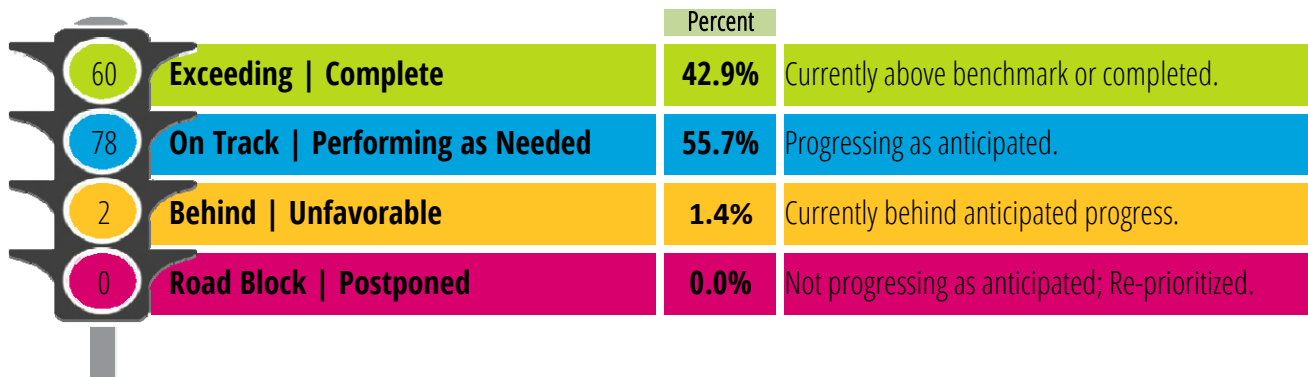




Program Implementation Plan Results: 4th Quarter, 2019

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2019. 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 Plan of Work Workgroup and approved by the Performance Management Council and Hamilton County Board of Health.

Program Implementation Plan Agency Summary

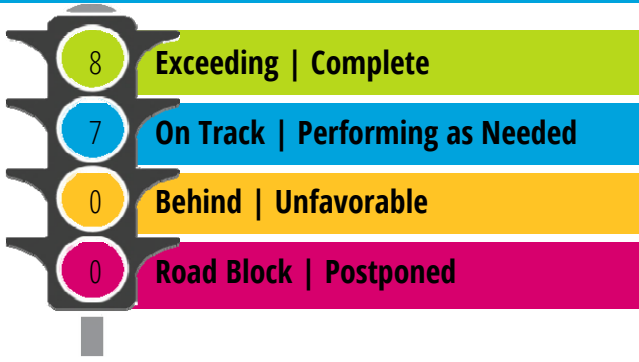


Program Implementation Plan Agency Narrative

Hamilton County Public Health has completed 2019 with great progress on all metrics with significant growth in specific program areas. Nearly all programs completed 2019 as on-track or exceeding their assigned metrics at the conclusion of fourth quarter. HCPH continues to grow and strengthen all program areas. To do so, several new positions have been filled, and others have been planned, to best position HCPH for a successful start to 2020 and the new decade. Quarter highlights include the hiring of a division director for the newly formed Division of Harm Reduction which will be responsible for oversight of the \$5.3 million Overdoes Data to Action Grant from the Centers for Disease Control and Prevention. The Department of Environmental Health Services completed the year meeting all metrics and for 2020, all positions are filled. HCPH has concluded our 100 year celebration which has brought focus and attention to the hard work our staff do each and every day. We look forward to the beginning of a new decade and continued community and public health improvement.

Program Implementation Plan Index

Page	Division / Program	Page	Division / Program
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2	Strategic Plan	9	Plumbing
3	Disease Prevention	10	Waste Management
4	Environment Health	11	Water Quality
5	Emergency Preparedness	12	Performance Management Work Groups
6	Epidemiology	13	Performance Management Action Items
7	Harm Reduction Program		



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.





Behind | Unfavorable: Currently behind anticipated progress.


