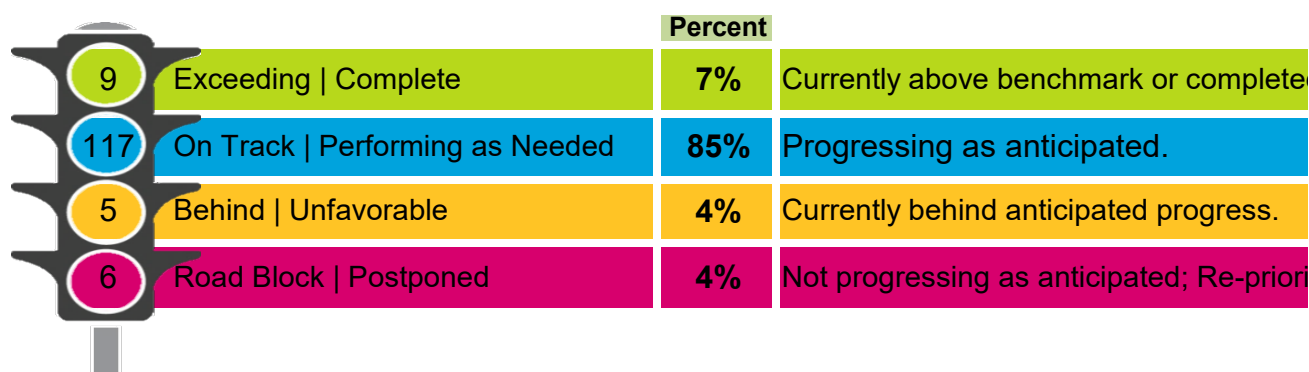# HAMILTON COUNTY PUBLIC HEALTH

# Program Implementation Plan Results: 1st Quarter, 2021

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2021. It assigns responsibilities and dates for the work to be completed. Output targets are determined by 3-year output data or grant, contract, and state administrative guidelines. This plan was developed by directors and staff, reviewed by the Program Implementation Plan Workgroup, and approved by the Performance Management Council and Hamilton County Board of Health.

## Program Implementation Plan Agency Summary

| | | Percent | |
|---|---|---|---|
| 9 | Exceeding \| Complete | 7% | Currently above benchmark or completed |
| 117 | On Track \| Performing as Needed | 85% | Progressing as anticipated. |
| 5 | Behind \| Unfavorable | 4% | Currently behind anticipated progress. |
| 6 | Road Block \| Postponed | 4% | Not progressing as anticipated; Re-priori |

## Program Implementation Plan Agency Narrative

The 2021 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for 2021. No significant changes were made due to HCPH's ongoing COVID-19 response and recovery efforts. HCPH had a successful first quarter of 2021. Seven(7) percent of all metrics performed as "Exceeded \| Completed" and 85 percent performed as "On Track \| Performing as Needed." Eight (8) percent of metrics were behind or postponed due in large part to COVID-19. The most significant impacts related to COVID-19 have been observed in the divisions of Harm Reduction and Water Quality. HCPH will closely monitor the impacts COVID-19 is having on the agency's overall performance overall as we move forward into 2021.

## Program Implementation Plan Index

| | | |
|---|---|---|
| **4** | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| **10** | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| **0** | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| **0** | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

**Administration had a productive first quarter. The customer service group issued 5,684 licenses and permits. Vital Statistics issued 13,024 birth and death certificates. The 2021 annual accreditation report was submitted to the Public Health Accreditation Board. HCPH will be preparing for reaccreditation during 2021. Emergency preparedness activities are exceeding expectations due to COVID-19. The Public Information Officer continues to lead communication efforts as part of the County's Joint Information Center. Due to the overwhelming number media contacts surrounding the COVID-19 response, it was difficult to track media calls and HCPH's share of voice for the first quarter.**
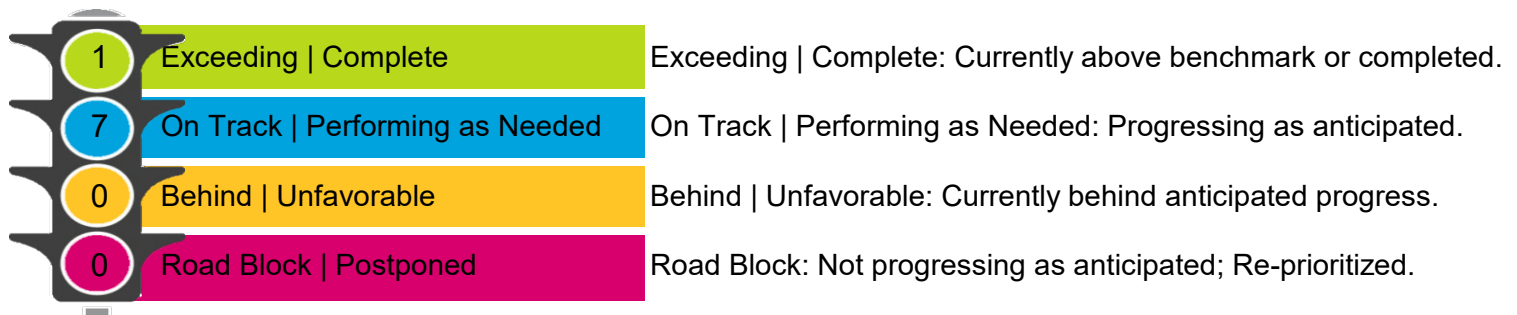
## Programs

