



**Strategic Planning Team Meeting Minutes  
 January 23, 2012**

**MEMBERS PRESENT:**

Randy Gooch, Director of Administrative Services  
 Stuart Spillman, Environmental Health Director  
 Peggy Tiller, Director of Nursing  
 Tracy Aaron, Health Education Director  
 Pamela Godby, Human Resources Manager  
 Jasie Logsdon, Senior Epidemiologist and Preparedness Program Director  
 Janae Tucker, LHN Specialist  
 Amy Tomlinson, Public Health Services Coordinator

**MEMBERS ABSENT:**

Shawn Crabtree, Executive Director

TOPIC	DISCUSSION	FOLLOW-UP
	<p align="center"><b>Meeting called to order at 9:05 AM EST            Meeting Topic: Assessing the Current Situation</b></p>	
<p><b>Mission Review</b></p>	<p align="center"><i>Current Mission Statement:            The Lake Cumberland District Health Department will prevent illness and injury, promote good health practices, and assure a safe environment.</i></p> <p align="center"><b><i>Proposed Mission Statement:            The Lake Cumberland District Health Department will prevent illness and injury, promote good health practices, and assure a safe environment to protect and improve the health of our communities.</i></b></p> <p>Discussion was held about adding “to protect and improve the health of our communities” for clarification of our mission statement. It was agreed upon by committee members that the proposed changes to the mission statement should be adopted.</p>	

<p><b>Vision Review</b></p>	<p><i>Current Vision Statement:</i>  <i>The Lake Cumberland District Health Department will be a leader in preventive health care, health education, and environmental monitoring in collaboration with the public and private sectors. We will show compassion and respect as we strive to improve the health of our communities.</i></p> <p><b><i>Proposed Vision Statement:</i></b>  <b><i>The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.</i></b></p> <p>Discussion was held about re-working our vision statement to more accurately reflect the organizations goals and direction. It was agreed that our current vision statement was inadequate and should be re-worked. The new vision statement should be inspiring and challenging and provide a clear picture of the organization’s ideal future.</p>	
<p><b>Values/Belief</b></p>	<p>Currently there are no formally identified values or beliefs for the organization.</p> <p>Proposed values are:</p> <ul style="list-style-type: none"> <li>• integrity</li> <li>• respect</li> <li>• empathy</li> <li>• excellence</li> <li>• responsible</li> <li>• efficient</li> <li>• trustworthy</li> <li>• compassion</li> <li>• accountability</li> <li>• inspire/empower</li> <li>• leadership</li> </ul>	
<p><b>Organizational Mandates</b></p>	<p>See attached Organizational Mandates worksheet</p>	<p>Department heads will review their programs and complete the organizational mandate worksheet for each department. Begin looking at KAR and KRS that require HDs to provide certain services. Will seek</p>

		additional information/clarification during the next webinar before proceeding.
<b>Stakeholder Analysis</b>	See attached Stakeholder Analysis worksheet	
<b>External/Internal Assessment</b>	See attached External Analysis worksheet See attached Internal Analysis worksheet	
<b>SWOT Analysis</b>		Will discuss at next committee meeting.
<b>Next Webinar</b>	January 26, 2012 1:00 PM – 2:30 PM in the Basement Conference Room	Committee members should review the “Assessing the Current Situation” section of the Strategic Planning Workbook prior to the webinar.
<b>Next Meeting and Assignments</b>	February 16, 2012 8:30 AM –12:00 PM in the Executive Conference Room	Committee members should give thought to needed revisions to the mission and vision statements and also the creation of a values statement. Come to meeting prepared to discuss.
	<b>Meeting adjourned at 2:20 PM EST</b>  <i>*Time for this and future strategic planning committee meetings should be coded to the employee’s administrative cost center.</i>	

## External Assessment

What are the current trends in these areas?

Economic Climate	Rising unemployment, uncertainty, rising cost of living
Social	Entitlements are increasing, social media is booming, drug use/abuse rampant, moral decline
Demographics	More immigrants (legal/illegal), more cultural and ethnic diversity
Political	Partisanship, indecision, lack of cooperation
Legal	Increased regulation, increased liability
Technology	Continuously changing, everything is electronic, increased cost to maintain, challenges workforce efficiency due to technology changes
Budget	Decrease in funding, challenges to meet payroll/rising expenses
Programs and Services	Restructured programs, expected to do more with less (funding and staff)
Customers	Expectations for services are increasing, safety net is shrinking

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## Stakeholder Analysis

Stakeholder	What do they want/need/expect from us?	What criteria does stakeholder use to assess our performance?	How are we doing with them?  How do we know?	What can we do to improve?
Clients (aliens, tourists, schools, employers, citizens)	Efficient, quality public health services provided with minimal intrusion in their day to day lives at a fair economic value	Their needs are being met consistently	Good – based on low complaint rates and high patient satisfaction	Assess patient feedback and adapt programs to meet needs of patients
Boards of Health (local and district)	Adhere to legislative mandates and organizational policies to provide services within the communities. To be kept informed.	Community image, community report card, budget administration, employee morale	This relationship has been strained for several years and efforts need to be made by both sides to improve this. Historically, board meetings have been tense and emotions have been high. Until this relationship is right and a unified mission/vision is embraced, the HDs other relationships will not be as good as they could be.	Individual education for board members. Taking time to build relationships with board members
Government Officials/Policy Makers	Provide needed public health services at a low tax rate. Maintain positive community image	Complaints received from community	Mixed – The relationship between the HD and this group could definitely be stronger. Often it's a “no news is good news” situation where if the HD doesn't hear from this group, then it is assumed all is well	Increase communication and make an effort to reach out to include this group in more HD activities and functions. Select HD “champions” in each community to serve as a go-to person for officials with questions or concerns
Taxpayers	Provide needed public health services at a low tax rate	No individual public health problems detected by the taxpayers	Good - based on low complaint rates and high patient satisfaction scores	Communication can improve the PH perception
DPH	Support their mission and meet	Program and site review	Good - based on audits and reviews	Continue providing our

	public health mandates			services
Employees	Paycheck, job security, fairness	Raises, positive performance reviews	Mixed – Employee satisfaction results remain high, however, morale is deteriorating	Communicate to keep employees well informed. Offer praise for jobs well done.
Community Organizations (churches, coalitions, governmental and nonprofit organizations)	Collaboration, guidance in support of their initiatives	Do we play well with them? Is the guidance we provide valuable and needed? Are we a good partner?	Good – based on the requests for our services	More staff to support partnerships
Universities	Guidance on health topics, field placements, partnerships on grants/research	Are their questions answered? Needs met?	Good – repeat requests for field placements, etc	Include university representatives on coalitions and boards