



Franklin County Board of Health:

Per resolution number 22-078, Mighty Crow Media facilitated four division-level dialogues in June with members of Franklin County Public Health (FCPH) Leadership including senior staff, division managers and supervisors. This report shares a summary of those discussion including general observations, further discernment of the Occumetrics Report, funding, data, policy and engagement recommendations for the board's consideration.

### **General Observations:**

1. Exhaustion: Despite staff being personally and professionally committed to their jobs, most staff expressed the reality of the past two years. They feel two years behind and are unsure how they will catch up. They are emotionally exhausted from the pandemic itself- the loss of life, the fears, and the threats of violence that they faced as public health employees.
2. Trauma: It's pervasive, very real and the staff need to talk about it. It is impacting how they think, feel, and act. The staff discussed how the trauma they are dealing with changes how the brain processes information and will categorize everything as "safety" or "threat" which then impacts our communication.
3. Cross-division Communication: FCPH functions in silos – this fact came up in every dialogue. Staff need to be involved in more conversations with one another so that they understand what the other divisions are doing. Shared decision making will also help break down the apparent "us vs. them" that may be happening due to a lack of understanding about what other divisions are working on.
4. Focus Inward: By addressing these three observations, it will express to staff that the attention of the agency is "inward" and on the people who work at the organization. They need the inward focus to help address the exhaustion, the trauma, and communication concerns. All three themes are reflected in the Occumetrics Survey.

### **Occumetrics Report- Agency Culture**

- Having time to process the pandemic.
  - Exhausting/overwhelming -- very hard to do both jobs (COVID and non-COVID).
  - Mixed messages about slowing down yet, speeding up.
  - "Recharge and Reset" good sentiment but not realistic.
- We are so far behind
  - Scheduling meetings over lunch – no breaks throughout the day.
  - Work and home life all one
  - No formal acknowledgement; Feeling unappreciated
  - As the organization looks forward, it must turn its attention to alleviating this exhaustion.
- Standard Operating Procedures
  - Do we have SOPs? Do we have systems in place, are people trained?
  - Being audited and seeing procedural weaknesses.
  - Wanting to pass along institutional knowledge, capacity, method/processes but no time to document as SOPs.



- We are asking to help and not being directed.
- Lack of direction about what to do – some people were asking to help and not receiving direction.
- Strategic Plan Alignment
  - Desire to remove the “randomness” from work – confusion over why the organization is asking staff to take on certain things, which comes largely from a lack of communication.
  - External focus was so heavy – no internal focus, which has exposed our foundational weaknesses, keep forging ahead without focusing on building a solid foundation.
  - Absence of discussion about initiatives – do they even fit in the strategic plan?
  - Look at the core work you are providing to the community/look at the regulations; how can we work toward a common goal? Focused on the non-regulatory.
  - Level set with jurisdictions/contracted cities and explain to them here's what we need for our staff.
  - Not saying yes to everything – ask questions before we say yes, having a voice at the table.
  - Presence at meetings to advocate – meetings with partners, townships, etc.
- Board of Health:
  - Little understanding of the Board's vision
  - Staff are not allowed to attend board meetings
  - Feeling disconnected from the board; feels like the board does not reach out.
- Internal Coordination
  - Leadership staff want more communication across divisions and with the Administration
  - Teams want more flexibility to help them manage their workloads and want more time together as teams.
  - We need to carve out the time to be able to work on things- lack of time for them as a team.
  - Continuing to use data to help target and tailor interventions and develop some caseload equity. Teams are understaffed and don't feel empowered to consider what they need
  - Review and revise committees- look at committee purpose; look at how some committees require a lot of work outside of the committee
- Funding
  - The divisions feel pressure to generate revenue and bring in grants. Grant writing does consume time and energy and perhaps should be specialized (e.g., having a Grant Writer, etc.).
  - They want the seeking of grant revenue to be more intentional- they see some initiatives as “new and shiny things” and not connected to core services. However, this lack of understanding is largely related to a lack of communication.
  - Fiscal transparency- Departmental budgets are desired; managers want to understand their program's budget, grant budget, etc.



