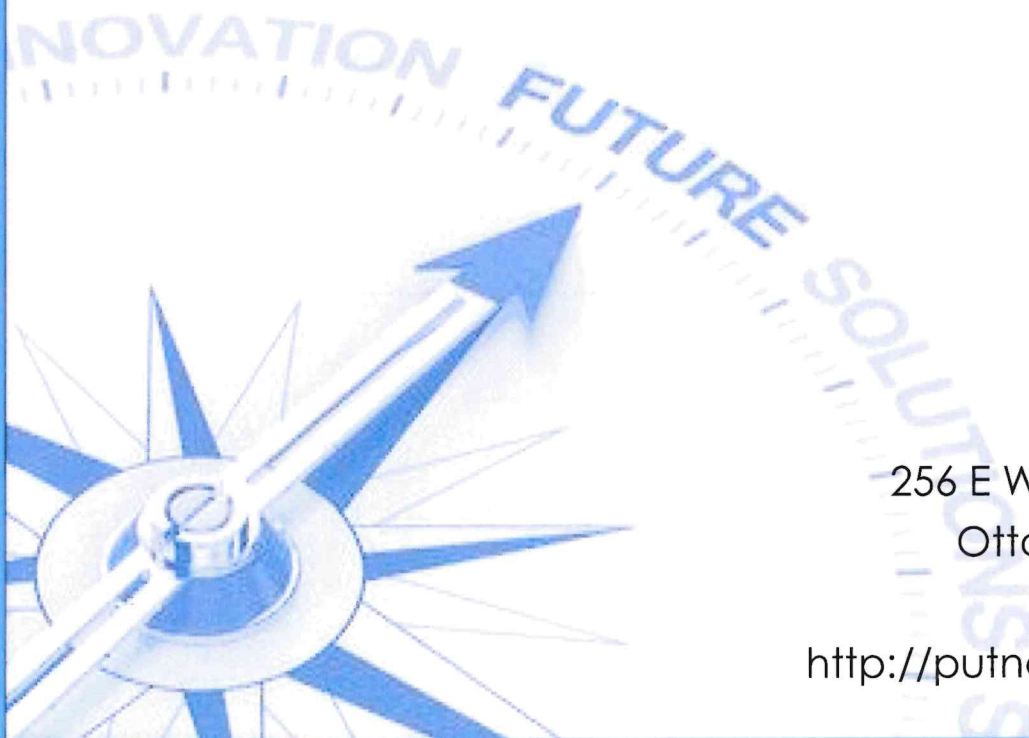


# 2025-2027 STRATEGIC PLAN

*Transforming for the Future*



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<http://putnamhealth.com>

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## Executive Summary and Board Adoption

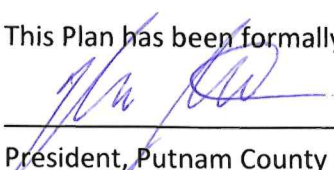
Putnam County Health Department's 2025-2027 Strategic Plan outlines for staff, local residents, elected officials, and partnering agencies and organizations how it is building for the future and strengthening its delivery of foundational public health services to have a greater impact on the health, safety, and well-being of Putnam County residents.

Using the Pillars of Excellence framework, this Strategic Plan outlines our goals, objectives, and actions in six strategic areas – Workforce, Service, Quality, Growth, Finance, and Building - as we strive for alignment, action, and accountability across policies, processes, and programs at Putnam County Health Department. Over the next three years, we intend to:

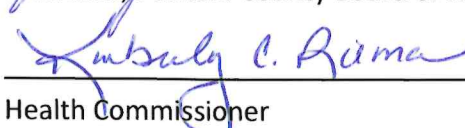
- Attract and retain a qualified, energetic, and engaged workforce (WORKFORCE);
- Provide timely and accurate public health information, data, and programs in a dependable manner (SERVICE);
- Provide effective, efficient, and equitable community-centered public health services (QUALITY);
- Collaborate with others to reduce health inequities and make services, education, and health environments accessible to all (GROWTH);
- Maintain adequate and diversified funding sources to support public health services (FINANCE); and
- Be in an accessible facility that meets current and future needs of both the public and staff (BUILDING).

In addition to giving input during the strategic planning process, the Putnam County Board of Health reviewed the proposed strategic priorities, goals, objectives, strategies, and performance measures. The Strategic Plan also details how the agency will monitor and measure progress toward these goals and objectives and maintain national accreditation.

This Plan has been formally adopted by the Putnam County Board of Health:

  
\_\_\_\_\_  
President, Putnam County Board of Health

12/11/24  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Health Commissioner

12/11/24  
\_\_\_\_\_  
Date

Questions about this plan can be directed to:

Kim Rieman, RN, MPH, CHES, Health Commissioner

[kim.rieman@putnamhealth.com](mailto:kim.rieman@putnamhealth.com)

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## Who is the Putnam County Health Department?

In response to the deadly 1918 Spanish flu pandemic, the Ohio legislature passed the Hughes-Griswold Act in 1919, dividing the entire state into health districts, each governed by a local Board of Health. This resulted in the creation of the Putnam County General Health District in 1920, more commonly called the Putnam County Health Department.

The Putnam County Health Department is governed by a five-member Board of Health. Its members are appointed to rotating five-year terms by the Putnam County Health District Advisory Council. The Health Commissioner serves as the Chief Executive Officer of the agency and is responsible for directing daily operations, developing programs that help the community stay healthy, directing financial planning to assure its sustainability and ability to deliver public health services, and managing its human resources. A Medical Director provides medical guidance.

Putnam County Health Department's public health professionals are organized into four divisions:

- Administrative Support and Vital Statistics: Individuals in this division include our Receptionists, Administrative Assistant, and Billing Specialist who assist clients in need of Birth and Death Certificates, scheduling clients for services, billing for services, coordinating with staff and the public and contractors to deliver timely services, and connecting individuals to Health Department personnel. In addition, the staff in this division are all trained in No Wrong Door to ensure that we can link our residents to needed community services.
- Environmental Health: Responsible for education, investigation, and enforcement of state and local environmental health laws regulating food safety, public campgrounds, swimming pools, tattoo parlors, public nuisances, rabies control, private water systems and household sewage treatment systems. These services are provided by Registered Environmental Health Specialists, Specialists-In-Training, and an Environmental Health Technician, who serve as public health educators when addressing water testing, animal bite investigations, vector control activities, mold analysis, and radon gas discussions as well as other environmental health topics.
- Health Promotion: This newly-formed division is responsible for conducting community health assessments and developing and implementing collaborative plans for improving the health of Putnam County residents with many local agencies and partners. In addition, this division comprised of Health Educators, a Community Health Worker, and a contracted Epidemiologist provide education to our community members, link individuals with needed health services, and study social and health conditions in our community.
- Personal Health Services: Responsible for providing services that focus on communicable disease control, chronic disease and injury prevention (through immunizations and car seat safety programs), case management services for children with serious medical conditions



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Putnam County Health Department

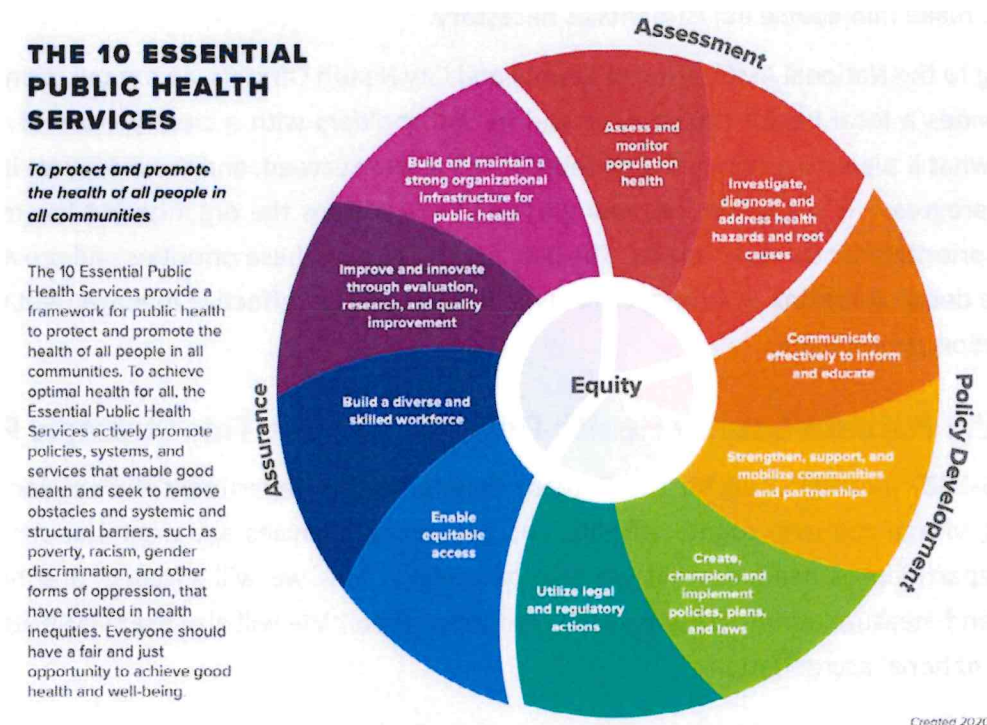
(i.e., the CMH program), and other aspects of public health nursing (e.g., TB testing, head lice checks, outreach health clinics). In addition to the services highlighted above, our Registered Nurses provide vision screenings for Putnam County Schools.

## What is National Public Health Accreditation<sup>i</sup>?

Public health accreditation assesses a health department's capacity to carry out the 10 Essential Public Health Services; manage an effective health department; and maintain strong and effective communications with its Board of Health. The Public Health Accreditation Board (PHAB) is the national accrediting body for Tribal, state, local, and territorial public health departments.

## What are the 10 Essential Public Health Services<sup>ii</sup>?

Created by the national Core Public Health Functions Steering Committee in 1994 and updated in 2020, the 10 Essential Public Health Services describe the public health activities that all communities should undertake to protect and promote the health of all people:



1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health

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Putnam County Health Department**

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5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

### **What is Strategic Planning?**

Strategic planning is a disciplined process for defining and determining an organization's roles, priorities, and direction over a specific time period. This process proactively focuses the entire organization's attention on its long-term goals and the steps and resources that will be necessary to achieve them. Strategic planning also allows the organization to measure its progress toward the goals and make mid-course adjustments as necessary.

According to the National Association of County and City Health Officials, an organizational strategic plan provides a local health department and its stakeholders with a clear picture of where it is headed, what it plans to achieve, the methods it will use to succeed, and the measures it will use to monitor progress. It is a leadership tool grounded in decisions the organization has made about strategic priorities for the near future. The plan communicates these priorities and provides a basis for future decision-making. A strategic plan is so fundamental to effective management that it is an accreditation prerequisite.

### **How Will Putnam County Health Department Use This Strategic Plan?**

The 2025-2027 Strategic Plan for the Putnam County Health Department defines for staff, local residents, village councils, county officials, and partnering agencies and organizations where our health department is headed, what we plan to achieve, how we will succeed, and how we will monitor and measure our progress over the next three years. We will also use this Strategic Plan to maintain national accreditation.

### **What is the Foundation of the 2025-2027 Strategic Plan?**

A health department strategic plan is built upon the foundation of a community health assessment (CHA) and a community health improvement plan (CHIP), as illustrated by this graphic adapted from MarMason Consulting, LLC, 2012.



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The Putnam County Health Department has been, and continues to be, the lead agency for conducting a health assessment of the community. The Partners for a Healthy Putnam County (“Partners”) is the group of organizations that work together toward the vision of “promoting active and healthy lifestyles to enhance the quality of life in Putnam County.” Partner members include representatives from a variety of agencies, organizations, and businesses, as well as interested members of the community. In mid-2021, the Partners met to review progress toward the previous Community Health Improvement Plan (CHIP), review available data, and embark on conducting the next community health assessment (CHA) in Putnam County using the MAPP (Mobilizing for Action Through Planning and Partnerships) framework developed by the National Association of County and City Health Officials.

