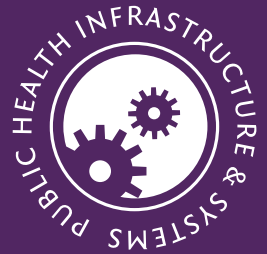


# Developing a Local Health Department Strategic Plan: A How-To Guide



## NACCHO

National Association of County & City Health Officials

*The National Connection for Local Public Health*

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# Introduction

An organizational strategic plan provides a local health department (LHD) and its stakeholders with a clear picture of where it is headed, what it plans to achieve, the methods by which it will succeed and the measures to monitor progress. Widely used by profit-based, nonprofit and governmental organizations alike, a strategic plan is a leadership tool grounded in decisions the organization has made about strategic priorities for the near future - usually the next three to five years.<sup>1</sup> The plan not only communicates these priorities, but also provides a basis for future decision-making. The strategic plan is not intended to be a stand-alone document; rather, it should be aligned with other important assessment, planning and evaluation work such as a local community health improvement process, an agency quality improvement (QI) plan, operational/work plans or even an annual report. A strategic plan is so fundamental to effective management that it is one of three prerequisites for LHDs seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local, and territorial public health departments. Since PHAB's launch in the fall of 2011, a growing number of LHDs have expressed interest in pursuing accreditation, and thus need to develop a strategic plan.

<sup>1</sup> PHAB measure 5.3.2.A requires a strategic plan dated within the last five years.

## About this Guide

NACCHO recognizes the need to provide capacity-building resources for LHDs interested in developing a strategic plan, and offers this guide as a tool to LHDs as they begin the journey. Additional accreditation resources are available on the NACCHO website at the following URL: [www.naccho.org/accreditation](http://www.naccho.org/accreditation).

This guide is intended for any LHD interested in embarking on strategic planning, especially those interested in developing a strategic plan that meets PHAB requirements. The guide provides a basic framework for developing a strategic plan, including the most commonly found elements in various strategic planning models as well as the components required by PHAB for a strategic plan as outlined in the PHAB Standards and Measures Version 1.0, Standard 5.3.

While the guide addresses all the PHAB required components of a strategic plan, PHAB is the only organization to determine if the strategic plan meets their requirements. Following this guide does not guarantee that PHAB reviewers will deem a strategic plan compliant with the standards and measures. In addition, there are many ways to complete a strategic plan, this guide outlines one such way.

The guide includes seven learning modules, which provide an overview of the strategic planning components, rationale and process descriptions, suggested options for completion, and accompanying samples and worksheets. The Guide follows the strategic planning process with a module dedicated to each of the major steps below.



## The Strategic Planning Process as outlined in this guide:

### Module II: Laying the Groundwork for Strategic Planning

- Identifying and Defining Stakeholders
- Determining Available Data
- Developing Process and Timeline Needs
- Developing a Project Plan

### Module III: Developing Mission, Vision and Values

- Identifying Formal and Informal Organizational Mandates
- Determining the Type and Level of Stakeholder Engagement
- Developing Organizational Values Statements
- Developing Mission Statement
- Developing Vision Statement
- Communicating Vision, Mission and Values

### Module IV: Compiling Relevant Information: Environmental Scan

- Determining Value of Existing Data
- Collecting Additional Data/Information as Needed
- Summarizing Data/Information

### Module V: Analyzing Results and Selecting Strategic Priorities

- Completing a SWOT/SWOC Analysis
- Identifying and Framing Cross-cutting Themes, Emerging Issues and Key Strategic Issues
- Prioritizing and selecting Strategic Issues

### Module VI: Developing the Strategic Plan and Implementation Plan

- Developing Strategies to Address Priorities
- Developing Goals and Objectives
- Developing Strategic Implementation Plan with Timelines and Measurement Plans
- Creating a Strategic Planning Document

### Module VII: Implementing, Monitoring and Revising as Needed

- Establishing a Process for Monitoring, Implementation and Evaluation
- Using QI to Improve Process and Outcomes
- Maintaining Flexibility
- Communicating Results
- Revising and Updating the Plan as Needed

# MODULE I: EXPLORING STRATEGIC PLANNING FOR LOCAL HEALTH DEPARTMENTS

## Learning Goal

Determine when the agency will be ready to embark on strategic planning, including identifying any steps needed to increase readiness.

## Objectives

1. Describe the purpose and use of an agency strategic plan.
2. Define the PHAB requirements for a strategic plan.
3. Identify the key components of a strategic planning process and a strategic plan.
4. Assess readiness for strategic planning based on guidance and tools.

This module provides essential information regarding strategic planning as LHDs determine their interest and readiness to embark on such a process. This module serves as an introduction to the next six modules, which outline the steps in a strategic planning process.

## Purpose and Use of an Agency Strategic Plan

### Definition of a Strategic Plan

*(PHAB Acronyms and Glossary of Terms, Version 1.0, September 2011)*

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

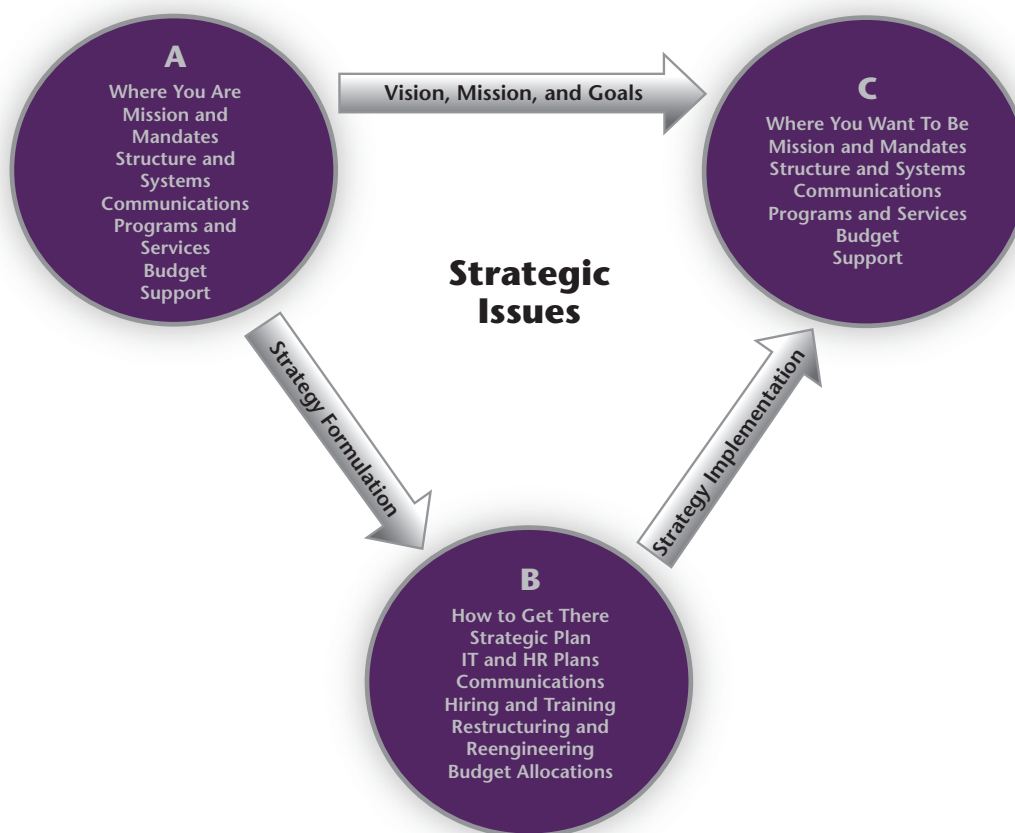
Like a road map, a strategic plan indicates an agency's current position and the directions the agency can follow to achieve its goals. The plan also provides criteria for monitoring the progress and outcome of the plan. A strategic plan can make decision-making and change easier for an organization, as it defines the organization's identity and goals while providing clear direction for achieving these goals. However, because an organization needs to remain nimble and adapt to changing environments and needs, the strategic plan must also remain flexible and continuous.

“Although strategic planning also involves goal setting, it is broader in scope and much more comprehensive than operational planning.” (Martinelli, 2005) To understand the difference between a strategic plan and an operational plan, consider Mintzberg’s “5 P’s of Strategy”. Each of the 5 P’s describes a different approach to strategy. The framework helps to ensure data and information are addressed in all areas as strategic planning begins and is a way to cross-check plans to ensure all angles of strategic planning are addressed.

### The five P’s of strategy (Mintzberg, 1992):

- Plan** – Strategy is a planned and purposeful course of intended actions or guidelines for how to get from one place to another.
- Pattern** – Strategy is a pattern or consistency in actions and behavior over time.
- Position** – Strategy is position within the context and environment in which the organization operates.
- Perspective** – Strategy is collective thinking and shared vision/direction by members of the organization.
- Ploy** – Strategy can also be a specific maneuver to outwit or overcome a competitor or enemy.

John M. Bryson’s (2004) third edition of *Strategic Planning for Public and Nonprofit Organizations*, offers a clear view of strategic planning in the diagram “The ABCs of Strategic Planning.”



Understanding where the organization is in terms of context, environment and budget (A) is necessary for the organization to define both where it wants to be, through vision, mission, and goals (C), and the strategy by which the organization will get there (B). This transformational model may appear simplistic, but it involves many interdependent steps and opportunities for stakeholder engagement throughout the process.

## PHAB Requirements for Strategic Planning

For a health department to be eligible for PHAB accreditation, they must first complete the following three prerequisites: 1). Community Health Assessment (CHA); 2). Community Health Improvement Plan (CHIP); and 3). Agency Strategic Plan. The prerequisites for accreditation lay the groundwork for everything a health department does and provides a foundation for meeting the PHAB standards and measures. Each of the prerequisites is defined in the PHAB Acronyms and Glossary of Terms, Version 1.0 as listed below:

### Community Health Assessment

A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues. Community engagement and collaborative participation are essential to conducting a CHA.

### Community Health Improvement Plan

A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges and opportunities that exist in the community to improve the health status of that community.

### Strategic Plan

Results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

## Connecting the Prerequisites for Accreditation

It is important to remember that the CHA, CHIP and agency strategic plan are not three discrete or isolated processes but rather, they should all connect and inform one another. In general, it is recommended that the community health assessment precede planning phases including the CHIP and strategic plan. The results of the assessment serve as the foundation to inform the priorities to be addressed in the CHIP and strategic plan.

In collaboration with the community and public health system partners, the **CHIP** is developed with, and as, a **community plan**. The CHIP is developed based on the CHA to address priorities in the community that impact the overall health of the community. The health department is typically deeply involved in the community health improvement process and may even take the lead with organizing the process. A CHIP results in a shared community plan in which multiple community partners have a role in implementing and monitoring.

Development of the agency strategic plan is led by the health department and/or its governing body with mostly internal stakeholders and key external stakeholders as needed for input into the process. While some of the planning components are similar to the CHIP and consideration of the CHA results and CHIP priorities are part of the process, the result of a strategic plan are priorities and direction for the **health department**. CHIP priorities that the health department plans to address with their work should be included in the health department strategic plan.

An **organizational strategic plan** includes specific strategies, goals and objectives for the work of the LHD. The organizational strategic plan outlines the overall direction of the health department based on organizational mandates, mission, vision,



values and data that define the strengths, weaknesses, opportunities and threats related to the organization. The strategic plan is part of a performance management system because it provides a basis for the development of operational plans and performance measures for the health department. Refer to Module VII for more information.

Though it is recommended that the community health improvement process precede the strategic planning process, this is not a prescription for all LHDs. Some agencies may find it necessary to develop a strategic plan prior to the community health improvement process. If this is the case, the LHD will need to establish a process to go back and revise the strategic plan once the CHA and CHIP are complete in order to comply with PHAB requirements.

### **PHAB Requirements for a Strategic Plan**

The following section outlines the PHAB requirements for the strategic planning process, an organizational strategic plan and implementation of the strategic plan. Throughout this guidebook, specific PHAB requirements are highlighted in purple as shown below.

#### **PHAB Standard 5.3 Develop and Implement a Health Department Organizational Strategic Plan**

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that complement and support the health department's organizational strategic plan. (PHAB Standards and Measures, Version 1.0)

The following measures are applicable to local, state and tribal health departments:

Measure 5.3.1 - Conduct a Department Strategic Planning Process

Measure 5.3.2 – Adopt a Department Strategic Plan

Measure 5.3.3 – Implement the Department Strategic Plan

#### **PHAB Measure 5.3.1: Conduct a Department Strategic Planning Process**

This measure requires that the LHD document the process for developing the strategic plan including membership of the strategic planning group and the steps in the strategic planning process. PHAB documentation guidance provided by PHAB regarding such documentation includes:

- A list of the individuals who participated in the strategic planning process and their titles. Note that participants must include the health department's governing body members or representatives.
- Summary or overview of the strategic planning process including:
  - Number of meetings
  - Duration of the planning process
  - Methods used for the review of major elements by stakeholders
  - Steps in the planning process (i.e. opportunities and threats analysis or environmental scanning process, stakeholder analysis, storyboarding, strengths and weakness analysis or scenario development)

### PHAB Measure 5.3.2: Adopt a Department Strategic Plan

This measure outlines required components of the strategic plan and aligns with basic best-practice elements of almost any strategic planning model:

- LHD mission, vision and guiding principles/values
- LHD strategic priorities
- LHD goals and objectives with measurable and time-framed targets (included in the plan or another document)
- Identification of external trends, events, or other factors that may impact community health or the health department
- Analysis of the LHD's weaknesses and strengths
- Linkages with the CHIP, details on the LHD's roles and responsibilities for implementing the CHIP and linkage with the LHD's QI plan

LHDs planning to pursue accreditation through PHAB will need a strategic plan produced or revised within five years of submitting an application to PHAB. According to PHAB guidance for Measure 5.3.2, a health department may have a shorter period for their plan, such as three years or have goals in the strategic plan with a period beyond five years.

### PHAB Measure 5.3.3: Implement the Department Strategic Plan

This measure requires documentation of annual reports that communicate progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets. PHAB guidance further clarifies that from the time the strategic plan is adopted, the health department should be able to demonstrate review and assessment of progress on the plan. Progress is intended to include documentation of completing defined steps and objectives to reach a target, or by addressing priorities and implementing activities in the strategic plan. Any revisions to the plan, adjusted timelines or changes in available resources should be documented.

Finally, PHAB Measure 5.3.2 requires **alignment** between the CHIP, the strategic plan and the QI plan. Regarding the CHIP, those priorities the LHD will address should be included in the strategic plan. The strategic plan need not link to all elements of the CHIP or QI plan, but it must show where linkages are appropriate for effective planning and implementation. Likewise, the strategic plan (strategic direction) may need QI to stay on track to achieve desired results. PHAB will look at the ways the QI plan is linked to the strategic plan. PHAB measure 9.2.1 A, offers significance for the linkage: "To make and sustain QI gains, a sound QI infrastructure is needed. Part of creating this infrastructure involves writing, updating and implementing a health department QI plan. This plan is guided by the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan." The diagram on the following page shows the link between the three plans and the role of the CHA.

NACCHO defines **Quality Improvement** in public health as the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes, which achieve equity and improve the health of the community. (Accreditation Coalition Quality Improvement Subgroup Consensus, March 26, 2009).

### The Relationship between the CHA/CHIP/SP and QI Plan

Marni Mason, of MarMason Consulting, a nationally recognized public health consultant, offers the following diagram to differentiate the relationship between the various plans.



