



Public Health
Prevent. Promote. Protect.

Greene County

STRATEGIC PLAN 2019-2021

ABSTRACT

The strategic plan defines what the health district plans to achieve in the next three years, how it will achieve it and how to know it has been achieved.

Greene County Public Health
360 Wilson Drive • Xenia, Ohio 45385 • (937) 374-5600
www.gcph.info • toll free (866) 858-3588 • fax (937) 374-5675
email: general@gcph.info

Greene County Public Health Strategic Plan 2019-2021

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Message from the Health Commissioner

Dear Greene County Residents,

I am pleased to present the Strategic Plan for Greene County Public Health for 2019-2021. In 2020, we will celebrate a centennial of public health achievement and it is the perfect time to imagine our future, find ways to grow, become a stronger organization, and enhance the public health infrastructure that makes us a unique entity.

From the outset our aim has been to develop a Strategic Plan that is impactful and successful. Our assessment process identified priority issues for the health district to focus on during the next three years. Priorities were developed after we reviewed results and information from health assessments, standards, quality indicators, organizational performance, workforce development needs, job satisfaction, community /stakeholder surveys and current trends in public health. Our implementation of the plan over the next three years intentionally uses health promotion and prevention strategies to reduce health inequity, address contributing factors for obesity and other chronic diseases, elevate awareness of maternal, child and infant health needs, enhance the use of data and information systems to research new insights into contributing factors of poor health outcomes, invests in the development, communication and succession needs of the workforce thereby reinforcing Greene County as a great place to born, live, work and age.

I extend my gratitude to the many community partners, employees and members of the Board of Health who have spent numerous hours over the past several months to develop this plan. We will communicate progress on the plan through our website, reports and at community meetings.

Thank you,

Melissa Howell, MS, MBA, MPH, RN, RS

Greene County Health Commissioner



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Executive Summary

The health district implemented a strategic planning process to define what the future state of the organization will be and practical ways to effect change between 2019-2021. The planning process helped to clarify our mission and vision and built consensus among participants for what will need to be accomplished. The Strategic Plan is the comprehensive tool that the organization will use to set priorities and plan resource use. The Strategic Plan has seven priorities defined from input received through a series of surveys of stakeholders. The seven priorities are:

1. **Inform and Educate:** To be the recognized leader in providing information on public health issues, and essential public health services through multiple methods and to a variety of audiences. Promote and use community health assessments and surveys to more effectively target and distribute resources, improve community health and inform program improvements.
2. **Workforce Development:** Cultivate a workforce capable of preventing disease, promoting health and wellness, and protecting the quality of the environment in Greene County. Education and training of the workforce supports continuity of public health services in an era of technological advances, retirements and challenges to compete with the private sector for public health workers.
3. **Internal Communication:** All Health District staff will be knowledgeable about the agency Mission, Vision, Values, Programs & Services, Plans and Methods of Communication. Our culture supports teams working cohesively to achieve our mission through a clear and consistent chain of communicating information internally.
4. **Information Technology, Systems and Data:** Provide data, information systems and technology to support the organization's mission and public health practice. A core component of public health practice is the ability to use technological tools to assess the population's health, promote actions and activities to improve health outcomes, implement evidenced based strategies to achieve optimal population health and evaluate the effectiveness of the strategies.
5. **Healthy Lifestyles:** Empowering the people of Greene County to prevent and manage chronic disease, providing and supporting opportunities in the community to increase physical activity, access healthful nutrition, and support businesses and organizations implementing tobacco and nicotine free policies.
6. **Health Equity:** All clients of Greene County Public Health will receive equitable and effective care in a culturally and linguistically appropriate manner. Greene County residents will have an opportunity to attain full health potential and no one is disadvantaged from achieving this potential due to health disparities.
7. **Maternal, Child and Infant Health:** Women of childbearing age, teens and families in Greene County have equal access to early, consistent and comprehensive healthcare including medical and behavioral healthcare services.

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Purpose

Greene County Public Health's Strategic Plan provides a planned approach and clear picture of what the organization plans to achieve over the next three years. The plan outlines the organization's role, priorities and direction for 2019-2021. This plan will be updated annually to reflect progress towards goals.

"A strategic plan results from a deliberate decision-making process that defines where an organization is going. The plan sets the direction for the organization and, through common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward."

