LCDHD Strategic Plan
Established 2013

“A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it” – Public Health Accreditation Board

Reviewed and updated: July 30th, 2014
Reviewed and updated: May 27th, 2015
Reviewed and updated: October 24th, 2016
Strategic Efforts Summary Letter

The mission of the Lake Cumberland District Health Department is to “…prevent illness and injury, promote good health practices, and to assure a safe environment.” In short, we desire for our community’s health to improve. The enclosed Strategic Plan provides a “thumbnail overview” of many of our major initiatives that help us achieve our mission. Below is a summary of additional “plans” developed and utilized within our agency. We list them here to demonstrate how our plans are inter-related and that we use the concepts of strategic thinking and performance management at all levels of planning within our agency.

Performance Management System

As much as possible, we have integrated the concepts of performance management into each of our plans so that they might be living documents that guide our agency’s strategic efforts. The introduction to each of our plans, provided below, indicates how we set our performance standards, what performance measures we utilize to assess our progress, how and where our performance is documented and reported, and what steps we take for quality improvement should any aspect of our plans be falling short of our performance expectations.

Quality Improvement Plan

Besides Quality Improvement Projects, in an effort to be as efficient and effective as possible operationally, we utilize several Quality Assurance processes such as Patient and Employee Satisfaction Surveys and Utilization Review of Medical Records.

Furthermore, as we endeavor not only to assure operational quality, we also look for areas of potential agency and community improvement. Therefore, we engage periodically in research (such as, the “Teach Me, Love Me Care for Me” Research Project; or the Social Media, Teen Moms and Post-partum Depression project with U of L) or pilot projects (such as, same day scheduling).
In terms of Quality Improvement, quality improvement activities emerge from a systematic and organized framework. LCDHD maintains a quality improvement plan outlining the quality improvement process utilized. This framework, adopted by LCDHD leadership, will be understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels.

The Quality Improvement Committee (QIC) will be responsible for developing quality improvement strategies based on available data and recommendations from staff. The QIC will also commission and supervise continuous quality improvement, including the design of new services and the improvement of existing services based on measures and assessment through the collection and analysis of data.

The performance management system utilized in this department is:

**Performance Standard:**
From time to time, processes within our agency need to be enhanced in order to achieve desired outcomes. Suggestions for areas of quality improvement are solicited from our staff (i.e. employee suggestions at staff meetings), and the Executive Team (via brainstorming when program evaluation reflects poor performance). The tools (PDCA, Flow Charting, etc.) utilized to achieve these improvements are identified in our Quality Improvement Plan.

**Performance Measures:**
Consistent with our QI Plan, an AIM statement is developed to clarify what, how, for whom and by when improvement will occur.

**Performance Reporting:**
Minutes from QI Team Meetings and a Quality Improvement Action Plan are utilized to track the QI project as it unfolds. A storyboard is created when the project is complete to summarize the findings. These are then shared with all staff and board members and placed on our website.

**Quality Improvement:**
QI Projects that demonstrate improved processes that result in desired outcomes will be adopted by the Executive Team.
Community Health Improvement Plan

As our Quality Improvement Plan assures organizational efficiency and effectiveness, we leverage such to focus on community health improvement. Our agency evaluates existing health data and, via the Mobilizing for Action through Planning and Partnerships (MAPP) process, garners community input (Community Health Assessment [CHA]) and cooperation (Community Health Improvement Plan [CHIP]) to address public health issues in a collaborative manner. The activities which guide the CHIP’s completion will be identified on the health coalition’s yearly report.

The performance management system utilized in this department is:

Performance Standard:
CHIPs are developed utilizing the results of the CHAs. The CHIP’s are action plans local health coalitions utilize for creating healthier communities. These action plans target specific health behaviors that will impact health outcomes. These action plans utilize the core functions of public health and/or ten essential services as deemed necessary. Available state, federal, and local funds are planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health. The goal is improving the health status of our communities.

Performance Measures:
Quarterly progress notes will track activities of the health coalitions and the strategies adopted from the CHIP. They will also note unexpected outcomes, both positive and negative.

Performance Reporting:
Quarterly reports will be provided from Health Educators to the Health Education Director on local coalition progress notes. These notes will be discussed by health educators facilitating the coalitions. These reports will be provided to the Executive Team. Health Coalition minutes and Health Promotion and Policy minutes reflect the performance of the CHIP’s.
Quality Improvement:  
The Health Education Director and Health Educators will review the CHIPs (goals/objectives/strategies) on a yearly basis. Health Educators will discuss quarterly progress notes within our staff meetings for unexpected outcomes. Financial assistance will be reviewed on a yearly basis, which is guided by Kentucky Department for Public Health allocations to assist with cost for the CHIPs. Health coalitions will devise strategies to improve and follow up at the meetings.

