Strategic Planning
Sarpy/Cass Department of Health and Wellness

December 2015-January 2016

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DECEMBER 17: ENVIRONMENTAL SCAN

To begin the planning process, Sarpy/Cass board members and staff considered activities, approaches, ideas and other trends both internal and external to the health department.

The group first spent time reviewing vital statistics and other health data supplied by NE DHHS and the recent Community Health Assessment.

What did you notice about the data?
- Elderly population is increasing
- Entire population is increasing (for Sarpy/Cass County)
- The Hispanic population is increasing
- There is an increase in child poverty
- Wondering… what is the age breakdown for unintentional injury?
- We are a mental health shortage area
- Infant mortality rate is increasing. Why?
- STD rates are increasing (in what ages? In what zip codes?)
- Radon levels
- Cancer rates, skin cancer in Cass county
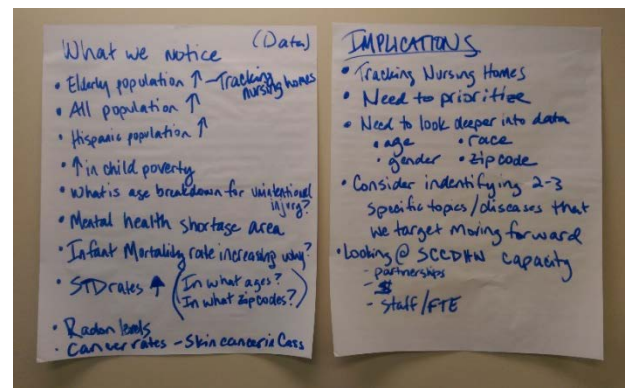
Implications of the data:
- Need to track nursing homes
- Need to prioritize
- Need to look deeper into data (age, race, gender, zip code)
- Consider identifying 2-3 specific topics/diseases that we target moving forward
- Looking at SCDHW capacity (partnerships, $$, Staff and FTE)

Next, staff and board members participated in an environmental scan exercise. Participants were asked:

What is going on around us that we need to pay attention to as we move forward?
- **ON THE FAR HORIZON**? (boundary ideas – What's edgy?)
- **EMERGING**? (gaining attention and momentum)
- **ESTABLISHED**? (visible and well-developed)
- **DISAPPEARING**? (no longer an operating reality)
- And what are the **RIP CURRENTS**? (deep patterns causing trouble, even in midst of success, or things to avoid so we aren't carried out to sea)

This information will help to identify potential focus areas to address in the coming three years. Environmental scan results are found on the following two pages.

What is going on around us that we need to pay attention to as we move forward?

...ON THE FAR HORIZON? (boundary ideas)	...EMERGING? (gaining attention and momentum)	...ESTABLISHED? (visible, well-developed)	...DISAPPEARING? (no longer an operating reality)
• Increase health care services • Sarpy/Cass immunizations by SCDHW (VFC Program) • SCDHW has health clinic and lab with PA/NP ● • Public health accreditation • Reduced cancer rates • Provide services on a slide scale ($) • Building – more space • Increased board advocacy • Go where the people are • Concerns of an aging population • Environmental services/consultation • Cultural and linguistically appropriate services, materials • Moving from treatment to prevention (ACA) • The HD has a more recognized role in emergency preparedness • WIC through SCDHW	• Evidence-based approaches ● • STD and HIV testing and counseling • More people = more illness = more need for staff • Need for adolescent health initiatives • Updated identity (as a health dept) ● • Collecting and using data ● • Utilize students • Sarpy restaurant inspections by health dept. • Identify program trends ● • Maternal mental health concerns • Demographic changes • Electronic communications (use more, integrate) • Data-driven priorities (STD, mental health, CHNA) ●	• Health education and promotion • Established partnerships with community partners • Current SCDHW programs offered • Need for coordination of MCH home visiting programs • Diabetic services • Disease surveillance • Individual programs • Emergency preparedness plans • Financials • Need for STD testing in Sarpy/Cass ●	• Scare tactics • Working in silos (dept/programs) • Dependency on state (DHHS) (data, services, resources) • Mini grants ● • Services for Sarpy/Cass done by other agencies ● • SCDHW office space (physical building) • PHN program

RIP CURRENTS (Deep patterns causing trouble, or things to avoid)			
• Affordable Care Act • Duplication of services • Consider program funding • Lack of identity ●	• Religious/political opposition • Finances (grants/state funding), capacity building • Department FTEs • Funding • Regulations for Medical care offered • Financial County Support • Programs to support priorities ●		

Key
● Something exciting, pleasing or welcoming
● Something worrisome, or you want to resist

We followed up with several questions to better understand the results of the environmental scan. Responses to two key questions are detailed below.

