



**Public Health**  
Prevent. Promote. Protect.

**Greene County**

# STRATEGIC PLAN 2015-2018

## ABSTRACT

The strategic plan defines what the health district plans to achieve in the next five years, how it will achieve it and how to know it has been achieved. Complementary plans are the Community Health Assessment and Community Health Improvement Plan.

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# Greene County Public Health Strategic Plan 2015

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# Greene County Public Health Strategic Plan 2015

## Table of Contents

- Executive Summary ..... 3
- Background ..... 5
- Purpose..... 5
  - Vision ..... 5
  - Mission Statement ..... 5
  - Scope of Service..... 5
  - Values..... 5
- Participant List ..... 6
- Strategic Plan Responsibility ..... 9
- Organizational Assessment..... 9
- Strategic Planning Process Overview ..... 9
  - Steps of Strategic Planning Process ..... 10
  - Input from the Community..... 11
  - External Trends, Events and Factors..... 11
    - Social Determinants of Health..... 11
    - Trends in Public Health ..... 12
    - Legal Issues ..... 13
- Strategic Plan Link to the CHIP..... 14
- Strategic Goals ..... 15
- Performance Management Logic ..... 15
- Performance Management Plans (PMP)..... 16
  - Strategic Plan Monitoring ..... 19
- Strategic Plan link to Quality Improvement (QI) Plan ..... 19
- Summary ..... 20
- References..... 21

# Greene County Public Health Strategic Plan 2015

## Executive Summary

In 2012 Greene County Public Health conducted a community health needs assessment in conjunction with Wright State University's Center for Urban Affairs (CUPA). The assessment is conducted every four years in order to assess the distribution of disease and behavioral risk factors, assess community health issues, share a broader definition of community health, monitor the impact of community health action plan and provide a vehicle to discuss ways to improve community health. The results of the assessment were used to identify critical health issues for the Community Health Improvement Plan. The Community Health Improvement Plan identified the health district as the lead agency for the county for Infant Mortality, Lack of Proper Nutrition and Physical Activity, Uninsured and Underinsured and Asthma and Air Quality and a support partner for other initiatives.

In May, 2014 the Leadership Team of the health district and members of the Board of Health worked to develop a vision, mission, scope and values for the agency. Results from an organizational assessment, Strengths, Weaknesses, Opportunities and Threats analysis, and Dominance, Influence, Steadiness, and Conscientiousness surveys were reviewed. External trends were discussed including the social determinants of health, trends in public health practice, and legal issues facing the district in the future.

The abbreviated list of strategic goals are:

1. Strive for the highest possible standard of health for all people giving special attention to the needs of those at greatest risk for poor health outcomes based on social conditions.
2. Promote a safe and accessible new facility.
3. Inform, educate and empower the community to achieve optimal health and wellness.
4. Provide excellent service, systems and delivery of care.
5. Enhance the quality of our service through responsive customer service.
6. Maintain financial stability of the health district by assuring compliance with state and local regulations.
7. Promote strong local leadership through board governance and community involvement.
8. Receive full accreditation

A companion document incorporates performance management plans into the strategic plan. The performance management plans operationalize the strategic plan and align overall efforts and planning to achieve results. There are thirteen primary performance management plans and subsections to the environmental and community health services plans.

Strategic monitoring occurs annually through a summary document presented to the Board of Health, the District Advisory Council and the community.

# Greene County Public Health Strategic Plan 2015

## Background

The Greene County Public Health Strategic Plan is one part of the overall set of plans developed from the priorities of the Community Health Improvement Plan, state mandates, program requirements and the organization's mission. The suite of plans includes the Community Health Improvement Plan (CHIP) the Workforce Development Plan (WDP), the Marketing Plan, the Quality Improvement Plan (QI) and the Strategic Plan (SP). Each plan is one aspect necessary to fulfill the health district's mission and exist as a unified effort to that end. The basic outline of each of the plans includes pertinent background information, a purpose that is consistent with the agency mission, strategic goals, performance management plans, conclusions and necessary budgets.

