

Kentucky Department
for Public Health

Strategic PLAN 2021

Our mission is to improve the health
and safety of people in Kentucky through
prevention, promotion and protection.



Kentucky Public Health
Prevent. Promote. Protect.

Revised 9/1/21

Signature and Record of Revisions Page

This plan has been approved and adopted by the Kentucky Department for Public Health.



Steven J. Stack, M.D., Commissioner of Health

01.11.22

Date

Date	Description of Changes	Pages/Sections Affected	Reviewed or Revised By

For questions or to obtain a copy of this plan, contact: CHFS.DPHUPDATES@ky.gov, 502.564.3970.

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Frequently Used Acronyms

ACA – Affordable Care Act

AFM – [Administration and Financial Management Division](#)

AOS – [Academy of Science](#)

ASTHO – [Association of State and Territorial Health Officials](#)

BOH – Board of Health (LBOH = Local Board of Health)

CDC – [Centers for Disease Control and Prevention](#)

CHA – Community Health Assessment (SHA – State Health Assessment)

CHIP – Community Health Improvement Plan (SHIP – State Health Improvement Plan)

CO – [Commissioner's Office](#)

CQI – Continuous Quality Improvement

DLS – [Laboratory Services Division](#)

DMS – [Department for Medicaid Services](#)

EPI – [Epidemiology and Health Planning Division](#)

KDPH – [Kentucky Department for Public Health](#) (DPH = Department for Public Health)

KERS – Kentucky Employee Pension System (Now referred to as the [Kentucky Public Pension Authority](#) or KPPA)

KHDA – [Kentucky Health Department Association](#)

HANDS – [Health Access Nurturing and Development Services](#)

MCH – [Maternal and Child Health Division](#)

NACCHO – [National Association of City and County Health Officials](#)

PHAB – [Public Health Accreditation Board](#)

PHPS – [Public Health Protection and Safety Division](#)

PHT – Public Health Transformation

PM – Performance Management

PQI – [Prevention and Quality Improvement Division](#)

QI – Quality Improvement (QIC = Quality Improvement Committee, QIP = Quality Improvement Plan)

SHA – State Health Assessment

SHIP – State Health Improvement Plan

SOP – Standard Operating Procedure

TA – Technical Assistance

WFD – Workforce Development (WFDC = Workforce Development Committee)

WH – [Women's Health Division](#)

WIC – [Women, Infants, and Children](#)

Support Letter from Public Health Commissioner



CABINET FOR HEALTH AND FAMILY SERVICES Department for Public Health

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Steven J. Stack, MD
Commissioner

January 11, 2022

I am pleased to share with you the most recent version of the Kentucky Department for Public Health's Strategic Plan. This updated plan provides an internal roadmap intended to guide us toward sustainability and continued improvement through the backdrop of Public Health Transformation.

Strategic planning is an ongoing process and provides a mechanism to prioritize issues as well as accountability to make meaningful change which ultimately results in a stronger public health for Kentuckians.

KDPH's continued response to the COVID-19 pandemic is nothing short of astonishing. Our team came together in a collective force to minimize the negative impact of this deadly virus throughout our state. Throughout this response, we've identified lessons learned which further validates the strategic priorities.

I want to thank all of you who contributed to this updated Strategic Plan and encourage all KDPH staff and partners to continue to participate in the ongoing planning and improvement process.

Sincerely,

A handwritten signature in blue ink that reads "Steven J. Stack".

Steven J. Stack, MD, MBA
Commissioner



KENTUCKY CABINET FOR
HEALTH AND FAMILY SERVICES

Purpose and History

The Kentucky Department for Public Health (KDPH) is under the umbrella of the Cabinet for Health and Family Services (CHFS) led by the Commissioner for Public Health. The Commissioner of KDPH is appointed by the Governor and serves as the lead for the Department. Kentucky Revised Statute, KRS 194A.010, establishes the Cabinet for Health and Family Services as "the primary state agency for operating public health within the Commonwealth of Kentucky. The function of the cabinet is to improve the health of all Kentuckians, including the delivery of population, preventive, reparative, and containment health services in a safe and effective fashion." Further, KRS 194A.030 authorizes the Department for Public Health to develop and operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death.

The Kentucky Department for Public Health's (KDPH) strategic planning aligns with the [Public Health Accreditation Board's \(PHAB\)](#) definition, a process for defining and determining an organization's roles, priorities, and direction over the next three (3) to five (5) years. This strategic plan outlines the organizational goals and objectives that are measurable with the delineation of strategies to achieve desired outcomes. The strategic plan guides making decisions regarding the allocation of resources and actions needed to address KDPH's priorities. A functional and useful organizational strategic plan requires it to be understood by staff, implemented by the Department, and effectively and efficiently serve the citizens of the Commonwealth of Kentucky. The development of such a plan requires a process that considers expertise and knowledge from across the Department, assesses the larger environment in which the Department operates, uses its organizational strengths and addresses its weaknesses, and links to other critical plans, such as the State Health Improvement Plan (SHIP) and the Department's Quality Improvement (QI) plan. The KDPH strategic plan shall be available to staff at all times and is posted on the Department's webpage and the intranet, as well as referenced and reviewed to ensure alignment in department-wide programs and initiatives.

¹The Kentucky Department for Public Health has experienced a rich history focused on strategic planning. The Institute of Medicine's introduction to the [10 Essential Public Health Services](#) in the mid-90s and recently updated to include a focus on health equity (Appendix 1), followed by the [Centers for Disease Control and Prevention \(CDC\)](#) leadership toward Public Health Accreditation and more recently, the introduction of [Public Health 3.0](#) (Figure 1) have all been guiding forces in our efforts to create a strong public health system in Kentucky. This iteration of the strategic plan continues the work initiated in 2010, wherein we partnered with the [Association of State and Territorial Health Officials](#) (ASTHO) and Ohio University's Buckeye Bluegrass Regional Leadership Academy. Through this partnership in 2011, the staff and leadership of KDPH developed the mission, vision, and overall framework for strategic planning that is still applicable and used today.



Subsequent years (2012-2013) led to more granular goals and objectives established for each division. Strategic planning efforts continued through 2014-2017 with updates and revisions under the direction of new leadership. KDPH experienced a significant turnover in some key positions responsible for driving strategic planning efforts during 2017-2018. As a result, KDPH took the opportunity to take a deeper dive into the strategic plan and associated plans to improve alignment with the State Health Assessment and State Health Improvement Plan (SHA/SHIP). The impact of staff turnover led to the realization that greater involvement of staff at all levels was a crucial piece of the process. A new steering committee and associated workgroups were formed and a kickoff was held to review and validate focal areas and establish work plans to increase ownership at all levels moving forward.

¹ <https://redegroupp.co/public-health-30>



KDPH leadership confirmed the commitment to pursue PHAB accreditation in 2018-19, which also led to the implementation of the VMSG platform to monitor performance and progress and increase staff engagement. While this timeline shows steady and consistent forward movement, the impact of Kentucky's pension crisis in 2018 and the COVID-19 pandemic in 2020 forced Kentucky's public health system, both at the state and local levels, to more aggressively plan a radical overhaul of its public health system. Historically, Kentucky's public health system was not structured to equitably fund all local health departments to assure core public health services were provided across the state.

Kentucky's health outcomes consistently rank in the bottom five states in the nation. To address this situation, Public Health Transformation (PHT), an overarching set of initiatives, was launched in early 2019 to modernize the public health system in Kentucky. The purpose of PHT is to inspire change for a healthier Commonwealth through a cultural movement focused on transformational leadership that encourages input from all levels. As such, PHT will be the primary process to drive KDPH's 2021-2025 Strategic Plan.

Six (6) broad initiatives were identified to align with goals and objectives outlined in KDPH's four (4) strategic priorities:

Strategic Plan Priorities:

- People
- Quality
- Efficiency and Effectiveness
- Building Public Health Capacity

Public Health Transformation Initiatives:

- Budget
- Legislation and Regulation
- Health Data Systems
- Organizational Infrastructure
- Programs
- Plan Review

A key component in PHT is addressing health outcomes through a quality improvement and health equity lens. PHT also addresses financial instability within our public health system by introducing new and innovative ways to deliver public health in Kentucky. See Appendix 1: Public Health Transformation Background and Overview.

Process, Quality, and Performance Management

During each iteration of the strategic plan, DPH staff review priority areas. To date, these focal priority areas have not changed since its initiation in 2010. The DPH's strategic planning process and content are driven by the PHT Plan Review Team in conjunction with Commissioner's Office staff and directors from each division. The PHT Plan Review Team (formally known as the Strategic Planning Committee) is comprised of staff at all levels and divisions to ensure a comprehensive approach. Many have served on our strategic planning committee in previous years. Moving forward, the Plan Review Team will be responsible for annual reviews and updates to the mission, vision, guiding principles, and values. This Plan Review Team will also be responsible for helping to facilitate a SOAR (Strengths, Opportunities, Aspirations and Results) or Strengths, Weaknesses, Opportunities, and Threats (SWOT) through department-wide focus groups or surveys. The SOAR or SWOT analysis data will be evaluated by the PHT Plan Review Committee and will help identify strategic priority areas, generate work plans, and determine Specific, Measurable, Attainable, Relevant, and Time-Oriented (SMART) goals and objectives. The PHT Plan Review Team will continue to meet at least monthly. To ensure appropriate and collective input on KDPH SMART goals and objectives, feedback is sought from DPH Staff, Division Directors/Division Staff, Executive Leadership, Performance Management Committee, Governing Entity/Cabinet-level Staff, and Local Health Departments. DPH Division Directors shall work with their staff to determine where division and program level initiatives fall within the agency strategic plan.

