HAMILTON COUNTY PUBLIC HEALTH

Program Implementation Plan Results: 4th 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	
86	Exceeding | Complete	64%	Currently above benchmark or completed
47	On Track | Performing as Needed	35%	Progressing as anticipated.
1	Behind | Unfavorable	1%	Currently behind anticipated progress.
1	Road Block | Postponed	1%	Not progressing as anticipated; Re-priorit

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. HCPH had a successful fourth quarter, and overall year, during 2021. Sixty-four (64) percent of all metrics performed as "Exceeded | Completed" and 35 percent performed as "On Track | Performing as Needed." Two (2) percent of metrics were behind or postponed due in large part to COVID-19. HCPH will continue to closely monitor the impacts COVID-19 is having on the agency's overall performance overall.

Program Implementation Plan Index

ADMINISTRATION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

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 had a productive fourth quarter. Vitals' birth certificate number for the 4th quarter is the lowest quarterly number since the last quarter of 2019. Staff have noticed a drop in web orders in the recent weeks. We will monitor this as we enter into 2022 to see if this is pattern or an inexplicable drop for a quarter. Death certificates were the 2nd highest total of the year in the 4th quarter and we exceeded our 3 year average by more than 3,600 certificates. Reaccreditation efforts continue with domain meetings and documentation preparation. Emergency preparedness activities continue to exceed expectations due to COVID-19.

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	14,425	3,811	4,047	3,353	2,609	96%	
Number of death certificates issued G. Varner	28,060	9,213	7,299	6,938	8,228	113%	
Number of EHS permits issued C. Davidson	19,554	4,336	6,152	5,351	4,728	105%	
Number of EHS licenses issued C. Davidson	3,936	1,348	1,550	377	156	87%	

Board of Health Training	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Board of Health training hours G. Kesterman	2.00	0.00	1.50	0.00	1.00	125%	

Accreditation							Status
Annual accreditation report created and submitted R. Stowe						Yes	
Monitored timely reporting of notifiable/reportable diseases, lab test results, and investigation results (Measure 2.1.5A)						Yes	
A system to receive/provide urgent/non-urgent health alerts and to coordinate an appropriate response (Measure 2.4.2 A) Tests Completed by Quarter (6 required):		6	7			350%	
Implement culturally competent initiatives to increase access to health care services (Measure 7.2.3 A) M. Samet	100%	100%	100%	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) 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 - New hires that have completed orientation S. Taylor	100%	100%	100%	1	1	100%	
Human Resources - Quarterly review of HCPH personnel policies (25% indicates quarter complete) S. Taylor	100%	25%	25%	0.25	0.25	100%	
Emergency Communication - Quarterly review, update, and test of emergency preparedness contacts and lists M. Samet	6	7	4	5		317%	

HCPH STRATEGIC PLAN:2017-22

HAMILTON COUNTY PUBLIC HEALTH 4th Quarter 2021

4 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
4 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

HCPH continued the process of developing its new Strategic Plan. The priorities, goals and strategies were presented and approved by the Board of Health in Decemebr 2022. Additionally, staff continued to work on year four of the current 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. 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) S. Merrick	Yes	
Obesity		**Status**
Target schools identified, school implementation launched M. Knaebel	Yes	
Program outcomes developed and data points determined M. Knaebel	Yes	
Evaluation plan developed M. Knaebel	Yes	
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)	Yes	
Messages identified and developed	Yes	
Selected materials distributed and posted	Yes	
Public Information - Survey key audience groups (M. Samet)	Yes	
Update communications plan based on input from surveyed groups	Yes	
Emergency Preparedness - Update staff training plan as needed to ensure emergency readiness (J. Sherrard)	Yes	
Implement emergency readiness training plan as needed for staff	Yes	

DISEASE PREVENTION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

5 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
6 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

