Ashland County Board of Health
Meeting Agenda
Tuesday, March 12, 2019 @ 7:00 pm
1763 State Route 60, Ashland, Ohio 44805

Call To Order: Ron Puglisi – Ashland County Board of Health

1. Approval of February Minutes

2. Approval of February Expenses

    A. General/ Food Protection/PHEP

3. Division Reports

    A. Health Commissioner
       AFR
    B. Environmental Health
    C. Nursing

4. Old Business

5. New Business

    A. Consideration of Approval:
       a. Billing Protocols for Collections
       b. Purchase of private Flu Vaccine for 2019-20 Season – 480 doses $11,065.68
       c. Workforce Development Plan 2019-2022

6. Personal Privileges

7. Adjourn --- Next Meeting: April 9, 2019 @ 7:00 pm

Ashland County Board of Health Meeting Minutes
1763 State Route 60, Ashland, Ohio 44805
February 5, 2019 – 7:00pm

Board of Health Members Present:

Ron Puglisi   Jeff Hardman   Dr. David Tomchak

Dr. Rebecca Cawrse

Staff Members Present:

Sarah Goodwill Humphrey   Health Commissioner

Shirley Bixby   Nursing Director

Pat Donaldson   EH Director

Guests Present:

Scott Williams   Vinyl Marketing

Call to Order: The Ashland County   Health Department Meeting was called to order by Board President, Ron Puglisi 7:10 pm at 1763 State Route 60, Ashland, Ohio 44805.

Approval of Minutes: A motion was made to approve the January 2019 Board of Health Meeting minutes by Dr David Tomchak and seconded by Dr. Rebecca Cawrse. The motion carried.

Approval of Expenses: A motion was made to approve the September 2018 General /Food Protection/PHEP expenses by Jeff Hardman and seconded by Dr. David Tomchak. The motion carried.

Guest Speaker: Scott Williams, from Vinyl Marketing presented the history of the company which started in 2016 and how they continue their marketing for others today.

Mr. Williams proposed that he could assist with challenges such as financial support within the community, accreditation, and portraying the positive value that the ACHD brings to the community through various program and what would happen if any of that programming were to leave.

Motion to Approve Vinyl Marketing Proposal of $8.5K for a Brand Video, 3-5 Social videos, 3-5 graphic pieces, one page website, and the development of a marketing strategy.

Motion: Dr. David Tomchak
2nd: Dr. Rebecca Cawrse
Pass

Health Commissioner Report: The Health Commissioner, Sarah Goodwill Humphrey reported that with the Rover pipeline going through, she was made aware that since we have a .3 mill outside village levy, Rover has public utilities evaluations that come into play and because of this we will be receiving an additional $12,562.00. That money now can be captured as discretionary funds, which we could use to fund the campaign. We can reinvest this back into our agency.

Sarah also reported that she continues to work on required state reports, meeting with County Commissioners regarding future facility needs. There are several things we are looking forward to in the next weeks. Child Fatality Review will be meeting on February 27, 2019 and District Advisory Council will be meeting March 28, 2019

Emergency Preparedness Division Report: Please see the report provided in the Board Packet.

Environmental Health Division Report: Pat Donaldson reported on the situation in Loudonville having to do with the 5 or 6 dogs that were left in a house with poor conditions. The responding agencies were the Human Society, Ashland County Sheriff's Office, and Loudonville Police Department. The dogs have been removed from the house. There was no public health risk, which meant no involvement through the Ashland County Health Department.

Sewage Registrations are currently coming into the office for annual renewal.

Nursing Division Report: The Nursing Division report was included in the monthly board packet. Shirley reported that there is a new vaccine spread sheet to show numbers of vaccines that are being given. Shirley will have the last numbers from 2018 on the report for the next board meeting.

The Community baby shower will be June 12th or 19th. Family Fun Day will be May 4th, 2019 and Amish Health and Safety day is August 15, 2019.

Amish Health and Safety will be held in the Ashland area, it will be up to the Amish to find a place to go as it has outgrown the Ashland County Hay Auction. Shirley is looking forward to a little more input from the Amish in the community.

Old Business: None

New Business: Consideration for Approval

A. **Motion to the approve the variance request of Robert Cutlip and Glenn Rowland regarding continuing education hours for a Register Sewage Contractor**

Discussion: Pat explained that they were just finishing up sewage registrations for sewage installers, service providers and septic haulers. The rule that was written states that, beginning with the registration in January of 2016, proof of completion of at least 6 hours of continuing education during the previous calendar year through an educational program approved by the state. They must get their CEU's prior to the year of registration. There were two gentlemen that submitted their registration, that were lacking their six CEU's. Through conversations that Pat had with another EH Director, a member of the State EH Division and after speaking with Sarah, they thought because the rule says it must be done that way, for people who get their hours to register for the year of registration that we should do it by variance.

Discussion was held between the board members on the circumstances were that caused the delay with these two gentlemen and if they approve the variance what keeps them from doing over again? The board also discussed making it a once in a lifetime variance. The board members also recommended a variance fee. Pat reported that we already charge a 25% late fee but, they have submitted their application. We could say even if the application is turned in if the CEU's are not done the application would be considered incomplete.

Motion to the approve the variance with any applicable fees, for a single time.

Motion: Dr. David Tomchak
2ⁿᵈ: **Dr. Rebecca Cawrse**
Motion Carried

B. **Motion to Increase the VFC administrative cost from$10.00 for the first vaccine and $5.00 for each additional to $15.00/$10.00:**

Discussion: Shirley stated that the current Medicaid administrative charge is $25.82 per shot and people without insurance who use the VFC are currently being charged $10.00 for the first shot and $5.00 for each shot after. That would be raised to $15.00 for the first shot and $10.00 for each shot after. Shirley stated that other counties around us are charging the maximum amount.

It was then explained by Sarah that this is an administrative fee, not a vaccine fee.

Motion: Dr. David Tomchak
2ⁿᵈ: **Dr. Rebecca Cawrse**
Motion Carried

Personal Privileges – None

Motion to enter into Executive Session: Jeff Hardman moved and Dr. David Tomchak seconded the motion to enter into Executive Session to discuss matters, Pursuant to Section 121.22 of ORC. Time: 8:55pm

Roll Call Vote:

Jeff Hardman	Yes
Dr. David Tomchak	Yes
Ron Puglisi	Yes
Dr. Rebecca Cawrse	Yes
Stan Kopp	Not Present

Motion carried.

Motion to leave Executive Session: Dr. Rebecca Cawrse moved and Dr. David Tomchak seconded the motion to leave Executive Session at 9:07pm.
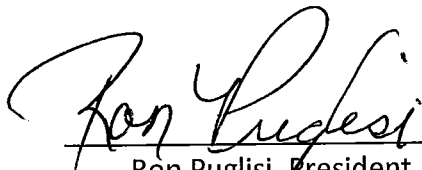
Roll Call Vote:
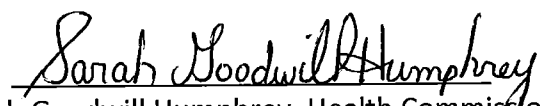
Jeff Hardman	Yes
Dr. David Tomchak	Yes
Ron Puglisi	Yes
Dr. Rebecca Cawrse	Yes
Stan Kopp	Not Present

Adjournment: The meeting was adjourned at 9:07pm

Next Meeting: The next Boars of Health Meeting will be held on Tuesday March 12, 2019 at 1763 State Route 60, Ashland, Ohio 44805 at 7:00pm.

Notes taken by: Lauren Jeffery

Ron Puglisi

Ron Puglisi, President
Ashland County Board of Health

Sarah Goodwill Humphrey

Sarah Goodwill Humphrey, Health Commissioner
Secretary to the Ashland County Board of Health

ASHLAND COUNTY HEALTH DEPARTMENT - RECAP SHEET

March

Mar-19

BILLS

FUND 9

Account		Date	Vendor	Purpose	Amount	MTD	YTD
1030	BWC						
1060	Health/Life	3/1/2019	Ashland County Treasurer	Employee Health Insurance Benefits for March 2019	$ 9,107.43		
		3/6/2019	Ashland County Treasurer	Employee Life Insurance Benefits for April 2019	$ 18.90		
2010	Contract Srvc.	3/6/2019	Wells Fargo Financial Leasing	Copier Lease for March 2019	$ 603.36		
4010	Medical Supplies	3/6/2019	Sanofi	Medical Supplies Alcohol Prep pads/syringes	$ 402.63		
4020	Postage						
4040	Office Supplies	3/1/2019	Staples	Office Supplies	$ 58.58		
8050	State Remit.	3/6/2019	Ohio Division of Real Estate	Burial Permit Fees for Feb. 2019	$ 52.50		
9020	Travel	3/1/2019	Jenny Helbert	Travel/Mileage for Jan. & Feb	$ 156.00		
		3/1/2019	Andrea Ellison	Travel/Mileage for Feb	$ 18.00		
		3/1/2019	Michele Funk	Travel/Mileage for Feb	$ 52.95		
		3/6/2019	Pat Donaldson	Travel/Mileage for Feb	$ 66.50		
		3/6/2019	A.J. Sturgis	Travel/Mileage for Feb	$ 220.00		
9030	Advertisement						
9040	Other	3/1/2019	Capital One	Pharmacy License/Gmail	$ 536.31		
		3/6/2019	NACCHO	2019 Membership	$ 210.00		
9070	Audit						
9200	Accreditation						
9220	EPA STS Grant						

