



Delaware General Health District

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Shelia Hiddleson, RN, MS
Health Commissioner

Date: November 21, 2017

To: Board of Health

From: Shelia Hiddleson, RN, MS
Health Commissioner

Re: **Special Board of Health Meeting / Facilities Planning on Tuesday, November 28, 2017, 7:00 pm Basement – Training Room**

***PMT – Performance Management Touchstone**

1.0 CONVENTION

<i>Agenda Item</i>	<i>Time</i>	<i>Action/ Contact</i>	
1.01 CALL TO ORDER	2		
6.05 BOARD ACTIONS/POLICIES/LEGAL ISSUES		Action	PMT
A. Facilities Planning:		Decision/ Shelia	Agency/ Community/ Engagement
1) Delaware Finance Authority – Bob Lamb, Delaware County Economic Development Director	20		
2) Facilities Plan and Supplemental Review (<i>attached</i>)	10		
3) Directions Discussion	30		
a) 1-5 West Winter			
b) Renovation Innovation Court			
c) New Build			
d) Purchase Existing and Renovate			

Sincerely,

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**Delaware General
Health District**
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FACILITIES COMMITTEE REPORT 2017

COMMITTEE MEMBERS:

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Joan Bowe, Director PH
Steve Burke, Director EH
Lori Kannally, Community Health Specialist CH
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Traci Whittaker, PIO-Admin

Submitted to Board of Health July 2017

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EXECUTIVE SUMMARY

The issues surrounding the Delaware General Health District's ability to grow with the county and continue to provide public and environmental health services into the future depend greatly on the agency's staffing level and the community's needs. Under the current facility conditions, the hurdles that must be overcome for the agency to continue to grow are: Parking, Staff Growth and Client Access.

The existing buildings are nearing capacity. The questions that must be answered are: Does the Board of Health want the entire agency to be at one location or satellite locations? If one location is most desired, where should a facility be located and how long does the Board expect a new facility to last?

The recommendations of this committee are: Use the existing facility and implement various options as needed until a new facility is needed and/or desired; hire a consultant to help the Board of Health determine the size/type/location of a facility or facilities needed for the length of time desired; research should also be done to determine how best to fund a new facility.

BACKGROUND

Delaware County has been the fastest growing county in the state of Ohio for many years. At one point in the past ten years, Delaware was the thirteenth fastest growing county in the nation. The economic slowdown reduced the rate of growth in recent years, but Delaware County did not feel this impact as much as many others. Growth has been on the increase as the economy has begun to improve. The 2016 Delaware County Regional Planning annual report states that Delaware County is currently the #1 fastest growing county in Ohio based on the past sixteen years and one hundred and fifteenth fastest growing county in the nation in that same time frame.

The Health District offices moved to its current location at 1-5 W. Winter St. from 105-109 N. Sandusky St. in 2001. The existing facility is quickly reaching maximum capacity of personnel. The intent of this report is to show facility needs currently, zero to three year projections, and four to ten year projections.

PROJECTED COUNTY GROWTH

Evans Farm subdivision in Orange Township near Lewis Center has recently broken ground. This subdivision is planned for well over 4,000 residential units and a downtown with buildings up to four stories high (similar to Delaware City). Evans Farms is providing at least one new school site located in the Olentangy School district, which has already broken ground on their fourth high school. Olentangy currently has twenty three schools in its district (twenty four when the new high school opens). Growth in this area of the county shows no signs of slowing down. Several new subdivisions are already approved near the new high school.

A large outlet mall opened in the district in June of 2016. Typically, subdivisions and commercial growth will occur around this hub. In addition to growth expected around the outlet mall, Sawmill Parkway opened to the edge of Delaware City. Additional commercial and residential growth is expected along Sawmill Parkway just as it has already occurred from the south county border to Hyatts Road, the parkway's previous terminus.

The City of Delaware is also expanding in population at a fast rate. A new subdivision with commercial zoning has recently been approved on the south side of the city. In addition, ground has broken for two large subdivisions on the city's southeast side.

A fourth Delaware County Sewage Treatment plant is being planned. A plant near Alum Creek Reservoir will likely be proposed this year and on line in 2022. This will then likely explode growth along the Highway 36-37 Corridor and north. The County Commissioners have requested bids for a planning consultant for the Highway 36-37 corridor to I-71.

According to the 2016 Delaware County Regional Planning Commission annual report, Delaware County is currently growing at a rate of fourteen%. Population estimates are: 2016-199,302. 2020-214,344. 2025-232,829. 2030-248,235. However, these population estimates are at an expected growth rate of 9.8%, 8.6% and 6.6% respectively. The Delaware General Health District does not follow the southern county boundary due to various cities being served by Franklin County Health Department, therefore population of the Delaware General Health District is different. The 2017 DGHD population is estimated at 173,858. The 2010 DGHD population was 155,159 and the 2000 DGHD population was 97,915. This is a 12% increase in the last seven years and a 77% increase in the past 17 years.

CURRENT CONDITIONS

BUILDINGS

The current buildings (1, 3 and 5 West Winter) consist of approximately 37,000 square feet. These buildings are over one hundred years old. They have been updated over the years, yet require a lot of maintenance and in many cases cannot be made compliant with current building/safety standards. The PHAB accreditation site visitors mentioned that much of our building is not ADA accessible. The building at 1 West Winter is on the National Register of Historic Places.

The DGHD offices are located in the geographic center of the county and City of Delaware; however, the geographic center of the county is not necessarily the center of the population base. The far east side of the county takes more time to reach due to traffic on the east side of Delaware City and the Highway 36-37 Interstate I-71 interchange, and limited crossing locations over the reservoirs.

PARKING/PUBLIC ACCESS

Parking remains a big problem at the current location. Clients must park at least one block away to access free parking if no on-street parking exists. Street parking is very difficult for clients to find an open spot, however, for short term, parking is free on most streets near the building. This may change in the near future as the City of Delaware recently conducted an extensive parking survey and change recommendations will come from their committee. The city lot behind the agency sometimes has pay spaces open for clients (not staff) but it too is not directly close to the agency entrances.

The agency rents one dedicated parking lot for employees but that is limited to twenty -three spaces. Staff are put into a “parking lottery” for these 23 parking spots two blocks from the office. For the remainder of the staff (approximately 40-50), parking is always an issue. When the agency moved to this location in 2001, an agreement was made with the city not to park within 1 block of the agency so downtown merchants have parking available for customers. Otherwise, all the conveniences of a downtown location, banking, shops, restaurants, are walkable for staff.

The agency-owned vehicles are parked routinely at the Eagles lot three blocks east of the agency. The agency rents 18 parking spots there. Vehicle theft has been a concern at this location. A recent theft included 2 tires and wheels on one agency vehicle. In addition, there have also been several hit and run damages to agency vehicles parked in this lot. There is potential additional parking sites may be available in the new county building being built on North Sandusky Street, but that remains uncertain.

FUNDING

Funding is currently stable at this point and is expected to last until the next levy in 2024. Several grants may be at risk due to changes at the state and/or federal level. A loss of funding may result in layoffs. Community assessment may be more difficult as technology changes (fewer telephone landlines) and accessing data on residents may become more expensive. Levy funds can only be used for operations. Any property to be purchased must come from another funding source such as inside millage or fees. Current inside millage supports only building maintenance.

Leadership staff will experience significant turnover due to retirements in the next three years with two directors and

two managers scheduled to retire. Depending on payout amounts it may be several years before benefits of lower paid replacements are realized. Leadership team continues to evaluate all positions for need before posting.

Income from the rented offices on the 3rd and 4th floor of 1 W. Winter may disappear at any time as the tenants are at retirement age. Current income from the rented office space is approximately \$76,000.00 per year.

