

# Portsmouth City Health Department

## Work Force Development Plan

2022 - 2024

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Revised: July 2024

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
2/22/2022	1	Updated Workforce Priorities	3	BL
2/22/2022	2	Updated Workforce Profile	5	BL
2/22/2022	3	Updated Overall Competency Scores and Areas for Improvement	9	BL
2/22/2022	4	Removed Annual TB training	10	BL
2/22/2022	5	Updated Training Schedule	13	BL
2/22/2022	6	Updated Tier Scores	16-20	BL
1/19/2023	7	Updated Strategic Plan Priorities	3	BL
1/19/2023	8	Updated Workforce Profile	5-6	BL
1/19/2023	9	Updated Core Competency Scores	8	BL
1/19/2023	10	Moved Training Schedule	10-11	BL
1/19/2023	11	Moved WFD Goals Reference	12-13	BL
1/20/2023	12	Updated Core Competency Scores	15-18	BL
1/20/2023	13	Updated the 10 Essential of Public Health	19-22	BL
7/15/24	14	Updated Workforce Priorities	3	BL
7/15/24	15	Remove Training Schedule	12	BL
7/15/24	16	Update Goals	13	BL

## Table of Contents

Topic	See Page
Agency Profile	3
Workforce Profile	5
Competencies & Education Requirement	7 - 8
Health Equity	9 - 10
Training Needs	11 - 13
Workforce Development Goals	14
Implementation & Monitoring	15 - 16
Appendices	17 - 25

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 the Portsmouth City Health Department's ongoing commitment to the training and development of its workforce.

# Agency Profile

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## ***Our Mission:***

Prevent disease, promote optimal health and safety, bridge the gap of unmet health care needs, and respond to public health emergencies for the citizens of Portsmouth.

## ***Our Vision:***

A fully accredited, financially stable, professional organization committed to improving the health of our community.

## ***Strategic Priorities:***

1. Retention
  - Revise Employee Satisfaction survey
  - Review / revise the hiring process
  - Leadership training
2. Lack of financial resources and staff.
  - Each division will seek appropriate outside funding.
3. Increase staff competency in Performance Management (PM) and Quality Improvement (QI).
  - All staff will become proficient in using Clear Impact.
  - All staff will be able to articulate three (3) QI tools and how to use them.

## ***Governance:***

Portsmouth City Health Department (PCHD) is governed by the Portsmouth City Health District Board of Health, composed of five members appointed by the mayor and confirmed by the legislative authority. Each member is required to complete two (2) hours of Continuous Education each year to remain an active member.

## ***Funding***

PCHD is funded through several different sources, including: federal and state grants, service fees (immunizations, environmental, vital statistics), and state subsidy. Training costs are supported by grant funds whenever possible and through general health funds. The agency strategic plan includes efforts for the agency to remain fiscally viable.

## ***Learning Culture:***

The PCHD supports an open mindset, an independent quest for knowledge, and shared learning directed toward the mission and goals of the organization. By implementing this workforce

development plan, we provide acknowledgement of the strength of our workforce, identify opportunities for improvement, and provide resources for a well-trained, knowledgeable staff dedicated to improving the health of our community.

***Links to Other Agency Programs:***

In the past decade, it has become increasingly clear that having a competent public health workforce is essential to protecting the health and welfare of populations. Competency assessment and workforce development activities are only a part of our overall revisions of operations. In addition to workforce development PCHD has implemented Quality Improvement and Performance Improvement Plans. Workforce development is the foundation for all program and administrative operations because qualified, well-trained staff are essential to excellent service delivery.

***Workforce Policies:***

Training policies and procedures are found in the agency personnel policy manual. This includes conference requests procedures as well as out of district, overnight, and out of state travel approval procedures that are established by the Board of health. This addresses the ORC requirement that all out of district travel must be approved by the Board of Health.

Policies pertaining to work/life balance such as bringing children to work, breastfeeding, etc. are also in the manual.

## Workforce Profile

This section provides a description of our current and anticipated future workforce needs. The table below summarizes the demographics of our current workforce as of September 4, 2019.

