The Summit County Public Health Strategic Goals

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Health Commissioner
Summit County Public Health

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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

In 2013, Summit County Public Health became the first health district in Ohio and one of only fourteen in the nation to be awarded National Accreditation by the Public Health Accreditation Board (PHAB). This designation status recognizes the agency’s high performance and solid foundation of service quality. The award also assumes the continuous striving for quality improvement, value, and accountability to stakeholders.

In 2013, Summit County Public Health also purchased the Fairway Center building complex in West Akron as its future central offices. The facility opening in 2014 will improve customer services by consolidating staff and integrating programs. These significant events are due to the commitment of a supportive Board of Health and a dedicated professional public health staff.

Our planning for the 2014 Strategic Goals reflects the findings of our Community Health Assessment 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.

The Seven Agency Goals, in cooperation with the Office of the Health Commissioner, are addressed by each of the three divisions: Administration, Community Health, and Environmental Health. In addition to daily on-going activities, each of the Divisions has identified transformational initiatives to address changing Public Health needs.
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 recognizes the importance of primary and secondary prevention through clinical services and community outreach efforts. 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. As a result of these earlier reforms, today more Ohioans can be brought into a program up to 138% of the federal poverty level, thus providing higher quality care and better outcomes.

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.
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 measurable 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: Office Relocation**
The renovation and centralization of the health district staff will lead to improved morale and enhanced customer services. The immediate challenge will be to provide a seamless transition with minimal disruption in service.
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 quality assurance across all divisions within Summit County Public Health. Responsibilities include overall 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 2014, 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. One FTE is dedicated to increasing the agency’s capacity to identify and address social inequities impacting Public Health. Community planning and quality assurance activities will engage staff across all divisions. The Medical Director will facilitate quality clinical services, all hazards preparedness, 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.

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Transformational Initiatives

Office of the Health Commissioner will develop strategies to complete the ongoing 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 ongoing 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 2014. The Assistant Health Commissioner will oversee this initiative.

Office of the Health Commissioner 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. During the 1st and 2nd quarter of 2014, the senior management team will assess the service delivery model and location as the Health District prepares to relocate to the new facility. The Assistant Health Commissioner will assume the lead on this project.

Office of the Health Commissioner will conduct quality assurance activities and program evaluation for services in order to maintain National Accreditation.
Summit County Public Health is committed to developing aggressive quality assurance measures that embrace both the process of delivering services and the actual outcomes that improve population health. With many data sources and programs, the challenge is to capture activities that can be easily monitored across all programs. Over the next year, quality assurance measures will be organized and implemented within each of the accreditation domain areas for SCPH programs. This will result in reports to be reviewed by supervisors and staff to monitor outcomes. This will support the Continuous Quality Improvement activities currently underway by staff committees. The Accreditation Coordinator will take leadership on this initiative with support from the Assistant Health Commissioner. These activities are continuing and on-going through 2014.

*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 1st quarter of 2014 and ongoing as opportunities present.

*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 1st quarter of 2014 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 initiatives in the coming year are focused on strengthening organizational capacity through improved communication, fiscal discipline, process automation and staff development. Administration strongly believes professional development, integrated decision-making, effective use of technology, and responsible resource utilization are 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

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effective training delivery mechanisms to achieve desired outcomes. The formalized plan, which is scheduled to be in place by January 2014, 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 online 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 1st quarter of 2014 with development of additional trainings and modules taking place during the remaining three quarters and into 2015. The Personnel Officer will oversee the initiative with support from the Training/Marketing Specialist and Division Directors.

Administration will maximize efficiencies through effective use of technology.

Improvements in operating efficiencies and productivity are realized by continuously investing in emerging information technologies, improved software for transactional processing, decision support, and the upgrading of computing hardware to take advantage of future opportunities. 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. Action steps include identifying operational bottlenecks, researching technological options and employing solutions.

Projects planned for 2014 include: 1) completing the roll-out of a new “mySCHD” data system and related timekeeping, personnel management, accounting and reporting components 2) completing implementation of HIPAA data security protocols 3) developing an IT solution to improve efficiency of the contract management process 4) developing an IT solution to manage travel requests and reimbursements 5) researching and employing digital imaging
technologies to reduce the volume of paper records 6) facilitating transition to electronic health records as described below; and 7) planning and managing the technical aspects of facility relocation. Items 1-3 will be completed during the 1st quarter of 2014 and remaining items will be addressed during the final three quarters. Progress will be measured by tracking the number of paper processes which have been automated, decreases in required processing time, improvements in compliance, and staff feedback. The Information Systems/Facilities Manager will oversee this initiative with support from department staff.

