



Strategic Planning Guide

Guidance and Resources to Assist State and Territorial Health Agencies in Developing a Strategic Plan

Strategic Planning Process

Strategic planning is a tool that helps address the state’s or territory’s chief public health needs while allowing the agency to adapt to a changing environment. If designed, implemented, and monitored correctly, a strategic plan provides a common foundation to set direction, inform decision making, and assess performance. This graphic provides an overview of the seven steps of strategic planning explained in this guide, and emphasizes the continuous and cyclic nature of the process. Accreditation requirements are provided, along with state examples and tips.

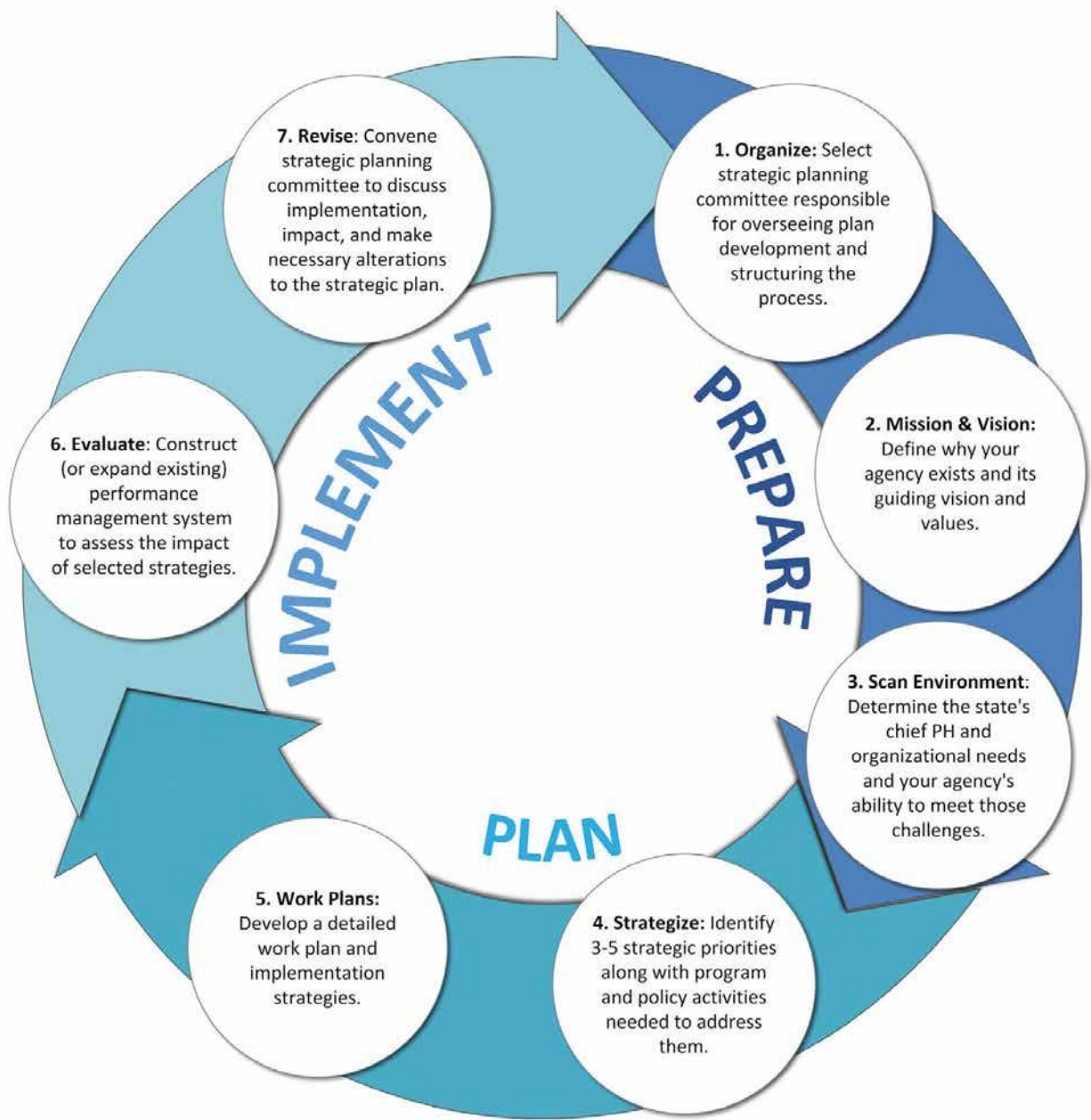


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Introduction

State and territorial public health agencies are pulled in many directions. An effective strategic plan can help you to address your state's or territory's chief public health needs while allowing you to adapt to a changing environment. If designed, implemented, and monitored correctly, a strategic plan provides a common foundation to set direction, inform decision making, and assess performance.

