

2016 Departmental Strategic Planning

● Strategic Plan Roadmap ●

Plan created by Kingfisher County Health Department with insight from Kay and Payne County

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Stakeholder Identification

Assessment of Values

Self-Assessment of Department

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Stakeholder Identification

Types of Stakeholders (individuals in or out of the department that are influenced by its activities, or that can influence the activities):

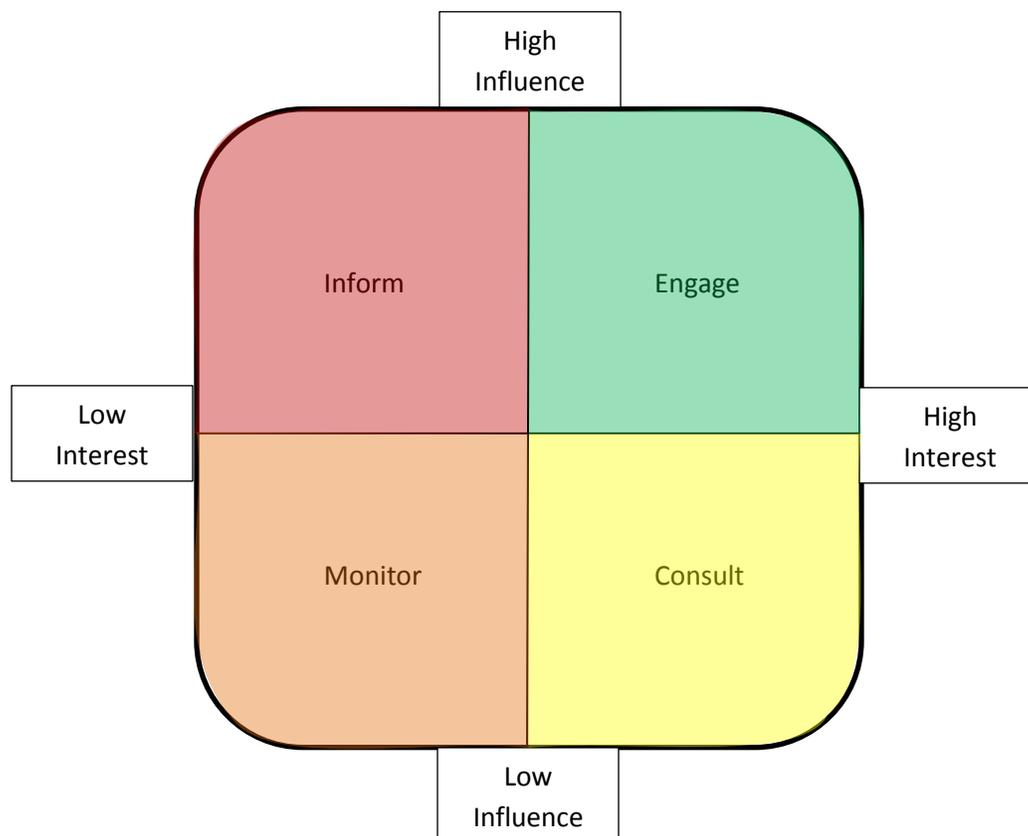
Internal: Located within the health department; responsible for daily activities.

External: Not located within the health department; operate outside of activities.

Primary: Directly affected by the department's actions.

Secondary: Indirectly affected by the department's actions.

Key: Individuals within the department that have an effect on an activity.



Stakeholder Identification Process:

Step 1: Brainstorm. First, organize staff together and take a brief few minutes (10-15) to brainstorm and come up with names of organizations.

Step 2: Label. Next, identify each external and internal stakeholder with colors that distinguish between the two. Mark each with a large P, S, or K (Primary, Secondary, Key, respectively) to further identify each stakeholder.

Step 3: Assign. Finally, categorize each stakeholder with the Influence/ Interest chart shown above.

Assessment of Values

Vision

Creating a County of Health

Mission

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Oklahomans can be healthy.