FOOD

Account		Date	Vendor	Purpose	Amount	MTD	YTD
1030	BWC						
1060	Health/Life	3/1/2019	Ashland County Treasurer	Employee Health Insurance Benefits for March 2019	$ 2,665.43		
		3/6/2019	Ashland County Treasurer	Employee Life Insurance Benefits for April 2019	$ 4.20		
4010	Supplies						
4020	Postage						
8050	State Remit	3/6/2019	Treasurer, State of Ohio	ODH FSO Food License Fees for Jan and Feb. 2019	$ 3,434.00		
		3/6/2019	Treasurer, State of Ohio	ODA RFE Food License Fees for Jan and Feb. 2019	$ 1,540.00		
9020	Travel	3/6/2019	Jennifer Frazier	Travel/Mileage for Feb. 2019	$ 158.75		
9040	Other						
9070	Audit						

PHEP

Account		Date	Vendor	Purpose	Amount	MTD	YTD
1030	BWC						
1060	Health/Life	3/6/2019	Ashland County Treasurer	Employee life Insurance Benefits for April 2019	$ 2.10		
2010	Contract Srvc.						
4010	Supplies						

March

9020	Travel	3/6/2019	Jill Hartson	Travel/Mileage for Dec. - Mar 4, 2019	$ 189.50
9040	Other	3/6/2019	Verizon	Wireless Phone Bill for Jan 22- Feb. 21, 2019	$ 171.18

TOTAL COUNTY BILLS: $ 19,668.32

Sarah Goodwill Humphrey MPH, CPH, F *Sarah Goodwill Humphrey*
Health Commissioner

Revised 03/06/2019

Ashland County Health Department - February Budget Report

2019 - COUNTY HEALTH DEPARTMENT
February

REVENUE

FUND 9 General

	2019 Certified Budget	2019 AMENDED BUDGET	February MTD Actual	YTD ACTUAL	Current Budg. Bal
00001 Real Property Taxes	165,821.00	165,821.00	0.00	0.00	165,821.00
00004 Subdivision Levy	22,000.00	22,000.00	0.00	0.00	22,000.00
00006 Mobile Home Tax	500.00	500.00	0.00	0.00	500.00
00210 Health Permits	35,000.00	35,000.00	993.00	2,674.00	32,326.00
00211 Health Licenses	35,000.00	35,000.00	450.00	11,660.00	23,340.00
00302 All State Revenue /Grants	50,000.00	50,000.00	5,871.00	6,121.00	43,879.00
00399 2 1/2 Rollback Homestead /ST	23,000.00	23,000.00	0.00	0.00	23,000.00
00422 BCMH Nursing Fees	65,000.00	65,000.00	2,830.00	14,050.00	50,950.00
00431 Health Birth / Death Fees	100,000.00	100,000.00	7,925.00	17,175.00	82,825.00
00432 Environmental Health Fees	20,000.00	20,000.00	1,340.00	2,975.00	17,025.00
00433 Vaccine Nursing Fees	105,000.00	105,000.00	7,140.93	12,459.53	92,540.47
00642 All Other Misc Revenue	10,000.00	10,000.00	62.10	1,007.10	8,992.90
00919 All Other Reimbursement	255,500.00	255,500.00	51,862.33	51,862.33	203,637.67
00931 Gifts & Donations	1,000.00	1,000.00	0.00	0.00	1,000.00
REVENUES TOTAL	887,821.00	887,821.00	78,474.36	119,983.96	767,837.04

EXPENSE

FUND 9 General

	2019 Approved Budget	2019 Amended Budget	February 2019 Expenses	2019 YTD Expenses	2019 Unexpended Balance	Open POs	Unencumbered Balance
01011 Employee Wages	460,000.00	460,000.00	30,020.48	59,903.15	400,096.85	0.00	400,096.85
01020 PERS / STRS	78,400.00	78,400.00	4,202.88	8,386.45	70,013.55	0.00	70,013.55
01030 Workers Compensation	7,000.00	7,000.00	0.00	3,532.51	3,467.49	0.00	3,467.49
01040 Medicare Employer Share	8,120.00	8,120.00	435.28	868.58	7,251.42	0.00	7,251.42
01060 Insurance Premium	105,000.00	105,000.00	9,126.33	27,560.09	77,439.91	31,766.24	45,673.67
02010 Ashland Co Health Contract	6,750.00	6,750.00	734.23	2,121.64	4,628.36	1,612.59	3,015.77
04010 Ashland Co Health Supplies	77,200.00	77,200.00	4,479.93	4,483.81	72,716.19	19,996.12	52,720.07
04020 Postage	1,500.00	1,500.00	0.00	0.00	1,500.00	800.00	700.00
04040 Office Supplies/Printing	5,000.00	5,000.00	0.00	641.30	4,358.70	1,358.70	3,000.00
05040 Equipment	7,500.00	7,500.00	0.00	0.00	7,500.00	0.00	7,500.00
08050 Ashland Co Health State Reiml	65,000.00	65,000.00	87.50	14,967.04	50,032.96	5,120.46	44,912.50
08070 Tax Settlement Fees	4,500.00	4,500.00	0.00	0.00	4,500.00	0.00	4,500.00
09020 Travel	14,000.00	14,000.00	358.35	910.05	13,089.95	4,448.30	8,641.65
09030 Advertisement	1,500.00	1,500.00	0.00	0.00	1,500.00	500.00	1,000.00
09040 Ashland Co Health Other Expe	40,000.00	40,000.00	161.24	1,677.00	38,323.00	38,484.24	-161.24
09070 Audit Expenses	7,500.00	7,500.00	0.00	0.00	7,500.00	0.00	7,500.00
09200 Accreditation	25,000.00	25,000.00	0.00	630.00	24,370.00	24,370.00	0.00
09220 HSTS EPA	0.00	25,000.00	0.00	5,700.00	19,300.00	19,300.00	0.00
EXPENSES TOTAL	888,970.00	938,970.00	49,606.22	131,381.62	807,588.38	147,756.65	659,831.73

BEGINNING BALANCE 465,260.56

YTD REVENUES 119,983.96

YTD EXPENSES 131,381.62

CURRENT FUND BALANCE

465,260.56 + 119,983.96 - 131,381.62 = 453,862.90

REVENUE

February

FUND 16 PHEP

	2019 Certified Budget	2019 AMENDED BUDGET	February MTD Actual	YTD ACTUAL	Current Budg. Bal
00302 All State Revenue / Grants	69,000.00	69,000.00	4,635.78	6,024.78	62,975.22
00802 Advances In	0.00	0.00	0.00	0.00	0.00
00919 All Other Reimbursement	0.00	0.00	0.00	0.00	0.00
REVENUES TOTAL	69,000.00	69,000.00	4,635.78	6,024.78	62,975.22

EXPENSE

FUND 16 PHEP

	2019 Approved Budget	2019 Amended Budget	February 2019 Expenses	2019 YTD Expenses	2019 Unexpended Balance	Open POs	Unencumbered Balance
01011 Employee Wages	42,130.00	42,130.00	11,771.85	15,340.77	26,789.23	0.00	26,789.23
01020 PERS / STRS	5,898.20	5,898.20	501.46	1,001.10	4,897.10	0.00	4,897.10
01030 Workers Compensation	480.00	480.00	0.00	369.85	110.15	0.00	110.15
01040 Medicare Employer Share	610.89	610.89	170.69	222.44	388.45	0.00	388.45
01060 Insurance Premium	13,729.38	13,729.38	2.10	4.20	13,725.18	97.90	13,627.28
02010 Ashland Co Health Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04010 Supplies	543.29	543.29	0.00	0.00	543.29	0.00	543.29
04020 Postage	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04040 Printing	100.00	100.00	0.00	0.00	100.00	0.00	100.00
05040 Equipment	1,000.00	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00
08020 Advances Out	0.00	0.00	0.00	0.00	0.00	0.00	0.00
09020 Travel	1,000.00	1,000.00	0.00	0.00	1,000.00	1,000.00	0.00
09040 Other Expenses	3,508.24	3,508.24	187.69	375.16	3,133.08	1,812.53	1,320.55
2014-09200 Capacity Bldg Award	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2014-09240 Challenge Award	0.00	0.00	0.00	0.00	0.00	0.00	0.00
FUND 16 EXPENSES TOTAL	69,000.00	69,000.00	12,633.79	17,313.52	51,686.48	2,910.43	48,776.05

