

Dutchess County Department of Health

Strategic Planning Process

1. Project Overview

Dutchess County is in the heart of the Hudson Valley, midway between New York City and New York State's capital, Albany. According to the 2010 Census, the population of Dutchess County is 297,488 ranging from rural to urban communities. The make up is 80.1% whites, 9.9% Black, 0.3% American Indian/Alaska and 10.5% Hispanic/Latino. The median household income is \$69,613, median family income is \$81,868, families below the poverty level is 5.1% and individuals below the poverty level is 7.5%.

Working with our consultant from the New York Council of Nonprofits (NYCON) we held several planning conference calls, conducted a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis through two on line surveys – one for staff and one for our stakeholders. Because we had engaged in this process previously, our task was to review our existing mission, values, goals and objectives and determine if they were still valid or needed adjustments.

The Strategic Planning Team held a “retreat” to review the SWOT data , and came up with revised mission, vision, goals and strategies. The Strategic Advisory Response Team (StART) reviewed and gave input on the information gathered from the SPT, and came up with specific objectives and activities for each goal. A second meeting of the SPT was held to finalize the first draft. We then held a joint session (SPT and StART) to review the plan and discuss its implementation, identifying responsible parties and timelines for all of our activities based on the goals and objectives derived.

2. Reflections: Successes, Challenges, and Lessons Learned

Since we had previously gone through this process a decade ago, we were knowledgeable of steps needed for successful implementation. We learned that engaging all levels of staff, is key in the development of an effective plan. We achieved this by asking for volunteers and getting an excellent cross section of departmental staff. The Strategic Advisory Response team (StART) was created allowing for a safe venue to brainstorm, identify salient issues for future planning and give a voice in the planning process.

One challenge was the tool itself. The original tool provided, was too generic. This posed the problem of not being able to get enough useful/relevant information. We were able to address this by utilizing a more effective tool provided by PHAB to tweak and redesign the survey. For other agencies, we would recommend they make sure that whatever tool they are using, is specific to their County’s makeup, to help in the design and implementation of their strategic plan.

Another challenge we felt was that the timeframe was too short. We would have liked to have had the opportunity to hold focus groups to really capture the stakeholders’ feedback. Based on this challenge, a recommendation for NACCHO or CDC to consider would be to allow enough time to

really devote to this process. Efficacy is better had when there is enough time for planning, designing, implementation and evaluation.

3. Impact and Next Steps

With a new County administration, the process of developing a strategic plan has provided the department with an opportunity to take inventory and assess if we are on an appropriate and sustainable course. Engaging staff and stakeholders, has provided cohesion for employees to deal with organizational, programmatic and funding changes. Realigning the Departments strategic plan to address changes in Public Health perspectives and funding, will help the Department prepare for the accreditation process and quality improvement efforts.

One issue that needs consideration is how to present the final plan to the entire staff. Developing enhanced and consistent communication is one of the activities identified in the plan. The Strategic Planning team suggested that senior management teams present the plan in smaller division meetings and possibly develop an internal webinar to introduce the staff to the plan.

Another implementation consideration is how to integrate the plan, the specific concepts and values detailed in the document, into the everyday work of the department. Because leadership support for the plan is essential to develop staff “buy in”, messages and guidance from the commissioner has been identified as a key activity in implementation.

Using a broad public health perspective as the base for implementing the plan, the team has begun to develop learning opportunities regarding accreditation and the ten essentials of Public Health. Because “timeframes and responsibilities” were identified in the plan, action teams were developed based on pertinent activities outlined in the plan. These action teams, along with their facilitators, will be responsible for the implementation, coordination and evaluation of the plan’s strategies. This builds a foundation for the teamwork and effort needed to become an accredited local health department over the next 1-2 years.

Attached is the chart developed showing the flow of all the teams and how they are integrated together, to continue the strong foundation we have begun to develop.

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