PUBLIC HEALTH SERVICES DISTRICT
COCONINO COUNTY

DELIVERABLE #3

2013-2014 Accreditation Support Initiative (ASI) for Local Health Departments

Category 3 – *Progress Towards Developing and Implementing an Agency Strategic Plan (related to PHAB Domain: 5)*

Detailed written description of the process for identifying agency strategic priorities, goals and objectives with measurable and time-framed targets

Partially-Completed Strategic Plan

Coconino County Public Health Services District (CCPHSD) utilized colleagues at the Arizona Department of Health Services (ADHS) as well as an internal facilitator trained in the Institute of Cultural Affairs Technology of Participation® (ToP®) *Participatory Strategic Planning* to conduct a workshop series that yielded CCPHSD strategic priorities; goals and objectives, with time-framed targets, are still pending.

First, on April 30th, Carol Vack, ADHS Local Health Liaison and Public Information Officer and Patricia Tarango, Chief, ADHS Bureau of Health Systems Development Chief facilitated a 2.5 hour ***Strengths, Opportunities, Weaknesses, and Threats (SWOT) Analysis*** with 18 CCPHSD subject matter experts from across CCPHSD's spectrum of services. The session began with Dr. Marie Peoples, CCPHSD's Chief Health Officer (CHO), welcoming everyone and reviewing CCPHSD's draft vision statement. Next, Carol and Patricia reviewed ground rules, encouraged dynamic engagement, and emphasized that in this process, *all* staff have valid, credible input and therefore should be respected (reiterating that "no idea is a bad idea" and that since they are "equal" experts, no one should feel hindered to express his/her true opinions). Then the Public Health Accreditation Board (PHAB)'s overall goal for voluntary national public health accreditation and prerequisites were reviewed, after which Angela Horvath, CCPHSD Policy Analyst, talked about *CCPHSD Community Health Improvement Plan* targets:

- *Coordinate injury prevention, chronic disease and access to health care service providers*
- *Make community aware of alcohol-abuse prevention and treatment options*
- *Educate youth and public about obesity-related disease prevention*
- *Advocate for policies fighting chronic diseases*
- *Advocate for medical transport system*
- *Make Page community aware of low-cost providers and services*

Carol and Patricia also shared a handout entitled, "*What is a Vision Statement?"* to help staff realize nuances between vision and mission statements (how they are similar, yet different).

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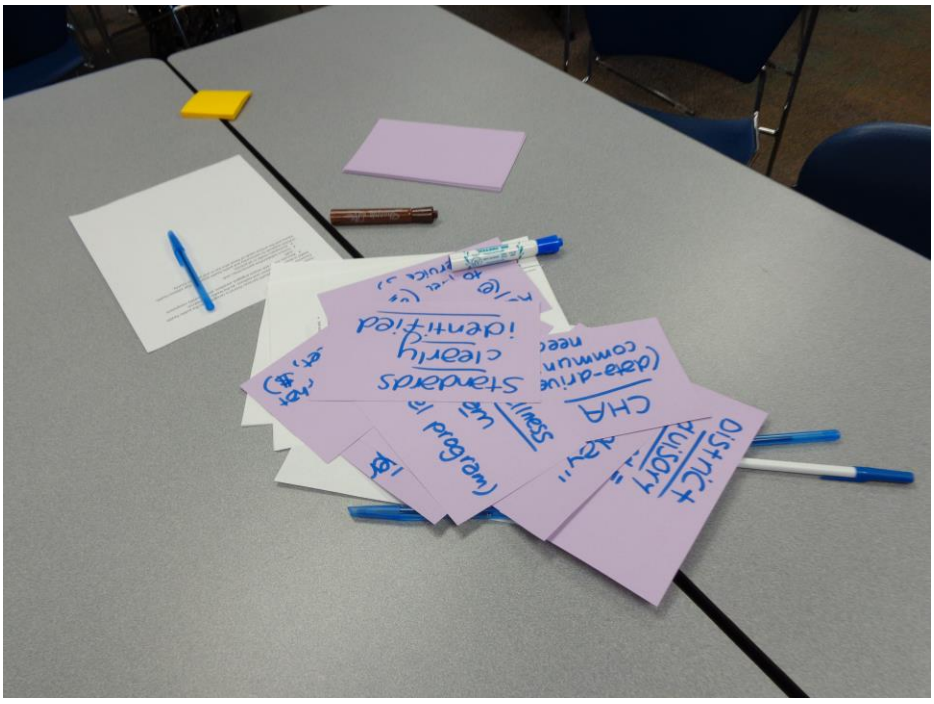
In order to begin the SWOT Analysis, Patricia had everyone count off by letters, spelling out S-W-O-T and thereby forming four separate groups. These groups then took turns rotating to one of four tables, wherein note cards were used to brainstorm *strengths, opportunities, weaknesses,* and *threats* (each table focused on a particular facet). Individuals then shared ideas, identified main categories, and reviewed thoughts as groups, echoing and building upon ideas identified by the previous group (each time rotating to a new table). Results of this process follow.



