with field interactions, such as Farmers Markets, schools, hospitals, festivals, internal housing issues, community gatherings, etc., always focusing on education and good public health practices.
- Incorporate healthcare and community members in planning phases of programs.
- Provide services and products needed or requested by healthcare partners and community.
- Our website, YouTube and Twitter/Facebook seem to be very good information sources; however, we need to find ways to improve usage of these media outlets.
- Continue to promote the good deeds of HCPH.
- Work to promote the HCPH ‘brand’—competes with City of Cincinnati and others.
- Establish county/region-wide collaborative that agrees to develop a county/region health plan with agreed-to outcomes that are measured and evaluated.
- Establish community health council as opposed to collaborative described above that would be liaison to the 48 communities we represent.
- Continue to build and expand relations with partner agencies and communities that HCPH serves. This includes Healthcare partners (hospitals, doctors, clinics, nursing homes, etc.).
- Continue to make customer service an agency priority/value by making sure all new employees are aware of our customer service “culture” and ensure current employees do not forget it. Make this a part of new hire orientation and/or refresher training for current employees.
- Continue to seek new customers and stakeholders.
- Community advancement will require strengthening partnerships with healthcare facilities and other organizations that could refer residents to HCPH for services and vice versa.
- Stakeholder relations needs to be fostered through routine communication.
- Continuing community engagement efforts and processes is a great way to improve stakeholder relations. Some communities do not view us in a positive light for whatever reason; but by bringing them fully into the conversation and working collaboratively with them, it makes a huge difference in the value that they see in the organization and how they perceive us.
- Continuing to work on relationships with other health departments and community organizations is critical. We can be a lot more effective in our work with the collaborative spirit of the other health departments and key community leaders. This has not often been the case and it feels like staff has to constantly battle to get work accomplished.
- Better use of Facebook and Twitter
- Customer first focus-meet customer where they are
- Establish feedback loops in all divisions
- Nurture state/national relations
- Permission/training for communication across all power levels
- Staff experts to deliver content (reduced 2nd hand information)
- Value time it takes to build relations and maintain them
- Celebrate stakeholders success in whatever they do
- Rebuild bridges with broken relationships.
- Provide more education to the public, contractors, and political entities.
- In 2014-2016, HCPH should continue to use all available and explore future resources to both promote and improve stakeholder relations.
- Consider customer and consumer satisfaction, look outside county goal towards regionally.

## HAMILTON COUNTY PUBLIC HEALTH: 2014-16 'DOING DIFFERENTLY' STRATEGIES 4/30/13

INFORMATION	RESOURCES	STAKEHOLDERS	COMMUNITY
<p><b>Moving, managing and measuring flow of mission-critical information.</b></p>	<p><b>Identifying, securing, applying and measuring return on investment.</b></p>	<p><b>Informing and engaging active support from key stakeholders.</b></p>	<p><b>Serving customers' needs in alignment with our values and beliefs.</b></p>
<p><b>Knowledge &amp; Data Management</b></p> <ul style="list-style-type: none"> <li>○ Move to web-based databases; one electronic medical record system.</li> <li>○ Update equipment and software more frequently to keep pace with change.</li> <li>○ Re-design and simplify website so it's easier for users to find specific information.</li> </ul>	<p><b>Workforce/Human Resources</b></p> <ul style="list-style-type: none"> <li>○ Meet (management and employees) more often, to inform and motivate, to improve professional and social relationships and to elevate understanding between and among various departments.                             <ul style="list-style-type: none"> <li>○ Maximize employee retention. (Apply HR policies and procedures consistently. Conduct salary/benefit study. Consider flexible work schedules. Consider full time HR person.)</li> <li>○ Improve training, orientation, professional development programs.</li> </ul> </li> </ul> <p><b>Internal Communications</b></p> <ul style="list-style-type: none"> <li>○ Institute an intra-agency internal communications plan.</li> <li>○ Promote more use of the intranet to employees.</li> </ul> <p><b>Finance/Operations/Administration</b></p> <ul style="list-style-type: none"> <li>○ Inform staff regularly on how agency is doing with brief financial reports on intranet.</li> <li>○ Timely approval of purchase requests, payouts on grants/RFPs.</li> <li>○ Create a culture that uses finance as a resource in areas beyond financial reports.</li> <li>○ Create and maintain diverse and sustainable funding sources.</li> </ul>	<p><b>External Relations</b></p> <ul style="list-style-type: none"> <li>○ Engage stakeholders more routinely, more often, in more ways.</li> <li>○ Work on relationships with other health departments and community organizations.</li> <li>○ Strengthen partnership with healthcare facilities.</li> <li>○ Make customer service a primary focus.</li> <li>○ Promote the HCPH brand, good deeds, value to the community.</li> </ul>	<p><b>Process Improvement</b></p> <ul style="list-style-type: none"> <li>○ Require process improvement as part of the culture; embed CQI throughout the organization.</li> <li>○ Integrate all inspection programs into a single system.</li> <li>○ Increase monitoring of data for trends, shifts, correlations.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>○ Hire full-time person to manage planning, CQI, accreditation.</li> <li>○ Develop process to select new programs, accomplish planning at all levels while aligning grant goals and agency goals and regular progress evaluation.</li> <li>○ Engage and involve staff in every aspect of planning.</li> <li>○ Involve stakeholder and community input in planning.</li> <li>○ Take into account future trends in public health, health care reform.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2014-16