The **Putnam County Community Health Assessment (CHA)** [2021-Putnam-County-Community-Health-Assessment-Final-1.pdf \(putnamhealth.com\)](#) was issued in May 2022. Five health priorities were identified: 1) Access to Health Care; 2) Alcohol and Substance Abuse; 3) Changing Demographics of the county population, social determinants, and county-specific barriers; 4) Mental Health; and 5) Obesity and Healthy Lifestyle Choices.

The 2023-2025 **Putnam County Community Health Improvement Plan (CHIP)** was released in December 2022; a copy can be found at [2023-2025-Putnam-County-Community-Health-Improvement-Plan-2.6.2023.pdf \(putnamhealth.com\)](#). The Partners narrowed their focus by 1) recognizing that access to health care and resources overarches all priorities and should thus be included throughout the CHIP, and 2) identifying that alcohol and substance abuse should be included in the mental health priority for this CHIP cycle. Through collaborative prioritization discussions, three strategic priorities during the Community Health Improvement Planning (CHIP) process were undertaken in 2022. These priorities are illustrated on the following page.





Figure 1: Icon credits (top to bottom): Vecteezy.com; Icons by ekay.dsgn; Freepik.com

Putnam County Health Department leads community health improvement actions within the Healthy Behaviors priority, while playing a support role to other community agencies and organizations leading the Mental Health and Addiction and Community Conditions priority areas. Within the Healthy Behaviors priority, actions focus on achieving the outcomes of 1) decreasing obesity by increasing the consumption of fruits and vegetables, 2) decreasing obesity by identifying and promoting opportunities for physical activity, and 3) decreasing falls among seniors by promoting activity among those age 65 and older. The Health Department was awarded a five-year *Creating Healthy Communities* grant by the Ohio Department of Health, effective October 1, 2024, to support their efforts to address these Healthy Behaviors priorities.

### The Strategic Planning Process

Putnam County Health Department used an Appreciative Inquiry approach to strategic planning, as it has for the past two strategic plans. Appreciative Inquiry (AI) is a collaborative, strengths-based approach to change in organizations. The phases of the planning process and the timelines for each are illustrated below.

## STRATEGIC PLANNING THROUGH APPRECIATIVE INQUIRY: PHASES AND TIMELINE



**2025-2027 Strategic Plan  
Putnam County Health Department**

**PHASE  
ONE:  
DEVELOP  
May 2024**

The **DEVELOP** phase focuses on these questions:

- What is the desired outcome of our strategic planning process?
- What planning approach and processes will we use to create our next strategic plan?
- What is the timeline for our strategic planning process?

The Putnam County Board of Health contracted with the Public Health Services Council of Ohio (PHSCO) to facilitate a strategic planning process that would yield an aspirational and ambitious strategic plan for 2025-2027. Anne Goon, MS, RD, LD, PHSCO Executive Director, facilitated the planning process, which was completed incrementally between May and December 2024. She worked closely with the agency's Strategic Plan Steering Committee, which initially consisted of Kim Rieman, Health Commissioner; Sherri Recker, Director of Nursing; Dawn Schmenk, Public Health Nurse; Angela Recker, Emergency Preparedness Coordinator; Jodie Lammers, Fiscal/Grant and HR Specialist; Beth Skulina, Registered Environmental Health Specialist; and Abigail Greve, Environmental Health Administrative Assistant. New staff members David Amormino, Director of Environmental Health; Andrew Burwell, Creating Healthy Communities Health Educator; and Stacy Meyer, Receptionist, joined midway through the planning process. They met together regularly (every month except September) to work through each phase of the planning process and to create this document. Health Department staff, management, and Board of Health members all participated in the strategic planning process through anonymous online surveys and an on-site planning session. Input was also sought from community members and partners through two separate anonymous online surveys.

**PHASE  
TWO:  
DISCOVER  
May-June 2024**

The **DISCOVER** phase considers the following questions:

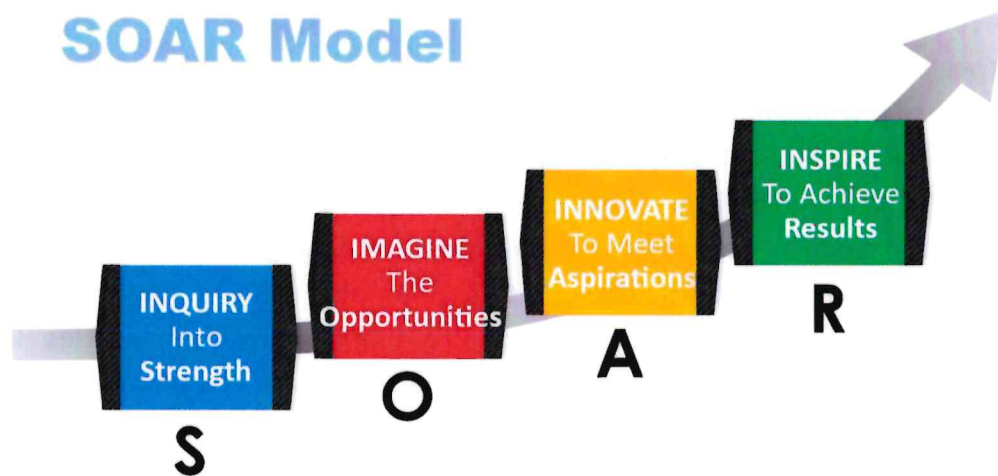
- Where are we now?
- What are our strengths, opportunities, aspirations, and results from the perspectives of our staff, Board of Health members, and community members and partners?
- What are the weaknesses and threats that may stand in the way of us achieving our aspirations?
- What external trends, events, or other factors may impact the health of our residents or Putnam County Health Department?
- What do high-achieving health departments of the 21<sup>st</sup> century look like? What will they be doing differently than what they're currently doing?



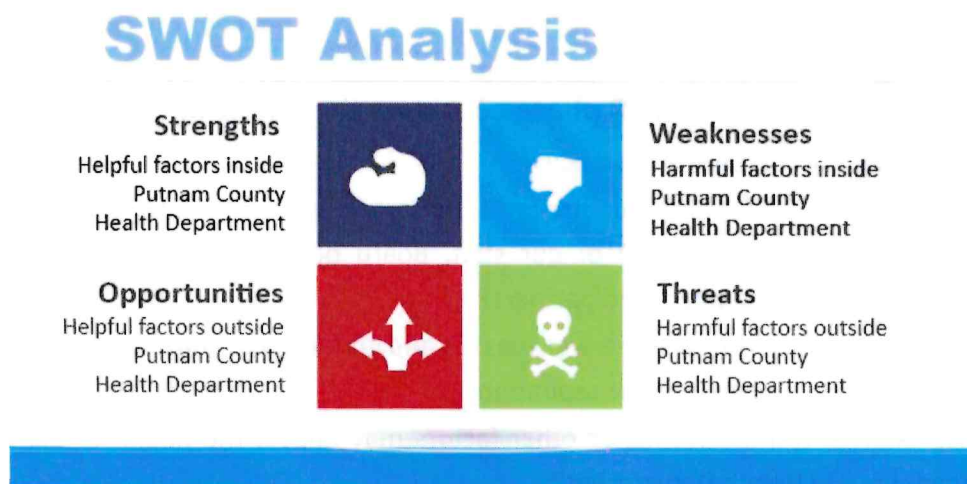
## DISCOVER, Step 1: Seeking the Input of Staff and Board of Health Members

SWOT and SOAR analyses are commonly used during strategic planning to identify factors that may affect an organization's performance or growth. A combined SWOT/SOAR analysis was completed during this strategic planning process.

- Appreciative Inquiry (AI) is a strengths-based approach that utilizes the SOAR framework (illustrated below). This framework focuses on an organization's greatest strengths and best opportunities, its preferred future (Aspirations), and the measurable goals (Results) it wants to achieve.



- A SWOT analysis (illustrated by the graphic below) identifies an organization's internal strengths and weaknesses, as well as external threats and opportunities.







Using a mixed methods approach (i.e., an anonymous online survey conducted May 13-29, 2024, and an in-person activity with staff on June 6, 2024), all staff, management, and Board members were invited to 1) Identify the Health Department's internal Strengths and Weaknesses and external Opportunities and Threats (i.e., SWOT analysis); and 2) Share what they thought the Health







Department's Aspirations should be and how progress toward the desired Results could be measured (components of a SOAR analysis).

Significant staff, management, and Board input was received via both methods, yielding a wealth of stakeholder feedback from all levels of the Health Department. The results of the SWOT analysis are summarized on pages 10-12, while SOAR-related Aspirations and Results responses were used in the DREAM phase of the planning process and are summarized on pages 20-21.

## SWOT Analysis

Strengths	
	❖ Knowledgeable and dedicated staff
	❖ Staff flexibility and willingness to help (each other and the public)
	❖ Staff commitment to providing excellent service to the community (timely, friendly, and informative)
	❖ Flexible work schedule (supports good worklife balance and accommodating family needs)
	❖ Staff understanding of community needs
	❖ Strong network with other community organizations
	❖ Staff resourcefulness and pursuit of improved processes
	❖ Ability to secure funding and ensure program continuity
	❖ Management and Board supportive of training, roles, improvements

## SWOT Analysis

Weaknesses	
	❖ Building's location, layout, and design
	❖ Still recovering emotionally from the pandemic
	❖ HR issues & challenges
	❖ Lack of Spanish-speaking staff, interpreters/translators
	❖ Lack of advancement opportunities
	❖ Low pay vs. actual cost of living
	❖ Abrasive treatment of contractors
	❖ Discomfort dealing with conflicts/difficult or confrontational situations
	❖ Reactive, inconsistent, or delayed decision-making
	❖ Fragmented work environment (lack of coordinated provision of resources to the public; lack of training; unclear assignment of duties/expectations)
	❖ CHA/CHIP focus
	❖ Reliance on grant funding
	❖ Provision of poor or incorrect services

## SWOT Analysis

### Opportunities

- ❖ Provide training and education- e.g., Medical-focused Spanish lessons; Disability awareness training (Windmills program); OEHA trainings.
- ❖ Increase collaborations and partnerships with 1) Schools to provide health education, intro to public health as career path; 2) The Hub for community health worker services; 3) Other agencies to expand availability of comprehensive services to underserved residents; & 4) Other LHDs, agencies to share services and/or staff (e.g., PIO, health planning).
- ❖ Secure additional outside grants to support public awareness campaigns and expand mental health services.
- ❖ Improve community engagement and visibility within the community- e.g., Participate in local charitable initiatives to increase PCHD's image and awareness of PCHD services.
- ❖ Relocate services to areas where other social service agencies are located; Host educational workshops.
- ❖ Embrace new & utilize existing technologies to improve efficiency (e.g., AI)

## SWOT Analysis

### Opportunities

- ❖ Increase interactions with village councils, township trustees, all areas of county to disseminate accurate info about PCHD services.
- ❖ Increase presence in underserved areas by relocating some services closer to low-income populations and conducting regular workshops.
- ❖ Contract for Spanish interpretation/translation services.
- ❖ Utilize ODH/Stephanie Youst, LinkedIn, other avenues to fill EH Director position (to coordinate and modernize EH practices).
- ❖ Modernize work policies to attract younger workforce, address changing work trends.
- ❖ Establish mentor/mentee partnerships within department (or with other departments) to foster professional growth.
- ❖ Allocate additional time and resources to expand community outreach.
- ❖ Staff bonding/support between coworkers



## SWOT Analysis

### Opportunities

- ❖ Regular communications with twp trustees, mayors (via newsletter, mailing, emails??)
- ❖ Change job descriptions to create greater flexibility to allow staff to add/delete jobs if they're passionate about something
- ❖ Increase portion of health insurance premium covered by Board as a way to increase take-home pay or provide value
- ❖ Increase [internal and external] communication of services

## SWOT Analysis

### Threats

- ❖ Lack of understanding and misinformation in the public about the agency's work and programs
- ❖ Public opinion; General public distrust of public health; Hesitancy to accept public health recommendations
- ❖ Loss of levy or grant funding; Decreased grant funds for failing septic systems
- ❖ Shortage of qualified individuals (REHSs, RNs, etc.) and competition with private sector for staff
- ❖ Balance between "Work From Home" flexibility and staff/team cohesiveness
- ❖ Handling of natural disasters
- ❖ Political environment

### DISCOVER, Step 2: Seeking the Input of Community Partners and Residents

Similar methodology was used to solicit the perceptions and experiences of Putnam County Health Department's community partners and local residents. Two surveys- one geared toward community members, the other geared toward community partners- were conducted June 10-21, 2024. Partners for a Healthy Putnam County, school superintendents, trustees, mayors, and community



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members were invited to complete the anonymous online surveys via Facebook, Instagram, and the PCHD website. They were asked to identify 1) Health Department services that they are familiar with and/or have personally received; 2) Agency Strengths, Weaknesses, Opportunities, and Threats; and 3) Share what additional services the Health Department should offer. Thirty-nine (39) partners and 60 community members responded. The results were reviewed both separately and together. The combined summary is below.

