

2014-2016

The Summit County Public Health Strategic Goals



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Summit County Public Health

Updated: 11/10/14

(Created: 11/13/2013)



Public Health
Prevent. Promote. Protect.

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Mission Statement

The mission of Summit County Public Health is to protect and advance the health of the entire community through its policies, programs and activities that protect the safety, health and well-being of the people in Summit County. Through its policies, programs and activities, the Health District endeavors to create a healthful environment and ensure the accessibility of health services to all.



Introduction

Our planning for the 2014-2016 Strategic Goals reflects the findings of our Community Health Assessment, maintains National Accreditation and supports the Summit County Community Health Improvement Plan. Public Health's assumed responsibility in local communities is to promote health and prevent disease. We meet this broad goal by conducting surveillance; providing services, regulatory action, health education and activities embedded in community collaboration. There is collective community trust placed upon the Board of Health, the health commissioner and health district management staff to ethically and efficiently serve the local public interest.

The apportionment of Public Health resources under a constrained budget raises issues of fairness and equity. Decisions on the appropriate allocation of funds demand a disciplined commitment to a formal decision making process, resulting in clearly identified priorities. Our decisions demand that we give thoughtful and open consideration to our services, their impact and outputs, and their relationship to the larger agency goals and community agenda. Our office relocation and centralization of health district staff in 2014 has led to improved morale and enhanced customer services while increasing efficiencies.

During 2015, a new unit will be organized to address Health Inequity and Social Disparity with three specific strategies: 1) The continued development of an Accountable Care Community with Health in All Policies as a focus, 2) community-based chronic disease management through programs and policy change and 3) integrated coordinated bi-directional referrals to and from the community and health care settings to improve quality of care, reduce costs and achieve better outcomes. Additional emphasis will be focused on Quality Assurance and Performance Management across the divisions.

The Seven Agency Goals, in cooperation with the Office of the Health Commissioner, are addressed by each of the three divisions: Administration, Community Health, Environmental Health and the new Health Inequity and Social Disparity Unit. In addition to daily on-going activities, each of the Divisions has identified transformational initiatives to address changing Public Health needs. Our Priority Values and Actions have remained unchanged.

Issues Influencing Public Health

Issue 1: Social Determinants, Health Equity and Discrimination

Contemporary public health theory subscribes to the central relationship of social determinants, health equity and discrimination on health outcomes. Traditional public health approaches have focused on efforts to address health care access and opportunities to affect personal behaviors without sufficient attention to upstream social influences on health.

Despite this evidence-based association between poverty, education, housing and the discrimination 'isms' on health status, public health has struggled to assume a principal role in addressing these issues. We must demonstrate a transformational perspective and credible leadership to guide positive change.

Issue 2: Funding and Staffing Stresses

Throughout Ohio and the nation, local health departments continue to experience core funding cuts leading to eroding or eliminated essential public health services. The historic narrowing of Public Health mission has results in a shift of fiscal support towards categorical funding for specific issue related mandates. Collaboration, staff empowerment, and a business approach must be the foundations of growth opportunities.

Issue 3: Health Care Reform and Medicaid Expansion

The Patient Protection and Affordable Care Act (ACA) makes sweeping changes to the financing of health care. The ACA provides local health departments both opportunities and challenges requiring flexibility in a changing health care system. Ohio's Medicaid reforms in the past two years have been recognized nationally for helping to reduce costs, improve health outcomes, and improve care coordination.

Issue 4: Climate Events

The increase in significant climate events including tornadoes, drought, extended periods of extreme cold and heat, and flooding require the need to adequately prepare for potential health risks.

Issue 5: Emerging Infectious Diseases

The increase in the global impact of infectious disease has made it necessary to foundational capabilities and core capacity to address surveillance and monitoring that extend beyond the traditional public health focus.

Priority Values & Actions

Value 1: Quality Control

Develop measures of program effectiveness and efficiencies for all programs. Reinforce continuous quality improvement through selective measurement as a core organizational and Public Health professional value.

Value 2: Local Presence

Assure a strong local perspective and identity. Create and maintain linkages with communities and neighborhoods.

Value 3: Core Functions

Identify the core public health functions and assure adequate capacity to meet those responsibilities (ex. safe water, adequate capacity to respond to emergencies, communicable disease surveillance and response, etc.).

Value 4: Core Competencies

Assure all staff has the opportunity to advance within their profession by reinforcing, training, and practicing core public health competencies.

