



**LINCOLN TRAIL  
DISTRICT  
HEALTH  
DEPARTMENT**

Good Health & A Safe Environment

**2022-2026  
Organizational Plan**

# List of Revisions

Date	Section Changed	Reason for Change	Changed by
July 30, 2015	Plan drafted	Creation of the document	Mechelle Coble
July 30, 2016	Revised PM Priorities	Accreditation Action Plan	Accreditation Team
February 2, 2017	New goals and objectives approved	Alignment with new strategic plan priorities	Public Health Director and Accreditation Coordinator
October 25, 2017	Plan drafted	Creation of the document	Elizabeth Poynter
February 5, 2018	PM Dashboard	Update	Administrative Team
August 23, 2018	New goals and objectives approved	Alignment with new priorities	District Board of Health
September 12, 2018	Committees began working on strategies and role responsibility	Update	Strategic Planning Committees
January 2, 2019	Logo and PDCA section updated	New logo and beginnings of new PDCA self-assessment for 2019	Elizabeth Poynter
December 2021	Performance Management Dashboard Update	Data updated coming out of the COVID-19 Pandemic	Elizabeth Poynter
December 2022	Plans merged in to Venngage	Shifted to organizational plan structure	Elizabeth Poynter
December 2023	Appendix	Staff interviews and CLAS assessment additions	All staff

# Public Health Director's Letter

Dear Personnel and Community Members,

I'm pleased to present the Lincoln Trail District Health Department Organizational Plan for 2022-2026. The planning process systematically considered many diverse sources of input, examining who we are as an organization, where we are now, and where we want to be in the future. With this plan, we have established a vision and a commitment to excellence across all priority areas.

As a leader in the community, we recognize that the public health system cannot do its work alone, and needs the participation of a wide range of partners to be successful. This plan will be used to guide decisions, allocate resources, monitor progress, and engage employees, stakeholders and community members. By adhering to our core values, addressing critical issues, continually evaluating progress, and adapting to change, we will move toward achieving critical public health goals.

We have learned that the influence of the social determinants of health such as education, housing, and the built environment significantly impact people's health status. Our work in the community will emphasize identifying health impacts during planning and policy development related to social and economic systems, transportation, and the environment.

Thank you to all those who contributed to this plan, and we welcome those who will join us as we move toward the vision of good health and a safe environment.

Sincerely,

*Sara Jo Best*

*Public Health Director*

# Introduction

The Lincoln Trail District is home to approximately 232,560 individuals (US Census Bureau ACS 5-year 2017-2021). The Lincoln Trail District Health Department (LTDHD) 2022-2026 Organizational Plan uses the 2022-2026 Lincoln Trail District Community Health Assessment, strategic planning, workforce development, quality improvement, and performance management to set forth the direction for establishing priorities that will ultimately drive organizational structure, program design and resource allocation. The process started in April 2022 coming out of the pandemic response. Staff completed a Workforce Culture Assessment and brainstorming sessions to cultivate the areas defined in this plan of action.

## Mission, Vision and Core Values

Our mission, vision and core values presented below direct our service delivery.

Our mission is to assure the public's health and safety through prevention, promotion and protection.

Our vision is Good Health & a Safe Environment. Our core values are: LTDHD CARES.

Loyalty

Teamwork

Dedication

Honesty

Dependability

Compassion

Advocacy

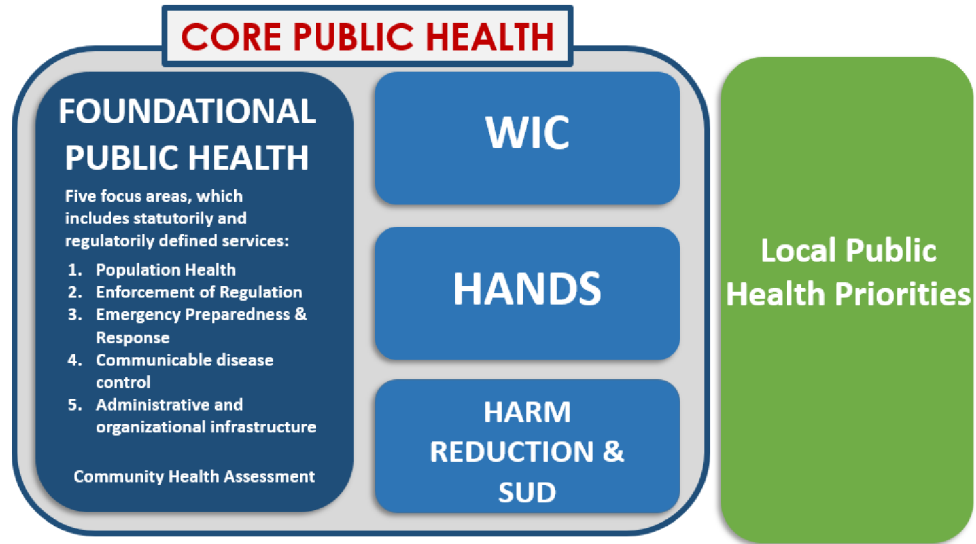
Respect

Equity

Service



# Public Health Transformation



In 2019, KY launched the Public Health Transformation framework to overhaul how the public health system provides services to promote more consistency and to improve the health of its citizens. Public Health Services were broken down into Foundational Services which are mandated by law (dark blue box) as well as Core Public Health Programs such as the WIC Program (light blue box). Local Public Health Priorities (the green box) may vary by health department based on community need and financial resources.

Goals of Public Health Transformation:

- Relieve the fiscal instability of the current system.
- Introduce a modern, simplified, and focused PH model with clearly defined priorities that is based on PH 3.0 principles.
- Create accountability at ALL levels of the system.
- Improve PH leadership capacity at all levels.
- Prevent duplication of effort and reduce waste and red-tape internally and externally.
- Support and emphasize data driven decisions to best promote community health outcomes.

Foundational, Core, and Local Public Health Priorities. KRS 211.185 through KRS 211.187 summarizes all the laws listed above and delineates which are “Foundational”, which are “Core”, and which are, “Local Public Health Priorities”. KRS 211.185, KRS 211.186, KRS 211.187.

# WHAT DOES PUBLIC HEALTH DO?

<b>FOUNDATIONAL PUBLIC HEALTH SERVICES</b>	<b>CORE PUBLIC HEALTH SERVICES</b>	<b>LOCAL PUBLIC HEALTH PRIORITIES</b>
<b>MANDATORY FOR KY HEALTH DEPT'S</b>	<b>AVAILABLE IN ALL KY COUNTIES:</b>	<b>LOCAL NEEDS:</b>
<p><b>POPULATION HEALTH</b> Health Equity * Policy * Education Community Health Assessment Partnership Development</p> <p><b>ENFORCEMENT OF REGULATIONS</b> Food &amp; Water Safety * Waste Management * Nuisance Investigation</p> <p><b>EMERGENCY PREPAREDNESS &amp; RESPONSE</b> Mitigation of Disease Threat * Mass Vaccination * Disaster Response</p> <p><b>COMMUNICABLE DISEASE CONTOL</b> STD Control * TB Control * Epidemiology Adult &amp; Child Vaccination * Surveillance</p> <p><b>ADMINISTRATIVE &amp; ORGANIZATIONAL MANAGEMENT</b> Finance * IT * Communications Human Resources * Performance Management * Quality Improvement</p>	<p><b>WIC</b> Supplemental nutrition program for eligible women &amp; children up to age five.</p> <p><b>HANDS</b> Home visitation program to promote safe, healthy children.</p> <p><b>HARM REDUCTION</b> Practices that aim to reduce the risk and harms associated with substance use.</p>	<ul style="list-style-type: none"> <li>• Determined by data gathered through the Community Health Assessment process.</li> <li>• Reevaluated on a five year cycle to determine need, program effectiveness, and non-duplication of other community services.</li> <li>• Dependent on funding availability and community need.</li> </ul>



Foundational Services are required by law for every KY health department. This includes services such as policy development, safety inspections, disease investigation, health education, and community assessment. Core Services must be available in all counties but may be provided through referral to other agencies in the community. At LTDHD, WIC and HANDS are provided through the health department, but harm reduction services are a combination of our resources and referrals to other community partners.

Local Needs are determined by the Community Health Assessment process. This involves a combination of data analysis and citizen feedback. These programs may or may not be housed in the Health Department and may be short-term due to funding and need.

# Foundational Public Health Services Cost

Once Public Health in Kentucky was defined, the cost to operate was determined with a methodology for estimating the resources required to develop and maintain foundational capabilities by governmental public health agencies at both state and local levels. The cost is based on population size and includes occupation categories with annual salary and benefits. This is the methodology Lincoln Trail District Health Department utilizes when budgeting required public health programs and local public health needs in the district. Every year we must assess our current capacity and cost to deliver core public health services. See the costing out of Kentucky's local foundational public health services for the fiscal year 2025 and 2026 biennium developed by the Kentucky Health Department Association.

## Where does this money come from?



Minimum 1.8 Local Tax



Fees



State Funding



Program Funding



## Understanding the Numbers



the number of KY full-time equivalent foundational public health providers needed to perform these duties



employee salaries and foundational operations in KY for the next two years



total pension costs for two years in KY



total cost of foundational and core public health services for two years in KY

# Organizational Planning Process

## Phase 1: Groundwork and Visioning

The strategic planning process was guided and led by the LTDHD Administrative Team with ongoing support from the agency staff. The purpose of LTDHD strategic planning was to determine future direction of efforts based on local data, the state government and the needs of the community and agency employees. The process stimulated critical thinking, and focused on factors imperative to the agency's long-term success. The intent was to foster energy and commitment among employees and stakeholders to the fundamental priorities essential to the mission and vision. The LTDHD Administrative Leadership team kept the vision, mission and core values, but made some minor changes to align our efforts with the national identity for public health departments developed by the National Association for City and County Health Officials (NACCHO).

## Phase 2: Data Gathering and Review

Both quantitative and qualitative data sources were used to inform the LTDHD Organizational Plan. Collectively, the staff discussed emerging trends of data collected for the 2022 Lincoln Trail District Community Health Assessment. This data gathering also occurred using department meetings and then using thematic analysis the areas of the organizational plan were drafted for final review.

**Data Drivers** - Internal and external data sources were included in this planning phase. The data sources are described in detail in the appendix.

### External Data Drivers

- Healthy People 2030
- Kentucky Department for Public Health State Health Assessment
- Local Hospital Community Health Need Assessments
- 2022-2026 Lincoln Trail District Community Health Assessment

### Internal Data Drivers

- Lincoln Trail District Critical Success Indicators – Performance Measures
- LTDHD Quality Improvement Projects
- LTDHD Performance Management Dashboard
- LTDHD Customer Satisfaction Results
- LTDHD Compliance Program and Quality Assurance Results

### Environmental Scans

LTDHD focused on four priority areas before developing strategies.

1. External trends and factors
2. Capacity of our workforce/strengths and gaps
3. LTDHD Performance and Areas for Improvement
4. Partner and Community Input

# Performance Management

## PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



The Lincoln Trail District Health Department Organizational Plan will be used to facilitate the progress of meeting strategic goals and to ensure alignment with the 10 Essential Public Health Services. The all encompassing plan will use the model components of the public health performance management system developed by the Turning Point National Excellence Collaborative on Performance Management, as well as the 2021 Core Competencies for Public Health Professionals (The Council on Linkages Between Academia and Public Health Practice), and data modernization initiatives outlined by the Centers for Disease Control to advance our daily operations to improve health outcomes.

The goal of the organizational plan is to support the infrastructure for the Lincoln Trail District Health Department (LTDHD) performance management system. This plan aligns all component areas critical to the success of public health and its systems; Quality Improvement, Performance Management, Workforce Development, and Strategic Planning. Through the input and guidance of staff and leadership this plan was developed to provide a foundation for LTDHD to determine performance gaps and achieve improvements in agency processes and the delivery of services. Performance management relies on the utilization of data to determine and achieve measurable improvements. Participation from all LTDHD programs ensures an agency wide investment and focus on performance management to pursue the above components of the performance management system, Community Health Improvement Plan, and Strategic Plan. We utilized several types of QI exercises to develop this plan including the SWOT analysis, brain writing, and empathy mapping with departments.

# Culture of Quality

LTDHD acknowledges the importance of quality improvement (QI) within an effective performance management system which includes a culture of quality, ongoing QI activities, both program and administrative, and ongoing learning within the organization. LTDHD is committed to the ongoing improvement of the quality of care its community members receive, as evidenced by the outcomes of programs and services it provides.

Continuing to strengthen LTDHD's QI culture includes the formation of organizational plan committees, creation of a written organizational plan with QI using a health equity lens, implementation of QI projects, assessment of the effectiveness of the organizational plan and its projects along with updating the plan on an as needed basis.

The future state of quality at LTDHD includes:

- Assuring every department's participation in quality improvement and performance management.
- Participation in development of quality improvement tools by all staff in order to continually review and improve processes.
- Seek to design and develop good processes to achieve excellent outcomes rather than fix processes after the fact.
- Using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.

## **Key Elements of the QI Plan's Governance Structure**

The key to successful CQI is leadership. The coordination of QI activities is accomplished by the Administrative Team. There is a continuous focus on strategic planning, community health improvement, performance management and quality improvement initiatives. It is the Administrative team's responsibility to monitor progress of staff throughout completion of QI projects and tracking of performance measures in the agency's performance management system. Status is reported through the Microsoft PowerBI Performance Management dashboard. All staff are to participate in ongoing QI as it relates to department and agency needs. This was stated in all agency job descriptions by June 30, 2018.

The Administrative team will provide an annual report to the Board of Health highlighting projects that accomplish two things:

- The project aligns with QI project selection criteria.
- The project has an impact on agency or department processes.

# Culture of Quality

## **QI Training**

New employees are given an overview of Accreditation by the Public Health Director. During the overview, QI is highlighted to be a priority to improve efficiency and effectiveness of programs. All staff may annually receive QI training and/or engagement in each department by the Public Health Impacts Administrator, which may include: Basic QI tools, applicable QI project examples and integration of QI into everyday practices. This training is an integrative approach to get all levels of staff involved in the process. The Administrative team is provided additional assistance on QI tools and methods, including, an aim statement, affinity diagrams, other brainstorming methods, cause and effect diagrams, data collection & analysis, flowcharts, PDCA and Storyboards.

