



WHITLEY COUNTY
HEALTH DEPARTMENT

Whitley County Health Department Strategic Plan

2024 - 2029

Whitley County Health Department

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Executive Summary

This executive summary provides a comprehensive overview of the key initiatives, assessments, and planning activities outlined in the following sections, leading up to our strategic priorities and corresponding work plan.

The 2023 Workforce Culture Survey yielded a participation rate of 35%. The findings from this survey provide essential insights into the state of our workforce culture, identifying both strengths and areas needing improvement. This data informs our strategic planning and helps ensure that we foster an inclusive and supportive work environment.

The 2023 Ad Hoc Committee on Refresh of Mission, Vision, and Values Membership was instrumental in revising and updating these foundational elements. This refresh aligns with our commitment to continually evolve and reflect the needs and aspirations of our community and organization.

The 2024 Strategic Planning Assessment provided a thorough analysis of our current strategic position and sets the stage for future initiatives. The 2024 Strategic Planning Retreat was pivotal in engaging stakeholders and gathering diverse perspectives to shape our strategic direction. The facilitated retreat resulted in robust discussions and generated actionable insights to guide our efforts in the coming years. This assessment and retreat were critical components in our ongoing efforts to align our resources and actions with our long-term goals around our strategic priorities of communication, workforce, information technology, quality, and infrastructure and capacity while maintaining a throughline of equity.

The goals for this strategic plan are:

- Foster inclusive and effective communication by delivering timely messages that resonate with diverse internal and external audiences, ensuring accessibility and comprehension for all.
- Build and support a diverse and skilled public health workforce for Whitley County.
- Implement a robust information management and technology framework that ensures operational efficiency and data security.
- Ensure Whitley County Health Department (WCHD) is a high performing health department with a culture of quality.
- Maintain a robust infrastructure and public health capacity that ensures programs and services meet the needs of our community.

The collaborative structure and rigorous oversight outlined in our strategic framework ensure that each committee of staff members plays a vital role in advancing our organizational goals. By fostering cross-program and cross-level participation, we are poised to achieve comprehensive implementation and performance management. The annual progress reports to the Executive Committee will not only highlight our successes but also provide an opportunity to address any challenges promptly. This meticulous approach underscores our commitment to maintaining the highest standards of service and operational excellence.

This strategic plan was formally approved by the Whitley County Board of Health on March 17, 2025.

Record of Changes

Changes made to this document after March 17, 2025, will be recorded on this page for tracking purposes.

Date	Section Title	Change Description	Authorized By

Mission, Vision, and Values

Mission

The mission of Whitley County Health Department is to promote optimal health for all who live, work, learn and play in Whitley County.

Vision

Our vision is that Whitley County is thriving as the healthiest community.

Values

Equity
Quality
Service
Compassion

Logo

The roots of our tree represent our long history serving the community and the trust we work hard to build and maintain. The tree resembles a person, symbolizing the people at the center of our work. The leaves represent our growth and collaboration with our partners, reaching toward our vision for the community.



Process

Several WCHD assessments and plans inform this strategic plan.

2023 Workforce Culture Assessment

In May 2023, staff had the opportunity to complete a Workforce Culture Assessment. Forty-one responses were received from across agency programs. Questions also included a brief assessment of strengths, weaknesses and opportunities as outlined in Appendix B.

2023 WCHD Ad Hoc Committee to Refresh Mission, Vision, and Values

Membership concluded their work on May 23, 2023, resulting in recommendations for a new mission, vision, and values to be reviewed and presented by the Director to the Board of Health. After approval of the proposed mission, vision and values, a new logo was designed in collaboration with a design firm who also completed a rebuilding of the agency website and branding of whitleyhealth.org. Committee members are listed in Appendix C.

2023 Community Health Assessment and Improvement Plan

The Whitley County Community Health Assessment and Improvement Plan and the methodology are available here: <https://dashboards.mysidewalk.com/whitley-county-health-assessment>

2024 Strategic Plan Assessment

In May 2024, prior to a two-day Strategic Planning retreat, staff and Board of Health members had the opportunity to complete a Strategic Planning Assessment that included a SWOT analysis, review of proposed strategic priorities, and additional questions about workforce culture. Initial analysis by our partners at University of Kentucky are included in Appendix D.

2024 Strategic Planning Retreat

Day one of the Strategic Planning Retreat was a training provided by Cara Boardman of Leadership Louisville, including interactive work to promote high performance teams. Training topics on day one included a focus on communication, conflict management, change management, collaboration, and a common purpose. Participants were assigned seats around their committee assignments as a precursor to work to be done on day two.

Day two was facilitated by the University of Kentucky, College of Public Health, Workforce Development and Public Health Practice Team. The sign-in sheet for both days indicates the excellent attendance we had at both days (Appendix E). The facilitator's agenda includes a detailed description of the work done on strategic planning, listed in Appendix F.

Once the retreat was completed, the Executive Committee met with the University of Kentucky team in late May 2024 to discuss the resulting notes that would drive the development of goals, objectives, and activities.

Analysis

Internal Strengths and Weaknesses

A consistent internal strength across 2023 and 2024 data is that WCHD has a staff that works hard and cares. Twenty-nine percent of 2023 respondents identified teamwork as an internal strength, while only 11.4 percent of 2024 respondents identified the same. The most important weakness (21%) identified by 2024 respondents is the need to increase employee engagement and morale. Seventy percent of 2024 respondents indicated WCHD is led by effective leadership.

74% of 2024 respondents believe WCHD is well-known in the community. 60% believe WCHD is valued by the community.

External Opportunities and Challenges

Increased community involvement was the most reported external opportunity in both 2023 and 2024. Engaging and educating the community was also the most important external challenge according to 36% of 2024 respondents.

43% of 2024 respondents believe WCHD does not have enough funding to successfully achieve goals in the next 5 years. 24% believe more staff and more funding are needed to accomplish the mission, vision, and values.

The Director conducted a review of published strategic plans for the Kentucky Department for Public Health, the Association of State, Tribal and Territorial Health Officers, the American Public Health Association, the National Association of City and County Health Officials and the Public Health Accreditation Board Foundational Capabilities and Capacity documents. From this review, common themes were identified:

- People
- Quality
- Information
- Equity
- Communication
- Capacity
- Partnership
- Assessment and Surveillance
- Policy
- Emergencies

- Substance Use

The Executive Committee reviewed data from the 2023 Workforce Culture Survey and the 2023 Community Health Assessment and Improvement Plan, considering our agency's resources for workforce development, communication, financial sustainability and information management and technology.

Proposed priority areas were distilled from these analyses and standing committees made up of staff were formed to further the planning, implementation, and evaluation of each.

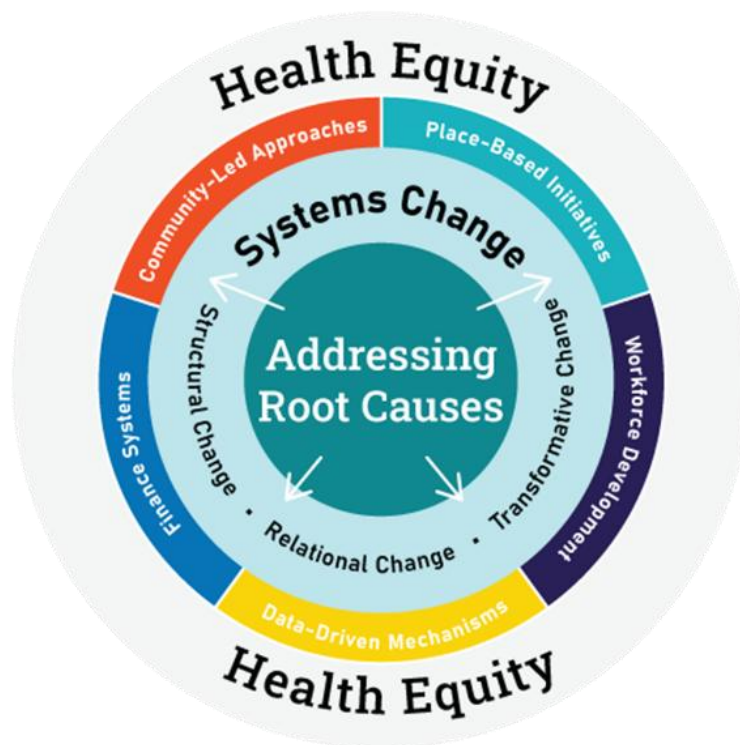
Strategic Priorities

During the 2024 Strategic Planning Assessment, five strategic priorities were proposed to staff and the Board of Health members. Ninety percent confirmed the appropriateness of the priorities without addition or change. The strategic priorities for the coming five years are workforce, quality, information and technology, communication, infrastructure, and capacity. Each strategic priority shares considerable overlap and dependence upon the others.



Equity

Health equity is a throughline, touching all our strategic priorities. As the graphic from the CDC Foundation illustrates, health equity is achieved by addressing root causes of disparity through transformation in collaboration with all aspects of our public health system. Our work will continue to assure that we communicate in ways our community understands, that our workforce employs cultural humility, that our information and technology is accessible, and that we have the systems, resources and training necessary to monitor and adjust our work to remove barriers to those who need our services.