Annual Plan and Budget

Responding to health statistics and community concerns, our Annual Plan and Budget is our annual “step along the way” to achieving our mission of improved community health outcomes. This includes each division’s annual goals (i.e. our Health Policy and Promotion Division’s Plan is referred to as the “Community Plan” and focuses on health policy development and promotion; engaging in the MAPP process; and, community health education).

The performance management system utilized in this department is:

Performance Standards:
CHAs (and other parts of the MAPP process) along with available health statistics help us to identify public health needs in our communities. Available state, federal, and local funds are then planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health with the goal of improving the health status of our communities.

Performance Measurement:
Each month, revenues and expenditures are evaluated by the Director of Administrative Services to determine whether plans are progressing as budgeted.

Performance Reporting:
Financial status is reported to Executive Team monthly, who make adjustments by program as necessary. Quarterly, financial status is
reported to the District Board of Health. Year-end close-out data is also reported to the Board and published on the Department of Local Government (DLG) and the LCDHD website annually.

**Quality Improvement:**
Financial status is reported to Executive Team/Program Managers monthly. Director of Administrative Services meets with Program Managers of programs which are under performing compared to budget to evaluate reason for under performance and a correction plan is formed if appropriate.

**Preparedness Plans**

In the event of a public health emergency or a bioterrorism attack, our various preparedness plans guide our response efforts and our continuity of agency operations.

The performance management system utilized in this department is:

**Performance Standards:**
Preparedness plans for the agency are exercised and reviewed regularly. Plans are submitted to Kentucky Department for Public Health (KDPH) for their input and approval and are also submitted for approval by the Board of Health.

**Performance Measurement:**
Plans are written with the expectation of being carried out with success for the agency’s response and operations. If plans are exercised or utilized and found to need revision or corrections, those are conducted and all plans are resubmitted for approval to local and state partners.

**Performance Reporting:**
After action reports (AARs) are completed for each event and exercise to report the strengths and areas of improvement for each plan. Hot washes and debriefings are held with staff to capture their immediate input about the response and operations. The AARs are shared with and disseminated to partner agencies and the state.
Quality Improvement:
Improvement plans are written as part of the AAR process that assign corrective actions to the appropriate department and ensure follow-up on actions that need improvement.

Workforce Development Plan

The Workforce Development plan assures that we recruit, train and retain a competent workforce.

The performance management system utilized in this department is:

Performance Standards:
LCDHD builds and maintains a public health workforce through recruitment of qualified individuals, continual training for staff, retention of staff through promotion of benefits and a positive work environment and evaluation of employee performance and satisfaction. Employee professional development is an ongoing process to ensure employees are staying current in licensure requirements, programmatic needs, as well as core competencies and emergency preparedness competencies.

Performance Measurement:
Workforce development is conducted and maintained in accordance with the Administrative Regulations for Local Health Departments. Training is monitored on an ongoing basis via TRAIN training plans and a checklist was developed from the training grid to assist supervisors and Human Resources to monitor completion of required trainings. In addition, state databases are available for tracking various programmatic trainings. Employee recognition and opportunities for advancement promote good retention. Regularly scheduled performance evaluations are conducted using merit system forms at designated intervals in addition to employee satisfaction surveys.

Performance Reporting:
Human Resources updates are reported to the Executive Team monthly and to the Board of Health on a quarterly basis.
Quality Improvement:
Program Managers review staffing needs annually as part of budget preparation and Executive Team / Program Managers meet bimonthly to discuss staffing needs, training, retention and performance.

In order for our agency to have the best opportunity to achieve our mission, all of our plans must correlate with one another. Each plan designated above ties either directly or indirectly with the other plans and serves to guide us as we move toward improved health outcomes for our communities.

In good health,

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Need for a Plan

The purpose of this strategic plan is to define the direction of LCDHD over the next five years. There are many reasons why it was time to engage in a strategic planning process. For example:

- **National Public Health Accreditation:** LCDHD is planning to apply for Public Health Accreditation Board's (PHAB) voluntary national accreditation program in 2014. LCDHD leadership and staff have been working to ensure that the department is well-positioned to submit an application to PHAB by December 2014. The lack of a current and functional strategic plan was identified as a significant gap in accreditation readiness.

- **Effective Use of Available Resources:** The current economic situation has led to significant reductions in public health funding over the past several years. This type of environment requires us to evaluate what services and programs are provided by the health department, while also ensuring that we are making strides to do our work in a more efficient and effective manner to meet customer and client expectations.

- **Importance of Continuous Learning and Improvement:** Constantly monitoring progress and making necessary adjustments in program and service delivery are critical actions for ensuring we are achieving intended public health outcomes. Establishing an organizational culture of continuous learning and quality improvement guided by research and identified needs of stakeholders is imperative.

