HAMILTON COUNTY PUBLIC HEALTH

Program Implementation Plan Results: 4th Quarter, 2022

This Program Implementation Plan outlines the actions, outputs and outcomes that will be accomplished by HCPH divisions during 2022. 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	
104	Exceeding | Complete	78%	Currently above benchmark or complete.
26	On Track | Performing as Needed	19%	Progressing as anticipated.
2	Behind | Unfavorable	1%	Currently behind anticipated progress.
2	Road Block | Postponed	1%	Not progressing as anticipated.

Program Implementation Plan Agency Narrative

The 2022 program implementation plan has been updated to reflect updated metrics for the agency's programs and services for Q4 of 2022. HCPH had a successful fourth quarter. seventy-eight (78) percent of all metrics performed as "Exceeded | Completed" and nineteen (19) percent performed as "On Track | Performing as Needed." Two (2) percent of metrics were behind or postponed.

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ADMINISTRATION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

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

Birth certificates fell more than 2,500 short of the 3-year average benchmark. We will revisit methods in 2023 we used to build up these numbers prior to COVID. Death certificates were more than 1,400 over the 3-year average benchmark due to the high number in the first quarter.

Programs

Customer Service & Vital Stats	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of birth certificates issued D. Comeau	13,854	2,894	3,022	2,964	2,429	82%	
Number of death certificates issued D. Comeau	29,839	9,860	6,620	7,547	7,226	105%	
Number of EHS permits issued C. Davidson	19,554	5,676	5,740	4,886	5,174	110%	
Number of EHS licenses issued C. Davidson	3,936	2,658	596	254	120	92%	

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	0.75	0.75	0.67	109%	

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) J. Mooney	50%	100%	100%	100%	100%	Yes	

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	4	2	3	3		225%	

HCPH STRATEGIC PLAN:2017-22

HAMILTON COUNTY PUBLIC HEALTH 4th Quarter 2022

8 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

Six Tier 1 health equity training sessions were provided reaching 60 total HCPH staff. A staff satisfaction survey was disseminated to staff with an overall response rate of 80 percent. Greater than 90 percent of staff indicated overall satisfaction with their job. New hire orientation will now be a three-step process and includes a one-on-one meeting with the Human Resource Officer (typically on the first day of employment), self-paced review of division presentations, and a group orientation questions and answer session. Due to the new three-step process, no required staff completed the new hire orientation revised process. Group orientations will be held quarterly in 2023. In partnership with the HPE division's Social Determinants of Health (SDOH) Accelerator Plan grant, data sets were identified that address SDOH. A data request was made to The Health Collaborative's Data Governance Council for access locally available identified data points from the area hospital systems. Partial data was received in December, with additional data to follow. A high-level plan was developed regarding overall partner coordination and collaboration for the agency that will begin implementation in 2023. This includes a deeper-dive internal and external assessment/audit of existing partnership structures and communication strategies, as well as convening an internal team of staff to form a structure that facilitates open communication and cooperation among various divisions, staff, and partners, and reduces silos. Strategic plan implementation strategies for 2023 will be developed during Q1 of 2023.

Programs:	Year 3 Requirement	Q1	Q2	Q3	Q4	Average	Status
Strong Leadership and Workforce							
Percent of staff completing CCPHP assessment	80%	0%	91%			91%	
Percent of staff completing Tier 1 Health Equity training	80%	0%	0%	0%	82%	82%	
Percent staff recruitment and retention key actions complete	100%	25%	25%	50%	100%	100%	
Percent of required staff completing New Hire Orientation	80%	0%	0%	0%	0%	0%	
Percent of public health workforce and pipeline key actions complete	100%	25%	25%	75%	100%	100%	
Flexible and Sustainable Funding							Status
Percent of finance key actions completed	100%	0%	15%	50%	100%	100%	
Timely and Locally Relevant Data							Status
Percent of data access and availability key actions completed	100%	0%	20%	50%	90%	90%	
Foundational Infrastructure							Status
Percent of public information key actions completed	100%	50%	50%	100%	100%	100%	
Percent of strategic partnerships key actions completed	100%	25%	25%	50%	90%	90%	
Percent of information technology key actions completed	100%	20%	20%	60%	90%	100%	
Percent of facilities key actions completed	100%	50%	50%	75%	100%	100%	

DISEASE PREVENTION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

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.