As shown in Figure 1, a strategic plan includes four elements. Its foundation is the organization's mission, vision and values. Based on these, a high level strategic plan can be developed along with priorities. The development of more detailed workplans follows. Finally, evaluation and monitoring of the strategic plan takes place through the development of a performance management system. Descriptions of each of these, along with processes for developing them, are discussed in this guide.



FIGURE 1

The Association of State and Territorial Health Officials (ASTHO) created this Strategic Planning Guide to help state and territorial public health agencies (S/THAs) develop new—or refine existing—strategic plans. As part of its services to members, ASTHO promotes and supports strategic planning in states and territories by providing technical assistance and tools¹ and providing strategic planning services.² This guide is designed to address what we often hear from state's and territory's when they seek our help:

"We have a strategic plan, but no one follows it; it does not really guide our work."

"We have a plan that talks about what everyone does, but it's not really strategic."

"We have a lot of plans, and need to make sense of them all—we're thinking about making an overarching plan."

"We need help understanding and meeting the strategic planning prerequisite for accreditation."

This guide provides an overview of the process generally accepted by the field and highlights tools and resources that will provide more detailed guidance.³ This guide offers examples of work done and lessons learned by several states and provides the Public Health Accreditation Board (PHAB) strategic plan standards and specific documentation required for accreditation based on [PHAB's Standards and Measures, Version 1.5](#).

Through talking with public health agencies that have undertaken effective strategic planning, four insights emerge:

1. **Strategic plans are strategic.** Plans that describe agency functions with respect to all [10 essential services](#), recite all agency processes and initiatives, or use pre-established measures of success, can be viewed as make-work and burdensome. Consider flipping this model, establishing three or four priorities and determining how you will meet those priorities in the context of the rest of your work.

¹ This guide is one of three addressing the three [PHAB prerequisites](#).

² ASTHO contracts with TSI Consulting Partners, Inc. to provide strategic plan development, made available to members at a reduced rate.

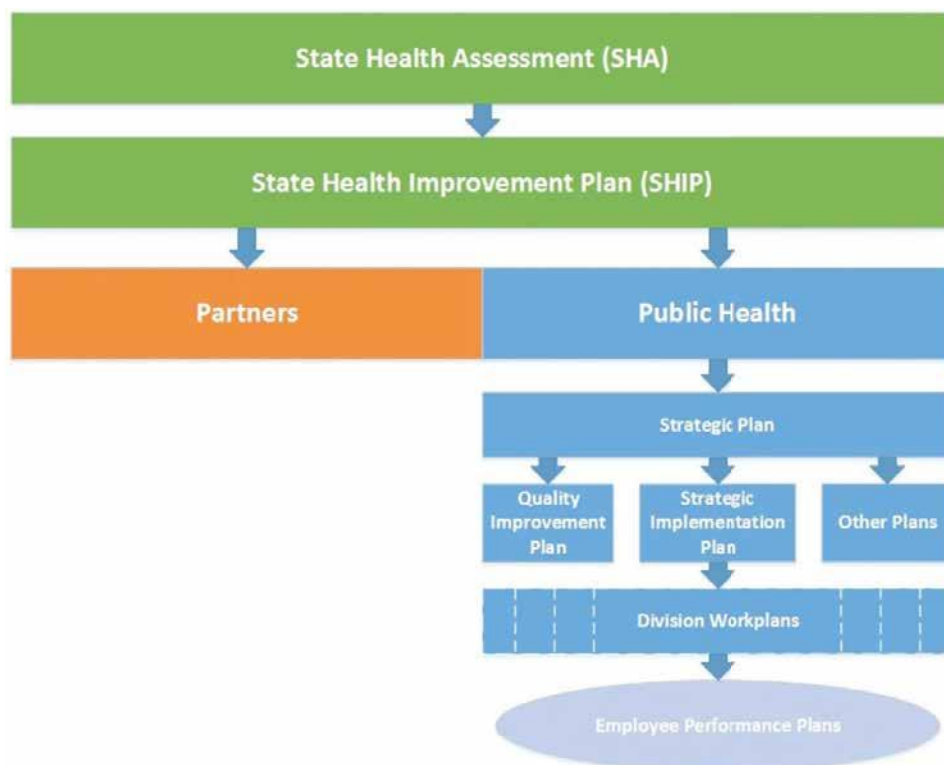
³ We want to give special recognition to our colleagues at the National Association of County and City Health Officials (NACCHO) whose thoughtful and thorough work has informed this guide. In particular, this strategic planning guide is meant to complement the more detailed guide found [here](#) by providing state examples and perspectives.