BEGINNING BALANCE $48,188.39

YTD REVENUES   + 6,024.78

YTD EXPENSES   - 17,313.52

CURRENT FUND BALANCE = 36,899.65

Ashland County Health Depaᵣ ᵗent - February Budget Report

REVENUE

FUND 23 FOOD

February	2019 Certified Budget	2019 AMENDED BUDGET	February MTD Actual	YTD ACTUAL	Current Budg. Bal
00220 Food Service License	105,000.00	105,000.00	60,151.92	60,316.72	44,683.28
00432 Food Service Late Fee	1,000.00	1,000.00	0.00	0.00	1,000.00
00433 Food Service Review Fee	1,000.00	1,000.00	0.00	179.21	820.79
00642 All Other Misc Revenue	15,000.00	15,000.00	600.00	600.00	14,400.00
REVENUES TOTAL	122,000.00	122,000.00	60,751.92	61,095.93	60,904.07

EXPENSE

FUND 23 FOOD

	2019 Approved Budget	2019 Amended Budget	February 2019 Expenses	2019 YTD Expenses	2019 Unexpended Balance	Open POs	Unencumbered Balance
01011 Employee Wages	81,838.00	81,838.00	6,224.40	12,417.44	69,420.56	0.00	69,420.56
01020 PERS / STRS	11,457.37	11,457.37	871.42	1,738.45	9,718.92	0.00	9,718.92
01030 Workers Compensation	1,200.00	1,200.00	0.00	652.82	547.18	0.00	547.18
01040 Medicare Employer Share	1,186.65	1,186.65	90.27	180.07	1,006.58	0.00	1,006.58
01060 Insurance Premium	30,000.00	30,000.00	2,669.63	8,054.69	21,945.31	9,614.94	12,330.37
04010 Supplies	5,000.00	5,000.00	0.00	0.00	5,000.00	2,000.00	3,000.00
04020 Postage	1,200.00	1,200.00	0.00	0.00	1,200.00	1,000.00	200.00
05040 Equipment	200.00	200.00	0.00	0.00	200.00	0.00	200.00
08050 Ashland Health Dpt State Reim	10,500.00	10,500.00	-	84.00	10,416.00	5,916.00	4,500.00
09020 Travel	6,000.00	6,000.00	303.25	578.25	5,421.75	2,725.00	2,696.75
09040 Other Expenses	2,000.00	2,000.00	26.26	52.49	1,947.51	973.77	973.74
EXPENSES TOTAL	150,582.02	150,582.02	10,185.23	23,758.21	126,823.81	22,229.71	104,594.10

BEGINNING BALANCE $118,690.65

YTD REVENUES + 61,095.93

YTD EXPENSES - 23,758.21

CURRENT FUND BALANCE = 156,028.37

Health Commissioner's Report

March 2019 Board of Health Meeting

- February 5th – AFR Technical Assistance Workshop – ODH – Summit County
- February 7th – CHA/CHIP Mtg – UH Samaritan
- February 8-15th – Out of Office
- February 21st – Prescription Disposal Meeting
- February 27th – Child Fatality Review Board Meeting
- February 28th – Northeast Ohio Region 5 After Action Review Meeting – NeoMed
- March 5th – Accreditation Support Webinar re: Presentation of Ashland Strategic Plan
- March 6th – Accreditation Learning Community Webinar
- March 7th – Solid Waste District Mtg w Co Commissioners re: Recycling Ctr Feasibility Study
- March 8th – AOHC Public Affairs Mtg
- March 11th – CHA/CHIP Teleconference
- March 12th – Vinyl Marketing Video Discovery Mtg

Regular Meetings/Calls

- Weekly Ohio Department of Health (ODH)/Local Health Department (LHD) calls: Every Wed @ 11am
- Monthly FCFC Full Council/Exec Meetings

Upcoming Dates of Importance

- March 28th – DAC Mtg – Annual Activity Report Review
- April 1st – ODH AFR Deadline
- May 6-10th – AOS Biennial Audit
    - May 13-15th – Public Health Combined Conference

Accreditation:

The Workforce Development Plan is complete and will be presented for approval by the BOH.

The Strategic Planning Committee is scheduled to reconvene to assess activities toward the identified Strategic Priorities and revise the plan, if required.

The Accreditation Team (ACT) has divided the 12 domains and will be focusing on 1 Domain each to assign document collection and development of missing documentation.

The Performance Management System and Quality Improvement are looking to be completed within the next 4-6 weeks.

The Community Health Assessment (CHA) adult survey results will be presented in their draft form to the CHA Steering Committee on March 27th. At that point, I will post it to our website and send it to community partners for their input on the draft form (per accreditation requirement). There are 4 dates in April-May for key stakeholders to gather, review the finalized data then begin the priority

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setting and implementation plan development for the Community Health Improvement Plan. The youth survey results will be ready for review in their draft form at the end of June at which time the results will be added to the CHA. A community event will be held in mid to later summer to unveil the results of the CHA, seek input on the CHIP and to begin development of the workgroups who will address the identified areas of priority by developing SMART objectives and will report out on a regular basis.

A letter of support by the board of governance will be drafted and presented for signature at the next BOH meeting. This is one of the documents that will be uploaded as part of the application to PHAB.

Grants:

The 2019-2020 MCG application was returned for clarification of supporting documents (i.e. the proposed invoices needed to clarify quantity of items expected to be purchased). These revisions were made and resubmitted to the Ohio EPA. Award notification is expected in the next month, if approved.

$182,902.00 remains for HSTS repair/replacement until October 2019. AJ is working with a system designer to address a needed replacement system. Once that design recommendation is made, he will send it out for bid.

Medicaid Administrative Claiming activities for the Q2FY2019 is expected to result in revenues of $11,785.24.

Finance and Other:

The 2018 AOS Annual Financial Report has been completed and submitted. I will have a copy available at the March meeting for review.

I will be working on the detailed Annual Financial Report that is due to ODH by April 1st.

The annual report will be complete and presented to the DAC on March 28th, copies will be handed out to BOH members at the April meeting.

State Policy:

Amy Acton, MD, MPH has been appointed by Governor Mike DeWine to serve as the Ohio Director of Health. In his first State of the State address Gov DeWine touched upon many public health topics including infant mortality, water quality, the opioid addiction, and lead exposure in children.

Ashland County

Nurses Report 2019	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2019 YTD	2018	2017
Men B	4	2											6		
DTaP	2	2											4		
DTaP-Hib-IPV	6	4											10		
Dtap-IPV	2	1											3		
HIB	1	0											1		
HPV-9	6	0											6		
HEPA (Adult)	3	3											6		
Hep A (Ped/Adol)	4	7											11		
Hep B Adult	6	4											10		
Hep B (Ped/Adol)	3	5											8		
IPV	2	2											4		
MCV4	3	1											4		
MMR	5	2											7		
MMRV	3	0											3		
PCV-13	9	3											12		
Rotavirus, 3-dose	3	3											6		
Shingrix	4	2											6		
TD	4	5											9		
Tdap	9	1											10		
Varicella	6	3											9		
Totals	85	50											135		
Influenza	4	4											8		
TB- Mantoux	16	21											37		
BP	3	0											3		
Lice	1	1											2		
Lead	1	0											1		
Car Seats	2	0											2		
CMH Program															
Active-Dx	23	28											51		
Active-TX	144	136											280		
Total Clients	167	185											352		
New MAF	6	6											12		
Home Visits	15	6											21		
Newborn Referral	5	8											13		
Resources	11	15											26		
Baby Box	4	6											10		
													0		
													0		
													0		
													0		0
Ashland County Totals	572	516	0	0	0	0	0	0	0	0	0	0	1088	0	0

Nurses Board Report for February, 2019

Wellness Committee for the County: March 6, 2019 is the annual health and benefits fair. Laurie and Shirley will be working during this event. A 5-K event is scheduled for April, 27. April 10

Accreditation Status: Work is on-going. Domain 3 is currently being worked on. Shirley and Jenna met.

TAG groups- target action group for Health and Wellness: The next meeting is March 7, 2019. The Ashland County Park District will be presenting.

Project Dawn: No updates.

Opiate Target Action Group: Jenna is a part of this committee. She attended the February meeting.

Rape Crisis- Safe Haven: March 5, 2019. No one attended.

Amish Health and Safety: The organizational meeting will be February 6, 2019 at 1:00 pm. The tentative schedule will be August 15, 2019 5-8. We don't have a place to have the event yet.

Amish Clinic for Tetanus-An Amish- Old Order Swartzentruber vaccine clinic will be held in February 21, 2019. Jenna Boliantz will attend this with Shirley. The clinic was poorly attended. The next clinic will be June 27, 2019.

ECCC- Early Childhood Collaborative: The meeting was attended by Michele Funk.

Epidemiology updates- Jenna has been attending state meetings. The upcoming meeting Sarah will attend.

Car Seat program: The seat program is extremely slow. We are awaiting a delivery of car seats.

