



Strategic Planning Committee Meeting
May 14, 2018

MEMBERS PRESENT:

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

MEMBERS ABSENT:

Pamela Godby, Human Resources Manager

Meeting called to order at 9:03 A.M. by Shawn Crabtree, Executive Director.

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

Template was reviewed and just as a reminder underneath each **Priority Area** 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) **Measure(s):** 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*)

Priority Area #4 submitted ideas were reviewed and edited (see attachment for summation, areas with highlights will need to be reviewed or completed at a future meeting).

Reminder, we will need to go back to priority one at a future meeting to complete some of the data set blanks in a future meeting, and committee members need to work on developing ideas for goals and objectives for Priority Area #2. There was some discussion about combining Areas #2 & #4 since it seems to be a little hard to distinguish what fits best where. #4 is more about dealing with financial, staffing and internal issues, whereas, #2 should be more about identifying issues that affect the community. Maybe coalitions identifying improvement plans to address community issues. Tracy and Laura will add a section CHIPs and other community areas that may affect health equity or access to care across our district. It was suggested that we review these two areas again to make sure they are distinguishable or if we need to combine them or reword one of them.

At the next meeting we will review Priority Area #4 and review the highlighted areas. This will also be the opportunity to present new ideas for this area.

We will work on Priority Area #3 at the next meeting once we have completed review of Priority Area #4. Priority Area #3 focuses on employee engagement,

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, June 11th, 2018 9-11 am
2. Monday, July 2nd, 2018 9-11 am
3. Monday, July 12th, 2018 9-11 am

Meeting adjourned at 11:00 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

Goal 2.2:

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

Provide space for community activities

Priority Area #4: Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies

Goal 4.1: Adjust the Agency to New Financial Realities

Objective 4.1.1: Consider, and if advantageous, relinquishing various under-funded clinic programs to other community partners and adjust staff compliment accordingly by 2023.

Strategy 4.1.1.1: Secure Governing Board Approval to pursue this strategy.

Strategy 4.1.1.2: Identify other community partners that can provide our clinic services.

Strategy 4.1.1.3: Continue work with DPH Commissioner's Public Health Redesign workgroup to determine which programs are most feasible to relinquish.

Strategy 4.1.1.4: Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan.

Measure 4.1.1.A: Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30%

Objective 4.1.2: Implement two new technologies to streamline existing practices/processes by June 2023

Strategy 4.1.2.1: Explore utilizing video conferencing to provide services (for example: Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.)

Strategy 4.1.2.2: Follow KHDA's Best Practice Committee and the DPH Commissioner's Public Health Redesign Workgroup findings and recommendations and adopt when appropriate

Strategy 4.1.2.3: Communication log enhancements

Measure 4.1.2.A: Implement at least 2 streamlined processes by 2023

Goal 4.2: Seek Opportunities to Enhance Capacity

Objective 4.2.1: Explore and, if possible, utilize alternative staffing arrangements other than merit positions by FY20.

Strategy 4.2.1.1: Secure Governing Board Approval to pursue this strategy.

Strategy 4.2.1.2: Meet with staffing agencies to better understand their services and utilize their services, if appropriate.

Strategy 4.2.1.3: Seek DPH approval of the staffing agency contract model

Strategy 4.2.1.4: Discuss with other health departments and the Department for Public Health the strategy of contracting with HANDS employees to be reimbursed a per diem per service and adapt this model, if appropriate.

Measure 4.2.1.A: 18% of staff will be transitioned to these alternate models, if feasible

Objective 4.2.2: Establish/maintain partnerships with community agencies to enhance and provide access to services through written agreements beginning FY19

Strategy 4.2.2.1: Establish at least 10 Closed POD partnerships by FY21 as evidenced by written agreements

Strategy 4.2.2.2: Make space available for utilization by other members of the public health system when excess facility capacity exists

Strategy 4.2.2.3: Maintain or create opportunities with community agencies to provide training and/or educational programs (for example: CPR, diabetes, health ed, etc)

Measure 4.2.2.A: Initiate/negotiate/review/renew written agreements annually, as required

Objective 4.2.2: Aggressively seek out and apply for grant opportunities to help finance existing programs and fund work on issues as identified in our CHIP, Strategic Plan and Data Analysis Committee on an ongoing basis.

Strategy 4.2.2.1: Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.

Strategy 4.2.2.2: Work with KHDA to pilot test their being a 501(c)(3) partner with us on grants which require said designation.

Measure 4.2.2.A: The submission of at least 3 direct federal grants annually.

Goal 4.3: Effectively use QI Plan/Tools to improve processes, programs and interventions.

Objective 4.3.1: The LCDHD will engage in at least three Quality Improvement Projects per year, beginning FY19 – 2 focused on programmatic/community improvement; and 1 focused on internal agency improvement.

Strategy 4.3.1.1: Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings.

Strategy 4.3.1.2: Evaluate employee suggestions to determine if they would be appropriate for a QI Project.

Strategy 4.3.1.3: Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda.

Strategy 4.3.1.3: Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects.

Strategy 4.3.1.4: Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities.

Strategy 4.3.1.5: Review our PHAB Action Plan and Annual Report response to evaluate potential QI Project opportunities.

Strategy 4.3.1.6: Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development

Measure 4.3.1.A: Initiate at least three QI projects annually.