

Kentucky Department
for Public Health

Strategic PLAN

2025-
2029

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

TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES




Kentucky Public Health

Prevent. Promote. Protect.



Signature and Record of Revisions Page

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



 September 30, 2025
 (date)

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Commissioner

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Record of Revisions

Date	Description of Changes	Pages/Sections Affected	Reviewed By
December 2024- August 2025	The entire 2021-2025 Strategic Plan was reviewed and revised. Priorities, goals, objectives and activities were reviewed and/or revised. Alignment with Public Health Accreditation Board best practices was ensured.	Entire document	Dr. Steven Stack, Taban Herrington, Elizabeth Goode, Commissioner's Office, Office of Performance Improvement & Accreditation staff

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The following individuals and organizations contributed to this report. Others not mentioned here include public health professionals who developed reports and compiled data for the source documents and reference materials used to compile this assessment.

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Additional Contributors to Data:

- Senior Leadership Team (Commissioner's Office leaders including the Office of Population Health, division directors and assistant directors from all eight operating units)
- Upper Management Team (branch managers, section supervisors and large program leaders from all eight operating units essential for implementing the strategic priorities at the division, branch and program levels)
- KDPH Staff
- Kentucky Health Departments Association (KHDA)/Local Health Departments

The collective effort and dedication of everyone involved has been instrumental in creating a strategic plan that will guide the KDPH in its mission to improve the health and well-being of our commonwealth.

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Mission, Vision and Values – Driving the KDPH Culture

The health department's mission, vision and values define its purpose, aspirations and core principles. These foundational elements provide a framework for the 2025-2029 KDPH Strategic Plan ("Strategic Plan"), shaping priorities and guiding decision-making. KDPH Leadership and staff discussed the previously developed mission, vision and values and determined that the existing statements are still aligned with operational needs and desire to provide outstanding public health services to the citizens of the commonwealth.

The KDPH is devoted to an organizational culture of quality and operational excellence. The mission statement reflects the health department's core purpose and primary responsibilities. It answers the question: "Why do we exist?" To achieve its **mission** to improve the health and safety of people in Kentucky through prevention, promotion and protection, the KDPH relies on recruiting and investing in staff, strong partnerships and a commitment to science, high-quality data and evidence-based interventions to inform its decisions.

The culture within the KDPH also shapes how it collaborates with outside agencies. The KDPH values mutually supportive partnerships with local health departments, universities, nonprofit agencies, community-based organizations, health care entities, government agencies and more in carrying out the **vision** of healthier people, healthier communities. The vision statement describes the department's ideal future state and long-term aspirations. It answers the question: "What do we hope to achieve?" By working together with agencies across the Commonwealth, the KDPH can more effectively reach and serve all Kentuckians. These partnerships also allow for enhanced access to other areas of expertise and high-quality data, which the KDPH uses to guide practice and inform decisions.

Expert and dedicated staff are the agency's greatest asset. Values define the principles and beliefs that shape the department's actions, culture, and decision-making. They answer the question: "What is

important to us?" In support of our staff, the KDPH is committed to fostering a culture of responsiveness, equity, accountability, collaboration and honesty, known within the agency as REACH **values**. KDPH strives to be a place where staff feel valued, supported and uplifted, and are in turn kind, considerate and respectful to each other. As each operating unit within the department houses numerous unique programs and areas of expertise, effective coordination and collaboration across operating units is essential. Additionally, to deliver effective public health work and response, it is important for KDPH to be aligned internally to present externally as competent, consistent and credible. Through effective use of resources and collaboration, KDPH responds to public health threats and emergencies with a unified voice, strengthening not only the trust within the organization but the quality of partnerships.

Our Mission

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

Our Vision

Healthier People, Healthier Communities

Our Values

Responsiveness

Equity

Accountability

Collaboration

Honesty

Accreditation Note: The health department's mission, vision and guiding principles or values is a requirement in the v2022 Standards and Measures for Reaccreditation (Measure 10.1.1 A RD2a).

Process Overview

The Strategic Plan has been developed through a comprehensive process involving input from all levels of the KDPH workforce. The process has been managed by a small committee led by the Commissioner for Public Health, the Chief of Staff and the Director of the Division of Prevention and Quality Improvement. The Performance Management System (PMS), through the Performance Management Committee (PMC), was engaged to assess the success in 2021 KDPH Strategic Plan accomplishments, review Strategic Plan progress reports ([link to 2024 report](#)) and gain input from operating units on establishing 2025 goals and objectives. Transparency, accountability, monitoring of progress and communication are important components to the KDPH strategic planning process and are covered under the structure of the PMS. The PMS is a dynamic infrastructure consisting of committees and groups as well as survey and data collection systems for feedback from all levels of the organization.

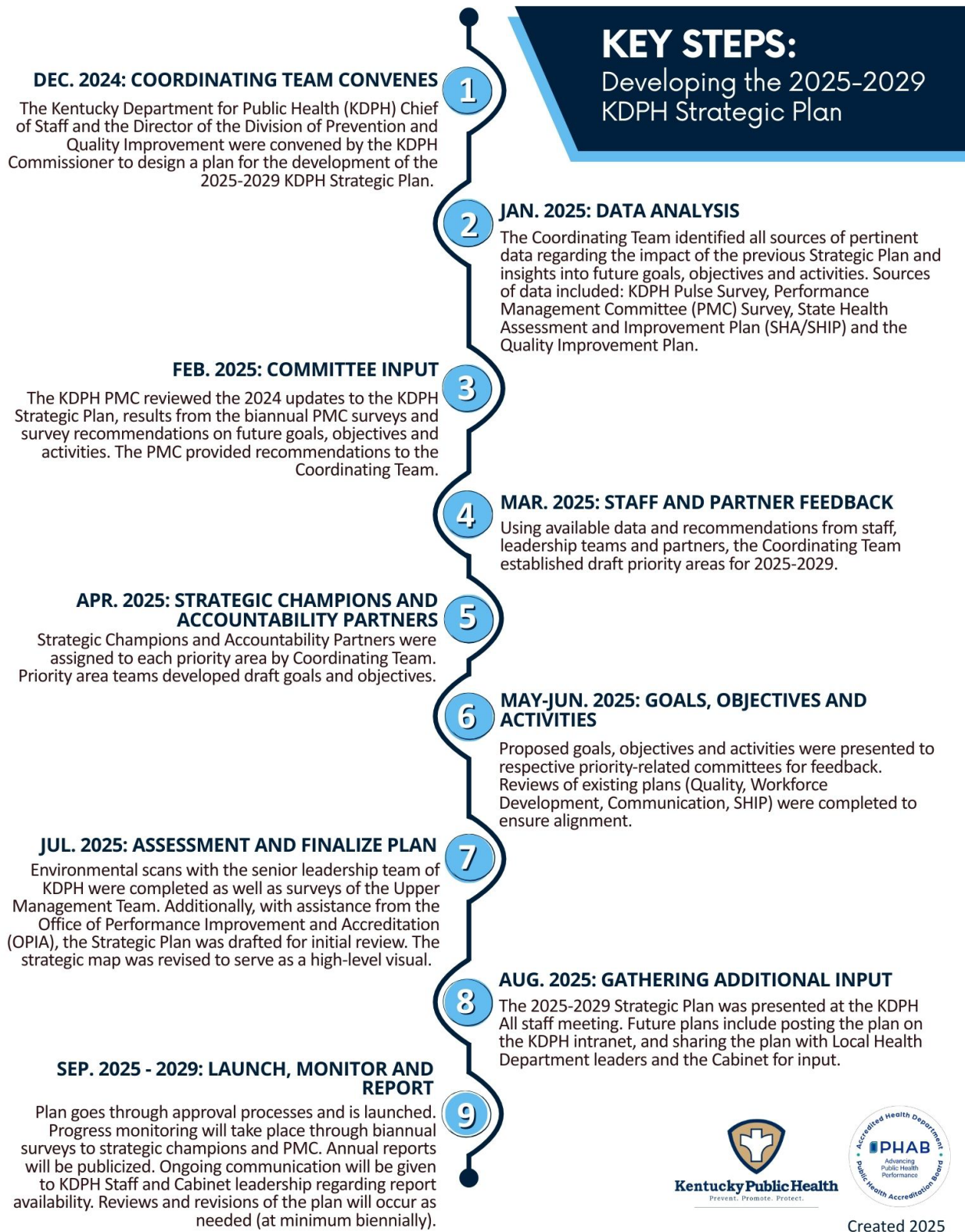


Figure 1: Key Steps to Developing the 2025-2029 KDPH Strategic Plan

A Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis was conducted in July 2025 with Senior Leadership and PMC Strategic Champions and Accountability Partners (SC/AP). Full results can be found in [Appendix 3](#) and a summary of themes with counts is below.

	Helpful	Harmful
Internal	Strengths <ul style="list-style-type: none"> The KDPH Staff – 14 The KDPH Organization – 6 Partnerships – 5 The KDPH Leadership – 5 Communication – 4 Innovation and Creativity – 2 	Weaknesses <ul style="list-style-type: none"> Funding Challenges – 12 Bureacracy – 7 Political Influences – 4 Staffing – 3 Communication – 2
External	Opportunities <ul style="list-style-type: none"> Collaboration and Alignment – 8 Promotion of Public Health and Evidence-Based Practices – 5 Improved Processes – 4 Workforce Development Initiatives – 4 Data Utilization and Improvement - 3 	Threats <ul style="list-style-type: none"> Funding Challenges – 8 Political Influences – 6 Lack of Trust in Evidence-Based Public Health – 5 Lack of Public Health Visibilty and Attention During Non-Emergency Times – 2

Figure 2: Senior Leadership SWOT Analysis Summary

In addition, input was collected from the Upper Management Team and all KDPH staff. A summary of this data can be found in [Appendix 3](#). Additional discussions will be sought.

Strategic Map

The Strategic Map, first used in the 2011 Strategic Plan, is the most accessible visualization of the Strategic Plan priorities. These priorities carry over from the 2021 Strategic Plan with one significant change. While the 2021-2025 Strategic Plan included four priority areas (Building Public Health Capacity, Efficiency and Effectiveness, People and Quality) and two foundational topics (communication and equity), the 2025-2029 KDPH Strategic Plan recognizes the importance of equity and communication as true priorities, not separate. In addition, to better align with national guidance the term population health has replaced equity, as public health is population health, committed to serving all Kentuckians. Division-level goals and objectives should establish direction and measures to support the Strategic Plan and drive decisions such as mission-specific grant opportunities, training and speaking engagements.

See Figure 3 for the 2025 Strategic Map. See the priority goals, objectives and activities in [Appendix 2](#).



KENTUCKY DEPARTMENT FOR PUBLIC HEALTH STRATEGIC MAP: 2025-2029

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

Vision: Healthier People, Healthier Communities



UPDATED JULY 2025

Figure 3: 2025-2029 KDPH Strategic Map

Alignment

Long-term success of the Strategic Plan necessitates linkages to and alignment with other KDPH plans and initiatives. These include but are not limited to those within the Department (e.g., KDPH Continuity of Operations Plan, KDPH Quality Improvement Plan, KDPH Workforce Development Plan, State Health Assessment, State Health Improvement Plan, Performance Management System, Public Health Transformation) and key partner plans, such as the [Kentucky Health Departments Association](#) and [Kentucky Public Health Association](#) Strategic Plans. The 2025-2029 KDPH Strategic Plan is also in alignment with the [Cabinet for Health and Family Services Strategic Plan](#) in its goal of building an efficient, sustainable public health system focused on producing better health outcomes.

- [State Health Improvement Plan \(SHIP\)](#): The KDPH has intentionally aligned its Strategic Plan with the priorities identified in the 2024-2028 SHIP. The Building Public Health Capacity Priority overlaps with all SHIP priorities to provide continuous involvement by providing collaboration and funding assistance to agencies that align with SHIP goals and the KDPH's mission, engagement with the community to ensure adequate distribution of resources and services and support for staff time to participate in activities designed to improve health outcomes.
- **Performance Management**: This Strategic Plan is directly connected to the KDPH PM system to ensure that strategic priorities are consistently tracked, evaluated and refined. One of the goals of the Efficiency and Effectiveness Priority is to implement and maintain a department-wide PM system and objectives include updating the PM structure and information technology solution to improve tracking, monitoring and reporting of progress on goals, objectives and associated metrics; and reviewing, revising and reporting of the progress on PM system goals and communication with all KDPH staff.

See [Appendix 5](#) for additional descriptions of alignment of KDPH plans and initiatives with the Strategic Plan priorities. See [Appendix 7](#) for how divisions and programs can align their work with the Strategic Plan.

Accreditation Note: Linkage with the community health improvement plan and performance management is a requirement in the v2022 Standards and Measures for Reaccreditation (Measure 10.1.1 A RD2f-g).

