



Barren River
DISTRICT HEALTH DEPARTMENT



2023-2029

Agency Strategic Plan

Mission, Vision, Values

Mission

Our mission is to serve our community by protecting and improving the environment and health of people through prevention, surveillance, education, and partnerships.

Vision

A healthy community for all people to live, learn, work, and play.

Values

Collaboration, Adaptability, Reliability, Excellence



*Healthy Community.
Happy Families.*



Letter from the Director

Every 3-5 years, the Barren River District health Department undergoes a process of reflection and refinement in order to maintain standards set forth by the Public Health Accreditation Board. The purpose of this process is not only to gain reaccreditation status, but also to ensure that we are serving our eight counties to the best of our ability. This plan includes strategic objectives that represent our commitment to improving the health of individuals who live in the Barren River District. Through this plan, we will achieve measurable improvements in the core public health services we provide.

By collaborating with community partners, ensuring continuous quality improvement, and increasing crosscutting initiatives, we have developed a strategic plan that will help us to better serve the clients of our eight county health departments. The Barren River District Health Department is dedicated to creating a healthy community for all people to live, learn, work, & play. We C.A.R.E. about our community!

A handwritten signature in black ink that reads "Matthew L. Hunt".

Matthew L. Hunt, Ed.D.

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Community Profile

Barren River District Health Department is a local health department (LHD) comprised of eight member counties in south central Kentucky. They are listed and pictured here, with each county seat in parentheses:

- Barren County (Glasgow)
- Butler County (Morgantown)
- Edmonson County (Brownsville)
- Hart County (Munfordville)
- Logan County (Russellville)
- Metcalfe County (Edmonton)
- Simpson County (Franklin)
- Warren County (Bowling Green)

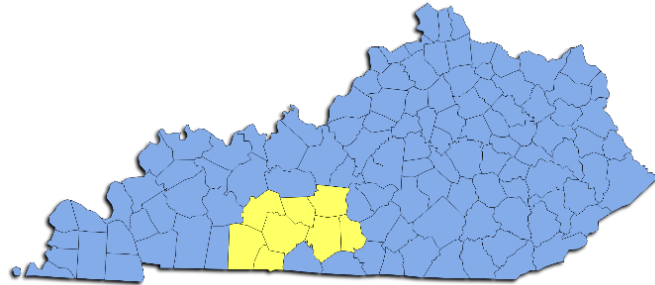


Figure 1: Map of Kentucky with BRDHD's service area highlighted.

According to the 2020 US Census, the eight-county service area is home to 280,136^A people and is primarily rural in nature. Rural areas have some distinct challenges related to healthcare that BRDHD recognizes as an important priority, such as a lack of access to health care professionals.

BRDHD's service area falls within Kentucky's Barren River Area Development District (BRADD). BRADD is the regional economic development district that serves 10 adjacent counties in south central Kentucky. Nine of the 10 BRADD counties are considered rural, four of which are also designated Appalachian counties^B. The estimated median income of the counties within the BRADD's service area is \$50,213, slightly lower than Kentucky's median income of \$52,238 and significantly lower than the national number of \$64,994^C.

Warren County boasts one of the most culturally diverse populations in Kentucky. While the International Center of Kentucky has already relocated over 10,000 refugees and asylum-seekers from 30 countries, our area expects to continue to see growth in its Afghan population. The growing, diverse population of BRADD challenges the local health care system, including BRDHD, to be inclusive and understanding of the unique circumstances immigrant families experience.

For more community data, please see the *2022 CHA/CHIP* or *CHA Dashboard*.

Agency Profile

Organizational Structure

BRDHD has developed an organizational structure (*Appendix A*) to clarify the operational branches of the agency. The structure establishes avenues for understanding supervision, operations, communication, and areas of responsibility. However, it does not lock BRDHD into frozen or static lines of communication. Each branch has a Branch Director who works closely with other Branch Directors and the District Director to guide BRDHD. The 10 branches of this organizational structure are:

1. Administrative Services
2. Clinical Services
3. Disaster Preparedness & Response
4. Environmental Health
5. Facilities Management
6. Health Access Nurturing Development Services (HANDS)
7. Information Systems
8. Strategy, Quality, and Communication (SQC)
9. Population Health
10. Support Services

Services and Programs

Kentucky Public Health Transformation has provided a framework to understanding the roles and services of a local health department (Figure 2). Core public health programs for all Kentucky local health departments include WIC, HANDS, and Harm Reduction in addition to five foundational public health focus areas and community health assessment (CHA). Each Kentucky local health department uses the CHA or other local needs assessments to determine local public health priorities.

BRDHD's local public health priority programs include:

- Public Health Dental Hygiene Program
- Community Health Worker Program
- Tobacco Programs, including cessation and education
- Diabetes Programs, including Diabetes Self-Management Education and Support
- Nutrition Programs
- Healthy Start in Childcare