Transparency, accountability, monitoring of progress and communication are important components to the KDPH Strategic Planning process and are covered under the structure of the Performance Management System. KDPH Performance Management efforts rely on a dedicated, cross-functional team (formally named the Performance Management Committee, Appendix 2) with varying disciplines and organizational levels represented from each of the seven divisions, Commissioner's Office, Public Health Transformation planning team and the Office of Health Equity. The PM Committee is responsible for regular monitoring and reporting of progress related to overarching department-wide goals, objectives and associated metrics, including those from the agency Strategic Plan, but also Public Health Transformation workgroups, Health Equity, State Health Improvement Plan, Quality Improvement Plan, Workforce Development Plan and programmatic plans that drive our vision of healthier communities and better health outcomes. The Performance Management Committee will meet quarterly, at a minimum, to ensure progress is being reported within these overarching plans, including the KDPH Strategic Plan. Documentation of progress on all KDPH plans will be shared with all staff more regularly through the Performance Management System dashboard reports and work plans, which will be accessible on the KDPH intranet site, as well as sent to executive leadership. Updates related to the progress of the KDPH Strategic Plan will come from the Plan Review Team, including an annual Strategic Plan progress report that will be shared with all KDPH staff, local health departments, stakeholders and community members. See Appendix 3 for the latest 2017-2020 Strategic Initiatives annual progress report.

Quality has been a strategic priority of the DPH Strategic Plan since it originated in 2011. We are committed to achieving and sustaining an integrated, agency-wide culture of quality to achieve efficiencies, demonstrate return on investment as part of our strategic plan and PHT, and impact health outcomes as part of these efforts and our state health improvement plan. The integration of Public Health Transformation and our agency strategic plan is the largest quality improvement project we have ever pursued, with the focus on creating a culture of change as a hallmark. Several quality improvement tools were used throughout the strategic planning process which resulted in optimizing input in identifying issues and potential solutions. These included readiness assessments, SOAR (Strengths, Opportunities, Aspirations and Results) analysis, focal group discussions and both informal and formal feedback.

Moving forward, quality improvement will continue to remain a priority for our agency's strategic plan. The Plan Review Team will work to synthesize information and data related to the Strategic Plan goals and objectives, alignment with other plans, and identification of any barriers to success to be included and discussed in the regular Performance Management Committee (PMC) meetings. When barriers are identified in the progress of KDPH strategic goals regular Performance Management Committee meetings, these will be reported to the Quality Improvement Committee (QIC). The Quality Improvement Committee will then discuss and decide whether they will formally submit as a quality improvement (QI) project. If deemed a project, the QIC will form a team and begin to implement the Plan, Do, Study, Act (PDSA) process to identify root causes and solutions to reach desired objective outcomes that are unmet at the time of reporting. To ensure connectivity and reduce duplication and silos, members of the Plan Review Team and the Quality Improvement Committee are on the Performance Management Committee.

Emerging Issues and External Forces Impact

Since the time PHT launched in early 2019, multiple changes in executive leadership occurred. The current KDPH Commissioner began in February 2020, eager to embrace the challenges of public health and support PHT. On March 6, 2020, Kentucky confirmed the first case of COVID-19, launching a massive response effort requiring every public health resource available to fight what is now known as the COVID-19 pandemic. The following fifteen months put the entire public health workforce into an intense mode of planning, reacting and problem-solving to manage and hopefully minimize the spread of this deadly virus across the Commonwealth.

The COVID-19 pandemic highlighted the many strategic needs for Kentucky's public health system; and, underscored the crucial importance of KDPH's relationships with community partners, both traditional and non-traditional. The public health workforce, notably, the Division of Epidemiology and Health Planning (EPI), the Division of Public Health Protection and Safety (PHPS), and the Division of Laboratory Services (DLS) along with local health departments all demonstrated collective experience and expertise in a collaborative effort with all other agencies and individuals to

oversee this massive response. With this response and the demand for resources in these divisions, but also Cabinet-wide, there was an inherent need to invest in personnel, infrastructure, information management and capacity building.

A comprehensive planning process in 2020 capitalized on opportunities for improvement such as data systems and data management, public health workforce capacity, and communications, which were all outlined in the previous strategic plan. During the pandemic response, these were identified as major barriers and the focus shifted to include lessons learned from the pandemic. The PHT Planning Phase has occurred concurrently alongside the COVID-19 response steadily and intentionally, all while recognizing the need to establish work plans which align with the four (4) priorities of the Strategic Plan and overarching principles. As a result, Kentucky is positioned to move toward PHT implementation with ongoing evaluation and accountability of the established goals and objectives designed to support the KDPH mission to improve the health and safety of people in Kentucky through prevention, promotion and protection.

Health Equity

Equality



Equity



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According to the [Robert Wood Johnson Foundation](#), health equity is a society in which “every person has an equal opportunity to live the healthiest life they can”. Health equity has long been a component of the KDPH Strategic Plan; however, we have been challenged on how to implement health equity into everyday practice. As a result, health equity efforts are elevated and have become an overarching principle of strategic planning throughout KDPH. Assessing, providing, and delivering public health services throughout the Commonwealth requires an understanding of health equity and a comprehensive plan to address the challenges and barriers associated with populations at risk and social determinants of health. We empower and equip our internal staff and leaders to ask difficult questions in a safe environment, expand their knowledge of health equity principles and identify ways they can implement health equity in the programs and services.

Culture of Change

Another overarching principle is to create a culture of change. Kentucky will strategically incorporate change management practices with our strategic planning process through the implementation of PHT. The purpose of PHT is to modernize Kentucky’s public health system, which requires changing many of the current practices to increase

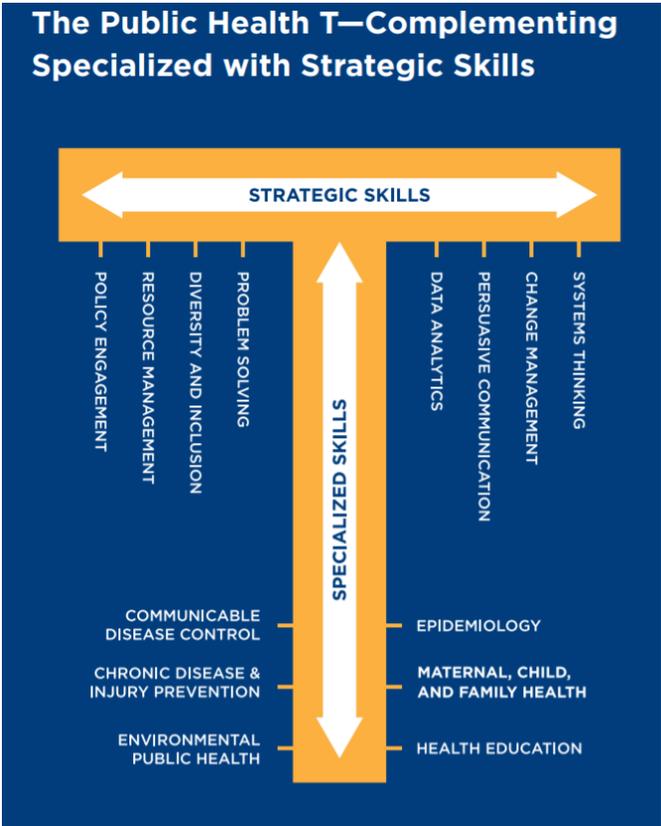
efficiency and effectiveness and, ultimately, improve the health of Kentuckians. PHT will require adaptive leadership skills in areas of assessment, innovation, transparency, trust and accountability.

In spring and summer 2021, a multi-disciplinary group of KDPH staff participated in the Strategic Scholars Program, developed and implemented by the Centers for Disease Control and Prevention (CDC) and the National Network of Public Health Institutes (NNPHI). This program uses a community of practice cohort model and multiple learning modalities to build governmental public health workforce capacity in [eight strategic skill areas](#), including change management. Staff completed the Change Management Course through the National Association of County and City Health Officials (NACCHO) University platform.

According to the [de Beaumont Foundation's Building Skills for a More Strategic Public Health Workforce: A Call to Action](#), “Change management means scaling programs up and down or changing them entirely in response to the environment, and identifying core elements to help sustain programs in challenging times. A framework for guiding public health managers in the change management process is crucial to this process (Thompson, 2010).” Additionally, the 2017 Public Health Workforce Interest and Needs Survey (PH WINS) demonstrated change management as one of the top training needs identified by public health workers.² PH WINS is a national survey of governmental public health workers to assess workforce demographics, training needs, and employee engagement. KDPH will join the next PH WINS cohort in fall 2021.