Student Nurse: We have 4 students from NCSC scheduled to be with us a total of 3 days each. A new Health Department orientation check-list is being utilized to help give the students a well-rounded experience at the Health Department.

Lead Collaborative-The Lead collaborative met February 8 at AU. Shirley attends this. The group mission statement is being developed. It appears the state of Ohio is also going to have a collaborative group addressing lead poisoning issues.

Flu Clinics: Majority of flu vaccine has been sold. There are still a few private baby doses. The pre-book order is been reviewed. The presentations we are ordering would be alright to use from 6 months and older. This would eliminate the need to order baby doses. We will also order High Dose flu. The Board of Health will review the order and hopefully approve the order.

Breast-feeding task-force- Baby friendly hospital designation is being sought by UH Samaritan Hospital. The task force will have a booth at Ring in Spring- Family Fun Day. They will set-up a Breastfeeding- infant diaper changing station in the former dining area.

Immunization Manual: The Manual will need to be updated as changes come in.

HPV Vaccine: has been approved for up to age 45 years. ACIP hasn't recommended the administration of this vaccine over the age of 26 because of supply issues. We only have orders to give up to age 26.

Vaccine updates: Vaccine webinar updates have started. All nurses will be watching these to keep up to date with standards of practice.

MAC Week: February 11-15th. MAC time study is complete.

Baby Shower-June 19. We are working as a team on this. The organizational meeting is March 8, from 1:30-2:30 pm.

Family Fun Day-Ring in Spring- Michele and Shirley will be co-chairing the Carnival. It will be held May 4, 2019. 10:00 am-2:00 pm. If you have some ideas regarding the Carnival please let us know. We are looking for ideas.

Hepatitis A vaccine clinic will be held at the Kroc Center. Laurie will be in charge of this event. The vaccine clinic will be held March 14 from 10 am- 12 noon.

Collections procedure: The Board of Health will review this and approve on Tuesday.

Change in nursing procedure: The request of a client to have a different CMH coordinator will come through e director. The request to change will come from the client parent or guardian to the Nursing Director. If there is an issue with a nurse, the director must be made aware of the issue to make sure all clients are cared for in an appropriate way.

Ashland County

COMMUNICABLE DISEASE 2018	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2019 YTD	2018	2017
Campylobacter		2											2	17	15
Chlamydia	3	4											7	65	60
Coccidiodomycosis													0	1	0
CP-CRE													0	1	0
Cryptosporidium													0	8	6
Cyclosporiasis													0	1	0
E Coli (all serotypes)													0	6	8
GC	1	1											2	7	11
Giardia													0	4	5
Group A Strep													0	2	0
Group B Strep, Newborn													0	0	0
Hib		1											1	1	2
Hemolytic Uremic Syndrome													0	0	0
Hep A		1											1	0	0
Hep B, acute													0	0	1
Hep B, chronic													0	6	5
Hep B, prenatal													0	0	0
Hep C, acute													0	0	1
Hep C, chronic	2	3											5	19	19
Influenza Hospitalization	3	3											6	30	17
LaCrosse Virus													0	1	1
Legionellosis		1											1	3	0
Lyme Disease													0	3	5
Malaria													0	0	0
Measles													0	0	0
Meningitis - bacterial (not n meningitidis)													0	0	1
Mycobacterial Disease - Not TB													0	0	0
Mumps													0	1	0
Pertussis		1											1	5	2
Q Fever													0	1	0
Rocky Mtn Spotted Fever													0	1	0
Salmonella		1											1	14	5
Shigellosis													0	0	0
Strep Pneumoniae	1												1	3	2
TB													0	0	0
Tetanus													0	1	0
Varicella													0	3	1
Viral Meningitis													0	1	0
West Nile Virus													0	2	1
Yersiniosis													0	0	2
Zika													0	0	0
Ashland County Totals	10	18	0	0	0	0	0	0	0	0	0	0	28	207	170

Ashland City

COMMUNICABLE DISEASE 2018	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2019 YTD	2018	2017
Campylobacter													0	8	6
Chlamydia	7	1											8	63	87
Coccidiodomycosis													0	0	0
CP-CRE													0	3	0
Cryptosporidium													0	3	1
Creutzfeldt-Jakob Disease													0	2	0
E Coli (all serotypes)													0	3	1
Ehrlichiosis													0	0	1
GC													0	12	18
Giardia													0	3	3
Group A Strep													0	1	2
Group B Strep, Newborn													0	0	0
Hemolytic Uremic Syndrome													0	0	0
Hep A	1												1	0	0
Hep B, acute													0	2	1
Hep B, chronic	1												1	11	2
Hep C, acute													0	0	0
Hep C, chronic													0	17	16
Hep C Perinatal													0	1	0
Influenza Hospitalization	2	3											5	24	22
Influenza – ODH Lab Result													0	0	2
LaCrosse Virus													0	0	1
Legionellosis													0	1	0
Lyme Disease													0	1	4
Malaria													0	0	0
Measles													0	1	0
Mycobacterial Disease - Not TB													0	0	0
Mumps													0	1	0
Pertussis		1											1	2	3
Salmonella													0	5	5
Strep Pneumoniae													0	3	1
TB													0	0	0
Varicella													0	1	2
Viral Meningitis		1											1	2	1
West Nile Virus													0	0	0
Vibriosis													0	1	0
Yersiniosis													0	0	3
Ashland City Totals	11	6	0	0	0	0	0	0	0	0	0	0	17	171	182
County-City Totals	21	24	0	0	0	0	0	0	0	0	0	0	45	378	352

ODRS "Created Date" and includes

ASHLAND COUNTY HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS
1763 STATE ROUTE 60, ASHLAND OHIO 44805

VITAL STATISTICS MONTHLY REPORT

MONTH OF FEBRUARY 2018

TOTAL BIRTHS   22   HOME BIRTHS _____4_____

MALE   14

FEMALE   8

TOTAL DEATHS   31

MALE   13

FEMALE   18

0-18   0

19-44   0

45-64   2

65 & OLDER   29

TOTAL CERTIFIED COPIES SOLD
BIRTH   175

DEATH   160

February 2019
PHEP/MRC Coordinator Report

Trainings

- Jill participated in an OPHCS training webinar on February 6. OPHCS (the Ohio Public Health Communication System) is a web-based program used mainly for messaging modalities to support 24/7/365 notification. It's also where ODH posts information and requirements for grant deliverables.
- Jill completed CDC training for Emergency Partners Information Connection (EPIC) Communication for Nuclear or Radiological Disaster on February 27.

PHEP Grant Updates

- Deliverable 19.1, ACHD's Multi-Year Training and Exercise Plan (MYTEP) and deliverable 19.2, ACHD's MYTEP Schedule, was submitted on February 26 and approved on February 27, 2019. Jill rewrote the MYTEP so it was specific to the ACHD. The previous plan was a modified version of ODH's plan, which focused on statewide initiatives versus practical local application. Please let Sarah or Jill know if you would like to review the new MYTEP.
- Two previously submitted DRAFT plans, the Emergency Response Plan (ERP) and the Mass Fatality Review Annex (MFRA), were reworked per ODH's recommendations and resubmitted in DRAFT format for further review before final submission in GMIS. (Final submission is not due for the MRFA until May 1, 2019 and June 1, 2019 for the ERP.)
- A NECO MRC workgroup conference call was held on Feb. 15. Since participation was poor amongst the jurisdictions, Chris Barker is going to schedule a face-to-face work session to further explore changes to NECO's MRC plan.
- Approved Deliverables submitted for reimbursement in February 2019 include:
  o 8.2 Quarterly Outbreak Report
  o 12.1 Attend Regional IMATS Training
  o 15.2 Quarterly Communication/OPOD Acknowledgement

MRC Unit 1181 Updates

- John Cadley, Sonja Bringman, and Judy Weaver volunteered at February's clinics. Rosie Moffett volunteered at the Amish Clinic Feb. 21.

Homeless Coalition Meeting

- Jill continues to serve on the local Homeless Coalition bi-monthly meetings, as Ray had done. Through this coalition, the ACHD can work with agencies in Ashland County serving those with Access and Functional Needs, a key requirement of several PHEP deliverables. At February's meeting, the group decided to form a subcommittee to address Ashland County's needs for affordable and safe housing. Jill is serving on the subcommittee as well.