DIVISIONS

The Environmental Health Division offices are located on the second floor of 1 W. Winter Street. Several internal moves have occurred over the years culminating all Environmental Health staff housed on the same floor. Staff currently consists of 18.5 FTE staff (4.5 Food RS's, 4 Residential RS's, 3 Plumbing Inspectors, 3 Managers, 3 Administrative Assistants, 1 Director) and 2 summer interns all working in approximately ~1920 sq. ft. of office space. This does not include a 100 sq. ft. meeting room and 54 sq. ft. copy equipment area. This includes hallways, desks, files, bookcases etc. The multi-person workspace that the food unit staff currently sit in consist of 330 sq. ft. (55 sq. ft. per person). Recently approved interior modifications include moving the Residential staff to a new office. The multi-person workspace that the Residential staff now occupies consist of 307 sq. ft. (51 sq. ft. per person). These recent modifications allows for additional growth for field staff for several years to come if the summer interns are moved to desks in the basement of 5 W. Winter Street. These square footages do not include the Jeter files system or files located in the hall. Furthermore, it does not include front office reception area. An on-line search of recommended office space indicates open workspace stations are from 60-110 sq. ft. per person.

The Personal Health Division offices are located on the first floors of 3 and 5 West Winter, in the Union County Health Department in Marysville, OH and the Morrow County Health Department in Mt. Gilead, OH. The Division has 25 staff equivalent to 20.8 FTE and one additional intermittent part time Administrative Assistant during flu season. At any time except summer it is not unusual to have 1-2 nursing students on site as well. Thirteen staff work in 3 West Winter and seven Personal Health and one Community Health contractor work in 5 West Winter at any one time. Office space at DGHD is approximately 3,687 square feet between the two buildings, ~2315 sq. ft. in 3 WW and ~1,372 sq. ft. in 5 W. Winter Street. This includes all employee personal workspaces, clinic rooms, lab, reception and waiting room areas, vaccine and clinic supply areas, hallway and copier areas. Multi-person workspaces include the Disease Prevention Unit offices each housing two staff (96 and 108 sq. ft.; 48 sq. ft. and 54 sq. ft. per person respectively), the Clinical Services Unit office housing five staff in 313 sq. ft. (62 sq. ft. per person), the WIC Breastfeeding Peer/Community Health Car Seat Contractor office housing two staff in 151 sq. ft. (75 sq. ft. per person), and the WIC dietitian office housing two staff and children's play area and lab in 309 sq. ft.

The Administration Division offices are located on the 2nd floor, 4th floor and the basement of 1 West Winter Street and the mezzanine and 2nd floor of 3 West Winter Street. The Division consists of 16 full time employees. The 2nd floor of 1 West Winter office space includes the vital stats reception area and provides space for two administrative assistants. The 2nd floor of 3 West Winter includes the Health Commissioner, her assistant, the Operations/Fiscal Director and two fiscal employees, the human resources officer as well as the three IT employees and a program manager. The multi-person workspace houses the two fiscal staff and the three IT staff in 695 sq. ft. (138 sq. ft. per person). An additional employee is located on the mezzanine of 3 West Winter Street and another in the basement of 1 W. Winter Street. Another multi-person area is on the 4th floor of 1 W. Winter. It houses the Public Information Officer and the Multimedia Specialist in 310 sq. ft. (155 sq. ft. per person)

The Community Health Division offices are located on the third floor of 1 W. Winter Street. Several internal moves have occurred over the years culminating in all Community Health staff housed on the same floor. Staff currently consists of 13 staff (1 Director, 2 Managers, 1 Administrative Assistant, and 9 Community Health Specialists) all working in approximately ~1538 sq. ft. of office space. The multi-person workspace that houses the 5 Community Health Specialists consists of 356 sq. ft. (71 sq. ft. per person). Two other multi-person workspaces in Community Health consist of 150 sq. ft. each and house 4 staff total (75 sq. ft. per person). This does not include hallways, and the 305 sq. ft. Board room. This includes desks, files, bookcases, copiers, etc. In addition, 1 Community Health contractor has desk space in 5 West Winter.

DIVISION PROJECTIONS

ENVIRONMENTAL HEALTH DIVISION

With the proposed growth and program requirement changes at the state level, such as the sewage program, more work is required, thus more inspectors will be required. With the number of proposed subdivisions already in the approval pipeline, the Plumbing unit and Residential Services unit recently received Board approval to hire an additional plumbing inspector and sanitarian. The Residential Service and Food Protection units are at or above their maximum FTE for the current workload. As subdivisions and food service operations are increasing in numbers, so does the need for more inspectors. Due to the expected growth, the EH division plans to request an additional sanitarian in the Food unit in the near future. The recent internal move of the food field staff allows space for an additional staff member to be added when needed. In addition, the Residential Services field staff now has room for an additional staff member, when it is needed.

The Division has daily clients such as: plumbing contractors, sewage contractors and homeowners or general public. At certain times of the year Food Service operators come to the office to pay for licenses. Staff hears complaints routinely concerning parking since the move to the current location. Most of the EH clients are in the office for a short time, typically less than 15 minutes. For clients to search for parking and then walk for more than a block to come in for less than 15 minutes is very frustrating for them. In addition, the EH Division is located on the 2nd floor, which requires clients use the elevator or climb two flights of stairs to receive service.

Occasionally staff must meet with the clients in the office. Meeting rooms are reserved on the agency calendar. This sometimes makes for confusion when an impromptu meeting must occur. The 3rd floor meeting room is typically used for unit meetings, interviews, or small number of attendee meetings. The basement training room is reserved and used for larger meetings. The EH area has a small meeting room (2-4 people).

PLUMBING/SOLID WASTE AND EMERGENCY RESPONSE UNIT

HUMAN RESOURCES

The plumbing unit has contracted to perform plumbing inspections for Marion County and to provide backup plumbing inspection services for Union County. Marion County growth is not near Delaware County growth. Inspectors are currently handling the workload of both Delaware and Marion counties and the minor time needed in Union County. However, the FTE workload is over the 2 previously staffed. A third inspector was recently hired. The Marion contract can be cancelled with a 30-day notice should that be needed, as can the Union County MOU. However, the Marion contract is profitable. It would not be in the interest of the agency to cancel the contract should Delaware County inspections increase. DGHD also contracts with Delaware City and Powell City. Our agency performs plumbing inspections for Delaware City and Powell City performs plumbing inspections for DGHD in Liberty Township. Staff is currently researching if adding medical gas permitting to the Marion contract is feasible. If this proves to be feasible, current staff can provide these inspections and another inspector is not anticipated to be needed at this time. The Solid Waste program appears to be at the proper staff level for at least the next 1-3 years as does the Emergency Response program.

Summary- With the third plumbing inspector hired, staffing for this unit should be appropriate for the next 3-5 years at least and likely the next 6-10 years.

FISCAL RESOURCES

The Plumbing unit brings in sufficient funds for personnel, equipment and office space. No changes in fees are currently needed.

CAPITAL RESOURCES

Based on the hiring of a 3rd inspector, management has rearranged where each unit offices are located. However, all EH personnel are still located on the second floor of 1 W. Winter Street. Although the new plumbing inspectors' office

is small, it should work fine until such time as a 4th inspector is needed as most of their work time is spent in the field.

PARKING/PUBLIC ACCESS

Plumbing contractors come into the office frequently. The recent remodel of the EH reception area has greatly improved public service and accessibility. Clients that need to consult with staff typically meet in a small meeting room or the reception area if the meeting room is occupied. The recent ability to pay fees on-line has helped to reduce incoming clients. Parking is a major complaint of visitors.