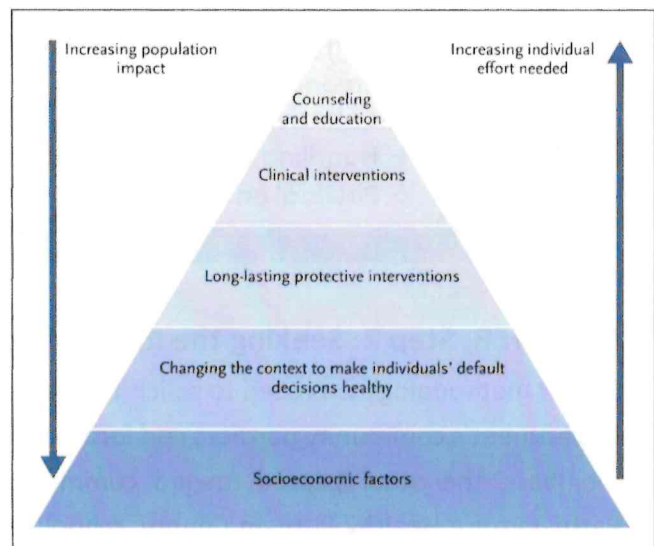
## Summary of Environmental Scan (Community SWOT)

- |   |  |  |   |
|---|--|--|---|
| <ul style="list-style-type: none"><li>• PCHD Staff- Professional, Friendly, Competent, Caring</li><li>• Community Engagement &amp; Collaboration</li><li>• Communication &amp; Information</li><li>• Programs &amp; Services</li><li>• ↑ Community Outreach, Collaborations, &amp; Health Initiatives</li><li>• ↑ Partnerships</li><li>• ↑ Community Engagement</li><li>• ↑ Use of Technology, Social Media</li></ul> | <b>Strengths</b><br>      | <b>Weaknesses</b><br> | <ul style="list-style-type: none"><li>• Dependence on State Funding</li><li>• Building Accessibility Issues</li><li>• Communication Challenges (reaching those who don't read newspapers or use social media)</li><li>• Limited resources</li></ul>                   |
|   | <b>Opportunities</b><br> | <b>Threats</b><br>   | <ul style="list-style-type: none"><li>• Budget Constraints</li><li>• Perceptions Post-COVID</li><li>• Political Climate</li><li>• Workforce Recruitment Challenges</li><li>• Community Challenges- drug &amp; alcohol abuse, mental health challenges, etc.</li></ul> |

### DISCOVER, Step 3: Identifying External Trends and Factors Shaping Public Health Practice in the Future

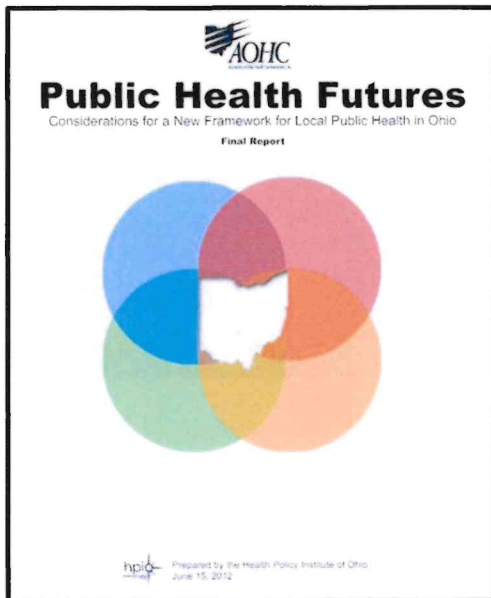
Public health consultant Anne Goon completed a literature review to identify external trends and factors shaping current and future public health practice, public health system modernization recommendations, and changes to national public health accreditation requirements. The documents reviewed are listed in Appendix A.

The Public Health Impact Pyramid was first introduced by CDC Director Dr Thomas Frieden in 2010, and it remains a relevant public health framework today. Public health practitioners have the greatest impact on the health of



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entire communities or populations by focusing on interventions at the base of the pyramid. Most impactful are interventions that address socioeconomic determinants of health (now referred to as social determinants of health or SDOH), followed by interventions that change the context to make individuals' default decisions healthy and clinical interventions that require limited contact but confer long-term protection (like immunizations). Ongoing direct clinical care and one-on-one health counseling and education have the least impact on population health.



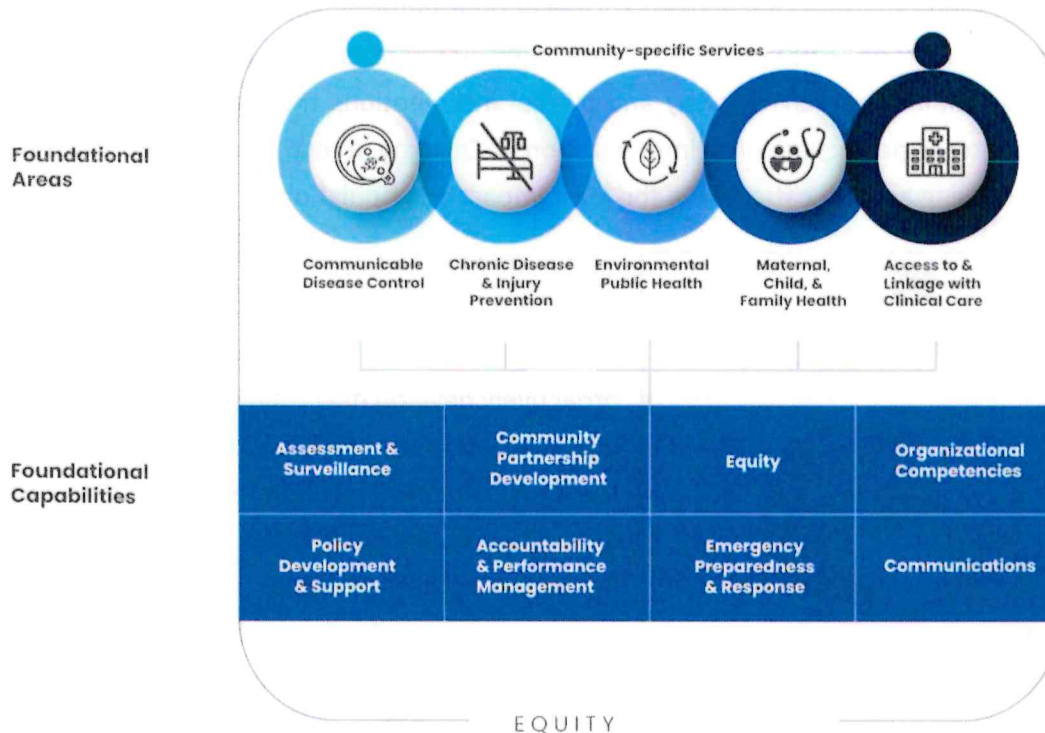
The Association of Ohio Health Commissioners (AOHC) undertook a Public Health Futures Project in 2011 to examine the state's public health system and to proactively develop new ways to structure and fund local public health. In June 2012, Governor John R. Kasich and the Ohio General Assembly established the Legislative Committee on Public Health Futures to review the AOHC Public Health Futures report and develop recommendations for legislative and fiscal policies that would improve local public health services in Ohio. The legislative committee presented recommendations in an October 2012 report, including a requirement that all local health districts meet PHAB eligibility within five

years. In June 2013, the 130th Ohio General Assembly codified the authority for the Director of Health to require all local health districts to apply for accreditation by 2018 and to become accredited by 2020. While the COVID-19 pandemic delayed accreditation efforts across the state, 93 local health departments and the Ohio Department of Health have achieved initial accreditation, and 16 health departments and the Ohio Department of Health have been reaccredited (as of November 2024).

Ohio's Public Health Futures project and similar efforts in Washington and Oregon were the driving factors in the creation of the national Foundational Public Health Services (FPHS) framework (pictured on page 15), which 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. The FPHS framework includes eight (8) Foundational Capabilities (cross-cutting skills and capacities needed in public health infrastructure) that support five (5) Foundational Areas or public health programs (i.e., communicable disease control; chronic disease and injury prevention; environmental public health; maternal, child, and family health; and access to and linkage with care). The FPHS framework appears prominently in national post-pandemic public



## Foundational Public Health Services



February 2022

health system recommendations. Additionally, Foundational Capabilities are clearly identified in Version 2022 of the PHAB Accreditation Standards and Measures.

The Public Health Leadership Forum outlined in 2014 six (6) important new skills or practices that high-achieving health departments would need to capably serve in the role of the community chief health strategist by 2020. These new practices were:

- ❖ **PRACTICE #1:** Adopt and adapt strategies to combat the evolving leading causes of illness, injury, and premature death.
- ❖ **PRACTICE #2:** Develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.
- ❖ **PRACTICE #3:** Chief health strategists will identify, analyze, and distribute information from new, big, and real-time data sources.
- ❖ **PRACTICE #4:** Build a more integrated, effective health system through collaboration between clinical care and public health.



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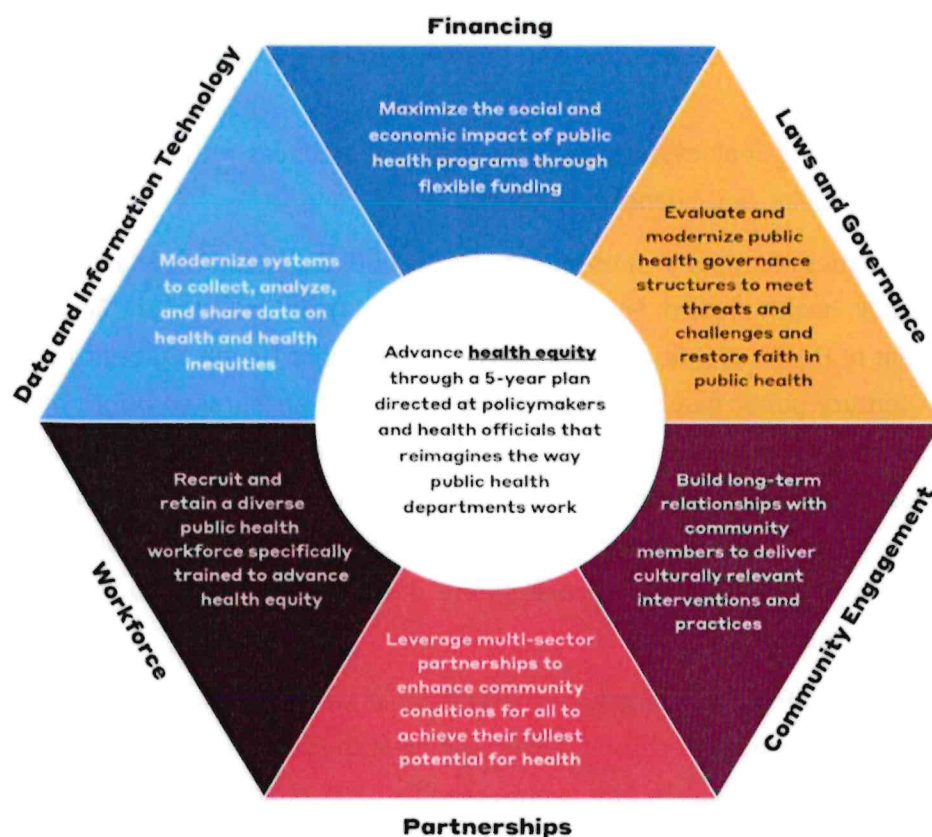
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- ❖ PRACTICE #5: Collaborate with a broad array of allies – including those at the neighborhood-level and the non-health sectors – to build healthier and more vital communities.
- ❖ PRACTICE #6: Replace outdated organizational practices with state-of-the-art business, accountability, and financing systems.