## **Identification of Projects and Alignment with the Organizational Plan and Performance Management Plan**

QI projects will be selected based on the need to improve program processes, objectives, and/or performance measures that align with the department plans and performance management system. Projects may be identified in a number of ways, including, but not limited to QI Project Suggestion Form available on agency shared drive, department meetings, identification by the administrative team, or by staff during monthly reviews of performance data. Projects will either be programmatic or administrative. Administrative team members will decide to accept a proposal, request more information or modifications, or reject the proposal based on the QI project selection criteria below.

## **QI Project Selection Criteria**

Aligned with agency Organizational Plan, Community Health Improvement Plan, ESF 8 Base Plan & Support Plans, program work plans, program evaluations, audits, Reaccreditation, customer satisfaction surveys, or staff satisfaction.

## **QI Activity Communication**

Regular communication of QI activities conducted in the health department are communicated in quarterly staff meetings, weekly “Finally Friday” email communication, Administrative team and Department team meetings, email communication and reports to the Board of Health, and Board of Health meetings. An annual QI report will be completed for evaluation purposes and outcomes will be reported to all staff and the Board of Health.

# Agency SWOT Analysis

## Strengths

- Data driven decisions
- Visionary workforce culture
- Positive public image and trusted resource
- 24/7 availability
- Ability to link to community resources
- Cross-trained, motivated, committed, flexible staff
- Financially stable
- Strong leadership among staff and boards of health
- Technological advances internal and external
- Policy and operations leader among local health departments in Kentucky
- Quality improvement culture

## Weaknesses

- Flexibility of funding streams
- Evaluation process
- Qualifications for programs unclear
- Shifting recruitment strategies
- Giving kudos
- Timely involvement of staff at all levels
- Reaching all sub-populations
- Merit systems barriers
- Real-time access to data and data sharing
- Public health service awareness in the community
- State reporting systems

## Opportunities

- Opportunity to increase staff footprint from pension system and public health transformation
- Multi-sector and mobile partnerships developed through COVID-19 pandemic
- Increase number of clients by opening the doors fully to the public
- Customer oriented approach (i.e. online pay option, mobile services, tele-visits, language accessibility)
- Diversify workforce and boards of health
- Mapping data to view with health equity lens
- Electronic health records
- Effective training and succession planning
- Federal level grant opportunities
- Flexible work schedules

## Threats

- New legislation that does not align with foundational public health services or service priorities found at the local level
- Political environment
- Decrease in public health tax
- Not having buy-in from the public
- Retirements of staff and boards of health
- Lack of consistency among local health departments
- Support and momentum of staff and community
- Not celebrating successes
- Morale due to apathy and negativity
- Generational values

Created 01/2022



# 2022 Workforce Culture Assessment

The Workforce Culture Assessment (WCA) is a standardized assessment combining the employee satisfaction survey, questions related to previous strategic plan initiatives, NACCHO’s Organizational Culture of Quality Self-Assessment Tool (SAT) version 2.0, and in-house created core competency needs regarding knowledge and skill; and their future workforce needs. Core competency needs were developed from the Kentucky public health transformation framework and public health 3.0 concepts. This survey assessment template was adopted statewide in the LHD Academy of Science Kentucky Group for cohesive collection of survey measurements.

## Knowledge

## Current Workforce Assessment

## Skill

Rate on a scale from 1-4 how knowledgeable you feel in the following topics.

Rate on a scale from 1-4 how skilled you feel in the following topics.

*Average Staff Score*

*Average Staff Score*

Communicable Diseases	2.83
Enforcement of Regulations	2.68
Population Health	2.66
Admin and Organizational Infrastructure	2.62
Emergency Preparedness and Response	2.61
WIC	2.60
Community Health Assessment	2.43
HANDS	2.42
Harm Reduction & SUD	2.32
Strategic Partnerships	2.28
Data in Public Health	2.16
Funding	1.89

Communicable Diseases	2.74
Admin and Organizational Infrastructure	2.55
Population Health	2.52
Emergency Preparedness and Response	2.52
Enforcement of Regulations	2.51
WIC	2.48
Community Health Assessment	2.31
HANDS	2.23
Harm Reduction & SUD	2.14
Strategic Partnerships	2.09
Data in Public Health	2.02
Funding	1.78

## Most Important Strengths

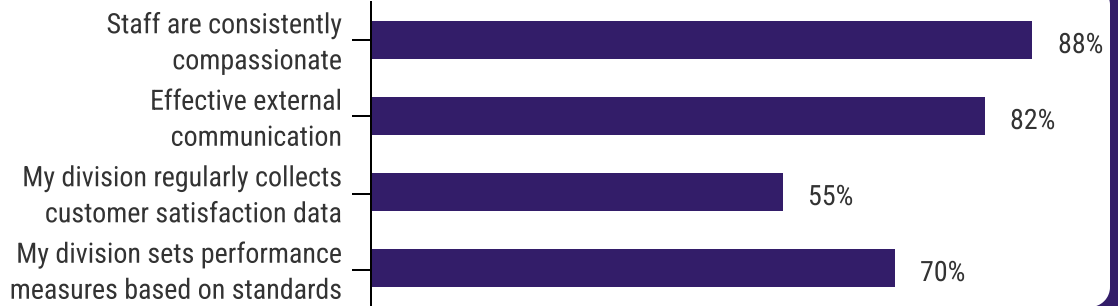
## Most Important Weaknesses



# 2022 Workforce Culture Assessment

% Agree or Strongly Agree

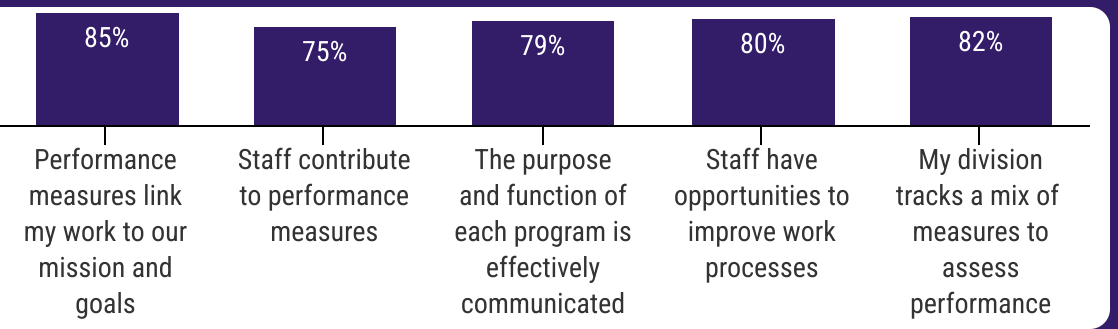
## Organizational Culture



## Employee Advancement & Fairness



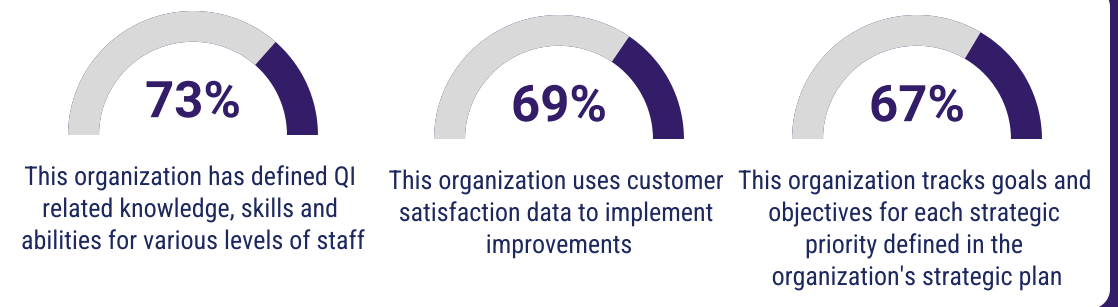
## Work Support



## Affinity & Creativity



## Quality Improvement



# National Standards for Culturally & Linguistically Appropriate Services (CLAS)

National CLAS Standards are guidelines to advance health equity, improve quality, and eliminate health disparities. They consist of strategies and action steps to provide effective services that are respectful and responsive to individual cultural beliefs and practices, preferred languages, communication needs, and health literacy levels. The CLAS Standards consist of 15 Standards that are divided into 4 themes. The first standard is referred to as the Principal Standard. It is the overarching goal for utilizing CLAS Standards. The remainder of the standards are strategies to accomplish the Principal Standard.

Principal Standard: "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."

The standards are organized by themes:

**Theme 1:** Principal Standard (Standard 1). As stated above, this standard summarizes the overall goal for implementing the National CLAS Standards.

**Theme 2:** Governance, Leadership, and Workforce (Standards 2-4). These standards outline the need for the organizational governance (Board of Health members) and the leadership team to be trained in CLAS principles to promote CLAS and health equity through policy, practices, and allocated resources. It also incorporates the need for a diverse workforce that is trained to be responsive to the population being served and to be proficient in applying culturally and linguistically appropriate policies and procedures in day-to-day work practices.

**Theme 3:** Communication and Language Assistance (Standards 5-8). These standards address all communication needs and services for the communities served. The goal is to provide services that are easily understood in each individual's preferred language. It includes sign language assistance, Braille translation, oral interpretation, written translations, and preferred literacy levels.

**Theme 4:** Engagement, Continuous Improvement, and Accountability (Standards 9-15). The purpose of the standards in theme 4 is to establish both individual and organizational responsibility for integrating CLAS principles throughout the organization's planning and operations. Regular, ongoing assessments of community health assets and needs are conducted to plan and implement services in a culturally and linguistically friendly manner. Results and progress should be shared with board members, the leadership team, community partners, and the general public to enhance transparent communication around CLAS efforts.

## Benefits of CLAS

Benefits to incorporating CLAS standards into the agency's mission, policies, and practices include:

- Provide quality care and services for all individuals;
- Improve health outcomes and quality of life in the communities served;
- Improve efficiency and effectiveness of care by reducing/eliminating barriers that slow delivery of services;

# National Standards for Culturally & Linguistically Appropriate Services (CLAS)

## Benefits of CLAS (continued)

- Improve client satisfaction;
- Improve patient safety and decrease medical errors;
- Build a respectful environment for all clients, community members, and staff;
- Meet legislative, regulatory, and accreditation requirements; and
- Reduce the potential for sanctions and penalties for non-compliance with state and federal laws.

## LTDHD's CLAS Self-Assessment

Lincoln Trail District Health Department (LTDHD) conducted an organizational assessment using the National CLAS Standards. The purpose of the self-assessment was to identify strengths and weaknesses in providing services to diverse racial, ethnic, and cultural backgrounds and thereby reduce health disparities. As a part of this self-assessment, the CLAS Standards were introduced to the agency's Health Equity Advisory Liaison (HEAL) Team so that members could offer diverse insight into the agency's capacity to offer services that are culturally and linguistically appropriate. Each of the 15 standards was examined and current practices were identified for each individual standard. Potential opportunities to strengthen current performance for each standard were noted. (See LTDHD's Self-Assessment utilizing the Nation CLAS Standards in the appendix.)

The self-assessment identified two strengths to build on and expand. The first strength is that LTDHD routinely offers and provides interpreters who are trained and have demonstrated competency and proficiency in both oral and written interpreting skills. The second strength identified is LTDHD's commitment to providing quality CLAS services and to decreasing health inequities and disparities. Upon completion of the CLAS Self-Assessment, there were 4 areas that stood out as opportunities for improvement:

1. The District Board of Health members, leadership team, and all staff would benefit from training in CLAS principles. This would help to infuse CLAS into all aspects of practice throughout the agency as everyone works from a common framework toward the goal of reducing disparities and promoting health equity.
2. Recruitment practices need to be enhanced to attract more diversity of staff and Board of Health members. This would help the agency to be more reflective of the composition and understanding of the cultural practices of community members they serve.
3. CLAS principles need to be incorporated into everyday practice. Job descriptions could require that services be provided in an effective, understandable, and respectful manner that is responsive to diverse cultural health beliefs and practices, preferred languages, and health literacy. Annual evaluations could assess if employees interact effectively with people whose cultures and belief systems are different than their own.
4. The agency would benefit from developing a roadmap for incorporating specific strategies and action steps for each of the CLAS standards. Action steps, assigned responsibilities, measurable goals, and a timeline for completion would aid in keeping CLAS top-of-mind and keeping everyone on track for providing quality services to all individuals and eliminating disparities.