**The Community Health Assessment informs all three plans.**

(Adapted from MarMason Consulting LLC, 2012)

Each plan also has unique components as listed in each circle:

- The organizational strategic plan is specific to the LHD and will include emerging and new initiatives that may not be in the other two plans. In addition to community health status and risk interventions for which it is responsible for in the CHIP, the strategic plan will likely also include agency specific priorities such as human resources or IT issues.
- The CHIP will include health status and health risk interventions to address the results from the CHA that may not be in the other 2 plans.
- The agency QI plan will include operational issues and current data on process outcomes that may not be in the other two plans. For instance, performance data may show the need for improvement in the agency's hiring process, which would not necessarily be a strategic priority.



(Adapted from MarMason Consulting LLC, 2012)

The CHA informs the CHIP and the strategic plan. The strategic plan is one part of an overall performance management system with the plan at a 30,000-foot view describing where the agency is going and how it will get there. Other components include the implementation plan and QI plan as a means of fulfilling the vision through planned actions and improvements at a 20,000 foot view, program work plans regarding how the daily work is to be accomplished at 10,000 foot view all the way down to individual employee contributions, roles and performance related to the strategic plan at the sea level view.

## The Strategic Planning Process

The process for developing an agency strategic plan usually has similar basic components, even as participants, timelines, subject areas and other specifics may vary from one organization to another.

This guidebook goes into slightly more detail than the basic components to ensure that the PHAB requirements are included. The basic or traditional strategic planning steps presented in this guidebook include the following with a learning module dedicated to each:

### Laying the Groundwork for Strategic Planning

During this step, the LHD explores what is involved when embarking on strategic planning, makes a decision to go forward and prepares for the work ahead. Specific actions that may be taken include identifying and defining stakeholders; determining available data to inform the strategic plan; determining process and timeline needs; and developing a project plan for completing the strategic plan.

### **Developing Mission, Vision and Values Statements**

Organizational mandates and the type and level of stakeholders needed to be engaged are often identified prior to developing mission, vision and values. Once an understanding of formal and informal mandates and various types of stakeholders is clear, the LHD proceeds. The LHD and designated stakeholders develop statements to describe what the LHD does and why it exists (mission), decides upon principles and beliefs that will guide the continued work of the LHD (values) and a statement of the ideal future state based on the work the LHD intends to do (vision). The LHD and the governing body adopt the mission, vision and value statements.

### **Compiling Relevant Information**

Information and data identified in the groundwork phase are compiled and assessed and any additional data needs are identified, collected and summarized. Internal organizational strengths and weaknesses and external opportunities and threats (SWOT) or challenges (SWOC) are identified.

### **Analyzing Results and Selecting Strategic Priorities**

Data gathered is used to complete a SWOT/SWOC analysis. Data are fully reviewed and analyzed by the LHD to identify strategic issues. The issues are prioritized for inclusion in the strategic plan.

### **Developing the Strategic plan**

Full action plans to address the priorities are developed and strategies that impact the priorities are determined. Broad goals and corresponding measurable objectives are defined with timelines and assigned to staff/departments.

### **Implementing, Monitoring and Revising as Needed**

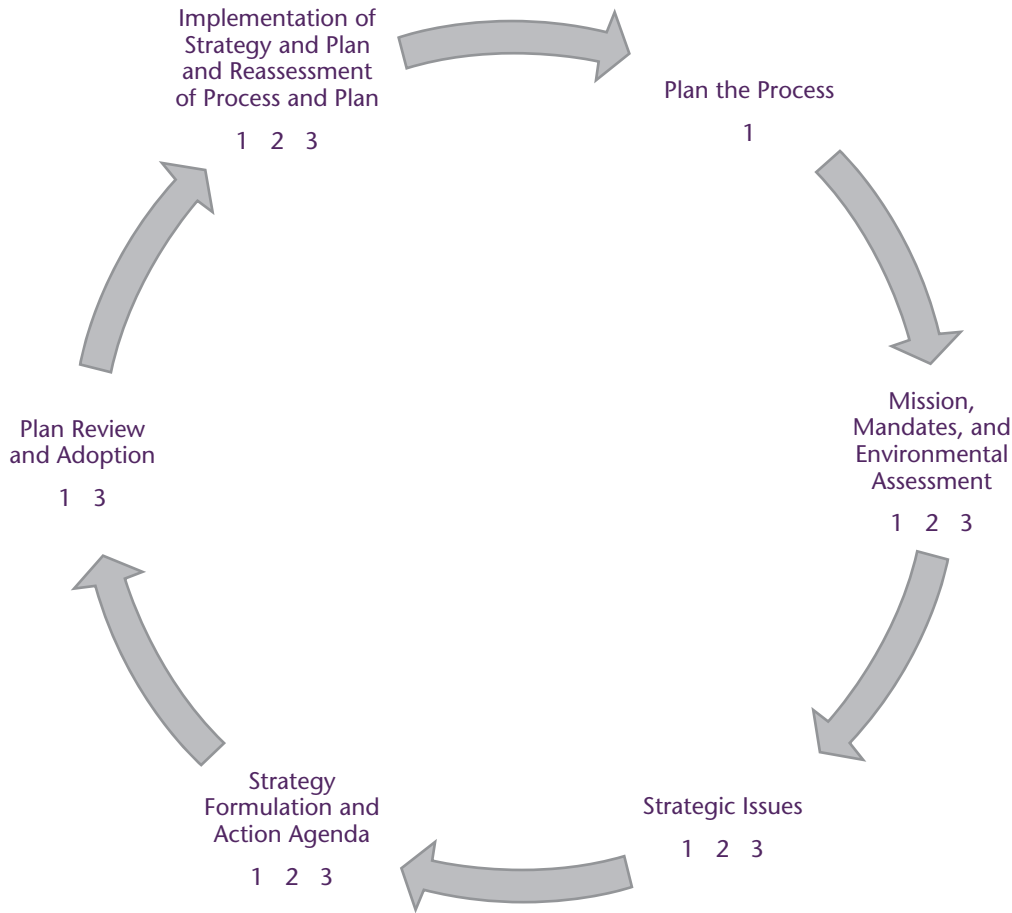
Once the plan is developed, the LHD and its governing body must hold the LHD accountable for implementation of the strategic plan. Ongoing measurement and monitoring of both process and outcome data is necessary to ensure the plan is on track for making an impact and identifying opportunities for quality improvement (QI).

All six steps are further described in Modules II-VII. While the steps are presented and described sequentially, the strategic planning process is more iterative than linear. For example, it may make more sense to revise a mission statement after a vision for the future has been adopted, or it may be easier to develop a vision based on an understanding of the environmental scan and the LHD's strengths, weaknesses, opportunities and threats. Likewise, stakeholder engagement can occur at various degrees and stages in the process. The following diagram, offered by Bryson and Alston (2005), demonstrates the cyclical nature of strategic planning and options where various steps may occur. Keep this flexibility in mind throughout the remaining modules.

### The Strategic Planning Process Cycle

The stages where stakeholder analysis, vision formulation and goal definition could occur are noted by 1, 2 or 3.

- 1 – Perform Stakeholder Analysis
- 2 – Formulate Vision
- 3 – Define Goals



(Bryson & Alston 2005)

## Assessing the Readiness of the LHD for Strategic Planning

Determining readiness can be as easy as reflecting on past planning experiences and what caused those planning processes to be a success or failure. Think back over the past five years or so in the organization. Identify various planning processes and elements that were critical to success and reasons for challenges and failures.

Thinking about what contributed to past success and failure, compare the lists to the current reality. What is currently in place for success and what is missing? The following sample activity is available as a worksheet 1 in the Appendix.

Past Experience	
What contributed to past planning success?	What contributed to past planning failures?
Current Reality	
What is in place to support successful planning?	What is missing and needed for successful planning?

Continue assessing readiness for strategic planning by using the list below. All of the considerations are important to a successful start. While not required, overlooking any of the considerations could set the organization up for challenges and setbacks.

- Access to many of the types of data needed for the environmental scan
- Access to a skilled, objective facilitator, either internal or external
- Adequate time for a quality environmental scan
- Adequate time to devote to stakeholder engagement in the process
- A champion for the strategic planning process from the governing body
- Budget allocations for the process
- Buy-in from Senior Leadership at the Health Department
- Commitment to the process while retaining flexibility
- Understanding of the process and expectations for how the plan will be used throughout the agency
- Other \_\_\_\_\_

Bryson suggests exploring the following areas as part of a readiness assessment:

- Perceived barriers to strategic planning and ways the barriers can be overcome
- Direct and indirect costs of strategic planning and ways to manage costs
- Expected benefits of strategic planning and ways to enhance the benefits

Upon review of these important considerations, a LHD can determine what they have to support the strategic planning effort and what might potentially thwart the efforts. This information can be used to determine whether to proceed, what needs work or adjustment prior to engaging in strategic planning and finally, whether the strategic planning process should be delayed until the organization feels adequately prepared to embark on the strategic planning journey.

# MODULE II: LAYING THE GROUNDWORK FOR STRATEGIC PLANNING

## Learning Goal

Develop a realistic timeline and plan for the agency strategic planning process.

## Objectives

1. Determine stakeholder engagement.
2. Determine data gathering plans.
3. Identify a match between agency desired time-line and process needs.
4. Develop a detailed planning outline with dates, actions, methods and persons responsible.

Before developing a timeline and project plan, explore the degree of stakeholder involvement and types of data available and needed for the environmental scan. Both stakeholder engagement and a thorough review of data and information are essential to the strategic plan. However, the type and level of stakeholder involvement and the level of data collection needed to complete the environmental scan impacts the amount of time needed to complete the process.

## Identifying and Defining Stakeholders

### Forming the Strategic Planning Committee

Most organizations develop some form of a Strategic Planning Committee (SPC) to oversee the strategic planning process and, typically, to make decisions. Inviting or assigning internal stakeholders to the SPC starts the engagement process. The SPC is typically a minimum of five members and no more than twelve, depending on the size of the organization. Eight members usually work well as a manageable and efficient size committee to ensure the work is accomplished. Membership of the group usually includes members of the governing body, executive directors/administrators and respected and influential staff representing various parts of the organization. The SPC frequently determines which other stakeholders to involve and the best way to involve them, with appropriate input from the board and staff (Allison & Kaye, 2005). The SPC also coordinates the overall process, including data collection.

The group often completes the readiness assessment activities described in the previous module before diving into the strategic planning process. At a minimum, this group convenes after the health department has decided to go forth with strategic planning.

PHAB requires participation of governing body members or representatives in the guidance provided for Measure 5.3.1.

### Identifying Stakeholders

The SPC may conduct a stakeholder analysis to think about which stakeholders need engaging in the process in some way. Stakeholders are defined as any person, group or organization inside or outside the organization that can place a claim on the organization.

### Examples of stakeholders

Internal stakeholders may include:

- Governing body members
- Senior staff



- Middle managers
- Administrative staff
- Front-line staff
- Union representatives
- Advisory board/committee members
- Other \_\_\_\_\_

External stakeholders may include:

- Funders
- State Health Department or other state agency representatives
- Coalition members
- Partner agencies
- Other health departments (regional or shared service health departments)
- Competitors
- Clients/customers
- Community-at-large
- Special target populations
- Policy makers (all levels)
- Media representatives
- Other \_\_\_\_\_

### 3 Levels of Stakeholders

The Kansas University Community Tool Box suggests three levels of stakeholders to consider with any stakeholder analysis:

**Primary stakeholders** are the people or groups that stand to be directly affected, positively or negatively, by the actions of an agency. In some cases, there are primary stakeholders on both sides of the equation (i.e., a regulation that benefits one group may have a negative effect on another). For example, if proposing an increased tobacco tax, tobacco users and tobacco suppliers would both be directly affected by the tax through an assumed financial impact.

**Secondary stakeholders** are people or groups that are indirectly affected, positively or negatively, by the actions of an agency. Secondary stakeholders for a tobacco tax may include those exposed to second-hand smoke and local businesses who perceive a reduction of revenue based on tobacco product sales.

**Key stakeholders**, who might belong to either or neither of the first two groups, are those who can have a positive or negative effect on an effort, or are otherwise important to the effort. The director of an organization might be an obvious key stakeholder, but so might the line staff – those who work directly with participants – who carry out the work of the effort. If key stakeholders do not believe in what is being done, little progress will be made. Other examples of key stakeholders might be funders, elected or appointed government officials, heads of businesses, or clergy and other community figures who wield a significant amount of influence. Key stakeholders for the tobacco tax include elected officials and advocacy staff and organizations.

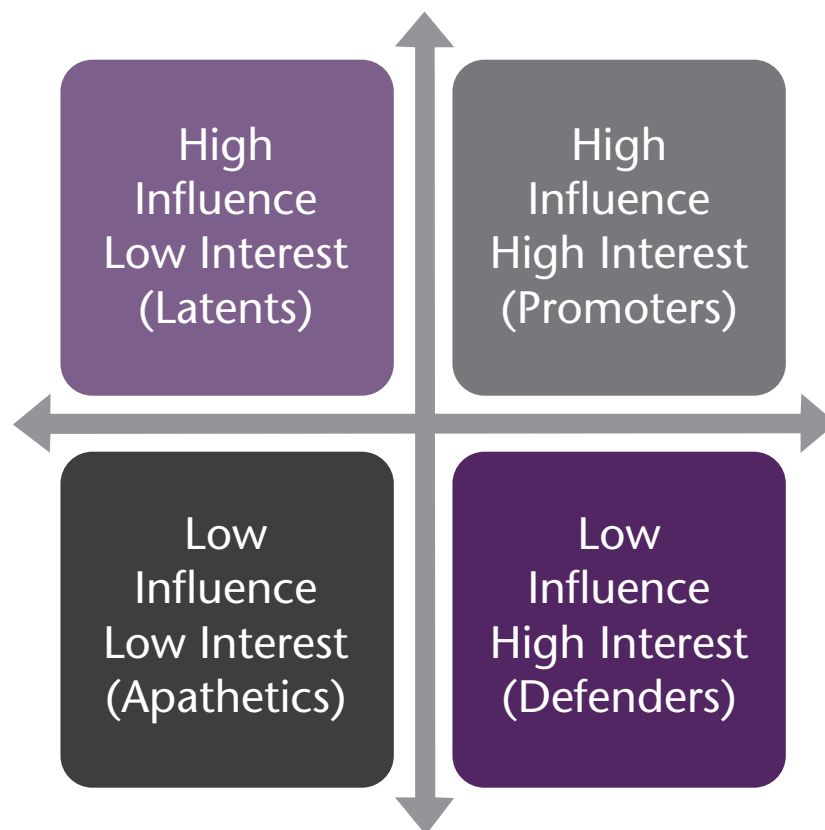
After defining stakeholders, consider their unique interests in the health department and its work. Determine the type of information that may be needed to gather from various stakeholders to inform the process. Understanding stakeholder roles and interest proves useful for this early stage of planning but also later in priority strategy selection and action planning. Plan to revisit the stakeholder analysis information later in the strategic planning process when priorities and strategy are determined and detailed action planning begins.

## Conducting a Stakeholder Analysis

The Community Tool Box recommends using a tool to help you understand the type of influence each stakeholder has on your organization and/or the process and potential success of the effort. This can help determine the best way to manage stakeholders and understand:

- how to marshal the help of those that support you
- how to involve those who could be helpful
- how to convert – or at least neutralize – those who may start out feeling negative.

Stakeholders are sorted into one of four quadrants as shown below. Based on this analysis technique, the stakeholders most important to the success of an effort are in the upper right section of the grid, and those least important are in the lower left. The names in parentheses are another way to define the same stakeholder characteristics in terms of how they relate to the effort.



- **Promoters** have both great interest in the effort and the power to help make it successful (or to derail it).
- **Defenders** have a vested interest and can voice their support in the community, but have little actual power to influence the effort in any way.
- **Latents** have no particular interest or involvement in the effort, but have the power to influence it greatly if they become interested.
- **Apathetics** have little interest and little power, and may not even know the effort exists.