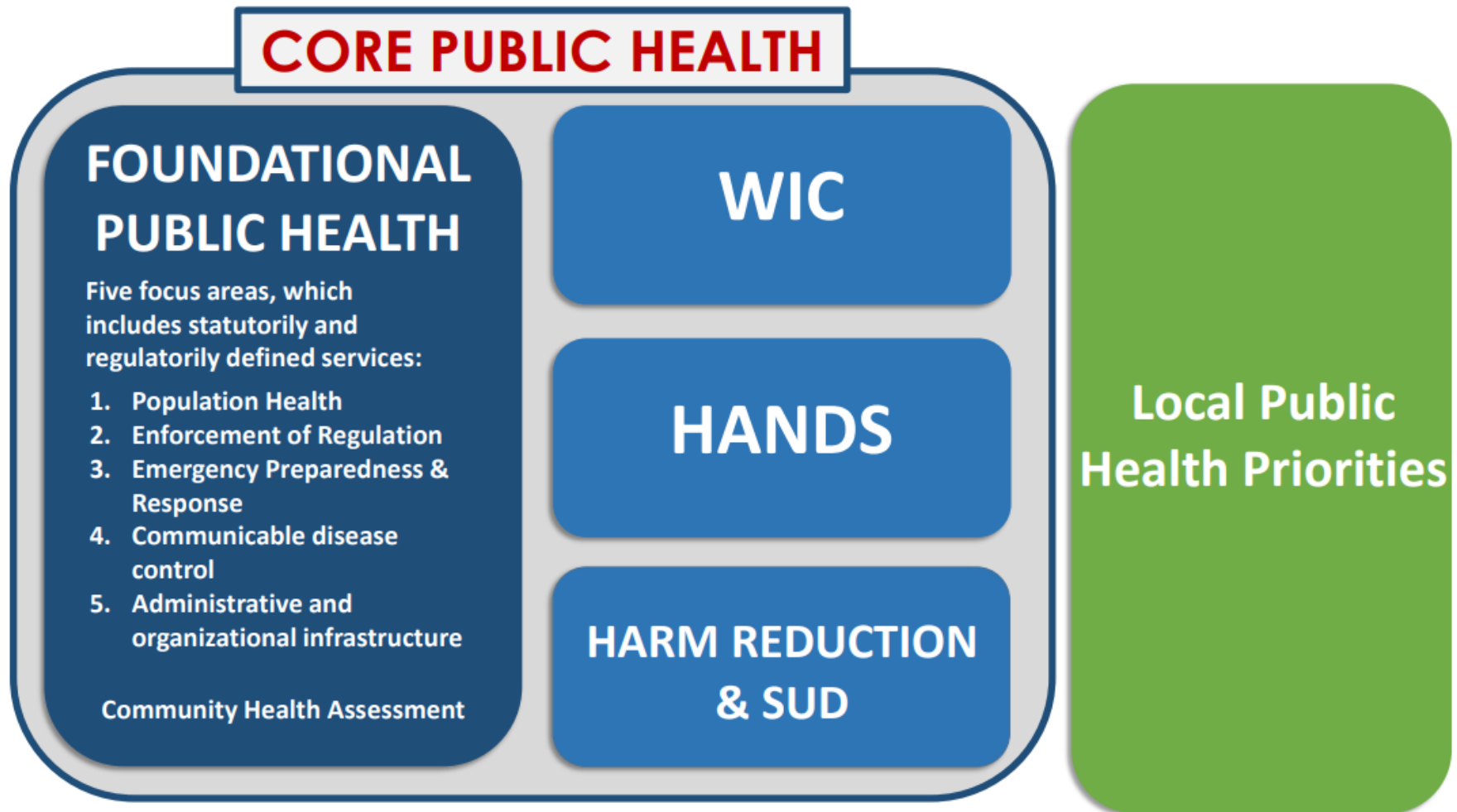


Figure 2: Kentucky Public Health Transformation’s Framework of LHD Services and Programs

Strategic Planning Process

The 2022 strategic planning process (Figure 3) included using the community health assessment, a core competency assessment, a workforce culture survey, a focus group, and staff demographics to gather data on BRDHD’s current culture. Some tools used to analyze this data include a trend analysis and a SWOT analysis. BRDHD also revised its mission, vision, and values during this process. Presentations and updates to the staff and Board of Health allowed for feedback on the organization and contents of the Strategic Plan, Workforce Development Plan, and Performance Management (PM) and Quality Improvement (QI) Plan. See *Appendix B* for a full list of the activities involved in the strategic planning process as well as who was involved in each activity.

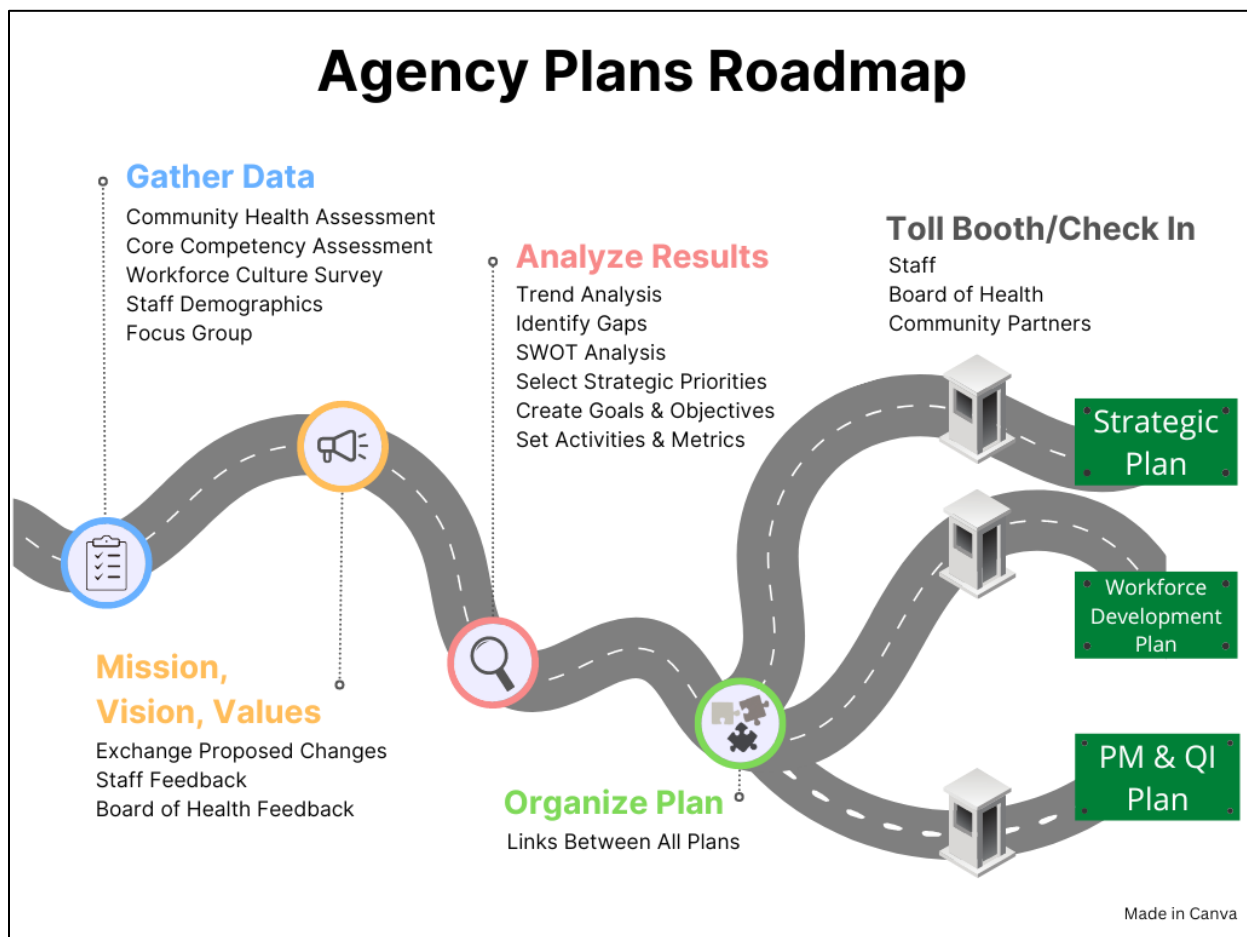
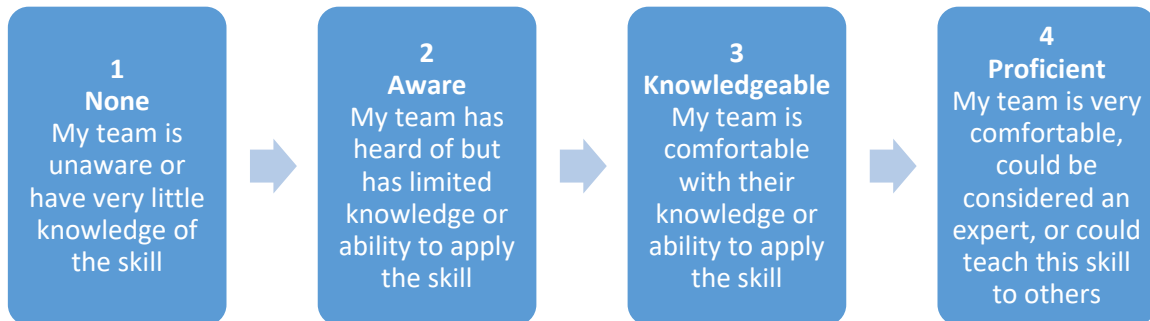