## Purpose

Greene County Public Health has developed a strategic plan to determine the organization's role, priorities and direction over the next four years. This plan will be updated annually to reflect progress towards goals. Public Health Accreditation Standard 5.3 requires the health district to develop and implement an organizational strategic plan. A health district strategic plan provides the guide for making decisions on allocating resources and taking action to pursue strategies and priorities. All operations of the health district are challenged to outline evidenced based strategies for improving the quality of community health and communicating the value of public health services. This document was prepared with input from health district staff and from the Board of Health.

## Vision

*Our vision is to be the recognized leader that addresses health outcomes, reduces health disparities, upholds standards of public health practice, and improves service to the community.*

## Mission Statement

*Our mission is to prevent disease, protect our environment, and promote healthy communities and wellness in Greene County.*

## Scope of Service

*Our employees accomplish our mission through integrated community efforts and assessment, health education, collaboration and assurance of quality services, disease prevention and control, and emergency preparedness.*

## Values

*We put these values into practice with our individual and corporate behaviors:*

- *Customer Service*
- *Integrity*
- *Quality public health programs and service*
- *Service to the Community*
- *Teamwork*

# Greene County Public Health Strategic Plan 2015

## Participant List

### *THANK YOU PLAN PARTICIPANTS!*

Greene County Public Health would like to thank the residents and organizations who donated their time to make the strategic planning initiative a success, one which will benefit the health and well-being across the life span.

The following individuals participated in the development, review, approval or implementation of the plan:

BOARD MEMBERS
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William O. Beeman, Board Member
Scott Hammond, Board Member
Elaine Hughes, NP, Board Member
June Johnson, Board Member*
Melvin A. Johnson, PhD, Board Member
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# Greene County Public Health Strategic Plan 2015

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## Greene County Public Health Strategic Plan 2015

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# Greene County Public Health Strategic Plan 2015

## Strategic Plan Responsibility

The Health Commissioner has overall responsibility for the development and implementation of the Strategic Plan. As the organizational lead, the Health Commissioner will focus on planning, prioritizing, positioning, assurance for quality performance and performance monitoring throughout the organization. Further responsibilities include overall agency tone, functioning, efficiency, collaboration, integrity and accountability.

## Organizational Assessment

In 2012 the health district completed the National Public Health Performance Standards (NPHPS) and Local Public Health Performance Governance Assessment. In 2015 the health district completed a self-assessment using the Ohio Department of Health's Public Health Performance Assessment. The assessment helps to determine gaps in performance for the agency.

Performance Scores are as follows:

Ten Essential Services	PHAB Domain	Description	NPHPS	Governance	Self-Assessment 2015
1. Monitor Health Status	1. Assess	Conduct and disseminate assessments focused on population health issues facing the community.	91	99	96
2. Diagnose & Investigate	2. Investigate	Investigate health problems and environmental public health hazards to protect the community.	100	100	77
3. Inform, Educate, Empower	3. Inform and Educate	Inform and educate the public about public health issues and functions.	93	100	83
4. Mobilize Partnerships	4. Community Engagement	Engage with the community to identify and address health problems.	96	96	83
5. Policies & Plans	5. Policies & Plans	Develop public health policies and plans.	95	95	72
6. Enforcement	6. Public Health Laws	Enforce public health laws.	96	80	89
7. Linkages	7. Access to Care	Promote strategies to improve access to health care services.	96	100	45
8. Competency of Workforce	8. Workforce	Maintain a competent public health workforce.	92	100	87
9. Evaluation	9. Quality Improvement	Evaluate and continuously improve health district processes, programs and interventions.	94	100	73
10. Research	10. Evidenced Based Practices	Contribute to and apply the evidence base of public health.	96	100	100
	11. Administration & Management	Maintain administrative and management capacity.			79
	12. Governance	Maintain capacity to engage the public health governing entity.			100
Overall Score					81

