Strategic Planning Committee Meeting
March 5, 2018

MEMBERS PRESENT:
Pamela Godby, Human Resources Manager
Amy Tomlinson, Preparedness Program Director
Janae Tucker, LHN Specialist
Laura Woodrum, Clinical Nurse Administrator
Shawn Crabtree, Executive Director
Leah Jasper, Director of Administrative Services
Tracy Aaron, Health Education Director
Stuart Spillman, Environmental Health Director

MEMBERS ABSENT:
Christine Weyman, Medical Director

Meeting called to order 1:00 P.M. by Shawn Crabtree.

The former 2013 Strategic Plan, as well as the documents we had completed during the first couple of meetings when we developed that plan, were emailed to the strategic planning committee earlier this week for review.

The meeting started with a review of the "Strategic Planning Readiness Assessment" that was completed in December 2011. A new assessment was not completed since we already have a strategic plan in use. We did discuss a little about our plan for the current document and decided we will probably move many of the current objectives and activities to the performance management tracker so we continue to follow these goals in the future, but they will probably not continue to be part of the strategic plan. The current strategic plan was focused internally for the most part and has helped us to build relations and bring us to the point where we can start moving some of that focus to toward the community needs in the future.

Reviewed our "Plan to Plan". See revised copy of the "plan to plan" (attachment).

Mission, Vision and Values were reviewed. The current mission tense is futuristic, but a mission statement should be our purpose, what the organization does and why…the vision should be futuristic so changes to the mission were proposed (see attachment for proposed changes) to reflect this.

Organizational mandates were discussed and it was decided that the mandated public health operations list our mandates public health operation, programs and services

(https://www.lcdhd.org/info-tools/board/orientation/mandated-public-health-operations-programs-and-services/). Additionally, the emerging public health initiatives and public health services should be included (https://www.lcdhd.org/about/emerging-public-health-initiatives/emerging-public-health-initiatives-foundational-public-health-services/).

Internal and external assessments were completed (again, see attachments).

Stakeholder analysis completed (see attachment for summary of discussion and changes).

Janae to note all revisions (highlight or track changes) and email to committee for review and comment period before next meeting. Will discuss results and any corrections needed at next meeting.

Meeting adjourned at 2:45 PM EST.

Next meeting March 26th, 2018 at the district basement conference room. Calendar invite sent to committee.

Plan to Plan

After readiness has been assessed and the organization determines that it is ready to move forward with strategic planning, it is useful to develop a plan-to-plan. In other words, to think through the scope and purpose of the plan, the resources needed (including personnel) and how the organization will go about the strategic planning process. The following list of questions will help you to think through this process and develop your plan-to-plan.

1. Whose plan is this? Whole org? Sub-unit? Government agency? Community?

   This plan will be for the whole agency and will also include a focus on the community. Individual programs will form their own, program-specific strategic plans to align their departments with the overall plan for the entire health department.

2. Why are we doing this?

   - Help provide direction
   - Enhance organizational capabilities
   - Response to a crisis
   - Help prioritize efforts
   - Improve effectiveness and/or efficiency
   - To solidify our organization from within and also within our communities
   - Accreditation ~~readiness~~ continuation/maintenance
   - Make sure all plans and goals align and support each other. (That they all become actual "living documents" and work together.)

3. Focus of this Strategic Plan: Programmatic? Internal organization?

   Internal organization – individual programs will develop their own strategic plans that will parallel the strategic plan for the organization.

   Add external components - continue to maintain things that are going well through our performance management tracker.
   Better align our community plans with our agency plan and CHIPs.
   Look at the data analysis and CHA information and start moving more toward community involvement.

4. What time period will the plan cover?

   5 year period

5. What challenges, issues, problems or concerns do we hope the planning process and the plan will address?

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3/5/2018

~~See barriers/benefits identified in the readiness assessment~~ Leverage funds and resources in challenging economic environment to assist our communities.
Make sure our internal plans are "living documents" leading us toward improving the health of our communities.

6. Who is sponsoring the planning process? Do they have the authority and power, resources and time?

   Strategic Planning Committee will drive the process with the support of the other branch managers and the Board of Health. The planning process with include input from the district board of health, all staff and the community.
   ~~Strategic Planning Committee, Executive Director, BOH~~
   Authority, resources and time are expected to be available due to the extended timeframe for this project.

