# Portsmouth City Health Department Strategic Plan 2022 - 2024

Report written by: Belinda Leslie, BSBA, PHR

Administrator Revised: February 2022

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# **Signature Page**

This plan has been approved and adopted by the following individuals:

Chad Wmel	EH Director	03/01/2022	
Signature	Title	Date	
Carta	Health Commissioner	3-1-22	
Signature	Title	Date	
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Signature	Title	Date	
Al Del	CFO	3-1-22	
Signature	Title	Date	
(2//m/D)	Director Prevention	3/1/22	
Signature	Title	Date	
Cindy Charle	Air Director	3/1/22	
Signature	Title	Date	
Delindu XI	slie	3-1-22 Date	
Signature	Title	Date	

## Revisions:

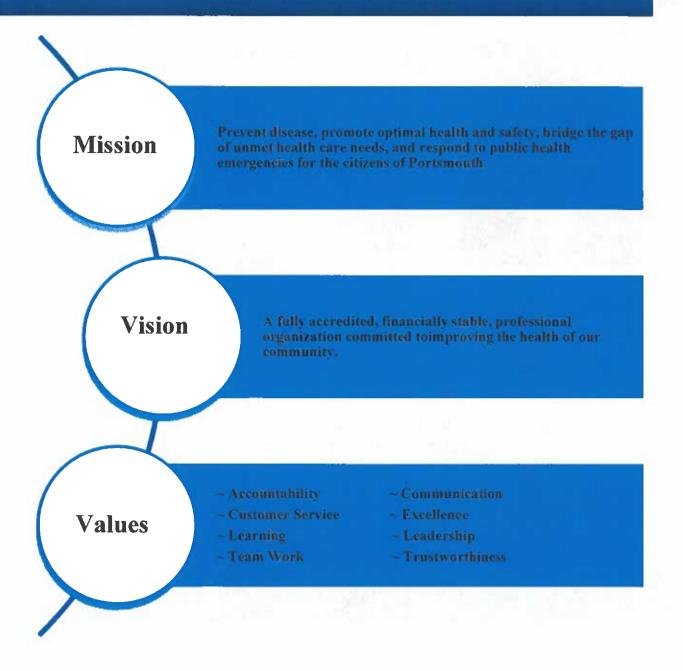
Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

- For questions about this plan, contact:
- Belinda Leslie, Administrator
- 740-354-8946 or email: <u>Belinda.leslie@portsmouthoh.org</u>

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# Mission, Vision, Values



# Message from the Health Commissioner



To the City of Portsmouth and all other stakeholders:

I am pleased to present the Portsmouth City Health Department's 2021 - 2024 Strategic Plan. This plan, developed by the staff of the Health Department, is the roadmap for us to effectively carry out our roles and responsibilities aimed at improving Public Health for those who live, work, and visit Portsmouth, Ohio.

Our planning for the 2021 – 2024 Strategic Goals reflects the findings of our Community Health Assessment, the State Health Improvement Plan, promotes National Accreditation and supports the Portsmouth City Community Health Improvement Plan.

Public Health's assumed responsibility in local communities is to promote health and prevent disease. We meet this broad goal by conducting surveillance, providing services, regulatory action, health education and activities embedded in community collaboration. There is collective community trust placed upon the Board of Health, the Health Commissioner and Health Department staff to ethically and efficiently serve the local public interest.

The apportionment of Public Health resources under a constrained budget raises issues of fairness and equity. Decisions on the appropriate allocation of funds demand a disciplined commitment to a formal decision-making process, that is evidence based, resulting in clearly identified priorities.

Our continued success is the result of those individuals throughout our Health Department who strive to improve the Public Health in the city of Portsmouth every day.

# **Board of Health**

Mayor Sean Dunne, President

George L. Davis, III, Esq.

Timothy Angel, PhD, President Pro tem

Angela Hodge, DNP, FNP

David Walker, MD, Vice President

Valerie Decamp, DNP, RN, A-GNP-C, NE, BC

Medical Director, Darren Adams, MD

# **Agency Overview**

While the population of the city of Portsmouth is just over 20,000, the Portsmouth City Health Department (PCHD) serves all who live, learn, work, and play in the city. The department is governed by a Board of Health appointed by the Mayor. The following is a brief description of PCHD; please refer to our Annual Report for a complete overview of our divisions and services provided.