Value 5: Economic Efficiencies

Demonstrate in every program and initiative, our continued commitment to fiscal discipline, efficiency, and value based service delivery.

Value 6: Advocacy

For many issues of social disparity, environmental injustice, or discrimination, we hold a particular responsibility to act as an advocate or as the public entity responsible for advancing recognition of the issue(s). This is accomplished by cultivating responsibility among staff and acting in this regard.

Value 7: Assurance of Care

As a core function, the health district shall assure the provision of, and access to quality care in the community.

Value 8: Flexibility, Adaptability and Readiness

Assure the community's public health professionals are trained and agile enough to respond to emerging needs and immediate threats.

Strategic Goals

Goal 1: Addressing Social Inequities

Systemic differences in health status between different socioeconomic groups are amenable to change. Actions should be adopted to understand and address social determinants of health and health equity.

Goal 2: Improving Health

Overall measureable health status changes should be the result of all planning and program implementation efforts.

Goal 3: Sustaining National Accreditation

The quality and performance of the agency will be improved by strengthening measures of excellence.

Goal 4: Strengthening Organization Capacity

The agency will continue to strengthen the organizational capacity through improved communications, information technology, fiscal management, data collection, and a commitment to staff development.

Goal 5: Assuring Access through Care Coordination

Care Coordination is the facilitation of access to and coordination of medical and social support services for high-risk populations across different providers and organizations resulting in improved health and quality of life. Access must include oral health care and behavioral health care support.

Goal 6: Academic Partnerships

Academic partnerships strengthen the research capacity of the organization to assess public health need, program efficiency and effectiveness, and opportunities to apply promising practices. Summit County Public Health will seek opportunities to build collaborative partnerships with academic institutions to contribute to and apply public health research.

Goal 7: Creating an Infectious Disease Response Team

As regionalization occurs with hospitals and community planning to address emerging infectious diseases, the role of public health is becoming increasingly important. It is necessary to have a well-trained, easily deployed unit to respond to any potential infectious disease including surveillance, contact tracing and disease investigation.

Office of the Health Commissioner

- *Increasing capacity to identify and respond to social inequities impacting public health.*
- *Increasing research capacity and innovation through academic partnerships.*
- *Increasing community partnerships that result in improved health access and outcomes.*
- *Increasing program development that supports the social determinants of health and the health.*

This office focuses on planning, research, strategic alignment, and assisting with the development of performance management across all divisions within Summit County Public Health. Responsibilities include overall

Number of Employees	
FY 2011	6.5
FY 2012	7.1
FY 2013	8.0
FY 2014	6.0
FY 2015	7.0
# Change	+1

agency functioning and efficiency, promoting collaboration, integrity, and accountability. Transformational initiatives in the coming year are focused on increased research and partnership activities, incorporating social equity principles into Public Health practice, aligning services that result in new revenue generating strategies, and responsibility for administrative operations. This also includes strategically identifying service gaps and strategies to address newly identified needs. With the impacts of Affordable Care Act and Medicaid Expansion, Public Health has the opportunity to reexamine current roles and ways to meet future needs for Summit County residents.

In 2015, increased emphasis and investment will be placed on developing partnerships with many community agencies that will facilitate improvements in population health. A portion of the Assistant Health Commissioner's time will be devoted to cultivating relationships with academic institutions, aligning services with community partners, and increasing research capacity. A newly created Health Inequity and Social Disparity Unit is dedicated to increasing the agency's capacity to identify and address social inequities impacting Public Health. The Medical Director will facilitate quality clinical services, all hazards preparedness, and disease control measures for the community, and provide expert opinion on many Public Health issues. Legal services, in cooperation with administration, will continue to support all functions of Summit County Public Health.

Transformational Initiatives

Office of the Health Commissioner will develop strategies to complete the on-going Community Health Assessment (CHA) and monitor the Community Health Improvement Plan (CHIP).

In partnership with the Quality Assurance/Accreditation staff, an expanded system of updating the CHA and monitoring CHIP will be implemented. The CHIP, based on findings of the CHA, and in partnership with community agencies, develops strategies that are best addressed by sharing responsibility with other agencies. This monitoring system will include activities within Summit County Public Health as well as community efforts that address health improvement strategies. This on-going process will be critical to maintain accreditation, measure improvements, and engage community members in the community's health. The majority of these activities will occur during the first two quarters of the year resulting in a monitoring plan proposed to the community by June 2015. The Assistant Health Commissioner will oversee this initiative.

Office of the Health Commissioner will identify new and appropriate revenue generating strategies for public health services.

