**Strategic Planning and Implementation in a North Carolina Local Health Department:
A Case Study**

By

Patricia Kempton

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Abstract

Objectives: The primary objective of this study is to assess recommendations for initiating and implementing a strategic planning process in one local North Carolina public health agency. Other objectives include identification of the potential benefits of strategic planning to the agency, as well as recognition of the barriers preventing strategic planning and/or implementation of a strategic plan.

Methods: A literature review provided the basis for the discussion of recommended strategic planning processes in public agencies and associated benefits and barriers. A case study methodology was used to assess the strategic planning and implementation process in one local health department that was initiating strategic planning for the first time in accordance with a state accreditation mandate. Data were collected through observation of the strategic planning process and through semi-structured interviews with 15 participants in the agency's strategic planning retreat. Data were coded on the basis of themes and connections among themes.

Results: Findings indicate that implementation of recommended strategic planning processes can result in the development of a strategic plan that agency managers consider to be useful in directing the work of the agency and enhancing the value of that work. Furthermore, the initial plan may stimulate the development of workforce skills that will enhance future planning efforts.

Conclusion: The evidence suggests that an agency that follows the recommended steps for strategic planning and implementation can produce a strategic plan that the agency management feels is appropriate to the needs of the agency. However, the agency will need to employ implementation science to assure the plan is monitored and revised as needed, in accordance with strategic planning best practices. Additional research is required to assess the effectiveness of strategic plans in improving agency performance and community health outcomes.

Keywords: strategic planning, strategic plan implementation, strategic management, local public health

Introduction

Over the past 25 years, a significant body of literature has evolved addressing the benefits of strategic planning in the public sector including recommended steps for strategic planning (Bryson, 2010; Bryson, 2011; Poister, 2010; Poister, Pitts, & Edwards, 2010). Authors assert that the practice of strategic planning and implementation is "ubiquitous" in the public sector (Bryson, 2010, p. S255; Poister, 2010, p. S246). Perhaps because public sector strategic planning and implementation has become more common, none of the authors reviewed has specifically addressed the barriers to public sector strategic planning since the late 1980's (Bryson & Roering, 1988; Denhardt, 1985; Halachmi, 1986). Furthermore, there is a void in the literature surrounding what has motivated local public health agencies to adopt strategic planning, how they implement their plans, and what the short- and long-term outcomes are with regard to improving organizational performance and community health outcomes.

Many local public health agencies have limited or no experience with strategic planning and implementation. The National Association of County and City Health Officials (NACCHO) *2010 Profile of Local Health Departments* indicates that 40% of local public health agencies surveyed reported ever having developed a strategic plan; of the agencies surveyed 31% reported having developed a strategic plan within the past five years (NACCHO, 2011). NACCHO's report does not describe whether the 9% of agencies that reported having developed strategic plans five or more years in the past have been updating those plans (NACCHO, 2011). Neither does NACCHO's report address the fidelity of these agencies' processes to the common components of strategic planning found in the literature (NACCHO, 2011). An additional 14% of local public health agencies surveyed reported an intention to develop a strategic plan within the next year (NACCHO, 2011). These data suggest that, while there is momentum toward implementing strategic planning in local public health agencies, there is more work to be done in

honing agencies' strategic planning and implementation skills.

This paper examines recommended strategic planning and implementation steps proposed in the literature and their associated benefits and barriers, then assesses how these recommended strategic planning and implementation steps were applied in one local public health agency. Observation and structured interviews with strategic planning process participants in one North Carolina Local Health Department provided information with which to assess the strategic planning and implementation steps as applied in that Local Health Department. While not broadly generalizable, the results of this case study point to broader issues, namely how local public health agencies may benefit from strategic planning, what potential barriers to strategic planning and implementation exist, and the importance of leadership at various organizational levels in overcoming potential barriers.

Literature Review: Implementation of Strategic Planning in Public Agencies

Strategic planning is "a deliberative, disciplined approach to producing fundamental decisions and actions that shape and guide what an organization (or other entity) is, what it does, and why" (Bryson, 2011, Kindle Locations 756-757). The ultimate purpose of strategic planning for public agencies is to enhance the organization's ability to efficiently and effectively advance the public good (Bryson, 2011; Bryson & Roering, 1987; Poister, 2010). Efficiency refers to the optimal use of an agency's resources in conducting the agency's work, and effectiveness implies the ability of the agency to achieve its goals (Poister, 2010).

Although public sector strategic planning has become an increasingly common practice, the public sector was slower to adopt strategic planning than the private sector (Bryson, 2011; Poister, 2010; Poister et al., 2010). Robert Denhardt (1985) described two fundamental concerns that initially produced resistance to strategic planning efforts in the public sector: fear that

planning would lead to excessive government involvement in the lives of private individuals, and suspicion that government planning efforts were focused on perpetuating agencies' existence rather than benefitting the public. Though concerns about an extensive and intrusive bureaucracy persist as rallying issues for some political groups today, these concerns have not appreciably hampered public sector strategic planning efforts in the last two decades (Bryson, 2010; Bryson, 2011; Poister, 2010; Poister et al., 2010; Tea Party Platform, 2011).

Public agencies differ from private businesses in terms of their rationale for strategic planning. Most private businesses strategically plan to assure greater profits and long-term competitive viability, whereas public agencies strategically plan to assure public welfare (Bryson, 2011; Poister et al., 2010). Public and private strategic planning approaches differ with regard to the focus of the planning effort, with public efforts focused on enhancing a community rather than an individual entity, and with regard to which parts of the process are emphasized (Bryson & Roering, 1987).

There is consensus in the literature reviewed about the basic steps of the strategic planning process for public organizations (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Strieb, 1992). These basic steps include:

- initial agreement about the need for, commitment to, and plan for a strategic planning process;
- identifying and clarifying organizational mandates;
- developing or clarifying organizational mission and values;
- assessing threats (or challenges) and opportunities posed by the environment within which the organization operates;

- assessing the organization's internal strengths and weaknesses;

- identifying and prioritizing strategic issues;

- developing strategies to address the strategic issues, including strategic goals and objectives;

- considering the organization's vision; and

- developing and implementing action plans to achieve the goals and objectives

(Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992).

In response to increased interest among local health departments across the United States in strategic planning, the National Association of County and City Health Officials (NACCHO) published *Developing a Local Health Department Strategic Plan: A How-To Guide* (hereafter referred to as *The Guide*), making it widely available via the NACCHO website early in 2012. *The Guide* outlines a comprehensive program in seven modules to assist LHDs in navigating the strategic planning and implementation process (NACCHO, 2010). The strategic planning process steps outlined in *The Guide* include all the steps recommended in the literature, with detailed suggestions about how to complete each step.

The first step in the strategic planning process includes developing agreement about the need for planning, assessing the organizational commitment to the planning process, and developing a plan for planning (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010). A public organization may voluntarily engage strategic planning, having recognized a need to systematically address challenges the organization faces. In some cases, however, a public organization may engage strategic planning process to fulfill a mandate, as was the case for the local health department mandate for accreditation described in this case

study. Whatever the motivation for initiating strategic planning in a public agency, some person or persons who believe in the benefits of strategic planning will be required to take the point in order for the process to move forward ; these people have been called "process champions" (Bryson, 2011; Bryson & Roering, 1988). Process champions are typically leaders in the organization, but they may be team or unit leaders rather than the top agency leader (Bryson, 2011; Bryson & Roering, 1988). NACCHO (2010) recommends that one process champion be identified among members of the governing body.