Category	# or %
Total # of Employees:	27
# of FTE:	25.5
% Paid by Grants/Contracts:	94%
Gender:	
Female:	22
Male:	5
Race:	
Hispanic:	0
Non-Hispanic:	0
American Indian / Alaska Native:	0
Asian:	0
African American:	0
Hawaiian:	0
Caucasian:	27
More than One Race:	0
Other:	0
Age:	
< 20:	0
20 – 29:	5
30 – 39:	9
40 – 49:	6
50 – 59:	4
>60:	3
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	7
Nurse:	4
Registered Sanitarian/EH Specialist:	1
Epidemiologist:	1
Health Educator:	1
Dietician:	0
Social Workers:	0
Medical Directors:	1
Other:	12
Retention Rate per 5 years:	
5 years:	65%
10 years:	25%
15+ years	10%
Employees < 5 Years from Retirement:	
Management:	3
Non-Management:	0

### ***Future Workforce:***

Over the past twenty years the city of Portsmouth has experienced a slow population decline:

2010	20,226
2020	19,446
July, 2023	17,555

*US Census Quick Facts.* US government, July 1, 2023. Web. July 2024 Accessed. <https://www.census.gov/quickfacts/fact/table/sciotocountyohio.portsmouthcityohio>

Based on this data and the current economic status in the city, we do not anticipate a substantial increase in the population we serve. Our workforce has seen a shift over the past three years. Before, nearly two thirds of our workforce have ten or more years of service. Today only one quarter of staff have ten or more years of service. This is down from one third last year. The current job market is trending down also. There are many more jobs than people willing to fill them. These dynamics make retention a priority.

# Competencies and Education Requirements

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## ***Core Competency Standard:***

To measure our competency, we use the *Council on Linkages Core Competencies for Public Health Professional*; the national standard guiding the development of the current and future workforce.

Job descriptions were redesigned to reflect the new measures. Employees were trained and given a copy of the *Core Competencies for Public Health Professionals*, created by The Council on Linkages Between Academia and Public Health Practice. All new employees will also receive training and a copy of the measures.

## ***Other Competencies:***

In addition to the core competencies related to each job, we also measure and provide training for the following organizational values:

- Customer Service
- Trustworthiness
- Leadership
- Accountability
- Teamwork
- Communication
- Confidentiality
- Learning

## ***Continuing Education Required by Discipline:***

Discipline	Ohio CE Requirements (as of 8/23/2019)
Nursing	24 contact hours every 2 years
Nursing	CPR every two years
Registered Sanitarian	24 CEUs every 2 years
Certified Public Health Practitioner	50 hours every 2 years
Board of Health Members (Ohio)	2 contact hours each year

# Capability and Capacity to Provide Public Health Services

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In addition to addressing individual competencies, PCHD also has a system for determining the capacity and capability of the Health Department as a whole to deliver the Ten Essential Functions of Public Health to the citizens of Portsmouth and Scioto County.

- Using the Ten Essential Functions of Public Health and Program Summaries (every program and/or service has a summary), the administration identifies how we are providing

each function (see appendix B). Not providing a function to the fullest results in a “service gap” which is addressed through Performance Management.

- Program operations are monitored through Program Evaluations and Performance Management. Workforce capabilities and capacity are monitored through the Program Summaries. Each summary outlines how the program addresses the Core Functions of Public Health and the workforce capacity needed to provide the program/service. Program changes can be made at any time; however, the summaries are evaluated annually to determine the capacity and capabilities needed.
- Gaps in program capacity and competencies, changes in public health, and new technology are addressed in the program evaluation also.
- While evaluations are specific to a program or service, ideas for addressing gaps, changes, and other needs are discussed by all administrative staff with input from other staff and stakeholders as appropriate. See appendix C for capability and capacity needs.

PCHD is committed to learning, it is one of our core values. Training to optimize capability is ongoing, as funds permit. Training needs are discussed annually and as needed.

## Health Equity

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PCHD follows the guidance provided by *the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)*. A self-assessment of the Health Department was completed on December 10, 2022. While six (6) of the eight (8) categories were rated as complete and effective, two (2) sections received scores indicating there were areas of improvement:

1. Collection of data on race, ethnicity and language for all participants/clients.
  - The clinic does collect demographics on all patients, however, other programs do not.
    - Other programs will develop a system for collecting this data
    - Develop an administrative written data collection policy
2. An ongoing, assessment of capacity and has a written plan to address identified gaps.
  - A Health Equity plan with dashboard will be created and implemented.

