



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

---

*Based on the Public Health Accreditation Board  
Standards and Measures, Version 1.5.*

---



SEVEN DIRECTIONS

A CENTER FOR INDIGENOUS PUBLIC HEALTH

*INDIGENOUSPHI.ORG*

August 2018



# Table of Contents

INTRODUCTION .....pg. 4

MODULE I .....pg. 5

MODULE II .....pg. 12

MODULE III .....pg. 28

BIBLIOGRAPHY .....pg. 51

Please refer to PHAB’s website for additional information about public health accreditation: [www.phaboard.org](http://www.phaboard.org).

Additional public health accreditation resources are available on partner organizations, including:

- Seven Directions, A Center for Indigenous Public Health: <http://indigenousphi.org>
- National Indian Health Board: <https://www.nihb.org/tribalasi/>
- National Association of County and City Health Officials:  
<http://www.naccho.org/programs/public-health-infrastructure/accreditation-preparation>.
- Association of State and Territorial Health Officials:  
<http://www.astho.org/Programs/Accreditation-and-Performance/Accreditation/>
- National Network of Public Health Institutes:  
<https://nnphi.org/focus-areas-service/performance-improvement-management/>
- Public Health Foundation: [www.phf.org](http://www.phf.org)
- American Public Health Association: <https://www.apha.org/>



# Introduction

A strategic plan provides an organization and its stakeholders with a clear picture of what the organization does, what it plans to achieve, the methods by which it will succeed, and how progress will be measured. Widely used by profit-based, nonprofit, and governmental organizations alike, a strategic plan provides a basis for decision making because it communicates the organization’s strategic priorities for the near future – usually the next three to five years.

A strategic plan is fundamental to public health practice and is a foundational document for health departments seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB). PHAB is the national accrediting body for Tribal, state, local, and territorial public health departments. Since PHAB’s launch in 2011, several hundred health departments have achieved accreditation, with many in the cue.

In public health, strategic planning is an important part of an overall improvement planning process focused on strengthening organizational capacity to support improvements in community wellness. Given the “bigger picture” of improvement planning, the strategic plan is not intended to be a stand-alone document. Rather, it should be a part of an overall health department performance management system, and aligned with other important reports and plans such as a community health assessment, a community health improvement plan, and a quality improvement (QI) plan.

# About this Guide

Developing a Tribal Public Health Department Strategic Plan: A How-To Guide is an adaption of a similar guide created in 2012 by the National Association of County and City Health Officials for local health departments. Red Star International completed the original adaptation to address the unique context of Tribal Public Health Departments (TPHD) in 2013. The original guide and adaptation were supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.

In 2018, Seven Directions updated the guide to address the PHAB requirements as outlined in the [PHAB Standards and Measures Version 1.5](#), Standard 5.3. The current adaptation provides Tribal Public Health Departments (TPHD) with a basic framework for developing a strategic plan, including the elements most commonly found in many strategic planning models.

There are four learning modules in this guide. Each module includes the following components: 1) a learning goal for the module, 2) an overview of the learning concepts and steps, 3) a summary of recommended strategies for completing each phase of the planning process, and 4) Activity worksheets for TPHD to consider using. Activity templates can be found in the appendix at the end of the guide in an easy-to-print format. They can also be downloaded at <https://indigenousphi.org/resources>. Although this guide addresses the components that PHAB requires of a strategic plan, PHAB is the only organization to determine if the strategic plan meets its requirements. Following this guide does not guarantee that PHAB reviewers will deem a strategic plan compliant with the standards and measures; therefore, reviewing PHAB Standard 5.3, and associated measures, is highly recommended.



# Overview

The major steps for the strategic planning process as outlined in this guide:

**Module I: Introduction to Strategic Planning for Tribal Health Departments**

- Purpose and Use of an Organizational Strategic Plan
- Common Elements of the Strategic Planning Process
- Organizational Strategic Plan and Public Health Accreditation

**Module II: Prepare for the Strategic Planning Process**

- Assess the TPHD’s Readiness for Strategic Planning
- Form the Strategic Planning Committee
- Determine Stakeholder Engagement
  - Identify Stakeholders
  - Determine Stakeholders’ Roles and Levels of Engagement
- Compile Relevant Information: Environmental Scan
  - Identify Available Data
  - Determine Value of Existing Data
  - Identify Formal and Informal Organizational Mandates
  - Collect Additional Data and Information as Needed
  - Summarize All Data and Information Collected
- Determine the Strategic Planning Approach
  - Develop a Timeline

**Module III: Conduct Strategic Planning**

- Develop Vision, Mission and Values Statements
- Identify Strategic Priorities
  - Complete a SWOT Analysis
  - Identify and Frame Cross-Cutting Themes, Emerging Issues, and Assets
  - Prioritize and Select Strategic Issues
  - Develop Strategic Priority Descriptions
- Develop Goals and Objectives with Measurable Time-Framed Targets
- Create a Strategic Plan Document

**Module IV: Implement, Monitor, and Evaluate the Strategic Plan**

- Implement the Strategic Plan
- Establish a Process to Implement, Monitor, and Evaluate the Plan
- Use QI to Improve Process and Outcomes
- Communicate Results
- Revise and Update the Strategic Plan as Needed

**Appendix: Activity Templates**

- Activity templates can also be found online at <https://indigenousphi.org/resources>.



# Module I: Introduction to Strategic Planning for Tribal Health Departments

## Learning Goal

Identify the common elements of a strategic planning process and how it relates to other requirements for public health accreditation.

## Major Concepts

- Purpose and Use of an Organizational Strategic Plan
- Common Elements of the Strategic Planning Process
- Organizational Strategic Plan and Public Health Accreditation

A health department's organizational strategic plan (also referred to as a strategic plan in this document) is one of three foundational documents required to apply for public health accreditation. Module I provides essential information regarding the purpose and use of a strategic plan, as well as the common elements of the process. For purposes of accreditation, a strategic plan has the important function of communicating the TPHD's vision, mission, values, and strategic direction. It also links to other important assessment and planning functions, such as the community health assessment, the community health improvement plan, the quality improvement plan, and others. This module introduces the strategic planning process and explains its importance in preparing for public health accreditation.

## Why Create a Health Department Organizational Strategic Plan?

### Definition of a Strategic Plan

([PHAB Acronyms and Glossary of Terms, Version 1.5](#), December 2013)

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 where an organization is heading, and specifies the road it will take to get there. The strategic plan also outlines the criteria to be used to monitor how well it is implemented, progress being made, and whether outcomes are achieved. Although strategic planning provides clear direction for achieving goals, the process has a broader scope than goal- and objective-setting. A strategic plan can make decision-making and change easier for health department staff, because it defines the department's responsibility and role in the community. Even with goals and measureable objectives, a strategic plan should remain flexible in order to adapt to the changing needs of the community, the changes that occur within the TPHD, and the external changes that affect the department.

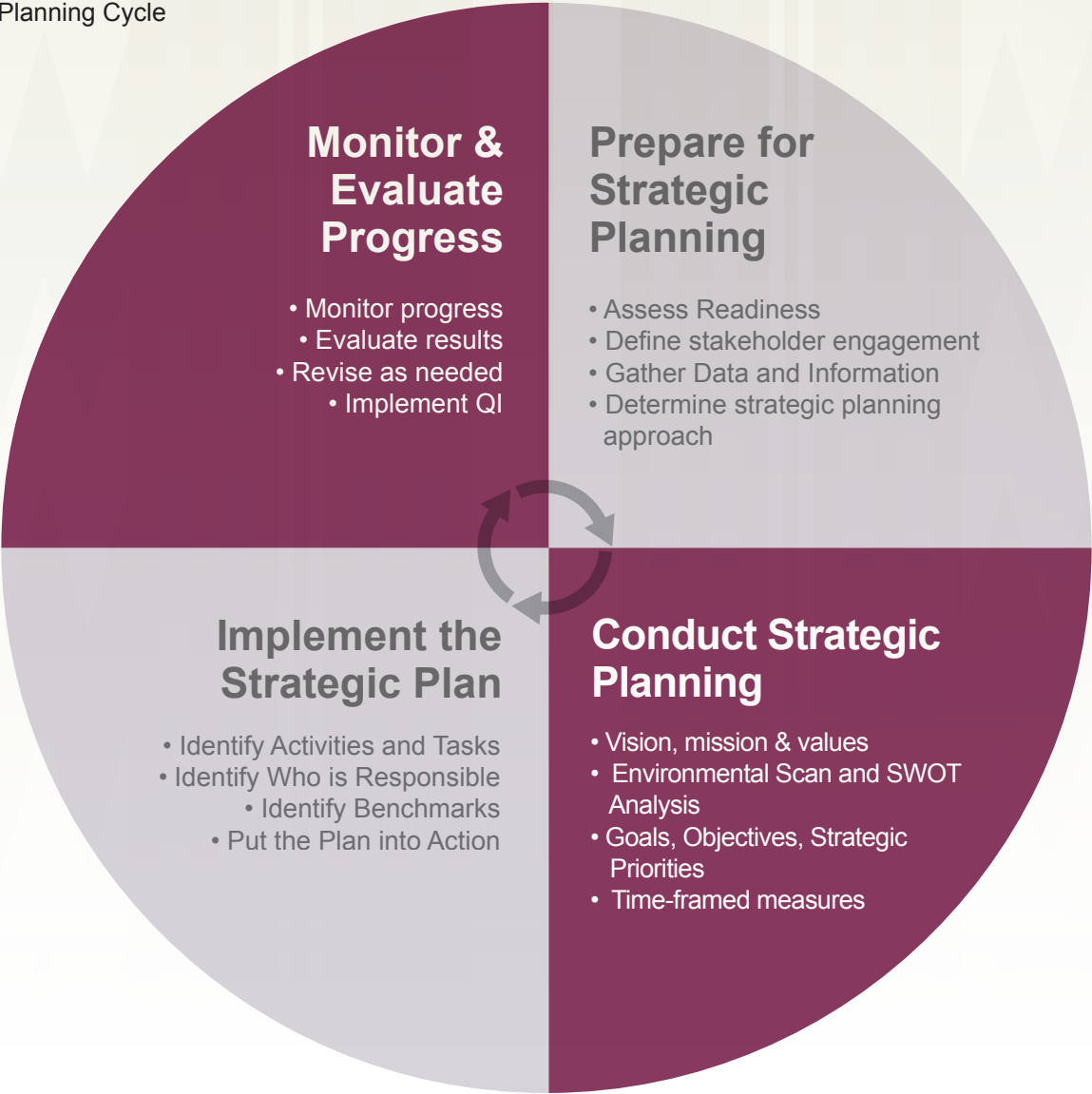




Common Elements of the Strategic Planning Process

The strategic planning process typically consists of four phases: (1) Prepare for Strategic Planning; (2) Conduct Strategic Planning; (3) Implement the Strategic Plan; and (4) Monitor and Evaluate Progress. Each phase involves multiple steps. Strategic planning is an iterative process that an organization should conduct every 3–5 years, or whenever a new vision or strategic direction emerges. The following diagram demonstrates the cyclical nature of strategic planning.