Program Narrative

Disease Prevention completed or exceeded benchmarks for 6 of 11 performance measures, is on track/performing as needed and within expectatations for four, and enountered a roadblock for one. The Division saw a good amount of staff turnover in Q4, but it did not significantly impact any of our service provision, with the exception of stalling our QI project focused on the MA roles. We have a new provider and one less MA, so the team is adjusting. Syphilis numbers are elevated across the state right now, and HCPH saw an increase from Q3 to Q4 in patients treated, despite transitioning from our Nurse Practitioner to a temp, to our new Physician Assistant who started in December. Tuberculosis cases are high enough to warrant hiring more staff, so we are working on improving overall training and staffing in the division. The DP division had significant staff turnover in 2022, resulting in delayed training and diminished capacity to provide all of the services that are typically offered. Our STI clinic saw immense growth in number of people seeking appointments due to the closure of the Cincinnati Health Department STI clinic to patients who were not already established in care. With a high rate of turnover, we felt less comfortable administering vaccines with the amount of staff trained, so that program remains on hold, and we are referring people to CHD for those services.

Programs

Children with Medical Handicaps	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
25 % of eligible families are contacted each quarter (quarter reported in % contacted; Approximately 1,100 patients annually)	25%	38%	42%	61%	51%	48%	

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%	75%	100%	75%	88%	
100 % of patients who are eligible, receicve counseling on starting LTBI treatment	100%	63%	100%	100%	100%	91%	
100 % of patients lost to LTBI treatment will have documented follow-up efforts	100%	100%	100%	70%	100%	93%	

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	95	95	52	1	18%	

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	8	6	7	6	78%	
Syphilis cases are started on treatment within 14 calendar days from the date of case assignment. (Goal >85%)	85%	87%	87%	87%	88%	87%	
# of Syphilis clients treated by HCPH clinic. (10% greater than 2019)	205	102	111	92	114	204%	

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	8	8	8	89%	
Newly confirmed HIV+ clients attended first medical appt <30 days of HIV+ test date. (Goal >75%)	75%	80%	67%	75%	76%	75%	
Region 8 HIV testing programs will have a greater than 1.0% positivity.	1%	0.65%	0.77%	0.73%	0.75%	0.73%	

Continuous Quality Improvement

	Current Projects	New Projects Identified
To provide additional structure to clinical roles, DP has decided to implement a new training schedule for medical assistants. Feedback from staff indicated that more structured training was preferred. The clinic manager, nurse supervisor, and nurse practitioner worked with the MAs to develop a training schedule that will lead to rotating roles (1,2, and 3) from week to week. Each MA will have an assigned role during the week and rotate to the next role the following week. This format is still in place, but since implementation one of the 3 MAs has left and there is a new clinical provider because the NP also left. This has stalled the process but we are moving back toward it and working to hire another MA.	In Progress	No

ENVIRONMENTAL HEALTH

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

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 EH Division completed or exceeded annual benchmarks for all 14 performance measures with the team generally exceeding in all program mandates and required inspections. The EH Division continues to be a leader in food safety education in the State of Ohio while being innovative in its efforts to educate and reach all audiences. Provision of contractual services to the Norwood City Health Department concluded as they have hired a registered environmental health specialist. The contract will remain in place, however, through the conclusion of the term in April should they need any addtional assistance as their staff person is onboarded.

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)	5,990	2,471	1,660	2,296	1,549	133%	
Number of people educated (3-Year Avg)	459	125	132	156	111	114%	
Number of facilities that are brought through the enforcement process (3-Year Avg.)	52	17	23	18	28	167%	

Housing and Nuisance Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of housing inspections completed	1,152	302	407	300	255	110%	
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)	1,253	25	534	646	79	102%	
Number of equipment inspections completed	210	0	358	28	0	184%	

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	345	35	158	14	146	102%	
Campground Inspections - Number of standard inspections conducted (License Year: May 1 - April 30)	23	1	8	13	10	142%	
Public Accommodation Facilities - Number of standard inspections conducted per calendar year	197	56	74	85	91	156%	
Manufactured Home Parks - Number of contract inspections conducted (Per Contract)	29	20	9	0	0	100%	
Smoke Free Ohio - Number of inspections conducted (3-Year Avg)	22	4	7	3	5	88%	

Rabies Prevention and Control	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4		Status
Number of quarantine notices sent	662	143	221	215	166	113%	
Number of samples sent to the Ohio Department of Health for testing	48	7	12	11	7	78%	

Continuous Quality Improvement	Current Projects	New Projects Identified
Currently working on a project with an ESL (English as a Second Language) food facility algong with Kurstin Jones, DEI Coordinator, and Becca Stowe, PM & Grants Coordinator. Project goal is to use an equity lens to develop methods aimed at improving ESL facility inspection results. The project was started in August.	Yes	Yes

