Strategic Planning Committee Meeting
March 26, 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
Christine Weyman, Medical Director

Meeting called to order at 9:02 A.M. by Shawn Crabtree, Executive Director.

Minutes and information from last meeting were reviewed. Motion to accept the minutes/information presented made by Amy Tomlinson with a second from Leah Jasper.

The meeting started with a review/revision of the "Data Needs" that was completed in December 2011 with the last strategic plan (see attachment for updated version).

The SWOT Analysis was reviewed and discussed by the committee. As "strengths" were discussed it was noted the last strategic plan was more internally focused and as we are reviewing this we may want to try think of them more in terms of community health and "strengths" we could utilize as we move toward the top 3 community health priorities as identified by staff and the BOH during our SWOT analysis (drug use, tobacco use and obesity).

"Opportunities" include building relationships to address grant opportunities that we identify needs with data analysis. Identify and collaborate with partners in the community to help absorb our loss in capacity. Also, increasing community awareness of health department services/programs through media channels and word of mouth. KHDA association is starting to focus on some "best practices" for local health departments in hopes to find more effective and efficient ways of providing services (e.g. looking at how other states are successfully providing WIC services with the allotted funding).

Largest "threat" at this time is the looming budget crisis. We must evolve/adapt to survive the new financial reality. DPH & KHDA are forming a committee to address ways that the current regulations are hindering HDs from moving forward with all the funding cuts that have taken place. Illegal drugs was also mentioned in the threats but that will surely also be identified in our CHAs and more than likely become part of our CHIPs.

Discussion ensued 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.

Review of the first strategic initiative *(Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.)*, goal one focused on supporting relationships with the boards of health. All BOH resources have been placed on the website and an orientation video developed. BOH surveys are completed annually and results are reviewed with the BOH (this is now tracked in our PM database). We did note that we will try to engage board members more and encourage them to take a larger role to advocate on behalf of the health department as opportunities arise for them to participate in addressing certain emerging issues (e.g. as occurred with the syringe exchange program when many of the board members attended fiscal court meetings, etc to advocate for implementation of the program). Continue to maintain all the progress made on orientation materials, web links, etc. Also noted that KALBOH has just purchased a set of training modules from the state of Michigan to help orient new board members to duties and responsibilities. In addition to the KHDA is also looking at developing a module for this purpose also.

Goal 2 of strategic initiative one is to support collaboration with community partners. During review of this goal it was noted that we are doing all the things listed and continue to maintain these activities. New activities have also take place as services have evolved (e.g. RHOP working on relationships with jails, drug court, etc. Ryan White program collaborating with community programs to help meet needs of participants, MCH activities in correlation with community partners, etc). These activities are very important but since the relationships have already been established and the activities are already occurring we should probably just move these activities to the PM tracker, annual plan or equivalent for the listed programs.