DIAGRAM 1.  
The Strategic Planning Cycle



This guide covers the four phases of the strategic planning process in Modules II-IV, with a special emphasis on activities and documentation mentioned in PHAB requirements and guidance. After describing some basic information about how the strategic planning process and accreditation intersect, this guide offers detailed information on completing the strategic planning steps. These steps are explained in the following modules:



**Module II: Prepare for the Strategic Planning Process**

**Lay the Groundwork**

During this step, the TPHD explores what is involved when embarking on strategic planning, makes a decision to go forward, and prepares for the work ahead. Specific actions often include: 1) identify who will serve on a strategic planning committee; 3) identify and engage stakeholders, such as Tribal Leaders, and Health Advisory or Oversight Committee members; 3) identify and gather available data and information to identify performance improvement needs; 4) determine the overall strategic planning approach; and 5) develop a timeline for completing the strategic plan.

**Compile Relevant Information**

The TPHD staff identifies and collects the information available to better understand the TPHD’s overall performance. Once all data is collected, TPHD staff will review the data to identify gaps, if any, and determine whether additional data needs to be collected. Once additional data is collected, the TPHD will summarize it and use the results to identify priorities later in the strategic planning process.

**Module III: Conduct Strategic Planning**

**Develop the Vision, Mission, and Values Statements**

The TPHD participates in a collaborative process to develop a statement of the ideal future state based on the work the TPHD intends to do (vision). A second statement describes what it does and why it exists (mission). The TPHD then decides upon principles and beliefs that will guide its work (values). The TPHD and the governing body adopt the mission, vision, and value statements.

**Analyze Results and Select Strategic Priorities**

The TPHD reviews the data and information gathered earlier and completes a strengths, weaknesses, opportunities, and threats (SWOT) analysis. The TPHD thoroughly reviews and analyzes the data, so the strategic planning participants can identify the issues, prioritize which issues will be addressed in the plan, and develop broad goals with corresponding measurable objectives that are defined with timelines.

**Summarize the Process in a Written Strategic Plan**

At the end of the strategic planning process, the TPHD develops a written strategic plan to include the components described in the PHAB requirements.

**Module IV: Implement, Monitor, and Evaluate the Strategic Plan**

**Monitor and Revise as Needed**

Once the plan is written and approved, the TPHD holds itself accountable for implementing the strategic plan. The TPHD develops an implementation plan to address each strategy with specific activities, tasks, person(s) or program(s) responsible, and specific benchmarks or indicators of completion. Ongoing measurement and monitoring of both process and outcome data is necessary to ensure plan implementation is on track and making an impact. Strategies that are not achieving the desired outcome may be opportunities for quality improvement (QI).



## Organizational Strategic Plan and Public Health Accreditation

Before a TPHD can begin the PHAB application process, it must first complete the following three prerequisites: (1) Community Health Assessment (CHA); (2) Community Health Improvement Plan (CHIP); and (3) Organizational Strategic Plan. The accreditation prerequisites are foundational to public health practice, and provide a foundation for addressing the PHAB standards and measures. Each of the prerequisites is defined in the PHAB Acronyms and Glossary of Terms, Version 1.5 as follows:

### 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. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

### 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.

### Health Department Organizational 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.

The following sections outline the PHAB requirements for the strategic plan and describe the relationship between the strategic plan, the other accreditation prerequisites, and additional plans. At the time of publication, version 1.5 of the PHAB standards and measures were in effect.

### PHAB Requirements for a Health Department Organizational Strategic Plan

PHAB Standard 5.3 is development and implementation of a health department organizational strategic plan. Throughout this guide, specific PHAB requirements appear in the format seen 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 1.5)*





The following measures are applicable to the strategic planning process for Tribal, state, and local health departments:

- Measure 5.3.1 – Department Strategic Planning Process
- Measure 5.3.2 – Adopted Department Strategic Plan
- Measure 5.3.3 – Implemented Department Strategic Plan

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

This measure requires that the TPHD document the process for developing the strategic plan. The document must include membership of the strategic planning group and the steps in the strategic planning process. PHAB provides documentation guidance regarding such documentation as follows:

- a) A list of the individuals who participated in the strategic planning process and their titles. Participation from the health department's governing entity or representatives, such as Tribal Council, Health Advisory or Oversight Committee, or both, is required.
- b) Summary or overview of the strategic planning process including:
  - Number of meetings
  - Duration of the planning process (start and end dates)
  - Methods used for the review of major elements by stakeholders
  - Steps in the planning process (e.g., opportunities and threats analysis or environmental scanning process, stakeholder analysis, storyboarding, strengths and weaknesses analysis, or scenario development)

#### **PHAB Measure 5.3.2: Adopted Department Strategic Plan**

This measure outlines required components of the strategic plan:

- a) TPHD mission, vision, and guiding principles/values
- b) TPHD strategic priorities
- c) TPHD goals and objectives with measurable and time-framed targets (included in the plan or another document such as an annual work plan)
- d) Identification of external trends, events, or other factors that may impact community health or the health department
- e) Analysis of the TPHD's weaknesses and strengths
- f) Linkages with the CHIP, details on the TPHD's roles and responsibilities for implementing the CHIP, and linkages to the TPHD's quality improvement plan

TPHD pursuing PHAB accreditation will need a current strategic plan that has been produced or updated 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: Implemented 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 that it reviews and monitors progress on the implementation of the plan. Progress is documented by 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.



### Connect the Prerequisites for Accreditation

Keep in mind that the three foundational documents for public health accreditation – CHA, the CHIP and the organizational strategic plan – are not three discrete or isolated processes; instead, they should all connect and inform one another. In general, it is recommended that the CHA be conducted prior to development of the CHIP and strategic plan. This way, the health needs and issues identified in the CHA serve as the foundation for priorities addressed in the CHIP and strategic plan. Though it is recommended that the community health improvement process be completed before the strategic planning process, some health departments may find it necessary to develop a strategic plan first. If this is the case, TPHD pursuing accreditation will need to revisit the strategic plan after the CHIP is complete, so they can link the documents for compliance with PHAB Measure 5.3.2.

The organizational strategic plan is mostly an internal document, but can be used to communicate the department’s priorities to stakeholders, potential funding entities, and the community. Its development is typically led by the health department with input from its governing entity, internal stakeholders, and key external stakeholders, as needed. While much of the strategic planning process is similar to the development of the CHIP, the intended uses of the two documents differ. While the CHIP focuses on improving health outcomes as measured by data collected during the health assessment, the strategic plan focuses on addressing the TPHD’s *internal* capacity and performance. The strategic plan should also include strategies to support the priorities identified in the CHIP.

In addition to the CHA and CHIP, a health department should consider other sources of information and data when developing an organizational strategic plan, including mandates from Tribal Council. Conducting a self-assessment based on the PHAB Standard and Measures is one of many ways to collect information and data regarding the TPHD’s performance and capacity. Much like the CHA data informs the identification of health improvement measures in the CHIP, self-assessment results can be used to identify internal strengths and areas for performance improvement to include in the strategic plan.

Recall that PHAB Measure 5.3.2 also requires the CHIP and strategic plan to be in alignment with the quality improvement (QI) 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 may incorporate QI as a means of staying on track to achieve desired results. PHAB will look at the ways the QI plan is linked to the strategic plan. The significance of linking all of these plans together is found in PHAB Measure 9.2.1 A:

**Governing Entity  
(PHAB Acronyms and Glossary of  
Terms, Version 1.5, December 2013)**

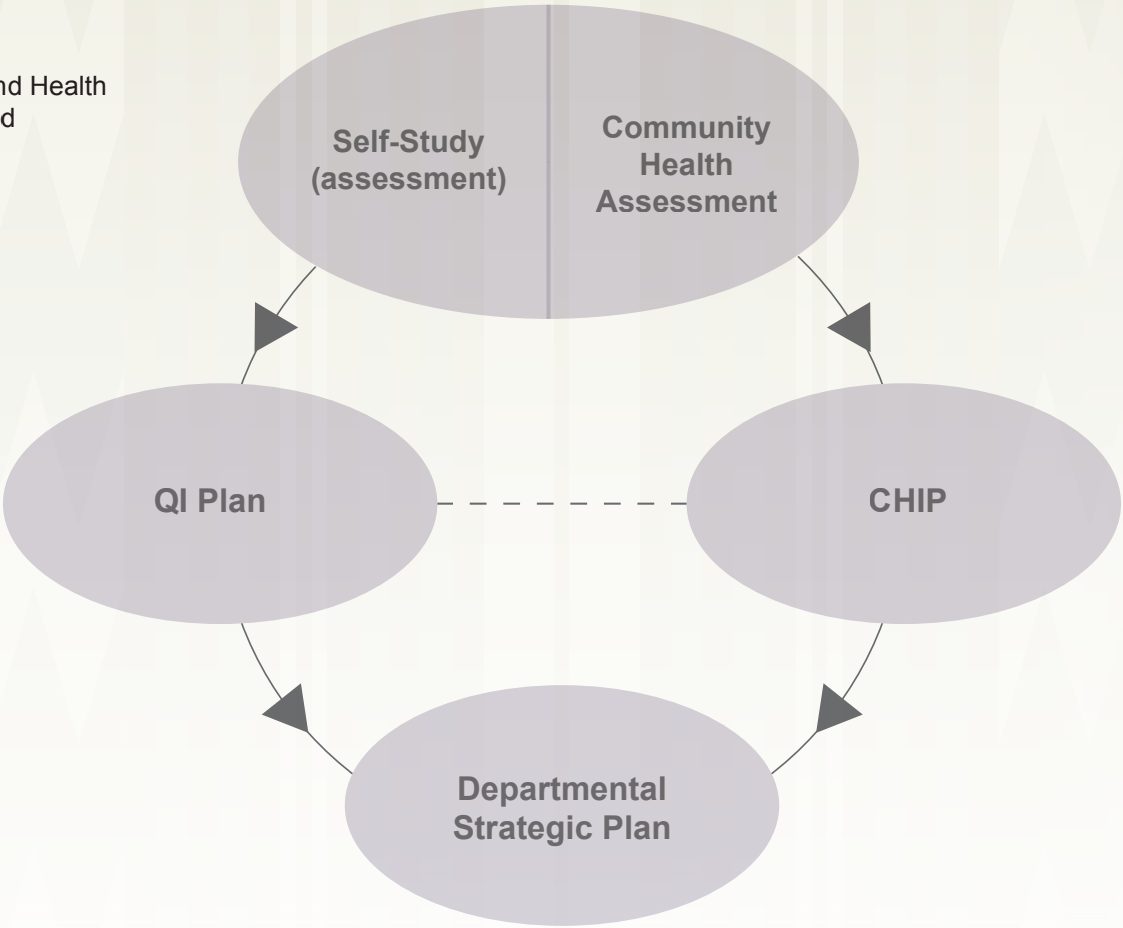
A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district or reservation as established by state, territorial, or Tribal constitution or statute, or by local charter, bylaw, or ordinance as authorized by state, territorial, or Tribal constitution or statute.

