STRATEGIC PLAN
2018-2021
CONTENTS

Letter from the Director ........................................................................................................ 3
About GRDHD .......................................................................................................................... 4
Strategic Planning Process .................................................................................................... 5
Vision Mission Values .......................................................................................................... 5
  Vision ................................................................................................................................ 5
  Mission ............................................................................................................................... 5
  Values ................................................................................................................................. 5
Organizational Scan / Stakeholder Input ............................................................................... 5
  SWOT Analysis – Customer Service ................................................................................. 7
  SWOT Analysis - Marketing .............................................................................................. 8
  SWOT Analysis – Communication .................................................................................... 9
  SWOT ANALYSIS – Current Plan ................................................................................... 10
Strategic Priorities ................................................................................................................ 11
Goals/Objectives .................................................................................................................. 12
Link to other plans ................................................................................................................ 14
Capacity Assessment ............................................................................................................ 15
Plan in Action ........................................................................................................................ 17
Appendices ............................................................................................................................ 18
  Appendix A – Planning Process Meetings: 2018-2021 Strategic Plan ............................... 19
  Appendix B – GRDHD All Staff Survey Results 2018-2021 Strategic Plan ..................... 20
  Appendix C – Interview Questions ................................................................................... 24
  Appendix D - 2015-2017 Strategic Plan Evaluation ............................................................ 25
Dear Health Department Employees, Partners, Customers, Board members and tax payers,

It is my honor to present to you the Green River District Health Department’s 2018-2021 Strategic plan.

Within this report you will find a description of how this plan was developed with the insight from our stakeholders and input from all health department employees. The plan lays forth a strong roadmap for the next four years on how our health department can continue to improve the ways we serve our community and fulfill our mission to promote, protect, and strengthen the health and well-being of all by helping develop and maintain healthy lifestyles and environmentally safe communities. As this plan was developed we set strategic priorities with corresponding goals and objectives that we believe represented the most important issues and efficient ways to see our important work for the community improve.

Our team is excited about these priorities and the progress we think the future holds, just as we are proud of the many accomplishments that have been a result of our previous strategic plans. In keeping with the spirit of continuous improvement, we invite you to share your thoughts on our plan and our progress going forward. We always welcome and take seriously your feedback.

Sincerely,

Clayton Horton
Public Health Director
Located in Western Kentucky, Green River District Health Department (GRDHD) was established as a district in 1974 when the individual county health departments, focused primarily on family planning, transitioned to a unified organization in order to provide comprehensive health services. Currently, there are seven county health centers, two satellite clinics at school sites and an administrative office serving a population of approximately 212,000 in Daviess, Hancock, Henderson, McLean, Ohio, Union and Webster counties.

GRDHD offers programs and services designed to meet the health care needs of the seven county district for an array of eligible participants. Certain programs are mandated by law or regulation to protect the health of the public. These fall under the categories of Enforcement of Public Health Regulations (such as occurs in the Environmental Program), Surveillance, Communicable Disease Control (such as the tuberculosis program), Public Health Education, Public Health Policy, Family and Children Risk Reduction, and Disaster Preparedness. Local option services include other Population-Based Services which improve health outcomes for groups of people or communities such as the Women, Infants and Children (WIC) Program and other preventative services. Additional services for individuals may also be provided such as Home Health Program and Adult Day Care. Each health center throughout the seven counties is a key component in providing public health services.
STRATEGIC PLANNING PROCESS

The 2018-2021 Strategic Plan was developed by A+ Leadership and members of the GRDHD Senior Management and Performance Management teams with input from all staff and the Board of Health. (See appendix A for participants and events).

Planning for the 2018-2021 strategic plan began in spring 2017 as members of GRDHD Leadership set an overview of the process for gathering data, conducting the analysis and developing the next strategic plan. GRDHD contracted with A+ Leadership to consult and facilitate components of the Plan. An organizational scan identified common themes: customer service, marketing, communication and continuation of the 2015-2017 Strategic Plan work efforts which provided the foundation for the 2018-2021 goals and objectives. Workgroups from Senior Management and Performance Management then developed the finalized four year plan for Board approval.

VISION MISSION VALUES

Although the GRDHD vision, mission and values have been in place for many years, the strategic planning committee opted to review the language in comparison to stakeholder input regarding organizational values and beliefs, as well as purpose and activities of the health department.

An agency’s vision conveys the ideal conditions, while the mission is the action (what and why) of how the vision can be achieved. The previous vision was “Healthy and Safe communities” and the previous mission was “To improve the quality of life by promoting, protecting, and enhancing the health and well-being of the public.” There were no changes to the values.

VISION

To ensure our community lives in a healthy and safe environment.

MISSION

To promote, protect, and strengthen the health and well-being of all by helping develop and maintain healthy lifestyles and environmentally safe communities.

VALUES

Compassion—Respect—Innovation—Integrity—Accountability

ORGANIZATIONAL SCAN / STAKEHOLDER INPUT
A+ Leadership utilized an organizational scan that included interview questions for senior leadership and a staff survey for everyone else. The organizational scan included several questions that allowed the interviewees to evaluate the organizations' current priorities and determine if any perceived areas needed attention.

The thirty question online survey utilized a Likert Scale to measure level of agreement with statements concerning workplace culture, job satisfaction and opportunities, fairness and equity, relationships among clients and colleagues. All staff were invited to participate; approximately 60% of staff responded. The survey results were used to inform changes to the Agency vision and mission as well as the identification of strategic issues for the organization. (Please see appendix A for full staff survey results.)

Concurrently, A+ Leadership conducted individual interviews with members of Senior Management. The series of open ended questions addressed vision, mission, culture, purpose, strengths and weaknesses, financial and planning. (Please see Appendix C for a list of senior management interview questions.) From the survey and interviews, a few common themes were gathered:

1. The current plan addresses critical issues and the administration does an excellent job monitoring progress and ensuring implementation. In short, they gave the plan high marks and wanted to see progress continue.
2. Customer service for clinic clients remains a problem, especially wait time.
3. GRDHD offers many critical health services and provides multiple environmental protections; however, too few people in the communities served know these exist, and they wanted to see a marketing plan developed and implemented.
4. Communication, especially to front-line staff needs improving.

In a day long planning session, supervisors and program managers assessed the strengths, weaknesses, opportunities and threats/challenges (SWOT) of the four focus areas. The SWOT Analysis for each of these is presented below.

Once the data was gathered, the group created a list of potential solutions to capitalize on strengths and opportunities, while minimizing weaknesses and challenges. Participants then voted for the top three actions in each category. Results of this voting technique are listed as “potential actions.” Action items that received fewer votes are listed as “other suggestions.” The overall outcome served as a blueprint for the 2018-2021 Strategic Plan.

**SWOT ANALYSIS – CUSTOMER SERVICE**

**Potential Customer Service Actions**

1. Provide flexible clinic hours
2. Create a program for praising and celebrating excellent employee performance
   a. Create mentoring/rejuvenation staff programs
3. Develop and share customer service expectation with all staff

Other suggestions:

- Provide additional training for all staff
- Use technology to contact clients (text)
- Create and deploy improve signage at and around clinics
- Improve telephone translation system
- Cross train employees
- Create a succession planning initiative

**STRENGTH:** Customers leave better, dependable, view community as customers, utilize a common-sense approach, district supports clinics, staff supports staff, trained and ethical staff, understand customer needs, make appropriate referrals, experts in his/her field,

**WEAKNESS:** Lack trauma informed skills, seasoned staff retire/leave, flexible hours, excessive training for new staff, work in silos, outdated phone system, wait time, front-line staff attitude and manners, partners sometimes do not meet client expectations

**OPPORTUNITY:** Praise staff for excellent performance, utilize QI, hire interns, additional training for front-line staff, seek input from customers, find root causes to problems, attract more diverse employees, invest in people

**CHALLENGE:** Lack flexibility, get out the message, “we serve more than low income residents”, traveling staff, inconsistent practices in different counties, ability to diffuse angry clients, compliance issues, abusive clients
SWOT ANALYSIS - MARKETING

Potential Marketing Actions

1. Create a brand, log and new signage
2. Establish a marketing committee
3. Prioritize specific messages (target message/audience)
4. Determine how GRDHD will identify itself in all counties

Other suggestions:
- ID a specific spokesperson
- Involve appropriate players in each county
- Solicit interns
- Develop outside partnerships

