



# LCDHD Strategic Plan

**Established 2013**

"A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it" – Public Health Accreditation Board

Reviewed and updated: July 30<sup>th</sup>, 2014  
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## Strategic Efforts Summary Letter

The mission of the Lake Cumberland District Health Department is to “...prevent illness and injury, promote good health practices, and to assure a safe environment.” In short, we desire for our community’s health to improve. The enclosed *Strategic Plan* provides a “thumbnail overview” of many of our major initiatives that help us achieve our mission. Below is a summary of additional “plans” developed and utilized within our agency. We list them here to demonstrate how our plans are inter-related and that we use the concepts of strategic thinking and performance management at all levels of planning within our agency.

### **Performance Management System**

*As much as possible, we have integrated the concepts of performance management into each of our plans so that they might be living documents that guide our agency’s strategic efforts. The introduction to each of our plans, provided below, indicates how we set our performance standards, what performance measures we utilize to assess our progress, how and where our performance is documented and reported, and what steps we take for quality improvement should any aspect of our plans be falling short of our performance expectations.*

### **Quality Improvement Plan**

Besides Quality Improvement Projects, in an effort to be as efficient and effective as possible operationally, we utilize several Quality Assurance processes such as Patient and Employee Satisfaction Surveys and Utilization Review of Medical Records.

Furthermore, as we endeavor not only to assure operational quality, we also look for areas of potential agency and community improvement. Therefore, we engage periodically in research (such as, the “Teach Me, Love Me Care for Me” Research Project; or the Social Media, Teen Moms and Post-partum Depression project with U of L) or pilot projects (such as, same day scheduling).

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In terms of Quality Improvement, quality improvement activities emerge from a systematic and organized framework. LCDHD maintains a quality improvement plan outlining the quality improvement process utilized. This framework, adopted by LCDHD leadership, will be understood, accepted and utilized throughout the organization, as a result of continuous education and involvement of staff at all levels.

The Quality Improvement Committee (QIC) will be responsible for developing quality improvement strategies based on available data and recommendations from staff. The QIC will also commission and supervise continuous quality improvement, including the design of new services and the improvement of existing services based on measures and assessment through the collection and analysis of data.

*The performance management system utilized in this department is:*

***Performance Standard:***

*From time to time, processes within our agency need to be enhanced in order to achieve desired outcomes. Suggestions for areas of quality improvement are solicited from our staff (i.e. employee suggestions at staff meetings), and the Executive Team (via brainstorming when program evaluation reflects poor performance). The tools (PDCA, Flow Charting, etc.) utilized to achieve these improvements are identified in our Quality Improvement Plan.*

***Performance Measures:***

*Consistent with our QI Plan, an AIM statement is developed to clarify what, how, for whom and by when improvement will occur.*

***Performance Reporting:***

*Minutes from QI Team Meetings and a Quality Improvement Action Plan are utilized to track the QI project as it unfolds. A storyboard is created when the project is complete to summarize the findings. These are then shared with all staff and board members and placed on our website.*

***Quality Improvement:***

*QI Projects that demonstrate improved processes that result in desired outcomes will be adopted by the Executive Team.*

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## **Community Health Improvement Plan**

As our Quality Improvement Plan assures organizational efficiency and effectiveness, we leverage such to focus on community health improvement. Our agency evaluates existing health data and, via the Mobilizing for Action through Planning and Partnerships (MAPP) process, garners community input (Community Health Assessment [CHA]) and cooperation (Community Health Improvement Plan [CHIP]) to address public health issues in a collaborative manner. The activities which guide the CHIP's completion will be identified on the health coalition's yearly report.

*The performance management system utilized in this department is:*

### ***Performance Standard:***

*CHIPs are developed utilizing the results of the CHAs. The CHIP's are action plans local health coalitions utilize for creating healthier communities. These action plans target specific health behaviors that will impact health outcomes. These action plans utilize the core functions of public health and/or ten essential services as deemed necessary. Available state, federal, and local funds are planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health. The goal is improving the health status of our communities.*

### ***Performance Measures:***

*Quarterly progress notes will track activities of the health coalitions and the strategies adopted from the CHIP. They will also note unexpected outcomes, both positive and negative.*

### ***Performance Reporting:***

*Quarterly reports will be provided from Health Educators to the Health Education Director on local coalition progress notes. These notes will be discussed by health educators facilitating the coalitions. These reports will be provided to the Executive Team. Health Coalition minutes and Health Promotion and Policy minutes reflect the performance of the CHIP's.*

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***Quality Improvement:***

*The Health Education Director and Health Educators will review the CHIPs (goals/objectives/strategies) on a yearly basis. Health Educators will discuss quarterly progress notes within our staff meetings for unexpected outcomes. Financial assistance will be reviewed on a yearly basis, which is guided by Kentucky Department for Public Health allocations to assist with cost for the CHIPs. Health coalitions will devise strategies to improve and follow up at the meetings.*

**Annual Plan and Budget**

Responding to health statistics and community concerns, our Annual Plan and Budget is our annual “step along the way” to achieving our mission of improved community health outcomes. This includes each division’s annual goals (i.e. our Health Policy and Promotion Division’s Plan is referred to as the “Community Plan” and focuses on health policy development and promotion; engaging in the MAPP process; and, community health education).