Putting the Plan into Action

Implementation

The KDPH has developed a structured approach to ensure the strategic plan is effectively implemented. This process includes clear role assignments, defined timelines and the allocation of necessary resources to support progress.

Roles and Responsibilities

The implementation team will be led by the PMC, with each strategic priority assigned to a specific team responsible for execution and reporting, and oversight and guidance provided by the Office of Performance Improvement and Accreditation (OPIA) staff. All KDPH divisions are represented on the

PMC. Each priority is assigned a Strategic Champion (SC) and Accountability Partner (AP). The SCs are accountable for goals and objectives specific to their assigned priority and ensure staff activities align with their priority and identify potential barriers. They work closely with an AP who manages more technical aspects such as input or work plans and activities about progress, ensure monitoring and reporting mechanisms are in place and have a working knowledge of data management systems. See [Appendix 4](#) for an overview of their expectations. Additionally, other subject matter experts contribute to specific areas.

Timelines and Milestones

To guide progress, the department has established key milestones to track the implementation of objectives and activities. The Strategic Plan alignment and progress are monitored by surveying KDPH leaders bi-annually for activities pertaining to the Strategic Plan Priorities. The KDPH PMC reviews survey data regularly and meets at minimum quarterly to discuss strategic planning initiatives. This allows leadership to monitor strategic progress and address challenges as needed.

Resources and Tools

The department has allocated funding for professional development and to ensure strategic priorities have the financial support to be implemented. Staff time is prioritized for strategic initiatives and technology for data tracking. Implementation progress will be monitored. Research Electronic Data Capture (REDCap) has been the technology used to collect survey data previously, and the KDPH is currently moving to the project management tool monday.com to ensure continued accountability.

Monitoring and Reporting

Each SC will provide regular progress reports on all goals, objectives and activities to the PMC and department leadership. These reports will highlight accomplishments, challenges and necessary adjustments to keep the plan on track. A detailed implementation plan outlining specific activities, timelines and responsibilities is available in [Appendix 2](#). monday.com is customizable and is more accessible to a broader population of KDPH staff. Key features of monday.com are flexible tracking “boards,” automation options, live links that facilitate progress reporting to all staff and the Cabinet and data downloads for additional analysis and sharing purposes as appropriate. Additionally, monday.com processes include monitoring responsibility, status updates, formulas, date and deadline tracking, file storage and other quantitative and qualitative data collection methods including the survey updates are collected on. All these features help the KDPH measure success on this Strategic Plan.

Engagement and Continuous Improvement

To ensure the Strategic Plan remains adaptable and effective, the KDPH is committed to ongoing staff engagement, performance monitoring and quality improvement efforts.

Ongoing Feedback and Staff Engagement

Regular meetings collecting feedback will provide insights into how implementation is progressing. For example, the PMC’s SCs/APs are charged with overseeing implementation of this Strategic Plan. The PMC meets at minimum quarterly and will include space for feedback and allow staff to share challenges and propose improvements to refine strategies. Staff of the KDPH are encouraged to provide feedback at any time (see contact information on the [Signature and Record of Revisions page](#)).

Evaluating and Adjusting Strategies

Progress on strategic goals, objectives and activities will be evaluated through the monday.com dashboard, progress reports and biannual senior leadership reviews. If implementation challenges arise, the department will discuss within the PMC and use QI methods [the KDPH follows the Plan-Do-Study-Act (PDSA) cycle and has a menu of QI tools] to refine approaches. The co-chairs of the QI Committee serve on the PMC, as well as others who participate in both committees, to facilitate a more efficient continuous quality improvement (CQI) process in support of PM.

Promoting a Learning Culture

To strengthen implementation over time, the department will have available ongoing training opportunities via the platforms KDPH staff have access to, best-practice sharing during PMC meetings and other methods as available. These efforts will equip staff with the skills and knowledge needed to adjust and sustain strategic initiatives.

Maintaining a Dynamic Strategic Plan

By embedding continuous improvement into implementation, the KDPH ensures the Strategic Plan remains a living document that evolves with departmental needs and priorities. A performance management framework detailing progress tracking and adaptation processes is available in [Appendix 6](#).

Accreditation Note: Monitoring of progress towards all the strategic plan objectives and communication with governance and staff at various levels concerning implementation of the strategic plan are requirements in the v2022 Standards and Measures for Reaccreditation (Measures 10.1.2 A RD1-2).

Appendices

Appendix 1: The “Why” of KDPH’s Strategic Plan

Background and Purpose

The Kentucky Department for Public Health (KDPH) is an agency within the Cabinet for Health and Family Services (CHFS). The CHFS’s mission “is to be a diverse and inclusive organization providing programs, services, and supports that protect and promote the health and well-being of all Kentuckians and their communities.” Kentucky Revised Statute (KRS) [194A.030](#) authorizes the KDPH to “develop and operate all programs of the cabinet that provide health services and all programs for assessing the health status of the population for the promotion of health and the prevention of disease, injury, disability, and premature death.” Within Kentucky’s State Emergency Operations Center (SEOC), the KDPH also serves as the lead agency for Emergency Support Function 8 (ESF 8), which is responsible for coordinating public health and medical-related preparedness, response and recovery activities in emergencies and disaster response. The KDPH is led by the Commissioner for Public Health, appointed by the Governor, who also serves as the Chief Medical Officer of the Commonwealth. The KDPH is comprised of the Office of the Commissioner and eight operating units (see Figure 4).

The KDPH is dedicated to improving the health and safety of people in Kentucky through the prevention of negative health outcomes, promotion of healthy lifestyles, and protection from diseases, injury and environmental health impacts. The KDPH seeks a future with healthier people, healthier communities and supports the Cabinet’s vision of a commonwealth where every Kentuckian reaches their full human potential and all communities thrive.

This Strategic Plan was developed to provide clear direction for our department’s work, ensuring alignment with organizational goals, evolving public health needs and external influences. By identifying key priorities and implementation strategies, the plan enhances our ability to make informed decisions, allocate resources effectively and continuously improve our impact. This plan aims to define the future direction of the KDPH, support and inform decision-making, drive accountability and enhance adaptability to future challenges to support long-term success.

This plan presents the department’s priorities, goals, objectives and activities in pursuit of its mission supporting the health and wellness of 4.5 million Kentuckians. The plan focuses on six key strategic priorities: Building Public Health Capacity, Communications, Efficiency and Effectiveness, People, Population Health and Quality. By proactively identifying areas for growth and improvement, the department can focus on strengthening internal processes, workforce capacity, and service delivery. The goals, objectives and activities within this document are measurable, include actionable strategies to achieve the desired outcomes and are described within the context of the KDPH culture.

Staff across the agency will use this document to inform their decisions and actions and to ensure alignment of efforts with the department’s priorities and strategic vision to ensure meaningful progress. This plan also supports alignment between daily operations and long-term goals, ensuring that all staff understand how their work contributes to broader organizational success. It serves as a living document – one that will evolve as new challenges emerge, reinforcing the department’s ability to respond effectively while maintaining a strong foundation for decision-making. By using this plan as a guide, the KDPH is committed to delivering high-quality public health services, fostering a culture of accountability and continuously improving performance to meet both current and future needs.

Kentucky Department for Public Health

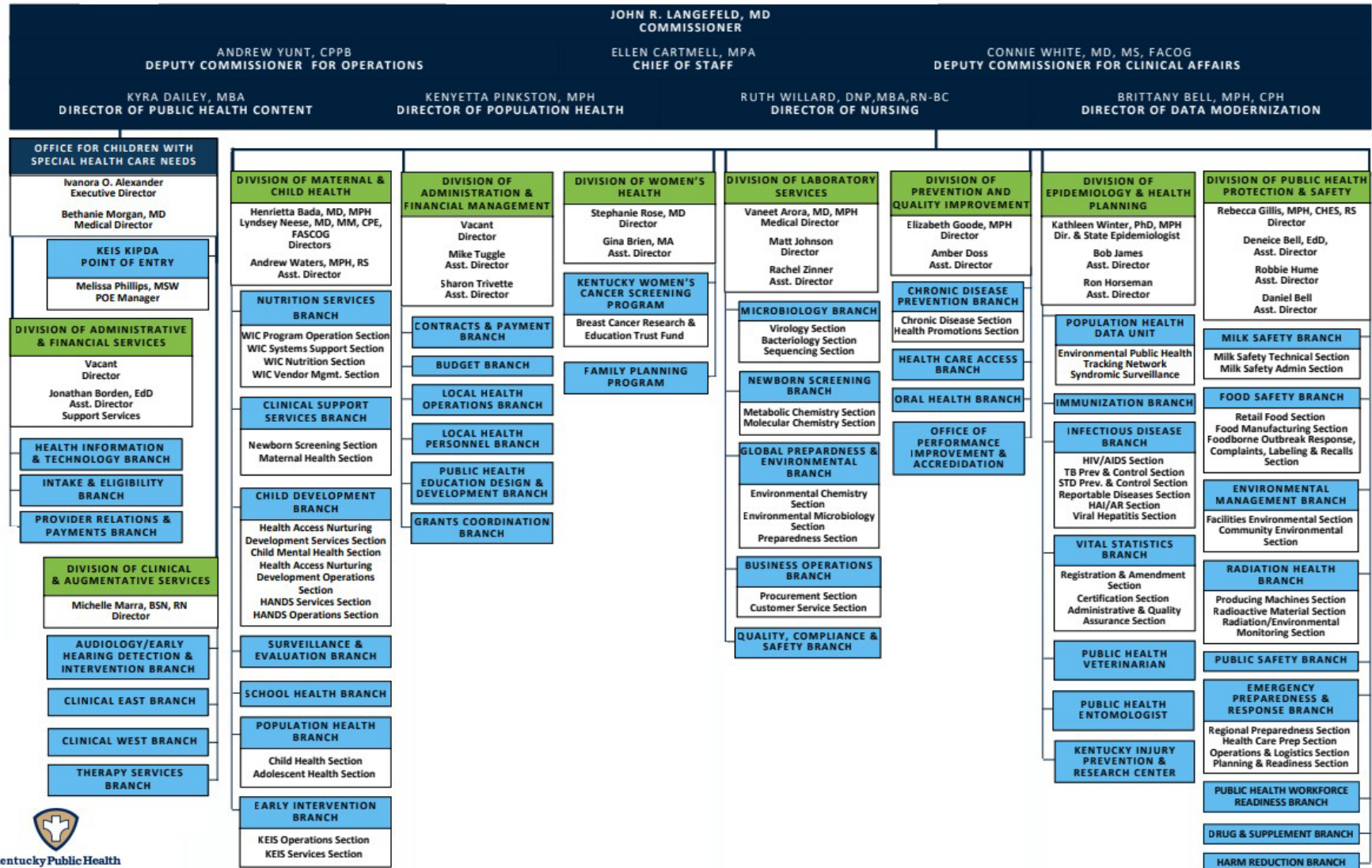


Figure 4: KDPH Organizational Chart



Appendix 2: Strategic Priorities, Goals, Objectives and Activities

Strategic Priority #1 – Building Public Health Capacity

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

Goal 1: By December 2029, the KDPH will provide collaboration and funding assistance to at least five (5) different agencies, ensuring that each agency demonstrates alignment with our mission and contributes to the advancement of public health initiatives.

Objective	Activities	Performance Measures	Responsibility
1: By December 2026, determine a specific budget for funding assistance, ensuring sufficient financial resources are available to support the agencies.	1: Implement annual reviews to assess the impact of funded initiatives on SHIP goals. 2: Attend a minimum of three (3) SHIP-related meetings each year, ensuring representation in key discussions and decision-making processes.	1: Annual review of budget 2: Attendance at a minimum of three (3) SHIP-related meeting/year	Division of Administration and Financial Management, Building Public Health Capacity SC/AP, KDPH Staff

Strategic Priority #2 – Communications

The importance of aligned, timely and effective communication and collaboration among the KDPH, local health departments (LHD), partners and the public are a recurring theme throughout strategic planning and other activity discussions. These goals, objectives and activities seek to break down silos across systems, promote partner engagement, and improve branding and transparent decision-making to improve the health and safety of people in Kentucky through prevention, promotion and protection, not only for KDPH but across the commonwealth.

Goal 1: Annually through 2029, the Kentucky Department for Public Health (KDPH) Commissioner's Office Communications Team will build trust by ensuring KDPH content is up-to-date, relevant, audience-focused and meets branding standards.

