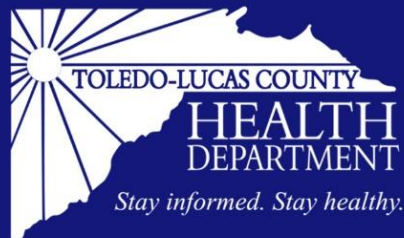


**Strategic Plan
2017 Annual Report**



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Introduction

In February 2017, the Board of Health formally adopted the 2017-2020 Strategic Plan for the Toledo-Lucas County Health Department (TLCHD). TLCHD's plan is built on a framework that details the responsibilities, priorities, and objectives the department plans to achieve, the means by which it will achieve them, and how success will be measured. Comprised of eight strategic priorities and numerous objectives and actions steps, this plan provides the template from which both employees and stakeholders can make decisions to move the Health Department and our community's health forward over the next 3 years.

The Strategic Planning Committee (SPC) convened in May 2017 to establish the reporting mechanisms by which progress would be tracked and shared, and to begin work in earnest on meeting the objectives outlined in the plan. Considered a living document, the Strategic Plan's objectives and action steps are continuously reviewed and discussed to ensure they are aligned with the Health Department's mission, vision, and values. As progress is evaluated, action steps may be modified, created, or retired based on their feasibility and strategic importance to the improved health of our constituents.

In the August update of the Strategic Plan, a fourth objective was written under the *Infant Mortality* strategic priority. This objective and its associated action steps were created based on the feedback one of TLCHD's public health nurses provided, which indicated a potential gap existed under this strategic priority in the original release of the plan.

The 2017 Strategic Plan Annual Report serves as an initial record of the implementation of the 2017-2020 Strategic Plan. This report details progress made, barriers and facilitators identified, and ongoing planning efforts. Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.



TLCHD Strategic Map

Vision		TLCHD 2017-2020 Strategic Plan Priorities A Healthier Lucas County for Everyone		
Strategic Priorities & Objectives	Obesity (Adult & Youth)	Obj1: Work with Community Partners to Create Environments that Promote Increased Physical Activity (Worksite Wellness) Obj2: Healthy Eating & Food Literacy Obj3: Healthier Weight-related Behaviors Among TLCHD Staff Obj4: TLCHD Coordinates Community on Obesity Issues		
	Opiate Epidemic / Drugs	Obj1: Establish Linkages to Mental Health & Recovery Services Obj2: Reduce Opioid & Drug Abuse / Misuse Obj3: TLCHD Coordinates Coalition Building Obj4: Prevent Opioid Overdose Deaths		
	Access to Care	Obj1: Social Determinants of Health Understood by Community Partners & Public Obj2: Increase Proportion of Lucas County Residents with Medical Insurance Obj3: Work with Community Partners to Link people to Primary Care Obj4: Capacity of Local Health System Assessed Obj5: Residents Linked to Care		
	Infant Mortality	Obj1: Promote Healthy Pregnancies Obj2: Help Infants Thrive Obj3: Assess and Address Disparities including those caused by Racism Obj4: Decrease Tobacco Use for Women of Childbearing Age		
	Health Promotion	Obj1: Increase Health Education Opportunities for Clientele Obj2: Promote Evidence-Based Education & Intervention Strategies to Improve Health Outcomes Obj3: Establish Unified Public Health Messaging Strategies Among Health Agencies and Organizations Obj4: Actively Contribute to the Development and Implementation of Policies that Support and Improve Population Health at All Levels		
	Healthy Homes	Obj1: Promote & Drive the Lead Safe Housing Initiative Obj2: Expand Nuisance Abatement Efforts Obj3: Collaborate with Community Partners to Mitigate, Prevent, or Resolve Environmental Issues Obj4: Explore Implementation of the Green & Healthy Homes Initiative		
	Workforce Development	Obj1: Increase Workforce Training Opportunities at all Levels Obj2: Develop "Safe Feedback" system/process for staff Obj3: Staff Performance Effectively Managed Obj4: Develop and Implement an agency Workforce Development Plan Obj5: Workforce Acquires and Maintains Necessary Skills for Job Excellence		
	Financial Stability	Obj1: Continuously Seek Funding Opportunities to Support Public Health Services Obj2: Actively Evaluate and Monitor Program Budgets to Effectively Manage Fiscal Resources Obj3: Implement Key Financial Analysis & Business Management Practices		
	Values	Health Promotion	People Focused	Collaboration
Communication		Empowerment	Disease Prevention	
Mission	The Toledo-Lucas County Health Department is committed to being the leader in public health by promoting and protecting the health of all people where they live, learn, work, and play.			

Mission, Vision, Values

TLCHD's Vision communicates our agency's highest goal and desired future state; our Mission defines the agency's purpose and demonstrates our efforts to be the best leaders in public health for Lucas County; our Values serve as guiding principles to drive the work we do through a common purpose and call to action. TLCHD's current Vision, Mission, and Core Values were reviewed and revised during the 2016-2017 strategic planning process, and adopted by the Board of Health in January 2017.

Vision

A Healthier Lucas County for Everyone

Mission

The Toledo-Lucas County Health Department is committed to being the leader in public health by promoting and protecting the health of all people where they live, learn, work, and play.

Core Values

Health Promotion: We actively promote the knowledge, attitudes, and behaviors that enable our community to reach its healthiest state.

People Focused: Our primary focus is to provide the best public health for those who rely on our leadership and guidance to live happier, healthier lives.