### **PCHD CLAS Self-Assessment Form 2023**

Component #	Agency Rating	Program Rating	Component of CLAS Standards The agency/program:
1	2	EH – 2 Nursing – 4 P&P – 3 Air -	Collects data on race, ethnicity and language for all participants/clients
2	3	EH – 2 Nursing – 3 P&P – 3 Air -	Has a demographic profile that describes its service area/population accurately, including stable and changing race, ethnic and language groups
3	2	EH – 2 Nursing – 4 P&P – 3 Air -	Ongoing, assesses its capacity (strengths and gaps in providing services to diverse racial and ethnic populations) and has a written plan to address identified gaps
4	3	EH – 4 Nursing – 4 P&P – 5 Air -	Assures that limited English proficient individuals in the service area have language access, supported by written policies and procedures and high quality interpretation services
5	3	EH – 2 Nursing – 4	Ensures that agency/program participants are provided services respectfully and in a manner consistent with

		P&P – 5 Air -	their beliefs and culture, supported by written policies/procedures
6	3	EH – 2 Nursing – 2 P&P – 5 Air -	Implements recruitment, retention and promotion procedures with the result that current staff reflect the race, ethnic and linguistic diversity of the service population
7	3	EH – 2 Nursing – 4 P&P – 5 Air -	Provides ongoing training in culturally and linguistically appropriate service delivery for staff at all levels and disciplines, with most staff reached
8	3	EH – 2 Nursing – 4 P&P – 4 Air -	Has effective partnerships with agencies that target the diverse cultural groups in the service area/population

# Training Needs

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## ***Introduction:***

This section provides an overview of our agency's identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps. Needs are assessed in a variety of ways: staff are instructed to alert supervisors to individual needs, supervisors determine needs, mandatory requirements (job or license specific), etc.

Individual, job or division specific are addressed by the supervisor or director. All staff needs are incorporated into a training calendar, and there are monthly mandatory trainings. A training inventory is conducted every three years. All directors are required to participate and staff are encouraged. In addition, an assessment is conducted of how staff prefer to received training and perceived barriers to training.

## ***Competency Based Training Needs:***

To begin implementation of the use of Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice; adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina), each employee of the Portsmouth City Health Department (PCHD) completed the appropriate tier assessments.

Individual scores were recorded and strengths and weaknesses identified. Each will be addressed on the individual's annual evaluation as part of their professional development. A Radar Chart was then used to identify averages of aggregated scores to determine overall and division strengths and weaknesses.

Over all scores were highest in Communication and Community Dimension. There are opportunities for improvement indicated in all areas, with Policy Development being the category most believed they are proficient in.

\*For the full report see Appendix A

There are also training needs for staff holding a specific license or certification. These needs will be addressed throughout the year. Some will be provided by the agency, while others will be the individual's responsibility to obtain. PCHD has policies in place to assist staff with their training needs such as time off, travel reimbursement (when applicable), flexible work schedule, etc. All related policies may be found in the Personnel Policy Manual.

## ***Mandatory Training:***

Training for the PCHD staff can be mandated by the Board of Health, local state, or federal requirements, and professional certifications. While certain credentials require staff members to

complete a designated amount of contact hours but not specific trainings, others dictate specific mandatory trainings.

### **Mandatory In-services**

Training	Who	Frequency
HIPAA	All staff	Annually
Bloodborne Pathogens	All Staff	Annually
Drug Free Workplace	All Staff	Annually
Sexual Harassment/Discrimination	All Staff	Annually
Fire and Tornado Safety	All Staff	Annually
Emergency Preparedness	All Staff	Annually
CPR Training	Clinic - Nurses	Bi-annually
ISO 100, 200, 700 and 800	All Staff	Upon hire
Diversity Training	All Staff	Annually
Ethics Training (Clemons Nelson)	All Staff	Annually

Certain trainings are also required for accreditation by the PHAB Standards and Measures. Those trainings are as follows:

- Personal professional development for all staff (Domain 8), completed every two (2) years.
- Leadership development activities (Domain 8) completed every two (2) years.
- Staff development in Performance Management (Domain 9), completed every five (5) years.
- Staff training on patient confidentiality policies (Domain 11), completed every five (5) years.
- One training on social, cultural, and/or linguistic factors, (Domain 11), completed every five (5) years.