Planning Process

In December 2011 LCDHD completed a “Strategic Planning Readiness Assessment” as recommended by the Kentucky and Appalachia Public Health Training Center. Key staff attended the Strategic Planning Webinar Series presented by them to the local health departments preparing for accreditation. An internal strategic planning committee was formed that included leadership from all divisions (see Appendix A for a complete listing of strategic planning committee participants) and the strategic planning process was initiated. A series of meetings followed that resulted in the development of the LCDHD Strategic Plan (see Appendix B for a list of strategic planning session dates and the purpose of each-click on the date to view the complete minutes for the meeting).

In the future, the committee will meet at least annually to review the plan and make revisions as needed. Changes to the plan will be documented on the Strategic Plan Revision Tracking Sheet, including a summary of changes and will reflect the meeting minutes where the modifications to the plan were made. When amendments to the plan are necessary, a final draft of the modified plan will be presented to the governing Board of Health for review and approval.

Every five years, a new SWOT analysis from all employees and district board members will occur and the plan will be rewritten based on identified strengths, weaknesses, opportunities, or threats at that time.
Mission, Vision, and Guiding Principles

Mission:
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.

Vision:
The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

Guiding Principles:
- integrity
- respect
- empathy
- excellence

- responsible
- efficient
- trustworthy
- compassion

- accountability
- inspire/empower
- leadership
- responsible
- efficient
- trustworthy
- compassion
- accountability
- inspire/empower
- leadership

Strategic Priorities:
LCDHD has seven identified priorities at this time. These priorities are identified as “strategic initiatives” and can be found at the very top of each charted section throughout the plan.

Goals and objectives with measurable and time-framed targets:
Goal and objectives are also identified in the following charts for each initiative/priority identified, in addition, a column has been added to identify the “action steps” that we intend to take to achieve the desired outcome.

Key support function required for efficiency and effectiveness:
All LCDHD plans must take into account our capacity for information management, workforce development and financial sustainability of all programs and services as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on support functions and funding available at that time.

Identification of external trends, events, or factors that may impact community health or the health department:
It is important to assess the agency's IT, workforce, financial, etc. capacities before beginning any strategic effort to assure all needed resources are sufficiently available to see the process through. Therefore, all LCDHD strategic efforts/plans must take into account these capacities as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on how available resources evolve.
**Assessment of health department strengths and weaknesses:**
A SWOT analysis from all employees and district board members was completed before the strategic plan was developed to guide our efforts, the steps taken are detailed throughout the meeting minutes but the final summary is located in Appendix C for quick review of results.

Presently we gather them information through QI/QA in general, which will be accompanied by a SWOT analysis that will occur every five years prior to our review of this plan. At that time, we will completely rewrite our strategic plan based on identified strengths, weaknesses, opportunities, or threats at that time.

**Link to the health improvement plan and quality improvement plan:**
Links to other LCDHD plans, such as the Quality Improvement Plan, the Workforce Development Plan and the Community Health Improvement Plans can be identified by the last column of each chart “links to LCDHD plans”.

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| Support relationship with district and/or local Boards of Health.    | Provide access to current orientation material to all new Board of Health members within a month of appointment | Executive Director  
- Provide link to BOH resources/orientation materials on website annually and at the board meetings.  
- Provide face-to-face orientation with new judges and with other members if requested | Annual Plan & Budget  
CHA/CHIPS  
Workforce Development Plan  
QI Plan  
Preparedness Plan |
|                                                                      | Maintain regular communication with the Boards of Health on an ongoing basis | Executive Director  
- Provide various financial and programmatic updates during quarterly BOH meetings  
- Email BOH members financial and program updates as needed along with breaking news, professional newsletters and correspondence | QI Plan |
|                                                                      | Conduct an annual survey with the Board of Health (re: performance of director, agency enhancement, etc) | QI  
- Administer Board of Health survey annually in January | QI Plan |
|                                                                      | All Divisions                                                              | All Divisions  
- Attend and participate in various committee and council meetings, workshops, conferences (i.e., Chamber, Interagency, Wellness Councils, etc.) as scheduled  
- Develop a branding strategy, starting with an updated policy and templates (letterhead, logos, PowerPoint presentations, etc) for staff use to promote and communicate the value of LCDHD and the services we offer. | Annual Plan & Budget  
Communication Plan |
|                                                                      | Environmental                                                               | Environmental  
- LCADD Regional Water Council-quarterly  
- City Utilities-as needed  
- Food service classes-annually  
- Local veterinarians-annually and as needed  
- Septic installers classes-annually | CHA/CHIPS |
|                                                                      | Clinic                                                                     | Clinic  
- Head Start Health Advisory Board-biannually and as needed  
- Cancer Screening Program coordinates with Kentucky Cancer Program and physicians  
- Support Humana Vitality for employers/employees that who participate in KEHP insurance – on an ongoing basis as contacts are made  
- WIC-farmer’s market annually, stores continually, physicians office continuously  
- Breastfeeding – hospitals and physician offices | |
|                                                                      | Health Policy and Promotion                                                 | Health Policy and Promotion  
- MAPP/Health Coalitions-monthly  
- Interagency meetings-monthly  
- Chamber meetings-bi-monthly  
- School Wellness Council/CSH-as needed  
- FRYSC Advisory Councils-as needed  
- School Board Meetings-as needed  
- Fiscal Court-bi-yearly  
- City Council Meeting- bi-yearly  
- Childcare Coalitions- quarterly | |

*Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.*
### Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.

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|       | Continuously develop and maintain relationships by networking with community stakeholders | · Senior Aging Council-bimonthly  
· Grandparent Support Group- as needed  
· Head Start Parent meetings-as requested  
· CCHC-yearly  
· Site Based Decision Council-as needed  
· PTO/PTA-as needed  
· 21st Century Afterschool Council- as needed  
· Hospital Council-as needed  
· Local Health Department Board meetings-yearly  
· District Board of Health meetings-quarterly  
· Tobacco Coalitions/ASAP-bimonthly  
· DPH Prevention Health Block Grant-annually  
· Chronic Disease Task Force-annually  
· RIAC meeting for ADANTA  
· KPHA Board Meeting-bi-monthly  
| Diabetes | · Distributes Class Schedules and Community Calendars to health care providers throughout District  
· Participates in Diabetes Coalitions in Adair, Casey, Clinton, Green, McCreary and Russell Counties  
· Attends Interagency Meetings to promote Diabetes activities as needed  
· Provide Diabetes CEUs for nurses in the community  
· Networks with community partners when recruiting participants for events  
· Participates in health fairs  
· Joint presentations in community (partners with Extension Office, etc.)  
| HANDS | · Verbal agreements/understandings with Early Childhood Centers, School Resource Centers, Pregnancy Centers, Public Libraries, Adult Education Centers, local hospitals and community OB-GYN offices  
| Epidemiology | · Educate and support Infection Control staff at region’s hospitals - annually  
| Preparedness | · Region 14 Healthcare Preparedness Coalition - meet monthly  
· EM meeting with Area 10 Emergency Managers - meet quarterly  
· Local Emergency Planning Committees (LEPC) - meet annually  
· Medical Reserve Corps (MRC) - meet twice a year  
| All Divisions | · Community presentations, media communications, share program information, school presentations, grant projects  
| Environmental | · Food Management/Handler Classes – annually  
· Septic System Installer Classes-annually  
· Food Protection for schools-training provided when requested  
· Rabies Education provided through/at annual rabies vaccination clinics  
· Senior Citizen Food Safety-as requested by participants  
· Mosquito-borne illness community outreach/education - as needed  
· Outreach or emerging infectious disease as needed - ongoing  

Support collaboration with community partners.
**Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.**