2. **Strategic plans are living documents that are applied.** The best plans are clear road maps which guide implementation and contain applicable performance measures to monitor and measure change in your objectives over time. Strategic plans should be reviewed and revised when necessary.
3. **Strategic planning is not an isolated process.** Strategic planning that works best enjoys broad input and support. Although a select workgroup (often the executive management team) may do the vast majority of the planning, the process should get input across the S/THA at key points. Such a plan has the best chance of being successfully implemented.
4. **Strategic planning builds on other plans and assessments.** The plan should be aligned with other plans and assessments such as the State Health Assessment (SHA), and the State Health Improvement Plan (SHIP), the S/THA's Quality Improvement Plan, and workforce development efforts. Selected measures can become part of your state's performance management system.

Figure 2 shows how plans and assessments are aligned. There are three prerequisites for states and territories applying for PHAB accreditation:

1. A [State Health Assessment \(SHA\)](#) collaboratively conducted with community partners that examines system-wide public health needs.
2. A [State Health Improvement Plan \(SHIP\)](#) collaboratively developed with community partners that sets priorities for a system-wide response to the identified needs from the SHA.
3. An agency-specific Strategic Plan that clarifies the S/THA's role in addressing the identified state needs. Findings from both the SHA and the SHIP should help determine your agency's strategic priorities.

FIGURE 2: ALIGNMENT OF PHAB PREREQUISITES

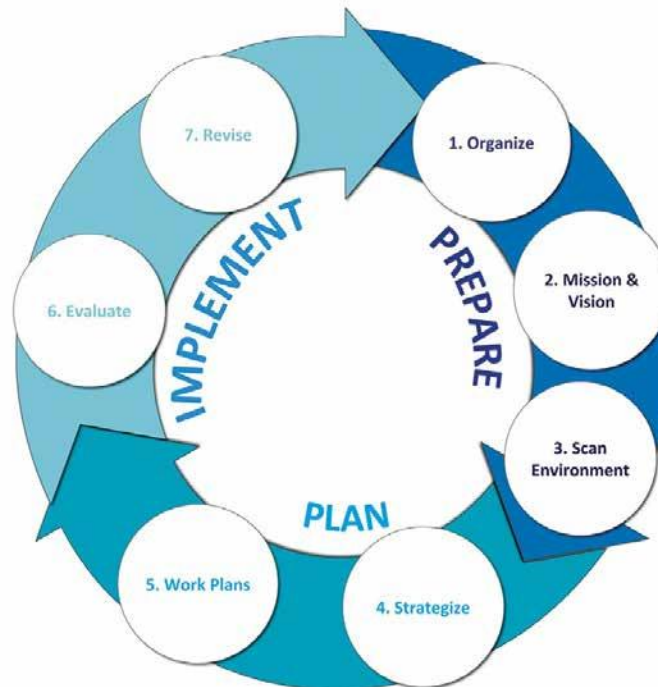


(Adopted from MarMason Consulting LLC, 2012 from NACCHO Strategic Planning Guide pg. 12)

The S/THA's strategic plan will identify a select number of strategic priorities that should, in turn, be aligned with your agency's Quality Improvement Plan, Division work plans, and ultimately inform your employee performance plans. Ideally, all workers will know how their work impacts your strategic priorities.

The following diagram provides an overview of the cyclical strategic planning process. The first three steps are undertaken to ready the agency for the plan developed and implemented in the fourth and fifth steps. Once implemented, it is important that strategic plans are evaluated and revised as necessary. Most strategic plans have a three to five year horizon, after which the process must be undertaken again.