### ***Training Barriers and Solutions:***

The Barriers to Training survey identified cost, time, administrative support and distance (in that order) as the greatest barriers to training.

Barrier	Possible Solutions
Cost	<ul style="list-style-type: none"> <li>• When possible, include training as line item in grant applications</li> <li>• Examine and increase (if feasible) the budgeted amount for training in PCHD general budget</li> <li>• Take advantage of the Skill Soft training package available through AOHC</li> <li>• Use on-line trainings available through the Public Health Foundation, Ohio Trains, etc.</li> <li>• Use staff that are subject matter experts</li> </ul>

Time	<ul style="list-style-type: none"> <li>• Create a system that allows annual in-services to be completed on line within a set time frame to allow more flexibility</li> <li>• Schedule trainings during routine meetings</li> <li>• Provide more in-house trainings to decrease time away from work</li> </ul>
Distance	<ul style="list-style-type: none"> <li>• Take advantage of the Skill Soft training package available through AOHC</li> <li>• Use on-line trainings available through the Public Health Foundation, Ohio Trains, etc. Use staff that are subject matter experts</li> <li>• Seek opportunities at Shawnee State and Ohio University, Ironton branch</li> </ul>

***Other Training Needs: Training schedule will change as the need arises.***

Areas such as emergency preparedness, health equity, and cultural competence present unique challenges for training because they are ever evolving. To remain abreast of changing requirements in training we will use the following to identify and address further training needs:

- Strategic direction of the organization
- QI plan, CHIP
- Agency climate survey
- Performance reviews or plans
- Talent assessments lessons learned from exercises, real-time responses, and after-action reports

## Workforce Development Goals

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Workforce Development goals are fluid, therefore are reviewed quarterly. Current summary of needs are as follows:

1. Retention
  - Revise and issue Employee Satisfaction Survey by 2/28/25.
  - Address areas for improvement by 6/30/25.
  - Revise hiring questions.
  - Provide management training for all supervisors.
2. Each division will report quarterly on funding searches.
3. Increase staff competency in Performance Management (PM) and Quality Improvement (QI).
  - Administrator will contact a Health Department that is successfully utilizing Clear Impact and schedule training, either virtual or in-person.
  - Individual training with Clear Impact representative will be paid for.
  - All staff will receive Quality Improvement training.
4. Improve Emergency Response Training.
  - Schedule in-house training
  - Relevant staff will participate in a POD exercise with the County.
  - COVID After Action Report will be extensively reviewed, areas for improvement identified and activities to address developed.

Workforce development goals in detail can be found in on the WFD Dashboard and available on request.

## Implementation and Monitoring

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### ***Communication:***

The Workforce Development plan will be communicated to leadership, staff and stakeholders in various ways.

- All employees will receive an electronic copy of the Workforce Development Plan.
- An electronic copy will be on the server.
- All new staff will be educated and receive a hard copy during New Employee Orientation.
- The plan will be presented to the Board of Health annually. Revisions will be discussed as necessary.
- Copies may be provided to other stakeholders as needed.

### ***Training Evaluation:***

The PCHD has developed a training evaluation form based on the Kirkpatrick Model. Unless the facilitator requires a specific evaluation tool, all trainings will be evaluated using the standard PCHD evaluation form.

### ***Tracking:***

The Administrator will be responsible for monitoring training participation, entering the information on the Tracking Log and placing verification (certificate, sign-in sheet, etc.) in the employee's personnel file. Directors or their designees are responsible for informing the Officer of all training their staff receives. Individuals are responsible for submitting to the officer verification of continuing education credits obtained.

### ***Roles and Responsibilities:***

<b>Who</b>	<b>Roles &amp; Responsibilities</b>
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Health Commissioner	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Administrator	Provide guidance to the Health Commissioner regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Directors to find appropriate training/development opportunities for staff. Provide guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.