- PHAB Glossary of Terms Version 1.5 (Swayne, Duncan, and Ginter, Strategic Management of Health Care Organizations, 2008)

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, allocating resources and acting to pursue priorities. This document was prepared with input from our stakeholders which includes; health district employees, community members, community partners and 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, promote health and wellness in Greene County and protect the quality of our environment.

Scope of Service

Our employees accomplish our mission through integrated community efforts, 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 organizational behavior:

- *Service*
- *Dependability*
- *Dedication*
- *Collaboration*
- *Quality*

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Strategic Plan Responsibility

The Board of Health has responsibility to adopt policy that supports improved health for the community, evaluate performance and assure adequate resources for the district. The Health Commissioner has overall responsibility for the development, implementation and progress of the Strategic Plan. As the organizational lead, the Health Commissioner will focus on planning, prioritizing, positioning, and performance monitoring throughout the organization. Leadership responsibilities include overall agency tone, efficiency, collaboration, communication and accountability. Employees have a responsibility to understand and articulate their role in execution and communication of strategic goals, information sharing and acting in accordance with agency vision, mission, values and goals.

Strategic Planning Process Overview

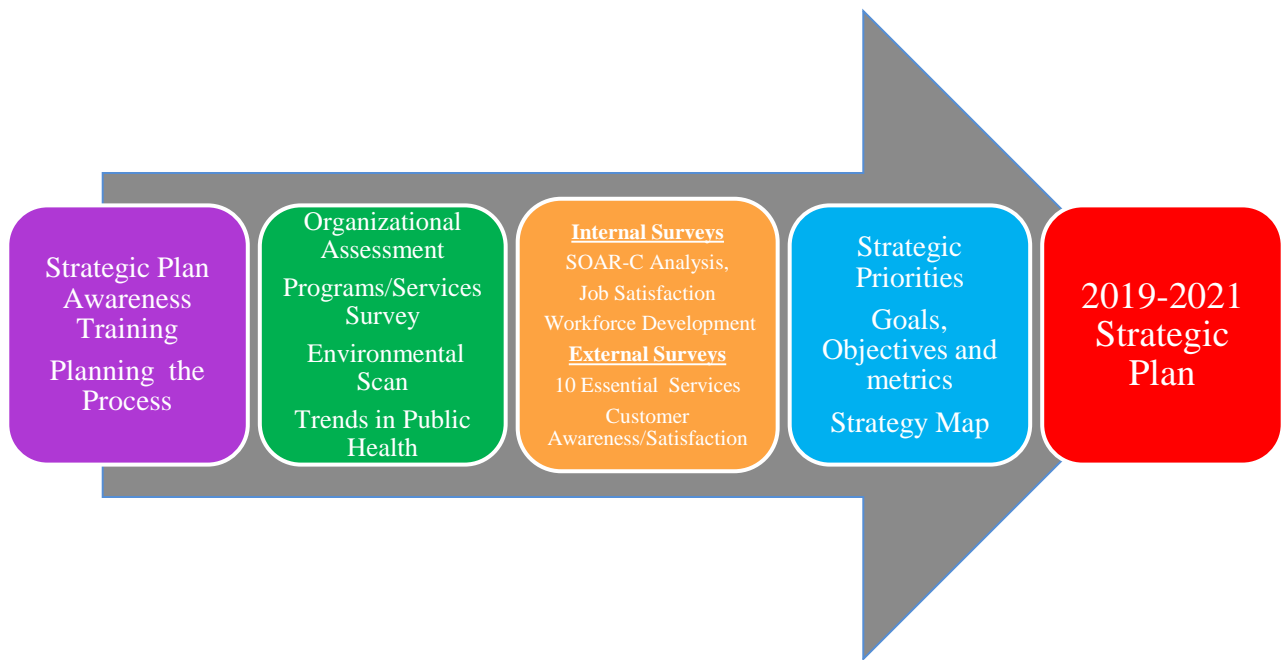
The strategic planning process occurred between May 2018 and January 2019. The Health District was awarded a training and technical assistance grant from the Ohio Department of Health, which provided some training and initial planning guidance from the Ohio Center for Public Health Practice. A Strategic Planning Committee was formed to include representatives from Administration, Community Health Services, Environmental Health Services and the Board of Health. The committee received training on strategic planning and collaborated to develop a work plan and timeline for employee training, gathering of data and input, and identifying strategic priorities. The work of the Strategic Planning Committee culminated in the development of the strategic plan.