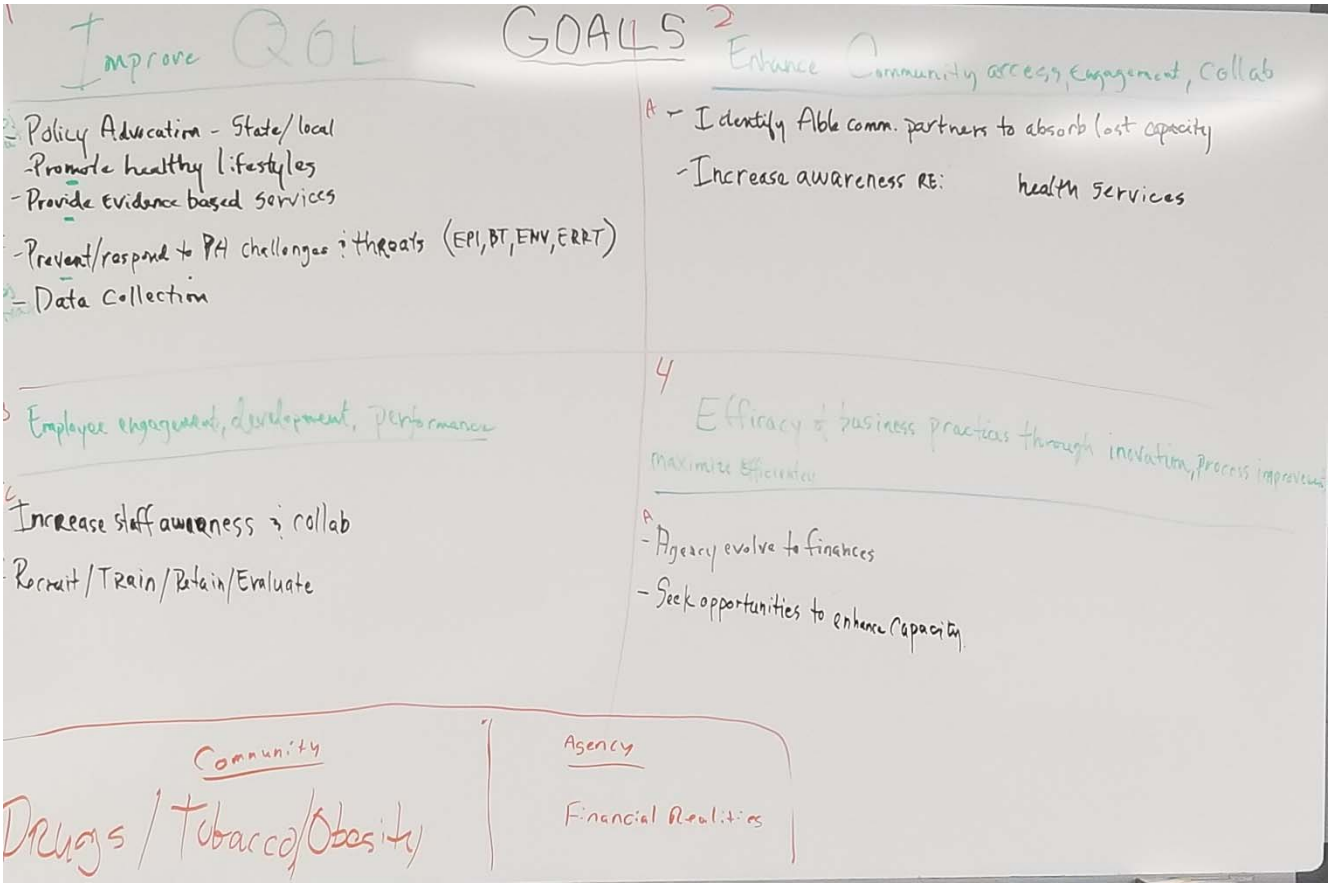
Discussion ensued about why these things did not need to be kept in the strategic plan but maybe that we needed to switch our focus from what we are currently doing to what we were “planning” to do over the next 5 years, that we have achieved most of these initiatives and just need to maintain/track these activities now. Review of strategic initiative two *(Strategic Initiative 2: Build and maintain a competent LHD public health workforce.)* supported this theory as it was realized that we had completed all these objectives by incorporating them into the *LCDHD Workforce Development Plan,* so even though this is one of the 10 essential health services and tied to the SWOT analysis, it is something being performed through the WFD plan and tracked through the PM tracker. Therefore, it no longer needs to be part of the new strategic plan, even though parts of it may be identified as needed measures for newly identified objectives (e.g. address training needs as the workforce must evolve as the HD adapts to new financial reality). Need more “measures” rather than just listed activities in the strategic plan.

The current strategic plan was focused internally for the most part and has played a great part in helping the HD move forward, improving internally and building relationships bringing us to the point where we can start moving some of that focus toward the community needs in the future. As the strategic initiatives were being reviewed a discussion about the format of the current strategic plan and the need to reformat it to be more of a “plan” for the future, rather than a list of what we were doing to maintain our current strategies. A completely new plan, new format will be developed. A concluding

report on the outcomes of our current strategic plan will be written, any areas that were not met identified and possibly incorporated into the new plan. Janae will start formulating a draft report for the group to review and edit.

In the community, we need to focus on drug use, tobacco use and obesity. Internally, we need to focus on agencies new financial reality and probable restructure. The new plan should include broad priority areas, followed by goals, objectives, strategies and measures. Priorities of focus were identified as:

1) Improve Quality of Life (QOL)
2) Enhance Community Access, Engagement and Collaboration
3) Foster Employee Engagement, Development and Performance
4) Increase Efficacy and Business Practices through Innovations, Process Improvements and Maximize Efficiencies



Goals for each priority area were identified and individuals were assigned to take each goal and create objectives, strategies and measures for discussion at the next meeting. (A = internal agency focus, C = community external focus).