**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.

The first steps toward implementation will be to identify and document our unique needs and to compile a request for proposal document to narrow the field of prospective software vendors. Subsequent action steps will include conducting a thorough workflow analysis, system customization, obtaining staff buy in, and training. 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 1st quarter of 2014 with the goal of selecting a system by the end of the 2nd quarter. 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 will be placed on assuring consistency in messaging and developing the SCPH brand. The initiative is ongoing and will continue throughout 2014 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 plan and manage office relocation.
Summit County Public Health will move to its new headquarters facility in 2014. This move is the culmination of almost three years of planning and work to streamline service delivery and consolidate multiple office locations. The initiative supports the agency’s goal of office relocation, as well as, strengthening organization capacity by improving resource utilization, increasing opportunities for collaboration and improving consumer access. Action steps include developing and executing a comprehensive relocation plan aimed at minimizing disruption to mission critical functions and maintaining communication with external partners and customers during the transition. Progress will be measured by the number of services that are open for operation at the new facility, as well as, staff and external partner feedback. The Information Systems/Facilities Manager will oversee this initiative with organization-wide support.

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
Goal 7: Office Relocation

**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 support our targeted clinical health services, which include childhood and adult vaccinations, and 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 2014, 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) chronic disease management, 2) coordination of early childhood services, 3) improving immunization rates, and 4) increasing access to health care.

Much of the planning that will occur in 2014 will address the issues of Affordable Care and Medicaid Expansion in Ohio. It is anticipated that both of these new initiatives should provide additional services for families and children, while also demonstrating the importance of preventative health care and medical homes.

### Transformational Initiatives

*The Division of Community Health will address chronic disease management*
by developing new strategies to address the most vulnerable, at-risk groups. During 2014 Community Health public health nurses, social workers, and care coordinators will develop community-based care models/plans specifically targeted to patients discharged with Heart Failure (HF), Acute Myocardial Infarction (AMI), or Pneumonia (PN). October 1, 2012 marked the initiation of the CMS Readmission Penalty, which assesses a penalty ranging from 0.01% to 1.0% of a hospital’s Medicare revenue. The magnitude of the penalty is determined by a calculation of an excess readmission ratio based on 30-day readmission rates for heart attack, heart failure and pneumonia. Research has shown that up to 20% of patients discharged from the hospital will be readmitted within 30 days. Studies further suggest that strategies to reduce unplanned readmission rates should be inclusive of external stakeholders, rather than limited to a hospital-only approach. 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 division. During the 1st quarter, the Director of Community Health with support of the two Assistant Directors, will identify strategies to address chronic disease management in the community. In the 2nd and 3rd quarters, the plan will be developed and implemented. This will be ongoing in 2014 and continuing into 2015.

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 will design and implement 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 2014.

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 2013, 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, 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 2014, the Division will continue the work it began in 2013 of imbedding staff and students from the University of Akron College of Nursing 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 2014, the Assistant Directors will have identified strategies to facilitate access to health care. Each of the strategies will be evaluated for feasibility to implement and effectiveness in reaching target populations.

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

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 in the.

**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.

Chronic Disease Management and Prevention
The Division of Community Health Services will continue to implement two projects: Creating Healthy Communities Program (CHC) and the Community Transformation Grant (CTG). The goal of both of these projects is to reduce the preventable risk factors for chronic conditions such as hypertension, high cholesterol and diabetes.

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.

Emergency Preparedness
The Division of Community Health Services will continue to provide information, education and planning efforts to mitigate damage and loss of life from all hazards.

Epidemiology/Biostatistics
The Epidemiology/Biostatistics unit analyzes health data and information for programmatic support and development of new initiatives within the Health District. Maintaining and assessing data helps discover trends and issues that need to be addressed. All activities of this unit will continue.

The Office of Minority Health (OMH)
The Division of Community Health Services will continue to be dedicated to providing minority health data and technical assistance to local agencies working to improve the health status of minority populations.
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 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.

### 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 2014, 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 ongoing. The Environmental Health Director will assume responsibility for this activity with support of departmental staff and assistant directors.

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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 Assistant Director 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 2014, 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 first 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 2014, the Assistant Director of Environmental Health 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 Assistant Director will assume responsibility for this project.
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