Not all stakeholders need to be engaged or involved in strategic planning. However, it is a useful exercise to ensure an organization clearly understands who stakeholders are and the role they play. When developing a strategic planning project plan:

1. Determine which stakeholders need to be involved in the strategic planning process and in what way.
2. Identify key stakeholders needed in the strategic planning process.
3. List stakeholders and the level of engagement needed in the strategic planning process.
4. Identify any specific actions that need to be taken to begin the engagement process.

Levels of engagement range from:

- decision-makers,
- member of strategic planning committee,
- serving as a resource (provide data, provide strategy guidance etc.); or
- to be kept updated and informed on the process and its outcomes.

Use the worksheet 2 as shown below, (found in the Appendix) to document planning regarding stakeholders. Use the results of the stakeholder analysis to inform the timeline and project plan.

Stakeholder	Level of Engagement Needed	Action Needed and By When

## Determining Available Data

The next area to discuss before completing the timeline and project plan is available data versus data that may need to be collected through surveys, focus groups, interviews, etc. Review the data available to inform the strategic plan first. The list below provides some typical types of data to consider in the environmental scan during the strategic planning process. The SPC or another assigned staff member or subcommittee can do a quick check by using the list as a place to start. The actual review and analysis of the data occurs later in the process - this step provides an understanding of data accessibility and primary data collection needs. For more information on the environmental scan and SWOT/SWOC analysis, refer to Module IV.

### Potential Data Sources

- LHD Annual reports, particularly results related to progress on any past initiatives or strategic plans
- CHA results such as health status data, community perceptions regarding health and health needs, and demographic information
- An agency review against national standards, such as those of PHAB
- Local Public Health System Assessment (LPHSA) results
- LHD Financial Analysis
- Employee/Workforce climate survey results or feedback
- Partnership or stakeholder analysis results
- Policy and legislative scan
- LHD program evaluation and QI results
- Customer service/ satisfaction feedback
- Results of a traditional SWOT analysis previously completed
- Competitive or market analysis
- Other relevant information and data \_\_\_\_\_

Some organizations rush the strategic planning process and do not pull together the types of data suggested before completing a SWOT/SWOC analysis. PHAB Measure 1.2.3, collect additional primary and secondary data on population health, is the foundation of the CHA. This data is relevant and useful to the strategic plan to understand the context the LHD operates in and the issues facing the community the LHD serves. If most of this data was recently reviewed in the completion of the CHA, compilation of the data needed for strategic planning should already be complete with the exception of more agency-focused data. Even though most organizations can list internal strengths and weaknesses and external opportunities and threats/challenges, doing so without a broad spectrum of relevant data runs the risk of missing important considerations and linkages.

The following worksheet 3 below can be used to identify existing and accessible data, data that needs to be compiled and data that may need to be collected. This information is used to inform the project plan and timeline.

Data Readily Accessible	Data to Compile	Data to Collect <i>List possible ways to collect data and expected time to complete.</i>

## Developing Process and Timeline Needs

Defining stakeholder engagement goals and data collection needs provides insight into the timeline or structure needed for the strategic plan. Most organizations, especially health departments, have limited time to dedicate to strategic planning. Balancing defined goals and needs with a reasonable timeline that works for the health department is both challenging and necessary. Use the questions below to explore these considerations

### Strategic Planning Parameters

1. What timeline restrictions does the health department have?
2. What budgetary restrictions does the health department have? Are there funds that are only available for the process during a certain time-period?
3. Who will make decisions during the process? Top-down or bottom-up approach? (I.e. governing body, strategic planning committee, strategic planning committee with all staff and other stakeholders etc.)

Once the parameters, stakeholder engagement goals and data collection needs are clear, draft a timeline and process that works for the health department.

Authors Michael Allison and Jude Kaye (2005) offer the following guidance to assist with selecting a format for strategic planning.

Process Choices	Factors to Consider
Abbreviated Process One- or two-day retreat	Extent of external data to be gathered: <b>usually none</b> Amount of discussion needed about key issues: <b>little</b>
Abbreviated Plus Process One - or two-day retreat with additional follow-up meetings	Extent of external data to be gathered: <b>minimal or none</b> Amount of discussion needed about key issues: <b>abbreviated</b>
Moderate Process (One to three months)	Extent of external data to be gathered: <b>some</b> Amount of discussion needed about key issues: <b>moderate</b>
Moderate to Extensive Process (Three to six months)	Extent of external data to be gathered: <b>moderate</b> Amount of discussion needed about key issues: <b>moderate to extensive</b>
Extensive Process (Six to nine months)	Extent of external data to be gathered: <b>extensive</b> Amount of discussion needed about key issues: <b>extensive</b>

(Allison and Kaye, 2005)

With this guidance in mind, more time may also be needed as stakeholder involvement increases, particularly external stakeholders. Past planning experience of the health department should also be considered as an appropriate timeline and process are estimated.

## Developing a Project Plan

Based on timeline and process, develop a project plan, including milestones, and identify a person responsible for ensuring completion. A project plan can build-in accountability and important milestones. The steps offered in this guidebook provide a framework for developing a project plan.

Recognize that the plan will need to be revisited and altered to stay on track. The SPC or leadership of the committee should develop the project plan. Developing a Gantt chart or a simple project plan like the table below will suffice. Once the project plan is complete, share it with key stakeholders involved, such as the governing body, management and staff. Remember to build in time to review and update the plan on a regular basis. A worksheet 4 with the table template shown below is provided in the Appendix.

Action or Step to be Completed	Timeline	Milestones	Person(s) Responsible	Status/ Completion Date
<b>Example:</b> Engage Stakeholders for Steering Committee Participation	Weeks 1-2 Or 12/27/2011- 1/7/2012	Stakeholders identified 1st Meeting Set Invitation Sent	Jane Doe	Complete 1/5/2012
Compile Readily Accessible Data for Environmental Scan	Weeks 3-4	Electronic File Set Up Email Sent to Solicit Data Posting Currently Accessible Date in File	John Doe	In Progress 1/20/2012

# Module III: Developing Mission, Vision and Values

## Learning Goal

Develop or refine the agency mission, values statements and overall vision for the local health department that will serve as the basis for the strategic plan.

## Objectives

1. Define and differentiate mission, vision and values statements.
2. Define the role that formal and informal organizational mandates may have on a strategic plan.
3. Determine appropriate stakeholder engagement in developing values, mission and vision statements.
4. Determine an appropriate method for developing or revising mission, vision and values.

## Suggested Workflow for Developing Mission, Vision and Values Statements

1. Identify formal and informal organizational mandates.
2. Determine type and level of stakeholder engagement for developing mission, vision and values.
3. Develop organization value statements or guiding principles.
4. Develop mission statement.
5. Develop vision statement.
6. Communicate values, mission and vision.

The backbone of the strategic plan is an organization's mission, vision and values statements. The strategic planning process helps an organization define and solidify these fundamental statements, which can foster a shared understanding of the organization's purpose, intended goals and underlying principles guiding the work of the organization. Mission, vision and values are defined as follows:

**Mission:** The organization's purpose; what the organization does and why.

**Vision:** Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

**Values:** Principles, beliefs and underlying assumptions that guide the organization.

These terms, particularly mission and vision, are often used interchangeably. For the purpose of a strategic plan, it is important that stakeholders agree on how the terms are used. The semantics are not as important as the role that the terms serve: to communicate the overall purpose of the agency and a shared sense of inspirational direction. There are no right or wrong mission, vision and values statements. Ensuring a high degree of stakeholder agreement with the statements during the development or refinement increases the likelihood that the statements are more representative than those that have not been developed with broad agreement from governing body members, staff, leadership, etc.

**Values statements** help the agency and its stakeholders identify what the organization is about and its priorities. For the purpose of this guidebook, defining the organization's values or guiding principles is recommended as a first step in the mission, vision and values process.

When it comes to creating **mission and vision**, there is no prescribed order of development. Some strategic planners suggest beginning with the vision/futuristic view or the ideal state of change/improvement. This is often very helpful if strategic planning was initiated to address a specific issue or problem. It can also be helpful to develop a vision statement first when an existing mission statement may only need revision. Since the mission will communicate how the agency will go about achieving the vision, it is important that the two statements be linked to show how the agency's actions can potentially impact the envisioned state.

PHAB requires that a strategic plan must include the health department's mission, vision, and guiding principles/values for the health department. (PHAB Measure 5.3.2 required documentation)

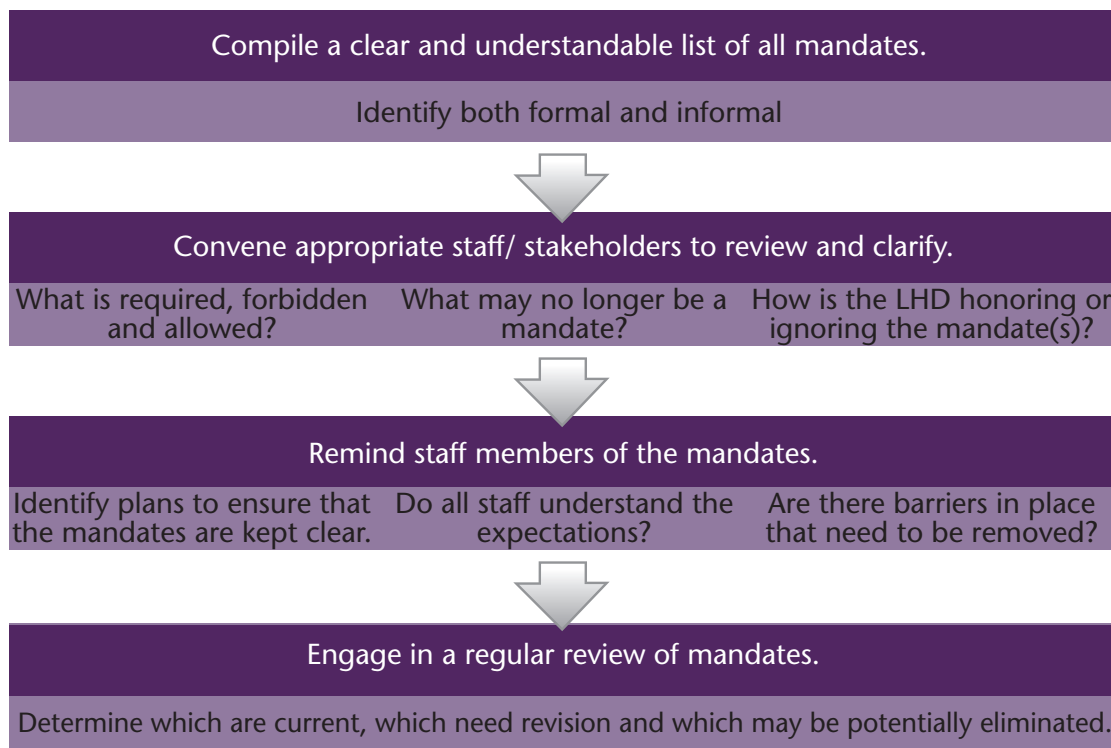
## Identifying Formal and Informal Organizational Mandates

In order to engage in the development of values, mission and vision, it is helpful to understand the mandates placed on an organization.

### Organizational Mandates

In *Creating and Implementing Your Strategic Plan*, the authors recommend identifying organizational mandates prior to revising or developing a mission statement. **Mandates** include anything formally or informally required of the organization by external authorities (Bryson and Alston, 2005). Formal mandates may be those set forth in laws, statutory requirements and other legally binding or public requirements. **Informal mandates** may be in the form of organizational norms or strong stakeholder expectations. Such mandates may be "given" to some members of the organization, while they may not be known or understood by others. Identifying and clarifying formal and informal mandates is an important step prior to engaging in mission revision or development work.

The following steps are recommended to clarify mandates prior to mission development:



(Bryson & Alston 2005)



Taking the time to review and clarify mandates can benefit the organization by ensuring that important considerations are not overlooked and providing an opportunity to ensure that stakeholders understand such demands. This step also allows an organization to explore the potential impact of the mandates on the organization’s mission, vision, values and strategic plan. Finally, reviewing mandates provides the health department with an opportunity to think about executing the mandates in a way that furthers the agency’s mission and goals rather than only fulfilling a compliance requirement. For example, a health department may have a requirement to complete a community health assessment and plan. Perhaps in the past the LHD has done the work on their own with limited stakeholder involvement and produced the required assessment and plan only to meet the mandate and sit on a shelf never to be implemented due to lack of resources. Strategically thinking about how this mandate can be met in a way that helps the LHD advance its mission and strategic priorities, decisions may be made to approach the mandated CHA/CHIP differently.

While not a required PHAB component for a strategic planning process, understanding organizational mandates provides further clarification, constraints on the organization and its purpose/mission and values. The activity also provides an opportunity for new strategic thinking.

Full size worksheets 5 and 6 for the samples below are provided in the Appendix.

**Instructions:**

*This task can be assigned to one or two individuals or completed by a small group.*

1. If available, secure documentation of legal mandates that has already been developed.
2. Develop/brainstorm a list all organizational mandates and their source.
3. Sort by whether they are formal or informal.
4. Compile source documentation as necessary for reference.

Formal Mandates / Source of Mandate	Informal Mandates / Source of Mandate

5. Discuss each of the mandates and cross off those that are no longer mandates.
6. Transfer remaining mandates to the table below and complete the questions.

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this?	What needs to be done? (i.e., include in mission, educate staff, etc.)

## Determining Type and Level of Stakeholder Engagement

It is important to involve governing body and staff members in the process of developing mission, vision and values. Ideally, all members should have some opportunity to contribute to the statements that are developed and adopted. Opportunities for all to contribute help create a shared sense of ownership and foster buy-in to support the mission, uphold the values and work towards achieving the vision. It is usually a mistake to shortcut the process by having a few people behind closed doors create final products intended for everyone to support and adopt.

The process for developing mission, vision and values often begins with brainstorming and is the best place for broad involvement. Thoughts and ideas can be grouped together to create rough drafts that can be either shared with everyone for further input or assigned to a smaller group for refinement. If the LHD has a very large staff, gathering input through department meetings or a survey may be the most feasible way to provide an opportunity for every voice to contribute. Brainstorming in ways that allow contributors to build off one another's ideas often results in the best work.

If the LHD is working with an external facilitator, the process consultant will work with the committee to design an engaging process.

### Considerations before Starting the Process

- **External facilitation:** Using an external, objective facilitator from outside the organization to help manage the process can be very beneficial to ensure that everyone has an opportunity to contribute. If this is possible, consider doing so.
- **Number of stakeholders:** The number of staff at the LHD and size of the governing body impacts both the process and time needed for the process. The goal is to include everyone in some way. Understanding that group process takes time and the time increases with the more people involved, plan on the step of developing mission, vision and values taking more time than you expect. When it is done right, the results are well worth the time.
- **Past experiences:** Some participants may have had negative experiences with developing mission, vision and values statements. For example, their input may not have been validated, or the end product may not have been used. Therefore, not everyone will be excited and ready to engage in this type of work, while others may be enthusiastic.
- **Format:** Mission, vision and values statements come in all different sizes and formats. Agreeing on the format before you start, including the approximate length, whether the statements are combined or separate, the phrasing for the values and other such formatting issues are important for a smooth process.
- **Expectations:** There is often a difference of opinion regarding lofty or dream-like vision statements versus statements that seem more attainable. The mission is about what the organization really does and why; the values about how the work is approached; and the vision is the desired future. The statements need a mix of realism and idealism to be both inspiring and motivating while remaining honest and achievable.
- **Audience:** Planners take different views regarding the audience for the vision and mission. Frequently, the mission is thought of as an external message to communicate what the organization does, while the vision is viewed more as an internal message to serve as an inspirational statement for staff. It is important to think about how the organization will use the statements and how the statements will be shared internally and externally before development.