Collaboration: We foster partnerships with key community stakeholders to enhance the delivery and effectiveness of public health information and practices.

Communication: We encourage open and clear communication within our agency and to the community in a timely, culturally appropriate, and respectful manner.

Empowerment: We empower our citizens to make healthier choices through education and a shared responsibility for the health of the public.

Disease Prevention: We actively screen, evaluate, and educate our clients through evidence-based prevention strategies to minimize the threat of disease in our community.

Obesity (Adult & Youth)

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1:

• Healthier Weight-related Behaviors Among TLCHD Staff

The Health and Wellness Committee (HWC) has initiated examination of the factors associated with an in-house workout space for staff. This has included the identification of available space and its potential usage in October, and the development of a proposal to designate space for both equipment and group classes (in progress). While the space for conducting classes already exists, obtaining workout equipment and setting it up, as well as relocating supplies stored in a potential workout location are known barriers.

The HWC has also begun work on the development and implementation of a staff health improvement plan (SHIP). A draft plan has been written but has stalled against a potential barrier of funding for incentives, what incentives staff may respond to, and what the administrative leadership and Board will agree are appropriate.

To help answer some of these questions, the HWC developed and distributed a Health and Wellness Survey to all staff that asked the following questions:

- Please rate your physical activity level.
- What limits you from being physically active?
- Do you have a gym membership?
- What is your fitness goal?
- If the Health Department had a fitness center, would you utilize it to work towards your fitness goals?
- Which of the following would best help you to work towards your fitness goals? (Select all that apply)
- Over the past week, how many days did you eat breakfast?
- Over the past week, how many days did you pack your lunch?
- Over the past week, how many days did you consume junk foods (sweets, chips, etc.) at work?
- Select all for which you would be interested:
 - Food Label Education
 - Healthy Cooking
 - Smart Shopping
 - 1 on 1 session with a Dietician
 - Other (please specify)
- Please use the space below to share any ideas that will help our group to address personal health issues here at the Health Department

This survey will help inform the draft SHIP. As of this report, approximately 60% (88) of staff have responded to the survey. While this survey will provide some actionable answers moving forward, it was not feasible to address all relevant factors in a single questionnaire. Additionally, it is unknown what value staff currently place on the incentive plan offered through the Lucas County Wellness Coaches.

Opiate Epidemic / Drugs

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1: • Establish Linkages to Mental Health & Recovery Services

The Lucas County Opioid Coalition, led and facilitated by the Toledo-Lucas County Health Department, has grown to include a membership of more than 233 individuals from 88 local, state, and federal agencies encompassing a wide variety of disciplines, targeted services, and community stakeholders. The program coordinator has maintained and fostered new working relationships with local law enforcement, Emergency Management Services, Toledo Fire & Rescue, Lucas County EMS, local hospitals, DART, pharmacies, Faith Based Organizations (FBOs), and other agencies from within the public and private sectors.

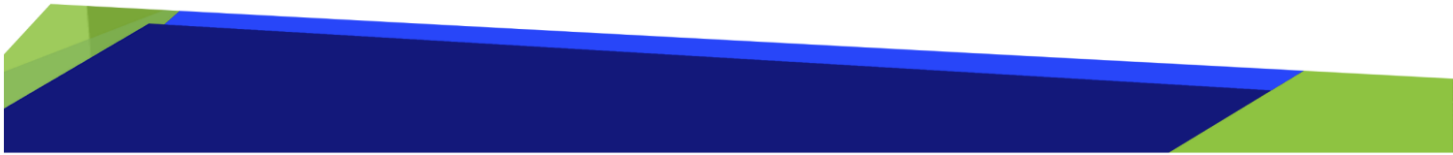
TLCHD epidemiological staff and other Lucas County agencies including Mental Health Recovery Services Board (MHR SB) to facilitate the sharing of data that has been vetted and can be disseminated in "real time." The coalition continuously works to minimize the gaps and delays in data delivery, processing, and distribution.

TLCHD maintains a long-standing collegial relationship with the MHR SB and agencies they fund, and the Opioid Coalition has served as a uniting force for stakeholder agencies to share and benefit from comprehensive data crucial to understanding and resolving the opiate epidemic. Despite this, there are still significant barriers including direct linkages to available services, hospital bed availability for treatment, lack of post-treatment sober housing, and more. The Coalition continues to work to identify the barriers and challenges related to the prevention, mitigation, response, and recovery of those affected by the opioid epidemic.

Objective 2: • Reduce Opioid & Drug Abuse / Misuse

The Northwest Ohio Syringe Services (NOSS) became operational on August 1, 2017. The Health Department executed a contract with the University of Toledo Medical Center (UTMC) in June 2017 to support the operation of the NOSS in Lucas County with funding from UTMC's Ryan White Program and MHR SB and funding for supplies and equipment proved by the MHR SB.

By the end of 2017, NOSS had 94 clients enrolled, 80% of which were returning clients. NOSS works to provide clients with a wide variety of services from rapid Human Immunodeficiency Virus (HIV) and Hepatitis C (HCV) testing, to monitoring of injection sites, wound care supplies, opioid overdose response education and naloxone kits, pre-exposure prophylaxis for HIV (PrEP) program information and enrollment, safe sex kits, referrals to the TLCHD Family Practice Clinic, human trafficking information, and exchange of syringes and other paraphernalia. In total, 3,744 syringes had been distributed and 1,889 collected by NOSS through December 2017.