EMERGENCY PREPAREDNESS

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

12	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 EP Division completed or exceeded annual benchmarks for all 12 performance measures. The team continued oversight for the PHEP (Local, Regional) and CRI grants, in addition to four COVID-related grants. Highlights from this reporting period include the Division completing its Integrated Preparedness Plan, which outlines the exercise and training schedule for the next five years. The EP Division completed an anthrax tabletop exercise in November, which exercised the agency's response to an intentional anthrax release. The After-Action Report/Improvement Plan is being drafted. The EP Division participated in planning meetings for the 2023 ODH statewide medical countermeasure (MCM) distribution full-scale exercise (FSE), scheduled for October 18, 2023. The FSE will exercise ODH's ability to distribute pallets of MCMs to the southwest Ohio regional drop site. The MCMs will then be repackaged and picked up by each local health department in the region and then transported to each local health department's county drop site. Lastly, the EP Division began filling out the paperwork to submit to ODH to apply for the BP5 PHEP/CRI grant, which begins on July 1, 2023. Note: the ODH site visit for the CRI grant was cancelled; this metric was, therefore, marked as completed.

Programs

Public Health Emergency Preparedn	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Local PHEP Grant (BP3 & BP4) - # of deliverables completed	27	5	11	5	6	100%	
Regional PHEP Grant (BP3 & BP4) - # of deliverables completed	16	4	4	4	4	100%	
Number of multi year training and exercise plans written	1	0	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	9	2	3	1	3	100%	
Percent of medical countermeasure files uploaded in preparation for ODH site visit	100%	0%	0%	0%	0%	100%	
Agency Emergency Preparedness	**Requirement**	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	**% Complete YTD**	**Status**
Intro to Incident Command (IS100) Training	75%	72%	69%	73%	75%	75%	
Intro to National Incident Management System (IS700) Training	75%	73%	68%	71%	73%	73%	
Advanced ICS Training for command staff (200, 300, 400, 800)	75%	81%	85%	72%	75%	75%	
Department Operations Training for Command staff	75%	59%	60%	48%	75%	75%	
Number of agency emergency preparedness plans reviewed / updated	100%	1%	25%	25%	50%	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	0	2	0	2	100%	
Complete 1 annual checks of HCPH panic and lockdown buttons	1	0	1	0	0	100%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no projects identified at this time.	No	No

EPIDEMIOLOGY

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

1 Exceeding | Complete	Exceeding | Complete: Currently above benchmark or completed.
12 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

The epidemiology division was on track for 13 out of 14 metrics in quarter four of 2022. There were several transitions in personnel. Due to these transitions and receiving the data late in quarter three, the AHEAD tool data cleaning and analysis is behind. After hiring for vacant positions, we will continue our work with the AHEAD tool in 2023. The percent of FIMR cases reviewed exceeded the baseline by 12% (completed the year with 26% of cases reviewed). Epidemiology collaborated with HPE to finalize data and the draft of the Community Data Profiles for WeTHRIVE! communities. The profiles will be finalized with 2021 data in quarter one of 2023. Starting in quarter four, the epidemiology division began to review daily/weekly/monthly processes to evaluate if anything needs to be changed for improved data analysis and dissemination.

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%	75%	75%	100%	100%	88%	
Percent of AHEAD tool modules updated within Tableau.	100%	0%	20%	20%	40%	80%	

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%	100%	100%	100%	100%	100%	
Percent of monthly contract reports completed by established deadlines.	100%	100%	100%	100%	100%	100%	
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%	100%	100%	100%	100%	100%	

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 1/2022 and 12/2022 reviewed by FIMR. (Requirement of 15%)	15%	2%	3%	9%	12%	170%	
Percent of local monthly and quarterly surveillance reports completed by established deadlines.	100%	100%	100%	100%	100%	100%	
Percent of monthly and quarterly FIMR reports submitted to ODH by grant deadline.	100%	100%	100%	100%	100%	100%	
11 MCH grant required interviews conducted by FIMR staff.	11	0	1	7	3	100%	

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%	75%	100%	100%	100%	94%	

Continuous Quality Improvement	Current Projects	New Projects Identified
Throughout 2022, the division completed a mini QI project simplifying the S drive folder structure to promote easy navigation to files.	Yes	No

HARM REDUCTION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

7 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.
1 Road Block | Postponed	Road Block: Not progressing as anticipated; Re-prioritized.

Programs Narrative

The harm reduction division completed/exceeded 7 out of 8metrics in quarter four of 2022. One of the measures remains road blocked due to contracting delays. The contractor is now in place (IV Charis). We anticpate meeting all requirements for this work in 2023.