## Facilitating Development of Mission, Vision and Values with Engagement

There are many methods to achieve the desired result of truly representative and motivating statements that describe the organization's mission, vision and values for the community it serves. Whether at an all-staff/board retreat, smaller meetings with staff/board representatives or even separate department meetings, the following general guidelines will help with planning this work and engaging stakeholders in meaningful ways.

1. **Define Terminology:** Begin by defining the terminology and differentiating between mission, vision and values so that everyone is on the same page. Clarify why this work is being done and how it will be used.
2. **Engage Staff and Other Stakeholders:** Create a safe way for everyone to participate. Having participants think and visualize before brainstorming helps tune everyone into the ensuing work. Using a tool like Affinity Diagramming is one way to start a brainstorming session in a safe way.
3. **Refine Brainstorming Results:** This can be done in a variety of ways, with the goal being a facilitated discussion that results in the most accurate representation of the work. It is easiest for fewer numbers of people to do refining work. Big debates can occur over words, reminding us how important words are to people. Whenever possible, use small groups or a single group to tackle refining the drafts to offer them back to the larger group.
4. **Solicit Buy-in and Adoption of the Statements:** This can happen through surveys, department meetings, a facilitated discussion in a large group setting etc. Strive for consensus around the work as defined where everyone can accept and support it. There will usually be a bit of quibbling over a word or two. In the end, go with what most can reasonably accept in moving forward.

### Steps for Developing Mission, Vision and Values

The steps involved in developing values, mission and vision (on the following pages) are very similar and generally follow the same pattern as described below. In fact, the values, mission and possibly vision may all be developed at the same time. The steps involved in the process include the following:



## Developing Organizational Values Statements

After organizational mandates are clear and the type and level of stakeholder engagement has been determined, the development of values statements should be the next step. It takes the organization from looking at what is imposed on them (mandates) to what are the core beliefs of the LHD. Defining organizational values can renew and rejuvenate stakeholders by reminding them of shared principles, beliefs and importance of their work, regardless of their role. The act of developing values statements with stakeholders from various levels within the health department allows the sharing of different perspectives. This can be a great way to bridge gaps between management and line staff or between staff and members of the governing body.

Earlier in the module, the following definition for **Values** was offered: *Principles, beliefs and underlying assumptions that guide the organization.*

Nonprofit organizations and governmental agencies are value-driven by nature. According to Michael Allison and Jude Kaye in their book, *Strategic Planning for Nonprofit Organizations*, “Spelling out the values the organization supports helps tap the passion of individuals and align the heart with the head. Values usually focus on service, quality, people and work norms.” (Allison & Kaye, 2005)

“A values statement should articulate how the organization will conduct itself. The statement should answer the question – How do we want to treat others, and how do we want to be treated ourselves?” (Bryson & Alston, 2005)

Values are unique to each organization and the staff that are part of the organization, making it necessary to revisit values periodically. The list of value-based words below can help jumpstart thinking about values. It is not intended as a list to be adopted or an inclusive list of possible value-based words.

accountability	empathy	persistence
accuracy	empowerment	quality
collaboration	equality	respect
courage	equity	responsibility
credibility	excellence	responsive
dedication	flexibility	service
dependability	honesty	timeliness
dignity	innovativeness	transparency
diversity	integrity	wisdom
effectiveness	loyalty	
efficiency	optimism	

### Process Ideas for Creating Values Statements

#### Affinity Diagram

Creating an Affinity Diagram is a safe way to engage all participants by allowing everyone a chance to contribute.

1. Ask everyone to record one idea (i.e. a value) on an individual post-it note. The idea can be shared as a picture, word or phrase with only one idea per post-it note. Ask everyone to record only 2-3 ideas.
2. Participants should post their ideas on a wall.
3. Once all ideas are posted, ask participants to discuss ideas that need clarification.

4. Participants should group similar ideas together.
5. Participants should gain consensus on a word or phrase that reflects the central idea of each grouping to begin to draft a phrase or value statement that represents the value.
6. If the group of participants is very large, ideas can be shared and then grouped in small subgroups and posted for the larger group one at a time until all unique ideas are shared.

### Structured Brainstorming

Clarify an organization’s belief systems by facilitating a discussion among stakeholders such as staff and governing body members. Ask participants to identify values, beliefs and guiding principles that either do or should guide their interactions with each other and their external stakeholders (customers, funders, partner organizations etc.). The list of values-based words may be a good place to start.

Ask participants to also identify any specific behaviors they should commit to doing in every day practice to support values and beliefs. Increase the likelihood of participation from everyone by starting the process with participants individually recording a couple of ideas on paper and following up with a round-robin sharing where everyone shares one idea before any one participant can share a second idea.

This is a great activity that can be completed at department levels and compiled and shared with the SPC to create a master list. The following worksheet 7 was developed by Allison and Kaye to capture responses to the two questions. The full worksheet is included in the Appendix.

Identify values, beliefs and guiding principles that either do or should guide interactions with internal and external stakeholders.	Identify behaviors that should be in practice every day to support the values, beliefs and guiding principles
Example: We value the diversity among our staff and within our community.	-We actively recruit qualified diverse board members, staff and volunteers that represent the community we serve. -We ensure that all materials we provide are linguistically and culturally appropriate for the community we serve. -We respect and learn about the cultural implications that affect health for the community we serve.

(Adapted from Allison, M. J., & Kaye, J. (2005), *Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook*. (2nd ed.). John Wiley & Sons, Inc.)

## Sample Values Statements

### Madison County Health Department (Illinois)

We believe in...

- Being sensitive to cultural factors influencing health
- Encouraging employees to pursue personal and professional growth
- Delivering high quality services
- Identifying and minimizing health disparities
- Maintaining a qualified work force dedicated to fulfilling their roles
- Providing programs necessary to promote and protect community
- Sustaining partnerships and maintaining community collaborations

### Washington State Department of Health

#### Values

- **Ethics:** We honor the public's trust and maintain the highest standards of accountability and ethics.
- **Diversity:** We value and respect diversity and recognize the benefit it brings in understanding and serving all people.
- **Respect:** We value all employees and treat each other with respect.
- **Communication:** We value effective, responsive and timely communication, and our role as a trusted source of health information.
- **Collaboration:** We work collaboratively with partners and communities to improve health and support a strong public health system.

### Northern Kentucky Independent Health District Department

**Collaboration:** We work together for the mutual benefit of the community through the sharing of information, resources and ideas to achieve a common goal.

**Excellence:** We strive to provide the highest quality services through individual efforts and teamwork.

**Innovation:** We creatively apply the most advanced technology, information and research to be a revolutionary leader in public health.

**Integrity:** We act with a consistency of character and are accountable for our actions.

**Respect:** We approach all people with significance, understanding, compassion and dignity.

**Service:** We responsively deliver our exceptional and comprehensive programs with a highly skilled workforce.

### Miami-Dade County Health Department

#### Core Values

The shared beliefs that define our culture and foster loyalty

#### Integrity

Do what we say.

Communicate with transparency

Deal fairly and honestly with the public and one another.

#### Teamwork

Work together to meet our common goals.

Leverage the abilities of all team members.

Promote and support a diverse, yet unified, team.  
Look for ways to contribute, learn, support and energize each other.

#### **Excellence**

Take initiative to be a part of the solution.  
Prioritize to stay focused on the right things.  
Strive continually to learn and improve to achieve the highest ideals of public service.

#### **Accountability**

Accept our individual and team responsibilities and meet our commitments.  
Take responsibility for our performance in all of our decisions and actions.  
We expect to be judged by the successful execution of our commitments.

#### **Respect for People**

Respect all individuals and value their contributions.  
Embrace each other's differences so that we may enrich the well-being of everyone.  
Treat team members, customers, partners and suppliers with mutual respect & sensitivity, recognizing the importance of diversity.

#### **Customer and Community Focus**

Demonstrate a passion for customer service.  
Solicit and listen intently to customer requirements and expectations.  
Care about employees so they will be more likely to care about customers.

#### **Learning**

Continually seek to teach and learn.  
Build on our successes and learn from our failures.  
Display openness and curiosity to learn from anyone, anywhere.

#### **Continuous Improvement**

Make quality a never-ending effort.  
Let customer feedback drive quality improvements.  
Focus on process improvements to increase quality.

#### **Innovation**

Celebrate creativity and open-minded thinking.  
We are advocates and instruments of positive change.  
Being innovative builds competitive advantage and creates new opportunities

## Developing Mission Statement

Mission statements are often developed to address particular problems or issues that may or may not currently be a factor for the organization. An LHD engaging in strategic planning may choose to revisit a current mission statement or start from scratch to develop a clearly defined and accurate mission statement.

There are different preferences regarding the length of a mission statement, with some advocating for a single sentence statement, and others for a lengthy, detailed statement that can take up half a page. While there are benefits to both types, the mission statement should be free of jargon and simple enough for everyone to understand while clearly communicating the organization's purpose.

The mission, or purpose statement, should include the following:

- A clear explanation describing what the organization does
- A clear explanation of why the organization exists or the value it provides

Another way to think about the two parts to a mission statement is to think about the purpose of the organization (the needs and opportunities the organization seeks to address) and the business of the organization (what the organization does to address the needs and opportunities.) (Patterson & Radtke, 2009)

### Process Idea for Developing a Mission Statement

Bryson suggests using the questions below to begin the process. The questions are designed for each internal stakeholder to complete individually before a small group convenes. This can be a useful activity to send out to all staff and governing body members for input or just those on the SPC or assigned to revise the mission. After the information is collected from all who complete the worksheet 8, compile the information and analyze for common themes. This information serves as a nice start to have a smaller group of internal stakeholders develop an initial draft or revise a current mission statement.

The mission should clarify the organization's purpose and indicate why it is doing what it does. It should answer the question, *"Ultimately, what are we here to do?"*

1. What is the current mission? What does it say about who we are, what our purpose is, what business we are in, who we serve and how we are unique?
2. In general, what are the basic social and political needs we exist to fill? What are the basic social or political problems we exist to address?
3. What is our role in filling these needs or addressing these problems? How does it differ from the roles of other organizations?
4. In general, what do we want to do to recognize or anticipate and respond to these needs or problems?
5. How should we respond to our stakeholders?
6. What is our philosophy and what are our core values?



7. Is our current mission out of date? If so, how?
8. What changes in the current mission would I propose?

Bryson, J. M. (2004). *Strategic planning for public and nonprofit organizations: A guide to strengthening and sustaining organizational achievement*. (3rd ed.). San Francisco: Jossey-Bass Inc Pub.

Refer back to Developing Mission, Vision and Values Statements for additional guidance to develop a mission statement and the mission development worksheet 8 developed by Bryson.

### Sample Mission Statements

#### **The American Cancer Society**

The American Cancer Society is the nationwide, community-based, voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from cancer, through research, education, advocacy and service.

#### **Lake County Health Department and Community Health Center**

The Lake County Health Department and Community Health Center will promote physical and emotional health, prevent disease, injury, and disability, and protect the environment, through the assessment of needs, the development of public policy, and the provision of accessible, quality services.

#### **Northern Kentucky Independent Health District Health Department**

Promoting and protecting the health of Northern Kentucky by providing public health services essential for a safe and healthy community.

#### **Madison County Health Department (Illinois)**

To promote, protect, and assure conditions for optimal health for residents of Madison County through leadership, partnership, prevention and response.

## Developing Vision Statement

While a mission statement communicates the purpose of the organization, the vision communicates how the organization and community will be different in the future because of the work of the LHD. How will the organization and the community it serves be different in 3-5 years as a result of the organization's strategic work? The type of vision statement is an important tool to communicate purpose in a more visual manner externally. Internally, the vision statement is intended to be inspiring and motivational.

Previously in this module, the following definition of vision was offered: *Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.*

The vision statement often has two parts:

- How the organization will be in the future; how it goes about its work, etc.
- How the community or clients/customers will benefit from the work of the organization

In terms of length, short, focused and succinct is best. Some organizations establish a goal of having a vision short enough that it can fit on a t-shirt or other easily distributed items. Other organizations prefer a more detailed vision. It all boils down to what the organization prefers and finds meaningful. The words in the vision statement are especially important to members of the organization. Staff should work to keep the organization's vision alive and be reminded of the ultimate long-range result of their work through an effective vision.

### Process Ideas for Developing Vision

There are many ways to develop a compelling vision statement for an organization and a few are listed in this section. Do not be afraid to be creative with the process. In addition to the options below, the affinity diagramming process shared earlier in this module as a way to develop values statements can also be used to begin the development of a vision statement.

### Brainstorming with Guided Questions

Convening a small group of stakeholders for a brainstorming session regarding vision is a common method. If you use this method, encourage participants not to evaluate responses during the brainstorm. Here are a few additional tips for facilitating the brainstorm to arrive at a vision:

Use focused questions that identify:

- Where or what do we want to be as an organization? How do we want others to see the health department?
- What do we want to see different for our clients and community?

Ensure that all ideas are understood (not agreed upon) during brainstorming. Consolidate like ideas to create a clean list. Give participants sticky dots or post-it notes to place on an agreed upon number of responses (usually 3) in the brainstorm list that they feel are most important. Use the results to facilitate development of a draft vision. Discuss the draft to ensure there is consensus of support for the draft. Assign one or two people to refine the draft and share again for feedback with the small group and remaining staff, and stakeholders as previously determined.

## Critical Issues Based Visioning

The Fieldstone Alliance suggests that organizations all face critical issues or problems to address for its success in the future. In an exercise to develop a vision, Fieldstone Alliance suggests the following activity:

1. Small groups identify up to five critical issues the organization is facing or will face in the near future. The critical issues should be as specific as possible (i.e. not just a lack of funding but also a dependency on government funding with rapidly increasing cuts.)
2. Critical issues should be structured in the form of a question and clarified so that only one issue is present in each question.
3. Limit the number of questions related to increasing funding to one. It is important to think beyond money, money, money.
4. Group members develop a scenario (plan) for addressing all of the critical issues in the next 3-5 years.
5. Groups share their scenarios with each other. The sharing puts the critical issues on the table in the context of solutions and future outlooks. The group can identify themes for a vision in the context of the issues the organization faces.

This process is a unique way to conduct visioning, as it is problem-based, unlike most visioning exercises. With this in mind, it is important to remind participants to think about potential opportunities that they may capitalize on and encourage positive outlooks and visions of the future.

(Adapted from Hyman, V. (2007, May 2). Four Ways to Create a Compelling Vision. *Nonprofit Tools You Can Use*. Retrieved from [http://www.fieldstonealliance.org/client/tools\\_you\\_can\\_use/05-02-07\\_vision\\_statements.cfm](http://www.fieldstonealliance.org/client/tools_you_can_use/05-02-07_vision_statements.cfm))

## Visualization Exercises

1. Convene a group of stakeholders who have different perspectives yet all share a passion for the health department's work.
2. Define vision. Reflect on the developed mission and values. Ensure everyone has a good understanding of each.
3. Make sure everyone is comfortable and has paper and a pen handy.
4. Ask participants to close their eyes and relax in silence for a couple minutes.
5. Guide the participants in a relaxing visualization exercise by suggesting they keep their eyes closed, remain silent and imagine the following: "What would it be like if the maximum collective effort of our staff and board members was diligently fulfilling the health department mission and living the values we have discussed in every part of our work. Imagine what that looks like, the behaviors, the way it feels. Capture an image."
6. Ask participants to continue in this manner and ask them to visualize any of the following. Be sure to pause between questions.
  - What would be different in the next 3 to 5 years?
  - What behaviors do you see?
  - How does staff interact with one another and with our clients?
  - What changes do you see in our clients and the community?