<b>KEY RESULT AREA: WORKFORCE/HUMAN RESOURCES</b>  [Chris G., Lisa H. Donna, Greg C.]	
<b>DEFINITION:</b> All employees and contractors employed by HCPH.	
<b>OBJECTIVE:</b> Improve workplace environment and policy that fosters employee satisfaction and retention.	
<b>CURRENT REALITY:</b> <ul style="list-style-type: none"> <li>• Part-time HR person; not an employee advocate.</li> <li>• Stress levels high.</li> <li>• Lean workforce easily and often overloaded.</li> <li>• HR policy inconsistently applied.</li> <li>• Limited training, lack of orientation to other program/division.</li> <li>• Non-competitive salaries.</li> <li>• Expectations too high for this lean workforce.</li> <li>• No consistency for performance evaluation.</li> <li>• Administrative funding choice based on financial over department need/personnel.</li> </ul>	
<b>GOALS:</b> <ul style="list-style-type: none"> <li>• Hire full-time HR person as an employee advocate.</li> <li>• Standardize the evaluation process.</li> <li>• Create flexible work schedules with competitive salary/benefits.</li> <li>• Proactive programs</li> <li>• Staff levels to create productive workload.</li> </ul>	<b>ACTION STEPS:</b>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>

## Hamilton County Public Health: Strategic Plan 2014-16

<b>KEY RESULT AREA: EXTERNAL RELATIONS</b>	
[Stacy, Chuck, Tim, Tucker, Sean]	
<b>DEFINITION:</b> Informing and engaging active collaboration among key stakeholders.	
<b>OBJECTIVE:</b> That HCPH and key stakeholders have a shared agenda; that HCPH will seek to collaborate with key stakeholders to have a shared agenda to improve community health outcomes.	
<b>CURRENT REALITY:</b>	
<ul style="list-style-type: none"> <li>• There are some bright spots among HCPH and stakeholders</li> <li>• Do not have a constant community health assessment plan (5 health departments, 5 hospitals, etc.)</li> <li>• Not enough engagement with stakeholders</li> <li>• Some stakeholders are not aware of the service that we provide</li> <li>• Different jurisdictions have different wants and needs</li> <li>• Limited (not frequent) engagement with operators, CC&amp;D operators</li> <li>• Health is not “at the table” in community debates or policy development (need to change this)</li> <li>• “Clean Kitchen Award”—try to implement that idea across other divisions</li> <li>• Mutual purpose is not understood by stakeholders</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Requests for education</li> <li>• Clean Kitchen Awards</li> <li>• Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Defining stakeholders: categorize stakeholders into different categories based on their interactions with us</li> <li>• Spread “awards” for successful stakeholders</li> <li>• Comparing different jurisdictions based on services they need vs. services we can provide</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>