Additionally, 92 clients received Naloxone administration training and kits, 17 clients received HIV testing, 18 clients received HCV testing, more than 100 injection sites / wounds were evaluated by the program's registered nurse, and 8 clients were referred for wound care. Of the 94 enrolled participants, 8 requested and received referrals to treatment programs.

In addition to the NOSS's services, educational and promotional materials have been developed and are being disseminated throughout the community. Aiding these efforts is widespread community support for harm reduction initiatives; additionally, TLCHD's opioid and HIV coordinators and disease intervention specialists have been tremendous assets. Existing support from sites where NOSS is conducted, St. Paul's United Methodist Church and the Talbot Center, have also been vital. The NOSS Staff participated in countless outreach activities promoting the program's services, distributing condoms, performing HIV and HCV testing, and Naloxone administration education and distribution of Naloxone kits. Tent City for the Homeless, the 5th AA Forum---NAMI, the African American Men's Health Walk, and the Human Trafficking Conference are just a few of the events included in their outreach efforts.

Objective 3:

- **TLCHD Coordinates Coalition Building**

Through the Lucas County Opioid Coalition, TLCHD has facilitated improved and expanded data and information sharing among the Coalition's growing membership. The Department of Justice Liaison for Toledo has been instrumental in assisting the Coalition in this endeavor and the Opioid Coalition as a whole has proven to be a great unifier among various stakeholder agencies for the purpose of facilitating data-sharing. An assessment of the Lucas County Opiate Coalition's activities and needs was sent to all coalition members via SurveyMonkey in late 2017. The results from this survey are projected to be presented at the February 2018 general coalition meeting.

Among the leading barriers to expanding data-availability to all Coalition partners and the public includes ongoing criminal investigations, a lack of 'real time' data availability, known and unknown gaps in data, and the timely vetting of data. Additionally, the development of a mechanism and format for sharing Opioid Coalition data with the community is expected to be the most challenging action step for this objective. The Coalition is working toward implementing a tiered release of information and data through agency distribution lists to ensure appropriate and timely dissemination of information to those agencies that require actionable and vetted data as quickly as possible.

Objective 4:

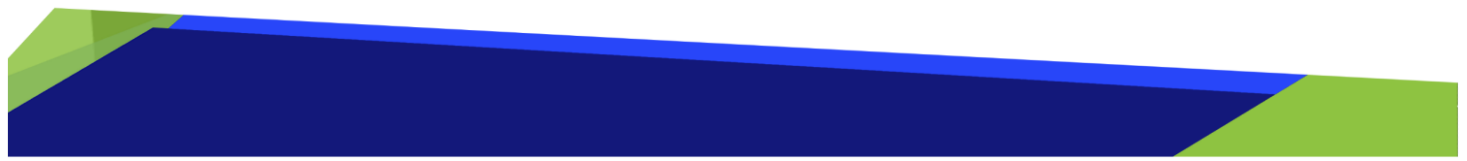
• Prevent Opioid Overdose Deaths

One of the primary reasons that the opioid epidemic was established as a strategic priority for the Health Department was to prevent and reduce the number of opioid overdose deaths that occur in Lucas County. Education and the provision of intervention materials are key avenues through which the department is working to positively affect this national health crises at the local level.

Formal letters were sent to all local, independent pharmacies in Lucas County in December 2016 and again in December of 2017. Utilizing the Ohio Board of Pharmacy Protocol, these pharmacies could dispense naloxone without a prescription with an approved protocol by the Health Department's Medical Director, Dr. Grossman. This has expanded community capacity as there are now significantly more sources for distribution of naloxone and training on its proper use.

The Opioid Coalition Response Plan, submitted to the Ohio Department of Health in May 2017, serves as a "living plan" to guide the efforts of the Opioid Coalition. This plan will change over time as new data becomes available, additional agencies join the coalition, and as lessons are learned through implementation of TLCHD's strategic planning efforts. The process of establishing protocols and critical indicators for notifying appropriate agencies of new and related opioid information began with the implementation of the Health Department's Opioid Coalition Grant and is guided by the response plan. The Health Department's Opioid coordinator receives frequent requests from a diverse group of faith-based organizations, employers, community and civic groups, and other agencies seeking training and naloxone kits. The Health Department distributed 1612 Naloxone kits and training from January to December 2017 at public outreach events. TLCHD Pharmacy staff provided an additional 163 kits and training to individuals requesting them over the same period.

By July 2017, all University of Toledo campus police and Lourdes University Security had been trained and supplied with naloxone. Both Toledo Public School (TPS) Resource Officers and TPS nurses had been previously trained and supplied in December 2016. Prior to TPS Resource Officers and nurses being trained, the school system experienced several incidents that validated the need for training. Within the first week after appropriate personnel were trained, they registered their first overdose reversal using naloxone. The list on the following page denotes some of the many agencies and outreach programs provided with Naloxone administration training and kits:



- Big Brothers/Big Sisters Programs
- Cherry Street Mission Staff
- General Motors Medical Staff
- Toledo Edison Engineers
- Children's Services Board Foster Parents
- Neighborhood Properties (operate local group homes)
- Block Watch Programs
- 7 Harbor Behavioral Opiate Awareness Programs at the Toledo-Public Libraries

Contributing to the success of naloxone distribution and training, and ensuring that appropriate information is disseminated to the public about the opioid epidemic and available interventions, the Health Department's Opioid Coordinator, the Syringe Access Program nurse and social worker, pharmacy staff, and the HIV coordinator have been instrumental points of contact for outside agencies and the public. The Health Commissioner and Board of Health are both highly supportive of staff training and passed the *Emergency Administration of Intranasal Naloxone (Narcan) Policy* in July 2017. A majority of TLCHD staff have now been trained through divisional staff meetings on the proper use of naloxone and the signs and situations that may warrant its use to counteract an overdose. Staff turnover poses a challenge to keeping all TLCHD employees confident and knowledgeable in the use of Naloxone and improved onboarding training will almost certainly be needed.