7. Encourage participants to capture an image and slowly open their eyes to record the images on the paper in front of them.
8. Depending on the number of participants, either have them share the images in a large group discussion or with a partner/small group, with ideas being shared later with the large group.
9. Use the results as a basis for discussion and grouping ideas to create a vision statement.

### Headline News Activity

Allison and Kaye recommend a powerful exercise to develop a vision statement by having the group of stakeholders identify a news headline that describes a vision of success for the health department in the future. To facilitate the process, use the scenario and questions below:

Imagine that it is five (or 10) years from now and the organization receives media coverage on its success.

- What would the headline be saying about the organization?
- What would be a featured quote about the organization, and who would be saying it?
- Write a headline and two or three bullets that would serve as the outline for a sidebar story about the organization.
- Draw a picture or describe a photo that would appear in the publication with a caption.

(Adapted from Allison, M. J., & Kaye, J. (2005), *Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook*. (2nd ed.). John Wiley & Sons, Inc.)

Regardless of the process used to create a vision statement, it is important to keep in mind that the statement developed is intended to be futuristic and inspirational. There is also a brief worksheet 9 in the appendix to use to think through the visioning process.

### Sample Vision Statements

#### Washington State Department of Health

People enjoy longer and healthier lives because the Department of Health leads changes in policies, systems, and environments that prevent illness and injury, promote healthy communities, and encourage healthy lifestyles.

#### Northern Kentucky Independent District Health Department

The Northern Kentucky Health Department will be a nationally recognized leader in advancing the health and safety of the community.

## Communicating Vision, Mission and Values

Once the statements have been developed and adopted by the organization and its governing body, statements are shared to ensure that all staff, governing body members and other key stakeholders are informed. Typically, mission and values statements are used to inform both internal and external stakeholders what the organization is all about and their purpose. The vision statement is often referred to as more of an internal statement intended to motivate and inspire staff. Many organizations choose to publicly communicate values, mission and vision. This is a decision best made by the organization.

# MODULE IV: COMPILING RELEVANT INFORMATION: ENVIRONMENTAL SCAN

## Learning Goal

Compile meaningful data and information to analyze prior to identifying strategic issues.

## Objectives

1. Identify any historical and/or existing data useful to inform the development of the strategic plan, including progress on previous strategic plans and CHIP.
2. Develop plans for collecting additional data/information as needed/desired.
3. Summarize results.

The work in this module serves to create a big-picture view of what is going on inside and outside the organization. Planners use many different terms to describe this step (i.e. situational analysis, environmental scan, assessment etc.). Whatever the name, the purpose is to gather data and information to understand the historical perspective of the organization, the current context and the future outlook. This includes identifying the strengths, weaknesses and needs inside the organization and the external opportunities and threats or challenges. Information collected is reviewed, summarized and evaluated.

## Steps to Conduct and Organize an Environmental Scan

1. Compile relevant information.
2. Determine value of existing data.
3. Collection additional data/information as needed.
4. Summarize data/information.

## Determining Value of Existing Data

One of the three core functions of public health is assessment, along with policy development and assurance. Assessment data and information is at the foundation of good decision-making and planning. The strategic planning process calls for an organization to define its purpose and goals. The context in which the organization operates must be understood for the organization to determine where and how efforts should be focused to achieve the vision and carry out the mission. (refer to ABC's of Strategic Planning) Because LHDs are experienced in conducting and reviewing assessment data and results, this step should come as no surprise. In fact, most of the data and information should be fairly accessible to the organization. The amount of time this step takes depends on how accessible the data and information is for the LHD.

In the first module in the guidebook, *Exploring Strategic Planning in Local Health Departments*, the LHD identifies any existing data or information that may inform the strategic plan. During this step, the information and data is further compiled and additional data may be collected to identify internal organizational strengths, weaknesses, external opportunities and threats. An analysis of the compiled data will be used to compare the current state to the ideal state (vision). Important issues and needs will surface from the data for the LHD to explore.

There are many potential data sources that will help complete the contextual picture and self-assessment of the LHD. Most data already exists, however; in some circumstances, a brief assessment or data collection activity may need to be

completed. In the box below, several suggested data sources are offered. While the list is not exhaustive, it is also not necessary that an LHD have all pieces of data. A worksheet 10 is included in the appendix.

Health departments may find value in using an organizational capacity assessment tool, such as the tool in the *Assessment Protocol for Excellence in Public Health (APEXPH)* or using the PHAB standards and Measures for Domain 11, Maintain Administrative and Management Capacity. This can be a useful tool to assess the health department management and administrative capacity, which is an important component for strategic planning.

#### Potential Data Sources

- LHD Annual reports, particularly results related to progress on any past initiatives or strategic plans
- Community Health Assessment (CHA) results such as health status data, community perceptions regarding health and health needs, and demographic information
- An agency review against national standards, such as those of PHAB
- Local Public Health System Assessment (LPHSA) results
- LHD Financial Analysis
- Employee/Workforce climate survey results or feedback
- Partnership or stakeholder analysis results
- Policy and legislative scan
- LHD program evaluation and QI results
- Customer service/ satisfaction feedback
- Results of a traditional SWOT analysis previously completed
- Competitive or market analysis
- Other relevant information and data \_\_\_\_\_

The goal of this step is to compile a solid collection of information to be used for decision-making and strategic issue identification. Include data from the following perspectives:

- What is going on in the **community** the LHD serves? What are the trends, needs and opportunities for change within the community? Are our customers satisfied with our services?
- What is the **financial** picture within the economic climate? What are the LHD resources, assets and opportunities?
- How is the **health department** doing? What are the health department's strengths and weaknesses? Are internal processes efficient and meeting needs of the customer (internal or external)?
- What is going on at the **state, national and legislative** level that may impact the health department or community?
- What types of **learning and growth** are important for the health department? What is the current capacity of the health department to do the work needed now and in the future?

The SPC or a subgroup of the SPC should identify existing data and evaluate the utility of the data and information. Jack Moran from the Public Health Foundation (PHF) recommends reviewing the data to establish the value of the data. The PHF worksheet shown below has been slightly modified. This step is optional but can help determine if the data available is adequate.

**Completing the Establishing the Value of Data Worksheet**

List the data that the LHD has available with the source and date. Evaluate the data by indicating if it is fact or opinion-based data and how relevant the data is to this process. The evaluation will help in determining the value of the information as it is considered in the analysis process. This worksheet 11, as shown below, is located in the Appendix.

Using a broad, customer/stakeholder identification list developed as part of a strategic planning or health improvement planning process, the health department must provide two examples of how customer/stakeholder feedback was collected and analyzed from two different types of customers. Examples of documentation to collect customer/stakeholder satisfaction could include: forms, surveys, or other methods.  
(PHAB Measure 9.1.4 Guidance)

Data or Information Available	Date Perspective					Source Document/ Date		Substantiation		Relevance		
	Community	Financial	Health Dept	State, Nat'l, L.	Learning and Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High

(Adapted from Moran, 2009)

Once the health department has a picture of all the available data and its value, the next step is to determine whether there is any additional data or information needed to complete the big picture. The health department should ensure that they have relevant data in the five categories: community, financial, health department, state/national/legislative and learning and growth.

**Collecting Additional Data/Information as Needed**

Based on the amount and value of data and information available to the LHD, determine if any additional data is needed to complete the picture. The method for obtaining the data or information will vary depending on the type of information needed and the LHD resources. For example, an LHD that provides services to clients daily may need customer input or feedback to accurately reflect how well the LHD is meeting customer needs. The LHD may choose to administer a survey, conduct interviews or facilitate focus groups to gather feedback from its customers. Another example may be that the LHD has not completed its CHA and does not have an updated profile of the community and its needs. In an instance like this, the strategic plan may be placed on hold until after the CHA is completed or a previous community profile is updated. Alternatively, the LHD may have some community health data available on key issues (like the HP2010 leading health indicators) that will suffice for this analysis.

A final example could be that the LHD feels strongly about having some self-assessment data measured against standards. In this instance, an agency review against national standards, such as those of PHAB, would be helpful. Refer to the PHAB Standards and Measures, Version 1.0. Staff can review the 12 domains to explore and discuss how well the health department meets the standards and measures.

These are just three examples where additional data might be desired and potential methods for obtaining the information. Refer to the worksheet as shown below located on the second half of the page in the Appendix. Worksheet 10 is useful to develop plans for collecting additional data.

Data/Information Needed	Method for Collecting the Data/Info	Person(s) Responsible	Timeline	Resources Needed to Complete

*Strategic Planning for Nonprofit Organizations* cautions against collecting too little information, too much information and failing to achieve a consensus on the meaning of the assessment results prior to proceeding. Use the following guidance for determining how much information is needed:

- **Too little information:** Relying on what staff already knows without looking at data to substantiate that knowledge or gathering information to round out that knowledge may lead to distorted perceptions of the current situation.
- **Too much information:** “Paralysis by analysis.” It can be easy to get stuck in the data collection phase or lost in all the information. Balance having enough information for an accurate big picture view with ensuring the different perspectives are represented in the data.
- **Lacking Consensus on the Meaning of the Information:** At times, one source of information may contradict another source of information. Discussions and possibly further data/information may be necessary to help clarify and agree on the meaning of the information.

(Allison & Kaye, 2005)



## Summarizing Data/Information

After all data is compiled, **summarize** the results in a user-friendly format. Consider the audience that will review the summary. The staff and other stakeholders involved in reviewing the data may be at various educational and experience levels when it comes to working with data. Assign the task of summarizing the data to one or two people who have experience working with and communicating findings, if possible.

Possible summary structures:

1. Organize the data by **the five perspectives** or some variation of perspectives:
  - community
  - financial
  - health department
  - state/national/legislative
  - learning and growth
2. Organize the data by **stakeholder input**:
  - community-at-large
  - staff members
  - governing body
  - funders
  - customers and others
3. Organize by **crosscutting themes**. Identify any issues that appear to be thematic to the results, emerging from multiple data sources.
4. Organize the findings in a **SWOT** or **SWOC** structure.

**SWOT** – Strengths, Weaknesses, Opportunities and Threats

**SWOC** – Strengths, Weaknesses, Opportunities and Challenges

Either SWOT or SWOC is acceptable terminology. The next module provides further clarification on how to complete the SWOT/SWOC analysis, which is commonly used in strategic plans.

# MODULE V: ANALYZING RESULTS AND SELECTING STRATEGIC PRIORITIES

## Learning Goal

Use environmental scan information and SWOT/SWOC as the basis for the identification of strategic issues and priorities.

## Objectives

1. Conduct a SWOT/SWOC Analysis.
2. Identify and frame cross-cutting themes, emerging issues and key strategic issues.
3. Prioritize issues for inclusion in the strategic plan.

The steps for the work in this module are centered on conducting a SWOT or SWOC analysis based on the information gathered in the previous module. The major steps in this part of the process are listed below.

1. Complete a SWOT/SWOC Analysis.
2. Identify and frame cross-cutting themes, emerging issues and key strategic issues.
3. Develop the strategic plan.
4. Implement monitor and revise as necessary.

## Completing a SWOT/SWOC Analysis

Conducting a SWOT or SWOC analysis involves identifying the organization's internal strengths and weaknesses and the external opportunities and threats or challenges. This analysis helps the organization clearly define the context, which is a critical step before the organization can identify and prioritize strategic issues. Use data identified or collected earlier during this step. While group brainstorming about strengths, weaknesses, opportunities and threats is one way of completing the quadrant, it is more effective to gather data as opposed to limiting the findings to what a few people have on their minds.

**Strengths, Weaknesses, Opportunities and Threats (SWOT)**  
or  
**Strengths, Weaknesses, Opportunities and Challenges (SWOC)**

The SWOT/SWOC tool is a framework for organizing and looking at the information that informs the big picture view. Because the context and environment are constantly changing, the SWOT/SWOC should periodically be reviewed and updated. Use individual lists of strengths, weaknesses, opportunities and threats/challenges or list them in a quadrant like the sample below and on Worksheet 12. Initially, it may be easier to record results from the data/information on post-it notes and have a small group or committee sort them into the quadrants or groupings (internal strengths, internal weaknesses, external opportunities, and external threats or challenges). The visual below is a sample of the worksheet 12 that is located in the Appendix and can be used to sort data, information and ideas.

PHAB Measure 5.3.2 requires that the strategic plan include the identification of external trends, events, or other factors that may impact community health or the health department and the analysis of the LHD's strengths and weaknesses.

Strengths (Internal)	Opportunities (External)
<i>We want to maintain and leverage strengths.</i>	<i>We Want to invest in opportunities.</i>
Weaknesses (Internal)	Threats or Challenges (External)
<i>We want to minimize weaknesses.</i>	<i>We want to identify threats or challenges that need to be addressed and understand their potential impact.</i>

### Steps to Completing the SWOT/SWOC

**1. Review, analyze and sort data.** All the data compiled from various internal and external data sources should be reviewed to identify strengths, weaknesses, opportunities and threats or challenges. The SWOT/SWOC is a way to sort through all the data and turn it into information.

**2. Identify and add anything missing.** Once the data and information have been sorted into the four quadrants, participants should add anything that is missing. A brief brainstorming session is an effective way to identify and additional strengths, weaknesses, opportunities or threats/challenges that did not show up in the formal data compilation. If possible, a neutral facilitator can be helpful with guiding the analysis discussion. If an outside facilitator is not an option, assigning the roles of facilitator, recorder(s) and timekeeper is important. Additional stakeholders can also view lists to identify additional items.

**3. Analyze SWOT/SWOC.** To review the data, look for connections between the quadrants. For example:

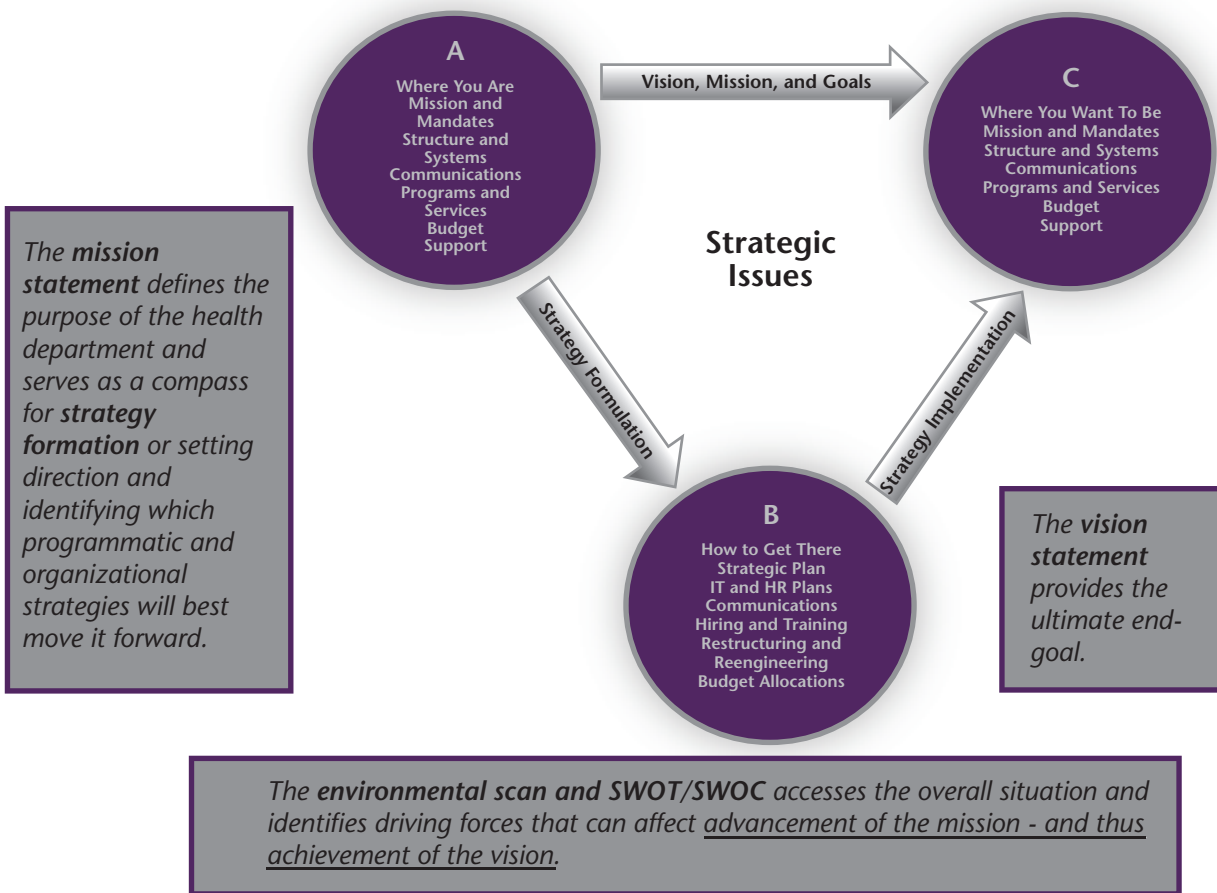
- Match strengths up with external opportunities.
- Link or offset threats and challenges with opportunities and/or strengths.
- Match weaknesses with strengths that can offset or minimize the weaknesses.
- Look for emergence of patterns or crosscutting themes.