## Strategic Planning Process Overview

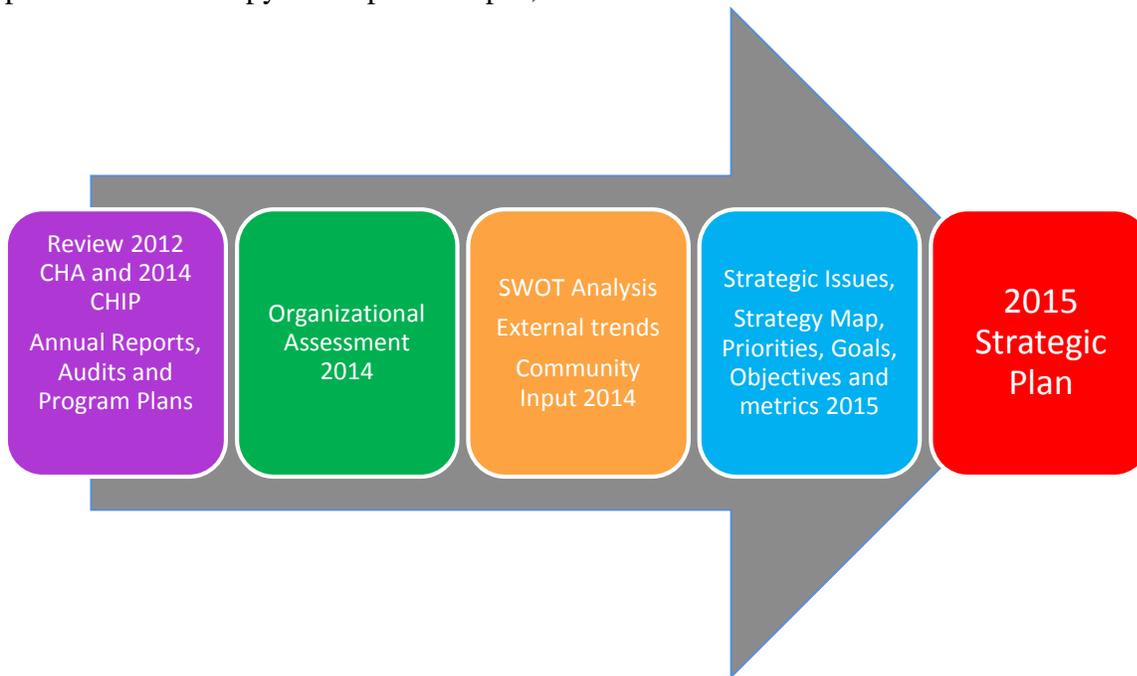
As groundwork for the plan, the Leadership Team of the health district and Board of Health reviewed the 2012 Community Health Assessment (CHA) and 2014 Community Health

# Greene County Public Health Strategic Plan 2015

Improvement Plan (CHIP). Microsoft PowerPoint presentations of the CHA and CHIP were provided to the Board, staff, and community partners. The documents were made accessible on an internal shared network drive.

Priorities identified in the 2014 CHIP were determined to be aligned with national and state plans. The health district will serve as lead agency on four of those priorities (see page 11). Additional documents were reviewed including the Annual Report, Audits and existing Program Plans which were the forerunner of performance management plans.

The strategic planning process occurred between May, 2014 and December, 2014. Five meetings were held as outlined in the steps below. A Strengths, Weakness, Opportunity and Threat (SWOT) analysis was included for review (Appendix A). Strategic Issues emerged and priorities were incorporated into the Strategic Plan. To achieve agency priorities, a strategic alignment document was created and used to develop the strategic plan. An analysis of external trends, issues, and laws are incorporated into the plan. Documentation for the strategic planning meetings included sign in sheets for each meeting. Strategic Plan Process participants were provided a draft copy of the plan in April, 2015.



## Steps of Strategic Planning Process

This is an outline of the steps taken to complete the strategic planning process including an analysis of major trends in public health.