<https://www.cdcfoundation.org/blog/building-systems-change-equitable-public-health-systems>

Communication

Our communication strategic priority includes:

- Emergency and risk communications
- Media relations
- Social media management
- Tailoring communications for multiple and underserved audiences
- Timely transmission and receipt of information to and from the public
- Education strategies
- Culturally and linguistically appropriate information

Goal

Foster inclusive and effective communication by delivering timely messages that resonate with diverse internal and external audiences, ensuring accessibility and comprehension for all.

Objectives

By July 1, 2025, the Communication Committee will present a final draft of a Health Promotion Communication Strategy to the Executive Committee for approval.

By July 1, 2025, the Communication Committee will present a final draft of a Risk Communication Plan to the Executive Committee for approval.

By October 31, 2025, implement an Agency Branding Strategy Policy and Procedure for WCHD.

By October 31, 2025, implement a Non-Emergency Communications Policy and Procedure for WCHD.

Implementation

Objective: By 7/1/2025, the Communication Committee will present a final draft of a Health Promotion Communication Strategy to the Executive Committee for approval.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Create three lunches and learn opportunities for partners or the public.	Three agendas	Nurse Administrator	7/1/2025
Develop an agency wide strategy that assures health promotion communications that includes: <ul style="list-style-type: none"> a) Determining issue priorities b) Identifying evidence-based 	Written strategy document	Health Education Team	7/1/2025

<ul style="list-style-type: none"> or promising practices c) Designing for the target population d) Ensuring consistency 			
Create a checklist for health promotion communications based on strategy document	Checklist document	Health Education Team	7/1/2025

Objective: By 7/1/2025, the Communication Committee will present a final draft of a Risk Communication Plan to the Executive Committee for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Draft a protocol for contacting response partners 24/7 during a public health emergency that includes: <ul style="list-style-type: none"> a) A list of response partners b) A description of how alerts are sent and received 24/7 	<ul style="list-style-type: none"> Protocol within Risk Communication Plan Outlook Group of response partner contacts 	Director	7/1/2025
Describe the process used to develop accurate and timely messages.	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe methods to communicate necessary information to the entire community, including subpopulations who are at higher risk	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe methods for addressing misconceptions and misinformation	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe the process to expedite approval of messages to the public during an emergency	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe how information will be	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025

disseminated in the case of communication technology disruption			
Describe the process for managing and responding to inquiries from the public during an emergency.	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe the process to coordinate communications and development of messages among partners during an emergency.	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Develop a list of media contact information	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025
Describe the procedure for keeping the media contact list current and accurate	Section within Risk Communication Plan	Preparedness Coordinator	7/1/2025

Objective: By October 31, 2025, implement an Agency Branding Strategy Policy and Procedure for WCHD.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop templates to include appendices for media releases, PSAs, PowerPoint, and email signature.	Completed documents: Template for media release Template for PSA Template for PowerPoint Template for email signature	Communications Committee	7/1/2025
Develop guidelines on how and where to use the department logo.	Policy and procedure with a logo guideline section	Communications Committee	7/1/2025
Obtain three quotes for exterior signage that incorporates the agency logo.	Documentation of three quotes	Maintenance Technician	7/1/2025
Submit final draft of an Agency Branding Strategy Policy and Procedure to the Board of Health for approval	Approved motion in Board of Health meeting minutes.	Director	9/15/2025

Develop and implement training to ensure that 100% of health department staff have a clear understanding and commitment to the health department's brand.	Training records	Director	10/31/2025
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Objective: By October 31, 2025, implement a Non-Emergency Communications Policy and Procedure for WCHD.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop a list of duties for a Strategic Communications Lead and PH Products Lead	Presentation of Communication Plan final draft to exec committee	Communications Committee	7/1/2025
Describe the process for ensuring information is accurate and timely	Section within policy	Communications Committee	7/1/2025
Describe the approach to tailoring communication to different audiences	Section within policy	Communications Committee	7/1/2025
Describe the process for coordinating with community partners to promote the dissemination of unified public health messages.	Section within policy	Communications Committee	7/1/2025
Describe the process to maintain a contact list of key stakeholders for communications	Section within policy	Communications Committee	7/1/2025
Describe which staff position titles are designated to perform the functions of a A) public information officer for regular communications B) Maintaining media relationships C) Creating appropriate	Section within policy	Communications Committee	7/1/2025

effective public health messages D) Managing other communications activities			
Submit final draft of a Non-Emergency Communications Policy and Procedure to the Board of Health for approval	Approved motion in Board of Health meeting minutes.	Director	9/15/2025
Develop and implement training to ensure that 100% of health department staff have a clear understanding and commitment to the health department's non-emergency communications policy and procedure.	Training records	Director	10/31/2025

Workforce

Our workforce's strategic priority includes:

- Recruitment of staff
- Retention of staff
- Professional development and training to promote safety and competence.
- Succession planning
- Accountability and performance evaluation
- Shared understanding of equity and inclusion

Goal

Build and support a diverse and skilled public health workforce for Whitley County.

Objectives

By July 1, 2025, the Workforce Committee will confirm 100% of WCHD staff have completed Health Equity Policy training.

By October 1, 2025, the Workforce Development Committee will present a final draft of a Workforce Development Plan to the Executive Committee for approval.

By July 1, 2026, WCHD will implement a pay incentive program for high performance employees.

By July 1, 2026, WCHD will implement a standardized onboarding protocol for new employees that covers the period from position acceptance through the first ninety days.

By July 1, 2028, the Workforce Development Committee will present a final draft of a Continuity of Operations/Succession Planning Template to the Executive Committee for approval.

By July 1, 2029, the Workforce Committee will present a final draft plan for staff cross-program engagement to the Executive Committee for approval.

Implementation

Objective: By 7/1/2025, the Workforce Committee will confirm 100% of WCHD staff have completed Health Equity Policy training.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop training to assure understanding and compliance with policy	Course in Reach360	Director	5/1/2025
100% of staff will complete online training	Course records in Reach360	Director	7/1/2025

Objective: By 10/1/2025, the Workforce Development Committee will present a final draft of a Workforce Development Plan to the Executive Committee for approval.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Describe the current capacity of the health department both as a whole and within its sub-units	Section within the workforce development plan	Workforce Development Committee	7/1/2025
Conduct an organization-wide assessment of current staff capabilities against Core Competencies for Public Health Professionals	Summary of findings in workforce development plan appendix	Workforce Development Committee	7/1/2025
Conduct an organization-wide assessment of equity that considers staff competence in the areas of cultural humility, diversity, and inclusion	Summary of findings in workforce development plan appendix	Workforce Development Committee	7/1/2025
Prioritize gaps identified in the capacity, competency, or equity assessments	Section within the workforce development plan	Workforce Development Committee	8/1/2025
Describe plan to address at least two prioritized gaps with measurable objectives, improvement strategies and timelines	Section in workforce development plan	Workforce Development Committee	10/1/2025
Develop a list of learning or educational opportunities that relate to identified gaps.	Section in workforce development plan	Workforce Development Committee	10/1/2025

Objective: By 7/1/2026, WCHD will implement a pay incentive program for high performance employees.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Create templates for new position description format that reflect public	Template for each tier.	Executive Committee	7/1/2025

health professional competencies.			
Develop standards for each performance evaluation measure.	Standards worksheet	Executive Committee	7/1/2025
Provide training to supervisors on public health competencies.	Training records in Reach360	Director	10/1/2025
Provide training to staff on new position descriptions and performance evaluation process.	Training records in Reach360	Director	11/1/2025
Conduct one “practice” evaluation with the new process alongside the old process/form.	Evaluation record in Workday	Supervisors	7/1/2026

Objective: By 7/1/2026, WCHD will implement a standardized onboarding protocol for new employees that covers the period from position acceptance through the first ninety days.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Identify onboarding activities from acceptance of position through first 90 days (some topics to start below)	Develop template/ document. Excel spreadsheet for tracking.	Supervisors	7/1/2026
Describe the logistics items and needs to be completed by the specific program/team (space, technology, equipment, software, etc.) along with a timeline (prior to day 1, day 1, week 1, month 1, etc.)	Section in onboarding manual	Supervisors	7/1/2026
Describe the human resources tasks to be completed along with a timeline for each.	Section in onboarding manual	Administrative Services Manager	7/1/2026
Describe the overall agency structure, function, mission, vision, and values	Section in onboarding manual	Workforce development committee	7/1/2026

Describe introductions (internal and external) needed for the specific program/team along with a timeline for each	Section in onboarding manual	Supervisors	7/1/2026
Describe duties of a mentor for each specific program/team	Section in onboarding manual	Supervisors	7/1/2026
Describe the process for shadowing within the specific program/team along with a timeline or criteria for completion	Section in onboarding manual	Supervisors	7/1/2026
Describe the training required by all new staff, along with a timeline	Section in onboarding manual	Workforce development committee	7/1/2026
Describe the training required for specific program/team along with a timeline	Section in onboarding manual	Supervisors	7/1/2026
Identify recurring meetings specific to the program/team along with a timeline	Section in onboarding manual	Supervisors	7/1/2026

Objective: *By 7/1/2028, the Workforce Development Committee will present a final draft of a Continuity of Operations/Succession Planning Template to the Executive Committee for approval.*

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop a template succession plan that promotes seamless staff transitions, preserves the legacy of achievements and experiences, and builds workforce capacity and includes at least: <ul style="list-style-type: none"> A) Education required. B) Technical competencies C) Functional areas of responsibility D) Key projects and activities 	Template	Executive Committee	7/1/2027

E) Deadlines and commitments			
Complete a succession plan to allow a position's supervisor to assume essential functions in the event of sudden absence	Develop template	Staff identified as working in essential public health functions (as outlined in the Continuity of Operations Plan	7/1/2028

Objective: By 7/1/2029, the Workforce Committee will present a final draft plan for staff cross-program engagement to the Executive Committee for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop two cross-program exposure opportunities for staff.	Excel spreadsheet	Workforce Committee	7/1/2029

Information and Technology

Our information and technology strategic priority includes:

- Hardware and software to support department operations.
- Hardware and software to support analysis of health data.
- Ability to prioritize and respond to data requests.
- Translation of data into valid, complete, statically accurate and accessible information
- Support and use of communications technology
- Systems and controls for confidentiality and security

Goal

Implement a robust information management and technology framework that ensures operational efficiency and data security.

