



Public Health
Prevent. Promote. Protect.

Greene County

STRATEGIC PLAN 2024-2026

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.

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Greene County Public Health Strategic Plan 2024-2026

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Greene County Public Health Strategic Plan 2024-2026

Message from the Health Commissioner

Dear Greene County Residents,

I am pleased to present the Strategic Plan for Greene County Public Health for 2024-2026. As we exit our COVID-19 pandemic response, we turn our attention to the future, where we will integrate lessons learned, plan for potential public health threats on the horizon and continue to invest in our workforce. Through our efforts, we will find ways to grow, become a stronger organization, and enhance the public health infrastructure that makes us a leader in local public health.

Through our systematic strategic planning process, we have developed a Strategic Plan that we believe is both 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 survey, community/stakeholder surveys and current trends in public health.

Over the next three years, our implementation of the plan intentionally uses health promotion and prevention strategies to reduce health inequity, elevate awareness of maternal, child and infant health needs, builds capacity in our information technology infrastructure, invests in the development, communication and succession needs of the workforce thereby reinforcing Greene County as a great place to be 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



Greene County Public Health Strategic Plan 2024-2026

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 2024 - 2026. The planning process helped to clarify our mission and vision and build consensus among participants for what will need to be accomplished. During this process, the health district chose to align our strategic process, and subsequently, the development of our priorities, with the Foundational Public Health Services framework. The Foundational Public Health Services (FPHS) framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community.

For context, beginning in spring 2013, the Public Health Leadership Forum, funded by the Robert Wood Johnson Foundation and facilitated by RESOLVE, convened to explore a recommendation from the Institute of Medicine report, *For the Public's Health: Investing in a Healthier Future*, to create a “minimum package of services;” in other words, the suite of skills, programs, and activities that must be available in state and local health departments everywhere for the health system to work anywhere, and for which costs could be estimated. The health district has been integrating the framework systematically over the past decade and will be intentional in our identification and alignment of the strategic priorities with the framework as outlined in the strategic plan.

The infrastructure needed to fulfill these responsibilities works to provide fair and just opportunities for all to be healthy and includes eight **Foundational Capabilities**: 1) Assessment & Surveillance, 2) Community Partnership Development, 3) Equity, 4) Organizational Competencies, 5) Policy Development & Support, 6) Accountability & Performance Management, 7) Emergency Preparedness & Response, and 8) Communications and five **Foundational Areas**: 1) Communicable Disease Control, 2) Chronic Disease & Injury Prevention, 3) Environmental Public Health, 4) Maternal, Child, & Family Health, 5) Access to & Linkage with Clinical Care.

The Strategic Plan is the comprehensive tool that the organization will use to set priorities and plan resource use. The Strategic Plan has *five strategic priorities* defined from input received through a series of surveys of stakeholders. The five strategic priorities are denoted by italicized and numbered text and are positioned under the appropriate foundational capability or area as defined by the FPHS framework. We will also be including foundational priorities that are representative of both capabilities and areas. Please see the *five strategic priorities* for organizational performance below, as well as our additional foundational priorities.

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Foundational Priorities (Capabilities)

Assessment & Surveillance

- Enhance capacity and capability to access, analyze, and leverage data to drive, inform, evaluate, and promote health, improve our work, and inform the community at all levels by 2026.

Emergency Preparedness & Response

- Improve capability to predict, prevent, prepare for, respond to, and recover from public health emergencies, disasters, and emerging public health threats in accordance with the 15 public health emergency preparedness response capabilities by 2026.

Community Partnership Development

- Continue to effectively create, convene, support, and sustain strategic, non-program specific relationships with key community stakeholders; by establishing and maintaining trust and authentically engaging all community members by 2026.

Organizational Competencies

1. Workforce Development

- a. Advancing the knowledge, skills, and abilities of the public health workforce to ensure all decisions are based on data-driven best practices by 2026.
- b. Expand current support of employee recognition, communication among team members, and team building by 2026.

2. Information Technology

- a. Foster an organizational IT environment that is flexible and adaptable to emerging threats to ensure public health readiness by 2026. By implementing innovative strategies and workforce education.

Communications

3. Communication

- a. Continue to develop and implement risk and proactive health communication in a timely and accurate manner. To reduce misconceptions and misinformation and ensure communication is accessible to all audiences by 2026.