Public Health continues to expand and develop roles within the community. As traditional services are reorganized, the new approach of care coordination and assuring access to services will need to develop a new funding structure. This new structure will include reimbursement for care coordination activities and contracts for services with specific populations like individuals with mental health issues and children behind in primary care visits. Additionally, research grants that facilitate the evaluation of Public Health strategies and evidence-based practices will be submitted for funding. The Health Commissioner will oversee this process with support from the senior management team. Of the new revenue sources identified, most will occur in the 3rd quarter of 2015 and ongoing as opportunities present.

Office of the Health Commissioner will develop a unit to address health inequities and social disparity among the most vulnerable, at-risk groups.

The changing role Austen BioInnovation Institute of Akron (ABIA) has created the opportunity for Summit County Public Health to continue the capacity work that was central to the Community Transformation Grant. Public Health has an opportunity to assist healthcare systems to reduce this measure by supporting effective management of chronic conditions in the community, as well as

improving care coordination during transition out of the hospital. This assertion is supported by the National Committee for Quality Assurance. Assuring that individuals have access to supportive community services is a core function of this unit. The Health Inequity and Social Disparity unit will identify strategies to address chronic disease management in the community. In addition, ABIA laid the foundation for the development of Health in All Policy legislation that would require the consideration of the health impact of governmental decisions for residents living in the community.

Office of the Health Commissioner will formalize the development of an internal ethics/policy review/incident review committee.

The legal office with assistance of the medical director will address internal quality assurance issues through a review committee. This committee will meet bi-monthly or as necessary to evaluate and address any internal policy issues, incidents, and ethical considerations that may arise within the health district's daily operations. This committee will be organized in the 2nd quarter of 2015 under the leadership of the Health Commissioner. This committee will be on-going and meet indefinitely.

Traditional Office of the Health Commissioner Functions

In addition to the transformational initiatives described above, the Office of the Health Commissioner will maintain the following traditional functions.

Administering the Health District

The Office of the Health will continue to oversee the administration of the health district to include programmatic, fiscal, facilities and community partnerships.

Governance and Board Functions

The Office of the Health Commissioner continues to provide leadership for all health district matters concerning governance and board function. The coordination of communications to all cities, villages and townships occurs at this level as well as all contractual agreements.

Fiscal Management and Efficiencies

The Office of the Health Commissioner oversees the yearly budget process to include divisional coordination, establishing priorities, and the assurance of financial stability.

Partnerships Community Relationships

The Office of the Health Commissioner will continue to develop new partnerships and collaborations to support the initiatives of the other three divisions.

Program Development and Policies

The Office of the Health Commissioner will continue to assess the community needs and develop new programs and supporting policies to address those needs.

Agency Goals Addressed

Goal 1: Addressing Social Inequities

Goal 2: Improving Health

Goal 3: Sustaining National Standards

Goal 4: Strengthening Organization Capacity

Goal 6: Research and Academic Partnerships

Administration

- *Reducing the cost of services and increasing efficiency through the use of technology and automation.*
- *Competent public health workforce knowledgeable of emerging public health issues.*
- *Increased ease of access to public health services through facility consolidation.*

The Division of Administration contributes to the Summit County Public Health mission by managing resources and creating a culture that promotes service, collaboration, integrity and accountability. Transformational

Number of Employees	
FY 2011	33.5
FY 2012	25.9
FY 2013	31
FY 2014	30
FY 2015	29
# Change	-1

initiatives in the coming year are focused on strengthening organizational capacity through improved communication, fiscal discipline, process automation and staff development. Quality assurance and performance management will be of particular focus in order to create efficiencies and improve outcomes. Administration strongly believes professional development, integrated decision-making, effective use of technology and responsible resource utilization is key to wider business innovation.

Transformational Initiatives

Administration will implement a staff development program.

Summit County Public Health is committed to the ongoing professional development of employees. As demands and requirements change over time, our employees must have opportunities to develop the skills necessary to meet the challenges of the future. A commitment to employee development through training, facilitation, and mentoring will provide the basis for developing new service offerings and improving our ability to deliver them. This initiative supports the agency’s goal of strengthening organization capacity by ensuring employees have opportunities to develop core competencies and other professional skills essential to success and by providing a necessary framework for succession planning. The implementation of this initiative follows significant planning which has taken place over the past year to establish

baseline competency data, identify training needs and determine the most effective training delivery mechanisms to achieve desired outcomes. The formalized plan, which is scheduled to be in place by January 2015, will outline required trainings and mentoring sessions that are required for staff based on their professional level. The plan will also include an expanded and more robust orientation for new public health staff which will utilize a combination of person-to-person and on-line training modules. Further, a web-based portal will be developed for supervisors, as part of the leadership series that will provide increased access to management resources, best practice information and policy related material.