1. The Leadership Team held a kick-off of the strategic planning process 05/19/14. At that meeting members were informed that their opinions, knowledge and input would be considered as the district went through the strategic planning process. The team discussed the mission, vision and values of the health district.
2. The second strategic planning meeting convened on 06/19/14. The team developed the mission and vision statements for the organization. 3F Coaching consultants were introduced to the Leadership Team. The consultant described the strategic planning

# Greene County Public Health Strategic Plan 2015

- process. Leadership Team members were provided a flyer *Why do strategic planning*. The flyer explained the purpose and process that would be used for the strategic plan.
3. By 07/07/14, two surveys (Strengths, Weaknesses, Opportunities, and Threats (SWOT) and Dominance, Influence, Steadiness and Conscientiousness (DISC)) were completed by Leadership Team members. Anonymous input was solicited from the participants for the SWOT analysis through survey monkey. Seventeen individuals including Board and staff members participated. The results were reviewed by all staff and Board members. SWOT data, DISC assessment analysis and an Insight Wheel were completed 07/21/14
  4. A full day group session to review DISC (morning) and SWOT (afternoon) data occurred on 7/25/2014.
  5. A summary of the DISC and SWOT and the strategic planning process graphic was provided to staff and Board members on 8/7/14.
  6. On 08/28/14 Strategic planning members developed one page business plans which included Specific, Measurable, Attainable, Relevant and Time-bound (SMART) objectives. 3F Coaching facilitated and coordinated the strategic planning meeting at an off-site location. The one page business plans were the basis of performance management plans described later in this document.

## **Input from the Community**

Input for the Strategic Plan was provided by staff members and the Board of Health. The Health Commissioner drafted the Strategic Plan and provided a draft to members in April, 2015. Members were invited to provide input and opinions. In August, 2015 the Strategic Plan was placed on the organizations website for review and comment by the community. The strategic plan was provided to local officials including the townships, city and county officials and to local community leaders.

## **External Trends, Events and Factors**

### *Social Determinants of Health*

The social determinants of health are the circumstances in which people are born, grow up, live and work, as well as the systems in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics. In many instances the wider set of forces attributes to poor health outcomes.

In Greene County, the population is aging in place and has groups that may be marginalized from the main-stream due to a language barrier, social isolation, or the presence of a disability. Lack of affordable housing presents challenges for the poorest in the community to have a safe place to raise a family. Health disparities are differences in health outcomes closely linked with economic, social or geographic disadvantages. According to the 2012 CHA, in Greene County health disparities are most frequently attributable to physical disability, poverty, unemployment, lack of health insurance or access to care, lack of transportation, or poor health literacy.

It is important for community leaders and residents to understand that any effort to improve the health status of the county will only have limited success unless the external factors are considered during policy development and decision making. It is hoped that one of the results of completing the CHIP and developing a strategic plan will be to directly improve the external factors that exist in Greene County. It is equally important for Health District leadership and

# Greene County Public Health Strategic Plan 2015

front-line staff to understand that efforts to improve the health outcomes in the county will be most successful when factors external to our agency, such as the social determinates of health and health literacy are taken into consideration. The purpose of the CHIP and the Strategic Plan are to outline a means for comprehensively impacting and improving all factors which negatively impact the health of Greene County residents.

Health equity is the principle underlying a commitment to reduce—and, ultimately, eliminate—disparities in health and in its determinants, including social determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions (Braveman, 2014). The Health District will incorporate health equality into the planning and implementation of programs and projects to eliminate health disparities and improve health outcomes. Our programs will seek to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

The Centers for Disease Control and Prevention (CDC) defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions. The health district will promote health literacy in all programs and services. Health Education will occur throughout this strategic planning period which will include the provision of prevention messaging that is culturally sensitive to residents and will specifically address nutrition, physical activity, substance use, breastfeeding and infant safe sleep.

Plain language is a strategy for making written and oral information easier to understand. It is *one* important tool for improving health literacy. The health district will strive to include plain language in all programs and services so residents can find what they need, understand what they find, and act appropriately on that understanding.