Priority 1

1) Provide more evidence based programs in the community [C] – Laura & Tracy
2) Promote Healthy Lifestyles [C] – Tracy
3) Prevent/respond to PH challenges & threats (EPI, BT, ENV, ERRT) [C] – Amy & Stuart

Priority 2

4) Identify community partners that may be able to absorb some of our lost capacity [A] – Laura & Amy
5) Increase awareness re: health services [C]– Shawn & group

Priority 3

6) Increase staff awareness and collaboration in all programs [AC]– Christine & Janae
7) Recruit/train/retain/evaluate staff [A]– Pam

Priority 4

8) Agency evolution to new financial structure [A]– Shawn & Leah
9) Seek opportunities to enhance our capacity (access grants, etc) [A]– Tracy, Laura & Carol

Meeting adjourned at 11:05 AM EST.
Minutes will be emailed to committee members for review.
Next meeting TBA. A Doodle poll will be sent out by Janae and a calendar invite will follow once date is selected.

Strategic Planning Data Needs

Data Need to Inform the Plan

What	Where is it located	How we will obtain it
Previous strategic plan and results	LCDHD Website, LCDHD Server	Online or hard copies
Customer data: (Survey, focus groups, etc)	QA office HE Office	Janae Tracy
Financial Data: Current and projected	Finance Office	Leah
Services Data: Utilization, trends	Finance Office	Leah
Human resources data: positions filled/unfilled, anticipated vacancies, needs, training data	Human Resources	Pam
Health Statistics	Epi Office	Amanda
Examples, best practices, evidence-based programs	Associations, groups, community partners	Everyone research and inquire as needed
Hospital data/statistics	At hospitals	Online: hospital CHAs Reportable disease (NEDDS) https://www.kyha.com/data-center http://safekentucky.org/

Completed by LCDHD Strategic Planning Committee
3/26/2018

LCDHD SWOT Analysis Compilation (All staff & BOH results) 2017-2018

Strengths

***Programs in place/education – e.g. clinic, health education, syringe exchange programs, etc.**	***Programs in place/education – e.g. tobacco cessation, health education, syringe exchange programs, screenings offered, etc.**
***Established, Credible & Reputable in Community**	
***Knowledgeable staff**	***Knowledgeable, concerned & dedicated staff**
***Established community & agency partners**	
***Education & community outreach**	
People who care	
Communication skills	
Organizational support	
Diverse population	
Needle exchange	Needle exchange
Outreach	
Established, credible & reputable in community	
Established relationship with patients/clients	
Several counties working together on local health issues	
Presence in the schools	

Weaknesses

***Funding**	***Funding**
***Lack of community participation**	***Lack of community participation**
***Difficulty motivating people**	***Difficulty motivating people/patient compliance**
***Staff shortages**	
Staff shortages (turnover, fewer staff now, etc.)	
Lack of working together across divisions	
Staff personal beliefs prevent support	
Lack of control over regulations	
Lack of government support	
Public health	
Fear of change	
Internal communication	
Staff unaware of all programs	
Education geared toward younger age groups	
Multi-cultural population	
Lack of advertisement of services	
Info on drug and/or alcohol use	

Opportunities

***Seeking grant opportunities**	***Seeking grant opportunities**
***Establish relationships with community and faith based partners**	***Establish relationships with community partners (schools, jails, health entities, local law enforcement, faith based partners, etc)**
***Seeking state and political support**	
***Providing more education/information to the community**	
***Increasing community awareness & involvement**	
Media	
Word of mouth	
Unique programs	
Better community partners	
Population participation	
Drug education	Drug education / syringe exchange programs
Technology/apps	
Opportunity to refer to other programs	
Attend community events	Attend more community events
More professional development & training	More professional development & training

Threats

***State regulations**	
***State and federal funding cuts**	***State and federal funding cuts**
***Uninterested/unmotivated population**	***Uninterested/unmotivated population**
***Political resistance**	
Lack of grant funding	
Lack of community partners	
Negative employee / community partner attitudes	
Lack of services in rural areas	
Competing with community partners	
Problems with payees	
Challenging political climate	
Apathy from board members	
Illegal drugs readily available	Illegal drugs readily available & rapidly expanding
Conflicting values with faith community	
Moral decline of communities	
Program stigma	Stigma
Lack of support from local government entities	
Competition from other health care providers	
Disinterest/apathy from public	
Educational levels of community	
Socioeconomic status of communitie	

LCDHD SWOT Analysis – 2017

On July 11, 2017, a mandatory all-staff meeting was held where part of the meeting was utilized to conduct a SWOT Analysis to steer the direction of the new strategic plan that will soon be in development.