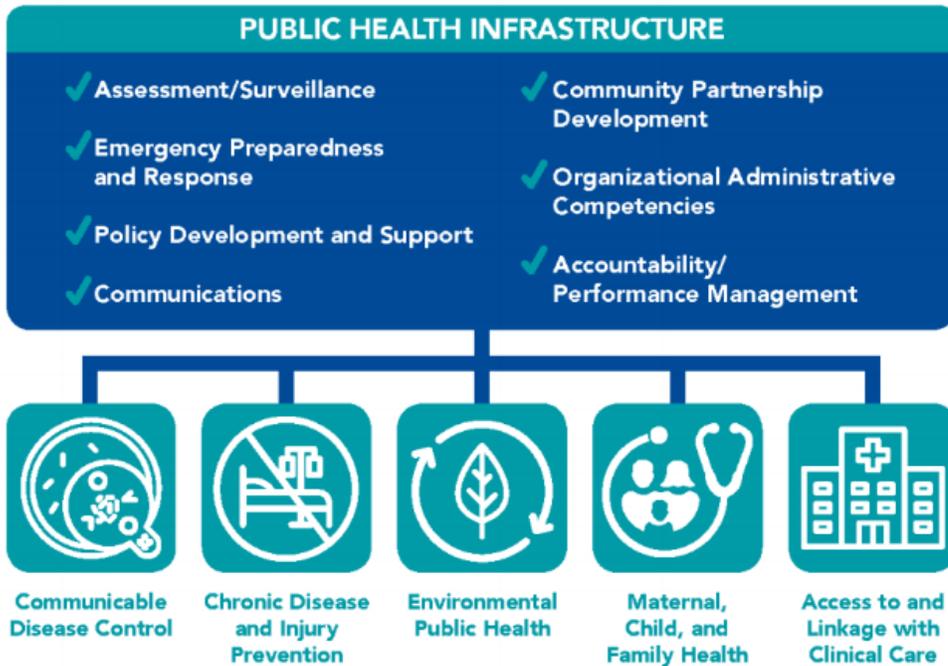
As part of the Strategic Scholars Program, KDPH scholars committed to completing an assessment of staff to identify communication strategies, training needs, and other factors to develop an effective change management plan to help build a culture of quality and change management within the organization. The Strategic Scholars Program provided individualized coaching, peer-to-peer learning, resources, and virtual training on a variety of change management concepts, which KDPH scholars will build on and share with staff.

Kentucky was one of 20 national sites chosen to participate in an implementation pilot of the [Public Health Learning Agenda Toolkit](#). The Learning Agenda was developed by the Public Health Learning Network, a national consortium of ten Regional Public Health Training Centers (PHTCs) and their partners, that provide high-quality, relevant training to address the learning needs of the public health workforce, intending to facilitate deeper, more robust stages of organizational learning that can impact complex systems change, like what we are doing with Public Health Transformation in Kentucky.



² <https://debeaumont.org/wp-content/uploads/2019/04/Building-Skills-for-a-More-Strategic-Public-Health-Workforce.pdf>

Foundational Public Health Services



KDPH has utilized national technical assistance since 2011, through partnerships with the Association of State and Territorial Health Officials (ASTHO) and other national and state organizations. In July 2020, ASTHO assisted KDPH to help shape public health transformation in Kentucky. ASTHO provided support including evaluating and assessing the current KDPH organizational structure through the lens of the Public Health National Center for Innovations ([PHNCI Foundational Capabilities](#)), providing examples of other states’ organizational structures, and providing a training session during the PHT kick-off meetings focused on creating a culture of change and

the importance of communication and transparency throughout the process. ASTHO continues to work with KDPH, particularly to assist with a program inventory and facilitation of potential changes to processes and workflow that would better align with PHT’s strategic goals and objectives related to building infrastructure. ASTHO has also paired Kentucky with other states that are working with similar initiatives related to PHT.

Alignment of Plans

Long term success of the KDPH Strategic Plan includes linkages and alignment to other plans. These include, but are not limited to those within the department, such as the Workforce Development Plan and Quality Improvement Plan, and key stakeholder plans, such as the [Kentucky Health Department Association](#) and [Kentucky Public Health Association](#) Strategic Plans. KDPH’s Strategic Plan aligns with our [governing entity/Cabinet for Health and Family Services strategic plan](#) focal areas of equity, health & well-being, structural economic support, resilient individuals and communities, operational excellence.

The KDPH strategic plan also aligns with other major statewide plans, including the State Health Assessment (SHA) and State Health Improvement Plan (SHIP), which address the health disparities and poor health outcomes that ail the Commonwealth. After evaluating SHA data, a multi-disciplined group of stakeholders identified focus areas that need attention to improve health outcomes in Kentuckians. The focus areas identified in the State Health Improvement Plan were Substance Use Disorder, Tobacco, Obesity, Adverse Childhood Experiences, and Integration to Health Access. Topics that are woven within each of these focus areas and also of primary concern were identified as fabric issues: Data Collection and Analysis, Health in All Policies, Economic and Community Engagement/Development, Environmental Health, and Mental Health. SHIP goals align with each strategic priority of the Strategic Plan. The Strategic Plan is informed in part by the data and goals of the SHA/SHIP. An experienced and diverse workforce, relationships with key partners, support of population-based practice and research, support of evidence-based and

³ [FPHS-Factsheet-November-2018.pdf \(phnci.org\)](#)

promising practices, implementation of a performance management system, strengthening of internal and external communications, promotion of technology and use of information exchange and improvement of the health of disparate populations are Strategic Plan goals that align and overlap with the work of SHIP focus areas and fabric issues.

The KDPH Strategic Plan also determines the culture and focus of how we operate not only as a department but also at the division level. It is imperative that KDPH division operational plans align with the Strategic Plan. Division-level goals and objectives should establish direction and measures to support the KDPH strategic plan and drive decisions such as mission-specific grant opportunities, training, or speaking engagements.

KDPH Strategic Map

The Strategic Map initially introduced in the Strategic Plan in 2011, continues to be the leading document to guide KDPH’s efforts through the four (4) strategic priorities – People, Quality, Efficiency and Effectiveness, and Building Public Health Capacity.

The Strategic Map was updated in 2021 to include an increased emphasis on the promotion of Health Equity in all DPH programs, services, and activities, as well as new color and branding schemes. The PHT Workgroup work plans along with other initiatives, related both directly and indirectly to PHT, will be integrated within all four (4) strategic priorities.



07/31/21 Revised

HEALTH EQUITY

Health equity is a critical component of public health as it addresses why specific populations within Kentucky are disproportionately experiencing health disparities. To improve health, we must make equity a strategic priority for the organization by building a skilled and diverse workforce, integrating health equity into our services and leveraging partnerships and community outreach efforts to advance health equity. Eliminating health disparities and advancing health equity is an overarching theme of the Strategic Plan and Public Health Transformation, resulting in blended objectives which emphasize the use of the health equity lens for all strategic priorities as well as foundational objectives intended to operationalize equity, diversity and inclusion into daily work to Promote Health Equity in All We Do.

Promote Health Equity in All We Do

- Objective 1: By June 2022, KDPH will update the Health Equity policy and develop implementation guidance for dissemination to all DPH and LHD staff.
- Objective 2: By February 2023, KDPH will establish a Core Team as part of CHFS Community of Practice to evaluate equity issues, and develop and implement an action plan for leadership to operationalize racial equity within DPH policies, procedures, programs, and hiring practices.
- Objective 3: Annually, KDPH will provide training opportunities and resources to staff and key partners to enhance learning/knowledge of health/racial equity principles and practice.
- Objective 4: By January 2024, KDPH will develop a sustainability model for advancing equity within the organization and Public Health practice statewide.

PEOPLE

Common themes throughout the Strategic Planning process and PHT workgroup discussions focused on personnel. Capacity (staff, time, funding) and capability (training and skills) were commonly noted as both a strength and weakness. To strengthen the department's capability and capacity to improve population health and perform foundational capabilities, areas such as recruitment, retention, and training must be addressed. Objectives in this category seek to increase and prepare the organization and public health system to address public health emergencies as well as daily operations.

Attract and Retain a Competent and Diverse Workforce

- Objective 1: By June 2023, KDPH will hire, train and sustain personnel roles in the following strategic public health infrastructure and foundational categories: assessment & surveillance; emergency preparedness & response; community partnership development; diversity, equity & inclusion; data informatics; and administration.
- Objective 2: At least biennially KDPH will conduct no less than one core competency/foundational skills training to address significantly more important/higher impact content in order to build public health core competency within the KDPH workforce.

Cultivate a Positive Work Environment and Satisfied Workforce

- Objective 1: By June 2022, KDPH will assess current organizational structure in relation to foundational capabilities and submit recommended changes to improve cross-functional operations and communications.
- Objective 2: By December 2025, KDPH will develop and implement one Employee Satisfaction Survey/Workforce Culture Assessment, offered biennially, to gather staff perspectives on organizational culture, communication, training and use results to inform organizational plans and activities.

QUALITY

KDPH is committed to performance management and continuous improvement to enhance our performance and achieve results. We aspire to be a high-performing organization; embracing PHT as the foundation for actively changing the way we do business to ensure a more responsive, efficient and quality public health system.

Implement and Maintain a Culture of Quality and Customer Satisfaction

- Objective 1: At least annually, KDPH will offer opportunities for staff to participate in quality improvement projects and training to increase the culture of quality.
- Objective 2: Annually, KDPH will provide training and technical assistance to local health departments for quality improvement, performance management, customer satisfaction, accreditation, health assessment and health improvement activities.

Attain and Sustain PHAB Accreditation

- Objective 1: By December 2021, KDPH will submit all required Accreditation Committee Action Requirements (ACAR) documentation electronically to the Public Health Accreditation Board (PHAB).
- Objective 2: By December 2023, KDPH will develop and implement procedural guidance to conduct regular review, revision and evaluation of organizational plans, policies and procedures.

Support Evidence-Based and Promising Public Health Practice and Research

- Objective 1: At least biennially, KDPH will conduct or partner with academic organizations to provide educational opportunities, communications, tools, and resources to develop staff skills to understand, utilize and contribute to evidence-based public health practice.
- Objective 2: By December 2022, KDPH will establish a repository of resources to support use of evidence-based practice for data-driven decision making in health assessment and improvement initiatives.

EFFICIENCY and EFFECTIVENESS

Common themes in PHT and strategic planning include ensuring business services are efficient, innovative and transparent. The benefits of cross-cutting, integrated information technology promote accurate standards and measures, the collection and sharing of actionable data and the ability to conduct program analysis to identify areas for improvement or increased impact.

Implement and Maintain a Department-wide Performance Management System

- Objective 1: By December 2022, KDPH will update the performance management structure and IT Solution to improve tracking, monitoring and reporting of progress on goals, objectives and associated metrics.
- Objective 2: Annually, KDPH will review, revise, and report the progress of performance management system goals and communicate with all KDPH staff.

