Putnam County
Health Department

_Strategic Plan_

2015–2017
**Mission Statement**

Our mission is to protect, promote and improve the health, safety and quality of life of the Putnam County community.

**Vision**

The Putnam County community will be free of preventable disease, live and work in a healthy environment and have access to quality care.

**Values**

- Professionalism: all people are treated with respect, empathy and professionalism
- Quality: a skilled workforce provides exceptional quality services for all
- Collaboration: work in collaboration with community partners to identify community needs and opportunities to strengthen and broaden resources
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The Putnam County Health Department (PCHD) Strategic Plan provides our staff, Leadership Team, Board of Health and community partners with a planned approach and clear picture of what we plan to achieve. By thinking creatively and critically, we will be better able to address priorities determined by the staff and Board of Health. This plan will serve as a tool to monitor progress toward achieving the goals and objectives as identified in the planning process. The strategic plan is dynamic and will be revised as projects are addressed and completed.

In addition to this report, a comprehensive, internal workplan has been developed that details the action steps, responsible party and timeline for the objectives of each strategic priority. Implementation of this plan has already begun. If you are interested in receiving a copy of the workplan, please contact our office. Data will continually be collected so that we may measure our progress toward achieving our goals. Our goals and objectives may grow and evolve as we strive toward our vision where the Putnam County community will be free of preventable disease, live and work in a healthy environment and have access to quality care.

**Strategic Priorities**

Our strategic priorities were identified through a seven-phase approach to strategic planning. More details regarding the process is presented later in this document. The strategic priorities and goal statements related to the priorities aim to support our mission to protect, promote and improve the health, safety and quality of life of the Putnam County residents.

**Strategic Priority #1: Culture of Quality**
Build a culture of quality within the health department

**Strategic Priority #2: Fiscal Viability**
Remain fiscally sound and efficient in providing services to the community

**Strategic Priority #3: Resource of Choice**
Provide the services necessary or link residents to public health services in the community
Dear Putnam County Residents,

I am pleased to present to you the 2015-2017 Putnam County Health Department Strategic Plan.

Health Department employees and Board of Health members participated in developing this plan that will guide the activities of our department during the next 3 years. Much thought went into this plan and it is truly comprehensive as results from the Community Health Assessment, the Community Health Improvement Plan and surveys of staff, Board of Health Members and community partners were taken into consideration when determining the priority areas and action steps.

Our staff is committed to this plan and its implementation and evaluation. Collaboration among our staff and with our partners will be key as we work to achieve our goals. We are excited to move forward with this plan and our goal of achieving our mission, “to protect, promote and improve the health, safety and quality of life of our community”.

Sincerely,

Kim Rieman, RN, MPH, CHES
Health Commissioner

Agency Overview

The Putnam County Health Department has been in existence since 1920, and while there have been many changes in public health since then, the goal remains the same: to protect, promote and improve the health and safety of our residents. We serve our over 35,000 residents by providing immunizations, ensuring safe food and water, maintaining birth and death records and monitoring disease trends. Among the many other programs that the health department offers, we also work with our partners to implement the Community Health Improvement Plan to address the priorities identified in the community health assessment, and strive to ensure that our community is prepared for an emergency.
THE STRATEGIC PLANNING PROCESS

In April, 2014 the Putnam County Health Department staff met to begin the strategic planning process for the agency. Outside consultants from the Ohio State University Center for Public Health Practice facilitated the seven-phase approach to strategic planning. The timeline for the process was as follows:

February 2014  **Phase 1: Plan to Plan**
The Leadership Team and accreditation coordinator consulted with OSU Center for Public Health Practice representatives to establish the strategic planning process and timeline for the project.

April 2014  **Phase 2: Articulate Mission, Vision, Values**
Putnam County Health Department Staff participated in a webinar facilitated by OSU Center for Public Health Practice to introduce the strategic planning process. Inputs from staff and Board of Health members for the mission, vision and values (MVV) of the agency were also shared. A small group of staff members were charged with taking the MVV inputs to draft proposed mission, vision and values to be approved by the rest of the staff and Board of Health. Staff were instructed regarding the completion of the online SWOT (Strengths, Weaknesses, Opportunities and Threats) survey.

