



**Strategic Planning Committee Meeting
June 11, 2018**

MEMBERS PRESENT:

Janae Tucker, LHN Specialist
Laura Woodrum, Clinical Nurse Administrator
Shawn Crabtree, Executive Director
Tracy Aaron, Health Education Director
Christine Weyman, Medical Director
Leah Jasper, Director of Administrative Services
Pamela Godby, Human Resources Manager & Carol Huckelby, Future Human Resources Manager
Stuart Spillman, Environmental Health Director
Amy Tomlinson, Preparedness Program Director

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

Welcome Carol Huckelby. Carol will be the Human Resources Manager upon the retirement of Pamela Godby.

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

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 “measureable” 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 and highlighted areas were reviewed and edited (see attachment for summation).

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. Revisited these today to make sure of the data needs. It looks like the most recent data may be from 2015 so we will use that data as a baseline. There was some discussion about combining areas #2 & #4 since it seems to be a little hard to distinguish what fits best where, but it was decided that #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.

At the next meeting we will review Priority Area #2 and any highlighted areas in other areas. This will also be the opportunity to present new ideas for this area if members of the group want to add anything. Tracy and Laura will add a section including CHIPs and other community areas that may affect health equity or access to care across our district and bring those to the next meeting for inclusion in the plan.

We will work on Priority Area #3 at the next meeting (July 12th) once we have completed review of Priority Area #4. Priority Area #3 focuses on employee engagement, development and performance. Pam/Carol will need to bring ideas for this area to that meeting.

Minutes will be emailed to committee members for review. Next 2 meetings are 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, July 2nd, 2018 9-11 am (Priority Area #2)
2. Monday, July 12th, 2018 9-11 am (Priority Area #3)

Meeting adjourned at 11:05 AM EST.

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 #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 102 (2015 data) to 101 (1% decrease), 73.8 (2015 data) to 72.8 (1% decrease) respectively*

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

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

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

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

Provide space for community activities

How can we engage for information for community engagement and CHIP creation?

Goal 2.2: Strengthen the Local Public Health System through partnership and planning across Lake Cumberland

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Objective 2.2.1: Sustain, rejuvenate and amplify 10 health coalitions (local public health system partners) to collect and analysis data in the creation and implementation of 10 community health improvement plans by July 2023.

Objective 2.2.2: Increase the number of presentations to stakeholders, policy makers and civic groups on up to date health information and community health improvement plans by

Strategy: Implement the MAPP tool
Identify partners across LPHS and invite to attend
Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan

Measure: Number of health coalition meetings
Number of stakeholder, policy maker, civic group meetings sharing data/CHIP
CHA/CHIPS
Feedback on CHA and CHIP request via website

Priority Area #3: Foster Employee Engagement, Development and Performance

Goal 3.1: Increase staff awareness and collaboration across all programs

Objective 3.1.1: Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning FY19

Strategy 3.1.1.1: Highlight a program monthly via email or newsletter updates

Strategy 3.1.1.2: Annually, all county staff are required to attend the safety/shut-off QA so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff.

Measure 3.1.1.A: 12 programs highlighted annually

Measure 3.1.1.B: All program directors made aware of QA opportunity and allotted time if requested.

Objective 3.1.2: Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff

Strategy 3.1.2.1: As program needs arise, appropriate groups would meet to discuss strategies/opportunities to educate staff on program needs/requirements.

Measure 3.1.1.A. All special program directors participated in quarterly QAs

Measure 3.1.1.1.2 Survey program staff to assess effectiveness of the strategy

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: If advantageous, consider 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/enhance three technologies to streamline existing practices/processes by June 2023

Strategy 4.1.2.1: Explore options to improve processes and services (for example: utilizing videoconferencing for 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: Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.

Measure 4.1.2.A: Implement/enhance at least 3 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: Provide written agreements with community agencies to enhance and provide access to services beginning FY19 and ending in FY23

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: Create opportunities to partner with community agencies to provide public health services that may no longer be provided by the local health department

Measure 4.2.2.A: *# of written agreements in effect*

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.*