The DP team continues to grow, and is actively working on improving processes within the clinical space. We hope to standardize and update a lot of practices in Q1 of 2022. Most of our metrics are on track with the exception of our immunizations. We've added a team member to focus on immunizations, but such low numbers in the first two quarters made it virtually impossible to catch up by Q4. Patients involved in the Children with Medical Handicaps program are sometimes reluctant to allow the nurse to come for a home visit, but these are very slowly restarting. The Q4 numbers for syphilis and HIV reflect updated numbers that lag from Q3 due to open cases. The increase in number of syphilis cases treated tracks with overall state trends that show a dramatic increase in cases. We have not seen numbers as high as Franklin Co. or Cuyahoga Co. yet. We have hired a Program Coordinator for the Ending the HIV Epidemic grant funds, and anticipate that our testing numbers and linkage of patients to care will increase with these additional resources.

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 annually)	50%	27%	50%	52%		42%	

Tuberculosis Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
75 % of contact investigations in the TB Program will begin within 24 hrs or next business day of notification for new case	75%	100%	100%	100%		100%	
75 % of patients who are eligible, begin LTBI treatment	75%	74%	72%	63%	70%	70%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	100%	100%	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	48	154		33%	

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	7	7	7	7	78%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	80%	82%	84%	85%	83%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	43	56	51	97	120%	

HIV	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
9 of 9 grant metrics are meeting or exceeding required targets	9	8	7	7	6	89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	86%	80%	76%	75%	79%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1.0%	2.1%	1.3%	1.5%	1.4%	1.6%	

Continuous Quality Improvement	Current Projects	New Projects Identified
0	No	No

ENVIRONMENTAL HEALTH

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

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 Environmental Health Division finished the year with all 14 metrics at on track or exceeding/complete. The food safety training has filled all course offerings in the 4th quarter, despite number being impacted by COVID and lower than the three year average/benchmark. The course will be moving to the Sharon Woods Banquest Center at Sharon Woods Park starting in January 2022. The course will continued to be offered on a bi-monthly basis.

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	1,838	1,282	2,245	120%	
Number of people educated (3-Year Avg)	880	115	130	184	120	62%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	53	14	24	10	24	136%	

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	344	429	379	134%	
Average number of days to respond to complaint (Requirement)	2	2	2	2	2	100%	

Public Swimming Pools and Spas	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of public swimming pool and spa inspections completed (License Year: June 1-May 31)	1,241	17	809	720	52	129%	
Number of equipment inspections completed	420	0	331	52	37	100%	

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	163	9	139	107%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	20	1	13	5	6	125%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	196	56	75	14	52	101%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	30	13	17	0	0	100%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	35	7	3	6	9	71%	

Rabies Prevention and Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of quarantine notices sent	693	138	220	162	153	97%	
Number of samples sent to the Ohio Department of Health for testing	77	3	10	18	4	45%	

Continuous Quality Improvement	Current Projects	New Projects Identified
	0	No	0

EMERGENCY PREPAREDNESS

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

9 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
3 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 Division completed/exceeded 9 of 12 performance measures and is on track with the remaining 3. The three that were not complete are related to staff training and were impacted by the additiona of new staff throughout the year. Staff have 6 months from their start date to complete these trainings. In November, the EP Program was renamed the EP Division with the hiring of a new Director and moved to the agency's Main Street office location. The EP Division continued working on the PHEP Core, PHEP Regional and CRI grant deliverables. A new Environmental Health Response Annex was drafted as a grant requirement and is in the review process. The COVID-19 Pandemic Response After-Action Report/Improvement Plan (AAR/IP) was drafted and submitted to ODH for review. The AAR/IP will be updated in the Spring 2022 as part of the current PHEP grant. COVID-19 Response Update: The EP Division continued to manage multiple COVID-19 grants which supports the logistics and operations of the agency's vaccination campaign. HCPH continues to operate nursing strike teams to vaccinate first responders and vulnerable populations. HCPH set up vaccination operations at the Hamilton County Board of Elections. The clinic runs Monday thru Friday from 10-5pm. HCPH continues to assist with operating clinics with partners throughout its service jurisdiction. To date, HCPH has administered nearly 80,000 doses of COVID-19 vaccine.