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





Programs Narrative







Administration completed 2019 with great progress on all measured metrics achieving exceeding or on track for 15 of 15 metrics. The customer service group has issued nearly 24,000 licenses and permits. Vital Statistics issued over 34,800 birth and death certificates. This is below the prior year's benchmark by 18 percent. Administration is currently meeting all requirements for the Public Health Accreditation Board (PHAB) including the submission of the 2019 annual report, preparation for the 2020 annual report and assignments related to reaccreditation. Becca Stowe has accepted the Performance Management and Grants Coordinator Position and will begin monitoring this responsibility along with grants. All required reporting and emergency preparedness activities are complete for 2019.

Programs

Customer Service & Vital Statistics	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued G. Varner	15,495	3,191	3,079	3,524	2,016	76%	
Number of death certificates issued G. Varner	26,512	5,957	5,879	6,653	4,516	87%	
Number of EHS permits issued G. Kesterman	8,254	4,418	4,550	5,966	4,918	241%	
Number of EHS licenses issued G. Kesterman	3,936	2,543	861	312	158	98%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours T. Ingram	2.00	0.42	0.33	1.00	0.33	104%	

Accreditation	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Annual accreditation report created and submitted G. Kesterman						Yes	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A) J. Mooney						Yes	
A system to receive and provide urgent and non-urgent health alerts and to coordinate an appropriate public health response (Measure 2.4.2 A) M. Samet	Tests Completed by Quarter (8 required):	2	3	2	2	113%	
Implement culturally competent initiatives to increase access to health care services for those with barriers due to cultural, language, or literacy (Measure 7.2.3 A) M. Samet						In Progress	

Administration	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Finance - internal reports, audits, and budgets complete (25% indicates quarter complete) G. Varner	100%	25%	25%	25%	25%	100%	
Finance - Grants - required meetings, budget and expenditure reports complete (25% indicates quarter complete) G. Varner	100%	25%	25%	25%	25%	100%	
Human Resources - Number of new hires that have completed orientation S. Taylor	100%	4	3	5	6	100%	
Human Resources - Number of HCPH personnel policies reviewed S. Taylor	76	20	20	20	16	100%	
Public Information - HCPH share of voice (comparing Cincinnati Health and Northern Kentucky communications) M. Samet	50%	54%	35%	65%	54%	52%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists M. Samet	8	2	3	2	2	100%	



Exceeding | Complete: Currently above benchmark or completed.











On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

Staff have been active working on year three of the Hamilton County Public Health Strategic Plan. HCPH continues to seek partnerships with the Hamilton County Mental Health Board and Cincinnati Children's Hospital to assist with youth suicide prevention. The Substance Abuse initiative is now fully operationalized, having completed its first full year of operations. For additional details, see page 7 of the program implementation tab. To further enhance this work, HCPH was awarded \$5.3 million grant funding from the Centers for Disease Control and Prevention. The Overdose Data to Action grant will provide significant focus to the drug overdose epidemic and will assist in providing an interdisciplinary, comprehensive and cohesive public health approach to the issue. The newly formed Oral Health Coalition has gained approval of its strategic plan from the Hamilton County Board of County Commissioners. The coalition began to address major gaps in oral health in Hamilton County.

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



3 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.

Program Narrative

All Disease Prevention performance metrics are on track and the staff have continued to have a very busy 2019. The division continued to grow and expand programs, and increased staffing to support program growth. Our vaccine program is active, and has been able to offer influenza and hepatitis vaccines throughout the quarter. Q4 captured the majority of the flu vaccines. We have increased the availability of hepatitis A vaccines among vulnerable populations, including on The Exchange Project, and in addition treatment centers throughout Hamilton County. We continue to work on policy and programmatic improvements in tuberculosis and assist with HIV/STD clinical needs by providing treatment in our clinic for syphilis. We continue to serve adult and pediatric patients in tuberculosis control, BCMH, HIV/STD, and Immunization programs.