*“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.”*



Diagram 2. Performance and Health Assessment and Improvement Planning illustrates how a self-assessment and a community health assessment can be used to inform the development of the QI, the community health improvement, and the strategic plans. While the relationships between these documents can be bidirectional, the arrows represent an approach that can be taken to link the documents by using the information gathered at each step of the improvement process to inform the next.

DIAGRAM 2.  
Performance and Health  
Assessment and  
Improvement  
Planning



For example, the self-assessment results can be used to identify areas requiring quality improvement, and these areas can then be integrated into the TPHD’s QI plan. Since the QI plan must also be implemented and monitored, this is an opportunity to address accreditation requirements while preparing for accreditation. Since performance improvements can also enhance and support efforts to improve health, links can be made from the QI plan to the CHIP.

The strategic plan can then be linked to the QI plan and the CHIP by referencing the self-assessment and the CHA. You can use results from the self-assessment and CHA to identify themes, issues, strengths, and weaknesses, which form the basis for setting strategic priorities and goals. Using these results ensures that your strategic planning efforts are data-based and that they support the TPHD’s QI plan and CHIP. Since the standards and measures associated with strategic planning also require that the strategic plan be implemented and monitored, linking the three plans and monitoring their implementation as part of an overall performance management system ensures that the TPHD is addressing accreditation requirements at the same time it is addressing performance improvement initiatives.



# Module II: Prepare for the Strategic Planning Process

## Learning Goal

Identify and define a strategic planning process that includes determining stakeholder engagement, gathering data and information, and setting a realistic timeline that includes an end date.

## Major Concepts

- Assess the THD’s Readiness for Strategic Planning
- Form the Strategic Planning Committee
- Determine Stakeholder Engagement
- Compile Relevant Information: Environmental Scan
- Determine the Strategic Planning Approach

A good strategic planning process will guide an organization through a multi-step process to systematically assess an organization’s direction and priorities. Strategic planning requires a great deal of preparation, and time. Defining the strategic planning process depends on the extent to which staff and governing entity stakeholders will be involved, the amount of information and data that is available and needed, and on any formal and informal mandates that must be addressed in the plan. Stakeholder engagement will facilitate broad-based support for the plan and will result in a plan that is more likely to reflect the interests and needs of the community. Collecting information and data through an environmental scan can help ensure that the TPHD is being responsive to both internal and external factors that may impact the department. Planning and preparation often takes the most time, but when done well, it eliminates unforeseen challenges that might occur later during the development of the strategic plan.

## Assess the TPHD’s Readiness for Strategic Planning

Before embarking on the strategic planning process, TPHD must first determine if the organization is ready. The TPHD can assess readiness by examining the availability and adequacy of human, financial, and informational resources, and by reflecting on past planning experiences. The considerations listed below can help determine the TPHD’s readiness. Although these considerations are not required, overlooking any of them could contribute to challenges and setbacks in the strategic planning process.

## Readiness Considerations

*Ask yourself, does the TPHD have...*

- ☐ Buy-in from leadership within the TPHD
- ☐ Adequate time to devote to stakeholder engagement throughout the entire process
- ☐ Access and adequate time to collect a variety of data and information for the environmental scan and SWOT analysis
- ☐ Staff time and budget allocations for direct and indirect costs
- ☐ Tribal Leadership support and planned participation in the process
- ☐ Access to a skilled, objective facilitator, who is either internal or external to the TPHD
- ☐ Commitment to the process while retaining flexibility
- ☐ Strategies to overcome any perceived barriers to the process
- ☐ Strategies to enhance perceived or expected benefits of the process
- ☐ Other \_\_\_\_\_





It is also important to learn from past experiences. Think back over the last five years or so in the TPHD’s history and identify various planning processes used. Describe the elements that were critical to the successes of these planning processes and the reasons for any challenges. Then compare successes and challenges experienced in the past to the current reality. Discuss the TPHD’s readiness based on the considerations provided above, as well as any other considerations identified by the TPHD. What is currently in place for success and what is missing? To help guide the process, complete the following questions listed in Activity 1 below.

**ACTIVITY 1.** Assess Readiness for Strategic Planning

Reflect on Past Experience	• What contributed to planning success in the past?	
	• What contributed to challenges in the process?	
	• How did the THD address the challenges?	
	• What does the ideal planning process look like?	
Current Reality Based on Readiness Assessment Considerations	• What is in place to support a successful planning process?	
	• What is missing that the TPHD needs for successful planning?	
	• How can the TPHD obtain what is missing?	
	• What benefits are expected from the process?	
	• Describe any potential challenges the TPHD might face during the process.	
	• What strategies can be implemented to overcome potential challenges?	

Having the Tribal Leadership support and commitment to the process is critical to the success of your strategic planning. Be sure that the strategic planning of the department aligns with the vision and plans of the overall Tribe. Tribal Councils and affiliated health boards or committees may have already adopted strategic direction for the Tribe, which may include health improvement. The TPHD should ensure that its internal strategic planning supports the Tribe’s overall priorities and goals, if possible. If the Tribe has a strategic plan, include a review of the plan as an important part of the data-gathering step described in Module 2.



The TPHD should make an ongoing effort to maintain support and buy-in from leaders throughout the duration of the process. This will help ensure the successful development and implementation of the plan. Regular communication will not only keep leadership aware of the TPHD’s efforts, but it sets the stage for leadership to be responsive to the needs of the TPHD. Whether the TPHD plans to conduct a brief strategic planning process or embark on a year-long endeavor, TPHD administrators will need to ensure that adequate resources are available to support the process. Tribal leaders or the governing entity may be integral in securing and allotting these resources and in communicating their support to the TPHD staff and other key stakeholders involved in strategic planning.

Regular communication with leadership is important and the TPHD should also be mindful of the timing for initiating discussions with the leaders and governing entity members regarding the strategic planning process. For example, it may not be a good idea to start the strategic planning process just before an election or at the end of a committee chair’s term. Once developed, the TPHD will want to ensure that Tribal leadership supports the department’s priorities and strategies well into the implementation of the plan. Therefore, the TPHD should begin conversations about the strategic plan when there is adequate time for the leaders to not only provide approval for the process, but also provide support throughout the process and for the resulting organizational strategic plan.

After reviewing these considerations and the lessons learned from past experiences, a TPHD can determine what resources and mechanisms exist to support the strategic planning. The information can then be used to determine whether to proceed with the strategic planning process, what needs to be addressed or adjusted prior to proceeding, or finally, whether the process should be delayed until the TPHD decides it is adequately prepared to embark on the strategic planning journey.

**Form a Strategic Planning Committee**

Most organizations develop some type of a Strategic Planning Team or Committee (SPC) to oversee and coordinate the overall strategic planning process. The SPC should convene soon after the TPHD has decided to go forward with strategic planning. The SPC members are likely to be the ones who complete the readiness assessment activities described in the previous section, and will be tasked with identifying stakeholders and engagement strategies, identifying and reviewing information and data sources, and determining the strategic planning process and timeline. If the TPHD is developing the strategic plan for purposes of public health accreditation, the Accreditation Coordinator may have a key role in coordinating and facilitating these activities in support of the SPC.

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

The SPC is typically a minimum of five members and no more than twelve, depending on the size of the organization, to ensure sufficient representation without developing a burdensome process that can occur with larger groups. An eight-member committee typically is a manageable size for ensuring the work is accomplished. SPC membership usually includes representatives from Tribal Leadership (such as Tribal Council or the Health Advisory or Oversight Committee), executive directors, administrators, and influential staff representing various parts of the TPHD. While limiting the size of the SPC may be challenging, other opportunities to engage key stakeholders in the strategic planning process do exist, and are discussed in the next section. The SPC can help determine other stakeholders to involve and the best way to involve them, with appropriate input from the leadership and staff.



## Determine Stakeholder Engagement

Stakeholders are defined as any person, program, department, or organization inside or outside the TPHD that has a vested interest in the strategic direction of the TPHD. Engaging stakeholders in the strategic planning process ensures that the process is participatory and community driven. The SPC may want to: (1) identify potential stakeholders; (2) consider their interests and contributions; and (3) discuss potential contributions to the process.

### Identify Stakeholders

When identifying stakeholders to engage in the strategic planning process, the SPC may consider those directly involved with promoting the overall health and wellness of the community. The SPC may also consider individuals and groups who have an interest in the health and wellness of the community and who are partners of the TPHD. Such individuals might represent various programs, departments, agencies, and sectors of the Tribal public health system that are both internal and external to the Tribe. Examples of potential stakeholders to engage are provided below.

*Potential stakeholders internal to the Tribe include:*

- Tribal Council
- Health Oversight Committee
- Advisory board/committee members
- TPHD administrators and senior staff
- TPHD program managers, front-line staff, and administrative staff
- Other Tribal departments and program leadership
- Community coalition members
- Community members
- Special target populations (such as youth, elders, cultural leaders, traditional healers)
- Other

*Potential stakeholders external to the Tribe include:*

- Indian Health Service or other federal agency
- Community-based organizations and partners
- State or local health department or other state/local agency representatives
- Tribal enterprise and other business community

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)*

After identifying potential stakeholders, consider their unique interests in the health department and its work. From the list of potential stakeholders, the SPC should identify which ones need to be involved and at what level. This is discussed in the next section.



**Determine Stakeholders’ Roles and Levels of Engagement**

Determining how to engage a stakeholder and when are important to the overall strategic planning process. How a TPHD engages a stakeholder depends on the relationship of the stakeholder to the TPHD. To determine how to engage a stakeholder, reflect on the role of the stakeholder(s).

Do they:

- Need to be informed of the process and support its outcomes?
- Make decisions about the strategic planning process and outcomes?
- Have information or data, resources, and strategy guidance?

Should they:

- Serve on the strategic planning committee?
- Participate in developing shared vision, mission, and values statements?
- Assist with or provide input into priority setting?

After the TPHD has identified the key stakeholders and their potential role in the process, it will be easier to identify at what point to involve them. If Tribal Leadership needs to be informed of the process, support its outcomes, or provide approval, then the SPC should consider identifying specific points in the strategic planning process when decisions will need to be made by Tribal Leadership or updates will need to be provided to them. Such points may occur at the beginning, middle, and end of the process. For example, the health director may determine that the TPHD needs to provide an update or seek approval from the governing entity or health oversight committee before initiating strategic planning.