Assessments were conducted through surveys. The internal assessments were job satisfaction, workforce development, and SOAR-C (strengths, opportunities, aspirations, results and challenges). External surveys were conducted for the ten essential public health services, community awareness and customer satisfaction. An organizational assessment was also completed which included a review of programs and services, and of the organization's financial position. Additionally, a review and analysis of external trends, issues, and laws was conducted for consideration during the planning process.

Strategic priorities emerged and selected priorities were incorporated into the Strategic Plan. To achieve agency priorities strategic planning committee members formed three workgroups to develop goals, objectives, performance indicators and activities to achieve the outcomes. Documentation for the strategic planning meetings included sign in sheets for each meeting. At each meeting the purpose of the Strategic Plan was reviewed and an overview of the steps in the planning process were reviewed. Relevant issues were presented by the Health Commissioner and Accreditation Coordinators. Survey results were provided to the committee and strategic priorities were scored and selected by the committee. The Health Commissioner wrote the plan, developed a presentation for the plan and developed associated tools to help communicate the plan.

Each priority has an associated workplan developed by committee members. The committee reviewed and approved the methods to communicate and implement the workplans. Strategic Plan process participants were provided a draft copy of the plan on 11/28/18 for review and comment. The Board of Health was provided a copy of the plan on 2/1/19. Adoption of the plan was 02/07/19.

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Steps of Strategic Planning Process

This is an outline of the steps taken to complete the strategic planning process. A summary of activities related to the phases of our process follows.



Phase 1-Laying the ground work: Employees from all areas of the agency were identified and invited to form a strategic planning committee. This committee received training on the strategic planning and developed a full outline for the planning process under the facilitation of The Ohio State University’s Center for Public Health Practice. It was determined that the Health Commissioner would be responsible

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to write the plan, an Accreditation Coordinator would facilitate the process, and that all employees, board of health and community partners would have opportunity to participate in the process. The National Association of County & City Officials (NACCHO) guidance, “Developing a Local Health Department Strategic Plan: A How-To Guide” was utilized.

Phase 2 – Defining who we are: The agency went through a process of evaluating and updating Mission, Vision and Values statements developed during the 2015 strategic planning cycle. Employees and the Board of health were asked a series of questions via the SOAR-C to assess existing statements as a part of the environmental scan. In general, respondents liked the existing mission statement because it is short and simple, it focuses on “prevent, promote and protect” and is community oriented. The survey results were reviewed and discussed by the committee. Minor revisions were made to the mission statement.

Respondents liked the vision statement because it focuses on access, quality improvement, identifies the agency as a leader, and adheres to standards. We imagined how our work might be different in the future and determined there will be new data sources such as hospital utilization data, our data systems and technology will evolve, there will be a need to go out into the community to inform and educate residents especially those at greatest risk for poor health outcomes, there will be evolving community needs, a need to form multi-sector partnerships, challenges to funding; we will assume a broader scope as Chief Health Strategist to include policy development, and a need to invest in the workforce.

Values that surfaced from the survey were adopted.

Phase 3- Compiling relevant information/environmental scan: Existing data was reviewed to assure we had captured all pressing health issues needing to be addressed. External data sources were reviewed for current trends in public health. Major trends include explaining the modernization of services in accordance with the Public Health Impact Model, Public Health 3.0, and Foundational Public Health Services. An organizational assessment was conducted along with a series of surveys which included employees, community members, the Board of Health and community partners.

Phase 4- Analyzing results and selecting strategic priorities: The results of the environmental scan, assessments and surveys were compiled and shared with the Strategic Planning Committee on 11/07/18. The results are detailed in the next section of this plan called [Assessment Results and Findings](#). The Strategic Planning Committee selected and ranked priorities on 11/14/18 using a results-based analysis.

Phase 5- Developing the plan: We have forged significant improvements in our culture and relationships within the organization and with our stakeholders by building trust through transparency. We are advancing our efforts to create an environment that encourages discussion and feedback in this strategic plan by broadening the input received to include the external stakeholders and the employees. Feedback on the strategic plan was sought from the Strategic Planning Committee, employees, the Board of Health and stakeholders.

The plan was written using the summary input received from surveys, data trends and plans. The plan received feedback from Strategic Planning Committee members. Members reviewed the document for adherence to existing standards and to assure all elements regarding how and why priorities were selected were captured in the plan.