| Customer Service & Vital Statistics | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of birth certificates issued** <br> G. Varner | | | | | | 26% | |
| **Number of death certificates issued** <br> G. Varner | | | | | | 33% | |
| **Number of EHS permits issued** <br> C. Davidson | 19,554 | 4,336 | | | | 22% | |
| **Number of EHS licenses issued** <br> C. Davidson | 3,936 | 1,348 | | | | 34% | |

| Board of Health Training | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of Board of Health training hours** <br> G. Kesterman | 2.00 | 0.00 | | | | 0% | |

| Accreditation | | | | | | | Status |
|---|---|---|---|---|---|---|---|
| **Annual accreditation report created and submitted** <br> R. Stowe | | | | | | Yes | |
| **Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)** | | | | | | Yes | |
| **A system to receive/provide urgent/non-urgent health alerts and to coordinate an appropriate response (Measure 2.4.2 A)** <br> Tests Completed by Quarter (8 required): | | 7 | 0 | 0 | 0 | 117% | |
| **Implement culturally competent initiatives to increase access to health care services (Measure 7.2.3 A)** <br> M. Samet | 100% | 100% | | | | In Progress | |

| Administration | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Finance - internal reports, audits, and budgets complete (25% indicates quarter complete)** <br> G. Varner | 100% | 25% | | | | 25% | |
| **Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete)** <br> G. Varner | 100% | 25% | | | | 25% | |
| **Human Resources - New hires that have completed orientation** <br> S. Taylor | 100% | 1 | | | | 100% | |
| **Human Resources - Quarterly review of HCPH personnel policies (25% indicates quarter complete)** <br> S. Taylor | 1 | 0.25 | | | | 25% | |
| **Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists** <br> M. Samet | 6 | 7 | | | | 117% | |

| | |
|---|---|
| **1** Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| **7** On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| **0** Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| **0** Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

**Staff continued to work on year four of the HCPH Strategic Plan. The Substance Abuse initiative is fully operationalized through the Harm Reduction division. For additional details, see page 7 of the program implementation plan. The Oral Health Coalition continued its work in addressing major gaps in oral health care in Hamilton County. Additionally, COVID-19 response has provided considerable opportunity to enhance service delivery, particularly with regards to communication with clients and the public where English is not the first or preferred language.**

| Programs: | Year 3 | |
|---|---|---|
| **Mental Health** | | **Status** |
| Support and collaborate with partners in youth suicide prevention workgroup. <br> J. Mooney & D. Carlson | In Progress | |
| **Substance Abuse** | | **Status** |
| Manage Harm Reduction program and report on key program metrics (See Harm Reduction page for details) <br> S. Merrick | In Progress | |
| **Obesity** | | **Status** |
| Target schools identified, school implementation launched <br> M. Knaebel | In Progress | |
| Program outcomes developed and data points determined <br> M. Knaebel | In Progress | |
| Evaluation plan developed <br> M. Knaebel | In Progress | |
| **Oral Health** | | **Status** |
| Action plan adopted and work plan developed | Yes | |
| Progress on work plan implementation | In Progress | |
| **Administration** | | **Status** |
| Workforce - Assess capacity (S. Taylor) | | |
| Complete report showing status of positions and support of new workloads | Yes | |
| Service delivery - Languages, signage and printed materials identified (M. Samet) | In Progress | |
| Messages identified and developed | In Progress | |
| Selected materials distributed and posted | In Progress | |
| Public Information - Survey key audience groups (M. Samet) | In Progress | |
| Update communications plan based on input from surveyed groups | In Progress | |
| Emergency Preparedness - Update staff training plan as needed to ensure emergency readiness (J. Sherr | Yes | |
| Implement emergency readiness training plan as needed for staff | Yes | |