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	25	4	10	4	7	100%	
Regional PHEP Grant (BP2 & BP3) - # of deliverables completed	12	4	2	3	3	100%	
Number of multi year training and exercise plans written	2	1	0	0	1	100%	
Cities Readiness Initiative	**Requirement**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Local CRI Grant - # of deliverables completed	6	1	1	1	3	100%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	100%	100%	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%	69%	62%	73%	73%	
Intro to National Incident Management System (IS700) Training	75%	72%	67%	60%	72%	72%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	80%	84%	84%	81.0%	81%	
Department Operations Training for Command staff	75%	80%	85%	62%	59.0%	59%	
Number of agency emergency preparedness plans reviewed / updated	1	1	1	1	1	100%	
Accreditation Standard 1.2.1 (24/7 communication; Requirement)		**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Complete 1 per quarter after hour checks on HCPH phone, fax and website	4	1	1	1	1	100%	
Complete 1 annual checks of HCPH panic and lockdown buttons	1	0	0	0	1	100%	

Continuous Quality Improvement	Current Projects	New Projects Identified
0	No	No

EPIDEMIOLOGY

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

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

Programs Narrative

COVID 19 continues to be a significant portion of the disease investigation work that occurs within the division, as one of our CDS position works with the outbreak response team members to assist schools, long term care facilities, and other facilities with outbreak response activities. The epidemiology division has been back on track with meeting most of its program metrics in Q4 of 2021. Reports within the infectious disease, maternal and child health, and overdose/injury surveillance programs have been created and distributed in a timely fashion. One area that the division has not been able to spend much time in is the development of AHEAD tool modules. We do have visualizations together for the overdose program, but will build out modules for infectious disease, mortality, birth, and injury data in January 2022. The division also secured funding via the NACCHO BLOC+ grant in the amount of $100k to spend toward infection prevention and antibiotic resistance prevention activities in 2022. The division is also in the middle of its FIMR story-telling training, providing a method for leveraging the stories that are collected from families who experience a infant or child loss. The injury/harm reduction surveillance team has been developing a new internal dashboard on coroner data that will be finalized in Q1 of 2022.

Programs

Surveillance	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of data requests completed by requestor's deadline.	100%	100%	100%	100%	100%	100%	
Percent of facilities reporting injury data to epidemiology division.	100%	100%	100%	100%	100%	100%	
Percent of AHEAD tool modules updated within Tableau.	100%	13%	0%	0%	7%	20%	

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%	100%	100%	100%	96%	
Percent of monthly contract reports completed by established deadlines.	100%	0%	100%	100%	100%	50%	
Percent of outbreaks opened in ODRS within one business day of notification to the local health dept.	100%	100%	100%	100%	100%	100%	
Percent of outbreaks closed within 90 days of onset date of last case.	100%	0%	75%	100%	100%	69%	

Maternal and Child Health	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of OEI monthly reports and surveillance data submitted to ODH by grant deadline.	100%	100%	100%	100%	100%	100%	
Percent of all fetal deaths between 10/2019 and 9/2020 reviewed by FIMR. (Requirement of 15%)	15%	0%	8%	4%	3%	100%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	33%	100%	100%	100%	83%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%	100%	100%	100%	
10 MCH grant required interviews conducted by FIMR staff.	10	3	3	1	1	80%	

Harm Reduction	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Percent of daily and monthly reports completed by established deadlines	100%	100%	100%	100%	100%	100%	
Percent of data sources built into the Tableau dashboard	100%	63%	81%	81%	84%	84%	