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	STRENGTHS	WEAKNESSES
INTERNAL FACTORS	**Staff** *Subject matter expertise* *Cultural diversity of staff/services* *Desire to serve community* ***(repeated)*** *Dedicated, passionate staff* ***(repeated)*** *Increased intern base* *Customer service* **Culture** *New Chief Health Officer leadership* *Shift toward greater accountability* *Positive/supportive culture* ***(repeated)*** *Policy trailblazing* ***(repeated)***	**Modest Specific Funding** *Bureaucracy limits opportunities for revenue* *Program funding and scope limitations* **Partnerships** *Tribal collaboration* *Lack of partnerships with other County departments* ***(repeated)*** **Branding/Marketing** *Misunderstanding of public health impacts/services* *Use/access to technology/social media* *Messaging to public* *Ineffective branding* *Don't champion our internal programs*

Willingness to lead (try things first)

Staff input is valued

Professional development embraced

Public health work is important

External Support

County (organization) resources (Information Technology, Human Resources, Emergency Preparedness)

Board of Directors and District Advisory Board support

Modest financial stability

Centrally-Located

Organizational Culture

Lack of innovative thinking

Resistance to change ("We've always done it this way")

Silos at organizational level

Opportunity for advancement

Lack of training

Complacency – lack of enforcement of policies and procedures ***(repeated)***

Lack of accountability

Inconsistent expectations of professionals ***(repeated)***

Financial

Doing more with less – not good balance ***(repeated)***

Grant reliance

Priorities

Changing priorities

Competing priorities

Lack of prioritization

Geographic Distance

"Flagcentric" ***(repeated)***

Partnerships ***(repeated)***

Community relationships ***(repeated)***

OPPORTUNITIES

Organizational Culture

Fresh leadership (Chief Health Officer + County Manager + Board of Director) ***(repeated)***

"New day" – reorganization, increased internal and external collaboration ***(repeated)***

Increased communication with staff, top-down

THREATS

Finance

Mandated payments (Title 36)

Limited funding results in future unskilled staff

Legal restrictions to setting fees

Budget restrictions

EXTERNAL FACTORS	*Increase staff training* *Staff engagement* *District Advisory Board is highly-engaged* *Embracing change* **Marketing** *Greater use of technology and social media* *Marketing* *Improve public perception of PHSD* *County Wellness Program (model program)* **Public Health Standards** *Research best/evidence-based practices* *Community Health Assessment (data-driven community needs)* *Accreditation opens doors* ***(repeated)*** *Create continuous quality improvement culture* *Standards clearly defined* *Strategic plan helps us define where we go* *Greater use of technology and social media* **Policy** *Streamline policies and procedures* *Outside agency does leg work for Health in All Policy* *Affordable Care Act (enhanced access to preventive services)* *Policy work (acknowledge that it is a vital facet and tied to funds)* *Make policies accessible and understandable* *Policy expansion to outlying cities*	*Unstable tax base and fiscal division from County* ***(repeated)*** *Grant dependency* *Competitive environment* **Political Influences** *Political will – spectrum of none to overly engaged* *Less autonomy for decision-making from County Manager's Office* ***(repeated)*** *View of PHSD as separate from the County* *Community perception of health and safety regulations* **Staffing** *Losing staff knowledge base* *Units are siloed* *Expectation of services – not a clear direction – primary/secondary/tertiary* *Accreditation is scary word* *Cost of living versus wages* **Expanded Public Health Role** *(Re-) Emerging diseases* *Public misunderstands what we do* *Lack of understanding of public health role* *Multitude of changes* *Poverty* *Mass disaster* *Competitive environment with federally-qualified health centers – as opposed to collaborative* *Duplication of services* *Climate changes*

	Partners *Expansion of services to the community* *Alignment of services with other departments and programs* *Improve and expand partnerships* *Engage nontraditional partners*	