Values

Leadership

Integrity

Community

Service

Accountability

Values Assessment Process:

Step 1: Analysis. Staff should be asked if they know all five values and what each one personally means to them. This will help to provide groundwork; keep documentation on what each staff says for comparison.

Step 2: Check and see if adequate vision and purpose is being displayed. Do leaders show knowledge in their field, serve to inspire others, and dedicate themselves and others to the job at hand? Take ten to fifteen minutes to brainstorm; write down answers and thought processes. Do leaders provide authority in preventing and being prepared for negative impacts and establish a strong health policy? Take another ten to fifteen minutes to brainstorm and write down the answers.

Step 3: This step is broken into four phases: work, services, processes, and operations. For each phase, ten to fifteen minutes should be spent. Is each requirement (fulfilling obligations,

maintaining public trust, exemplifying excellence and ethical conduct) shown in every single phase? Be sure to document answers.

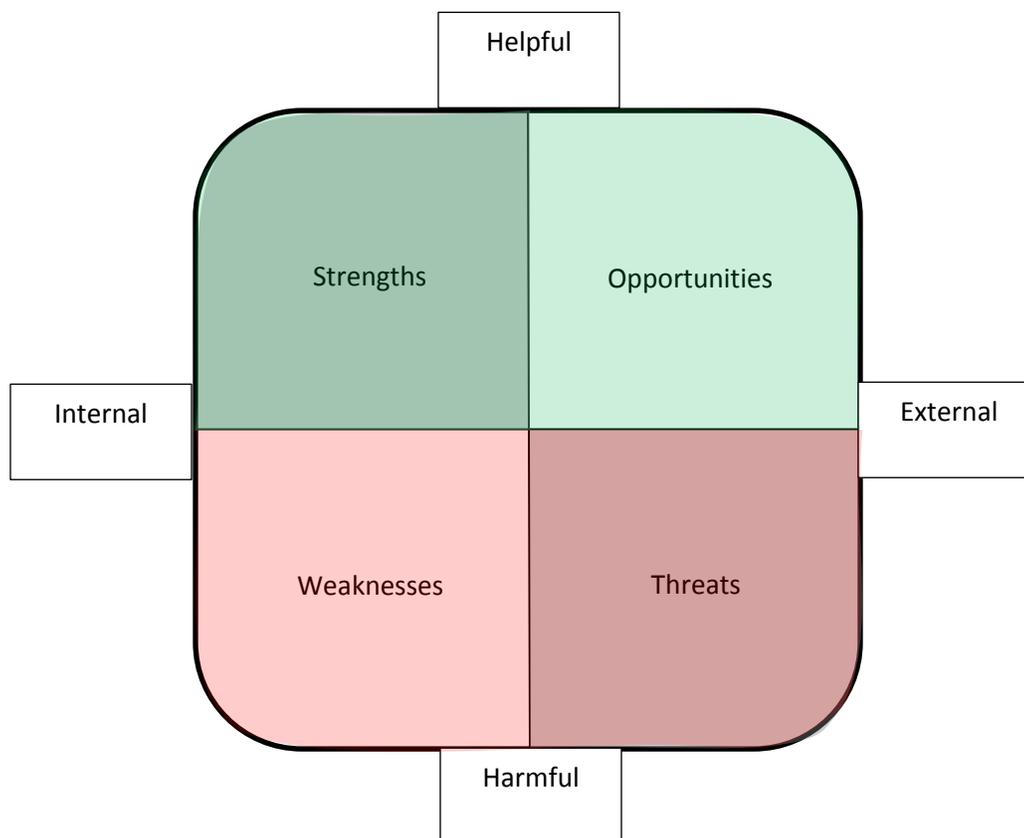
Step 4: Is respect shown independently towards importance, diversity, and contribution to both individuals AND community partners? Is equilibrium shown between the efforts to each? Spend fifteen to twenty minutes on brainstorming for both individuals and community partners and their relationship with the department.