7. Who is the point of contact for the process?

   ~~Randy Gooch, Director of Administrative Services~~ Janae Tucker, Quality Improvement Director

8. Who will be on the strategic planning team?

   ~~Randy Gooch~~Leah Jasper, Shawn Crabtree, Stuart Spillman, ~~Peggy Tiller~~Laura Woodrum, Tracy Aaron, Pam Godby, ~~Jasie Logsdon~~Christine Weyman, Janae Tucker, Amy Tomlinson

9. Do we want/need an outside facilitator?

   No. Consultation may be sought from various outside sources during the process. Expertise will be utilized when available.

10. Who will be involved in the review of the plan prior to and during any formal adoption process?

    The Strategic Planning Committee will share with Executive Staff and all employees to review and comment. Following that period, it will be submitted to the BOH Executive Committee for review and comment. Will also share with community via website and social media allowing input prior to submission of final draft to the district BOH for approval.
    ~~BOH Executive Committee, Executive Staff, All Employees and Full BOH will have a review/comment period~~

11. How much time are we willing to give to the strategic planning process? And how often will the planning team meet?

    Will review initiatives bi-monthly at executive staff meeting when the PM tracker is reviewed because they will be added into our performance measure tracker that the Executive Team completes on a monthly basis.
    Meet annually to review the complete strategic plan.

~~1 day per month until plan is developed, Meet to review quarterly after adoption~~

12. What is the expected time frame for the planning process (6 months, 12 months, other)?

    Draft plan completed by August 2018, with a final draft by November 2018.
    Committee to meet monthly until draft is completed. If community SWOT results or CHIPs reveal different data or community needs when completed at the end of the year the plan will be revised to reflect.
    ~~12-18 months – The goal is to have a draft plan ready by 01/2013, with a goal of adoption by 07/01/2013~~

13. What type of written plan do we envision?
    a. Short executive summary
    b. Longer more detailed plan but not including tactical and operational elements
    c. A detailed plan including tactical and operational elements

    Revise and keep the cover letter explaining how individual plans tie together and work toward the overall performance management system and therefore, the strategic plan. The detailed plan (initiative, goals, objectives and action steps) will change to include community focused initiatives, as well as updating the internal pieces that are already there. Many of these internal pieces will probably move to the performance management tracker, with some of the remaining if we need to continue to address them in the overall strategic plan. ~~The goal is to have a short executive summary with a somewhat detailed plan (no tactical or operational elements) by 01/2013. Ultimately, a detailed plan to include tactical and operational elements will be completed.~~

14. What resources do we need for the strategic planning process?
    a. Key People
    b. Information

15. What criteria should be used to judge the effectiveness of the strategic planning process?

    - Committee meets regularly?
    - Committee is made up of an active membership?
    - Committee members complete assignments in a timely manner?
    - Committee develops a workable, realistic plan?
    - Develop plan with action and within time frame (SMART objectives)

16. What criteria should be used to judge the effectiveness of the strategic plan?

    - Is it something employees and the BOH can use and comprehend?
    - Does it have an extended life? Is it ever-changing and adaptable?

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3/5/2018

- Objectives met?

Mission & Vision Statement

Current Mission Statement ***(see proposed changes below):***
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.

Proposed** Mission Statement**:
*The Lake Cumberland District Health Department ~~will~~ prevent**s** illness and injury, promote**s** good health practices, and assure**s** a safe environment to protect and improve the health of our communities.*

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Current Vision Statement ***(No proposed changes):***
The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.