Additionally, the strategic planning process will require the commitment of organizational "sponsors," leaders with the authority to make decisions for the organization and the ability to legitimize the planning process by virtue of their involvement and endorsement, to support the process (Bryson, 2011; Bryson & Roering, 1988). Process sponsors must not necessarily be individuals at the top of the organizational hierarchy, but they must be able to influence the organization's key decision makers and the top agency leader (Bryson, 2011; Bryson & Roering, 1988). Process champions and process sponsors may either be the same individual or group of individuals or they may be different individuals (Bryson, 2011; Bryson & Roering, 1988).

Process champions and sponsors have the role of performing an assessment of the readiness of the organization to engage in strategic planning (Bryson, 2011). A readiness assessment includes a review of the organization's resources, benefits of strategic planning, barriers to strategic planning, and consideration of how to manage the direct and indirect costs associated with strategic planning (Bryson, 2011; NACCHO, 2010).   Since budget restrictions and resource scarcity may limit the organization's capacity for planning, presenting potential barriers to the planning effort, these issues must be addressed before a strategic planning process is initiated (Denhardt, 1985; Halachmi, 1986).

Once a decision is made to move forward with a strategic planning process, there must be agreement among process champions, sponsors, and top agency leaders about the role and function of members of the strategic planning committee, the resources that will be committed to the strategic planning effort, the steps in the strategic planning process, and the timing of individual steps and the planning effort as a whole (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010). Since many public agencies lack expertise in planning, several authors recommend obtaining a consultant with expertise in public sector planning activities to facilitate the strategic planning process (Bryson, 2011; Denhardt, 1985; NACCHO, 2010). Should planning expertise exist within the organization, NACCHO (2010) suggests that the facilitator may be designated from within the organization, provided the facilitator is skilled in facilitation and can be objective.

The second step in the strategic planning process involves identifying and clarifying the organizational mandates, or those things the organization must do (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; NACCHO, 2010). The third step involves developing and clarifying the organization's mission, or what it does and why it does it, and values, or the fundamental beliefs that guide the organization (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992).

A necessary prerequisite for clarifying organizational mandates and mission is a stakeholder analysis, which should identify all parties with an interest in the organization and its performance, ascertain what the stakeholders' criteria are for judging the organization's performance, and make an assessment of how well the organization is performing against the stakeholders' criteria (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010). External stakeholders in local public health agencies include but are not

limited to community residents, taxpayers, area healthcare providers, municipal governments and agencies, schools, businesses, religious groups, state and federal health agencies, community organizations, the media, business associates and those who contract with the agency, and patients. Internal stakeholders in local public health agencies include the governing body, leaders, and employees of the agency.

A stakeholder analysis provides the public health agency with the opportunity to invite external stakeholders to participate in the agency's strategic planning efforts.   Involving external stakeholders in a public health agency's strategic planning process can enhance public understanding of the agency's mission and foster public support for the agency and its strategic agenda, lending legitimacy to the organization (Bryson, 2011; Denhardt, 1985; Poister & Strieb, 1999; Scutchfield, Ireson, & Hall, 2004). Public participation by stakeholders in identifying the problems the agency should address is particularly important for agencies focused on improving the community's health (Bryson, 2011; Denhardt, 1985; Schutchfield et al., 2004). Furthermore, ensuring stakeholder input in the development and evaluation of public health policies, programs, and priorities is fundamental to the ethical practice of public health (Public Health Leadership Society, 2004).

The potential challenges associated with stakeholder involvement in the strategic planning process may pose another barrier to the strategic planning process. Specifically, diverse stakeholders may have conflicting opinions regarding the organization's mission, strategic issues, and strategic goals (Halachmi, 1986). Several leadership skills will be required to manage these divergent opinions and help stakeholders to define a common purpose. A leader must be able to imagine possibilities for the future, collaborate with stakeholders to ensure that these visions resonate with stakeholders, and define a common purpose that all the stakeholders

will support (Kouzes & Posner, 2007a). A leader who lacks the ability to collaboratively imagine future possibilities with stakeholders may limit the organization's potential by failing to identify future alternatives that will inspire commitment and create public value (Bryson, 2011; Kouzes & Posner, 2007a).

The fourth step in the strategic planning process involves assessing the external environment in which the agency operates, including political, economic, social, cultural, and technological trends or events that may represent threats or opportunities for the organization (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992). Effective strategies capitalize on opportunities and diminish threats (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; NACCHO, 2010).

We live in a complex and interconnected world; change in any aspect of a public organization's environment will have significant ramifications for the organization (Bryson, 2011). Social-demographic changes, economic changes, technological changes, political-regulatory changes, and physical-environmental changes, can alter a public agency's program responsibilities and resource requirements, fundamentally impacting the agency's ability to carry out its mission (Bryson, 2011, Bryson & Roering, 1988; Ginter, Duncan & Capper, 1991; Poister & Streib, 1999). Through external environmental analysis, strategic planning can promote strategic thinking, envisioning how to carry out the organizational mission and achieve organizational goals in the context of an unstable environment (Bryson, 2010; Bryson, 2011; Poister, 2010). For instance, the recent recession and associated loss of jobs left many Americans uninsured. As a result, some local public health agencies have experienced an increased demand for services. Next year, as additional provisions of the Affordable Care Act become effective, local public health agencies may need to dramatically alter their mix of

services, which would have a significant impact on health department clients, staff, and area healthcare providers. Strategic thinking that considers the potential impact of environmental changes such as these can help promote strategic decision-making, positioning the agency to enhance community health in a changing environment (Bryson, 2010; Bryson, 2011). Cultivating strategic thinking and decision-making among agency leaders is a potential benefit of the strategic planning process (Bryson, 2010; Bryson, 2011; Poister & Streib, 2005).

The fifth step in the strategic planning process involves assessing the organization's internal environment, identifying organizational strengths and weaknesses by analyzing organizational inputs, processes, and outputs (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992). In a public health agency, inputs would include facilities, supplies, and human resources such as sanitarians (Bryson, 2011). Processes are the set of activities the agency performs and the sequence in which those activities are performed. A public health agency's processes would include the training of public health staff, the education of restaurant staff, the restaurant inspection guidelines and procedures, the paperwork associated with a restaurant inspection, and the corrective action plans for deficiencies. Outputs are the specific services the agency provides, such as the number of restaurants inspected. Outcomes are the results of the agency's activities. For the preceding example, short term outcomes would include the number of restaurants passing inspections, and long term outcomes would include the change in the rate of foodborne diseases associated with more restaurants passing inspections.

Internal environmental assessment presents another potential barrier to strategic planning. Government agency managers may be reluctant to identify organizational weaknesses, such as the absence of critical public health competencies in the workforce, concerned that identifying

agency weakness may be politically detrimental (Halachmi, 1986). Skilled leaders may overcome this barrier by reframing the identification of weaknesses as an opportunity for improvement, empowering managers and staff to collaboratively establish strategies that mitigate the identified weaknesses (Kouzes & Posner, 2007b). Budgeting resources to develop a skilled workforce is an example of such a strategy.