*The performance management system utilized in this department is:*

***Performance Standards:***

*CHAs (and other parts of the MAPP process) along with available health statistics help us to identify public health needs in our communities. Available state, federal, and local funds are then planned and budgeted accordingly and ultimately approved by the District Board of Health and the Department for Public Health with the goal of improving the health status of our communities.*

***Performance Measurement:***

*Each month, revenues and expenditures are evaluated by the Director of Administrative Services to determine whether plans are progressing as budgeted.*

***Performance Reporting:***

*Financial status is reported to Executive Team monthly, who make adjustments by program as necessary. Quarterly, financial status is*

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*reported to the District Board of Health. Year-end close-out data is also reported to the Board and published on the Department of Local Government (DLG) and the LCDHD website annually.*

***Quality Improvement:***

*Financial status is reported to Executive Team/Program Managers monthly. Director of Administrative Services meets with Program Managers of programs which are under performing compared to budget to evaluate reason for under performance and a correction plan is formed if appropriate.*

**Preparedness Plans**

In the event of a public health emergency or a bioterrorism attack, our various preparedness plans guide our response efforts and our continuity of agency operations.

*The performance management system utilized in this department is:*

***Performance Standards:***

*Preparedness plans for the agency are exercised and reviewed regularly. Plans are submitted to Kentucky Department for Public Health (KDPH) for their input and approval and are also submitted for approval by the Board of Health.*

***Performance Measurement:***

*Plans are written with the expectation of being carried out with success for the agency's response and operations. If plans are exercised or utilized and found to need revision or corrections, those are conducted and all plans are resubmitted for approval to local and state partners.*

***Performance Reporting:***

*After action reports (AARs) are completed for each event and exercise to report the strengths and areas of improvement for each plan. Hot washes and debriefings are held with staff to capture their immediate input about the response and operations. The AARs are shared with and disseminated to partner agencies and the state.*

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***Quality Improvement:***

*Improvement plans are written as part of the AAR process that assign corrective actions to the appropriate department and ensure follow-up on actions that need improvement.*

**Workforce Development Plan**

The Workforce Development plan assures that we recruit, train and retain a competent workforce.

*The performance management system utilized in this department is:*

***Performance Standards:***

*LCDHD builds and maintains a public health workforce through recruitment of qualified individuals, continual training for staff, retention of staff through promotion of benefits and a positive work environment and evaluation of employee performance and satisfaction. Employee professional development is an ongoing process to ensure employees are staying current in licensure requirements, programmatic needs, as well as core competencies and emergency preparedness competencies.*

***Performance Measurement:***

*Workforce development is conducted and maintained in accordance with the Administrative Regulations for Local Health Departments. Training is monitored on an ongoing basis via TRAIN training plans and a checklist was developed from the training grid to assist supervisors and Human Resources to monitor completion of required trainings. In addition, state databases are available for tracking various programmatic trainings. Employee recognition and opportunities for advancement promote good retention. Regularly scheduled performance evaluations are conducted using merit system forms at designated intervals in addition to employee satisfaction surveys.*

***Performance Reporting:***

*Human Resources updates are reported to the Executive Team monthly and to the Board of Health on a quarterly basis.*

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***Quality Improvement:***

*Program Mangers review staffing needs annually as part of budget preparation and Executive Team / Program Managers meet bimonthly to discuss staffing needs, training, retention and performance.*

In order for our agency to have the best opportunity to achieve our mission, all of our plans must correlate with one another. Each plan designated above ties either directly or indirectly with the other plans and serves to guide us as we move toward improved health outcomes for our communities.

In good health,

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# **Table of contents**

<b>Need for a Plan.....</b>	<b>3</b>
<b>Planning Process.....</b>	<b>3</b>
<b>Vision, Mission, and Guiding Principles.....</b>	<b>4</b>
<b>Strategic Priorities.....</b>	<b>4</b>
<b>Goals and objectives with measurable and time-framed targets.....</b>	<b>4</b>
<b>Key support function required for efficiency and effectiveness.....</b>	<b>4</b>
<b>Identification of external trends, events, or factors that may impact community health or the health department.....</b>	<b>4</b>
<b>Assessment of health department strengths and weaknesses.....</b>	<b>5</b>
<b>Link to the health improvement plan and quality improvement plan.....</b>	<b>5</b>
<b>Strategic Initiatives Charts.....</b>	<b>6</b>
<b>Appendices.....</b>	<b>16</b>
<u><i>Strategic Planning Committee Members:</i></u> .....	16
<u><i>Strategic Plan Sessions:</i></u> .....	17
<u><i>SWOT Analysis Results:</i></u> .....	18
<b><u>Strategic Plan Revision Tracking Sheet.....</u></b>	<b>20</b>

## Need for a Plan

The purpose of this strategic plan is to define the direction of LCDHD over the next five years. There are many reasons why it was time to engage in a strategic planning process. For example:

- **National Public Health Accreditation:** LCDHD is planning to apply for Public Health Accreditation Board's (PHAB) voluntary national accreditation program in 2014. LCDHD leadership and staff have been working to ensure that the department is well-positioned to submit an application to PHAB by December 2014. The lack of a current and functional strategic plan was identified as a significant gap in accreditation readiness.
- **Effective Use of Available Resources:** The current economic situation has led to significant reductions in public health funding over the past several years. This type of environment requires us to evaluate what services and programs are provided by the health department, while also ensuring that we are making strides to do our work in a more efficient and effective manner to meet customer and client expectations.
- **Importance of Continuous Learning and Improvement:** Constantly monitoring progress and making necessary adjustments in program and service delivery are critical actions for ensuring we are achieving intended public health outcomes. Establishing an organizational culture of continuous learning and quality improvement guided by research and identified needs of stakeholders is imperative.

## Planning Process

In December 2011 LCDHD completed a “Strategic Planning Readiness Assessment” as recommended by the Kentucky and Appalachia Public Health Training Center. Key staff attended the Strategic Planning Webinar Series presented by them to the local health departments preparing for accreditation. An internal strategic planning committee was formed that included leadership from all divisions (see [Appendix A](#) for a complete listing of strategic planning committee participants) and the strategic planning process was initiated. A series of meetings followed that resulted in the development of the LCDHD Strategic Plan (see [Appendix B](#) for a list of strategic planning session dates and the purpose of each-click on the date to view the complete minutes for the meeting).