**HAMILTON COUNTY PUBLIC HEALTH**

| | |
|---|---|
| **0** Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| **10** On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| **0** Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| **1** Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Program Narrative

The Division of Disease Prevention (DP) teams have been redirected to Covid-19 efforts, and our PIP metrics have been impacted by this. For the month of January, the clinical site was also functioning as a Covid vaccination site, which in turn significantly impacted the number of children with medical handicaps patients contacted and childhood immunizations we were able to provide. We anticipate that this number will normalize, if not surge, in the coming months as children return to school. Anecdotally, we have heard that many students have fallen off track with their vaccine schedules, and we anticipate that schools will be sending students to us over the summer to catch up. Our TB measures are all being met, and we are close to meeting all measures with HIV and Syphilis. Recently opened cases impact the measures met, and we anticipate these will reflect that Q1 measures were met once those cases are processed. We are preparing an application for ODH's Ending the HIV Epidemic (EE) grant, due April 5th.

## Programs

| Children with Medical Handicaps | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| 50 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annu | 50% | 27% | | | | 27% | |

| Tuberculosis Control | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| 75 % of contact investigations in the TB Program will begin within 24 hrs or next business day of notification for new ca | 75% | 100% | | | | 100% | |
| 75 % of patients who are eligible, begin LTBI treatment | 75% | 74% | | | | 74% | |
| 100 % of patients lost to LTBI treatment will have documented follow-up efforts | 100% | 100% | | | | 100% | |

| Immunizations | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Total vaccine administration will increase by 25% (2019 was 1,064; 2020 goal is 1,330) | 1330 | 62 | | | | 5% | |

| Syphilis | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| 9 of 9 grant metrics are meeting or exceeding required targets. | 9 | 6 | | | | 67% | |
| Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%) | 85% | 89% | | | | 89% | |
| # of Syphilis clients treated by HCPH clinic. (10% greater than 2019) | 205 | 43 | | | | 21% | |

| HIV | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| 9 of 9 grant metrics are meeting or exceeding required targets | 9 | 7 | | | | 78% | |
| Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%) | 75% | 74% | | | | 74% | |
| Region 8 HIV testing programs will have a greater than 1.0% positivity. | 1.0% | 2.5% | | | | 2.5% | |

| Continuous Quality Improvement | | Current Projects | New Projects Identified |
|---|---|---|---|
| | | **No** | **No** |

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

## Programs Narrative

The EH staff worked hard and continued to press forward to keep all regulated programs on track in 2021. Food inspection numbers are on track for completion, but slightly down due to COVID-19. Food education numbers are trending up since the beginning of 2021 and we continue to use the space at the Sharonville Convention Center due to COVID 19. The EH Division has completed two ServSafe classes in 2021 and has 6 more scheduled at the Sharonville Convention Center where social distancing is possible. Swimming pool and campground inspections will start in April 2021 and mobile home park inspections have been started as well. Scheduling of the annual swimming pool education course will be evaluated in light of COVID restrictions, but remains postponed at this time. EH staff continues to respond to COVID complaints since April 2020 and is working at POD's.

## Programs

| Food Safety and Education | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of FSO / RFE inspections completed (License Year: March 1 - February 28)** | 5,881 | 1,672 | | | | 28% | |
| **Number of people educated (3-Year Avg)** | 880 | 115 | | | | 13% | |
| **Number of facilities that are brought through the enforcement process (3-Year Avg.)** | 53 | 14 | | | | 26% | |

| Housing and Nuisance Inspections | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of housing inspections completed** | 986 | 165 | | | | 17% | |
| **Average number of days to respond to complaint (Requirement)** | 2 | 2 | | | | 100% | |

| Public Swimming Pools and Spas | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)** | 1,241 | 17 | | | | 1% | |
| **Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)** | 15 | 0 | | | | 0% | |

| Additional Inspection Programs | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **School Inspections - Number of standard inspections conducted per calendar year** | 322 | 34 | | | | 11% | |
| **Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)** | 20 | 1 | | | | 5% | |
| **Public Accommodation Facilities - Number of standard inspections conducted per calendar year** | 196 | 56 | | | | 29% | |
| **Manufactured Home Parks - Number of contract inspections conducted (Per Contract)** | 96 | 13 | | | | 14% | |
| **Smoke Free Ohio - Number of inspections conducted (3-Year Avg)** | 35 | 7 | | | | 20% | |

| Rabies Prevention and Control | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | Status |
|---|---|---|---|---|---|---|---|
| **Number of quarantine notices sent** | 693 | 138 | | | | 20% | |
| **Number of samples sent to the Ohio Department of Health for testing** | 77 | 3 | | | | 4% | |

| Continuous Quality Improvement | | Current Projects | New Projects Identified |
|---|---|---|---|
| | | **No** | **No** |