The internal and external environmental assessments are collectively referred to as a strengths/ weaknesses/opportunities/threats or challenges (SWOT/C) analysis (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; NACCHO, 2010). Steps one through five lay the groundwork for the sixth step, the identification of strategic issues or fundamental policy questions or challenges that affect the organization's mandates, mission, values, structure, services, resources, or management (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992). Strategic issues may be framed as questions that the organization can address, identifying why the issues are important and what the consequences of failing to address the issues would be (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987). The strategic issue list may need to be narrowed through prioritization of the issues, depending on the number of issues and the amount of available resources (NACCHO, 2010).

The seventh and eighth steps of the process involve developing strategies to address the identified strategic issues and considering the organization's vision of what it wants to achieve in the future (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005). Developing the vision for the organization may happen before, during, or after strategy development (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1988; Denhardt, 1985); however, top agency leaders must successfully communicate the shared vision

to local policy makers to ensure that the policies they enact align with and support the strategic vision (Streib, 1992). This requires the top agency leader to negotiate the political environment, establishing partnerships, identifying opponents and working closely with them to develop understanding of their positions, and working to win the support of those external and internal stakeholders who are uncommitted to the strategic vision and goals (Heifetz & Linsky, 2002).

The literature describes a variety of methods used by public agencies to complete the ninth and final step in the strategic planning process, implementing the strategic plan (Bryson, 2010; Bryson, 2011; NACCHO, 2010; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999; Poister & Streib, 2005). Approaches to implementation include developing operational unit business plans that align with the strategic plan, linking performance management measures including employee performance appraisals to strategic priorities, linking budget processes to strategic priorities, and communicating the implementation strategy to all stakeholders to foster ongoing support for the agency (Bryson, 2010; Bryson, 2011; NACCHO, 2010; Poister, 2010; Poister et al., 2010; Poister & Strieb, 1999; Poister & Streib, 2005).

Implementing and evaluating the strategic plan will stimulate ongoing strategic management. "Strategic management is the reasonable integration of strategic planning and implementation across an organization (or other entity) in an ongoing way to enhance the fulfillment of mission, meeting of mandates, continuous learning, and sustained creation of public value" (Bryson, 2011, Kindle Locations 1159-1161). Strategic management assures strategic objectives and outcomes are monitored, and that strategic goals are revised as needed (Bryson, 2010; Bryson, 2011; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999; Poister & Streib, 2005). Strategic management aligns all organizational management processes with the strategic priorities identified in the strategic plan using the approaches previously described (Bryson,

2010; Bryson, 2011; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999; Poister & Streib, 2005). Strategic management helps ensure that the agency adapts productively to changes in its environment to effectively fulfill its mandates and mission and enhance public value (Bryson, 2010; Bryson, 2011; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999; Poister & Streib, 2005).

Strategic management must be built; the organization must implement design features that permit continuous evaluation of strategies to assure the strategies are enhancing the operation of the organization (Bryson, 2011). Some design features of strategic management include: assigning responsibility for implementing strategies to specific individuals or units; developing the workforce to enhance skills needed to implement strategies; tracking progress on strategies by monitoring appropriate performance measures; aligning operational unit budgets throughout the organization with the strategic priorities; and continuously monitoring the organization's place within the environment, adjusting strategies as necessary to ensure strategies meet the identified needs (Bryson, 2010; Bryson, 2011; Poister, 2010; Poister & Streib, 1999; Poister & Streib, 2005). The role of the agency's top leader in strategic management is to communicate expectations for participation in strategic efforts to the agency's employees and to build teams and relationships that will facilitate continuous, effective implementation of the strategic plan (Poister et al., 2010; Poister & Streib, 1999).

When strategic thinking and management are stimulated by successful strategic planning and implementation efforts, they have multiple benefits for internal and external stakeholders, as well as the community at large (Bryson, 2010; Bryson, 2011). An organization that recognizes environmental challenges that cut across entire social systems may be inspired to reach out to partners in the community to problem-solve collaboratively, building human and social capital

(Bryson, 2011). Furthermore, individuals involved in successful strategic planning and implementation efforts may enjoy heightened morale resulting from achieving goals and objectives that advance the organization's mission (Bryson, 2010; Bryson, 2011).

One final barrier to strategic planning and implementation that must be considered is inherent individual and organizational resistance to change (Yuki, 2005). Resistance to change may discourage efforts to initiate strategic planning and implementation processes that are specifically designed to produce change (Bryson 2010; Bryson, 2011; Bryson & Roering, 1988). Strong leadership skills are required to overcome this resistance and guide organizational change (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1988; Strieb, 1992). Effective leaders are able to create a sense of urgency about the need for change, to communicate a vision that guides the change, to build coalitions to support and implement the change, and to empower these coalitions to act (Kotter, 1995; Yuki, 2005). Effective leaders help organizations celebrate successes that arise from change and leverage learning from failures while demonstrating continued commitment to change processes (Kotter, 1995; Yuki, 2005). Failure to lead by guiding changes that could help the organization realize its strategic goals may result in what Robert Quinn (1996) described as "slow death" for the organization. In "slow death," inertia leads to obsolescence (Quinn, 1996). Thus, effective leaders can help organizations implement their strategic plans, enabling organizations to effect real and important changes (Bryson, 2011). Through strategic management, effective leaders can ensure their organizations' relevance in the context of changing environments.

Local Health Department Case Study

According to North Carolina state law, counties are responsible for providing or assuring specific essential and mandated public health services, including health support services,

environmental health services, personal health services, and public health preparedness services (Moore & Berner, 2012). However, counties have flexibility with regard to how public health services will be organized and what services will be provided, resulting in wide variety among the public health services provided by each county (Moore & Berner, 2012). Among the 100 counties in the state, local public health agencies are organized under five general types that differ with regard to governance structure, budget and finance, personnel policies, and services (Moore & Berner, 2012). Each North Carolina local public health agency may offer a different mix of direct services, services that the agency assures through contracts with other entities in the county, or services that the agency certifies are available from other providers in the county; services may include primary care and animal control services, in addition to other mandated personal and environmental health services (Moore & Berner, 2012).

Legislation passed by the North Carolina General Assembly in October 2005 and administrative rules subsequently adopted mandate that all North Carolina local public health agencies be accredited by 2014 (North Carolina Institute of Public Health [NCIPH], 2007). The accreditation process requires local public health agencies to complete 148 activities tied to 41 benchmarks reflective of the ten essential services of public health (NCIPH, 2007). The purpose of accreditation is to assure the capacity of local health departments to perform the public health core functions of assessment, assurance, and policy development (NCIPH, 2007). Accreditation benchmark 15, activity 15.1, necessitates that each local health department develop a strategic plan (North Carolina Administrative Code, 2006, 10A NCAC 48B .0602). Once accredited, the agency must demonstrate evidence that the plan is reviewed and updated each year during the four year cycle between reaccreditation visits.