Programs	Original values reported in 1st & 2nd Q were revised to more accurately reflect data							Status		
Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD				
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	100%	25%	29%	48%	26%	49%	53%	74%	100%	
Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD				
Total number of tuberculosis screenings	1200	231	302	334	403	106%				
Active cases of tuberculosis managed by Disease prevention staff	20	10	14	20	20	320%				
Immunizations	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD				
Total number of flu vaccines administered (3 year average)	120	6	21	9	19	0	189	191%		
Total combined number of VFC and 317 vaccines administered (3 year average)	1490	300	207	345	250	289	368	75%		
All services compliant with VFC program guidelines and ACIP recommendations	100%	100%	100%	100%	100%	100%	100%	100%		
STD	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD				
9 of 9 grant metrics are meeting or exceeding required targets	9	7	7	7	7	78%				
50% reduction in incidence of congenital syphilis cases. Goal is zero cases. (3-Yr Avg.)	5	0	0	0	0	0%				
Reduce 2019 primary / secondary syphilis cases to 15% below 3 year average (2016-2018 P&S syphilis average cases = 79)	68	15	26	24	28	21	29	153%		
# of Syphilis clients served (3 Yr Avg) - Increased Treatment (**Prior years, treatment was provided by Cincinnati, which resulted in a low benchmark for 2019.)	12	53	69	16	60	41	41	1758%		
HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD				
9 of 9 grant metrics are meeting or exceeding required targets	9	29	9	44	8	8	8	89%		
Reduce 2019 HIV cases to 15 % below 3 year average (2016-2018 HIV average cases = 174)	148	29	44	44	41	47	41	117%		
Continuous Quality Improvement							Current Projects	New Projects Identified		
Scott Puthoff has been assigned to be the project coach for the immunization CQI project identified in the CHIP. The team was formed and meetings began this quarter. Work will continue through the end of the year. The project is slightly behind schedule as the originally assigned project coach resigned and took a position with the Department of Environmental Services.							Yes	No		



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

The Division of Environmental Health is on track or exceeding all 14 of its 2019 Program Implementation Plan objectives at the conclusion of fourth quarter. Food inspection numbers are currently at 89% with 3/4 of the licensing year completed. Food education numbers are currently steady at 87.7% with continued near capacity classes at HCPH and in Dayton. Staff continues to promote the program during food service inspections and through Dayton Montgomery Public Health. Swimming pool inspections are close complete for 2019 with inspections at 94.7%. The remaining inspections represent indoor swimming pools that will be inspected through the remainder of the licensing year which ends on May 31, 2020. Campground, public accommodation facility, and manufactured home park inspections are complete for 2019. School second-round inspections will be completed prior to December 31, 2019 and are currently at 89.5%.

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)	6,442	1,536	1,484	1,231	1,498	89%	
Number of people educated	1,265	184	274	327	324	88%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	49	21	19	19	20	161%	

Housing and Nuisance Inspections

3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status	
Number of housing inspections completed	1,659	313	253	600	326	90%	
Average number of days to respond to complaint (Requirement)	3	2	2	2	2	150%	

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)	1,272	21	480	617	87	95%	
Number of individuals and facilities in attendance at annual swimming pool educational course (3-Year Avg.)	16	0	20	0	0	125%	

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	344	14	163	1	130	90%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	0	6	7	16	145%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	126	98	23	15	53	150%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	86	0	118	0	0	137%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	43	20	14	13	6	123%	

Rabies Prevention and Control

3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Status		
Number of quarantine notices sent	808	124	225	236	160	92%	
Number of samples sent to the Ohio Department of Health for testing	86	7	19	42	19	101%	