Health Equity

4. Health Literacy

- a. Work collaboratively across the department and community to enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others by 2026.

Policy Development & Support

- Utilizing evidence-based strategies to inform changes in policy, law, regulation, recommendations, and administrative actions by 2026.

Accountability & Performance Management

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- Strengthen our organizational culture of continuous quality improvement, through the utilization of quality improvement tools and methods by 2026.
- Maintain a performance management system to monitor the achievement of organizational objectives, identifying, and using evidence-based or promising practices by 2026.

Foundational Priorities (Areas)

Communicable Disease Control

- Continue working actively with local partners and providers to enhance education, testing, and treatment availability for HIV, Hep C, and TB in Greene County by 2026.

Maternal, Child, & Family Health

5. Maternal Child Health

- a. Identify, educate, and promote health and development for Greene County children during prenatal to age three by 2026.

Chronic Disease & Injury Prevention

- Expand education and resources for residents that are disproportionately affected by food insecurity and tobacco. By implementing policies that will aid in the decrease of obesity and vaping rates of Greene County residents by 2026.
- Increase and enhance injury prevention programming to improve equity for all Greene County residents, by expanding sustainability of supplies and services needed to ensure safety amongst all residents by 2026.

Environmental Public Health

- Decreasing our environmental impact from mosquito control pesticides. By decreasing the use of non-organic insecticides and focusing on preventative larvicide applications by 2026.
- Increasing awareness and testing of arsenic in private water supplies. By developing and implementing education and testing by 2026.

Access to & Linkage with Clinical Care

- Expand and foster partnerships both internally and externally to increase knowledge and education of programs. Grow referrals of clients to programs by 2026.

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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 2024-2026. This plan will be updated annually to reflect progress towards goals.

“...A strategic plan defines and determines the health department’s roles, priorities, and direction over a set period of time. The strategic plan provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it, and how it will know whether efforts are successful. The strategic plan takes into account leveraging its strengths, including the collective capacity and capability of its units towards addressing weaknesses and challenges. The strategic plan outlines the health department’s contributions towards improving health outcomes outlined in the state/Tribal/community health improvement plan. The performance management system can be used to ensure the health department is on track with meeting the expectations in the strategic plan and quality improvement tools can help the health department meet its objectives.”

- *PHAB Standards and Measures for Reaccreditation Version 2022 (Domain 10: Build and maintain a strong organizational infrastructure for public health)*

Public Health Reaccreditation Standard 10.1 requires the health district to develop and implement an organizational strategic plan. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and 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 trusted and recognized leader in public health emergencies, an advocate for individuals to find, understand, and use information and services to inform their health-related decisions, and a provider of programs and services that uphold standards of public health practice.

Mission Statement

Our mission is to prevent and control communicable diseases, promote the health and wellness of all Greene County residents, 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 – We strive to provide exceptional service with professionalism and respect for all.*
- *Collaboration – We develop, nurture, and leverage key community partnerships.*
- *Quality – We utilize evidence-based best practices and performance management to maintain and improve program efficiency and effectiveness.*

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Strategic Plan Responsibility

The Board of Health has a 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.