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| Clinic | Conduct outreach and educate potential community resources regarding health problems and threats on an ongoing basis | TB Outreach for hospitals nursing homes, jails, adult daycares – as needed  
WIC/Breastfeeding Promotions occur continually  
Outreach or emerging infectious disease as needed - ongoing | Annual Plan & Budget  
CHA/CHIPS  
Community Plan  
District Health Report Card |
| Health Policy and Promotion | Community Health Improvement Plan presentation to ALL sectors of the community  
Presentations driven by agency/DPH approved community plan and budget  
Media (radio, TV, Facebook, Twitter, Website)  
Health fairs | CHA/CHIPS  
Community Plan  
District Health Report Card |
| Diabetes | Submit diabetes related articles to newspapers  
Diabetes Day at the state capitol-annually  
Website materials  
Supply community partners with statistics - annually (or when new data is available)  
Paycheck information inserts for various industries in District  
Radio spots | Communicable Disease Plan |
| Preparedness | Outreach or emerging infectious disease as needed - ongoing | |
| Epidemiology | Outreach or emerging infectious disease as needed - ongoing  
Media (Facebook, website, newspaper and community presentations) | |
| Conduct assessments | Conduct community public health assessments on an ongoing basis | |
| Health Policy and Promotion | Community Health Improvement Plans - every 5 years  
Community Health Assessment - ongoing basis  
Assist other agencies/ community partners with health assessments as requested (school wellness, KY-ASAP/Drug Free Coalitions)  
Conduct grants project assessments as required | CHA/CHIPS  
Communicable Disease Plan |
| Epidemiology | District Health Report Card – web-based and updated annually (or when new data is available) with annual reports presented/given at BOH meeting  
Health statistic reports presented at District BOH meetings annually | |
| Disseminate assessments | Disseminate results of assessments upon completion of each assessment | |
| Health Policy and Promotion | Community Health Improvement Plan (Website, Facebook, BOH Meetings, newspapers, interagency, fiscal courts, city council, school boards, health boards/councils)  
Community Health Assessment (Website, Facebook, BOH Meetings, newspapers, interagency, fiscal courts, city council, school boards, health boards/councils)  
District Health Report Card web-based and updated continuously with annual reports presented/given at BOH meeting  
Health statistic reports presented at District BOH meetings annually | CHA/CHIPS  
Communicable Disease Plan |
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<td>Recruit</td>
<td>Recruit qualified individuals to job vacancies on an as needed basis</td>
<td>Human Resources&lt;br&gt;  - Advertise internally - within agency all staff e-mails, bulletin boards, etc.&lt;br&gt;  - Externally in accordance with personnel regulations - outside agency ads, college fairs, expos, internships, temp agencies, online recruitment, etc.)</td>
<td>Workforce Development Plan</td>
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<td>Continually provide LHD specific and job specific training to staff</td>
<td>Human Resources&lt;br&gt;  - Track required trainings (online trainings, conferences, face-to-face trainings, webinars, etc.)&lt;br&gt;  - QA, emails, staff meetings and one-on-one training</td>
<td>Workforce Development Plan</td>
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<td>Continually educate/update staff on new and/or revised agency policies</td>
<td>All Divisions&lt;br&gt;  - Develop new and/or review and revise policies annually in accordance with our Policy on Policies&lt;br&gt;  - Email new and revised policies to staff in accordance with our Policy on Policies</td>
<td>Workforce Development Plan</td>
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<td>Retain</td>
<td>Continually promote employment benefits and positive work environment</td>
<td>Human Resources&lt;br&gt;  - Provide benefits information/fact sheets on website and to staff&lt;br&gt;  - Email staff a LCDHD benefit summary - annually&lt;br&gt;  - Promote employee recognition (Employee of the Month/Year; agency newsletter)&lt;br&gt;  - Inform staff when there are opportunities for advancement</td>
<td>Workforce Development Plan</td>
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<td>Evaluate</td>
<td>Evaluate performance and employee satisfaction annually</td>
<td>Supervisors&lt;br&gt;  - Employees complete 6 month training survey/evaluation&lt;br&gt;  - Conduct regularly scheduled performance evaluations (6 month, annual and special as needed) using merit system forms&lt;br&gt;  - Conduct Employee Satisfaction Survey annually</td>
<td>Workforce Development Plan</td>
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<td>QI/QA Plan</td>
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| Prevent recurring/emerging PH issues | Continually use evidence based practices to prevent recurring/emerging PH issues | Clinic/Environmental/Epidemiology  
- Disease surveillance and investigation, testing and prophylaxis  
- Environmental  
- All inspections (food services, hotel/motel, public pools, etc.)  
- Current sanitizing methods proper hand washing for restaurants  
- Water treatment/Boil water advisories  
- Mosquito-borne illnesses  
- Advanced sewage systems | Communicable Disease Plan |
| Identify current/emerging PH issues | Conduct continuous surveillance to identify current/emerging PH issues | Clinic/Environmental/Epidemiology  
- NEDSS (National Electronic Disease Surveillance System)  
- EPID 200 (Kentucky Reportable Disease Form)  
- Environmental inspections  
- Mosquito-borne illnesses  
- Educate/outreach to hospitals, long-term care facilities and doctors | Communicable Disease Plan |
| Respond to current/emerging PH issues | Execute response plans to respond to current/emerging PH issues as needed | Preparedness  
- Develop, exercise, evaluate, train staff, and implement all preparedness plans as needed  
- Clinic  
- Education, screening/testing, vaccination and/or prophylaxis  
- Referrals as appropriate  
- Environmental  
- Electric outage  
- Water outage/boil water plan  
- Disaster Guidebook/Plan  
- Bird roosts  
- Mosquito-borne illnesses  
- Major rodent infestations | Preparedness Plans  
Disease Outbreak Support Plan (DOSP) |
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| Gain support for health initiatives/policies from Boards of Health | Educate and make recommendations to BOH members regarding health initiatives/policies as needed | Executive Director and Department Heads  
- Make presentations to Boards of Health during regular/special board meetings  
- Make presentations or provide information to individual board members if requested or as appropriate  
Executive Director  
- Email Board of Health members as needed regarding relevant topics | |
| Gain support for health initiatives/policies from community | Educate and make recommendations to community stakeholders regarding health initiatives/policies as needed | All Divisions  
- Community presentations  
- Multi-media  
Environmental  
- Fee increases  
- Meet with elected officials or community partners as needed re: birds, sewer, lot sizes, complaints, disaster planning, etc.  
Health Policy and Promotion  
- Assist in creation of community health improvement plan every 5 years  
- Other health initiatives will be driven by Board/DPH Approved Plan and Budget yearly | Communications Plan  
CHA/CHIPS  
Annual Plan & Budget |
| Gain support for health initiatives/policies from staff | Continually educate staff regarding health initiatives/policies | All Divisions (as appropriate)  
- Newsletters  
- Social media  
- LCDHD server  
- Wiki  
- Staff meetings  
- Webpage  
- Email | Communications Plan |
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| Identify needed PH services.                                          | Conduct assessment of community health status | Health Policy and Promotion  
  - Review community health assessment-ongoing  
  - Community Health Improvement Plan-every 5 years | CHA/CHIPs |
| Conduct analysis of community health status                           |                                | Health Policy and Promotion  
  - Community Health Assessments-ongoing basis  
  - Community Health Improvement Plan-review action plans monthly  
  Epidemiology  
  - Reportable disease data  
  - Health report card source data (vital statistics, state program data, census data, etc.) | Communicable Disease Plan |
| Identify and implement strategies to improve access to health services.| Increase participation in HD programs | Health Policy and Promotion  
  - Use social marketing techniques via social media, radio, newspaper, fliers, worksites, etc. in conjunction with evidence based programs as identified by the State DPH insofar as funds allow  
  Clinic  
  - Assess patient eligibility for additional health dept programs/services  
  Diabetes  
  - Provide evidence based, comprehensive diabetes self-management education in the community  
  - Provide non-comprehensive diabetes prevention and diabetes management education in various community settings (i.e. community activity centers, churches, schools, worksites, extension offices, etc.)  
  - Assist with maintenance of State diabetes Resource directory for resources in LCDHD. Compile and distribute community Calendars to HCP’s in District quarterly.  
  Environmental  
  - Advocate for mandatory food training (keep fees for food manager/handler low)-as needed  
  - Advertise low cost rabies vaccination clinics that occur annually  
  Worksite Wellness  
  - Develop and promote a low cost Worksite Wellness program for local industries  
  Wellness  
  - Promote an online Personal Wellness Profile-ongoing through social media  
  HANDS  
  - KY HANDS website  
  - Community outreach to OB-GYNs, FQHCs, hospitals, Adanta baby shower programs, clinic services and local DCBS offices | CHA/CHIPs  
 Communications Plan  
 Annual Plan & Budget  
 QI Plan
**Strategic Initiative 5: Improve the health status of the community through provision of, or assurance through linkages to needed public health services.**