SATELLITE OFFICE/TELECOMMUTING

The plumbing inspectors could report directly to their appointments or a satellite office. This is and should be considered a viable option in the future as growth occurs. Technological upgrades would need to be purchased to assure tracking and data entry is efficient and effective should telecommuting be used.

RESIDENTIAL SERVICES UNIT

HUMAN RESOURCES

A 2016 FTE study indicated the Residential Services Unit needed an additional inspector. A new inspector was recently hired. Sewage permits take longer than a few years ago due to the intense plan review and the number of inspections required per installation. Permit numbers continue to increase annually and are now at a 10 year high. The Operation and Maintenance (O&M) program required by recent state rule requires more field staff at the local level. Every new sewage treatment system installed is required to have a 12 month inspection after the home is occupied and be put into an O&M program where regular inspections are required. Administrative staff has already been hired to fulfill the data entry required for this program. In 2016, the Residential Services Unit hired two summer interns to work in the mosquito program due to a grant from OEPA for Zika virus response. Both of these interns were very busy with the mosquito program alone, as well as a sanitarian providing mosquito program oversight and guidance. The Board of Health approved to hire two summer interns for the mosquito program for 2017. The need for two interns in this program will likely continue. The water program appears to be at the proper staff level as public water is relatively widespread in the district.

Summary- With the fourth residential sanitarian hired, staffing for this unit should be appropriate for the next 3-5 years at least and likely the next 6-10 years.

FISCAL RESOURCES

Funding for the additional inspector and vehicle will be needed. Fees are reviewed annually and can be adjusted as needed in these program areas. Current budget can support the additional Sanitarian and vehicle.

CAPITAL RESOURCES

A minor remodel has been completed in the EH area to better accommodate the new and existing staff. This will put all of the Residential staff, including 2 interns, in the same room.

Equipment storage space for the Residential Services Unit is an additional concern. The Residential Services Unit has 4 mosquito foggers, 2 storage containers that hold two 55 gallon drums of pesticide, 2 back pack sprayers, 4-6 pesticide drums, 30-40 mosquito traps and a pallet of larvicide, along with other miscellaneous equipment. These items are currently stored at 2 locations; the Delaware City garage on Ross Street and the basement of 5 W. Winter Street. The City Manager informed staff that in 2018, the agency will have to move the equipment housed at Ross St. to a new facility on East William Street in 2018. Therefore, it is proposed to leave the majority of the equipment/supplies in its current location for the next 1-2 years until moving with the city to the West William Street storage location. Staff would like to move some small equipment/supplies to a more user friendly location. If the city should change its mind, the agency would scramble to find appropriate storage for this equipment

PARKING/PUBLIC ACCESS

Sewage contractors and homeowners frequently come into the office for this program's services. The recent remodel of the EH reception area has greatly improved public service and accessibility. Clients that need to consult with staff typically meet in a small meeting room or the reception area if the meeting room is occupied. Parking is a typical complaint.

SATELLITE OFFICE/TELECOMMUTING

The Residential Unit inspectors could report directly to their appointments or a satellite office. This is and should be considered a viable option in the future as growth occurs. Technological upgrades would need to be purchased to assure tracking and data entry is efficient and effective should telecommuting be used.

FOOD PROTECTION AND PUBLIC SAFETY UNIT

HUMAN RESOURCES

The Food unit is at or near its maximum FTE currently. It has 1 part time inspector with many years of experience that actually works at a FTE level higher than the hours actually worked. This inspector is at/beyond retirement age. It is anticipated this person will retire in the next 12-18 months. At that time a full time inspector will be needed. This unit recently promoted an inspector to do more education components to meet rules, public demand and increase operator education. This in turn put more demand on state requirements (inspections) on the other sanitarians. As more food service operations, swimming pools, schools, campgrounds, and tattoo parlors open in the district; filling the part time position with a full time position will be needed. If growth in these programs occur faster than the retirement, creating and filling a full time position may be required in the near future.

Summary- When the part time sanitarian retires, replace with a full time sanitarian. Hire an additional Food Unit sanitarian in the next 12-24 months.

FISCAL RESOURCES

Funding for the additional inspector and their vehicle will be needed. Fees are reviewed annually and can be adjusted as needed in these program areas. Current budget can support the additional Sanitarian and vehicle.

CAPITAL RESOURCES

As previously mentioned, the Food Unit staff has moved to the area that previously housed the IT staff. This will allow for 1 more FTE sanitarian to be added. When the retirement of the existing part time sanitarian occurs, he will likely be replaced with a full time sanitarian. This is likely to occur in the next 12-18 months, therefore, this additional ½ FTE is the most feasible option at this time. The new area for the Food staff accommodates 6 FTEs (4.5 currently employed). The recent move of the Food staff should be adequate for the next 3-5 years at least.

PARKING/PUBLIC ACCESS

This unit has few clients coming into the office. Most clients are served through the mail. However, new business owners do come into the office to consult with staff. A small meeting room is available for these meetings if it is not reserved, if it is, staff consult with clients in the reception area.

SATELLITE OFFICE/TELECOMMUTING

The Food Unit inspectors could report directly to their appointments or a satellite office. This is and should be considered a viable option in the future as growth occurs. Technological upgrades would need to be purchased to assure tracking and data entry is efficient and effective should telecommuting be used.

ENVIRONMENTAL HEALTH DIVISION SUMMARY

DIVISION GROWTH 1-3 YEARS:

With the EH remodel finished, all existing EH staff is maintained on the second floor of 1 W. Winter. Plumbing Unit has recently hired a third inspector. The plumbing inspectors have moved to the previous EH meeting room. The Residential Services staff have moved into the area that previously housed the EH Director and Plumbing manager.

Hold off on moving most of the mosquito program equipment/supplies until the City building is ready. This should occur by mid-2018. However, moving a small amount of the equipment/supplies sooner would greatly benefit staff access. This could be accomplished by renting a storage bay or a small shed.

The Food Unit will replace a part time sanitarian with a full time sanitarian when the part time sanitarian retires. The Food Unit now occupies the previous I.T. area and this will allow for an additional food inspector when needed (likely in the next 12-24 months).

The EH Director has moved to the office previously occupied by the Food inspectors, thus providing more privacy and meeting space for managers. For the next 3-5 years or more, it appears no further staff moves are necessary for the division. Current staff and even an additional Food sanitarian and Residential Services sanitarian can stay on the second floor of 1 West Winter St. However, any further hiring of staff will require moving offices, telecommuting, desk sharing or other options.

DIVISION GROWTH 4-10 YEARS:

When additional staff is needed and desk space is not available on the second floor of 1 W. Winter Street, other options such as moving, desk sharing, telecommuting, off site space, etc. must be considered.

Telecommuting has potential for some if not all EH field staff. With the influx of mobile technology, staff can “check in” on-line, go directly to their appointments, complete most tasks on line and only need to come into the office on occasion. This will likely occur first with the plumbing inspectors as this program has the most consistent type of work and work load.

Desk sharing can occur for various EH field staff. One inspector would be assigned specific office time to utilize the desk. Another, like staff member, would be assigned a different office time to utilize the desk. Arrangements would have to be made for the times when all staff needs to be in the office, which is only occasionally.

Possible satellite offices should be considered and studied for this and other divisions. The EH Division would likely put 1 plumbing inspector, 2 sanitarians (1 from Residential and 1 from Food) and 1 administrative assistant at a satellite office. The potential for a supervisory position should be considered should a satellite office open. It would be expected that all permits/licenses that the division issues at the main office could be issued at the satellite office.