Stakeholder engagement is especially important in developing vision, mission, and values statements. Engaging Tribal Leadership and staff members in this process provides opportunities for all to contribute, helps create a shared sense of ownership, and fosters buy-in to support of the mission, vision and values. Trying to shortcut the process by having a few people create final products behind closed doors would be a mistake, because the strategic plan is intended for everyone to support and adopt.

Use Activity 2 to document planning stakeholder engagement. It may be easier for the SPC to complete the third and fourth columns relating to their roles in the process and actions needed once the approach to developing the strategic plan has been determined. This is discussed in more detail in Module 2.

**ACTIVITY 2.** Identify Stakeholders and their Role

STAKEHOLDER	ROLE IN THE PROCESS	ACTION NEEDED AND BY WHEN





**Compile Relevant Information: Environmental Scan**

An environmental scan is commonly defined as the collection, analysis, and evaluation of information and data about the internal and external factors that affect an organization. The purpose of an environmental scan is to gather data and information to gain a historical perspective of the organization, understand the current context, and determine the future outlook. This includes identifying strengths and weaknesses inside the organization, and opportunities and threats or challenges occurring outside the organization. This process is often referred to as a SWOT analysis, which is discussed in Module III.

Conduct and organize an environmental scan by following these steps:

- 1. Identify and compile relevant and available data and information.
- 2. Determine the value of available data.
- 3. Collect additional data and information, as needed.
- 4. Summarize data and information for future analysis.

Organizations often overlook the important step of Identifying information and data available when beginning a strategic planning process. Information and data about TPHD performance is often available in multiple formats and sources, such as annual reports, the community health assessment, and a self-assessment based on the PHAB standards and measures. It is important to identify any formal and informal mandates made by Tribal Council or other Tribal Leadership. Taking the time to identify and review various data and information sources will help ensure the following:

- Services are leading to better health outcomes.
- Programs and services are focused on health priorities that are aligned with Tribal, state, and national priorities.
- Infrastructure and processes are in place to ensure high performance.
- Policies are in place to support health improvement objectives.
- Stakeholders and leadership are engaged in the planning and implementation of health improvement efforts.

**Identify Available Data**

One of the three core functions of public health is assessment.<sup>1</sup> Assessment data and information is the foundation of good decision making and planning. Because TPHD have experience conducting and reviewing assessment data and results, this step should come as no surprise. In fact, most of the data and information should be easily obtained within the department. The amount of time this step takes depends on how easily and efficiently the TPHD can obtain the data and information.

The goal of this step is to compile a solid collection of information to use for decision-making and strategic issue identification. The health department should ensure that they have relevant data in the following five categories: (1) community; (2) financial; (3) health department capacity; (4) Tribal/state/national legislation and; (5) learning and growth.

1. The three core functions of public health are assessment, assurance, and policy development.



For each of these categories, consider the following questions to help gather relevant data:

- What is happening in the **community** the TPHD serves? What are the trends, needs, and opportunities for change within the community? Are the community members satisfied with the services?
- What is the **financial** picture and economic climate within the Tribe, state, and nation? What are the TPHD 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 **legislatively** at the Tribal, state, and national 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 list below provides some typical data sources to consider for the environmental scan. The SPC, or assigned staff, can start by using the checklist below. The actual review and analysis of the data occurs later in the process and is discussed in Module III.

Category	Potential Data Source
Community	<input type="checkbox"/> Community forums, sharing circles, focus groups, or surveys <input type="checkbox"/> CHA results, such as health status data, community perceptions regarding health and health needs, and demographic information <input type="checkbox"/> Customer service/community satisfaction feedback
Financial	<input type="checkbox"/> TPHD financial analysis <input type="checkbox"/> TPHD annual reports, particularly results related to progress on any past initiatives or strategic plans
Health Department Capacity	<input type="checkbox"/> A TPHD self-assessment against national standards, such as the PHAB standards and measures <input type="checkbox"/> Employee/workforce climate survey results or feedback <input type="checkbox"/> TPHD program evaluation and QI results <input type="checkbox"/> Results of a traditional SWOT analysis (previously completed)
Legislation	<input type="checkbox"/> Policy and legislative scan (Tribal, state, and federal) <input type="checkbox"/> Formal and informal TPHD mandates
Learning and Growth	<input type="checkbox"/> Analysis of strengths and opportunities for growth based on TPHD self-assessment against the PHAB standards and measures <input type="checkbox"/> Community Health Improvement Plan (CHIP) <input type="checkbox"/> Quality Improvement Plan (QI plan) <input type="checkbox"/> Other relevant information and data _____

Two very useful sources of data and information are the 1) Community Health Assessment (CHA), which provides important information about health status and community priorities, and 2) a self-assessment based on the PHAB standards and measures, which provides data about TPHD performance. The CHA and self-assessment data are relevant and useful to strategic planning because they include data can about community health status and how well the TPHD is performing based on a set national standards.



Using data collected through a self-assessment process based on the PHAB standards and measures provides a means for understanding a TPHD’s systems, operations, processes, and policies in order to strengthen services. If a TPHD is considering accreditation as a viable option, then the self-assessment process and results can be used to better understand accreditation readiness and inform decision making about whether to pursue accreditation as a short- or long-term goal. If appropriate, pursuing public health accreditation can be incorporated into the strategic plan as a goal or objective. Self-assessment results can also be used to identify strengths and opportunities for quality improvement and community health improvement plans, both of which are requirements of public health accreditation.

Some organizations rush the strategic planning process and do not conduct an environmental scan of available data and information before completing a SWOT analysis. If a TPHD conducts a SWOT analysis without a broad spectrum of relevant data, it runs the risk of developing a strategic plan based on perception rather than fact. It may also lead to overlooking important trends, themes, and linkages that the strategic plan should address.

**Determine the Value of Existing Data**

The SPC or designated members of the SPC should evaluate the usefulness of the data based on how well it covers the five categories described earlier, whether it is fact- or opinion-based, and its relevancy. Activity 3 below, adapted from a version developed by the Public Health Foundation, helps guide the process. While identifying and evaluating existing data is optional, it can help the SPC determine if enough data is available and adequate or whether additional data is needed.

To complete the activity, list the data that the TPHD has available with the source and date developed. Evaluate the data by indicating if it is fact or opinion-based data and how relevant the data is to this process. This evaluation will help the SPC determine the value of the information when it is analyzed later in the strategic planning process.







**Identify Formal and Informal Organizational Mandates**

In addition to identifying and collecting data, the authors of *Creating and Implementing Your Strategic Plan*, a Workbook for Public and Nonprofit Organizations 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. For example, Tribal Council may have made public health accreditation a mandate for the TPHD. While the health director may be aware of this informal mandate, it may not be understood by all of the staff. Identifying and clarifying formal and informal mandates is an important step to complete before the SPC begins developing or revising the TPHD vision and mission.

Taking the time to review and clarify mandates can benefit the organization because it allows a TPHD to explore the potential impact of the mandates on its mission, vision, values, and strategic plan. Reviewing mandates also provides the health department an opportunity to think about executing the mandates in a way that furthers its 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 community health improvement plan. Perhaps in the past the TPHD has completed a community health assessment on its own, with limited stakeholder involvement. While the resulting assessment and community health improvement plan were produced to meet the mandate, the documents sit on a shelf, never to be implemented because the staff were not informed. By strategically thinking about how to both meet the mandate and advance its mission and strategic priorities, the TPHD may approach the mandated CHA or CHIP differently.

While reviewing mandates in the strategic planning process is not required by PHAB, understanding organizational mandates provides further clarification about constraints on the organization and its mission and values. Activity 4 provides an opportunity to identify and further define formal and informal mandates for new strategic thinking. Activity 4 can be assigned to an individual or completed by the SPC.

Instructions for reviewing organizational mandates (Activity 4):

1. If available, secure existing documentation of legal mandates.
2. Develop or brainstorm a list of all organizational mandates and their sources.
3. Sort the list by whether they are formal or informal.
4. Compile source documentation as necessary for reference.
5. Discuss each of the mandates, and cross off those that are not current or applicable.
6. Transfer remaining mandates to the table below and complete the questions.



**ACTIVITY 4.** Review Organizational Mandates

Mandate	Formal or Informal?	What is required, allowed, or not permitted?	Are staff aware? How is TPHD honoring this?	What needs to be done? (e.g., include in mission, educate staff)

**Collect Additional Data and Information as Needed**

Based on the amount and value of data and the information available to the TPHD, determine if any additional data is needed to complete the picture. The methods for obtaining the data or information will depend on the type of information needed and the TPHD’s available resources. The SPC or designated staff will need to collect information in order to address information gaps.

**Key Stakeholder Data**

Key stakeholders are an important source of information and data that can be useful in strategic planning. Conducting surveys, key informant interviews, and focus groups can provide internal perspectives and opinions about the work of the TPHD. It will be important to determine the specific objectives and the participants for each method. It may be helpful to review the data, as discussed in the next section, and identify gaps that can be addressed through these engagement strategies.

**Surveys.** Survey the staff regarding organizational climate, opportunities and challenges, and strategic priorities to better understand their perspective. This can also be an effective way of including staff in the process. Surveys can be conducted traditionally, by using paper and pencil, or electronically by using a web-based survey tool that can be distributed through email or by posting on the TPHD intranet.

**Interviews.** Administrators and staff offer a wealth of knowledge about the TPHD, health services, and functions. Individuals who are well informed about one or more aspects of the TPHD are considered “key informants.” An interviewer asks a set of predetermined questions, and at times, will ask follow-up questions to obtain more information. When using this method, develop a protocol that outlines the interview process, especially if more than one person will be conducting the interviews.

**Focus Groups.** Like interviews, a focus group uses open-ended questions to understand the thoughts, beliefs, opinions, and attitudes of individuals. In focus groups, a skilled moderator presents these questions to a group of individuals. Guided by the moderator, the participants interact with each other as they respond to the questions. Unlike a “key informant interview”, the participants are not necessarily experts on the topic, but may have important perspectives to share.



**Health Status**

If a TPHD has not completed its CHA, it may compile community health data available on key issues or request community health profiles developed by its regional Tribal Epidemiology Centers. Alternatively, the TPHD may decide to conduct the strategic planning after the CHA is completed or a community health profile is developed.

These are just a few examples of areas where additional data might be desired and some potential methods for obtaining the information. Activity 5 can be used to develop plans for collecting additional data.

**ACTIVITY 5.** Identify Additional Data and Information Needed

Data and information Needed	Method for Collecting the Data and information	Person(s) Responsible	Timeline	Resources Needed to Complete

How much additional information is needed? In some instances, it may be difficult to determine. Strategic Planning for Nonprofit Organizations cautions against collecting too little information, too much information, or 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 may lead to distorted perceptions of the current situation.
- **Too much information.** This situation is sometimes called “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 that 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 and information collection may be necessary to help clarify and agree on the meaning of the information. (Allison & Kaye, 2007).