- Workforce- Performance
  - Trackstar is a problem and seems to make the process of tracking training and other requirements feel arbitrary.
  - Why are we not asking employees how they want to be measured?
  - Help people understand why they are setting goals.
  - You cannot get a 5 (a perfect score).
  - Not updated by HR or software program.
  - Need conversations about time/task tracking.
  - Continuous ways to find/measure efficiency first

### **Board of Health Strategic Plan Discussion Points**

#### Funding

- FCBOC
  - ARP
  - \$1.9 million FY 2023
- Local funding- per capita contract cities FY 2023
- Fees- continuing to update cost methodology
- Grants- new process to seek, evaluate and apply for funding

#### Policy

- Racism as public health crisis
- Board of Health
  - Process to set agenda and dissemination
  - Attendance at meetings- supervisors and staff
- Departmental
  - Decision-making
  - Internal Committees
  - Standard Operating Procedures
  - Administrative Guidance Compensation and Performance

#### Data

- Jurisdictional dashboards
- Performance management
- Community information exchange

#### Social Determinants of Health (engagement)

- Health Works Franklin County
- Community Health Improvement Plan



### **Environmental Health Workplan Discussion**

#### Priorities

- Aside from, or in addition to, statutory requirements like inspections)
- Workforce Development/Succession Planning/Operations
  - Training & Onboarding
  - SOP's
- Grant Work
  - EHS-NET
  - Sustainability
  - Healthy Homes/Lead
- Vector
  - Mosquito Contract
- Water Quality
  - OEPA Consent Decree
  - WPCLF Program
- Each Section creates their own goals based on Division and Agency priorities/goals.

### **Prevention and Wellness Workplan Discussion**

#### Priorities

- Continue to increase with internal education and engagement regarding SDoH.
- Continue ongoing conversations of equity. What does equity and poverty actually “look like” during the pandemic? How does it align with the work P&W Division already does?
- Continue Hotspots for targeted plan using data.
- Be more intentional with finding funds that fit the specific work / program, rather than seeking funding that may fit.
- Have regular quarterly meetings that include staff to discussions with staff about the collective budget, why we do what we do, why funding is needed, and existing grants
- Review spreadsheet with staff quarterly, and mark completed tasks.
- Identify projects to place on hold
- Flu
- Identify current & future staffing through 2023
- Additional Team members needed: Immunization, Maternal and Child Health, and infectious Disease.
  - MCH – additional 8-10 staff members needed.
  - No funding available for additional staff that work the front line (nurses).
  - Search for other resources to hire additional staff.
  - Grant writer specifically for P&W Division to search for grants.
- Workforce Development Needs
  - Removing randomness of Trakstar
  - Show staff how their goals are aligned with agency's strategic goals.



- Provide staff with goal options to feel more included.
- Understaffed.
- Provide funding for current services, not new tasks.
- Discuss Potential QI Projects
- Have intentional conversations about workload. "Taking care of your people"
- Review Participation on FCPH / Internal Committees
  - Clear representation across the board.
  - The load of duties that are assigned in some committees an actual position needs to be created.
- Trauma
  - Processed differently; as chronic and complex.
  - These types of traumas can change who you are, how information is received and perceived.
  - Compassion fatigue: Exhausted about this you use to care about (ex. Career). When you begin to care less or not care at all about the issue(s) and changes that you once had passion for. It effects how you interact with others, physically, and emotionally.
  - Emotionally fatigue, can result in not being heard, or included.
  - "Planned Quite time" across the entire agency.

#### Additional Notes

- Within the next 18 months think about what you would like to prioritize not add on.
- Add column to spreadsheet to track what goals have been completed

### **Health Systems & Planning Workplan Discussion**

#### Themes and Priorities

- HSP Leadership team expressed how tired they are and taking time off doesn't help because there isn't coverage for the work, so you return to more work.
- Due to the high number of grants in the Division and needing to complete deliverables to get the funding, a large amount of work was accomplished while working in COVID and no real acknowledgement of this.
- Managing grants and programs is extremely hard when you're asked to manage the budget yet when it's time to make decisions, your voice isn't the one that matters. Drawing down grant funds doesn't happen in an efficient manner so as the program lead you end up having to answer to the funder.
- Overall budgeting at the agency is challenging and very frustrating.
- There needs to be more standards of practice at the agency
- Senior staff enforces rules differently or not at all.
- Most of the leadership meeting is spent on a recap that's not as important as allowing time for real issues impacting the agency and when someone tries to bring up a priority or critical issue it's met with silence, and nothing occurs.
- Supervisors feel stuck in the middle, e.g., they must enforce policies and guidance that may not be enforced consistently across the agency.
- The lack of receiving the ARPA funds we thought we were going to have to assist the agency in moving forward with major/critical challenges such as IT and data Software is disappointing, and no clear reasons have been communicated as to why we're not getting the funds.



- The agency has been badly understaffed for a long time. HSP continues to do a large amount of work with some additional staff, but we are still critically understaffed for work we do.
- HSP has done a massive amount of work over the past 3-4 years and has done a lot to get FCPH recognized in the community, but it feels like HSP is blamed for doing good work and bringing more work to the agency vs being supported and acknowledged at the agency.