After breaking for lunch, staff spent nearly two hours creating a Strategic Map. Carol talked about how a *Vision* represents the long-term goal, or desired end-state, whereas a *Mission* focuses upon the fundamental purpose as to *why* an organization exists. Then she introduced the *Strategic Map* as being a roadmap of, and strategy of, *how* we get there (essentially a plan for the next three to five years). We used their recently-completed ADHS *Vision, Mission, and Strategic Map* and the *Mohave County Public Health Department Strategic Maps* as examples. Carol explained that the top bubble (see following CCPHSD Strategic Map) reflects the ***central challenge***, whereas boxes along the top are ***strategic priorities***. Likewise, cross-cutting boxes along the bottom are strategic priorities that pervade service delivery across the entire organization. By modeling the CCPHSD Strategic Map on the ADHS and Mohave ones, we honored state-wide continuity in planning, fostering collaboration. Both sample maps also had 25 individual boxes in specific rows and columns, each representing ***strategies***. Next, we took what we had in both our vision and SWOT Analysis and paired it down succinctly, considering: CCPHSD responsibilities required by law/ordinance, County-assigned responsibilities, short-term goals, and over-arching goals. We also touched upon rollout, such as how CCPHSD could communicate the plan to gain staff buy-in. Due to realistic policy changes, we were encouraged to plan only five years ahead, and to imagine the dynamic, program-based services we offer (or would like to offer). Carol asked, ***"What is the current structure?"*** before staff began offering ideas that contributed to our map (that was created in real-time):

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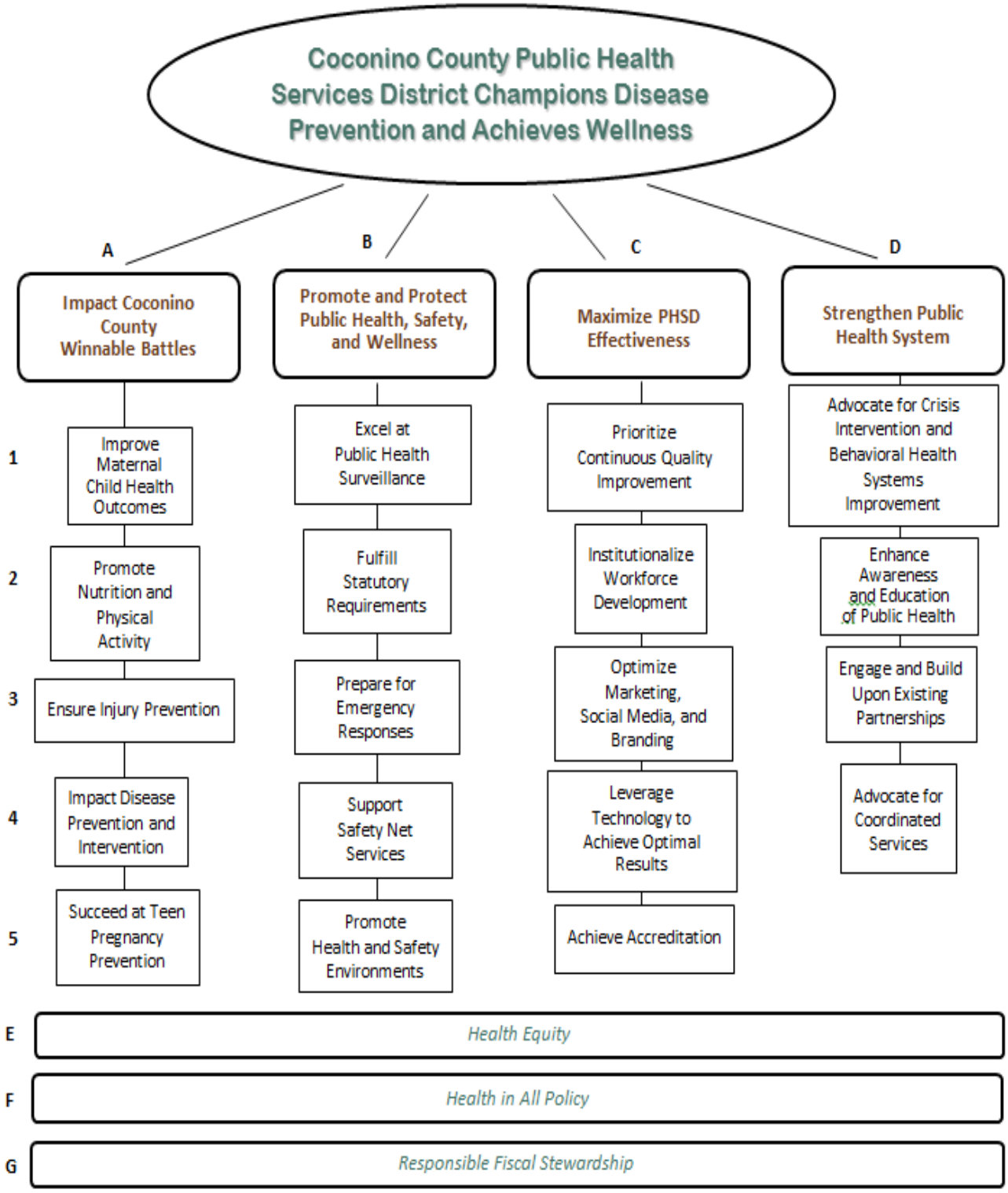
Strategic Map: 2014 - 2019