Additionally, TLCHD's partnership with the MHR SB has been instrumental for the provision of naloxone kits and training. Over the life of the partnership, MHR SB has been exceptionally generous with funding and assistance with the purchase of additional Naloxone kits when Project DAWN kits have been expended. The Service Agreement was updated in October 2017 between TLCHD and MHR SB.

Despite many of the initial successes with the Opioid Coalition and the distribution of naloxone reversal kits and training, some members of the general public, and the first responder and medical community, view naloxone as an "enabler" that promotes drug abuse. Not all school systems recognize the significance of the opioid crisis and the need to have trained staff and naloxone kits available; even in light of the 2017 Community Health Assessment reporting that 1% of Lucas County high school students claim to have used heroin, and 3% report that they have used inhalants to get high.

Opioid abuse is sometimes only associated with heroin use and is not thought to constitute an existing "problem in our system." Adding to this sentiment is the fact that documentation of reversals is elusive- not all law enforcement agencies report information regarding successful overdose reversals with naloxone in a timely manner. Reports of the general public's use is often anecdotal, and overall there is a need for more consistent reporting before a true reversal rate can be captured and benchmarked. However, it should be noted that TLCHD provided a "resupply" of 299 Naloxone kits to local law enforcement agencies.

Access to Care

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1:

- Social Determinants of Health Understood by Community Partners and Public

Understanding social determinants of health is critical to the improvement of health literacy and improved health outcomes across Lucas County. Throughout the last quarter of 2017, the Health Department focused messaging around gaining access to health care through the promotion of vaccinations, dental exams, and physicals for children going back to school. Advertising for available clinics and services near or on the date those services were being offered appears to have been more effective than past information campaigns that were initiated too early. Across all clinics, but especially in the Dental Clinic and the Shots 4 Tots 'N Teens program saw increased client numbers in this quarter. Some of this increase has been facilitated by a need for back-to-school physicals, vaccinations, and dental exams for children.

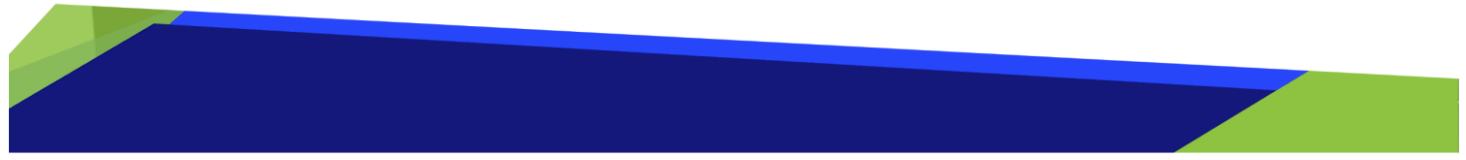
Objective 2:

- Increase Proportion of Lucas County Residents with Medical Insurance

The 2016-2017 Lucas County Community Health Assessment, released in September 2017, contains trending data that illustrates the number of individuals without insurance in Lucas County has fallen to 6% from 14% just three years ago.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Uninsured	12%	13%	14%	6%	8%	11%

This positive decline is the result of continued efforts of organizations across Lucas County collaborating through Healthy Lucas County, the Hospital Council of Northwest Ohio, and the Health Department among many others. Within the Federally Qualified Health Center (FQHC), the Quality Improvement Committee has focused on the continuous identification of gaps in coverage based on measures of income, race, single parent households, addiction, incarceration, language barriers, transportation availability, and the *Health Professional Shortage Area* (HPSA) score for Lucas County. Understanding the gaps that exist helps direct agency resources and collaboration with other providers across the County. The process has led to the identification of specific events that community health workers (CHWs) will be available to enroll people into Medicaid. These clients will be able to access care at the health center after enrollment. There is ongoing coordination with the public information officer for promotion of enrollment and baseline data collection began at the Health Department's front desk in November



to establish how many applications are provided to clients and the percentage of those applications that facilitate signing-up for coverage.

Objective 5:

- Residents Linked to Care

The Health Department provided a training overview to staff through divisional staff meetings on a program called *Healthify*. This program bridges the gap of developing a resource library where information on linking to care can be collected. *Healthify* "...helps healthcare organizations find community services, track social needs, and coordinate referrals with community partners to radically improve the health of the people we serve." The program allows performance metrics to be collected based on the number of times the resources are used, reviewed, and staff usage. This program is expected to assist

Infant Mortality

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1:

- Promote Healthy Pregnancies

Close partnership with the Hospital Council of Northwest Ohio (HCNO) has been central to the Health Department's efforts in implementing the *Getting to 1* program. Ongoing implementation of *Getting to 1* has proven it to be a positive program for expecting mothers. In addition to promoting available services, the Health Department has placed emphasis on delivery of services and information in a culturally sensitive and appropriate manner to our family planning target populations. The *Culturally and Linguistically Appropriate Services in Healthcare* (CLAS) strategic plan was updated in October 2017 to reflect current trends and needs. Reproductive life plans are being completed for some female patients with the goal of completing RLPs for all female patients aged 14 to 44. Pregnancy testing is now available all day Monday through Thursday at the Health Department's Downtown Campus and on Fridays at the Western Lucas County Clinic.

