



**Strategic Planning Committee Meeting
May 11, 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
Tracy Aaron, Health Education Director
Stuart Spillman, Environmental Health Director
Christine Weyman, Medical Director
Leah Jasper, Director of Administrative Services

Meeting called to order at 10:00 A.M. by Shawn Crabtree, Executive Director.

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

Reviewed the standard template and discussed formatting. It was clarified/decided that underneath each **Priority** there should be.....

- 1) A Goal: very broad statement of what we are trying to achieve
- 2) An Objective: one or more, these should be Specific, Measurable, Achievable, Realistic, Time-bound for each goal as applicable
- 3) A Strategy: one or more action steps stating exactly how we will meet the objective, these need to start with action verbs, so the committee went back and edited those. Also edited some of the strategies to make them “measurable” when appropriate.
- 4) Measures: how the actual data and outcome will be measured (*there will only be measures for the overall objectives, with strategies being measured within themselves if applicable*)

There is a Strategic Planning Tool/Tracker in development that will help track the progress of all the measures and progress toward objectives throughout the five year plan cycle. The format of the strategic plan will need to match the tool being developed.

Priority Area #1 was reviewed and edited (see attachment for summation). We will need to go back to priority one and complete some of the data set blanks in a future meeting. It was decided that underneath each priority there would be only be “measures” for the overall objectives. The strategies could be measured within themselves (define the target measure) within the strategy and there will be an option in the tracking tool to add data sets to track information for that strategy.

Priority area #2 was started and some ideas brainstormed (see bottom of page) for other goals under this priority. Committee members to look over these and bring back goals for group discussion during the June meeting. The meeting Monday will center on priority area 4 since committee members have already developed some goals and objectives in that area.

Minutes will be emailed to committee members for review.

Next 2 meetings were already scheduled to continue to discuss each priority area and develop goals, strategies, measures, etc. Calendar invites have been sent to the group.

1. Monday, May 14th, 2018 9-11 am (Priority Area #4)
2. Monday, June 11th, 2018 9-11 am

Meeting adjourned at 10:56 AM EST.

Priority Area #1: Improve Quality of Life

Goal 1.1: Provide more evidence based programs in the community

Objective 1.1.1: Within the Lake Cumberland District, community health coalition partners, including LCDHD, will adopt and implement at least three evidence-based strategies to address priority areas as identified in the CHA/CHIP by June 30, 2023.

Strategy 1.1.1.1: Provide community health coalition partners with literature search results for community identified priorities to choose from when selecting programs.

Strategy 1.1.1.2: Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool

Measure 1.1.1.A: *At least 3 evidence-based programs adopted/implemented by community health coalition partners*

Goal 1.2: Promote healthy lifestyles

Objective 1.2.1: Reduce tobacco related death and disease rates

Strategy 1.2.1.1: Advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions

Strategy 1.2.1.2: Advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free

Measure 1.2.1.A: *Decrease lung cancer incidence and death rates as listed in the health report card from [redacted] to [redacted] (1%)*

Measure 1.2.1.B: *Decrease adult and youth smoking rates as recorded in the CHAs card from [redacted] to [redacted] (1%)*

Goal 1.3: Prevent/respond to existing and emerging public health threats

Objective 1.3.1: Provide education and information related to emerging or existing public health threats to community partners and LCDHD staff a minimum of two times per year, or as needed when events warrant.

Strategy 1.3.1.1: Provide education through traditional and social media

Strategy 1.3.1.2: Disseminate information provided by KDPH to community partners

Strategy 1.3.1.3: Analyze community health data to identify emerging public health threats

Measure 1.3.1.A: Number of communications related to public health threats LCDHD has initiated with staff and partners, at least 2 times a year

Objective 1.3.2: Improve LCDHD's response to public health threats by participating in a minimum of one (1) tabletop or functional exercise per year, beginning in FY 2019.

Strategy 1.3.2.1: Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drill opportunities.

Strategy 1.3.2.2: Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities

Strategy 1.3.2.3: Train ERRT staff in public health response

Measure 1.3.2.A: LCDHD will participate in at least one tabletop or functional exercise per year

Objective 1.3.3: Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023

Strategy 1.3.3.1: Implement Syringe Exchange Programs in 2 additional counties (from 4 to 6)

Strategy 1.3.3.2: Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly

Strategy 1.3.3.3: Provide naloxone to community and first responders at community events

Measure 1.3.3.A: Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention profiles from [redacted] to [redacted] (1%)

Measure 1.3.3.B: Decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention profiles from [redacted] to [redacted] (1%)

Priority Area #2: Enhance Community Access, Engagement & Collaboration

Goal 2.1: Increase awareness of public health services

Objective 2.1.1: Increase the public's engagement via media campaigns/communications as measured by the annual increase of social media and website utilization

Strategy 2.1.1.1: Update our Health Report Card webpages information as statistics become available and notify the public through social media posts.

Strategy 2.1.1.2: Update our Data Analysis webpage and notify the public of our activities through social media posts.

Strategy 2.1.1.3: Promote on social media various other public health features such as: staff photos on "blue jean and 'colored shirt'" health awareness days, various public health news related events, "52 Weeks of Health" health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc.

Measure 2.1.1.A: # of FaceBook followers

Measure 2.1.1.B: # of YouTube followers

Measure 2.1.1.C: # of Twitter followers

Measure 2.1.1.D: # of Instagram followers

Measure 2.1.1.E: Monthly traffic to website

Ideas for future goals:

Engage community partners to address public health concerns

LCDHD to be recognized as a reliable source of public health information.

Strategies – work with coalitions, worksites, community partners, etc

Identify and reduce community health inequities/disparities (Ryan White, syringe exchange, RHOP, diabetes classes, etc)

Increase participation/memberships in community coalitions

How we are engaging community partners

CHIPS