The SPC should continue analyzing the results of the SWOT/SWOC by discussing the following:

- Ways strengths can be maintained, enhanced or leveraged.
- Ways to minimize weaknesses.
- Options for leveraging or taking advantage of opportunities.
- Potential impact of threats/challenges and anything that can be done to address or prepare for the threat.

**4. Identify emerging issues.** The group facilitator should begin to record a list of issues or ideas that emerge from the data. The goal of this analysis is to identify strategic issues. Through matching, linking and discussing the results, issues and ideas begin to emerge.

The diagram below shows how the SWOT/SWOC fits in with the overall strategic planning model.



(Adapted from Bryson, 2004)

## Identifying and Framing Crosscutting Themes, Emerging Issues and Strategic Issues

**Strategic thinking** requires making conscious choices about how to use limited resources to achieve your purpose in response to a dynamic environment. Therefore, strategic thinking includes making decisions regarding what you will and will not do, where you should focus your energies, and what your overall priorities should be. (Allison & Kaye, 2005) **Strategic issues** are fundamental policy questions or critical challenges that must be addressed in order for an LHD to achieve its vision. There are three kinds of strategic issues according to Bryson:

- a. those for which no action is required at present, but which must be monitored
- b. those that are coming up on the horizon and are likely to require some action in the future and perhaps some action now
- c. those that require an immediate response

Community strategic issues may have already been determined in the CHIP. In order to integrate the LHD's strategic plan with the CHIP, the strategic plan should include the issues and priorities that the health department will address as part of its collaborative contribution to implementing the CHIP.

(PHAB Guidance for Measure 5.3.2)

Bryson suggests that a strategic issue should have three elements:

1. The issue should be **described succinctly**, preferably in a single paragraph, and it should be framed as a question the organization can do something about.
2. The **factors that make the issue a fundamental challenge** should be listed. In particular, what in terms of the LHD's mandates, mission, values, internal strengths and weaknesses, and external opportunities and threats, make this a strategic issue?
3. The **consequences of failing to address the issue** should be identified, so that the organization will know what kind of issues it faces. (Bryson, 2004)

To identify strategic issues, review the results of the environmental scan and SWOT/SWOC, create a master list of issues and discuss how the issues will affect the organization's work towards and achievement of the shared vision.

Strategic issues are **forward thinking and seize on current opportunities**. At this stage, organizations involved in strategic planning may experience challenges with identifying and selecting strategic issues, particularly in public health where missions are often broad, visions even broader and almost all issues are important. The health department may need to revisit their vision so that it can serve as a useful guidepost or they may need to engage stakeholders in defining and framing strategic issues. The ultimate task is to identify issues essential to the organization's mission and responsive its environment in order to achieve the vision. Shared agreement on the issues is also necessary.

## Prioritizing and Selecting Strategic Issues

As noted in the previous section, some strategic issues may have already been prioritized and selected as part of the CHIP. The strategic plan should include the issues/priorities that the health department will address as part of its collaborative contribution to implementing the CHIP.

One of the PHAB requirements for a strategic plan is that the CHIP and strategic plan be linked. Linking the CHIP with the strategic plan elevates the priorities even more and demonstrates commitment by the LHD in regards to actively addressing the issues identified in collaboration with the community. The CHIP priorities that the LHD is addressing may reduce the number of additional issues the LHD decides to tackle.

Additional strategic issues that emerge from the strategic planning environmental scan and SWOT/SWOC analysis may be too numerous to take on by the LHD and require decision-making. Limit the number of strategic issues that are included in the strategic plan to something manageable. There is no magic number of issues as it is completely dependent on the circumstances and resources of each organization. Many strategic plans end up with all issues for which

The strategic plan must include linkages with the health improvement plan and details on the health department's roles and responsibilities for implementing the health improvement plan. The strategic plan need not link to all elements of the health improvement plan but it must show where linkages are appropriate for effective planning and implementation.

(PHAB Guidance for Measure 5.3.2)

there are no current resources. Creating a strategic plan with issues that are not likely to be addressed due to lack of resources is not an effective use of strategic planning. Consideration of financial resources should be part of the decision-making and process.

The first step in narrowing the list of issues is framing the issues into the three parts described in the last section (no action, action in the future, immediate action).

When the list needs further narrowing, consider one of the following prioritization processes:

1. Multi-voting Technique
2. Strategy Grids
3. Nominal Group Technique
4. The Hanlon Method
5. Prioritization Matrix

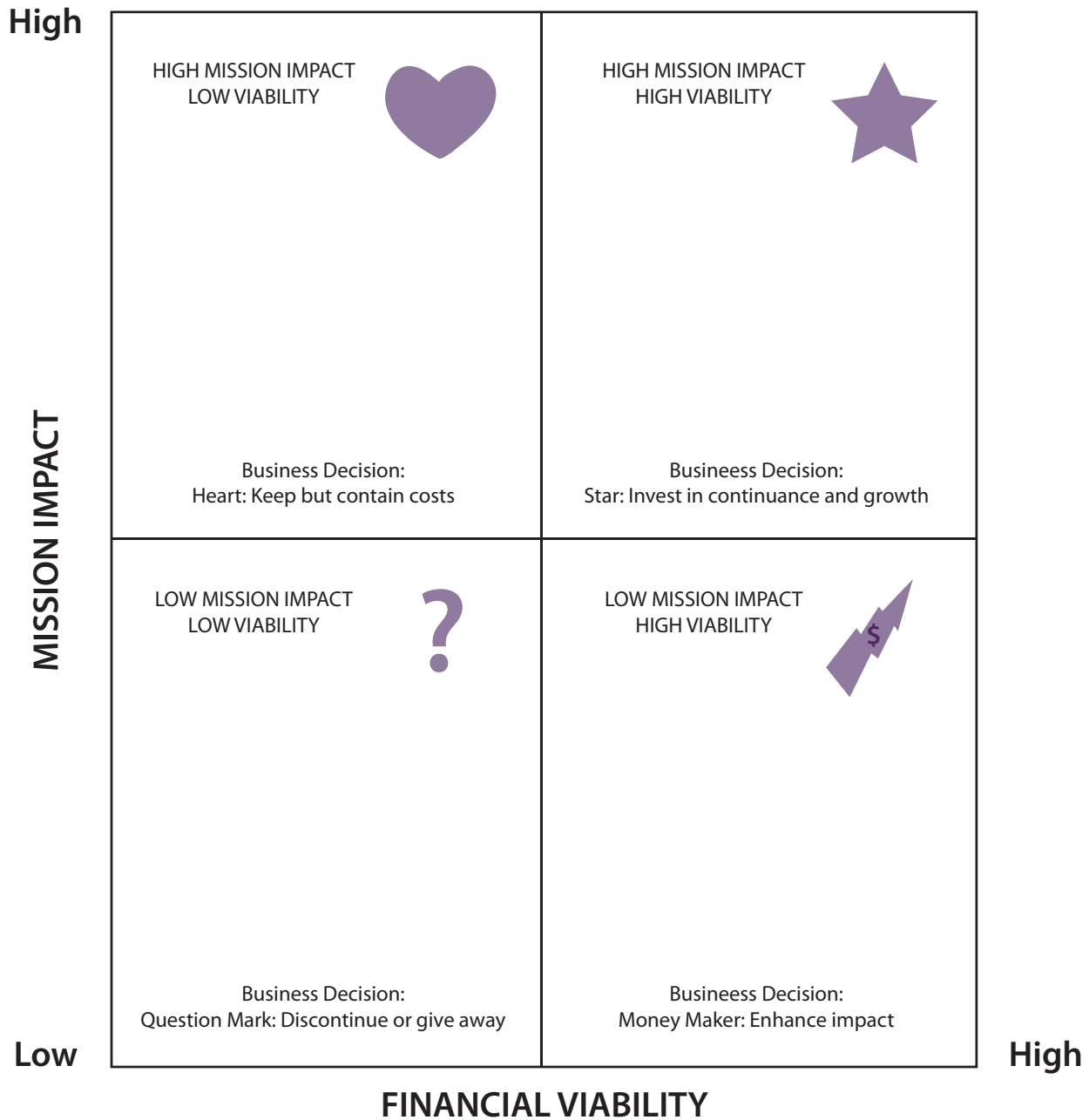
Each of the methods is described in detail in the NACCHO tool, Guide to Prioritization Techniques.

Developed by CompassPoint Nonprofit Services, the *Dual Bottom Line Matrix* is another tool organizations have found useful in prioritizing issues. It is designed to help nonprofits balance mission importance and financial reality (mission impact and financial viability). It is based on a business-planning tool and is commonly used to assess programs.

Mission impact refers to the importance of an activity or program to the organization's goals while financial viability considers if costs are covered, whether revenue is produced or if there is financial sustainability. The overall strategy with this model is to combine a set of programs and activities that result in high mission impact and long-term financial viability. (Masoka, CompassPoint, 2005)

Using this tool, potential interventions or programs aligned with particular strategic issues are considered based on their level of mission impact and financial viability. High impact and high financial viability are most desirable but it is important to establish a balance as well. For instance, the LHD may have a program that has high mission impact and low financial viability but decides to continue in that direction as other financially viable programs balance things out. Alternatively, a health department may have a program that has low mission impact but is funded and therefore has high financial viability. In this case, the LHD should consider whether there are ways to restructure or leverage the program to increase its mission impact. The tool is found on the following page.

## CompassPoint's Dual Bottom Line Matrix



(Masoka, CompassPoint, 2005)

## Consensus

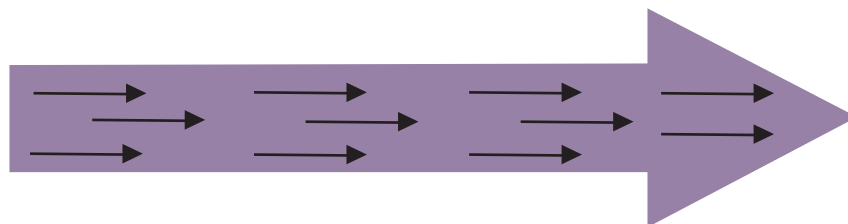
Another consideration when determining the priority issues is shared agreement among the key staff and the governing body or the strategic planning committee. Seeking consensus on the priorities selected is just as important as it was in the early phases of strategic planning when mission, vision and values were determined. Consensus does not mean that everyone is in complete agreement but that most can give their support and live with the choices, and that at least leadership is in consensus to support the direction. A strategic plan will fail without high-level support of decision-makers within the organization.

Results of the CompassPoint Dual Bottom Line Matrix ,described on the previous page, can be useful for providing documentation to help those not involved in decision making understand why priorities were selected.

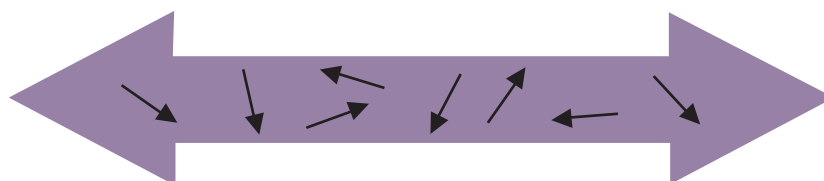
## Alignment

Per PHAB requirements, LHDs must demonstrate in their strategic plan which CHIP priorities they will address and how they plan to address them. This is one way that the health department aligns their plans with other community plans. Linking with other efforts, whether it is a state health improvement plan or other national priorities is an important consideration. Efforts are stronger with everything moving in one direction as opposed to many different directions.

### Alignment of Various Efforts



### No Alignment





# MODULE VI: DEVELOPING THE STRATEGIC PLAN AND IMPLEMENTATION PLAN

## Learning Goal

Develop the strategic plan, including goals, objectives, actions, timeline, and measures.

## Objectives

1. Develop strategies to address priorities.
2. Develop long-term goals and SMART objectives for each strategic issue.
3. Develop an action plan to meet the time-framed objectives. Determine appropriate measurement plan.
4. Create a Strategic Plan document.

## Developing Strategies to Address Priorities

Strategy is the overall approach the organization chooses to take to address strategic issues. For example, an agency may determine that a strategy for addressing a particular health issue and impacting health disparities is community engagement. With every action that is taken to address the health problem and reduce the health disparity, community engagement is part of the process.

PHAB requires that the strategic plan include the health department's strategic priorities (PHAB Measure 5.3.2 Guidance)

Another way to look at strategy offered in the *Nonprofit Strategy Revolution* by David La Piana focuses on a challenge to both the organization and the community. In La Piana's book, he suggests framing the issues into questions, a technique called "Big Question." The big question may present one of the following possibilities:

- **A new opportunity:** A new strategic opportunity is present when the organization perceives that, with effort, timing and luck, it can measurably improve its ability to advance its mission through widening the scope of its activities.) Example: Should we pursue a new funding opportunity available for a Health Impact Assessment (HIA)?
- **Competitive challenge:** A competitive challenge is present when another organization, whether for-profit, nonprofit or governmental, is acting in ways that can (often intentionally) harm your organization. Example: How do we address the competition for vaccinations by local pharmacies and discount stores?
- **Business Model Challenge:** This is similar to the competitive challenge except it is a challenge to both your organization and all of your competitors who have similar program designs. Example: How can we reduce our reliance on state government funding to allow for a more predictable budget?

Once a big question is identified, another more focused question should be developed based on the organization's mission, context and priorities. For example, an agency faced with potentially permanent funding cuts in mental health services may identify a big question to be, "Can our current business model survive the funding cuts?" Some examples of more focused questions include:

1. How can we replace funding if it is completely cut?
2. How can we balance the budget with less money?
3. How will the loss of this funding impact the community we serve?

4. *What does this mean about the future of mental health services?*
5. *Will funding be restored in the next session?*

Each question emphasizes a different angle or part of the problem. None of the perspectives is right or wrong and there could be other perspectives. You may even decide that the big question needs to incorporate multiple or all perspectives. Once the big question is clear, strategy can be determined with the perspective(s) in mind. La Piana's example proposes that responses for this issue might be grouped into two main areas:

- **Greater Independence** – Reduce dependence on state funding, increase funding diversification, etc. Review budget line by line to figure out how to address the issue.
- **Political Action** – Organize and fight this at the political level, leverage partnerships with political influence and local coalitions, etc. Appeal to donors for a one-time crisis funding to help ease the burden.