Helping to drive cultural competency is required training built into the CLAS plan, but training during new staff onboarding may need to be reviewed to ensure continued compliance.

Objective 2:

- Help Infants Thrive

Currently, the Health Department offers *Safe Sleep* classes through two health educators; one maintains a set schedule of classes and the other has built in flexibility for scheduled. Additionally, a health educator is available for safe sleep education in the home. The Health Department has also expanded efforts to promote safe sleeping practices through community partners, especially for fathers through the Brothers United Fatherhood Program. Program objectives have now been updated and set for the 2017-2018 Maternal Child health Grant Cycle. Hospital requirements to provide safe sleep education to all families before discharge has been a boon to ensuring all families receive the necessary information to help their infants thrive through safe sleeping practices. However, a barrier to this process lies in the identification of appropriate hospital contacts for coordination of information and resources. Additionally the IPHIS reporting system is not always easy to access and information requests sometimes need to put through the Ohio Department of Health; replies are not always received in a timely manner.

Related measures being tracked by Health Department staff include referrals to the Women, Infants, Children program and TLCHD's breastfeeding services and information. These referrals are currently tracked for all Healthy Start participants. One significant barrier that exists to expanding the tracking of referrals is that no system is currently in place to track referrals from other departments within the Health Department.

Objective 3:

- Assess and Address Disparities including those caused by Racism.

Internal efforts to improve cultural competency and address issues that may factors of racism include the mandatory *Dialogue for Change* training. All staff must complete this six week course aimed at improving awareness and understanding of racial issues, social stigmas, and understanding the root of disparities that may affect the clients we serve as a public agency. Four groups have completed this course as of the end of 2017, and the facilitators are currently developing an appraisal tool to collect information on how the program can be improved. Two community *Dialogue for Change* sessions have been held in collaboration with the YWCA and a wider community-wide roll-out of this program is planned in upcoming months.

Objective 4:

- Decrease Tobacco Use for Women of Childbearing Age

Presently data is collected on tobacco usage for woman of childbearing age for all Health Department patients. Efforts to increase the number of women receiving cessation services has seen negligible results in part due to staff turnover in the department's tobacco related programs. Women enrolled in the Healthy Start program received education about the dangers of tobacco use both in general and during pregnancy.

Health Promotion

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1: • Increase Health Education Opportunities for Clientele

Ensuring Lucas County residents have access to information and education opportunities is a primary focus of the department's Health Promotion efforts. With the 2017 retirement of the employee who handled the calendar of community events, program coordinators have now been given responsibility to add calendar events that relate to their programs. This change is helping to ensure the public stays up-to-date with services and programs offered by the Health Department and other community agencies.

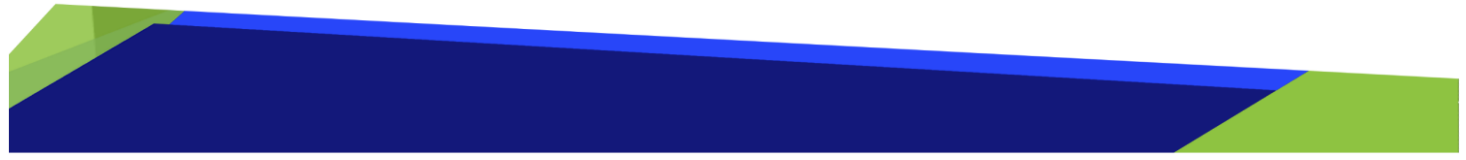
The Health Department promotes health education opportunities through press releases, resource guides, and through local media. TLCHD regularly holds free *Tai Chi: Moving for Better Balance* classes for residents over 50 years of age to help improve balance and coordination to reduce the risk of falls and to improve physical health. Food Safety Trainings in both English and Spanish are held to educate food service personnel on the regulations and best practices to keep food safe. The Health Department released a Transportation Resource Guide in September to help those with Medicaid reach their healthcare appointments. This guide is available in English, Spanish, and Arabic. Staff regularly promote and share upcoming events at local community coalition meetings, and TLCHD's health educators work within the community to continuously promote the Health Department's services and programs to appropriate audiences.

Objective 2: • Promote Evidence-Based Education & Intervention Strategies to Improve Health Outcomes.

The Health Department continuously works to present appropriate messages and health-related topics through its social media accounts as often as possible. While it has been identified that using partners to further reach is a necessary step to pursue moving forward, there has been a measureable increase in the number of followers to TLCHD's social media accounts in 2017 (Facebook and Twitter).

Objective 3: • Established Unified Public Health Messaging Strategies Among Health Agencies and Organizations

Throughout 2017, all Public Information Officer (PIO) Response Plans have been reviewed and updated for the Northwest Ohio PIO Steering Committee. The regional plan has also been reviewed. Additionally, the Disaster Preparedness Coordinator revised the Base Emergency Response Plan for the Health Department and all of its



appendices. This includes notification protocols relating to the release of information to the public in the event of an emergency.

Objective 4:

- Actively Contribute to the Development and Implementation of Policies that Support and Improve Population Health at All Levels

The Board of Health (BOH) has been working with the Director of Health Promotion and Policy Integration to reestablish the BOH's Legislative Affairs Committee. This had proven a challenge in 2017 due to Board Member turnover and the introduction of new BOH members. The review, reestablishment and reassignment of Board committees is currently in progress and expected to be complete in the first quarter of 2018.