Partial Documentation to Meet PHAB Measure 5.3.2 A

CCPHSD made significant progress toward adopting a District strategic plan by attaining the following PHAB-required documentation to meet Measure 5.3.2A: (a) Consideration of key support functions required for efficiency and effectiveness (attained through the Strategic Map and prior Strategic Directions Workshop), (b) Identification of external trends, events, or factors that may impact community health or the health department (gleaned from the SWOT Analysis and prior Underlying Contractions Workshop), (c) Assessment of CCPHSD strengths and weaknesses (also ascertained via the SWOT Analysis), and (d) Link strategic to the CCPHSD Community Health Improvement Plan (done in the SWOT analysis and prior efforts).

Informal Plan to Attain Documentation that Fully Meets PHAB Measure 5.3.2 A

Since defining goals and objectives with measurable and time-framed targets is the only PHAB-required facet that remains, *a multi-hour* ***Focused Implementation Workshop*** will be conducted with members of the strategic planning in the near future, facilitated by our staff member trained in Technology of Participation® *Participatory Strategic Planning*. The focus of this session will be about priorities. Specifically, she will ask, ***"What will be our specific, measurable accomplishments for the next five years?"*** Discussion questions will be of the nature: "*What will be our specific measurable accomplishments? What is our timeline for completion of our first year accomplishments? What are the implementation steps for the first quarter accomplishments? What are our priority actions for the first quarter?"* Through this workshop, the strategic planning group will take each *strategic direction* (from the *Strategic Directions Workshop*) and consider their relationship to the four complementing *strategic priorities* (specified in **brown** in the Strategic Map boxes above). The strategic planning group will then define what success looks like and decide what it is committed to doing in the first, second, third, fourth, and fifth years of the strategic plan. Together, they will identify desired outcomes, choose staff actions, and negotiate timeframes and responsibilities. Overall, this process will move implementation forward by helping the strategic planning group build commitment to the new strategic plan by aligning its resources and formalizing leadership roles. To achieve this, our Strategic Map will guide us, along with the strategic directions identified in the *Strategic Directions Workshop,* in finalizing the framework for the CCPHSD Strategic Plan. This framework will then be filled in with the newly-identified goals, objectives, and time-framed, measurable targets that are cross-referenced in our yet-to-be-created CCPHSD Quality Improvement (QI) Plan (thereby fulfilling PHAB's final requirement, of linking our strategic plan to our QI plan). Lastly, once the strategic plan is finalized, it will be vetted by the CCPHSD District Advisory Board, adopted by the CCPHSD Board of Directors, and ultimately shared with all staff.

Staff have an Increased Awareness
of what a Comprehensive, Results-Driven Strategic Plan Entails

Since successful implementation is contingent upon decisions made by all strategic planning group members, as they take responsibility for specific tasks identified through group planning, CCPHSD's ToP® workshop techniques have proven invaluable in helping staff to understand what a comprehensive, results-driven strategic plan entails. By participating in the process thus-far, staff have gained an appreciation for the linkage between their day-to-day work and the evolving strategic plan; the strategic plans's action steps will make this even clearer. Additionally, as part of their ADHS-provided technical assistance, Carol and Patricia talked about how the Strategic Map can be used to enhance communication with all staff, as well as internal and external stakeholders across the County, to share priorities and future plans. They highlighted how each box in the map connects to every program

CCPHSD delivers, so it will prove to be a valuable tool in helping individual staff members from all levels of the organization understand how his/her work fits into the larger strategic plan (just as it has for the numerous subject matter experts who participated in the creation of the Strategic Map). In this way, the Strategic Map will serve as an easy-to-understand, visual starting point to talk about associated initiatives, thereby energizing discussion. Finally, program managers learned ways to market our final "message" at stakeholder rollout meetings, perhaps hosted by partner agencies, by integrating our one-page Strategic Map into slides and webinars; other marketing examples included sharing it at division staff meetings, CHO messaging (both informal and formal, ranging from one-on-one to larger group audiences), internet video presentations, and via conference room displays. Overall, staff members are enthusiastic to see how CCPHSD's strategic plan's clarity will translate to improved service delivery and further opportunities within our organization.