Although some North Carolina local public health agencies may have initiated strategic

planning efforts before accreditation requirements were adopted, by 2014, all North Carolina local public health agencies must have completed a strategic planning process and developed a written strategic plan for the agency.   Historically, mandates from strong, centralized authorities have positively influenced adoption of strategic planning processes (Poister et al., 2010). NACCHO's 2010 survey found that local public health agencies serving larger populations were more likely to have developed strategic plans than their counterparts serving smaller populations; 43% of agencies serving populations of 500,000 or more had developed strategic plans in the past three years, whereas only 18% of agencies serving populations of 50,000 or less had developed strategic plans in the past three years (NACCHO, 2011). This suggests that larger agencies are more likely to engage in strategic planning and implementation efforts, perhaps because they have greater resources at their disposal and more stakeholders with claims on the organization, providing greater motivation to plan strategically. July 2011 population estimates indicate that only two North Carolina counties have populations exceeding 500,000, while 47 North Carolina counties have populations of 50,000 or less (North Carolina Office of State Budget and Management, 2012). The lack of a centralized mandate for strategic planning in North Carolina's decentralized system of public health, combined with limited size and resources of most North Carolina local public health agencies, may explain the relative lack of strategic planning in North Carolina local public health agencies prior to the adoption of accreditation requirements.

During the past two decades, only a few large-sample studies have evaluated the effectiveness of strategic planning efforts in public agencies (Bryson, 2010; Poister et al., 2010). Moore and Berner (2012) conducted a study comparing agency type and governance structure among North Carolina public health agencies. They found that variation in agency type and governance

structure does not appear to explain variation in performance on service delivery outputs or community health outcomes (Moore & Berner, 2012). Neither Moore and Berner's work (2012), nor anything in the literature seems to correlate local public agency type and governance structure with successful strategic planning and management.

The County Health Department studied is centrally located in North Carolina and serves a population of approximately 88,000. The Health Department is governed by a Board of Health (BOH). The Health Department offers family planning services, maternal health services, breast and cervical cancer screening, immunizations, sexually transmitted disease testing and treatment, tuberculosis testing and treatment, communicable disease control, physical examinations for school, employment, and foreign travel, and Women Infants and Children (WIC) services. Two health educators coordinate health promotion activities, community health assessments, accreditation activities, and dissemination of information to the public. The Health Department also operates an Environmental Health division and an Animal Control division. The Health Department provides no general adult or pediatric primary care services, having assured service availability in the community through partnerships with local medical practices, including a Free Clinic. In 2012, the North Carolina State Center for Health Statistics (NCSCHS) identified four counties as "peer counties," similar to the County studied based on population size, population density, percent of residents living below the poverty level, percent of residents under 18 years of age, and percent of residents 65 years of age and older. Unlike the Health Department studied, all four peer counties' health departments provide adult primary care services and child health services, two provide dental services, and one provides home health (NCSCHS, 2012). The Health Department's initial accreditation site visit is scheduled for spring 2014.

Methods

Articles and books identified through keyword searches of strategic planning, strategic plan implementation, and strategic management in combination with the terms government, public agency, and public sector provided the basis for the preceding literature review. A case study was selected to examine the question of how recommended strategic planning and implementation processes may be applied to assist a public agency to develop a strategic plan. Case studies can be effective tools to examine questions such as this, questions of "why" and "how" with regard to complex phenomena (University of Texas, 1997). The elements of case study research include defining the research question, selecting the case(s) and determining data gathering and analysis techniques, collecting the data, analyzing the data, and preparing the report (University of Texas, 1997).

The author's observations of the strategic planning process in one North Carolina Health Department, a convenience sample, provided the basis for the description of the strategic planning process in that Health Department. Interviews with 15 participants in the strategic planning retreat were used to gather information about the perceived purpose and benefits of strategic planning for local public health agencies in general, how well the process the Health Department followed matched the strategic planning process recommended in the literature, and whether the participants believed that the plan could be implemented effectively as written. Another question was designed to assess participants' comfort with change, as the literature identified resistance to change as a potential barrier to strategic planning and implementation. The author's personal observations were analyzed in combination with common themes identified among participants' responses to interview questions. Selection and information biases create potential problems for internal and external validity of this study.

The County Health Department's Strategic Planning Process

 The North Carolina accreditation requirement for public health departments to develop and implement a strategic plan motivated the Health Department's strategic planning efforts. While the agency's leadership may have previously recognized the potential benefits of strategic planning, concerns about the demand strategic planning efforts might place on strained agency resources made engaging a strategic planning process unlikely in the absence of the accreditation mandate.   In light of the accreditation mandate, the agency's top leader acknowledged the need for strategic planning and agreed to commit the necessary resources to the planning process. The Health Department initiated its strategic planning process in early May, 2012, using *The Guide* to help direct the process. Downloadable worksheets, included with *The Guide* helped organize the Health Department's work throughout the strategic planning process (see selected worksheets in Appendix A).

 Two members of the Accreditation Team functioned as process champions and developed a plan for planning (step one in the recommended strategic planning process). The process champions proposed assembling a Strategic Management Team (SMT) comprised of Health Department senior and mid-level management representing all areas of the Health Department. The SMT would meet for a two day retreat in early August to write the strategic plan. All members of the BOH would be invited to participate in the retreat. The intervening time would provide the opportunity to review existing data and gather any additional necessary data. The process champions suggested that the Health Department contact the North Carolina Institute of Public Health to obtain a facilitator who could guide the development of the strategic plan. The agency's top leader functioned as the process sponsor and approved the champions' plan. The Accreditation Team unanimously approved the plan for planning (Appendix A, Worksheet 4).

A preliminary data review conducted by the process champions as they developed their plan for planning identified existing data, including the 2011 State of the County's Health (SOTCH) report, the 2011 Annual Report, the 2009 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and the 2012 Robert Wood Johnson Foundation County Health Rankings (Appendix A, Worksheet 10). Data that would be available for analysis by mid-July included the results of a Customer Satisfaction Survey and Community Opinion Survey that were currently in progress. Additional data that needed to be collected included a legislative scan, a financial analysis, and an Employee Values Survey (Appendix A, Worksheet 10). Existing and additional data were gathered, and a packet including all the data was distributed to the SMT and the BOH on July 25 (Appendix A, Worksheet 11). The goal of the two-day retreat was to develop a three-year strategic plan that would identify growth areas for the organization, considering both community health needs and organizational needs.

The Health Department's Strategic Planning Retreat was held on August 3 and 4, 2012. Activities during the first day of the retreat included conducting a stakeholder analysis (part of step one in the recommended process), discussing the mission statement and developing vision and values statements (steps three and eight in the recommended process), and conducting a SWOT analysis (steps four and five in the recommended process). The SWOT analysis demonstrated that the many legislative and political uncertainties the Health Department would face in the next one to three years could manifest as opportunities or threats. The group agreed that preparation to seize the opportunities and mitigate the threats would be the key to the Health Department's ability to fulfill essential public health functions in the future. Strategic issues were identified before the group adjourned at the end of the first day (step six in the recommended process), emerging organically from the discussion of stakeholders' interests and

the SWOT analysis.

On the second day of the retreat, the facilitator reviewed the work of the previous day, then led the SMT in the process of narrowing the strategic issues, identifying strategic priorities (step six in the recommended process), and identifying goals and objectives associated with each priority (step seven in the recommended process). By the end of the retreat, the SMT had a template for the strategic plan, which was refined during additional meetings of the SMT later in August. The retreat concluded with a brief discussion about implementation (step nine in the recommended process); all the members of the SMT acknowledged the importance of finalizing the plan and beginning the work of implementation.