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Communicating the Strategic Plan

The Strategic Plan is accessible via SharePoint to all employees. It will be posted on the agency website for accessibility to community stakeholders. The plan and progress over the next three years will be communicated at employee meetings, leadership meetings, and Board of Health meetings.

Phase 6- Implementation of the plan: A workplan was created for each priority. Members of the Strategic Planning Committee developed the purpose, goal, key measure, objectives, activities, role assignment and timeline needed to accomplish the goals. The Strategic Planning Committee workgroups continued to develop the priority workplans between 11/28/18 and 1/15/19. The priorities were shared with the Planning and Evaluation Committee of the Board of Health while under development. The priority workplans were updated based on feedback received from the Planning and Evaluation Committee members.

A comprehensive overview of strategic priority workplans can be viewed in Attachment 1 of the Performance Management System plan. Each workplan will be implemented by identified health district employees according to the activities and timelines delineated in the workplans. Findings from the workplans are reported at the Leadership Meeting. These meetings offer the opportunity for questions and discussion of successes and barriers experienced by employees. These discussions will guide any changes or updates needed for workplan strategies.

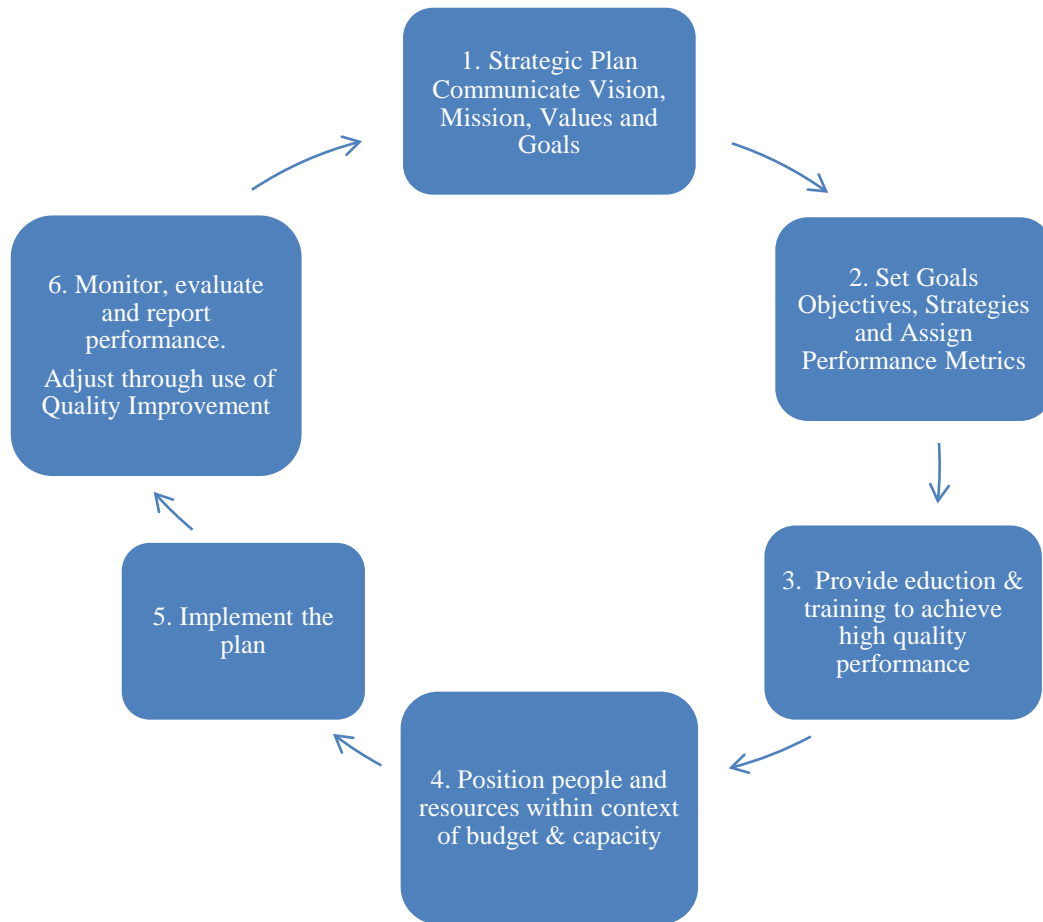
Phase 7- Monitoring and Revising: Each priority is entered and tracked into a workplan designed to deliver expected organizational results through organized tasks and activities. The workplans are to be updated quarterly to document progress, successes and barriers. Workplans are stored in the Performance Management folder on SharePoint. Progress reports for the workplans are submitted to the Health Commissioner by the employee responsible for completing the objectives. Quarterly reporting will be documented in the “Update Column” of the workplan. The Health Commissioner, leadership and the Accreditation Coordinator will evaluate progress towards goals by monitoring the key measure from each workplan. The Accreditation Coordinator will update the performance management key measure dashboard once established.