Division Directors	Responsible to the Administrator for all employees within their divisions. Supports, coaches, and mentors' supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of agency succession plan.
Supervisors	Responsible to their Director and employees to ensure that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (i.e., time away from work, coaching, opportunities for application, tuition reimbursement). Identifies high potential employees as part of agency succession plan.
All Employees	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

***Review and Maintenance:***

The Administrative staff functions as the Workforce Development team, with the Administrator /coordinating the team. The coordinator is responsible for ensuring all updates are completed in a timely manner.

The plan will be reviewed annually by the Workforce Development team and presented to the Board of Health at their annual meeting. Revisions will be made as often as necessary and reviewed with the Board if approval is needed.

## **Appendix A**

### **8.2.1b**

### **Competency Based Assessment Report**

The Public Health Accreditation Board (PHAB) has set a bench mark for using core competencies as a basis for developing a competent workforce through the assessment of staff Competencies and the provision of individual training and professional development. To begin implementation of the use of Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice; adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina), each employee of the Portsmouth City Health Department (PCHD) completed the appropriate tier assessments.

Individual scores were recorded and strengths and weaknesses identified (Example 1). Each will be addressed on the individual's annual evaluation as part of their professional development. A Radar Chart was then used to identify averages of aggregated scores to determine overall and division strengths and weaknesses (Example 2).

Scores for tiers two (2) and three (3) have increased over the last assessment, while the scores for tier 1 has decreased. We attribute that to new hires and lack of training during the pandemic. Most tier 1 employees rated themselves low on financial planning. Doing a deeper dive into this revealed that most staff believed they didn't need to be involved in financial planning or policy / programing planning, as those are activities reserved for directors and supervisors. Administration will develop trainings regarding the Core Competencies for Public Health Professionals and how they relate to each of the three tiers. The assessment will be given in 2025 to determine if this training will lead to staff making a more informed assessment of themselves.

As a result of the data collected our priorities for training in 2023 related to core competencies for Line staff will be (in order of importance):

- |                                       |                                |
|---------------------------------------|--------------------------------|
| 1. Core Competencies in Public Health | 3. Policy/Programming          |
| 2. Communication                      | 4. Leadership/Systems thinking |

These trainings will be conducted in a variety of ways including lecture, hands-on, webinar, on line, and workshops to facilitate different learning styles. A schedule of trainings is located on pages 12 – 13.

The data shows that management staff need development in the following core competencies (in order of importance):

- |                         |                                |
|-------------------------|--------------------------------|
| 1. Financial Planning   | 3. Leadership/Systems thinking |
| 2. Policy / Programming | 4. Analytical / Assessment     |

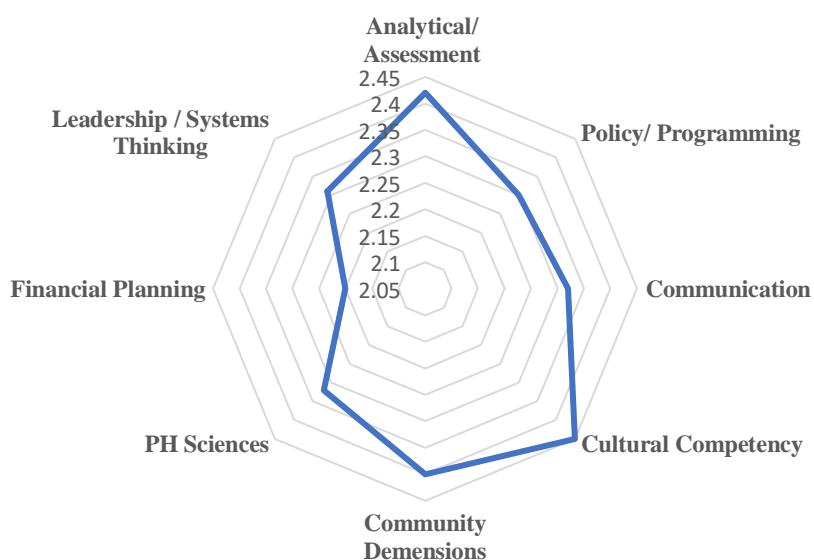
As some aspects of Public Health are ever changing, Competencies will be assessed annually during the evaluation process and employee input will be requested on the Employee Satisfaction Survey. Employees are also encouraged to request any training they feel relevant to their position.