Objectives

By March 31, 2025, the Information Management and Technology Committee will present a list of recommended staff training to the Quality Improvement and Performance Management Committee.

By July 1, 2025, the Information Management and Technology Committee will present a data use process to responses to external data requests to the Executive Committee for approval.

By July 1, 2025, the Information Management and Technology Committee will coordinate the completion of an agency-wide data inventory and needs assessment and conduct annual updates through 7/1/2029.

By July 1, 2025, the Information Management and Technology Committee will present a final draft of a Technology Request process to the Executive Committee for approval.

By October 31, 2025, implement an Information Security Policy and Procedure for WCHD.

Implementation

Objective: By 3/31/2025 the Information Management and Technology Committee will present a list of recommended staff training to the Quality Improvement and Performance Management Committee.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop a list of all available/approved/required training posted for staff to access from LHD training platforms; staff notification process of training due dates, training access, and completion instructions in place	Excel spreadsheet list emailed to Quality Improvement Committee	Family Support Worker and Home Health Aide	3/31/2025

Objective: By 7/1/2025, the Information Management and Technology Committee will present a data use process to responses to external data requests to the Executive Committee for approval.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Identify an individual to be a data use process point of contact.	Email to Executive Committee	Information Management and Technology Committee	5/1/2025
Describe records request including how to make, who reviews, and how data is shared.	Section in data use process	Accounting Supervisor	7/1/2025
Describe privacy and confidentiality policies, procedures, and safeguards in storing, request processes, sharing, and securing health information and other information subject to records requests	Section in data use process	Accounting Supervisor	7/1/2025
Delineate request response process to include review, response, and follow-up; process to include parameters for responding to category of requester, i.e., health records and treatment, records for press, records subject to subpoena, etc.	Section in data use process	Accounting Supervisor	7/1/2025
Describe steps to ensure semantic interoperability with partner systems	Section in data use process	Accounting Supervisor	7/1/2025
Describe capacity to facilitate exchange of electronic data with federal govt, state, territorial, and local health departments, and other entities including laboratories, health insurance providers,	Section in data use process	Accounting Supervisor	7/1/2025

inspectors, auditors, and others having legitimate use and procedurally approved entities making requests and receiving data			
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Objective: By 7/1/2025, the Information Management and Technology Committee will coordinate the completion of an agency-wide data inventory and needs assessment and conduct annual updates through 7/1/2029.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Recommend a project coordinator to the Director.	Email	Information Management and Technology Committee	September 30, 2024
Follow KHDA how-to guide to complete project	Tool submission receipt	Health Educator	November 27, 2024
Review project report and develop recommendations based on identified needs for consideration by Executive Committee.	Email or recommendation document	Information Management and Technology Committee	July 1, 2025
Conduct update of inventory and needs assessment annually	Meeting agenda at least annually	Information Management and Technology Committee	July 1, 2026 July 1, 2027 July 1, 2028 July 1, 2029

Objective: By 7/1/2025, the Information Management and Technology Committee will present a final draft of a Technology Request process to the Executive Committee for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Describe a process for how the health department determines what updates, enhancements, or replacement of information management systems are needed.	Section in Technology Request process	Home Health Registered Nurse	7/1/2025

Create a digital form for submitting requests, suggestions, and feedback on the process, schedule, and parameters pertaining to updated, enhancing, replacing, and evaluating information management systems	Section in Technology Request process	Home Health Registered Nurse	7/1/2025
Describe response process that includes a vetting process that considers effectiveness, reasonableness, and feasibility of suggested improvements to include flowchart, and system flows for work processes in recording, deciding/responding, and enacting or denying recommendations	Section in Technology Request process	Home Health Registered Nurse	7/1/2025

Objective: By 7/1/2025, the Information Management and Technology Committee will present a plan to regularly evaluate and upgrade existing electronic devices and systems to the Executive Committee.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Draft scheduling procedures for information and technology updates/upgrades	Schedule within the plan	Health Environmentalist	7/1/2025
Create Microsoft Forms/Lists for the purpose of data collection, data storage, and automatic reminders related to technology updates/upgrades and requests from staff	Section within the plan	Health Environmentalist	7/1/2025
Describe process to update existing list of staff-assigned technology created by	Section within the plan	Health Environmentalist	7/1/2025

maintenance technician assistant - confirm accuracy and logging/recording of technology using existing barcoding			
Describe automated workflows in Microsoft lists notifies appropriate staff members for request review, order procurement, troubleshooting, and/or replacement/repair.	Section within the plan	Health Environmentalist	7/1/2025

Objective: By October 31, 2025, implement an Information Security Policy and Procedure for WCHD.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Describe requirements for passwords, MFA, Security Tokens, Blockchain security, AI use and security, single-point-of-failure management, and avoidance.	Section within policy and procedure	Executive Committee	8/31/2025
Describe requirements for physical security of information and networking, server, cloud, and digital storage systems	Section within policy and procedure	Executive Committee	8/31/2025
Describe process to review, update, and implement all federal, state, and local laws/regulations pertaining to protecting privacy and managing confidential data including data stored as paper versions in physical file storage, to include access and	Section within policy and procedure	Executive Committee	8/31/2025

handling of mission-critical data to delineate user-level access including appropriate roles and procedures about who needs access and how to ensure minimal access to complete the task is minimally required			
Describe process documentation to include for paper documents the use of mechanical storage to restrict access to key personnel extending to the disposal of confidential health information as set forth in HIPPA regulations	Section within policy and procedure	Executive Committee	8/31/2025
Submit final draft of an Agency Branding Strategy Policy and Procedure to the Board of Health for approval	Approved motion in Board of Health meeting minutes.	Director	9/15/2025
Develop and implement training to ensure that 100% of health department staff have a clear understanding and commitment to the health department's brand.	Training records	Director	10/31/2025

Quality

Our quality strategic priority includes:

- Accountability to all standards
- Performance management for programs
- Evidence-based and promising practices
- Culture of quality
- Quality improvement projects
- Access to quality health care
- Accountability across services to address social and structural determinants of health.

Goal

Ensure WCHD is a high performing health department with a culture of quality.

Objectives

By July 1, 2025, the Quality Improvement and Performance Management Committee will present a final draft of a Quality Improvement Plan to the Executive Committee for approval.

By July 1, 2025, the Quality Improvement and Performance Management Committee will coordinate the completion of an agency-wide quality improvement assessment.

By July 1, 2026, the Quality Improvement and Performance Management Committee will present a final draft of a Training Plan to the Executive Committee for approval.

Implementation

Objective: By 7/1/2025, the Quality Improvement and Performance Management Committee will present a final draft of a Quality Improvement Plan to the Executive Committee for approval.			
Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
List and describe key quality terms	Section within plan	Assistant Director	7/1/2025
Describe key elements of the QI structure including roles and responsibilities of those responsible for the QI plan's implementation	Section within plan	Assistant Director	7/1/2025
Describe QI learning opportunities offered to all levels of agency staff	Section within plan	Assistant Director	7/1/2025
Describe the process for identifying, prioritizing, and initiating QI projects	Section within plan	Assistant Director	7/1/2025
Develop goals and objectives with time-	Section within plan	Assistant Director	7/1/2025

framed targets related to the QI plan implementation			
Describe how implementation of the QI plan is monitored	Section within plan	Assistant Director	7/1/2025
Describe communication strategies used to share with stakeholders about QI activities conducted by the health department	Section within plan	Assistant Director	7/1/2025

Objective: By 7/1/2025, the Quality Improvement and Performance Management Committee will coordinate the completion of an agency-wide quality improvement assessment.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Describe findings from 2022 QI SAT staff survey	Meeting minutes or report	Assistant Director	7/1/2025

Objective: By 7/1/2026, the Quality Improvement and Performance Management Committee will present a final draft of a Training Plan to the Executive Committee for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Describe training topic areas including: A) Those related to accreditation domains/measures. B) Those related to OSHA requirements. C) Those related to systems used. D) Those related to policy and procedure. E) Those related to specific programs or tasks	Section in Training Plan	Quality Improvement Committee	7/1/2025
Describe training target audiences including:	Section in Training Plan	Quality Improvement Committee	7/1/2025

A) Initial onboarding B) Annual requirement C) Supervisor /Management D) Optional			
Describe processes to access training and documentation of training	Section in Training Plan	Quality Improvement Committee	7/1/2025

Infrastructure and Capacity

Our infrastructure and capacity strategic priority includes:

- Conduct assessment and surveillance.
- Emergency Preparedness
- Policy development
- Community partnership development and maintenance
- Leadership and governance
- Financial management
- Contract and procurement.
- Facilities and operations
- Legal services and analysis
- Advocacy and policies that address equity.