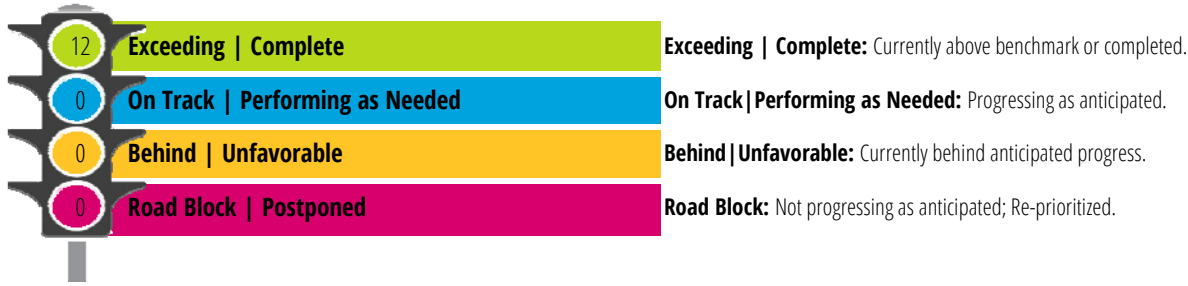
Continuous Quality Improvement

Current Projects New Projects Identified

The EH Division has completed two projects in 2019 including a project involving the swimming pool enforcement process and online payments. Both projects were successful, with the online payments increasing by over 200% and a change in the enforcement SOG for pools to streamline efficiency. The EH Division is currently exploring ideas for a CQI project for 2020.

In Progress













Yes

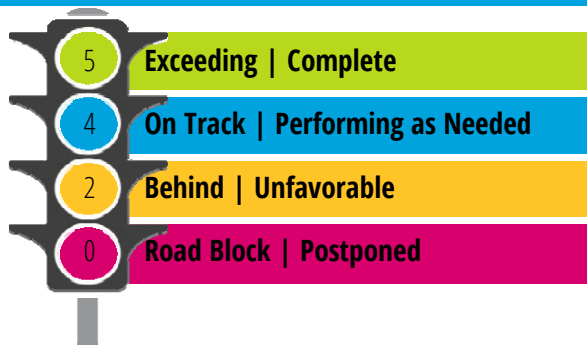


Programs Narrative

The Emergency Preparedness (EP) Program has exceeded all metrics and has been working to complete required grant deliverables for the PHEP and the CRI grants. The EP Program continued to conduct point of dispensing (POD) training to locations around the County that are set up to act as POD sites in the event of a public health emergency. HCPH conducted a Pandemic Influenza tabletop exercise on October 18, 2019. The exercise play was limited to discussions related to emergency operations, community mitigation strategies, and administration of vaccine to critical workforce and priority populations. The scenario involved a novel influenza H7N7 strain that had spread to the United States from Canada during the summer of 2019. In September, HCPH assisted with volunteer management for a large full-scale exercise at Great American Ball Park involving a mass casualty incident. On September 27th, HCPH participated in a Zoonotic Disease Outbreak tabletop exercise. The exercise identified public health's roles in an emergency involving diseases in livestock animals.

Programs

Public Health Emergency Preparedness	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	23	7	16	NA	NA	100%	
Regional PHEP Grant (BP2: '18-'19) - # of deliverables completed (grant ends 6/30/19)	8	2	6	NA	NA	100%	
Local PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	9	NA	NA	3	6	100%	
Regional PHEP Grant (BP1: '19-'20) - # of deliverables completed (grant begins 7/1/19)	3	NA	NA	3	0	100%	
Cities Readiness Initiative	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
2018-2019 Grant - # of deliverables completed (grant ends 6/30/19)	1	0	1	NA	NA	100%	
2019-2020 Grant - # of deliverables completed (grant begins 7/1/19)	4	NA	NA	2	2	100%	
Points of Dispensing (POD) Sites	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
# of POD orientation trainings completed	5	2	13	6	2	460%	
# of POD drills/exercises completed	3	1	1	3	4	300%	
Accreditation Standard 1.2.1 (24/7 communication; Requirement)		Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete 1 per quarter after hour checks on HCPH phone system	4	1	1	1	1	100%	
Complete 1 per quarter after hour check on HCPH fax system	4	1	1	1	1	100%	
Complete 1 per quarter after hour check on HCPH website	4	1	1	1	1	100%	
Complete 2 annual checks of HCPH panic and lockdown buttons	2	0	1	0	1	100%	
Continuous Quality Improvement		Current Projects		New Projects Identified			
There have been no current or planned quality improvement projects identified.						No	No