Many of these themes reappear in subsequent reports outlining recommendations for modernizing the nation's public health system. For example, Dr. Karen DeSalvo, Assistant Secretary for Health, U.S. Department of Health & Human Services, issued the Public Health 3.0 call to action in 2016 to create a 21<sup>st</sup> century public health infrastructure.<sup>iii</sup> She too encouraged public health leaders to serve as Chief Health Strategists for their communities and health departments to engage in structured cross-sector partnerships; achieve national public health accreditation; upgrade and monitor data systems with an emphasis on hyperlocal actionable data with clear metrics to document success in public health practice; hire a diverse and inclusive workforce; and provide foundational public health capabilities.

While public health professionals largely realized the weak state of the nation's public health system (due, in large part, to decades of chronic underfunding at the federal, state, and local levels), these frailties did not become obvious to others until the COVID-19 pandemic. Other entities then began issuing frameworks and recommendations for a 21st century public health system in response to the profound weaknesses and disorganization revealed during the pandemic. In December 2021, the Bipartisan Policy Center proposed a framework (pictured below) consisting of action in six core areas- Financing, Data and Information Technology, Workforce, Partnerships, Community Engagement, and Laws and Governance- with all areas centered around advancing Health Equity.

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Similarly, in June 2022, the Commonwealth Fund Commission on a National Public Health System identified key steps for building a strong U.S. public health system. While most of the recommendations are geared toward the U.S. Department of Health & Human Services and Congress, several are relevant to local health departments. These include:

- Congress should provide an adequate and reliable source of federal public health funding at a level sufficient for every person to be protected by a public health system that delivers on the foundational public health capabilities.
- In exchange for increased congressional funding for public health infrastructure, health departments should meet revised accreditation standards and performance requirements demonstrating foundational capabilities protect every resident.
- Health care data should be shared with health departments for public health purposes.
- Health systems, hospitals, community health centers, and other federally supported health care organizations (and their personnel) should be engaged in public health activities in normal times and during emergencies.
- Health departments should commit to effective, meaningful, and representative community engagement as a core feature.



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- Health departments should develop stronger multisector partnerships to address basic health needs in their communities.
- Health departments should modernize public health communications and address misinformation and disinformation.

The American College of Physicians (ACP) outlined similar policy recommendations in a July 2023 position paper for modernizing the United States' public health infrastructure. ACP advocated for:

- 1) Effective coordination of public health activities at the federal level;
- 2) The provision of robust and stable year-to-year flexible funding of public health services by Congress (with health departments seeking national accreditation to ensure they are providing necessary, core public health services);
- 3) A renewed and well-supported public health workforce, with competitive salaries, loan repayment and other educational assistance, career advancement opportunities, and other supports to attract and maintain a skilled, diverse, and well-prepared workforce;
- 4) Action to address health-related dis- and misinformation and safeguards to protect health departments from undue political influence that restricts implementation of evidence-based interventions;
- 5) Development of a modern national public health data infrastructure capable of real-time bidirectional data sharing; and
- 6) Greater primary care and public health collaboration to support the shared mission of preventing and treating disease, promoting whole-person care, connecting patients to treatment, achieving health equity, and collecting and sharing community health data.

Finally, recognizing that public health professionals will need to develop new, cross-cutting leadership and management skills to excel in the public health system of the future, the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) published *"Building Strategic Skills for Better Health: A Primer for Public Health Professionals"* in late 2023. It defines nine essential strategic skills for effective public health practice across public health specialties:

- |   |                              |
|---|------------------------------|
| • Systems and Strategic Thinking            | • Effective Communication    |
| • Change Management                         | • Data-Based Decision-Making |
| • Resource Management                       | • Policy Engagement          |
| • Justice, Equity, Diversity, and Inclusion | • Community Engagement       |
|   | • Cross-Sectoral Partnership |

PHASE  
THREE:

DREAM

July-Aug 2024

The **DREAM phase** involves considering the following questions:

- What do we aspire to become?
- Do our vision, mission, and values reflect our aspirations?
- Are our current programs working?
- What is our organizational capacity?
- Do we have resources to provide the services and programs needed?

During the on-site, all-staff strategic planning session facilitated by PHSCO Executive Director Anne Goon in June 2024, PCHD employees identified a need to revise the existing vision and mission statements slightly to better reflect their future aspirations. The new versions are:

### *Our Vision*

A vibrant Putnam County where everyone lives and works  
in a healthy environment and has access to quality care.

### *Our Mission*

Protect, promote, and improve the health, safety, and quality of life  
for everyone in Putnam County

During this session, Ms. Goon led the staff in a value selection exercise to determine the values that resonated most with the current PCHD workforce. Using a worksheet with 89 values listed, each staff member selected the top five most important values for the Putnam County Health Department. This yielded a list of 20 values; staff then voted on their top three most important values. Through this process, the same three values - professionalism, quality, and collaboration – were again selected as in previous strategic planning cycles. However, staff decided that the definitions needed to be updated to place greater emphasis on equity and other values that had also ranked high. After the all-staff planning session, the Steering Committee drafted action-oriented definitions to more clearly state how staff demonstrate the values to each other and to community members and asked for staff to provide feedback. The Steering Committee and Ms. Goon then further refined the definitions to ensure they are affirmative statements of how each value would be demonstrated by PCHD staff. The values and their updated definitions are:

### *Professionalism*

We demonstrate the highest standards  
of conduct, integrity, and accountability  
by displaying respect, reliability, and ethical behaviors  
to our partners, community, and co-workers.



## *Quality*

We prioritize excellence and continually improve practices to ensure exceptional public health services to all.

## *Collaboration*

We actively engage with partners, community, and co-workers, openly communicate ideas, and share expertise to foster an environment of inclusion and health.

The Steering Committee also reviewed the aspirations and desired results identified through the SWOT/SOAR survey of staff and Board members in the DISCOVER phase of the planning process. These are summarized on pages 20-21.

## **Aspirations**

- 
- 1. Space for Staff and Clients:** "I wish for more space for employees and meeting with clients to improve service delivery."
  - 2. Bilingual Staff:** "I also think having someone on staff who is bilingual would be great."
  - 3. Visibility and Accessibility:** "New building that is visible to the community," ensuring that "the public of all ages needs to be able to not fear how to enter the building and obtain services."
  - 4. Centralized Services:** "It would be good for the public if the health dept., JFS, and WIC were all housed in the same complex."
  - 5. Medical Services Expansion:** "It would have more medical services such as cancer screenings, dental or vision clinics."
  - 6. Premier Workplace:** "Become one of Putnam County's 'top 25 employers'."
  - 7. Increased Workforce:** "If PCHD were able to increase our workforce by 3-4 staff members and move to a more conducive location in the next 3-5 year period, this would drastically improve services provided to the community."
  - 8. Community Awareness:** "Increase the community's awareness of services at the health department and with our partners."
  - 9. Staff Knowledge:** "Increase staff's knowledge about physical, mental, or cultural diversity."
  - 10. Policy Involvement:** "Involved in policies that make services/education and healthy environments accessible to everyone."

## Desired Results

- ✓ A new home for PCHD that is visible, accessible, and inviting to the public and staff; able to accommodate growth in staffing, services, community education and training events; and located with or near JFS, WIC, &/or other service providers.
  - ✓ Improved employee morale, productivity, engagement, & retention
  - ✓ Increased public awareness and utilization of health department services
  - ✓ Creation of new division(s) focused on communications, community outreach and engagement, marketing, data analysis, etc.
- 
- ✓ Improved community health indicators and outcomes (e.g., higher immunization rates; less HSTS failures; less food insecurity; improved access to primary care, behavioral health care, oral health)
  - ✓ Increased and more stable funding from various sources (e.g., program revenues, grants, intergovernmental funds, etc.)
  - ✓ Improved indicators of a thriving community for all residents
  - ✓ Reduced health disparities

### PHASE FOUR:

### DESIGN

Sept-Nov 2024

The **DESIGN** phase involves considering the following questions:

- What are our priorities for growth and improvement?
- What strategies and action steps will get us there?
- Do we have measurable and time-framed targets?
- How does this Strategic Plan link to and support other plans, like the Community Health Improvement Plan, Workforce Development Plan, and Performance Management System/Quality Improvement Plan?

### **DESIGN, Step 1: Developing Strategic Priorities, Goals, and Performance Measures**

The DESIGN phase moves from the aspirations and desired results identified in the DREAM phase and identifying how to make them reality. It is anchored by the creation of possibility statements (also called provocative propositions). These are statements that bridge the best of "what PCHD currently is" with staff's intuition of "what PCHD might be in the future." These statements are intended to



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stretch the realm of the status quo and to suggest real options that reflect desired possibilities for PCHD and its stakeholders. Possibility statements combine two key elements: the big picture meaning and the specific details of how it might be implemented at the level of organizational structure and function. They are written in the present tense as if it they are already happening, and they are stated in affirmative, bold terms.

The possibility statements drafted by Ms. Goon for consideration by the Steering Committee and staff were:

1. Putnam County Health Department is located in a facility that provides adequate space for more staff, staff and client meetings, the provision of more medical services (like cancer screenings, dental or vision clinics), and community education; is visible to the community and located with or near JFS and WIC; and is easily accessible to all (so that the public of all ages can obtain services without difficulty).
2. Putnam County Health Department is one of the best places to work in Putnam County because it has modernized its work policies and use of technology, grown its workforce and attracted younger public health professionals, employed bilingual staff, increased staff's knowledge of physical, mental, and cultural diversity, improved staff's communication skills, and moved to a more conducive facility.
3. **Putnam County Health Department is a trusted community partner and provider because it provides timely and helpful information and services; communicates with community members in their preferred languages; engages with residents, employers, elected officials, and healthcare providers in ways that build relationships, achieve mutual understanding, and find viable solutions that meet community needs; collaborates with others to reduce health inequities and make services, education, and healthy environments accessible to all.**

Using an anonymous survey conducted via surveymonkey.com, all staff were invited to select the possibility statement that best captures what they think PCHD should aim to become in the next three to five years. They also had the option of creating their own possibility statement, which several staff did. The top choice was possibility statement #3, marked in bold text above.