Requisition Request

Ashland County-City Health Department
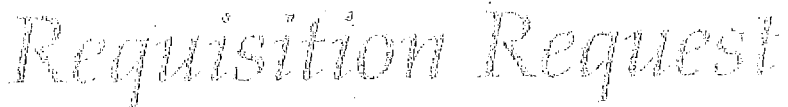
Date: February 7, 2019
Department: Nursing
Fund:

Purchased From: Vaccine Shoppe
Address:

Requesting Employee: Shirley Bixby RN, BSN
Date by Which Purchase is Required:
**Allow 2 weeks before deadline

Phone:

Assigned PO:

Qty	Item	Description	Program Note	Unit Price	Line Total
9.00		Fluzone HD- 10 per pack		$ 456.61	$ 4,027.32
18.00		Fluzone multi-dose vial- 10 dose vial		147.28	2,651.04
21.00		Fluzone Single dose syringe- 10 pack		157.57	3,308.97
				Tax	360.00
				Subtotal $	11,065.68
				Shipping	
				Total $	11,065.68

☐ To be Purchased by Requestor
** Submit a Copy of Invoice to Fiscal

☐ To be Purchased by Fiscal

Requested By _Shirley Bixby RN, BSN_   Date

Division Director _____   Date

      k. Click "Add Fee"
      l. Repeat for each vaccine given
      m. Click on [Print] at top of screen
      n. Choose "Nursing" receipt and OK

Collecting unpaid funds through an insurance company
(Anthem, Medical Mutual, or United Health Care)

1. An invoice will be made with the amount billed, amount deducted by insurance (if any), the amount paid by insurance (if any), and the amount patient is responsible for.
2. 2 attempts by phone number on file to contact patient or parent/guardian
3. 3 letters will be sent to the address on file, explaining why insurance is denying claim and to call and set up payment or send payment in full.
      a. Payments should be no less than $25/month or an amount that satisfies the bill with 12 months of payments, whichever is greater.
      b. A missed or late payment by 10 days will result in the account being turned over to collections.
4. On the 91st day of not receiving payment or not receiving a phone call from patient or parent/guardian, the matter will be turned over to collections.

After-Clinic Procedures:

1. Monies received must balance with the charges for services provided. Discrepancies must be noted.
2. The monies received for each day is put in the money bag and placed in the locked drawer. This will be delivered to or picked up by the Administrator's Secretary by the next business day or as soon as possible.
3. To complete the "Pay In", Administrator's Secretary will count cash, checks and credit cards, verify that it matches the report and sign the Pay In By Receipt Report.
      a. [Community & Public Health Services]
      b. [Receipts]
      c. [Receipts Payin Report]
      d. From date – to date, will default
      e. Receipt Book – Nursing
      f. Preview
      g. Add cash, checks and credit cards on adding machine – Print with total
      h. Print Payin Report
      i. Attach credit card receipts & print out from adding machine
      j. Sign & Date
4. ACHD clerk will review each clinic record to verify/ update the following in HDIS by clicking on [Modify] tabs: (Nurses will flag records that they updated or corrected)
      a. All client demographic info, including parent name of minor
      b. Under "Insurance" tab:
            i. Medicaid / Medicare plan and #; or company to be billed.
      c. Under "Info" tab:

Mileage
Report

Environmental Health Mileage:	2019				
Sanitarian	P. Donaldson	T. Cassell	A.J. Sturgis	J. Frazier	Totals
January	222	375	317	232	1,146
February	133		440	318	891
March					0
April					0
May					0
June					0
July					0
August					0
September					0
October					0
November					0
December					0
2019 Totals	355	375	757	550	2,037

Ashland County

ENVIRONMENTAL HEALTH ACTIVITIES	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	2019 YTD	2018
Food Protection														
FSO's Licensed	1	105											106	180
FSO's Inspected (Risk Level 1-4)	21	20											41	346
FSO Reinspection	5	3											8	43
CCP Inspection	9	14											23	165
FSO Consultation	95	9											104	905
RFE's Licensed	0	54											54	88
RFE Inspection(Risk Level 1-4)	9	10											19	127
RFE Reinspection	2	0											2	13
Process Review Inspection	1	4											5	11
RFE Consultation	27	0											27	372
Mobile FSO/RFE Licensed	0	11											11	73
Mobile Inspection	0	0											0	136
Out of County Mobile Inspect.	0	0											0	62
Mobile Consultation	2	1											3	233
Temporary FSO/RFE Licensed	0	1											1	32
Temporary FSO/RFE Inspection	0	1											1	30
Temporary Consultation	3	0											3	96
Vending Location Licensed	0	31											31	33
Vending Location Inspection	8	4											12	21
Vending Consultation	9	1											10	18
Foodborne Investigation	0	0											0	0
Foodborne Consultation	1	0											1	11
Food Complaint Investigation	1	3											4	14
Food Complaint Consultation	1	0											1	9
FSO/RFE Plan Review	9	0											9	43
Institutional Facilities														
Jail Inspection	0	0											0	0
Jail Consultation	0	0											0	3
School Inspection	0	0											0	4
School Consultation	2	0											2	9
Public Health Nuisances														
Air/Water Complaint Invest	0	0											0	0
Air/Water Complaint Consult	0	0											0	13
Housing Complaint Invest	0	0											0	2
Housing Complaint Consult	0	4											4	16
Indoor Air Invest	0	0											0	0
Indoor Air Consult	14	2											16	23
Insect/Rodent Complaint Invest	2	0											2	3
Insect/Rodent Complaint Consult	2	0											2	46
Other Complaint Invest	0	0											0	41
Other Complaint Consult	0	5											5	16
Solid Waste Complaint Invest	0	0											0	28
Solid Waste Complaint Consult	0	0											0	38
Rabies Control														
Animal Bite Investigations	2	0											2	35
Animal Bite Consults	6	2											8	144
Specimens Sent for Testing	0	0											0	4

Recreation Program												
Campgrounds Licensed	0	0								0	0	12
Campgrounds Consults	0	1									1	16
Campgrounds Inspected	0	0									0	8
Swimming Pools Licensed	0	0									0	34
Swimming Pools Consults	1	0									1	55
Swimming Pools Inspected	0	0									0	55
Residential Sewage and Water												
Sewage Consultations	102	110									212	1489
Sewage Site Reviews	3	8									11	29
Sewage Inspections (systems)	5	4									9	208
Sewage Inspections (other)	2	2									4	6
Sewage Finals	2	1									3	40
Subdivision Reviews	6	3									9	48
Sewage Permits Issued	2	0									2	69
Water Consultations	37	46									83	512
Water Site Reviews	2	4									6	23
Water Inspections (systems)	3	2									5	31
Water Inspections (other)	1	0									1	5
Water Finals	2	4									6	43
Water Samples Collected	12	9									21	158
Water Permits Issued	2	3									5	50
Solid Waste												
Solid Waste Facility Inspections	0	0									0	7
Solid Waste Facility Consults	2	1									3	21
EPA Coop/ Consults	0	0									0	8
Tattoo/ Body Art												
Tattoo/ Body Art Consults	0	4									4	23
Tattoo/ Body Art Inspections	0	0									0	4
Tattoo/ Body Art Licenses Issued	4	0									4	4
Miscellaneous Activities												
Administration	29	37									66	206
Meetings/ Continuing Educ.	9	4									13	101
ODH/ ODH Coop/MHP	0	0									0	16
Other Consults	5	4									9	38
Ashland County Totals	463	532	0	0	0	0	0	0	0	0	995	6806

Workforce Development Plan

FURTHER DEVELOPING ONE OF OUR GREATEST STRENGTHS

ASHLAND COUNTY HEALTH DEPARTMENT

2019-2020

THE OHIO STATE UNIVERSITY

COLLEGE OF PUBLIC HEALTH

Signature Page

This plan has been approved and adopted by the following individuals:

_____   _____
Board of Health, President   Date

_____   _____
Health Commissioner   Date

This plan was developed by a Workforce Development Team consisting of:
    Shirley Bixby, RN, Nursing Director
    Pat Donaldson, RS, Environmental Health Director
    Sarah Goodwill Humphrey, MPH, CPH, RS, Health Commissioner

For questions about this plan, contact:
    Sarah Goodwill Humphrey
    shumphrey@ashlandhealth.com
    (419) 282-4231

Plan revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

Table of Contents

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of Ashland County Health Department's ongoing commitment to the training and development of its workforce.

*These sections specifically address documentation requirements associated with PHAB Accreditation Measure 8.2.1.1.
⅄This section specifically addresses documentation requirements associated with PHAB Accreditation Measure 11.1.4.4.
⁺This section specifically addresses documentation requirements associated with PHAB Accreditation Measure 11.1.4.3.

Agency Profile

Our Mission The Ashland County Health Department (ACHD) strives to promote optimal health for individuals and families of the Ashland community through public health education, prevention of disease and injury, and response to public health challenges.

Our Vision Healthy People, Healthy Environment, Healthy Community

Our Values WE CARE

We - We are the Ashland County Health Department, committed to improving Health and Wellness in our community.

Equity - We recognize the disparity in health equity in our community and we strive to eliminate barriers to optimal health.

Collaboration - We engage community partners to maximize and sustain public health services in our community.

Accountability - We are good stewards of the resources entrusted to us by the public.

Respect - We respect the diversity of those we serve and value the contributions made by all staff.

Excellence - We are committed to developing a public health staff that exceeds core competencies. We provide meaningful services that focus on continuous quality improvement. We provide access to education and resources that empower healthy lifestyle decisions.