April 2014  **Phase 3: Assess the Situation**
An online SWOT survey was conducted with PCHD staff, Board of Health members and community partners to determine internal strengths and weaknesses and external opportunities and threats. To ensure confidentiality, the SWOT survey was administered by the OSU Center for Public Health Practice. A summary of themes from the SWOT analysis is in the next section of this document.

April 2014  **Phase 4: Agree on Priorities**
The PCHD staff met to approve the proposed mission, vision and values. The SWOT data was reviewed to identify themes. The strategic plan priorities were selected and goal statements related to those priorities were identified. A strategic planning team was established to begin development of the strategic plan workplan. Members of the team included staff from all divisions and levels: Director of Nursing, Environmental Health Director, Billing Clerk/Vital Statistics, Public Health Nurse, Health Educator/Accreditation Coordinator, Fiscal Clerk.
Phase 5: Write the Plan

May 2014 thru March 2015

The team met to develop the strategic plan workplan. Through several meetings and “homework” required outside of the meetings, the team members worked to identify objectives and action steps for each of the chosen strategic priorities. There were some delays due to resignation of Environmental Health Director and plans to hire a full-time Health Commissioner.

June 2015

The strategic plan workplan approved by the Board of Health.

September 2015

The 2015-2017 Putnam County Health Department Strategic Plan approved by the Board of Health and presented to the employees.

Spring 2015 thru 2017

Phase 6: Implement the Plan – the Action Plan

The Strategic Plan Team, along with leadership and staff, will implement the action steps of the workplan in an effort to reach the goals and objectives of the strategic plan.

January 2016 and ongoing

Phase 7: Evaluate and Monitor the Plan

To ensure that the efforts made to address the strategic priorities are effective and relevant, the plan will be evaluated and continually monitored. Revisions will be made as necessary.
**Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis**

The SWOT survey was distributed to Putnam County Health Department staff, Board of Health and key partners through Survey Monkey. The survey was sent by the Ohio State University Center for Public Health Practice and a summary of themes was determined. This information was used to help identify the strategic priorities and goals for the Putnam County Health Department.

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
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</thead>
<tbody>
<tr>
<td>• Service to the community</td>
<td>• Defined leadership</td>
</tr>
<tr>
<td>• Flexibility</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Well trained staff</td>
<td>• Procedures</td>
</tr>
<tr>
<td>• Financially stable</td>
<td>• Hours of operation</td>
</tr>
<tr>
<td>• Locally controlled and administered</td>
<td>• Training</td>
</tr>
<tr>
<td>• Collaboration/Partnerships</td>
<td>• Teamwork</td>
</tr>
<tr>
<td>• Dedicated, experienced, caring staff</td>
<td>• Funding concerns/Dependence on levy</td>
</tr>
<tr>
<td>• Levy support</td>
<td>• Staff shortages/many roles</td>
</tr>
<tr>
<td>• Teamwork</td>
<td>• Building security</td>
</tr>
<tr>
<td>• Willingness to start new programs</td>
<td>• Sustainable programs</td>
</tr>
<tr>
<td>• Professional</td>
<td></td>
</tr>
<tr>
<td>• Community Health Assessment</td>
<td></td>
</tr>
<tr>
<td>• Positive Image</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Serving the aging population</td>
<td>• Funding changes</td>
</tr>
<tr>
<td>• Health Care Reform</td>
<td>• Regionalization</td>
</tr>
<tr>
<td>• Grants</td>
<td>• Technology/Social Media</td>
</tr>
<tr>
<td>• Partner with other health departments</td>
<td>• Staff limitations</td>
</tr>
<tr>
<td>• Expand screening and vaccine services</td>
<td>• Health care reform/changes</td>
</tr>
<tr>
<td>• Improve public opinion</td>
<td>• Overregulation</td>
</tr>
<tr>
<td>• Accreditation</td>
<td></td>
</tr>
<tr>
<td>• Partnerships with other agencies</td>
<td></td>
</tr>
<tr>
<td>• Expand education programs</td>
<td></td>
</tr>
<tr>
<td>• Marketing and presence in community</td>
<td></td>
</tr>
<tr>
<td>• Continued needs assessment</td>
<td></td>
</tr>
</tbody>
</table>
STRATEGIC PRIORITY #1: CULTURE OF QUALITY
We provide high quality, customer-focused public health services to the Putnam County community. Our internal and programmatic processes are efficient and effective, and result in positive outcomes for the agency and the community. We participate in continuous quality improvement initiatives. Our staff functions as a productive team, communicating effectively in our work. We support ongoing training and development opportunities, ensuring our staff have the knowledge, skills and abilities to perform their work. Job descriptions match expectations and quality staff are retained. We are moving toward accreditation from the national Public Health Accreditation Board which will validate our commitment to quality.