COMMUNITY HEALTH DIVISION

HUMAN RESOURCES

The Community Health Division foresees the need to add 3-5 additional staff in the next 5-10 years. A position will be added to mimic the Creating Healthy Communities grant in non-priority areas. A position will need to be added to assist with Health Impact Assessments (HIA) and Health and Equity in All Policies (HiAP) since this is an emerging issue in public health. Also, the division would consider creating a position to facilitate the opiate task force and education activities related to opiate use. Another position that could be being added to the Community Health division is related to Informatics. With the number of assessments being completed the division could use an individual to assist with analysis of data and presenting it in a usable format.

FISCAL RESOURCES

5.5 FTE is currently funded by grants. All other positions are funded through the DGHD levy. Additional positions that are not grant funded would also require levy dollars to support each position.

CAPITAL RESOURCES

Space expansion for the Community Health Division would have to occur by utilizing the 3rd floor conference room in 1 West Winter St., which is currently called the Board Room. That room could easily be converted into two or more office spaces for full-time employees. Since all additional space is leased on the third floor and fourth floor of 1 W. Winter and the current tenants have at least 20-year lease options, the only way to acquire that space would be for the existing tenants to move or go out of business. Furthermore, the first floor space now leased to a bank has a longer lease option.

The current leased office space on the third floor is comprised of 1,021 sq. ft. which cost \$8.71/sq. ft. which comes out to \$8,892.91/ year. Utilities, taxes and insurance are split among tenants. Last year, the utilities, taxes, and insurance cost for this space were \$3,780.00. The total estimated current cost to utilize this space if available would be \$12,672.91.

PARKING/PUBLIC ACCESS

While this division has few general public visits the office, many meetings with community partners occur at the agency. Parking is always an issue.

SATELLITE OFFICE/TELECOMMUTING

Working from home has the potential for staff; however, most staff would need a location to work in the DGHD office. Staff may be able to work off site, but they would need to be able to bring in laptops and use a common workspace, a “bullpen” in order to meet with staff and work between meetings.

Material storage is also a concern. Staff has many materials utilized for programming, from car seats, litter pick-up supplies, obesity campaign promotional items, older adult falls supplies and preparedness supplies.

COMMUNITY HEALTH DIVISION SUMMARY

Division Growth 1-3 years:

1-2 additional staff is likely to be needed. Current office space will suffice with use of the board room. This will remove a meeting room that is currently utilized frequently by all divisions.

Division Growth 4-10 years:

3-5 additional staff will be needed during this time. Current office space will need to be remodeled or desk sharing should occur to accommodate this additional staff.

PERSONAL HEALTH DIVISION

The changes expected to be made to the Affordable Care Act (ACA) in the near future may greatly impact the need for direct clinical services and the eligibility for WIC. Decreasing eligibility for Medicaid by taking back the expansion will decrease the number of women and children in the program. Changes to the ACA may increase the number of residents without a medical home and increase visits to DGHD clinics. Loss of insurance coverage will mean decreased income in immunization clinics.

Increasing population in the county will mean increased numbers of communicable disease investigations. WIC enrollment historically has been cyclic, with current client loads decreased. The anticipated increase in data mining and analysis with the additional epidemiologist position may mean identification of additional programming needs in any division.

WIC

HUMAN RESOURCES

This Unit is staffed primarily with part time employees. It allows for great flexibility to adjust for changes in workload in the three counties. At the same time it makes it harder to recruit at times because full time positions seldom become available. The Morrow County office has a continued struggle with recruitment due to the lower number of potential candidates in the immediate area.

Major changes in staffing are not anticipated beyond increasing part time hours.

FISCAL RESOURCES

The WIC grant is fairly stable but level funded. It allows for salaries to be paid for agency or preparedness trainings/events.

CAPITAL RESOURCES

With the most recent office relocations (Delaware and Morrow in 2016), the WIC staff are set for furnishings. Of most concern is the Union County WIC office where renovation is planned by Union County Health Department in the near future. Plans appear to place all the employees into one larger space but which may decrease per staff square footage and client privacy even further. However, no rent is charged for that location. WIC space in 5WW is working well to accommodate the families who come for appointments. Relocation would be limited to areas easily accessible to families with young children/strollers, etc. A dedicated lab area is essential along with routine office space and records storage. Locked equipment storage is required for breast pumps and laptops.

PARKING/PUBLIC ACCESS

Access to free parking is critical for WIC clients as over 95% are low income. Also, because most clients are also bringing children in strollers or car seats, parking nearby is also preferred. At present the nearest free parking is 1-2 blocks away most days. WIC office location near building entrances is preferred so children/strollers, etc. are not going through other work areas. Any elevator access needs to be able to accommodate a double wide stroller and 2-3 people at one time.

SATELLITE OFFICE/TELECOMMUTING

WIC has previously had a satellite office in Lewis Center. It was discontinued due to low caseload. In the future, if caseload increases, it may be beneficial for clients to have a satellite office in another area of the county for one to several days a week. Not likely full time. Telecommuting is not possible for WIC staff.

DISEASE PREVENTION

HUMAN RESOURCES

This unit is undergoing reorganization at present but planned staffing (1 Program Manager, 1 Public Health Nurse, 1 Epidemiologist (shared with Community Health Division), 1 Administrative Assistant and 1 Health Educator) appears consistent with anticipated workload for the near future.

FISCAL RESOURCES

The majority of programming in this unit is required by law and funded by the levy. There is no income at present; naloxone and HIV test kits are provided by the state. Should that funding go away the HIV program would seek local AIDS Task Force funding or use levy dollars to continue services. Funding for naloxone, needle exchange, Hepatitis C testing along with other potential programming would need to be identified.

CAPITAL RESOURCES

The unit is at capacity for staff workspace. Should additional staff be required with the increasing county population, additional office space would need to be found. The crucial need for confidentiality makes fully enclosed office space (ceiling and doors) imperative. Additional standing desks may be requested by new personnel. Lab space is essential to the program as well as a refrigerator for storing laboratory specimens. One clinic exam room is required that may be shared space. A locked, limited access area is required for naloxone storage which may be shared with the Clinical Services Unit.

PARKING/PUBLIC ACCESS

Disease Prevention Unit requires no direct public access to their offices; however, some of the programs require public access to the clinic exam rooms. While parking is necessary for clinic clients, these programs do not generate a lot of foot traffic on site.

SATELLITE OFFICE/TELECOMMUTING

Communicable disease surveillance and epidemiology positions could telecommute with little problem. Most if not all data would be electronic. Unit staff providing CD investigations could also be considered for telecommuting, however, it may be important to have someone on site to handle any specimen collection distribution - but that could potentially be handled from staffers' homes with supplies kept there.

CLINICAL SERVICES

HUMAN RESOURCES

This unit is undergoing reorganization at present but planned staffing appears consistent with anticipated workload for the near future. Increasing interest in the Newborn Home Visiting program may necessitate an addition of another part or full time position.

FISCAL RESOURCES

The programs in this unit are funded primarily through immunization receipts, BCMH funding from the state, and the levy. Small grants from ODH provide additional support. Should ACA requirements for preventive care be removed much lower revenues are expected. BCMH programming may be shifted to Medicaid case management at some point eliminating that source of revenue.

CAPITAL RESOURCES

Unit offices are at capacity. The office needs a ceiling to better maintain confidentiality. Additional standing desks may be requested by new personnel. To add any staff would require office space in another area. If NBHV and BCMH and other off site programs reach hoped for levels, a full time agency vehicle or an additional vehicle would be required.