The staff development plan will be incorporated into Summit County Public Health standard operating practice and will become the basis for leadership development, advancement opportunities and succession planning. Progress will be measured on a monthly basis by tracking the number of participating staff, number of trainings attended/completed, demonstrated increases in skill levels and employee evaluation data. Monitoring and acknowledging success will be critical. The initial phases of implementation will take place during the 2nd Quarter of 2015 with development of additional trainings and modules taking place during the remaining three quarters and into 2016. The Performance Management and Quality Assurance Officer will oversee the initiative with support from the Training/Marketing Specialist and Division Directors.

Administration will implement an electronic health record system.

Electronic health record technology is at the heart of the federal government's effort to make it easier for a wide variety of health care institutions to share medical data. Electronic health records will reduce costs and have a direct impact on the future quality of patient care. This initiative strengthens organization capacity by eliminating paper inefficiencies, reducing errors, increasing reimbursement and improving data sharing capabilities. Our original timeline for 2014 was delayed as we further analyzed our long-term clinical care services and the impact of Medicaid Expansion and the Affordable Care Act on community needs for services.

Time to completion is estimated at 18 to 24 months. Administration will strive to release the Request for Proposal document, detailing our technical and functional requirements, by the end of the 3rd quarter of 2015 with the goal of selecting a system by the end of the year. A detailed implementation timeline will follow thereafter. Specific benchmarks and milestones will be identified in

the implementation process which will serve as the basis for measuring progress. The Director of Administrative Services will be responsible for moving this initiative forward with input from internal stakeholders.

Administration will ensure effective communication and marketing strategies.

Communication is increasingly recognized as a necessary element of all efforts to improve health. Communication is a necessity as we use it to network, spread ideas, market and promote ourselves. This initiative supports the agency's goal of strengthening organization capacity by improving our ability to deliver health messages, reach larger audiences and act on feedback provided by both internal and external sources. Effective internal communication strategies assure staff opportunities for innovation and participation in shaping the future of the agency.

Administration will continue to develop a contemporary, current, secure and useful web presence to assure that information is readily accessible and disseminated rapidly. Use of nontraditional communication resources will be encouraged through the development of a social media policy and training for staff to improve capabilities to create digestible and condensed messaging appropriate for constituents and consumers of social media. Administration will also work to enhance the coordination of program information flow so that achievements, data and issues of concern or interest to the media are regularly reported to the Public Information Officer.

Increased staff awareness of SCPH priorities and accomplishments will be achieved through regular and targeted messaging utilizing multiple methods of communication, including the employee newsletter and an expanded Intranet site. Particular emphasis in 2014 was placed on assuring consistency in messaging and developing the SCPH brand. The initiative is ongoing and will continue throughout 2015 and beyond. Progress will be measured through staff, customer and community partner surveys. The SCPH Training/Marketing Specialist will be responsible for moving this initiative forward.

Administration will create a formal Performance Management and Quality Assurance (PMQA) unit to manage quality improvement efforts and maintain National Accreditation.

This initiative is aimed at institutionalizing and streamlining processes developed over the past several years to assure programmatic and service

excellence. The PMQA unit will coordinate organization-wide efforts to ensure that performance management (PM) and quality assurance (QA) programs are developed and managed using a data-driven focus that sets priorities for improvements aligned with ongoing strategic priorities. The organization-wide PMQA initiatives will be focused and aligned on improving operational and program efficiencies and effectiveness. PMQA staff will provide leadership and coordination for improving the organization's core public health functions, evaluating the impact that systems improvements have on the public's health; and researching and developing PM and QA training programs that focus on enabling the workforce to achieve improvements with priority health concerns. This initiative supports the agency's goal of strengthening organization capacity by providing flexible, reliable, state-of-the-art business tools and solutions designed to support the agency's mission, processes and customers. This unit supports the agency goal of sustaining National Accreditation by assuring we continue to meet nationally identified quality standards. Action steps include organizing existing quality assurance measures among each of the accreditation domains, automating data collection and reporting back functions, developing training programs and monitoring progress. The Performance Management Quality Assurance Officer will take the lead on this initiative with support from department staff. These activities will be continuous and ongoing throughout 2015 and beyond.