Strategic Plan Progress Reporting

The health district must provide reports developed since the plan’s adoption. The health district will document that it has reviewed the strategic plan and monitored progress towards reaching the goals and objectives in annual reports to the Public Health Accreditation Board. Data collected from the quarterly updates in the workplans will be collated into a summary report.

Semi-annually 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 employees and stakeholders. The Strategic Plan is considered a living document and will be reviewed and updated annually. Updates or changes will be documented in the plan. Updates on our progress will be shared via social media, annual reports and other mechanisms as appropriate. The plan will be reviewed and updated annually in accordance with PHAB Standard and Measure 5.3.3. The full cycle for the strategic plan is:

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Assessment Results and Findings

Organizational Assessment

We determined the organization is in a favorable position in many aspects. To strive for continuous quality improvement, we incorporated findings from the Accreditation Board into the priority workplans and overall activities for the health district. We identified an opportunity to inform and educate the community about our most pressing health issues. To do so, there is a need for our organization to collect and disseminate up to date, relevant public health information to the community. We will communicate the ongoing health status of the community. There are opportunities for the organization to focus on improving the awareness of programs and services in the community. There is an opportunity to continue to use plain language without acronyms when discussing public health programs and services. Assuring continued support from the community will be important. Seeking new funding streams to support community initiatives will be a challenge.

Workforce development needs are a priority during this planning period. Information systems will need to keep up with the changing workforce needs to be more flexible and mobile. Cybersecurity and protection of data is vital to the organization and security of the residents we serve.

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Strengths, Opportunities, Aspirations, Results and Challenges Assessment

During the planning phase of the process, there was consensus to use a SOAR-C analysis to determine our future aspirations and the health benefits to be gained by the community. The analysis confirmed many of the findings from the organizational assessment. A strength, opportunities, aspirations, results (SOAR) analysis is a strategic planning tool that focuses an organization on its current strengths and vision of the future for developing its strategic goals. Challenges were included in the analysis. All employees had the opportunity to participate.

The most frequently cited strength of the organization was the workforce followed by quality service, community focus and collaboration. Quality service, data and research, collaboration and inform and educate were opportunities. The results that matter to the organization are better health outcomes, better service, more outreach to the community and heightened awareness about public health.

There were fifty-four respondents and here are the summarized results:

Summary: SOAR-C Results

Strengths S		Opportunities O		Aspirations A		Results R	
44%	Workforce	22%	Quality Service	31%	Quality Services	27%	Improved Health Outcomes
33%	Quality Service	21%	Data & Research	21%	WFD & Relations	19%	Improved Services
13%	Community Focus	19%	Collaboration	14%	Health Education & Outreach	13%	Community Outreach
9%	Collaboration	15%	Inform & Educate	6%	Health Status	10%	Community Awareness

Internal Challenges C	
48%	Workforce
16%	Leadership & Management
13%	Finances & Funding
12%	Internal Communications
11%	Other

External Challenges C	
45%	Funding/Policy and Support
26%	Disease & Population Health
11%	Social Determinants of Health
11%	Communication
6%	Information Technology & Data

Review Existing Data

2017 Community	Forces of Change	2017 CHIP Priorities	Local Public Health System
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Health Assessment				Assessment Opportunities
Diabetes 13.3 % (State 11.8; National 10.8)	Navigating health and other systems	Patient Protection & Affordable Care Act	Substance Abuse/Mental Health <i>(Opioid Overdose Deaths)</i>	Conduct & disseminate assessment focused on population health issues facing the community
Neonatal Abstinence 12.1 per 1,000 births (National 6.1 per 1,000 births)	Funding/Economy	Accreditation	Chronic Disease (Lead) <i>(Adult Obesity)</i>	Engage with community to identify, address, inform and educate the population about health problems
Syphilis, Gonorrhea, and Chlamydia increased between 2011& 2015	Substance Use/Abuse	Climate Change	Injury Prevention <i>(Fall related Deaths)</i>	Collaboration
Sexually transmitted infections are high for individuals age 20-24	Barriers to healthy living	Health in all policies	Maternal & Child Health (Lead) <i>(First Trimester Care)</i>	Maintain a competent public health workforce
Early and consistent healthcare in pregnancy	Community Collaboration	Social Media & Informatics	*CHIP <i>Sustainability</i>	Research new insights and innovative health problems
	Aging Population	Demographic Transitions		
	Food Dessert/Insecurities	Globalized Travel		
	Built Environment (safe housing, transportation, access to parks, recreation)			
	There are unfair and avoidable differences in health status due to income and education			
	Xenia will continue to exhibit higher levels of poverty than other Greene County communities.			