Promote Effective Use of Technology and Increase Data Utilization

- Objective 1: By December 2025, KDPH will perform an inventory and analysis of current systems and implement at least one integrated system/data modernization effort to improve standardized data capture, reporting, and data management infrastructure.
- Objective 2: Beginning in 2021, KDPH will work with the CHFS electronic health record initiative to ensure data systems are selected which maximize efficiency and accuracy of data collection; timeline to be determined in accordance with CHFS initiative.

Improve Sound Financial and Business Practices

- Objective 1: By December 2025, KDPH will purchase, implement and provide training on new financial management system.
- Objective 2: By June 2022, KDPH will create written guidance and process documents in order to evaluate funding, ensure health equity and priority populations are integrated into program delivery as a result of Public Health Transformation.

BUILDING PUBLIC HEALTH CAPACITY

Over the years, public health has been financially challenged by scarce resources. As the public health system transitions, strategies to address financial sustainability include enhanced relationships with partners and efforts to effectively manage and sustain funding.

Develop and Enhance Relationships with Key Partners

- Objective 1: By June 2022, KDPH will formalize partnerships with accredited higher learning institutions to increase practice based experiential learning.
- Objective 2: Annually, identify specific initiatives to address population health outcomes through collaboration with other CHFS departments, as well as other public and private agencies or institutions.

Pursue Mission Specific Funding Opportunities

- Objective 1: By December 2022, KDPH will develop a work plan to review and align public health statutes and regulations with Public Health Transformation initiatives including funding and health equity.
- Objective 2: By June 2022, KDPH will establish a Grants Coordination Branch to improve communication, data utilization, monitoring progress, and increase alignment between department-wide initiatives.

COMMUNICATION

The importance of aligned, timely, and effective communication and collaboration among KDPH, LHDs, stakeholders, partners and the public was a recurring theme throughout the strategic planning and PHT process discussions. These objectives seek to break down silos across systems, promote partner engagement, and improve branding and transparent decision-making.

Strengthen Internal and External Communication

- Objective 1: By December 2021, KDPH will create and disseminate a comprehensive Communications Plan to provide guidance to all staff on standard communication procedures and best practices.
- Objective 2: By December 2022, devise method(s) for ongoing sharing of information and resources with LHDs in an accessible and protected manner.

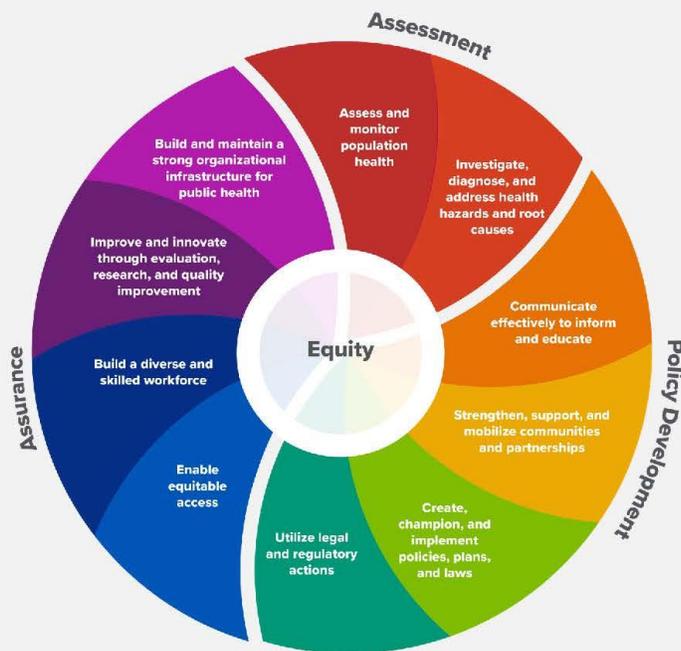
Conclusion

The Kentucky Department for Public Health's Strategic Plan combines a historical perspective of strategic planning efforts and progress over the past decade as well as a description of an intense planning process coupled with a set of initiatives called Public Health Transformation; all resulting in the culmination of a set of goals and objectives intended to guide the overhaul of Kentucky's public health system over the next three (3) to five (5) years. Establishing transparency and setting an expectation of accountability, performance management and quality improvement will play an integral role in monitoring progress, identifying and overcoming barriers and making necessary adjustments toward the achievement of goals. The strategic plan is a document that describes the current process and plan, however, strategic planning is ongoing and will encourage and solicit continual input from staff, leadership and partners – both internal and external, to achieve the goals set forth and to maintain a culture of change where change is embraced and collective input is valued.

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health

Created 2020



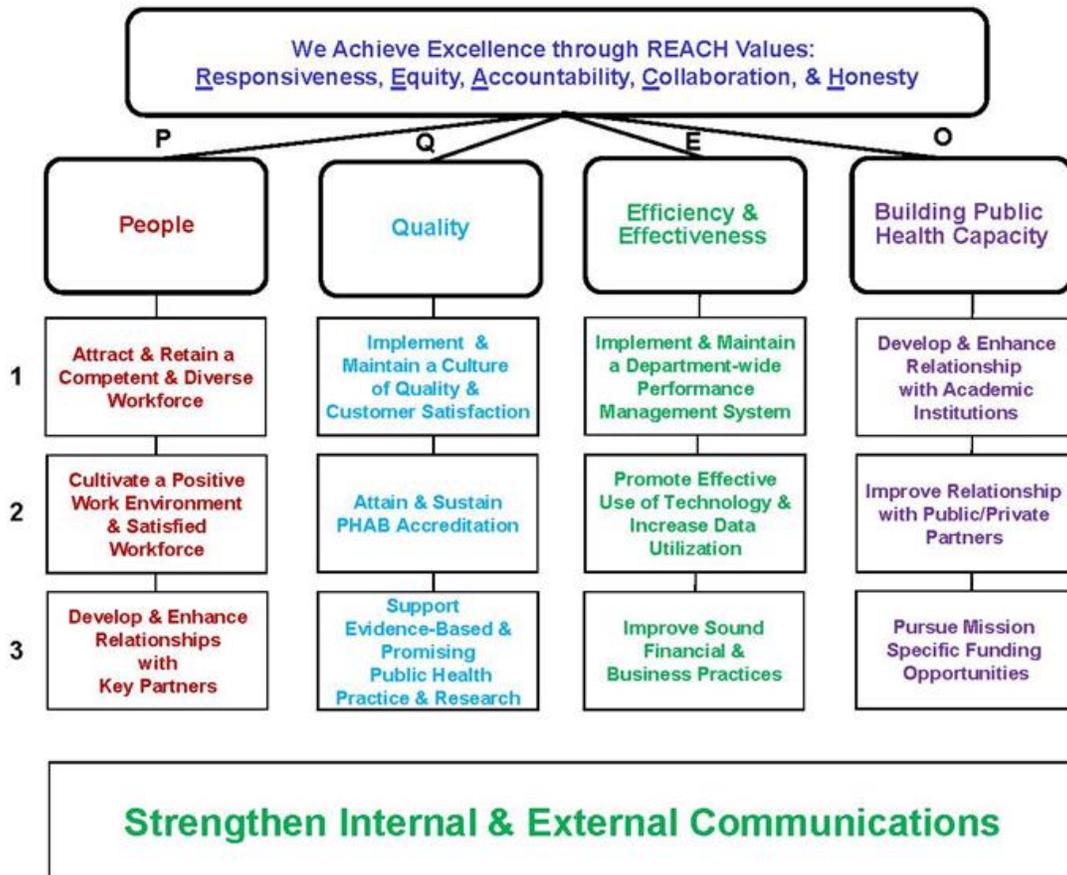
Kentucky Public Health

Prevent. Promote. Protect.

Strategic Map: 2012- 2020

Mission: To improve the health and safety of people in Kentucky through **Prevention, Promotion and Protection**

Vision: Healthier People Healthier Communities.



Appendix 3-Public Health Transformation Background and Overview

Background

The Affordable Care Act of 2010 along with Kentucky's decision to expand Medicaid increased the number of Kentuckians who would have access to health care. However, policies within these two (2) major initiatives required the establishment of a medical home and/or a primary care provider to oversee each individual's acute, chronic and preventive care. Therefore, local health departments were unable to tap into any of the additional Medicaid reimbursement. The majority of local health departments are staffed with registered nurses who provide preventive services and limited clinical services under the direction of programmatic guidelines, most of which cannot be billed to Medicaid or third-party payers.

Another financial impact to local health departments occurred when the KDPH informed local health departments of the shift in responsibility from the state to the local agencies to pay the state obligated match to the Department for Medicaid Services (DMS). Local health departments' ability to bill for certain preventive services, including immunizations, family planning, and school health services stemmed from a long-standing agreement forged between KDPH, DMS, and the General Assembly which provided a preventive fee schedule also referred to as the "preventive carve out" in Medicaid. Medicaid reimbursed local health departments for CPT codes included on the fee schedule. While Medicaid reimbursement to local health departments was a significant source of funding, the Medicaid match resulted in a net decrease in revenue to locals.

By 2011, Kentucky's Medicaid program entered into contracts with managed care companies to administer reimbursement to providers. This created yet another set of barriers centered on the similar issues of the preventive carve out fees and the medical home which resulted in continued threats to local health departments' bottom line.

Perhaps, the most significant impact on the local health departments' potential financial insolvency has been the exponential increases of the employer contribution to the Kentucky Employee Retirement System (KERS). LHDs were working tirelessly to maintain financial stability, while legislators, year after year failed to enforce/pass recommended increases to the contribution portion of the pension, creating a crisis that forced many LHDs into a dire financial emergency. Without drastic changes, 41 local health departments faced closure within a year, 22 to follow in 2 years and the remaining faced with financial insolvency over the next five years.