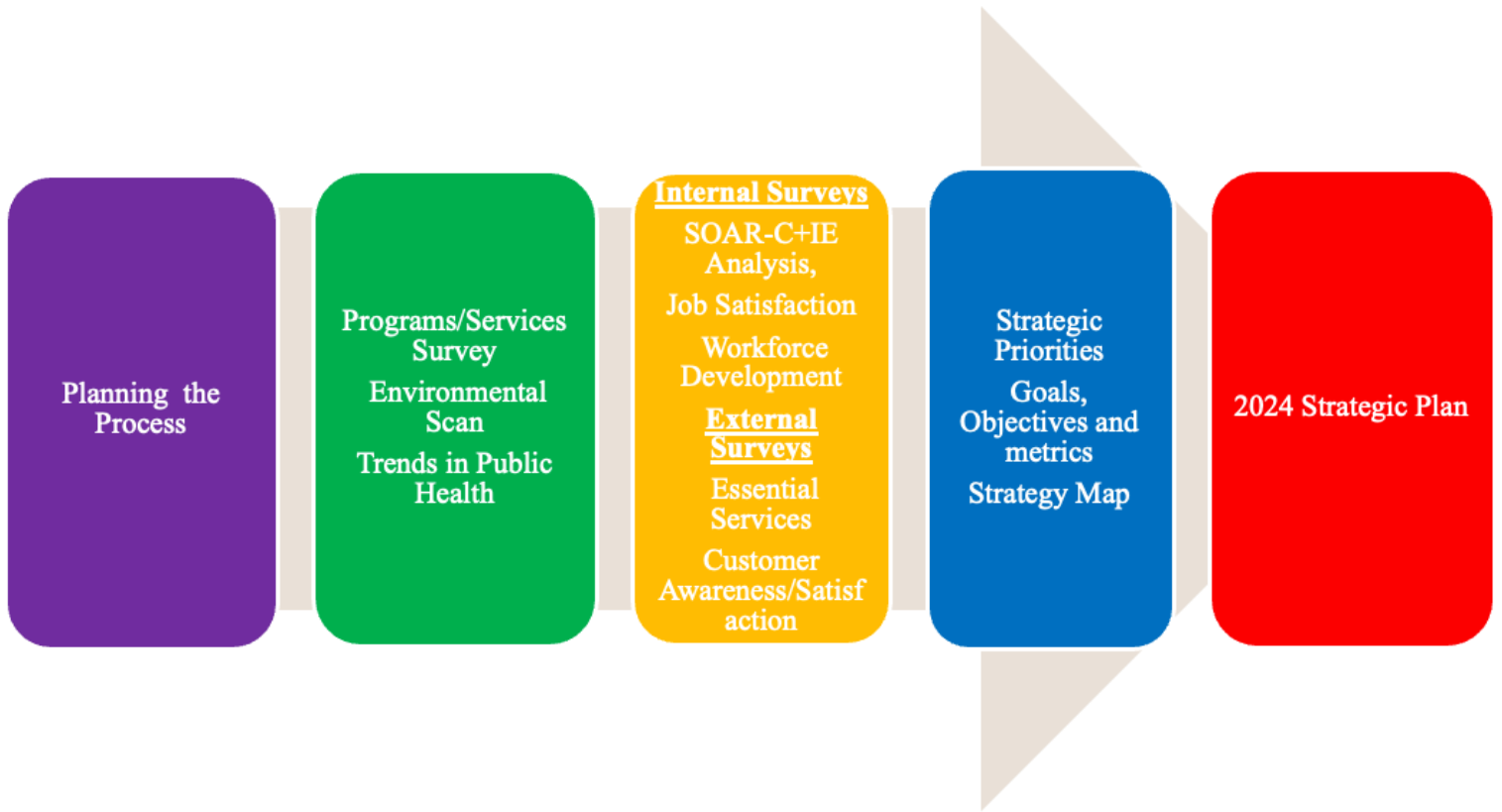
Strategic Planning Process Overview

The strategic planning process occurred from October – November 2023. A Strategic Planning Committee was formed to include representatives from Administration, Community Health Services, Environmental Health Services, Planning Promotion Preparedness, and the Board of Health. Data and feedback were collected and analyzed by the committee that then collaborated to identify 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+IE (strengths, opportunities, aspirations, results, challenges, Inclusion & Equity). External surveys were conducted for the ten essential public health services, community awareness and customer satisfaction. Additionally, a review and analysis of external trends, issues, and laws was conducted for consideration during the planning process.

The accreditation coordinators reviewed the data from all the assessments and created a synthesized summary document that was provided to all members of the strategic planning committee. The committee utilized a hybrid process mapping exercise in which each member of the committee was asked to identify up to three (3) themes that stood out to each member and then grouped into overall themes based upon the entire committee. The committee then ranked the themes, the highest-ranking themes being the ones with the most consensus. At the conclusion of this process the highest-ranking themes became the strategic priorities that were incorporated into the Strategic Plan. To define the agency priorities strategic planning committee members formed workgroups where goal statements were crafted in alignment with the FPHS framework to reflect our “desired state” at the end of our planning cycle for both strategic priorities and foundational priorities (capabilities and areas). Survey results were provided to the committee and strategic priorities were scored and selected by the committee. The Deputy Health Commissioner wrote the plan, Accreditation Coordinators developed a presentation for the plan, and both worked collaboratively to develop associated tools to help communicate the plan.

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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.



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Phase 1-Laying the groundwork:

Employees from all areas of the agency were identified and invited to form a strategic planning committee. The Deputy Health Commissioner was responsible for writing the plan, and an Accreditation Coordinator would facilitate the process, and 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 as a reference tool.