Goal Statement: Build a culture of quality within the health department

Key Measure: QI Culture survey results and staff training survey results

Strategies and Objectives:

Strategy #1: Engage in continuous quality improvement initiatives
• Annually, a QI Culture survey conducted with staff
• By July 1, 2015, all staff trained in the QI Plan, and a plan will be developed to train new employees
• By June 1, 2015, customer surveys will be developed and begin distribution to customers of all agency departments
• All staff participate in at least one QI project each year of this plan and as more thoroughly outlined in the Quality Improvement Plan

Strategy #2: Build and sustain a high functioning workforce
• By December 31, 2016, Quality Improvement will be integrated into operations outlined in all staff job descriptions
• By December 31, 2017, a Workforce Development Plan will be developed and implemented
• By December 31, 2016, all staff will be aware of and will be trained and able to implement the Putnam County Health Department Communications Plan
STRATEGIC PRIORITY #2: FISCAL VIABILITY

We are a fiscally responsible and viable agency. Our resources are diversified. We continuously look for outside sources of funding to support programs that meet community needs; resulting in less reliance on levy dollars to sustain our work. An established fee for service schedule for services enhances our bottom line. We are responsible stewards of taxpayer dollars.

Goal Statement: Remain fiscally sound and efficient in providing services to the community.

Key Measure: Annual reviews will show that the health department is running in the black with a comfortable carryover. Reports will also show an increase in grant funds obtained.

Strategies and Objectives:

Strategy #1: Encourage financial responsibility and awareness
- Each quarter, the Leadership Team will review the status of the budget line items to assist with decision making regarding expenditures
- By June 30, 2015, a procedure for expenditures will be determined to account for expenses in each health department program
- By March 31st of each year, an annual financial report of programs from the previous calendar year is prepared and presented to the Board of Health

Strategy #2: Diversify income and funding sources
- By December 1, 2017, the expiring levy will be on the ballot and approved by Putnam County voters.
- Each year of this plan, at least two applications for grant funds will be made to outside funders
OUR STRATEGIC PRIORITIES

STRATEGIC PRIORITY #3: RESOURCE OF CHOICE

The health department is the “hub” for public health service delivery in Putnam County. We understand community needs, match our services to those needs, and build and sustain partnerships both within Putnam County and beyond to link people and ensure provision of services when otherwise unavailable. We work with our partners to leverage existing resources and avoid duplication of services. Our agency and our services are visible to our residents. We strategically engage in community events and initiatives; promoting our work in the “right” places and ensuring that public health is represented at the table.

**Goal Statement:** Provide the services necessary or link residents to public health services in the community

**Key Measure:** Customer service surveys indicate residents’ needs were met

**Strategies and Objectives:**

**Strategy #1: Increase visibility of health department services**
- PCHD staff will represent the health department and participate in at least 5 community organizational committees and task forces as applicable.
- By December 31, 2015, a marketing plan will be developed to promote health department services through newspaper, website, social media, and other avenues as appropriate.
- Each year of the plan, the PCHD will participate in at least 5 community events to promote health department services.

**Strategy #2: Coordinate public health service delivery in Putnam County**
- At least every three years, facilitate the Mobilizing for Action through Planning Partnerships (MAPP) process with public health partners for a comprehensive Community Health Assessment, followed by an updated Community Health Improvement Plan (CHIP).
- By December 31, 2015, develop and maintain a resource manual for referral of clients to appropriate services.
- By December 31, 2016, the PCHD will partner with at least two academic institutions to facilitate public health activities.
## TRACKING OUR PERFORMANCE