Goal

Maintain a robust infrastructure and public health capacity that ensures programs and services meet the needs of our community.

Objectives

By July 1, 2025, the Safety Committee will develop a process to review incident reports at least quarterly and present recommendations for facility improvements, training needs or process changes to the Executive Committee for approval.

By December 31, 2025, the Strategic Planning and Accreditation Committee will develop a timeline for pursuing Public Health Accreditation Board accreditation.

By July 1, 2026, the Executive Committee will review policies and procedures at least every five years and present recommended changes to the Board of Health for approval.

Objective: By 7/1/2025, the Safety Committee will develop a process to review incident reports at least quarterly and present recommendations for facility improvements, training needs or process changes to the Executive Committee for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop a form for incident report reviews that includes recommendations for facility improvements, training needs, process changes or other	Process that includes form	Safety Committee	7/1/2025

By 12/31/2025, the Strategic Planning and Accreditation Committee will develop a timeline for pursuing Public Health Accreditation Board accreditation.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Review committee components and deadlines and create tracking mechanism for strategic plan implementation	Executive committee meeting minutes	Executive Committee	7/1/2025
Complete PHAB readiness assessment	Created PHAB account for LHD and submitted documents required for readiness assessment to PHAB for review	Assistant Director	7/1/2025

Objective: By 7/1/2026, the Executive Committee will review policies and procedures at least every five years and present recommended changes to the Board of Health for approval.

Activity (What needs to happen?)	Measure (How do you know it is complete?)	Responsible (Who will do the work?)	Due (Specific date of expected completion)
Develop the process to redact personal information from incident reports.	Meeting Minutes	Executive Committee	7/1/2025

Implementation and Performance Management

Committee Oversight

There are standing committees that apply to each strategic priority (Figure 1). Every staff member is required to serve on at least one committee. Apart from the Executive Committee and the Strategic Planning and Accreditation Committee, each committee is comprised of staff from multiple programs and multiple levels. A manager chairs each committee. Full committee descriptions and membership is listed in Appendix A.

Figure 1 Standing Committee



Committees are clearly assigned within the implementation workplan of this strategic plan. They will oversee the implementation and monitoring of the corresponding goals, objectives, and activities. A report to the Executive Committee on progress will occur at least annually, no later than the end of May. In consultation with the Executive Committee, assigned committees may recommend changes and additions to this plan as needs and circumstances change in order to assure this remains a dynamic tool to continue to promote alignment with the agency mission, vision, and values.

Appendices

Appendix A

Standing Committee Membership

Executive Committee

Description: Assist the Director with overall strategic direction and operation of the agency. Oversee all other standing committees. Resolve ethical issues.

Sponsor: Marcy Rein, Director

Members (appointed by the Director)

1. Audrey Luker, Administrative Services Manager
2. Matt Hill, Assistant Director
3. Caitlyn Walters, Nurse Administrator

Quality Improvement and Performance Management

Description: Develop, implement, and monitor a Quality Improvement Plan. Implement and monitor a Performance Management Plan.

Sponsor: Matt Hill, Assistant Director

Members:

1. Amy Mccullah, Support Services Associate, Home Health
2. Ashley Lawson, Health Educator
3. Bryan Angel, Environmental Health Program Manager
4. Lia Vanover, Nurse Supervisor
5. Maddie Baird, Support Services Associate, Clinic
6. Danielle Jackson, HANDS Health Educator
7. Cindy Messer, Social Services Coordinator

Safety

Description: Oversee safety issues including review of incident reports, fire and assembly drills, emergency plan and related policy, procedures, and guidelines.

Sponsor: Bryan Angel, Environmental Health Program Manager

Members:

1. Bill Freeman, Maintenance Technician
2. Carolyn Fox, Janitor
3. Christian Lindsay, LPN, Home Health
4. Laura Cornelius, Support Services Supervisor
5. Sharon King, Family Support Worker, HANDS
6. Stephanie Howard, RN, Home Health

7. Trish Thomas, Health Educator

Staff Support

Description: Oversee use of slush funds for approved staff support. Coordinate staff activities such as an annual cookout, annual Christmas party, training, and other morale activities.

Sponsor: Tina Callebs, Nurse Supervisor, HANDS

Members:

1. Ashley Lawson, Health Educator
2. Teresa Bunch, Nutritionist
3. Sonya Clabaugh, Administrative Specialist
4. Candice Moses, Breastfeeding Peer Support Specialist
5. Regina Rickett, AmeriCorps Member

Strategic Planning and Accreditation

Description: Oversee activities related to strategic planning and the agency's pursuit of accreditation.

Sponsor: Marcy Rein, Director

Members: (appointed by the Director)

1. Audrey Luker, Administrative Services Manager
2. Kathleen Croley, Health Educator
3. Matt Hill, Assistant Director
4. Caitlyn Walters, Nurse Administrator

Workforce Development

Description: Develop, implement, and evaluate a workforce development plan that assesses workforce capacity and includes strategies for improvement in training, recruitment, and retention.

Sponsor: Caitlyn Walters, Nurse Administrator

Members:

1. Kathleen Croley, Health Educator
2. Jennifer Rose, Support Services Associate, Home Health
3. Dee Vanover, LPN, Home Health
4. Melissa Grillon, Family Support Worker, HANDS
5. Lika Dobbs, Home Health Aide
6. Jessica Mahan, Harm Reduction Program Specialist

Communication

Description: Develop and implement a risk communication plan for crisis and emergencies. Oversee the agency brand strategy including the website, social media, and mobile app.

Sponsor: Debbie Chappell, Nurse Administrator, Home Health

Members:

1. Ashley Lawson, Health Educator
2. Kathleen Croley, Health Educator
3. Megan Dickey, HANDS Specialist
4. Patsy Walters, Support Services Associate, Clinic
5. Kim Huey, HANDS Clerk
6. Sam Blaylock, Support Services Associate, Home Health
7. Trish Thomas, Health Educator/Preparedness Coordinator

Information Management and Technology

Description: Oversee the agency inventory. Promote cybersecurity. Conduct regular technology needs assessment and develop a plan to ensure information technology is up-to-date and meets emerging needs.

Sponsor: Dawn Hall, Nurse Supervisor, Home Health

Members:

1. Ashleigh Campbell, Accounting Supervisor
2. Jennifer Canada, Family Support Worker, HANDS
3. Ashley Cornett, Support Services Associate, Clinic
4. Josh Kroetsch, Health Environmentalist
5. Delores Fields, RN, Home Health
6. Sherry Walker, Home Health Aide

Child Injury and Fatality Prevention

Description: Develop, implement, and evaluate community activities in response to local injury and fatality data.

Sponsor: Danielle Jackson, Health Educator, HANDS

Members:

1. Ashley Lawson, Health Educator
2. Jamie Freeman, Social Services Coordinator, HANDS
3. Heather Lee, Home Health Aide
4. Matt Hill, Assistant Director
5. Kathleen Croley, Health Educator

Appendix B

2023 Workforce Culture Survey

Workforce Culture Assessment

Completing this survey helps us improve as an agency. Your response is anonymous. At the end, you will be redirected to be able to enter a drawing for a chance to win a t-shirt or a Bluetooth speaker. Your drawing entry will not be connected to your survey response.

* 1. Please indicate what program you work with

- Administration
- Clinic/Health Education
- Environmental Health
- HANDS
- Home Health

* 2. When did you start working at this health department?

- 0-5 years ago
- 6-10 years ago
- 11-20 years ago
- 21 or more years

Workforce Culture Assessment

Organizational Culture

* 3. This health department makes special effort to understand the needs and values of different populations within our community

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

* 4. Health department staff consistently demonstrate compassion with clients

- Strongly agree
- Disagree
- Agree
- Strongly disagree
- Neither agree nor disagree

5. Health department routinely monitors changes in our internal environment (e.g. staff transitions, staff development needs, etc.)