Programs

Harm Reduction	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of syringes distributed	464,632	226,560	259,770	244,020	246,925	210%	
Number of syringes received	330,596	137,530	156,633	127,025	143,371	171%	
Expand to two additional sites for syringe services (e.g. pop up, mobile, brick and mortar)	2	2	0	0	1	150%	

Harm Reduction Partnerships	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Harm Reduction Subcommittee meetings (including workgroup meetings)	2	5	5	4	2	800%	
Expand number of community partners engaged in the quarterly harm reduction meeting by 5 providers	5	2	1	0	2	100%	
Percent of OFR cases that have family / significant other interviews conducted	10%	0%	13%	53%	80%	365%	

Addressing Stigma	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of venues reached with stigma marketing material	20	23	0	0	0	115%	
Number of trauma informed care / adverse childhood events training	25	6	0	0	0	24%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvement projects identified at this time.	No	No

HEALTH PROMOTION AND EDUCATION

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

10 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

HPE completed 11 of 12 metrics during 2022. During Q4 OEI team hosted 1 BUMPP event focused on finding the right child care and continued with their community outreach efforts. A racial equity action plan was developed by OEI staff focusing on HCPH staff training, translation services and development of a process to share equity related concerns. The OEI team served the greatest number of women throughout 2022 than previously served by the grant highlighting the impact of community partnerships. WeTHRIVE! staff hosted their annual Speed Networking and Annual Recognition Events. Speed Networking is a chance for WeTHRIVE! teams and partners to connect. A Community Health Assessment was completed in November with the Village of Elmwood. WeTHRIVE! staff worked with Epidemiology to finalize the Community Data Profiles that will be shared with communities in early 2023. Tobacco grant staff left in October 2022 and new staff started in January 2023. Due to staffing transition limited tobacco work was completed in Q4, however all tobacco grant metrics were achieved. The Maternal Child Health Advisory Committee was expanded to include additional partners and school districts.

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	#######	492,772	30000	0	386%	
Number of engagements for tobacco grant paid media campaigns (Quarterly Avg.)	5	3	3	0	0	120%	
Number of tobacco related trainings and education as outlined by the grant	10	5	6	4	0	150%	

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	2	1	150%	
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	5	7	7	6	100%	
Number of pregnant women screened by OEI neighborhood navigators that meet eligiblity criteria for OEI services	300	25	63	68	61	72%	

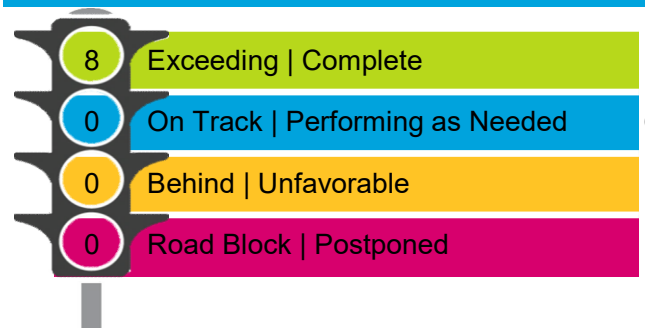
WeTHRIVE!	Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Maintain engagement of existing active WeTHRIVE! communities	100%	100%	100%	100%	100%	100%	
Maintain engagement of existing WeTHRIVE school districts	100%	100%	100%	100%	100%	100%	
Complete community health assessments in partnership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

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvements identified at this time.	No	No

PLUMBING

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022



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 Plumbing Division ended the year completing/exceeding or within a couple of percentage points of the annual benchmarks for all eight performance measures. General plumbing permits and inspections are up from last year as well as medical gas inspections. The team keeps a fairly close pulse on the local trades while in the field and through communications with contractors and remains optimistic about overall construction activity continuing to trend positively. However, demand for some plumbing materials does seem to continue outstrip supply, which contintues to result in project delays.

Programs

Plumbing Inspections	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of plumbing permits issued	3,968	958	1,085	990	1,024	102%	
Number of plumbing inspections completed	8,617	2,682	2,580	1,355	2,443	105%	
Number of residential plan reviews completed	3,410	811	867	824	879	99%	
Number of commercial plan reviews completed	563	147	168	171	141	111%	

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	4	6	10	11	119%	
Number of medical gas inspections completed	130	39	21	23	44	98%	

Backflow Prevention	3-Year Avg.	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of new backflow devices registered	331	33	120	131	58	103%	
Number of backflow / cross connections surveys completed	69	17	0	9	16	120%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no quality improvement projects identified at this time.	No	No