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

The Epidemiology Division is on track and performing as needed on 9 of its 11 metrics listed. The division has identified a way to try and collect injury surveillance data to avoid the ongoing issue with collecting directly from the hospital system. We are behind on this metric as we are still waiting on one last hospital to provide their data for previous years. In pursuing this process, we will be working with the Health Collaborative/Health Bridge to collect the information directly from their agency. The Community Action Team is going through a transition and the focus of our time on this project will be on reengagement of community partners as we move into Q1 of 2020. The division has hired four epidemiologists, two to fill previous positions and two to fill new positions for the OD2A grant. As one of our communicable disease investigators (CDI) was promoted to epidemiologist, the division is now looking to fill a CDI position in Q1 2020.

Programs

Surveillance

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete injury surveillance activities (annual injury data collection and AHEAD tool updates)	100%	0%	0%	50%	25%	75%	
Complete daily and monthly overdose reports for Hamilton County	377	76	91	103	92	96%	

Communicable Disease

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete weekly and monthly communicable disease surveillance reports	64	13	16	18	15	97%	
Complete monthly contract reports and attend quarterly lab network and infection prevention meetings	44	11	11	11	11	100%	
Number of communicable diseases reported to Epidemiology (3 Year Avg)	1853	559	519	445	351	101%	
Number of communicable disease outbreak investigations (3 Year Avg)	40	24	14	7	22	168%	

Maternal and Child Health

	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Completion of OEI 2.0 Grant Metrics related to surveillance/reporting	100%	25%	25%	25%	25%	100%	
Completion of Deliverable 3 of FIMR component of MCH Grant (review at least 15% of all fetal deaths 10/2017-9/2018)	11	2	1	5	2	91%	
Number of CFR case review team meetings conducted	7	1	2	2	2	100%	
Number of activities implemented by CAT due to CFR and FIMR recommendations	3	0	0	0	0	0%	
Number of FIMR case review team meetings conducted	6	1	2	3	1	117%	

Continuous Quality Improvement

Current Projects New Projects Identified

The epidemiology division is currently working on a CQI project involving the disease prevention, waste management, and health promotion divisions related to work on pediatric related programs. Specifically, the epi division does follow up/case management on pregnant women with hepatitis B. Epi division staff have completed their fishbone diagram this quarter with the assistance of health promotion and education staff.

Yes Yes
Page 6


0 Exceeding | Complete
Exceeding | Complete: Currently above benchmark or completed.

15 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 for the Harm Reduction program are on track and performing as needed. Every week, new clients access the syringe exchange at all 8 sites of service, including our 2 new sites in Fairfield and our partnership with Caracole. The Narcan Distribution Collaborative allotment of donated doses ended at the end of October, 2019. As we reached the end of the contract with Emergent Biosolutions we have seen a decrease in distribution due to efforts to better focus our targets in getting Narcan where it is most needed. We now have multiple allotments for Narcan. The Prescription Drug Overdose (PDO) grant ended 8/31/2019. We were awarded the OD2A CDC grant which allows this program area to now become its own division. As we grow and learn, we anticipate many changes in our metrics for the 2020 calendar year.

Programs

The Exchange Project	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of client visits	10,462	3,043	3,132	3,297	3,004	119%	
Number of total clients served	3,400	870	1,970	1,956	1,593	188%	
Number of new clients (included in total clients served)	1,517	406	404	419	346	104%	
Syringes exchanged	337,000	75,498	85,083	80,276	78,064	95%	
Hepatitis C Testing							
HCV+	261	49	79	84	53	102%	
HIV Testing	139	25	43	45	29	102%	
HIV+	351	80	123	149	115	133%	
Treatment Referral	1	1	0	0	2	300%	
Medical Referral	49	4	4	11	19	78%	
Narcan (doses Distributed)	16	2	5	3	11	131%	
Pregnancy Tests Provided	854	214	237	213	298	113%	
Narcan Distribution Collaborative	2018 Value	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Narcan doses distributed (includes Exchange Project)	29,380	8,290	9,000	6,374	5,588	100%	
Individuals provided Narcan use education	15,000	2,741	2,952	2,290	1,608	64%	
Prescription Drug Overdose Grant	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
8 of 8 grant metrics are meeting or exceeding targets (Grant ends 8/31/2019)	8	8	8	6	NA	75%	

Continuous Quality Improvement

There have been no current or planned quality improvement projects identified.