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 6. Health department routinely responds to changes in our internal environment (e.g. makes changes as necessary)

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

7. Overall, we see change as an opportunity for improvement

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 8. Professionalism is highly valued by the organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 9. Leadership has high standards for its programs and services

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 10. Our employees have high standards for their work

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 11. This health department and its employees are helping make this community a better place

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 12. People with different ideas are valued within the organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 13. Employees are treated fairly within the organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 14. This organization is understanding to my family and personal issues

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 15. Supervisors and their staff work effectively together as a team

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 16. Leadership supports balance between work and personal life

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 17. Leadership communicates effectively with employees

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 18. Every employee's voice is heard here at this health department

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 19. Staffing levels are clearly linked to our mission and priorities

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 20. This health department uses its resources to benefit the community in the most proficient manner possible

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 21. I am satisfied with the leadership of this health department

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 22. Overall, I believe that this health department is going in the right direction

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 23. This health department effectively communicates our roles and function to our community partners and other residents (external communication)

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 24. This health department effectively advocates for policies that have positive impacts on the overall health and wellness of its residents

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 25. I am proud to be part of this health department

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 26. My program regularly collects customer satisfaction data

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 27. My program uses customer satisfaction data to implement improvements

- Strongly agree
 Disagree
 Agree
 Strongly disagree
 Neither agree nor disagree

Workforce Culture Assessment

Work Support/Enabling Performance

* 28. I receive the training/learning opportunities I need in order to do my job well

- Strongly agree
 Disagree
 Agree
 Strongly disagree
 Neither agree nor disagree

* 29. I am encouraged to learn from my mistakes

- Strongly agree
 Disagree
 Agree
 Strongly disagree
 Neither agree nor disagree

* 30. The purpose and function of each health department program/service is effectively and routinely communicated

- Strongly agree
 Disagree
 Agree
 Strongly disagree
 Neither agree nor disagree

Workforce Culture Assessment

Affinity

* 31. Staff share information (e.g. lessons learned, best practices) across teams and other programs

- Strongly agree
 Disagree
 Agree
 Strongly disagree
 Neither agree nor disagree

* 32. People here seem willing and able to work collaboratively, openly and respectfully with one another

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Workforce Culture Assessment

Fairness

* 33. This organization incorporates health equity considerations into our programs/services to reduce health disparities in our community

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 34. The work I am asked to do matches my job description

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 35. There is adequate focus on employee health and wellness here at this organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 36. My job does not cause unreasonable amounts of stress in my life

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 37. My pay is appropriate for my work

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 38. The amount of work I am asked to do is reasonable

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 39. Leadership values/appreciates the work that I do

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 40. My roles and responsibilities are clear and appropriate

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 41. Staff are given a fair opportunity to succeed within the organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 42. Staff receive adequate recognition for their contributions and successes

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 43. Individuals seem to be held accountable for their work

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 44. Our hours of operation are reasonable and appropriate

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 45. Decision making and control are delegated to the appropriate level

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 46. In general, I am satisfied with my job

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Workforce Culture Assessment

Creativity/Autonomy

* 47. Individuals are encouraged to develop new ideas and improve operational efficiency and effectiveness

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 48. Individuals are encouraged to work across programs (with other programs outside of their own) to achieve their goals

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

Workforce Culture Assessment

Employee Advancement/Workforce Development

* 49. This organization attracts, develops and retains people of diverse backgrounds

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 50. There are adequate opportunities for advancement within this organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 51. Staff training and continuing education are priorities at this organization

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 52. This organization uses technology effectively to perform our job duties

- Strongly agree Disagree
 Agree Strongly disagree
 Neither agree nor disagree

* 53. How interested would you be in receiving training in the following areas

	Very Interested	Interested	Not Interested
Public Health Accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Health 101	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 Essential Public Health Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kentucky Public Health Transformation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting Facilitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Mobilization and Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Economic Determinants of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prioritizing and Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding Models in Public Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to Access and Interpret Data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Evidence Based Programs, Policies and Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT Topics (Cybersecurity, Outlook)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graphic Designing (Infographics, Brochures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survey Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervising Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict Resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing SMARTIE Goals/Objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Workforce Culture Assessment

SWOT

* 54. What is our agency's most important strength?

* 55. What is our agency's most important weakness?

* 56. What is the most important opportunity for our agency to improve?

Appendix C

2023 Ad Hoc Committee on Refresh of Mission, Vision, and Values Membership

- Josh Kroetsch, Health Environmentalist, Committee Chair
- Carolyn Fox, Janitor
- Kim Huey, HANDS Clerk
- Amy Mccullah, Support Services Specialist, Home Health
- Laura Corneilius, Support Services Specialist, Clinic
- Matt Hill, Quality Improvement Coordinator

Appendix D

2024 Strategic Planning Assessment



SUMMARY FACT SHEET

Whitley County Health Department

A strategic plan results from a deliberate decision-making process and defines where an organization is going, what it does and why it does these things. This process sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. It is used to assess a changing environment and create a vision of the future. The planning determines how the organization fits into the anticipated environment based on its mission, strengths, and weaknesses focusing on a range of agency level organizational goals, strategies and objectives, as well as any new initiatives. Through implementation of an operational plan guided by the strategic plan, progress can be measured and adapted as needed to achieve success.

A comprehensive staff survey was conducted from March 12 – March 26, 2024 to gather thoughts, experiences, and ideas to understand employee perspectives, identify opportunities for growth and enhance employee engagement. The survey is meant to ensure the mission, vision and values statements align with priorities and with other relevant environmental scan data during the strategic planning to create a strategic plan document.

74% Responded **WCHD is Well-known** in the Community

61% Responded **WCHD is Valued** by the Community

43% Responded **WCHD Does Not Have Enough Funding** to Successfully Achieve Goals in the next 5 years

30% Responded **More Community Involvement** would help WCHD achieve Mission, Vision and Values

24% Responded **More Staff and Funding** are needed to accomplish the Mission, Vision and Values

90% Responded WCHD Does Not Need Additional Strategic Priorities – **focusing on the right areas!**

70% Responded **WCHD is Led by Effective Leadership**

43% Responded the most important INTERNAL STRENGTH is **Staff Who Work Hard and Care**

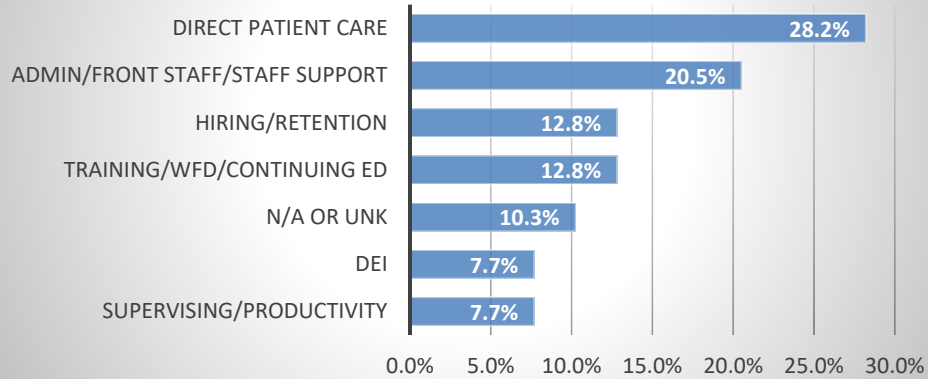
36% Responded the most important EXTERNAL CHALLENGE is **Engaging and Educating the Community**

23% Responded the most important EXTERNAL OPPORTUNITY is **Community Involvement**

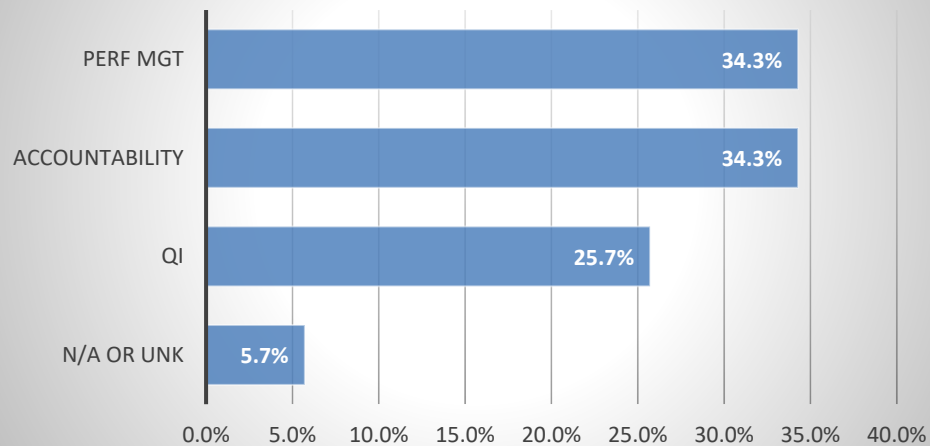
21% Responded the most important INTERNAL OPPORTUNITY is **Increasing Employee Engagement**