## Example 1 (Individual scores)

**8.2.1b**

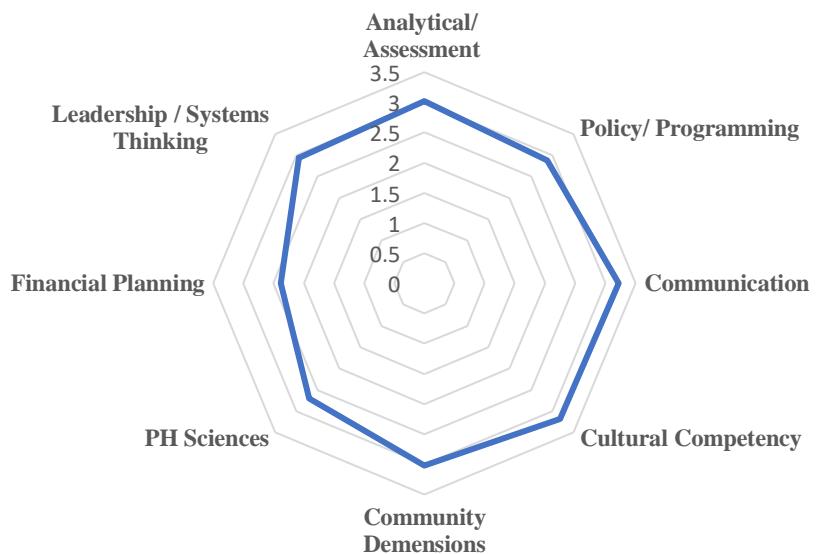
### Tier 1

Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
2.10	2.80	2.60	2.90	2.50	2.70	2.40	2.40
2.10	2.20	2.30	2.40	2.40	2.10	1.40	2.20
2.30	2.10	2.40	2.40	2.30	2.00	2.10	2.30
2.90	2.90	2.80	3.00	2.90	2.20	2.40	2.40
2.20	1.70	1.90	1.80	2.20	2.20	2.20	2.30
2.10	2.00	1.50	1.70	1.90	1.80	2.10	1.80
3.10	2.50	2.60	3.00	2.80	2.40	2.20	2.20
2.50	2.50	2.40	2.60	2.90	2.70	2.50	2.60
1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
3.00	2.30	2.60	2.70	2.60	3.20	2.30	2.80
2.90	2.60	2.90	2.90	2.80	2.70	2.50	2.80
2.60	2.50	2.40	2.40	2.20	2.30	2.00	2.20
3.80	4.00	3.90	3.60	3.70	4.00	4.00	4.00
2.80	2.70	2.60	2.40	2.70	2.40	2.70	2.60
3.10	2.50	4.00	3.80	2.90	2.70	1.40	2.50
2.00	2.10	2.00	2.00	2.10	2.40	2.10	2.40
3.10	3.00	3.00	3.00	3.00	3.40	3.10	3.00
<b>2.42</b>	<b>2.30</b>	<b>2.32</b>	<b>2.45</b>	<b>2.40</b>	<b>2.32</b>	<b>2.20</b>	<b>2.31</b>



## Tier 2

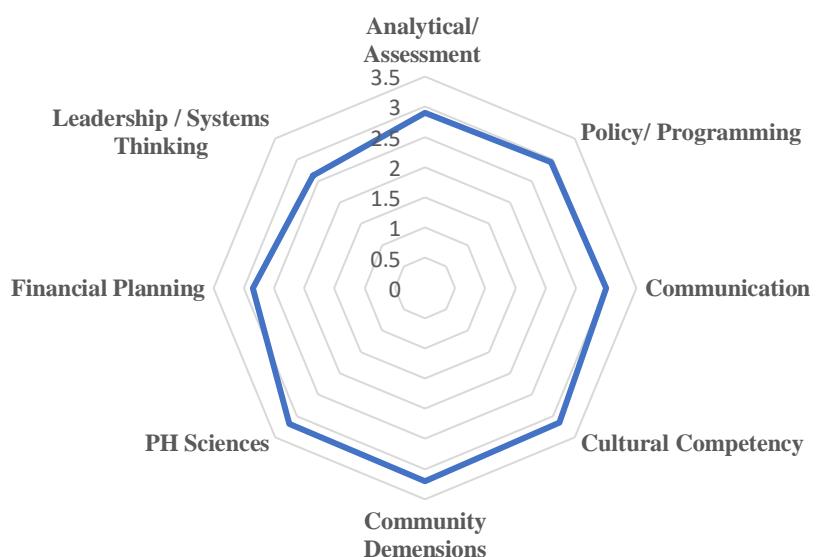
Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
2.10	2.50	1.60	2.30	1.90	1.70	1.70	2.20
3.90	3.80	4.00	3.90	4.00	3.90	3.70	4.00
3.10	3.00	3.60	3.00	3.50	2.50	2.60	3.20
3.10	3.00	3.00	3.00	3.00	3.40	3.10	3.00
2.90	2.60	2.90	2.90	2.80	2.70	2.50	2.80
<b>3.02</b>	<b>2.88</b>	<b>3.22</b>	<b>3.18</b>	<b>3.02</b>	<b>2.70</b>	<b>2.38</b>	<b>2.94</b>