Objective	Activities	Performance Measures	Responsibility
1: Annually, actively involve branch and program-level staff to follow internal processes to ensure all KDPH websites and pages have a site editor and backup site editor to provide up-to-date and accurate resources and information for Kentuckians.	1: By December 2027, collaborate with KDPH site editors to review their assigned websites/pages at least monthly. 2: Annually, ensure all branch and program-level site editors receive adequate training to edit their branch or program-level sites or pages.	1: All website editors will provide a monthly record in excel for their website review. 2: There will be a record showing all website editors are up to date on the training.	Communications Team in the Commissioner's Office, Communications Workgroup in the KDPH, Website Editors and backup editors as identified.
2: Biennially through 2029 ensure the KDPH Communication Plan is updated and available to staff.	1. Biennially, review and revise the Communications Plan.	1. Biennial review (and revision as needed) of Communication Plan 2: Updated plan placed on the intranet and shared with staff via department-wide communication.	KDPH Commissioner's Office Communications Team
3: Continuously through 2029, build trust with continued branding efforts for all communications.	1. Annually review and revise KDPH templates and forms for accuracy and alignment with branding guidelines. 2: Quarterly, track the amount of time a project takes to be reviewed and approved in comparison to the feedback time requested.	1. There will be a checklist of all KDPH-approved templates and forms. 2. Review Monday.com tracking board to calculate requested vs. completion dates.	KDPH Commissioner's Office Communications Team

Strategic Priority #3 – Efficiency and Effectiveness

Common themes include ensuring business services are efficient, innovative and transparent. The benefits of cross-cutting, integrated information technology promote accurate standards and measures,

the collection and sharing of actionable data and the ability to conduct program analysis to identify areas for improvement or increased impact.

Goal 1: Implement and maintain a department-wide performance management system through June 2029.

Objective	Activities	Performance Measures	Responsibility
1: Through December 2026, the KDPH will continue to update the PM structure and IT solution (monday.com) to improve tracking, monitoring and reporting of progress on goals, objectives and associated metrics.	1: By December 2026, at least 40% of KDPH staff will utilize the monday.com platform. 2: Three or more trainings per year on monday.com will be provided to users via brown bags, technical assistance or other channels.	1: Calculate how many staff have monday.com licenses and or viewer access out of the total number of staff and convert to a percentage 2: How many times training is offered 3: Methods (brown bags, TA, other, etc.) each training was provided to users	Efficiency and Effectiveness SC/AP, PMC, monday.com Managed Services staff
2: Annually, the KDPH will review, revise and report the progress of performance management system goals and communicate with all KDPH staff.	1: At least one visual aid about KDPH's performance management system will be created and distributed to support review, revision and reporting of progress and communication.	1: Number of visual aids created 2: Types of visual aids created 3: Purpose of visual aids 4: Visual aids distributed	Efficiency and Effectiveness SC/AP, Office of Performance Improvement and Accreditation, KDPH Communications Team

Goal 2: Assess the use of technology and increase data utilization through June 2029.

Objective	Activities	Performance Measures	Responsibility
1: By December 2027, KDPH will perform an inventory and analysis of current systems and implement at least one	1: By December 2026, at least one data systems re-assessment will be completed.	1: Number of data re-assessments completed	Efficiency and Effectiveness SC/AP, Data Modernization and Informatics staff

Objective	Activities	Performance Measures	Responsibility
integrated system/data modernization effort to improve standardized data capture, reporting and data management infrastructure.	2: By December 2027, at least one system integration will be completed.	2: Data re-assessment analyzed 3: Number of system integrations completed	

Strategic Priority #4 – People

Capacity (staff, time, funding) and capability (training and skills) were commonly noted as both a strength and weakness. To strengthen the department's capability and capacity to improve population health and perform foundational capabilities, areas such as recruitment, retention, training and promoting public health as a future career path must be addressed. Objectives in this category seek to increase and prepare the organization and public health system to address public health emergencies as well as daily operations.

Goal 1: Annually, recruit, hire, retain, sustain and train a competent and diverse public health workforce as measured through results from the Workforce Pulse Check Survey and reporting of cross-divisional projects.

Objective	Activities	Performance Measures	Responsibility
1: By June 2026, at least 400 KDPH employees will have completed the Workforce Pulse Check Survey, demonstrating growth in public health competencies within the workforce.	1: Promote and offer periodic workforce pulse check surveys to get additional public health staff answer the survey	1: Workforce pulse check survey is released to all DPH staff twice annually	Division of Public Health Protection and Safety's Quality Assurance Program
2: By June 2026, at least 70% of the workforce who complete the Workforce Pulse Check Survey indicate a desire to advance their	1: Offer quarterly Career Counseling and Professional Development opportunities to KDPH employees.	1: Reported number of staff participating in career counseling and professional development opportunities increases	Division of Public Health Protection and Safety's Center for Foundational Health

Objective	Activities	Performance Measures	Responsibility
careers and continue working at KDPH.			
3: By June 2026, each division will have reported at least two cross-divisional projects, programs or state-affiliated organizations.	<p>1: Every six months, KDPH Division Directors will report on cross-division projects or programs.</p> <p>2: Every six months, develop a list of cross-divisional collaborations established (WFD Advisory Committee, Legionella Response Team, WFD Plan Development, QI Committee, Communications, SHIP, BECKY, etc.).</p> <p>3: Monitor Workforce Pulse Survey results to document persons who are leading external/ state affiliations/ professional associations.</p>	<p>1: Each division reports at least two (2) cross-division projects</p> <p>2: A workgroup reviews and updates the list of cross-division projects twice annually.</p> <p>3: The number of staff participating as members or leaders of professional affiliations increases.</p>	Division of Public Health Protection and Safety
4: By June 2026, determine the metrics for measuring the return on investment for employee-offered professional development opportunities.	1: Produce an annual report on professional development initiatives with analysis on the return on investment (e.g., behavioral assessments like DISC).	1: Statistics, including \$ per participant and participant hours of professional development, are quantified.	Division of Public Health Protection and Safety

Goal 2: Annually, cultivate a positive work environment and a satisfied workforce as measured by the Workforce Pulse Survey.

Objective	Activities	Performance Measures	Responsibility
1: By June 2028, at least 60% of KDPH employees will complete the Workforce Pulse Check Survey each time the survey is administered.	1: Administer the Workforce Pulse Check Survey twice per year and promote completion of the survey.	1: Assess staff participation in the workforce pulse check survey twice annually	Division of Public Health Protection and Safety's Quality Assurance Program
2: By June 2028, at least 80% of the workforce will report they are satisfied in their current role on the Workforce Pulse Check Surveys.	1: Analyze results to help determine what supports job satisfaction by KDPH employees.	1: Quantify the number of satisfied participants from the workforce pulse check survey	Division of Public Health Protection and Safety's Quality Assurance Program
3: By June 2028, at least 67% of the Department-wide Net Promoter Scores will be above 10 on the Workforce Pulse Check Survey.	1: Analyze results to help determine reasons why KDPH staff report recommending the workplace to friends or family.	1: Evaluate Net Promoter Score statistics and open responses for evidence of a positive work environment	Division of Public Health Protection and Safety's Quality Assurance Program

Strategic Priority #5 – Population Health

Population health is essential for advancing public health in Kentucky, particularly in addressing variations in health outcomes among historically low-access populations. To improve health outcomes statewide, population health must be integrated as a core focus of our strategic plan. This includes leveraging data to assess population health needs, empowering staff to implement effective programs, ensuring fair resource allocation and removing barriers that prevent optimal health. By identifying gaps and developing targeted initiatives, we can create strategies that enhance health outcomes for all Kentuckians, reinforcing our commitment to a healthier, more equitable future.

Goal 1: By December 2028, develop and implement targeted strategies to improve health outcomes for all Kentuckians.

Objective	Activities	Performance Measures	Responsibility
1: By June 2027, develop targeted strategies by addressing critical programmatic priorities, decreasing negative health outcomes, and ensuring fair resource allocation for historically low-access populations across the commonwealth through the use of population health data and input from KDPH division leaders.	<p>1: By September 30, 2025, develop a comprehensive population health needs assessment to support program staff in analyzing health outcomes and priorities for population groups across the commonwealth.</p> <p>2: By September 2026, disseminate a population health needs assessment that ensures participation from all divisions within the Kentucky Department for Public Health.</p> <p>3: By February 2027, analyze the assessment data to identify specific programmatic gaps and equitable resource needs, enabling the development of targeted strategies to improve health outcomes for all Kentuckians.</p> <p>4: By September 2027, identify strategies for addressing critical programmatic priorities, decreasing negative health outcomes and ensuring</p>	<p>1: One (1) comprehensive population needs assessment</p> <p>2: Dissemination of needs assessment to all KDPH divisions (7 + 1 office)</p> <p>3: Participation from all KDPH divisions on needs assessment (7 + 1 office)</p> <p>4: Analysis completed of needs assessment data</p> <p>5: Programmatic gaps and resource needs identified</p> <p>6: At least one (1) strategy identified per programmatic gap and/or resource need</p>	Office of Population Health, Division Leadership, Program Managers and Staff

Objective	Activities	Performance Measures	Responsibility
	fair resource allocation through data analysis.		
2: By December 2028, implement targeted strategies utilizing collected population health data and input from KDPH division leaders.	1: By August 2028, support gap/resource needs based on data analysis and input by implementing identified strategies.	1: Implementation of at least one (1) strategy per division (7 + 1 office) identified in Activity 5.1.4.	Office of Population Health, Division Leadership, Program Managers and Staff

Strategic Priority #6 – Quality

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

Goal 1: Annually support Evidence-Based Public Health Practices using evidence, derived from research and data, to inform decision-making and strategies aimed at improving the health of populations.

Objective	Activities	Performance Measures	Responsibility
1: By 2027, provide training to all KDPH staff on evidence-based public health guidance and practice.	<p>1: The public health digital library will provide two (2) trainings annually from 2025-2029 to all KDPH staff members to learn how to find evidence-based public health publications.</p> <p>2: Annually, at least two KDPH staff will participate in Washington University's Evidence-Based Public Health Course as funding allows.</p>	<p>1: Biannual dates (2) provided</p> <p>2: Number of KDPH staff in attendance at digital library trainings</p> <p>3: Number of KDPH staff per year participating in the Evidence-Based Public Health Course through Washington University</p> <p>4: Orientation developed on evidence-based public health practice</p>	Office of Performance Improvement and Accreditation, PQI Leadership, Senior Leadership

Objective	Activities	Performance Measures	Responsibility
	3: By July 2027, KDPH will develop an orientation to evidence-based public health practice and make available on the intranet.	5: Orientation posted on the intranet	
2: Beginning in 2025 and annually after, foster engagement by public health programs in research, analysis or evaluation of public health practices across all divisions by facilitating regular meetings between KDPH leaders, the Department for Medicaid, deans of Universities and through existing program advisory committees.	1: Annually, at least one (1) KDPH program will complete an academic or professional submission of research, analysis or evaluation of public health practice.	1: Pull Monday.com report from Communications Team dashboard annually and total the amount, topic and location of submissions.	Communications Team in the Commissioner's Office

Goal 2: Annually foster a Culture of Quality by pursuing Public Health Accreditation Board (PHAB) accreditation, applying quality improvement methods department-wide and implementing KDPH's review process of guiding procedures.

Objective	Activities	Performance Measures	Responsibility
1: Annually, maintain PHAB Accreditation status by completing annual PHAB reaccreditation requirements as they are assigned by PHAB.	1: Submit the Year 4 PHAB annual report via e-PHAB by 3/31/26. 2: Upload and submit all reaccreditation documentation via e-PHAB by 12/31/27.	1: Upload Year 4 PHAB annual report in e-PHAB 2: Submit Year 4 PHAB annual report in e-PHAB	Office of Performance Improvement and Accreditation, Reaccreditation Domain Teams

Objective	Activities	Performance Measures	Responsibility
	3: Review PHAB reaccreditation training annually, maintaining expertise in PHAB requirements as needed, and share as appropriate with KDPH staff.	3: All reaccreditation documentation required by PHAB uploaded in e-PHAB 4: All reaccreditation documentation required by PHAB submitted in e-PHAB 5: Accreditation Coordinator will complete at least one (1) reaccreditation training annually	
2: Each division or “office” within KDPH will complete a quality improvement project or exercise at least annually (e.g., process improvement, streamline, efficiency, customer service) using quality improvement tools in projects supported by the KDPH Quality Improvement Committee (QIC).	1: Annually, offer at least three (3) training opportunities on quality improvement tools for QIC members to utilize and train other staff in their division. 2: Annually, at least eight (8) storyboards will be completed and shared with the QIC and/or KDPH to demonstrate the use of the plan-do-study act (PDSA) cycle, tools, and results of the QI project.	1: At least three (3) QI tool trainings offered to QIC 2: Dates of QI tool trainings offered to QIC 3: Topics of QI tool trainings offered to QIC 4: QIC members offer at least one (1) training to other staff in their division 5: Dates of QI tool trainings QIC members to other staff in their division 6: Topics of QI tool trainings QIC members to other staff in their division 7: At least eight (8) completed storyboards shared via the QIC Microsoft Teams	Office of Performance Improvement and Accreditation, QIC members

Objective	Activities	Performance Measures	Responsibility
		channel, a virtual meeting, employee newsletter or alternate sharing mechanism	
3: Maintain KDPH process for reviewing regularly policies, guides and plans and making updates as needed.	<p>1: Annually by September 30th, the Performance Management Committee (PMC) will re-evaluate the plan and policy schedule to align with Department needs and PHAB requirements.</p> <p>2: Annually by November 28th, publish the plan and policy schedule on the KDPH intranet site at KDPH Plans and Policies.</p>	<p>1: Plan and policy schedule reviewed/revised annually</p> <p>2: Accreditation Coordinator reviews items on the plan and policy schedule to align with PHAB requirements as items are reviewed</p> <p>3: PMC reviews the alignment matrix on an annual basis to increase awareness and identify opportunities for additional alignment</p> <p>4: Plan and policy schedule approved and posted to the intranet annually</p>	PMC, Office of Performance Improvement and Accreditation, plan and policy owners

Accreditation Note: Strategic priorities, objectives with measurable and time-framed targets and strategies or actions to address objectives are a requirement in the v2022 Standards and Measures for Reaccreditation (Measure 10.1.1 A RD2b-d).