The Health Department has been working closely with Tobacco 21 (Preventing Tobacco Addiction Foundation), the Toledo City Council, and select staff and students from the University of Toledo on an initiative to prohibit the sale of tobacco products to any individual under twenty-one (21) years of age. A public hearing sponsored by Councilwoman Yvonne Harper was held in November to discuss the issues surrounding the initiative and to gauge community support. Following that hearing a community forum was held at the Toledo Technology Academy in mid-December to discuss the reasons for such an initiative and the benefits seen in other cities that have adopted T21 ordinances. Further discussions and the move towards an adoptable ordinance are planned for early 2018.

Healthy Homes

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1:

- Promote & Drive the Lead Safe Housing Initiative

The Health Department Lead Program staff have worked diligently to create informational resources for the public regarding the Lead Safe Ordinance. These resources are available through TLCHD's website <http://www.lucascountyhealth.com/> under "Toledo Lead Ordinance." Since the ordinance was passed in August 2016, the Health Department has created an entirely new training program for individuals to become Registered Lead Inspectors, held classes and informational sessions for the public and various city and county officials, and promoted the proactive protection of Lucas County children from the hazards of lead poisoning.

At the close of 2017, the Health Department's list of *Registered Local Lead Inspectors* included one hundred one (101) individuals available to conduct lead inspections in Lucas County in accordance with the Toledo Lead Ordinance. The vast majority of these individuals received their training through the Health Department's program, with final certification and registration being granted by the state of Ohio. Training classes are scheduled based on demand and the list of available inspectors is maintained on the Health Department's website.

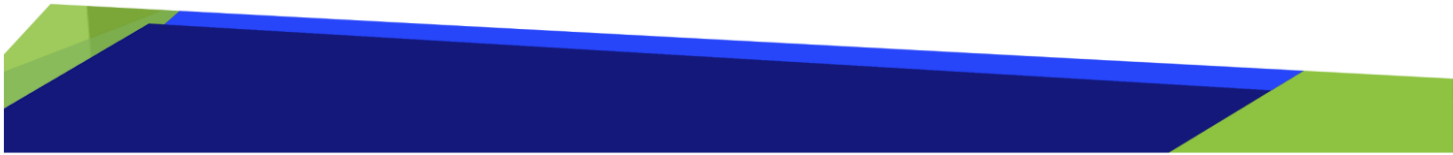
The Health Department received two \$10,000 grants to create and provide displays and other lead informational materials for providers across Lucas County. Ensuring that providers have available information and the ability to discuss lead poisoning issues with parents who have at-risk children enhances the reach of lead poisoning prevention and screening information. The Health Department has also attended Grand Rounds at local hospitals and hosted a Lead Continuing Medical Education conference with external experts to provide information to medical providers in the region.

Objective 3:

- Collaborate with Community Partners to Mitigate, Prevent, or Resolve Environmental Issues

The Health Department is currently establishing a database of community partners that the Health Department regularly interacts with on environmental issues. Initial community groups have been identified through the Green and Healthy Homes Initiative and the Lead Coalition; the database will grow as new groups or partners are identified and a protocol for ongoing communication at appropriate intervals is in development.

Preliminary work exploring the need and funding for a social worker to help address social determinants of health related to childhood lead poisoning and other environmental social issues has been begun. A community partner



has approached the Health Department regarding this issue and feasibility discussions centered on funding and current need for a social worker in this area are ongoing.

The Health Department is also working to develop and host stakeholder workgroups that will inform community engagement efforts and available informational resources for residents who have housing issues the Health Department oversees. Such workgroups have already provided suggestions that have been incorporated into the Lead Program including a change to the issuance date for Phase I Lead Safe Certificates to June 30, 2018 (incentivizing early property registrations and inspections), providing a countdown on the website for property registrations, and development of a video PR campaign. The Health Department values community partner and key stakeholder input and as the list of stakeholders is expanded, additional workgroups will be convened for other environmental issues that arise from the built environment.

Objective 4:

- Explore Implementation of the Green & Healthy Homes Initiative

The Health Department participated in the Green & Healthy Homes Initiative (GHHI) kickoff event on March 9, 2017 and has been regularly participating in quarterly meetings. The GHHI aligns very well with the Lead Safe Program and can help supplement the focus and efforts of the Ohio Department of Health's Lead Program and the Toledo Lead Ordinance (e.g., helping to identify housing for displaced renters, funding for required repairs, etc.).

Workforce Development

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1: • Increase Workforce Training Opportunities at all Levels

In an effort to develop, revise, and/or implement a more inclusive hiring and onboarding process, an Onboarding Process Committee (OPC) was formed. The OPC was tasked with assessing the Health Department's interview process, orientation schedule, and related policies and procedures. By July 2017, the OPC had developed a set of standardized interview questions and score sheets for department clerks, registered dietitians, registered nurses, and registered sanitarians. The OPC has also drafted recommendations for the composition of each interview panel and a draft policy and procedure set.