# Organizational Plan Committees



## **Workforce Development**

Human Resources Manager

Chief Financial Officer

Performance Improvement Analyst

Public Information Officer (PIO)

Director of Community and Clinical Services or Department Reps

Health Equity Manager

## **Infrastructure Development**

Information Technology (IT)

PIO

Performance Improvement Analyst

Chronic Disease Prevention Manager

Harm Reduction Manager or Department Rep

Director of Environmental

Preparedness and Maintenance manager

## **Health Equity Advisory Liaison Group**

Epi Nurse

HANDS Para Family Support Professional

WIC Coordinator

School Initiatives Specialist

Clinic Nurse

Peer Support Specialist

Chronic Disease Prevention Manager

Safe Communities Specialist

Maternal Child Health Specialist

Health Equity Specialis

# Workforce Development

**Goal 1:** Support and expand the public health workforce to meet the community's evolving needs.

Objectives	Strategies	Timeframe	Who
Continue to update agency operations to reflect public health transformation efforts.	<ol style="list-style-type: none"> <li>1. Revision of job descriptions to reflect public health transformation and public health 3.0</li> <li>2. Evaluate current workforce gaps (Public health workforce calculator or KY People Paper Methodology).</li> </ol>	Biennially	Administrative Staff
Training requirements updated to reflect new core competencies required to support and serve the public.	<ol style="list-style-type: none"> <li>1. Customized training programs a part of Workday HR Solutions.</li> <li>2. Enhance system for onboarding and offboarding using Workday HR Solutions.</li> </ol>	July 2025	Chief Financial Officer Human Resource Manager
Develop new mechanisms for accessing, analyzing, and disseminating data for identification of trends and opportunities for improvement.	<ol style="list-style-type: none"> <li>1. Electronic health records implementation</li> <li>2. Medical record scanning project</li> <li>3. Performance management system and dashboard (PowerBI)</li> <li>4. Quality improvement projects focusing on processes being fully electronic</li> </ol>	July 2026	Infrastructure Advancement Committee and all staff
Work to improve satisfaction (client and staff) and morale.	<ol style="list-style-type: none"> <li>1. Review flexible scheduling opportunities</li> <li>2. Opportunities for advancement (Training and Tuition Reimbursement)</li> <li>3. Mentorship</li> <li>4. Shadowing</li> <li>5. Revise Satisfaction Survey</li> </ol>	Annually	All staff
Eliminate siloed departments and lack of communication.	<ol style="list-style-type: none"> <li>1. Quarterly staff and managers meetings</li> <li>2. SharePoint Bulletin Board</li> <li>3. Finally Friday Newsletter Update</li> </ol>	Quarterly or as needed	All staff
Diversify staff and boards of health.	<ol style="list-style-type: none"> <li>1. Recruit highly capable and diverse staff across an array of relevant disciplines and skill areas.</li> <li>2. Examine recruitment strategies</li> </ol>	Biannually or as needed	Workforce Development Committee
Increase hiring and contracting personnel to streamline and expand capabilities as needed.	<ol style="list-style-type: none"> <li>1. Simplify job postings</li> <li>2. Build stronger relationships with schools, universities, and the KY Public Health Association</li> </ol>	Continuously evaluate	Human Resources
Financial solvency analysis	<ol style="list-style-type: none"> <li>1. Advocate for more flexible and sustainable funding through the KY Health Department Association</li> <li>2. Money saved toward retirement contribution cost without raising county public health tax</li> <li>3. Increase federal grant writing</li> </ol>	Each department annually	Administrative Staff
Support the workforce with resources and education on equity concepts.	<ol style="list-style-type: none"> <li>1. Gather existing resources into an easily accessible toolkit for health equity department.</li> <li>2. Build partnerships with existing equity leaders</li> <li>3. Develop minimum annual equity related training that are individualized by job type/department</li> </ol>	Annually or as needed	Health Equity Department and HEAL Team

# Infrastructure Advancement

**Goal 2:** Foster innovation and ensure the capacity to provide quality, essential public health services to the community.

Objectives	Strategies	Timeframe	Who
Promote a culture of information sharing, collaboration, and transparency.	<ol style="list-style-type: none"> <li>1. Annual impact reports and CHA/CHIP updates</li> <li>2. Program evaluations available on our website</li> <li>3. Data success one pagers</li> <li>4. Update performance database to capture details of ongoing and planned research activities, and health all in policies</li> </ol>	Annually	All staff
Increase accessibility of services and visibility in the community	<ol style="list-style-type: none"> <li>1. Diversify marketing strategies (website, social media, Apps for targeted audiences)</li> <li>2. Spotlight on public health</li> <li>3. Mobile Unit implementation and outreach</li> <li>4. Produce and disseminate timely data to support actionable conversations</li> <li>5. Finally Friday email segments with recordings from Public Health Director</li> </ol>	July 2026	Public Information Officer and All Staff
Collaborate in creation and unification of national and state data collection instruments	Local Health Department Academy of Science (AOS) National Board and KY Group	July 2026	Public Health Impacts Administrator
Improve and leverage partnerships with community stakeholders	<ol style="list-style-type: none"> <li>1. Participation at local leadership meetings (i.e. fiscal court)</li> <li>2. Outreach (Chronic Disease Program and MCH)</li> </ol>	Continuously	All staff
Participate in two areas of public health research	<ol style="list-style-type: none"> <li>1. Abstract or poster submission to national or state conference</li> <li>2. Work to publish findings in an academic journal</li> </ol>	Annually	Health Impacts
Improve capabilities to respond to public health emergencies and disasters.	<ol style="list-style-type: none"> <li>1. Drive thru vaccination sites</li> <li>2. Assess emergency operations center</li> </ol>	July 2026	Community Services and Preparedness

# Health Equity

**Goal 1:** Assess where we are as an agency in terms of understanding and implementing equity.

Objective	Strategy	Timeframe	Who
Review policies and procedures using a health equity lens	<ol style="list-style-type: none"> <li>HEAL team members will serve as an advisory committee to the health equity department during the process of reviewing policies and procedures using a health equity lens.</li> <li>Familiarize HEAL team members with equity related concepts and using a health equity lens to evaluate documents</li> </ol>	Annually	Health Equity Advisory Liaison (HEAL) Team
Conduct an internal Equity Audit	<ol style="list-style-type: none"> <li>Health Equity Manager to develop equity audit tool for implementation.</li> </ol>	July 2024	Health Equity Manager
Reduce communicable disease related health disparities and health inequities	<ol style="list-style-type: none"> <li>Trauma informed care training</li> <li>Culturally and linguistically appropriate prevention, care, and referral to treatment in communities disproportionately impacted</li> <li>Cultivate training and policy development opportunities that reduce stigma and barriers to screening and treatment</li> </ol>	Continuously evaluate training needs	All staff
Support assessment and evaluation of interventions that address social determinants of health	<ol style="list-style-type: none"> <li>Complete two equity related assessments and/or evaluations (e.g., Housing, transportation, food, discrimination, education, job opportunities, access to healthcare)</li> </ol>	July 2025	All staff
The health equity department will conduct a health impact assessment every 2 years based on needs identified in the community health assessment.	<ol style="list-style-type: none"> <li>Review HIA resources and trainings to guide the completion of this process</li> <li>Serve as a ChangeLab Solutions Public Health Law Fellowship Host Site for project assistance</li> </ol>	Biennially	Health Equity Manager

# Roles and Responsibilities

Who	Quality Improvement	Perf. Management	Workforce Dev.	Strategic Plan
Board of Health	QI project idea development. Support QI efforts. Review QI project outcomes. Financially supports QI initiatives.	Will utilize performance management data and health indicators for allocation of resources. Will be informed of all agency QI projects in progress and results following completion. Will be updated on highlights of program achievements and updates on agency performance.	Ultimately responsible for ensuring resource availability to implement the workforce development plan.	Will approve the agency organizational strategic plan to encompass all of the major focus areas including, QI, PM, and Workforce Development.
Public Health Director	Provide consultation for QI Team Planning and Activities. Serve as QI Team member. Report on QI Team activities to Board of Health. Assure all staff has resources needed to carry out QI projects and training. Promote a culture for continuous quality improvement.	Provide oversight and accountability. Encourage and allow staff time to participate in QI projects. Support and promote new, feasible ideas. Approve annual performance measures to be reported at a minimum of quarterly.	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.	Set vision and direction for the next five years. Provide leadership for agency mission and organizational strategic plan related to QI, PM and workforce development.
Department Directors & Supervisors	Develop report on one major QI activity to Board of Health and all agency staff annually. Serve as QI project consultants. QI project idea development. Document all QI-related activities. Advocate for QI and promote a culture of CQI among staff.	Set annual performance measures to be reported quarterly. Track and report on performance measures. Allow time at all staff meetings to discuss ongoing and completed QI projects Encourage and allow staff time to participate in QI projects. Develop and promote new, feasible ideas with staff. Input performance measures and data into performance management dashboard	Responsible to the Health Department Director for all employees within their divisions. Supports, coaches, and mentors employees to assure that appropriate training resources and support structures are available within the department. Identifies high potential employees as part of agency succession plan.	Responsible for assuring the organizational plan is completed in the timeframe necessary. Completes department reporting and monitoring of tasks assigned. Reports any new strategies to the Public Health Impacts Administrator for addition to the plan.
All staff	Serve as QI project team members. QI project idea development. Review QI project outcomes and assist in CQI project planning.	Will be encouraged to discuss PM/QI ideas at program staff meetings. Will have opportunity to provide input into PM/QI plan activities. May be called upon to participate in QI teams. Has the opportunity to submit QI Project Ideas through the agency's QI suggestion form.	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.	Participates in the strategic planning process to develop goals and objectives. Provides subject matter expertise in goal and objective completion. May be asked to be a part of committees to address strategic priority areas. Assists in evaluating outcomes and efficiency of programmatic work or processes.

# Workforce Environment Staff Interview Results

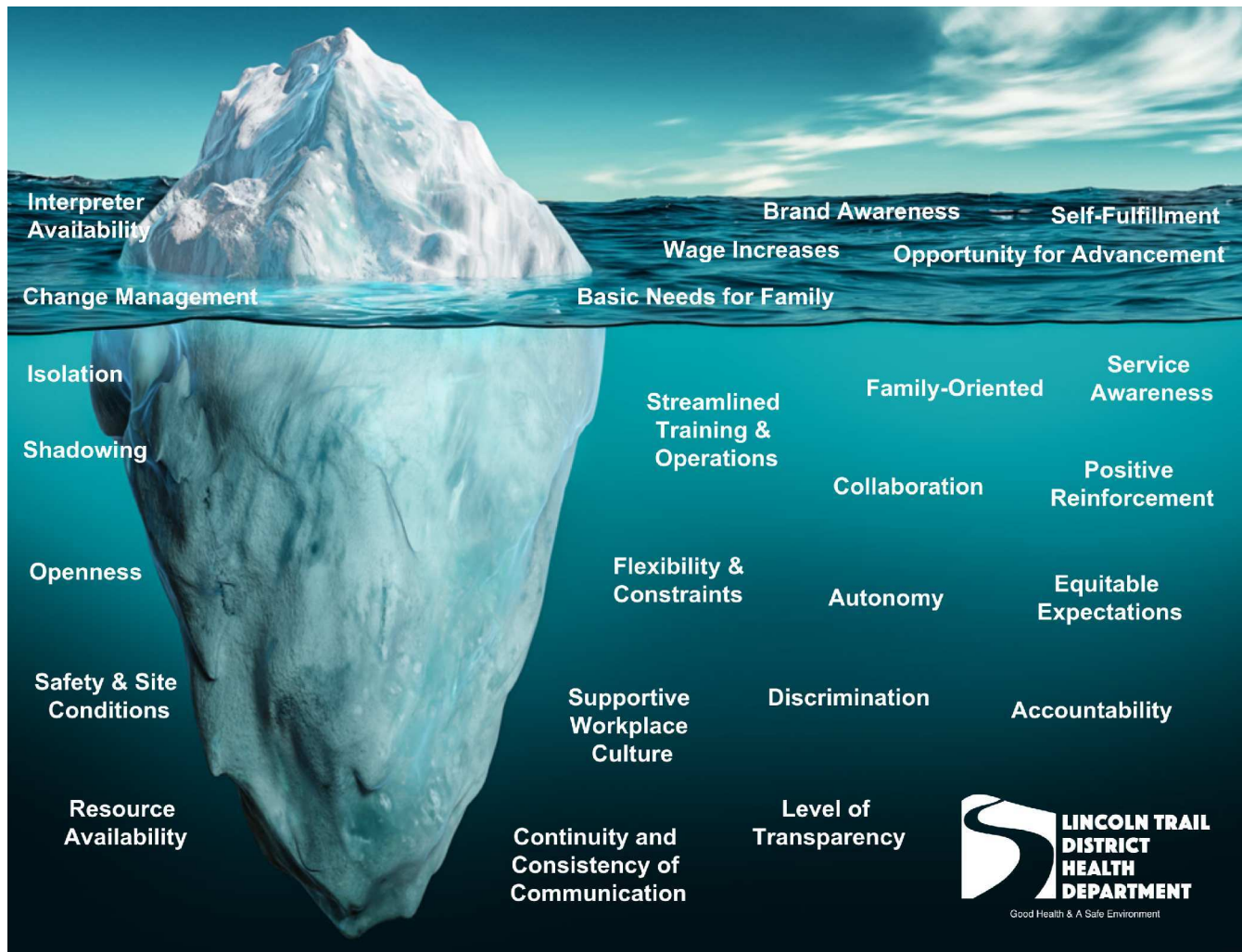
### What We Are Doing Well:

- Offering more competitive wages collaborating across counties to achieve a common goal
- Creating a supportive and family-friendly workplace

### What We Need to Work On:

- Involving front-line staff with changes to operations
- Creating a consistent on-boarding process for new staff or new programs
- Communicating across departments when services change

Staff feedback is taken very seriously. We are investigating a method for staff to conveniently offer suggestions to improve employee safety, workflow, and morale. Below is an iceberg of what could be left unheard without staff feedback interviews. The graphic below depicts staff concerns that could have gone unheard without valuable feedback gained from staff interviews.