Appendix 3: Strategic Planning Process

The KDPH conducted a comprehensive strategic planning process to strengthen internal operations and ensure alignment with our mission, vision and values. This process was designed to address the department's evolving priorities by using data-driven decision-making and a thorough assessment of internal capacity, organizational challenges and external factors that impact our ability to deliver public health services effectively.

Coordinating Team Convenes, December 2024:

To develop this Strategic Plan, the Coordinating Team assembled to discuss the planning process. This team consisted of the KDPH Commissioner, Chief of Staff and Director of the Prevention and Quality Improvement Division. Brainstorming sessions were held to design a plan for the development of the Strategic Plan.

Data Analysis, January 2025:

The Coordinating Team identified sources of pertinent data for the Strategic Plan. The purpose of reviewing and collecting needed data was to understand the impact of the previous Strategic Plan and provide insights into future priorities, goals, objectives and activities. Identified data sources included the KDPH Pulse Survey, PMC survey, SHA, SHIP, QI Plan and financial reports. The Pulse Survey gathers data to support the recruitment, retention and sustainment of employees, builds morale and increases knowledge of what is going on in the workforce, serves as a feedback mechanism giving a voice to staff and making them heard, helps establish and cultivate a talent development system and is an investment in staff; it is distributed biannually. The PMC survey is a biannual survey completed by Division Directors, Assistant Directors and upper management to ensure alignment with Strategic Plan priorities.

Performance Management Committee Input, February 2025:

The PMC, represented by both front-line and leadership across all eight operating units, reviewed the 2024 update to the 2021-2025 KDPH Strategic Plan. The Coordinating Team also asked each Strategic Champion and Accountability Partner (SC/AP) to review relevant data from biannual Strategic Plan alignment surveys that had been collected during the period of the previous Strategic Plan. The information was reviewed to see how well previous objectives and activities were met and consider internal/external influences and what challenges there were in measuring progress and meeting goals. SCs/APs further looked at what were the biggest successes for each priority e.g., for the Quality priority, QI projects from every KDPH division and the improvement in learning and efficiency was a success because of the reproducibility. Then, SCs/APs were asked to look at the current atmosphere and future considerations regarding political influences and funding challenges.

Staff and Partner Feedback, March 2025:

The PMC provided recommendations based on their review to the Coordinating Team. Using available data and recommendations received from staff, PMC and other leadership teams and partners, the Coordinating Team established draft priority areas for the Strategic Plan. It was decided that the priorities for the KDPH were the same, but that goals, objectives and activities needed edits to account for previous progress in the priority areas and to further align with emerging issues and themes. As a result of the process and reviewing available data, the following strategic priorities were selected, carried over from the previous cycle:

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

Strategic Champion and Accountability Partner Involvement, April 2025:

SC/AP were assigned to each priority area by the Coordinating Team based on subject matter expertise. The SC/AP, along with other staff from their teams, developed draft goals, objectives and activities considering feasibility and need. They worked collaboratively to create detailed work plans, which include:

- Specific goals, objectives, activities and performance measures written in SMART format aligned with each priority.
- Timelines for implementation and progress tracking.
- Assigned responsibilities to ensure accountability among staff.

Goal, Objective and Activities Review, May-June 2025:

The proposed goals, objectives and activities were presented to respective priority-related committees for feedback. The PMC, Quality Improvement Committee (QIC) and Workforce Development Committee (WFDC) were all shown the proposed priority goals, objectives and activities. Existing plans such as the QI Plan, Workforce Development Plan, Communication Plan and SHIP were reviewed to ensure alignment with plan goals to be supportive. The committees collaborated with SCs/APs to revise the goals, objectives and activities to further clarify and make sure they were in SMART(IE) format. The Office of Performance Improvement and Accreditation (OPIA) began drafting the written Strategic Plan. The Strategic Map also began revision to align with the updated goals.

Assessment and Finalize Plan, July 2025:

The Senior Leadership team, the Coordinating Team and SCs/APs then completed a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. There were 35 participants in attendance with three OPIA facilitators, for a total of 38 staff present. Members of the KDPH OPIA led the activity, beginning with how the KDPH's mission and vision provide a framework for the Strategic Plan; the purpose of the plan; an overview of SC/AP roles; the proposed Strategic Plan priorities, goals, objectives and activities; what a SWOT analysis is, the SWOT activity and an overview of next steps. This group was asked to consider SWOT for the proposed Strategic Plan priorities, revealing the following findings:

July 2, 2025, Senior Leadership SWOT analysis on the Strategic Plan Priorities

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

A SWOT analysis provides a clear picture of internal and external factors that may help or harm a program by listing and organizing a project's strengths, weaknesses, opportunities, and threats. Given the present environmental factors, SWOT can clearly show a program its chances for success.

	Helpful	Harmful
	Strengths	Weaknesses
Internal	<ol style="list-style-type: none"> 1. Meaningful work 2. Great staff 3. Commitment to Professional Development 4. Partnerships with parents and youth 5. Our leadership 6. Brand and identity 7. Empowered workforce 8. Strong communication across divisions 9. Goal-oriented 10. Partnerships with medical professionals 11. Innovation 12. The people themselves 13. Expansive public health system 14. Creativity 15. Increased respect from the community 16. Stable leadership 17. People-dedicated staff 18. Dedicated staff commitment to public health 19. Data, data, data 20. Relationships with partners 21. Great people 22. Flexibility 23. Partners with vast passion 24. Strong partnerships 25. Communication within KDPH 26. Leadership is organized and communicates well 27. Passion for the work 28. Nimble for change 29. Our people 30. Culture 31. Standard look and feel of materials 32. Experienced staff with lengthy tenures 33. Passionate employees 34. The human capital AKA our people 35. Supportive Leadership 36. From a KDPH job applicant: "I see greatness here." 	<ol style="list-style-type: none"> 1. Lack of clarity of how goals and funding tie together 2. Reduction in federal funding 3. Restrictive personnel requirements (requiring specific courses that don't match the job or limit the applicant pool) 4. People get jaded 5. Too many layers. Takes time to move projects forward. 6. Inadequate communication/collaboration with federal partners 7. Echoing personnel processes and procurement 8. Enough funding from the state to support initiatives 9. Sustainable funding and political uncertainty 10. Challenges around personnel process and procurement 11. Funding 12. Stable funding 13. Bureaucracy 14. External focus on emergent topics rather than chronic conditions that cause more death and disability 15. Program sustainability 16. Danger to evidence-based focus at the federal level 17. Retaining staff 18. Communication outside of the Department 19. Lack of alignment of funding resources with priorities 20. Bureaucracy is slowing things down 21. Loss of trust in public health/science/government 22. May need outside approval to make efforts for change 23. Some staff don't feel connected to the mission and vision 24. Reduction in federal funding 25. Sustainability issues 26. Funding decreases 27. Reliance on federal funding 28. Sustainability and uncertainty in federal grant funding

	Helpful	Harmful
External	Opportunities	Threats
	1. Review processes to provide clarity and decrease time to complete and avoid redundancy	1. Remaining visible when pandemics don't exist
	2. Continued departmental collaboration	2. Lack of creativity to wring every drop out of our funding for services
	3. Quality assurance and quality improvement	3. Lack of evidence-based drivers for decision making
	4. Commitment to evidence-based public health	4. Too many outbreaks to juggle
	5. Develop more regional programming rather than county border-based	5. Loss of funding, shifting priorities and staff fatigue
	6. LHD collaboration	6. Cuts to Medicaid and rural health care
	7. Focus on evidence-based practices	7. Attacks on public health science (immunizations, fluoride)
	8. Public attention on public health	8. Inconsistent communications at federal level
	9. Alignment of strategic priorities with LHD	9. Lack of public health trust in science
	10. Developing impact models for programs	10. Loss of CDC structure
	11. Update electronic systems	11. Politicization of public health
	12. Firmly establish best practices before administration changes	12. Federal administration priorities
	13. Professional Development	13. State Legislature
	14. Our great partnerships with LHD and other providers	14. Loss of funding
	15. Data use	15. Federal grants
	16. Appropriate use of data and data support	16. Federal funding cuts
	17. Workforce pulse survey	17. Political changes
	18. Directly mapping the strategic plan into public health transformation goals and priorities	18. Funding and misinformation
	19. Federal funding changes (while scary) create an opportunity to rethink how we collaborate with each other and partners	19. Lack of credibility and leadership at CDC
	20. Maintain and build upon the current culture	20. Federal and state policy shifts
	21. Coursera	21. Loss of federal funding support
	22. Supportive leadership (KDPH, CHFS, Governor) to champion public health	
	23. Strengthen collaboration with outside partners	
	24. Training and workforce development initiatives	

With assistance from OPIA, the plan draft was completed for initial review. The Strategic Map has also completed its final review and revision to serve as a high-level visual for staff.

Gathering Additional Input, August 2025:

The Upper Management Team, consisting of branch and program managers, was consulted for their input. OPIA and the Prevention and Quality Improvement Division Director recorded a video presentation on what was covered with Senior Leadership, with the addition of an overview of SWOT responses collected. The video was sent to members of the Upper Management Team as well as to the Area Health Liaisons (AHL). The AHL helps facilitate communication and planning between the KDPH and LHD, and promotes a public health response-ready workforce, among many other initiatives. As SWOT responses were being reviewed, Upper Management and AHL were encouraged to complete a survey asking about branch/program alignment with the Strategic Plan, and activities/actions their programs/sections could implement to address identified weaknesses and opportunities. They were given two weeks to view the recording as their schedule permitted and complete a four-question survey. This feedback was received from 18 members of the Upper Management Team and AHL:

Question 1: Now that you've seen the Strategic Plan goals, activities, performance measures and responsibility, with which of the priorities do the programs within your branch and sections align? N= 18. Respondents could select more than one priority.

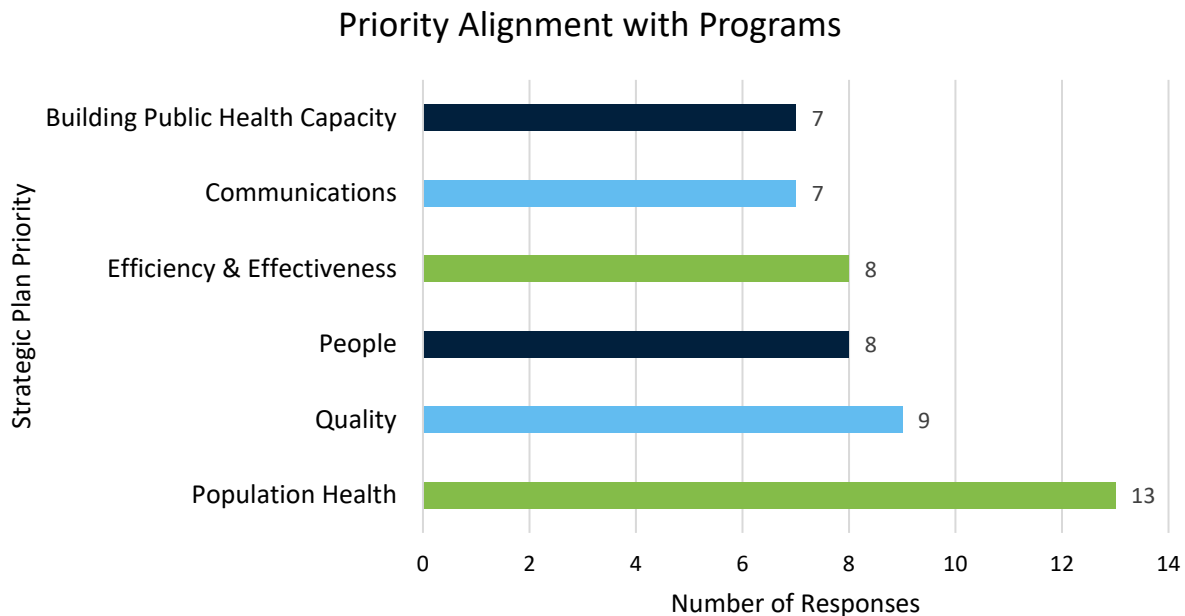


Figure 5: Priority Alignment with Programs

Question 2: Provide at least one example of how your program or activities within a program support one of the KDPH strategic goals. N= 17.