Our Strategic Priorities Our Strategic Plan for 2018-2020 focuses on two priorities: Financial Security and Workforce Development. Our staff is one of our greatest strengths. Employee satisfaction plays a key role in our work as a health department. A competent, well-trained, and satisfied staff leads to increased efficiency, productivity, and employee retention.

The Strategic Plan and this Workforce Development Plan specifically focus on providing more training opportunities (that are afforded equally to all staff) to ensure they are well oriented when they begin working at ACHD and can adequately respond to emerging public health needs. This requires an assessment of our current capacity and a determination of areas where we could add staff or change staffing roles. It also requires the intentional commitment of resources to improve staff morale, which will assure that our agency is operating at its optimal level.

Agency Profile, *continued*

Our Governance

The Ashland County Board of Health is the governing entity of the ACHD. The Board is comprised of five members appointed by the Ashland County District Advisory Council. Each member is appointed to a five-year term on a rotating basis. At least one member must be a physician. Each Board of Health member must complete two hours of continuing education annually in one or more of the following topics: ethics, public health principles, and a member's responsibilities.

Our Learning Culture

As evidenced by the Strategic Plan, ACHD is intentionally building a culture of learning in which all employees are encouraged to seek training opportunities that support:

- Their ability to competently perform the essential functions of their position;
- The maintenance of professional licenses and certifications necessary for their position;
- An increase in organizational and position-specific public health core competencies; and
- The expansion of public health services to the Ashland community.

This Workforce Development Plan supports a culture of learning by:

- Assessing current levels of staff competencies and identifying gaps that can be filled through additional training;
- Outlining a training curriculum that will build staff knowledge and skills in core organizational competencies;
- Identifying policies, procedures, and/or processes that will build the infrastructure necessary to support staff training and development (e.g., tracking creation of personal professional development plans and completion of required training);
- Delineating strategies that address current barriers to staff development; and
- Identifying resources staff need to be able to take advantage of training opportunities.

Our Workforce Policies

ACHD currently lacks written policies regarding staff training and development, which has contributed to a staff perception of unequal training opportunities. It also lacks an organized training structure or tracking method.

Agency Profile, *continued*

Links to Other Agency Plans   This Workforce Development Plan intentionally aligns with and supports other agency plans, as follows:

✓ **2018-2020 Strategic Plan**
The Strategic Plan and this Workforce Development Plan align on the strategic priority of Workforce Development. The Strategic Plan outlines several workforce development goals and objectives that will be achieved through implementation of the Workforce Development Plan:

Goal 2.1: Expand health department training programs.

<u>Objective 2.1.1</u> Implement a formalized orientation program for new staff.

<u>Objective 2.1.2</u> Establish an ongoing training tracking program.

<u>Objective 2.1.3</u> Implement program that includes training in annual performance evaluation.

Goal 2.2: Improve staff morale.

<u>Objective 2.2.1</u> Implement monthly staff meetings to improve communications among staff members.

<u>Objective 2.2.2</u> Implement a staff praise and recognition program.

<u>Objective 2.2.3</u> Implement ACHD Compensation Plan.

✓ **Performance Management/Quality Improvement Plan**
Both performance management and quality improvement training are needed to support the implementation of the agency's Performance Management/Quality Improvement Plan. Training in these topics is addressed in the Curriculum and Training Schedule.

✓ **Ashland County Community Health Improvement Plan**
Staff training and development will also be necessary to support implementation of community health improvement plan initiatives (e.g., online MAPP training).

Workforce Profile

Introduction

This section describes ACHD's current workforce. The Workforce Development Team used this information to identify anticipated future workforce needs and trainings that should be considered for inclusion in the Curriculum and Training Schedule.

Our Current Workforce

The table below summarizes the demographics of ACHD's current workforce as of July 1, 2018. This analysis supports a better understanding of our workforce and its needs, as well as helping us identify opportunities and strategies for promoting staff development.

Category		# or %
Total # of Employees:		14
# of FTE:		13.4
% Paid by Grants/Contracts:		7.25%
Gender:	Female	12
	Male	2
Race:	Hispanic	0
	Non-Hispanic	0
	American Indian / Alaska Native	0
	Asian	0
	African American	0
	Hawaiian	0
	Caucasian	14
	More than One Race	0
	Other	0
Age:	<20	0
	20 – 29	0
	30 – 39	2
	40 – 49	6
	50 – 59	4
	>60	2
Primary Professional Disciplines/Credentials:		
	Leadership/Administration	5
	Nurse	5
	Registered Sanitarian/EH Specialist	3
	Health Educator	0
	Medical Director	1
	Emergency Coordinator	1
Average Longevity		10.6 years
Employees < 5 Years from Retirement:		
	Management	0
	Non-Management	2

Our Future Workforce

Multiple factors and emerging trends will have an impact on ACHD's future workforce and need to be considered as part of our workforce planning efforts:

- <u>Retirements:</u> Six (6) of the agency's 14 employees are aged 50 years or older, with two currently over the age of 60. As a result, roughly two-thirds of our current workforce will retire within the next 10-12 years. In addition to ensuring that critical services and functions are maintained, institutional knowledge must be captured. While disruptive, this turnover will create opportunities to attract staff with different or more diverse skills.

- <u>Competency in Public Health:</u> Few individuals come to our health department with previous public health experience. A training program that increases staff's understanding of and skills in key public health competencies is necessary.

- <u>Technology:</u> Technology is constantly changing and evolving, and many staff have limited work experience using current technology to provide and/or document the delivery of public health services (e.g., using server- or cloud-based electronic health records). It will be important for ACHD to make software upgrades within the organization and to provide continuous training to ensure staff can effectively use technology to do their jobs.

- <u>Accreditation:</u> Public health accreditation challenges a health department to measure its performance against a set of national standards. This process focuses on community health assessment, surveillance, and improvement planning; strategic planning; performance management (PM); and quality improvement (QI). At a minimum, all staff need a basic introduction to PM and QI tools and practices. Over time, they will require more in-depth training and opportunities to lead QI projects and apply what they've learned.

- <u>Data-Driven Decision-Making and Use of Evidence-Based Practices:</u> ACHD will need to invest in staff training in how to collect, analyze, and interpret data to measure performance and inform decision-making and program development, as well as identifying and choosing evidence-based interventions that address current and emerging population health issues.

- <u>Laws, Regulations, and Mandates:</u> Public health laws, rules, and regulations are constantly changing, and our staff will need to stay abreast of these changes to ensure continued compliance. Additionally, staff will need policy analysis and advocacy skills to influence policymakers as they consider legislation that may impact the public's health.

Workforce Profile, *continued*

- <u>Diversity:</u> Although Ashland county is not known for its diversity, the county's population will certainly change over the next ten years. The current workforce is 100% Caucasian, and no one speaks a second language. We will need to intentionally plan our recruitment efforts so that a more diverse pool of candidates is attracted. Additionally, current staff's knowledge, skills, and abilities to recognize and appropriately address cultural differences will need to be expanded beyond race and ethnicity to consider factors that may be more relevant in Ashland county (e.g., Amish or Appalachian cultures, poverty, educational attainment, LGBTQ).

- <u>Shift from Personal to Population Health:</u> A shift from clinical to population health services is occurring in health departments across the nation. Current and future staff will need to be able to address broad population health issues within the community. This will require a shift from discipline-specific to broader skill sets that include, but are not limited to, community engagement, coalition building, collaboration, communications, and health equity. The ability to work on multidisciplinary teams to meet the health needs of the community will become increasingly important.

- <u>Financial Challenges:</u> Besides workforce development, financial security is the other priority addressed in our 2018-2020 Strategic Plan. Passing a county public health levy and increasing General Fund revenues are related goals, both with workforce development implications.

  Achieving levy passage, increasing grant revenues, and performing program cost methodologies all require marketing, public relations, fundraising, fiscal, and grant-writing skills that staff may not currently possess. Providing key staff with the skills, tools, and resources necessary to successfully pursue additional grant opportunities will also be very important.

  Expanding current position descriptions to include these skill sets or responsibilities may require the services of a knowledgeable human resources manager or consultant.

  A competitive compensation and benefit plan will help attract qualified individuals with these desired skills. However, the lack of competitive wages was identified as an internal weakness during the strategic planning process, thus making it difficult to attract new staff with the desired skills.

Competencies & Education Requirements

Our Core Organizational Competencies

With assistance from the Ohio State University College of Public Health Center for Public Health Practice, the Workforce Development Team identified 15 core organizational competencies that apply to every ACHD employee regardless of position, title, or role.

These were selected primarily from the Council on Linkages' *Core Competencies for Public Health Professionals* (2014). Other competencies were derived or adapted from other nationally accepted and/or utilized sources: Competencies for Disaster Medicine in Public Health, 2015; Public Health Workforce and Interests Survey (PHWINS), 2014 or 2017; National Institutes of Health (NIH), 2018; Public Health Informatics Competencies (date unknown); and the State of Washington, 2018.

The Core Organizational Competencies are listed in Appendix A. Sources are noted in the table; those taken from the *Core Competencies for Public Health Professionals* are denoted with the competency number/identifier.