Key elements of plain language include:

- Organizing information so that the most important points come first
- Breaking complex information into understandable chunks
- Using simple language and defining technical terms
- Using the active voice

## *Trends in Public Health*

1. **Access for at risk individuals-** The core values of public health will remain focused on the health of the population and remembering that there is a special responsibility to serve those who are disadvantaged or considered high risk. Therefore the health district is committed to serving these individuals.
2. **Integration of public health and medical -** Public health and primary care are being driven toward interrelated goals and improving community health. The health district will participate in community forums and discussions to promote common messaging and ensure the medical community is aware of larger issues facing Greene County residents. Together we will work to address Health Literacy and Health Equity.
3. **Public Health Systems -** Distinctions between local public health and the global public health system will lessen.

## Greene County Public Health Strategic Plan 2015

4. **Workforce Development** -Public health skills will be sharpened through workforce development and include policy development and legislation to advance the health of the public. Leadership, management and teamwork skills are needed to develop lasting partnerships to advance community health.
5. **Sustainable funding** - There will be decreased support from federal and state funding sources, increasing the need for focused attention on budgeting and priority setting. Billing and collections for direct services being provided by public health and primary prevention services are new to public health and there will be a learning curve. New sources of revenue may emerge but each will require measured outcomes of population health.
6. **Technology** -Technology will provide new data and information exchanges allowing faster intervention but must be balanced with security and privacy needs of the population.

### *Legal Issues*

1. **Privacy** - Updates to the Health Insurance Portability and Accountability Act (HIPAA) are expected to highlight an increased need in regard to the acquisition, use, privacy and security of individual health information. The health district is responding by updating policies for confidentiality, HIPAA, and works to ensure the protection of health information when implementing new technology.
2. **Immunizations** – The anti-vaccination movement has opened the door for outbreaks of disease to occur. The health district must remain vigilant in surveillance and improve systems to detect outbreaks. Existing exemptions from school immunization requirements pose a disease threat to the local community and could result in the exclusion of unvaccinated children from Greene County schools in the event of an outbreak.
3. **Substance Use**- The use of illicit drugs, alcohol and tobacco is increasing. ResponsibleOhio successfully placed an issue on the November, 2015 ballot that would legalize the use of marijuana in Ohio for medical and personal use by adults age 21 and older. Opponents have cited the legalization of marijuana in the state and increases addictions just as Ohio has seen with heroin. Nicotine products, another area of concern such as e cigarettes, are largely unstudied and the full extent of the risks not fully understood. Health district messaging and programming should move up stream to avoid initiation of substances.
4. **Quarantine Law**- Ebola has ushered in new concerns over quarantine laws in Ohio. A handful of state including Ohio adopted more stringent guidelines which included monitoring of individuals who traveled to effected areas of Africa during an outbreak of the disease. In response public health has needed new tools to conduct face to face monitoring through Skype to accomplish monitoring tasks. While passive surveillance is common for most communicable disease and active surveillance occurs each year for influenza, this new monitoring of well persons is more time consuming, requires monitoring after hours and on weekends and highlights the need to protect individual privacy and balance it with protecting the public. Public health employees will require an investment in training for ethics, protection of individual rights and data security.
5. **Swimming Pools** – Swimming is a popular exercise to improve health. Recent outbreaks and incidences of gastrointestinal illness in the U.S. have cause public health officials to rethink health in the water. The Model Aquatic Health Code exists as a set of voluntary

# Greene County Public Health Strategic Plan 2015

guidelines extending training and monitoring of proper operations to hotels and apartment complexes. Drowning, another important issue is addressed by professional lifeguards, fencing and drain covers. To implement new codes will present legal challenges and changes in legislation in Ohio.

## Strategic Plan Link to the CHIP

In 2013, we engaged our community partners to analyze health related data from a variety of primary and secondary sources. The findings from the Community Health Assessment were shared with these members of the community in 2013. In a collaborative effort, our partners prioritized issues and assigned lead agencies to each one.