### Summarize All Data and Information Collected

After all data are compiled, the SPC or designated staff needs to summarize the results in a user-friendly format. Seek opportunities to examine the consistency of data through cross verification from two or more sources. To engage leadership, stakeholders and community members present data visually by using charts, graphs, images or infographics. Organizing the data in a manner that is easy to read will be important, because the data will be the basis for completing the environmental scan and SWOT analysis. If using the approach of gathering data based on **the five perspectives** – community, financial, health department, Tribal/state/national/legislative, and learning and growth – or some variation of these perspectives, the TPHD may want to organize it in the same way. It may be helpful to assign the task of summarizing the data to one or two persons who have experience working with and communicating findings. After summarizing the data, the SPC will need to review the data and identify any gaps requiring additional data and information collection, which is discussed in the following section.

### Determine the Strategic Planning Approach

When defining the strategic planning process and timeline, it will be important to revisit common elements of the process and to review the stakeholder engagement and data and information collection needs. Let’s revisit the strategic planning process phases:

Phase	Process Elements
Prepare For The Strategic Planning Process	<ul style="list-style-type: none"> <li>Assess the THD’s Readiness for Strategic Planning</li> <li>Form the Strategic Planning Committee</li> <li>Determine Stakeholder Engagement               <ul style="list-style-type: none"> <li>Identify Stakeholders</li> <li>Determine Stakeholders’ Roles and Levels of Engagement</li> </ul> </li> <li>Compile Relevant Information: Environmental Scan               <ul style="list-style-type: none"> <li>Identify Available Data</li> <li>Determine Value of Existing Data</li> <li>Identify Formal and Informal Organizational Mandates</li> <li>Collect Additional Data and information as Needed</li> <li>Summarize All Data and information Collected</li> </ul> </li> <li>Determine the Strategic Planning Approach               <ul style="list-style-type: none"> <li>Develop a Timeline</li> </ul> </li> </ul>
Conduct Strategic Planning	<ul style="list-style-type: none"> <li>Develop Vision, Mission and Values Statements</li> <li>Identify Strategic Priorities               <ul style="list-style-type: none"> <li>Complete a SWOT Analysis</li> <li>Identify and Frame Cross-Cutting Themes, Emerging Issues, and Assets</li> <li>Prioritize and Select Strategic Issues</li> <li>Develop Strategic Priority Descriptions</li> </ul> </li> <li>Develop Goals and Objectives with Measurable Time-Framed Targets</li> <li>Create a Strategic Planning Document</li> </ul>
Implement The Strategic Plan	<ul style="list-style-type: none"> <li>Implement the Strategic Plan</li> <li>Establish a Process for Monitoring, Implementing, and Evaluating</li> </ul>
Monitor And Evaluate Progress	<ul style="list-style-type: none"> <li>Monitor, Evaluate, and Adjust</li> <li>Use QI to Improve Processes and Outcomes</li> <li>Communicate Results</li> <li>Revise and Update the Strategic Plan as Needed</li> </ul>





Most organizations, especially health departments, juggle multiple priorities, and it can be challenging to allocate the necessary time to a meaningful strategic planning process. Balancing the TPHD's desired timeline for completing strategic planning with creating an overall process to achieve the desired outcomes, engage stakeholders, and collect data, is both challenging and necessary. Use the questions below to explore these considerations.

- *What timeline restrictions does the health department have?*
- *What budgetary restrictions does the health department have? Are funds available for the process during a specified time-period?*
- *Who will make decisions during the process? Top-down or bottom-up approach? (e.g., Tribal Council, strategic planning committee, or strategic planning committee with all staff and other stakeholders)*
- *Which stakeholder engagement activities are essential to the process? (e.g., formal and informal Tribal protocols, and activities that ensure buy-in and support from Tribal Leadership, community, and staff)*
- *What additional data is essential to conducting a meaningful analysis of internal and external factors that will support or hinder the TPHD in achieving its mission, vision, and goals? (e.g., TPHD self-assessment, community health assessment, customer/community member satisfaction survey)*

The responses to the questions above will provide insight into a process and timeline that is most appropriate for developing the TPHD organizational strategic plan. Other important considerations include:

- **Strategic Planning Facilitation.** Using an external, objective facilitator from outside the TPHD to help manage the process can be very beneficial and can ensure that everyone has an opportunity to contribute. While a facilitator from outside the TPHD is a good idea, it is not necessary that it be someone from outside of the Tribe. Ideally, the facilitator is someone sufficiently removed from the TPHD operations to remain objective.
- **Format.** Vision, mission, 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.** A difference of opinion often exists regarding lofty or dream-like vision statements versus statements that seem more attainable. Vision, mission and value statements need a mix of realism and idealism to be both inspiring and motivating, while remaining honest and achievable.
- **Audience:** Many consider a mission statement to be a message for external audiences to communicate what the organization does, while the vision is viewed more as an internal message to serve as an inspirational statement for staff. Before development, it is important to think about how the organization will use the statements and how the statements will be shared internally and externally.



Keep in mind that strategic planning is not a one-time event; it is about developing the TPHD’s capacity to provide quality public health services over time. Committing to strategic planning as an ongoing practice every 3–5 years, will lead to ongoing performance improvement resulting in greater efficiency and effectiveness. Ultimately, improving services for the benefit of the department and the community in both the short- and long-term.

**Develop a Timeline**

Once the SPC has determined the strategic planning approach, it will be useful to develop a timeline that lists required actions (including stakeholder engagement and data collection activities), person(s) responsible, important milestones or benchmarks, and when actions and milestones will be completed. A process timeline can build in accountability by serving as a tool for monitoring progress, evaluating whether the process is achieving the desired outcomes, and adapting the process as needed.

The SPC should develop the process timeline using a simple work plan like the table below. Once the timeline is complete, share it with key stakeholders involved, such as Tribal Leadership, management, and staff. Remember to build in time to monitor progress and to review and update the plan regularly. Some aspects of the process may go more quickly, while others may take longer than anticipated. The SPC can revise and update the timeline as needed. A sample strategic planning timeline is provided on the following page. Remember, this is just a sample and there may be other activities included in the timeline that are not listed here. The SPC can develop its own timeline using this sample as a guide.



### Sample Strategic Planning Timeline

Phase	Action or Step to Be Completed	Person(s) Responsible	Milestones	Timeline for Completion	Status/ Completion Date
Preparation	Engage stakeholders for steering committee participation	Jane Smith, Accreditation Coordinator	<ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>1st Meeting set</li> <li>Invitation sent</li> </ul>	Weeks 1-2	Complete Month Year
Preparation	Hold initial SPC Meeting to establish regular meeting intervals; identify and determine stakeholder engagement and potential data sources; discuss formal and informal TPHD mandates	Accreditation Coordinator, SPC	<ul style="list-style-type: none"> <li>Completed Stakeholder Engagement Worksheet</li> <li>List of potential data sources</li> <li>Completed Mandate worksheet</li> </ul>	Weeks 5-6	
Preparation	Compile readily accessible data for environmental can and SWOT analysis	Jane Smith and John Williams, SPC member	<ul style="list-style-type: none"> <li>Completed Value of Data Worksheet</li> </ul>	Weeks 6-9	In Progress
Preparation	SPC meeting to review completed worksheets for stakeholder engagement, value of data, and mandates	SPC	<ul style="list-style-type: none"> <li>SPC to identify additional data collection needs</li> </ul>	Week 12	
Preparation	Provide strategic planning update to Tribal Council and Health Oversight Committee	Lewis Rios, Health Director	<ul style="list-style-type: none"> <li>Meeting minutes</li> </ul>	Week 12	
Preparation	Finalize all data collection and summarize findings	Jane Doe and John Williams	<ul style="list-style-type: none"> <li>Data summary</li> </ul>	Week 14	
Preparation	Disseminate data summary to SPC	Jane Smith	<ul style="list-style-type: none"> <li>Email documenting dissemination</li> </ul>	Week 14	
Conduct Strategic Planning	Hold 1-2 day strategic planning retreat to identify vision, mission, values, strategic priorities, goals, and objectives	SPC	<ul style="list-style-type: none"> <li>Agenda</li> <li>Meeting summary</li> </ul>	Week 16	
Conduct Strategic Planning	Draft Strategic Plan for review and adoption; Update plan for monitoring and implementing	SPC, Accreditation Coordinator, Health Director			



# Module III: Conduct Strategic Planning

## Learning Goal

Develop new, or refine existing, THD vision, mission, values, and strategic priorities that will serve as the basis for the strategic plan.

## Major Concepts

- Develop Vision, Mission, and Values Statements
- Identify Strategic Priorities
- Develop Strategies to Address Priorities
- Develop Goals and Objectives with Measurable Time-Framed Targets
- Create a Strategic Planning Document

## Develop Vision, Mission, and Values Statements

The backbone of the strategic plan is the organization’s vision, mission, and values statements. Clear vision, mission and values statements can foster a shared understanding of who the TPHD serves, its purpose, and the underlying principles that guide its work. Vision, mission, and values are defined as follows:

**Mission:** Tells what the organization’s purpose is now; explains what the organization does and why; should guide overall organizational direction.

**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.

When it comes to creating vision and mission statements, there is no prescribed order of development. Some strategic planners suggest beginning with the vision/futuristic view, or the ideal state of change/improvement that the organization hopes to create. Starting here is often very helpful in developing the mission, which will define what the organization does to achieve that vision.

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





**Facilitate the Development of Vision, Mission, and Values with Stakeholder Engagement**

The process for developing vision, mission, 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 TPHD 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 TPHD is working with an external facilitator, the facilitator can work with the committee to design an engaging process.

There are many methods to achieve truly representative and motivating statements that describe the organization’s vision, mission, and values. 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. **Explain Terminology.** Begin by defining, explaining, and differentiating between vision, mission, and values, so every one 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 everyone tune 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 many ways, with the goal being a facilitated discussion that results in the most accurate representation of the work. It is easiest for fewer people to do the refining work. Big debates can occur over words, reminding us how important words are to people. Whenever possible, have small groups (or a single group) refine the drafts before offering them back to the larger group for further discussion.
4. **Solicit Buy-in and Adoption of the Statements.** This can happen through surveys, department meetings, a facilitated discussion in a large group setting, or some other method. Strive for consensus around the work, with consensus defined as statements that everyone can accept and support. There will usually be a bit of quibbling over a word or two. In the end, go with what most stakeholders can reasonably accept to move forward.