- Efficiency and Effectiveness – Modernize clinical services data collection (health record and medical encounters) and access.
- All surveillance and prevention activities of the Viral Hepatitis Program [Division of Epidemiology and Health Planning (DEHP) – Infectious Disease Branch] work toward improving health outcomes for all Kentuckians. One example is Kentucky prison surveillance related to hepatitis C testing, treatment and prevention. Data is monitored and strategies such as targeted education and training is provided for areas where gaps in health are identified.
- At Division of Laboratory Services (DLS), we perform testing for the citizens of the Commonwealth. This is a focus on people and population health. We are CAP (College of American Pathologists) accredited, representing the gold standard for clinical laboratory systems (Quality).
- Use of data for program evaluation, planning and needs assessment.
- Our team works to provide communications to local health departments (LHD) & other partners about disease investigation & prevention.
- The DLS supports quality improvement with active participation in the department QIC and has their own division QIC. We have created and submitted storyboards based upon plan, do study, act (PDSA) and our committee is using associated QI tools.
- HIV Section – look at data to inform improvement of HIV services through clinical quality management efforts at state and subrecipient levels.
- Working continuously to add relevant content to our websites and improve accessibility to useful data to our partners and the public. Just today I had an inquiry from a reporter, and I could point him to our website where that data is available to him already.
- We are working on creating and evaluating relevant pages to ensure up to date public health information. We utilize Monday.com for documenting progress on projects, tasks assigned to staff and communicating within our team. We can contribute data to be evaluated to identify what population health concerns are the most pressing.
- I represent the Administration and Financial Management (AFM) division, and we support every area listed above.
- We are developing public health capacity through workforce training and pipelines by hosting/training students, developing pathways for professional development for new employees and encouraging ongoing education and professional networking through conferences and professional society participation.
- Foster Quality data – DEHP.
- The Area Health Liaison (AHL) program supports all programs in Public Health. We help assist with information sharing by hosting monthly webinars that allow the KDPH programs to share information with LHD. We connect people to programs when we receive inquiries or questions. We support and make people aware of training. We do this by assisting with appropriate venues or locations for training, sharing messaging and reminding people about upcoming training when we visit LHD.
- Efficiency and Effectiveness: The section I work in is data-centric, so we are always up for assessing how to improve utilization of our data to support and measure public health outcomes. People: Continuing to encourage my team to participate in the Workforce Pulse Check Survey. Also, regularly checking in with individual team members to identify areas for improvement that may enhance their experience and morale. Population Health: Our section



and branch assess vaccination rates in various age groups and counties annually. These data are available to potentially integrate into any comprehensive population needs assessment. Quality: One of our epidemiologists has been working on a project that we're hoping to have published in the next year. (Fingers crossed.)

- The work of the human immunodeficiency virus (HIV) Surveillance unit in the HIV section in the Infectious Disease Branch (IDB) in the DEHP closely aligns with Population Health Goal 1, Objective 1, all six of the performance measures. Specifically, the HIV Surveillance unit provides up to date data on the state of HIV disease in the commonwealth. This information helps inform service delivery to persons with HIV and prevention efforts to persons at risk of HIV acquisition.
- The KDPH Harm Reduction Program supports Population Health Goal #1 of developing and implementing targeted strategies to improve health outcomes for all Kentuckians by increasing Overdose Education and Naloxone Distribution.
- 1) 60% of Family Planning staff is using monday.com. 2) Participate in SHIP meetings. 3) Our website editors are up to date on training. 4) Monthly and quarterly review of budget. 5) Our staff complete Pulse Check Surveys. 6) 100% of Family Planning staff take advantage of professional development opportunities on a regular basis.

Question 3: After reviewing the internal weaknesses Senior Leadership noted, name at least one activity or action that you or your program/section could implement to help address an identified weakness. N=17.

- Connect staff to mission and vision. Improve communication outside of the department.
- One weakness noted is the reduction in federal funding. Our Viral Hepatitis Program (VHP) is almost exclusively federally funded. One strategy could be to work toward seeking state funding for certain activities.
- At DLS: More communication with team members concerning changes in federal funding and questions concerning sustainability. We are addressing the people get jaded issue with civility training, personal betterment opportunities, morale events, etc. However, you can't reach everyone with these options. Some will remain jaded and unhappy.
- Show the return on investment if the state were to fund specific initiatives within the Department which would hopefully lead to securing more state funds for programs instead of such a huge reliance on federal funds.
- Our section could work to better promote the mission & vision of KDPH in daily tasks.
- We see a need to improve staff awareness and fostering of connection to our mission and vision. We are not as front facing to the public and are on at the main building, so it is easy for newer staff to focus on the work rather the impact of our public health contributions.
- Retaining staff – continue efforts in morale building.
- Work with internal partners (KDPH & Cabinet) to improve the data sharing process by making it simpler, more streamlined and standardized. Work on standard operating procedures (SOP) for data sharing guidelines for the cabinet.
- Develop documentation to make process and practices clear and streamlined. However, one major weakness that was not noted was the difficulty in collaborating due to the onerous and unclear data sharing processes. It will hamper collaboration if we cannot link data to evaluate progress towards shared goals.
- Continue the work with the Cabinet and state leadership to identify and stabilize funding.



- Provide clinicians with timely and local infectious disease information to combat the misinformation/mistrust issues with the public and promote public health as a partner in healthcare.
- Reduction of layers to the approval process and decrease review turnaround time.
- The AHLs bring a positive culture to the KDPH. That may help when we interact with people to avoid them becoming jaded. We can also participate in work groups in regard to staff retention. We can definitely help with the communication outside of the department, especially to LHD. We can continue to do this by the LHD/KDPH webinars. It would be helpful to our team to be involved in communications early on so we can share messages as we meet with LHD directors and staff. We currently serve in a role where we connect people directly and that sometimes eliminates “layers.”
- If there were a pathway to charging managed care organizations (MCO) for querying patient immunization data from Kentucky Immunization Registry (KYIR), we could potentially supplement federal funding with those funds. (Louisiana and Alaska are both charging MCO per patient record, I believe.)
- Weakness – Internal: External focus on emergent topics rather than chronic conditions that cause more death and disability. It is vitally important to address emergent topics while balancing attention to chronic conditions impacting Kentuckians. HIV disease, if diagnosed early, is considered a chronic condition for which there are proven effective treatment modalities that stop disease progression and transmission of HIV, thereby improving the prognosis of the person diagnosed while also stemming new infections. HIV stigma is still very real, and that stigma keeps Kentuckians from getting tested and may play a role in accessing and maintaining HIV medical care. Training the medical force (medical providers in all fields, the staff who answer phones to make appointments and answer questions, community health workers, LHD staff, funded partners, etc.) across KY about HIV stigma and how to proactively address HIV stigma may result in a more competent work force, a more engaged partnership with Kentuckians seeking medical care, potentially reduce new infections and improve prognosis for persons diagnosed with HIV disease.
- The KDPH Harm Reduction Program will continue to strengthen our external communications to LHD, the public and stakeholders.
- 1) Monthly call with federal project officer. 2) Offer of flexibility and encouraging self-care prevent our staff from becoming jaded.

Question 4: After reviewing the external opportunities Senior Leadership noted, name at least one activity or action that you or your program/section could implement to help address an identified opportunity. N= 18.

- Establish best practices before administration changes occur. Workforce development.
- Professional Development Activity – provide various trainings for staff pertaining to the following: Support equitable implementation of program activities, equitable hiring practices, building and maintaining a culture of equity and empathy, etc.
- Opportunities noted include continued departmental collaboration and strengthening collaboration with outside partners. Our program (VHP) has sought to build internal and external partnerships in order to expand capacity and allow for more robust work. We will

continue to do this as well as to progressing in a syndemic focus within our program and our collaborations.

- At DLS: We have implemented professional development opportunities and have several layers focused on quality assurance and quality improvement (committee and DLS QI document). We are routinely updating our electronic systems. We would like to increase our partnership and collaboration with LHD and other state partners.
- Continue the appropriate use of data to support evidence-based decision making within the Department.
- Our section could better promote the completion of the workforce pulse surveys.
- We are in continued readiness with quality assurance (QA) and QI but always looking for ways to improve in our workforce and services. We need increase our promotion of the great opportunity to have been given free access to the plethora of knowledge and skill building Coursera offers. We need to sharpen in various platforms of data and data usage to stay technologically advanced, efficient and effective.
- Data use – use data to inform program efforts.
- Increase academic collaboration opportunities.
- Continued departmental collaboration.
- Continue work to strengthen collaborative partnerships.
- As a leader and existing in both a KDPH and academic role in the state, I want to continually bring people together who have similar interests and try to pair people with barriers with those who might have solutions across all entities.
- Disseminate Best Practices for all Division awareness.
- The AHL program will continue to build relationships to improve LHD collaboration. We can assist with messaging about professional development opportunities. We can continue to build great partnerships with LHD and other providers within our areas. We will maintain and build upon our current culture and share it with our partners. We will also continue to support training and workforce development, initiatives and strengthen collaboration with outside partners.
- Our electronic system (KYIR) is being updated monthly. We are always agreeable to systems improvements (updates), assuming we can afford them. Continuing to urge staff participation in the workforce pulse survey. Continuing to urge staff participation in Coursera. Support and promote KYIR data use for public health projects.
- The strategy mentioned above could align with the following Opportunities – External: Continued departmental collaboration, commitment to evidence-based public health LHD collaboration, focus on evidence-based practices, public attention on public health Professional Development, directly mapping strategic plan into public health transformation goals and priorities, maintain and build upon current culture, supportive leadership (KDPH, Cabinet, Governor) to champion public health, strengthen collaboration with outside partners, training and workforce development initiatives.
- The KDPH Harm Reduction Program will continue to foster evidence-based practices when developing guidance and providing technical assistance to LHD and community-based organizations (CBO) that provide supportive services to individuals who use drugs.



- 1) Focus and commitment to evidence-based public health. 2) LHD and other providers' collaboration. 3) Establish best practices. 4) Data and data support. 5) Maintain current culture. 6) Complete Coursera courses. 7) Supportive leadership. 8) Workforce development initiative.

All KDPH staff were then asked for input. At the August 2025 KDPH All Staff meeting, an overview of the Strategic Plan was presented. Members of OPIA and the Prevention and Quality Improvement Division Director presented similar information that was shared with senior leadership and upper management, but at a broader, more comprehensive level. After a brief overview, feedback was collected through a Monday.com form with three questions. There were 143 responses. monday.com results:

Question 1: In which priorities does your daily work fit most? Respondents could select more than one priority.

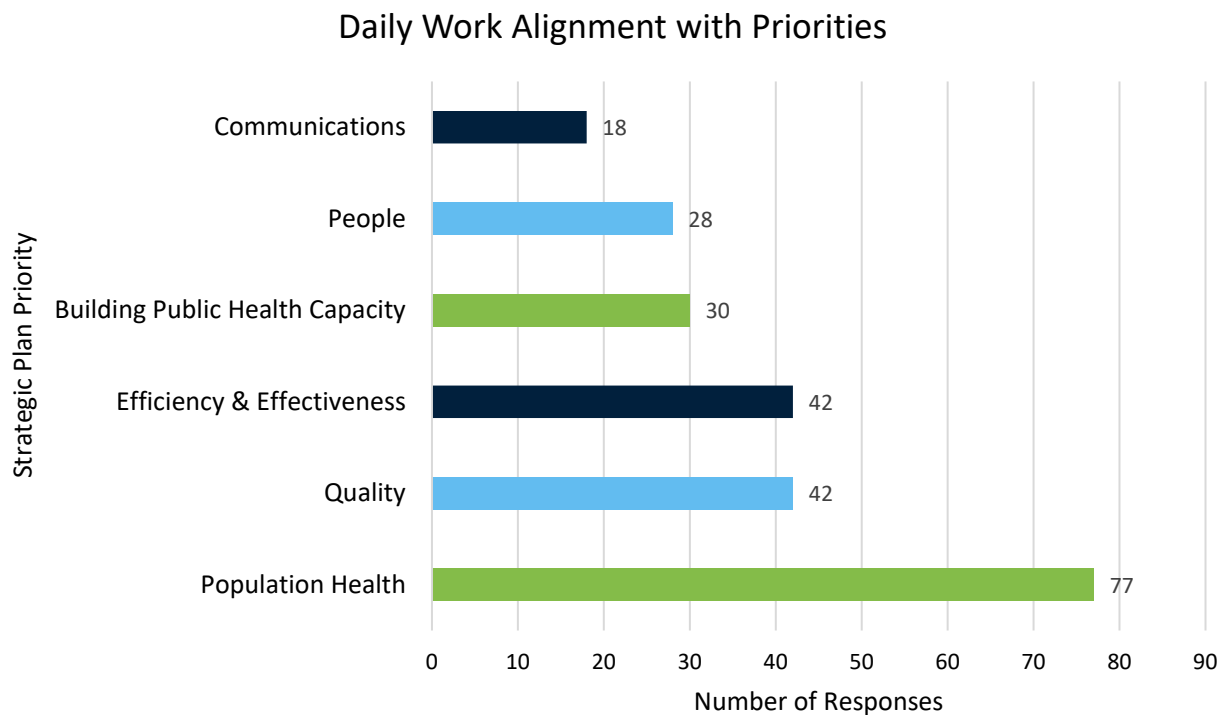


Figure 6: Daily Work Alignment with Priorities

Question 2: What is the most critical priority area to ensuring a supported and high-achieving workforce? Respondents could only select one priority.