Required Continuing Education, by Discipline

Licensures held by staff, and their associated CE requirements, are shown below.

Discipline	Ohio CE Requirements (as of 7/1/2018)
Nurse	24 contact hours every 2 years
Sanitarian	18 CEUs every year
Certified Public Health Practitioner	50 hours every 2 years
Physician	100 hours every 2 years
Board of Health Members	2 contact hours each year
Certified Child Passenger Safety Technician	8 contact hours every 2 years

Training Needs

Introduction This section provides an overview of our agency's identified training needs and a description of the barriers to successfully closing these gaps.

Our Competency-based Training Needs Assessment Results ACHD's Workforce Development Training Needs Assessment was completed by the Center for Public Health Practice at the Ohio State University College of Public Health (OSU) in July 2018. Items for the survey were selected from a master list provided by OSU. Workforce competencies were chosen primarily from the *Core Competencies for Public Health Professionals* (2014); additional competency options were derived or adapted from other nationally accepted and/or utilized sources. ACHD's Workforce Development Team identified 15 core organizational competencies that apply to every employee regardless of position, title, or role.

Competencies were self-assessed against two measures: 1) importance to job, and 2) current level of skill. In addition, questions related to motivators for training, barriers to training, workplace environment, and wellness were included in the survey and used either a four-point response scale (low to high motivation/barrier/agreement) or an item ranking method.

Key findings from the assessment were considered by ACHD's Workforce Development Team to develop workforce development goals and the Curriculum and Training Schedule; a summary appears below. (See Appendix B: Workforce Development Training Needs Assessment Summary of Results for a full description of the assessment process and key findings.)

Three organizational competencies had the highest overall percentage of respondents with a negative need score at 60% (n=6), which indicates these as our greatest training needs:

- Demonstrate knowledge of one's expected roles in organizational and community response plans activated during a disaster or public health emergency;

- Contribute to implementation of organizational strategic plan; and

- Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation).

Four additional organizational competencies were also identified as training needs, with 50% of respondents (n=5) having a negative need score:

- Use personal computers and other office information technologies for working with documents and other computerized files;
- Deliver socially, culturally, and linguistically appropriate programs and customer service;
- Participate in quality improvement processes (e.g., Plan-Do-Study-Act, SWOT analyses, fishbone, Lean, Kaizen, etc.) for agency programs and services; and
- Inform the public about policies, programs, and resources that improve health in a community.

Increasing staff competency in these core areas will directly support implementation of other agency plans:

Core Organizational Competency	Related Agency Plan
Knowledge of one's expected roles in organizational and community response plans activated during a disaster or public health emergency	All Hazards Emergency Response Plan
Contribution to implementation of organizational strategic plan	Strategic Plan
Use of performance management systems for program and organizational improvement	Performance Management/ Quality Improvement Plan
Use of personal computers and other office information technologies	Strategic Plan, Performance Management/Quality Improvement Plan, Community Health Improvement Plan
Delivery of socially, culturally, and linguistically appropriate programs and customer service	Culturally and Linguistically Appropriate Services (CLAS) Plan
Participation in quality improvement processes	Performance Management/ Quality Improvement Plan
Informing the public about policies, programs, and resources that improve health in a community	Strategic Plan, Community Health Improvement Plan

The Workforce Development Team Staff prioritized these seven organizational competencies when developing the Curriculum and Training Schedule.

Our Health Equity Training Needs

As noted in the previous section of this report, 50% of respondents had a negative need score for the core organizational competency of delivering socially, culturally, and linguistically appropriate programs and customer service. Therefore, ACHD completed an additional self-assessment of cultural and linguistic competence in December 2018, using a tool developed by the National Center for Farmworker Health (adapted from the Massachusetts Department of Public Health, Office of Health Equity, CLAS Self-Assessment Tool). (See Appendix C: Culturally & Linguistically Appropriate Services (CLAS) Self-Assessment Summary of Results and Recommendations.)

The CLAS Self-Assessment revealed that significant organizational gaps and multiple opportunities for improving our agency's cultural competence. Key findings, organized by CLAS Theme, include:

Governance, Leadership, and Workforce
- We lack written policies and procedures to recruit, retain, develop, and promote culturally diversity among its staff.
- Neither staff nor the governing entity consistently receive training in the delivery of culturally and linguistically appropriate services.

Communication and Language Assistance
- Written materials are offered in the languages and appropriate literacy levels of some, but not all, cultural groups found in the county.
- Clients with limited English proficiency or who are deaf/hard of hearing are not routinely provided verbal or written notice of their right to receive free language assistance services.
- Deaf/hard of hearing clients and clients with disabilities are not given a Disability Access notice, as we lack such a notice.
- We do not routinely post images or signage showing inclusivity of diverse cultural groups, including LGBTQ and persons with disabilities.

Organizational Engagement, Continuous Improvement, and Accountability
- We currently lack a written plan to identify and address CLAS needs for the communities we serve, including underserved populations.
- We sometimes collect client satisfaction data to inform the delivery of culturally and linguistically appropriate services.
- Race, Ethnicity, and Language (REL) data is not routinely collected or used to design, deliver, and evaluate Health Department services.

- The majority (71%) of staff do not know if we currently participate in partnerships with other agencies that target the diverse cultural groups in the county, despite the fact that ACHD has partnered with other community agencies to provide several Health and Safety Day events for Amish residents over the past decade.

The results of both the CLAS Self-Assessment and the Competency-based Training Needs Assessment support the need to include mandatory learning opportunities regarding cultural competency and health equity in our Curriculum and Training Schedule.

Our Mandatory Training Topics

The table below lists training required by ACHD and/or by state or federal mandate. They are addressed in more detail in the Curriculum and Training Schedule.

Training	Who	Frequency
Civil Rights/Cultural Competency/ Health Equity/CLAS	All Staff	Annually
CPR/AED	Nursing Staff	Every 2 years
HIPAA/Confidentiality	All Staff	Annually
ICS 100, 200, 700, 800	All Staff	Once
ICS 300, 400	ICS Command Staff	Once
OSHA Trainings:		
Bloodborne Pathogens	All Staff	Annually
Exposure Control Plan	All Staff	Annually
Hazard Communication	All Staff	Annually
Public Employee Ethics	All Staff	Annually

Other Training Needs

Additional training needs will be identified on an ongoing basis from other sources, such as:
- Knowledge and skills needed to support implementation of the Strategic Plan, Performance Management/Quality Improvement Plan, and Community Health Improvement Plan initiatives
- Gaps identified during the performance review process
- Customer service feedback
- Accreditation requirements
- Lessons learned from exercises, real-time responses, and after-action reports (AARs)

Barriers to Training and Our Potential Solutions

The Workforce Development Training Needs Assessment also assessed motivators for and barriers to training. Survey respondents were asked to rate motivators and barriers using a four-point scale.

Motivators for Training: All items were rated highly with 80% or more of staff respondents indicating they were motivated or highly motivated to participate in training. The highest-rated motivators for training were reported as:
- Increasing my competency in public health practice; and
- Accomplishment of the mission of the agency.

Barriers to Training: The greatest barriers to training were reported by staff as:
- Agency and/or grant budget restrictions;
- Individual/personal cost; and
- Time away from work.

Potential Solutions: Possible strategies for overcoming these barriers to training include:
- Utilizing monthly staff meetings for trainings.
- Designating an annual staff training day when the office would be closed to the public.
- Designating on-your-own trainings to be completed within a specific time period (e.g. three-month quarter), allowing staff and their supervisors to flexibly schedule time for completion.
- Participating in free and low-cost trainings, including but not limited to OH-TRAIN, Ohio State University Center for Public Health Practice, Skillsoft (through the Association of Ohio Health Commissioners), Public Entities Pool (PEP) of Ohio, and the Ohio Ethics Commission.
- Collaborating with neighboring health department(s) and/or other facilities to provide joint leadership development opportunities (with primary costs being lunch and materials).
- Using the Board of Health training DVDs created by the Ohio Association of Boards of Health (OABH) annually.
- Encouraging scholarship applications and grant opportunities for staff to attend specialized training opportunities with registration fees (e.g., COPPHI Open Forum for Quality Improvement and Innovation).
- When possible, including training as a line item in grant applications.
- Incorporating a dedicated staff training line into each program, grant, or agency budget.

Our Workforce Development Goals

Introduction   This section presents workforce development goals for our health department.

Goal 1: Establish culture of learning.