## Hamilton County Public Health: Strategic Plan 2014-16

<b>KEY RESULT AREA: KNOWLEDGE &amp; DATA MANAGEMENT</b>  [Greg K., Dave N., Pat A., Craig D., David C]	
<b>DEFINITION:</b> Moving, managing and measuring flow of information to accomplish agency's mission.	
<b>OBJECTIVE:</b> Improve overall security, accuracy, access, compliance, data management and stewardship.	
<b>CURRENT REALITY:</b> <ul style="list-style-type: none"> <li>• Multiple platforms for capturing data (different users, formats and access) equal lots of not interfacing in agency.</li> <li>• Steward of data not defined.</li> <li>• Protection of data (privacy and security) internal and external are not appropriately understood.</li> <li>• Some programs are designed around the dollars available.</li> <li>• Website difficult to migrate through.</li> <li>• Software and IT necessary for proper foundation (support available.)</li> <li>• Process to ensure agency/programmatic knowledge transfer.</li> <li>• Intranet available only internally.</li> <li>• Interface with community health records (?)</li> </ul>	
<b>GOALS:</b> <ul style="list-style-type: none"> <li>• Create a comprehensive plan, including points on security, accuracy, compliance, data management and stewardship.</li> <li>• To identify critical knowledge-based skills and ensuring transfer to future workforce.</li> <li>• Improve use of use for web-based resources.</li> </ul>	<b>ACTION STEPS:</b>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>

## Hamilton County Public Health: Strategic Plan 2014-16

<b>KEY RESULT AREA: FINANCE/OPERATIONS/ADMINISTRATION</b>  [Jeremy, Scott, Denise, John T.]	
<b>DEFINITION:</b> Providing a framework within which all divisions can operate, monitor funds, and provide guidance and useful information.	
<b>OBJECTIVE:</b> Efficiency of processes; make financial reporting more transparent to the management team; overall support of operations; create a culture of continuous improvement.	
<b>CURRENT REALITY:</b> <ul style="list-style-type: none"> <li>• Acceptance of traditional processes.</li> <li>• Lack of financial reporting to management team.</li> <li>• Finance is out of sight/out of mind to the divisions.</li> <li>• Communications from division to administration is good.</li> <li>• Administration is receptive to listening to new ideas.</li> <li>• Loss of control over payment processes to downtown.</li> <li>• Limited use of performance metrics and performance to budget.</li> </ul>	
<b>GOALS:</b> <ul style="list-style-type: none"> <li>• Review financial and operations processes for efficient improvement.</li> <li>• Make financial and operational reporting transparent to management team.</li> <li>• Create a culture of continuous improvement; challenge the status quo.</li> </ul>	<b>ACTION STEPS:</b>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>

## Hamilton County Public Health: Strategic Plan 2014-16

<b>KEY RESULT AREA: INTERNAL COMMUNICATION</b>	
[Kathy L., Mary Ellen, Brad, Maria]	
<b>DEFINITION:</b> A systematic approach to engage and inform staff and Board of Health members about agency structure, programs, policy and trends.	
<b>OBJECTIVE:</b> HCPH will use internal communication to develop a unified, motivated and engaged staff to fulfill our mission statement.	
<b>CURRENT REALITY:</b>	
<ul style="list-style-type: none"> <li>• Divisions feel isolated; no agency-wide meetings.</li> <li>• Low awareness of agency operations.</li> <li>• Have intranet for agency communication but no external access.</li> <li>• Limited interaction/no plan or policy to encourage internal communication.</li> <li>• Work in separate building or out in the field.</li> <li>• Reactive inter-departmental communication.</li> <li>• Have opportunity for bottom-up communication on intranet but not used often.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• To improve internal communication satisfaction within the agency by defined percentage (based on baseline data).</li> </ul>	<ul style="list-style-type: none"> <li>• Develop survey and issue by 8/15/13.</li> <li>• Analyze survey results by 9/15/13</li> <li>• Determine improvement percentage.</li> <li>• See committee participants by 8/15/13</li> <li>• Develop plan and solicit comments.</li> <li>• Complete plan by end of 2013.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>



## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: EXTERNAL RELATIONS</b>	
<b>DEFINITION:</b> Mutually beneficial working relationships with key publics, communities and stakeholders—those individuals and groups with a vested interest in HCPH’s success.	
<b>OBJECTIVE:</b> Maintain and enhance a positive working relationship among key publics, communities and priority stakeholders to advance the agency’s mission.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• Many key publics, communities and stakeholders do not fully understand the work of HCPH and its impact on the community.</li> <li>• Many key organizations who share a vision for the community’s health do not appear willing to, or even interested in, working together.</li> <li>• HCPH should be ‘at the table’ of all key public and policy discussion with significant public health impacts.</li> <li>• We react well, but could produce greater impact if we were known to respond and anticipate (proactive engagement) in community issues.</li> <li>• We believe there are opportunities to increase collective impact with greater collaboration; there is a long way to go, but social and political forces have become barriers to change.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Sustain and expand relationships with identified key stakeholders to advance HCPH’s mission locally, regionally, statewide and on a national level.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and execute an effective external relations communications program designed and delivered to maintain mutually beneficial relationships with key stakeholders.</li> <li>• Identify all stakeholders, and then prioritize by value/impact of relationship, current status of the relationship, common issues, key messages, and most effective means of communicating, best practices, and results measures.</li> <li>• Leverage both traditional (in person, group meetings, and media relations) as well as contemporary communication channels (social media, internet/website, third party endorsements) and tools.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
<ul style="list-style-type: none"> <li>• Add a ‘health lens’ to all critical policy discussions and actions involving public health in Hamilton County.</li> <li>• Key stakeholders better understand HCPH’s community impact.</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholders identified.</li> <li>• Measurement tool designed.</li> <li>• External communications program designed and executed.</li> <li>• Evaluation completed.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: INTERNAL COMMUNICATIONS</b>	
<b>DEFINITION:</b> A systematic approach to engage and inform workforce and Board of Health members about agency structure, programs, policy and trends, and their impact on the community.	
<b>OBJECTIVE:</b> Leverage internal communication activities to contribute to high performance, and to sustain a unified, motivated workforce fully engaged in fulfilling HCPH's mission.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• There is a sense of isolation among some employees.</li> <li>• There appears to be little or no intra-agency dialogue on strategic issues (short- and long-term).</li> <li>• Two-way communication (leadership to staff, staff to leadership) is an underutilized tool for sharing insights and information with the entire team.</li> <li>• Intranet is underutilized, with limited access for employees off-site, outside normal business hours.</li> <li>• Website navigation deemed difficult for external audiences; internal audience ease-of-use also in question.</li> <li>• Employees cite poor morale as an issue affecting the workforce, at times brought about by a lack of information and/or participation in decisions impacting work environment, workload, policy decisions, program/service delivery, and budgets.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Develop an internal communication process, plan and owner as a management function.</li> <li>• Leverage the intranet and internet (website) to inform and empower employees 24/7.</li> <li>• Create regular and responsive occasions for dialogue among leadership and staff, and between/among staff groups, on programs and performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify individual responsible for internal communications.</li> <li>• Develop and execute a comprehensive internal communications plan (include intranet, internet and face to face meetings) that enables two-way flow of information between employees and management and is integrated with the overall agency goals.</li> <li>• Identify or develop and then utilize a tool to measure effectiveness of communication strategy.</li> <li>• Identify topics and timing for convening staff groups and execute quarterly.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
<ul style="list-style-type: none"> <li>• Creation of a common vision and sense of belonging by feeling privy to what is "going on."</li> </ul>	<ul style="list-style-type: none"> <li>• Employee responsible for internal communications identified.</li> <li>• Internal communications plan developed and implemented.</li> <li>• Effectiveness measured.</li> <li>• Small group meetings held on quarterly basis.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: FINANCE/OPERATIONS/ADMINISTRATION</b>	
<b>DEFINITION:</b> Finance, Operations and Administration are management functions designed to support the agency's high performance.	
<b>OBJECTIVE:</b> Prepare and provide mission-critical performance information to guide decision-making agency-wide.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• We have adequate traditional financial and operating systems, but we need to take better advantage of available technology.</li> <li>• We are reactive, but not proactive; we are in compliance, but do not generate compelling information that could maximize our ROI.</li> <li>• Financial reporting functions could be more transparent and timely, especially with agency management and teams.</li> <li>• We live with the reality of "downtown" County systems for processing and payments.</li> <li>• There is limited use of performance-to-budget metrics.</li> <li>• There is an opportunity to develop management team's focus around sharing and applying financial performance information.</li> <li>• Sustainable (and flexible) funding is a challenge.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Improve the existing recording/analysis/reporting system to provide more timely and useful financial, operational and administrative information on both value-creation processes (programs and services) and value-support processes to staff.</li> <li>• Incorporate a performance-to-budget metrics element in all processes and programs so staff can make informed decisions for results review and recommendations regarding performance and program/service life cycles.</li> <li>• Diversify funding sources to sustain the Agency mission.</li> </ul>	<ul style="list-style-type: none"> <li>• Hold Performance Training session for management staff.</li> <li>• Develop a revenue/expense financial statement for all divisions.</li> <li>• Issue monthly revenue/expense financial statements to all divisions.</li> <li>• Hold quarterly meetings for directors and administrative staff to discuss revenue /expense financial statements for agency.</li> <li>• Work with directors to develop financial metrics for identified programs.</li> <li>• Identify efficiencies in current procedures within finance and agency departments.</li> <li>• Activate Healthy People Healthy Communities Foundation</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