Phase 2 – Defining who we are: The agency went through a process of evaluating and updating Mission, Vision and Values statements. Employees and the Board of health were asked a series of questions via the SOAR-C+IE 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 Foundational Public Health Services framework. 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 10/03/23. 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 10/16/23 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:

Priorities will be implemented by employees across the department. Goals, objectives, and metrics will be tracked using the performance management system, Clear Impact. Clear Impact is a system that uses results-based accountability and turns the curve thinking to track the progress of strategies and outcomes. Clear Impact is an Ohio Department of Health sponsored system, available to all local public health departments to support implementation of performance management systems.

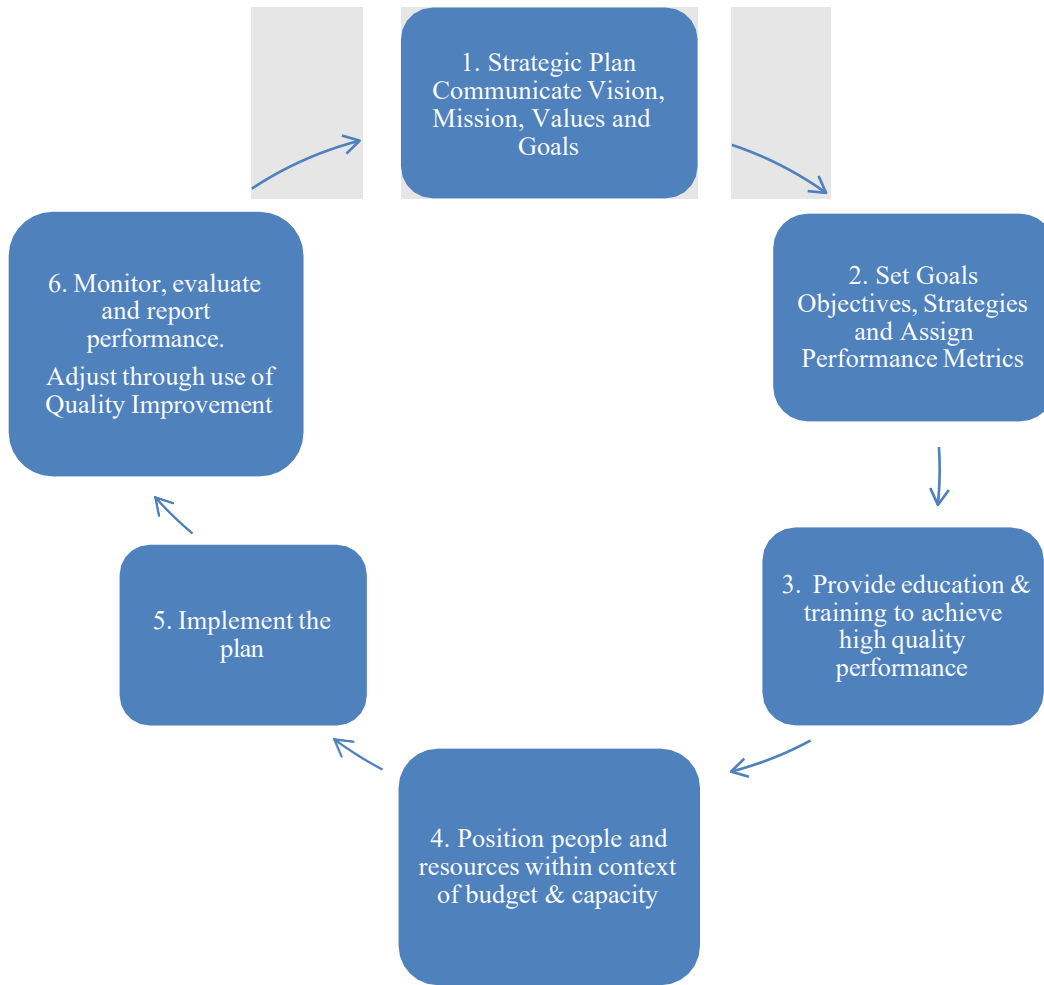
Phase 7- Monitoring and Revising: On a quarterly basis, the Quality Improvement (QI) Council will evaluate progress towards goals by monitoring the key measures in Clear Impact. Measures that are underperforming will be investigated by the QI Council and recommendations will be forwarded to the Coordination Team for consideration of implementation of quality improvement strategies. The Accreditation Coordinator will update the performance management key measure dashboard.