This unit also requires clinic exam rooms, at least two, which may be shared for Disease Prevention programs, and storage areas for supplies/records, and an area for vaccine refrigerators/freezers, packing, etc. A locked, limited access area is required for syringe, laptop and other clinic supplies storage which may be shared with the Disease Prevention Unit.

PARKING/PUBLIC ACCESS

Immunization clinics require public access to be convenient and close much like WIC's as clientele are similar. All ages and all abilities are seen. A storage area convenient to an exterior door is important for staff to carry out off site clinic supplies. A loading area for the same is critical. As with all other program areas, parking is a problem for clients.

SATELLITE OFFICE/TELECOMMUTING

Several programs in the unit may lend themselves to telecommuting. Newborn home visiting and BCMH case management. Clinics require on site staff availability. Telecommuting would be more useful than a satellite office given the space, security, and equipment needs for a direct care clinic.

PERSONAL HEALTH DIVISION SUMMARY

DIVISION GROWTH 1-3 YEARS

Minimal growth is expected in the next 1-3 years. Potential decreases in funding and caseload for the BCMH program may free up a nurse to assist with anticipated growth in newborn home visiting and the CD program. The numerous part time staff in WIC makes staffing more fluid and easier to adjust to caseload changes. Should WIC funding allow, moving a Health Professional into a supervisory role will be considered. This would allow better span of control as the Program Manager now supervises more than ten people.

DIVISION GROWTH 4-10 YEARS

Anticipate the desire to add another Epidemiologist to staff in this or another division. One additional staff to support community based programs will be needed.

A satellite office may not be of benefit for this division. Should one occur, a meeting room could be beneficial for small clinics, but no staff would likely work full time at a satellite office.

ADMINISTRATIVE DIVISION

HUMAN RESOURCES:

The Administrative Division includes 16 staff: 1 Health Commissioner, 1 Operations Director, 1 Program Manager, 1 Maintenance person, 3 Fiscal employees, 2 IT employees, 1 Human Resources Officer, 1 Vital Statistics Registrar, 3 Administrative Assistant employees and 2 Communication employees. A part time custodial position has recently been approved. An Administrative Assistant for Human Resources is likely to be needed in the very near future. An Assistant Health Commissioner should also be considered in the next couple years.

FISCAL RESOURCES

Funding for the additional staff (should any be needed) would be available through public health funds. The Program Manager is planning to retire within the next two years and the position will be reviewed at that time. The Operations/Fiscal Director will also retire in the next two to three years.

CAPITAL RESOURCES

The unit is at capacity for staff available workspace. Should additional staff be required with the increasing county population, additional office space would need to be found.

PARKING/PUBLIC ACCESS

The Administrative Division has occasional visitors to the office. Parking is a concern for staff and visitors. Meeting with visitors typically occur in the employee's office or a meeting room.

SATELLITE OFFICE/TELECOMMUTING

A satellite office may not be of benefit to this division. Telecommuting may be a viable option occasionally.

ADMINISTRATIVE DIVISION SUMMARY

Division Growth 1-3 years: Projected number of employees needed for this division ranges from 1-2, most likely in the

human resources or fiscal areas. An additional part time custodian was recently approved.

Division Growth 4-10 years: Projected number of employees needed for this division ranges from 2-4. The consideration of an Assistant Health Commissioner should be considered as the agency grows.

OTHER OPTIONS

REMODEL POTENTIAL

The Environmental Health Division has recently remodeled its reception/administrative assistant area to better accommodate the public and provide better security for staff. The remodel of the staff area is now complete. This will allow the EH Division to remain in its current location for several years to come, however, this remodel does nothing to address the parking issue.

Possible remodeling of the PH Division area includes moving the reception area of 5WW forward to the far side of the steps, removing the steps access and creating additional office space behind the new reception area. The current reception area could be enclosed to create space; this would add two additional staff work areas. And, the current 3WW lobby bathroom and portion of the waiting room could be remodeled into a reception area with back access to the lab. A ceiling for the current nursing area is needed for confidentiality and has been a recognized need for several years.

Because the Administrative Division staff is so spread out throughout the agency, no remodeling plans have been considered to accommodate an increase in staff. Should an Assistant Health Commissioner be needed, an office would need to be found. Moving existing staff would likely have to occur.

Possible remodeling of the CH Division would include utilizing the 3rd floor Board Room as office space, leaving less meeting space for the agency. Tenant space could also be utilized if it becomes available, but long term leases are still in effect.

POSSIBLE NEW LOCATIONS

Pat's Records location on W. Winter Street would be a better option than our current location for EH and/or vital statistics staff. This location is on ground level, has easy sidewalk access which would provide nice access for the public. Customer parking is the same; however, it is closer to the public lot to the rear of the building. Equipment storage, agency car parking, and employee parking remain an issue. This building has 5113 sq. ft. It is not currently available.

Grady Hospital is planning on building a new facility on Route 23 south of Delaware. If their current building becomes available, there is ample space (202,185 sq. ft.) that a portion could be rented or purchased for the entire agency staff, vehicles and equipment.

DACC North has made it public they will sell their building in the near future. Delaware County Administration has informed the agency they have bought this facility. DGHD may, possibly, be able to rent space at this location from the county. This has not been determined but should remain on the radar until informed otherwise. Depending on how many DGHD staff relocate to this location, this could provide for agency growth for many years to come. It would open currently occupied space for new or existing staff. If this would occur, storage for mosquito equipment and agency vehicles would likely be available. It is unknown if the county would be receptive to renting a portion of the building. It should also be mentioned that, in the past, DGHD rented office space from the county. The county asked the Health District to vacate when it was determined they did not have to provide office space.

The former Delaware City School administration building at 248 N. Washington may be available for rent. The approximately 8770 sq. ft. building has 28 paved parking spaces with additional unpaved available. The building was renovated in 1960. Given that it is in a residential neighborhood, zoning may prohibit use for clinics. However, it

may be useful for environmental health, community health or fiscal program use. Staff toured this facility and determined it would need extensive updating. Further complicating this option is the fact that the city schools want only a short-term lease. This appears not a viable option.

The Pat Catan’s building on S. Sandusky has been mentioned as a viable location for DGHD offices. It has plenty of parking for staff and public. It very likely has plenty of office space for the current staff level and possibly many more. This type of building is very similar to the Union County Health Department office as they took over a previous K-Mart store. Interior remodel would of course need to occur. It has 43,954 sq. ft. of open interior space. Even though this is only approximately 6000 more sq. ft. than the agency currently has, it would be more usable space since it is all open and office dividers could make the square footage more usable than the current building layout. It is not currently available.

Buehlers building- \$2.9M asking price. Plenty of parking, drive up seat checks, loading dock and storage for mosquito equipment. It has 72,683 sq. ft. This would be an ideal for the agency; however, extensive remodeling would be needed. Some cost could be recovered by renting space to current occupants Ace Hardware and First Commonwealth Bank.

AGENCY SUMMARY

1-3 YEAR PROJECTION:

In general, the agency is at or very near capacity of staff levels in the current location. A few positions can be added without many changes. However, more than a few additional employees will very likely result in one of the various options discussed previously in this report. Public and agency parking should remain a high priority for improvement. The committee recommends the Board of Health actively pursue all options to improve parking, public access and staff growth by researching other buildings and sites. To assure agency growth for the next 10-20 years, the committee recommends a building size of 60 to 80,000 sq. ft. however, the committee further recommends a professional consultant be hired to determine exact needs. Until such time that a bigger building is available, satellite office(s), telecommuting, and desk sharing should all be considered when necessary in the next few years.

4-10 YEAR PROJECTION:

If a new, larger building is not acquired in the next 2-4 years, options such as satellite office(s), telecommuting, and desk sharing all will be necessary.