Overview

Public Health Transformation (PHT) officially launched in January 2019 and provided a breakdown of public health programs into core public health programs which included mandated foundational programs like disease investigation and environmental regulations as well as other programs including WIC, HANDS, and programs designed to address substance use disorders while other programs were categorized as local health priorities and considered optional for local health departments. This work, coupled with strategic initiatives established by the Kentucky Health Department Association (KHDA) laid out a funding formula that mandates revenue sources fund core and foundational programs first; and local health priorities undergo a more detailed review to determine local need and available resources.

With the passage of House Bill 129, Public Health Transformation became law in 2020 and led to amendments in the Kentucky Revised Statutes which categorized public health programs (KRS 211.185), emphasized local needs assessments (KRS 211.187) and established a new funding formula for local health departments (KRS 211.186).

Public Health Transformation ... Relaunch was initiated in July 2020. Despite the priority placed on current resources during the height of public health's response to the COVID-19 pandemic, the current Public Health Commissioner recognized the importance of getting PHT back on track. Given the current KDPH Strategic Plan was scheduled to undergo a major overhaul in 2020; and, recognizing the foundation of PHT could be used as a mechanism for the process of strategic planning, he named a PHT Project Leader to facilitate a major statewide PHT planning initiative.

A series of meetings were held with KDPH leadership staff to officially launch the PHT roll-out and provide an overview of the plan to operationalize PHT and secure commitment to participate and provide input. That was followed by meetings with local health department leadership and an assurance LHDs would be invited to actively participate in PHT planning efforts.

Under the direction of the PHT Project Leader and with assistance and commitment from the Performance & Quality Improvement Coordinator and staff, it was determined that the PHT would include a set of initiatives to demonstrate a comprehensive approach to overhaul the state’s public health system (Figure 1).

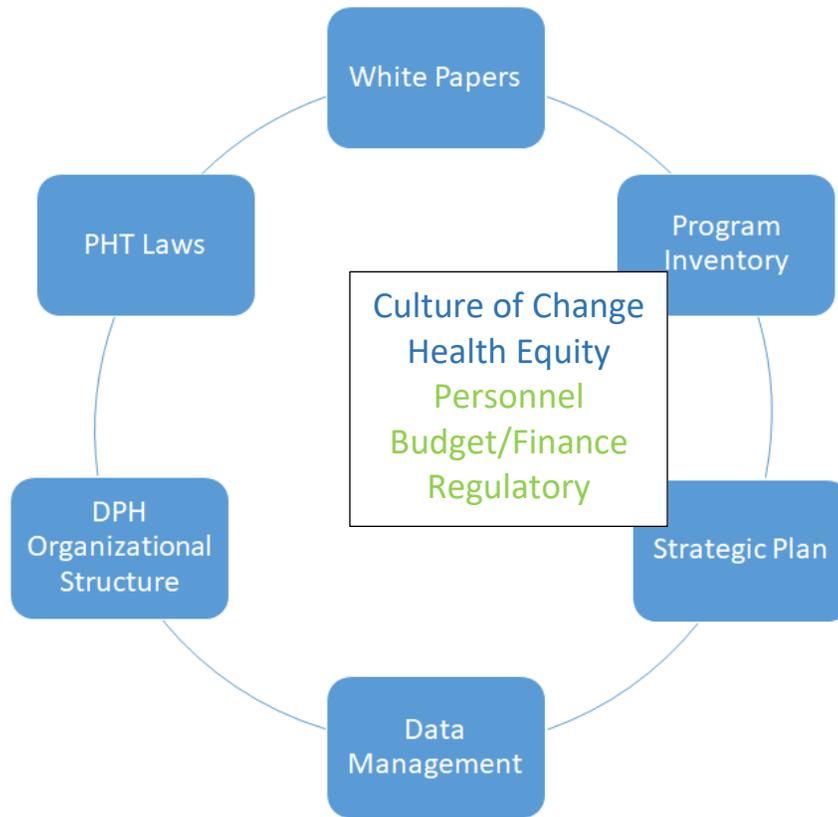


Figure 1

Public Health Transformation Laws: With input and support from local health departments and KDPH, House Bill 129 also known as the Public Health Transformation Bill was introduced during Kentucky’s legislative session in 2020. The bill received bipartisan support and was signed by the governor on March 17, 2020. Because the bill contained an emergency clause, the provisions became effective upon the governor’s signature. Amendments to Kentucky Revised Statutes (KRS) 211.185 and KRS 211.187, define public health programs and services as core public health programs, foundational public health programs, and local public health priorities; and delineates those that local health departments are mandated to provide, those that local health departments are either the sole provider, e.g., WIC and HANDS, or should prioritize, e.g., harm reduction and substance use disorders due to Kentucky’s high rates of substance use; and, local public health priorities, e.g., those programs and services that local health departments can choose to either provide or assure through other providers based on local community needs and available resources (Figure 2). Amendments to Kentucky administrative regulations (KAR), 902 KAR 8:160 and 902 KAR 8:170 were promulgated to provide guidance for implementation and the requirements for compliance.

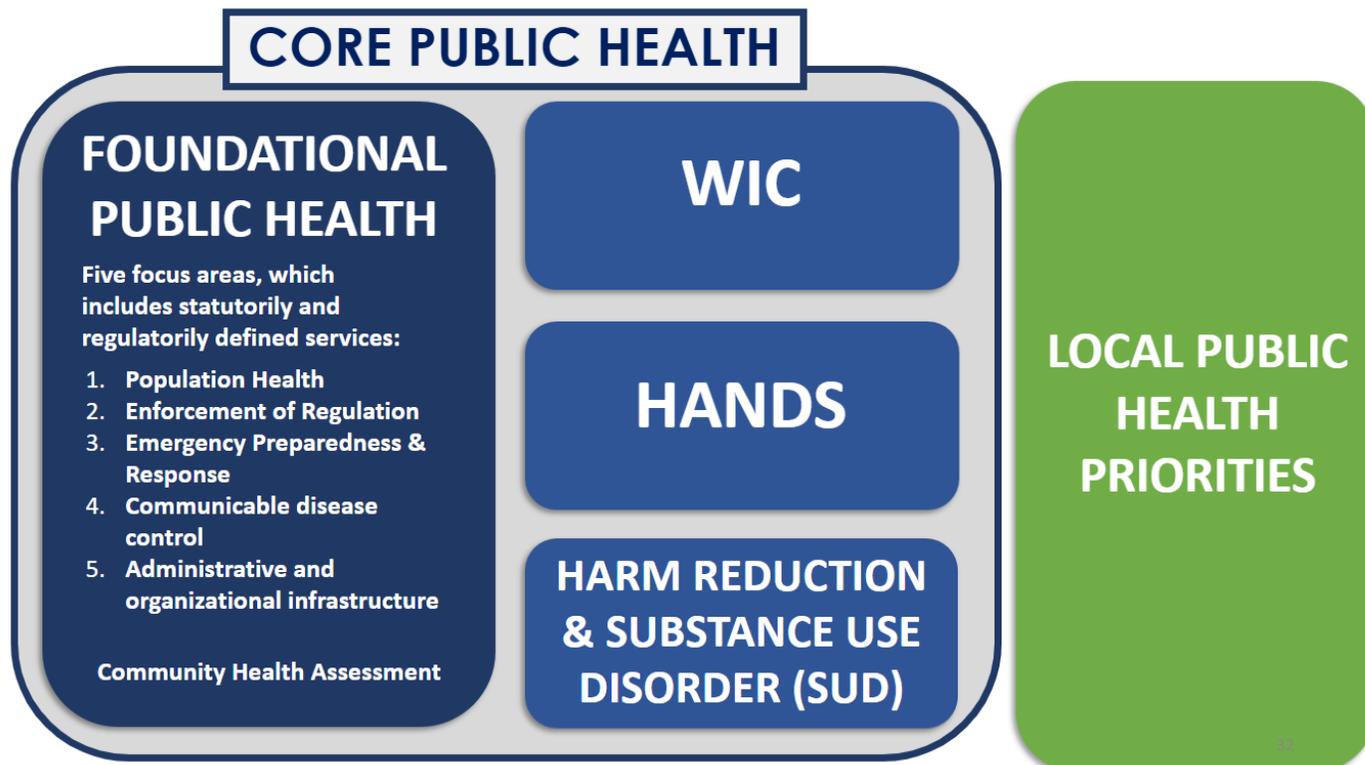


Figure 2

White Papers: PHT was initially launched as a drastic call to action due to local health departments’ threat of financial insolvency. The Kentucky Health Department Association (KHDA), local health department directors’ collective voice was asked by the Public Health Commissioner to identify key KDPH programs where changes could be made to be more effective and efficient and thus potentially relieve some financial burden on local health departments. Several LHD directors committed to writing white papers for these programs which would outline the program, perceived issues, and recommended changes. White papers included WIC, HANDS, Environmental, Preparedness, Communicable Disease, Chronic Disease, Board of Health, and Community Health Assessment.

Program Inventory: A program inventory including all programs/services offered/administered through KDPH is needed to evaluate funding, delivery, targeted populations, desired impact, and other key indicators to determine the potential impact of PHT.

Strategic Plan: The Strategic Plan 2017-2020 is scheduled for a major review of progress, the establishment of new goals/initiatives to support the key strategic priorities (pillars), People, Quality, Efficiency & Effectiveness and Building Public Health Capacity; and, include the PHT process as a primary planning tool in establishing the new strategic direction.