External Trends, Events and Factors in Public Health

Social	Political	Economic	Technological	Health

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Health Inequity	CHA/CHIP 3-yr interval alignment with tax-exempt hospitals	State Subsidy for Accredited HD's	Informatics & Surveillance	Emerging Communicable & Other Diseases
Health Disparities	Legislation Opioid Prescribers	2020 Levy	Real-time Data-sources	Antibiotic Resistant Diseases CDC warns of antibiotic resistant gonorrhea
Substance Use/Abuse	Children with Medical Handicaps –Legislative risk - pending policy issues	Prescription Drug Cost	Child Fatality Data	Healthcare associated infections
Aging Population	Tobacco Enforcement responsibilities	Flexible Sustainable funding	Food Inspections - Paperless	Vector-Borne Diseases
Mental Health	Paid Paternity Leave	Collective Impact	Ohio Department of Health – Making data more accessible	Food Safety
Violence	Paid Sick Leave	State funding aligning to support health improvement priorities	Social Media	Physical Activity & Nutrition
Suicide	Chief Health Strategist – PH Role	340B Pricing		100 Years of Public Health
Social Determinants of Health	Public Health 3.0			2020 GuardCare event in Greene County

Job Satisfaction

There were no significant changes in the overall score for job satisfaction of employees between the 2016 and 2018 surveys. Nature of work, coworker, communication, and operating condition scores increased. This could be attributed to moving to a new facility from an aged facility. Promotion is the only area in which employees remain dissatisfied. Supervision, fringe benefit, and pay scores decreased. This is likely attributed to increased cost in healthcare insurance and the fact that employees did not receive merit increases for two years to offset costs of the new facility. Bonuses were instituted just after the survey was complete and healthcare benefits were unchanged for 2019, although there is a 7% increase in cost.

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Internal Comparison

2016 (42 respondents)

Facet	Mean	Std. Deviation	Status
Nature of Work	20.40	3.22	Satisfied
Supervision	20.17	4.34	Satisfied
Coworkers	17.60	3.03	Satisfied
Fringe Benefits	16.24	3.32	Satisfied
Communication	15.05	4.34	Ambivalent
Contingent Rewards	14.98	4.79	Ambivalent
Pay	14.67	4.53	Ambivalent
Operating Conditions	12.60	3.57	Ambivalent
Promotion	10.76	4.34	Dissatisfied
Total	142.45	22.54	Ambivalent

2018 (54 respondents)

Facet	Mean	Standard Deviation	Status
Nature of Work	20.67	5.17	Satisfied
Supervision	19.30	4.82	Satisfied
Coworkers	18.24	4.56	Satisfied
Fringe Benefits	15.89	3.97	Ambivalent
Communication	15.63	3.91	Ambivalent
Contingent Rewards	14.33	3.58	Ambivalent
Operation Conditions	13.96	3.49	Ambivalent
Pay	12.57	3.14	Ambivalent
Promotion	10.46	2.62	Dissatisfied
Total Score	141.06	35.26	Ambivalent

Facet Scores:

Mean	Status
4-12	Dissatisfied
12-16	Ambivalent
16-24	Satisfied

Global Scores (totals):