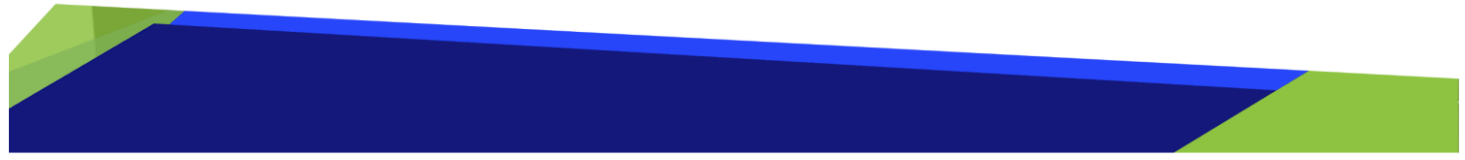
In addition to the OPCs work, a New Employee Orientation (NEO) quality improvement (QI) initiative was headed by a diverse group of staff in 2015 to change the manner in which early training, department history, and division duties are relayed to new staff. This QI project was stalled at the administrative level in 2015 but their initial work served as a baseline for the OPC's assessment. The NEO QI Project is planned to be revisited in early 2018 and allowed to complete its Plan-Do-Study-Act (PDSA) quality improvement cycle.

Objective 2: • Develop "Safe Feedback" System/process for Staff

A revised Employee Satisfaction Survey was developed and submitted for review to directors and supervisors. The survey is expected to be released in January 2018. The Health Department's current leadership supports the regular assessment of staff satisfaction and experiences in an effort to make the department a more supportive environment for staff.

Starting in October and into November, the Health Commissioner implemented a new staff feedback program called *Coffee with the Commissioner*. All staff were invited to attend one of three initial sessions to share their suggestions for facility, program, and/or process improvement with a focus on enhancing department safety, efficiency, and effectiveness. Directors and Supervisors were excluded from these sessions to promote open and unreserved staff feedback. Nearly 50 unique suggestions were generated from more than 30 employees during October and November's sessions. The compiled list of suggestions was shared with all staff and included the following information:

		Toledo- Lucas County Health Department Coffee with the Commissioner		
#	Suggestion	Benefits of Idea	Potential Solutions	Progress /Status



Starting in 2018, the progress/status column will be updated on a monthly basis, and new *Coffee with the Commissioner* sessions will be held on a quarterly basis.

Objective 3:

• Staff Performance Effectively Managed

Directors and supervisors attended two trainings in 2017 to aid in the effective management of their staff. In April, the department hosted a training for its supervisory staff on the *Overview of the Ohio Civil Rights Commission*. Facilitated by Darlene Sweeney-Newbern, Toledo Regional Director for the Ohio Civil Rights Commission, the training covered the legislative authority governing discrimination in the workplace, how an agency might handle OCRC charges and what situations may result in an OCRC charge. Additional information on the OCRC process, best practices, and advice for respondents was also provided.

In May, a *Conflict Management* training was held with the following goals for participants upon completion:

- 1) Analyze a conflict situation to determine the cause & effect
- 2) Understand how their preferred conflict handling mode influences the outcome of a conflict situation
- 3) Apply strategies designed to manage & resolve interpersonal conflict

This training was facilitated and led by Brian Cunningham, the Director of Training & Performance Improvement for Lucas County.

In early 2017, the Health Department released a revised employee performance evaluation process and forms. Employees were asked to complete a non-graded self-evaluation to help inform the performance evaluation completed by their supervisor. In June, the Health Commissioner effected a shift to evaluation by anniversary date, and a performance evaluation policy was approved by the Board of Health in July. The switch to anniversary date evaluations instead of end-of-calendar year evaluations has greatly reduced the burden on supervisors. Additionally, there has been a significant increase in the timely completion of performance evaluations by supervisors.

The Health Department contracted with Mr. Joe Klep, Ba, SPHR, in mid-2017 to assist the agency with the creation and revision of an agency Position Classification Plan as the agency's Class Plan has not be updated for a number of years. Following the revision of the Class Plan, Mr. Klep will aid the department in the revision of all agency position descriptions, ensuring that they align with the Position Classification Plan, agency requirements and expectations, and Public Health Accreditation requirements. In July, Mr. Klep provided an initial training on *Civil Service Concepts & Position Description Writing* to the following leadership and administrative personnel:

- Health Commissioner
- Human Resource Director
- Nursing & Health Services Director
- Environmental Health & Community Services Director
- Fiscal Assurance Officer
- Clinics Supervisor (FQHC CEO)
- Quality Assurance & Accreditation Coordinator
- Administrative Services/Human Resources Secretary

The goals of this training was to provide an overview and understanding on:

- Concept of Public Employment
- Authorities in Classification Determination
- Classification Plans
- Classification Specifications
- Writing Position Descriptions
- Determination of Minimum Qualifications

Both those individuals who attended the initial training and all other leadership (supervisors and above) were required to complete a position information questionnaire to help formulate the initial Classification Plan for management, to be followed by an updated Classification Plan for all other positions. Updating and revising the roles, classifications, and expectations for all positions in the Health Department is paramount to effectively managing those expectations through job performance. All deliverables are still in progress.

Objective 4:

- Develop and Implement an Agency Workforce Development Plan

The Health Department has historically based training efforts on upcoming or immediate need instead of long-term planning. In August 2017, a three-year workforce development plan was approved. The 2017-2020 TLCHD Workforce Development plan provides a foundation for TLCHD's ongoing commitment to the training and development of its workforce. It also serves to address the documentation requirement associated with the Public Health Accreditation Board's (PHAB) Standard 8.2: *Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.*

The *Training Goals & Objectives* on the following page were established in the plan as well as a training curricula & schedule that aligns with both the Strategic Plan, and the Performance & Quality Improvement Plan.