STRENGTH: Positive word of mouth, messages getting picked up by various media outlets, staff writes articles for the M&I, health coalition connections, website, Facebook and Twitter, viewed by community as ‘health experts’, visible in all counties

WEAKNESS: Lack a catchy brand or logo, employees do not understand all the GRDHD’s programs, public knowledge of GRDHD, misinformation from other groups—other medical facility, the district remains relatively young

OPPORTUNITY: Further cultivate the media relationships, use open spaces to inform (bathroom stall doors), offer parental care classes, community fairs, target messages and audiences, prioritize messages/audiences to maximize impact and funding, bring media experts in to provide guidance, hire a marketing intern

CHALLENGE: Younger audiences, public that lacks knowledge, stigma—GRDHD only for low income, utilization of internal newsletter, funding, lack of staff
# SWOT Analysis – Communication

## Potential Communication Actions

1. **Develop and implement communication expectation for ALL employees**
2. **Provide additional technology training for supervisory staff**
3. **Offer cultural sensitivity training to ALL staff**
4. **Implement the 5-minute huddle concept in all departments**
5. **Prove confidentiality updates and training that focuses on technology use**
6. **Investigate health council effectiveness**

### STRENGTH:
- Supervisor training, website, policy updates, comfortable calling colleagues with questions, good technology, staff training, 5-minute huddle concept, use of advanced technology (teleconferencing), staff meetings, HR updates, sharing specific staff drives

### WEAKNESS:
- Communication lag, often filters down too slow to other counties, email language and effectiveness, unclear communication channels, timeliness answering/responding to email

### OPPORTUNITY:
- Email response expectations for ALL, training to use social media, Utilize more technology (Google Suite), follow-up conversations with written requests and notes, Utilize website and keep all components updated

### CHALLENGE:
- Breaking down silos, better understanding client needs and cultures, cultural sensitivity, some workforce has the same challenges as clients
SWOT ANALYSIS – CURRENT PLAN

Potential Actions

1. Develop new, improved tools for collecting data
2. Utilize the plan and collected data to acquire additional funding
3. Utilize data to validate performance and success
4. Develop ways to better engage ALL staff
5. Establish quality improvement committees
6. Utilize with new objectives

STRENGTH: Measurable and adaptable, had one for several years, implemented and measured by a staff person, used, staff held accountable, focused on improvement, employee driven, provides direction, guides accreditation and community work, guides other planning processes, provided to ALL employees

WEAKNESS: Accurate measurement is tough, require more meeting time, tough to integrate with other plans, executing objective was top-heavy

OPPORTUNITY: Need additional tools for data collection, use data to validate performance, pursue additional funding and promote growth in all areas, increase staff and community engagement, use QI committees to address change/improvement.

CHALLENGE: Establishing buy-in from ALL, public understanding of public health remains limited, challenge to adopt a continuous improvement model and attitude, funding, technology

In October 2017, members of the senior management and performance management teams utilized the SWOT Analysis and 2015-2017 Strategic Plan Evaluation feedback to prioritize which of the previous plan goals should be carried forward to the 2018-2021 Strategic Plan. (Please see appendix D for the full analysis of the 2015-2015 Strategic Plan.)

Aspects of the following objectives from the 2015-2017 Strategic Plan were selected to be included:

1A - Health Equity/Service Outreach
1C – Policy Influence
1D – Awareness
3A – Presentations & Research combined with 3B
3B – Academic Health Department combined with 3A
3C – Community Health Assessment
3D – Community Health Improvement Plan
4D – Staff Orientation and Training

The following objectives were discontinued at the strategic plan level but shifted to programmatic or committee level for continuation and possible integration within the performance management system.

1B – Epidemiology/infection control, preparedness exercises
2A – Agency audits/PM system
2B – Agency Policy Review
2C – Agency Health Equity
4A – Staff Performance Evaluation
4B - Staff Retention and Recruitment
4C – Bilateral Communication
5A – Board Orientation
5B – Board Actions
All of the services provided by Green River District Health Department can be linked to at least one of the Ten Essential Public Health Services (EPHS). Developed by the Core Public Health Functions Steering Committee in 1994, the EPHS provide a working definition of public health and a guiding framework for the responsibilities of public health systems. The core functions are assessment, policy development and assurance.

**TEN ESSENTIAL PUBLIC HEALTH SERVICES**

1. Monitoring health status to identify community health problems including health disparities.
2. Detecting (Diagnosing) and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.
4. Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health services and ensuring the provision of population-based health services.
8. Assuring a competent public health workforce and effective public health leadership.
9. Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.
10. Researching for insights and innovative solutions to public health problems.

For the 2018-2022 Strategic Plan, two Strategic Priorities were established to provide focus for Agency direction and growth. These priorities encompass the over-arching themes developed during the strategic plan process, provide a continuum between previous and current plan efforts, maintain alignment with the Ten Essential Public Health Services and strengthen the vision, mission and values of GRDHD.

**Improve Community Outreach and Service**

**Improve Agency Culture and Capacity**

Two additional concepts emerged during the strategic planning process: *customer service* and *communication*. Since both are key to the success of the agency and its goals, these were adopted as “common themes” for the 2018-2022 Strategic Plan. Aspects of the customer service and communication focus are present throughout the tactics to support the overall goal(s).
Improve Community Outreach and Service

Goal 1: GRDHD will expand the Community Health Assessment annually during the 2018-2021 Cycle.
   A. Annually by March, publish CHA update with expanded data report on select issues.
      1. By July 15, 2018 (2019, 2020*), utilize CASPER or other new primary data resource results to identify health issues, contributing factors, and/or specific population groups for further study.
      2. Collect data from subject matter experts or gather additional primary data by December 31, 2018 (2019, 2020*)
      3. Write report of data / findings by March 2019 (2020, 2021*)
      4. Publish as annual CHA update by March 31, 2019 (2020, 2021*)
      *Repeat steps 1-4 utilizing a new issue or population group
   EPHS: 1, 2, 3, 4, 7, 10

Goal 2: By January 31, 2019, GRDHD will identify health department actions to support 2018 CHIP initiatives at county and district levels.
   A. By August 1, 2018, GRDHD will establish at least one goal per 2018 CHIP strategic initiative and develop measurable activities to pursue at the county/district level throughout the cycle.
      1. Meet with GRDHD programs to select activities aligned with initiatives
      2. Establish program approved (health outcome related) metric for tracking in Clear Impact
      3. Identify frequency, person & method for reporting program metric progress to PM team for posting in Clear Impact
   B. By October 31, 2018 GRDHD will identify methods to partner with local organizations to offer events/activities or joint campaigns to address CHIP initiatives.
   EPHS: 1, 3, 4, 5, 7, 9

Goal 3: By October 31, 2021, GRDHD will support health equity by identifying and monitoring up to 5 health outcomes to address the community’s needs.
   A. By July 1, 2019, identify specific health outcomes of focus for at risk/vulnerable (disparate) populations
      1. By March 31, 2018 identify trackable health outcomes of focus
      2. By April 30, 2018 present list of possible topics to PM/SM for review/selection
      3. By August 31, 2018 develop high risk group data profile and contributing factors linked to selected health problems.
      4. By July 1, 2019, develop plan of targeted messages, initiatives & interventions for GRDHD programs to complete.
   B. Set Baseline data by using 2017-2018 data.
   C. Monitor outcomes monthly or quarterly beginning July 2019, continue monitoring throughout plan
   EPHS: 1, 2, 3, 4, 5, 7, 9
Goal 4: By December 15, 2020, GRDHD will develop and implement a policy advocacy plan for use in shaping public health policy.
   A. By August 31, 2018, GRDHD Senior Management team will establish a policy advocacy planning process and integrate into PM (Plan of Plans) review cycle.
      1. By August 31, 2018, GRDHD Senior management will complete a draft of a policy advocacy plan that includes a prioritized list with a minimum of 3 specific areas where policy development or improvement is needed for the district.
      2. By December 15 of each year 2018 -2020, GRDHD will develop standardized messages addressing the policy improvements that will positively impact the health of the community for one of the specific areas listed in the plan.
      3. GRDHD will partner with appropriate stakeholders to conduct policy assessment for focus areas and provide recommendations regarding policy change.
   EPHS: 3, 5, 6, 9