Continuous Quality Improvement	Current Projects	New Projects Identified
0	No	No

HARM REDUCTION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

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

Programs Narrative

Continuing to work on expansion of SSP sites anticipating adding Mt. Washington and Walnut HIlls. Also, conintuing to work with community partners for strategic distribution of harm reduction supplies to high risk populations. Unable to meet our goal for increased testing numbers for Hep and HIV; however, every SSP participant is offered testing (100%) and questions regarding when and if they had engaged in testing (100%) this is part of the SSP survey data collection. Will continue to explore best practices/methods for better engagement that will lead to action for testing increase. We will need to better coordinate/collaborate with the HCPH testing contractors (Caracole/UC EIP). Our System Coordination work has grown to include over 40 communty partners and two action oriented workgroups to address stigma and access to harm reduction supplies an services. The state of Ohio has changed legistation as it applies to OFR and this change in legisation requires more planning elements as it relates to our community partners. Our stigma campaign is in the final process and should be rolled out to the comunity via billboards and buses within the next few weeks.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	249,884	305,603	229,467	222,447	217%	
Number of syringes received	330,596	138,490	164,358	125,170	128,000	168%	
Hepatitis C testing incresed by 10% over 2019 for syringe services	287	34	37	32	21	43%	
HIV testing increased by 10% over 2019 for syringe services	517	61	162	107	82	80%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	0	0	2	0	100%	

Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Complete two addiction treatment collaborative events	2	1	2	2	6	550%	
Expand number of community partners engaged in the monthly harm reduction meeting by 5 providers	5	4	25	25	0	1080%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%	0%	0%	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	0	0	0%	
Number of trauma informed care / adverse childhood events training	25	4	2	7	0	52%	

Continuous Quality Improvement	Current Projects	New Projects Identified
0	No	No

HEALTH PROMOTION AND EDUCATION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

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

Programs Narrative

11 of 12 division metrics have completed or exceeded identified targets. The number of women served through the OEI grants continues to be a challenge for HPE staff for numerous reasons. OEI Team members will be developing a Corrective Action Plan in January 2022 to continue to identify unique strategies for identifying and engaging pregnant women in Hamilton County. WeTHRIVE! staff worked to finalize the updated assessments and will launch the new assessments in Q1 of 2022. Five community members were honored as WeTHRIVE! Champions on 12/14 during our Facebook Live Event. WeTHRIVE! Communities and Schools meeting 2021 recognition requirements were recognized by a short video and BOH proclamation. Two tobacco related trainings were held in Q4 and staff began to work with WXIX to get tobacco paid media campaigns up and running. Two Adolescent Health Advisory Committee meetings were held in Q4, two schools were identified for mental health and physical activity interventions and an updated action plan was created. Additional MCH, Tobacco and OEI monthly reports are available upon request.

Programs

Tobacco Grant (7/1 to 6/30)	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of impressions for tobacco grant paid media campaigns (Quarterly Avg.)	389,596	97,399	474,651	0	-	147%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	388	97	805	0	-	232%	
Number of tobacco related trainings and education as outlined by the grant	2	0	0	0	2	100%	

Maternal & Child Health (10/1 to 9/30)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of Adolescent Health Advisory Committee meetings	4	2	1	0	2	125%	
Create adolescent health implementation plan as outlined by grant						Yes	
Create adolescent health evaluation plan as outlined by grant						Yes	

Ohio Equity Institute (10/1 to 12/31)	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of outreach avenues utilized by neighborhood navigators to identify women	6	6	6	6	6	100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligiblity criteria for OEI services	300	16	49	42	56	54%	

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

Continuous Quality Improvement	Current Projects	New Projects Identified
There are no current CQI Projects within the division of Health Promotion and Education. As a part of the Corrective Action Plan process for the OEI grant in January 2022, staff will be completing a root cause	No	No

PLUMBING

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

6 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 Narrative

The Plumbing Division completed or exceeded 7 of 8 performance measures. Backflow surveys were initiated again in the latter half of the year, but ultimately, were unable to be completed as planned due to COVID-associated impacts that prevented access to facilities. Medical gas inspections were also slightly lower than expected, but were offset by higher than expected total permits issued and commercial plan reviews completed.