Figure 3: Agency Plan Roadmap for the Strategic, Workforce Development, and PM/QI Plans

Assessing Current Culture

Core Competency Assessment

On March 3, 2022 the District and Branch Directors completed a modified core competency assessment using the Core Competencies for Public Health Professionals developed by The Council on Linkages Between Academia and Public Health Practice^D. The District and Branch Directors ranked BRDHD staff using the scale below and came to consensus for final scores for each competency statement.



Scores for each of the eight domains were then plotted on a radar chart (Figure 4). The radar chart illustrates that the two highest-scored domains were Community Partnership Skills (2.9) and Management and Finance Skills (2.6), while the two lowest-scored domains were Data Analytics and Assessment Skills (1.8) and Policy Development and Program Planning Skills (2.1).

Rationale for scoring decisions was collected by the assessment’s facilitators and provides more context to BRDHD’s current and needed knowledge, skills, and abilities (KSAs). Some common themes in the qualitative data were:

- Staff understand their jobs but may not see how they fit into the bigger picture, mission, or vision
- COVID-19 pandemic gave BRDHD opportunities to forge new partnerships (external) and work across branch lines (internal)
- Collecting, finding, and using data is inconsistent
- BRDHD stresses the diversity of the Warren County population but has opportunity to understand the growth of diversity in other service counties
- The community doesn’t understand the scope of the health department’s work
- While BRDHD succeeds with procuring grants, there aren’t efficient internal tracking systems for all the different streams of money