Finance will play an integral role in supporting agency strategic goals and objectives by reporting and measuring agency resources and operations.	<ul style="list-style-type: none"> <li>• Performance training sessions held.</li> <li>• Revenue/expense financial statements developed for all divisions.</li> <li>• Monthly revenue/expense financial statements issued.</li> <li>• Quarterly meetings held.</li> <li>• Financial metrics developed for identified programs.</li> <li>• Efficiencies identified.</li> <li>• Foundation activated.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: PROCESS AND PROGRAM KNOWLEDGE &amp; DATA MANAGEMENT</b>	
<b>DEFINITION:</b> Moving, managing and measuring the flow of information to accomplish the agency's mission.	
<b>OBJECTIVE:</b> Sustain optimal levels of security, accuracy, access, compliance, and data management, and the stewardship of agency process and program knowledge.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• Lack of stewardship of agency process and program knowledge; little evidence that the 'brain trust' is being shared and impact of loss of key staff would be negligible.</li> <li>• Data should be safe, secure, and stewarded (owned) throughout the agency in a consistent fashion.</li> <li>• Privacy and security standards may not be universally known and applied in all instances.</li> <li>• Resource investments do not appear to be optimized; in some cases, available resources may be guiding software/hardware/systems choices vs. data and information needs for programs/services and support.</li> <li>• Public health and healthcare system data are collected/processed in silos; there may be a wealth of information to guide community impact decisions by combining data points cross-functionally—at least it deserves to be explored.</li> <li>• Improved interoperability of Public Health's and healthcare systems' information needs to be achieved in order to improve outcomes.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Create and implement a comprehensive software/data program plan for supporting mission-critical value-creation (program) and value-support (management) functions.</li> <li>• Optimize program information development and sharing to improve the quality of decision-making.</li> <li>• Ensure integration of public health/healthcare information.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify template or develop IT plan.</li> <li>• Share plan with HCPH employees.</li> <li>• Identify owners of data and provide guidelines for data updating.</li> <li>• Review current databases and determine which can be utilized together to guide community impact systems</li> <li>• HCPH participates in Health Council's Health IT initiative.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
<ul style="list-style-type: none"> <li>• Information technology supports strategic goals and objectives and has the necessary tools and infrastructure to deliver top notch information and services to the community.</li> </ul>	<ul style="list-style-type: none"> <li>• IT plan developed and shared with HCPH employees.</li> <li>• Dataset owners identified and trained in dataset update/management.</li> <li>• Databases that can guide community impact are identified.</li> <li>• HCPH participant in Health Council IT initiative.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: WORKFORCE/HUMAN RESOURCES</b>	
<b>DEFINITION:</b> Workforce consists of all employees and contractors engaged by HCPH. Human Resources is a management function that develops and implements personnel policies, and recruits, retains, develops and recognizes the workforce.	
<b>OBJECTIVE:</b> Engage a high-performing professional workforce in delivering mission-critical community outcomes.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• There may be a lack of alignment around the Human Resources function—is it adequate? Aligned with employee needs?</li> <li>• Lack of ethnic diversity in management, and perhaps throughout the agency.</li> <li>• Succession plan for key management positions should be updated and shared among management team members.</li> <li>• There is concern over workload and its distribution.</li> <li>• Training and development, recruitment and retention are factors impacting current and future staff.</li> <li>• Compensation and benefits (including flexible schedules) are cited as possibly out of synch with best practices in public health agencies.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Leverage the value of a high performing Human Resources function, agency-wide.</li> <li>• Optimize recruitment and retention through training and development strategies.</li> <li>• Address ethnic diversity and succession planning for management and staff positions.</li> <li>• Analyze compensation, benefits, headcount and workload issues and recommend ways to close any critical gaps.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine staffing needs for HR function.</li> <li>• Develop and implement a Workforce Plan that includes the areas of staffing, succession, infrastructure, organization design, culture, and risk management.</li> <li>• Share plan with HCPH employees.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
<ul style="list-style-type: none"> <li>• Workforce recruitment and retention reflect industry best practice; the complement of individuals, their professional skills and the expertise of the workforce is aligned with strategic plan goals and objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing level for HR function decided.</li> <li>• Workforce plan developed and implemented.</li> <li>• Employees review and understand Workforce Plan.</li> </ul>