Improve Agency Culture and Capacity

Goal 5: GRDHD will create a comprehensive branding strategy based on branding policy by June 30, 2019.
   1. Public Information & Communications Committee will develop GRDHD brand specifics including logo/emblem, standardized identification, and staff role in brand management for incorporation into branding policy by December 31, 2018
   2. Senior Management will approve Public Information & Communications Committee revisions to branding policy by December 31, 2018.
   3. Public Information & Communications Committee will develop target messages related to our agency "brand") (i.e. Promoting healthy and safe communities … Proudly serving Daviess, Hancock, Henderson, McLean, Ohio, Union & Webster Counties …).
   4. Public Information & Communications Committee, along with Senior Management and GRDHD Supervisory staff, will implement strategy including standardized identification signs, phone greetings, etc., and train staff as necessary by June 30, 2019.
   EPHS: 3, 7, 8, 9

Goal 6: By July 2020 GRDHD will improve the organizational culture of quality focusing on customer service & communication.
   1. Established committee will develop customer service and communication expectations by Oct 31, 2018.
   2. Senior management will review customer service and communication expectations by December 31, 2018.
   3. Senior management will develop a policy on customer service cross-referencing communication policies expectations by July 31, 2019.
   4. Baseline data will be gathered by a survey to staff on attitudes about customer service and communication by April 30, 2019.
   5. All staff will receive training on customer service and communication expectations by December 31, 2019.
   6. A post survey will be done on evaluating the effectiveness of training by June 30, 2020.
   EPHS: 3, 5, 7, 8, 9
Goal 7: GRDHD will provide ongoing professional development opportunities for all staff in various formats including annual training with KY Train, trainings during staff meetings and target specific trainings as appropriate.

1. Revise WDP by August 2018, to incorporate diversity/cultural sensitivity training, program awareness, technology training, customer service, communication and job specific skills into the plan.
2. Inform and advise staff about purpose of WDP beginning in January 2019 through emails, Gazette articles, staff meetings, etc.
3. GRDHD will offer continuing education opportunities and professional development that include subjects such as diversity/cultural sensitivity training, program awareness, technology training and job specific subjects.

EPHS: 3, 5, 7, 8, 9

Goal 8: By June 1, 2020, GRDHD will foster the development, maintenance and expansion of Academic Health Department (AHD) relationships.

1. By August 1, 2018, GRDHD will establish a list of at least 5 potential research projects that can be promoted to schools (interns/classes).
2. By June 1, 2020, GRDHD in partnership with other local health departments in Kentucky will sponsor an event during KPHA or other conference to recognize partner colleges & universities.
3. Promote at least one joint research project by presenting or publishing results at public or professional conferences annually starting in 2019.

EPHS: 1, 2, 8, 10

Goal 9: Develop a long term technology plan which includes 1, 2, and 4 year goals for the Agency by January 31, 2019

1. By April 30, 2018, establish a committee/workgroup with diverse representation to perform a SWOT analysis of agency technology gaps, needs and areas for improvement.
2. Recommend a 4 year equipment replacement plan to Senior Management by August 31, 2018.
3. Conduct a SWOT analysis by December 31, 2018 and every 2 years thereafter to identify and prioritize technology needs and potential solutions.
4. By January 31, 2019, utilize SWOT results to identify and develop job specific and/or overall IS training (internal or external offerings) opportunities for all staff.
5. Utilize SWOT results to identify and amend equipment 4 year lifecycle replacement plan by January 31, 2019.
6. Pursue at least 1 grant and/or alternative solutions to assist in improving technology resources throughout the agency by December 31, 2021. Identify experienced grant writing staff to research opportunities or assist in linking technology (equipment/training) needs to programmatic grant applications.

EPHS: 8, 9, 10

LINK TO OTHER PLANS

The 2018-2021 GRDHD Strategic Plan spans January – December of 2018, 2019, 2020 and 2021. The selection of a four year plan creates an alternating schedule with other Agency plans and activities to assure alignment of efforts. As GRDHD commences its third Community Health Assessment/Community Health Improvement Plan cycle, there is the possibility that regional strategic initiatives will change. In
addition, the Agency’s quality improvement plan, performance management system plan and workforce development plans are all due for revisions in 2018. Since current plans are coming to an end and new plans have yet to be written, developing specific strategic plan tactics to coincide with other agency plans was a challenge. In many cases, the structural course of action was written with details of the final strategies being dependent on content not yet determined.

Goal 2 directly correlates to the Community Health Improvement Plan by selecting GRDHD activities that support local initiatives. Goals 1, 3, 4 and 9 are also linked to the CHIP through tactics which address specific needs for the community health assessment. While all goals have the capacity to utilize Quality Improvement methods to ensure success, Strategic Plan goal 6 aligns with the QI Plan by including performance measures which build a culture of quality. Goals with strong opportunities to utilize QI efforts include 2, 3 and 8.

**CAPACITY ASSESSMENT**

In developing this strategic plan, GRDHD management evaluated the capacity of the organization to deliver essential services and act as a high functioning public health agency. This evaluation included a review of the mandatory functions as described by the Kentucky Department for Public Health as “Foundational Capabilities” and “Core Public Health Services”

---

**Foundational Capabilities**

- Quality Improvement Program
- Accreditation
- Quality Improvement
- Program evaluation
- Utilization of evidence-based practices
- Information Management & Analysis
  - Data collection, analysis for surveillance, epidemiology, community health assessment, performance management, & research
- Information technology infrastructure to meet meaningful use compliance
- Interface with the Kentucky Health Information Exchange (KHI)

**Health Equity & Social Determinants of Health**

- Include both goodness, fairness, & health equity in all planning & policies
- Address social determinants of health
- Community engagement strategies
  - Community & governing entity engagement, convening & planning
  - Public information, marketing & communications
  - Community health assessment & community improvement planning
- Policy Development
  - Incorporate health in all policies
  - Comprehensive policy analysis & planning

**Core Public Health Services**

- All LHDs should have the following skills and resources which can occur through cross-jurisdictional sharing.
  - Leadership in improving health outcomes
  - Direct care and support services
  - Health IT standards & applications
  - Health information exchange
  - Health IT interoperability
  - Health IT workforce

**Enhanced Services**

<table>
<thead>
<tr>
<th>Enhanced Services</th>
<th>May be provided as determined by your community to strengthen the Core Services &amp; Foundational Capabilities. Not an exhaustive list.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health Services</td>
<td>Services for the Elderly or Disabled (Rehabilitation, Personal Service Agencies, Adult Day, etc.)</td>
</tr>
<tr>
<td>Behavioral Health Services</td>
<td>Telehealth Services</td>
</tr>
<tr>
<td>Patient care coordination &amp; navigation (Community Health Workforce, HIV Care Coordination)</td>
<td>Worksite Wellness Initiatives</td>
</tr>
<tr>
<td>Human Vitality Assessments</td>
<td>School Health Nursing Services</td>
</tr>
<tr>
<td>Adult Preventive</td>
<td></td>
</tr>
</tbody>
</table>

Source: Ky. LHD Admin Ref Aug. 2017
Assessment of health department services and ongoing found that GRDHD was providing the mandatory services and possessed the functional capabilities. The strategic planning process identified strategies for GRDHD to improve on these existing capacities to provide these core services. GRDHD demonstrates the capacity and commitment to continuously improve public health programs to positively affect the health of seven county region. The current strategic planning cycle focuses on the following capacity areas:

**Information Management:** Technology touches every person and position within the organization. Effective use of technology will allow optimal operations and service. Rapid changes within the technology field and the need for secure and efficient information management requires innovative approaches. GRDHD provides access representing a considerable commitment of resources for telecommunications, networking, software and storage including but not limited to intranet, internet, state-wide networks for patient services and other electronic information systems. It was determined that adding a specific Technology and Information Management category to the goals for Improving Agency Culture and Capacity was necessary to improve effective use of current technology.

**Financial Sustainability:** Financial sustainability requires a multi-faceted, innovative approach to funding. GRDHD receives funding from local, state, federal and other revenue sources. The Green River District Health Department adheres to policies mandated in the Administrative Reference, Department for Public Health. It also meets applicable federal regulations governing the operation of public health programs and complies with regular reporting and audits. It is recognized that a proactive approach to planning and pursuing additional funding is necessary. Aspects of financial sustainability were written into the strategic plan as common themes. It is expected that GRDHD will seek funding opportunities aligned with community needs and departmental goals.