Step 5: Is a commitment to public health demonstrated through compassionate actions? Is it demonstrated through stewardship of time, resources, and talents? Spend ten to fifteen minutes brainstorming each of these questions and ensure documentation is taken.

Step 6: Is the public's health improved through the application of sound scientific proof AND responsible research of the department? Spend ten to fifteen minutes on both topics and write down answers.

Step 7: Review. Look over all of the documentation that has been written down for the assessment of values. Is the leadership, integrity, community, service, and accountability adequate? Brainstorm ways to fix or further improve the values to fulfill this section of strategic planning.

Self-Assessment of Department



Department Self-Assessment Process:

Step 1: Identify. First, brainstorm (for approximately fifteen to thirty minutes) your external factors, which indicate opportunities and threats. Next, brainstorm (again for approximately fifteen to thirty minutes) your internal factors, known as strengths and weaknesses.

Step 2: Now, the focus will be made primarily on strengths. From each strength that was listed, identify (for ten to twenty minutes) different ways to engage each one and make it stronger.

Step 3: In this exercise, opportunities will be focused on primarily. For each opportunity listed, identify (for ten to twenty minutes) multiple ways each opportunity can be capitalized upon for maximum effect.

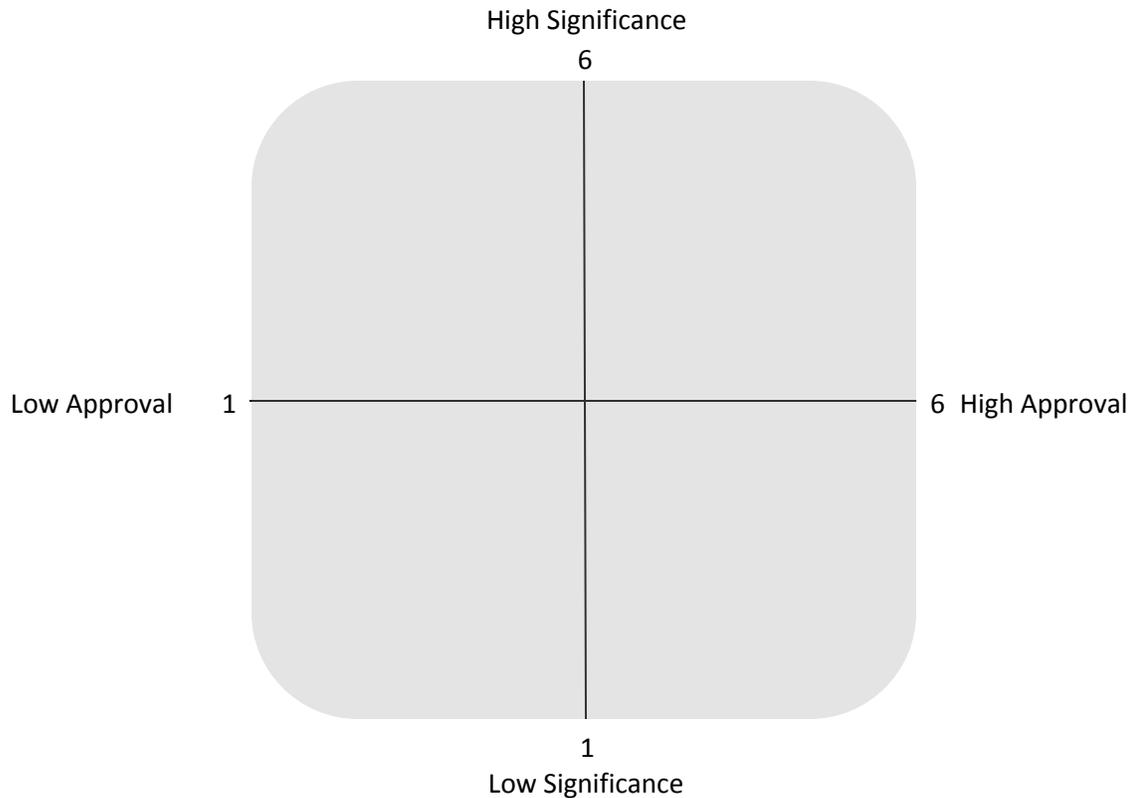
Step 4: Next, the aim will be placed upon weaknesses. Different possibilities will be identified (once again for ten to twenty minutes) to find ways to eliminate weaknesses, which will help to magnify strengths.