## **Administrative Staff**

Belinda Leslie, BSBA, PHR, Administrator

Jared Kock, BSBA, Chief Fiscal Officer

## <u>Air</u>

Cindy Charles, Director

Lou Boerger, Engineering Technician Adam Chaffin, Engineering Technician Anne Chamberlin, Permit Specialist Carla Shultz, Administrative Secretary/Fiscal Officer

The Air Division, or the Portsmouth Local Air Agency (PLAA), works as a contractual representative of the Ohio Environmental Protection Agency (OEPA) and the United States Environmental Protection Agency (USEPA). The PLAA monitors the compliance status of the businesses and industries with air pollution sources in the four-county region (Adams, Scioto, Lawrence, and Brown). Additionally, the PLAA prepares permits, conducts facility inspections and reviews quarterly deviation and excess emission reports, observes source stack tests, reviews and issues or denies permission to open burn, monitors asbestos removal activities, initiates enforcement actions and responds to air quality complaints.

The PLAA also maintains continuous and intermittent monitors measuring pollutants on a daily basis throughout three of its four-county area in Southern Ohio. The PLAA performs anti-tampering (vehicle emission control devices) inspections and observes and validates stack (source) testing that occurs in the four-county area.

## **Environmental Health**

Chad Wamsley, CEHS, Director

Helen Trapp, Office Manager/Deputy Registrar Kenzie Zaph, EH Tech Melissa Spence, Registrar/Payroll Clerk Wendy Payton, Animal Control Officer/Code Enforcement Officer

The Environmental Health Division is responsible for safeguarding the health and welfare of the public. This includes but is not limited to food service and retail food establishment inspections, public swimming pool inspections, school inspections, other state mandated inspections, animal control, solid waste/housing/nuisance complaint abatement, emergency preparedness, the issuance of birth and death certificates and burial permits.

The division also administers the Land Reutilization Program. The goal of the program is to return vacant, tax delinquent properties to the local taxing districts.

## **Nursing**

### Christine Thomas, BSN, Director

Angee Allen, Disease Intervention Specialist
Collin Colley, HIV/STD Navigator
Halea Hatten, HIV/STD Program Coordinator
Jessica Mullins, Receptionist
Katelyn Bradley, PH Nurse
Mandy Whisman, RN, Public Health Nurse
Molly Dargavell, Epidemiologist
Rebecca Murphy, Billing Coordinator/Administrative Assistant
Samantha Lore, RN FNP Family Nurse Practitioner
Tiffany Wolfe, RN FNP Family Nurse Practitioner

The Nursing Division is responsible for the surveillance of Communicable Disease within the city of Portsmouth and 56 other counties through the Rural AIDS grant, public immunization and providing a variety of assessments and services as required by the Children with Medical Handicap's program.

The Division also operates a Clinic that is open to patients Monday through Friday from 8:00AM to 4:30PM. The Clinic is staffed with a part time Nurse Practitioner, Nurses, and a Receptionist. Appointments are available, and walk-in patients are accepted. The clinic offers evening hours, until 7:00 PM on the first Tuesday of each month for patients who cannot come during regular business hours.

There is a strong emphasis on providing care to low income and indigent patients, although patients of all socio-economic groups are accepted. The Clinic accepts a large variety of medical insurance plans. Patients who are uninsured are offered services on a sliding fee scale, based on annual income. Patients who are not enrolled in an insurance program are offered assistance by Clinic staff with enrollment into a Medicaid managed care program or a market-place insurance program offered through the Affordable Care Act.

The Rural AIDS grant operates under the umbrella of the Clinic, as well as the Epidemiologist.

## **Prevention and Promotion**

Wirty Penix, BSBA, Director

Abby Spears, Injury Prevention Coordinator
Ashley Monteith, Re-Entry Navigator
Chris Desotelle, RCORP Data Manager
Kelly Buckley, Recovery Gateway Coordinator/Patient Navigator
Hannah Mathews, Client Navigator
Rebecca Miller, Drug Free Communities Program Assistant
Lisa Roberts, RN, Drug Free Communities Program

Injury Prevention is a component of safety and public health, and its goal is to improve the health of the population by preventing injuries and hence improving quality of life. This division focuses on harm reduction efforts, as well as social determinants of health for the city of Portsmouth.

Drug Free Communities is a program within Injury Prevention that is designed to reduce the use of illegal drugs, prevent the spread of communicable disease and assist clients with rehabilitation. This program is an infrastructure program to help put into place a local consortium to address health issues as well as work with local youth.

The Rural Responses to the Opioid Epidemic Department of Justice grant provides the Gateway Navigation program. This program works with the local drug and juvenile courts, the county jail, as well as adult parole linking individuals to care as well as creating plans needed for those individuals post release if they are incarcerated in an attempt to reduce recidivism into the criminal justice system.