What threatens the work of Sarpy/Cass Department of Health and Wellness? Aside from money and time, what are the barriers (weaknesses, threats) that continually stand in the way of meeting opportunities?

- Sustainability
- Lack of community support
- "politics" – trying to lead programs/activities that others are currently leading
- Public understanding of statutory law
- People (staff, board, clients)
- Resistance to change
- Missing expertise/skills sets
- Our own fear
- The people/organizations who are currently holding things that we want to do
- The need for advocacy for the departments capacity
- Current lack of support from counties

What questions are lingering?

- What will our priorities be?
- How will we gain the capacity to address the priorities we choose?
- How will we "get the blessing" from the right people to take on what we need to serve our community?

The group next met on January 9 to create a three-year strategic plan.

☆**AGENDA.**

Time	Item
8:00	Introductions, Reminder of Purpose
8:15	Environmental Scan Review
8:45	3-Year Vision for SCDHW
10:15	BREAK
10:30	Block and Barriers
11:15	Strategic Directions for the Next 3 Years
12:30	Next Steps

The <u>overall focus question</u> for the strategic planning process was:

What is the strategic work SCDHW must do in the next two years to meet its mission… "To improve the lives of all Sarpy and Cass County residents through prevention, promotion, and protection of the public's health"

ENVIRONMENTAL SCAN REVIEW

A review of the environmental scan results was conducted. Participants shared thoughts around key data points noticed, surprises from the scanning process, and how they might leverage the information for planning purposes.

PRACTICAL VISION

Attention then turned to looking towards the future of the organization. It was explained that in order to understand what you must do in the next 3 years, you first must know where you want to be.

The Focus Prompt was:
What do we want to see in place in 3 years as a result of our actions?

The process for answering this question including individuals brainstorming on their own, followed by groups of 3-4 sharing their best ideas. Groups then wrote the ideas on cards to be taken to the front of the room. As cards were brought to the front, sorting of ideas by "intent" was completed. Once groups of cards were sorted into categories of like ideas, participants named the categories.

The responses to the focus prompt are found on the next page.

Practical Vision

Healthier Community	Emerging Programs and Services	Recognized Identity	Improved and Increased Infrastructure and Capacity	Long-Term Financial Sustainability	Enhanced Community Partnerships	Coordinated, Integrated Mental Health Services

• Reduction in childhood obesity
• 35% decrease in STDs (we would be happy with 20%)
• Increase in life expectancy in all age groups
• Identified causes of lung cancer
• Deaths from cancer below US rates
• Infant mortality rate researched and decreased
• Diseases reduced:
   ○ Lung cancer
   ○ Suicide
   ○ Infant mortality
• Infant mortality rate researched and decreased
	• Health department functions back to the health dept.
	• Aging activities (eg. partner with city planner on park design; social – Blue Zone)
	• Environmental health
	• Develop a strategy to address STDs (based on data)
	• Increase senior health services
	• More efforts to target chronic diseases
	• Continuous data collection and analysis
	• More programs, expansion
	• Improved communication with aging population to ask their needs
		• Increase in awareness of Health Department identity (engagement)
		• Positive media campaigns
		• Make the department more relevant and well-known
		• Marketing increase
		• Publicize programs
			• Health Department functions back to the health department (eg. Tobacco-Free Sarpy/Cass)
			• Healthy training center (space) (food training, budget, fast food)
			• Facility expansion for programs (car seats, food)
			• Translation services expansion
			• Increase in staff and department capacity
			• Qualified staff
				• Funding for mental health
				• Funding (programs, partnerships)
				• Increase in sustained funding
				• Board of Health advocates for funding
				• Funding sources (increase revenue by 20-30%)
				• Financial sustainability (county $, fees for services)
				•
					• Being "at the table" in emergency response
					• Board of health advocates for partnerships
					• Partnering with neighboring health departments to better serve
					•
						• Identify county-specific mental health shortages
						• Mental health sliding scale
						• Mental health programs
						• Coordination of mental health services
						