Traditional Administrative Functions

In addition to the transformational initiatives described above, Administration will maintain the following traditional business functions.

Personnel Office

The Personnel Office will continue to provide human resource support services including training, facilitation, and the development of policies and values necessary to maintain an open and supportive work environment.

Fiscal Management

The Fiscal Office will continue to ensure appropriate accounting for all activities requiring fiscal management and offer analysis and support services to enable sound financial decision-making.

Information Systems/Technology

Information Systems staff will continue to provide computer and telephone system support aimed at improving efficiency while maintaining the lowest cost structure possible.

Vital Statistics

Vital Statistics staff will continue to document and certify the facts of births, deaths and family formation for the legal purposes of the citizens of Summit County, as well as, facilitate access to recorded birth information Statewide.

Billing Office

The billing office will continue to prepare medical claims and invoices for submission to insurance companies and other 3rd party payers and provide follow up as needed to ensure maximum reimbursement for services provided by Summit County Public Health.

Facilities Management

Facilities management staff will continue to ensure a quality and safe environment for our customers and employees while demonstrating stewardship of the physical assets of the agency.

Agency Goals Addressed

Goal 3: Sustaining National Standards

Goal 4: Strengthening Organization Capacity

Community Health

- *Improving quality of life through increased access to health care and community resources.*
- *Reducing duplication of services by public and private organizations through service coordination.*
- *Reducing differences in healthy life expectancy between communities by increasing access to high- quality clinical care and access to specialty providers.*

The Division of Community Health administers community-based prevention programs, clinical health services, and a variety of other safety-net services. Prevention programs include early screenings for breast and cervical cancer, early childhood developmental services, and HIV and teen pregnancy prevention services. Longstanding partnerships with local, state, and federal health organizations

Number of Employees	
FY 2011	155
FY 2012	168
FY 2013	125
FY 2014	120
FY 2015	117
# Change	-3

support our targeted clinical health services, which include childhood and adult vaccinations, as well as testing and treatment for sexually transmitted infections and Tuberculosis. Other safety-net services administered by Community Health include the Women, Infants and Children supplemental nutrition program, counseling for drug and alcohol addiction, and Summit County DJFS Adult Protective Services.

In 2015, the Division of Community Health will continue its existing menu of services and explore opportunities to improve the health of our community by focusing on four critical areas of need: 1) Enhancing alcohol and other drug counseling and related services, 2) coordinating early childhood services, 3) improving immunization rates, and 4) increasing access to health care and related services.

Much of the planning that will occur in 2015 will address the issues of Affordable Care and Medicaid Expansion in Ohio. It is anticipated these new initiatives should provide additional services for families and while also demonstrating the importance of preventive health care and medical homes.

Transformational Initiatives

The Division of Community Health Services will coordinate early childhood services within Summit County.

The Division of Community Health administers programs that serve approximately 12,000 children in Summit County, including WIC, Home Visitation Help Me Grow, the Bureau for Children with Medical Handicaps, and First Things First. In 2014, the division designed and implemented an integrated early childhood system in order to better and more efficiently coordinate the medical, social, developmental, educational, and mental health needs of high-risk children and their families. Many of these families cross more than one system thus resulting in duplication and uncoordinated services at a critical developmental time for children. The Assistant Director for Community Health Programs will assume leadership over the coordination for early childhood services. The Assistant Directors, in the 2nd quarter, will compile strategies and evidence-based practices to formulate a plan that will be implemented in the 3rd quarter of 2015.

The Division of Community Health Services will develop strategies to improve immunization rates with non-traditional partners.

Immunizations are one of the most cost-effective ways to prevent disease. SCPH plays a vital role in immunizing the community. During 2014, SCPH began a pilot project, in partnership with local pharmacies in order to increase access. Pharmacies have year-round, walk-in hours and immunization clinics during peak seasons. Over the next year, the division will increase the number of formal partnerships with local pharmacies to provide both adult and childhood immunizations. This model gives greater access to residents, in their community and at their convenience. The Assistant Director of Community Health Services for Clinical Services, in the 2nd and 3rd quarter of 2015, will develop a pilot project to offer pediatric and family immunizations co-located with pharmacies.

The Division of Community Health will develop strategies to increase access to health care.