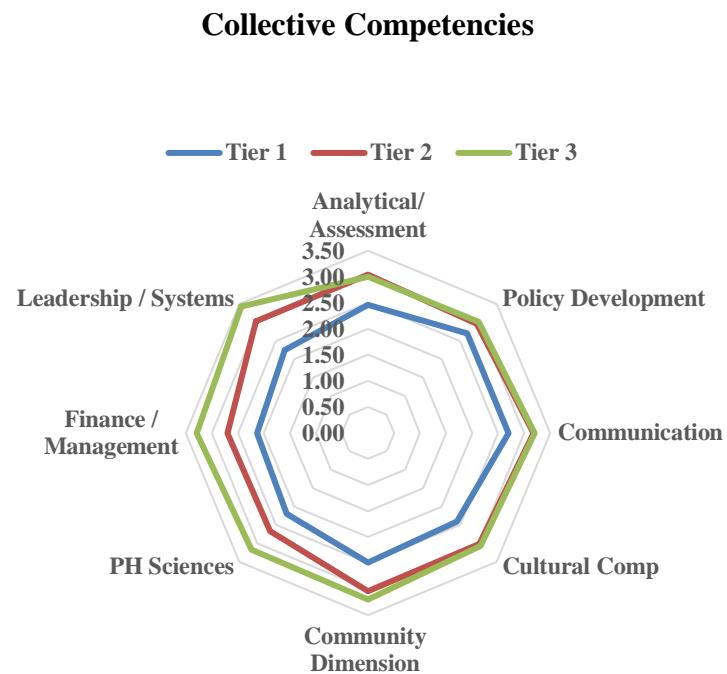


## Tier 3

Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
3.10	3.10	3.40	3.30	3.30	3.40	3.00	3.10
3.50	3.70	3.60	3.30	3.50	3.30	3.40	3.40
3.00	3.00	3.00	3.00	3.00	3.00	3.00	2.00
2.00	2.00	2.00	3.00	3.00	3.00	2.00	2.00
<b>2.90</b>	<b>2.95</b>	<b>3.00</b>	<b>3.15</b>	<b>3.20</b>	<b>3.18</b>	<b>2.85</b>	<b>2.63</b>

*Names have been omitted for privacy*



**8.2.1b**

## **Appendix B**

**8.2.1a**

### **Capacity to provide the Ten Essential Functions of Public Health As provided by the Portsmouth City Health Department**

#### **1. Monitor health status to identify and solve community health problems.**

- a. HIV/STD: Through data collection, is able to monitor positivity rates and related metrics.
- b. Epidemiology: Through Epi Report, monitors reportable diseases and outbreak trends in the city and county.
- c. RCORP Navigators

#### **2. Diagnose and investigate health problems and health hazards in the community.**

- a. PHEP/Epidemiology: Follows up on reportable diseases and analyzes information for trends or other pertinent information. Follows up on community level emergencies (i.e., water line break) and County/State wide issues (pandemic).
- b. Mosquito Surveillance – Educate the public on how they may control mosquito breeding at their home and what preventative measures they may take themselves to prevent mosquito breeding and help prevent mosquito bites that may spread mosquito borne diseases.
- c. HIV/STD: Investigates HIV and Syphilis cases and provides partner services.
- d. Clinic Services and Navigation
- e. Code Enforcement (housing and solid waste) – Investigates citizen complaints to determine if public health hazards exist due to the observed conditions at the complaint site.