### Organization Culture

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
Our mission, vision and value statements reflect the work we do and do not need to be changed.	30.3%	66.7%	0.0%	1.5%	1.5%
This health department makes special effort to understand the needs and values of different populations within our community.	46.3%	49.3%	1.5%	1.5%	1.5%
Health department staff consistently demonstrate compassion with clients.	35.8%	52.2%	3.0%	9.0%	0.0%
Health department routinely monitors changes in our internal environment (e.g. staff transitions, staff development needs, etc.)	28.4%	61.2%	0.0%	10.4%	0.0%
Health department routinely responds to changes in our internal environment (e.g. makes changes as necessary.	40.3%	50.7%	0.0%	9.0%	0.0%
Overall, we see change as an opportunity for improvement.	38.8%	55.2%	0.0%	6.0%	0.0%
Professionalism is highly valued by the organization.	52.2%	46.3%	0.0%	1.5%	0.0%
Leadership has high standards for its programs and services.	50.0%	45.5%	1.5%	3.0%	0.0%
Our employees have high standards for their work.	37.9%	56.1%	0.0%	6.1%	0.0%
This health department and its employees are helping make this community a better place.	61.2%	34.3%	1.5%	3.0%	0.0%
People with different ideas are valued within the organization.	29.9%	56.7%	0.0%	11.9%	1.5%
Employees are treated fairly within the organization.	30.3%	53.0%	0.0%	13.6%	3.0%
This organization is understanding to my family and personal issues.	61.2%	35.8%	1.5%	0.0%	1.5%
Supervisors and their staff work effectively together as a team.	40.9%	48.5%	1.5%	7.6%	1.5%
Leadership supports balance between work and personal life.	43.3%	53.7%	0.0%	1.5%	1.5%
Leadership communicates effectively with employees.	20.9%	49.3%	1.5%	23.9%	4.5%
Every employee's voice is heard here at this health department.	23.9%	50.7%	4.5%	19.4%	1.5%

### Organization Culture

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
This health department has fully harnessed its potential to generate revenue through targeted services.	22.4%	49.3%	16.4%	11.9%	0.0%
The budgeting process is consistently followed.	26.9%	46.3%	23.9%	1.5%	1.5%
The budgeting process is clearly defined and communicated.	14.9%	46.3%	23.9%	10.4%	4.5%
This health department is adequately funded and is well positioned to generate more funds, if necessary.	13.4%	40.3%	28.4%	14.9%	3.0%
The staff dollars are clearly linked to our mission and priorities.	21.2%	54.5%	19.7%	3.0%	1.5%
This health department uses its resources to benefit the community in the most proficient manner possible.	36.4%	53.0%	4.5%	6.1%	0.0%
I am satisfied with the leadership of this health department.	40.9%	54.5%	0.0%	3.0%	1.5%
Overall, I believe that this health department is going in the right direction.	47.8%	49.3%	1.5%	0.0%	1.5%
This health department effectively communicates our roles and function to our community partners and other residents (external communication).	30.3%	51.5%	6.1%	10.6%	1.5%
This health department effectively advocates for policies that have positive impacts on the overall health and wellness of its residents.	44.8%	50.7%	3.0%	0.0%	1.5%
I am proud to be part of this health department.	71.6%	26.9%	0.0%	1.5%	0.0%
Strategies for achieving agency strategic plan goals are incorporated into employee's job duties.	21.2%	68.2%	3.0%	4.5%	3.0%
My division regularly collects customer satisfaction data.	14.9%	40.3%	28.4%	13.4%	3.0%
My division uses customer satisfaction data to implement improvements.	16.4%	43.3%	25.4%	11.9%	3.0%
My division sets benchmarks or targets for performance measures using past performance data and/or standards (e.g. Healthy People, Community Health Improvement Plan).	22.4%	47.8%	22.4%	4.5%	3.0%



## Work Support/Enabling Performance

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
I receive the training/learning opportunities I need in order to do my job well.	29.9%	58.2%	0%	10.4%	1.5%
I receive the support that I need to work effectively and efficiently within our organization.	41.8%	55.2%	0%	1.5%	1.5%
I receive the training I need to effectively use technology in carrying out my job duties.	35.8%	52.2%	0%	10.4%	1.5%
I am encouraged to learn from my mistakes.	40.9%	56.1%	0%	1.5%	1.5%
Clearly defined performance measures exist that link my work to our mission and goals.	25.4%	59.7%	1.5%	11.9%	1.5%
There are formal/informal processes (e.g. performance evaluations, ongoing feedback sessions) in place for providing feedback on job performance are adequate.	20%	61.5%	1.5%	15.4%	1.5%
Staff, including myself, contribute to the development of performance measures that relate to their work.	25.4%	49.3%	6%	17.9%	1.5%
Defined protocols for collecting performance data (e.g. use of data collection instruments) are documented and followed.	14.9%	55.2%	17.9%	10.4%	1.5%
QI related expectations of staff are clearly defined.	16.4%	61.2%	9%	11.9%	1.5%
Leadership responds to my questions and requests in a timely manner.	37.9%	56.1%	0%	3%	3%
Leadership routinely communicates the organization's QI vision and goals to staff.	24.2%	59.1%	3%	10.6%	3%
The purpose and function of each health department program/service is effectively and routinely communicated.	27.3%	51.5%	3%	15.2%	3%
Staff have access to documented standardized work processes (e.g. policies, procedures) that define critical steps.	37.9%	57.6%	0%	3%	1.5%
Documented and standardized work processes reflect the way the work is actually done.	24.2%	66.7%	0%	7.6%	1.5%
Formal quality improvement (QI) methods are followed to continuously improve standardized work through QI projects.	15.2%	66.7%	10.6%	6.1%	1.5%

### Work Support/Enabling Performance

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
Staff have appropriate opportunities to improve work processes (e.g. participate in QI projects, authority to implement improvement).	26.6%	53.1%	7.8%	10.9%	1.6%
Supervisors encourage their staff to engage in QI opportunities to improve work.	28.1%	50%	7.8%	12.5%	1.6%
<b>My division tracks a mix of process and outcome measures to assess performance.</b>	19.7%	62.1%	6.1%	10.6%	1.5%
Staff use performance data to identify QI projects.	13.8%	66.2%	10.8%	7.7%	1.5%
Lessons learned from QI projects are documented and adopted into standardized work processes, as appropriate.	13.8%	72.3%	7.7%	4.6%	1.5%
Supervisors use data in a non-punitive way (not to punish) to review performance with staff.	22.7%	63.6%	7.6%	4.5%	1.5%
Supervisors address staff concerns about engaging in QI (e.g. extra work, fear of job loss).	15.2%	65.2%	7.6%	10.6%	1.5%
Leadership dedicates enough resources (e.g. staff time) to support/sustain QI initiatives.	15.2%	60.6%	10.6%	12.1%	1.5%

### Affinity

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
Staff share information (e.g. lessons learned, best practices) across teams and other divisions.	16.4%	61.2%	3%	17.9%	1.5%
People here seem willing and able to work collaboratively, openly and respectfully with one another.	32.8%	56.7%	1.5%	7.5%	1.5%
Staff collaborate effectively on projects or ideas to improve performance through formal QI projects or other improvement methods.	21.2%	56.1%	7.6%	13.6%	1.5%

## Fairness

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
This organization incorporates health equity considerations into our programs/services to reduce health disparities in our community.	41.5%	53.8%	3.1%	1.5%	0%
The work I am asked to do matches my job description.	30.3%	63.6%	0%	6.1%	0%
There is adequate focus on employee health and wellness here at this organization.	28.4%	53.7%	1.5%	13.4%	3%
My job does not cause unreasonable amounts of stress in my life.	22.4%	52.2%	3%	19.4%	3%
My level of compensation is appropriate for my work.	7.7%	55.4%	3.1%	32.3%	1.5%
The amount of work I am asked to do is reasonable.	22.7%	71.2%	1.5%	4.5%	0%
Leadership values/appreciates the work that I do.	37.3%	55.2%	0%	6%	1.5%
My roles and responsibilities are clear and appropriate.	34.3%	62.7%	0%	1.5%	1.5%
This organization's policy for promotion/advancement are always fair.	17.9%	56.7%	3%	19.4%	3%
Staff are given a fair opportunity to succeed within the organization.	28.4%	61.2%	1.5%	7.5%	1.5%
Staff have appropriate knowledge skills and abilities(KSAs) to meet QI expectations, based on their role (e.g. QI team member, QI project manager, QI Champion).	18.2%	66.7%	9.1%	4.5%	1.5%
Staff receive adequate recognition for their contributions and successes.	15.2%	63.6%	7.6%	10.5%	3%
Individuals seem to be held accountable for their work.	16.7%	63.6%	1.5%	15.2%	3%
Our hours of operation are reasonable and appropriate.	36.4%	62.1%	0%	1.5%	0%
Decision making and control are delegated to the appropriate level.	23.9%	65.7%	0%	9%	1.5%
In general, I am satisfied with my job.	47.8%	49.3%	1.5%	0%	1.5%

### Creativity

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
Individuals are encouraged to develop new ideas and improve operational efficiency and effectiveness.	28.4%	65.7%	0%	4.5%	1.5%
Supervisors encourage risk taking in support of the organization's mission and strategies.	14.9%	58.2%	11.9%	11.9%	3%
Individuals are encouraged to work across division lines (with other divisions outside of their own) to achieve their goals.	20.9%	68.7%	4.5%	4.5%	1.5%

### Employee Advancement

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
This organization attracts, develops and retains people of diverse backgrounds.	19.4%	68.7%	4.5%	6%	1.5%
There are adequate opportunities for advancement within this organization.	13.6%	53%	6.1%	25.8%	1.5%
Staff training and continuing education are priorities at this organization.	29.9%	53.7%	4.5%	9%	3%
Staff have access to learning opportunities to improve job related knowledge, skills and abilities (KSAs).	22.4%	64.2%	1.5%	10.4%	1.5%
I have adequate knowledge regarding QI tools and processes.	12.1%	65.2%	4.5%	16.7%	1.5%
Staff at all levels have access to learning opportunities (e.g. trainings, conferences) to develop QI related KSAs.	14.9%	68.7%	4.5%	9%	3%
This organization uses technology effectively to perform our job duties.	26.9%	65.7%	0%	7.5%	0%

## Quality Improvement Culture

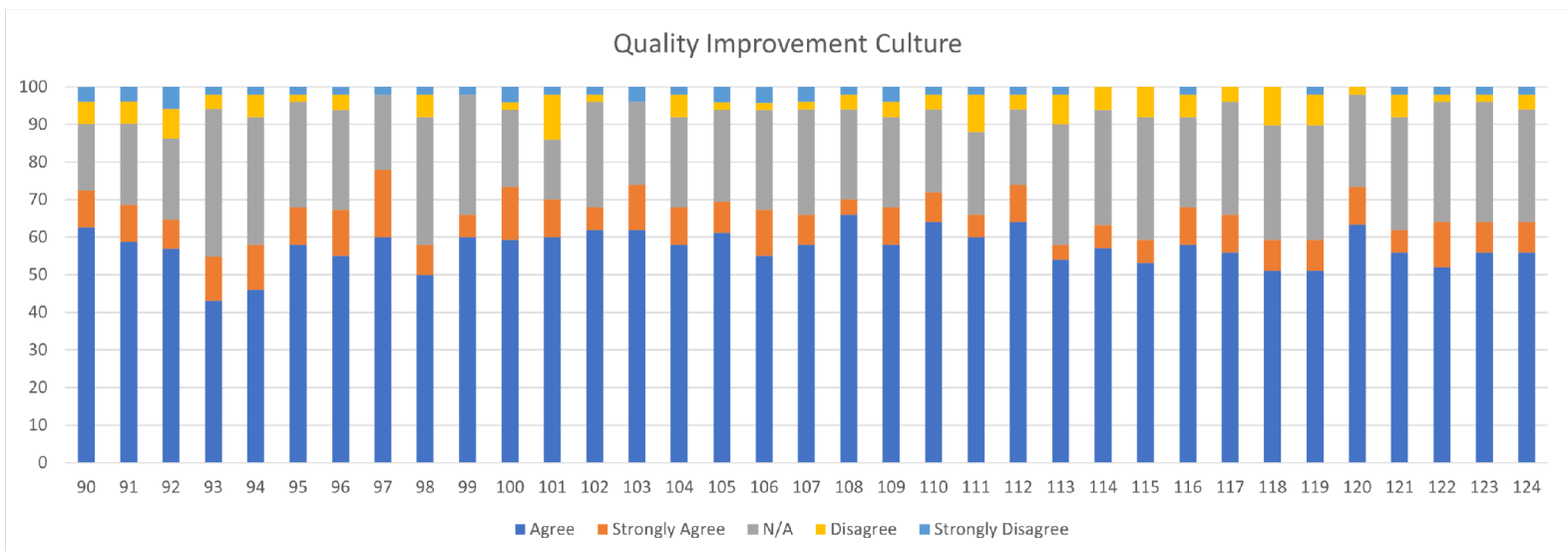
Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
This organization has defined QI related knowledge, skills and abilities (KSA) for various levels of staff.	9.8%	62.7%	17.6%	5.9%	3.9%
Strategies for increasing staff KSAs for QI are incorporated into agency level plans (e.g. workforce development, quality improvement plan).	9.8%	58.8%	21.6%	5.9%	3.9%
New staff are oriented to QI related concepts and agency vision for QI.	7.8%	56.9%	21.6%	7.8%	5.9%
QI project team members are selected based on needed KSAs in a process to accomplish the team's objectives.	11.8%	43.1%	39.2%	3.9%	2%
QI project team's performance is tracked for progress and accomplishments.	12%	46%	34%	6%	2%
QI project team dynamics (e.g. conflict resolution, mutual respect) support effective collaboration to achieve team objectives.	10%	58%	28%	2%	2%
Leadership routinely communicates the organization's QI vision and goals to key stakeholders (e.g. funders, community, local governing entities).	12.2%	55.1%	26.5%	4.1%	2%
Leadership and supervisors make data driven decisions.	18%	60%	20%	0%	2%
A QI committee representing all areas of the organization is empowered to support QI initiatives.	8%	50%	34%	6%	2%
A formally adopted organizational QI policy and/or plan is implemented.	6%	60%	32%	0%	2%
This organization collects data on target audience/population groups needs.	14.3%	59.2%	20.4%	2%	4.1%
This organization collects data on staff needs.	10%	60%	16%	12%	2%
Customer (e.g. patients, syringe service program clients) needs and expectations inform customer satisfaction measures.	6%	62%	28%	2%	2%
This organization uses customer needs data in planning efforts (e.g. community health improvement plan, strategic plan, program planning).	12%	62%	22%	0%	4%

## Quality Improvement Culture

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
This organization regularly collects customer (e.g. patients, SEP clients etc.) satisfaction data.	10%	58%	24%	6%	2%
This organization uses customer satisfaction (e.g. clinic patients, SEP clients, food manager's class) data to implement improvements (e.g. QI projects, making informal improvements).	8.2%	61.2%	24.5%	2%	4.1%
This organization tracks goals and objectives for each strategic priority defined in the organization's strategic plan.	12.2%	55.1%	26.5%	2%	4.1%
The strategic plan guides resource allocation to achieve strategic priorities.	8%	58%	28%	2%	4%
Work unit performance measures are aligned with the agency strategic plan.	4%	66%	24%	4%	2%
Performance measures assess key aspects of performance (e.g. customer satisfaction, financial, internal processes, work force, health outcomes).	10%	58%	24%	4%	4%
This organization tracks shared performance measures for collaborative efforts with community partners (e.g. Community Health Improvement Plan objectives).	8%	64%	22%	4%	2%
Staff follow defined protocols for reporting on performance to stakeholders (e.g. reporting frequency, format).	6%	60%	22%	10%	2%
An effective information system (e.g. spreadsheets, database performance software) is used to analyze performance data over time.	10%	64%	20%	4%	2%
Unmet strategic plan goals and objectives are prioritized for QI projects.	4%	54%	32%	8%	2%
QI goals, objectives and metrics defined in a QI plan are tracked for progress.	6.1%	57.1%	30.6%	6.1%	0%
This organization's QI plan is evaluated and updated in a defined planning cycle.	6.1%	53.1%	32.7%	8.2%	0%
Documented standardized work processes are reviewed and updated to reflect evidence-based, best or promising practices.	10%	58%	24%	6%	2%