Critical Priority Areas Supporting a High-Achieving Workforce

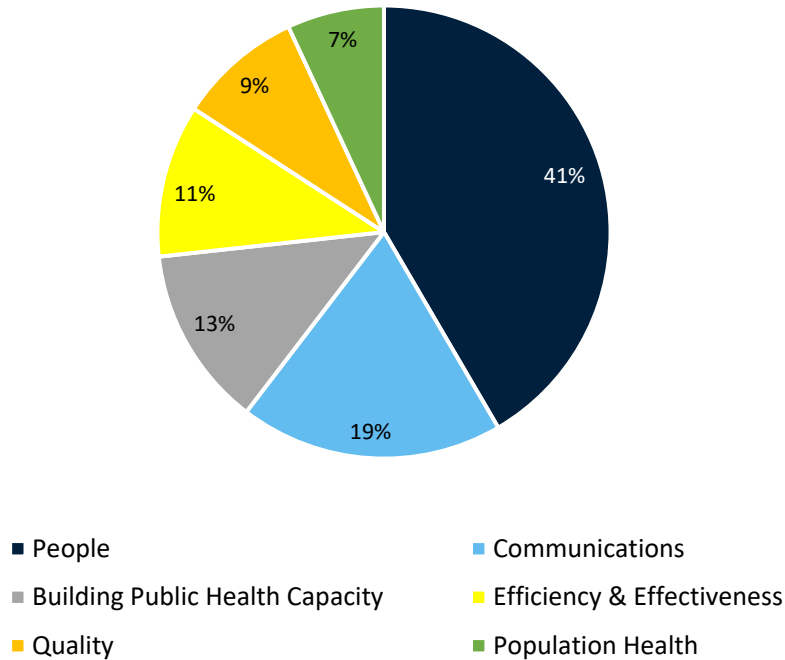


Figure 7: Critical Priority Areas Supporting a High-Achieving Workforce

Question 3: What do you perceive as the KDPH's biggest challenge to success in achieving the Strategic Plan priorities? Open text. Disclaimer: Some responses could fit in multiple categories. A summary of the top 10 themes with counts and percentages:

1. Funding and Financial Constraints: 17, 18%
2. Political and Policy Environment: 16, 17%
3. Workforce, Staffing, Recruitment and Retention: 14, 15%
4. Communication and Collaboration: 9, 10%
5. Culture, Morale and Readiness for Change: 9, 10%
6. Leadership, Management and Internal Support: 7, 7%
7. Organizational Structure, Bureaucracy and Processes: 6, 6%
8. External Collaboration and Stakeholder Engagement: 6, 6%
9. Data, Technology, and Analysis Challenges: 5, 5%
10. Strategic Plan Implementation and Internal Alignment: 5, 5%

Both Upper Management and KDPH staff listed Population Health as the priority; their program work aligns with most. KDPH staff noted that the People priority was most critical to supporting a high-achieving workforce, aligning with open text responses received from Senior Leadership and Upper Management. After reviewing and incorporating feedback, final revisions were completed.

Launch, Monitor and Report, September 2025-2029:

The plan was approved, launched and posted on the KDPH intranet site. The Strategic Plan will be monitored through biannual surveys to SCs and the PMC. An annual Strategic Plan report will be published, and this report will be communicated to KDPH staff and Cabinet leadership regarding availability. The Strategic Plan will be reviewed and revised as needed, as it is a living document, but at a minimum, biannually.

A future initiative for the Strategic Plan is to share it with the [Kentucky Health Departments Association](#) (KHDA). KHDA is a collaborative effort of LHD leaders to share resources and work together to improve the public health of Kentucky. The KDPH plans to present the Strategic Plan to KHDA; this will be an opportunity for LHD to consider aligning its strategic plans with the priorities of the KDPH Strategic Plan and facilitate collaboration opportunities between LHD and the KDPH. LHD remains in contact with the KDPH on an ongoing basis through decentralized governance, communication, and sharing, thereby providing input on the Strategic Plan.

The KDPH values top-down as well as bottom-up input. To help achieve the top-down viewpoint, after approval/publishing by the KDPH Leadership, the plan will be shared with the Cabinet for Health and Family Services, the KDPH's governing entity. Questions asked will entail the following:

- Anything missing from the plan/not adequately addressed.
- Strengths of the KDPH to achieve strategic priorities.
- Feasibility.

Input will be incorporated into future Strategic Plan revisions and/or monitoring and reporting of the plan.

Accreditation Note: How health department staff at various levels and the governing entity are engaged in developing the strategic plan and strategic planning process steps are a requirement in the v2022 Standards and Measures for Reaccreditation (Measure 10.1.1 A RD1a-b).

Appendix 4: Expectations of Strategic Champions and Accountability Partners

Strategic Champions: Expectations

- Working knowledge of the Strategic Plan and the Strategic Priorities
- Comprehensive knowledge of the assigned Strategic Priority
- Accountable for overseeing all goals, objectives and activities specific to the assigned Strategic Priority, including those associated with Public Health Transformation, division/program-specific activities, grant deliverables and other special projects which may be pertinent
- Ensure workgroups, divisions and program staff activities align with the Strategic Priority
- Identify opportunities where Strategic Priorities overlap and communicate with other Strategic Champions to collaborate and connect
- Work closely and meet regularly with the respective Accountability Partner to ensure monitoring and reporting mechanisms are in place
- Identify potential barriers to achieving goals and objectives
- Member of Performance Management Committee (PMC)
- Report to PMC and the KDPH leadership on progress

Accountability Partners: Expectations

- Input work plans and activities and update progress regularly into Monday.com, specific to the assigned Strategic Priority
- Working knowledge of the Strategic Plan and the Strategic Priorities
- Comprehensive knowledge of the assigned Strategic Priority
- Work closely and meet regularly with the respective Strategic Champion to ensure monitoring and reporting mechanisms are in place for reviewing progress
- Working knowledge of monday.com and other data management systems used to monitor Strategic Plan goals and objectives
- Member of PMC
- Report to PMC and the KDPH leadership on progress in the absence of the Strategic Champion

Purpose of the Performance Management Committee (PMC):

- Set and monitor progress of specific performance management objectives for core programs and alignment of agency and stakeholder plans, including the Strategic Plan, State Health Improvement Plan (SHIP), and other state, local or national benchmarks
- Measure capacity, process or outcomes of performance objectives
- Report progress to all KDPH staff, as well as primary partners, including local health departments and other statewide stakeholders regularly as appropriate
- Incorporate performance management objectives with the KDPH Quality Improvement Plan to continuously monitor and improve agency operations and work towards efficiency and effectiveness, a priority of the Strategic Plan

Responsibilities of Chair

- Jointly convene the regular PMC meetings
- Collaborate with the KDPH leadership to provide vision and direction related to agency PM metrics and alignment with the KDPH plans

- Identify staff PM training needs and secure adequate and appropriate training opportunities
- Oversee PM efforts within the KDPH
- Advocate for and assure adequate resources are devoted to PM initiatives
- Provide and/or source technical assistance for PM
- Communicate barriers and successes to the Senior Leadership team
- Identify opportunities for improvement and communicate with the Quality Improvement Committee (QIC) to address

Responsibilities of Leadership (Executive, Senior and Mid-Level)

- Empower and encourage staff to regularly monitor agency and individual performance
- Advocate for and assure adequate resources are devoted to PM initiatives
- Allocate time and resources for staff to participate in PM efforts and trainings

Responsibilities of all PMC members

- Faithfully attend PMC meetings and complete assigned tasks
- Champion PM efforts throughout the agency
- Make recommendations for improvement based on performance management data related to metrics within the Strategic Plan priorities, SHIP, customer feedback, employee suggestions via the KDPH suggestion box and other relevant data
- Actively learn about PM and QI
- Work with subject matter experts and Public Health Transformation leads to obtain updates for progress reports
- Advocate for PM and encourage a culture of learning, QI and PM among all KDPH staff
- Review, monitor and regularly report on program-level performance measures
- Be familiar with the purpose of PM and the QI Plan and Strategic Plan
- Participate in the evaluation of the Strategic Plan and other agency plans
- Recognize individuals and teams and celebrate milestones and successes
- Make recommendations for quality improvement projects based on PM results

Appendix 5: Alignment of KDPH Plans and Initiatives with Strategic Plan Priorities

Long-term success of the Strategic Plan includes alignment with other KDPH plans and initiatives, both within the department and key partner plans. The following is a summary of alignment:

Cabinet for Health and Family Services Strategic Plan: The Cabinet's Strategic Plan includes measurable goals, objectives and key performance indicators that align with the 2025-2029 KDPH Strategic Plan and State Health Improvement Plan (SHIP) priorities. Alignment includes Health Care (aligns with SHIP Access to Care, Mental Health and Drug Use priorities) and Example (aligns with Strategic Plan People and Population Health priorities).

Public Health Transformation (PHT): Public Health Transformation (PHT) is a comprehensive and intentional initiative, driven by limited resources and a pressing need for change, to convert Kentucky's public health system to a more effective and efficient model. With the passage of [House Bill 129](#), Public Health Transformation became law in 2020. PHT prioritizes the Public Health 3.0 Framework (PH3.0) and Foundational Public Health Services (FPHS) to achieve the following goals: ensure equitable access to public health services across the commonwealth, increase focus on population health and improve population health outcomes, promote fiscal responsibility, strengthen collaboration and partnerships and optimize internal capacity. Each Strategic Plan priority supports PHT.

- PHT initiatives focus on aligning funding and resources to support mandated foundational programs, core public health services, and state and local priority needs, which overlap with Building Public Health Capacity objectives to support funding of programs, services, and state health improvement priorities.
- PHT necessitates timely, evidence-based and unified public health messaging across the public health system which aligns with Communication objectives.
- To ensure a more efficient and effective public health system, PHT seeks to standardize and streamline methods for collecting, sharing and reporting usable data and tracking progress across a wide range of categories.
- Cultivating the workforce supports PHT foundational capabilities (cross-cutting skills needed) and foundational areas (expertise), which align with the People goals and objectives.
- The ability to identify and develop strategies to address causes or factors resulting in disproportionate health risks or health outcomes among populations is critical to ensuring optimal health for all, which overlaps with Population Health goals and objectives.
- PHT focuses on operational changes to the way we (Public Health) do business in Kentucky. Using evidence-based strategies, contributing to practice-based research, developing innovative approaches, implementing quality improvement frameworks and tools to improve processes, programs and interventions and embracing PHAB Standards & Measures strengthen foundational capabilities and improve performance.

KDPH Continuity of Operations Plan (COOP): This plan provides the framework for the Department to continue, or rapidly restore, Mission Essential Functions (MEF) under all threats and conditions, with or without warning, based upon established Recovery Time Objectives (RTO). The Strategic Plan's People priority emphasizes strengthening the workforce's capacity and capability to increase and prepare the organization and public health system to address public health emergencies, as well as daily operations.

[KDPH Workforce Development Plan \(WFDP\)](#): Every priority of the Strategic Plan is connected to the WFDP, as it either supports or relies on the workforce to be successful.

- The Building Public Health Capacity Priority overlaps with the SHIP to provide continuous involvement by providing collaboration and funding assistance to agencies that align with SHIP goals and the KDPH's mission.
- The Communications Priority ensures the KDPH messages are up to date with relevant and audience-focused resources and information for Kentuckians.
- The Efficiency and Effectiveness Priority promotes effective uses of technology and data modernization, as well as sound financial and business practices to ensure staff have the resources and training to respond to emergent needs in ways that maximize efficiency and accuracy.
- The People Priority goals, to recruit, hire, retain, sustain and train a competent and diverse workforce and cultivate a positive work environment and satisfied workforce, both directly align with workforce development efforts.
- The Population Health Priority's goal in part supports program staff in addressing critical programmatic priorities and the KDPH's mission to improve the health and safety of people in Kentucky.
- The Quality Priority has goals to foster a culture of quality and increase evidence-based public health practice to inform decision-making and strategies to improve the health of populations.