Staff were then asked in the survey to identify up to five high-level themes that should be the highest priorities in the 2025-2027 PCHD Strategic Plan, based on the possibility statement they preferred, the SWOT/SOAR results shared during the all-staff planning session in June 2024, and topics discussed during strategic plan steering committee and staff meetings. **The top five themes (and the percentage of staff that selected each) were:**

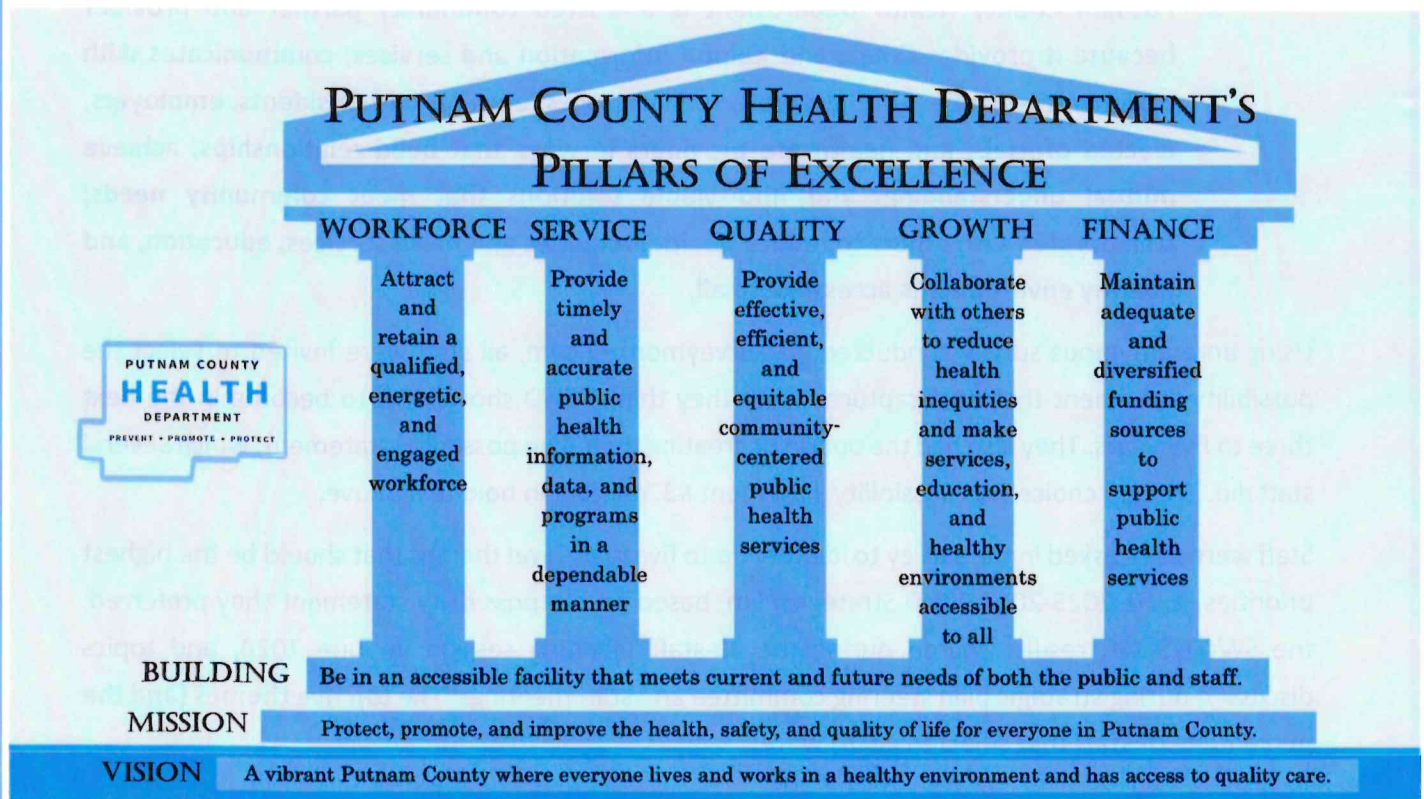
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- **Agency Building (69%)**
- **Communications (Internal and External) (69%)**
- **Community Engagement and Visibility (62%)**
- **Workforce Development, Engagement, and Succession Planning (54%)**
- **Health Equity and Outreach to Populations Facing Barriers to Care (54%)**

Based upon this input, Ms. Goon presented two possible performance management frameworks and draft goal statements that “fit” these themes- the Balanced Scorecard and the Pillars of Excellence. The Steering Committee selected the Pillars of Excellence framework for its performance management system and the framework of the 2025-2027 Strategic Plan.

The Pillars of Excellence framework is recommended by Studer Group, a 2010 Malcolm Baldrige National Quality Award recipient that coaches healthcare organizations on how to hardwire excellence into their institutions. The Pillars provide a balanced foundation for setting organizational goals and direction to achieve service and operational excellence throughout the health department. The Pillars create alignment, action, and accountability across PCHD divisions, programs, policies, and processes.

The Pillars define agency goals (i.e., desired results) in the five key areas: People, Service, Quality, Growth, and Finance. The Steering Committee chose to add a sixth pillar- Building- to ensure the





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staff's desire for a new/improved facility was addressed in the strategic plan. Steering Committee members and Ms. Goon worked together to refine the strategic goal for each Pillar, which are shown below.

Ms. Goon drafted objectives and possible performance measures, based upon input gathered from staff and the Steering Committee throughout the process and her professional performance management and strategic planning experience with numerous other health departments. The processes of refining the strategic objectives and selecting performance measures were then incorporated into the next step of the DESIGN phase.

### **DESIGN, Step 2: Selecting Strategies and Creating an Implementation Plan**

During the previous step, Ms. Goon also created an extensive list of potential strategies for each strategic goal, based upon staff input and her professional experience. She worked with the Steering Committee to refine the objectives and select strategies most likely to result in PCHD achieving the strategic goals. Steering Committee members were asked to consider the potential strategies using four criteria:

- ✓ Leverage - How much difference will it make toward achieving the desired results? Does it address priority root causes?
- ✓ Specificity – Is the idea specific enough to actually implement?
- ✓ Values – Is it consistent with PCHD and community values?
- ✓ Feasibility – Can it actually be done, and when? Is it feasible and affordable?

Steering Committee members voted anonymously on the potential strategies via a survey created in surveymonkey.com; those selected by  $\geq 67\%$  of the Steering Committees were then incorporated into the draft Implementation Plan. Committee Members divided into teams to develop action steps and timelines to address the objectives within each pillar. The entire committee reconvened to review the proposed plan and suggest changes to be included in the final product. The Implementation Plan appears in Appendix B.

#### **PHASE FIVE:**

#### **DELIVER & DOCUMENT**

**Dec 2024-  
Dec 2027**

The **DELIVER & DOCUMENT** phase involves the following:

- Board adoption of Strategic Plan at its December 2024 meeting
- Strategic Plan shared with staff in December 2024 and with community members and partners at the beginning of 2025
- Implementation of the strategies selected to most likely to result in achievement of the strategic goals
- Involvement of all staff in the efforts to implement the strategies and achieve the strategic goals and objectives

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At the beginning of each quarter, progress updates from the previous quarter will be compiled by the team lead for each Pillar. The spreadsheet for each section of the Implementation Plan (e.g., the achievement of the completion metric) will be updated and provided quarterly to the Board of Health and all staff. The Strategic Plan Steering Committee will meet twice per year to review the status of each objective in the Strategic Plan and identifying the need for possible revisions.

PCHD Leadership and the QI lead will meet quarterly to review the identified performance measures, determine the success in meeting those measures, and identify areas where more focused quality improvement efforts may be necessary. Performance measure data will be entered into Clear Impact, with a special emphasis on reviewing the “Turn the Curve” plan and making changes as needed (for example, new data on how we’re doing, new information on the story behind the curve, new partners that might have a role to play in turning the curve, new information on what would work to turn the curve, and changes to our strategies to turn the curve). Details related to these responsibilities are described more fully in the agency’s Performance Management/Quality Improvement Plan.



## Appendix A: Literature Review

- *“A Framework for Public Health Actions: The Health Impact Pyramid”* by Thomas R Frieden, published April 2010<sup>iv</sup>
- *“The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist”* by the Public Health Leadership Forum/RESOLVE, published May 2014<sup>v</sup>
- *“Public Health 3.0 – A Call to Action to Create a 21st Century Public Health Infrastructure”* by Karen DeSalvo, Office of the Assistant Secretary for Health, U.S. Department of Health & Human Services, published March 2016<sup>vi</sup>
- *“Challenges and Opportunities for Strengthening the US Public Health Infrastructure. Findings from the Scan of Literature”* by the National Network of Public Health Institutes, May 2021<sup>vii</sup>
- *“Positioning America’s Public Health System for the Next Pandemic”* and *“Public Health Forward: Modernizing the U.S. Public Health System”* by the Bipartisan Policy Center (in June 2021 and December 2021 respectively)<sup>viii, ix</sup>
- *“Staffing Up: Workforce Levels Needed to Provide Basic Public Health Services for All Americans”* by the de Beaumont Foundation and PHNCI, October 2021<sup>x</sup>
- *“Foundational Public Health Services”* as updated by the PHAB Public Health National Center for Innovation in February 2022<sup>xi</sup>
- *“A Strong Public Health System Depends on Making the Invisible Visible”* on the Commonwealth Fund’s *The Dose* podcast, aired June 3, 2022<sup>xii</sup>
- *“Meeting America’s Public Health Challenge, Recommendations for Building a National Public Health System that Addresses Ongoing and Future Health Crises, Advances Equity, and Earns Trust.”* The Commonwealth Fund Commission on a National Public Health System. June 2022.<sup>xiii</sup>
- *“Strengthening and Modernizing the Public Health System”* presentation by the Alliance for Health Policy and The Commonwealth Fund, on September 16, 2022.<sup>xiv</sup>
- *“Modernizing the United States’ Public Health Infrastructure: A Position Paper from the American College of Physicians,”* dated July 18, 2023.<sup>xv</sup>
- *“Public Health Modernization Toolkit: Strengthening Collaboration between Public Health and the Health Care System”* published by the National Academy for State Health Policy, September 2023 <sup>xvi</sup>
- *“Introduction to the Strategic Skills Framework”* by Michael Fraser and Brian Castrucci, in: *“Building Strategic Skills for Better Health: A Primer for Public Health Professionals”* by de Beaumont Foundation (2024)<sup>xvii</sup>

Appendix B: Implementation Plan



## 2025-2027 Strategic Plan – Putnam County Health Department Implementation Plan

### Pillar: Workforce

**Strategic Goal:** Putnam County Health Department (PCHD) will attract and retain a qualified, energetic, and engaged workforce.

- Supports achievement of PHAB Reaccreditation Measures 8.2.1 and 8.2.2 (v.2022)

Strategic Objective	Organizational Performance Measures
<p><b>Objective W1:</b> Identify the optimal workforce size and types of public health workers needed at PCHD by 12/31/2025.</p> <p><b>Objective W2:</b> Implement at least three new policies, programs, or processes that provide a supportive work environment and support employee retention by 12/31/2027.</p> <p><b>Objective W3:</b> Provide at least one focused employee training and development opportunity annually that addresses current (e.g., practicing cultural humility) and future agency needs (e.g., leadership development) annually.</p> <p><b>Objective W4:</b> Integrate at least three new communications practices to strengthen internal communications and teamwork at PCHD by 12/31/2027.</p>	<p>➤ <b>Employee Retention Rate:</b> Percent of staff employed at beginning of calendar year who are still employed at end of calendar year; Baseline (2024): ____% Goal: ____%</p> <p>➤ <b>Employee Engagement Rate:</b> Percent of staff strongly agreeing that they are determined to give their best effort at work every day (measured via annual Employee Engagement Survey). Baseline: New measure Goal: ____%</p>

**Objective W1:** By 12/31/2025, identify the optimal workforce size and types of public health workers needed at the Putnam County Health Department.

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Assess workload and staffing needs using PHAB's Public Health Workforce Calculator or other resource to determine optimal staffing levels for PCHD.						
Step 1: Locate tool and assemble team to complete calculator	K. Rieman	K. Rieman J. Lammers	1/15/25	1/31/25	Tool identified	
Step 2: Develop plan for Calculator Completion	K. Rieman	K. Rieman J. Lammers	1/15/25	1/31/25	Plan developed	
Step 3: Complete the Calculator	K. Rieman	K. Rieman J. Lammers S. Recker D. Amormino	2/1/25	3/31/25	Completed tool	

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Step 4: Share results with the Board of Health	K. Rieman	K. Rieman	4/1/25	5/31/25	Board of Health Minutes Board Feedback
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**Objective W2: Implement at least three new policies, programs, or processes that provide a supportive work environment and support employee retention by 12/31/2027.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Develop comprehensive and position-specific onboarding programs for new staff members that includes training on roles, duties, and expectations.						
Step 1: Review existing onboarding process and identify areas of improvement	J. Lammers	Leadership	4/1/25	6/30/25	Evaluation/Report of existing system	
Step 2: Interview recent hires for suggestions for improvement	J. Lammers	J. Lammers	4/1/25	6/30/25	Results of interviews	
Step 3: Identify position specific orientation needs/resources	J. Lammers	J. Lammers S. Recker D. Amormino	7/1/25	9/30/25	Identification of orientation needs for specifics	
Step 4: Develop program	J. Lammers	Leadership	7/1/25	9/30/25	Revised Orientation Program	
Step 4: Launch new orientation process for new employee	J. Lammers	Leadership	7/1/25	12/31/25	# of staff being onboarded with new system	
Step 5: Evaluate new process; make changes as needed	J. Lammers	Leadership	1/1/26	12/31/26	Evaluation results of new process Changes made	