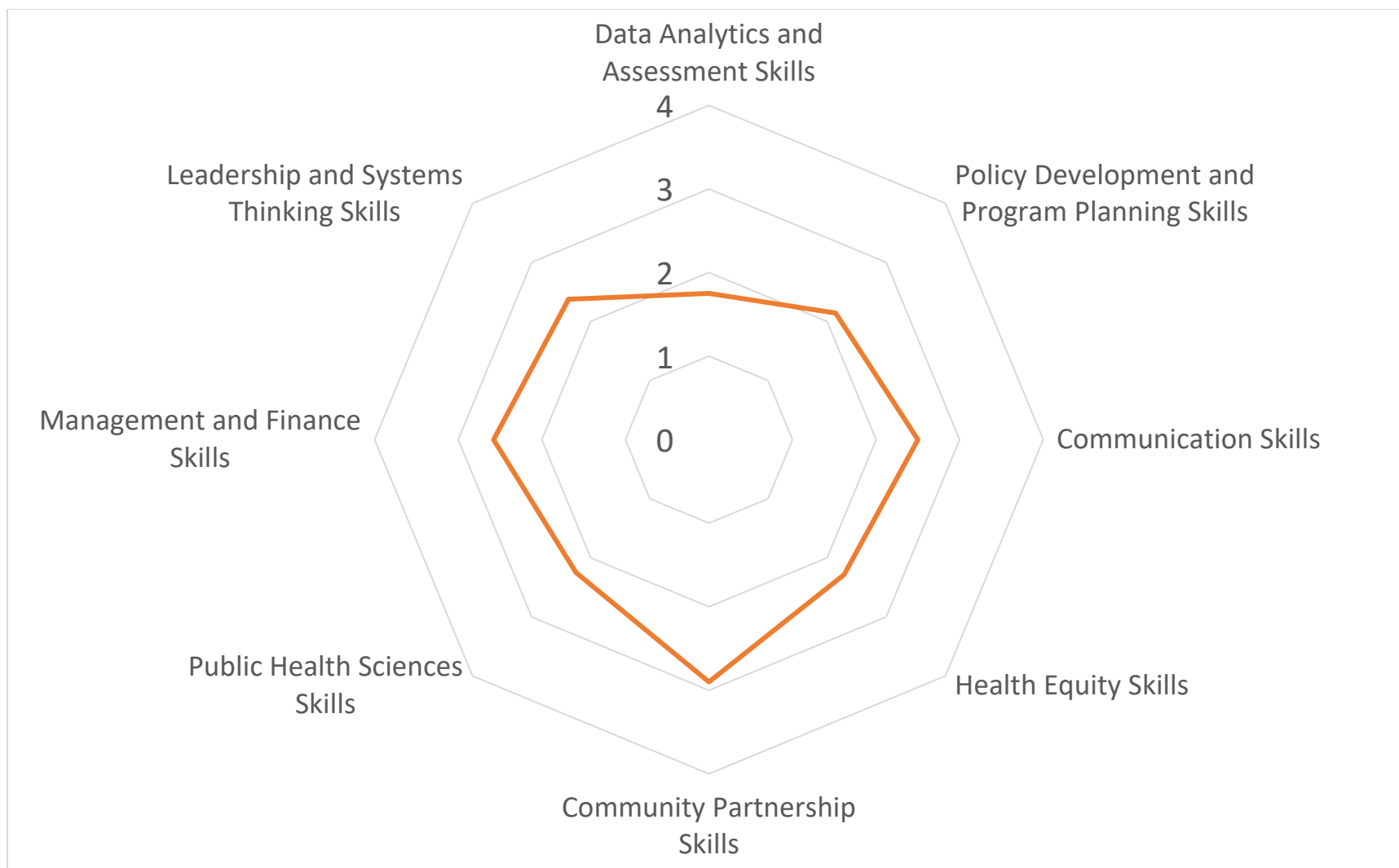


Figure 4: Radar chart depicting BRDHD's domain scores based on the Core Competencies for Public Health Professionals developed by The Council on Linkages Between Academia and Public Health Practice.

Workforce Culture Survey

All BRDHD staff were invited to participate in the Workforce Culture Survey from March 25 to April 1, 2022. This survey was designed to assess organizational climate and staff preferences for training topics. For this survey, BRDHD had an 85% response rate (93 out of 109 staff). The complete survey results can be found in *BRDHD's Shared Drive*.

One section of the Workforce Culture Survey asked staff to indicate how knowledgeable they feel about various public health programs and functions. The three areas in which staff indicated the least amount of knowledge were Data in Public Health, Strategic Partnerships, and Funding.

Other important themes from the Workforce Culture Survey and the comments from it include:

Recruitment and retention are weaknesses affecting and visible to staff	59% of staff don't feel that they are adequately compensated for their work (Q 66)	Expectations and accountability are inconsistent within BRDHD (Q 73)
Staff don't agree that there are adequate and fair opportunities for promotion and advancement (Q 70, 71, 83)	Staff aren't confident in health department funding and budgeting (Q 22, 24)	KRS pension and retirement is still a threat to funding and budget
Staff are frustrated by office buildings and the lack of upkeep	Staff feel like internal communication is a weakness	Staff don't agree that every employee's voice is heard (Q 20)
	Staff and the care they have for the community are integral to BRDHD's success	

Focus Group

Following the results of the Workforce Culture Survey, the Director of Administrative Services facilitated a focus group around the topics of internal communication and employee appreciation. Key themes from this conversation include the following:

Communication

- Swift communication across county lines needs to be a priority for all, as District/Warren County has the advantage of better communication
- Email communication is good to use as reference, but in-person communication allows for discussion and clarity
- Emails should be short but clear; when oversaturated with information they get confusing or ignored
- Staff aren't clear on the various programs and services we offer, so they don't always know what to say at community events when asked
- Shadowing other teams would be helpful
- Working across silos during COVID-19 response was a good experience and helped staff appreciate one another's roles
- Transparency has improved under current direction but there is still room for growth
- Communication, especially about conflict, and transparency directly impact employee morale

Employee Appreciation

- Everyone should encourage and appreciate one another, not just top-down
- Wellness Works PTO is an important benefit
- For nurses, compensation is better elsewhere; the biggest benefit BRDHD has for nurses is the retirement and hours with weekends off
- Supervisors feel the responsibility of making sure their employees enjoy their work and feel appreciated
- Suggested rewards or recognition:
 - Emailed "thank you" notes
 - Evaluation bonuses
 - District-wide years of service recognition
 - District-wide socializing events, such as a Hot Rods' game
 - Holiday bonuses, gifts, or giveaways
 - Compensating existing employees when a start rate increases

SWOT Analysis

Using the aforementioned assessments, surveys, and comments, the District and Branch Directors engaged in strategic planning sessions from March to October 2022. From these sessions a strengths, weaknesses, opportunities, and threats (SWOT) analysis was developed.

Strengths

- Community Partnership Skills
- Services and Programs
- Trainings
- Responsibility
- Relationship-building
- Community
- Coalitions
- Staff
- WIC
- HANDS

Weaknesses

- Internal Communication
- Building and Safety
- Public Health Sciences Skills
- Recruitment and Retention (especially Clinic, HANDS, CD Team)
- Expectations and Accountability
- Data Analytics and Assessment Skills
- Policy Development and Program Planning Skills (especially ethics policy)
- Staff Benefits
- QI and PM
- Diversity, Inclusion, and Health Equity
- Agency Plans Monitoring

Opportunities

- New Board of Health Members
- Public Perception
- External Collaboration/Partners
- Social Media, Website, Newspapers, TV, Radio, etc.
- Information Technology and Security
- CHA Dashboard
- VMSG for PM dashboards
- REDCap for data collection and databasing

Threats

- Aging Population
- Vaccine lifespans compared to supply/demand
- Distrust of healthcare system
- State job application processing
- Misinformation (vaccines, stigmas, etc.)
- Budget and Funding
- Merit System Compensation Structure
- Pandemic and Outbreaks --> Burnout
- Climate Change and Extreme Weather