[State Health Assessment](#) (SHA): The SHA contains data that a multi-disciplinary group of partners utilized to inform the selection of SHIP priorities. The Strategic Plan Quality Priority supports evidence-based public health practices derived from research and data to inform decision-making and strategies aimed at improving the health of populations. The Efficiency and Effectiveness Priority promotes effective use of technology, increased data utilization, improved standardized data capture, and integrated system/data modernization efforts, which support data ethics and robust collection. The Population Health Priority facilitates data collection of comprehensive population health needs so program staff can better address priorities and decrease negative outcomes.

[State Health Improvement Plan](#): The KDPH has intentionally aligned its Strategic Plan with the priorities identified in the 2024-2028 SHIP to ensure a cohesive public health strategy. While the SHIP focuses on broader community health initiatives, the Strategic Plan prioritizes internal capacity-building, workforce development, and operational improvements to effectively support and sustain these initiatives. By enhancing our internal infrastructure and organizational efficiency, we can more effectively contribute to SHIP-related community health efforts. Additionally, the KDPH collaborates with SHIP partners including faith-based organizations, healthcare advocacy groups, healthcare systems, academia, CHFS, LHD, local/state/federal government and nonprofit organizations to ensure alignment and avoid duplication of efforts. Regular SHIP Workgroup meetings, shared performance measures and activities and coordinated planning efforts allow us to integrate the KDPH's internal priorities with broader public health strategies. The Building Public Health Capacity Priority overlaps with all SHIP priorities to provide continuous involvement by providing collaboration and funding assistance to agencies that align with SHIP goals and the KDPH's mission, engagement with the community to ensure adequate distribution of resources and services and support for staff time to participate in activities designed to improve health outcomes

- SHIP Priority 1: Access to Care goals emphasize improving workforce development and network adequacy, and standardizing health professional data collection, reporting and transparency. To

complement this effort, this Strategic Plan includes broad strategic priorities focused on, for example, People (e.g., attracting and retaining a competent workforce) and Efficiency and Effectiveness (e.g., implementing and maintaining a performance management system, promoting effective use of technology, increasing data utilization).

- SHIP Priority 2: Mental Health goals and objectives focus on improving the mental health of Kentucky children and adults through increasing awareness and access, including those with disabilities. This Strategic Plan includes broad strategic priorities focused on, for example, Communications (e.g., ensuring KDPH websites and pages provide accurate resources and information to Kentuckians) and Population Health (e.g., ensuring fair resource allocation for historically low-access populations such as disabled persons).
- SHIP Priority 3: Smoking/Vaping/Tobacco emphasizes goals around engaging and educating healthcare organizations on evidence-based policies to create supportive environments, engaging and advancing multi-sectored partnerships to achieve wider influence, policy change, and translating evidence into practice. To complement this effort, this Strategic Plan includes broad strategic priorities focused on, for example, Quality (e.g., supporting evidence-based public health practices, fostering engagement by public health programs in research, analysis or evaluation).
- SHIP Priority 4: Nutrition goals focus on expanding fruit and vegetable produce prescription and voucher programs, maintaining or increasing the number of eligible Kentuckians enrolled and using food assistance programs, increasing healthy food access through community programming, and increasing knowledge about voucher programs. This Strategic Plan includes broad strategic priorities focused on, for example, Communications (e.g., ensuring KDPH websites and pages provide accurate resources and information to Kentuckians) and Population Health (e.g., ensuring fair resource allocation for historically low-access populations).
- SHIP Priority 5: Drug Use emphasizes goals around reducing and preventing substance use by supporting and expanding the provision of evidence-based prevention programs, policies and practices, expanding the availability and awareness of harm reduction services in the commonwealth, increasing availability of and access to evidence-based and promising treatment services that support all Kentuckians and expanding access and availability of community-based recovery support services statewide. To complement this effort, this Strategic Plan includes broad strategic priorities focused on, for example, Quality (e.g., supporting evidence-based public health practices), Population Health (e.g., ensuring fair resource allocation for historically low-access populations) and Efficiency and Effectiveness (e.g., promoting effective use of technology, increasing data utilization).

Performance Management (PM) System and [Quality Improvement Plan](#): Quality is one of the six Strategic Plan priorities. The KDPH is committed to PM and CQI, aspiring to be a high-performing organization. Maintaining and advancing a culture of quality is an overarching goal. QI methods can be applied when a strategic priority is not meeting expectations. This Strategic Plan is directly connected to the KDPH PM system to ensure that strategic priorities are consistently tracked, evaluated and refined. The PM system provides a structured approach to monitoring key objectives, identifying performance gaps and implementing quality improvement efforts that strengthen internal operations. For example, one of our strategic priorities, People, is closely linked to performance management. To support this priority, we will track staff engagement via the Public Health Workforce Impact Survey and Workforce Pulse Survey. These internal surveys serve as PM tools for demonstrating growth in public health

competencies, indicating staff desire to advance their careers and continue working for the KDPH, measuring staff current satisfaction with their roles, monitoring culture and as staff participation metrics. This ensures that the effectiveness of retention and positive work environment strategies are continually assessed and adjusted based on staff input and data insights. One of the goals of the Efficiency and Effectiveness Priority is to implement and maintain a department-wide PM system and objectives include updating the PM structure and information technology solution to improve tracking, monitoring and reporting of progress on goals, objectives and associated metrics; and reviewing, revising and reporting of the progress on PM system goals and communication with all KDPH staff. These efforts support integration of the Strategic Plan across the department.

The strategic plan also incorporates performance management concepts to enhance staff capacity-building and process efficiency. For instance, employees have available to them training to use specific quality improvement (QI)/PM methods such as root cause analysis (fishbone diagrams, swimlane maps, etc.), SMART goal development, report templates and other CQI processes to address goals and objectives such as utilizing project management tools to assist with collaboration and team efficiency. By embedding PM practices into daily operations, the KDPH fosters a culture of accountability and data-informed decision-making. Additionally, the KDPH will apply QI/PM methodologies Plan-Do-Study-Act (PDSA) cycles and tracking of performance measures to monitor progress on strategic goals, objectives and activities. For example, minimum biannual performance reviews will assess measures related to the priorities, allowing leadership to refine strategies and ensure continuous improvement. Through these efforts, the KDPH demonstrates its commitment to using performance management as a tool to operationalize strategic priorities, enhance efficiency and sustain a culture of quality improvement. This alignment ensures that strategic goals are not only actionable and measurable but also drive meaningful internal improvements to support long-term departmental success.

Performance Management Committee (PMC): The KDPH has a dedicated, cross-functional PMC with staff from varying disciplines and organizational levels representing each of the eight operating units, the Commissioner's Office, the Public Health Transformation Oversight Team, and the Office of Population Health. The PMC is responsible for regular monitoring and reporting of progress related to overarching department-wide goals, objectives and associated metrics, including those from the Strategic Plan, as well as the SHIP, QI Plan, Workforce Development Plan and other programmatic plans that drive the KDPH's vision of Healthier People, Healthier Communities. The PMC meets quarterly, at a minimum, to ensure accountability for progress within these overarching plans, including the Strategic Plan. Of significance is the PMC's role in facilitating alignment of all KDPH plans with the Strategic Plan. See [Appendix 6](#) for more information.



Alignment with Division/Branch/Program Strategic Plans: The Strategic Plan outlines the organizational goals and objectives that are measurable with the delineation of strategies to achieve desired outcomes. To meet these outcomes, each Division, and the respective Branches and/or Programs, should align their strategic plans and processes with the KDPH Strategic Plan. To accomplish this, each Division, Office, Branch, and/or Program should focus strategic planning efforts in alignment with the KDPH Strategic Plan but create their own specific objectives and activities. Completion of objectives and activities can be tracked in monday.com and easily reported on during leadership/KDPH meetings.

Refer to Appendix 7 for guidance on aligning programs with the Strategic Plan.

Accreditation Note: Linkage with the community health improvement plan and performance management is a requirement in the v2022 Standards and Measures for Reaccreditation (Measure 10.1.1 A RD2f-g).

Matrix

The KDPH Plan and Initiative Alignment Matrix with Strategic Plan Priorities provides a quick glance at where the Strategic Plan priorities align with various department plans and other initiatives, such as Public Health Accreditation Board (PHAB) Standards & Measures, Public Health Transformation and grants.

Plans and Policies 		BRND	COMM	COOP	ESF8	PH	PHAB	PM	P&P	PHT	QI	SHA	SHIP	WFDP	Grants	D/B/P	CHFS	KHDA
Strategic Plan Priorities, Goals and Objectives 																		
BUILDING PUBLIC HEALTH CAPACITY																		
Goal 1:	By December 2029, the KDPH will provide collaboration and funding assistance to five different agencies, ensuring each agency demonstrates alignment with our mission and contributes to advancing public health initiatives.																	
Obj 1:	By December 2026, determine a specific budget for funding assistance, ensuring sufficient financial resources are available to support the agencies.					X	*	*		X			X		X	X	X	*
COMMUNICATION																		
Goal 1:	Annually through 2029, the Kentucky Department for Public Health (KDPH) Commissioner’s Office Communications Team will build trust by ensuring KDPH content is up-to-date, relevant, audience-focused and meets branding standards.																	

Obj 1:	Annually, actively involve branch and program-level staff to follow internal processes to ensure all KDPH websites and pages have a site editor and backup site editor to provide up-to-date and accurate resources and information for Kentuckians.	X	X				X	*	*	X	*	*	*			X	*	
Obj 2:	Biennially through 2029 ensure the KDPH Communication Plan is updated and available to staff.	X	X	*	*	*	X	*	X	X	*	*	*	*		*		
Obj 3:	Continuously through 2029, build trust with continued branding efforts for all communications.	X	X	*	*	*	X	*	X	X	*	*	*	*		*		
EFFICIENCY & EFFECTIVENESS																		
Goal 1:	Implement & Maintain a Department-wide Performance Management System through June 2029.																	
Obj 1:	Through December 2026, the KDPH will continue to update the PM structure and IT solution (monday.com) to improve tracking, monitoring and reporting of progress on goals, objectives and associated metrics.	*	*	*	*	*	X	X	X	*	*	*	*	*		*		
Obj 2:	Annually, the KDPH will review, revise and report the progress of performance management system goals and communicate with all KDPH staff.		*				X	X	*	*	*							
Goal 2:	Assess the use of technology & increase data utilization through June 2029.																	



Obj 1:	By December 2027, KDPH will perform an inventory and analysis of current systems and implement at least one integrated system/data modernization effort to improve standardized data capture, reporting and data management infrastructure.							*		X	*						*	X
PEOPLE																		
Goal 1:	Annually, recruit, hire, retain, sustain and train a competent & diverse workforce measured through the workforce Impact Survey and reporting cross-divisional projects.																	
Obj 1:	By June 2026, at least 400 KDPH employees will have completed the Workforce Pulse Check Survey, demonstrating growth in public health competencies within the workforce.			*	*		*	*		*				X		*	X	
Obj 2:	By June 2026, at least 70% of the workforce who complete the Workforce Pulse Check Survey indicate a desire to advance their careers and continue working at KDPH.			*	*	*	*	*		*	*			X	*	*	X	
Obj 3:	By June 2026, each division will have reported at least two cross-divisional projects, programs or state-affiliated organizations.			*	*	*	*	*		*	*	*	*	*	X	X	X	*
Obj 4:	By June 2026, determine the metrics for measuring the return on investment for employee-offered professional development opportunities.			*	*		*	*	*	*	*			X	X	*	X	*



Goal 2:	Annually, cultivate a positive work environment and satisfied workforce as measured by the Workforce Pulse Check Survey.																	
Obj 1:	By June 2028, at least 60% of KDPH employees will complete the Workforce Pulse Check Survey each time the survey is administered.			*	*		X	*		*				X		X	X	
Obj 2:	By June 2028, at least 80% of the workforce will report they are satisfied in their current role on the Workforce Pulse Check Surveys.			*	*		X	*	*	*	*			X		X	X	
Obj 3:	By June 2028, at least 67% of the Department-wide Net Promoter Scores will be above 10 on the Workforce Pulse Check Survey.			*	*		X	*		*				X		X	X	
POPULATION HEALTH																		
Goal 1:	By December 2028, develop and implement targeted strategies to improve health outcomes for all Kentuckians.																	
Obj 1:	By June 2027, develop targeted strategies by addressing critical programmatic priorities, decreasing negative health outcomes, and ensuring fair resource allocation for historically low-access populations across the commonwealth through the use of population health data and input from KDPH division leaders.	*	*		*	X	X	*	X	X	*	X	X		*	X	X	
Obj 2:	By December 2028, implement targeted strategies utilizing collected population health data and input from KDPH division leaders.	*	*		*	X	X	*	X	X	*	X	X		*	X	X	
QUALITY																		