**B. Develop and consistently apply clear policies and guidelines for workplace flexibility to all staff members.**

Step 1: Identify policies that promote workplace flexibility for development and implementation	K. Rieman	Leadership	6/1/25	12/31/27 (ongoing)	# of policies developed and implemented	
Step 2: Identify policies that need clarification for uniform application	K. Rieman	Leadership	6/1/25	12/31/25	# of policies revised and changes implemented	



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Step 3: Develop policies identified for staff flexibility and obtain board approval	K. Rieman	Leadership	6/1/25	12/31/27 (ongoing)	# of policies developed	
Step 4: Implement and evaluate new policies	K. Rieman	Leadership	6/1/25	12/31/27 (ongoing)	# of policies implemented Evaluation of policies	
<b>C. Select and implement a mechanism for providing all employees with regular feedback and recognition by their direct supervisors.</b>						
Step 1: Review (evidence-based) leadership practices	K. Rieman	Leadership	4/1/25	4/30/25	Leadership practices identified	
Step 2: Determine practice to implement	K. Rieman	Leadership	5/1/25	5/31/25	Determination of Leadership Practice to implement	
Step 3: Receive training for program implementation	K. Rieman	Leadership	6/1/25	6/30/25	# of leadership members trained	
Step 4: Implement leadership program	K. Rieman	Leadership	7/1/25	9/30/25	Implemented Program	
Step 5: Evaluate program	K. Rieman	Leadership	10/1/25	12/31/25	Program Evaluation Employee Engagement Results	
<b>D. Implement the practice of staff thank you notes by Health Commissioner and Board of Health.</b>						
Step 1: Identify accomplishments to be recognized by Board of Health and Health Commissioner	K. Rieman	Leadership	6/1/25	6/30/25	List of accomplishments	
Step 2: Develop process for Board of Health/Health Commissioner recognition	K. Rieman	K. Rieman	6/1/25	6/30/25	Process outlined	
Step 3: Develop process to share recognition with public to align with Staff Recognition Policy ( <i>Social Media/Annual Report</i> )	K. Rieman	Leadership PIO	6/1/25	6/30/25	Process outlined; Staff Recognition Policy revised if needed	
Step 4: Review recognition given to determine changes to the program	K. Rieman	Leadership	1/1/26	3/31/26	Completed review/evaluation	

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**Objective W3:** Provide at least one focused employee training and development opportunity annually that addresses current (e.g., practicing cultural humility) and future agency needs (e.g., leadership development).

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Incorporate Social Drivers of Health (SDOH) and Justice, Equity, Diversity, and Inclusion (JEDI) training for all staff into Workforce Development Plan.						
Step 1: Upon revision of the Workforce Development Plan, include annual training SDOH and JEDI training requirements	Leadership	Leadership PIO	4/1/25	6/30/25	Revised Workforce Development Plan	
Step 2: Identify SDOH or JEDI training programs	Leadership	Leadership	7/1/25	7/31/25	SDOH or JEDI Program identified	
Step 3: Provide and evaluate programs	Leadership	Leadership	9/1/25	12/31/27	Programs implemented Program Evaluations	
B. Provide conflict resolution training to managers and supervisors to effectively handle confrontational situations.						
Step 1: Include conflict resolution trainings for leadership staff into Workforce Development Plan	K. Rieman	Leadership	4/1/25	6/30/25	Revised Workforce Development Plan	
Step 2: Identify recommended conflict resolution trainings	K. Rieman	Leadership	7/1/25	6/30/25	Conflict resolution trainings identified/ assigned	
Step 3: Leadership members to complete identified trainings	K. Rieman	Leadership	9/1/25	12/31/27	Trainings completed Program Evaluations	
C. Create long-term succession plan.						
Step 1: Obtain succession plans from other Health Departments for guidance	K. Rieman	Leadership	3/1/26	3/31/26	# of succession plans	
Step 2: Determine format of PCHD succession plan	K. Rieman	Leadership	4/1/26	6/30/26	Final format of succession plan	
Step 3: Collect and compile information for inclusion in the plan	K. Rieman	Leadership	7/1/26	12/31/26	Collected information	



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Step 4: Complete and implement plan	K. Rieman	Leadership	1/1/27	12/31/27	Completed Plan Changes implemented
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**Objective W4: Foster a culture of open and transparent communication throughout PCHD by integrating at least three new communication strategies by 12/31/2027.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Provide communication training for all staff members to improve their interpersonal and professional communication skills.						
Step 1: Determine training needs for all staff	K. Rieman	Leadership PIO	4/1/25	4/30/25	Survey results	
Step 2: Include training objectives in Workforce Development and Communication Plan	K. Rieman	Leadership PIO	5/1/25	6/30/25	Completed Plans with communication objectives	
Step 3: Identify possible trainings and share with staff	K. Rieman	Leadership PIO	7/1/25	12/31/27	# of trainings identified # of trainings completed	
Step 4: Evaluate the effectiveness/helpfulness of communication trainings	K. Rieman	Leadership PIO	1/1/26	12/31/27	Completed evaluation of trainings Employee Evaluations of Communication abilities	

**B. Incorporate quarterly events with team-building activities to help employees connect on a personal level, build trust, and encourage the open sharing of ideas and experiences.**

Step 1: Identify team-building activities used by other agencies/Health Departments	K. Rieman	Leadership/ All Staff	4/1/25	12/31/27	# of Team Building activities identified	
Step 2: Complete pre-determined activities	K. Rieman	All Staff	6/1/25	12/31/27	# of team building activities completed	

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Step 3: Determine team cohesiveness through Staff Engagement Surveys	K. Rieman	All Staff	10/25 10/26 10/27	Survey results	
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## 2025-2027 Strategic Plan – Putnam County Health Department Implementation Plan

### Pillar: Service

**Strategic Goal:** Putnam County Health Department will provide timely and accurate public health information, data, and programs in a dependable manner.

- Supports achievement of PHAB Reaccreditation Measures 2.2.5, 3.1.1, 3.1.2, 3.1.3, 3.2.1, 3.2.2 (v.2022)

Strategic Objectives	Organizational Performance Measures
<p><b>Objective S1:</b> Improve agency capacity to consistently share timely and accurate public health data and information with community members in their preferred languages and formats by 12/31/2025.</p> <p><b>Objective S2:</b> Implement processes to consistently measure and improve public satisfaction with delivery of health department services by 12/31/2026.</p>	<p>➢ <b>Social Media Engagement Rate:</b> Percent of engagements (likes, shares, and comments) with PCHD posts per PCHD audience (measured via social media analytics tools) Baseline (2024): ____% Goal: ____%</p> <p>➢ <b>Customer Satisfaction with Timeliness of Services:</b> Percent of customers strongly agreeing they were served in a timely manner (measured via Customer Experience Survey) Baseline (2024): ____% Goal: ____%</p>

**Objective S1:** Improve agency capacity to consistently share timely and accurate public health data and information with community members in their preferred languages and formats by 12/31/2025.

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Update PCHD website to make it easier for the public to navigate and find the information they are seeking.	S. Nsiah A. Greve	Marketing Committee/Division Leaders	1/1/2025	12/31/2025	PCHD website will be fully updated (layout, ease of use, content)	
Step 1: Identify Contractor to rebuild the PCHD website	S. Nsiah A. Greve	Marketing Committee/Division Leaders	1/1/2025	3/31/2025	Company hired to rebuild website	
Step 2: Review current website and delete outdated information and update	S. Nsiah A. Greve	Marketing Committee/Division Leaders	1/1/2025	3/31/2025	Old website content is updated	

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Step 3: Gather feedback from current PCHD employees on information/layout of new website	S. Nsiah A. Greve	Marketing Committee/ Division Leaders	1/1/2025	3/31/2025	Plan established for new website layout based off employee feedback	
Step 4: Contracted company rebuilding the PCHD website in early 2025	S. Nsiah A. Greve	Contractor	1/1/2025	3/31/2025	PCHD website is rebuilt	
Step 5: Make changes to the new website based on employee feedback	S. Nsiah A. Greve	Marketing Committee/ Division Leaders	4/1/2025	12/31/2025	PCHD fully updated new website based on employee feedback	
<b>B. Utilize various/additional communication channels to provide accurate information and engage with community members to address their concerns.</b>	PIO, PCHD Leadership	PIO, PCHD Leadership	1/1/2025	12/31/2025	Established and implemented communication plan to engage community members of all demographics	
Step 1: Identify Putnam County demographics and most effective communication methods to reach them (Local news, social media, press releases, etc.)	PIO, PCHD Leadership	PIO, PCHD Leadership	1/1/2025	04/30/2025	Identified the most effective communication methods to reach different demographics	
Step 2: Create a plan to disseminate communications utilizing the top three methods identified in step one to reach the largest number of residents.	PIO, PCHD Leadership	PIO, PCHD Leadership	05/01/2025	07/31/2025	Created Communications plan	
Step 3: Disseminate communications through different channels, providing timely, accurate and relevant information to the public	PIO, PCHD Leadership	PIO, PCHD Leadership	08/01/2025	12/31/2025	Communications plan implemented	



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C. Invest in personal visits and other relationship-building activities by Health Department representatives with key formal and informal community leaders.	PCHD Leadership	All Staff	1/1/2025	12/31/2025	Strategically engaging with key community leaders, stakeholders and organizations
Step 1: Identify community leaders/ meetings/organizations	PCHD Leadership	All Staff	1/1/2025	4/30/2025	Community leaders, meetings, organizations identified to engage with
Step 2: Create a plan to send employees to identified meetings to update community on current programs and initiatives the PCHD is working on	PCHD Leadership	All Staff	5/1/2025	7/31/2025	Plan created to send PCHD staff to community meetings
Step 3: PCHD staff who attend meetings will do a write up of the meeting and email all PCHD staff to increase communication and understanding on what is happening in the community	PCHD Leadership	All Staff	8/1/2025	12/31/2025	PCHD staff who attend community meetings and visit with community leaders and organizations have sent email to all PHCD staff about what was discussed

**Objective S2: Implement processes to consistently measure and improve public satisfaction with delivery of health department services by 12/31/2026.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Conduct Client Experience Survey in English and Spanish on a routine basis with clients of all services.	PCHD Leadership	Staff identified by leadership, Community health worker	1/1/2025	12/31/2026	Successful completion of English/Spanish Client	

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Step 1: Review and update all client experience surveys ensuring methods of delivery are appropriate and consistent department wide	PCHD Leadership	Staff identified by leadership, Community health worker	1/1/2025	6/30/2025	Experience Survey All client experience surveys updated and consistent department-wide
Step 2: Working with the PCHD Community Health Worker and translation software to translate all client surveys to Spanish	PCHD Leadership	Staff identified by leadership, Community health worker	7/1/2025	12/31/2025	All surveys translated to Spanish
Step 3: Annually review surveys and create QI projects based on top issues	PCHD Leadership	Staff identified by leadership, Community health worker, QI Council, Epidemiologist	10/1/2025 10/1/2026	12/31/2025 12/31/2026	Completed annual reviews of surveys and QI projects identified
Step 4: Update surveys annually to ensure questions are relevant	PCHD Leadership	Staff identified by leadership, Community health worker, QI Council	10/1/2025 10/1/2026	12/31/2025 12/31/2026	Surveys updated annually
<b>B. Identify and implement additional mechanisms to collect public satisfaction feedback from community members.</b>	PCHD Leadership	PCHD Leadership	1/1/2025	12/31/2026	New methods to collect public satisfaction feedback implemented
Step 1: During Staff meeting(s), brainstorm additional methods to collect satisfaction feedback	PCHD Leadership	All PCHD Staff	1/1/2025	6/30/2025	Ideas gathered on additional methods to collect satisfaction feedback during monthly staff meetings



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Step 2: Identify parts of the population that are not currently receiving our surveys and plan new methods to reach them.	PCHD Leadership	PCHD Leadership, identified staff	7/1/2025	12/31/2025	Plan created to reach populations that were not currently receiving PCHD surveys	
Step 3: Reach out to other health departments to gather opinions on what survey methods have worked and not worked for them	PCHD Leadership	PCHD Leadership, identified staff	1/1/2026	6/30/2026	Contacted other county health departments to gather information on successful survey methods	
Step 4: Implement new public satisfaction survey distribution methods informed by research conducted in 2025	PCHD Leadership	PCHD Leadership, identified staff	7/1/2026	12/31/2026	New public satisfaction survey distribution methods implemented	

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### Pillar: Quality

**Strategic Goal:** Putnam County Health Department will provide effective, efficient, and equitable community-centered public health services.