In the future, the committee will meet at least annually to review the plan and make revisions as needed. Changes to the plan will be documented on the [Strategic Plan Revision Tracking Sheet](#), including a summary of changes and will reflect the meeting minutes where the modifications to the plan were made. When amendments to the plan are necessary, a final draft of the modified plan will be presented to the governing Board of Health for review and approval.

Every five years, a new SWOT analysis from all employees and district board members will occur and the plan will be rewritten based on identified strengths, weaknesses, opportunities, or threats at that time.

## **Mission, Vision, and Guiding Principles**

### ***Mission:***

**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.**

### ***Vision:***

**The Lake Cumberland District Health Department will be a progressive leader providing innovative solutions to achieve optimal health status for our communities.**

### ***Guiding Principles:***

- integrity
- respect
- empathy
- excellence
- responsible
- efficient
- trustworthy
- compassion
- accountability
- inspire/empower
- leadership

## **Strategic Priorities:**

LCDHD has seven identified priorities at this time. These priorities are identified as “strategic initiatives” and can be found at the very top of each charted section throughout the plan.

## **Goals and objectives with measurable and time-framed targets:**

Goal and objectives are also identified in the following charts for each initiative/priority identified, in addition, a column has been added to identify the “action steps” that we intend to take to achieve the desired outcome.

## **Key support function required for efficiency and effectiveness:**

All LCDHD plans must take into account our capacity for information management, workforce development and financial sustainability of all programs and services as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on support functions and funding available at that time.

## **Identification of external trends, events, or factors that may impact community health or the health department:**

It is important to assess the agency's IT, workforce, financial, etc. capacities before beginning any strategic effort to assure all needed resources are sufficiently available to see the process through. Therefore, all LCDHD strategic efforts/plans must take into account these capacities as part of the initial planning process. In addition, all plans will be reviewed at least annually and modified as needed based on how available resources evolve.

### **Assessment of health department strengths and weaknesses:**

A SWOT analysis from all employees and district board members was completed before the strategic plan was developed to guide our efforts, the steps taken are detailed throughout the meeting minutes but the final summary is located in [Appendix C](#) for quick review of results.

Presently we gather them information through QI/QA in general, which will be accompanied by a SWOT analysis that will occur every five years prior to our review of this plan. At that time, we will completely rewrite our strategic plan based on identified strengths, weaknesses, opportunities, or threats at that time.

### **Link to the health improvement plan and quality improvement plan:**

Links to other LCDHD plans, such as the Quality Improvement Plan, the Workforce Development Plan and the Community Health Improvement Plans can be identified by the last column of each chart “links to LCDHD plans”.

**Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Support relationship with district and/or local Boards of Health.	Provide access to current orientation material to all new Board of Health members within a month of appointment	Executive Director <ul style="list-style-type: none"> <li>· Provide link to BOH resources/orientation materials on website annually and at the board meetings.</li> <li>· Provide face-to-face orientation with new judges and with other members if requested</li> </ul>	
	Maintain regular communication with the Boards of Health on an ongoing basis	Executive Director <ul style="list-style-type: none"> <li>· Provide various financial and programmatic updates during quarterly BOH meetings</li> <li>· Email BOH members financial and program updates as needed along with breaking news, professional newsletters and correspondence</li> </ul>	Annual Plan & Budget CHA/CHIPs Workforce Development Plan QI Plan Preparedness Plan
	Conduct an annual survey with the Board of Health (re: performance of director, agency enhancement, etc)	QI <ul style="list-style-type: none"> <li>· Administer Board of Health survey annually in January</li> </ul>	QI Plan
		All Divisions <ul style="list-style-type: none"> <li>· Attend and participate in various committee and council meetings, workshops, conferences (i.e., Chamber, Interagency, Wellness Councils, etc.) as scheduled</li> <li>· Develop a branding strategy, starting with an updated policy and templates (letterhead, logos, PowerPoint presentations, etc) for staff use to promote and communicate the value of LCDHD and the services we offer.</li> </ul> Environmental <ul style="list-style-type: none"> <li>· LCADD Regional Water Council-quarterly</li> <li>· City Utilities-as needed</li> <li>· Food service classes-annually</li> <li>· Local veterinarians-annually and as needed</li> <li>· Septic installers classes-annually</li> </ul> Clinic <ul style="list-style-type: none"> <li>· Head Start Health Advisory Board-biannually and as needed</li> <li>· Cancer Screening Program coordinates with Kentucky Cancer Program and physicians</li> <li>· Support Humana Vitality for employers/employees that who participate in KEHP insurance – on an ongoing basis as contacts are made</li> <li>· WIC-farmer’s market annually, stores continually, physicians office continuously</li> <li>· Breastfeeding – hospitals and physician offices</li> </ul> Health Policy and Promotion <ul style="list-style-type: none"> <li>· MAPP/Health Coalitions-monthly</li> <li>· Interagency meetings-monthly</li> <li>· Chamber meetings-bi-monthly</li> <li>· School Wellness Council/CSH-as needed</li> <li>· FRYSC Advisory Councils-as needed</li> <li>· School Board Meetings-as needed</li> <li>· Fiscal Court-bi-yearly</li> <li>· City Council Meeting- bi-yearly</li> <li>· Childcare Coalitions- quarterly</li> </ul>	Annual Plan & Budget  Communication Plan  CHA/CHIPs

**Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Support collaboration with community partners.	Continuously develop and maintain relationships by networking with community stakeholders	<ul style="list-style-type: none"> <li>· Senior Aging Council-bimonthly</li> <li>· Grandparent Support Group- as needed</li> <li>· Head Start Parent meetings-as requested</li> <li>· CCHC-yearly</li> <li>· Site Based Decision Council-as needed</li> <li>· PTO/PTA-as needed</li> <li>· 21<sup>st</sup> Century Afterschool Council- as needed</li> <li>· Hospital Council-as needed</li> <li>· Local Health Department Board meetings-yearly</li> <li>· District Board of Health meetings-quarterly</li> <li>· Tobacco Coalitions/ASAP-bimonthly</li> <li>· DPH Prevention Health Block Grant-annually</li> <li>· Chronic Disease Task Force-annually</li> <li>· RIAC meeting for ADANTA</li> <li>· KPHA Board Meeting-bi-monthly</li> </ul>	
		<p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>· Distributes Class Schedules and Community Calendars to health care providers throughout District</li> <li>· Participates in Diabetes Coalitions in Adair, Casey, Clinton, Green, McCreary and Russell Counties</li> <li>· Attends Interagency Meetings to promote Diabetes activities as needed</li> <li>· Provide Diabetes CEUs for nurses in the community</li> <li>· Networks with community partners when recruiting participants for events</li> <li>· Participates in health fairs</li> <li>· Joint presentations in community (partners with Extension Office, etc.)</li> </ul> <p><b>HANDS</b></p> <ul style="list-style-type: none"> <li>· Verbal agreements/understandings with Early Childhood Centers, School Resource Centers, Pregnancy Centers, Public Libraries, Adult Education Centers, local hospitals and community OB-GYN offices</li> </ul> <p><b>Epidemiology</b></p> <ul style="list-style-type: none"> <li>· Educate and support Infection Control staff at region's hospitals - annually</li> </ul> <p><b>Preparedness</b></p> <ul style="list-style-type: none"> <li>· Region 14 Healthcare Preparedness Coalition - meet monthly</li> <li>· EM meeting with Area 10 Emergency Managers - meet quarterly</li> <li>· Local Emergency Planning Committees (LEPC) - meet annually</li> <li>· Medical Reserve Corps (MRC) - meet twice a year</li> </ul>	<p>Communicable Disease Plan</p> <p>Preparedness Plans</p>
		<p><b>All Divisions</b></p> <ul style="list-style-type: none"> <li>· Community presentations, media communications, share program information, school presentations, grant projects</li> </ul> <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>· Food Management/Handler Classes – annually</li> <li>· Septic System Installer Classes-annually</li> <li>· Food Protection for schools-training provided when requested</li> <li>· Rabies Education provided through/at annual rabies vaccination clinics</li> <li>· Senior Citizen Food Safety-as requested by participants</li> <li>· Mosquito-borne illness community outreach/education - as needed</li> <li>· Outreach or emerging infectious disease as needed - ongoing</li> </ul>	



**Strategic Initiative 1: Develop, maintain and enhance collaboration with partners, stakeholders and the community to identify and respond to health problems and threats.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
	Conduct outreach and educate potential community resources regarding health problems and threats on an ongoing basis	<p>Clinic</p> <ul style="list-style-type: none"> <li>· TB Outreach for hospitals nursing homes, jails, adult daycares – as needed</li> <li>· WIC/Breastfeeding Promotions occur continually</li> <li>· Outreach or emerging infectious disease as needed - ongoing</li> </ul> <p>Health Policy and Promotion</p> <ul style="list-style-type: none"> <li>· Community Health Improvement Plan presentation to ALL sectors of the community</li> <li>· Presentations driven by agency/DPH approved community plan and budget</li> <li>· Media (radio, TV, Facebook, Twitter, Website)</li> <li>· Health fairs</li> </ul> <p>Diabetes</p> <ul style="list-style-type: none"> <li>· Submit diabetes related articles to newspapers</li> <li>· Diabetes Day at the state capitol-annually</li> <li>· Website materials</li> <li>· Supply community partners with statistics - annually (or when new data is available)</li> <li>· Paycheck information inserts for various industries in District</li> <li>· Radio spots</li> </ul> <p>Preparedness</p> <ul style="list-style-type: none"> <li>· Outreach or emerging infectious disease as needed - ongoing</li> </ul> <p>Epidemiology</p> <ul style="list-style-type: none"> <li>· Outreach or emerging infectious disease as needed - ongoing</li> <li>· Media (Facebook, website, newspaper and community presentations)</li> </ul>	<p>Annual Plan &amp; Budget</p> <p>CHA/CHIPs Community Plan District Health Report Card</p> <p>Communicable Disease Plan</p>
Conduct assessments	Conduct community public health assessments on an ongoing basis	<p>Health Policy and Promotion</p> <ul style="list-style-type: none"> <li>· Community Health Improvement Plans - every 5 years</li> <li>· Community Health Assessment - ongoing basis</li> <li>· Assist other agencies/ community partners with health assessments as requested (school wellness, KY-ASAP/Drug Free Coalitions)</li> <li>· Conduct grants project assessments as required</li> </ul> <p>Epidemiology</p> <ul style="list-style-type: none"> <li>· District Health Report Card – web-based and updated annually (or when new data is available) with annual reports presented/given at BOH meeting</li> <li>· Health statistic reports presented at District BOH meetings annually</li> </ul>	<p>CHA/CHIPs</p> <p>Communicable Disease Plan</p>
Disseminate assessments	Disseminate results of assessments upon completion of each assessment	<p>Health Policy and Promotion</p> <ul style="list-style-type: none"> <li>· Community Health Improvement Plan (Website, Facebook, BOH Meetings, newspapers, interagency, fiscal courts, city council, school boards, health boards/councils)</li> <li>· Community Health Assessment (Website, Facebook, BOH Meetings, newspapers, interagency, fiscal courts, city council, school boards, health boards/councils)</li> <li>· District Health Report Card web-based and updated continuously with annual reports presented/given at BOH meeting</li> <li>· Health statistic reports presented at District BOH meetings annually</li> </ul>	<p>CHA/CHIPs</p> <p>Communicable Disease Plan</p>