Objective	Measure	Timeframe	Responsible Parties
Create policy(ies), procedures, and/or processes that support staff training and development (e.g., specifying a number of training hours each employee must complete, creating a process for tracking employee training, etc.).	Board adoption of at least one (1) new policy, procedure, and/or process that addresses staff training and development	By 12/31/2019	Workforce Development Team Health Commissioner Board of Health
Implement a formal orientation process for new employees.	1. Creation of a formal (written) orientation process/procedure 2. Completed orientation checklist in personnel files of employees hired in 2019	1. By 3/31/2019 2. By 1/31/2020	Workforce Development Team & staff
Establish list of mandatory trainings that all staff must complete.	List of mandatory trainings incorporated into Curriculum and Training Schedule	By 1/31/2019	Workforce Development Team
Implement annual employee performance feedback process that includes: A. The creation of personal professional development plans. B. A review of trainings completed (i.e., completion of the professional development plan).	1. Board adoption of formal performance evaluation policy and procedure 2. Creation of a personal professional development plan template 3. Manager training on performance evaluation policy and procedure 4. Review of employee's completion of professional development plan included as step in performance evaluation policy and procedure	1. By 6/30/2019 2. By 9/30/2019 3. By 12/31/2019 4. By 12/31/2020	Directors/Supervisors Health Commissioner Board of Health

Goal 2: Create a supportive work environment.

Objective	Measure	Timeframe	Responsible Parties
Create policy(ies), procedures, and processes that contribute to a supportive work environment and improved employee morale (e.g., payment of training expenses, etc.).	Board adoption of at least one (1) new policy, procedure, and/or process that contributes to a supportive work environment and improved employee morale	By 12/31/2019	Workforce Development Team & staff Health Commissioner Board of Health
Implement monthly staff meetings.	Meeting agendas, minutes, and attendance rosters for at least 10 monthly meetings in 12-month period	By 1/31/2020	Health Commissioner and/or Directors
Implement a praise and recognition program.	1. Creation of a formal procedure outlining an employee praise and recognition program 2. Evidence of program implementation (e.g., copies of recognition notes, postings on bulletin board, photos of honorees) as outlined in procedure	1. By 3/31/2020 2. By 6/30/2020	Workforce Development Team & staff Workforce Development Team & staff
Implement agency compensation plan.	1. Board adoption of compensation plan 2. Memo or notices to staff showing implementation of compensation plan	1. By 10/31/2020 2. By 12/31/2020	Health Commissioner Board of Health

Our Curriculum and Training Schedule

Introduction

The Curriculum and Training Schedule for 2019 and 2020 is located in Appendix D. It is designed to increase our agency's overall capacity and capability to achieve our mission and strategic priorities.

The Curriculum and Training Schedule takes into account areas where technology or the field of public health practice is advancing (e.g., information management and security; use of social media; emergency preparedness; health equity and cultural competence) and motivators for and barriers to training identified by staff (on page 14).

Finally, the Curriculum and Training Schedule addresses:
- Gaps in core organizational competencies identified through our Workforce Development Training Needs Assessment;
- Gaps in cultural and linguistic competence identified through our Culturally & Linguistically Appropriate Services (CLAS) Self-Assessment; and
- Mandatory training topics (outlined on page 13).

Implementation & Monitoring

Introduction   This section addresses how we will implement, monitor, evaluate, review, and update our workforce development efforts.

Our Roles and Responsibilities

The table below outlines individuals' roles and responsibilities for implementing this Workforce Development Plan.

Who	Roles & Responsibilities
Ashland County Board of Health	Responsible for adopting the Workforce Development Plan and ensuring availability of resources for its implementation.
Health Commissioner	Ultimately responsible to the Board of Health for implementing the Workforce Development Plan and establishing a conducive work environment that supports learning. Works with the Workforce Development Team to develop, review, evaluate, and update the Plan at least biennially. Ensures individual and agency-based training initiatives are implemented. Works with direct reports to develop and support implementation of individualized learning or professional development plans (e.g., time aware from work, coaching, opportunities to apply information or skills learned). Supports, coaches, and mentors Directors and staff to assure appropriate training resources and support structures are available in the agency (e.g., computer, headphones, etc., for viewing video trainings). Identifies high performing or high potential employees as part of succession planning efforts.
Directors	Responsible to Health Commissioner for all employees within their division. Ensures individual and agency-based training initiatives are implemented. Works with direct reports to develop and support implementation of individualized learning or professional development plans (e.g., time aware from work, coaching, opportunities to apply information and skills learned application). Supports, coaches, and mentors supervisors and/or staff to assure appropriate training resources and support structures are available in the division (e.g., computer, headphones, etc., for viewing video trainings). Identifies high performing or high potential employees as part of succession planning efforts.

Implementation & Monitoring, *continued*

Who	Roles & Responsibilities
Workforce Development Team	Responsible for conducting Workforce Development Competency/Training Needs Assessment biennially and creating Workforce Development Plan. Identifies appropriate training/development opportunities for staff. Evaluates implementation efforts and updates Curriculum and Training Schedule annually; updates entire Plan every other year.
Employees	Ultimately responsible for their own learning and development. Works with supervisor to develop annual personal professional development plan. Also works with supervisor to identify and engage in training and development opportunities that meet individual and/or agency needs. Identifies and pursues opportunities to apply new learning on the job.

Communication about This Plan

The ACHD Workforce Development Plan will be submitted to and adopted by the Ashland County Board of Health biennially (ideally in November or December for implementation in the following calendar year).

The initial Plan and the Curriculum and Training Schedule will be reviewed with all employees upon the Board's adoption. Annual updates will be presented and discussed during all-staff meeting(s).

The Workforce Development Plan will be reviewed with each new employee during orientation, with a primary focus on the Curriculum and Training Schedule. This review will be documented on the orientation checklist.

The Workforce Development Plan will be maintained on the agency's shared drive for easy access by all staff.

Training opportunities will be promoted, as they are identified and become available, by leadership staff during staff meetings, via email, and/or by posting in a central location.

Implementation & Monitoring, *continued*

Training Evaluations

Trainings will be evaluated using a standard post-event evaluation form (available on the shared drive). All staff will discuss with their supervisor the knowledge and skills they gained, including application at work, on the evaluation form and as part of the annual performance evaluation process, if applicable. Staff may also be asked to share knowledge gained at trainings during all-staff meetings, as appropriate.

Tracking

Upon completion of each requested or required training, staff submit proof of completion to their supervisor.

- Proof of completion for a training provided externally will be 1) the completion of the standard post-event evaluation form, and 2) a certificate of completion. Training materials may be shared with the supervisor when training certificates are not provided by the course sponsor/provider.

- Proof of completion for a training provided internally will be sign-in sheets, unless a training certificate was provided to participants.

These documents will be used to update each employee's Annual Training Form. A copy of the training certificate will be scanned and uploaded to the employee's training file on the shared drive; a hard copy is placed in their personnel file.

Staff will be able to view their accumulated certificates and their updated training form. Each employee should review his/her Annual Training Form and Professional Development Plan at least quarterly to ensure completion of all requirements prior to the annual performance evaluation.

The supervisor will review the employee's completion of the Annual Training Form and professional development plan during the annual performance evaluation process.

Review and Maintenance

The ACHD Workforce Development Team will review and update this Plan biennially and present it to the Board of Health for formal adoption. The review will address updates to the agency/workforce profile, evaluate progress toward achievement of workforce development goals, identify new goals, determine future training needs, and update the Curriculum & Training Schedule biennially.

Appendix A: Core Organizational Competencies

Organizational Competency	Domain
Demonstrate knowledge of one's expected roles in organizational and community response plans activated during a disaster or public health emergency [Competencies for Disaster Medicine and Public Health, 2015]	Emergency Response
Use personal computers and other office information technologies for working with documents and other computerized files [PH Informatics Competencies, date unknown, adapted]	Analytical/ Assessment
Contribute to implementation of organizational strategic plan [2A4]	Policy Development/ Program Planning
Participate in quality improvement processes (e.g., Plan-Do-Study-Act, SWOT analyses, fishbone, Lean, Kaizen, etc.) for agency programs and services [PHWINS 2017]	Policy Development/ Program Planning
Describe your role in improving the health of the community served by the agency [PHWINS 2017]	Communication
Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]	Cultural Competency
Describe how social determinants of health impact the health of individuals, families, and the overall community (e.g., income, housing, education) [PHWINS 2017, adapted]	Cultural Competency
Collaborate with community partners to improve health in a community (e.g., participate in committees, share data and information, connect people to resources) [5A5]	Community Dimensions of Practice
Inform the public about policies, programs, and resources that improve health in a community [5A9]	Community Dimensions of Practice
Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation) [7A14, 7B16, 7C16]	Financial Planning and Management
Incorporate ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities [8A1, 8B1, 8C1]	Leadership and Systems Thinking
Participate in professional development opportunities [8A7]	Leadership and Systems Thinking
Develop and maintain effective relationships with others, showing understanding, courtesy, tact, empathy, concern, and politeness [NIH, retrieved 2018, adapted]	Other
Take personal responsibility for the quality and timeliness of work and achieve results with little oversight [State of WA, retrieved 2018]	Other
Adapt to changing business needs, conditions and work responsibilities [State of WA, retrieved 2018]	Other

Appendix B: Workforce Development Training Needs Assessment Summary of Results

Appendix C: Culturally & Linguistically Appropriate Services (CLAS) Self-Assessment Summary of Results and Recommendations