In the three weeks that followed the strategic planning retreat, the SMT finalized the Health Department's 2012-2015 Strategic Plan working document (Appendix B). Four strategic priorities were identified, including strengthening internal workforce development, enhancing public awareness of Health Department services and successes through improved communication, developing a department quality improvement plan, and developing initiatives to address the obesity epidemic (Appendix B). Specific objectives and desired outcomes were defined for each priority. Activities necessary to achieve each desired outcome were identified, and responsibility for those activities was assigned (Appendix B). The SMT agreed that implementation would require incorporating strategic objectives into the annual goals for all staff members as part of the employee performance evaluation process. The SMT further agreed to make strategic planning a recurrent agenda item on the monthly Management Team meeting agenda and to post a strategic plan summary and quarterly progress reports to the agency's website to ensure the plan would be regularly revisited and revised as needed. Annual reviews, perhaps utilizing the retreat format, are planned.

Assessment of the Process

In planning for the strategic plan, the Health Department followed some but not all of the process steps described in the literature (Table 1). Based on the author's observations, the Health Department omitted a readiness assessment. The readiness assessment may have been neglected because, regardless of the benefits, barriers, and costs associated with strategic planning, the Health Department had to develop a strategic plan to comply with accreditation requirements. Potential ramifications of the failure to conduct a readiness assessment include suboptimal comprehension of the benefits of strategic planning by the SMT and decreased commitment to the process. However, interviews conducted with the SMT reflected that, even in the absence of a readiness assessment, all the participants recognized some benefits of strategic planning. The benefit most frequently identified in the interviews was providing focus and direction for the agency that would enhance the agency's ability to identify and address community health needs.

Another potential problem identified by the author's observation was delaying the stakeholder analysis until the retreat, rather than conducting a stakeholder analysis when developing the plan for planning. Consequently, the SMT eliminated the opportunity to include external stakeholders directly in the strategic planning process. The only vehicles for external stakeholders' voices in the Health Department's strategic planning process were the Community Opinion Survey, the Customer Satisfaction Survey, and a three-year old Community Health Assessment (CHA). Greater emphasis on the most recent State of the County's Health (SOTCH) report and/or involving external stakeholders directly in the planning process would have improved the process. As a result of not engaging external stakeholders directly in the strategic planning process, the SMT made some critical assumptions about stakeholders' interests and

Table 1

Strategic Planning & Implementation Process Steps		
<u>Steps Recommended in the Strategic Planning Literature</u>	<u>Steps in the Health Department's Process</u>	<u>Analysis of the Health Department's Process</u>
1. Agree to the Need for and Commitment to a Planning Process and Develop a Plan for Planning[1] • conduct a readiness assessment[2] • decide upon membership of strategic planning committee[1] • decide on process steps, including data-gathering[1] • decide on timing of planning process[1] • consider utilizing a facilitator[3] • identify/define stakeholders and determine their level of engagement in the process[1]	Plan for Planning • membership of strategic planning/management team determined • process steps determined • data gathered • timing determined • facilitator secured	Omissions: • readiness assessment • identify/define stakeholders and determine their level of engagement in the process, resulting in limited internal and no external stakeholder involvement (delayed until the retreat)
2. Identify and Clarify Organizational Mandates[4]		No specific discussion of formal and informal organizational mandates occurred.
3. Develop or Clarify the Organization's Mission and Values[5]	Mission Clarified, Values Statement Developed	Completed
4. Assess the External Environment, Identifying Opportunities and Threats/Challenges[5]	External Environmental Opportunities and Threats/Challenges Identified	Completed
5. Assess the Internal Environment, Identifying Strengths and Weaknesses[5]	Internal Strengths and Weaknesses Identified	Completed
6. Identify and Prioritize Strategic Issues[5]	Strategic Issues Identified and Prioritized	Completed
7. Develop Strategies to Address the Strategic Issues[5]	Strategic Objectives/Action Plans Developed	Completed
8. Consider the Organization's Vision[6]	Vision Defined	Completed with Values/Mission
9. Implement the Strategic Plan[7] • align operational plans with the strategic plan • link performance management measures to strategic priorities • link budget processes to strategic priorities • communicate the implementation strategy to all stakeholders • revise and update the plan as needed	Plan for Implementation	In Process • incorporated Strategic Planning as a regular item on the monthly Management Team meeting agenda • plan to include objectives in unit/employee work plans as appropriate • results communicated via website

1. Bryson, 1988, 2011; Bryson & Roering, 1987; Denhardt, 1985, NACCHO, 2010
2. Bryson 2011, NACCHO, 2010
3. Bryson, 2011; Denhardt, 1985; NACCHO, 2010
4. Bryson, 1988, 2011; Bryson & Roering, 1987; NACCHO, 2010
5. Bryson, 1988, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005; Streib, 1992
6. Bryson, 1988, 2011; Bryson & Roering, 1987; Denhardt, 1985; NACCHO, 2010; Poister & Streib, 2005
7. Bryson, 2010, 2011; NACCHO, 2010; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999, 2005

organizational mandates. If inaccurate, these assumptions may have misdirected the selection of strategic issues and priorities. In order to ensure that the Health Department's strategic priorities accurately reflect stakeholders' interests, agency leaders could invite stakeholders to specially convened public meetings to discuss the agency's vision and strategic plan. Stakeholder input regarding strategic issues and priorities could then be incorporated as the plan is revised.

Although all eleven BOH members were invited by the process sponsor, the agency's top leader, to participate in the planning process, only one BOH member was available to participate on the second day of the retreat. Several BOH members communicated that they had prior commitments and would be unable to attend the strategic planning retreat. As an internal stakeholder group and the governing body of the Health Department, responsible for adopting rules to protect and promote the public's health within the county, the BOH's involvement in identifying strategic issues and priorities is desirable (Bryson, 2011; NACCHO, 2010). To encourage greater BOH participation in the strategic planning process, the process champions, those individuals pressing to move the strategic planning process forward, and the process sponsor, the top agency leader with the authority to make decisions for the agency, should have rescheduled the planning retreat at a time that was convenient to more BOH members.

During interviews with the SMT, several members expressed concern that all the team members may not have reviewed the data packets provided in advance of the planning retreat. Failure to thoroughly review and comprehend the data may have weakened the SWOT analysis, resulting in mischaracterization of the organization's strengths and weaknesses and environmental opportunities and threats. Because the SWOT analysis drives the development of effective strategies that build on strengths and opportunities while mitigating weaknesses and threats, this failure may have compromised the effectiveness of the strategies the SMT selected

to achieve their objectives. Failure to review and comprehend the data may suggest an area for improvement, namely staff training and development geared toward honing data analysis skills. The SMT did identify workforce development as a strategic priority, including financial management training as a specific goal for management staff (Appendix B). Future plan revisions may incorporate special SMT sessions specifically designated for reviewing the data. Alternatively, the SMT may utilize some of the time dedicated to strategic planning during the monthly Management Team meetings for data review and analysis. Periodic review of data in the context of the strategic plan will enable the SMT to realign strategic priorities, goals, and objectives in response to changes in resources, needs, and challenges in the community. Treating the strategic plan as an evolving document will help promote strategic management.