## Hamilton County Public Health: Strategic Plan 2013-16

<b>KEY RESULT AREA: PROGRAM PLANNING &amp; PROCESS IMPROVEMENT</b>	
<b>DEFINITION:</b> Systematic approach to identifying desired results, determining effective approaches and deploying them, and monitoring/measuring program/service outputs and outcomes to demonstrate continuous improvement and high return on investment.	
<b>OBJECTIVE:</b> Maintain and enhance a culture of continuous improvement deployed through a planning process built on quantitative and qualitative data from the community, key stakeholders, and agency teams to support high performance and continuously improving community impact.	
<b>STRATEGIC ISSUES:</b>	
<ul style="list-style-type: none"> <li>• Staff are trained and Continuous Quality Improvement tactics have been utilized in the past, but not across the board within the agency.</li> <li>• While much data are collected through multiple software programs and systems, there is a lack of focus on correlations between and among various data points, metrics, etc. to analyze trends and develop useful projections across various disciplines, programs and services.</li> <li>• There is currently no unified approach to identifying new programs, analyzing their potential value, and determining whether or not to adopt/add, or replace an existing program.</li> <li>• In addition, current programs/services do not receive regular progress evaluations that would determine the likelihood of retaining in the agency's 'products/service mix' response to community needs.</li> <li>• Input from outside stakeholders and community members is essential to effective decisions around programs/services.</li> <li>• Incorporating intelligence into our planning about future trends in public health will help maintain the agency's leadership position and responsiveness to community needs.</li> </ul>	
<b>GOALS:</b>	<b>ACTION STEPS:</b>
<ul style="list-style-type: none"> <li>• Adopt a data-driven process to manage decision-making around selection and delivery of discretionary agency programs and services.</li> <li>• Engage each program/service team in a proven system to demonstrate value, efficiency and effectiveness of the work (outcomes and outputs).</li> </ul>	<ul style="list-style-type: none"> <li>• Create standard evaluation criteria and process to identify strategic issues, analyze program/service alternatives, prioritize them, and determine whether to adopt, defer, decline or modify programs and services in the agency's discretionary (i.e., not mandated) portfolio.</li> <li>• Incorporate information on future public health trends and issues, as well as the Community Health Improvement Plan, into agency response to serving customers and meeting their needs in alignment with agency's mission, values and beliefs.</li> <li>• Continuous Quality Council will oversee the evaluation of current programs and services against performance measures.</li> </ul>
<b>IMPACT/OUTCOME</b>	<b>OUTPUT/ACTIVITY</b>
HCPH will manage an optimal portfolio of programs and services that is designed to deliver outcomes that meet or exceed selected healthy community indicators.	<ul style="list-style-type: none"> <li>• Criteria developed for identification of strategic issues/programs.</li> <li>• Template developed for evaluation of current programs/services.</li> <li>• Issues from CHIP identified and included in strategic plan.</li> <li>• Current programs/services evaluated.</li> </ul>