Current Projects New Projects Identified

No

 No
Page 7



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

All measures for Health Promotion and Education were on track or completed. A Community Health Assessment was presented in Golf Manor on 11/21/19. Health educator Jessica Skelton hosted a forum on vaping in partnership with the Loveland Educating Against Alcohol and Drugs (LEAAD) Coalition at Loveland High School on 11/21/19. Topics covered were the impact of nicotine on youth, an introduction to e-cigarettes, what communities and schools can do from a prevention aspect (education, cessation, and policies). Eighteen people were in attendance, plus individuals who engaged via Facebook live stream. The 5th Annual WeTHRIVE! Community Recognition Event was held on 12/3/19. The event honored 22 WeTHRIVE! communities, 6 school districts, 10 child care providers, and 5 community champions. Lastly, the Maternal & Child Health and Ohio Equity Institute (OEI) grants began their new FY20 grant year on 10/1/19. OEI will contract with UC Health for OEI Navigation Services as part of the CQI project pilot to increase prospective client engagement. This partnership is expected to begin in early 2020. Detailed grant reports are available upon request for the MCH, OEI, and Tobacco grants.

Programs

Tobacco	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Cessation: 4 of 4 grant metrics are meeting or exceeding targets (grant begins 7/1/2018)	4	4	4	N/A	N/A	100%	
Prevention: 4 of 4 grant metrics are meeting or exceeding targets (grant ends 6/30/2019)	4	4	4	N/A	N/A	100%	
Prevention: 6 of 6 grant metrics are meeting or exceeding targets (grant begins 7/01/2019)	6	N/A	N/A	6	6	100%	

Maternal & Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
3 of 3 grant metrics are meeting or exceeding targets (grant ends 9/30/2020)	3	N/A	N/A	N/A	3	100%	
15 of 15 OEI 2.0 grant metrics are meeting or exceeding targets (grant ends 9/30/2020)	15	N/A	N/A	N/A	14	93%	

WeTHRIVE!	Status	Status
Maintain engagement of 24 existing WeTHRIVE! Communities	Yes	
Maintain engagement of 6 existing WeTHRIVE! School Districts	Yes	
Complete Community Health Assessments in partnership with Division of EPI	Yes	

Accreditation Standard 5.3.2A (Alignment of CHIP)	Status
HCPH should consider building in linkages from Community Health Improvement Plan to Strategic Plan	<i>In Progress</i>

Continuous Quality Improvement	Current Projects	New Projects Identified
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The division presented its completed QI projects relating to the WeTHRIVE! initiative at the Performance Management Council in November. During the progress period, the OEI team continued its work in identifying potential solutions for improving outreach and engagement of women who qualify for OEI Navigation services in a “service rich-system poor” county. ODH (the funding agency), as well as Cradle Cincinnati and UC Health, was engaged to assist with identifying solutions. HCPH will pilot a contract with UC Health to provide Navigation services for pregnant women who present at a UC Health facility and are not connected to services. It is anticipated that the contract will be in place during Quarter 1 of 2020.

In Progress No


0 Exceeding | Complete
Exceeding | Complete: Currently above benchmark or completed.

8 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 Plumbing Division completed the year achieving all 8 of 8 metrics. Residential permits are slightly lower than expected and below the three year benchmark. Commercial permits remain strong and as projected. Revenue is continuing to be above budget expectations. Medical gas inspections are above the three year average and continue to be strong with several major projects underway including the new hospital tower at Children’s hospital.

The backflow program has continued to work to increase lawn irrigation compliance. Partnering with the City of Cincinnati, the division has successfully increased the number of new backflow devices – exceeding the benchmark. The increase has both been through the use of enforcement correspondence and staff field surveys at commercial properties. A new database to manage the backflow program is currently being tested and looks to be on track for the busy spring season.