**Communication and Branding:** GRDHD seeks to project an image as a united organization and not fragmented individual county departments or programs. Consistent identification of our agency name and logos in printed and digital materials is an important component for supporting our image of unity. The agency strives to provide credible, timely, and accurate information to the public. Staff are expected to comply with agency specific policies and procedures regarding branding and publication standards and risk communications. However, it was noted that communication can always be improved and confusion regarding the agency structure and programs is present. Communication was adopted as a “common theme” for the Strategic Plan; it is also addressed in goal #6. Branding will be addressed through goal #5.

**Workforce Development:** Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities. The Workforce Development Plan provides a strategic direction based on agency & workforce profile, competencies & education requirements and training needs. GRDHD strives to foster an environment where learning is a continuous ongoing endeavor undertaken by all staff with complete support from management. GRDHD desires to be pro-active in meeting learning needs of all staff, with management encouraging staff to seek out training opportunities as well as providing resources for staff training and learning.
PLAN IN ACTION

This document serves as a guide for achieving the goals laid out in this plan. The 2018-2021 Strategic Plan is available to all staff and Board of Health members through an internal shared network as well as online web access. The strategic plan will be a standing agenda item for the monthly Performance Management Team meetings. Designated staff will be held accountable for meeting tactic deadlines and providing progress reports. Any concerns or delays will be brought to the PM Team for discussion and, if necessary, revision of the initial Plan. Some changes will be subject to the approval of Senior Management. Details will be documented in monthly PM Team meeting minutes. Each objective is assigned a lead point of contact and cross-functional work group to coordinate activities, assure timely completion and submit quarterly progress reports to the Performance Management team. The Accreditation Coordinator will provide quarterly and annual updates for the full strategic plan. These will be shared with the Board of Health and staff through meetings and publications posted to the internal shared network and website.
(This page intentionally left blank)
## APPENDIX A – PLANNING PROCESS MEETINGS: 2018-2021 STRATEGIC PLAN

<table>
<thead>
<tr>
<th>Activity/Purpose</th>
<th>Meeting Dates</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Plan: Planning overview and timeline</td>
<td>4/27/17</td>
<td>Director, Accreditation Coordinator</td>
</tr>
<tr>
<td>Planning for Plan Contract June 2017</td>
<td>5/12/17, 7/20/17, 8/3/17</td>
<td>A+ Leadership, Director, Accreditation Coordinator</td>
</tr>
<tr>
<td>Senior Management Interviews: collect directional data</td>
<td>9/7/17</td>
<td>A+ Leadership, Director, Director of Administrative Services, Administrative Services Manager (HH), Nutrition Services Manager, Finance Administrator, Public Health Services Manager</td>
</tr>
<tr>
<td>Senior Management Interviews: collect directional data</td>
<td>9/12/17</td>
<td>A+ Leadership, Director of Nursing, Maintenance Supervisor</td>
</tr>
<tr>
<td>All Staff Survey: collect directional data</td>
<td>9/5/17 – 9/13/17</td>
<td>All Staff (119 results/~60% response rate)</td>
</tr>
<tr>
<td>Supervisors Session: vision, mission, values, SWOC, potential action items</td>
<td>9/19/17</td>
<td>A+ Leadership, Program Managers &amp; Supervisors (39 present, see sign in sheet)</td>
</tr>
<tr>
<td>Senior Management Discussion: Review results, next steps</td>
<td>9/21/17</td>
<td>Director, Senior Management Team</td>
</tr>
<tr>
<td>Work Sessions: goals and objectives</td>
<td>10/4/17, 10/12/17, 10/16/17</td>
<td>Director, Senior Management Team, Performance Management Team</td>
</tr>
<tr>
<td>Status Update: progress of goals &amp; objectives, Board of Health Presentation</td>
<td>10/19/17</td>
<td>A+ Leadership, District Board of Health Director, Senior Management Team</td>
</tr>
<tr>
<td>Status update: draft of goals &amp; objectives</td>
<td>11/20/17</td>
<td>Performance Management Team</td>
</tr>
<tr>
<td>Work session: final draft goals and objectives</td>
<td>12/20/17</td>
<td>Director, Senior Management Team, Performance Management Team</td>
</tr>
<tr>
<td>Status Update: Presentation to Board of Health</td>
<td>1/23/18</td>
<td>District Board of Health Director, Senior Management Team</td>
</tr>
</tbody>
</table>
ALL STAFF SURVEY QUESTIONS

1. I understand the strategic goals of our organization
2. I understand my role in helping the organization achieve those goals
3. The majority of my daily work is connected to the organization's mission
4. Supervisors inspire me to do my best work
5. I am provided with the necessary tools and knowledge to do my best work
6. I am happy at work and feel like I make a difference
7. I would recommend working here to my friends and family
8. I am satisfied with my job, and I am not looking for other employment
9. My job makes a positive difference in the community
10. I believe I have opportunities to advance
11. I feel valued by other colleagues
12. I feel valued by supervisors
13. Supervisors regularly recognize employees for outstanding work and positive results
14. Supervisors effectively communicate with staff
15. Supervisors ask for feedback 4-5 times each year
16. I feel comfortable offering honest feedback
17. Employees are offered training opportunities during the year
18. Supervisors offer constructive feedback to help me improve and grow
19. I enjoy work and look forward to coming most days
20. I work in a safe and friendly environment
21. Supervisors care about individual employees
22. Advancement and promotion are based on merit and ability
23. Employees care about each other
24. Employees cross-train to ensure everyone has a back-up
25. I am open to doing things new ways
26. Supervisors discuss change and ask for input before implementing
27. To improve my job performance, I am willing to change
28. Clients are treated with dignity and respect
29. I strive to ensure clients have a positive experience
30. Changing my work routine comes easy
Please rate the following statements 1-4 with 1 indicating you least agree and 4 representing you most agree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I understand the strategic goals of our organization</td>
<td></td>
</tr>
<tr>
<td>2. I understand my role in helping the organization achieve those…</td>
<td></td>
</tr>
<tr>
<td>3. The majority of my daily work is connected to the organization's…</td>
<td></td>
</tr>
<tr>
<td>4. Supervisors inspire me to do my best work</td>
<td></td>
</tr>
<tr>
<td>5. I am provided with the necessary tools and knowledge to do my…</td>
<td></td>
</tr>
<tr>
<td>6. I am happy at work and feel like I make a difference</td>
<td></td>
</tr>
<tr>
<td>7. I would recommend working here to my friends and family</td>
<td></td>
</tr>
<tr>
<td>8. I am satisfied with my job, and I am not looking for other…</td>
<td></td>
</tr>
<tr>
<td>9. My job makes a positive difference in the community</td>
<td></td>
</tr>
<tr>
<td>10. I believe I have opportunities to advance</td>
<td></td>
</tr>
<tr>
<td>11. I feel valued by other colleagues</td>
<td></td>
</tr>
<tr>
<td>12. I feel valued by supervisors</td>
<td></td>
</tr>
<tr>
<td>13. Supervisors regularly recognize employees for outstanding…</td>
<td></td>
</tr>
<tr>
<td>14. Supervisors effectively communicate with staff</td>
<td></td>
</tr>
<tr>
<td>15. Supervisors ask for feedback 4-5 times each year</td>
<td></td>
</tr>
<tr>
<td>16. I feel comfortable offering honest feedback</td>
<td></td>
</tr>
<tr>
<td>17. Employees are offered training opportunities during the year</td>
<td></td>
</tr>
<tr>
<td>18. Supervisors offer constructive feedback to help me improve…</td>
<td></td>
</tr>
<tr>
<td>19. I enjoy work and look forward to coming most days</td>
<td></td>
</tr>
<tr>
<td>20. I work in a safe and friendly environment</td>
<td></td>
</tr>
<tr>
<td>21. Supervisors care about individual employees</td>
<td></td>
</tr>
<tr>
<td>22. Advancement and promotion are based on merit and ability</td>
<td></td>
</tr>
<tr>
<td>23. Employees care about each other</td>
<td></td>
</tr>
<tr>
<td>24. Employees cross-train to ensure everyone has a back-up</td>
<td></td>
</tr>
<tr>
<td>25. I am open to doing things new ways</td>
<td></td>
</tr>
<tr>
<td>26. Supervisors discuss change and ask for input before…</td>
<td></td>
</tr>
<tr>
<td>27. To improve my job performance, I am willing to change</td>
<td></td>
</tr>
<tr>
<td>28. Clients are treated with dignity and respect</td>
<td></td>
</tr>
<tr>
<td>29. I strive to ensure clients have a positive experience</td>
<td></td>
</tr>
<tr>
<td>30. Changing my work routine comes easy</td>
<td></td>
</tr>
</tbody>
</table>
ALL STAFF SURVEY COMMENTS:

- Coming to work, I always strive to do my best and provide the best care to my patients. What keeps me in my position is the help I feel I can provide to the community and those around me. The pay makes it difficult to provide for my family and meet daily needs. I feel it would be very beneficial for the Department to look into pay increases. Unfortunately, the Health Department is not competitive with other health care facilities in regards to pay. This creates a high turn-over rate and the loss of great staff. Here at GRDHD we work hard to take care of those in the community and provide proper education and treatment. For continuity of care and safety it would be great to see the initiation of another electronic medical record (EMR). In the future, when another EMR is initiated the clinic would benefit having a Super User on the provider side and lab. Not having a Super User readily available within the clinic creates delays in care, lack of proper training, and increases errors. Having a designated Super User within the work environment will improve patient safety and quality of care.