						Clinical Services Exploration
						• Health clinic facility expansion
						• WIC clinic
						• School-based clinics
						• PH clinic, lab services

> ### *What do we want to see in place in 3 years as a result of our actions?*

BLOCKS AND BARRIERS

Once the group was clear on where they wanted to be following this 3-year strategic plan, they began to unpack the biggest obstacles that will keep them from reaching that vision.
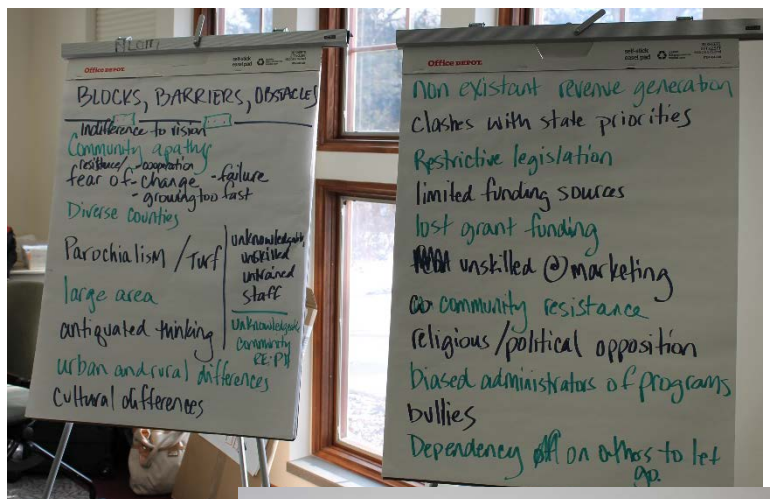
The Focus Prompt was:

What is blocking us from moving toward our vision?

The process for answering this question included individuals brainstorming on their own, followed by a large group discussion where each person shared at least one block or barrier that felt might keep them from reaching their vision.

The responses to the focus prompt were captured on flip charts and are found below.

What is blocking us from moving toward our vision?
- Indifference to the vision
- Community apathy
- Fear or resistance of:
  - Cooperation
  - Change
  - Failure
  - Growing too fast
- Diverse counties
- Parochialism/turf issues
- Large area
- Antiquated thinking
- Urban and rural differences
- Cultural differences
- Unknowledgeable, underskilled, untrained staff
- Unknowledge community regarding public health
- Non-existant revenue generation
- Clashes with state priorities
- Restrictive legislation
- Limited funding sources
- Lost grant funding
- Unskilled at marketing
- Community resistance
- Religious and political opposition
- Biased asministrators of programs
- Bullies
- Dependence on others to let go.

IDENTIFYING STRATEGIC DIRECTIONS

With the obstacles identified, Sarpy/Cass Department of Health and Wellness board members and staff could then focus on their strategic goals and directions for the next three years.

The Focus Prompt was:
What innovative, substantial actions will deal with the blocks and move us toward our vision?

Actions could include programs, projects, initiatives, events, activities, plans, enterprises, ventures, systems and models. They could be adventuresome and conservative.

Participants began to brainstorm on their own, trying for a list of 8-12 actions. Next, groups of 3-4 shared their best ideas and wrote them out on cards to be taken to the front of the room. As cards were brought to the front, sorting of ideas by "intent" was completed.

Once groups of cards were sorted into categories of like ideas, participants named the categories. They did this by completing the sentence: *"In the next 3 years, we intend to…"* Eight goals were identified.

Complete detail of the goals can be found on the next page.

This concluded the work completed on January 9.