Impending changes related to health care access, based on the Affordable Care Act, offers opportunities to develop strategic partnerships that enhance the quality, nature and level of care provided by the Health District. In 2015, the Division will continue the work it began in 2014 of imbedding staff and students from the University of Akron's College of Health Professions in each of the Health District's clinic sites. This will result in an increase in billable services offered and will provide an offset to general revenue costs. At the end

of the 2nd quarter in 2015, the Assistant Directors will have identified strategies to facilitate access to health care in a multidisciplinary model. Each of the strategies will be evaluated for feasibility to implement and effectiveness in reaching target populations.

The Division of Community Health will evaluate and assess the location and service delivery model for clinical and dental services to address gaps in service.

With the Affordable Care Act and Medicaid Expansion in Ohio, it is an opportunity for Public Health to assess the health needs of the community under these new initiatives. Developing new strategies while eliminating antiquated delivery models will align services to meet the current needs of Summit County residents. With limited clinical services, our role is not to duplicate but rather enhance the care delivery model by assuring that all individuals have access to supportive services within the community. Over the next year, Summit County Public Health will continue to pursue traditional and non-traditional partnerships and care delivery models that enhance the health of the community. Dr. Margo Erme will assist in the development of a clinical care model as it unfolds. During the 1st and 2nd quarter of 2015, the senior management team will assess the service delivery model and locations. The Director of Community Health will assume the lead on this project.

The Division of Community Health will work collaboratively with Alcohol, Drug and Mental Board and community partners to enhance alcohol and other drug-related addiction services.

The Division of Community Health is anticipating creating two new programs in 2015-2015, Project DAWN and a syringe exchange program. Ohio, as well as Summit County, is in the grips of a drug overdose epidemic. From 1999 to 2011, Ohio's death rate due to drug overdose increased 440 percent. Unintentional drug overdoses caused 1,765 deaths to Ohio residents in 2011. The increase in drug overdose deaths has been driven largely by opioids such as prescription pain relievers and heroin.

Among the tools available to prevent opioid drug overdose deaths is Naloxone Hydrochloride (also known as Narcan). Naloxone is indicated for the complete or partial reversal of narcotic depression, including respiratory depression, induced by opioids including natural and synthetic opioids, and certain partial opioid antagonist analgesics. When administered during an overdose, Naloxone blocks the effects of opioids on the brain and temporarily restores breathing

within minutes. Within the Division of Community Health, the counseling unit will be developing and implementing a Narcan education and distribution program for high- risk individuals entitled Project DAWN. This program will be operational by 2nd quarter of 2015 and continue to develop through 2016.

Persons who inject drugs should use a new, sterile needle and syringe for each injection. Syringe exchange programs (SEPs) provide free sterile syringes and collect used syringes from injection-drug users (IDUs) to reduce transmission of blood borne pathogens, including human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus (HCV). The program will be operational by 3rd quarter of 2015 and continue on until 2016.

Traditional Division of Community Health Service Functions

In addition to the transformational initiatives described above, the Division of Community Health Services will maintain the following traditional functions.

Clinical Services

Summit County Public Health provides many diverse clinical services that include:

Alcohol Drug Counseling Services

The Summit County Public Health Counseling Program will continue to be available to all citizens of Summit County, ages 12 and up, for substance abuse counseling.

Dental Services

Summit County Public Health will continue to offer community and school-based dental van services which are available to adults, children and prenatal patients. Dental services will be available at a fixed site.

Immunizations

The Division of Community Health will continue to ensure that children are protected from diseases which can cause serious illness, permanent damage or death.

Refugee Health Screenings

The Division of Community Health will continue to provide refugee health screenings to all new entrants to the U.S., and provide on-going care coordination to assure the delivery of health care.

HIV / STD Testing, Diagnosis, Treatment, Prevention Education

Summit County Public Health will continue to offer quality services to prevent and control all sexually transmitted diseases.

Other Non-Clinical Services Include:

WIC (Women, Infants & Children) Supplemental Nutrition Program

WIC, a nutrition education program which provides supplemental nutritious foods that promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age five will continue to be provided by the Division of Community Health.

Home Visitation Programs Help Me Grow/First Things First

The Division of Community Health will continue to coordinate programs serving children and families at-risk for development delay and disability with comprehensive, early-intervention services.

Breast and Cervical Cancer Screening Project (BCCP)

The Division of Community Health will continue to implement this project in order to detect cancers in women at an earlier age and improve access to breast and cervical cancer screening for low-income women.

Child and Family Health/Infant Mortality

Through the work of the Child Family Health Services Consortium, the Community Health Assessment indicators will continue to be monitored and reported to address service gaps and needs for this population.