POSITION	CURRENT	0-3 YEARS	4-10 YEARS
RS - FIELD	8.5	10	11-12
EH - AA	3	3	3
RS MANAGER	3	3	2-3
EH DIRECTOR	1	1	1
PLUMBING INSPECTOR	3	3-4	3-4
RS SUPERVISOR	0	0	1-2
HEALTH COMMISSIONER	1	1	1
ASST HEALTH COMMISSIONER	0	0	0-1
HR OFFICER	1	1	1
ASST TO HR OFFICER	0	1	1-2
PIO	1	1	1
ASST PIO	1	1	1
BUILDING MAINTENANCE	1.5	2	2

CH DIRECTOR	1	1	1
CH PROGRAM MGR	2	2-3	2-3
CH SPEC SUPERVISOR	1	1	1
CH SPECIALISTS	7	8	9-10
PH DIRECTOR	1	1	1
PH PM	3	3	3
PH PHM3	2	3	3
PH PHN2	3.6	3	4
PH AA 2	5	5	5
PH EPI	1	1	2
PH H.E. 1	1	1	1
PH DIETITIAN 3	.8	.8	1
PH DIETITIAN 2	2.2	2.6	3
PH DIETITIAN 1	.8	1	1
PH PEER HELPER	.6	.6	.6
TOTAL	56	61-63	65.6-73.6

SATELLITE OFFICES

As growth continues in the county, field staff finds it more and more time consuming to reach appointments. In addition, the clients served find it more and more difficult to come to the office. Satellite offices with only a few staff could serve the populations in the nearby townships, villages and cities. A small office to house a few staff such as; two sanitarians, plumbing inspector, possibly a WIC health professional, and administrative assistant, could be possible in or near Sunbury, Powell, Ostrander, Ashley or other areas. This would relieve space available in the main office, provide slightly more parking for staff and clients, but does little for client access as the downtown grows.

TELECOMMUTING

Many field staff can perform their job duties and rarely come into the office. There are 12 field staff in the EH Division that could telecommute. There are 3-5 staff in the PH division that could telecommute, although not all, every day. The CH division has 9 staff that could telecommute.

DESK SHARING

This is a least-favored option, yet should be considered. Some staff (e.g. 12 EH field staff) could use this option or in combination with some telecommuting staff. It would be difficult for PH staff to use this option because at busy times of the year all staff may be needed in the office at the same time (e.g. immunization campaigns, disease outbreaks). This option would require strict office time assignments versus field time assignments and is not necessarily customer friendly.

RELOCATE

Staff has met with a local commercial real estate agent to determine if/what options are available or may come available in the future. In addition, the real estate agent may know if someone is interested in the current agency building(s) should selling be the desire. As with any real estate agent, they wish to sign a contract when the agency is ready (Staff writing this report and the Health Commissioner feel the agency is not ready at this time).

Staff and Board members should be aware of when and where a building that could possibly house some or all of the agency staff becomes available on the market. Staff should bring those listings to the leadership team to share with the Health Commissioner.

NEW CONSTRUCTION OF DGHD OFFICES

A new build on a new site has further potential with the best possible result. However, this is also very likely the highest cost. A building site would likely be needed within the city limits, although not required. A total cost estimate

for this type of expansion should be known first to determine if this option is even feasible. A consultation with an architect is recommended to determine these costs.

NEW LOCATION SUMMARY

The DGHD should position itself financially to be ready when/if a new building or building site comes onto the market. A long-term facility growth fund should be considered if legal and possible. Remodel of the existing building can only go so far as staffing continues to grow. Therefore, remodel funds should be spent as needed to accommodate both short and long term growth to remain in the current facility as long as possible .

ADDITIONAL NOTES ON OUR EXISTING DGHD BUILDINGS

The DGHD currently rents space to the First Community Bank and 2 law firms. In 2014, an additional 1200 square feet was utilized by DGHD on the 3rd floor of 1 W. Winter Street when a tenant wished to downsize their law practice. The lease contract expires for the bank in 2023 and automatically transfers to the new corporate owner. The Flahive Law Firm lease contract expires in 2025 and the Shade Law Firm also in 2025. As these contracts expire or if the tenants wish to cancel the leases or portions thereof, the Agency can expand into these areas. The square footage leased by Flahive is 1021, the square footage leased by Shade is 2858, and the square footage leased by FCB is 4865. There is no guarantee any of these spaces will become available at any time. Expansion of offices on site will lead to increased parking issues for the staff that will need to be addressed.

Facilities Report – Physical Location Supplement

Submitted to Board of Health by Shelia L. Hiddleston, Health Commissioner

September 14, 2017

The Facilities Committee Report 2017 provided to the Delaware General Health District Board of Health in July 2017 details the Current Conditions specifically related to the buildings and parking. In the Agency Summary section the specifics related to the increase in staff size and options for the future are discussed.

This supplement will delineate various options for future growth related to the physical building to increase the ability to serve the public and accommodate growing staff.

Visibility

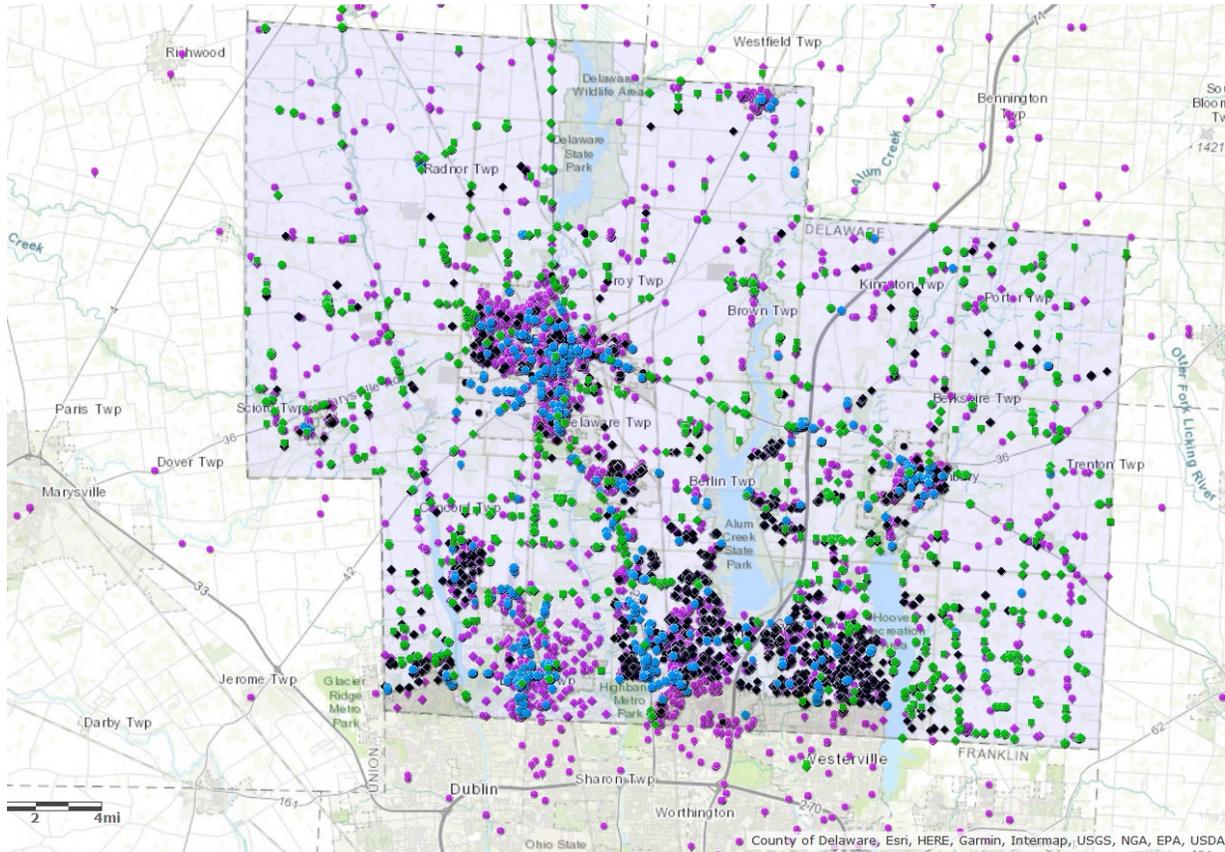
Visible is defined by Merriam-Webster as “devised to keep a particular part of item always in full view or readily seen or referred to”. The Delaware General Health District is the visible public health leader for the county; this visibility is reflected in overall client satisfaction surveys, active participation of the public in coalitions, staff personal relationships and participation at all levels with the community, website activity for public health resources, and public media and social media presence.