Mean	Status
36-108	Dissatisfied
108-144	Ambivalent
144-216	Satisfied

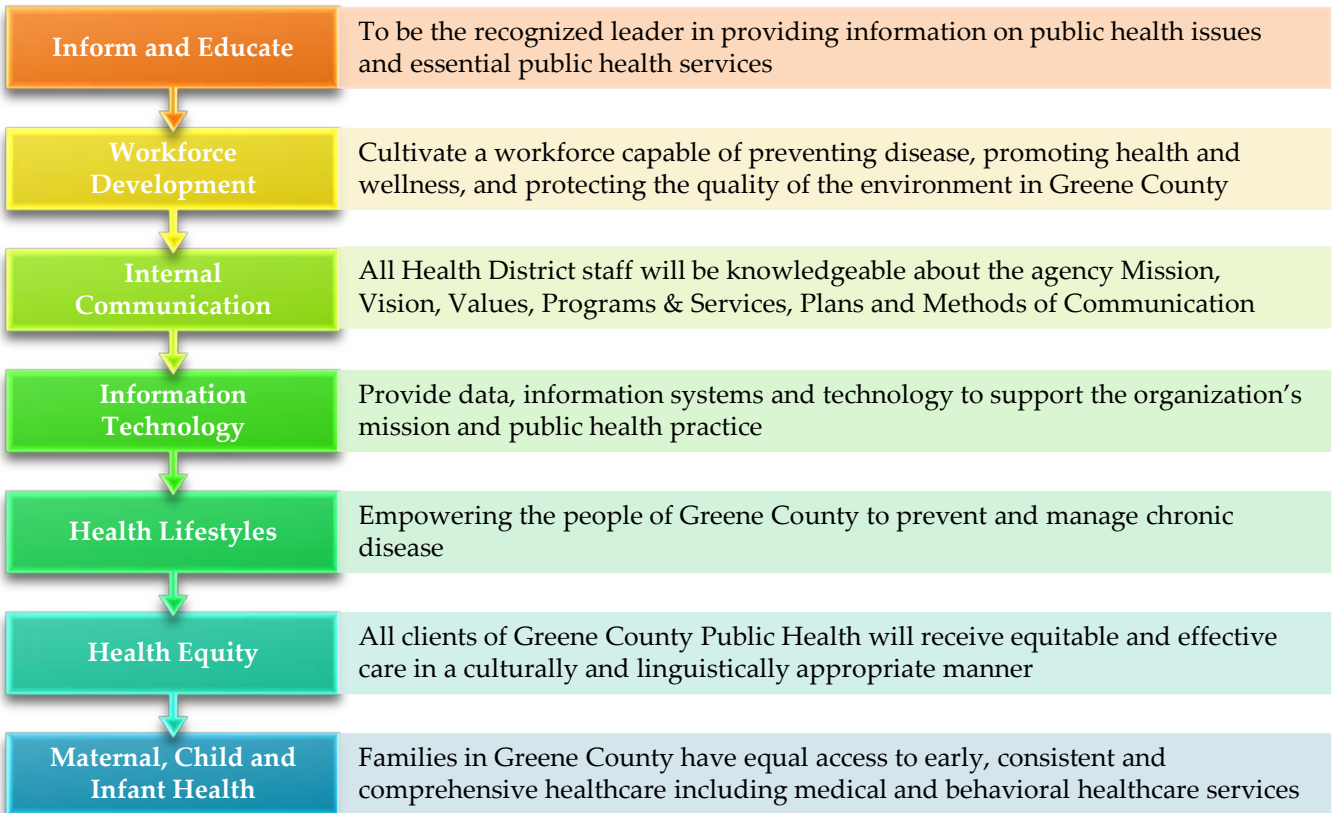
Strategic Plan Link to the CHIP

The Strategic Plan includes steps to implement and support strategies identified in the Community Health Improvement Plan. The health district is the lead agency for the community priorities to reduce the percent of adults who are obese and increase the percent of women receiving care in the first trimester of pregnancy. Other aspects of the plan align with State and National public health objectives for maternal child and infant health. The Ohio Department of Health is monitoring preterm birth whereas the local measure identified in the Community Health Improvement Plan was to measure first trimester care. Adopting a healthy lifestyle and focusing on ways to make health achievable for the entire population is a focus of the State Health Improvement Plan. Our agency serves in support roles for substance abuse/mental health and falls. We also lead in convening the community partners and providing data and structure to sustain the community work.

Summary of Strategic Priorities

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

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Strategic Plan link to Quality Improvement (QI) Plan

Monitoring progress is a continuous process. A coordinating body consisting of the Health Commissioner, Director of Community Health Services, Director of Environmental Health and Administrative Officer will meet monthly to monitor progress toward strategic priorities. Our leaders are committed to performance management and quality improvement. Employees will continue to be trained in quality improvement and using the plan, do, check, act model to improve performance, efficiencies, effectiveness, accountability and outcomes.