- My answer about my Supervisor is to my admitted Supervisor. It is different and just the opposite for my Administrative Service Manager.

- Staff need to have higher customer service skills at the front lines related to greeting patients, guests and coworkers.

- In order to be more competitive with other health care facilities, and recognizing the Health Department cannot compete in the way of salaries, perhaps working to offer 4 10 hours days for health care workers would provide more satisfaction. Many workers have to schedule appointments for children or themselves and working 5 days a week makes this difficult.

- I have concerns about the retirement system and the lack of regular cost of living wage increases.

- Staff should also have a way to grade supervisors and that should play at least part of a role in their evaluations.

- Staff need more training in HIPAA. New ways of communicating and constant new variations with work demands create confusion among staff. In person training holds attention and works best.

- Sometimes supervisors listen to some people but not others that work below them. They are only getting part of the whole story.

- A survey such as this should have a "sometimes" or "unsure" button also. Not all of these statements are agree or disagree. To black and white for this survey, I almost didn't fill it out at all because of that.

- Supplies needed for crafts during visit should be supplied (color tapes, stickers).

- I am very disappointed in learning this year that people who are under a contract do not get the raises that all other employees do. This is not what was communicated during my interview and due to my work load, work ethic and commitment, I feel strongly in deserving whatever raise is given to other employees.

- #28 should be for employees also.

- I don't think we have enough signage for the Administrative building or the health center. The public is often confused and trying to enter the wrong building for the services they are seeking.

- When individual that are supposed to do cover other persons position then that person needs all passwords and availability to get things done.
• Not certain we are in a safe work environment. The last month has been full of surprises. Not certain of the level of care you are asking about. Cross training has been a difficult task to accomplish. Very little time for effective communication. Gossip continues through very thin walls.
• Customer service training for all employees would be helpful. Often clinic employees seem lacking in customer service skills. District employees lack empathy and people skills.
• The agency organizational structure needs improvement.
• Safety issues with building structure.
• Pension shortfall and possible cuts are very discerning to current and future employees, therefore, affecting morale.
• I would love to see GRDHD become a trauma informed agency.
• Scheduling of services and the time limit of these services needs to be re-evaluated with 'universal' time allowance to all providers. Better training in all areas of the clinic with more time allowance in all the areas. If meetings are scheduled, other time during that same week needs to be given for follow ups. Rotate time out of clinic to keep follow ups UTD. If clients are more than 15 minutes late for appts., they must reschedule or wait till a provider is available.
• Recommend ongoing computer training for clerical staff.
• Recommend supervisor evaluations by staff.
• We need better equipment to work with. Some faxes and printers need to be updated.
• I believe there is room for growth depending on your supervisor.
• More training for employees and supervisors
Green River District Health Department

Name_____________________________ Position_________________________ Years at GRDHD_______

Individual Interview Questions

1. **Describe your role at GRDHD---what are the most critical responsibilities or duties you carry out on a daily basis?**


3. **What does GRDHD do that could use some maintenance (Weaknesses)?**

4. **What changes could take place at GRDHD that would make you a happier, more effective employee? (Culture)**

5. **If you were Queen/King for the day, what change would you make to significantly improve GRDHD? (Vision)**

6. **What do you think the clients you serve say about GRDHD?**

7. **How would you describe the core business of GRDHD? (Mission)**

8. **How would the community suffer if GRDHD ceased to exist tomorrow? (Purpose)**

9. **What service does GRDHD provide that you believe is a waste of time and resources? (Finance)**

10. **On a scale of 1-10, how effective do you believe planning processes are in making positive changes to an organization? (Past planning evaluation)**

11. **What do you believe are the organizations five greatest strengths? (Strengths)**

12. **What training would make GRDHD leaders and employees more effective?**

13. **What would you like to see in the planning process that has not happened in the past?**
Evaluation of 2015-2017 Strategic Plan

The following list of emerging trends and topic areas correlate with PHAB guidance. Please select up to 3 areas you feel should be recommended for inclusion in the next strategic plan:

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHA / CHIP</td>
<td>54.55%</td>
</tr>
<tr>
<td>Chart of Accounts</td>
<td>0.00%</td>
</tr>
<tr>
<td>Climate Change</td>
<td>27.27%</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>18.18%</td>
</tr>
<tr>
<td>Ethical Issues &amp; Public Health Ethics</td>
<td>36.36%</td>
</tr>
<tr>
<td>Communication Science (brand strategy, dissemination of information)</td>
<td>18.18%</td>
</tr>
<tr>
<td>Health inequities / health equity</td>
<td>0.00%</td>
</tr>
<tr>
<td>Informatics (integration &amp; application of information systems &amp; data)</td>
<td>18.18%</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>9.09%</td>
</tr>
<tr>
<td>Performance Management</td>
<td>9.09%</td>
</tr>
<tr>
<td>Population Health Outcomes</td>
<td>27.27%</td>
</tr>
<tr>
<td>Public Health Policy</td>
<td>27.27%</td>
</tr>
<tr>
<td>Public Health Workforce (Workforce Development Plan, &quot;learning&quot; organizational culture)</td>
<td>27.27%</td>
</tr>
<tr>
<td>Public Health and Health Care Integration</td>
<td>18.18%</td>
</tr>
<tr>
<td>None of these need special attention in the Strategic Plan</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

Please elaborate if there is a specific area of focus for your choice or if you would like to suggest another area:

Answered: 11
Skipped: 6

The following list of emerging trends and topic areas correlate with PHAB guidance. Please select up to 3 areas you feel should be recommended for inclusion in the next strategic plan:
Goal 1: Improve Community Outreach and Service

Objective A: (Focus: Cultural Health Equity)
Evaluate quality of services offered to diverse populations and identify gaps/recognize populations not being served by December 31, 2017.

1. Identify diverse populations being served in the Green River District by September 1, 2016
2. Evaluate services offered to diverse populations by December 31, 2017

**Comments:** This was really just identifying, not really making any changes to improve the community or services. I think that is the next step after this identification and evaluation of current population and programs. The information gathered showed that diverse populations are being served. I don't recall any gaps being identified or changes initiated to reach out to specific groups, which may be the next step to evaluate quality of the services received by certain populations.

**Outcomes** (direct/indirect results):
- Better recognition of who we are serving and which programs different populations are utilizing.

**Impact:**
- I think this is still to be seen, based on how we move forward now that we recognize who we are serving.

**Status:** Completed
1. Data gathered through 11/15 and 8/16
Goal 1: Improve Community Outreach and Service

Objective B: (Focus: Epi/Preparedness)
Increase outreach to epidemiology and preparedness partners in the community by establishing a baseline and increasing incrementally over the next two years. Identify diverse populations being served in the Green River District by September 1, 2016

1. Hold bi-annual Infection Control meetings
2. Conduct full scale SNS Exercise by June 30, 2015

Comments:

Outcomes (direct/indirect results):
- Better educated medical providers and health partners
- Better networking and partnership building between community entities
- Increase knowledge of "current" infectious diseases through Infection Control meetings.
- Increased awareness of SNS plan for GRDHD staff.
- Bi-Annual Infection Control Meetings keep the LHD at the forefront as experts in Infection Control and builds relationships with infection control partners.