Strategic Plan 2015-2017

<table>
<thead>
<tr>
<th>Strategic Priority #1: Culture of Quality</th>
<th>Baseline</th>
<th>December 2015</th>
<th>December 2016</th>
<th>Target December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct QI Culture Survey</td>
<td>11/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Train staff in QI Plan</td>
<td>11/2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct customer surveys</td>
<td>Not current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All staff participate in QI project</td>
<td>None recent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate QI in job descriptions</td>
<td>Not completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and implement Workforce Development Plan</td>
<td>No plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and implement Communications Plan</td>
<td>No plan</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority #2: Fiscal Viability</th>
<th>Baseline</th>
<th>December 2015</th>
<th>December 2016</th>
<th>Target December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership Team review budget line items</td>
<td>Not completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop procedure for expenditures</td>
<td>No procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual financial report prepared and presented to board</td>
<td>Not completed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain approval of levy</td>
<td>Current Levy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Apply for funding through outside funders</td>
<td>2 grants</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Priority #3: Resource of Choice</th>
<th>Baseline</th>
<th>December 2015</th>
<th>December 2016</th>
<th>Target December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff represent the PCHD on committees and task forces</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and implement marketing plan</td>
<td>No plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in community events</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>Facilitate the MAPP process at least every three years</td>
<td>2013/14</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop and maintain a resource manual for referrals</td>
<td>Not current</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner with academic institutions</td>
<td>1 partnership</td>
<td></td>
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</table>
## Strategic Priority: Culture of Quality

**Goal:** Build a culture of quality within the health department

*We provide high quality, customer-focused public health services to the Putnam County community. Our internal and programmatic processes are efficient and effective, and result in positive outcomes for the agency and the community. We participate in continuous quality improvement initiatives. Our staff functions as a productive team, communicating effectively in our work. We support ongoing training and development opportunities, ensuring our staff have the knowledge, skills, and abilities to perform their work. Job descriptions match expectations and quality staff are retained. Accreditation from the national Public Health Accreditation Board validates our commitment to quality.*

**Key Measure:** QI Culture survey results and Staff training survey results

### Strategy #1: Engage in continuous quality improvement initiatives

<table>
<thead>
<tr>
<th>Objective 1.1:</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Annually, a QI culture survey will be conducted with staff. | Survey completed | • Strategic planning committee research and choose QI culture survey for staff  
• Survey conducted  
• Survey results shared with staff | Start: January 2015  
End: ongoing | QI Council | First survey conducted in November, 2014 |

**Objective 1.2**  
By July 1, 2015, all staff will be trained in QI as written in the QI Plan, and a plan will be developed to train new employees

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
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</thead>
</table>
| Training completed | New hire training plan in place | • QI Council plans and leads staff QI training (to be held at PCHD training day on November 11th)  
• Evaluate training and provide additional training as needed  
• Develop plan for QI training of new hires | Start: January 2015  
End: July 2015 | QI Council | |

**Objective 1.3:**  
By June 1, 2015, customer surveys will be developed and begin distribution to customers of all agency departments

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Surveys completed and results shared with staff | • Each department develop customer surveys  
• Surveys given to consumers after services provided at regularly scheduled intervals  
• Survey results shared with staff  
• Surveys used to inform QI projects and determine areas for improvement | Start: January 2015  
End: June 2015 and ongoing | Department Directors | |
### Strategy #1: Engage in continuous quality improvement initiatives

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| QI Projects completed | • QI projects will be selected by each department and/or agency-wide. Program and administrative projects will be conducted each year.  
• QI Teams will be determined  
• QI projects will be conducted  
• Updates will be given at staff meetings throughout the project  
• QI success will be celebrated and shared on agency “brag board” and/or with the community as appropriate. | Start: January 2015  
End: ongoing | All Staff |        |

**Objective 1.4:**
All staff will participate in at least one QI project each year of this plan and as more thoroughly outlined in the Quality Improvement Plan
<table>
<thead>
<tr>
<th>Objective 2.1: By December 31, 2016, Quality Improvement will be integrated into operations outlined in all staff job descriptions.</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Updated job descriptions | • Supervisors will meet to review job descriptions and meet with appropriate staff  
• Job descriptions, including quality improvement language, will be developed  
• Board of Health approval  
• Updated job description will be signed by staff and supervisor | Start: January, 2015  
End: December, 2016 | Leadership Team |