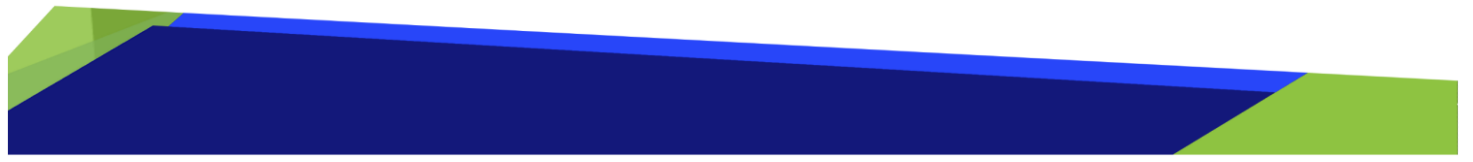
	Goal	Objective(s)	Timeline	Responsible Parties
1	Promote workforce competence to perform essential public services in all areas of public health practice	<ul style="list-style-type: none"> Staff understand Core Competencies for Public Health Professionals 	By Dec 2018	Senior Leadership & Supervisors
2	Develop and Implement Consistent and Inclusive Hiring & Onboarding Process	<ul style="list-style-type: none"> Standardize interview process Review and revise onboarding procedures 	By June 2018	Human Resources, Onboarding Process Committee (OPC)
3	Develop a Culture of Quality within TLCHD	<ul style="list-style-type: none"> Staff understand and embrace QI principles and practices Staff participate in QI initiatives 	Ongoing	Quality Assurance Coordinator, Senior Leadership & Supervisors
4	Create and implement a leadership succession process and plan	<ul style="list-style-type: none"> Identify key leadership criteria and competencies needed by potential successor Develop and implement leadership succession plan 	By June 2018	Senior Leadership, Human Resources
5	Establish Employee Professional Development Plans	<ul style="list-style-type: none"> Establish employee professional development plan Link plans to performance evaluations 	By Dec 2019	Senior Leadership, Supervisors, Human Resources
6	Provide or Promote Appropriate Development Opportunities for Board of Health Members	<ul style="list-style-type: none"> BOH members understand role of Public Health in Lucas County, 	Ongoing	Senior Leadership, BOH President
7	Expand and promote Cultural Competence	<ul style="list-style-type: none"> Quarterly trainings for staff in cultural competency Positive interactions with diverse populations 	Ongoing	Supervisor of Community & Minority Health, & Senior Leadership
8	Implement annual Safety and Emergency Training	<ul style="list-style-type: none"> Annual training for all staff regarding ICS, Safety Protocols, and other Safety/Emergency topics. 	By Dec 2017	Emergency Preparedness Coordinator, Senior Leadership
9	Develop Supervisor Training Tool Kit and Curriculum	<ul style="list-style-type: none"> Supervisors trained in all aspects of managing public health professionals Supervisor Handbook 	By Aug 2018	Senior Leadership, Human Resources

TLCHD has contracted with Lucas County for the provision of Human Resources. As the contracted HR administrator settles into their role at the department, implementation of the Workforce Development Plan and forward momentum on the goals listed above will be a priority in 2018.

Objective 5:

- Workforce Maintains & Acquires Necessary Skills for Job Excellence

The Board of Health passed a revised *Credentialing and Privileging Policy* in July 2017. This policy was developed to "ensure that licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs) and all other licensed staff meet the minimum credentials, privileging and performance standards to maintain licensure." Division specific standard operating procedure sets are currently being developed and reviewed to ensure appropriate staff credentialing is maintained at all times.



After all standard operating procedures are approved in 2018, Human Resources office and Quality Assurance Coordinator will work to establish a centralized system to keep track of all staff licensures, certifications, and continuing education requirements.

Financial Stability

Only those objectives with reportable progress that were scheduled to be worked on in 2017 are contained in this report.

Objective 1:

- Continuously Seek Funding to Support Public Health Services

All Health Department divisional leadership and staff have been tasked with seeking out new funding sources. While not all programmatic areas found success in 2017, the Toledo-Lucas County Health Department was one of two urban counties in Ohio to be awarded *Community Cessation Initiative* for approximately \$320,000 per year over the next three years*. Over the course of the 3-year grant period, the overall goal is to increase access to tobacco cessation services and to streamline cessation efforts and services at the local level. TLCHD will become the hub for cessation referrals and services in Lucas County through this grant.

The Health Department must carefully leverage the pursuit of grants and other funding sources to account for grants that require matching funds to be paid by the department. Additionally, not all available grants align with the mission of the Health Department and efforts must be applied judiciously.

The Health Commissioner has also instituted weekly reports from the fiscal office to aid directors and supervisors in understanding their budgets and fiscal matters. This has allowed for better forecasting and staff awareness of the budget in 2017.

**This grant is considered a continuation grant and must be applied for each year to obtain additional funding. Payment is made in 1-year increments and based on actual expenditures and a cost reimbursement basis.*

Objective 2:

- Actively Monitor and Evaluate Program Budgets to Effectively Manage Fiscal Resources

All directors and supervisors now directly oversee the budgets for their divisions and programs. Prior to 2017, budget creation, distribution, and forecasting was strictly maintained by the Fiscal Office, often without the direct input or foreknowledge of supervisors or program coordinators. Expanding budgetary accountability to directors and supervisors has improved understanding of how and why programs are administered across the organization and has enhanced TLCHD's overall fiduciary stewardship. Agency-wide sharing and access to budgets is planned for implementation in early 2018. Health Department leadership and staff have also engaged in an effort to eliminate unnecessary costs or duplicative processes (e.g., most staff issued department cell phones do not require desk phones).