### Quality Improvement Culture

Question	Strongly Agree	Agree	N/A	Disagree	Strongly Disagree
QI project goals ( i.e. Aim statements) clearly define the desired future state with time specific measures and targets.	10%	56%	30%	4%	0%
Current standardized processes are analyzed (e.g. use of flowcharts) to identify inefficiencies and waste.	8.2%	51%	30.6%	10.2%	0%
Root cause analysis is conducted to understand the source(s) of performance gaps prior to identifying solutions.	8.2%	51%	30.6%	8.2%	2%
Evidence based, best, or promising practices (internal and external) are considered when selecting interventions for improving quality.	10.2%	63.3%	24.5%	2%	0%
QI project interventions are successively tested on a small scale prior to adopting a change.	6%	56%	30%	6%	2%
Baseline data are accessible for all QI projects.	12%	52%	32%	2%	2%
QI project teams compare data collected from QI project interventions against baseline data to determine whether an improvement was made.	8%	56%	32%	2%	2%
Lessons learned from QI projects are documented and adapted into standardized work processes, as appropriate.	8%	56%	30%	4%	2%



## Culturally and Linguistically Appropriate Services Assessment - Appendix C

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 01</b> Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.</p>	<ol style="list-style-type: none"> <li>1. Offer &amp; Provide interpreters as needed.</li> <li>2. Signs with top 15 languages in KY posted at all sites that interpreters are available at no charge.</li> <li>3. The new webpage has translator function for reading content.</li> <li>4. Provided clinic staff with a glossary of terms &amp; information on LGBTQ+.</li> <li>5. HEAL Team works to promote equity.</li> <li>6. Community Needs Assessment includes community demographics.</li> <li>7. LTDHD's Language Needs Assessment includes demographics.</li> <li>8. EzEMR indicates whether language assistance is needed prior to patient arrival.</li> <li>9. LTDHD social media postings use various racial &amp; ethnic photos. ASL interpreter listing provided to clinics</li> </ol>	<ol style="list-style-type: none"> <li>1. Check language literacy level of written materials for patients/consumers.</li> <li>2. Depts to develop a list of essential documents &amp; which ones still need to be translated.</li> <li>3. Translate information &amp; consent forms in the patient's language of origin.</li> <li>4. Create a CLAS implementation plan.</li> <li>5. Create &amp; disseminate resources about CLAS with the organization (Finally Friday, Breakroom postings)</li> <li>6. Develop procedure for getting essential documents translated to Braille if it were needed.</li> <li>7. Expand translator language options on website.</li> <li>8. Recruit, promote, &amp; support a culturally &amp; linguistically diverse governance, leadership workforce.</li> </ol>
<p><b>CLAS Standard 02</b> Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.</p>	<ol style="list-style-type: none"> <li>1. LTDHD's Strategic Plan incorporates CLAS Standards</li> <li>2. LTDHD has LEP Policy approved by BOH.</li> <li>3. Use of social media postings to reach diverse population.</li> <li>4. LTDHD has a Health Equity Team to assess &amp; plan strategies to improve equity &amp; reduce disparities.</li> <li>5. LTDHD provides quarterly reports to BOH on interpreter usage and costs to aid them establishing appropriate budgets.</li> <li>6. All in-house interpreters must be "deemed qualified" by passing oral &amp; written competency exams offered through the state.</li> <li>7. LTDHD contracts with a telephonic interpreter agency (Cyracom) who assures interpreters have passed oral &amp; written qualifications.</li> <li>8. LTDHD revised the agency core values to include equity. A health equity lens is being applied to all relevant LTDHD policies and procedures. Steps are being taken to revise policies &amp; procedures as necessary to make them more inclusive and equitable.</li> </ol>	<ol style="list-style-type: none"> <li>1. Recruit diverse BOH members.</li> <li>2. Familiarize BOH members &amp; supervisory staff with CLAS Standards.</li> <li>3. Report progress made in complying with CLAS Standards annually to the BOH.</li> <li>4. Formalize process for translating materials into other languages (Spanish) &amp; evaluate the quality of these materials with target audiences.</li> </ol>

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 03</b> Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.</p>	<ol style="list-style-type: none"> <li>1. CLAS Standards incorporated into agency's Mission, Vision, &amp; Strategic Plan</li> <li>2. LTDHD adheres to non-discriminatory practices in hiring &amp; promoting workers.- Title II Non-discrimination on the Basis of Disability in State &amp; Local Government Services.- State Employment Protection Act.</li> <li>3. Community members are included in CHIP to ensure cultural &amp; linguistic appropriateness (town hall meetings, focus groups, community advisory groups, etc.).</li> <li>4. LTDHD partners with community organizations to lead discussions about services provided &amp; progress made &amp; to create advisory boards on issues affecting diverse populations &amp; how best to serve/reach them.</li> <li>5. Commitment to culturally competent care is reflected in the vision/goals/mission of LTDHD.</li> <li>6. Nine employees applied to be on LTDHD's Health Equity Advisory Liaison (HEAL) Team based on a desire to improve equity within the agency and community. The HEAL Team consists of a diverse group of individuals that serve as an advisory committee to the health equity department.</li> <li>7. LTDHD posts job postings/positions on social media, the agency website, Indeed, Zip Recruiter, Monster, etc., as well as at community events.</li> <li>8. All advertised job positions have a notice that LTDHD is an Equal Opportunity Employer.</li> </ol>	<ol style="list-style-type: none"> <li>1. Report to BOH an annual assessment of workforce diversity.</li> <li>2. Complete a CLAS-related organizational assessment of the cultural &amp; linguistic needs of populations served &amp; organizational &amp;/or community resources to address these needs.</li> <li>3. Collect Race, Ethnicity, and Language (REAL) data from all individuals receiving services.</li> <li>4. Use REAL data to identify needs, describe current care &amp; service provision trends, &amp; improve care &amp; service provision.</li> <li>5. Develop a Cultural &amp; Linguistic Competence (CLC) Plan.</li> <li>6. Post notices of job announcements in varied forums, venues, &amp; languages to attract diverse applicants.</li> <li>7. Offer cultural competency in-service that offers CEUs for participating staff.</li> <li>8. Include education on cultural competency in orientation materials for new staff &amp; during annual update meetings.</li> <li>9. Add to Job Descriptions &amp; Performance Evaluations: "Provide effective, understandable &amp; respectful quality care &amp; services that are responsive to diverse cultural health beliefs &amp; practices, preferred languages, health literacy, &amp; other communication needs."</li> <li>10. Add to Job Descriptions &amp; Performance Evaluations: "Interact effectively with people whose cultures &amp; belief systems are/may be different than your own."</li> </ol>
<p><b>CLAS Standard 04</b> Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<ol style="list-style-type: none"> <li>1. New BOH members &amp; employees are oriented to Title VI LEP policies &amp; procedures.</li> <li>2. All LTDHD managers, supervisors, and staff complete annual Cultural Competency training.</li> <li>3. Occasional posting of cultural diversity awareness &amp; compliance with Title VI requirements for meeting needs of LEP population in "Finally Friday" newsletters to staff.</li> <li>4. LTDHD employees participated in a 4-week training program with a focus on Diversity, Equity, Inclusion, and Belonging</li> <li>5. An outside consultant facilitated equity training for all LTDHD managers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Orient new BOH members of CLAS Standards &amp; Title VI LEP Requirements.</li> <li>2. Inform BOH of CLAS Standards.</li> <li>3. District BOH reviews new policies for approval with CLAS &amp; equity lens.</li> <li>4. Annual Report to BOH as to how LTDHD is complying with CLAS Standards &amp; improving Health Equity and decreasing disparities.</li> <li>5. Use available online resources &amp; training resources.</li> <li>6. Periodically query staff about their perceived learning needs in cultural &amp; linguistic competence.</li> <li>7. Incorporate cultural competency &amp; CLAS into staff Job Descriptions &amp; Performance Evaluations.</li> <li>8. Address cultural &amp; linguistic competency as a routine component of staff meetings. Allocate annual budgetary expenditures for on-going CLAS training.</li> </ol>

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 05</b> Offer language assistance to individuals who have Limited English Proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p>	<ol style="list-style-type: none"> <li>1. LTDHD offers &amp; provides interpreters at no-cost to clients/families through bi-lingual staff members either in-person or on the telephone and also through contracted Interpreter vendors (ASL, CyraCom)</li> <li>2. 711 KY Relay allows access with deaf and hard-of-hearing individuals.</li> <li>3. LTDHD's website has a feature that allows printed content to be enlarged and/or read to the individual.</li> <li>4. Signage posted in clinics &amp; on website of availability of interpreter services.</li> <li>5. "I Speak" cards available at all LTDHD sites.</li> <li>6. EzEMR notes in established patient charts that patient needs an interpreter.</li> <li>7. Conduct periodic assessments of languages spoken within community.</li> <li>8. Language access services include ASL interpretation at no cost to clients.</li> <li>9. CyraCom Video Remote Interpreting is available for ASL interpreters.</li> <li>10. CyraCom offers translation to Braille at no cost to clients when needed, upon request.</li> <li>11. TV screens in clinic waiting rooms post that interpreters are available upon request, at no cost to clients/families.</li> <li>12. 1557 Taglines are posted in 15 languages on TV screens in clinic waiting rooms.</li> <li>13. LTDHD website posts that interpreters are available at no cost to clients/families (1557 taglines).</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct an assessment every 3-5 years of languages spoken within the target community, include data on people who are deaf/hard-of-hearing.</li> <li>2. Review/Update the Language Access Plan every 3 years, or more frequently as needed, to ensure adequate resources for the provision of professional language access services.</li> <li>3. Conduct periodic assessments of languages spoken within community &amp; include data for deaf &amp; HOH.</li> <li>4. Add Spanish signage/directions in clinics &amp; central office: Notices, Exits, Bathroom.</li> <li>5. Add to telephone answering recording – Spanish option.</li> <li>6. Explore new community partnerships with potential contracted interpreters.</li> <li>7. Formalize process for translating materials into other languages &amp; evaluate the quality of these materials with target audiences.</li> <li>8. Patient/Client satisfaction measures can include questions about CLAS.</li> <li>9. Allocate annual budgetary expenditures for translation of essential documents.</li> </ol>
<p><b>CLAS Standard 06</b> Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<ol style="list-style-type: none"> <li>1. Signs with top 15 languages in KY posted at all sites that interpreters are available at no cost to the client.</li> <li>2. Website informs public that interpreter assistance is available.</li> <li>3. "I Speak" cards available at all sites.</li> <li>4. Website notice of interpreter availability in several languages.</li> <li>5. Waiting room tv displays availability of interpreters at no charge.</li> <li>6. Language Access Policy &amp; Language Assistance Plan in place to make interpreters available.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop a "Know Your Language Rights" fact sheet in different languages.</li> <li>2. Offer automated phone system message with info on office hours, etc. in Spanish.</li> </ol>
<p><b>CLAS Standard 07</b> Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>	<ol style="list-style-type: none"> <li>1. LTDHD only uses trained interpreters who have successfully passed written &amp; language translation assessments.</li> <li>2. Bi-lingual staff must undergo interpreter training &amp; successfully pass written &amp; language translation assessments prior to being deemed qualified to interpret.</li> <li>3. LTDHD has LEP policy against using minors as interpreters with the exception of demographic information.</li> <li>4. LTDHD only contracts with ASL interpreters who are licensed in KY.</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient surveys regarding satisfaction with interpreter services.</li> <li>2. Analyze patient &amp; provider satisfaction data to inform quality improvement efforts.</li> <li>3. Check with CyraCom to ensure that their ASL interpreters are licensed in KY.</li> </ol>

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 08</b> Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.</p>	<ol style="list-style-type: none"> <li>1. Signs with top 15 languages in KY posted at all sites that interpreters are available at no charge.</li> <li>2. When LTDHD is closed for holidays, signs are posted in English &amp; Spanish on the front doors at all sites and on LTDHD website.</li> <li>3. LTDHD website has translator service function for 10 languages.</li> <li>4. Vital documents can be translated to Braille using CyraCom, if needed upon request.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop and/or adapt patient materials &amp; resources that address the literacy &amp; health literacy of the populations served, &amp; test with clients.</li> <li>2. Check language literacy levels of written materials for patients.</li> <li>3. Formalize processes for translating materials into languages other than English.</li> <li>4. Identify essential documents by dept for translation.</li> <li>5. Develop policy governing written translation.</li> <li>6. Explore website translators to include more language options.</li> <li>7. Add clinic signs in Spanish (exit, bathroom, not an exit, etc.)</li> </ol>
<p><b>CLAS Standard 09</b> Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p>	<ol style="list-style-type: none"> <li>1. LTDHD involved consumers across demographic groups, their families, &amp; advocates in the development of the Strategic Plan.</li> <li>2. LTDHD regularly reviews organization plans &amp; operations to ensure cultural &amp; linguistic needs are being met.</li> <li>3. CHA/CHP involves input from community partners</li> <li>4. LTDHD Core Values Policy reflects the agency's commitment to serving a diverse cultural population.</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop and evaluate equity related goals and implement action steps upon approval.</li> <li>2. Conduct &amp; report on LEP patient satisfaction surveys to District BOH.</li> </ol>
<p><b>CLAS Standard 10</b> Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p>	<ol style="list-style-type: none"> <li>1. Impacts Team plans &amp; conducts CLAS-related self-assessment activities.</li> <li>2. Collect &amp; analyze data from multiple sources, including partners.</li> <li>3. A survey assessment was conducted ~2 months after the completion of a 4-week diversity, equity, inclusion, and belonging training program to evaluate the effectiveness and lasting effects of the training.</li> </ol>	<ol style="list-style-type: none"> <li>1. LEP Patient Satisfaction Surveys</li> <li>2. Interpreter Surveys</li> <li>3. Embed measures for cultural &amp; linguistic competence in internal audits, evaluation, &amp; quality improvement processes.</li> <li>4. Share findings with staff, patients/clients, board members, partners, &amp; community; &amp; discuss their implications for policy, Practice, &amp; community engagement.</li> <li>5. HEAL Team to review assessments, policies, and procedures to ensure integration of CLAS-related measures.</li> </ol>