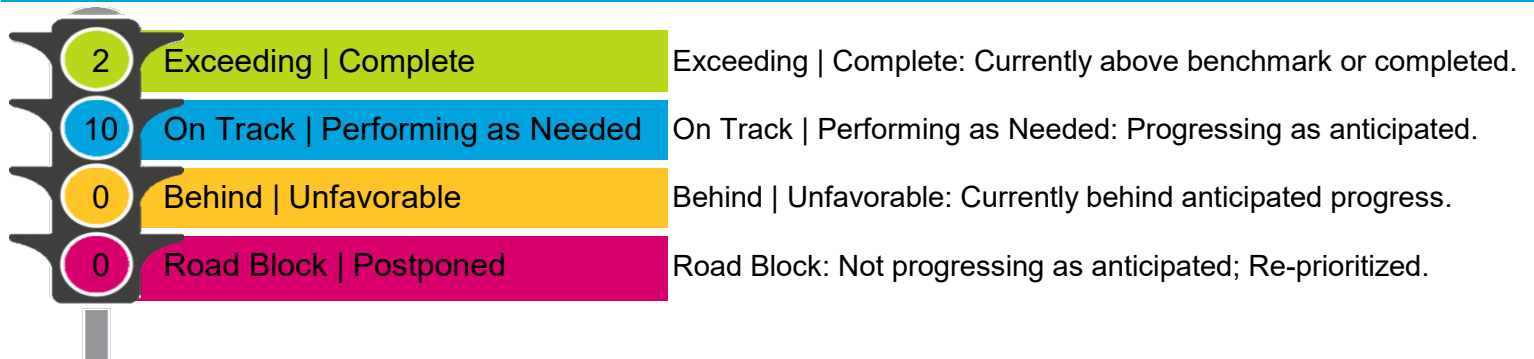| | | |
|---|---|---|
| 2 | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| 10 | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| 0 | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated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

## Programs Narrative

The EP Program continued to oversee and respond to the COVID-19 vaccination campaign. The EP Program has been focusing on identifying community POD (or clinic) locations to administer the vaccine. Community clinics are identified and scheduled across the HCPH jurisidctions and in high-risk communities.  The EP Program is also overseeing the "homebound" vaccination program where we are working with jurisdiction Fire/EMS departments and home health agencies to push out vaccine to the vulnerable homebound population. The EP Program continues to work with preparedness partners and other LHDs during the vaccine campaign. The EP Program continues to manage the numerous COVID-19 grants that have been awarded to HCPH to fund the work as a response to the COVID-19 pandemic. The EP Program continues to oversee the completion of deliverables as required by the local PHEP, regional PHEP and CRI grants.

## Programs

| Public Health Emergency Preparedn | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Local PHEP Grant (BP2 & BP3) - # of deliverables completed | 15 | 4 | | | | 27% | |
| Regional PHEP Grant (BP2 & BP3) - # of deliverables completed | 7 | 4 | | | | 57% | |
| Number of multi year training and exercise plans written | 1 | 1 | | | | 100% | |

| Cities Readiness Initiative | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Local CRI Grant - # of deliverables completed | 2 | 1 | | | | 50% | |
| Percent of medical countermeasure files uploaded in preparation for ODH site visit | 100% | 100% | | | | 100% | |

| Agency Emergency Preparedness | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Intro to Incident Command (IS100) Training | 75% | 75% | | | | 75% | |
| Intro to National Incident Management System (IS700) Training | 75% | 72% | | | | 72% | |
| Advanced ICS Training for command staff (200, 300, 400, 800) | 75% | 80% | | | | 80% | |
| Department Operations Training for Command staff | 75% | 80% | | | | 80% | |
| Number of agency emergency preparedness plans reviewed / updated | 100 | 100 | | | | 100% | |

| Accreditation Standard 1.2.1<br>(24/7 communication; Requirement) | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|
| Complete 1 per quarter after hour checks on HCPH phone, fax and website | 4 | 1 | | | 25% | |
| Complete 2 annual checks of HCPH panic and lockdown buttons | 1 | 0 | | | 0% | |

| Continuous Quality Improvement | Current Projects | New Projects Identified |
|---|---|---|
| | No | No |