- Supports achievement of PHAB Reaccreditation Measures 9.1.1, 9.1.2, 9.1.3, 9.1.4, 9.2.1 (v.2022)

### Strategic Objectives

- Objective Q1:** Implement processes to consistently measure and improve customers' satisfaction with the quality of PCHD services by 12/31/2025.
- Objective Q2:** Expand PCHD's performance management efforts to monitor and improve agency performance by 12/31/2025.
- Objective Q3:** Improve effectiveness of at least two programs or processes through formal quality improvement methods annually.
- Objective Q4:** Improve efficiency of at least two programs or processes through formal quality improvement methods annually.

### Organizational Performance Measures

- **Client/Customer Perception of Quality:** Percent of clients/customers strongly agreeing the overall quality of services was "Excellent" (measured via Customer Experience Survey)  
Baseline (2024): \_\_\_\_% Goal: \_\_\_\_%
- **Performance Improvement Efforts:** Number of process improvements implemented/achieved through formal QI projects  
Baseline: New measure Goal: \_\_\_\_%

**Objective Q1:** Implement processes to consistently measure and improve customers' satisfaction with the quality of PCHD services by 12/31/2025.

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Develop schedule for conducting Client Experience Surveys in English and Spanish consistently with clients of all services/programs.	Division Directors	Specified division members	1/1/2025	12/31/2025	Schedule developed for conducting client experience surveys in English /Spanish	
Step 1: Review and alter current survey question to ensure relevance with the population	Division Directors	Specified division members	1/1/2025	3/31/2025	Survey questions finalized	
Step 2: Work with the community health worker or translation service	Division Directors	Specified division members	4/1/2025	6/30/2025	Surveys translated to Spanish	



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to professionally translate surveys to Spanish						
Step 3: Choose and finalize survey delivery methods for both English and Spanish surveys	Division Directors	Specified division members	7/1/2025	9/30/2025	Survey delivery methods set	
Step 4: Develop a consistent survey schedule (Example: Weekly or monthly check-ins, program-specific schedules, client segmentation (for clients receiving one-time services))	Division Directors	Specified division members	10/1/2025	12/31/2025	Survey distribution schedule created and approved	
<b>B. Improve client satisfaction with at least one PCHD service annually using formal quality improvement methods.</b>	QI Council	QI Team (Created after project is identified)	1/1/2025	12/31/2027	Complete one QI project based on customer satisfaction survey feedback	
Step 1: Choose a specific PCHD service with measurable client satisfaction issues or an area with room for improvement (e.g., immunization services, health education, environmental health, etc.)	QI Council	QI Team	1/1/2025	12/31/2027	Choose QI project based on customer satisfaction survey feedback	
Step 2: Establish clear and measurable improvement goals for the selected service	QI Council	QI Team	4/1/2025	12/31/2027	Create goals and objectives for project	
Step 3: Begin the quality improvement process based on the PCHD quality improvement plan (form a QI team, plan-do-study-act, data collection, make changes, track improvements, sustain improvements)	QI Council	QI Team	5/1/2025	12/31/2027	Conduct the QI process	
Step 4: Track and sustain improvements	QI Council	QI Team	10/1/2025	12/31/2027	Sustain improvements	

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Objective Q2: Expand PCHD's performance management efforts to monitor and improve agency performance by 12/31/2025.						
Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Update Clear Impact software with performance measures reflecting 2025-2027 Strategic Plan, 2026-2028 CHIP, Division goals, and Ohio Public Health Quality Indicators.	PCHD Leadership	PCHD Leadership	1/1/2025	12/31/2025	Clear Impact software will be updated reflecting 2026-2028 CHIP, 2025-2027 Strategic Plan, Division Goals, and Ohio Public Health Quality Indicators	
Step 1: Review existing measures and create new SMART performance measures that align with new plans (Strategic Plan, CHIP and PHQI)	PCHD Leadership	PCHD Leadership	1/1/2025	3/31/2025	New SMART performance measures created	
Step 2: Input new SMART performance measures into Clear Impact	PCHD Leadership	PCHD Leadership	4/1/2025	6/30/2025	New performance measures inputted into Clear Impact	
Step 3: Set up reporting and tracking systems within the software.	PCHD Leadership	PCHD Leadership	7/1/2025	9/30/2025	Establish reporting and tracking in Clear Impact	
Step 4: Educate staff on the changes and how to use the updated system.	PCHD Leadership	PCHD Leadership	10/1/2025	12/31/2025	Staff trainings complete on updated performance measures and navigation of Clear Impact software	



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B. Utilize Turn the Curve portion of Clear Impact software to document quarterly reviews by PCHD Leadership.	PCHD Leadership	PCHD Leadership	1/1/2025	12/31/2025	Document quarterly reviews utilizing the Turn the Curve portion on the Clear Impact Software
Step 1: Set Up Indicators to ensure Clear Impact has PCHD performance indicators and target goals aligned with your strategic plans.	PCHD Leadership	PCHD Leadership	1/1/2025	3/31/2025	Indicators set on Clear Impact
Step 2: Conduct Quarterly Reviews: <ul style="list-style-type: none"> <li>• Capture the latest performance data.</li> <li>• Use the Turn the Curve section to visualize trends.</li> <li>• Discuss trends, identify root causes, and document key insights.</li> </ul>	PCHD Leadership	PCHD Leadership	4/1/2025	12/31/2025	Quarterly reviews conducted
Step 3: Develop and Document Action Plans: <ul style="list-style-type: none"> <li>• Document strategies and assign responsibilities.</li> <li>• Adjust targets and timelines as needed</li> </ul>	PCHD Leadership	PCHD Leadership	4/1/2025	12/31/2025	Action plans developed and documented
Step 4: Track and Monitor Progress: <ul style="list-style-type: none"> <li>• Record action items and track their implementation.</li> <li>• Reassess performance in future reviews.</li> </ul>	PCHD Leadership	PCHD Leadership	4/1/2025	12/31/2025	Progress tracked and monitored in Clear Impact

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Objective Q3: Improve effectiveness of at least two programs or processes through formal quality improvement methods annually.						
Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
<b>A. Using performance management system or other methods, identify programs or processes not meeting goal or target for effectiveness.</b>  Step 1: Based on data collection, surveys, employee input, or other feedback sources, The QI Council will select areas or processes where improvement is most needed.	A. Burwell	QI Team(s)	1/1/2025	12/31/2025	QI projects identified	
	A. Burwell	QI Team(s)	1/1/2025	3/31/2025	Two QI projects will be identified for QI teams to work on throughout 2025	
<b>B. Assemble QI Team(s) and complete Team Charter(s).</b>	A. Burwell	QI Team(s)	1/1/2025	12/31/2025	Two QI teams will be created and complete the two identified QI projects by 12/31/2025	
Step 1: Assemble QI teams composed of one person from each division, with the team lead being an individual from the division where improvement is being made.	A. Burwell	QI Team(s)	1/1/2025	3/31/2025	QI teams formed	
Step 2: Set SMART Goals and Objectives	A. Burwell	QI Team(s)	4/1/2025	5/31/2025	Goals and objectives created	
Step 3: Develop and Implement Improvement Strategies	A. Burwell	QI Team(s)	6/1/2025	12/31/2025	Improvements implemented	
Step 4: Monitor and Measure Progress	A. Burwell	QI Team(s)	6/1/2025	12/31/2025	QI progress tracked	
Step 5: Sustain and Spread Success (continuous improvement)	A. Burwell	QI Team(s)	6/1/2025	Indefinite	Continuous and sustainable improvement made	



## 2025-2027 Strategic Plan – Putnam County Health Department Implementation Plan

### Pillar: Growth

**Strategic Goal:** Putnam County Health Department will collaborate with others to promote health equity and make services, education, and healthy environments accessible to all.

- Supports achievement of PHAB Reaccreditation Measures 5.2.1, 5.2.2, 5.2.3, 7.1.1, 7.1.2, 7.2.1, 7.2.2 (v. 2022)

Strategic Objectives	Organizational Performance Measures
Objective G1: Identify specific health disparities and inequities experienced by populations in Putnam County by 12/31/2025.	➤ <b>Implementation of Putnam County CHIP:</b> Number/percent of 2023-2025 Community Health Improvement Plan strategies implemented Baseline (2024): _____% Goal: _____%
Objective G2: Work with stakeholders (community partners, residents, and policy makers) to implement effective interventions to reduce health disparities and inequities in Putnam County by 12/31/2027.	➤ <b>Expansion of Services:</b> # of new or expanded services to address community needs Baseline: New measure Goal: _____%

### Objective G1: Identify specific health disparities and inequities experienced by populations in Putnam County by 12/31/2025.

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Obtain data that will assist in determining health inequities of the community	Health Promotion Division	Health Promotion Staff				
Step 1: Determine gaps in population and health data	Health Promotion Division	Health Promotion Staff	1/1/25	6/30/25	Community Health Assessment report	
Step 2: Develop plan to obtain data from community agencies	Health Promotion Division	Health Promotion Staff	1/1/25	6/30/25	Community Health Assessment report	
Step 3: Develop and implement strategies to obtain data from historically marginalized populations	Health Promotion Division	Health Promotion Staff	1/1/25	6/30/25	Community Health Assessment report	
Step 4: Use data to develop access to care strategies addressing health inequities	Health Promotion Division	Health Promotion Staff	6/30/25	12/31/25	Strategies identified in the CHIP and/or PCHD programs	

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<b>B. Prepare and issue health data summaries, fact sheets, or policy briefs to Board of Health, public health system partners, and key stakeholders regarding health disparities and inequities in Putnam County.</b>	Health Promotion Division	Health Promotion Staff	8/1/25	12/31/27	
	Health Promotion Division	Health Promotion Staff	8/1/25	12/31/27	Community Health Assessment report
	Health Promotion Division	Health Promotion Staff	8/1/25	12/31/27	Community Health Assessment report
	Health Promotion Division	Health Promotion Staff	8/1/25	12/31/27	Created fact sheets, summaries, policy briefs
	Health Promotion Division	Health Promotion Staff	8/1/25	12/31/27	Created fact sheets, summaries, policy briefs
<b>C. Prepare and issue health data summaries, fact sheets, or policy briefs to Board of Health, public health system partners, and key stakeholders regarding health impact of proposed or desired policies or interventions.</b>	Division Directors	Leadership and health promotion staff	1/1/26	12/31/27	
	Division Directors	Leadership and health promotion staff	1/1/26	12/31/27	Report of review and findings for feasibility



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Step 2: Discuss feasibility and solicit support from county leaders by inviting key leaders to be on a steering committee for HIAP	Health Commissioner and Division Directors	Health Commissioner and Division Directors	1/1/26	12/31/27	Steering committee roster
Step 3: Create a public health policy framework to integrate health considerations into local policies (e.g., transportation, housing, and education).	Health Commissioner	Steering Committee	1/1/26	12/31/27	Created framework
Step 4: Launch pilot initiatives focused on health in one or two policy areas	Epidemiologist	Steering Committee	1/1/26	12/31/27	Policy determination
Step 5: Monitor and evaluate the health outcomes of these policy changes.	Epidemiologist	Steering Committee	8/1/25	12/31/27	Evaluation report
Step 6: Provide a formal evaluation to Board of Health, community partners, and steering committee to determine adoption of HIAP	Health Commissioner	Steering Committee	8/1/25	12/31/27	Evaluation report, meeting minutes

**Objective G2: Work with stakeholders (community partners, residents, and policy makers) to implement effective interventions to reduce health disparities and inequities in Putnam County by 12/31/2027.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Build long-term relationships with community leaders to deliver culturally relevant services and practices in communities affected by health disparities.	Leadership staff	PCHD staff	6/1/25	12/31/27		
Step 1. Identify community leaders influential to the	Leadership staff	PCHD staff	6/1/25	12/31/27	Identified community leaders	

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population affected by health disparity							
Step 2: Engage in active listening for needs and desired outcomes of the underserved population	Leadership staff	PCHD staff	6/1/25	12/31/27	Minutes from meetings and listening sessions		
Step 3: Consistently attend meetings and follow through on committed actions	Leadership staff	PCHD staff	6/1/25	12/31/27	Meeting minutes		
<b>B. Expand services needed in areas with low-income housing to address healthcare disparities experienced by lower-income residents of Putnam County.</b>	Leadership staff	PCHD staff	6/1/25	12/31/27			
Step 1: Determine key service gaps	Leadership staff	PCHD staff	6/1/25	12/31/27	Community Health Assessment Report		
Step 2: Identify and secure funding for services	Leadership staff	PCHD staff	6/1/25	12/31/27	Funding commitments		
Step 3: Identify location for services that is accessible to the population being served	Leadership staff	PCHD staff	6/1/25	12/31/27	Identified location		
Step 4: Implement services developed with established partnerships	Leadership staff	PCHD staff	6/1/25	12/31/27	Provided services and MOU with providers		
Step 5: Evaluate and monitor services for effectiveness and sustainability	Leadership staff	PCHD staff	6/1/25	12/31/27	Evaluation report		



## 2025-2027 Strategic Plan – Putnam County Health Department Implementation Plan

### Pillar: Finance

**Strategic Goal:** Putnam County Health Department will maintain adequate and diversified funding sources to support public health services.