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<th>Goals</th>
<th>Objectives</th>
<th>Action Steps</th>
<th>Links to LCDHD Plans</th>
</tr>
</thead>
</table>
|       | Continually assure access through linkages to other health providers | Environmental  
- PRIDE, USDA, EPA, Attorney General, local veterinarians, County Attorney, police, Inspector General, etc.  
Clinic/Diabetes/School Health/HANDS  
- Make referrals to contracted providers, FQHCs, or private physicians as needed  
- Be a referral source to and/or for local providers via MOAs/MOUs, contracts  
- Educate community health coalitions on issues regarding access to healthcare for disadvantaged populations  
- Promote development of coalition's community health plans taking into consideration disadvantaged populations  
Health Policy and Promotion  
- Making the public aware of available health resources via social media, website, etc.  
- Search for/write grants to procure needed services (e.g. cancer screening services) | Annual Plan & Budget |
| Improve health statistics in areas identified by key indicators | Collect data | Health Policy and Promotion  
- Community Health Assessments-ongoing basis  
- County Health Rankings  
- Behavioral Risk Factor Surveillance Data  
Epidemiology  
- Reportable disease data  
- Census data  
- Vital Statistics  
- Kentucky Cancer Registry | Annual Plan & Budget  
CHA/CHIPS |
|       | Analyze data | Data Analysis Committee  
- Analyze collected data (identifying trends, risk factors, data sets with statistical significance) | |
|       | Report Data | Health Policy and Promotion  
- Community Health Improvement Plan/Health Report Card - web-based and updated annually (or when new data is available) with annual reports presented/given at BOH meeting  
- Present findings to the executive committee and all health department staff  
- Present findings to the community at large | |
<table>
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<tbody>
<tr>
<td>Establish optimal standards for LCDHD</td>
<td>Implement QI program</td>
<td>QI</td>
<td></td>
</tr>
</tbody>
</table>
|                                                                      |                                                                           | · Participate in bimonthly QI team meetings  
|                                                                      |                                                                           | · Educate staff/promote program as needed  
|                                                                      |                                                                           | · Review and analyze Improvement Projects monthly  
| Maintain optimal standards for LCDHD                                 | Conduct internal QA reviews at designated intervals                       | QI |  
|                                                                      |                                                                           | · Facilitate QA activities (refer to the QI Plan for details), for example:  
|                                                                      |                                                                           | o Clinic peer review-quarterly  
|                                                                      |                                                                           | o Clinic district review-annually  
|                                                                      |                                                                           | o School district review-every 4-6 weeks  
|                                                                      |                                                                           | o HANDS review-quarterly  
|                                                                      |                                                                           | o Environmental-quarterly  
|                                                                      |                                                                           | o Preparedness/Epi-quarterly  
|                                                                      |                                                                           | o Health Policy and Promotion-monthly  
|                                                                      |                                                                           | § Community Health Plan - review reports monthly  
|                                                                      |                                                                           | § Review class and program evaluations as available  
|                                                                      |                                                                           | o Employee Satisfaction-annually  
|                                                                      |                                                                           | o Ryan White-monthly  
|                                                                      |                                                                           | o Patient Satisfaction-annually  
|                                                                      |                                                                           | o Diabetes-DSME peer review-quarterly  
|                                                                      |                                                                           | § Class evaluations - bimonthly  
|                                                                      |                                                                           | § Program evaluation - annually  
| Utilize feedback from internal and external QA reviews to improve LCDHD programs | Collect and analyze data from QA reviews as it is available               | QI |  
|                                                                      |                                                                           | · Develop improvement plans as needed  
|                                                                      |                                                                           | · Communicate feedback (exit reviews, etc.) as specified in the QI Plan  
|                                                                      |                                                                           | · Follow-up on improvement efforts continuously  
| Achieve voluntary national accreditation                             | Become accredited by Public Health Accreditation Board in 2017              | All divisions |  
|                                                                      |                                                                           | · Submit PHAB action plan and become accredited  