Step 5: Finally, threats will be centered upon. For ten to twenty minutes, various contingencies will be analyzed so that the department is as prepared as possible when the threat starts to arise.

Step 6: Assess. Now that the SWOT analysis has been conducted to give a broad view of the department's structure, the true assessment will begin. From the list of each of the internal and external factors, determine if each of the helpful factors is adequate enough. Then, decide if the harmful factors do or do not overpower the helpful factors. Is the department adequately prepared for any contingency or weakness, or opportunity to capitalize? Is the department able to engage its strengths?

Step 7: Plan. Now, from everything identified in the previous steps, the department self-assessment portion of strategic planning should be achievable by indicating how the department can improve every aspect of SWOT.

Assessment of Employee Climate



Employee Climate Assessment Process:

Step 1: Strategize. Start planning a survey to implement into the environment of the workplace. Each department can be vastly different from another, so the next few steps provide a general layout to create a specific survey.

Step 2: Format. The basis for establishment of the survey is very general. Each question will have two answers: approval and significance. Each answer will be labelled one to six (highly disagree, disagree, slightly disagree, slightly agree, agree, highly agree, respectively). The chart listed above will be explained in more detail later.

Step 3: These questions will focus solely on cooperation among staff in the department. Examples could include asking if staff get along with one another, if group projects are done on time and in efficient manner, if staff support one another, etc. At least three questions should be produced from this topic.

Step 4: This set of questions will be set towards what staff thinks of leadership and what they envision. Good examples pertaining to this subject include asking if staff understands their objectives set forth by their leaders, if leaders do their job efficiently and in unison with their staff, if leaders follow their own rules, etc. Once again, at least four questions should arise from this topic.

Step 5: These questions will focus on the sole employee and his or her job at hand. Questions that would be included here can be asking if an employee feels as if they have the resources necessary to do their best for the job at hand, if an employee feels respected throughout the workplace and valued for their work, if the individual feels as if they belong in their position, etc. At least five questions should result from this set.

Step 6: This array of questions is based on the work environment and various aspects regarding it. Inquiries that would apply could include asking if the employee feels as if they learn from the working environment, if they feel as if the workplace is appropriate, if the working area has adequate resources, etc. There should be in minimum three questions that are produced from this subject.

Step 7: Comprehend. From this point, the survey should be conducted and given to two (or one person if that is all that is contained) individuals in each division of the department for the most diverse and unbiased results. From here, each answer should be averaged out for both approval (x-coordinate) and significance (y-coordinate) and rated on the chart shown earlier in this section (or a similar chart). From here, the topics with high significance and low approval should be taken care of and strategized first. After graphing each point on the chart, a clear visual idea should be shown of how to create a strategic plan to better the employee climate and the steps that should be initiated (for example, a point located within the low significance/ high approval area should not be dealt with as severely as a point located within the high significance/ low approval area).

Assessment of Customer Service

Customer service is based upon a substantial amount of actions, contingencies, and programs.

This section will be divided into multiple elements to ensure that every aspect of customer service is covered.

Informing Services Process:

Step 1: Brainstorm (for 30 minutes) ways that the department informs the community. Is each way done adequately? Make sure the displayed information of the department influences policies and programs to better the health of the community. How well does each piece of data inform?

Step 2: Now, brainstorming should be done for 30 minutes again to think of other ways to advertise or inform the community about information. Think of both positive and negative outcomes that can be involved with each, what has been done in the past and is effective, and the means by which the information will be passed along i.e. brochures, flyers, and community meetings.

Identification Services Process:

Step 1: Examine. Gather documents (such as minutes) from previous coalition meetings. Make sure that there are at least 4 identifiable problems throughout each meeting and that each one is having progress made to be fixed or improved. If this is already achieved, move on to Step 3.