| | | |
|---|---|---|
| **0** | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| **11** | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| **3** | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| **0** | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |
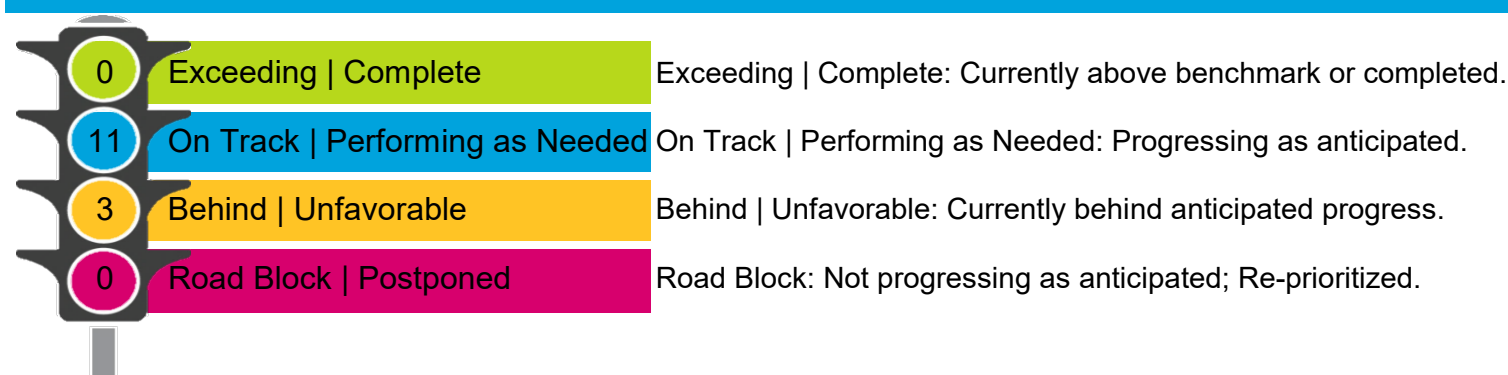
## Programs Narrative

The epidemiology staff continue to play a large role in the COVID19 pandemic response with both contact tracing and vaccinations. Epi is on track for many of its metrics in its infectious disease, maternal and child health, and injury programs. The OD2A program staff have been working on our Tableau server to display data in a more user friendly format. Our daily OD reports are being hosted on this server and embedded into our website. The prog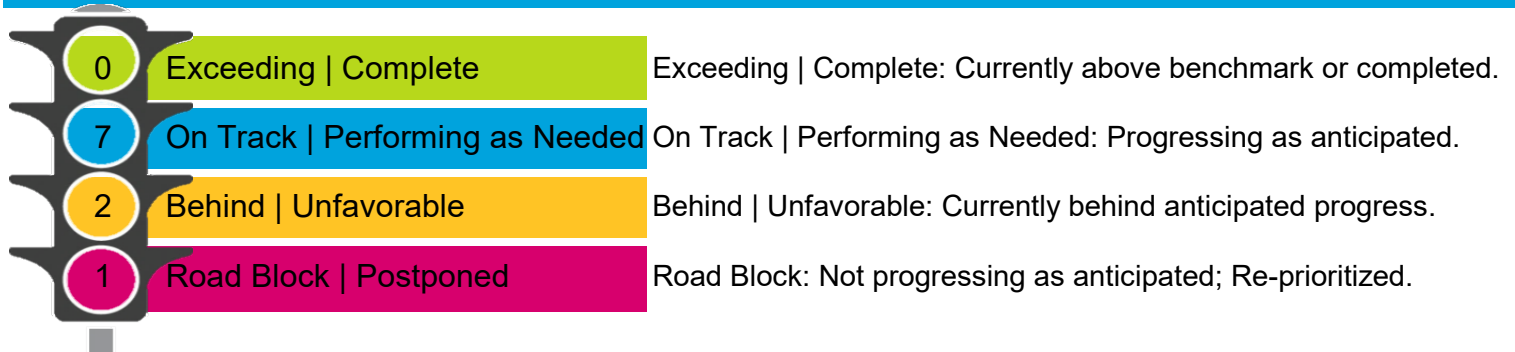ram is working on finalizing the SSP, monthly report, and overdose fatality review dashboards on the server. Epi continues to prepare the external cause of injury data that we have been receiving from the Health Collaborative since early 2021. We have also begun return traveler monitoring for individuals returning from Guinea and the Democratic Republic of the Congo. The infectious disease program has also seen progress in our NACCHO BLOC grant for conducting tele-ICARs. We have a candidate we are currently finalizing a contract with to assist with this work, and have already identified those facilites we want to prioritize for this work. By the end of the grant in July, we will have interacted with at least 5 facilities as well as developed templates for reporting the assessment results and a toolkit for conducting these ICARs. The MCH program area continues to meet the metrics needed for our OEI/MCH grant.