**Strategic Initiative 6: LCDHD will continuously evaluate and improve programs and services to ensure internal and external excellence.**

- Utilize feedback from internal and external QA reviews to improve LCDHD programs
- Collect and analyze data from QA reviews as it is available
- Develop improvement plans as needed
- Communicate feedback (exit reviews, etc.) as specified in the QI Plan
- Follow-up on improvement efforts continuously

**Links to LCDHD Plans**
- QI Plan
- Performance Management Database
### Strategic Initiative 7: LCDHD will continuously seek to acquire new funds and utilize existing funds to be proactive and innovative in improving the communities’ health.

<table>
<thead>
<tr>
<th>Goals</th>
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</table>
| Actively seek new funding sources. | Continually identify potential sources for grant funding | Health Promotion and Policy/Clinic Leadership  
    - Monitor grant websites | Annual Plan and Budget |
| | Apply for grants as appropriate | All Divisions  
    - Assist in grant writing and follow-up as needed  
    - Seek appropriate funds deemed necessary for PH issues as documented in the CHIP | Annual Plan and Budget |
| | Educate policy makers to promote public health funding as needed | Health Policy and Promotion  
    - Continually create and maintain relationships with policy makers via telephone, emails, at meetings and by personal visits  
    - Contact legislators as needed regarding funding threats or opportunities via telephone, emails, at meetings and by personal visits | Annual Plan and Budget |
| Seek creative new ways to utilize existing funds. | Seek staff feedback periodically | All Divisions  
    - Surveys as needed  
    - Meetings as scheduled |  |
| | Conduct best practice reviews annually | All Divisions  
    - Monitor Professional Public Health websites (i.e. NACCHO, APHA etc.) for emerging best practices.  
    - Share information with other health departments regarding programs and policies and seek information in return.  
    - Network with professional organizations across the state and nation, attend conferences, share practices.  
    - Attend professional conferences (i.e. KSNA, KPHA, NACCHO, KALBOH, NALBOH etc. when possible) to network with other state organizations and HDs |  |
Appendix A:
Strategic Planning Committee Members

Shawn Crabtree..........................................................Executive Director
Pam Godby...............................................................Human Resources Manager
Leah Jasper............................................................Director of Administrative Services
Tracy Aaron............................................................Director of Health Education
Stuart Spillman.........................................................Director of Environmental Services
Laura Woodrum......................................................Clinic Nurse Administrator
Amy Tomlinson.......................................................Public Health Preparedness Manager
Janae Tucker..........................................................Quality Improvement Director
# Appendix B:
Strategic Plan Sessions