Step 2: If there are not at least 4 identifiable problems being addressed within each coalition meeting, then critical thinking should be done at the next meeting to locate another problem to repair. Have each organization spend 15-30 minutes identifying both major and minor issues. Then, have each group spend a short amount of time prioritizing each issue. Next, discussion should be made towards the top 3 issues of each group and which issues the department should adopt to achieve the minimum of 4 issues or more.

Step 3: Now that issues have been verified, the identification process will start. Key efforts being made toward each issue should be identified, along with any progress being made in the form of statistics or other documents showing change. Are the processes through which each

organization and department do effective and progress-making? If they are, the key efforts that have a positive outcome should be documented and the same process outline should be used for strategic planning issues. Efforts that aren't working as well or that have a slightly negative outcome should also be documented, as they can also be used for strategic planning if they are improved.

Access Services/ Service Capacity Process:

Step 1: Group Identification. First, a collaborative brainstorming effort (30 minutes) must be done within the department: identifying groups that do and do not have access to health care. Create a list much like the one below and identify the groups (such as racial communities, low-income communities, military installments, suburbs, disabled, non-English speaking communities, etc.).

Very High Access	High Access	Mid-High Access	Mid-Low Access	Low Access	Very Low Access

Step 2: Now, focus should be shifted to the "low" access tiers. Start from the lowest tier that contains any group or groups and begin to brainstorm (20-30 minutes per group) ways to improve the access to health care. These improvements can be used later for strategic planning if chosen as one of the community's improvement plans. Continue doing this for all of the "low" access tiers. After this, examine the "high" tiers. Brainstorm for approximately 30

minutes on each group about why each one has such high access to health care. From these brainstorming sessions, more strategies can be formulated to help better the lower-tiered access groups.

Step 3: Consider. Plans must now be strategized for possible contingencies that may arise that could potentially limit the access of health care. Ask members why they believe the groups that have low access actually have low access to begin with. This is where the first strategies should be made to improve the access.

Step 4: Now, problems should be assessed for both the high-tier and low-tier access groups. Brainstorm (for 5-10 minutes each) issues that affect each group and determine if the issue is caused due to lower access to the department's services. From here, objectives can be made to improve these aspects to help improve the health of a certain health issue and to better improve the strategic plan of the department.

Step 5: Maintain Competence. Now that the issues have been identified and plans are in effect to ensure better access to all members of the county, competence must be put into order. Many of the low-access groups are most likely very diverse in cultural and linguistic regards. Does the department have the necessary resources to maintain a fair bridge to all access groups to remain culturally competent? Are the barriers in effect from the access groups handled in a competent manner? Brainstorm to ensure that this is so. If not, brainstorm ideas to obtain the resources that are necessary.

Step 6: Monitor Capacity. At this point, the capacity of workers at the department should be measured to ensure that there is adequate working population to maintain service across all access groups. If there is not, another brainstorming session should be made to decide how to spread the department employees across a wider demographic to cover every access group efficiently. 10-15 minutes should be spent on each idea and how to put it into effect to ensure quality access to every individual.

Step 7: Implement Strategies. Now that ideas have been created to implement better access to care and also possibly better use of capacity, they should be implemented into the strategic plan as needed to cut gaps concerning other issues and to also better the department and service techniques.

Community Participation Meetings

Community coalition meetings, if they have not been established already, should be made in an effort to involve the community and to also gain valuable insight into health concerns of citizens or programs that may have some desire to be implemented. They are very valuable meetings and also help to establish a connection with other programs or associations that run businesses, etc. in the community.

If a Coalition is Already Made:

Step 1: Gather. Collect documentation from previous meetings (such as minutes) and also gather information from members of the coalition to gain valuable feedback on issues in the community and also preferences.

Step 2: Implement. Now that data has been gained with insight into the community, the information should be utilized and placed accordingly into the strategic plan to emphasize community efforts and to also emphasize the amount of collaboration between the department and the community.