#### Goals

- #1 We felt this goal was still relevant, but the action steps need to be revised to reflect current work, and a new metrics identified.
- #2 Due to not having the proper software and ability to adequately track programmatic activities we felt this goal was still relevant. We plan to update the action steps and define new metrics moving forward.
- #3 – **TO BE DELETED** This was a priority for all the HSP programs and something we have led; this will continue to be the foundation for all programs and work of the division however we felt this resides in the Administration Division with the Associate Dir of DEI. This goal is completed and once the new DEI Strategic plan is developed HSP will align with the goals outlined in that plan.
- #4 will become the new Division Goal #3 HSP has done an excellent job of growing its programs and bringing additional funding into the agency. The primary focus of this goal is the sustainability of the programs and ensuring that adequate funding is identified.

#### Next Steps

1. Draft notes and revised workplan will be sent to Health Commissioner's Office
2. Create a shared document for updating the Division Workplan
3. Have all HSP leadership contribute to updating the workplan

### **Administration Workplan with Mighty Crow (notes)**

#### Mighty Crow Observations from Previous Three Discussions

- Have a committed staff to the work.
- Traumatized talk given, FCPH has experienced trauma.
- Compassion fatigue; change relationships with colleagues ...
- Discussed graphic novel regarding COVID toll.
- Thirteen licensing survey, huge response.
- COVID has impacted many American workers.
- Lots of opportunity for shifts with the Teams.

#### Trauma

- Tired, sometimes don't like to talk about work/COVID; effort to stay in positive space; intense.
- Have not had a chance to realize what we were in; constant catch-up; roller coaster ride.
- Doing great a good day; very difficult days and tough stretches; very unpleasant emails received because of COVID.



- Emotional fatigue – was highest point received, working very hard for COVID while maintaining regular work. Need to have time to process/move through what has just happened, i.e., discussions. Just need time discuss.
- Need to know it's ok to talk, by sharing how we feel, processing trauma with them. Create a space for trauma.
- Space to be seen/acknowledged: need to hear it across divisions from other staff; conversations.

### Opportunities

- Why we do what we do. Should share timelines, their input ... to teams when asking to do a task.
- Talking and encouraging people to not be silent, does not allow supervisor to know how they feel; silent is not a good culture. Need people to be honest.
- Fully staff/costs, don't feel empowered with how to do that, mathematical process (supervisors).
- Opportunity to help staff understand process with grants and costs, overspending or underspending knowledge helps staff; can appreciate when and why those dollars come in/transparency.
- Desire to have downtime to look at things.
- Whose job is it to write policies, when needing a subject matter expert? Template?
- Time to have internal evaluation; right people in the right seat, need downtime to do that.
- Internal committees – overwhelmed; safety-threat.
- Eager to know additional direction from Administration/Board.

### Morale

- Losing their morale and crying a lot, undiagnosed depression. Some are saying aimless, terrified everywhere they go. Staff need help and healing to nurture themselves back to health.
- Want to understand what agencies are doing, some staff feels they are two years behind in work, appreciate the spirit of recharge and reset. Sense of not taking a break, unable to "get off the wheel."

### Staff wants to have more access to Board.

- No need staff sitting in on two and a half board meetings.
- Join Board meeting if you have business with the Board. Want to continue to figure out the balance. Supervisor's feel extremely separated from Board.
- Confused that it's a public meeting and they cannot attend. Sometimes confidential information from Board has been shared out of order.
- We want the Board to know who you are. Appropriate behavior Board meeting. Business not up for public communication.
- They feel disconnected to Board. Are there ways for some to do short presentations before the Board, so their voice can be heard?
- Maybe mention to Board that staff has interest in meeting with them.





## Leadership

- Need guidance to have conversations relative to leadership and guidance. Vulnerable to falling into how to move forward.
- Need to break through isolation. More so about being connected.
- Development needed through ambiguity, lead and manage and move through some things that you don't know. Self-development individual as well.
- When feel safe, ambiguity is fine ... It's a skilled development
- No one likes to be surprised; External pressures are good for staff to know; how do we want to start shifting some of this? They feel that they aren't doing a good job. Connection is what it's about, because of what we've been through.
- Believe HC is trying to turn this staff around. Optimistic, showing outwardly that there's trying to go on.

## Staff Prioritizations:

Continuous ways to find/measure efficiency first; is there technology to address some of this; what can we do relative to consulting to get some of the work done

- Human Resources
  - HR Generalist.
  - Data Analyst.
  - Quality Improvement Coordinator.
- Diversity and Inclusion
  - Coordinator (Program).
  - Analyst (data/program policy) (DEI Specialist); Supportive Administrative
- Information Technology
  - IT analyst; direct line with health commissioner office; data in IT runs concurrently,
- Communications:
  - Internal Communication person/connectivity with staff.
  - liaison role/person (policy liaison).
  - records retention person.
- Financial: compliance officer; internal auditor; procurements.
- 501(C)(3) for organization (fundraisers)???
- HC: Administrator?