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 11</b></p> <p>Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.</p>	<p>1. CHA and demographic assessments.</p>	<ol style="list-style-type: none"> <li>1. LEP Language Needs Assessment every 3-5 yrs &amp; update as needed.</li> <li>2. LEP patient surveys to gain feedback on CLAS activities.</li> <li>3. Develop ongoing self-assessment of CLAS related activities.</li> <li>4. Collect data information on client records: race, ethnicity, &amp; language, (REAL data) specifically*Clients' primary language (written, spoken, &amp; sign), &amp; preferred language for service delivery.*Need for an interpreter.*English language ability (i.e. ability to speak, read,&amp; understand English)*Literacy &amp; health literacy levels.</li> <li>5. Add option "Prefer not to answer" to collecting REAL data.</li> <li>6. Communicate (in writing &amp; verbally) LTDHD's policy &amp; practices for confidentiality to all patients. Inform patients that they have the option to share or not share racial, ethnic, &amp; language data, &amp; that their choice will not in any way affect their ability to receive services.</li> <li>7. Advise patients that data collected will be used to improve services &amp; reduce disparities in that &amp; health care based on race, ethnicity, &amp; language.</li> <li>8. Collect race, ethnicity, &amp; language (REAL) data from all individuals receiving services.</li> <li>9. Use REAL data to identify needs, describe current care &amp; service provision trends, &amp; improve care &amp; service provision.</li> <li>10. Share community demographic data &amp; disparities with District BOH.</li> </ol>
<p>CLAS Standard 12</p> <p>Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</p>	<ol style="list-style-type: none"> <li>1. CHA</li> <li>2. Conducted focus groups with partners &amp; individual in the community.</li> <li>3. Conducted surveys/focus groups with partner organization on community assets/needs.</li> <li>4. Language Access Plan was updated</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure that policies, procedures, &amp; practices are in place to monitor: Current &amp; emerging demographic trends in the geographic area served (e.g. race, ethnicity, languages spoken, age, immigrant &amp; refugee data).</li> <li>2. Analyze these data to plan, deliver, &amp; evaluate culturally &amp; linguistically competent services &amp; supports. Update periodically.</li> <li>3. Collaborate with local hospitals to develop demographic &amp; cultural profiles.</li> </ol>
<p><b>CLAS Standard 13</b></p> <p>Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>	<ol style="list-style-type: none"> <li>1. Incorporated community &amp; consumer participation in planning, implementing, &amp; evaluating services &amp; supports for diverse people groups.</li> <li>2. Involve community through community outreach, health centers, religious institutions, community centers, &amp; community-based organizations.</li> <li>3. Staff held health fairs &amp; immunization fair for Hispanic community.</li> <li>4. Libraries &amp; other public places are used for meetings on health issues.</li> <li>5. Conducted key informant interviews with community members, leaders, organizations, businesses, and faith-based organizations.</li> <li>6. Conducted focus groups with community members.</li> <li>7. Maintain continuous QI.</li> </ol>	<ol style="list-style-type: none"> <li>1. Conduct satisfaction surveys.</li> <li>2. Partner with community organizations by asking stakeholders to dialog about CYA results</li> <li>3. Share relevant data with the community at stakeholder meetings &amp; departmental staff meetings.</li> </ol>
<p><b>CLAS Standard 14</b></p> <p>Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p>	<ol style="list-style-type: none"> <li>1. Complaints are tracked &amp; logged to monitor trends.</li> <li>2. Developed a policy to address grievances/complaints.</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide cross-cultural communication training, including how to work with an interpreter, to all staff.</li> <li>2. Have HEAL Team review Grievance Policy &amp; process to ensure it is responsive, inclusive, &amp; equitable &amp; leads to prompt resolution of grievances/complaints in a culturally &amp; linguistically responsive manner.</li> <li>3. Translate complaint forms in languages most frequently encountered.</li> </ol>

CLAS Standard	Elements of Performance	Opportunities for Growth
<p><b>CLAS Standard 15</b>            Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p>	<ol style="list-style-type: none"> <li>1. Quarterly District BOH Meetings &amp; reports</li> <li>2. Conduct joint community forums/town hall meetings with partner agencies to discuss services provided &amp; progress made on cultural &amp; linguistic diversity.</li> <li>3. Create &amp; distribute information in clinic areas &amp; on website to show LTDHD's efforts to be culturally responsive.</li> <li>4. Discuss &amp; present at community meetings, senior centers, &amp; faith-based institutions.</li> <li>5. Collaborate with community organizations &amp; advocacy groups.</li> </ol>	<ol style="list-style-type: none"> <li>1. Include progress toward implementing CLAS to diverse constituents to BOH members on an annual basis.</li> <li>2. Share intentions and initiatives to implement CLAS standards with LTDHD staff.</li> </ol>

## REGULATIONS

American Disabilities ACT (ADA)

Title I Equal Employment Opportunity for Individuals with Disabilities

Title II Nondiscrimination on the Basis of Disability in State & Local Government Services

Title VI Limited English Proficiency

1557 Non-Discrimination Posting

Personnel Administrative Regulations

## REFERENCES

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PMCID: PMC4498546

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care  
 Gerald Ohta, MPH

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The existing national CLAS guidance standards were enhanced in 2013 by the Office of Minority Health, US Department of Health and Human Services. Former Surgeon General Regina Benjamin reminded us that if our patients don't understand us well enough to make good health-care decisions, we didn't treat them. CLAS is intended to improve quality and help eliminate health care disparities. The fifteen standards are a blueprint for providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The standards address three areas—governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability. While they are “not statutory” and are of “equal importance,” many elements are required for accreditation and the communication and language assistance standards are required for federally assisted agencies to help meet Title VI, Civil Rights Act, requirements. Failure to do so may result in withdrawal of federal assistance or administrative review or suit. Responsibility is with both the provider and client, although legal responsibility is generally that of the provider.

# Glossary of Terms - Appendix D

Community Health Assessment (CHA) – A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goals of a CHA is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a CHA; the essential ingredients are community engagement and collaborative participation (Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009). This definition of a CHA also refers to a Tribal, state, or territorial CHA.

Community Health Improvement Plan (CHIP) – A long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the scope of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, Healthy People 2020. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, [www.cdc.gov/nphpsp/FAQ.pdf](http://www.cdc.gov/nphpsp/FAQ.pdf)). This definition of a CHIP also refers to a Tribal, state or territorial CHIP.

Goals – Long range outcome statements that are broad enough to guide the organization's programs, administrative, financial and governance functions. (Allison & Kaye, 2005)

Objectives - Short to intermediate outcome statements that are specifically tied to the goal. Objectives are clear, measurable and communicate how a goal will be achieved. Objectives may be referred to as outcome objectives.

Outcome Indicator - The measures of change at certain milestones to lead to the overall target.

Process Indicator - The measure or documentation of the program or service provided.

Quality Improvement – The use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010).

Strategic Plan - Results from a deliberate decision-making process and defines where an organization is going. The plan 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. (Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).

# Equity Terminology



## Health Disparities

The preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, location, or environment.



## Social Determinants of Health (SDOH)

The conditions in the environment in which people live, learn, work, worship, and age that affect a wide range of health outcomes, risks, and quality-of-life.



## Equity

Recognizes that each person has unique circumstances and provides the exact resources and opportunities needed for everyone to reach their full potential.



## Equality

Involves giving everyone access to the same resources or opportunities, regardless of their unique circumstances. Equality often assumes that everyone starts out on equal footing or with the same opportunities.



## Intersectionality

The intertwining of social identities such as gender, race, class, ethnicity, religion, or sexual orientation, which can result in unique experiences, opportunities, and barriers.



## Unconscious Bias

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Also called implicit bias.



# Organizational Plan Linkage with CHA/CHIP - Appendix E

The agency's strategic plan (SP), community health improvement plan (CHIP), and quality improvement (QI) activities cross-reference one another and are linked to meet Public Health Accreditation Board (PHAB) standards and measures. Many quality improvement projects are listed as objectives or strategies to achieve our strategic planning goals.

## **Organizational Plan and Community Health Improvement Plan:**

Overlap between OP objectives and CHIP objectives (Examples: health equity is now a key priority area in the organizational plan, as well as a focus in the CHIP. The CHIP also focuses on community connections and the OP seeks to improve and leverage partnerships with community stakeholders ).

## **Organizational Plan:**

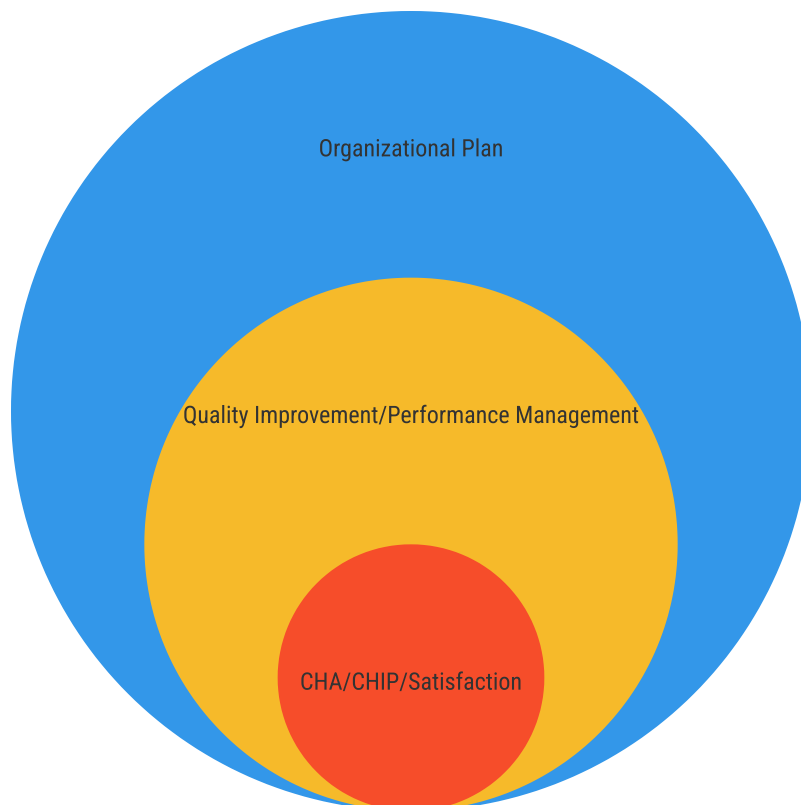
A committee for each priority area identified in the OP addresses goals and objectives to assure continuous improvement and performance management.

QI will be used in evaluating/improving department programmatic work/processes (Examples: Program evaluation of outcomes and efficiency could identify an area of improvement, ).

Some agency QI plan projects are being completed through goals and objectives by OP monitoring/evaluation efforts (Examples: Electronic health records, Workday Solutions, Satisfaction Improvement, health equity focused policy and training).

## **Community Health Improvement Plan and Quality Improvement:**

QI will be used to help evaluate/and improve the work of CHIP root cause groups. The department QI plan informs and is informed by CHIP monitoring/ and evaluation efforts conducted through Alchemer Survey software.



# Competencies and Education Requirements - Appendix F

The competencies adopted by Lincoln Trail District Health Department were derived from the Core Competencies of Public Health Professionals and Kentucky Public Health Transformation, which define the knowledge and skills needed to deliver population based public health services and move public health forward. More information can be found on these competencies by visiting these websites

<https://www.chfs.ky.gov/agencies/dph/Pages/pht.aspx>

[https://www.phf.org/resourcestools/pages/core\\_public\\_health\\_competencies.aspx](https://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)

The competencies are as follows:

Communicable Diseases

Enforcement of Regulations

Population Health

Admin and Organizational Infrastructure

Emergency Preparedness and Response

WIC

Community Health Assessment

HANDS

Harm Reduction & SUD

Strategic Partnerships

Data in Public Health

Funding

## Discipline-Specific Competencies:

Each discipline has a set of competencies set forth to prepare and define their scope of practice including, but not limited to the disciplines that follow: Public Health Leadership, Nursing, Environmental Health, Preparedness and Emergency Response, Dietitians, Health Educators, Social Work, etc. Each program may also have a defined set of competencies, for example: HANDS, WIC, Chronic Disease Prevention, Harm Reduction, and Health Education programs (i.e. Reducing the Risk, Too Good for Drugs, Substance Abuse Prevention program, etc.)

## CE Requirements:

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown below.

Discipline	KY CE Requirements
Nursing	14 CEU hours per year or 7 CEU Hours + evaluation
Registered Sanitation	10 CEU hours per year
Certified Public Health Educator	75 CEU hours every 5 years
Social Worker	30 of CEU's (some specific) within 3 years
Dietitian	75 hours every 5 years by the Commission on Dietetic Registration (CDR), 15 per year for Kentucky License
Certified Diabetes Educator	75 hours every 5 years by the National Certification Board for Diabetes Educators
Master Licensed Diabetes Educator	15 hours every year by the Kentucky Board of Licensed Diabetes Educators
Nurse Practitioner	Nurse requirement + 5 CEU hours of Pharmacology
Medical Director	60 hours of CME every three years, with 30 hours being certified in AMA Category 1 by an organization accredited by the Accreditation Council on CME.
Epidemiology Rapid Response Team (ERRT)	Conference, 2 out of every 4 years, Refresher/Exercise every 4 years, Continuing Education 4 hours per year

## Training needs assessment results:

In January 2022 a Public Health Workforce Assessment for Lincoln Trail District Health Department was conducted through the use of JCHD's Workforce Culture Assessment. This assessment was distributed and collected from all staff. This report was then assessed by our Health Impacts department and the Administrative team to determine next steps for training coming out of the COVID-19 pandemic response.