Identified Trends

During strategic planning sessions, the District and Branch Directors identified some key trends to anticipate related to public health in general, BRDHD's community and clients, and the local and public health workforce. Some identified trends include:

PUBLIC HEALTH

- Continued cyber attacks
- Increased emphasis on disaster preparedness and response
- Potential re-emergence of eradicated disease due to anti-vaccine sentiments
- Roller coaster of funding due to lack of sustained value
- Greater focus on population-level

COMMUNITY

- Continued population growth with diversity and diversity of spoken languages
- Growing population of people experiencing homelessness or unstable housing
- Needed emphasis on mental health and substance use issues
- Aging population with declining health, including Alzheimer's Disease, leading to expected increase in medical homes and nursing homes

WORKFORCE

- Changes in sought-after benefits, such as increased desire for mental health benefits
- Continued recruitment difficulties due to Bowling Green-area's competitive market
- Continued retention difficulties
- Upcoming retirements among current leadership

Other Influences

PHAB Reccreditation Standards and Criteria

In May 2021, BRDHD was awarded reaccreditation from the Public Health Accreditation Board (PHAB). PHAB has since released a new set of reaccreditation standards and criteria, Version 2022^F. The new criteria is similar to its predecessor but offers a new organization of the criteria and a stronger focus on health equity. The 10 domains of Version 2022 align with the 10 essential public health services, as illustrated below.

10 Essential Public Health Services		PHAB Domain (Domain Theme)
Assessment	Assess and monitor population health.	Domain 1 (Community Health Assessment)
	Investigate, diagnose, and address health hazards and root causes.	Domain 2 (Disease Investigation and Disaster Preparedness)
Policy Development	Communicate effectively to inform and educate.	Domain 3 (Communications)
	Strengthen, support, and mobilize communities and partnerships.	Domain 4 (Coalitions)
	Create, champion, and implement policies, plans, and laws.	Domain 5 (External Policies and Community Health Improvement Plan)
	Utilize legal and regulatory actions.	Domain 6 (Enforcement)
Assurance	Enable equitable access.	Domain 7 (Local Health Care Needs Assessment)
	Build a diverse and skilled workforce.	Domain 8 (Workforce Development)
	Improve and innovate through evaluation, research, and quality improvement.	Domain 9 (Quality Improvement and Performance Management)
	Build and maintain a strong organizational infrastructure for public health.	Domain 10 (Strategic Planning)

BRDHD continues to prioritize PHAB accreditation and strives to include all staff in the reaccreditation process. Version 2022 criteria are outlined in BRDHD’s performance management dashboard, VMSG, to gradually collect data for and track progress toward the standards for reaccreditation, as well as for PHAB annual reports. BRDHD plans to complete the reaccreditation process again in Q2 of 2026.

Kentucky Public Health Transformation

Because of the changing role of public health and Kentucky Retirement Systems’ pension, the state of Kentucky has adopted Kentucky Public Health Transformation legislation that:

- Simplifies LHD service offerings;
- Allows LHD’s to prioritize issues in their community;
- Modernizes public health and public health policy in Kentucky;
- Identifies core public health programs and functions; and
- Encourages collaboration and partnership across sectors.

Kentucky Public Health Transformation was officially adopted for fiscal year 2023.

LHD Classification and Compensation Review

To continue the transformation of public health in Kentucky, BRDHD’s District Director served on a statewide LHD classification and compensation review committee in 2021-2022. The committee included nine LHD Directors, two LHD HR staff, Local Health Personnel Staff, and members from the Commissioner’s Office for Public Health. The Commissioner of the Department for Public Health in the Commonwealth of Kentucky, Dr. Steven Stack, was involved in the process and challenged the committee to transform Kentucky’s LHD classification system. During the first phase, the committee thoroughly reviewed experience requirements, education requirements, and job duties for each position title in the merit system. Phase 2 unveiled a revamped classification and compensation schedule. In addition to giving every existing employee (merit and personal services contract) an increase in pay, this has helped BRDHD offer wages that are more competitive. BRDHD hopes to see many positive effects from this review and updated classification system including less turnover, quicker filling of positions, and happier staff.

Coalition Updates

Using the CHA Toolkit^f, the BRIGHT Coalition completed the CHA/CHIP process in FY 21-22. The process entailed surveying the community, collecting data, and analyzing results to see what the biggest issues or needs are for the community upon which the coalition and BRDHD can act. The Community Health Assessment (CHA) data can then be used to design programs, implement services, develop policies, allocate community resources, and more.

Five priority health areas and two cross-cutting initiatives were chosen by the coalition for the *Community Health Improvement Plan (CHIP)*, which will guide efforts for the next three years (Figure 5).



Figure 5: BRIGHT Coalition’s 5 priority health areas and 2 cross-cutting initiatives.

Strategic Objectives, Actions, and Metrics

The table below outlines the priorities, objectives, and actions the agency plans to engage in over the next six years. The measures and timeframe will be used to measure progress and success.

Strategic Priority	Objective	Actions	Measure	Timeframe
For Our Staff				
Invest in the health and safety of staff.	90% of staff will feel safe at work by 2029.	<ol style="list-style-type: none"> 1. Put security cameras into more county buildings. 2. Use access control to have staff-only areas. 3. Do annual Disaster Prep & Response Update Trainings. 4. Do quarterly safety drills. 5. Identify and promote de-escalation and self-defense training for staff. 6. Create and train on a response plan for violent or dangerous situations. 7. Have well-lit outdoor spaces including parking lots. 8. Have back-up generator for each county building. 9. Continue to invest in our buildings and maintenance. 10. Support Safety and Disaster Preparedness committees. 	Data Source: Workforce Culture Survey Question 77 Baseline: 84.8% Target: 90%	2022 – 2029