This visibility is also enhanced by the multitude of services provided by staff meeting community members where they live, work, and play. Serving some of our most vulnerable populations occurs outside of these four walls: Creating Healthy Communities within Delaware pockets of need, Newborn Home Visits with brand new families, In Your Neighborhood Clinics to decrease access to care issues just to name a few.

One way to increase visibility is to consider satellite offices, to better serve clients at the far ends of the county. The proposed annual cost of one satellite office is \$176,575 with a one-time start-up cost of \$13,337. Dependent upon the future location of the health district, should the building location change, one or two satellite offices may be needed. Details of these costs are included in the Appendix.

The current location creates challenges to the community, as detailed in the Facilities report, due to issues with parking, handicap accessibility, and the continued growth of the county. The district provides services in all corners of Delaware County and ease of navigating to the health district should be a primary goal. The physical structure does not support our image as a progressive and innovative health district - one that is the healthiest and wealthiest in the state of Ohio.

2016 Client Services Map



Green – Residential Blue – Food Black – Plumbing Purple – Nursing and WIC

The majority of clients served do not reside within walking distance of the health district; of the 612 WIC clients that live within Delaware City less than twelve percent could walk to the district in fifteen minutes or less and of the 1558 Nursing clients that live in Delaware City less than seven percent could walk to the health district. Anecdotally, less than six WIC families walk to the health district for services.

Client Services

Services to clients are primarily provided in three ways – on site in the 1-5 West Winter Street buildings, virtually via e-mail, snail mail, telephone, or web, and off site at the client/provider/vendor location.

It is apparent from the table below demonstrates the total number of client interactions for 2016 are not provided within the building, with over sixty-three percent of services provided virtually or off-site. A breakdown of the three primary ways services are provided by division are noted below:

Overall Client Services 2016			
Division	On-Site	Virtual	Off-Site
Environmental Health	2008	3137	8080
Personal Health: Nursing and WIC	7433	4523	2383
Vital Statistics	1774	516	0
Total	11215	8176	10463
Percentage	37.56%	27.39%	35.05%

In the appendix of this report, details for each Division are outlined.

The Community Health Division provides services that do not align well with the table above and are noted here:

Coalition Meetings

The CH Division plans and coordinates meetings for the following coalitions:

- Creating Healthy Communities Healthcare Coalition Keep Delaware County Beautiful
- Partnership for a Healthy Delaware County SAFE Stepping Up to Prevent Falls
- Tobacco-Free Delaware County

In 2016, CH Division staff spent on average two and one half times more hours planning and coordinating meetings held at off-site locations versus those held at the Health District. The total staff cost to plan and coordinate an off-site meeting was almost five times higher than holding a meeting at the Health District.

Through June 30, 2017, CH Division staffs have spent on average three and one half times more hours planning and coordinating meetings held at off-site locations versus those held at the Health District. The total staff cost to plan and coordinate an off-site meeting was 8 times higher than holding a meeting at the Health District. Details are located in the Appendix.

Challenges

Storage Challenges

- Blocking of Winter Street and/or back parking lot for car seat delivery pallets.
- Blocking DGHD vehicles in the back lot - variety of delivery trucks, unloading from community events, or car seat clients.
- Several areas throughout 1-3-5 W. Winter for storage of agency materials which makes it difficult to pack for any event.
- Limits the bike program for staff participation due to the bikes having to be carried up the basement steps to the back parking lot.
- Emergency preparedness POD cages are stored offsite at People in Need.

Client/Staff Parking Challenges

- Thirty-five percent of downtown customers spend five to ten minutes looking for parking and fifty-two percent reported that parking was difficult according to the recent Delaware City Parking survey.
- Staff time is wasted looking for parking spots if you aren't assigned a spot in the church lot when returning to 1-5 West Winter after providing services to clients.
- Damage has been done to both agency and personal vehicles when parking on the street and/or church lot.
- During icy conditions, several staff have fallen walking on untreated sidewalks trying to get to the office.

Coalition Challenges

- Coalition members have had challenges finding a parking spot and arrive late or the meeting is started late to accommodate members finding parking.
- Coalition members have to leave during the meeting to feed the meters, leave the meeting early so they do not get a parking ticket or the meeting facilitator needs to have additional breaks during the meeting so that members can go feed the meter. In addition, the meter fees have increased.
- The bathroom facilities in the 1WW basement are not suitable for the public (i.e. ceiling is falling down, currently on Board of Health agenda for repair).
- It is confusing for coalition members navigating the building by checking in on the 2nd floor of 1WW and then being re-routed to another floor or building for the actual meeting.
- Limited room availability and staff time spent looking for available meeting space at alternate locations.

Miscellaneous Challenges

- PHAB report mentioned that ADA compliance was an area that the agency should work on. While everything that could be done with the current building has been done and the building is grandfathered into existing codes, it is still not easily accessible to people with functional needs. In addition, current staff with mobility issues (i.e. crutches/knee scooter due to foot injury) cannot navigate the areas of the building that are not accessible to the elevator (e.g. 3WW mezzanine).

Building Solutions

In the Facilities Report several options to accommodate the client, community, and staff needs are outlined. The primary options related to the physical structure are renovate current building as space becomes available, purchase an existing building to renovate, or build a new building. The other options outlined involve creativity with staffing and will not be discussed here.

Attributes	Renovate Existing	Purchase Existing*	Build New
Cost per Square Foot		\$103.33/square foot	\$150/square foot Bricks and Mortar
Total Cost	Unknown	6.2 Million for 60,000 sq./ft.	7.2 million for 48,000 sq./feet, excludes any utility, zoning, parking lot, land, etc.
Annual Cost	Current \$600,000 owed on Mortgage Annual expenses \$400,000+	Lease - \$389,820 (includes maintenance) Finance \$5,200,000 for 25 years \$346,000	\$375,000 - \$450,000 dependent upon financing and costs above bricks and mortar
Time Limitations	Dependent upon current lessee	Three months	Up to three years
Port Authority**	Yes	Yes	Yes
Funding	Limited – Subdivision Primary	Lease – Levy Lease from Port Authority –Levy Purchase- Limited unless Port Authority	No current capital assets, except 1-5 W Winter – possible 1.6 to 2.5 Million Lease from Port Authority – Levy
Assets for Payments	\$250,000 Subdivision	\$250,000 plus Approximately \$70,000 Annual savings from not owning 1-5 West Winter	Same as Purchase Existing

*Purchase Existing is based on current offer from Symmetry II; these number would be different if another building was found that could be renovated.

Existing building in Delaware County, near to Delaware City, does not currently exist.