<table>
<thead>
<tr>
<th>Objective 2.2: By December 31, 2017 a workforce development plan will be written and implemented.</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Workforce Development Plan | • Staff competency set determined  
• Staff training needs assessment conducted annually and reports available for review  
• Training plan developed and updated as needed annually  
• In-house training or outside training sought to fulfill training needs of staff  
• In-house cross training within departments and across divisions conducted as needed  
• In-house just-in-time training conducted as needed to ensure services to consumers are maintained  
• Personnel report information from training at staff meetings | Start: January 2015  
End: December 2017 | Health Commissioner  
Leadership Team  
Accreditation Coordinator |

<table>
<thead>
<tr>
<th>Objective 2.3: By December 31, 2016, all staff will be aware of and will be trained and able to implement the Putnam County Health Department Communications Plan</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Communication Plan  
Evidence of staff implementation of plan | • Establish a Communications Committee  
• Define target groups for appropriate information  
• Develop plan which will include principles to reaching target groups (internal and external)  
• Train staff  
• Evaluate implementation of the Communications Plan | Start: March 2015  
End: December 2016 and ongoing | Health Commissioner |
**Strategic Priority: Fiscal Viability**

**Goal:** Remain fiscally sound and efficient in providing services to the community.  
We are a fiscally responsible and viable agency. Our resources are diversified. We continuously look for outside sources of funding to support programs that meet community needs; resulting in less reliance on levy dollars to sustain our work. An established fee for service schedule for services enhances our bottom line. We are responsible stewards of taxpayer dollars.

**Key Measure:** Annual reviews will show that the health department is running in the black with a comfortable carryover. Reports will also show an increase in grant funds obtained.

### Strategy #1: Encourage financial responsibility and awareness

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| **Objective 1.1:** Each quarter, the Leadership Team will review the status of the budget line items to assist with decision making regarding expenditures. | Minutes from budget meeting | • Account Clerk prepare quarterly documents  
• Leadership Team meet quarterly to discuss budget line items/internal controls  
• Staff required to keep HDIS up-to-date to allow for calculations of personnel expenses  
• Other direct costs tracked | **Start:** January 2015  
**End:** Ongoing | Leadership Team  
Health Commissioner | |
| **Objective 1.2:** By June 30, 2015 a procedure for expenditures will be determined to account for expenses in each health department program. | Procedure/Policy | • Leadership Team to develop procedure  
• Line items will be added to the budget as needed  
• Approval process for expenditures developed  
• Provide procedure to staff  
• Work with Auditor’s office to increase awareness of expectations/requirements of health department | **Start:** February 2015  
**End:** June 2015 | Leadership Team | |
| **Objective 1.3:** By March 31st of each year, an annual financial report of programs from the previous calendar year is prepared and presented to the Board of Health | Financial Report | • Account Clerk prepares documents  
• Staff HDIS is up-to-date  
• Health Commissioner present information to the Board of Health | **Start:** January of each year  
**End:** April of each year | Department Directors  
Account Clerk  
Health Commissioner | |
<table>
<thead>
<tr>
<th>Strategy #2: Diversify income and funding sources</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| **Objective 2.1:** By December 1, 2017, the expiring levy will be on the ballot and approved by Putnam County voters. | Levy renewed | • Work with Auditor’s office to determine appropriate millage to request  
• Obtain approval from the County Commissioners and Board of Health to place levy on the ballot  
• Establish levy committee and appoint treasurer  
• Conduct campaign that will emphasize important public health services provided to the community supported by levy funds | Start: January 2017  
End: December 2017 | Health Commissioner  
Levy Committee | End |
| **Objective 2.2:** Each year of this plan, at least two applications for grant funds will be made to outside funders. | Grant applications made | • Research grant opportunities through multiple databases and funding sites  
• Apply for grants as determined appropriate in relation to CHIP priorities and other available data  
• Determine appropriate author/coordinate of the grant | Start: February 2015  
End: ongoing | Health Educator  
Health Commissioner  
Department Directors | Start |
**Strategic Priority: Resource of Choice**

**Goal:** Provide the services necessary or link residents to public health services in the community

*The health department is the “hub” for public health service delivery in Putnam County. We understand community needs, match our services to those needs, and build and sustain partnerships both within Putnam County and beyond to link people and ensure provision of services when otherwise unavailable. We work with our partners to leverage existing resources and avoid duplication of services. Our agency and our services are visible to our residents. We strategically engage in community events and initiatives; promoting our work in the “right” places and ensuring that public health is represented at the table.*