This effort resulted in the four year Community Health Improvement Plan (CHIP) and it focused on eight priorities. The four items listed in bold designate the health district as the lead and are incorporated into various performance management plans for the district:

1. **Infant mortality** is addressed in Prenatal, Child and Adolescent, Reproductive Health and Wellness, Women, Infant and Children, Child and Family Health Services, Help Me Grow and Bureau for Children with Medical Handicaps performance management plans. Health Education efforts will include the provision of coordinated prevention messaging that is culturally sensitive to residents concerning breastfeeding and infant safe sleep.
2. Substance use – As a support agency the district will incorporate smoking cessation into Prenatal, Reproductive Health and Wellness and Health Education efforts. A Public Health Nurse has been assigned to the Drug Overdose Task Force for Greene County.
3. **Nutrition and physical activity** is addressed in Marketing, Health Education, Human Resources, Prenatal, Women, Infant and Children, and Reproductive Health and Wellness performance management plans. Health Education efforts will include the provision of prevention messaging that is culturally sensitive to residents and employees concerning nutrition and physical activity.
4. **Un and underinsured-** Access to primary care is endorsed as the most effective strategy to address health disparity. The health district will address 1) Lack of insurance through increased use of the Ohio Benefits Bank, Navigators and Certified Application Counselors, 2) Participate in community efforts to improve English language ability and/or Health Literacy, 3) Participate in efforts to address the lack of providers in Greene County.
5. Declining use of preventive screenings – As a support agency the health district will promote events and screening available in the community.
6. Lack of primary care physicians - As a support agency the health district will monitor and provide advice on the expansion of providers into Greene County.
7. **Air quality-** The Child and Adolescent PMP and Bureau for Children with Medical Handicaps PMP will incorporate home assessments for asthma triggers that exist in the home
8. Waste disposal – As a support agency the district will promote events encouraging residents to properly dispose of waste and recycle.

Strategic Planning efforts focused on addressing the priorities set by the community and require the organization to be flexible and adjust to the needs of the community.

# Greene County Public Health Strategic Plan 2015

## Strategic Goals

The Strategic Goals for the health district will guide the overall planning, prioritizing, positioning and performance of the health district for the next three to five years. Each goal is carefully considered when operating existing programs, implementing new programs and evaluating the performance of the health district. The strategic goals are:

1. **Incorporate health literacy and health equity into 100% of programs and services** by giving special attention to the needs of those identified through assessments to be at greatest risk for poor health, based on social conditions such as language barriers, poverty, and health literacy by 12/31/16.
2. **Enhance our capacity to serve clients** by providing and promoting a safe and accessible new facility by 12/31/18.
3. **Inform, educate & empower** the community through press releases, social media, outreach, health education and radio. All information produced and distributed by the Health District will be in accordance with our new name & marketing plan by 12/31/16.
4. **Provide excellent systems & databases** for efficiency, confidentiality, interfacing, and communicating. Acquire systems for accounting and client records, upgrade environmental databases and institute lifecycle management for equipment. Access and share information to optimize business operations and the delivery of public health services by 12/31/18.
5. **Increase the quality of services we provide to the community** by establishing and implementing a Quality Improvement (QI) Plan and Workforce Development Plan (WDP) to compliment Performance Management Plans (PMP). We will do this by building upon our existing organizational values: quality public health services and programs, service to the community, customer service and teamwork, to create a culture of quality at the Health District by 12/31/16.
6. **Maintain financial stability of the Health District**, by assuring compliance with state and local regulations, providing education to stakeholders, and increasing transparency by 12/31/16.
7. **Promote strong local leadership** through board governance, community involvement, affiliations, partnerships, policies and plans to support the community through 12/31/18.
8. **Receive full accreditation from the Public Health Accreditation Board** by 12/31/17.

## Performance Management Logic

The strategic plan is operationalized through the performance management system. The system aligns effort and planning to achieve results. Performance Management is a process by which leadership and staff work together to plan priorities, set objectives and monitor progress. Each performance management plan (PMP) is designed to deliver expected organizational results, grant deliverables and needed programs/services to the community through organized tasks and activities.