Impact:
- Increasing knowledge and awareness which will improve the communities resiliency and response to events.
- Raises awareness among partners keeping the health department as the "go to" for infectious disease contacts.

Status:
Completed/Annual Activities in Progress
1. ICN Meetings completed
   - 3/22/17 (Emerging Infectious Disease Plan, Zika Virus Update, Response Plans 2017)
2. Completed 5/29/15
Goal 1: Improve Community Outreach and Service

Objective C: (Focus: Increase Outreach to influence policy)
Senior Management will establish 3-5 outreach messages each year targeted at influencing public policy.

1. Identify proposed legislation impacting health related issues in each legislative session and include in monthly Senior Management meetings.
2. Review local school district policies for wellness/tobacco/teen issues, make recommendations as needed and report biannually in March and September PM meetings.
3. Address smoking ordinance in each county without a current written ordinance and report annually in June PM meeting.
4. Participate in program related outreach during legislative days in Frankfort, follow-up as needed and report annually at March PM meeting.
5. Communicate health-related legislation or policy changes to policy makers and influencers at all levels (local, state, federal, BOH, Elected Officials), provide ongoing summary bi-annually in April and October PM Meetings.

Status: In Progress
1- In Progress. July 2017, tactic language changed from PM Meetings to Senior Management to reflect standing agenda item.
2- Completed 3/17 )
3- Completed 6/17
4- Completed 2/15, 2/17 and 3/17.
5- Completed see SM, PM, BoH minutes Jan-July 2017.
It seems as if there was some confusion regarding the activities as written and what actually occurred. When written, the intent of this goal was to improve policy change efforts; although we accomplished most of the tactics, I do not think it was done very purposefully. Inclusion of staff involved was limited; perhaps with a larger role from these individuals, the objective would have been more successful. Funding & program priorities were not discussed in relation to this objective, but they were key drivers behind our activities. Some planned activities changed which were out of the health department's control. The right people are involved, but may not understand their role. For example, Tobacco Prevention needs to be reporting their work in Policy Change. However, they seem to not do this.

Outcomes (direct/indirect results):
- Improved awareness regarding policy change efforts at local/state level.
- Improved awareness of local tobacco & school wellness policy efforts.

Impact:
- Policy Change is a key component of improving health status of the community.
- I think most of these activities were "foundational" efforts at policy change.

<table>
<thead>
<tr>
<th>Continue 1C Policy Influence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Not Continue (sufficiently satisfied)</td>
</tr>
<tr>
<td>Continue at the Program/Department or Designated Committee Level (instead of the...</td>
</tr>
<tr>
<td>Continue some aspect in 2018-2020 Strategic Plan</td>
</tr>
</tbody>
</table>

---

**Goal 1: Improve Community Outreach and Service**

**Objective D: (Focus: Community Awareness of GRDHD and Services)**

By January 1, 2016 evaluate current community awareness of GRDHD programs and services and develop a plan for increased education of staff, board members, public and partners.

1. Analyze CASPER, Staff & Board Surveys to identify 2 specific programs per year (for a total of 6) to target for increased community awareness.
2. Develop public information campaign by March 30, 2016
3. Public Information and Communications (PIO) Group will submit report to Performance Management and Senior Management team annually (in March) outlining measureable objectives.
Comments:
Some upgraded materials/electronics would be beneficial for PIO outreach projects.

Outcomes (direct/indirect results):
- Greater attention to and promotion of all agency programs through media and social media.
- Social Media campaigns focusing on programs and actions taken by the health department
- Better community awareness of GRDHD program due to social media campaign.
- More utilization of social media to reach community with program information, etc..

Impact:
- There is greater awareness of programs internally. Promotion of programs and agency has improved. There is improved communication to promote agency and all applicable programs when attending community events. There is improved program promotion through media contacts and social media posts.
- Community has better understanding of what the health department does and its role within the community. Additionally, having a personalized and consistent presence makes the health department seem more accessible and promotes a positive image of our organization.
- Community Awareness of GRDHD services and responsibilities.
APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION

Goal 2: Internal Assessment

Objective A: (Focus: Analyze Audit Tools)

By December 31, 2017, GRDHD will have integrated audit tools into the performance management system with the use of a tracking system created during this process.

1. By October 31, 2015, identify any programs that do not have an established audit.
2. By May 31, 2016, develop a tracking system of audits including performance standards and defined measures.
3. By November 30, 2016, gather recent audit reports and enter a minimum of 1 year baseline data.
4. By December 31, 2017, analyze baseline data to determine integration into the PM system tracking.

Comments:
A team should work on updating clinic audit tools to go along with CCSG requirements. There will continue to be discussion on what will be tracked in Clear Impact and more defined in the future planning. Integrating "all" audits into PM system was too much; we should have

Status: In Progress
1-Completed 10/13/15
2-Completed 1/24/16
3-Completed 11/21/16
4-In progress
APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION

been selective about which audits. Tracking system is not a formalized process. Additional staff should have been involved. Target areas (program priorities) should have been identified based on the audit results. A more "focused" set of tactics (smaller bites) might have felt more successful.

Outcomes (direct/indirect results):
- Staff became more familiar with the Clear Impact system to begin determining the next steps in defining what they want to track.
- Identified issues with current audit processes
- Accumulated audit data for some programs

Impact:
- Once the areas that are going to be tracked are determined, it will advance the use of PM and QI throughout the agency.
- Improvement by staff getting all required test and detail documented as needed.
- I'm not sure we know the answer to this, yet. This seems to be a longer term process that hopefully will prove successful in the next strategic planning cycle.
- Able to structure some audit/PM links for future use.

Goal 2: Internal Assessment

Objective B: (Focus: Review State Level Policy)
By November 30, 2015 GRDHD will devise a plan for annual review of State Level Policy through the GRDHD PM System and use the schedule to make recommendations for local policy development or modification. Progress will be reported through Senior Management Team and District Board of Health.

1. By July 1, 2015 identify key staff to review all updates of DPH policy (AR, CCSG, etc.) and protocol.
2. By September 1, 2015 develop process and schedule of review for key policies and protocols.
3. By January 30, 2016 utilize at least 2 PHAB Site Visit Report recommendations for review of State and local level policy to assure adequate compliance.
4. Annually, by January 30, make recommendations to Senior Management and Board of Health for (local) GRDHD policy and procedure development or modification based on above findings.

<table>
<thead>
<tr>
<th>2B:</th>
<th>Status: Completed / Annual activities In Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>The work involved to complete objective 2B was reasonable (attainable, realistic deadlines, right people involved, etc.)</td>
<td>1 - Completed 6/3/15.</td>
</tr>
<tr>
<td>Agency resources (funding, staffing, program priorities, etc.) were adequately considered when setting and...</td>
<td>2 - Completed 9/22/15.</td>
</tr>
<tr>
<td>I think the activities accomplished what was intended when objective 2B was written.</td>
<td>Annual review completed in 12/15 and 1/17.</td>
</tr>
<tr>
<td>I think Objective 2B supported Goal 2 (Internal Assessment) and EPHS:</td>
<td>3 - Completed 1/5/16.</td>
</tr>
<tr>
<td></td>
<td>4 - Completed 1/20/16, 12/2017.</td>
</tr>
<tr>
<td></td>
<td>In June 2017, this group met to clarify purpose and revise process slightly.</td>
</tr>
</tbody>
</table>

**Comments:**
We got into the "weeds" and weren't as effective as we could have been to reach the intended Goal. There was an update to change the tracking form to ensure that all areas of State Level Policy was being assigned and reviewed to cover any gaps between local policy. This objective was written to improve policy/procedure review & action. It is unclear whether appropriate action is being achieved. This objective seemed to use a lot of time for review. I don't think the end result of tactic 2B was what was hoped for. There are gaps in reviewing the AR, and some programs were included that do not have any state level policies to be met. I do think this is in the process of being corrected.

**Outcomes (direct/indirect results):**
- Ensure staff are reviewing state level policy on a regular basis and looking for gaps between state and local policy. This will be very helpful as we continue our accreditation tracking to ensure we are filling those gaps with local policy if necessary.
- To ensure that GRDHD was current on knowledge of what policy is on the state level.
- The intent is that the Agency and employees are aware of any changes at the state level which are to be implemented at the local level.
- Formalized process for review of AR & CCSG.