Goal 1:	Annually support Evidence-Based Public Health Practices using evidence, derived from research and data, to inform decision-making and strategies aimed at improving the health of populations.																	
Obj 1:	By 2027, provide training to all KDPH staff on evidence-based public health guidance and practice.			*	*	*	*	*	*	X	*		X	X		*		
Obj 2:	Beginning in 2025 and annually after, foster engagement by public health programs in research, analysis or evaluation of public health practices across all divisions by facilitating regular meetings between KDPH leaders, the Department for Medicaid, deans of Universities and through existing program advisory committees.	*	*			*	*	*	*	X	*	X	X	*	*	X		*
Goal 2:	Annually foster a Culture of Quality by pursuing PHAB accreditation, applying quality improvement methods department-wide and implementing KDPH's review process of guiding procedures.																	
Obj 1:	Annually, maintain PHAB Accreditation status by completing annual PHAB reaccreditation requirements as they are assigned by PHAB.	*	*	*	*	*	X	*	*	*	*	*	*	*	*	*		*
Obj 2:	Each division or “office” within KDPH will complete a quality improvement project or exercise at least annually (e.g., process improvement, streamline, efficiency, customer service) using quality improvement tools in projects supported by the KDPH Quality Improvement Committee.	*	*	*	*	*	*	*	*	X	X	*	*	*	*	*		*



Obj 3:	Maintain KDPH process for reviewing regularly policies, guides and plans and making updates as needed.	*	*	*	*	*	*	X	X	*	*	*	*	*	*	*	*	*
LEGEND:																		
X	Direct Alignment																	
*	Potential Alignment - opportunity for support between goals/objectives/activities of items																	
BRND	Branding																	
COMM	Communications Plan																	
COOP	Continuity of Operations																	
ESF8	Emergency Support Function 8- Public Health & Medial Services Annex (EOP)																	
PH	Population Health																	
PHAB	Public Health Accreditation Board																	
PM	Performance Management																	
P&P	Policy and Procedures																	
PHT	Public Health Transformation																	
QIP	Quality Improvement Plan																	
SHA	State Health Assessment																	
SHIP	State Health Improvement Plan																	
WFDP	Workforce Development Plan																	
Grants	Grants																	
D/B/P	Division, Branch, Program																	
CHFS	Cabinet for Health & Family Services																	
KHDA	Kentucky Health Departments Association																	



Appendix 6: Performance Management and Strategic Plan Connection

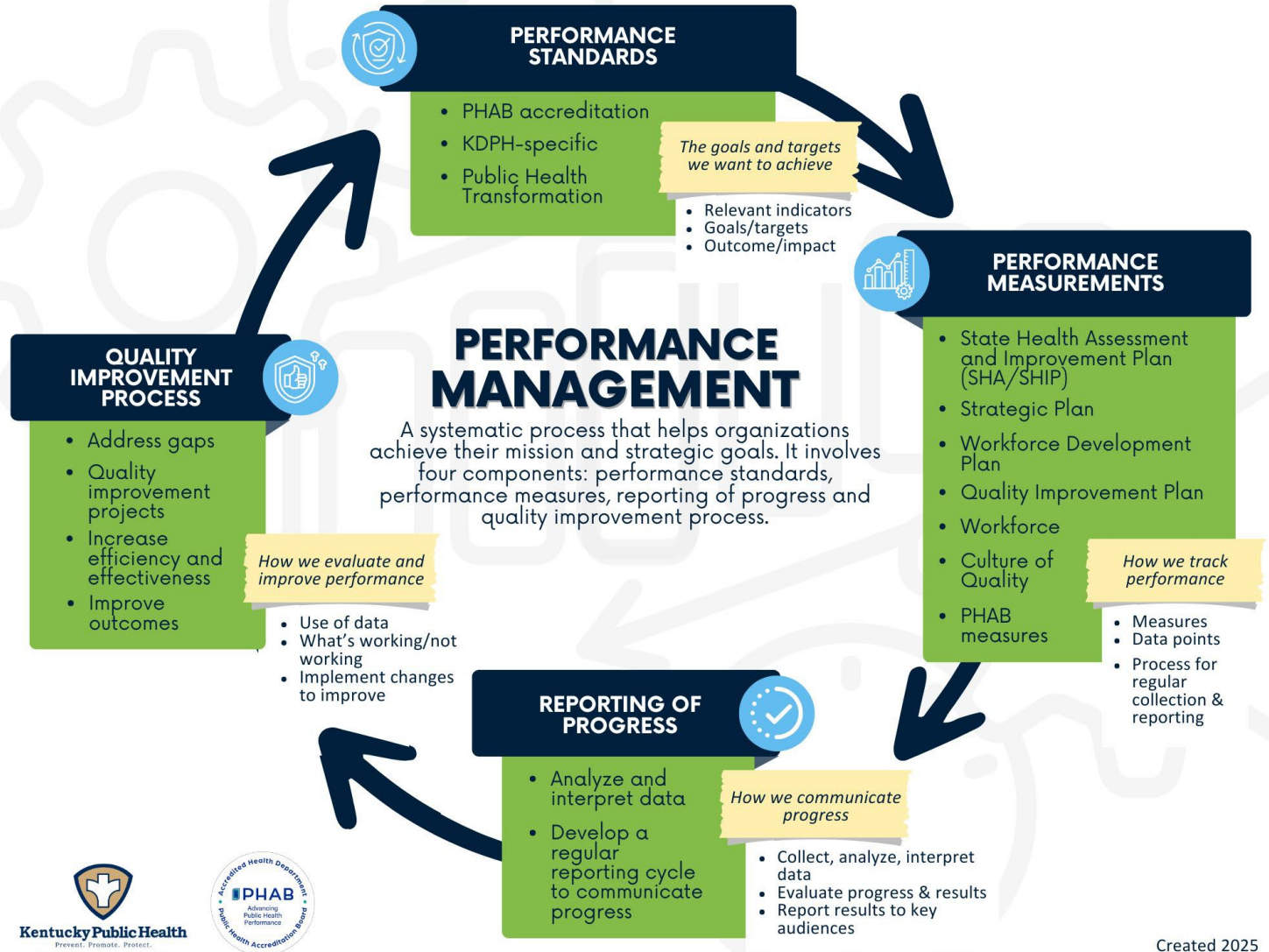


Figure 8: Performance Management and Strategic Plan Connection

PERFORMANCE MANAGEMENT COMMITTEE

The Performance Management Committee (PMC) provides overall collective oversight of the Strategic Plan and its progress through department-wide performance management tracking. Performance tracking ensures continuous forward movement aiding the department in achieving their mission and vision.



Performance Management Committee Process

Inputs:

1 Inputs (e.g., key processes, goals or activities) are funneled through the PMC from individual staff, programs, branches or divisions/offices related to metrics within the agency's Strategic Plan priorities, SHIP, customer feedback and other relevant data to make recommendations for improvement.

Input Tracking:

2 Inputs collected by staff are tracked and monitored by the PMC to ensure the key processes, goals or activities are in progress or being met and are aligned and comply with all standards outlined by the Public Health Accreditation Board. The PMC tracks the progress of the inputs regularly through reviewing, monitoring, reporting and communicating about performance measures.

Performance Measurement Goals Not Being Met

If a performance measurement key process, goal or activity is not being met it is referred to the Quality Improvement Committee and appropriate leadership for further exploration and investigation.

Created 2025



Figure 9: Performance Management Committee Overview



Appendix 7: Program Alignment to Strategic Plan

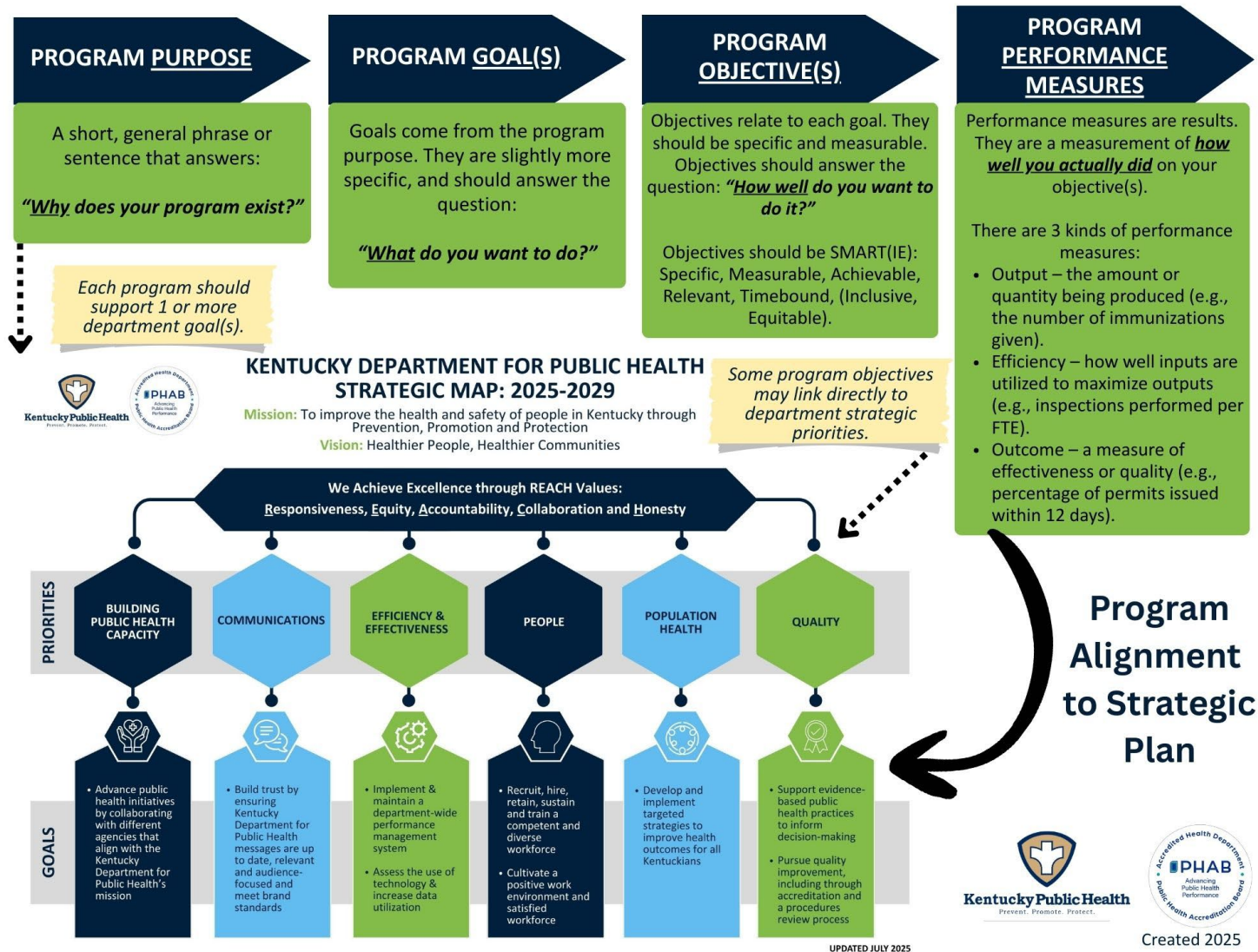


Figure 10: Program Alignment to Strategic Plan

The following is an example of aligning a Division/Branch/Program strategic plan from the Division of Public Health Protection and Safety (PHPS) with the KDPH Strategic Plan:

KDPH Strategic Plan Priority: People

- KDPH Goal #1: Annually, recruit, hire, retain, sustain and train a competent and diverse public health workforce as measured through results from the Workforce Pulse Check Survey and reporting of cross-divisional projects.
 - PHPS Objective 1.1: By November 30, 2027, the Division of Public Health Protection and Safety will develop and implement a cross-divisional subject matter expertise (SME) engagement process to work with at least 15 internal and external SMEs from diverse backgrounds to support workforce development initiatives.
 - Activity 1.1.1: By November 30, 2027, the Center for Foundational Health will expand recruitment efforts through collaboration with Kentucky's high schools, colleges and universities.
 - Activity 1.1.2: By November 30, 2027, the Radiation Health Branch will enhance the capacity to respond to radiological/nuclear emergencies through development of Radiological Operations Support Specialists (ROSS) and other first responders from across the state.
 - Activity 1.1.3: Etc.
 - PHPS Objective 1.2: By November 30, 2027, the Division of Public Health Protection and Safety will develop and implement a division-wide training initiative that provides opportunities for all staff to strengthen foundational public health skills and leadership capacity, with at least 75% staff participation.
 - Activity 1.2.1: By October 31, 2026, the Drug and Supplement Branch will develop and administer training courses that focus on the manufacture of emerging recreational/psychedelic products, production methods, hazards and remediation.
 - Activity 1.2.3: Etc.