**Strategic Initiative 2: Build and maintain a competent LHD public health workforce.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Recruit	Recruit qualified individuals to job vacancies on an as needed basis	Human Resources <ul style="list-style-type: none"> <li>· Advertise internally - within agency all staff e-mails, bulletin boards, etc.</li> <li>· Externally in accordance with personnel regulations - outside agency ads, college fairs, expos, internships, temp agencies, online recruitment, etc.)</li> </ul>	Workforce Development Plan
Train	Continually provide LHD specific and job specific training to staff	Human Resources <ul style="list-style-type: none"> <li>· Track required trainings (online trainings, conferences, face-to-face trainings, webinars, etc.)</li> </ul> All Divisions <ul style="list-style-type: none"> <li>· QA, emails, staff meetings and one-on-one training</li> </ul>	Workforce Development Plan  QI/QA Plan
	Continually educate/update staff on new and/or revised agency policies	All Divisions <ul style="list-style-type: none"> <li>· Develop new and/or review and revise policies annually in accordance with our Policy on Policies</li> <li>· Email new and revised policies to staff in accordance with our Policy on Policies</li> </ul>	Workforce Development Plan
Retain	Continually promote employment benefits and positive work environment	Human Resources <ul style="list-style-type: none"> <li>· Provide benefits information/fact sheets on website and to staff</li> <li>· Email staff a LCDHD benefit summary - annually</li> <li>· Promote employee recognition (Employee of the Month/Year; agency newsletter)</li> <li>· Inform staff when there are opportunities for advancement</li> </ul>	Workforce Development Plan
Evaluate	Evaluate performance and employee satisfaction annually	Supervisors <ul style="list-style-type: none"> <li>· Employees complete 6 month training survey/evaluation</li> <li>· Conduct regularly scheduled performance evaluations (6 month, annual and special as needed) using merit system forms</li> </ul>	Workforce Development Plan
		QI <ul style="list-style-type: none"> <li>· Conduct Employee Satisfaction Survey annually</li> </ul>	QI/QA Plan

**Strategic Initiative 3: Identify and respond to current public health threats and prevent emerging public health threats.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Prevent recurring/emerging PH issues	Continually use evidence based practices to prevent recurring/emerging PH issues	Clinic/Environmental/Epidemiology <ul style="list-style-type: none"> <li>· Disease surveillance and investigation, testing and prophylaxis</li> </ul> Environmental <ul style="list-style-type: none"> <li>· All inspections (food services, hotel/motel, public pools, etc.)</li> <li>· Current sanitizing methods proper hand washing for restaurants</li> <li>· Water treatment/Boil water advisories</li> <li>· Mosquito-borne illnesses</li> <li>· Advanced sewage systems</li> </ul>	Communicable Disease Plan
Identify current/emerging PH issues	Conduct continuous surveillance to identify current/emerging PH issues	Clinic/Environmental/Epidemiology <ul style="list-style-type: none"> <li>· NEDSS (National Electronic Disease Surveillance System)</li> <li>· EPID 200 (Kentucky Reportable Disease Form)</li> <li>· Environmental inspections</li> <li>· Mosquito-borne illnesses</li> <li>· Educate/outreach to hospitals, long-term care facilities and doctors</li> </ul>	Communicable Disease Plan
Respond to current/emerging PH issues	Execute response plans to respond to current/emerging PH issues as needed	Preparedness <ul style="list-style-type: none"> <li>· Develop, exercise, evaluate, train staff, and implement all preparedness plans as needed</li> </ul> Clinic <ul style="list-style-type: none"> <li>· Education, screening/testing, vaccination and/or prophylaxis</li> <li>· Referrals as appropriate</li> </ul> Environmental <ul style="list-style-type: none"> <li>· Electric outage</li> <li>· Water outage/boil water plan</li> <li>· Disaster Guidebook/Plan</li> <li>· Bird roosts</li> <li>· Mosquito-borne illnesses</li> <li>· Major rodent infestations</li> </ul>	Preparedness Plans Disease Outbreak Support Plan (DOSP)

**Strategic Initiative 4: Continually develop stakeholder awareness/support of health initiatives and policies.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Gain support for health initiatives/policies from Boards of Health	Educate and make recommendations to BOH members regarding health initiatives/policies as needed	Executive Director and Department Heads <ul style="list-style-type: none"> <li>· Make presentations to Boards of Health during regular/special board meetings</li> <li>· Make presentations or provide information to individual board members if requested or as appropriate</li> </ul> Executive Director <ul style="list-style-type: none"> <li>· Email Board of Health members as needed regarding relevant topics</li> </ul>	
Gain support for health initiatives/policies from community	Educate and make recommendations to community stakeholders regarding health initiatives/policies as needed	All Divisions <ul style="list-style-type: none"> <li>· Community presentations</li> <li>· Multi-media</li> </ul> Environmental <ul style="list-style-type: none"> <li>· Fee Increases</li> <li>· Meet with elected officials or community partners as needed re: birds, sewer, lot sizes, complaints, disaster planning, etc.</li> </ul> Health Policy and Promotion <ul style="list-style-type: none"> <li>· Assist in creation of community health improvement plan every 5 years</li> <li>· Other health initiatives will be driven by Board/DPH Approved Plan and Budget yearly</li> </ul>	Communications Plan       CHA/CHIPs Annual Plan & Budget
Gain support for health initiatives/policies from staff	Continually educate staff regarding health initiatives/policies	All Divisions (as appropriate) <ul style="list-style-type: none"> <li>· Newsletters</li> <li>· Social media</li> <li>· LCDHD server</li> <li>· Wiki</li> <li>· Staff meetings</li> <li>· Webpage</li> <li>· Email</li> </ul>	Communications Plan