# Greene County Public Health Strategic Plan 2015

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



Leadership will use the following principles to guide success:

1. Project a shared vision
2. Plan purposeful performance management plans for our organization, programs and services
3. Provide education and training to pattern in knowledge, skills, abilities and quality
4. Position employees to perform within the context and environment in which we operate
5. Performance appraisal and monitoring of performance plans to achieve results.

## Performance Management Plans (PMP)

These are the elements of the PMP.

1. Performance Management Plans should build to accomplish the objectives in the CHIP and Strategic Plan, to collect and report numbers for the Annual Report, fulfill mandates, Quality Indicators report, and jurisdiction report, provide an essential service or fulfill requirements of the PHAB domains.
2. Health Initiatives from the CHIP such as tobacco, nutrition, physical activity, access to care, asthma, infant mortality, substance use, declining use of screenings, lack of primary care physicians, waste disposal are addressed in appropriate PM plans.
3. Performance Management Plans will consider Health Education, Quality Culture, Social Services, Health Equity, Health Literacy, Alignment, Facility, Human Capital, Fleet, equipment and “line item” needs based upon efficiency
4. The four main pillars of all PMPs are
  - a. **Fiscal:** The fiscal section will include FTEs, source of revenue, expenditures, relevant percentages for salaries or indirect costs, payer mix, any needed contracts and references to cost analysis, billing, grants, fees or charges.

# Greene County Public Health Strategic Plan 2015

- b. Quality (Outcomes): Quality indicators for the community are expressed as an outcome or percent change such as customer satisfaction, or improvement of community health.
- c. Service (Outputs): The service section will include measureable activities such as number of services provided, control testing, protocols, chart audits, performance assessments – standards met, benchmarks, quality assurance, counts, audits, surveys, reports, compliance, license renewals, and incident reports, service provision of information, education or empowerment, promotion of public health.
- d. Growth: Areas for growth are expressed through education and training, acquiring needed systems or databases, or strengthening organizational capital by improving the culture, leadership skills, operations management, getting equipment, need to expand service, trends, new initiatives

Targets and achievements are monitored monthly through reports provided to the Leadership team and “FYI” reports. Program achievements are documented in the PMPs. A companion document of performance management plans will include the following:

- 1. Accreditation PMP
- 2. Emergency Preparedness Grant
- 3. Epidemiology/Emerging Infectious Disease PMP
- 4. Facility PMP
- 5. Financial Stability PMP
- 6. Human Resources PMP
- 7. Information Technology PMP
- 8. Marketing PMP
- 9. Quality Improvement PMP
  - a. Conduct ongoing monitoring and assessment of population and population health.
- 10. Workforce Development PMP
- 11. Vital Statistics PMP
- 12. Community Health Services
  - a. Establish QI projects to improve clinic flow and delivery of service
  - b. Collaborate with Kettering Health Network for Diabetes management and cancer screening in the community
  - c. Increase capacity for health promotion and prevention to address asthma, infant mortality, tobacco and nicotine cessation, substance abuse, healthy lifestyle (nutrition and physical activity) and unintentional injury
    - i. Quality indicator: chronic disease measured by the reporting of at least one evidenced based tobacco prevention and control intervention and one evidenced based healthy eating and/or active living intervention for children birth to 18 years of age. GCPH will become a million hearts partner.
    - ii. Quality indicator: injury prevention measured by the reporting of at least one evidenced based injury prevention intervention
    - iii. Quality indicator: infant mortality measured by infant mortality rate by race