SMT members were asked to assess, on a scale of one to five, how completely the Health Department addressed each step in the planning process, with one representing "did not complete this step" and five representing "completed this step." "Planning for Implementation" was used as a substitute for "Implement the Strategic Plan" since insufficient time had passed to assess the Health Department's implementation of the plan. Two steps in the process received an average score of less than four. The steps the SMT felt were less than fully completed included clarification of mandates and planning for implementation. No formal clarification of mandates was completed during the strategic planning process. Failure to clarify the organization's formal and informal mandates may have resulted in misguided strategic issue identification and prioritization. Discussion of formal and informal mandates should be included in stakeholder meetings to review the plan, as well as in future SMT meetings.

A potential barrier to strategic planning and implementation identified in the literature is fundamental resistance to change (Bryson 2010; Bryson, 2011; Bryson & Roering, 1988). The

cumulative response to an interview question designed to assess participants' comfort level with change indicated that most respondents believe change is inevitable, and therefore their comfort level with change has necessarily increased over time. Respondents indicated that their comfort level with the current changes in the Health Department was improved through the strategic planning process, primarily by identifying challenges facing the organization and working cooperatively to develop strategies to address those challenges. Additional interview questions elicited participants' concerns about implementation. Specific concerns expressed included limited resources to devote to implementing the strategic initiatives, inadequate representation and participation by front-line staff in the process that may result in lack of staff commitment to the strategic plan, and lack of initiative by senior leadership to communicate the vision broadly and push for executing the plan. Based on the respondents' comfort with change and their support of the strategic plan as a way to enhance the agency's work, there may be leaders throughout the organization who will help implement the plan and ensure the agency's success with strategic management.

The SMT's plan for implementation does not call for linking budget processes to the strategic priorities as recommended ((Bryson, 2010; Bryson, 2011; NACCHO, 2010; Poister, 2010; Poister et al., 2010; Poister & Streib, 1999; Poister & Streib, 2005). This raises the question of whether implementation will succeed in promoting strategic management throughout the organization. Perhaps strategic activities designed to increase knowledge of budgeting and financial analysis among agency managers and to develop quality improvement processes will provide the basis for alignment of strategic priorities with the budget and enhanced performance management in the future. The organization's ability to implement strategic management may determine its fate in the future; as public support of the organization becomes increasingly vital

to organizational funding, the organization must demonstrate that it is responsive to the needs the community identifies.

Recommendations for other North Carolina Health Departments

1. Conduct a readiness assessment and stakeholder analysis when developing the plan for strategic planning. Failure to do so may result in an abandoned planning process or development of a plan that inaccurately assesses and addresses strategic issues and priorities. Given that the direct and indirect costs an agency may incur in the process of developing and implementing a strategic plan could be substantial, planning is crucial to ensure that the result of the effort enhances the organization's effectiveness and public value. North Carolina's accreditation requirements demand inclusion of community members, consumers, and client advocates in agency program planning. Therefore, among North Carolina public health agencies, there are multiple vehicles for stakeholders' input throughout the strategic planning process.

2. Consider using *The Guide* to organize your agency's strategic planning work, ensuring all the recommended steps have been addressed. There is a significant body of literature about strategic planning. NACCHO distills the literature in a concise "how to" guide. In the estimation of the Health Department's two process champions and the facilitator, *The Guide* is easy to follow, walking the reader through the strategic planning steps recommended in the literature, with explanations of how to complete each step. *The Guide* provides a flexible manual that novice strategic planners can tailor to their needs as they embark on initial strategic planning efforts within their organization. The Health Department relied heavily upon *The Guide* to help organize the agency's planning efforts, though the steps were not followed in as much detail or to the degree suggested by NACCHO.

3. Consider using an outside facilitator. A skilled, objective facilitator can be extremely

helpful in guiding an organization through the strategic planning process (Denhardt, 1985; NACCHO, 2010). An objective facilitator helps ensure that everyone involved in the process has a voice and that all voices are heard. Furthermore, a skilled facilitator can help maintain the group's focus and assure that the work is accomplished in a timely fashion. SMT members agreed that using a skilled, objective facilitator maximized the group's productive effort in the time available for strategic planning.

4. Identify process champions and a process sponsor, and secure buy-in of the top agency leader, if that person is not functioning as the process sponsor. Support of the top agency leader is required at crucial junctures in the planning process and throughout implementation. The Health Department had two motivated process champions, individuals who advocated strongly for engaging the strategic planning and implementation process. In this case, the process sponsor was the top agency leader, the individual who possessed the authority to make decisions for the organization and who could lend legitimacy to the process through involvement in the process. The top agency leader approved decisions at critical times and participated in the planning retreat, vocalizing support for the endeavor. When leaders are strongly supportive of the strategic planning process, the process is more successful in developing a strategic plan (Bryson, 1988; Bryson, 2011; Bryson & Roering, 1988; Poister et al., 2010).

In the Health Department's experience, having process champions to push the process forward with the approval of the sponsor, the top agency leader, at critical junctures was sufficient to accomplish the task of developing a strategic plan. Although the process champions will continue to advocate for implementation and frequent review of the plan, several members of the SMT expressed concern that increased involvement of the top agency leader will be required to fully implement the plan. In the future, identifying leadership training

opportunities as part of the workforce development plan may introduce or reintroduce senior

agency leaders to concepts that can build their engagement in the strategic planning process. The

Institute for Healthcare Improvement offers online leadership classes and other resources for

building and honing leadership skills at www.ihi.org.

    5. Consider using a retreat to complete the work of drafting the strategic plan, rather than

multiple meetings over a long period of time. SMT members agreed that the retreat format

allowed them to focus on the planning work. Some members expressed concern that extending

the planning process over a longer period of time might cause team members to forget critical

aspects of early discussions, resulting in a less relevant plan. In order to address the concern that

the data may not have been fully reviewed prior to the retreat, one SMT member suggested that,

in the future, committees could be formed to review the data and report a summary to the SMT

during the planning retreat.

    6. Communicate the plan internally as well as externally. Strategic plans may fail if the

priorities are not adopted by staff throughout the organization. Informing the staff about the

process and involving the staff in the process by tying strategic objectives to unit work plans and

individual employee performance goals may encourage buy-in, though Thomas Plant (2006) has

suggested that staff must be included during the planning process, helping to identify strategic

priorities, to effectively improve organizational performance. NACCHO (2010, p. 16) also

recommends that "respected and influential staff representing various parts of the organization"

be included in the strategic planning process as members of the strategic planning committee.

Several SMT members suggested that, in future iterations of strategic planning at the Health

Department, non-managerial staff should be directly involved in developing the strategic plan.

Other health departments should consider including non-managerial employee representatives in

the strategic planning process.

7. Implement ongoing process, output, and outcome evaluation to assure the plan is being implemented appropriately. The Health Department is initiating a year-long effort to educate staff about the strategic plan, incorporating strategic priorities in individual work plans. How successful this effort will be remains to be seen. As the plan is reviewed at each monthly management team meeting, managers should report on their progress in implementing the strategic goals and objectives for which they are responsible. One of the identified strategic priorities is developing and executing a quality improvement plan. As managers increase their knowledge of quality improvement processes, they can apply what they learn to evaluating processes, outputs, and outcomes tied to strategic issues. The Institute for Healthcare Improvement also offers online training and resources to inform quality improvement efforts.