**Strategic Initiative 5: Improve the health status of the community through provision of, or assurance through linkages to needed public health services.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
	Continually assure access through linkages to other health providers	Environmental <ul style="list-style-type: none"> <li>· PRIDE, USDA, EPA, Attorney General, local veterinarians, County Attorney, police, Inspector General, etc.</li> </ul> Clinic/Diabetes/School Health/HANDS <ul style="list-style-type: none"> <li>· Make referrals to contracted providers, FQHCs, or private physicians as needed</li> <li>· Be a referral source to and/or for local providers via MOAs/MOUs, contracts</li> <li>· Educate community health coalitions on issues regarding access to healthcare for disadvantaged populations</li> <li>· Promote development of coalition's community health plans taking into consideration disadvantaged populations</li> </ul> Health Policy and Promotion <ul style="list-style-type: none"> <li>· Making the public aware of available health resources via social media, website, etc.</li> <li>· Search for/write grants to procure needed services (e.g. cancer screening services)</li> </ul>	Annual Plan & Budget
Improve health statistics in areas identified by key indicators	Collect data	Health Policy and Promotion <ul style="list-style-type: none"> <li>· Community Health Assessments-ongoing basis</li> <li>· County Health Rankings</li> <li>· Behavioral Risk Factor Surveillance Data</li> </ul> Epidemiology <ul style="list-style-type: none"> <li>· Reportable disease data</li> <li>· Census data</li> <li>· Vital Statistics</li> <li>· Kentucky Cancer Registry</li> </ul>	Annual Plan & Budget CHA/CHIPs
	Analyze data	Data Analysis Committee <ul style="list-style-type: none"> <li>· Analyze collected data (identifying trends, risk factors, data sets with statistical significance)</li> </ul>	
	Report Data	Health Policy and Promotion <ul style="list-style-type: none"> <li>· Community Health Improvement Plan/Health Report Card - web-based and updated annually (or when new data is available) with annual reports presented/given at BOH meeting</li> <li>· Present findings to the executive committee and all health department staff</li> <li>· Present findings to the community at large</li> </ul>	



**Strategic Initiative 6: LCDHD will continuously evaluate and improve programs and services to ensure internal and external excellence.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Establish optimal standards for LCDHD	Implement QI program	QI <ul style="list-style-type: none"> <li>· Participate in bimonthly QI team meetings</li> <li>· Educate staff/promote program as needed</li> <li>· Review and analyze Improvement Projects monthly</li> </ul>	QI Plan
Maintain optimal standards for LCDHD	Conduct internal QA reviews at designated intervals	QI <ul style="list-style-type: none"> <li>· Facilitate QA activities (refer to the QI Plan for details), for example:                             <ul style="list-style-type: none"> <li>o Clinic peer review-quarterly</li> <li>o Clinic district review-annually</li> <li>o School district review-every 4-6 weeks</li> <li>o HANDS review-quarterly</li> <li>o Environmental-quarterly</li> <li>o Preparedness/Epi-quarterly</li> <li>o Health Policy and Promotion-monthly                                     <ul style="list-style-type: none"> <li>§ Community Health Plan - review reports monthly</li> <li>§ Review class and program evaluations as available</li> </ul> </li> <li>o Employee Satisfaction-annually</li> <li>o Ryan White-monthly</li> <li>o Patient Satisfaction-annually</li> <li>o Diabetes-DSME peer review-quarterly                                     <ul style="list-style-type: none"> <li>§ Class evaluations - bimonthly</li> <li>§ Program evaluation - annually</li> </ul> </li> </ul> </li> </ul>	Performance Management Database
Utilize feedback from internal and external QA reviews to improve LCDHD programs	Collect and analyze data from QA reviews as it is available	QI <ul style="list-style-type: none"> <li>· Develop improvement plans as needed</li> <li>· Communicate feedback (exit reviews, etc.) as specified in the QI Plan</li> <li>· Follow-up on improvement efforts continuously</li> </ul>	Performance Management Database
Achieve voluntary national accreditation	Become accredited by Public Health Accreditation Board in 2017	All divisions <ul style="list-style-type: none"> <li>· Submit PHAB action plan and become accredited</li> </ul>	QI Plan

**Strategic Initiative 7: LCDHD will continuously seek to acquire new funds and utilize existing funds to be proactive and innovative in improving the communities' health.**

Goals	Objectives	Action Steps	Links to LCDHD Plans
Actively seek new funding sources.	Continually identify potential sources for grant funding	Health Promotion and Policy/Clinic Leadership <ul style="list-style-type: none"> <li>· Monitor grant websites</li> </ul>	Annual Plan and Budget
	Apply for grants as appropriate	All Divisions <ul style="list-style-type: none"> <li>· Assist in grant writing and follow-up as needed</li> </ul> Health Policy and Promotion <ul style="list-style-type: none"> <li>· Seek appropriate funds deemed necessary for PH issues as documented in the CHIP</li> </ul>	Annual Plan and Budget
	Educate policy makers to promote public health funding as needed	Health Policy and Promotion <ul style="list-style-type: none"> <li>· Continually create and maintain relationships with policy makers via telephone, emails, at meetings and by personal visits</li> </ul> All Division <ul style="list-style-type: none"> <li>· Contact legislators as needed regarding funding threats or opportunities via telephone, emails, at meetings and by personal visits</li> </ul>	Annual Plan and Budget
Seek creative new ways to utilize existing funds.	Seek staff feedback periodically	All Divisions <ul style="list-style-type: none"> <li>· Surveys as needed</li> <li>· Meetings as scheduled</li> </ul>	
	Conduct best practice reviews annually	All Divisions <ul style="list-style-type: none"> <li>· Monitor Professional Public Health websites (i.e. NACCHO, APHA etc.) for emerging best practices.</li> <li>· Share information with other health departments regarding programs and policies and seek information in return.</li> <li>· Network with professional organizations across the state and nation, attend conferences, share practices.</li> <li>· Attend professional conferences (i.e. KSNA, KPHA, NACCHO, KALBOH, NALBOH etc. when possible) to network with other state organizations and HDs</li> </ul>	