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.

Semi-annually the Health Commissioner will provide a summary report on progress exported from the Clear Impact performance management software to the Board of Health's Planning & Finance 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 10.1.1. The full cycle for the strategic plan is:

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Assessment Results and Findings

Strengths, Opportunities, Aspirations, Results and Challenges + Inclusion and Equity Assessment

During the planning phase of the process, there was consensus to use a SOAR-C+IE analysis to determine our future aspirations and the health benefits to be gained by the community. 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, inclusion, and equity were included in the analysis. All employees had the opportunity to participate.

The most frequently cited strength of the organization was the dedicated workforce followed by community focus and inclusion. Education, data and research, and collaboration were areas of opportunities. The results that matter to the organization are improved health outcomes, prepared and knowledgeable employees, and expansion of services.

There were fifty-three (53) respondents and here are the summarized results:

Strengths	S	Opportunities	O	Aspirations	A	Results	R
Dedicated		Education		Public programming, services, and education		Improved health outcomes	
Community		Data & Research		Workforce Development		Prepared and knowledgeable employees	
Inclusion		Collaboration		Access to Care: closing gaps and public access to programs		Expansion of services	

Internal Challenges	C	External Challenges	C	Internal Inclusion & Equity		External Inclusion & Equity	
Retention		Funding		Training		Financial insecurity	
Communication		Public Mistrust		Diversity in employees		Access to Care	
Financial Compensation		Emerging public health threats		Intercommunication		Political Climate	

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External Trends, Events and Factors in Public Health

2023 Community Health Assessment		Forces of Change		2023 CHIP Priorities	Local Public Health System Assessment Opportunities
Barriers to care: Percent of adults reporting “difficult to find/no transportation” as a top reason for not accessing medical care in the past year. (2023 CHA)	Adult cholesterol: Percent of adults who have ever been diagnosed with high blood cholesterol (2023 CHA)	COVID-19	Increase in cost of health insurance.	Access to Care <i>(Promote and maintain transportation options; School dental programs- lead)</i>	Enhance technology methods to display data on the public’s health.
Youth dental visit: Visited a dentist in the past year. (2017-2018 Greene County OHYES!)	Youth current electronic vapor product use: Percent of youth who used an electronic vapor product at least once in the past month (2017-2018 Greene County OHYES!)	Increasing obesity rates	Political climate	Health Behaviors <i>(Multi-component obesity prevention interventions – Lead; Retail tobacco licensing program – Lead)</i>	Enhance communication of public health issues
Adult physical inactivity: Percent of adults reporting they did not participate in any physical activity in the past week (2023 CHA)	Adult suicide deaths: Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population (ODH Public Health Data Warehouse)	Increasing sedentary lifestyle	Mental Health & Addiction	Mental Health & Addiction <i>(Crisis line; School-based social/emotional instruction; Naloxone education/distribution- Lead)</i>	Increase community partnerships to improve community health.
Adult obesity: Percent of adults considered obese according to BMI (2023 CHA)	Youth suicide deaths: Number of deaths due to suicide for youth, ages 8-17, per 100,000 population (ODH Public Health Data Warehouse)	Food benefits reduced for low-income families.	Marijuana legislation	Maternal and Infant Health <i>(multi-component infant mortality prevention interventions - Lead)</i>	Participate in organization planning to assure a competent public health workforce.
Adult cholesterol: Percent of adults who have ever been diagnosed with high blood cholesterol (2023 CHA)	Unintentional drug overdose deaths: Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted) (ODH Public Health Data Warehouse)	Increasing in newborns requiring special care for complex developmental and medical conditions	Increasing vaping rates	<i>*CHIP Sustainability</i>	Increase research for new insights and innovation solutions for health problems.
	Infant mortality: Number of deaths for infants under age 1, per 1,000 live births (ODH Public Health Data Warehouse)	Aging population	Increase in awareness of ACEs		Evaluate effectiveness, accessibility, and quality of personal health services.
		Unemployment	Climate change		
		Increased need to provide daily reliable transportation to workplace.	Safety		
		Inflation	Excess use of screen time		
		Increase in the cost of living/food	Technology		
		Poverty			
		Lack of affordable housing near places of employment			

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Job Satisfaction

There were no significant changes in the overall score for job satisfaction of employees between the 2018 and 2021 surveys. Nature of work, co-workers, supervisors, and flexibility scores increased. This could be attributed to increased flexibility and teleworking options that became implemented during COVID-19. Pay, benefits, and communication have consistently been identified as areas for improvement. Numerous methods of communication are incorporated into daily operations however, some employees may not review the information. Two focus groups were hosted internally to gain a better understanding of why individuals were dissatisfied with pay, benefits, and communication. Eleven employees participated. There were fifty-one (51) respondents to the survey.