#### **3. Inform, educate, and empower people about health issues.**

- a. Injury Prevention: Provides education to individuals and agencies on overdose response and administration of Narcan. Provides education to providers on drug trends, prescribing guidelines, and the usage of Ohio's prescription drug monitoring program.

- b. HIV/STD: Participates in outreach events related to HIV and STDS; provides testing at these events and sites. Provides education to individuals at treatment facilities, schools, and colleges.
- c. PHEP/Epidemiology: Informs public of pertinent health data, trends, or alerts through public information/press release.
- d. Syringe Exchange: Informs and educates individuals on harm reduction and how to increase health outcomes.
- e. Code Enforcement – Educate and tenants, property owners or other citizens about how current housing conditions or nuisance conditions are a violation of City ordinances or state codes and how those conditions may adversely affect their health and empower them on what steps they may take to remedy the conditions.
- f. State Mandated Programs – Educate operators, managers and/or employees of the licensed facilities on how the conditions found during an inspection may adversely affect the health of their customers and how the operators, managers and/or employees can operate properly without adversely affecting their customers health.
- g. Mosquito Surveillance – Educate the public on how they may control mosquito breeding at their home and what preventative measures they may take themselves to prevent mosquito breeding and help prevent mosquito bites that may spread mosquito borne diseases.
- h. During each open burning complaint, provide pamphlets to each citizen/violator educating them on the open burning regulations as to what is and is not allowed and the health concerns of illegal open burning.
- i. Clinic Services
- j. Navigation
- k. Vaccinations

#### **4. Mobilize community partnerships and action to identify and solve health problems.**

- a. Injury Prevention/RCORP: Through the Scioto County Collaborative Opioid Consortium, brings together over 100 members from all sectors to address drug abuse from a comprehensive approach.
- b. PHEP/Epidemiology: works with community agencies and organizations in the event of an emergency. Works with other healthcare professionals to share pertinent data on disease spread/outbreaks.
- c. Navigation

**5. Develop policies and plans that support individual and community health efforts.**

- a. IP/RCORP: Strategic planning through SCCOC.
- b. Clinic Services
- c. Navigation
- d. Vaccinations
- e. Ohio Buckles Buckeyes (Car Seats)

**6. Enforce laws and regulations that protect health and ensure safety.**

- a. PHEP/Epidemiology: Informs providers/partners of reportable diseases.
- b. Enforcement of State and Federal regulations to ensure compliance with air pollution regulations. Examples include Notice of Violation letters to confirmed violations of open burning regulations, Enforcement Action Requests sent to Ohio EPA for failed facility compliance tests, compliance monitoring of chemical manufacturing facility to ensure not emitting excessive air toxic emissions during a bypass of their process control equipment.
- c. State Mandated Inspections – enforce the program regulations such as those during Food Service Operation inspections to ensure that the health and safety of the patrons are protected.
- d. Code Enforcement – enforce City ordinances to ensure that adequate housing is provided in order to protect the tenant's health and safety and those in close proximity of the residence.

**7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**

- a. RCORP: Through Recovery Gateway Navigation program, links individuals with services. (See Christine's report).
- b. HIV/STD: For identified positives, links people to care and treatment.
- c. Syringe Exchange: individuals are offered linkage to treatment through RG Navigators.
- d. Clinic Services

**8. Assure competent public and personal health care workforce.**

- a. DFC/IP: Provides education to providers and stakeholders on drug abuse.

- b. PHEP/Epidemiology: Ensures that staff are trained in Incident Command Structure and what to do in cases of emergencies.
  - c. Administration (for PCHD).
- 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**
- a. All programs: are required to provide program evaluations (See Program Evaluation) in addition to other grant specific evaluation requirements.
- 10. Research for new insights and innovative solutions to health problem.**
- a. All programs: are required to provide evidence-based practices to support programming (see Program Summaries).
  - Overall, PCHD is meeting the ten (10) essential functional of Public Health by our measurement of “Not providing a function to the fullest results in a “service gap” “. However, recent events and the current job market make it clear, we must invest in succession planning and employee retention. Plans for this are outlined in our WFD dashboard starting on page 24.



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