~~Guiding Principles~~ Values:
Integrity
Respect
Empathy
Excellence
~~Responsible~~Responsibility
Efficient
Trustworthy
Compassion
Accountability
Inspire/Empower
Leadership

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3/5/2018

Internal Assessment: Programs, Products & Services

We are moving away from:	We are moving towards:
Paper	Electronic ~~medical~~ documentation / records
Personal health education	Policy development/environmental changes
Traditional personal health services	Community and core mandated public health services
Environmental ~~education~~regulation	Environmental education~~regulation~~
Traditional meeting styles	Technology based meeting options (webinar, ITV, etc)
Preparedness plan ~~development~~maintenance	Preparedness plan ~~maintenance~~revisions
Quality assurance	Quality improvement
Traditional communication styles	To include electronic media (websites, social based, etc)
Traditional type funding	Direct grant funding

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3/5/2018

Internal Assessment

Performance Trends: How are we performing? Programs Products? Services? Finances?	Based upon patient satisfaction surveys, QA reports, state audits, etc, the HD performance is historically very good. Overall health status of the communities does not necessarily reflect this level of performance. HD operations are always conducted within our approved budget, however funding levels do not always support the necessary services and programs to affect community health status.
Goals and objectives How are we achieving against our plan? How successful have we been with recent initiatives?	We achieve our annual budget plans including community, clinical, preparedness and environmental service plans. Implementation of food handler's certification is underway and succeeding. Other program initiatives are underway or in the works as well.
What is our organization profile?	Diverse organization including multiple programs throughout our communities (epidemiology, clinical, environmental, health education, school health, preparedness, etc)
Strengths re: • Structure • Processes • Finance • Human resources • Technology • Culture	As identified by SWOT analysis
Areas for improvement • Structure • Processes • Finance • Human resources • Technology • Culture	
What are our capacities?	
What are our needs?	

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 Less and less appreciation for public health
Legal	Increased regulation, increased liability
Technology	Continuously changing, everything is electronic, increased cost to maintain, challenges workforce efficiency due to technology changes. Continue push to leverage technology to our advantage.
Budget	Decrease in funding, challenges to meet payroll/rising expenses not expected to subside anytime in the near future.
Programs and Services	~~Restructured programs, e~~Expected to do more with less (funding and staff). Evolving away from Public Health 2.0 toward 3.0.
Customers	~~Expectations for services are increasing,~~HD as a safety net continues to shrink.~~is shrinking~~ More requirements with less funding.

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3/5/2018

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 Poor – as far as health outcomes (based on data).	Assess ~~patient feedback~~community data and ~~adapt programs to~~look for grant opportunities to ~~meet~~ address problems / needs of ~~patients~~the community
Boards of Health (local and district)	Adhere to legislative mandates and organizational policies to provide services within the communities as fudning allows. ~~To be kept informed.~~ To be proactive and innovative within the communities.	Community image & employee morale, community report card, budget administration, employee morale Living within the budget. Positive audit and program reviews. Maintaining accreditation status. Keeping them informed.	Relationships are improved and staff feel comfortable making suggestions. Communication is improved and working relationships have evolved. -Policies – doing well with the board and some board members have even presented on some topics (needle exchange) on behalf of the health department.	~~Individual~~ Provide education for board members. Taking time to build relationships with board members. Continue to do annual surveys and follow up on feedback.
Government Officials/Policy Makers	Provide needed public health services ~~at a low tax rate. Maintain positive community image~~for unfunded mandates. Continue to do more with less.	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~~Making efforts to build relationships with all legislators	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~~, including to continue to invite to open houses, etc. And encourage staff to get to know them individually.

Taxpayers (Citizens other than clients don't know a lot about the health department).	~~Provide needed public health services at a low tax rate~~Keep taxes low and be there when they think they need us. .	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 public health mandates. Be experts without adequate funding or much support – hold us to unreasonable expectations.	Program and site reviews	Good - based on audits and reviews	Continue ~~providing our services~~to educate DPH on what we do
Employees	Paycheck, job security, fairness	~~Raises~~Continued employment, 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, hospitals, other health care resources, coalitions, governmental and nonprofit organizations)	Collaboration, guidance in support of our~~their~~ initiatives Subject matter expertise and coordination	~~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 Improved value in their eyes because we now take a leadership role and they value our expertise.	~~More staff to support partnerships~~Continue as best we can to work among these groups and build relationships.
Universities	Guidance on health topics, field placements, partnerships on grants/research. Participate in surveys. Evaluate out statistics and projects to get the data	~~Are their questions answered? Needs met?~~Do we cooperate with their requests?	Good – repeat requests for field placements, attend health fairs, etc Better community partnerships	Include university representatives on coalitions and boards. Better communication.