Data Management: The lack of data management systems, processes and accessibility has had a crippling impact on public health across the state. The success of PHT relies on building a strong infrastructure to support the Public Health 3.0 principle of data-driven decision-making.

Organizational Structure: The continued evolution of PHT requires an assessment of the current KDPH organizational structure and potential changes to align with the new public health priorities.

Additionally, two (2) overarching principles will be fundamentally essential to complement this work. First, **health equity** is needed to emphasize the importance of viewing discussions, actions, and recommendations through this lens. Secondly, PHT encourages a **culture of change** wherein challenging the status quo and reaching outside the normal program delivery to explore new ways of offering services to improve health outcomes and health access. Lastly, PHT work will remain cognizant of the potential impact on personnel, budget, and regulatory constraints; and ultimately address those, if needed, to obtain the desired outcome. Necessary to systematically address these multiple issues is an organizational structure (Figure 3) to manage the process and formally engage stakeholders who will provide input and formulate a set of goals and/or activities. While not intended to establish a hierarchy, the structure consists of multiple review teams and subcommittees as well as an oversight committee whose purpose is to establish a level of review, guidance, approval, and accountability for the work and the recommendations from the teams and subcommittees. The workgroup structure provides general objectives for each group and includes membership from key stakeholders to provide input.



PUBLIC HEALTH TRANSFORMATION ORGANIZATIONAL STRUCTURE

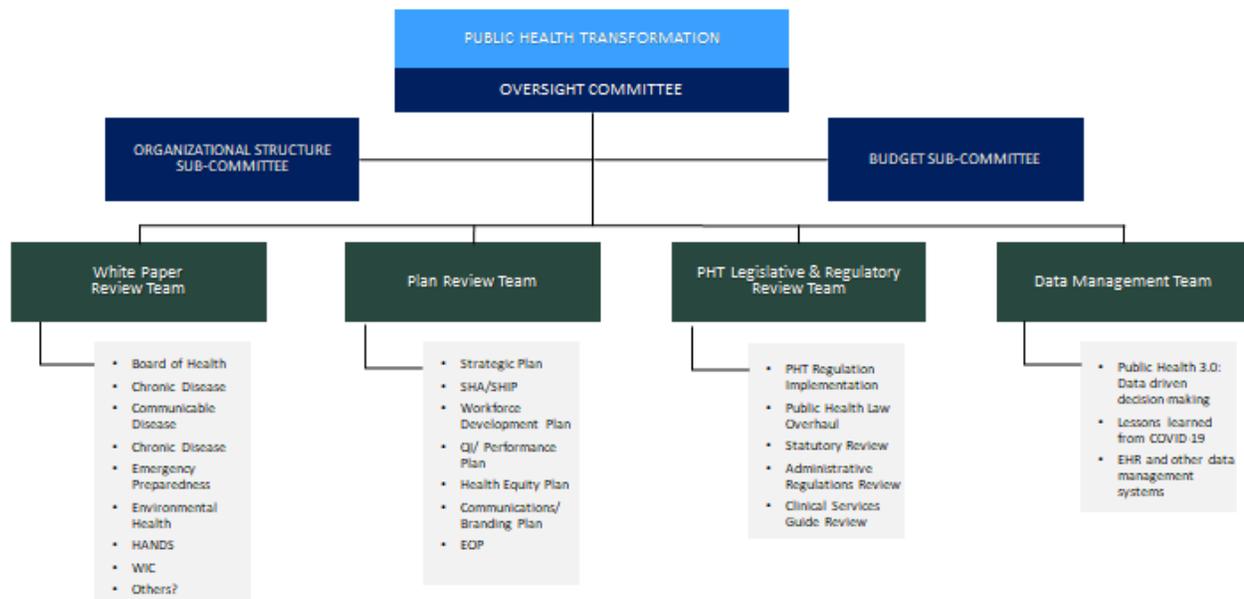


Figure 3

In addition to the work going on within the PHT workgroups, several other initiatives to support PHT and ultimately impact KDPH’s strategic planning include:

- Communication initiatives to emphasize the importance of both internal and external communication as part of the foundational infrastructure of the Strategic Plan, both agency and PHT-specific measures. Development of a formal Communication Plan to guide the department’s communication efforts which is a combination of the current plans to include guidance on branding, templates, and PIO information. Other communication initiatives where SP and PHT updates will be shared include quarterly DPH All meetings, quarterly Commissioner’s Corner staff newsletters, and a planned PHT-specific Communication Plan. Due to the importance of communication and the cross-cutting nature of PHT, the original PHT Communications workgroup will be transitioned to a “communications collaborative” which brings together communication

coordinators to address overarching communication needs as well as project and program messaging, ensuring collaborative and cohesive messaging.

- Health Equity/Just BREATHHE initiatives are an integral piece of the agency's strategic plan. Infusing health equity into the way we work; the Office of Health Equity (OHE) launched the Just BREATHHE (Bringing Renewed Energy and Action to Health and Health Equity) initiative in August 2020. Just BREATHHE uses a phased approach to provide a foundation and build capacity within the organization, as well as with local health departments and community partners. This approach includes strategies such as training, proactive reflection, and policy change. PHT Teams support activities to operationalize health equity and provide structure and guidance using change management and quality improvement application and ensure alignment with agency plans.
- Academy of Science (AOS): The Kentucky Group of the NACCHO LHD AOS program is an opportunity for local health departments to come together to build and share a common survey library to reduce costs; simplify and standardize surveys and data collection; promote data-driven decision making and establish best practices. This initiative, when combined with the PHT Health Data/TA workgroup activities will promote the effective use of technology and increase complementary and comparable data utilization among LHDs.



Revised: October 2021

Performance Management Committee (PMC) Charter

Purpose:

- Set and monitor progress of specific performance management objectives for core programs and alignment of agency and stakeholder plans, including the agency strategic plan, State Health Improvement Plan, and other state, local, or national benchmarks.
- Measure capacity, process, or outcomes of performance objectives.
- Report progress to DPH all staff, as well as primary partners, including local health departments and other statewide stakeholders on a regular basis.
- Incorporate performance management objectives with DPH Quality Improvement Plan to continuously monitor and improve agency operations and work towards efficiency and effectiveness, a pillar of the agency strategic plan.

Workgroup Members (<i>primary and designees</i>)	Division/PHT Lead
Janie Cambron	CO, QI Coordinator (<i>PMC Co-Chair</i>)
Andrew Yunt	AFM, Division Director (<i>PMC Co-Chair</i>)
Ricky Spaulding	AFM, Grants Branch
Carissa Adams	CO Accreditation Coordinator
Carrie Conia	PQI/CO, LHD/DPH Technical Consultant
Jan Chamness	WH, PHT Lead
Megan Griffie	CO, PHT Health Data Team, EPI/CHFS liaison
Kelli Darland	MCH, PHT Plan Review
Emily Messerli	EPI
Robbie Hume (Lindsey Brewer-Secondary)	PHPS
Elizabeth Goode	PQI, Division Director, QIC (Policy Chair)
David Knapp (Sharon Trivette-Secondary)	AFM, EWD
Heather Stone	DLS, QIC
Johan MalColm	Informatics Position, AFM
Khyra Parks	Informatics Position, OHE/AFM

Acronyms

AFM = Administration and Financial Management
 CO = Commissioner's Office
 DLS= Division of Laboratory Services
 EPI = Epidemiology & Health Planning
 MCH = Maternal & Child Health

OHE = Office of Health Equity
 PHPS = Public Health Safety & Protection
 PQI = Prevention & Quality Improvement
 WH= Women's Health
 QI = Quality Improvement
 PM = Performance Management

PM Committee Member	Responsibility
Co-Chairs	<ul style="list-style-type: none"> • Jointly convene the regular PM Committee meetings • Work jointly with DPH leadership to provide vision & direction related to agency PM metrics and alignment with DPH plans • Identify staff PM training needs and secure adequate and appropriate training opportunities • Oversee PM efforts within DPH • Advocate for and assure adequate resources are devoted to PM initiatives • Provide and/or source technical assistance for PM • Communicate barriers and success to senior leadership • Identify opportunities for improvement and communicate with the Quality Improvement Committee
Leadership (Executive, Senior, and Mid-Level)	<ul style="list-style-type: none"> • Empower and encourage staff to regularly monitor agency and individual performance • Advocate for and assure adequate resources are devoted to PM initiatives • Allocate time and resources for staff to participate in PM efforts and trainings
All PMC members	<ul style="list-style-type: none"> • Faithfully attend PM Committee meetings and complete assigned tasks • Champion PM efforts throughout agency • Review, revise and approve PM charter (annually) • Make recommendations for improvement based on performance management data related to metrics within the agency strategic plan priorities, State Health Improvement Plan, customer feedback, employee suggestions via the DPH suggestion box, and other relevant data • Actively learn about PM and QI • Work with subject matter experts and Public Health Transformation leads to obtain updates for progress reports • Advocate for PM and encourage a culture of learning, QI, and PM among all DPH staff • Review, monitor, and regularly report on program-level performance measures • Be familiar with the PM/QI plan and Strategic Plan • Participate in evaluation of the Strategic Plan and other agency plans • Recognize individuals and teams and celebrate milestones and successes • Make recommendations for quality improvement projects based on PM results

Appendix 5-Progress Report: Strategic Initiatives 2017 – 2020



Kentucky Public Health
Prevent. Promote. Protect.