Care Coordination

The Summit County Public Health Care Coordination Unit will continue to help Summit County residents connect with community services that are available to them and to assist residents during the process of securing services.

Bureau of Children with Medical Handicaps

BCMh is a state program that gives children access to diagnosis and treatment by board-certified specialty physicians. Medications, therapies, dental care and equipment are available through the program. This program will continue to be implemented.

Agency Goals Addressed

Goal 1: Addressing Social Inequities

Goal 2: Improving Health

Goal 3: Sustaining National Standards

Goal 4: Strengthening Organization Capacity

Goal 5: Assuring Access through Care Coordination

Goal 6: Research and Academic Partnerships

Environmental Health

- *Increasing the public understanding of the impacts of the built environment on health.*
- *Increasing education and understanding by the regulated community on the how and why to related preventing environmental health code violations.*
- *Increasing staff responsiveness to public concerns and contacts.*
- *Improving the quality of surface water bodies.*

Environmental Public Health addresses the interrelationships between human health and the environment. The environment does not only include the natural environment and natural hazards

Number of Employees	
FY 2011	59
FY 2012	62
FY 2013	73
FY 2014	83
FY 2015	75
# Change	-8

but also the human-built environment and the unintended human contribution to illness and harm on human health. Summit County Public Health, Division of Environmental Health Services, addresses these threats through a multi-dimensional approach: public education, regulation, monitoring, remediation, coalition building, and advocacy. The Environmental Health Division will continue to broaden its traditional regulatory and inspection-based means of assuring a healthful environment. This will focus on proactive industry and consumer education initiatives by creating new partnerships and additional data collection.

Communicable disease is within this division as it needs a close working relationship with food service sanitarians for food-borne outbreak investigations. In 2015, the Communicable Disease Unit will assume responsibility for Emergency Preparedness across the agency as we design an infectious disease rapid response subunit within communicable disease.

Transformational Initiatives

The Environmental Health Division will begin the implementation of phases two and three of the Community Environmental Health Assessment.

Phase I of the Environmental Health Assessment consisted of collecting baseline data that was available and organizing it into a cohesive document. This process was completed in 2012. In the 2nd and 3rd quarter of 2015, Phases II

& III will consist of repeating data collection, determining a set of indicators, and developing goals and strategies to address areas of concern. This planning document will then be presented to the community and monitored accordingly in the 4th quarter and on-going. The Environmental Health Director will assume responsibility for this activity with support of departmental staff and assistant directors.

The Environmental Health lab will develop new strategies to meet the needs of the community going forward.

The Public Health laboratory currently supports the clinical activities within the organization. The laboratory staff will work to increase efficiencies by lowering general revenue costs of operations. As clinical services decline, the lab will expand to provide environmental analysis for the Water Quality Unit and for the private sector as a new revenue source. The Northeast Ohio Sustainable Communities Consortium identified air and water quality as the primary growing concern among residents. It will be necessary to determine new data collection methods and sources of data to address these increasing concerns. In the 1st quarter, the lab supervisor and assistant director will assume responsibilities for finalizing the budget for lab services. In the 2nd and 3rd quarter, additional services for environmental water analysis will be implemented. The lab supervisor and lab staff will assume responsibilities for this initiative.

The Environmental Health Division will assume a leadership role in the community to address the health impact the built environment has on public health through advocacy, policy that supports land use planning, and the impacts of climate change.

The built environment includes all of the physical parts of where we live and work (e.g., homes, buildings, streets, open spaces, and infrastructure). The built environment influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer. Today, approximately two thirds of Americans are overweight. Current research indicates that neighborhoods that are characterized as more walkable, either leisure-oriented or destination-driven, are associated with increased physical activity, increased social capital, lower overweight, lower reports of depression, and less reported alcohol abuse. During the 1st quarter of 2015, Summit County Public Health will convene community members to discuss the health impact of the built environment. In the 2nd and 3rd quarter, a plan will be developed with

input from the community. In the 4th quarter, a plan will be finalized and presented to community members. The Assistant Director of Air Quality, with departmental staff support, will assume responsibility for this activity.

Implement the second year of the new five year community storm water contracts, increasing communication of storm water monitoring activities to the member communities.

Phase II of the resulting regulations found in the Code of Federal Regulations (CFR) are found in 40 CFR 122.26 and 40 CFR 122.30 through 122.37 in December of 1999. These regulations imposed standards for reducing and eliminating contamination in Municipal Separate Storm Sewer Systems (MS4s). This part of the program has been termed Illicit Discharge Detection and Elimination, IDDE.