An internal modified Bay Area Regional Health Inequities Initiative Survey was also conducted and assessed in December 2023.

## Agency-specific needs:

The agency requires mandatory annual training on subjects such as HIPPA, OSHA, Fire Safety, Limited English Proficiency (LEP), and more. An example of an employee annual training sheet can be found in on the following page.

**LTDHD EMPLOYEE TRAINING REQUIREMENTS**

**TRAINING VIDEOS:**

Initials	Name of Video	Video Link
	HIPAA Staff Training (52:21) <i>(HIPAA Privacy/Security &amp; CyberSecurity, Fraud &amp; Abuse, Deficit Reduction Act)</i>	<a href="https://www.youtube.com/watch?v=OAJbn9rQo4">https://www.youtube.com/watch?v=OAJbn9rQo4</a>
	Office Safety (19:15) <i>(Office Safety, Slips/Trips/Falls, Ergonomics, Electrical Safety, Lifting, Fire Safety)</i>	<a href="https://www.youtube.com/watch?v=AyA5iRzgnUjM">https://www.youtube.com/watch?v=AyA5iRzgnUjM</a>
	Run, Hide, Fight (3:58)	<a href="https://www.youtube.com/watch?v=w9nldEzV16k">https://www.youtube.com/watch?v=w9nldEzV16k</a>
	Lock Out / Tag Out (9:34)	<a href="https://www.osha.net/lockout-tagout-awareness-level-tutorial/">https://www.osha.net/lockout-tagout-awareness-level-tutorial/</a>
	GHS Safety Data Sheets (19:34) <i>(OSHA HazCom Standard, Safety Data Sheets)</i>	<a href="https://www.youtube.com/watch?v=vCl7XXEs7s&amp;feature">https://www.youtube.com/watch?v=vCl7XXEs7s&amp;feature</a>
	Fire Extinguishers (13:41)	<a href="https://www.youtube.com/watch?v=fkQdmsyHLo">https://www.youtube.com/watch?v=fkQdmsyHLo</a>
	Workplace Sexual Harassment (15:09)	<a href="https://www.youtube.com/watch?v=HtNlw1Tjeh0">https://www.youtube.com/watch?v=HtNlw1Tjeh0</a>
	711 KY Relay (3:54)	<a href="https://www.youtube.com/watch?v=vsQ73575Qp8">https://www.youtube.com/watch?v=vsQ73575Qp8</a>
	Cultural Competency & Cultural Humility, Part 1 (15:55)	<a href="https://www.youtube.com/watch?v=LSBG2N14GTk">https://www.youtube.com/watch?v=LSBG2N14GTk</a>

**TRAIN MODULES:**

Initials	TRAIN #	Title of Training Module
	1020091	KY DPH Limited English Proficient (LEP) Persons (30 min.)
	1108316	KY DPH Civil Rights Training (63 min.)
	1103084	KY DPH Occupational Safety Health Administration (OSHA) Bloodborne Pathogens, (40 min.)
	WB4495	TB 101 for Health Care Workers (Web-Based: WB4495) - ALL staff do Lessons 1 & 2 (15 min.) - Clinic RN's do all 6 Lessons (1 hour)

**OTHER TRAINING REQUIREMENTS REQUIRED ONLY FOR SPECIFIC PERSONNEL:**

Initials	Specific Workers	TRAIN #	Title of Course
	Environmentalists Epidemiologists Medical Director Nurses DOT Staff (Directly Observed Therapy) HRSSP Staff (Syringe Exchange Program) Workers required to be Fit-Tested Staff who work in Immunization Clinics	Web based	OSHA Respiratory Protection for Health Care Workers: "Respiratory Protection for HCWs Training Video" (33 min. 13 sec.)  <a href="https://www.youtube.com/watch?v=6oixV4kmp7c">https://www.youtube.com/watch?v=6oixV4kmp7c</a>
	I.T. Personnel, LTDHD Janitorial Staff, Maintenance Staff, Anyone whose Job Description Requires the Use of Ladders	Web based	"How to Use Ladders Safely" (10 min. 17 sec.) <a href="https://www.youtube.com/watch?v=Ap243_EAilj">https://www.youtube.com/watch?v=Ap243_EAilj</a>  "Ladder Safety Training Video" (10 min. 45 sec.) <a href="https://www.youtube.com/watch?v=73WT70s6ibVI">https://www.youtube.com/watch?v=73WT70s6ibVI</a>

# LTDHD Employee Training Requirements Appendix G

The Following Policy Manuals are available to staff through SharePoint. By initialing below, the employee acknowledges that they have access to each of the manuals and has had the opportunity to review the manual and ask for clarification on any policy, SOP, or guideline contained within.

(On SharePoint):

Initials	Policy Manuals to be Reviewed
	Employee Manual
	Standard Operating Procedures Manual
	Safety Manual
	Hazard Communication Plan
	HIPAA Manual
	Bloodborne Pathogens & Infection Control Manual
	Respiratory Protection Manual

**ONE TIME TRAINING MODULES TO BE COMPLETED WITHIN 6 MONTHS of hire date:**

(Web based and TRAIN)

Initials	Date Completed	Module #	Title of Training Module
		Web based	IS-100c Introduction to the Incident Command System (ICS-100) for Healthcare Hospitals <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-100c">https://training.fema.gov/is/courseoverview.aspx?code=IS-100c</a> A FEMA Student ID (SID) and exam is required to complete the NIMS course (print certificate and give to HR)
		Web based	IS-700b National Incident Management System (NIMS) <a href="https://training.fema.gov/is/courseoverview.aspx?code=IS-700_b">https://training.fema.gov/is/courseoverview.aspx?code=IS-700_b</a> A FEMA Student ID (SID) and exam is required to complete the NIMS course (print certificate and give to HR)
		1054996	Nuts & Bolts of Preparedness (35 min.)
		1093663	SNS Overview Course (70-90 min.)
		1059661	Public Health 101 – Intro to Public Health (30 min.)
		1100213	CPM Intro to Continual Quality Improvement
		1100291	CPM The Improvement Cycle

By signing my name below, I verify that I have: viewed the training videos in their entirety; completed the required TRAIN modules; and have access to the Policy Manuals listed above. I understand that I am accountable for the information contained in the manuals and trainings listed above. If I have any questions, I agree to seek clarification from my supervisor.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_  
Revised 2-8-2023

# Performance Management Dashboard - Appendix H

**Objective:** Increase internal and external services by 10% within each department.



## Clinic

Stefanie Goff, Assistant Director and Director of Clinical and Community Services

Average FTE Staff  
**12.50**

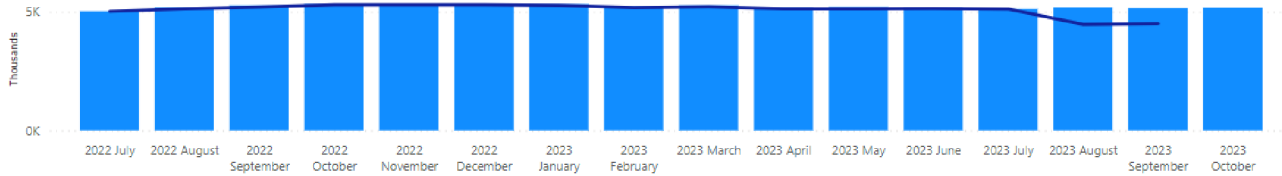
Fiscal Year  
Multiple selec...

Month  
All

County  
All

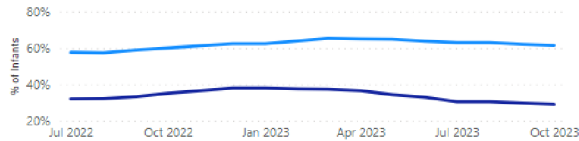
### WIC Enrollment

● Current Enrolled ● Current Participation

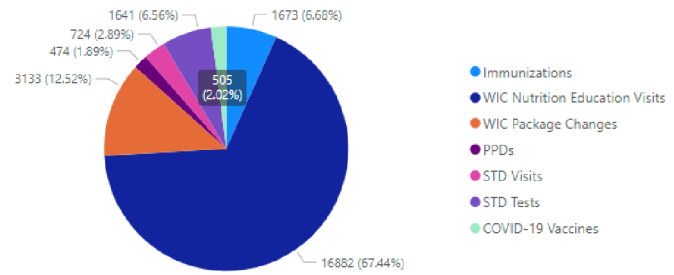


### Breastfeeding Rates

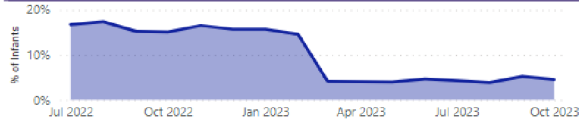
● Ever BF % ● Currently BF %



### Clinic Numbers



### Noncontract Formula Rate



## Chronic Disease Prevention

Diana Leathers, Chronic Disease Prevention Manager and Mobile Unit Coordinator

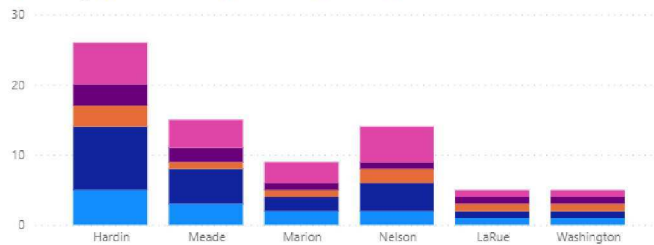
Fiscal Year  
All

Month  
All

County  
All

### Mobile Unit Services Provided by County

● Brown Bags ● Covid Home Test ● Covid Shots ● Flu Shots ● Narcan

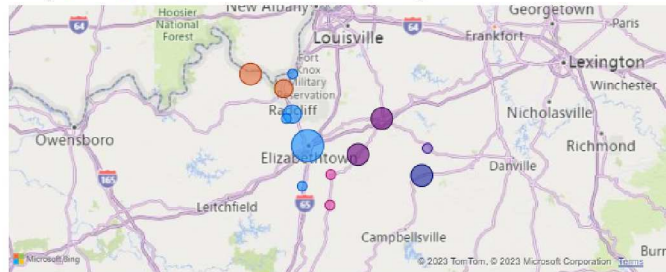


### Total Services by Month



### Mobile Unit Services by Location

County ● Hardin ● LaRue ● Marion ● Meade ● Nelson ● Washington



### Areas of Focus



# Performance Management Dashboard - Appendix H

**Objective:** Increase internal and external services by 10% within each department.



## Clinic

Stefanie Goff, Assistant Director and Director of Clinical and Community Services

Average FTE Staff  
**12.50**

Fiscal Year

Multiple selec...

Month

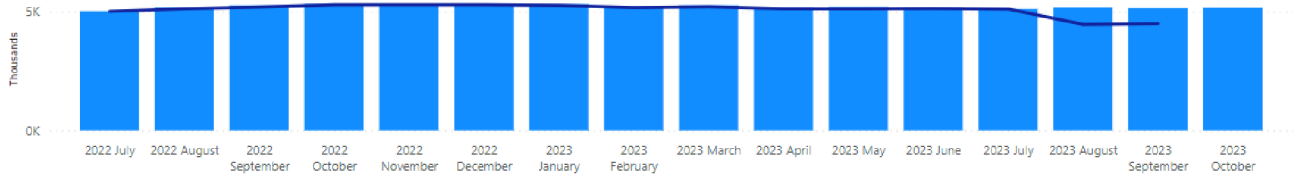
All

County

All

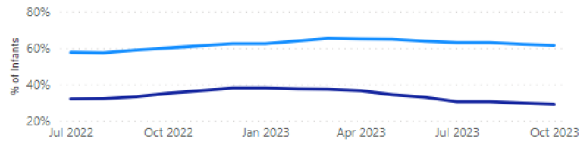
### WIC Enrollment

● Current Enrolled ● Current Participation

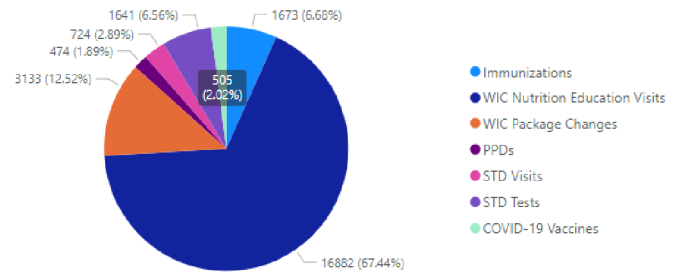


### Breastfeeding Rates

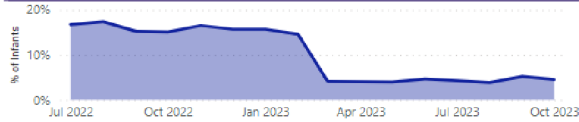
● Ever BF % ● Currently BF %



### Clinic Numbers



### Noncontract Formula Rate



## Chronic Disease Prevention

Diana Leathers, Chronic Disease Prevention Manager and Mobile Unit Coordinator

Fiscal Year

All

Month

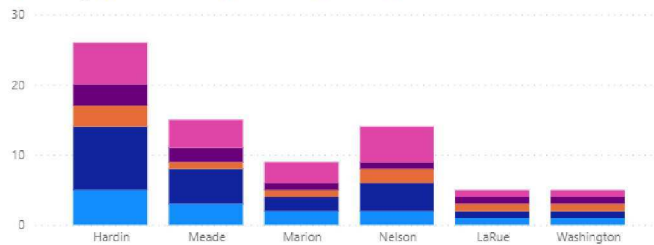
All

County

All

### Mobile Unit Services Provided by County

● Brown Bags ● Covid Home Test ● Covid Shots ● Flu Shots ● Narcan



### Total Services by Month



### Mobile Unit Services by Location

County ● Hardin ● LaRue ● Marion ● Meade ● Nelson ● Washington



### Areas of Focus



# Performance Management Dashboard

**Objective:** Increase internal and external services by 10% within each department.



## Environmental

Bryan Carroll, Environmental Director

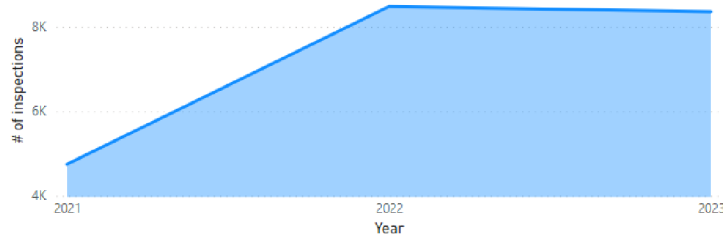
Average FTE Staff  
**12.33**

Fiscal Year  
Multiple selec...