Greater independence and political action are not goals but rather, strategies to reach the goals.

(Example summarized from Piana, D. L. (2008). *The nonprofit strategy revolution: Real-time strategic planning in a rapid-response world*. Fieldstone Alliance.)

As demonstrated, sometimes strategies are formed to address a specific issue. Other times strategies are born out of mission, values and mandates. For example, the Illinois Public Health Institute (IPHI) is a non-profit agency whose mission is:

*The Illinois Public Health Institute works through partnerships to promote prevention and improve public health systems that maximize health and quality of life for the people of Illinois.*

One of their overall strategies is to work through partnerships. This is clearly delineated in mission but also in action as they approach solutions to the big questions. To respond to the big question, "How do we stabilize the trend of obesity in Illinois?", IPHI's action was to form partnerships and a broad-based obesity collaborative to collectively develop a road map with priority systems, policies and environmental changes to be addressed.

## Developing Goals and Objectives

This part of the process is likely familiar territory for health department staff. Developing goals and objectives tends to be routine for activities such as grant writing, program development and community health improvement planning.

Each strategic issue or priority included in the strategic plan should have a set of goal(s) and objectives. Goals are the long-term change we plan to achieve and objectives describe how goals will be met. Objectives are the intended change or outcome. Therefore, the remainder of this module will refer to objectives as outcome objectives. Refer to the definitions below for further guidance.

**Goals** – Long-range outcome statements that are broad enough to guide the organization’s programs, administrative, financial and governance functions. (Allison & Kaye, 2005) The goals may be broad but should still be measurable.

**Outcome Objectives** – Short to intermediate outcome statements that are clear, measurable and specifically tied to the goal. PHAB requires SMART objectives, defined below:

**S**pecific – specify what is to be achieved, by how much, and by when

**M**easurable – make sure that the objective can be measured (i.e., data is or will be available to measure progress)

**A**chievable - set objectives that are feasible for the agency

**R**elevant - align objectives with the mission and vision of the agency

**T**ime-oriented - establish a timeframe for achieving the objective

### Formats for Writing SMART Outcome Objectives

The formulas below provide an easy way to remember how to develop an outcome objective with the important components:

#### Measure of change, in what, by whom, by when

20% increase in health department nursing staff by January 2014

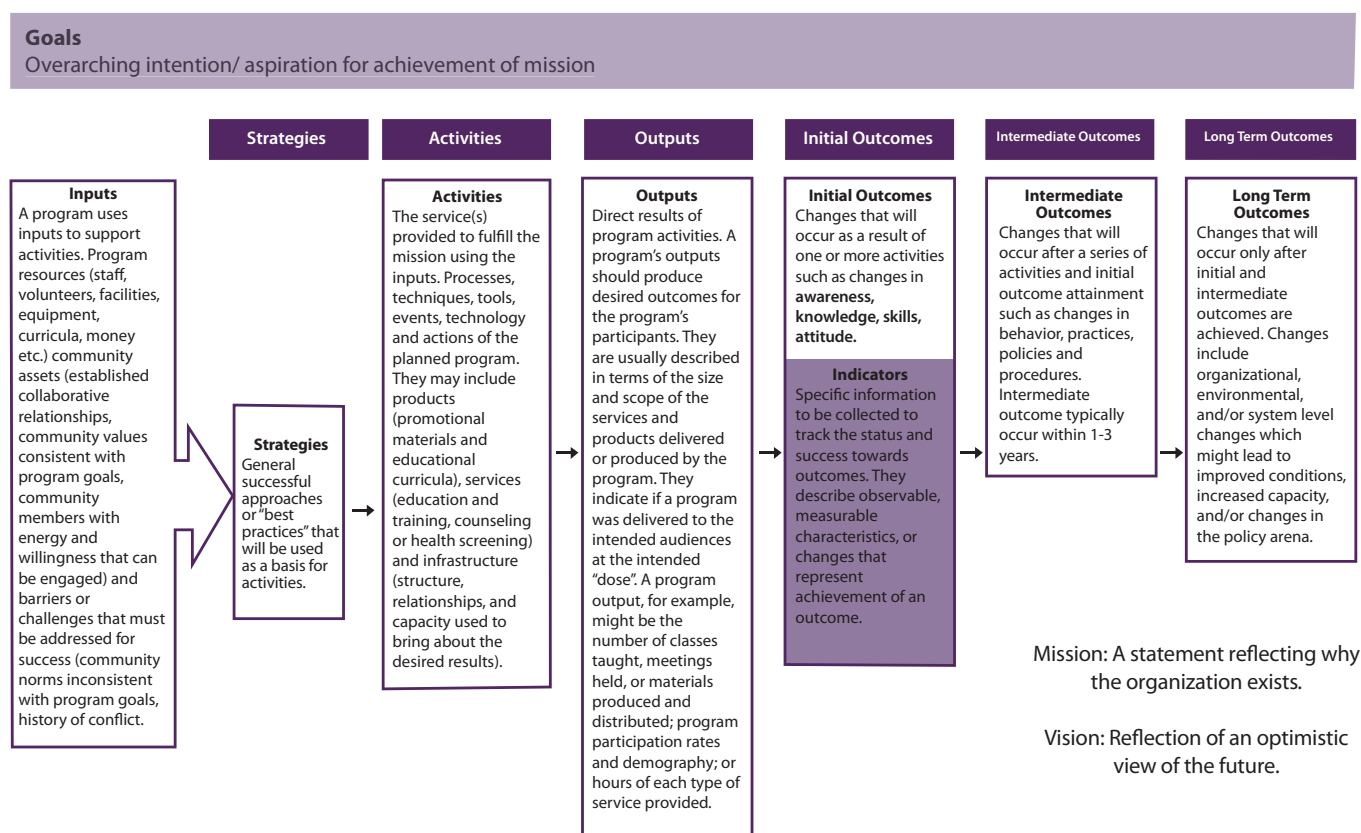
#### Degree of Change + Type of Change + Area of Change + Target Population + Time Frame

15% decrease in obesity rates among 10-12 years olds in XYZ community by June 2016

PHAB requires that the health department’s goals and objectives with measurable and time-framed targets (expected products or results). Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the strategic plan for Measure 5.3.1.

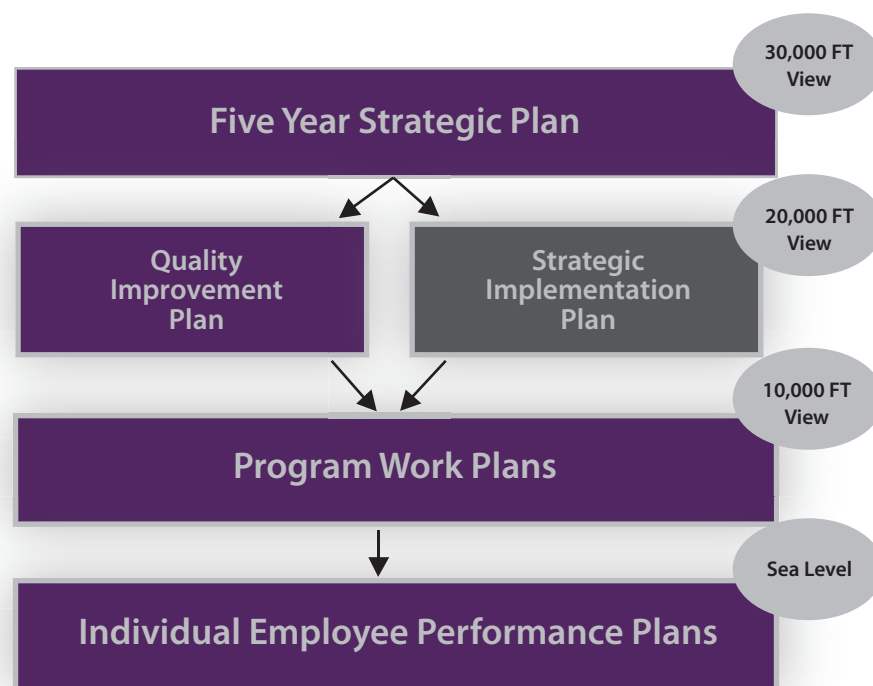
## Logic Models

Some health departments and organizations find that developing a logic model, with long-term, intermediate and short-term objectives, combined with outputs and inputs to describe the activities and resources that are needed to achieve the objectives is a helpful way to visualize the strategic plan goals and understand the relationships between goals and activities. A logic model template with each component defined is listed below. This model is adapted from the University of Wisconsin Extension model. More information on developing logic models can be found on the University of Wisconsin Extension Website.



## Developing Strategic Implementation Plans with Timelines and Measurement Plans

Some organizations are eager to develop detailed implementation plans while others are prepared to maintain high-level action plans. Detailed implementation plans are essential to support the plans integration into the daily work of staff. This part of the process can be completed by staff members with program level expertise who are responsible for carrying out the work. The diagram below shows how the implementation plan fits within the overall process at the 10,000 foot view.



(Adapted from MarMason Consulting, LLC, 2012)

Implementation plans include the following:

- Specific programs, activities and interventions that will be implemented to address each objective
- Who is responsible or accountable for each activity (i.e. staff member, team or department)
- Timeline for completion; and a measurement plan showing when and how goals and objectives will be measured

The relationship of the strategic implementation plan to the overall strategic plan is shown in the diagram above. The implementation plan should also be integrated into specific program work plans and individual employee performance plans. This model integrates the priorities throughout the organization and ensures that the organization is operating strategically, and that the plan is implemented.

A strategic **implementation** plan should be user-friendly for the staff whose work they guide and document. This template is only an example showing how various components might be used in an at-a-glance view.

The implementation plan includes both process evaluation indicators and outcome evaluation indicators. The following provides a brief description of each to differentiate the important terminology.

**Process evaluation** is used to document and monitor implementation of programs, activities and interventions. Process evaluation is one tool to monitor progress towards achieving outcomes. By measuring the quality, accuracy and reach of the services and programs, a health department can determine if they are on target to achieve the related outcome(s). Process evaluation is one important tool used to determine potential areas for QI.

Areas commonly measured by process evaluation include:

- **Reach:** Was the intended target population reached? Was an adequate number of the intended population reached?
- **Dosage:** Did the participant or service recipient receive the desired level of the intervention?
- **Fidelity:** Was the intervention or program delivered with fidelity to the model or protocol?
- **Customer Satisfaction:** How satisfied were customers with the service or program?

**Process Indicator** - A process indicator is the measure or documentation of the program or service provided. While there are many potential process indicators, it is important to make decisions regarding which information is most important to monitor in order to understand whether or not the program or intervention is on track to achieve the outcome.

**Outcome evaluation** measures the impact, benefits and changes as a result of the programs, activities and interventions. Since outcomes are planned changes in a target population, outcome evaluation measures the degree of that change.

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

*A sample strategic implementation plan is shown on the following page. Please note that the example shown is NOT a real program or a complete plan. The priority, strategy, goal and outcome objective come from the high-level strategic plan.*

## Sample Implementation Plan

<b>Priority:</b> Improve Staff Retention <b>Strategy:</b> Create a more effective staff review, promotion and compensation system <b>Goal:</b> Develop and implement a performance-improvement focused employee performance review system				
<b>Outcome Objective 1 A:</b> <i>By December 2013, employees that have received an annual performance review that focused on performance against work-plan objectives will increase from 60% to 75%. (Baseline: 72, Target: 90)</i>				
Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Develop FY2013 annual goals, objectives and performance measures for each employee based on departmental goals and strategic plan	Staff, managers Division Directors	April 2012- June 2012	1. Program goals and objectives reviewed with each employee 2. Drafts of employee goals, objectives and performance measures that achieve program objectives 3. Division Directors approval of employee performance plans	1. Employee use performance plan to guide their work
Results of 2013 employee goals and objectives reviewed for annual employee performance reviews.	Staff, managers Division Directors	June 2013	1. Measures for all employee goals and objective with targets compared to results 2. Final performance reviews.	1. Employee annual performance increases linked to achievement of strategic plan goals and objectives.

A measurement plan may also accompany an implementation plan or be integrated into it. A more detailed measurement plan includes data sources for measurement, timing of data collection, methodology and persons responsible for measurement. It is helpful to number outcomes and indicators (what you will measure) if you are using a separate measurement plan so that you can track back to the implementation plan and the strategic plan. The sample template below can be used or adapted to meet your needs.

The following components are typically included in a measurement plan:

- Process and outcome indicators
- Data sources for measuring the indicators
- Methods for measurement
- Timing for measurement
- Baseline (what the measure is before any programming or activities)
- Target (the desired level of change in a given time period)

***Please note that the example shown is NOT a real program or a complete plan. It is a sample template for a measurement plan and is not linked to the previous example of an implementation plan.***

### Sample Measurement Plan

A measurement plan would accompany an implementation plan, not replace it.

No.	Outcome Indicator	Baseline	Target	Monitoring/Data Collection		
				Data Sources	Methods	Timing
1A.	Two qualified nurses added to staff	8 nurses	10 nurses	Resumes and applications Interview comments Reference Checks	File Review	July 2012
No.	Process Indicators		Data Sources	Methods	Timing	
1A.1	Widely distributed job posting		Ads and postings online and in print	File Review	March 2012	
1A.2	Interview protocol		Interview protocol	File Review	April 2012	
1A.3	Qualified pool of candidates for in-person interviews		Matrix of candidates	File Review	May 2012	
1A.4	Recommendations for hiring		Matrix of candidates	File Review	June 2012	

The components highlighted in both the implementation plan and measurement plan examples are important to develop and document to create a clear understanding of what needs to be done, by whom, by when and comparison data for measurement to determine success. The format or template used should be based on what works well for each individual organization. Use what works to keep all staff informed with a tool that can easily be updated such as an Excel document in a shared electronic folder. Creating Excel files will allow for an implementation and measurement plan to be combined easily.



## Creating a Strategic Planning Document

The strategic plan document is one of the prerequisite documents that must be submitted to PHAB. The format of the strategic plan will vary across organizations.

The strategic plan document typically has the following components which can be used as an outline or writing template. Items with an "\*" indicate required PHAB components as described in Measure 5.3.2. In addition, the required PHAB documentation for the strategic planning process is outlined under Item "I" as described in Measure 5.3.1.

- A. **Letter or Introduction:** Displays a public letter from a governing body president with their signature and approval statement and date.
- B. **Executive Summary:** Provides a brief 1-3 page summary of the strategic planning process and major components of the plan.
- C. **Mission, Vision and Guiding Principles/Values Statements\*:** Defines each of the adopted statements.
- D. **Summary of SWOT/SWOC and Environmental Scan Results\*:** The analysis of the LHDs strengths and weaknesses and external trends, events or other factors that may impact community health or the health department
- E. **Summary of Strategic Priorities\*:** Provides a description and explanation of the strategic issues selected with the rationale for selecting.
- F. **Goals and Objectives\*:** Includes all organizational goals and objectives with measurable and time-framed targets. This may be presented in a logic model.
- G. **Linkages with the CHIP and QI Plan\*:** Includes the LHDs responsibilities for implementing the CHIP and linkage with some of the QI plan components.
- H. **Putting the Plan in Action:** Some organizations share how the plan will be used and monitored.
- I. **Appendices:** Contains all support documentation such as the required documentation for PHAB which includes:
  - A list of the individuals who participated in the strategic planning process and their titles through meeting minutes, Strategic Planning Committee membership report or other formal listing of participants.
  - Summary or overview of the strategic planning process, including the number of meetings, duration of the planning process
  - Description of the methods used for the review of major elements by stakeholders
  - Description of the steps in the planning process such as the SWOT/SWOC, environmental scan, stakeholder analysis, etc.
  - Annual reports of progress towards goals and objectives in the plan, including monitoring and conclusions on progress toward meeting targets

PHAB requires that the strategic planning process be well documented, as defined here. (Measure 5.3.1)

Many organizations develop a high-level summary of the plan, which is often publicized on websites or in brochures. It provides a quick snapshot picture of the strategic plan allowing the reader to quickly understand what the organization is about, where they are headed and how they will get there during a set period of time.