Setting the Stage

Our Executive Director, gave a brief introduction to what a S.W.O.T. analysis is. He asked that we think more outwardly, than inwardly; or, in other words, that our focus should be on how we can improve the health of our communities.

Identifying Target Areas of Focus

The next step in this process was to have staff identify three top priority areas that we wanted to focus on improving in our communities. Our Medical Director, Christine Weyman, gave a presentation utilizing County Health Ranking and other data to clarify pressing health issues. All staff were then divided into 14 groups and asked to identify areas that they felt were the most pressing problems in the community. From these lists, a master list of issues was complied. Each group was then given three votes so that we could identify the top three health issues (identified with an * below).

***Drug Use, *Tobacco Use and *Obesity** were identified as the top 3 priorities. Other issues listed were: diabetes, mental health, hepatitis C, cancer, oral health, STDs, laziness and poverty.

Then all the groups proceeded to use the same process to identify the external strengths, weaknesses, opportunities and threats to the health department / community improvements.

S.W.O.T. Results

Strengths

***Programs in place/education – e.g. clinic, health education, syringe exchange programs, etc.**

***Established, Credible & Reputable in Community**

***Knowledgeable staff**

***Established community & agency partners**

People who care

Communication skills

Organizational support

Diverse population

Needle exchange

Outreach

Weaknesses

***Funding**

***Lack of community participation**

***Difficulty motivating people**

Lack of working together across divisions

Staff personal beliefs prevent support

Lack of control over regulations

Staff shortages (turnover, fewer staff now, etc.)

Lack of government support

Public health

Fear of change

Internal communication

Staff unaware of all programs

Opportunities

***Seeking grant opportunities**

***Establish relationships with community and faith based partners**

***Seeking state and political support**

Media

Word of mouth

Unique programs

Better community partners

Population participation

Drug education

Technology/apps

Opportunity to refer to other programs

Attend community events

More professional development & training

Threats

***State regulations**

***State and federal funding cuts**

***Uninterested/unmotivated population**

Lack of grant funding

Lack of community partners

Negative employee / community partner attitudes

Lack of services in rural areas

Competing with community partners

Problems with payees

Challenging political climate

Apathy from board members

Illegal drugs readily available

Conflicting values with faith community

Moral decline of communities

Program stigma

Next Steps

- Conduct S.W.O.T. analyses with: 1) Health Board Members, and 2) community partners.
- Analyze results and prioritize focus.
- Develop strategic plan with feedback and approval from governing board.

BOH S.W.O.T. Results 2017

Strengths

***Programs in place/education – e.g. tobacco cessation, health education, syringe exchange programs, screenings offered, etc.**

***Education & community outreach**

***Knowledgeable, concerned & dedicated staff**

Established, credible & reputable in Community

Established relationship with patients/clients

Several counties working together on local health issues

Needle exchange

Presence in the schools

Weaknesses

***Funding**

***Lack of community participation**

***Staff shortages**

***Difficulty motivating people / patient compliance**

Education geared toward younger age groups

Multi-cultural population

Lack of advertisement of services

Info on drug and/or alcohol use

Opportunities

***Providing more education/information to the community**

***Increasing community awareness & involvement**

***Seeking grant opportunities**

***Establish relationships with community partners (schools, jails, health entities, local law enforcement, faith based partners, etc)**

Attend more community events

Drug education / syringe exchange programs

More professional development & training

Threats

***State and federal funding cuts**

***Political resistance**

***Uninterested/unmotivated population**

Lack of support from local government entities

Competition from other health care providers

Disinterest/apathy from public

Illegal drugs readily available & rapidly expanding

Educational levels of community

Socioeconomic status of communities

Stigma