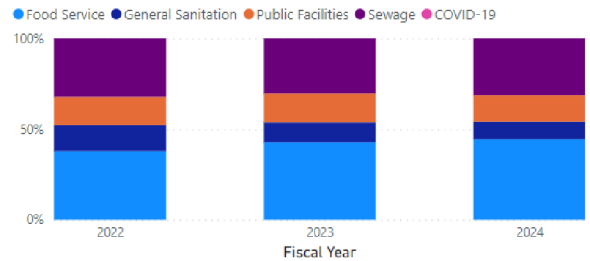
Month  
All

County  
All

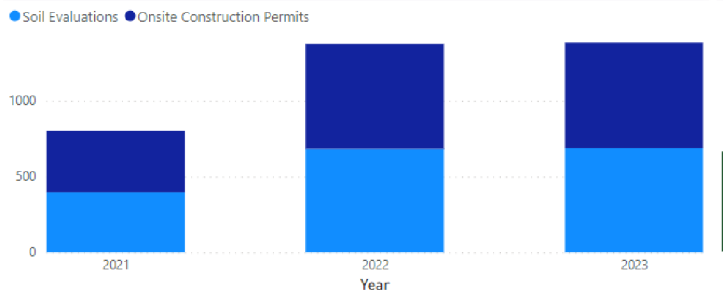
### Total Inspections



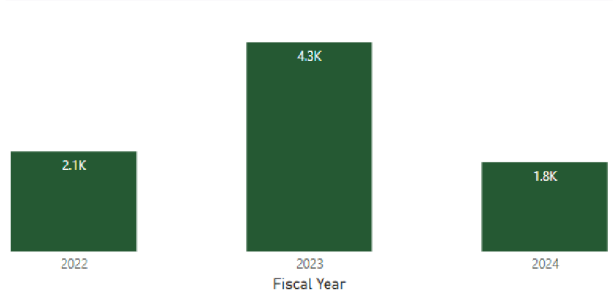
### Inspections by Type



### Soil Evaluations and Onsite Construction Permits



### Total Pounds of Adulterated Product Removed



## Epidemiology

Lisa Thorn, Communicable Disease Manager

Average FTE Staff  
**4.00**

Fiscal Year  
Multiple sele...

Month  
All

County  
All

### Enteric



### Hepatitis



### General Communicable Diseases (excluding COVID-19)



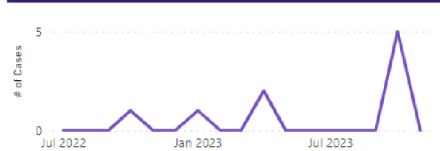
### Vector Borne



### Respiratory & Invasive



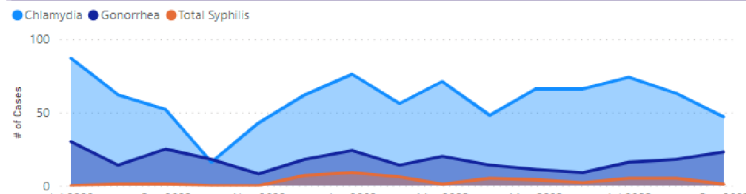
### Vaccine Preventable Diseases



### Total Epi Investigations



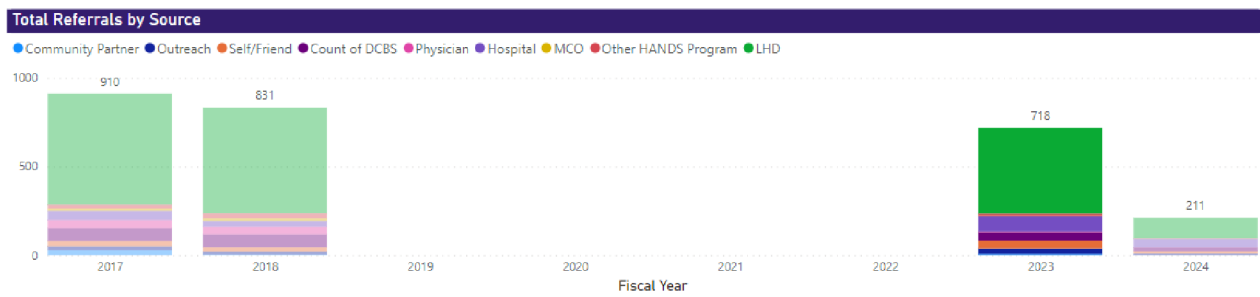
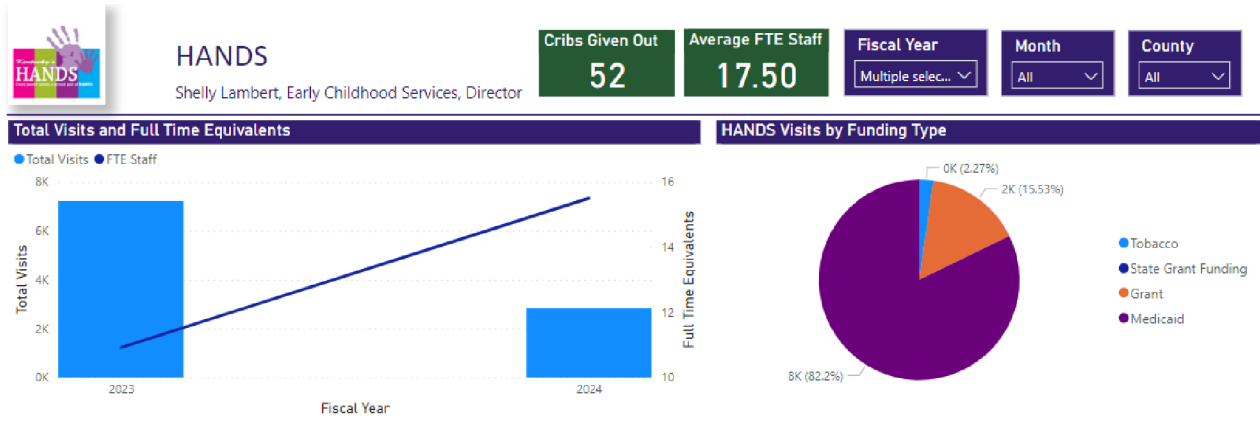
### Sexually Transmitted Infections (Data is preliminary and not for distribution)



\*Excluding COVID-19 Investigations

# Performance Management Dashboard

**Objective:** Increase internal and external services by 10% within each department.



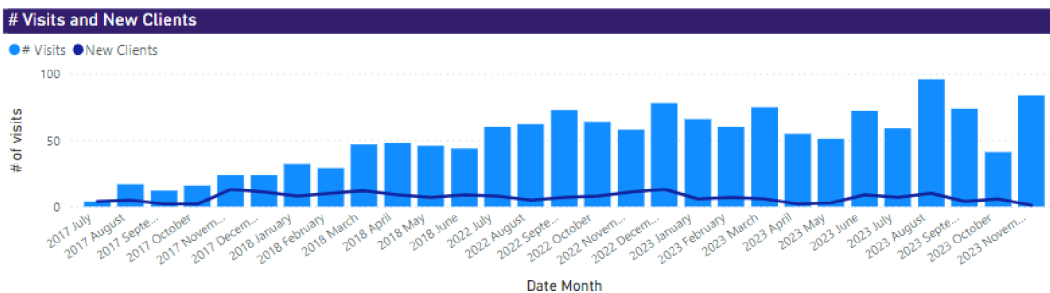
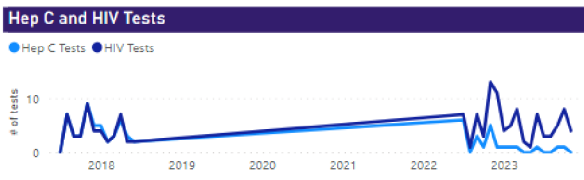
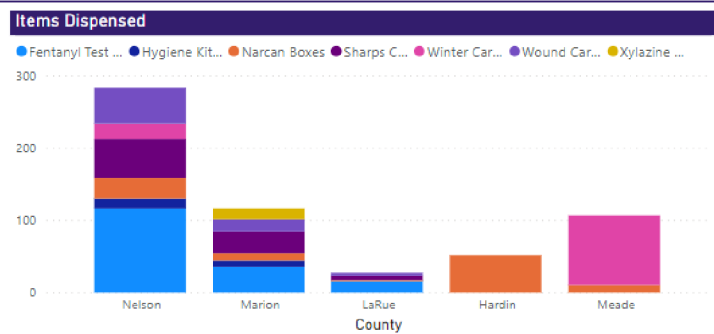
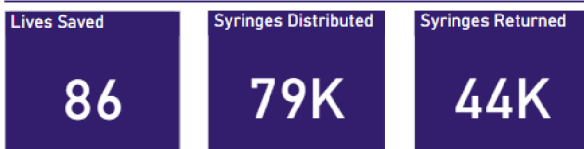
## Harm Reduction Team

Jennifer Osborne, Health Promotion Manager

**Average FTE Staff**  
2.50

**Fiscal Year**  
Multiple sele...

**HRSSP Site**  
All



**Referrals to Services**  
13

**Referrals to Treatment**  
15

# Performance Management Dashboard

**Objective:** Increase internal and external services by 10% within each department.



## Health Impacts

Elizabeth Poynter, Health Impacts Administrator

Fiscal Year  
2024

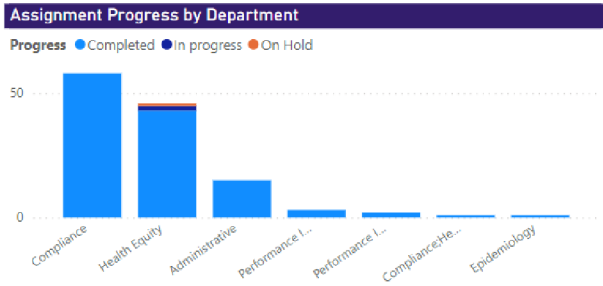
Month  
Multiple sele...

Current Policies  
**467**

Past Due Policies  
**10**

Policies Due in 90 Days  
**40**

Policies Due in 120 Days  
**40**



Total Assignments  
**126**

Completed  
**123**

In Progress

Not Started



- ### Legend
- Resource development (Forms, Website Revision, Mapping, Policy development, Infographic, Diversity Calendar)
  - Research (Legal Epidemiology, Equity Audit)
  - Reaccreditation (Documentation development or capture)
  - Professional development (Power Automate Training, Legal Epidemiology, Cultural Intelligence, Equity Journey, Assessing DEI web-based trainings, Cultural Humility)
  - Planning (Staff onboarding, KPFA conference, Feeding America Data Collection, CHA Forum)
  - Grant Development (Overdose RFP, Health Equity RFA)
  - Evaluation (Policy Revision, Vital Statistics Report)
  - Data Support (Trend Analysis, Data Request, Data Analysis)



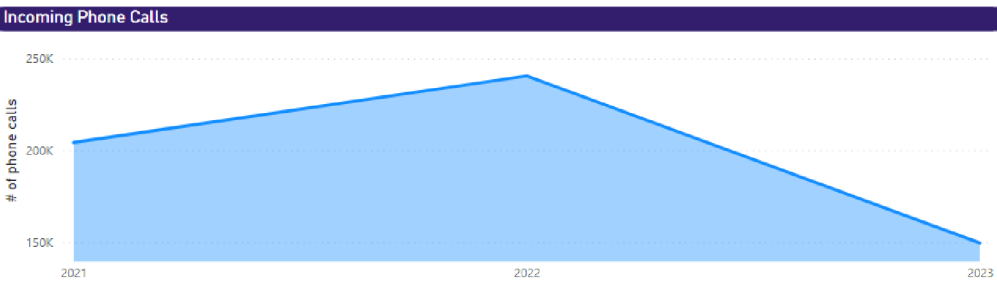
## Information Technology

Jason Henderson, IT Manager

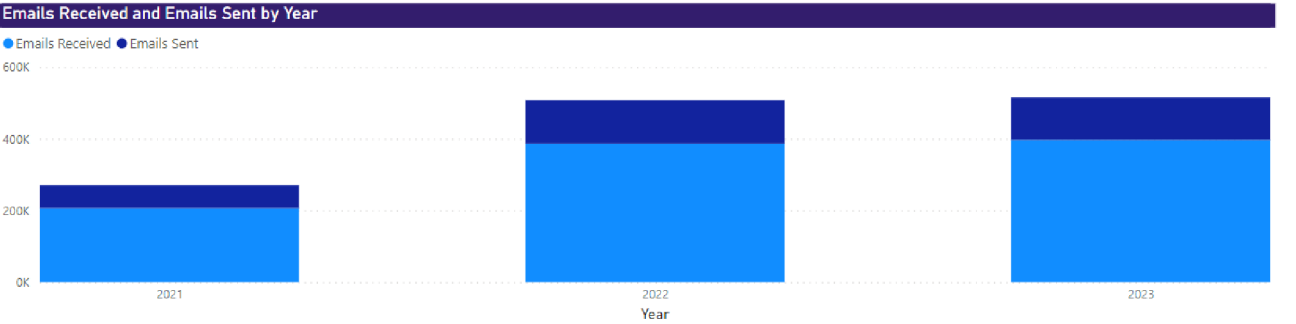
Average FTE Staff  
**2.00**

Fiscal Year  
Multiple selec...

Month  
All



Devices Managed	
Cell Phones	Phones
<b>78</b>	<b>193</b>
Computers	Printers
<b>237</b>	<b>94</b>



# Performance Management Dashboard

**Objective:** Increase internal and external services by 10% within each department.