Congratulations to Sarpy/Cass Department of Health and Wellness for successfully setting a vision for the next three years!
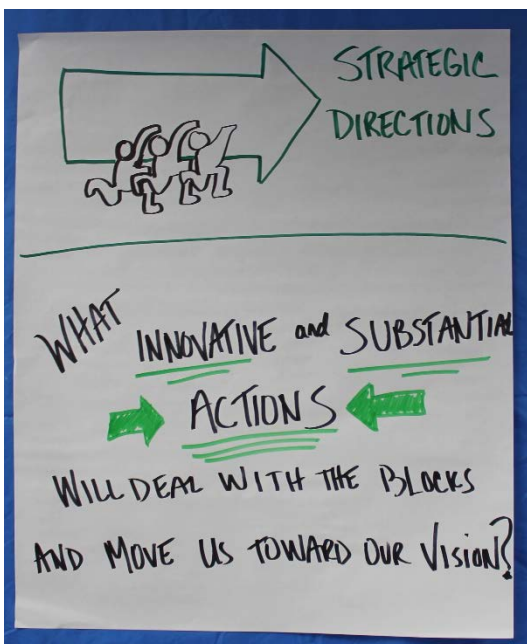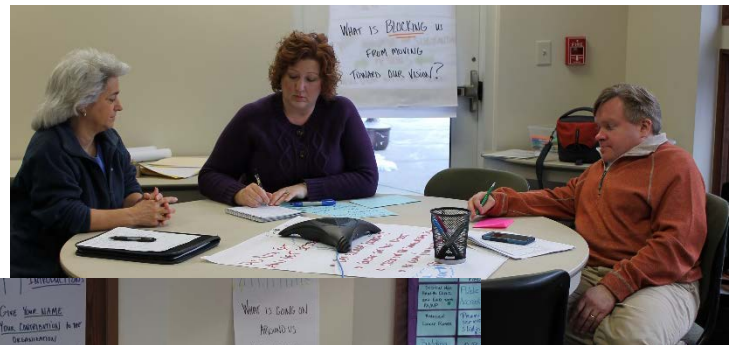
Strategic Goals

A. Generate Additional Funding Sources	B. Establish Quality Improvement Procedures	C. Cultivating Community Partnerships	D. Market and Communicate about the Department	E. Develop Staff Capacity	F. Identify and Prioritize Programs and Services	G. Grow Board of Health Advocacy Efforts
• Search for additional funding • Provide data to entities to justify moving programs to our counties • Revenue generating services (EH, etc.) • Hire a grant writer • Hire a grant writer (partnerships, students, or on commission?)	• Accountability and assessment of progress (45-60 days, staff meetings, BOH agenda) • Coordinate effort to set goals and organize an approach	• Find and cultivate in the media and legislature • On a department level, determine community partners and resources they offer (to all SCDHW programs) • Proper representation through community • Identifying community volunteers • Department to develop partnership with BMC • Ensure programs meet county-specific needs • Connect with local community leaders	• Engage community (host CHIP town hall, focus groups, open house in Sarpy and Cass County • Create publicity about SCDHE and activities (open houses, sponsor things, promotional events) • Rebrand the department (name, email) • Contract/Hire marketing consultant • Hire PR firm to assist with branding of the department • Keep website current • Share information and data with the public and those who ask • Having a presence • Educate selves and public partners • Educate public policy makers, civic groups, etc. about PH and needs	• Incorporate students (research, analysis) • Team building to include unity and buy-in • Karaoke machine! • Staff training for funding resources • Clear and well-defined staff expectations • Staff development • Staff training on marketing • Staff training for suicide prevention identifier (2 day workshop) • Hire additional staff	• Define and prioritize programs, services, and resources needed • Explore existing legislation • Monitor expenditure of Region 6 funds in Sarpy and Cass counties • Ensure programs meet county-specific needs • Plan for specific programs to determine infrastructure needs • Establish STD clinics in Sarpy and Cass, maybe partner with OneWorld • Identify specific diseases for reduction programs	• Provide more training for new board members and encourage participation in State Association • Encourage board members to advocate for health department goals and needs • BOH works with city government for additional funding • Approach County Boards regarding sustaining funding

What innovative, substantial actions will deal with the blocks and move us toward our vision?