## Programs

| Surveillance | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Percent of data requests completed by requestor's deadline. | 100% | 100% | | | | 25% | |
| Percent of facilities reporting injury data to epidemiology division. | 100% | 100% | | | | 25% | |
| Percent of AHEAD tool modules updated within Tableau. | 100% | 13% | | | | 13% | |

| Communicable Disease | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Percent of weekly and monthly reports that are completed by established deadlines. | 100% | 82% | | | | 21% | |
| Percent of monthly contract reports completed by established deadlines. | 100% | 0% | | | | 0% | |
| Percent of outbreaks opened in ODRS within one business day of notification to the local health dept. | 100% | 100% | | | | 25% | |
| Percent of outbreaks closed within 90 days of onset date of last case. | 100% | 0% | | | | 0% | |

| Maternal and Child Health | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Percent of OEI monthly reports and surveillance data submitted to ODH by grant deadline. | 100% | 100% | | | | 25% | |
| Percent of all fetal deaths between 10/2019 and 9/2020 reviewed by FIMR. (Requirement of 15%) | 15% | 0% | | | | 0% | |
| Percent of local monthly and quarterly surveillance reports completed by established deadlines. | 100% | 33% | | | | 8% | |
| Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline. | 100% | 100% | | | | 25% | |
| 10 MCH grant required interviews conducted by FIMR staff. | 10 | 3 | | | | 30% | |

| Harm Reduction | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Percent of daily and monthly reports completed by established deadlines | 100% | 100% | | | | 25% | |
| Percent of data sources built into the Tableau dashboard | 100% | 63% | | | | 63% | |

| Continuous Quality Improvement | Current Projects | New Projects Identified |
|---|---|---|
| | No | No |

| | | |
|---|---|---|
| **0** | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| **7** | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| **2** | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| **1** | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

HIV and Hep C testing continues to be down; we are working with the DP Division to develop client engagement strategies for testing. We continue to provide safe syringe kits based on a needs based model. We are researching the use of contingency management in order to develop more effective strategies in the collection of syringes. We are also pursuing the distribution and maintenance of strategically placed syringe disposal containers in a high risk communities as another means of safe syringe disposal. One system coordination meeting was held. We engaged new partnerships within early child education, workforce development, child care, and transportation partners. We are set to begin OFR interviews next quarter. A contract was finalized with BWA to develop our stigma campaign.

## Programs

| Harm Reduction | Goal | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of syringes distributed | 464,632 | 19,760 | | | | 4% | 🔵 |
| Number of syringes received | 330,596 | 8,587 | | | | 3% | 🔵 |
| Hepatitis C testing increased by 10% over 2019 for syringe services | 287 | 33 | | | | 11% | 🟡 |
| HIV testing increased by 10% over 2019 for syringe services | 517 | 58 | | | | 11% | 🟡 |
| Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar) | 2 | 0 | | | | 0% | 🔵 |

| Harm Reduction Partnerships | Goal | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Complete two addiction treatment collaborative events | 2 | 1 | | | | 50% | 🔵 |
| Expand number of community partners engaged in the monthly harm reduction meeting by 5 providers | 5 | 4 | | | | 80% | 🔵 |
| Percent of OFR cases that have family / significant other interviews conducted | 10% | 0% | | | | 0% | 🔴 |

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

| Continuous Quality Improvement | | Current Projects | New Projects Identified |
|---|---|---|---|
| 0 | | No | No |

| | | |
|---|---|---|
| 1 | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| 11 | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| 0 | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| 0 | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

All metrics within the division of Health Promotion and Education are on track. Elmwood Place adopted the WeTHRIVE! Overall Resolution, offically becoming the 29th WeTHRIVE! Community in Hamilton County. WeTHRIVE! school districts continue to identify unique strategies to provide healthy foods to families and students during the pademic. In parternship with WXIX media, three paid media campaings were completed during this timeframe that focused on youth prevention and cessation. The FY22 Tobacco Use Prevetion and Censsation Grant continuation application was successfully submitted to Ohio Department of Health. The Adolescent Health Advisory Committee was created as part of the Maternal and Child Health Grant and met twice. More detailed grant reports are available for the Tobacco, Maternal and Child Health, and Ohio Equity Insitute grants.