**Impact:**
- Improvement in the Agency operations due to staff review of changes at the State Level.
• Improvement in identifying gaps for accreditation standards as well as local needs.
• Other than ensuring that the most current AR and CCSG are found on the official documents drive, I don't think any major changes have been implemented.
• I am not sure about broader changes that could occur from this Goal.

Goal 2: Internal Assessment

Objective C: (Focus: Cultural Health Equity)
By November 2016, evaluate cultural health equity practices within the agency and make recommendations to Senior Management related to policy, programs and education.

1. By May 31, 2015, establish committee that represents internal and community diversity
2. By November 30, 2016, using results of GRDHD CLCPA and ADA assessments, the committee will report the agency’s cultural health equity status including recommendations to Senior Management regarding policy, programs and education.

Status: In Progress
1 - Completed 3/18/15
2 - Completed 10/6/16.
3 - to be addressed during 2018-2020 Strategic Planning (Fall 2017)
Goal 3: Community Assessment & Research

**Objective A: (Focus: Track Staff Presentations & Publications)**
By July 1, 2015 GRDHD will develop a process that tracks and encourages staff to publish or present on public health research and practice.

1. Submit at least 4 abstracts or manuscripts at annual Conferences/events or submitted to peer reviewed journals.
2. Performance management team will establish a "research" agenda item at its monthly meetings. The team will be responsible for reporting on publications/presentations and identifying projects and staff that should be encouraged to develop manuscripts or abstracts.

3. Performance management team will ensure a minimum of 4 presentations or publications annually through monthly meeting discussion and that collaboration with research centers/institutes (such as KPHI, KPHReN, universities and other established research resources) are utilized.

**3A:**
- The work involved to complete objective 3A was reasonable (attainable, realistic deadlines, right people involved, etc.)
- Agency resources (funding, staffing, program priorities, etc.) were adequately considered when setting...
- I think the activities accomplished what was intended when the objective was written.
- I think this objective & tactics supported Goal 3 and EPHE:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Disagree</th>
<th>I don't know</th>
</tr>
</thead>
</table>

**Status:** Completed for 2015, 2016, 2017 / Annual activities in progress
- 1- completed 4 of 5 in 2015, 4 of 4 in 2016, 5 of 4 in 2017
- 2- completed 2015, 2016, 2017
- 3- completed 4 of 4 in 2015, 4 of 4 in 2016, 4 of 4 in 2017

**Comments:**
Brings "awareness" to publishing & presenting, but not sure it expanded or improved research collaborations or number of publications/presentations (especially outside of those individuals working on 3A). Presenting at conferences and submitting manuscripts can be expensive. Without grant funding I am not sure typical budget would allow for all of the presenting to take place.

**Outcomes (direct/indirect results):**
- Become more visible in the community.
- Encourage staff to participate in research and publication of research material.
- Staff seem to be more confident in submitting abstracts for presentations and posters.
- GRDHD seen as experts in the field of public health.
- Staff looking to present on their various activities."
- “Awareness" to publishing & presenting
- Multiple types of publications/presentations completed in variety of settings".

**Impact:**
- Helpful to meet 10 Essential services and Accreditation standards as well as the view of the Community and the Health department.
• Improving our health department by thinking outside the box and working to go above and beyond, often leading the way with new innovative activities or ways of doing things.
• GRDHD serves as an example to other public health agencies.

Continue 3A Staff Presentations and Publications?

| Do Not Continue (sufficiently satisfied) | Continue at the Program/Department or Designated Committee Level (instead of the... | Continue some aspect in 2018-2020 Strategic Plan |

Goal 3: Community Assessment & Research

**Objective B: (Focus: Academic Health Department Status)**

By January 31, 2016 GRDHD will establish an Academic Health Department relationship with one or more College or University partners.

1. Write model Academic Health Department Agreement that outlines responsibilities of GRDHD and the Academic Institution by October 31, 2015.
2. Write Academic Health Department Policy by October 31, 2015.
3. Establish Academic Health Department Advisory Council which meets twice a year to review and discuss university and agency roles by October 31, 2015.
4. Contact Academic Institutions to discuss proposed Academic Health Department Agreement, solicit partnership and sign at least 1 MOU with an academic institution outlining areas of cooperation/activity agreements by January 31, 2016.
5. By July 1, 2016 performance management team will review completed Academic Health Department agreements and determine if defined roles and responsibilities were completed.
6. Evaluate AHD status annually by August 1.
Comments:
The number of interns is overwhelming when considering the number of staff we have. It might have been a good idea to place some sort of limits on the number of interns. It is difficult for a Local Public Health Agency to achieve Academic Health Department status when the Institutions of Higher Education that have Public Health Programs are not in the same location.

Outcomes (direct/indirect results):
- GRDHD achieved good rapport with schools and will hopefully keep building on that.
- Seem to be more interns coming through GRDHD.
- Partnerships with Institutions of Higher Education.
- Evaluation of Preceptor Programs happening at GRDHD."
- AHD status improved partnerships

Impact:
- Open relationship with university to work on projects and provide student learning opportunities.
- Hopefully, continued work in this area will result in greater opportunities for Research Partnerships; Partnerships in evaluation of the CHA/CHIP; Other Academic Opportunities with staffing, etc.
- opportunities for collaboration.

Status: In Progress
1. Completed 10/16/15.
2. Completed 10/20/15.
4. Completed 3/30/16. (GRDHD / KWC AHD Agreement signed 3/30/16. GRDHD/WKU rec'd 5/2/16. GRDHD/UL rec'd 5/2/16.)
5. AHD Intern approval process & AHD Intern checklist finalized 2/16. Add'l Review of AHD contracts completed 7/20/17; adjust contract terms to two years (instead of 5) and review language for WKU and UL MPH programs.
6. Completed 7/2017 (see PM Meeting minutes).
Goal 3: Community Assessment & Research

Objective C: (Focus: Community Health Assessment)

By April 1, 2015 GRDHD will complete an updated comprehensive Community Health Assessment.

1. Initiate the second cycle of the Community Health Assessment using the MAPP process in January 2015.
2. Assess the population served by the GRDHD and determine the disparate population by April 30, 2015.
3. Utilize the CASPER Assessment results as part of the Community Health Assessment.
4. Review/analyze Community Health Assessment data annually during cycle period (By September 1)

Outcomes (direct/indirect results):

- Staff trained in conducting a CASPER.
- Collected primary data for GRD.

Comments:
(Not provided).

Status: Completed / Annual activities in progress

1. Completed 1/22/15
2. Assessment completed 3/15, Special Populations Addendum published 12/15
3. Completed 4/15 and 12/15
- Each Cycle of the Community Health Assessment has proven to result in a better understanding of the community needs; partners seem to have a better understanding the role GRDHD has taken in the CHA.
- CHA and addendums

**Impact:**
- Staff are familiar with and would be able to assist in conduct a CASPER if need be during a disaster.
- GRDHD is more aware of who we are serving and what disparate population are included in our community, which allows us to provide better services for specific groups and communities and ensure we are providing the right services for our community.
- Better data to use in the CHIP.
- Specific areas of focus that should garner additional attention

### Continue 3C Community Health Assessment

<table>
<thead>
<tr>
<th>Do Not Continue (sufficiently satisfied)</th>
<th>Continue at the Program/Department or Designated Committee Level (instead of the...</th>
<th>Continue some aspect in 2018-2020 Strategic Plan</th>
</tr>
</thead>
</table>

### Goal 3: Community Assessment & Research

**Objective D: (Focus: Community Health Improvement Plan)**

By August 1, 2015 GRDHD will develop a Community Health Improvement plan with objectives specific for each county. Community Health Improvement plan will be implemented and reviewed in partnership with other community organizations by December 31, 2017.

1. Complete a 2015-2018 Community Health Improvement Plan with objectives specific for each county by August 15, 2015
2. Provide quarterly CHIP progress updates to public and community partners through Regional Health Council newsletters, meetings and events;
3. Utilize community partners/universities to evaluate the CHIP
Comments:
Goal 3 assessment & research works, but content/efforts of CHIP could be in (goal 1) improve community outreach & service. Deadlines may have been a bit "hopeful" when dealing with community coalitions and developing objectives for the CHIP.