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Purpose</th>
</tr>
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</table>
| December 1, 2011     | Preparation:  
  - Readiness assessment  
  - Determine data needs  
  - Plan to plan          |
| December 8, 2011     | Strategic Planning Webinar hosted by the Kentucky and Appalachia Public Health Training Center                                           |
| January 23, 2012     | Assess the Current Situation:  
  - Review of mission, vision, and guiding principles  
  - Identifying values/beliefs  
  - Stakeholder analysis  
  - Internal & external analysis |
| February 16, 2012    | Follow-up / discussion of SWOT analysis                                                                                                                                                        |
| March 13, 2012       | Review of SWOT analysis                                                                                                                                                                         |
| April 16, 2012       | Analyze SWOT results:  
  - comparison of identified threats  
  - to identified opportunities, identified weaknesses  
  - to identified opportunities and identified weaknesses to identified threats |
| May 31, 2012         | Analyze suggested Strategic Initiatives developed by group members                                                                                                                                |
| August 1, 2012       | Strategic Initiatives were reviewed and linked to Essential Public Health Services (EPHS) and PHAB Domains. All EPHS and PHAB domains were represented by the proposed initiatives. |
| August 14, 2012      | Began identifying goals for each strategic initiative.                                                                                                                                           |
| September 11, 2012   | Strategic Initiatives were reviewed to ensure they support the mission and vision of the organization  
  Continue looking at each strategic initiative and identifying goals for each |
| October 2, 2012      | Continued looking at each strategic initiative and identifying goals for each                                                                                                                     |
| November 7, 2012     | Finish compiling Strategic Initiatives and Objectives                                                                                                                                             |
| December 3, 2012     | Completed goals for all initiatives  
  Began the process of identifying action steps for each objective                                                                             |
| January 7, 2013      | Completion of Action Steps                                                                                                                                                                         |
| February 4, 2013     | Review / revision of objectives to make them SMART                                                                                                                                               |
| March 20, 2013       | Review goals and action steps to make sure suggested criteria is met                                                                                                                          |
| July 30, 2014        | Annual review of progress and needed revisions                                                                                                                                                  |
| May 27, 2015         | Annual review of complete plan and needed revisions                                                                                                                                             |
Appendix C: 
2011 SWOT Analysis

SWOT Ranking - Strengths

Please rank the perceived strengths of our organization from 1 to 6 with 1 being the greatest strength and 6 being the least. Please do not use each number more than once.

- Unique, Diversified, Variety of...
- Teamwork
- Employees - Trained, Experienced...
- Employees - Dedicated, Loyal, Friendly, Caring...
- Collaboration, Relationships with Community...
- Agency Structure, Resources, Size

SWOT Ranking - Weaknesses

Please rank the perceived weaknesses of our organization from 1 to 6 with 1 being the greatest weakness and 6 being the least. Please do not use each number more than once.

- Technology - Phones, Internet, IT Concerns
- Staff Shortage / Lack of Appointment...
- Job Security / Unknown Job Changes
- Funding
- Employee Morale
- Communication - Internal

SWOT Ranking - Opportunities

Please rank the perceived opportunities for our organization from 1 to 4 with 1 being the greatest opportunity and 4 being the least. Please do not use each number more than once.

- Partnerships - Business, Coalitions, Insurance Co., etc.
- New Programs - Primary Care, Dentistry, Home Health, etc.
- Funding - Grants, Donations, Prepayment, Expanded...
- Expanded Programs - Worksite Wellness, Men's Health, STD clinics, etc.
Please rank the perceived threats to our organization from 1 to 5 with 1 being the greatest threat and 5 being the least. Please do not use each number more than once.

- Legislation, Political involvement or Unfunded...
- Lack of Public Perception / Knowledge for...
- Health Reform, Managed Care, Health Care...
- Funding, Grant, Insurance Cuts
- Competition for Services
### Strategic Plan Revision Tracking Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Pages affected</th>
<th>Summary of changes</th>
<th>Responsible staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/30/2014</td>
<td>All</td>
<td>See meeting minutes from 7/30/2014 for summation of revisions and tracking of changes.</td>
<td>Strategic Planning Committee</td>
</tr>
<tr>
<td>5/27/2015</td>
<td>All</td>
<td>See meeting minutes from 5/27/2015 for summation of revisions</td>
<td>Strategic Planning Committee</td>
</tr>
<tr>
<td>9/19/2015</td>
<td>Strategic Initiative 5</td>
<td>Kyhealthnow 2019 goals were added, along with action steps that will be taken to help meet these goals</td>
<td>Executive Staff / Strategic Planning Committee</td>
</tr>
<tr>
<td>10/24/2016</td>
<td>All</td>
<td>All initiatives were reviewed and updated (see meeting minutes from 08/2016). Kyhealthnow 2019 goals were deleted and new initiative regarding the Data Analysis Committee was added to Strategic Initiative 5.</td>
<td>Executive Staff/Strategic Planning Committee</td>
</tr>
</tbody>
</table>