Kentucky Department for Public Health (KDPH)

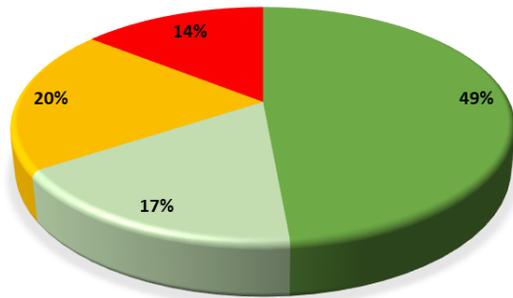
Strategic Plan 2017-2020 Progress Summary Report 2021

The 2017-2020 KDPH Strategic Plan consists of four pillars, two interwoven/overarching guiding principles, thirteen goals and thirty-five objectives. Upon adoption in 2017, staff began implementing plan activities with significant progress on several key initiatives. The challenges and extent to which public health staff had to pivot and focus resources on COVID-19 pandemic response during 2020-2021 left the Plan in place and largely on hold until June 2021. This report represents the progress made for the duration of the original period (2017-2020) as well as activities completed concurrently with the new strategic plan cycle planning in 2021.

In spring/summer 2021, members of the Public Health Transformation (PHT) teams evaluated previous plan goals and objectives. Each item was considered with the following factors in mind (1) alignment with KDPH mission, vision and overall goals; (2) a priority in light of COVID-19 response, PHT and emerging issues; and (3) appropriate actions and measures to achieve goals. Items were then categorized into the following designations to transition to the next strategic planning cycle:

- **Revise and Continue:** The intent of these objectives significantly connects with the 3-5 year planning future of KDPH. These will be revised to reflect the next steps and carried forward into the next strategic plan cycle objectives to improve upon the previous action, promote successful integration of Public Health Transformation with KDPH mission and vision, and include additional focus and linkage to performance management.
- **Transition:** These objectives, while still important, will shift department-wide level to Division, Branch, Program or Committee level responsibility. These objectives have been determined to function better on a micro level and have either become established operating procedures or integrated at a lower-level application.
- **Removed:** These objectives will be removed from the Strategic Plan due to prohibitive barriers, the need for substantial foundational work, or relevance to the future cycle trajectory.

**KDPH 2017-2020 STRATEGIC PLAN
PROGRESS REPORT
JULY 2021**



Activity Status Key:

Completed	Complete
On Target	In Progress, on track to complete
Off Target	In Progress, barriers may affect completion date
At Risk	Major barriers to completion

PEOPLE		
Goal/Objective(s)	Action(s) Completed	Status
1.1 GOAL: Attract and Retain a Competent and Diverse Workforce		
1.1.1 Objective 1: By June 2020, participate in 4 new recruitment fairs. Accountability: Tricia Okeson/Sara Robeson	UL 4/2019; 6 interns for summer 2019.	In Progress Transitioned to Workforce Development Committee (WFDC) <i>Recommendation: While recruitment is important, this particular objective is not the best measure. Refer to PHT Organizational Structure Committee to collaborate with WFDC and AFM for a better metric focused on recruitment.</i>
1.1.2 Objective 2: By June 2019, expand Epidemiology and Health Planning and Division mentorship/onboarding program to DPH-wide. Accountability: Janie Cambron	Established QI project team 7/2018. Extended objective deadline. Soft launch DPH 9/2019; incorporated feedback. Launch DPH wide 10/2019. Standardize materials and evaluate in 1/2020. Piloted and revised in 2020-2021. By June 2021, add Onboarding (online/on-demand) module to TRAIN, pilot and evaluate.	Completed Transitioned to QI Onboarding project committee. <i>Recommendation: Replace 1.1.2 and 1.1.3 with item(s) aligned with Workforce Development Plan to develop skills, training and education needs associated with core PH functions and PHT.</i>
1.1.3 Objective 3: By June 2019, implement public health workforce assessment (partnership with University of Kentucky, Kentucky Public	Assessment tool created. Extended deadline. Pilot survey with DPH and LHD in 8/2019. Analyzed results 9/2019, present results 10/2019, finalize	Completed Transitioned to WFDC <i>Recommendation: Replace 1.1.2 and 1.1.3 with item(s) aligned with Workforce Development</i>

PEOPLE		
Goal/Objective(s)	Action(s) Completed	Status
Health Association, and Kentucky Health Department Association) Accountability: Ron Horseman	materials 12/2019. Training scheduled for 1/2020. In 2021, used results to develop Workforce Development Plan; repeat of assessment requires additional planning and guidance.	<i>Plan to develop skills, training and education needs associated with core PH functions and PHT.</i>
1.2 GOAL: Cultivate a Positive Work Environment & Satisfied Workforce		
1.2.1 Objective 1: By June 2020, establish employee assessment tool for employees to rate their supervisor Accountability: Krista Hamilton	Need investigative work for tool and implementation guidance, revisit 1/2020.	Barrier Removed <i>Recommendation: Refer to BOOST and WFDC to identify next steps and/or measures which promote professional development and a supportive work environment.</i>
1.2.2 VMSG 2: Annual DPH Employee Satisfaction Survey Accountability: Janie Cambron/Kyra Dailey	Completed 2017, not in 2018. Combine survey with QI/PM culture, WFD assessment and other agency assessments. Revisit 2020.	In Progress Revise & Continue <i>Recommendation: To increase employee participation and cohesion of KDPH Plans and activities, consider adopting 1 all-encompassing survey to gather staff perspectives of workforce development, quality improvement, organizational culture and other planning needs.</i>
1.3 GOAL: Develop & Enhance Relationships with Key Partners		
1.3.1 Objective 1: By March 2019, establish a collaborative Kentucky Health Department Association (KHDA) and DPH approved communications plan. Accountability: Kelly Alexander/Kyra Dailey	PHT Communications launched in 2019; shared drive. Monthly meetings with KPHA/KHDA scheduled for 2020. Recurring agenda item for DPH Updates. Communications workgroup formed; revised Communications Plan scheduled for 8/1/21.	In Progress Revise & Continue <i>Recommendation: Shift goal/objective to Building PH Capacity and/or Communications, consider PHT workgroup recommendations for improving DPH/LHD partnerships.</i>
1.3.2 Objective 2: By June 2019, host a minimum of 3 "Commissioner's Corner" (bimonthly) updates. Accountability: Kyra Dailey/Janie Cambron	Updates issued 3/19, 8/19, 10/19. Shift to quarterly schedule in 1/2020.	In Progress Transitioned to communication collaboration group <i>Recommendation: Shift goal/objective to Building PH Capacity and/or Communications, consider PHT</i>

PEOPLE		
Goal/Objective(s)	Action(s) Completed	Status
		<i>workgroup recommendations to reduce silos and improve communications.</i>
1.3.3 Objective 3: By June 2020, establish pipeline program with Kentucky State University and other Historically Black Colleges and Universities (HBCU) for student interns and employees. Accountability: Vivian Lasley-Bibbs	No activity reported.	Barrier Remove <i>Recommendation: Shift goal/objective to Building Public Health Capacity; refer to Office of Health Equity/Just BREATHE and WFDC to identify actions to promote diversified workforce, support DEI, encourage future public health workforce, and enhance partnerships.</i>
1.4 GOAL: Maintain a Culture of Customer Service/Satisfaction		
1.4 TBD Objectives: TBD Accountability: TBD	Objective not defined. No activity reported. <i>Due to the nature of KDPH being a state based government organization that does not typically provide direct services to the public, we consider local health departments our primary partners. Feedback is solicited from local health partners, through the suggestion box, and by programs as needed, but this is not a standardized practice.</i>	Barrier Transitioned to QI Committee <i>Recommendation: Shift goal/objective to Quality. The Quality Improvement Committee will work to establish customer groups and a standardized method of collecting, analyzing and acting upon customer feedback.</i>

QUALITY		
Goal/Objective(s)	Action(s) Completed	Status
2.1 GOAL: Implement and Maintain a Culture of Quality		
2.1.1 Objective 1: By December 2018, update and implement quality improvement plan. Accountability: Janie Cambron	11/2018 QIC revised QIP. Updated annually. Last revision April 2021.	Completed Transitioned to QI Committee <i>Recommendation: Determine appropriate QI Culture goal aligned with QI Plan, Strategic Plan/PHT such as change management, WP program/service revisions, advisory committees, etc.</i>

<p>2.1.2 Objective 2: By March 2019, train all DPH managers on QI principles. Accountability: Janie Cambron</p>	<p>2017 Division ASQI. 12/18 Flowchart refresher. Division JIT Training as needed. 2019 WFD/Region IV PHTC opportunities offered. Manager JIT Training & Resource guide. 2020 QI Cohort system.</p>	<p>In Progress Revise & Continue <i>Recommendation: Revise to address QI training goals aligned with QI Plan.</i></p>
<p>2.1.3 Objective 3: By June 2019, provide training and technical assistance to local health departments for QI, PM, and accreditation activities. Accountability: Janie Cambron/Carrie Conia</p>	<p>2019: (9) LHDs, 4/19 KPHA CHA, 10/19 KHDA. +phone/email inquiries & CHA/CHIP Pilot project</p>	<p>Complete Revise & Continue <i>Recommendation: Revise to incorporate PHT relevant topics (CHA/CHIP, Data, etc.) to training and technical assistance.</i></p>
<p>2.2 GOAL: Attain and Sustain Public Health Accreditation</p>		
<p>2.2.1 Objective 1: By May 2019, all documentation submitted to the Public Health Accreditation Board (PHAB). Accountability: Lindsey Brewer/Carissa Adams</p>	<p>5/16/2019 submitted documentation.</p>	<p>Complete Revise & Continue <i>Recommendation: Revise to reflect current PHAB status and anticipated next steps.</i></p>
<p>2.2.2 VMSG 2: By December 2019, prepare staff for PHAB site visit. Accountability: Lindsey Brewer</p>	<p>12/4/19 Mock SV. 1/8/20 PHAB SV. Community Partner prep completed.</p>	<p>Complete Remove <i>Recommendation: Replace with measure aligned with PHT Plan Review Team work plan which promotes alignment and integration of minimum standards within agency Plans.</i></p>
<p>2.3 GOAL: Support Evidence-Based & Promising Public Health Practice & Research</p>		
<p>2.3.1 Objective 1: By January 2020, evaluate best practices and apply to appropriate Kentucky populations. Accountability: Sue Thomas-Cox/April Thomas</p>	<p>St. Louis University; CLIK</p>	<p>In Progress Revise & Continue <i>Recommendation: Combine 2.3.1, 2.3.2 & 2.3.3 into revised objectives focused on (a) staff & partner training/education, resources and (b) assuring/promoting use of Evidence Based Practices in programs & services.</i></p>
<p>2.3.2 Objective 2: By June 2019, provide a training session on evidence based principles to DPH staff. Accountability: Sue Thomas-Cox</p>	<p>2018 St. Louis University QI project. 7/2019 repeated training</p>	<p>Complete Revise & Continue <i>Recommendation: see above</i></p>
<p>2.3.3 Objective 3: By June 2019, establish an online repository</p>	<p>3/2019 CHA/CHIP Pilot project. 2019 KPHA KEPHTN snapshots.</p>	<p>Complete Revise & Continue</p>