## **Appendix A:** **Strategic Planning Committee Members**

Shawn Crabtree.....Executive Director

Pam Godby.....Human Resources Manager

Leah Jasper.....Director of Administrative Services

Tracy Aaron.....Director of Health Education

Stuart Spillman.....Director of Environmental Services

Laura Woodrum.....Clinic Nurse Administrator

Amy Tomlinson.....Public Health Preparedness Manager

Janae Tucker.....Quality Improvement Director

## Appendix B:

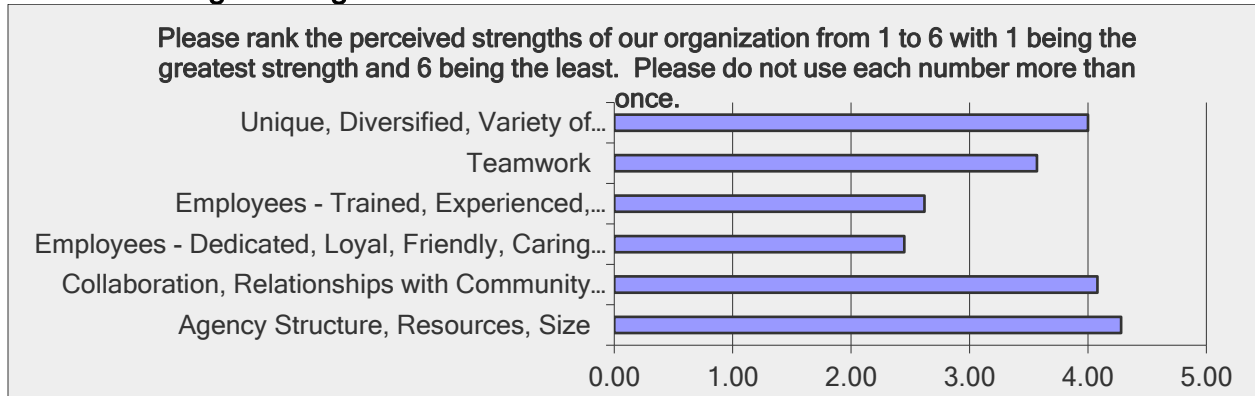
### Strategic Plan Sessions

<u>Meeting Date</u>	<u>Purpose</u>
<a href="#">December 1, 2011</a>	Preparation: <ul style="list-style-type: none"> <li>• Readiness assessment</li> <li>• Determine data needs</li> <li>• Plan to plan</li> </ul>
<a href="#">December 8, 2011</a>	Strategic Planning Webinar hosted by the Kentucky and Appalachia Public Health Training Center
<a href="#">January 23, 2012</a>	Assess the Current Situation: <ul style="list-style-type: none"> <li>• Review of mission, vision, and guiding principles</li> <li>• Identifying values/beliefs</li> <li>• Stakeholder analysis</li> <li>• Internal &amp; external analysis</li> </ul>
<a href="#">February 16, 2012</a>	Follow-up / discussion of SWOT analysis
<a href="#">March 13, 2012</a>	Review of SWOT analysis
<a href="#">April 16, 2012</a>	Analyze SWOT results: <ul style="list-style-type: none"> <li>• comparison of identified threats</li> <li>• to identified opportunities, identified weaknesses</li> <li>• to identified opportunities and identified</li> <li>• weaknesses to identified threats</li> </ul>
<a href="#">May 31, 2012</a>	Analyze suggested Strategic Initiatives developed by group members
<a href="#">August 1, 2012</a>	Strategic Initiatives were reviewed and linked to Essential Public Health Services (EPHS) and PHAB Domains. All EPHS and PHAB domains were represented by the proposed initiatives.
<a href="#">August 14, 2012</a>	Began identifying goals for each strategic initiative.
<a href="#">September 11, 2012</a>	Strategic Initiatives were reviewed to ensure they support the mission and vision of the organization Continue looking at each strategic initiative and identifying goals for each
<a href="#">October 2, 2012</a>	Continued looking at each strategic initiative and identifying goals for each
<a href="#">November 7, 2012</a>	Finish compiling Strategic Initiatives and Objectives
<a href="#">December 3, 2012</a>	Completed goals for all initiatives Began the process of identifying action steps for each objective
<a href="#">January 7, 2013</a>	Completion of Action Steps
<a href="#">February 4, 2013</a>	Review / revision of objectives to make them SMART
<a href="#">March 20, 2013</a>	Review goals and action steps to make sure suggested criteria is met
<a href="#">July 30, 2014</a>	Annual review of progress and needed revisions
<a href="#">May 27, 2015</a>	Annual review of complete plan and needed revisions