**Key Measure: Customer service surveys indicate residents’ needs were met**

<table>
<thead>
<tr>
<th>Strategy #1: Increase visibility of health department services</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| **Objective 1.1:** PCHD staff will represent the health department and participate in at least 5 community organizational committees and task forces as applicable. | List of committees/task forces and PCHD representatives | • Requests for participation is cleared by director  
• Attend meetings and participate in group activities as appropriate/approved  
• Reports from meeting/activities provided at staff meetings | Start: April 2015  
End: Ongoing | Department Directors | |
| **Objective 1.2:** By December 31, 2015, a marketing plan will be developed to promote the health department services through newspaper, website, social media, and other avenues as appropriate | Marketing Plan in place | • Brainstorm ideas for marketing the health department in the community  
• Develop plan and receive approval  
• Implement and evaluate | Start: June, 2015  
End: December 2015 | Health Educator  
Health Commissioner  
Department Directors | |
<table>
<thead>
<tr>
<th>Objective 1.3: Each year of the plan, the PCHD will participate in at least 5 community events to promote health department services.</th>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
</table>
| Log of events, evaluations and/or event summary | • When asked to participate in events, the appropriateness of the event to promote PCHD services will be determined:  
  ➢ Will it serve our target population  
  ➢ Is it sponsored by a public health partner  
• Prepare display and materials  
• Order items as needed  
• Participate in the event  
• Take photos  
• Evaluate the event, for example: number of participants, did target population attend, was information provided as intended, etc.  
• Submit a press release about the event and health department participation | Start: Upon approval of Strategic Plan  
End: December 2017 | Department Directors  
Staff |
## Strategy #2: Coordinate public-health service delivery in Putnam County

<table>
<thead>
<tr>
<th>Measure</th>
<th>Action Steps</th>
<th>Timeframe</th>
<th>Lead</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 2.1:</strong> At least every three years, facilitate the Mobilizing for Action through Planning and Partnerships (MAPP) process with public health partners for a comprehensive Community Health Assessment, followed by an updated Community Health Improvement Plan (CHIP)</td>
<td><strong>Action Steps</strong>&lt;br&gt;- Begin planning for completion of MAPP assessments&lt;br&gt;- Conduct MAPP assessments&lt;br&gt;- Update/develop CHIP for next three year cycle</td>
<td><strong>Start:</strong> January 2016&lt;br&gt;<strong>End:</strong> December 2017</td>
<td>Health Commissioner&lt;br&gt;Health Educator&lt;br&gt;Department Directors</td>
<td></td>
</tr>
<tr>
<td>Current MAPP Assessments and CHIP</td>
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<td><strong>Objective 2.2:</strong> By December 31, 2015, develop and maintain a resource manual to referral of clients to appropriate services.</td>
<td><strong>Action Steps</strong>&lt;br&gt;- Clerical staff track information requests that are made by the public&lt;br&gt;- Develop resource manual that includes &quot;most requested information&quot; section&lt;br&gt;- Provide script and training to ensure consistent message to the consumer&lt;br&gt;- Provide resource information to rest of staff&lt;br&gt;- Update manual semi-annually or as new information is available</td>
<td><strong>Start:</strong> March 2015&lt;br&gt;<strong>End:</strong> December 2015</td>
<td>Clerical Staff</td>
<td></td>
</tr>
<tr>
<td>Resource Manual</td>
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<tr>
<td><strong>Objective 2.3:</strong> By December 31, 2016, the PCHD will partner with at least two academic institutions to facilitate public health activities.</td>
<td><strong>Action Steps</strong>&lt;br&gt;- Work with local academic institutions to host student interns for a mutually agreed upon time frame and scope of work.&lt;br&gt;- Establish preceptors for interns&lt;br&gt;- Guide interns with specific public health projects as needed.&lt;br&gt;- Evaluate the academic partnership annually.</td>
<td><strong>Start:</strong> February 2015&lt;br&gt;<strong>End:</strong> ongoing</td>
<td>Leadership Team</td>
<td></td>
</tr>
</tbody>
</table>