## Programs

| Tobacco Grant (7/1/20 to 6/30/21) | Goal | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.) | 389,596 | 97,399 | | | | 25% | |
| Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.) | 388 | 97 | | | | 25% | |
| Number of tobacco related trainings and education as outlined by the grant | 5 | 0 | | | | 0% | |

| Maternal & Child Health (10/1 to 9/30/2 | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of Adolescent Health Advisory Committee meetings | 4 | 2 | | | | 50% | |
| Create adolescent health implementation plan as outlined by grant | | | | | | Yes | |
| Create adolescent health evaluation plan as outlined by grant | | | | | | In Progress | |

| Ohio Equity Institute (10/1 to 9/30/21) | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of outreach avenues utilized by neighborhood navigators to identify women | 6 | 6 | | | | 100% | |
| Number of pregnant women screened by OEI neighborhood navigators that meet eligiblity criteria for OEI services | 300 | 16 | | | | 5% | |

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

| Continuous Quality Improvement | | | | | | Current Projects | New Projects Identified |
|---|---|---|---|---|---|---|---|
| 0 | | | | | | No | No |

# PLUMBING

**HAMILTON COUNTY PUBLIC HEALTH**

1st Quarter 2021

| | | |
|---|---|---|
| 0 | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| 7 | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| 0 | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| 1 | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

**The plumbing division is on track achieving 7 of 8 performance measures in the first quarter. Plumbing permits are remaining steady. Medical gas is slow to start, however, there are a few large hospital projects scheduled to start this year. New backflows are on track. Anticipating the pandemic to ease up this summer/fall allowing us to resume backflow surveys.**

## Programs

| Plumbing Inspections | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of plumbing permits issued | 3,968 | 821 | | | | 21% | 🔵 |
| Number of plumbing inspections completed | 8,617 | 1,749 | | | | 20% | 🔵 |
| Number of residential plan reviews completed | 3,410 | 721 | | | | 21% | 🔵 |
| Number of commercial plan reviews completed | 563 | 102 | | | | 18% | 🔵 |

| Medical Gas Permits | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of medical gas blueprint reviews completed | 26 | 2 | | | | 8% | 🔵 |
| Number of medical gas inspections completed | 130 | 15 | | | | 12% | 🔵 |

| Backflow Prevention | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| Number of new backflow devices registered | 331 | 56 | | | | 17% | 🔵 |
| Number of backflow / cross connections surveys completed | 69 | 0 | | | | 0% | 🔴 |

| Continuous Quality Improvement | | Current Projects | New Projects Identified |
|---|---|---|---|
| | | 0    No | No |

Page 9

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

## Programs Narrative

The Division of Waste Management is on track to achieve all 10 of its performance measures. Though there have been few scrap tire and compost facility inspections. This is normal as we attempt to inspect those facilities in quarters 2 and 3 to better target mosquito breeding season.  Many body art inspections were conducted in 4th quarter of 2020 prior to license renewals.  1st quarter is generally report writing season from the previous year's sampling at closed and active landfills.  Lead case referrals are sporadic.  We received two new cases of lead poisoning greater than 10 ug/dL this year and five have been investigated; three received at the end of 2020.  HUD grant start up activities have dominated that program manager's time in the first quarter.  On boarding of additional staff for this program is planned for the 2nd and 4th quarters.  Staff continue to assit with mass vaccination clinics as well.

## Programs

| Body Art | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of facility inspections (Requirement)** | 41 | 3 | | | | 7% | |
| **Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)** | 3 | 0 | | | | 0% | |

| Construction and Demolition Debris | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of CD&D facility inspections completed** | 158 | 34 | | | | 22% | |

| Solid Waste Inspections | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of solid waste facility inspections completed** | 42 | 7 | | | | 17% | |
| **Number of scrap tire facility inspections completed** | 50 | 1 | | | | 2% | |
| **Number of compost facility inspections completed** | 24 | 0 | | | | 0% | |
| **Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)** | 130 | 17 | | | | 13% | |

| Lead Poisoning and Prevention | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | | Status |
|---|---|---|---|---|---|---|---|
| **Number of newly identified children with blood levels between 5-10 µg/dL** | 25 | 7 | | | | 28% | |
| **Number of newly identified children with blood levels greater than 10 µg/dL** | 11 | 2 | | | | 18% | |
| **Number of public health lead poisoning investigations completed** | 11 | 5 | | | | 45% | |

| Continuous Quality Improvement | Current Projects | New Projects Identified |
|---|---|---|
| There are three CQI projects in the "do" stage regarding operating index of MSW landfills, management of certified mailing green cards, and Camera Use on Open Dump cases.  One potential project identified is a complete revamp of inspection forms.  Currently these are fillable pdf's, many of which need to be updated.  With the Microsoft 365 suite, there are included products that may be a better fit for these forms. | **In Progress** | **Yes** |