Conclusion

The Local Health Department described in this case study engaged in strategic planning following *The Guide*, which recommends steps for strategic planning and implementation that are supported in the literature. The SMT at the Health Department unanimously expressed a belief that the agency's strategic plan can provide direction for the organization, enabling the Health Department to meet the challenges of an unpredictable future. This suggests that, following the strategic planning steps recommended in the literature, a local public health agency can develop a strategic plan that agency managers consider to be beneficial. This case study did not conclusively determine how effectively the plan will be implemented.

Strategic planning has been promoted as a tool to help position public organizations to effectively execute their missions in an unstable environment. A longitudinal study comparing performance measures such as financial strength and community health status indicators among

local health departments with and without strategic plans could test the merit of this assertion for local public health agencies. Conclusive evidence about the benefits of strategic planning might encourage more agencies to voluntarily adopt strategic planning and strategic management practices.

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Appendix A

LHD's Adaptation of NACCHO Strategic Planning Worksheets

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

Action or Step to be Completed Method for Completion	Timeline	Milestones	Person(s) Responsible	Status/ Completion Date
Obtain a facilitator for our strategic planning workshop.	ASAP	May 4 call to NCIPH May 10 call with facilitator	Process Champions	Completed May 10
Identify data available and data needed, including: Customer Satisfaction Survey Community Opinion Survey Financial Analysis Employee Values Survey Legislative Summary	July 20	Data tallied & summarized: July 20, July 23 July 20 July 20 July 20	Process Champions	Completed July 23
Provide Strategic Management Team with a data summary for review prior to the workshop	July 25	Assembly commenced July 20 Completed July 25	Process Champions	Completed July 25
Consider Mission, Values, Vision	During August Workshop	Employee Values Survey completed July 6	Employees & Strategic Management Team (SMT)	Completed August 3
Stakeholder Analysis	During August Workshop		SMT	Completed August 3
SWOT Analysis	During August Workshop		SMT	Completed August 3
ID Strategic Objectives & Implementation Plan	During August Workshop	Priorities identified and narrowed Aug. 3-4 Objectives developed Aug. 10, 16	SMT	Plan finalized August 24

Worksheet 10: Identifying Data and Information

Use the list below to check off the data sources currently available.

Potential Data Sources

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

List any data/information that the LHD wants to collect to inform the strategic plan. Indicate plans for collecting the new data/information.

Data/Information Needed	Method for Collecting the Data/Info	Person(s) Responsible	Timeline	Resources Needed to Complete
Employee Value Survey	**Survey Monkey**	**Process Champion 2**	**By July 20**	**Survey Monkey**
Legislative Scan	**Webinar July 18**	**Process Champion 1**	**By July 20**	**Register for PH Legal Update**
Financial Analysis	**PHUD Excel Tool available from UNC**	**Process Champion 2**	**By July 20**	**Budget documents available July 1. Assistance with analysis.**
Stakeholder Analysis	**Discussion at Retreat**	**SMT**	**August 3-4, 2012**	**Data/Information from SMT review**
SWOT Analysis	**Discussion at Retreat**	**SMT**	**August 3-4, 2012**	**Data/Information for SMT review**

Worksheet 11: Assessing the Value of the Data/Information

1. List the data available based on the list of suggested data/information and any other data identified by the health department.
2. Check the perspective that the data provides: community, financial, health department, or state/national/legislative.
3. List the source document and date for the information to determine if it needs updated.
4. Indicated whether the data is opinion or fact-based. It is important to have plenty of fact-based data but there is also a need for opinion-based information.
5. Select low, medium or high to indicate the relevancy of the data/information to development of the strategic plan.

Data or Information Available	Data Perspective					Source Document/ Date		Substantiation		Relevance		
	Community	Financial	Health Dept	State, Nat'l, L, Legis	Learning and Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High
SOTCH	X			L		LHD	2011	X				X
Annual Data Report			X	L		LHD	2011	X				X
CHA /CHIPs	X			L		LHD	2009	X	X			X
RWJF County Health Rankings	X			L		RWJF	2012	X				X
Legislative Scan				S	X	UNC SOG	2012	X	X			X
White Paper: *Implementation of the Patient Protection and Affordable Care Act*				N	X	NACCHO	2011	X	X			X
Customer Satisfaction Survey			X	L		LHD	2012		X			X
Community Opinion Survey	X			L	X	LHD	2012		X			X
Financial Analysis		X	X	L		LHD/ Dr. Lesneski & Dr. Honoré	2012	X				X
United Way Needs Assessment	X			L		LHD/UW	2007 /09	X	X		X	
Employee Values Survey			X	L		LHD	2012		X			X
Programs & Services Brochure			X	L		LHD	2012	X		X		

(Adapted from Jack Moran, Public Health Foundation)

Appendix B

Local Health Department Strategic Plan 2012-2015

Strategic Planning Process – Executive Summary

The Health Department (HD) utilized the National Association of County and City Health Officials (NACCHO) document, *Developing a Local Health Department Strategic Plan: A How-To Guide*, to steer the strategic planning process. The HD assembled a Strategic Management Team (SMT), comprised of HD senior and mid-level management involved on the Accreditation Team, representing the personal health, environmental health, animal control, social work, Women Infants and Children, and administrative areas. Board of Health members were invited to participate. A facilitator from the North Carolina Institute of Public Health (NCIPH) worked with the SMT during a two-day retreat to develop the strategic plan.

Prior to the retreat, the following materials were distributed to members of the SMT and the Board of Health for review:

- 2011 State of the County's Health Report
- 2011 Annual Data Report
- 2009 Community Health Assessment (CHA)
- 2009 Community Health Improvement Plans
- 2012 Robert Wood Johnson Foundation County Health Rankings
- 2012 UNC School of Government Legislative Scan
- 2011 NACCHO White Paper, *Implementation of the Patient Protection and Affordable Care Act*
- 2012 LHD Customer Satisfaction Survey
- 2012 LHD Community Opinion Survey
- 2012 Financial Analysis
- 2007-09 United Way Needs Assessment
- 2012 Employee Values Survey
- 2012 LHD Programs & Services Brochure

During the retreat, the SMT reviewed the existing Mission statement and crafted Vision and Values statements, conducted a stakeholder analysis, conducted a Strengths/Weaknesses/ Opportunities/Threats (SWOT) analysis, and identified strategic objectives. In two meetings following the retreat, the SMT refined the objectives, prioritized them, and assigned responsibility for specific action steps. Implementation of the plan will be reviewed monthly in the Management Team meetings.