**Steps for Developing Vision, Mission, and Values**

The steps for developing a vision, mission and values (on the following pages) are very similar and generally follow the pattern 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:



**Develop a Vision Statement**

The vision statement communicates how the organization and community will be different in the future as a result of the TPHD’s work. The vision can focus on the distant future: imagine the TPHD and the community seven generations from now. What is the vision for the TPHD and the community it serves as a result of the department’s strategic work? Or the near future: imagine the TPHD and the community in 3–5 years. What is the vision for the TPHD and the community it serves as a result of the department’s strategic work? 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.
  - 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 to fit on a t-shirt or other easily distributed items. Other organizations prefer a more detailed vision. It all boils down to what the TPHD prefers and finds meaningful. The words in the vision statement are especially important to members of the department. An effective vision statement will remind staff of the ultimate, long-range results of their work.

### Sample Processes for Developing Vision

There are many ways to develop a compelling vision statement, and this section lists a few to consider. Do not be afraid to be creative with the process. In addition to the options below, the affinity diagramming process (shared later in this module) can also be used to develop a vision statement.

**Brainstorming with Guided Questions.** Convene a small group of stakeholders for a brainstorming session regarding the vision. Use focused questions that identify:

- Where or what do we want to be as a TPHD? How do we want others to see the health department?
- What do we want to envision for our community?

If you use this method, encourage participants not to evaluate responses during the brainstorm. Ensure that all ideas are understood (but not always 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 three) in the 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 of stakeholders.

**Visualization Exercises.** Convene a group of stakeholders who have different perspectives, yet share a passion for the health department's work.

1. Make sure everyone is comfortable and has paper and a pen handy.
2. Ask participants to close their eyes and relax in silence for a couple minutes.
3. 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 leadership was diligently fulfilling the health department purpose in every part of our work. Imagine what that looks like, the behaviors, the way it feels. Capture an image."
4. 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 three to five 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?
5. Encourage participants to capture an image and slowly open their eyes to record the images on the paper in front of them.
6. Depending on the number of participants, have them share the images in a large group discussion or with a partner/ small group (ideas can be shared later with the whole group).
7. Use the results as a basis for discussion and grouping ideas to create a vision statement.



**Vision Sketch.** One suggestion for developing a vision statement is through the creation of a vision sketch. Designed by John M. Bryson, this activity is described in more detail in his book, *Creating and Implementing Your Strategic Plan, a Workbook for Public and Nonprofit Organizations*. A vision sketch describes what the organization should look like as it successfully implements its strategies and achieves its full potential. A vision statement answers the question: where and what do we want to be? That is, what might the TPHD look like or be in the future given expected opportunities, challenges, and completion of anticipated or conceivable actions?

1. Succinctly describe the organization as it is right now. Characterize its mission or role, people, services, structure, processes, resources, culture, and external legitimacy and support.
2. Now imagine it is five years later and you are reporting on your organization. What do you see in the following areas?
  - Mission or Role
  - People
  - Services
  - Processes
  - Culture
  - External Legitimacy and Support
  - Structure
  - Resources
3. If your vision sketch for the organization is out of alignment with where you think things are at present, then indicate where the major misalignments or gaps by area:
  - Mission or Role
  - People
  - Services
  - Culture
  - Structure
  - Processes
  - Resources
  - External Legitimacy and Support
4. Compare and contrast vision sketches.
5. Draft one final sketch combining all thoughts.
6. Consider how you want this vision sketch to guide the strategic planning process and how the vision will be reflected in the strategic plan; (for example, will it help identify strategic issues, guide strategic selection, guide implementation, or help communicate with internal and external stakeholders?)

(Adapted from Bryson and Alston, (2005), *Creating and Implementing Your Strategic Plan, a Workbook for Public and Nonprofit Organizations*. San Francisco, CA: Jossey-Bass Inc. Pub.)

**Headline News Activity.** Allison and Kaye recommend a powerful exercise to develop a vision statement: have 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 say 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. Include a caption.

(Adapted from Allison, M. J., & Kaye, J. (2007), *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, keep in mind that the statement developed is intended to be futuristic and inspirational.

Sample Vision Statements\*

**Washington State Department of Health**  
*We are trusted and innovative public health leaders committed to working for a safer and healthier Washington.*

**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.*

\*TPHD interested in featuring their vision statements in future publications of this guide can email [info@indigenousphi.org](mailto:info@indigenousphi.org) to indicate their interest.

Develop a Mission Statement

A mission statement describes what the organization’s purpose is now. It focuses on the present and defines what the organization does, who it does it for, and why. A TPHD engaging in strategic planning may choose to revisit a current mission statement or start from scratch. Either way, the goal is 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. Both types offer benefits. Regardless of length, 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 of 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 of 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 for Developing a Mission Statement

There are a few key questions to ask when developing a mission statement. The SPC should determine who should be given the questions and how they will collect the responses. These questions (listed below) can be given to anyone to complete, including internal stakeholders, the SPC, all staff, and Tribal Leadership. After the responses are collected from all who answer them, the information can be compiled and analyzed for common themes. Using this information as a starting place, a smaller group of internal stakeholders can 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. In general, what is our purpose? What opportunities or needs do we exist to address?
2. What is our role in filling these needs or addressing these opportunities? How does it differ from the roles of other departments?
3. What is the current mission? What does it say about who we are, what our purpose is, what service we provide, whom we serve and how we are unique?
4. Does our current mission reflect the responses to questions 1–3? If so, how? If not, what is missing?
5. What changes in the current mission would you propose?

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**

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

\*TPHD interested in featuring their mission statements in future publications of this guide can email [info@indigenousphi.org](mailto:info@indigenousphi.org) to indicate their interest.



**Develop Values Statements**

Defining an organization’s values can renew and rejuvenate stakeholders because it reminds them of shared principles, beliefs, and the importance of their work, regardless of their roles. 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 among staff.

TPHD organizational **values** are the principles, beliefs, and underlying assumptions that guide the organization. Tribes, nonprofit organizations, and governmental agencies are value-driven by nature. According to Michael Allison and Jude Kaye, “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, 2007)

Bryson and Alston explain that “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. The list of value-based words below can help jumpstart thinking about values. The list is not intended to prescribe the values a TPHD should have, nor is it an inclusive list of all possible value-based words. It is merely a list of values an organization might choose to embody.

accountability	efficiency	quality
accuracy	empathy	respect
advocacy	empowerment	responsibility
collaboration	equality	self-determination
community	equity	service
courage	excellence	sovereignty
culture	flexibility	timeliness
credibility	honesty	traditions
dedication	innovation	transparency
dependability	integrity	unity
dignity	loyalty	wellness
diversity	optimism	wisdom
effectiveness	persistence	

**Process Ideas for Creating a Values Statement**

Below are two examples of processes that can be used to create values statements. Both processes include structured brainstorming that allows a broad range of stakeholders to provide meaningful input.

**Affinity Diagramming.** 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 expressed as a picture, word, or phrase. Ask each person to record only 2–3 ideas total, with only one idea per Post-it note.
2. Participants should post their ideas on a wall.
3. Once all ideas are posted, ask participants to discuss any 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. Then, they can begin to draft a phrase or value statement that represents each grouping.



**Structured Brainstorming.** Clarify the TPHD’s belief systems by facilitating a discussion among stakeholders, such as administration and staff. Ask participants to identify values, beliefs and guiding principles that either do or should guide their interactions with each other and their external stakeholders (e.g., community members, funders, or partners). The list of values-based words above may be a good place to start.

Ask participants to also identify any specific behaviors they should commit to doing in everyday practice to support the department’s values and beliefs. To increase the likelihood of participation from everyone, start the process with participants individually recording a couple of ideas on paper and follow up with a round-robin sharing where each person shares one idea before any one participant can share a second idea.

This activity can be completed at department levels and then compiled and shared with the SPC to create a master list. Activity 6 on the can be used to capture responses to the two questions.

**ACTIVITY 6.** Develop Organizational Value Statements

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.
<p>Example:</p> <p>We value the diversity among our staff and within our community.</p>	<ul style="list-style-type: none"> <li>- We actively recruit qualified, diverse board members, staff, and volunteers who represent the community we serve.</li> <li>- We ensure that all materials we provide are linguistically and culturally appropriate for the community we serve.</li> <li>- We respect and learn about the cultural implications that affect health for the community we serve.</li> </ul>

(Adapted from Allison, M. J., & Kaye, J. (2007), *Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook*. (2nd ed.). John Wiley & Sons, Inc.)





Sample Value Statements

**Madison County Health Department**

*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**

- *We recognize the value diversity brings in understanding and serving all people.*
- *We respect and value diversity in our employees, partners and customers.*
- *We honor the public’s trust and work hard to maintain and improve that relationship.*
- *Our employees are our most valuable resource.*
- *We encourage and support professional growth for all staff. We strive to be an agency where the best people will want to work and stay.*
- *We strive for effective, responsive and timely communications in our role as a trusted source of health information.*
- *We actively pursue collaborative relationships between staff, partners and our local communities for a safer and healthier Washington state.*

**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**

*In Miami-Dade County government, we are committed to being:*

- *Customer-focused and Customer-driven*
- *Honest, Ethical and Fair to All*
- *Accountable and Responsive to the Public*
- *Diverse and Sensitive*
- *Efficient and Effective*
- *Committed to Development of Leadership in Public Service*
- *Innovative*
- *Valuing and Respectful of Each Other*
- *Action-oriented*



**Communicate the Vision, Mission and Values Statements**

After the TPHD develops and adopts the statements, with support from the Tribal Leaders as appropriate, it shares them with all staff and key stakeholders. Typically, mission and values statements are used to inform both internal and external stakeholders about the purpose of the organization . The vision statement is often more of an internal statement intended to motivate and inspire staff. Many organizations choose to communicate their vision, mission, and values to the public. This decision is best made by the TPHD.

**Identify Strategic Priorities**

In Module 2, we discussed the importance of conducting an environmental scan by collecting, evaluating, and summarizing a variety of data and information. It is now time to analyze the data collected by conducting a strengths, weaknesses, opportunity and threats (SWOT) Analysis. A SWOT Analysis is a commonly used strategic planning tool to identify and evaluate the internal strengths and weaknesses of an organization and the external opportunities and threats. Using the data collected during the environmental scan as the basis for the SWOT Analysis will help ensure that strategic priority setting is done objectively and based on data, rather than opinion or personal interests.

*Community strategic issues may have already been determined in the CHIP. In order to integrate the TPHD’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)*

**Complete a SWOT Analysis**

Once the SPC has prepared the summary of data collected during the environmental scan, identify who will participate in the SWOT analysis. Participants may be the SPC, or a larger group representing multiple stakeholder groups identified earlier in the planning process. The next step is to share the data summary with the participants, so they have time to review, make notes, and provide input into the SWOT Analysis. The matrix below is commonly used for conducting a SWOT Analysis:



ACTIVITY 7. SWOT Analysis

	SUPPORT the TPHD in achieving its objectives	HINDER the TPHD in achieving its objectives
INTERNAL attributes of the TPHD	Strengths •	Weaknesses (Opportunities for Improvement) •
EXTERNAL attributes of the environment	Opportunities •	Threats (Challenges) •

The following lists include areas to consider when identifying internal and external factors that impact the TPHD and its ability to achieve its mission. Consider other areas of importance beyond what is listed here.