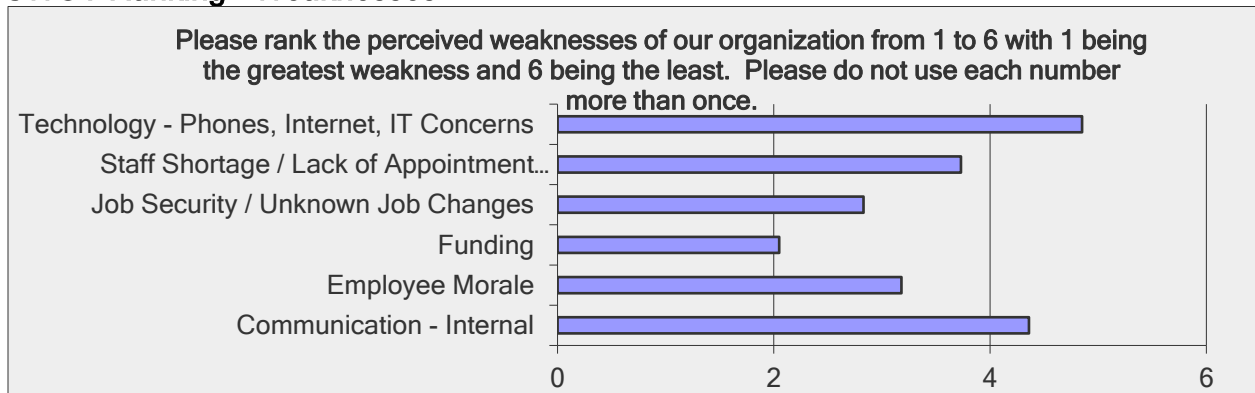
# Appendix C:

## 2011 SWOT Analysis

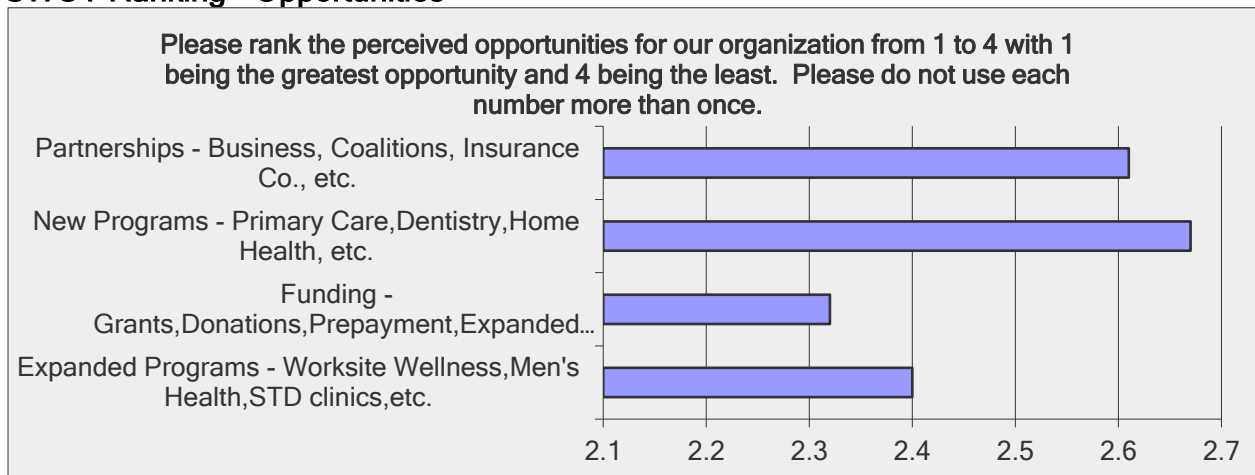
### SWOT Ranking - Strengths



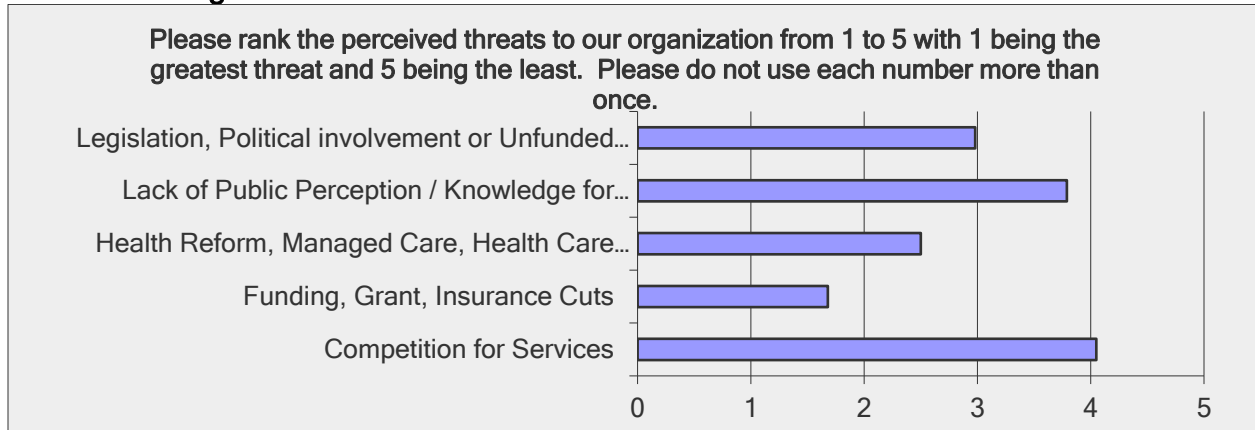
### SWOT Ranking - Weaknesses



### SWOT Ranking - Opportunities



## SWOT Ranking - Threats





## Strategic Plan Revision Tracking Sheet

<u>Date</u>	<u>Pages affected</u>	<u>Summary of changes</u>	<u>Responsible staff</u>
7/30/2014	All	See meeting minutes from 7/30/2014 for summation of revisions and tracking of changes.	Strategic Planning Committee
5/27/2015	All	See meeting minutes from 5/27/2015 for summation of revisions	Strategic Planning Committee
9/19/2015	Strategic Initiative 5	kyhealthnow 2019 goals were added, along with action steps that will be taken to help meet these goals	Executive Staff / Strategic Planning Committee
10/24/2016	All	All initiatives were reviewed and updated (see meeting minutes from 08/2016). Kyhealthnow 2019 goals were deleted and new initiative regarding the Data Analysis Committee was added to Strategic Initiative 5.	Executive Staff/Strategic Planning Committee