One aspect of the regulations requires communities monitor their storm water system discharges to creeks and streams for evidence of pollution and to eliminate pollution sources to their storm system when discovered. Each of the member communities has contracted with the Division of Environmental Health to meet this requirement. As the new contracts are implemented, it will be necessary to meet with the communities to develop communication strategies that will best address the needs of a particular community. These activities will occur during the 1st quarter with development of specific communication strategies in the 2nd quarter and on-going. The strategies developed could include written reports, presentations to elected officials and community meetings. The Director of Environmental Health or Water Quality Supervisor will assume responsibility for this activity.

Increase collaboration with nursing homes or daycares to implement communicable disease surveillance activities.

Often the awareness of a problem within an institutional setting occurs as the result of a communicable disease outbreak. To be proactive, the communicable disease unit will implement strategies over the next year to increase surveillance activities. Accurate identification and timely reporting are integral parts of successful disease control, enabling public health agencies to: identify contacts who may be infected or at risk for infection, determine the incidence and prevalence of disease in a specific area, assist physicians and hospitals in evaluating illnesses, and assist the public in making better decisions regarding their health and lifestyle. Beginning in the 1st and 2nd quarter of 2015, the Assistant Director of Environmental Health and communicable disease staff will meet with daycares and nursing homes to develop strategies to increase

surveillance. During the 3rd and 4th quarter, these activities will be presented to the general population. The Communicable Disease Supervisor will assume responsibility for this project.

The Division of Environmental Health will coordinate the development of an Infectious Disease Response unit within Emergency Preparedness and Communicable Disease.

The Emergency Preparedness Unit will continue to provide information, education and planning efforts to mitigate damage and loss of life from all hazards with a special emphasis on infectious disease containment and mitigation. With the changing global impact of infectious diseases and the regional hospital planning, public health will need to respond seamlessly to all potential infectious disease outbreaks rapidly. This unit will be ready to deploy immediately upon receiving notification. Early in 2015 and by second quarter, this unit will be fully staffed and prepared to respond as needed. As this unit is developed, additional partners will be included in the planning like hospitals, local safety forces and the Summit County Emergency Management Agency, Division of Public Safety.

Traditional Division of Environmental Functions

In addition to the transformational initiatives described above, the Division of Environmental Health will maintain the following traditional functions:

Air Quality

The Air Quality Program will continue to address all issues related to air pollution in order to protect the public's health. This includes permitting for construction projects and operations as well as compliance and enforcement.

Food Safety

The Food Safety program will continue to license and regulate all food service operations and retail food establishments including restaurants, grocery stores, mobile units, temporary permits and vending machine operations to assure that all comply with applicable laws.

Recreation Programs

The Division of Environmental Health will continue to monitor camps, pools, spas, and beaches to reduce the potential for the spread of communicable diseases and/or injuries. This assures that recreational parks and camps are

maintained in compliance with applicable laws and rules through inspections of parks/camps and education of operators.

Tattooing and Body Art

This program will continue to assure that businesses performing tattooing or body piercing procedures do so in a manner that meets safety and sanitation standards. Staff will be adequately trained to perform the procedures through inspection of businesses and education of operators.

Communicable Disease

The Communicable Disease Unit of Summit County Public Health will continue to be responsible for the prevention and control of infectious disease in the community. Protection of public health is accomplished through active case identification, assessment, data collection, public education, and referral to community health providers.

The Healthy Homes Program

This unit will continue services to help protect Summit County residents from environmental dangers that may be encountered in a residential setting. This includes general housing complaints, blood lead testing for children up to age 6, Smoke-Free Ohio, fee-based lead inspections, risk assessment and clearance. This unit will also continue the inspection of motels/hotels, and jails.

Water Quality

The Environmental Health Division will continue to be responsible for inspecting and issuing permits for installation and repair of home sewage (septic) systems, small commercial (semi-public) sewage treatment plants, and water wells. This division also registers and inspects sewage installers and liquid waste haulers.

Vector Control

This unit will continue to monitor and address mosquito and other rodent nuisances to protect the public from vector-borne and zoonotic diseases. This includes Public Health outreach, education, monitoring and disease control interventions.

Agency Goals Addressed

Goal 1: Addressing Social Inequities

Goal 2: Improving Health

Goal 3: Sustaining National Standards

Goal 4: Strengthening Organization Capacity

Goal 6: Research and Academic Partnerships

Goal 7: Infectious Disease Response