RESULTS

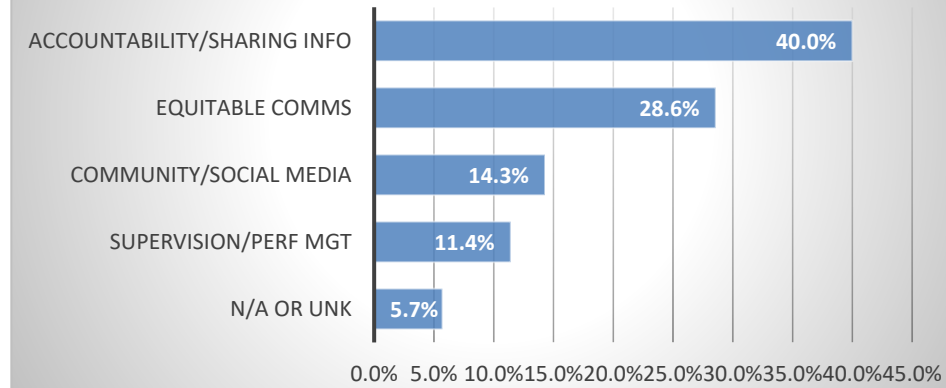
How My Role Contributes to Workforce



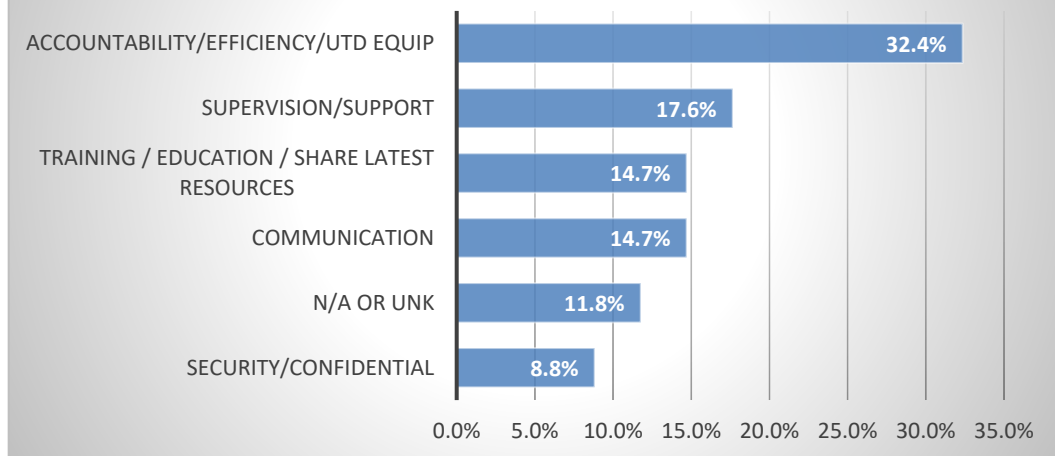
How My Role Contributes to Quality

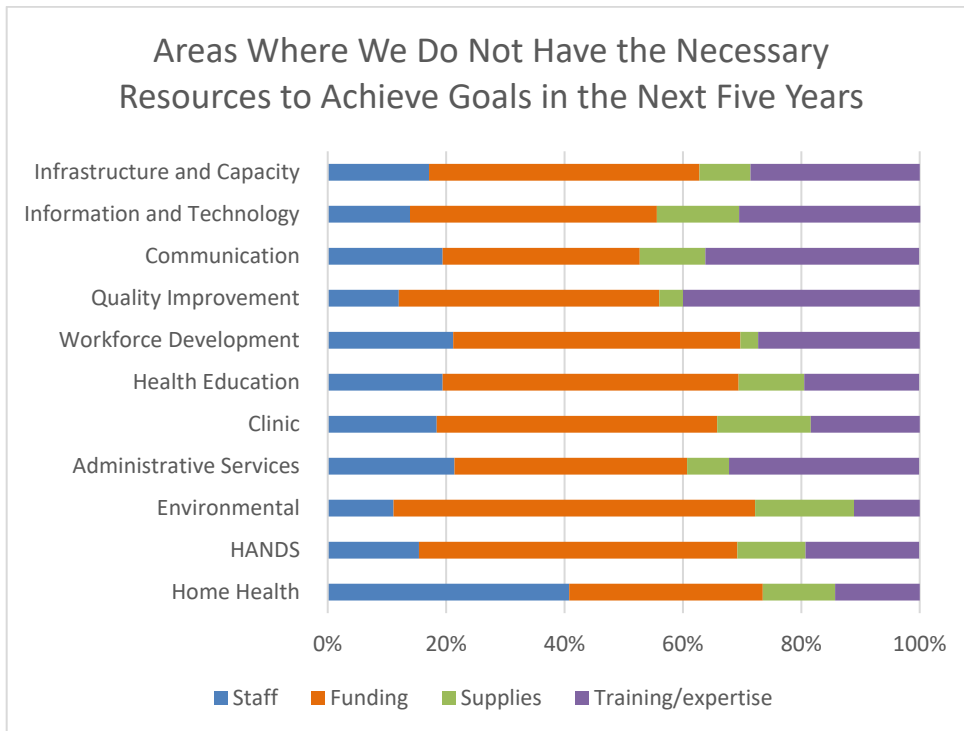
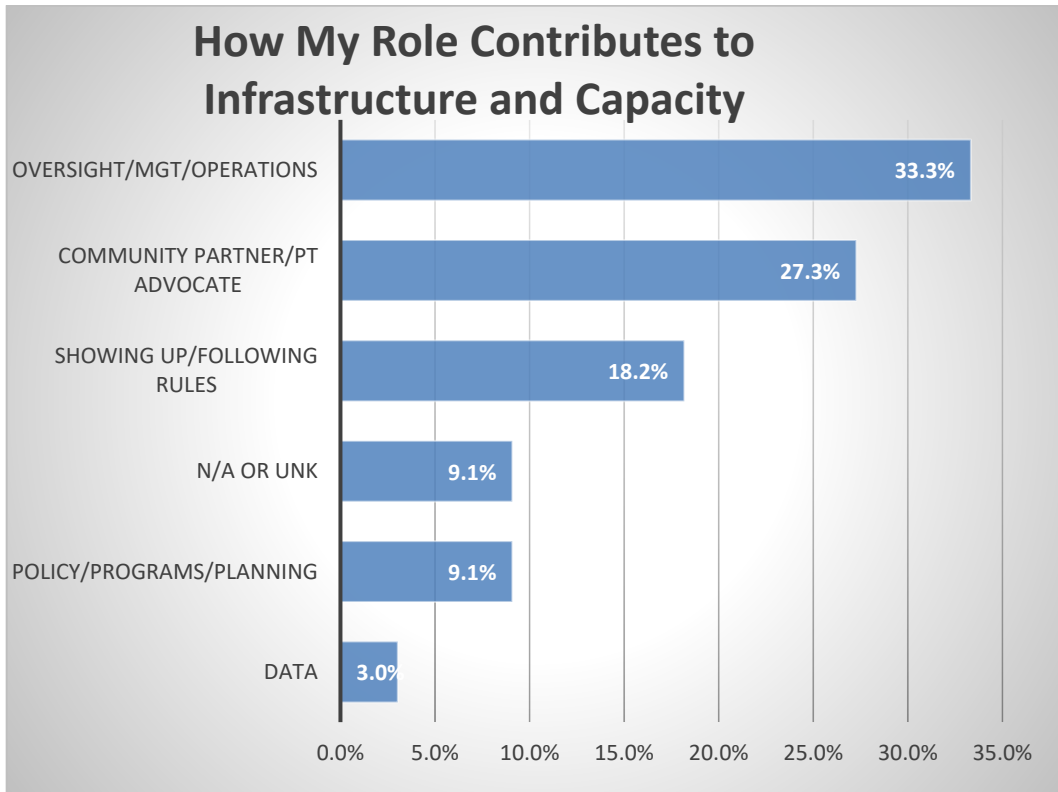


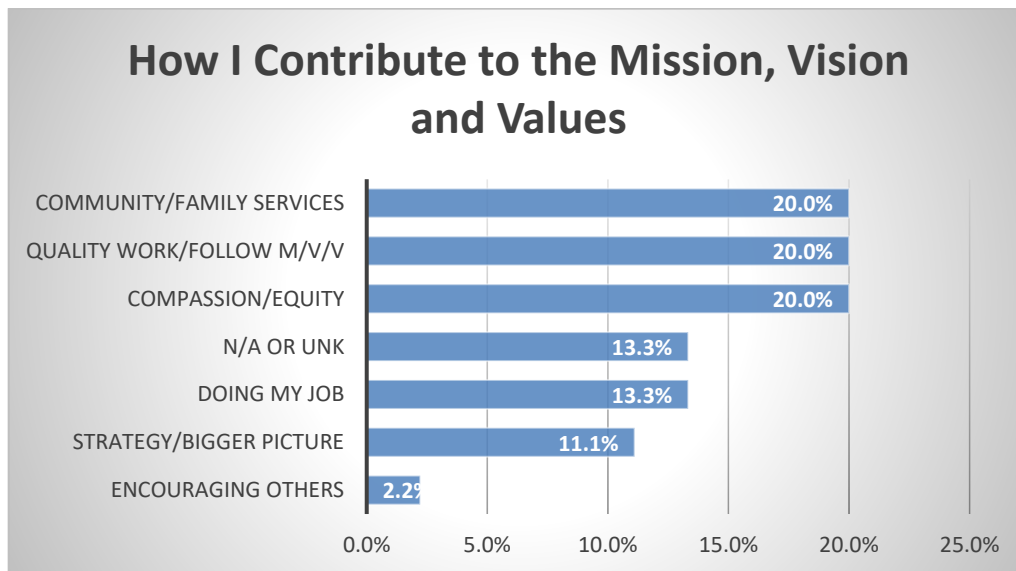
How My Role Contributes to Communication