Financing Solutions

The Port/Financing Authority has expressed interest in pursuing opportunities with the health district. The process would take approximately two to three months. All of the solutions listed above can utilize funding from the Finance Authority.

Financing through the authority has the many benefits. The funding would be considered a lease so levy dollars could be accessed for payments. The Authority has the ability to obtain lower interest rates and is not tied to prevailing wage.

I have shared current fiscal reports, leases, and the Facilities Report with the Finance Committee of the Authority to begin the conversation of support for the district. The Finance Committee is favorable to assisting the district in the pursuit of a new or renovated location.

Conclusion

The Facilities Report is abundantly clear in the summation that the current district building is not sufficient. Leadership believes that the Symmetry option is the most viable at this time, both based on need and financial feasibility. Staff have had preliminary conversations with the City and the County related to land, but there have been no promises or approaches to the appointing authorities. The land that may be available is not located downtown, may have a high cost, may not have utilities, and would not be as easily accessed as Innovation Court.

The Symmetry proposal allows for the option to lease while financing is secured, hopefully through the Port Authority or a continual lease for thirty years with renewal periods to follow. Symmetry is willing to purchase the 1-5 West Winter buildings for 1.6 Million at the end of two years if the DGHD is unable to sell the buildings independently. After the move to Innovation Court, Symmetry would also assist with the management of 1-5 West Winter if the DGHD desires.

The Innovation Court property is zoned as mix use, increases the ease of client access, and will help to increase the productivity of staff while serving over sixty-three percent of our clients outside of the physical building. If the district moves to this location, it eliminates the need for two satellite offices as the access to Powell and Lewis Center would be increased because of Saw Mill Parkway. Of note, there are 4,200 vehicles on Saw Mill Parkway per day and 10,400 vehicles on Highway 42, thus increasing the visibility of the district building.

While there is concern that a move to this location would decrease visibility, the building is not why the Delaware General Health District is visible – it is the staff that provides excellent service to the community. There is not a location downtown that will meet the space needs of the district.

Estimated Costs of a DGHD Satellite Office

EXPENSES	Annual Costs	EXPENSES	Start-Up
Salary	76,986.00	Vaccine Refrigerator	2,555.00
Health Insurance	43,390.36	Vaccine Freezer	4,117.40
Dental Insurance	850.72	Specimen refrigerator	100.00
cell phone	180.00	Sensaphone monitor	355.50
Work comp	769.86	BP /stand	190.00
PERS	18,476.64	Scale	40.00
Medicare	1,200.98	Cholesterol machine	700.00
Total Salary & Benefits	141,854.56	Exam table \$400 to \$800	400.00
		Counter/Sink/cabinets	
Supplies gen	600.00	Biohazard storage area	
Misc. repairs	500.00	Rolling table	110.00
Telephone	1,500.00	Data loggers - 4 (1 for fridge, 1 for freezer, 2 for offsite)	400.00
Utilities	2,000.00	Locked Pharmacy cabinets (2) or room	500.00
Rent	15,000.00	Rolling stool (for exam room)	50.00
Cleaning	15,000.00	Wall clock w sweeping second hand	10.00
Pharmacy License	120.00	Shredder	80.00
Total Supplies & Services	34,720.00	Safe	329.00
Total	176,574.56	Waiting room chairs \$40 each	200.00
		Security cameras	
		Wi-Fi	1,500.00
		Workspaces for 4-5	
		Staff Refrigerator	100.00
		Break table and chairs	
		microwave	100.00
		Conference room 6 people	
		monitor and camera in conference room	
		Computer, monitor & printer	1,500.00
		Total	13,336.90

Environmental Health Division Customer Data

Services	2016		
	DGHD Building	Virtual - Electronic/ Mail/Phone	Off-Site
General - EH Consults/Customers	1092		
Nuisance - Food and Residential		119	
Residential			
HSTS			
Permits	139	59	
Add-On/Remodel	164	29	
Inspections			649
Rabies		269	
Private Water	29		29
Semi-Public Sewage Permits		259	
Inspections			232
Water Samples	40		
Collections			40
Total Residential	1464	735	950
%	46.48%	23.35%	30.17%
Food and Safety			
Food Program	19	992	1926
Food Safety Class Participants			197
Swimming Pool Permits		124	
Inspections			575
Tattoo Parlors		7	
Inspections			8
Camps Permits		11	
Inspections			21
Smoke Free Ohio Investigations			8
Total Food and Safety	19	1134	2735
%	0.46%	27.75%	66.92%
Plumbing and Solid Waste			
Residential Plumbing Permits	462	1080	
Inspections			3473
Commercial Plumbing	63	140	
Inspections			797
Solid Waste Nuisance Complaints		43	
Inspections			95
Solid Waste Enforcement			30
Solid Waste Licensing		5	
Total Plumbing and SW	525	1268	4395
%	8.48%	20.49%	71.02%
Grand Total	2008	3137	8080
	14.96%	23.37%	60.19%

Personal Health Division Client Data

Nursing and WIC	2016		Jan - Jun 2017	
	Interactions	Clients	Interactions	Clients
On Site				
Flu - Community Clinics at HD	111	111	1	1
Foster Care Clients Served	0	0	2	2
Immunizations and Screenings - Adult	1282	877	532	360
Immunizations - Childhood	1302	788	688	440
Naloxone clients	11	11	17	17
General Nursing	334	271	43	43
WIC	4393	4393	2419	2419
TOTAL ON SITE	7433	6451	3702	3282
Off Site				
Fall Prevention Activities by Nursing	15	13	0	0
Flu Worksite clients	337	337		
Health Fair - Community clients	56	56		41
Health Fair - Workplace	85	79	6	6
HIV interactions (most off site)	108	100	37	37
In Your Neighborhood	286	165	167	104
Newborn Home Visit	576	44	653	55
School Flu clients	920	920		
TOTAL OFF SITE	2383	1714	863	243
Virtual - Electronic/Phone				
BCMH	1973	619	903	403
Communicable Disease	2543	1443	1303	166
Lead Case Mgt	7	1	6	4
TOTAL VIRTUAL	4523	2063	2212	573
Grand Total	14339	10228	6777	4098

Percentage Interactions 2016	On-Site	Virtual	Off-Site
		51.84%	31.54%

Community Health

2016	On-site @ DGHD	Off-site
Total # Meetings	10	19
Total # Hours*	17.5	84
Average Time (Hours) / Meeting	1.75	4.42
Average Staff** Cost / Meeting	\$92.68	\$234.08
Total Staff** Cost	\$926.80	\$4,448.64

2017 (through 6/30)	On-site @ DGHD	Off-site
Total # Meetings	6	13
Total # Hours*	7.5	60
Average Time (Hours) / Meeting	1.25	4.6
Average Staff** Cost / Meeting	\$66.20	\$243.62
Total Staff** Cost	\$397.20	\$3,177.60

*For on-site meetings, the total time is equal to the actual meeting time. For off-site meetings, the total time is equal to the actual meeting time plus an additional 3 hours per meeting to account for administrative assistant time calling locations to find available space, travel time, and meeting setup and teardown.

** Includes 1 Community Health Specialist and 1 Administrative Assistant. The average CH staff hourly rate for salary, fringe, and benefits is \$26.48/hour.

Car Seat Inspection/Distribution

	2016		2017 (through 6/30)	
	# of Events	# of Clients Served	# of Events	# of Clients Served
On-site @ DGHD		240		94
Off-site	23	229	12	179

More car seat appointments would be scheduled at DGHD if it was feasible, primarily if there was a covered space to conduct the inspection. In the event of inclement weather, clients have had to go to the Delaware Fire Station for an inspection or the appointment has been cancelled.