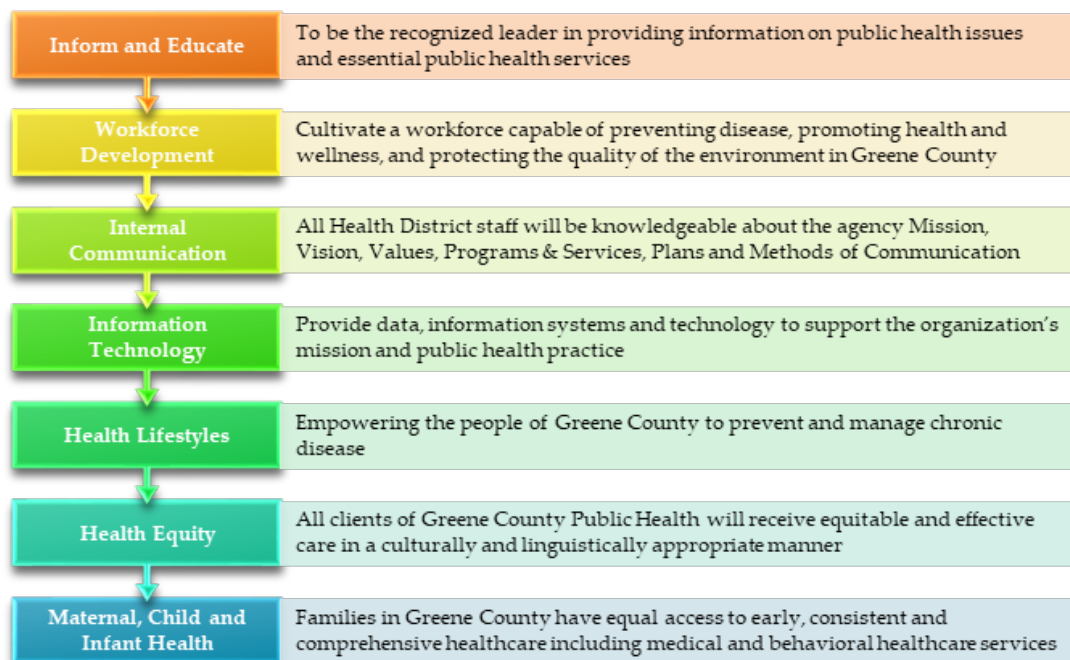
Strategic Plan Link to the CHIP

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 several of the strategies under the following priority areas: access to care, health behaviors, mental health and addiction, and maternal and infant health. The plan is in alignment with state and national goals and meets the PHAB standards by including two policy strategies.

Our agency serves in support roles for substance abuse/mental health and transportation. 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. The quality improvement council will meet bi-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, efficiency, effectiveness, accountability, and outcomes.

Summary

Our strategic planning efforts began in the Fall of 2023. Our process was outlined, and several surveys were carried out to gain a complete picture of the organization. Goals, performance indicators, objectives and activities will be developed and implemented over the next three years. The plan will be implemented by employees and our community partners. A process to monitor the plan was developed and a plan to communicate our strategies internally and externally was developed. Finally, progress is reported to leadership and stakeholders throughout the 2024-2026 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:

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William Beeman
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Dave Rasper, Plumbing Inspector
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Shernaz Reporter, Health Educator
Tara Robertson, Service Coordinator
Alayna Romer, Health Educator
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Sheryl Wynn, Planning Promotion and Preparedness Director*
*Strategic Planning Committee Member

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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 2024-2026 Version 1.0 was adopted on January xx, 2024.

President, Greene County Board of Health

Revisions/Updates

Revision #	Summary of updates/changes	Date	Name
1.0	Original Plan	12/07/2023	M. Howell

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