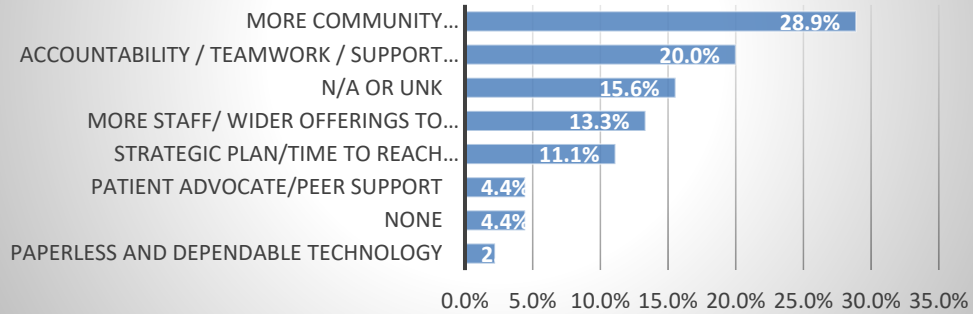
How My Role Contributes to Information and Technology



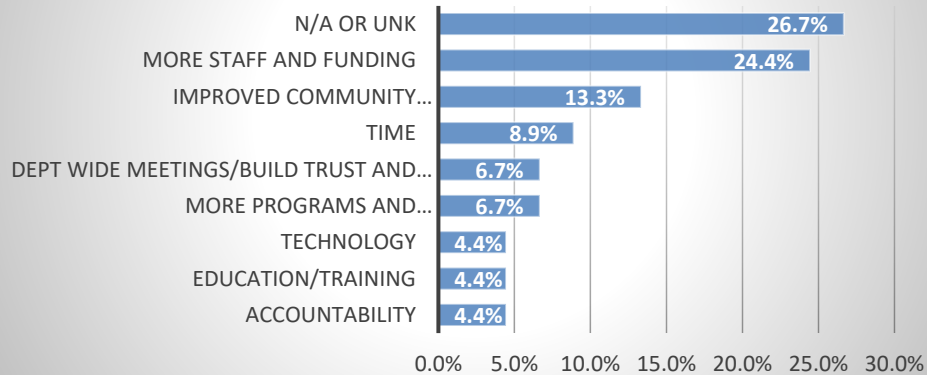




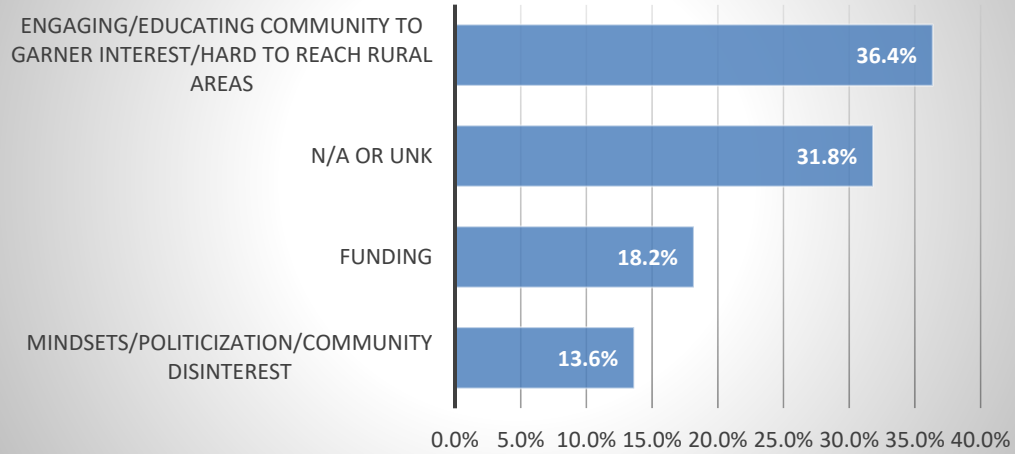
Ways My Role Can Help WCHD Move toward Achieving Mission, Vision and Values



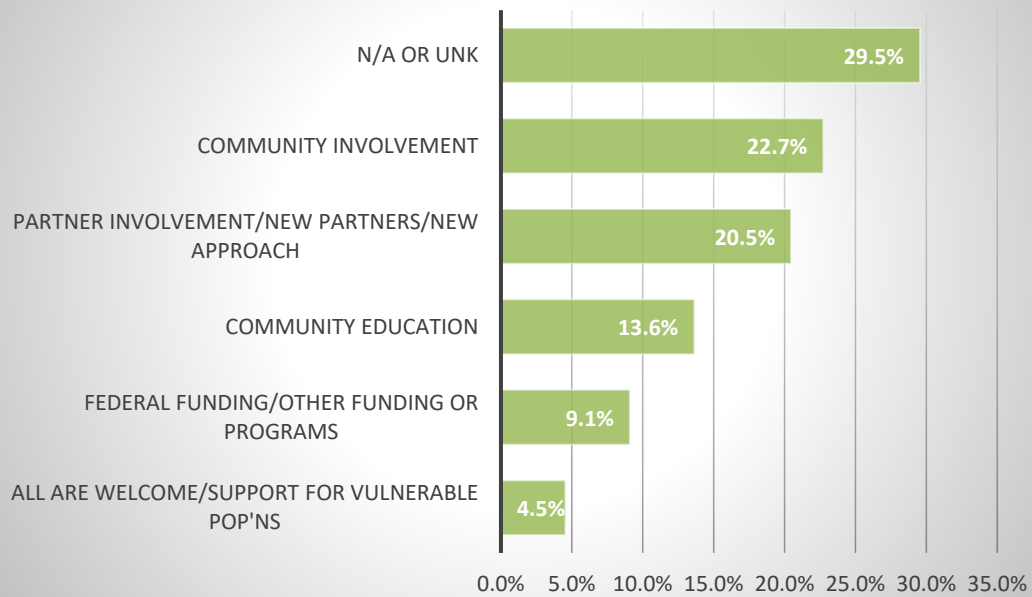
Needed to Accomplish Mission, Vision and Values



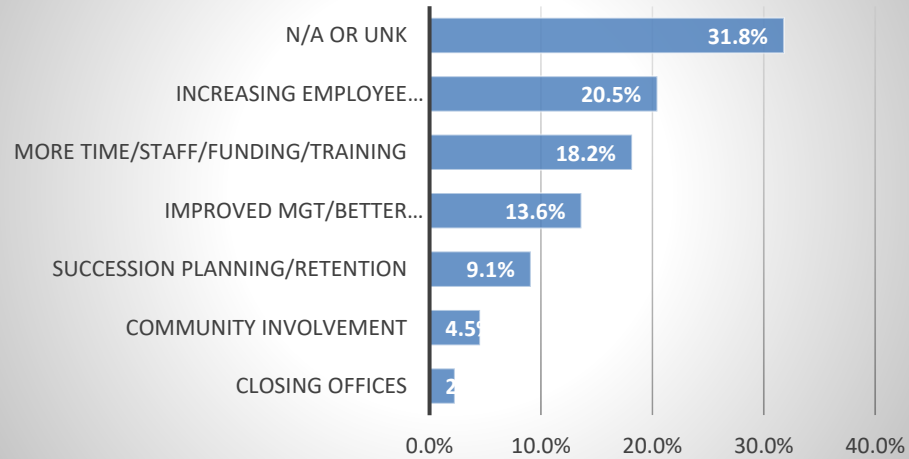
Most Important External Challenge



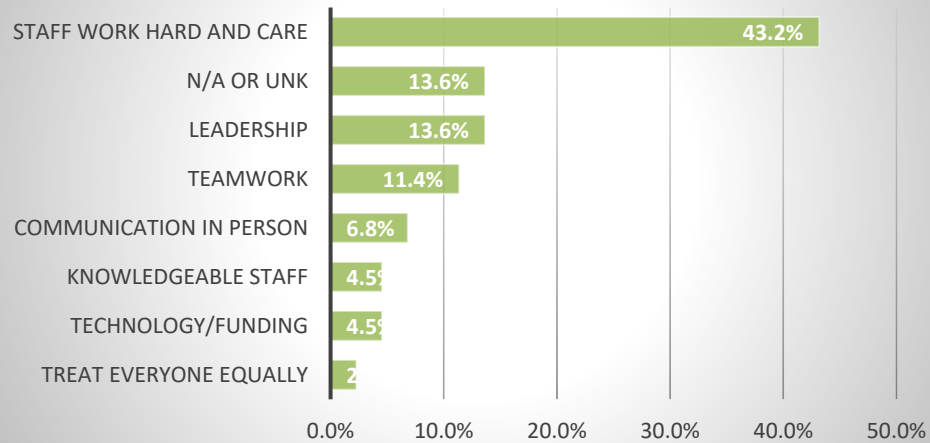
Most Important External Opportunity



Most Important Internal Challenge



Most Important Internal Strength



Appendix E

2024 Strategic Planning Retreat Participation



Whitley County Health Department
Alternate Work Location Assembly Drill
Staff Training and Strategic Planning