Areas to consider when identifying internal attributes include:

- Adequate resources to do the job.
- Organizational culture.
- TPHD’s capacity to implement the essential public health services.
- Communication, processes, organizational structure.
- Training, staff qualifications, and skills.
- Authority around decision making.
- Policies and plans.

Areas to consider when identifying external attributes:

- Trends in the field (e.g. accreditation, use of evidence-based practices).
- Economic trends.
- Competition for resources.
- Technology.
- Governmental regulations.
- Stakeholders, partnerships (formal and informal).
- Funding sources.

Once the SWOT analysis is completed, the next step is to identify strategic issues.



## Identify and Frame Crosscutting Themes, Emerging Issues, and Assets

Strategic thinking requires making conscious choices about how to use limited resources to achieve your purpose in response to a dynamic environment. This 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, 2007) As you review the results of the SWOT Analysis, ask the group to identify any themes, emerging issues, and departmental assets that cut across the four areas of the SWOT. Examples of crosscutting themes, issues, and assets that might emerge include: (1) workforce development and performance management; (2) policies and procedures; (3) resource development and fiscal responsibility; (4) emergency planning and response; (5) prevention program effectiveness; and (6) external communications. Create a master list of issues and discuss how the issues will affect the TPHD's work towards (and achievement of) the shared vision. Identified themes, issues, and assets will serve as the basis for determining the TPHD strategic priorities.

Strategic priorities 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 its vision, mission, and values, which serve as useful guideposts. Engaging stakeholders in defining and framing strategic issues is recommended. The ultimate task is to identify issues essential within the TPHD's environment to ensure the organization is responsive to the issues while also achieving its vision.

## Prioritize and Select Strategic Issues

Strategic issues that emerge from the strategic planning environmental scan and the SWOT analysis may be too numerous for the TPHD to take on. The TPHD should limit the strategic issues it includes in the strategic plan to a manageable number. There is no magic number of issues, as it will depend on the circumstances and resources of each organization. Many strategic plans include all the issues for which there are no current resources; however, 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 process to select and prioritize strategic issues.

## Consider Potential Linkages to the CHIP

One consideration when selecting issues is to determine which strategic issues or priorities the health department will address to strategies identified in the CHIP. As noted in Module I, some strategic issues identified in the strategic planning process may have already been selected as part of the CHIP. *Per PHAB requirements, a health department must demonstrate in its strategic plan which CHIP priorities it will address and how it plans to address them.* This is one way that the health department aligns its plans with other community plans. Linking the CHIP with the strategic plan demonstrates the TPHD's commitment to actively addressing the issues identified in collaboration with the community. The CHIP priorities that the TPHD is addressing may reduce the number of additional issues the TPHD decides to include in the organizational strategic plan.

*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 community health improvement plan, but it must show where linkages are appropriate for effective planning and implementation.*

*(PHAB Guidance for Measure 5.3.2)*





**Determine Level of Urgency**

The next step in narrowing the list of issues is framing the issues by level of urgency. Bryson identifies three kinds of strategic issues:

- Those for which no action is required at present, but which must be monitored.
- Those that are likely to require some action in the future and perhaps some action now.
- Those that require an immediate response (Bryson, 2004).

Begin by focusing on the issues classified as needing immediate response (i.e., the most urgent). Keep in mind that these are suggested steps for selecting a manageable number of strategic issues. When selecting strategic issues, TPHD should develop additional rationale that is responsive to the organization’s needs and encourages input from key stakeholders.

**Use Prioritization Techniques**

Even after focusing on CHIP priorities and the most urgent issues, the list of strategic issues may still be unrealistic for a TPHD to address in a three to five year period. If the list needs further narrowing, consider one of the following prioritization processes:

- Multi-voting Technique.
- Strategy Grids.
- Nominal Group Technique.
- The Hanlon Method.
- Prioritization Matrix.

Each method is described in detail in the NACCHO tool, [Guide to Prioritization Techniques](#).

**Reach Consensus**

Another consideration when determining the priority issues is shared agreement among the key TPHD staff, the governing body, and the SPC. Many Tribes use consensus to make decisions that impact the community. Seeking consensus on the strategic priorities is important because it demonstrates unity in decision making and reinforces the principles of engagement. Consensus does not mean that everyone is in complete agreement about the selections, but that most can give their support and live with the choices for the greater good of the community. Support from TPHD leadership and the governing body is essential to move forward. A strategic plan will be less successful if there is no support from the organization’s decision-makers. The following are key concepts to consensus:

- Collaborative and Participatory: Everyone’s input should be heard and everyone should be provided a chance to participate.
- Community-Focused: While focusing on the good of the whole group, individuals still share perspectives, so the group can understand multiple points of view.
- Inclusive: Everyone’s voice is important and valuable.
- Decisions are Responsive to Everyone’s Needs: After having a discussion, the ultimate goal is to reach agreement or consent to approve the decision.

Although it may be time consuming, using consensus to determine the priorities is beneficial. Staff readily understand the concept and may accept the decisions made, knowing that multiple perspectives were heard and considered. With consensus decision making, ideas, discussion, and decisions belong to the group, and cannot be attributed to one individual. A written summary describing how issues were prioritized and the methods used can help those who were not involved in decision making understand why priorities were selected.



## Develop Strategic Priority Descriptions

Once the strategic priorities have been identified, the SPC should create descriptions for each priority. Strategic priority descriptions are used to communicate to others (a) what the priority issue is; (b) why it is important to the TPHD, the community at large, or both and; (c) what the consequences or implications might be if the issues are not addressed. Bryson suggests that a strategic issue should have three elements:

1. **Succinct Description.** 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. **List Challenges.** The factors that make the issue a fundamental challenge should be listed. In particular, what—in terms of the TPHD’s mandates, mission, values, internal strengths and weaknesses, and external opportunities and threats—make this a strategic issue?
3. **Consequences.** The consequences of failing to address the issue should be identified, so the organization will know what kind of issues it faces. (Bryson, 2004)

*PHAB requires that the strategic plan includes the health department’s strategic priorities (PHAB Measure 5.3.2 Guidance)*

## Develop Goals and Objectives with Measurable Time-Framed Targets

Developing goals and objectives is likely familiar territory for TPHD staff. This part of the process is routine for activities such as grant writing, program development, and 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 the health department plans 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 programmatic, 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** Specific – specify what is to be achieved, by how much, and by when

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

**A** Achievable – set objectives that are feasible for the agency

**R** Relevant – align objectives with the mission and vision of the agency

**T** Time-oriented – establish a timeframe for achieving the objective

*PHAB requires that the health department develop 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. (PHAB Measure 5.3.1)*



Formats for Writing SMART Outcome Objectives

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

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

20% increase in health department nursing staff by January 2015.

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

15% increase in vaccination rates among 10–12 years olds in XYZ community by June 2015.

# Create a Strategic Planning Document

The strategic plan document is one of the prerequisite documents that must be submitted to PHAB. According to PHAB’s guidance, there is no required format or length of the strategic plan. Thus, the format of the strategic plan will vary across organizations. The strategic plan typically has the following components, which can be used as an outline or writing template.

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

- A. **Letter or Introduction.** Displays a public letter from Tribal leader(s), governing body, or health director with signature(s), approval statement(s), and date(s).
- B. **Executive Summary.** Provides a brief 1–3 page summary of the process and major components of the plan.
- C. **Summary of the Strategic Planning Process.** Describes the strategic planning process including:
  - A description of strategic planning participants.
    - If not included in the plan, a list of individuals and their titles should be available as documentation. Examples of documentation include 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 and the 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, environmental scan and stakeholder analysis.
- D. **Vision, Mission, and Values Statements.** Defines each of the adopted statements.
- E. **Summary of SWOT and Environmental Scan Results.** The analysis of the TPHD’s strengths and weaknesses and external trends, events, or other factors that may impact community health or the health department.
- F. **Summary of Strategic Priorities.** Provides a description and explanation of the strategic issues selected, with the rationale for selecting.
- G. **Goals and Objectives.** Includes all organizational goals and objectives with measurable and time-framed targets.
- H. **Linkages with the CHIP and QI Plan.** Includes the TPHD’s responsibilities for implementing the elements of the CHIP and linkage to some of the QI plan components.
- I. **Putting the Plan in Action.** Describes how the plan will be used and monitored.
- J. **Appendices.** Contains all supporting documentation, such as the required documentation for PHAB, which includes:
  - Annual reports of progress towards goals and objectives in the plan, including monitoring and conclusions on progress toward meeting targets.



The table below shows which strategic planning document components the PHAB requires as described in Measures 5.3.1 and 5.3.2.

PHAB Requirements for the Strategic Plan

Strategic Plan (Sections)	PHAB Measure 5.3.1	PHAB Measure 5.3.2	PHAB Measure 5.3.3
Letter or Intro from Tribal Leader(s), Governing Body, Health Director			
Executive Summary			
Summary of strategic planning process <ul style="list-style-type: none"> <li>- List of participants</li> <li>- Overview of the process</li> <li>- Methods for information review</li> <li>- Steps in the process</li> </ul>	X		
Vision, Mission, and Values Statements		X	
Summary of Environmental Scan and SWOT		X	
Summary of Strategic Priorities		X	
Goals and Objectives (Insert logic model if available)		X	
Linkages w/ the CHIP and QI Plan		X	
Putting the Plan in Action			
Appendices (Support docs, including annual reports of progress)			X (Proof of plan monitoring and implementation)





# Module IV: Implement, Monitor, and Evaluate the Plan

## Learning Goal

Learn a process for monitoring and evaluating the implementation of a strategic plan.

## Major Concepts

- Develop an Implementation Plan with Timelines
- Establish a Process for Monitoring, Implementing and Evaluating
- Use QI to Improve Process and Outcomes
- Communicate Results
- Revise and Update the Strategic Plan as Needed

## Implement the Strategic Plan

After conducting the strategic planning process, developing the plan, and adopting it, the TPHD must put the plan into action. Some organizations decide to develop a detailed implementation plan, or work plan, that outlines specifically how staff will implement the strategic plan in day-to-day work, while others maintain a high-level action plan. Implementation plans often 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.

A strategic **implementation plan** should be user-friendly and easy to read. When developing an implementation plan, it is important to identify both process and outcome indicators.

A **process indicator** is a measure of the efficiency or productivity of process activities. 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 the program or intervention is on track to achieve the outcome.

Process indicators are often used to measure success in the following areas, including, but not limited to:

- **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?

An outcome indicator refers to the measures of change at certain milestones to lead to the overall target. It includes evidence that a goal or objective has been achieved.