Several LHD strategic plans are posted on the NACCHO Website. Please note that the examples on this page have not been evaluated against or deemed compliant with the PHAB Standards and Measures.

# MODULE VII: IMPLEMENTING, MONITORING AND REVISING AS NEEDED

## Learning Goal

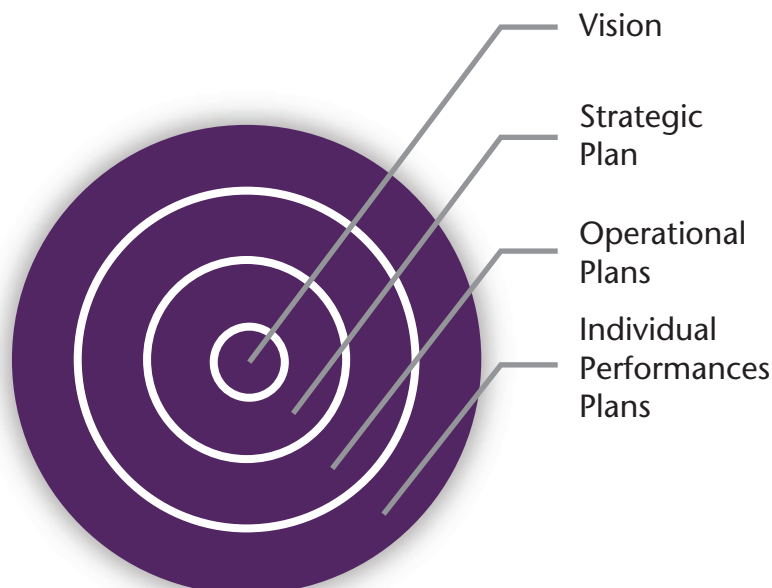
Achieve change and realize the vision through implementation of a targeted and flexible plan.

## Objectives

1. Establish a process for monitoring implementation and evaluating progress.
2. Use QI to improve process and outcomes.
3. Maintain flexibility by preparing for potential opportunities.
4. Communicate results.
5. Revise and update the plan.

## Establishing a Process for Monitoring Implementation and Evaluation

Now that a strategic plan is complete including priorities, strategies, objectives and performance measures, it is time to operationalize the plan. Operational plans (or program work plans) for departments, divisions and centers (will use the word department moving forward) focus on how the department will meet specific objectives within the strategic plan, and includes other programmatic requirements that may not be included in the strategic plan. In contrast to the strategic plan, an operational plan may be limited to a shorter term (usually a year) and is primarily concerned with concrete goal setting and scheduling of specific tasks to meet these goals. Some departments may have roles that are more extensive in regards to implementation than other departments. The key is to link the operational plans to the strategic plan and when possible to individual performance goals as shown in the diagram developed by Marni Mason and presented in previous modules. In addition, the visual below provides a similar view of the relationship from vision to individual performance plans.



## Performance Management & Strategic Planning: Connecting the Dots

PHAB Standard 9.1 requires a health department to have a fully functioning performance management system completely integrated into the health department's daily practice at all levels. PHAB defines a performance management system as having the following four components:

1. Setting organizational objectives across all department levels
2. Identifying indicators to measure progress toward organizational objectives on a regular basis
3. Identifying responsibility for monitoring progress and reporting
4. Identifying areas where achieving objectives requires a focused quality improvement process

The strategic plan helps ensure that the organization's overall strategy, performance measures and improvement efforts are in alignment. It touches many components of the performance management system as it identifies the LHD's strategic objectives and measurable time specific targets for achieving them, setting the foundation and direction for effective performance management. As a part of the overall performance management system, a process for the ongoing monitoring of performance data to show progress towards goals and objectives must be in place (PHAB Standard 9.1.3 A).

If it is in the strategic plan, it matters. What matters is measured or what is measured matters, as they say. To begin, we measure progress against strategic objectives at the implementation or process level. For example:

- Are we doing what we set out to do?
- Are we reaching our targets?
- Are we meeting our time-line and budget?

As implementation matures or completes, we measure the impact or outcomes.

- What are the results of the efforts?
- What are the changes in the organization, target population or community?
- How efficient was the work?

This monitoring of performance data should be used to identify and drive improvement efforts in the LHD. As required by PHAB Measure 9.2.1, the LHD must have an agency-wide QI program as documented by a QI plan.

PHAB Measure 9.2.1 is establish a quality improvement program based on organizational policies and direction.

Significance provided by PHAB for Measure 9.2.1 is to make and sustain quality improvement gains, a sound quality improvement infrastructure is needed. Part of creating this infrastructure involves writing, updating, and implementing a health department quality improvement plan. This plan is guided by the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan.

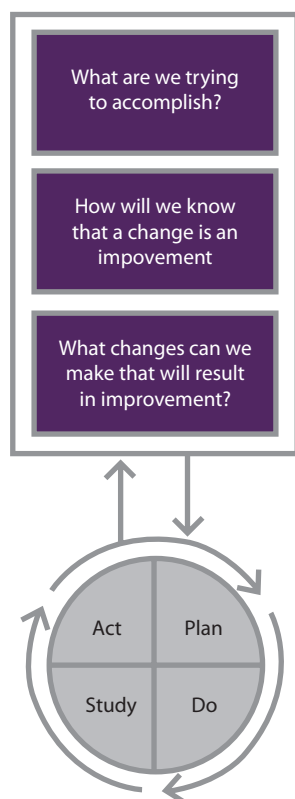
## Using QI to Improve Process and Outcomes

As we look at the process data to find out if we are on target, we look for QI opportunities to get the work back on track or to speed up improvement results. The QI work is intended to improve performance in areas that will lead to bigger change. The strategic plan is intended to create big change. Thus, it is important that the process and shorter-term outcomes be being monitored to identify process challenges and weaknesses that can be improved to produce better results. W. Edwards Deming is quoted as saying, “Systems are perfectly designed to get the results they achieve.” When we identify in systems not producing the results we need, we need to apply QI.

As published in the PHAB Acronyms and Glossary, Version 1.0, quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes, which achieve equity and improve the health of the community.

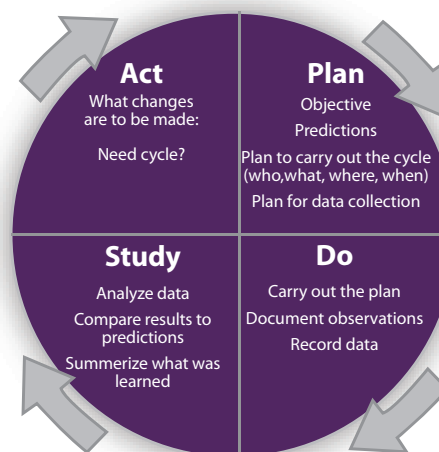
(Riley, Moran, Corso, Beitsch, Bialek, and Chomsky. *Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice.* January/February 2010).

Further, PHAB requires that the strategic plan and QI be linked. The Model for Improvement from the Institute for Healthcare Improvement (IHI) is designed to accelerate improvement. Therefore, if process measure or short-term outcome measures in the strategic plan are not on target for success, QI can be applied through a model such as the Model for Improvement to get things back on track. To use the model, the problem must be clearly defined so that a specific AIM can be established to improve the process. The AIM is time-specific and measurable. The next step involves developing an in-depth understanding of the problem through the application of various tools such as process mapping, root cause analysis, force field analysis etc. Next, changes are developed to address the root cause of the problem and ultimately improve the problem. A change is selected to be implemented for improvement. The change is implemented on a small scale for testing through PDSA or plan-do-study-act. Results of the test are studied to understand impact. Multiple tests may take place prior to determining if the change resulted in clear improvement. If successful, the change will be implemented more widely and continue to be monitored.



Not only is the QI framework a natural fit as part of monitoring progress and providing feedback towards shared goals, linking the strategic plan with the QI plan is a required component.

The health department strategic plan must also link with the health department’s quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages are appropriate for effective planning and implementation.  
  
(Measure 5.3.2 Guidance)



(Developed by Associates in Process Improvement (Langley, Nolan, Nolan, Norman, Provost. *The Improvement Guide: A Practical Approach to Improving Business Performance.* San Francisco: Jossey-Bass Publishers, 1996).

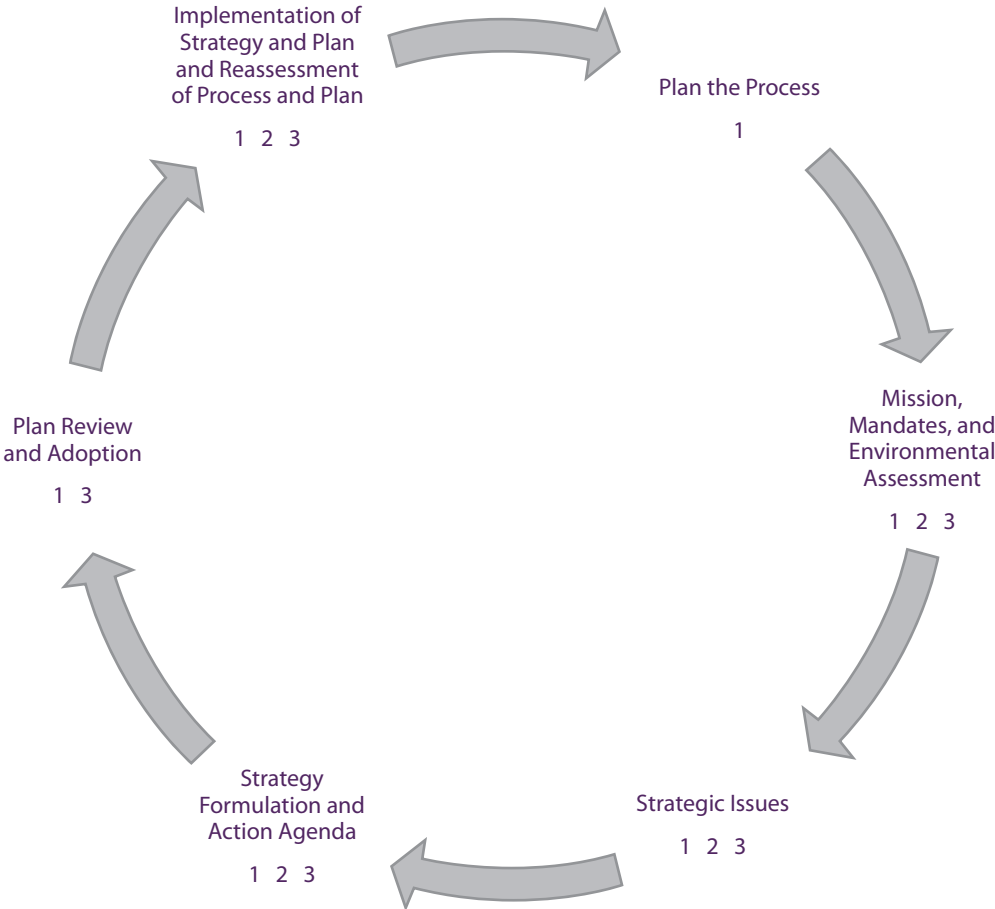
# Maintaining Flexibility

Writing the strategic plan is a milestone not an end post. Build in time for on-going review of the strategic plan in regards to progress with the goals and objectives and periodic reviews of the SWOT/SWOC data. With the ever-changing environment filled with new opportunities and emerging threats, maintaining flexibility to adapt to the changing environment is important. The plan should be revised and updated as needed. It is not a static document.

Reflect back to the strategic planning cycle offered by Bryson and Alston:

The stages where stakeholder analysis, vision formulation and goal definition could occur are noted by 1, 2 or 3.

- 1 – Perform Stakeholder Analysis
- 2 – Formulate Vision
- 3 – Define Goals



(Bryson & Alston 2005)

In addition to periodic review and update, the living plan will more likely be implemented and measured if it is linked in with the overall performance management system as previously described. Be sure to link the strategic plan with operational plans and other performance management tools to keep that focus.

## Communicating Results

Finally, it is crucial that the ongoing monitoring and results are shared with stakeholders. Communicating progress shows all stakeholders the importance of the plan and demonstrates that the time and resources invested in developing the plan were worthwhile. Some of the following have been useful ways to demonstrate progress:

- Highlights of progress, achievements and changes shared in:
  - Health department newsletters
  - Annual reports
  - On the Website
  - At board meetings and all staff meetings
  - At community meetings, especially when reporting on CHIP priorities
- Department bulletin boards or newsletters highlighting the work towards strategic plan's goals
- Portion of staff or department meeting dedicated to strategic planning discussion

Not everyone is going to want to spend the time to review progress in a long document filled with data. Be creative and encourage divisions and teams to develop ways to report regular progress through a quick snapshot view.

Plan for ways that the health department will keep the plan alive and communicate progress. This will build in transparency and accountability.

## Revising and Updating the Plan as Needed

While it is recommended that the strategic plan be kept in the spotlight and on the radar of all staff and other key stakeholders, many organizations find frequent and comprehensive reviews related to progress and goals very challenging.

At a minimum, commit to reviewing the plan and progress bi-annually with key stakeholders. As new issues and opportunities arise, be prepared to discuss them as part of the strategic plan. Being able to clearly articulate progress towards objectives is also important. This provides a base of knowledge and understanding to determine if revisions might be needed to get things back on track or try a different intervention.

PHAB requires that the health department must provide annual reports since the plan's adoption showing that it has reviewed the strategic plan and has assessed progress towards reaching the goals and objectives. The reports must include how the targets are monitored.

Progress is evidenced by completing defined steps to reach a target, by completing objectives, or by addressing priorities and implementing activities. The plan may be revised based on work completed, adjustments to timelines, or changes in available resources.

(Measure 5.3.3 Guidance)

PHAB requirements regarding documentation of reviewing strategic plan

...the plan may be revised based on work completed, adjustments to timelines, or changes in available resources.

(Measure 5.3.3 Guidance)

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## Appendix

Glossary

Worksheet 1: Assessing Readiness for Strategic Planning

Worksheet 2: Identifying Stakeholders and Their Role

Worksheet 3: Assessing Data Needs

Worksheet 4: Developing a Project Plan for Creation of a Strategic Plan

Worksheet 5: Identifying Organizational Mandates

Worksheet 6: Reviewing Organizational Mandates

Worksheet 7: Developing Organizational Values

Worksheet 8: Developing Mission

Worksheet 9: Developing Vision

Worksheet 10: Identifying Data and Information

Worksheet 11: Assessing the Value of the Data/Information

Worksheet 12: Conducting a SWOT/SWOC Analysis

***\*Worksheets are listed as a Word document for typing in and adapting as needed.***

# Glossary

## Community Health Assessment

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

## Community Health Improvement Plan

A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, [www.cdc.gov/nphpsp/FAQ.pdf](http://www.cdc.gov/nphpsp/FAQ.pdf)). This definition of a CHIP also refers to a Tribal, state or territorial CHIP.

## Goals

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

## Mission

The organization's purpose; what the organization does and why.

## Objectives

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

## Outcome Indicator

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

## Process Indicator

The measure or documentation of the program or service provided.

## Quality Improvement

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

### **SMART objectives**

S – Specific

M – Measurable

A – Achievable

R – Relevant

T – Time-oriented

### **Strategic Plan**

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008).

**Vision:** Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

**Values:** Principles, beliefs and underlying assumptions that guide the organization.

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments in order to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

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