8 am - 4 pm, Dupont Lodge, Cumberland Falls State Park

Name	Sign-In April 17, 2024	Sign-In April 18, 2024
Amy McCullah	Amy McCullah	Amy McCullah
Angelika Weaver	Angelika Weaver	
Ashleigh Campbell	Ashleigh Campbell	Ashleigh Campbell
Ashley Cornett	Ashley Cornett	Ashley Cornett
Ashley Lawson	Ashley Lawson	
Audrey Luker	Audrey Luker	Audrey Luker
Beth Brickley	Beth Brickley	Beth Brickley
Bill Freeman	Bill Freeman	Bill Freeman
Bryan Angel	Bryan Angel	Bryan Angel
Candice Moses	Candice Moses	
Candice Troxell	Candice Troxell	Candice Troxell
Carolyn Fox	Carolyn Fox	Carolyn Fox
Catie Walters	Catie Walters	Catie Walters
Chloe East	Chloe East	Chloe East
Christian Lindsay	Christian Lindsay	Christian Lindsay
Christina Vanover	Christina Vanover	Christina Vanover
Danielle Jackson	Danielle Jackson	Danielle Jackson
Danielle Wilson	Danielle Wilson	Danielle Wilson
David Williams	David Williams	David Williams
Dawn Hall	Dawn Hall	Dawn Hall
Debbie Chappell	Debbie Chappell	Debbie Chappell
Dee Vanover	Dee Vanover	Dee Vanover
Delores Fields	Delores Fields	Delores Fields



**WHITLEY COUNTY
HEALTH DEPARTMENT**
Alternate Work Location Assembly Drill
Staff Training and Strategic Planning

8 am - 4 pm, Dupont Lodge, Cumberland Falls State Park

Name	Sign-In April 17, 2024	Sign-In April 18, 2024
Emily Bottoms	<i>Emily Bottoms</i>	
Heather Lee	<i>Heather Lee</i>	<i>Heather Lee</i>
Jamie Freeman	<i>Jamie Freeman</i>	<i>Jamie Freeman</i>
Janie Cambron	<i>Janie Cambron</i>	<i>Janie Cambron</i>
Jennifer Canada	<i>Jennifer Canada</i>	<i>Jennifer Canada</i>
Jennifer Rose	<i>Jennifer Rose</i>	<i>Jennifer Rose</i>
Jessica Smith	<i>Jessica Smith</i>	<i>Jessica Smith</i>
Jill West	<i>Jill West</i>	
Josh Kroetsch	<i>Josh Kroetsch</i>	<i>Josh Kroetsch</i>
Kathleen Croley	<i>Kathleen Croley</i>	<i>Kathleen Croley</i>
Kayla Knuckles	<i>Kayla Knuckles</i>	<i>Kayla Knuckles</i>
Kim Huey	<i>Kim Huey</i>	<i>Kim Huey</i>
Krystal Patterson	<i>Krystal Patterson</i>	<i>Krystal Patterson</i>
Laura Cornelius	<i>Laura Cornelius</i>	<i>Laura Cornelius</i>
Lia Vanover	<i>Lia Vanover</i>	<i>Lia Vanover</i>
Lika Dobbs	<i>Lika Dobbs</i>	<i>Lika Dobbs</i>
Marcy Rein	<i>Marcy Rein</i>	<i>Marcy Rein</i>
Margo Riggs	<i>Margo Riggs</i>	<i>Margo Riggs</i>
Matt Hill	<i>Matt Hill</i>	<i>Matt Hill</i>
Megan Dickey	<i>Megan Dickey</i>	<i>Megan Dickey</i>
Melissa Grillon	<i>Melissa Grillon</i>	<i>Melissa Grillon</i>
Nicole Barber	<i>Nicole Barber</i>	<i>Nicole Barber</i>
Patsy Walters	<i>Patsy Walters</i>	<i>Patsy Walters</i>



**Alternate Work Location Assembly Drill
Staff Training and Strategic Planning**

8 am - 4 pm, Dupont Lodge, Cumberland Falls State Park

Name	Sign-In April 17, 2024	Sign-In April 18, 2024
Sam Blaylock	<i>Samatha Blaylock</i>	<i>Samatha Blaylock</i>
Sharon King	<i>Sharon King</i>	<i>Sharon King</i>
Sherry Walker	<i>Sherry Walker</i>	<i>Sherry Walker</i>
Sonya Clabaugh	<i>Sonya Clabaugh</i>	<i>Sonya Clabaugh</i>
Stephanie Howard	<i>Stephanie Howard</i>	<i>Stephanie Howard</i>
Teresa Bunch	<i>Teresa Bunch</i>	<i>Teresa Bunch</i>
Tina Callebs	<i>Tina Callebs</i>	<i>Tina Callebs</i>
Trish Thomas	<i>Trish Thomas</i>	<i>Trish Thomas</i>

Appendix F

2024 Strategic Planning Workshop Retreat Agenda

Strategic Planning Retreat

Thursday, April 18th, 2024

Cumberland Falls, Moonbow Room

Facilitated by University of Kentucky, College of Public Health, Workforce Development and Public Health Practice Team



TIME (estimate)	TOPIC	Facilitator Notes	Activity	Facilitator
7:00 am	Room Set up	Set up post it notes, baskets, fidgets		
8:00 am	Welcome, Introductions	Introduction to UK Team You all know each other, but we want to get to know you better <ol style="list-style-type: none"> 1. Take a post it note and fill out their tags (foodie, hates mtgs, sport fan, -what are your #'s?) 2. Have a few people share their #'s 	#Hashtag/Namebadge	Janie
8:15 –8:45 am	Goals, Group Norms, SP Process, Brain Break Overview	Nicole-goals, norms Janie-SP process-emphasize practical, tangible; Explain brain breaks concept Index Card Reminder-throughout the day	Overview and Brain Break Practice Slide	Nicole/Janie

TIME (estimate)	TOPIC	Facilitator Notes	Activity	Facilitator
8:45-9:15 am	Reflecting on Day 1 conversations and future focus	<p>Think BIG</p> <p>Mirror Language from Day 1</p> <p>As we mentioned in the overview, we want to end today, with tangible, doable, things but we want to start the day with dreaming big.</p> <p>Instructions</p> <ol style="list-style-type: none"> 1. Count off (1-6) 2. Pick your headline (can write this) 3. Draw your dreams-everyone draws something 4. Group presentation <p>Participants will draw their future dreams for WCHD. What does the newspaper headline read for WCHD in 2030? Drawings only and count off for breaking this up; everyone has to draw something. Make groups manageable and not able to hide.</p>	Newspaper Activity	Nicole/Janie
9:15-9:30 am	Newspaper Report Out	Each group reports out on their board		All
9:30-9:45 am	MORNING BREAK			

TIME (estimate)	TOPIC	Facilitator Notes	Activity	Facilitator
9:45-10:15 am	Information Sharing & Reflection ID Themes	Survey Data and Communication/one-pager (slides)		Margo

10:15-11:30 am		<p>1-2-4 Sharing for 3 main themes https://www.liberatingstructures.com/1-1-2-4-all/ Report out-on white board/compile notes Purpose and what to expect</p> <p>18-20 minutes per focus area (3 total)</p> <ul style="list-style-type: none"> • 2 min for individual reflection • 4 min for a group of 2 • 8 for whole table-ID a recorder • 4 min all share-major themes/ideas <p>Showcase themes on screen. These will begin to formulate what we focus on.</p> <p>Allow for extra time for anything we are missing.</p> <p>Have them respond to 3 main themes.</p> <ul style="list-style-type: none"> - Increase community/partner involvement? Specifically, ways to overcome the challenges with engaging hard to reach populations? - Staff engagement-how to increase? - Funding – think about strategic partners, creative ways to fund our programs? 	<p>1-2-4 Sharing for 3 main themes https://www.liberatingstructures.com/1-1-2-4-all/ Report out-on white board/compile notes Purpose and what to expect</p> <p>WFD Team-Margo: Record share outs on shared document. Mirror template for report out.</p>	Nicole/Janie
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TIME (estimate)	TOPIC	Facilitator Notes	Activity	Facilitator
11:30 am -12:30 pm	Lunch	Travel to dining room/Lunch only-UKCPH regroup		
12:30-2:00 pm	Strategic Planning Gallery Walk Generate Objectives and Activities Prioritize Gallery Walk Ideas	<p>Explain Gallery Walk to participants: Generate tangible activities from morning brainstorming.</p> <ul style="list-style-type: none"> • Number them off (1-5). • 10 per station at a time, but 2 large post it notes per station, so 5 at each station. • Stations will be set up with prompts from survey themes. • Minute 1-by themselves to brainstorm. • Minute 2-15 with their group. • Participants will rotate through the stations, brainstorming 2-3 ideas and objectives related to each theme. • This allows for diverse perspectives and ensures everyone has a chance to contribute. • Rotation every 15 minutes. 		Nicole/Janie to explain; Nicole/Janie/Margo to walk around and just check in w/folks
2:00-2:15pm	BREAK			
2:15-2:45pm	Strategic Planning Gallery Walk	Continue with stations		All

TIME (estimate)	TOPIC	Facilitator Notes	Activity	Facilitator
	<i>Generate Objectives and Activities</i>			
2:45-3:15pm	Prioritize Gallery Walk Ideas	Prioritize with feasibility –Break back into their tables/focal areas and go to respective station. What can we focus on now? What can we do within the next year? What is bigger picture/needs to wait?		All
3:15-3:30pm	Quick Report Out Per Team	Each team has 3 minute overview-what will they prioritize for the next year? *Also keeping in mind, committees will continue to meet and this may change.		Janie
3:30-4:00pm	Evaluation Reflection Next Steps Drawing	Evaluation-paper Reflection/One Take Away-Throw Ball/Quick Popcorn-only if time Marcy to end with remarks/next steps Turn in evaluation in bucket on the left, grab a ticket on the right Draw for prize		Janie/Marcy
4:00pm	Adjourn			