If a Coalition is Not Already Made:

Step 1: Assemble. Begin by contacting leaders and/or representatives of various groups, organizations, and associations that are a part of the community, or that are not located within the community but still play a role. Determine whether or not they want to contribute to the community and even the county to better it and make it a healthier place.

Step 2: Once different groups, organizations, and associations have been contacted that want to participate, a coalition will have been formed. Meetings should be established at least once a month to maintain an up-to-date report on the wants and needs of the community, along with ideas that members of the community have to better the community as a whole.

Step 3: Now that regular meetings have been scheduled with various leaders in the community, the ideas, needs, and wants can be better expressed and also be used to gain necessary documentation and ways to create strategies to implement into the strategic plan.

Mandate Analysis

The purpose of this analysis is to set a direct form of parameters, while also simultaneously giving direction as to where the department should head next. The analyzation of the mandates of a department falls under this format:

We Must:	We Must Not:	We Could:

Utilizing the Mandate Analysis

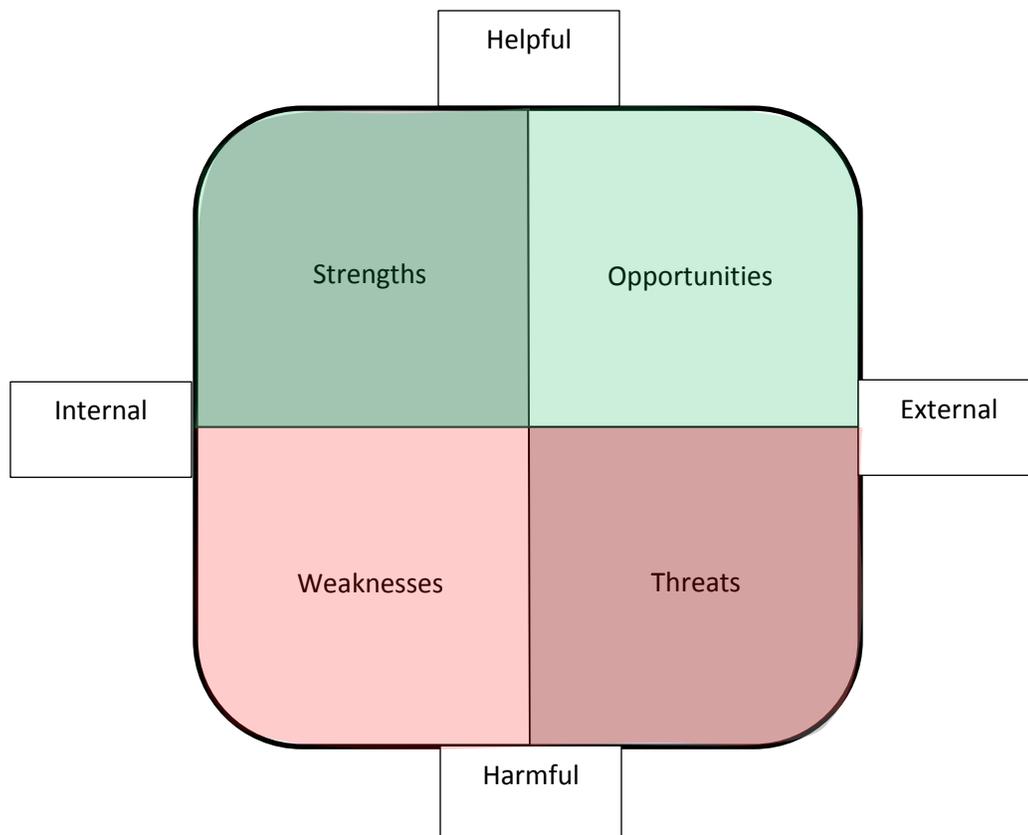
Step 1.) The SWOT analysis will play a very large role in determining the mandate analysis and how exactly it will fit into the strategic plan. Start by spending approximately 10-15 minutes on each portion of the SWOT analysis to determine where each strength, weakness, opportunity, and threat fits into the mandate analysis.