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	1,032	1,296	1,069	106%	
Number of plumbing inspections completed	8,617	1,749	2,369	2,016	2,071	95%	
Number of residential plan reviews completed	3,410	721	847	822	908	97%	
Number of commercial plan reviews completed	563	102	185	474	161	164%	

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	10	1	13	100%	
Number of medical gas inspections completed	130	15	40	20	26	78%	

Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	331	56	61	148	61	98%	
Number of backflow / cross connections surveys completed	69	0	0	22	0	32%	

Continuous Quality Improvement	Current Projects	New Projects Identified
	0	No	No

WASTE MANAGEMENT

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

10	Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
0	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 either has exceeded or is on track to complete all 10 of its performance measures by year end. Most body art inspections were conducted in the 4th quarter, prior to license renewals. Scrap tire inspections were completed beyond exepectations in 2021. Lead poisoning referrals have leveled out in both categories in the 4th quarter. HUD grant start up activies continue with selection of contractors and project properties. The first project is anticipated to occur the first month of 2022. One additional staff was hired in the 4th quarter in support of this HUD related work which will continue to ramp up in 2022. All contract obligations have been met.

Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	41	3	1	10	27	100%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	3	0	0	100%	

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	41	34	49	100%	

Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	7	14	9	13	102%	
Number of scrap tire facility inspections completed	50	1	51	25	8	170%	
Number of compost facility inspections completed	24	0	13	1	10	100%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	17	25	37	40	92%	

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	8	13	4	128%	
Number of newly identified children with blood levels greater than 10 µg/dL	11	2	4	9	3	164%	
Number of public health lead poisoning investigations completed	11	5	10	3	4	200%	

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

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2021

7	Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
6	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 Water Quality will achieve or exceed benchmarks for 7 of 13 of performance measures and is on track/performing as needing for the other 6. Applications to replace are a little lower than the three year average resulting from fewer STS failures. STS inspections were slightly behind prior year averages as a result of one team member being on extended military leave. Stormwater outfall investigations are significantly higher that the three year average as a result of a new permit cycle with Ohio EPA and a pilot project requested by the Hamilton County Stormwater District. STS mapping decreased in 2021 as a result of the primary team lead on the project being transferred to COVID responsibilities for all of 2021.

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	3,536	2,601	3,311	99%	
First Reinspections: Percent Passing	70%	69%	65%	62%	61%	64%	
Second Reinspections: Percent Passing	53%	50%	53%	52%	45%	50%	
Number of STS Operation Permit Follow-up Inspections	3,170	497	1082	817	852	102%	
Number of Individual Improvement / Modifications Inspections Requested	269	58	93	72	70	109%	
Number of Requests for Variances (Includes STS & PWS)	38	7	15	17	9	126%	
Applications to Replace or Install a Sewage Treatment System	88	18	19	18	20	85%	

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	12	204	124	971%	
Number of nuisance complaint investigations completed	533	62	137	151	51	75%	
Number of STS's Mapped	648	0	10	54	47	17%	
Number of sanitary sewer connection orders issued	68	1	21	9	38	101%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0	0	24	18	117%	
Train Government Employees	299	0	5	225	67	99%	

Continuous Quality Improvement	Current Projects	New Projects Identified
The Division is continuing with our 2020 CQI project but was unable to complete training STS contractors due to COVID.	No	Yes

7 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

Workforce Development Workgroup

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

Health Equity

			Status	Status
Revise and relaunch the Health Equity Champions group.	Percent Complete:		100%	
Update most frequently used materials into other languages (Goal = 2)	# Complete:		1	
Implement process for assessing the readability of new documents to be used by HCPH (1.4.2)	Percent Complete:		100%	

Customer Service Feedback

	Status	Status
Implement 2021 surveys (Requirement)	*Yes*	
Finalize 2022 survey and audit schedule (Q4 of 2021)	*Yes*	
Provide findings and recommendations based on completed surveys and audits to divisions and to the PMC	*Yes*	

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	*Yes*	

Community Health Improvement Plan

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