- Supports achievement of PHAB Reaccreditation Measures 10.2.4 and 10.2.5 (v.2022)

Strategic Objectives	Organizational Performance Measures
<p><b>Objective F1:</b> Define funding levels needed to support PCHD's current and future delivery of Foundational Public Health Services (FPHS) by 6/30/2026.</p> <p><b>Objective F2:</b> Implement at least three key financial analysis and business management practices to support the achievement or maintenance of desired levels and diversity of funding by 12/31/2027.</p>	<p>➤ <b>General Fund Balance:</b> General fund balance expressed as percent of fund balance goal or months of operating reserves, as established by General Fund Balance policy Baseline: New measure, starting in 2026 Goal: \$ _____</p> <p>➤ <b>Diversity of Funding Sources:</b> Percent of agency revenues coming from various funding sources (e.g., grants, contracts, fees and charges for services, inside millage/levy, etc.) Baseline (2024): _____ Goal: _____</p>

**Objective F1:** Define funding levels needed to support the delivery of Foundational Public Health Services (FPHS) in Putnam County by 6/30/2026.

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Using PHAB's Public Health Workforce Calculator, FPHS Capacity and Cost Assessment Tool, or other similar resources, identify the financial resources PCHD needs to fully provide the Foundational Public Health Services (FPHS).						
Step 1: Determine areas with staffing deficiencies	K. Rieman	Leadership	5/1/25	5/31/25	Areas/positions identified	
Step 2: Review agency budget and actual balances to determine available funding for additional positions	J. Lammers	K. Rieman J. Lammers	6/1/25	6/30/25	Review of budget	
Step 3: If funding is not available, determine alternative funding sources to make hiring(s) possible.	K. Rieman	Leadership	7/1/25	12/31/27 (Ongoing)	Identified funding sources	

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Step 4: Obtain alternative funding	K. Rieman	Leadership	7/1/25	12/31/27 (ongoing)	Additional funding obtained	
<b>B. Adopt a formal General Fund balance policy to establish a minimum amount of operating reserves to be maintained in the General Fund at all times.</b>						
Step 1: Obtain recommendations for minimum reserves for general funds and obtain policies of other health departments	J. Lammers	J. Lammers K. Rieman	04/1/26	6/30/26	Guidance/recommendations obtained	
Step 2: Develop policy and obtain Board of Health approval	J. Lammers	J. Lammers K. Rieman	7/1/26	12/31/26	Policy developed; approved	

**Objective F2: Implement at least three key financial analysis and business management practices to support the achievement or maintenance of desired levels and diversity of funding by 12/31/2027.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Using guidance from the Government Finance Officers Association and similar bodies, adopt a revenue diversification policy that encourages a diversity of revenue sources.						
Step 1: Review guidance from GFOA and other organizations and policies from other health departments for guidance	J. Lammers	J. Lammers K. Rieman	4/1/27	6/30/27	Guidance obtained	
Step 2: Develop policy and obtain Board of Health approval	K. Rieman	K. Rieman J. Lammers	7/1/27	9/30/2027	Policy developed; approved	
B. Create business plans for non-foundational public health services to assess the need for these services, minimize or eliminate dependence upon General Fund, and optimize program sustainability.						
Step 1: Complete a review of revenue and expenditures of non-foundational public health services	J. Lammers	J. Lammers K. Rieman	10/1/25	12/31/25	Report of costs/revenues of services	



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Step 2: Brainstorm ways to cover expenditures of non-foundational services	K. Rieman	Leadership	4/1/26	6/30/26	List of ideas	
Step 3: Develop plan for services to continue without supplementation from General Fund	J. Lammers	Leadership	7/1/26	9/30/26	Completed Plan	
Step 4: Evaluate the success of the plan and make revisions if warranted.	K. Rieman	Leadership	1/1/27	12/31/27	Evaluation of Plan Changes made to plan	
<b>C. Allocate funds annually for implementation of Strategic Plan and Community Health Improvement Plan strategies.</b>						
Step 1: Annually, review Strategic Plan and CHIP to determine costs to implement strategies and include in annual budget	J. Lammers	Leadership	9/1/25 9/1/26 9/1/27	12/15/25 12/15/26 12/15/27	Estimation of amounts needed to complete programs Allocation of funds in the annual budget	
Step 3: Review expenditures to ensure funds are being used to advance Strategic Plan and CHIP objectives	J. Lammers	Leadership	7/1/25 7/1/26 7/1/27		Budget expenditures reviewed Changes made to allocation if needed	
<b>D. Advocate for and pursue increased funding (e.g., intergovernmental funds, grants, partnerships with other organizations) to secure additional resources for PCHD.</b>						
Step 1: Internally brainstorm alternative funding mechanisms; obtain ideas of alternative mechanisms from other Health Departments	K. Rieman	Leadership	7/1/25	9/30/25	New revenue streams identified	
Step 2: Pursue other mechanisms for funding via identified grants, funds and partnerships	K. Rieman	Leadership	10/1/25	12/31/27 (ongoing)	Alternative funding obtained	

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Step 3: Provide education to staff about advocating for public health	K. Rieman	Leadership	4/1/26	6/30/26	Completed education	
Step 4: Prepare material(s) that can be shared with individual staff members who are advocating for public health	K. Rieman	Leadership Input from all Staff	7/1/26	9/30/26	Completed educational materials Updated materials	
Step 5: Staff will advocate for funding on at least two occasions each year with local, state or federal legislators.	K. Rieman	Leadership, Health Promotion Staff	4/1/25	12/31/27 (ongoing)	Meetings with legislators Results of meetings	



## 2025-2027 Strategic Plan – Putnam County Health Department Implementation Plan

### Pillar: Building

**Strategic Goal:** Putnam County Health Department will be in an accessible facility that meets current and future needs of both the public and staff.

- Supports achievement of PHAB Reaccreditation Measure 10.2.3 (v.2022)

Strategic Objectives	Organizational Performance Measures
Objective B1: Engage with the Putnam County Board of Health, County Commissioners, and other stakeholders to identify PCHD's current and future facility needs by 12/31/2025.	<ul style="list-style-type: none"> <li>➤ Identification of required and desired criteria for future PCHD facility (Process measure for 2025)</li> </ul>
Objective B2: Engage with the Putnam County Board of Health and County Commissioners to create a plan for attaining a suitable PCHD facility by 12/31/2026.	<ul style="list-style-type: none"> <li>➤ Creation of PCHD Facility Attainment Plan (Process measure for 2026)</li> </ul>
Objective B3: Engage with the Putnam County Board of Health and County Commissioners to implement action steps in plan to achieve suitable PCHD facility by 12/31/2027.	<ul style="list-style-type: none"> <li>➤ Implementation of PCHD Facility Attainment Plan (Process measure for 2027)</li> </ul>

**Objective B1: Engage with the Putnam County Board of Health, County Commissioners, and other stakeholders to identify PCHD's current and future facility needs by 12/31/2025.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Establish required and desired (i.e., mandatory vs. ideal) criteria for PCHD facility (e.g., location, accessibility features, square feet, etc.).						
Step 1: PCHD Divisions will brainstorm lists of what is needed in their divisions in a new building/revamped office space	K. Rieman	All Divisions/All Staff	1/1/25	3/31/25	Compiled list of division needs/desired elements	
Step 2: Leadership Team will compile a list of required and desired agency needs (e.g. conference room, break room,	K. Rieman	Leadership	1/1/25	3/31/25	Compiled list of needs/desired elements	

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consultation areas) and accessibility concerns					List of accessibility concerns
<b>B. Engage with the Board of Health and County Commissioners to explore PCHD's current and future facility needs.</b>					
Step 1: Share concerns of current space with Board of Health Members (offer tour of current building for those interested)	K. Rieman	Leadership	1/2025	2/2025	Information shared with Board of Health – Meeting minutes
Step 2: Schedule meeting with new County Commissioners. Offer tour of the building	K. Rieman		2/2025	3/2025	Information shared/tour provided

**Objective B2: Engage with the Putnam County Board of Health and County Commissioners to create a plan for attaining a suitable PCHD facility by 12/31/2026.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. Engage with the Board of Health and County Commissioners to explore alternate locations that would optimize convenience and delivery of services to the public.						
Step 1: Provide lists of building requirements and recommendations to Board and County Commissioners/County Maintenance	K. Rieman	Leadership Board of Health	3/1/25	4/1/25	List provided	
Step 2: Provide the Commissioners with ideas of available office space	K. Rieman	Leadership Board of Health	3/1/25	6/1/25	Properties/Options provided	
Step 3: Accompany Commissioners on tours of available space	K. Rieman	Leadership Board of Health	3/1/25	Continue until space is found	Tours completed	
Step 4: Seek to obtain funding to assist with remodeling needs	K. Rieman	Leadership Board of Health	4/1/25	Continue until needed funding obtained	Funds obtained	

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**B. Engage with the Board of Health and County Commissioners to consider relocating the department to areas where other social service agencies are located to enhance collaboration and accessibility.**

Step 1: Attend meetings with county commissioners and other county officials if county office reorganization occurs.	K. Rieman	Board of Health	4/1/25	Ongoing until plans developed	County Plan Office Reorganization	
Step 2: Assist with determining which Putnam County Social Services would benefit in being located in shared space	K. Rieman	Leadership Board of Health	4/1/25	6/30/25	County Plan for Office Reorganization	

**Objective B3: Engage with the Putnam County Board of Health and County Commissioners to implement action steps in plan to achieve suitable PCHD facility by 12/31/2027.**

Action steps	Lead	Group Members	Schedule		Completion Metrics	Status
			Begin	End		
A. To be determined						



## Endnotes

<sup>i</sup> Public Health Accreditation Board. “Accreditation & Recognition”. <https://phaboard.org/accreditation-recognition/>. Last visited November 21, 2024.

<sup>ii</sup> Centers for Disease Control and Prevention. “The Public Health System & the 10 Essential Public Health Services”. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>. Last visited December 10, 2019.

<sup>iii</sup> K.B. De Salvo, Y.C. Wang, et al., “Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century,” *Preventing Chronic Disease*, 14: 170017, 2017. Available at: [https://www.cdc.gov/pcd/issues/2017/17\\_0017.htm](https://www.cdc.gov/pcd/issues/2017/17_0017.htm).

<sup>iv</sup> Thomas R Frieden, April 2010. *A Framework for Public Health Actions: The Public Health Impact Pyramid*. *American Journal of Public Health* 110, 590-595. <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2009.185652>. Last visited July 6, 2019.

<sup>v</sup> RESOLVE/Public Health Leadership Forum. *The High Achieving Governmental Health Department in 2020*. <https://www.resolve.ngo/docs/the-high-achieving-governmental-health-department-as-the-chief-health-strategist-by-2020-final1636869407709140046.pdf>. Last visited September 4, 2019.

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