Step 2.) Reason. From here, reasoning should be made as to why each of the subjects listed in the SWOT analysis should be firmly done, avoided, or possibly capitalized on. Approximately 10-15 minutes should be spent under each tab: We Must, We Must Not, and We Could.

Step 3.) Now, the question should be focused on HOW each strength, weakness, opportunity, and threat is going to be done, avoided, or possibly capitalized upon. 15-20 minutes should be given to each tab of the aforementioned chart on the previous page. After this has been completely done, once again, strategies can be altered or implemented to also fit into the mandate niche.

SWOT Analysis (Revisited)

The SWOT analysis was provided in full detail in the “Self-Assessment of Department” section; however, it will now be revisited to be tweaked to fit many of the new facets and strategies applied through other techniques that have been listed.



Step 1.) Review. First, scan the analysis and be sure to add any new strengths, weaknesses, opportunities, and threats; also, if any of the aforementioned factors no longer exist, be sure to remove them from the chart.

Step 2.) Now that revisions have been done to the SWOT analysis, check to see how many new factors have appeared or if any older factors have disappeared. By checking this, a good insight will be given into how both internal and external factors come and go and how they

affect the department. This will allow a rough path to be drawn into where to proceed next and how to do it.

Step 3.) Apply. Now that the factors have been more thoroughly explained, they can be employed into the strategic plan accordingly through minor changes to better the overall effect.

Priority Selection

Now that strategies have been created, coalitions have been possibly set up, problems have been identified, and everything has been documented, it is time to select the actual 3-5 (this can be any number, but it is recommended to pace the department) problems that will have the most emphasis put onto them within the actual strategic plan.

Step 1.) Consider. Gather feedback from coalition leaders and representatives while also gaining pointers from members within your own department, along with opinions from your coordinator. This will help to drive the department in the necessary direction to select the best issues that need identified and which strategies would work best with them.

Step 2.) From here, each problem big enough to be confronted should be brought up and discussed upon for as long as deemed necessary. Once again, a recommended 3-5 problems should be chosen.

Step 3.) Assign. Now that crucial problems to the county have been identified, strategies that have been created throughout this entire process should be applied wherever applicable. Different strategies can be used more than once to fix other problems, so long as they have an explanation and a sound solution.

Action Planning

Now, the final step in the strategic planning process will start. Action planning will help to make sure the strategic plan is truly implemented into the department's strategy towards accreditation and towards a healthier county and community.

Developing the Plan (Strategies):

Step 1.) To start off, begin an overall plan broadly explaining how each goal (AKA each problem) will be solved.

Step 2.) Next, each subgroup (or function) of the department should have an underlying plan to show how they will accomplish their part of the goal.

Step 3.) Now, the people that make up the subgroup, function, etc. will make an even smaller sub-plan that will show how the subgroup or function will be implemented into the overall plan. This is the final step and will help to relate each plan to the overall plan that broadly explains the goals set forth by the department.

Developing the Objectives:

Now, objectives will be made. Be certain that each objective set forth for each strategy abides by the S.M.A.R.T. rule:

Specific **M**easurable **A**ttainable **R**elevant **T**ime-based

Specific: You want each objective to be very specific in details; you do not want a broad objective, as it will not help to show progress.

Measurable: The progress of the objective must be measurable so that you know how much progress you are actually making and if you know that you have actually reached your "measurable" goal.

Attainable: The goal must be possible to achieve, BUT it must also be challenging enough to bring forth a positive outcome, that is, bring about a form of good progress.

Relevant: The objective must actually relate to the goal that you have set forth; if not, there is not a need for it and the completion of it will not help to create positive progress.

Time-based: Each objective must have a timeline for completion; if not, there will be no incentive or drive to push forward the development of the achievement of the goal. Also, these objectives will need to have been completed rather promptly as accreditation is basically all a timed process, which means that a timeline helps to ensure everything is completed accordingly and on time.