Outcomes (direct/indirect results):
- Community engagement and involvement.
- Each Cycle of the CHA/CHIP has proven to result in a better understanding of the community needs; partners seem to have a better understanding the role GRDHD has taken in the CHA/CHIP.
- CHIP document & reports
- Continuation of CHIP cycle
- Areas of success & improvement identified by this process

Impact:
- GRDHD is moving forward in a concerted effort, focusing on and linking things to our main strategic initiative areas.
- GRDHD is seen as the vital linkage in accomplishing the CHIP. Grant monies are linked to the initiatives chosen by the communities in the CHIP process; decisions are made at the community level dependent on the outcomes of the CHIP. The process has improved throughout the cycles.
- Ideally, community health is improving. Can be difficult to measure these results. More programs being implemented which may have long term effects.

Status:
Completed/Ongoing activities in progress
1 - Completed 8/14/15
Goal 4: Staff Development

Objective A: (Focus: Employee Performance/Evaluation Assessment)
By December 2017, GRDHD will review and revise (if needed) current employee performance evaluation tool.

1. Survey Supervisors March 31, 2015
2. Present survey results and research project to Senior Management by April 30, 2015
3. Senior Management will take results into consideration regarding evaluation and devise a plan for next steps by July 31, 2015

Outcomes (direct/indirect results):
- Improved Evaluation with better communication between employee and supervisor
- More streamlined evaluation, requiring more input from both employees and supervisors.

Status: Completed
1 - Completed 4/15
2 - Completed 5/15
3 - Completed 6/15
Revised performance evaluation implemented effective 1/2016.
**APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION**

- Improved process for employee performance evaluations.
  Employee input on the evaluations across the spectrum.
- revised evaluation form

**Impact:**
- Staff perspective is visible and allows supervisors to see what the employee feels they are doing well in and what they want to improve.
- Helps plan better for future evaluation periods
- By requiring comments from employees, it deepens understanding of what an evaluation is supposed to accomplish as well as forcing discussion between employee and supervisor regarding job duties.
- The addition of the HR items (CPR completed, Training Completed, etc.) seem to help staff keep in mind the importance of completing these items in a timely fashion.
- More consistent evaluations of employees (?)

---

### Continue 4A Employee Performance Evaluation?

- **Do Not Continue (sufficiently satisfied)**
- **Continue at the Program/Department or Designated Committee Level (instead of the...)**
- **Continue some aspect in 2018-2020 Strategic Plan**

---

**Goal 4: Staff Development**

**Objective B: (Focus: Employee Retention/Recruitment)**

By December 31, 2017, GRDHD will develop and implement employee recruitment and retention strategies.

1. Evaluate employee turnover data to identify methods for staff retention (ongoing)
2. Utilize universities to access potential employee pools annually.
3. Have an ad-hoc committee identify methods of staff retention by December 31, 2015.
4. Develop and implement employee recruitment program emphasizing selling points of GRDHD employment by December 31, 2017.
Comments:
I think we do need to look at the turnover data closely and compare in the upcoming year. With a slight increase for starting RN’s I am hopeful that this helped in interest in positions and the retention will follow I hope.

Outcomes (direct/indirect results):
- Helps staff find new ways of recruiting and retaining staff. Utilizing universities and GRADD have been very helpful.
- Tactic 3 didn’t do anything but meet the bare objectives of the tactic. The committee developed many suggestions, but no action was taken after review in Senior Management.
- The Board has voted annually to keep a tuition reimbursement program as an employee retention/recruitment strategy.

Impact:
- Attract more students before they graduate from college to consider employment with GRDHD.
- The new increase occurred this April so it will be noticed later if help with new staff staying on the job.
- Yes, for all except tactic #3.
- Continued work is needed. It is more difficult for Public Health Agencies to recruit staff with the changes in the benefit packages.
Goal 4: Staff Development

Objective C: (Focus: Bi-Lateral Communication)

By June, 2016, GRDHD will encourage a culture of communication by utilizing QI techniques.

1. Establish a QI Team representative of district and county health center staff to identify current communication methods and investigate and determine a process for improved communication by June 30, 2016.

Comments:
I am not sure the intent was accomplished. I don't understand how this improved communication throughout the agency. Has this been measured? There seems to have been a lot of resources gone into the project, but little awareness of if it worked.

Status: Completed
1. Completed objective/tactics. Team established 6/3/15. QI Project Team developed a plan to address both internal and external communication issues re: program information. Videos & social media campaign created/implemented.
APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION

Outcomes (direct/indirect results):
- Staff enjoyed learning about programs through the videos that were developed to help assist staff and the community about the services offered by GRDHD.
- Program videos for use with employees & public.
- Link to PIO efforts.

Impact:
- Draw services to the programs through the community as more of the public is educated about what is available.
- Improved awareness/knowledge of programs & services at HD. Experience has increased opportunities to provide information on other projects in similar formats.

Goal 4: Staff Development

Objective D: (Focus: Orientation and Training)
By June, 2017, GRDHD will develop and implement resources for supervisors.
2. Implement supervisory standardized skill set tool to identify gaps and areas for growth by July 1, 2016.
3. Identify professional development opportunities addressing the gaps identified from supervisor skill set tools by December 31, 2016.
APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION

4D:

- The work involved to complete objective 4D was reasonable (attainable, realistic deadlines, right...)
- Agency resources (funding, staffing, program priorities, etc.) were adequately considered when setting...
- I think the activities accomplished what was intended when the objective was written.
- I think this objective & tactics supported Goal 4 and EPHS:

<table>
<thead>
<tr>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Disagree</th>
<th>I don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Status:**
1 - Completed 4/16.
2 - Completed 6/16.
3 - Completed 8/16. Results of survey combined with Ky Train survey; 2 highest areas of need incorporated into the supervisor training segment of 2017 WDP.

**Comments:**
(None).

**Outcomes (direct/indirect results):**
- Staff enjoy the training that are identified through this process. It is good for educational purposed as well as staff networking.
- Regular supervisory training.
- I'm not sure we have truly accomplished the original intent of this Goal...or that the original intent was what was needed for GRDHD.

**Impact:**
- Staff are more involved in helping decide what is needed in the future for training.
- Yes, supervisors comment that they are learning from the trainings that are held.

**Continue 4D Orientation and Training?**

- Do Not Continue (sufficiently satisfied)
- Continue at the Program/Department or Designated Committee Level...
- Continue some aspect in 2018-2020 Strategic Plan
Goal 5: Governance

Objective A: (Focus: Board Orientation)
By June 30, 2015, GRDHD will revise the board orientation process.

1. Develop a written process for Board of Health Orientation by December 31, 2015.
4. Disseminate Board of Health Orientation Materials annually to new members throughout the year and document.
5. Place Board of Health Orientation Materials on board section of website; review and update annually.

Comments:
(None).

Outcomes (direct/indirect results):
- Annual Board Orientation meetings were held prior to the April Quarterly meeting.
- A written process for orienting Board members
- Ongoing orientation for new board members
- Current information on website

Impact:
- Improved understanding of Board members regarding their role as a Board Member.
- knowledgeable board members (better decisions, stronger advocate for HD)

Status: Completed
1 - Completed
2 - Completed 4/2016
3 - Completed 4/26/16 and 3/28/17.
4 - Completed (ongoing)
5 - Completed 3/29/17.
Goal 5: Governance

Objective B: (Focus: Board Actions Annual Summary)

By October 31, 2015, develop an annual summary of Board Actions Report.

1. Relate Annual Summary of Board Action to (a) Performance Management Plan (b) budget and (c) policy by October 31, 2015.
2. Develop a communication plan for the Annual Summary
3. Distribute the annual summary per the communication plan
4. Evaluate

Status: In Progress
1 - Completed quarterly
2 - Completed quarterly through BoH Meetings
3 - Completed quarterly through BoH Meetings

Comments:
Completes PHAB Requirement.

Outcomes (direct/indirect results):
- To give the Board members and Senior Management a summary of board actions throughout the year.
- Annual Summary
### APPENDIX D - 2015-2017 STRATEGIC PLAN EVALUATION

<table>
<thead>
<tr>
<th>Impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• It gives an &quot;at a glance&quot; view of the Board's actions.</td>
</tr>
<tr>
<td>• Foundation for communication QI with Board</td>
</tr>
</tbody>
</table>

#### Continue 5B Board Actions Annual Summary?

- Do Not Continue (sufficiently satisfied)
- Continue at the Program/Department or Designated Committee Level (instead of the...)
- Continue some aspect in 2018-2020 Strategic Plan