# **Executive Summary**

## Introduction

The Portsmouth City Health Department (PCHD) Strategic Plan describes the agency's operational framework and key priority areas as revised from the plan ending in 2021 and will be in place from 2021 through 2024. This plan is an ever-evolving product of the collaboration of PCHD staff, Board of Health, customers and community partners. It is designed to focus on areas of need for the public health of Portsmouth, as well as to meet operational goals set for PCHD.

We must invest in policies, programs, community environments, and preventive care that are known to protect and restore health. By doing so, we can lower our rates of disease and disability, and therefore moderate the cost of expensive medical treatment in the future in addition to making our world a better place to live.

## **Planning Process**

Portsmouth City Health Department is governed by an appointed Board of Health. The Board of Health, Health Commissioner, Management Team, and department staff collaborated to determine the focus areas outlined in this plan.

All staff were invited to participate, via work sessions, email, and questionnaires, to provide their ideas and opinions for the Plan. The Management Team led the creation process. The team met monthly and email was utilized to gather input from the rest of the stakeholders. Meetings with the Board of Health were also used to gain input and give up dates regarding the process.

The Mission, Vision and Core Values were reviewed to determine needed changes. A Strengths, Weakness, Opportunity, and Threat (SWOT) analysis was conducted and five priority areas of concern were identified.

The planning team focused on the following criteria when considering the development of the PCHD Strategic Plan:

- ♦ What do the residents of Portsmouth believe to be the top public health issues, as reported in the 2021 Community Health Assessment?\*
- What are the top health issues as indicated by evidence-based data?
- What is the current operational capacity of the Health Department?
- What training, equipment, funding, etc. do staff need to fulfill our mission?
- From start to finish, how will the proposed goals be met?

Time Line for Revision				
Organize	Assess	Plan	Finalize	Implement
July 28, 2021	August 2, 2021 – October 28, 2021	October 1,2021 - October 26,2021	November 23, 2021	December 1, 2021
Decide who should be on the Strategic Plan Committee	Division SWOT Analysis complete	The Board feedback considered and a draft of the Strategic Plan created	Final draft presented to the Board	The Plan shared with the public via our web site, with a Face Book notification of its availability
Agree that that the current Strategic Plan should be reviewed by all staff and input requested	The Team reviewed/combined Divisional SWOT Analysis to final draft	A draft of the workplan created and shared with staff for feedback	The Board approved the final draft of the Strategic Plan.	The Plan will be implemented and reported on monthly during the division staff meetings
Agreed that all staff must be involved, Directors will include the Strategic Plan revision in all Staff meetings until the update is complete	Feedback from committee members reviewed, priorities set, and draft work plan developed	Feedback reviewed, draft Strategic Plan and Work Plan revised.		The Plan will be reviewed and updated annually by the Strategic Plan Committee
Staff sent copies of the CHA, CHIP, SHIP, & current Strategic Plan for review and asked to identify and prioritize issues of importance	Priorities and SWOT analysis presented to the Board for review			The Plan will be used to guide Performance Management

# **SWOT Analysis**

Strengths	Weakness
<ul> <li>Updated equipment</li> <li>Funding (now)</li> <li>Good community relations/partners</li> <li>Customer service</li> <li>Morale / staff</li> <li>IT support</li> <li>Low overhead cost</li> <li>Mobile unit</li> <li>Accredited HD</li> </ul>	<ul> <li>Keeping equipment updated</li> <li>Grant writing</li> <li>No physical room for growth</li> <li>Staff training</li> <li>Morale</li> <li>Upward growth (individual)</li> <li>Marketing</li> <li>Identifying the underserved (access to care)</li> <li>Performance Management</li> <li>Data collection</li> </ul>
Opportunities	Threats
<ul> <li>Grant funding</li> <li>Building broader community relationships</li> <li>Identifying underserved populations</li> <li>Community outreach / education</li> <li>Mentoring / job shadowing</li> <li>Poor County Health Rankings</li> </ul>	<ul> <li>Local, State, and Federals funds decreased or terminated</li> <li>Public Health threats (COVID, West Nile, etc.)</li> <li>Program sustainability</li> <li>Opiate epidemic in the area</li> <li>Declining economy and poor physical health of the population places additional burden on PCHD</li> <li>State software programs (outdated)</li> </ul>

## Goals

Below is a list of goals for PCHD to achieve over the next three years. A separate Work Plan for achieving the goals is available upon request

#### 1. Maintain Accreditation through the Public Health Accreditation Board (PHAB).

#### Objectives:

- a. Revise and maintain a Community Health Needs Assessment (CHA), Community Health Improvement Plan (CHIP) and Strategic Plan.
- b. Revise the Workforce Development Plan to target succession planning and increasing capacity and capability.
- c. Streamline our data collection, analyzation, and reporting processes.