Outcome indicators often measure success in the following areas, including, but not limited to:

- **Numeric.** Was there an increase in the number or percentage of children who received immunizations? Was there an increase in new funding sources this year compared to last year?
- **Product.** Did the Tribe adopt a smoke-free workplace policy? Did the TPHD complete a community health assessment?



A sample strategic implementation plan is shown below. 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

Priority: Improve Staff Retention  
 Strategy: Create a more effective staff review, promotion, and compensation system.

Goal 1: Develop and implement an employee performance review system that is performance-improvement focused.

Outcome Objective 1A: *By September 2015, 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)*

Programs, Activities, Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Develop FY2014 annual goals, objectives, and performance measures for each employee based on departmental goals and strategic plan	Staff, managers, division directors	April 2014 – June 2014	1. Program goals and objectives reviewed with each employee 2. Drafts of employee goals, objectives and performance measures that achieve program objectives 3. Program directors approval of employee performance plans	1. Employees use performance plan to guide their work
Results of 2014 employee goals and objectives reviewed for annual employee performance reviews	Staff, managers, division directors	June 2014	1. Measures for all employee goals and objectives with targets compared to results 2. Final performance reviews	1. Employee annual performance increases linked to achievement of strategic plan goals and objectives

The TPHD may find it useful to incorporate information regarding the methods that will be used to measure the plan’s objectives. The additional components may include data sources for measurement, timing of data collection, methodology, and persons responsible for measurement. It is helpful to clearly indicate which objective is associated with what is being measured. The sample template above can be used or adapted to meet the TPHD’s needs.



## Establish a Process to Implement, Monitor and Evaluate the Plan

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

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

The strategic plan ensures that the organization's overall strategy, performance measures, and improvement efforts are in alignment. It touches many components of the performance management system when it identifies the TPHD's strategic objectives and measurable time-specific targets for achieving them, thus 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)

To begin, 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 timeline and budget?

As implementation matures or completes, 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?

Monitoring performance data can help identify and drive improvement efforts in the TPHD. As required by PHAB Measure 9.2.1, the TPHD must have an agency-wide QI program that is documented in a QI plan.

Writing the strategic plan is a milestone, not an end point. Build in time for on-going review of the strategic plan in regards to progress toward the goals and objectives, and conduct periodic reviews of the SWOT 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.

Be sure to link the strategic plan with operational plans and other performance management tools to keep that focus. Periodic review and update of the plan by the TPHD will ensure the plan is a living document, and a living plan will more likely be implemented and measured if it is linked with the overall performance management system, as previously described.



# Use Quality Improvement (QI) to Improve Process and Outcomes

When reviewing the process data to find out if the TPHD is on target, 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. Likewise, the strategic plan is intended to create big change. Thus, it is important that the process and shorter-term outcomes be monitored to identify process challenges and weaknesses that can be improved to produce better results. W. Edwards Deming says, “Systems are perfectly designed to get the results they achieve.” When a TPHD identifies systems that are not producing the needed results, apply QI.

## What is QI?

QI is increasingly used in the field of public health as a means to improve performance and increase efficiencies. Creating an organizational culture of QI can help transform a TPHD's shared attitudes, beliefs, values, and practices. Creating an organizational culture that embraces QI as a common practice for performance improvement requires leadership commitment; the appropriate infrastructure to support QI, such as a performance management system and a QI plan; employee commitment; a customer focus; teamwork and collaboration; and continuous process improvement<sup>2</sup>. By integrating strategic and purposeful improvement processes that are data based, QI facilitates a team approach to grow a strong community and customer focus.

*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)*

Quality improvement is a critical part of increasing organizational capacity and working with communities to improve the health status of their members. It is addressed in Domain 9, which is dedicated to performance management and QI. Standard 9.2 and its corresponding measures require the development and implementation of a QI plan. Many TPHD have experience conducting QI within their clinical services and may even have existing QI plans to maintain accreditation with other accrediting bodies (such as the Accreditation Association for Ambulatory Health Care or the Joint Commission on Accreditation of Healthcare Organizations). If so, QI efforts will need to be expanded to include public health services, since **PHAB does not accept documentation of QI initiatives for clinical services**. It will be important to engage the performance improvement manager, QI manager, or other appropriate staff in the TPHD's accreditation readiness efforts and in the development and implementation of a QI plan for public health.

2. NACCHO (2013). Roadmap to a Culture of Quality Improvement: A Guide to Leadership and Success in Local Health Departments. <http://qiroadmap.org/culture-to-qi/foundational-elements-for-building-a-qi-culture/>. Accessed August 12, 2013.





Many organizations, non-profit and for-profit entities alike, have embraced the Plan-Do-Check-Act cycle (PDCA) as a leading QI process. It is both simple and powerful in its approach. The simplicity of PDCA comes from the systematic, straightforward, and flexible approach that it offers. Its power is derived from its reliance on the scientific method, i.e., developing, testing, and analyzing hypotheses. As a foundation, PDCA offers a means for TPHD to address more complex problems using QI.

Many high-quality resources are available to help with QI efforts. *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook*, developed by the Michigan Public Health Institute, is an excellent resource that is easy to follow. It provides an overview of QI fundamentals and a step-by-step approach using the Plan-Do-Check-Act cycle. It also includes case studies from local health departments, discusses how to build a culture of QI, and provides additional resources for QI.

#### Resources:

- Michigan Public Health Institute, [Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook](#).
- NACCHO, [Roadmap to a Culture of Quality Improvement](#).
- Association of State and Territorial Health Officials, [Accreditation and Performance](#).
- Public Health Foundation, [Performance Management and Quality Improvement](#).
- Public Health Quality Improvement Exchange, [online resource](#).
- [The ABCs of PDCA](#).



# Communicate Results

Although the strategic plan is often intended to be an internal document, many organizations develop a concise summary of the plan to share with organizations outside the health department. This external communications document is often publicized on websites or in brochures. It provides a snapshot of the strategic plan, which allows the reader to quickly understand what the organization is about, where it is headed, and how it will get there by a certain time – without the additional details that are helpful only to staff.

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. The following methods have been useful for demonstrating progress:

- Sharing highlights of progress, achievements, and changes:
  - in health department newsletters
  - in annual reports
  - on the website
  - at board meetings and all staff meetings
  - at community meetings, especially when reporting on CHIP priorities
- Highlighting the work towards the strategic plan’s goals on department bulletin boards or in newsletters.
- Dedicating time during staff or department meetings to strategic planning discussion and status updates.

Not everyone is going to want to spend the time reviewing 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.

## Revise and Update the Strategic Plan as Needed

Although 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 difficult to work into their existing workloads. At a minimum, commit to reviewing the plan and progress twice a year 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 are needed to get things back on track or try a different intervention.

Strategic plans are living documents and should be revised and updated as progress is made, lessons are learned, and new information is acquired. After adopting the strategic plan, the TPHD will need to create annual reports that track progress toward performance goals and objectives identified in the plan. Reports must include how targets are monitored, conclusions on progress, and any revisions or adjustments to the plan, based on work completed. Review all measures for PHAB Standard 5.3 often to ensure the appropriate documentation is collected and each of the requirements is being addressed.

*PHAB requires that the health department 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)*



# Bibliography

Allison, M. J., & Kaye, J. (2007). Strategic Planning for Nonprofit Organizations: A Practical Guide and Workbook. (2nd ed.). John Wiley & Sons Inc.

Bryson, J. M. & Alston, F. K. (2005). Creating and Implementing Your Strategic Plan, a Workbook for Public and Nonprofit Organizations. (2nd ed.) San Francisco, CA: Jossey-Bass Inc. Pub.

Moran, J. & Epstein, P. (2009) Strategic Planning and Community Strategy Mapping for Public Health Systems and Agencies. Retrieved December 15, 2011.

National Association of County and City Health Officials. (n.d.). Guide to Prioritization Techniques. In Accreditation Preparation & Quality Improvement. Retrieved on January 25, 2017 from <http://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf>

Public Health Accreditation Board. (2013). PHAB: Acronyms and Glossary of Terms, Version 1.5. Retrieved from [http://www.phaboard.org/wp-content/uploads/FINAL\\_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf](http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf)

Public Health Accreditation Board. (2013). PHAB: Standards and Measures, Version 1.5. Retrieved from [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)

Public Health Accreditation Board. (2015). PHAB: Guide to National Public Health Department Accreditation, Version 1.5. Retrieved from [http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final\\_LR2.pdf](http://www.phaboard.org/wp-content/uploads/Guide-to-Accreditation-final_LR2.pdf)



**ACTIVITY 1. Assess Readiness for Strategic Planning**

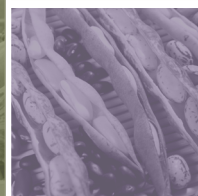
Reflect on Past Experience	• What contributed to planning success in the past?	
	• What contributed to challenges in the process?	
	• How did the THD address the challenges?	
	• What does the ideal planning process look like?	
Current Reality Based on Readiness Assessment Considerations	• What is in place to support a successful planning process?	
	• What is missing that the TPHD needs for successful planning?	
	• How can the TPHD obtain what is missing?	
	• What benefits are expected from the process?	
	• Describe any potential challenges the TPHD might face during the process.	
	• What strategies can be implemented to overcome potential challenges?	





**ACTIVITY 2. Identify Stakeholders and their Role**

STAKEHOLDER	ROLE IN THE PROCESS	ACTION NEEDED AND BY WHEN





ACTIVITY 4. Review Organizational Mandates

Mandate	Formal or Informal?	What is required, allowed, or not permitted?	Are staff aware? How is TPHD honoring this?	What needs to be done? (e.g., include in mission, educate staff, etc.)

ACTIVITY 5. Identify Additional Data and Information Needed

Data and information Needed	Method for Collecting the Data and information	Person(s) Responsible	Timeline	Resources Needed to Complete



**ACTIVITY 6. Develop Organizational Value Statements**

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.
<p>Example: We value the diversity among our staff and within our community.</p>	<ul style="list-style-type: none"> <li>- We actively recruit qualified, diverse board members, staff, and volunteers who represent the community we serve.</li> <li>- We ensure that all materials we provide are linguistically and culturally appropriate for the community we serve.</li> <li>- We respect and learn about the cultural implications that affect health for the community we serve.</li> </ul>





ACTIVITY 7. SWOT Analysis

	SUPPORT the TPHD in achieving its objectives	HINDER the TPHD in achieving its objectives
INTERNAL attributes of the THD	<p>Strengths</p> <ul style="list-style-type: none"> <li></li> </ul>	<p>Weaknesses (Opportunities for Improvement)</p> <ul style="list-style-type: none"> <li></li> </ul>
EXTERNAL attributes of the environment	<p>Opportunities</p> <ul style="list-style-type: none"> <li></li> </ul>	<p>Threats (Challenges)</p> <ul style="list-style-type: none"> <li></li> </ul>