# WATER QUALITY

| | | |
|---|---|---|
| 0 | Exceeding \| Complete | Exceeding \| Complete: Currently above benchmark or completed. |
| 11 | On Track \| Performing as Needed | On Track \| Performing as Needed: Progressing as anticipated. |
| 0 | Behind \| Unfavorable | Behind \| Unfavorable: Currently behind anticipated progress. |
| 2 | Road Block \| Postponed | Road Block: Not progressing as anticipated; Re-prioritized. |

## Programs Narrative

The Division of Water Quality (WQ) is successfully "on track" with 11 of 13 of its 2020 performance measures. STS initial and follow-up inspections are lower than the three-year average as a result of team members working at COVID-19 vaccine clinics for a portion of their time. The temporary COVID-19 policy to pause sending of sewer orders except when related to nuisance complaints or badly failing systems will be discontinued beginning in May. The stormwater program has several activities that have been postponed for the first quarter of 2021 due to COVID-19. No additional CQI project has been selected for 2021; instead, continuation of 2020 improvments are underway.

## Programs

| Sewage Treatment Systems | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Number of STS Operation Permit Initial Inspections (Requirement)** | 12,137 | 2,533 | | | | 21% | |
| **First Reinspections: Percent Passing** | 70% | 69% | | | | 98% | |
| **Second Reinspections: Percent Passing** | 53% | 50% | | | | 94% | |
| **Number of STS Operation Permit Follow-up Inspections** | 3,170 | 497 | | | | 16% | |
| **Number of Individual Improvement / Modifications Inspections Requested** | 269 | 58 | | | | 22% | |
| **Number of Requests for Variances (Includes STS & PWS)** | 38 | 7 | | | | 18% | |
| **Applications to Replace or Install a Sewage Treatment System** | 88 | 18 | | | | 20% | |

| Stormwater | 3-Year Avg. | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Conduct outfall investigations in accordance with the contract and abate pollution** | 35 | 0 | | | | 0% | |
| **Number of nuisance complaint investigations completed** | 533 | 62 | | | | 12% | |
| **Number of STS's Mapped** | 648 | 0 | | | | 0% | |
| **Number of sanitary sewer connection orders issued** | 68 | 1 | | | | 1% | |
| **Number of Stormwater Pollution Prevention Plan Inspections Completed** | 36 | 0 | | | | 0% | |
| **Train Government Employees** | 299 | 0 | | | | 0% | |

| Continuous Quality Improvement | | Current Projects | New Projects Identified |
|---|---|---|---|
| 0 | | No | No |

# PERFORMANCE MANAGEMENT SYSTEM

**HAMILTON COUNTY PUBLIC HEALTH**

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

## Programs

### Workforce Development Workgroup

| | Requirement | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | % Complete YTD | Status |
|---|---|---|---|---|---|---|---|
| **Percent of staff who have completed training as required by the workforce development training plan** | | | | | | | |
| | 76 | 76 | | | | 100% | |

| | | | Status | Status |
|---|---|---|---|---|
| **Assess staff knowledge of core competencies** | | | | |
| Review staff training feedback | | | In Progress | |
| Training curriculum updated based on staff feedback | | | In Progress | |

### Health Equity

| | | Status | Status |
|---|---|---|---|
| **Revise and relaunch the Health Equity Champions group.** | Percent Complete: | 25% | |
| **Update most frequently used materials into other languages (Goal = 2)** | # Complete: | 0 | |
| **Implement process for assessing the readability of new documents to be used by HCPH (1.4.2)** | Percent Complete: | 50% | |

### Customer Service Feedback

| | Status | Status |
|---|---|---|
| **Implement 2021 surveys (Requirement)** | *In Progress* | |
| **Finalize 2022 survey and audit schedule (Q4 of 2021)** | Not Started | |
| **Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Managemen** | *In Progress* | |

### Program Implementation Plan

| | Status | Status |
|---|---|---|
| **2021 Program Implementation Plan adopted by the HCPH BOH and dashboard completed** | *Yes* | |
| **2021 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team** | *In Progress* | |
| **2022 Program Implementation Plan adopted by the HCPH BOH (To start in Q1 2022)** | *Not Started* | |

### Community Health Improvement Plan

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