Programs

Plumbing Inspections

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	4,193	692	1,044	1,088	1,023	92%	
Number of plumbing inspections completed	8,920	1,734	1,651	1,538	2,342	81%	
Number of residential plan reviews completed	3,575	580	891	924	844	91%	
Number of commercial plan reviews completed	613	112	153	164	179	99%	

Medical Gas Permits

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of medical gas blueprint reviews completed	22	5	4	4	17	136%	
Number of medical gas inspections completed	113	27	19	40	43	114%	

Backflow Prevention

	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	311	37	71	187	58	114%	
Number of backflow / cross connections surveys completed	133	17	35	13	6	53%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
Plumbing Division in coordination with customer services has been working on a project to improve the process of payment and submittal of backflow test sheets. The ultimate goal is to reduce the time spent entering the test sheets into the database while maintaining accuracy. The project is currently being tested and final steps on the storyboard are in progress.	Yes	No

Plumbing Division in coordination with customer services has been working on a project to improve the process of payment and submittal of backflow test sheets. The ultimate goal is to reduce the time spent entering the test sheets into the database while maintaining accuracy. The project is currently being tested and final steps on the storyboard are in progress.

Yes

No



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

The Division of Waste Management has exceeded | completed 5 of its 10 performance measures for 2019. All remaining measures are on track. The exception being those which are external driven and sporadic in nature. Both number of unlicensed body art facilities located and number of newly identified children with blood lead levels over 10 came in below predicted measures. Surveillance on social media and craigslist is ongoing to identify body artists operating without a license, this year we found only 1 and enforcement action was taken. All cases of lead poisoning were investigated in a timely manner, with other work shifted to accommodate the caseload. We did have a higher case load of blood levels 5-9ug/dL. We performed a higher than anticipated number of solid waste facility inspections to ensure proper placement of daily cover with back to back inspections, some over weekends. Sampling at active and closed facilities has been completed, with report writing to follow in 1st quarter. Staff have engaged in efforts to increase lead testing of children in high risk zip codes and strategized on overall improvements to the lead program.

Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	43	8	6	16	14	102%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	1	0	0	1	67%	

Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	158	30	41	47	38	99%	

Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	11	16	12	11	119%	
Number of scrap tire facility inspections completed	60	0	29	37	9	125%	
Number of compost facility inspections completed	24	0	9	6	10	104%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	125	28	41	41	17	102%	

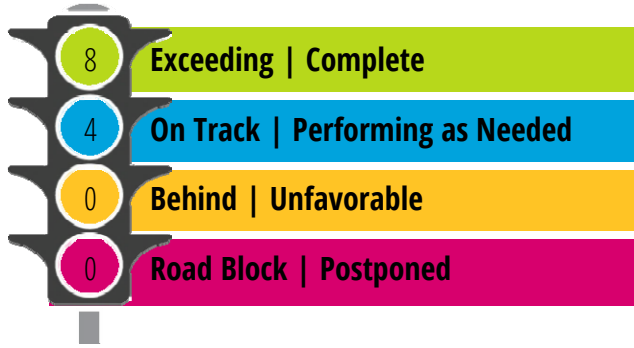
Lead Poisoning and Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Status
Number of newly identified children with blood levels between 5-10 µg/dL	25	4	8	5	22	156%
Number of newly identified children with blood levels greater than 10 µg/dL	15	0	3	0	9	80%
Number of public health lead poisoning investigations completed	15	0	3	0	9	80%

Continuous Quality Improvement

Current Projects New Projects Identified

There are two CQI projects in the "do" stage regarding operating index of MSW landfills and management of certified mailing green cards. We have performed and documented a "mini" project concerning use of trail cameras to catch open dumping. A storyboard is available and surveillance work at known open dumps is underway. There have been some early successes in this project. We have also participated in a joint CQI project regarding pediatric case management as it relates to lead poisoning.