## 2. Effective use of technology.

#### **Objectives:**

- a. Maintain current inventory of all PCHD computer software and hardware.
- b. Develop and implement a routine maintenance and replacement schedule for hardware and software.
- c. Update phone current system.
- d. Obtain a fully functional, user friendly time keeping system.
- e. Replace outdated data collection and tracking systems with electronic systems.

### 3. Increase capacity and capability of PCHD workforce.

#### **Objectives:**

- a. Present our need for more physical space to City Counsel for review.
- b. Have a PCHD staff member on the City (physical) Space Committee.
- c. Hire new staff to facilitate capacity increase.
- d. Obtain a professional agency to assist with marketing.
- e. Obtain a mobile unit to increase community outreach.
- f. Renovate the Clinic to accommodate a second Nurse Practitioner.

#### 4. Maintain financial stability and growth.

#### **Objectives:**

- a. Obtain new funding.
- b. Optimize current funding.

# Implementation and Evaluation

Upon Board approval of the Strategic Plan, the plan will be implemented and monitored (see the Work Plan for monitoring information). Implementation is the most important step in the Strategic Planning process. Goals are assigned, targets set, and data collected and reviewed. Actions will be taken based on the data.

This Strategic Plan will be published and distributed to staff and stakeholders. It will also be made available to the public via our web site and social media. After the initial dissemination, there will be ongoing communication with both internal and external stakeholders. Communication with staff will occur throughout implementation via newsletter articles, webinars, surveys, staff meetings and discussions. Input will be sought from the public. Community partners will be engaged to identify opportunities for collaboration.

Implementation has already begun for some of the essential portions found in the plan, while others will be initiated over time. For new initiatives, the Management Team and Board of Health will continue to meet to prioritize which areas must be addressed immediately, and which areas will be addressed in the near future. Part of this prioritization process involves considering resources needed for implementation. Meeting those resources needs and implementing the strategies in the plan will be an evolving process.

Evaluating progress on the goals and objectives in the plan builds accountability and flexibility in implementation. Data collection mechanisms will be established and the work plans will be updated at least annually to reflect changing needs and resources. At minimum, it will be reviewed quarterly by the Management team and bi-annually by staff, and the Board of Health.

Stakeholders are encouraged to provide input regarding the Strategic Plan by emailing belinda.leslie@portsmouthoh.org. Your input is vital to our effort to address the changing needs of the community we serve.

# Appendix A

All staff and Board members were asked to participate in the creation of this Strategic Plan. Below is a list of those who chose to participate:

Allen, Angee, DIS Blair, Rebecca, Billing Coordinator/Admin. Assistant Boerger, Louis, Instrument Tech Bradley, Katelyn, PHN Buckley, Kelly, RCORP Coordinator Chaffin, Adam, Instrument Tech Chamberlin, Anne, Permit Specialist Charles, Cindy, Director, Air Division Cline, Kellie, STI Nurse Educator Colley, Collin, STI Navigator Davis, Molly, Epidemiologist Desotelle, Chris, Data Coordinator Halea, Hatten, HIV/STD Coordinator Horner, Barb, Custodian Koch, Jared, CFO Leslie, Belinda, Administrator Lore, Samantha, Nurse Practitioner Mathews, Hannah, Re-Entry Navigator Miller, Rebecca, DFC Assistant Monteith, Ashley, Re-Entry Navigator Mullens, Jessica, Receptionist/Billing Assistant Payton, Wendy, Animal Control Officer Penix, Wirty, Director, Prevention & Health Promotion Powell, Cortney, Receptionist Roberts, Lisa, DFC/OBB Coordinator Shultz, Carla, Air Secretary/Fiscal Officer Smith, Chris, Health Commissioner Spears, Abby, Injury Prevention Coordinator Spence, Melissa, Registrar /Payroll clerk Thomas, Christine, Director of Nursing Trapp, Helen, Deputy Registrar/Office Manager Wamsley, Chad, Director Environmental Health Whisman, Mandy, PHN Wolfe, Tiffany, Nurse Practitioner

Zaph, Kenzie, EH Tech

Mayor Sean Dunne, Board President Timothy Angel, PhD, President Pro tem David Walker, MD, Vice President George L. Davis, III, Esq., Board Member Valerie DeCamp, Board Member Angela Hodge, DNP, FNP, Board Member Darren Adams, MD, Medical Director





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