# Appendix G

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Key Result Areas Workplan						
Date Complete	External Communication	Internal Communications	Finance	Knowledge/Data Management	Human Resources	Planning
Jun-13				Term on Health Council Data Governance Board begins		
July-13					HR staffing needs determined	
Aug-13		Responsibility assigned	Revenue/expense financial stmts developed			
Sep-13		Staff meetings scheduled				Criteria for future programs/services selection developed
Oct-13		Measurement tool developed	Agency revenue/expense meeting held			Evaluate and develop Plan of Work
Nov-13		Baseline evaluation completed	Efficiency/cost savings identified	IT plan developed		
Dec-13	Stakeholders Identified	Staff meeting held	Performance accounting training held	IT plan shared with staff		Current programs/services evaluation tool developed
Jan-14		Plan developed/implemented	Agency revenue/expense meeting held	Data owners and guidelines identified	Workforce Plan developed/implemented	Issues identified in CHIP included in Strategic Plan
Feb-14						QIP reviewed and updated
Mar-14						
Apr-14	Relationship/issues identified	Staff meeting held	Agency revenue/expense meeting held			
May-14			Financial/performance metrics developed			
Jun-14	Measurement tool developed					
Jul-14			Agency revenue/expense meeting held	Databases guide community impact identified		
Aug-14		Staff meeting held				
Sep-14	Baseline evaluation completed					
Oct-14	Plan developed/implemented		Agency revenue/expense meeting held	Community impact plan developed		Review and update Plan of Work
Nov-14			HCPH Foundation activated	IT plan reviewed & updated		
Dec-14		Staff meeting held				Accreditation completed
Jan-15			Agency revenue/expense meeting held	Community impact plan implemented	Plan reviewed and updated	QIP reviewed and updated
Feb-15		Evaluation completed				
Mar-15		Plan reviewed and updated				
Apr-15		Staff meeting held	Agency revenue/expense meeting held			

<b>Date Complete</b>	<b>External Communication</b>	<b>Internal Communications</b>	<b>Finance</b>	<b>Knowledge/Data Management</b>	<b>Human Resources</b>	<b>Planning</b>
May-14						
Jun-15						
Jul-15			Agency revenue/expense meeting held			
Aug-15		Staff meeting held				
Sep-15						
Oct-15	Evaluation completed		Agency revenue/expense meeting held			Review and update Plan of Work
Nov-15	Plan reviewed and updated			IT plan reviewed and updated		
Dec-15		Staff meeting held				
Jan-16			Agency revenue/expense meeting held	Community impact plan reviewed and updated	Plan reviewed and updated	QIP reviewed and updated
Feb-16		Evaluation completed				
Mar-16		Plan reviewed and updated				
Apr-16		Staff meeting held	Agency revenue/expense meeting held			
May-16						
Jun-16						
Jul-16			Agency revenue/expense meeting held			
Aug-16		Staff meeting held				
Sep-16						
Oct-16	Evaluation completed		Agency revenue/expense meeting held			Review and update Plan of Work
Nov-16	Plan reviewed and updated			IT plan reviewed and updated		
Dec-16		Staff meeting held				

# Appendix H