Values, Mission, Vision

Values: **Accountability**
Responsibility
Equity
Commitment
Integrity
Professionalism
Excellence

Mission: **To protect and promote health through prevention and control of disease and injury.**

Vision: **Be recognized as a leader in the state in assuring healthy residents and a healthy environment through innovation and collaboration.**

Stakeholder Analysis

Stakeholders include:
- Citizens/Taxpayers/Residents/Visitors
- Area Healthcare Providers
- Board of Health
- Board of County Commissioners
- Municipalities
- Schools
- Businesses
- Employees
- Neighboring Counties
- Media
- Emergency Services
- Law Enforcement
- Animals/Animal Owners
- Churches
- NC Department of Health and Human Services
- NC Division of Public Health
- County Agencies
- Local Agencies and Organizations

SWOT Analysis

Strengths:
- ✓ Teamwork
- ✓ Quick response
- ✓ Preparation
- ✓ Adaptability
- ✓ Decision-making
- ✓ Collaboration
- ✓ Goodwill
- ✓ Policy development
- ✓ Resource acquisition
- ✓ Transparency
- ✓ Commitment
- ✓ Positivity
- ✓ Service
- ✓ Accuracy
- ✓ Consistency
- ✓ Engagement
- ✓ Familiarity
- ✓ Relationships

Weaknesses:
- ✓ Divided physical locations…3 separate buildings
- ✓ Inadequate staffing levels
- ✓ Inadequate space
- ✓ Inadequate funding
- ✓ Missed training opportunities due to inadequate staffing
- ✓ Fragmented information systems (current paper-based medical records limit info transfer)
- ✓ Limited media visibility celebrating successes
- ✓ Limited diversity among staff
- ✓ Limited expertise for specific specialty areas (ie. Epidemiologist, Health Communications/Media)
- ✓ Difficulty in recruiting and filling positions with qualified individuals
- ✓ Lack of financial planning & budget analysis training for management team
- ✓ Limited availability of state consulting resources and definitive direction from the state programs
- ✓ Lack of funding for merit pay system
- ✓ Limited participation in vital community health improvement efforts
- ✓ Unfunded mandates from state and federal governments
- ✓ Perception that County residents are all wealthy and that county agencies receive ample funding

Opportunities:
- ✓ New employees with new skills
- ✓ Efficiencies resulting from technological advances
- ✓ Expansion of services
- ✓ Involvement in new projects with new partners
- ✓ Social media

Threats:
- ✓ Potential funding cuts at the county, state, and federal levels
- ✓ Potential for dramatic changes in service delivery resulting from the Affordable Care Act
- ✓ Increase in unfunded mandates
- ✓ Over-commitment to special projects with limited staff
- ✓ Potential for structural changes in the state Division of Public Health
- ✓ County Manager retirement/new County Manager
- ✓ November elections may dramatically change the political landscape at the local, state, and federal levels
- ✓ Potential for restructuring county human services agencies
- ✓ Negative public perceptions about government
- ✓ Loss of public health experience with retirement of key staff
- ✓ Inability to support rapid evolution in technology and systems
- ✓ Increasing diversity within the county with associated cultural and language barriers
- ✓ Increasing health disparities
- ✓ Aging population
- ✓ Influx of population connected to Base Realignment and Closure (BRAC)
- ✓ Population health issues such as substance abuse, obesity, sexually transmitted diseases, teen pregnancy, and emerging infectious diseases
- ✓ Climate change
- ✓ Increasing need for emergency response
- ✓ Lack of public transportation
- ✓ Future large public events

Strategic Objectives and Action Plans

Priority #1: Strengthen internal workforce development.

Objective A: Assure smooth transitions at the time of staff departures.
Desired Outcome A: Minimize interruptions of critical operations during staff departures and transitions.
Activity A1: Within the next 3 months, develop a written plan for procedures related to staff voluntary separation.
Responsible Person: Administrative Officer

Objective B: Develop a culturally sensitive workforce.
Desired Outcome B: Heighten staff awareness of cultural diversity.
Activity B1: Within the next 3 months, develop a list of available trainings for staff.
Responsible Person: Health Director
Activity B2: Annually, each employee will participate in a training designed to increase cultural awareness.
Responsible Persons: Supervisors

Objective C: Provide financial management training for management team members.
Desired Outcome C: Increase knowledge of budgeting and financial analysis.
Activity C1: Within the next 6 months, plan for financial management training for management team members.
Responsible Person: Administrative Officer

Objective D: Develop a tracking mechanism for workforce education.
Desired Outcome D: Establish a system for tracking required employee certification and training on an annual basis.
Activity D1: Within the next 6 months, research the availability of software systems for tracking training and certification.
Responsible Person: Health Director

Priority #2: Improve communication to expand public health awareness.

Objective E: Educate and inform (internal communication).
Desired Outcome E: Increase awareness of Health Department programs and services among county employees.
Activity E1: By July 1 of each year, program coordinators will provide an article to the PIO outlining basic information about their program.
Responsible Persons: Department PIO and Program Coordinators
Activity E2: On at least a quarterly basis, provide an article spotlighting a Health Department Program to the County Newsletter.
Responsible Person: Department PIO

Activity E3: Management team will feed information regarding special events to the Department PIO.
Responsible Persons: Management Team and PIO
Activity E4: Following each Board of Health meeting, communicate highlights of the Board of Health meetings to Health Department employees.
Responsible Person: Health Director

Objective F: Educate and inform (external communication).
Desired Outcome F: Increase awareness of Health Department programs and services among County residents.
Activity F1: Articles submitted to the county newsletter will be transmitted to external media outlets.
Responsible Person: Department PIO
Activity F2: Publicize projects such as CHA, Accreditation, communicable disease newsletter, animal control issues, etc., as appropriate.
Responsible Person: Department PIO
Activity F3: In order to expand media outlets beyond county borders, annually research and utilize a new media outlet, such as print outlets, audio outlets, electronic outlets (e.g. e-Bites), and social media.
Responsible Person: Department PIO

Priority #3: Develop and execute a department quality improvement plan.

Objective G: Assure quality service delivery in all Health Department programs and activities.
Desired Outcome G: Establish a defined quality improvement (QI) process.
Activity G1: Within the next 3 months, establish a Departmental QI Team.
Responsible Person: Health Director
Activity G2: Within the next 6 months, develop department QI policies and procedures.
Responsible Persons: Health Director and QI Team, Management Team, and Program Coordinators
Activity G3: Within the next 6 months, arrange a basic QI training for the Management Team.
Responsible Persons: Health Director and Management Team
Activity G4: Within the next 18 months, conduct at least one awareness level QI training for all staff.
Responsible Persons: Health Director, QI Team, Management Team, and Program Coordinators
Activity G5: Within the next 2 years, attend QI training offered by the NC Center for Public Health Quality
Responsible Persons: Health Director, Management Team, and QI Team (project-driven).
Activity G6: Starting no later than July 1, 2014, implement and complete at least 2 QI projects during each 4-year accreditation cycle.
Responsible Persons: Health Director, QI Team, Management Team, Program Coordinators, all staff.

Priority #4: Develop Health Department initiatives to address the obesity epidemic.

Objective H: Increase public awareness of the Healthy Dining Initiative.
Desired Outcome H: More residents will be aware of what the Healthy Dining Initiative is.
Activity H1: Utilize print and audio media outlets to publicize the Diamond A award winners each year.
Responsible Persons: Environmental Health Food & Lodging Staff and Department PIO
Activity H2: Publish one article annually about the Healthy Dining Initiative in local print media.
Responsible Persons: Environmental Health Food & Lodging Staff and Department PIO

Objective I: Increase opportunities for physical activity among County residents.
Desired Outcome I: More residents will choose walking as a form of physical exercise.
Activity I1: Within the next year, initiate an advertising campaign to promote dog-walking as a healthy form of exercise.
Responsible Person: Animal Operations Director and Department PIO
Activity I2: Within the next year, explore alternatives for dog-walking programs at the Animal Center.
Responsible Person: Animal Operations Director