Summary

Our strategic planning efforts began in the spring of 2018. Our process was outlined, and several surveys were implemented to gain a complete picture of the organization. Priorities were selected based on a scoring tool. Goals, performance indicators, objectives and activities were developed. The plan will be implemented by employees and workgroups using workplans for seven priorities. A process to monitor the plan was developed and a plan to communicate this plan to stakeholders was developed. Finally, progress is reported to leadership and stakeholders throughout the 2019-2021 time period. We anticipate challenges along the way and look forward to celebrating success in three years.

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Participant List

THANK YOU PLAN PARTICIPANTS!

Greene County Public Health would like to thank the employees, members of the Board of Health, individuals and organizations who donated their time to make the strategic planning initiative a success, one which will benefit the health and well-being of residents in Greene County.

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

BOARD MEMBERS
J. Andrew Root, Esq., Board President
Elaine Hughes, Vice President
William O. Beeman, Board Member*
Scott Filson, Board Member
Scott Hammond, Board Member
William Harden, Board Member
Melvin A. Johnson, PhD, Board Member
Charlene Montague, Board Member
Tamisha Samiec, MD, Board Member
Kathy Saunders, Board Member
Thomas L. Selden, Board Member
Nancy Terwoord, BSN, RN, Board Member
EMPLOYEES
Shadrick Adams, RS, Public Health Sanitarian*
Michelle Anderson, Office Support Specialist
Kirsten Bean, MPH, Health Educator*
Donald Brannen, PhD, Community Epidemiologist
Bob Brooks, Chief Information Technology Officer
Susie Brooks, RN, Public Health Nurse
Karen Burchfield, Clerical Specialist
Kim Caudill, MPH, RN, Public Health Nurse
Joleen Channels, Office Support Specialist
Nancy Cohen, Public Health Nutritionist
Scott Collins, Plumbing Inspector
Nicole Crawford, Office Support Specialist
Juanita Davis, Office Support Specialist*
Carla DeBrosse, Administrative Professional
Jillian Drew, Health Educator
Rebecca Dunbar, Administrative Professional
Tisha Faler, Public Health Nutritionist
Robyn Fosnaugh, MPH, RN, Community Health Services Director*
Laurie Fox, Public Information Officer
Jackie Gruza, RS, Public Health Sanitarian
Julie Hahn, Service Coordinator
Pam Hamer, LSW, Program Manager Early Intervention*

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Brenda Hamilton, Service Coordinator
Melissa Howell, MS, MBA, MPH, RN, RS, Health Commissioner*
Mark Isaacson, RS, Program Manager
Sarah Jensen, RS, Registered Sanitarian
Nancy Kessinger RN, Program Manager Help Me Grow Home Visiting*
Leslie Koszycki, Service Coordinator
Tonja Lively, Program Manager WIC
Susan Martin, Executive Assistant
Lisa Myers, Account Clerk
Teresa Myers, RS, Public Health Sanitarian
Jerrolyn Orr-Carstens, Home Visitor
Dee Owsley, MS, RN, Public Health Nurse*
Joyce Price, Office Support Specialist
Christine Propes, Sanitarian-In-Training
David Rasper, Plumbing Inspector
Shernaz Reporter, Health Educator
Jennifer Reynolds, Home Visitor *
Tara Robertson, Service Coordinator
Mindy Saunders, Clerical Specialist
Rick Schairbaum, RS, Program Manager
Amy Schmitt, RN, Public Health Nurse
Donald Shontz, Public Health Sanitarian
Larry Sites, Custodian, Maintenance Worker
Ashley Stevely, MPH, Accreditation Coordinator*
Noah Stuby, MBA, Administrative Officer*
Kim Sullivan, Service Coordinator
Apryl Taylor, Sanitarian-In-Training
Aubrey Van Tress, Service Coordinator
Elizabeth Varvel, Breastfeeding Peer Helper
Molly Vaught, Service Coordinator
Karen Ward, Registrar
Jessica Warner, Health Educator
Jeff Webb, MPH, RS, Director Environmental Health*
Jamee Wellman, Breastfeeding Peer Helper
Debra White, Program Manager, Accounting
Sheryl Wynn, MPH, Accreditation Coordinator*
* Strategic Planning Committee Members

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References

NACCHO Strategic Planning available: <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>

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Signature

The Strategic Plan 2019-2021 Version 1.0 was adopted on February 7, 2019.



President, Greene County Board of Health

Revisions/Updates

Revision #	Summary of updates/changes	Date	Name
1.0	Original Plan	02/07/2019	M. Howell