WASTE MANAGEMENT

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

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 Waste Management Division completed and mostly exceeded benchmarks for all 10 of its 2022 performance measures. The team surpassed inspection numbers in several programs including Construction and Demolition Debris (C&DD) Landfills, Scrap Tire facilities and Nuisance and Open Dumps. C&DD landfill inspections were up due in part to construction activities associated with closure of New Baltimore C&DD landfill. A minimum of fifty Scrap Tire inspections are required by our contract with the Solid Waste Management District, however if time allows, additional inspections are made to ensure that stored scrap tires are not providing harborage for mosquito breeding. There was a higher than anticipated number of lower level (5-9 ug/dL) blood lead referrals in 2022. These are generally sporadic in nature. All contract obligations for inspection of solid waste facilities were met with the Solid Waste Management District. In our HUD grant, we have successfully completed work on four units. We have several projects working through production and more applications in the pipeline. We plan to ramp up the speed with which we process projects through the grant in coming quarters.

Programs

Body Art	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of facility inspections (Requirement)	50	10	3	8	31	104%	
Number of unlicensed facilities located and enforcement initiated (3-Yr Avg)	3	0	1	0	2	100%	

Construction and Demolition Debris	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of CD&D facility inspections completed	116	36	39	39	42	134%	

Solid Waste Inspections	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD	Status
Number of solid waste facility inspections completed	42	13	12	14	10	117%	
Number of scrap tire facility inspections completed	50	2	50	25	6	166%	
Number of compost facility inspections completed	24	0	10	5	11	108%	
Number of solid waste nuisance and open dumping investigations completed (3-Yr Avg)	130	54	31	37	46	129%	

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	16	10	12	10	192%	
Number of newly identified children with blood levels greater than 10 µg/dL	12	5	0	5	3	108%	
Number of public health lead poisoning investigations completed	12	7	1	5	1	117%	

Continuous Quality Improvement	Current Projects	New Projects Identified
There are currently no identified quality improvement projects at this time.	In Progress	No

WATER QUALITY

HAMILTON COUNTY PUBLIC HEALTH

4th Quarter 2022

10	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 Division of Water Quality completed or exceeded benchmarks for 10 of 13 performance measures and is on track/performing as needed and within expectatations for the remaining three. Unanticipated staffing changes and paternity leave resulted in slighly lower inspections than planned for this year. However, more reinspections were conducted so total inspections completed is on par with previous years. Variance applications are down since ODH provided clarification that isolation distances do not apply to building sewers. As a result, we stopped requiring variances for them. Stormwater has successfully mapped most discharging systems in Hamilton County so this number is expected to continue to decline. The team is now mapping outlier systems that had issues or new systems being installed which are spread throughout the county. Stormwater also located more facilities and conducted the inspections for each facility.

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)	11,863	3,038	3,142	2,544	2,724	97%	
First Reinspections: Percent Passing	66%	69%	64%	68%	61%	99%	
Second Reinspections: Percent Passing	50%	51%	43%	45%	42%	91%	
Number of STS Operation Permit Follow-up Inspections	2,077	671	1033	856	865	165%	
Number of Individual Improvement / Modifications Inspections Requested	295	65	95	70	46	94%	
Number of Requests for Variances (Includes STS & PWS)	42	24	29	24	13	214%	
Applications to Replace or Install a Sewage Treatment System	76	15	26	24	17	108%	

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	31	36	0	191%	
Number of nuisance complaint investigations completed	252	54	75	65	65	103%	
Number of STS's Mapped	412	75	132	88	36	80%	
Number of sanitary sewer connection orders issued	68	8	12	52	24	141%	
Number of Stormwater Pollution Prevention Plan Inspections Completed	36	0	6	43	0	136%	
Train Government Employees	299	0	63	243	11	106%	

Continuous Quality Improvement	Current Projects	New Projects Identified
Continue work from 2020 to make improvements in the Septage Hauler online reporting and education.	In Progress	No

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%	60%	60%	70%	75%	66%	
Assess staff knowledge of core competencies						Status	Status
Review staff training feedback						*Yes*	
Training curriculum updated based on staff feedback						*Yes*	

Health Equity			Status	Status
Develop Tier 1 Health Equity Training for all staff	Percent Complete:		100%	
Percent of staff receiving Tier 1 Health Equity Training (target: 80 percent)	Percent Complete:		80%	
Additional Health Equity Coaches recruited (target: 5)	# Complete		10	

Customer Service Feedback	Requirement	Quarter 1	Quarter 2	Quarter 3	Quarter 4	% Complete YTD/ Status	Status
Implement 2022 surveys (Requirement)	5	1	2	0	4	140%	
Finalize 2023 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
2023 Program Implementation Plan adopted by the HCPH BOH and dashboard completed (Q4)						*Yes*	
2022 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*	