	90% of staff will agree that there is an adequate focus on staff health by 2029.	<ol style="list-style-type: none"> 1. Support a Wellness Committee. 2. Use BRR to highlight insurance benefits. 3. Promote KEHP wellness program and other benefits, especially those related to tobacco cessation, mental health, nutrition, and physical activity. 4. Have a healthy water source at each county building. 5. Promote exercise among staff. 6. Train supervisors on benefits to emphasize to staff. 7. Identify and promote self-care trainings/webinars. 8. Promote healthy workplace and work/life boundaries. 9. Review and revise HIPAA and Blood-borne Pathogens trainings. 	<p>Data Source: Workforce Culture Survey Question 64</p> <p>Baseline: 82.6%</p> <p>Target: 90%</p>	2023 – 2029
Create a culture of buy-in.	BRDHD staff will be comfortable with their knowledge of and ability to apply leadership and systems thinking skills by 2029.	<ol style="list-style-type: none"> 1. Utilize agency plans to develop systems thinking skills. 2. Celebrate staff success and innovative projects to staff and stakeholders. 3. Organize Intranet, shared drive, share point, etc. so staff can easily access agency-wide documents. 	<p>Data Source: Core Competency Assessment, Domain 8</p> <p>Baseline: 2.4</p> <p>Target: 3.0</p> <p>Additional Data Source: Barren River Rundown, BOH Minutes, Roundtable Minutes, Exchange Minutes</p>	2023 – 2029

		<ol style="list-style-type: none"> 4. Support staff involvement in professional organizations such as KPHA. 5. Promote leadership trainings to staff (KEPH, LEAD, KY-PHLI, KY-PHELI). 6. Current team members will be part of applicants' interviews, as possible. 		
For Our Community				
Promote and report on our services and programs.	By 2029, 60% of staff will rate a fair amount or expert level knowledge/skill on harm reduction services.	<ol style="list-style-type: none"> 1. Train all staff with Harm Reduction 101 including Naloxone use. 2. Add the overdose response procedure to the set of agency-wide plans. 3. Provide opportunities for various staff to shadow The Exchange. 	Data Source: Workforce Culture Survey Question 89 Baseline: 34.5% Target: 60%	2022 – 2029
	By 2029, 75% of staff will agree that we effectively communicate our functions and services to our community.	<ol style="list-style-type: none"> 1. Do a general BRDHD marketing campaign. 2. Have a presence at local community events, especially those identified by the Equity Committee to reach vulnerable populations. 3. Support an Equity Committee. 4. Continue to invest in branding and brand strategy. 5. Update and promote services brochure/handout for the community. 	Data Source: Workforce Culture Survey Question 29 Baseline: 68.5% Target: 75%	2022 – 2029

		<ol style="list-style-type: none"> 6. Collect data on the community’s perception of our functions and services. 7. Build relationships with fiscal courts in each county by regularly updating them on our programs and functions. 8. Share annual Community Impact Reports to local government stakeholders. 		
Strengthen policy development and program planning skills.	By 2029, staff policy development and program planning skills will increase a half point on competency assessment.	<ol style="list-style-type: none"> 1. Utilize policy briefs to better understand how policies and community health are connected. 2. Host an annual legislative day for our legislators. 3. Emphasize County Health Rankings and Community Health Assessment data. 4. Emphasize the Community Health Improvement Plan, especially its priority health issues and progress being made. 5. Exchange will continue to monitor bills during the state legislative session. 6. Keep local decision-makers informed about public health through a quarterly newsletter. 7. Emphasize a Health in All Policies approach to staff and partners. 	<p>Data Source: Core Competency Assessment, Domain 2</p> <p>Baseline: 2.1</p> <p>Target: 2.6</p>	2022 – 2029

	BRDHD will complete an equity assessment by 2025.	<ol style="list-style-type: none"> 1. An equity assessment or toolkit will be chosen based on available resources, partnerships, and recommendations from the state. 2. Identify and seize opportunities to increase equity in our policies and programs, especially using the equity assessment results. 	<p>Data Source: Equity Assessment</p> <p>Baseline: Nonexistent</p> <p>Target: 1 complete equity assessment (to be appended to Workforce Development Plan)</p>	2023 – 2025
For Our Future				
Strengthen management and finance skills.	By 2029, 75% of staff will understand BRDHD’s budgeting process.	<ol style="list-style-type: none"> 1. Provide an overview and explanation of the budgeting process to staff. 2. Continue to provide a narrative portion of budget updates to staff. 3. Continue giving financial reports at district-wide meetings. 	<p>Data Source: Workforce Culture Survey Question 23</p> <p>Baseline: 60.2%</p> <p>Target: 75%</p>	2022 – 2029
	By 2025, BRDHD will have a thorough grant tracking process.	<ol style="list-style-type: none"> 1. Create and implement a sustainable grant tracking process. 2. Identify key resources for finding grants. 3. Monitor grant opportunities. 4. Provide training and tips related to grant writing and the application process. 	<p>Data Source:</p> <p>Baseline: No full grant tracking system (multiple pieces, all unique and separate)</p> <p>Target: A thorough grant tracking system</p>	2023 – 2025

		5. Streamline the P.O. process, standardize it with an agency policy/procedure, and train supervisors on it.		
Strengthen the workforce pipeline and increase retention.	BRDHD will preserve institutional memory by giving incoming leaders at least 1 month of training with the retiring leader.	<ol style="list-style-type: none"> 1. Engage in succession planning to include cross-training, shadowing, & stretch assignments. 2. Continue to develop knowledge folders as needed. 3. Make job-opening announcements as early as possible to have more time for the retiring leader to train the incoming leader. (Desired Retirement Notice: 6 months for Exchange, 3 months for Supervisors) 4. Review and update job descriptions. 	<p>Data Source: Administrative Services Records (“Train Your Replacement” Time)</p> <p>Baseline: Varied (2 days to 1 month)</p> <p>Target: 1 month</p>	2022 – 2029

Monitoring the Strategic Plan

The Strategic, Workforce Development, and PM/QI Plans are accessible to all staff on the shared drive and as part of new employee orientation. Additionally, staff are able to access and monitor progress on agency plans in the performance management dashboard, VMSG. Although a limited number of employees have VMSG accounts, a public dashboard is available to all staff and stakeholders to monitor overall progress toward objectives.