# Greene County Public Health Strategic Plan 2015

- d. Quality indicator: Linking people to health services measured by the participation in the Medicaid Administration Claiming (MAC) program to promote access to care
  - e. Re-instate the Information and Education committee to review all printed literature produced and distributed by the Health District
  - f. Maintain high quality clinical and non-clinical PMP leading to improved health outcomes for the community including strategies to reduce infant mortality, reduce and prevent the use of illicit and harmful substances, safety, ensure access to care (MAC claiming), promote resolution of client issues (Circles and Bridges out of Poverty), improve social and emotional well-being, promote breastfeeding, proper nutrition, and increased physical activity.
    - i. BCMH PMP
    - ii. Child and Adolescent/Lead/Healthy Homes PMP
    - iii. Communicable Disease/Tuberculosis PMP
      - 1. Quality Indicator: median number of days between diagnosis and report
      - 2. Quality Indicator: Increasing the percent completeness for select diseases in the Ohio Disease Reporting System by age, race, ethnicity and gender
    - iv. Dental/Oral Health PMP
    - v. Development PMP
    - vi. Help Me Grow EI and Home Visiting Grant narrative and ORC/OAC
    - vii. Immunization PMP
      - 1. Quality indicator: measured by increasing the percentage of children entering kindergarten who are fully vaccinated
    - viii. Immunization Action Plan grant narrative
    - ix. HIV – WSU and Step Up grant narrative
    - x. Prenatal PMP
    - xi. Reproductive grant narrative
    - xii. Safe Communities grant narrative
    - xiii. WIC grant narrative
13. Environmental Health
- a. Conduct EH assessment by 12/31/15
  - b. Waste disposal
  - c. Air Quality
  - d. Maintain high quality environmental PMPs for health protection of residents
    - i. Body Art PMP
    - ii. Environmental Health PMP
      - 1. Quality indicator: measured by meeting the annual required inspection frequency and providing verification of registered sanitarian/sanitarian-in-training conducting inspections for food safety, public swimming pools, and campground programs
    - iii. Food Operations PMP
    - iv. Household Sewage Treatment Systems PMP
    - v. Housing PMP
    - vi. Jails PMP

# Greene County Public Health Strategic Plan 2015

- vii. Mosquito PMP
- viii. Nuisance Abatement PMP
- ix. Plumbing PMP
- x. Private Water Systems PMP
- xi. Rabies PMP
- xii. Resident Camps PMP
- xiii. RV camp park PMP
- xiv. School buildings PMP
- xv. Solid Waste PMP
- xvi. Swimming pools PMP

## Strategic Plan Monitoring

The health district must provide reports developed since the plan's adoption that it has reviewed the strategic plan and monitored progress towards reaching the goals and objectives. Each year the Health Commissioner will summarize progress towards goals through an agency evaluation that is presented to the Board of Health's program and evaluation committee. The summary document is also made available to staff, the Board, the District Advisory Council and the Community. The full cycle for the strategic plan is:



## Strategic Plan link to Quality Improvement (QI) Plan

The PMPs are tools that allow better communication and avoids extremes of stagnation or excess risk taking. The PMPs also document areas for growth, training, gaps in service and processes in need of quality improvement. A QI culture searches for excellence, realizing that we never fully “arrive”. Mistakes are tolerated as an opportunity for learning and growth. Organizational relationships thrive on collaboration, integrity and consistency. Therefore, the PMPs aid in

# **Greene County Public Health Strategic Plan 2015**

identifying areas needing QI. Identified concerns are submitted to the Quality Improvement Council, who will provide expert input into peak performance opportunities.

## **Summary**

Greene County Public Health is healthy when it has an inspiring realistic shared mission and vision at the core. The benefit to the community is the focused approach to solving health issues in our community. The strategic plan outlines the role of the health district in solving larger community issues through a planned approach which incorporates 8 strategic goals. The goals are executed through performance management. The strategic planning process, SWOT analysis and thoughtful planned approaches to community health has allowed new learning, new ideas and growth for the agency. The health district will continue to embrace a culture that promotes our core values, holds each other accountable through performance management and accepts responsibility for individual and programmatic performance.

# Greene County Public Health Strategic Plan 2015

## References

Ohio Township News January/February 2014. Susan Stasiak The Case for Moving Ahead and Developing Strategic Initiatives.

Citation for CDC quote on health literacy, Page 9

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