Yes Yes



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs Narrative

The Division of Water Quality (WQ) successfully exceeded or is on track with 12 of 12 of its 2019 performance measures. STS initial and follow up inspections are slightly behind the three year average resulting from having two open supervisor positions, a sanitarian and tech position. All STS staff positions are filled as of December. Stormwater met all contract deliverables even while managing a very large volume of nuisance complaints and sewer connection orders. The division's Quality Improvement project is now complete with reporting to the PMC in January.

Programs

Sewage Treatment Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of STS Operation Permit Initial Inspections (Requirement)	11,681	2,565	2,846	3,639	2,590	100%	
Number of STS Operation Permit Follow-up Inspections	4,465	651	594	712	970	66%	
Number of Improvement / Modifications Inspections Completed	238	60	71	97	60	121%	
Number of Requests for Variances (Includes STS & PWS)	25	8	15	10	9	168%	
Private Water Systems	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
New / Replacement PWS Inspections Completed	5	2	1	4	1	160%	
PWS Sealing Inspections Conducted	12	4	5	9	8	217%	
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	67	0	14	53	0	100%	
Number of nuisance complaint investigations completed	411	98	207	246	88	155%	
Number of HSTS's Mapped	904	261	240	200	200	100%	
Number of sanitary sewer connection orders issued	48	4	24	31	22	169%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	37	0	2	18	19	105%	
Train Government Employees	296	0	28	130	156	106%	

Continuous Quality Improvement

Current Projects New Projects Identified

The septage hauler reporting form CQI project completed. The division will continue with data collection and monitoring. Next step is to present the results to the PMC in February. New projects are in the process of being identified.

Yes

Yes



Exceeding | Complete: Currently above benchmark or completed.

On Track | Performing as Needed: Progressing as anticipated.

Behind | Unfavorable: Currently behind anticipated progress.

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

Programs

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	99	75	1	4	6	87%	
Assess staff knowledge of core competencies						Status	Status
Review staff training feedback						In Progress	
Training curriculum updated based on staff feedback						In Progress	

Health Equity Workgroup

Disability Etiquette Training will be provided to all staff during an all staff meeting (1.1.3)	Status:	No	
Implement strategies to retain a more diverse workforce (1.2)	Percent Complete:	50%	
Complete agency wide Equity Assessment and make recommendations for improvements (1.3)	Percent Complete:	33%	
Update most frequently used materials into other languages (Goal = 2)	# Complete:	2	
Develop process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete:	100%	
Assess five documents per year for readability at a 4th grade reading level (1.4.3)	# Complete:	0	
Workgroup will coordinate an updated accessibility audit for HCPH offices (1.6.1)	Status:	In Progress	

Customer Service Feedback





Implement 2019 surveys (Requirement)						Status	Status
						Yes	
Finalize 2020 survey and audit schedule (To start in 4Q)	12	3	2	3	4	100%	
Provide findings and recommendations based on completed surveys and audits to divisions and to the Performance Management Council						Yes	

Program Implementation Plan

2019 Program Implementation Plan adopted by the HCPH BOH and dashboard completed	Yes	
2019 Quarterly review of HCPH dashboard metrics review completed by Program Implementation Team	Yes	
2020 Program Implementation Plan adopted by the HCPH BOH (To start in 4Q)	Yes	

Community Health Improvement Plan


2019 progress reporting to the Public Health Advisory Council and other key stakeholders	In Progress	
Begin development of the 2020 -2023 Community Health Improvement Plan that is aligned with the State plan	In Progress	

	0 Exceeding Complete	Exceeding Complete: Currently above benchmark or completed.
	2 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

Performance Management System Goal Plan

Status

Performance Management System will establish and maintain agency wide participation in Performance Council and Workgroups	In Progress	
Performance Management System will engage staff in quality improvement and ensure training opportunities are available	In Progress	
Promote communication of HCPH's performance management system to staff, partners and the public	In Progress	

Customer Feedback Workgroup - Website Updates for Clinic Services

Status

Customer service surveys indicated that improvements are needed on the website for clinical services including Harm reduction, TB, and immunizations.	In Progress	
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Notes

Public Information Officer has had initial meeting with staff and will work with team to make improvements to the clinic services webpage.