The District Director, Branch Directors, and Accreditation Coordinator will regularly track progress towards strategic objectives. It is the responsibility of anyone with a VMSG account provided by BRDHD to communicate progress via VMSG. The Accreditation Coordinator and Health Strategists or VMSG trainers will train all of BRDHD’s VMSG users on how to use the dashboard.

Roles, Responsibilities, and Communication of the Strategic Plan

Who	Roles and Responsibilities	Communication
Boards of Health	Ultimately responsible for ensuring resource availability to implement the Strategic Plan.	<ul style="list-style-type: none"> – Barren River Rundown (monthly) – Board of Health Meetings (quarterly) – VMSG Public Dashboard (as desired)
District Director	Responsible for establishing and maintaining the agency’s strategic vision and goals, building a culture of growth and excellence, and setting expectations for leadership. Responsible to the Boards of Health for communicating progress toward the agency’s strategic vision. Update VMSG.	<ul style="list-style-type: none"> – Exchange Meetings (monthly) – Barren River Rundown (monthly) – Roundtable (monthly) – District-Wide Meetings (quarterly) – VMSG Dashboard (as desired)
Branch Directors	Responsible to the District Director for all employees within their branch. Reports any progress toward strategic goals with other Branch Directors and District Director. Responsible for setting expectations for employees on their team, including expectations related to BRDHD’s strategic goals. Communicates progress toward the agency’s strategic vision to employees and District Director. Update VMSG.	<ul style="list-style-type: none"> – Exchange Meetings (monthly) – Barren River Rundown (monthly) – Roundtable (monthly) – Branch Meetings (monthly) – District-Wide Meetings (quarterly) – VMSG Dashboard (as desired)

Supervisors	Supports, coaches, and mentors employees to assure understanding and support of the agency’s strategic vision and goals. Supports expectations set by the Branch Director and District Director; holds staff accountable to these expectations. Communicates progress toward the agency’s strategic vision to employees and Branch Director. Train new employees on their expectations and roles related to agency plans and strategic goals. Update VMSG.	<ul style="list-style-type: none"> — Barren River Rundown (monthly) — Roundtable (monthly) — Branch Meetings (monthly) — District-Wide Meetings (quarterly) — VMSG Dashboard or Public Dashboard (as desired)
All Employees	Responsible for understanding their role in achieving the agency’s strategic vision. Communicates progress toward the agency’s strategic vision to supervisors.	<ul style="list-style-type: none"> — Barren River Rundown (monthly) — Branch Meetings (monthly) — District-Wide Meetings (quarterly) — VMSG Public Dashboard (as desired)

Links to Other Agency Plans

CHIP + Strategic Plan

In addition to having goals related to employee health and safety in general, BRDHD’s Strategic Plan supports the *CHIP* by prioritizing harm reduction knowledge, emphasizing staff’s mental health benefits, and encouraging physical activity among staff. These align with the *CHIP*’s priority health areas and cross-cutting initiatives.

Workforce Development Plan + PM/QI Plan + Strategic Plan

This Strategic Plan reinforces and supports the Workforce Development Plan and the Performance Management (PM) and Quality Improvement (QI) Plan. Shared data collection tools and strategic planning sessions allowed the District and Branch Directors to analyze the root causes of various identified gaps. Through the strategic planning process for these three intra-agency plans, six themes emerged and became the following priorities.

1. Invest in the health and safety of staff.
2. Create a culture of buy-in.
3. Promote and report on our services and programs.
4. Strengthen policy development and program planning skills.
5. Strengthen management and finance skills.
6. Strengthen the workforce pipeline and increase retention.

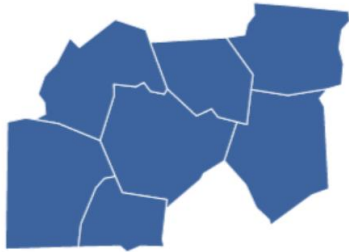
Although these priorities are in the 2023 Strategic Plan, Workforce Development Plan, and PM/QI Plan, each plan emphasizes different objectives, actions, and metrics to achieve the priority goals and measure success.

The six goals are also organized into three pillars. These pillars reflect our priorities and the reasons they are important to achieving our mission and vision (Figure 6).