H. Expand our Physical Space

- Look for a new building
- Potential satellite office in Cass County

RECOMMENDATIONS FOR NEXT STEPS

1. USING THE EIGHT IDENTIFIED GOALS, CREATE OVERALL "STRATEGIC DIRECTIONS" TO GUIDE YOUR WORK.

This means grouping similar goals that reach for the same overall aims. It is recommended you have between 2 and 4 Strategic Directions
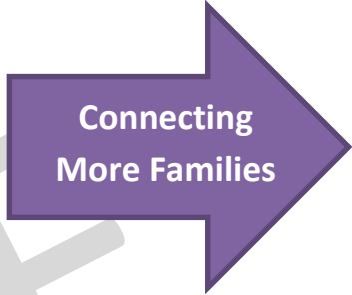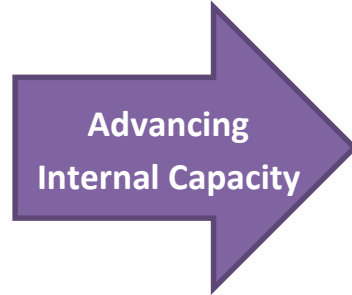
An illustration is given below, and an example of the finished product is on the following page. In addition, a list of potential "starter words" for the Strategic Directions has been included.

Goal A:	B.	C.	D.
E.	F.	G.	H.
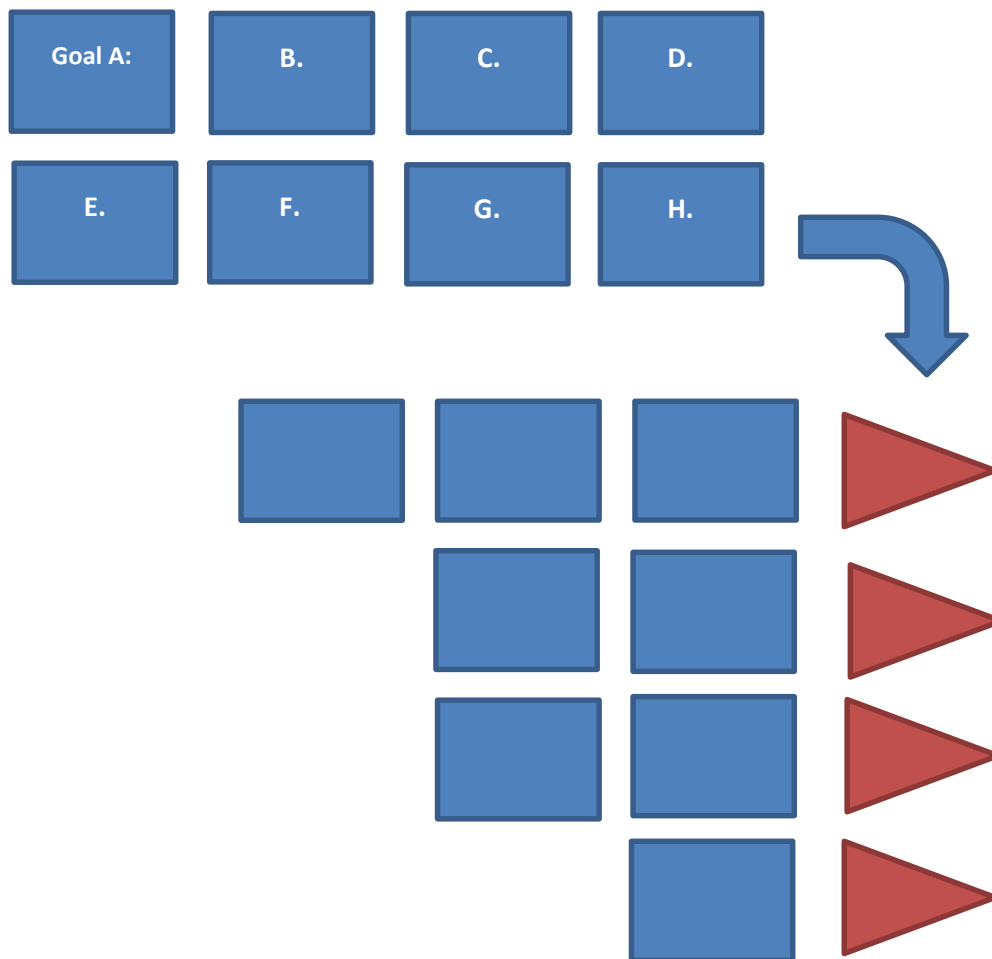
Example Words for Naming Strategic Directions:

- Advancing
- Engaging
- Positioning
- Enhancing
- Supporting
- Empowering
- Redirecting
- Updating

- Prioritizing
- Launching
- Pursuing
- Reviving
- Analyzing
- Modifying
- Developing

- Initiating
- Expanding
- Catalyzing
- Reformulating
- Mandating
- Venturing
- Determining

XYZ Organization Three-Year Strategic Directions (2015-2018)

Create a Coordinated Outreach Strategy	Attract, Engage, Retain Individuals and Families	Expand Access in Rural Areas
• Develop coordinated outreach strategy • Designate outreach coord. to visit providers, schools, churches, medical, daycares… • New organization video • Find medical provider events, get an "in" • Community event which invites families past/present/future & community agencies • Marketing strategy to improve outreach efforts to community and events • Community suggestion box • Define and establish list of inconsistent messaging (explain "why," know resources) • Host a legislator breakfast/lunch • Elevator speeches developed for staff and board for a variety of audiences • Develop a referral network across all programs and in rural communities • Can kennel (optimist)	• Develop educational strategies to improve awareness of importance of early years • Develop attractive incentives for families to join our programs	• Once a month service providers to new office • Assess rural services: needed, available, contact to expand area

Connecting More Families →

Revitalize the Data Management System	Improve Staff and Program Efficiency	Strengthen Team Relationships	Revive Board and Staff Relationships
• Bid out an upgrade and request funding • Develop benchmarks for ongoing measurement of data • Coordinated data collection mechanism	• Strategize ways to make physical workspace work more for staff • Create office ground rules to limit distractions • Adding more detail and update job descriptions and performance plans • Staff meetings – role play each agency function • Staff training on each program • Staff suggestion box • Home visitation -- brainstorm documentation efficiencies • Routine program reports at staff meetings • Individual staff development plans • Twice weekly huddle (skype?) • Review procedures and eliminate non-useful items • Full walls, sound proof doors	• Team building exercises 2x per year • Team building quarterly	• Increase board size and diversity of numbers • Board recruitment (mixed gender/background) • Cross-training of board/staff on roles/ responsibilities • Staff attend board meetings? Or 1 staff attend and report to others • Presentations from staff at board meetings • Staff/board bonding event • Staff and board development activities throughout the year

Advancing Internal Capacity →

Develop an Enhanced 'Fund Development Plan'

- Ask funders for assistance in a fundraising fund and person
- Transportation grant?
- Hire grant/fundraising positions – financial planning
- Detailed fund Development Plan
- Hiring of a community development and/or fundraising person
- Grant or can kennel for new printer/copier

Securing Organizational Sustainability →

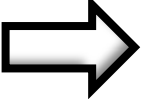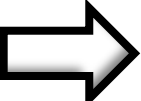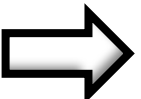**2. PRIORITIZE WORK WITHIN THE FINALIZED STRATEGIC DIRECTIONS FOR YEAR 1.**

One exercise might be to start by asking (for each Direction),
What will our First Year Accomplishments be within this direction?

You may choose to discuss what "success indicators" for reaching each accomplishment would look like.

To lay out the first year's work, a table similar to the one below could provide useful information as you drill down to *who*, will do *what*, by *when*.

You may also have a conversation with the Board of Directors about which (if any) Strategic Directions or Goals they will take the lead on (versus staff).

Strategic Direction	Quarter 1 (dates)	Quarter 2 (dates)	Quarter 3 (dates)	Quarter 4 (dates)
⇨				
⇨				
⇨				

3. CREATE YOUR QUARTERLY PROGRESS CHARTS AND MEASURES.

For each accomplishment in each quarter, complete a list of action steps needed to reach that accomplishment along with *who*, will do *what*, by *when*.

An example chart is included on the next page, and can be tailored to meet your needs.

STRATEGIC DIRECTION		
Year 1 Goal:		
Quarter 1 Accomplishment (WHAT):		**Start Date:** **End Date:**
Implementation Steps (HOW)	**BY WHEN**	**WHO**
1		
2.		
3.		
4.		
5.		

Team Members:	Collaborators or Partners:	Evaluation Measures	Notes and Miscellaneous