for collaboration of useful data for local and state public health staff to utilize for health assessment and health improvement planning. Accountability: Sara Robeson	5/2019 Finalize CHA Community snapshot reports finalized. In progress fall 2019: KYStats/SHIP and OVS birth/death	<i>Recommendation: see above &/or incorporate PHT Data TA work plan goals.</i>
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EFFICIENCY AND EFFECTIVENESS		
Goal/Objective(s)	Action(s) Completed	Status
3.1 GOAL: Implement and Maintain a Department-Wide Performance Management System		
3.1.1 Objective 1: By June 2019, 2 staff from each division will receive training on the VMSG performance management system. Accountability: Janie Cambron	2016 VMSG purchased. 2017-2018-2019 Users trained. 12/4/18 (Admin), 1/3/19 (Women's Health), 1/8/19 Full, 1/22/19 Full, 2/26/19 Full (2 staff per division trained) <i>Note: VMSG subscription discontinued 2021</i>	Complete Revise & Continue <i>Recommendation: revise 3.1.1 & 3.1.2 & 3.1.3 to develop PM system & reporting based on SP/PHT, need to address (a) logistics/infrastructure/process of documenting, training needs (on pm & documenting) and future plans to build a more robust system which aligns overlap of activities toward KDPH goals and health outcomes.</i>
3.1.2 Objective 2: By December 2018, all SMART objectives from the strategic plan will be imported into the VMSG performance management system. Accountability: Janie Cambron	Objectives imported/dashboard created <i>Note: VMSG subscription discontinued 2021</i>	Complete Revise & Continue <i>Recommendation: see above</i>
3.1.3 Objective 3: By June 2020, all performance management goals reported on and annual report completed Accountability: Janie Cambron	Dashboard created, annual report created 2019, January 2020 progress report. <i>Note: VMSG subscription discontinued 2021</i>	In Progress Revise & Continue <i>Recommendation: see above</i>
3.2 GOAL: Promote Effective Use of Technology & Increase Data Utilization		
3.2.1 Objective 1: By June 2019, host at least one training on available tech tools (Go to MTG, Skype, Zoom, etc.) for all staff. Accountability: Brenda Abrams	2019 QI MS Teams, My Purpose opps, 5/2019 ArcGIS for DPH & LHD. Deadline extended to Fall 2019. Tools loaded on intranet site. Trainings with PQI and EPI staff on MS Teams. COT provided training to CHFS/DPH staff 2021.	Complete Remove <i>Recommendation: Replace with systems development & training focus from PHT health data systems & EHR work plan(s).</i>
3.2.2 Objective 2: By June 2019, provide informatics-data	2018 CDC Informatics Fellow Hired, 7/2018 Informatics	Complete Revise & Continue

sharing training for all local and state public health staff. Accountability: Sara Robeson	Workgroup mtg, 2/2019 Informatics Workgroup mtg, 4/2019 KPHA Data Sharing Session, 5/2019 Data Users Workgroup GIS Training, 11/2019 LHD Training PHT Assessment. Deadline extended to 11/30/19	<i>Recommendation: Incorporate PHT Health Data work plan(s) focused on data systems, EHR and Data/TA.</i>
3.3 GOAL: Sound Financial and Business Practices		
3.3.1 Objective 1: By September 2019, purchase a new financial management system. Accountability: Mike Tuggle	COT/DPH Mtgs. 8/15/19 RFP being finalized. Anticipated deadline is Mar/Apr 2020 2021 Update: RFP closed and submissions reviewed. Committee recommendation for revised RFP to be posted in 2021.	In Progress Revise & Continue <i>Recommendation: Revise to reflect current status/next steps/anticipated outcome of RFP.</i>
3.3.2 Objective 2: Define foundational/core public health and explore new delivery models for key DPH programs as a partnership with LHDs. Accountability: Tricia Okeson	1/2019 PHT Rollout, PHT ppt, define terminology for local health priorities, process flowchart, 11/2019 PHT legislation filed. 2020 pending meetings	Completed Revise & Continue <i>Recommendation: Incorporate PHT work plan objectives focused on foundational/core PH (Budget SC, PRT, Leg/Reg, WP, etc.).</i>

BUILDING PUBLIC HEALTH CAPACITY		
Goal/Objective(s)	Action(s) Completed	Status
4.1 GOAL: Develop & Enhance Relationship with Academic Institutions		
4.1.1 Objective 1: By June 2020, a university coordinator will be hired. Accountability: Tricia Okeson	Not feasible option; exploring other avenues	Barriers Revise & Continue <i>Recommendation: Consider replacing with actions better suited to promote diversified workforce, support DEI, encourage future public health workforce, and enhance partnerships. Objective to be reassessed and determined through new Branch created in AFM.</i>
4.1.2 Objective 2: By June 2020, establish 3 viable grant collaboration opportunities with academic institutions to address public health priorities. Accountability: Connie White	Ryan White; Kentucky Income Reinvestment Program (KIRP) and Kentucky Opioid Response Effort (KORE); partnerships between KDPH and UK to address HIV and substance abuse	Complete Revise & Continue: <i>Recommendation: Objective to be reassessed and determined through new Branch created in AFM.</i>

4.2 GOAL: Improve Relationship with Public/Private Partners		
4.2.1 Objective 1: By June 30, 2020, a capacity building coordinator will be hired. Accountability: Tricia Okeson	Need more exploration re: roles & responsibilities and consideration	Barriers Removed <i>Recommendation: Shift focus to building and promoting cross-sectional, collaborative relationships and coalitions with state & local partners to address foundational PH needs, health outcomes and other SHA/SHIP initiatives.</i>
4.2.2 Objective 2: By June 30, 2020, a grants coordinator will be hired. Accountability: Brenda Abrams/Andrew Yunt	4/30/19 QI Project, Fall 2019 Exploration of CHFS model. In 2021, created new branch for grants/contracts in AFM.	In Progress Transitioned to AFM/Grants <i>Recommendation: see above</i>
4.2.3 Objective 3: By June 30, 2020, a contracts specialist will be hired. Accountability: Brenda Abrams/Andrew Yunt	Need more exploration re: roles, responsibilities, oversight. In 2021, created new branch for grants/contracts in AFM.	In Progress Transitioned to AFM/Grants <i>Recommendation: see above</i>
4.3 GOAL: Pursue Mission Specific Funding Opportunities		
4.3.1 Objective 1: Increase Funding opportunities by securing a minimum of 1 new grant by June 2020. Accountability: Doug Thoroughman	Opioid crisis collaborative grant	Completed Transition to AFM/Grants <i>Recommendation: Revise grant/funding objectives toward health outcome/SHIP initiatives, and/or incorporate PHT work plan objectives focused on funding PH infrastructure (Budget SC, PRT, Leg/Reg, WP, etc.), and align with AFM/Grant branch initiatives.</i>
4.3.2 VMSG 4.4.1: Increase # of DPH employees in KPHA organization Accountability: Tricia Okeson	Initial ad-hoc membership. 2018 Increased by 40 (total 125). 2019 increased to 200. 2021 membership 170.	Completed Removed <i>Recommendation: see above</i>
4.3.3 VMSG 4.4.2 By June 2020, provide 3 training opportunities for staff Accountability: Ron Horseman	7/2019 Strengths Based Leadership Training (LHD & DPH) 2 sessions. 9/2019 Statewide Workforce Assessment, plan initiatives for 2020.	In Progress Revise and Continue <i>Recommendation: see above</i>

STRENGTHEN INTERNAL AND EXTERNAL COMMUNICATIONS		
Goal/Objective(s)	Action(s) Completed	Status
5.1.1 Objective 1: By March 2019, establish a collaborative Kentucky Health Department Association (KHDA) and DPH approved communications plan. Accountability: Kelly Alexander	See 1.3.1	In progress Revise & Continue <i>Recommendation: Consider PHT specific or overarching communication goals.</i>
5.1.2 Objective 2: By June 2019, host a minimum of 3 "Commissioner's Corner" (bimonthly) updates. Accountability: Kyra Dailey	See 1.3.2	In Progress Transitioned to communication collaboration group <i>Recommendation: see above</i>
5.1.3 Objective 3: By December 2019, hold a minimum of 2 regional face-to-face meetings with LHDs for pertinent updates. Accountability: Kelly Alexander	7/23/19 KHDA AC mtg (Western Ky LHDs), 10/23/19 KHDA Retreat (all LHDs). Dr. Stack visits to LHDs 2020-2021.	Completed Revise & Continue <i>Recommendation: see above</i>