For Our Staff



For Our Community



For Our Future



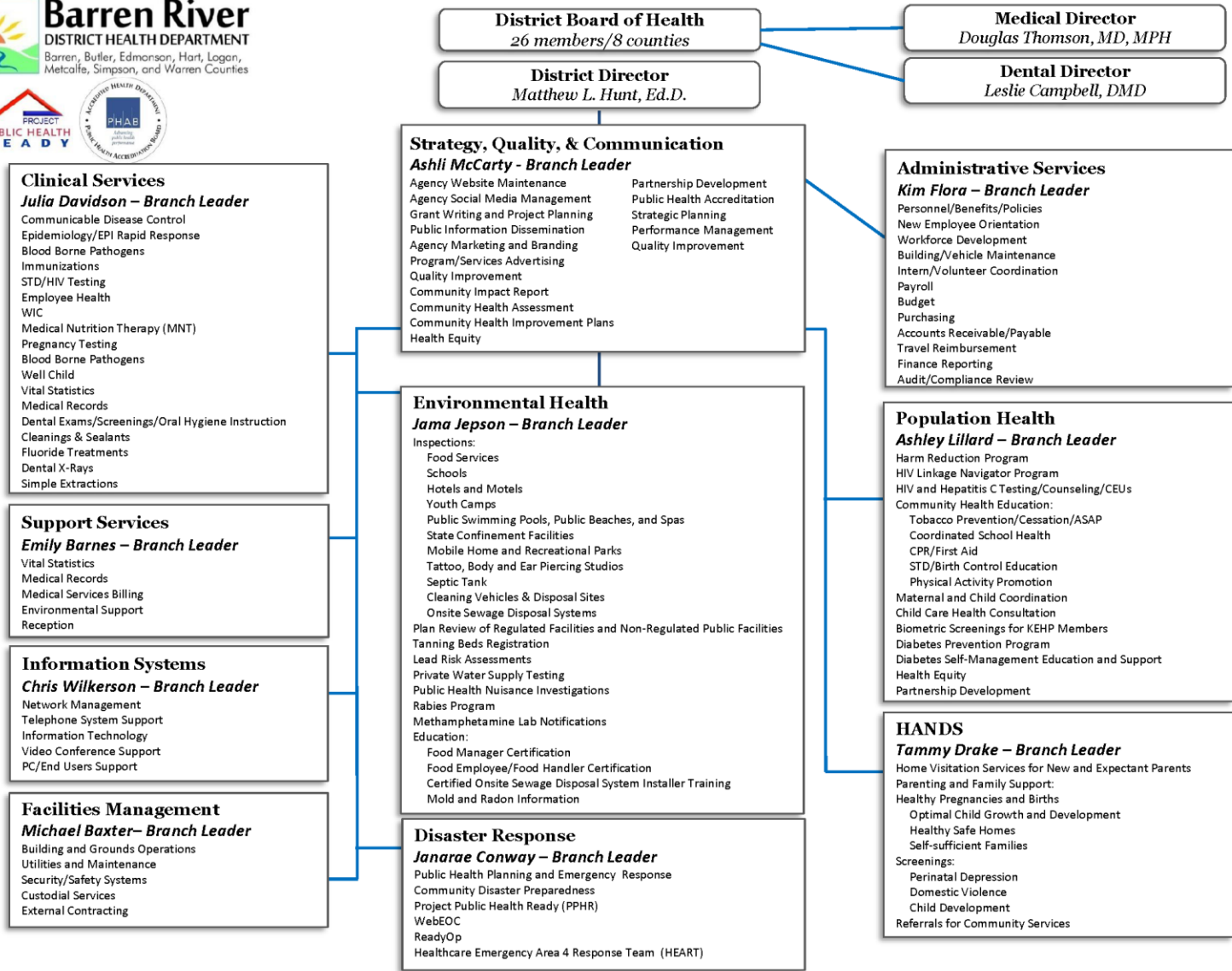
Figure 6: The three pillars of the strategic vision: For Our Staff, For Our Community, For Our Future

Record of Revisions

A record of changes to this plan is to be used to track any changes. The Strategic Plan is intended to be a living document, meaning it should be reviewed and updated regularly (at minimum, annually).

Pages Revised & Description of Revisions Made	Date	Person Responsible

Appendix A: Organizational Chart



Appendix B: Strategic Planning Timeline

Meeting Date (Location)	Participants	Activity/Purpose
June 2021 – January 2022	BRIGHT Coalition Board of Directors	Community Health Assessment (CHA)
February – June 2022	BRIGHT Coalition Board of Directors; Director of Population Health	Creating the Community Health Improvement Plan (CHIP)
February 22, 2022 (BRDHD)	Director of Administrative Services; Director of Population Health; Director of Strategy, Quality, and Communication	Workforce Development Plan Planning
March 3, 2022 (Bob Kirby Library)	District Director; Branch Directors	Core Competency Assessment
March 8, 2022 (District Health Department)	Director of Administrative Services; Director of Population Health	Workforce Culture Survey Building
March 25 – April 1, 2022	All Staff	Workforce Culture Survey
April 7, 2022 (BRADD)	District Director; Branch Directors	StrengthsFinder 2.0
April 12, 2022 (BRDHD)	District Director; Director of Population Health; Director of Strategy, Quality, and Communication	Preparation for Strategic Planning
May 5, 2022 (BRADD)	District Director; Branch Directors	Workforce Culture Survey Results; Review Mission, Vision, Values
June 2, 2022 (BRADD)	District Director; Branch Directors	Review Mission, Vision, Values
June 30 – July 7, 2022 (Email, Alchemer)	All Staff; Board of Health	Feedback on Mission, Vision, Values
July 7, 2022 (BRADD)	District Director; Branch Directors	Strategic Planning Overview, SWOT Analysis
August 3, 2022 (GoToMeeting)	Volunteer Staff	Focus Group on Communication and Recognition
August 4, 2022 (BRADD)	District Director; Branch Directors	Strategic Goal Setting
September 9, 2022 (BRADD)	District Director; Branch Directors	Strategic Objective and Target Setting
September 15-16, 2022 (BRADD)	District Director; Branch Directors; Health Strategists	Linking Plans with Strategic Vision and Goals
September 16, 2022 (BRADD)	District Director; Branch Directors	Review of Strategic Plan, PM/QI Plan, Workforce Development Plan, CHIP

September 30, 2022 (GoTo)	All Staff	Overview of Intra-Agency Plans
October 3 – October 13, 2022 (Email, Alchemer)	All Staff	Feedback on Intra-Agency Plans
October 17, 2022 (District Health Department)	District Board of Health	Discussion of and Vote to Approve Intra-Agency Plans and Updated Mission, Vision, Values
November-December 2022 (Email)	District Director; Branch Directors	Review of Plan Drafts
December 15, 2022 (District-Wide Meeting)	All Staff	Final Agency Plans Available

References

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- ^B Appalachian Regional Commission (2023). County Economic Status in Appalachian Kentucky. Retrieved from <https://www.arc.gov/wp-content/uploads/2022/06/CountyEconomicStatusFY2023Kentucky-1.pdf>.
- ^C mySidewalk, Inc. using U.S. Census ACS 5-Year (2015-2019).
- ^D Public Health Foundation (2021). Core Competencies for Public Health Professionals. Retrieved from https://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx.
- ^E Public Health Accreditation Board (2022). Standards and Measures for Reaccreditation. Retrieved from <https://phaboard.org/accreditation-recognition/version-2022/>.
- ^F Association for Community Health Improvement (2017). Community Health Assessment Toolkit. Retrieved at www.healthycommunities.org/assesstoolkit.