FIGURE 3: STRATEGIC PLANNING PROCESS



Organizing Phase

Form a Strategic Planning Committee

Agency leadership should appoint a diverse group of individuals to the Strategic Planning Committee (SPC) that includes both strategic thinkers and detail-oriented staff, all of whom can think beyond their own agenda (Van Buren, 2012; Allison & Kaye, 2005; Bryson, 1988).

The involvement of senior S/THA leadership is crucial for both plan development and implementation. Some senior leaders may be inclined to take a hands-off approach, but their active participation is critical. Mittenenthal (2002) suggests that if key leaders do not participate in planning, others are unlikely to take the process seriously. California is one of several states where agency leadership led by example. (See text box on page 5.)

The SPC should have sufficient decision-making power to keep the process moving forward. It should also be given specific direction about when the committee must report progress and plans out to the broader agency workforce and other key internal and external stakeholders to ensure continuous feedback and buy-in.

Leading by Example

Ron Chapman, Director of California's Department of Public Health and State Health Officer, kicked off a two-day strategic planning session by welcoming participants and explaining:

- *"There are lots of people looking forward to seeing our results. We've already scheduled meetings with stakeholders to roll out the draft map. As early as next week, we'll be taking it on the road. We're planning a three-month process to get feedback from key stakeholders on the draft strategic map.*
- *"As we think about rolling out the strategic map with our staff, we want to make sure that each staff member can see where he or she belongs on the map. At this point, it's not about working harder. It's about working smarter. We need to find efficiencies for the Department. At the same time, I need your professional opinions about how to increase the effectiveness of what we're doing. If there are things that are ineffective, we need to quit doing them."*
- *"We need to accomplish a system transformation using quality improvement processes and tools. I need your vision for what the Department needs to look like three to five years out."*

Structure the Strategic Planning Process

Early on, S/THAs must decide how they will structure their assessment and planning process in relation to local public health departments.

- Will state S/THAs develop a plan, actively seeking input from local regions/districts/counties at key points?
- If local districts have developed their own assessments and plans, will the state S/THA begin with that work and aggregate local plans (at a minimum, develop a plan that takes local needs and initiatives into account)?

Review each stage of the planning process, and in light of accreditation prerequisite requirements (see the following two tables which list accreditation standards and specific supporting documentation needed), sketch out:

- What activities need to be taken within each step of the planning process?
- How will we document and capture needed information along the way?
- What results are we seeking?
- How will we know when we are finished?
- Who will do the work?
- What is our timeframe?⁴

Aligning Accreditation Timelines with Planning Timelines

Idaho created a series of timelines for each stage of the strategic planning process in light of their application process for accreditation. Recognizing that their strategic plan should be dated and ideally implemented within five years of their accreditation application, they worked backwards to set strategic planning timelines from the date they planned to apply for accreditation.

This is also a good time to reflect on previous strategic planning efforts and consider what has or has not worked in the past. For instance, several states have used retreats to focus staff on the sometimes complex questions of strategic planning. Illinois's experience, described in the text box on pg. 6, suggests that states should consider timing and readiness when planning a retreat.

During this phase, the S/THA should also consider bringing in an outside facilitator. Many state health agencies have found this helpful to guide and moderate the strategic planning process from a neutral stance. Lisa Bujno, Chief of the Bureau of Public Health Systems,

⁴ For states moving forward with accreditation, recall that your finalized strategic plan must be dated within five years of your application. Ideally, you will also have begun implementation and be able to supply progress reports that indicate progress made in reaching your strategic objectives.

Carving Out Time to Plan

Jerome Richardson, former Deputy Director of the Office of Performance Management at the Illinois Department of Public Health (IDPH), stated that time away from the office with staff was very useful because it allowed them to think about the direction of the agency in a relaxed environment. Richardson added that to get the most out of a retreat, it is important to be as prepared as possible. He stated that gathering more information from partners and other stakeholders at least six to eight months before the retreat would have been ideal for the IDPH.

New Hampshire’s Division of Public Health Services (NHDPHS) hired a professional third party facilitator to help develop their strategic plan. Bujno observed that using a third party facilitator prevented digressions and helped keep their team focused on the planning steps.

FIGURE 4: ACCREDITATION REQUIREMENTS FOR DEVELOPING A HEALTH DEPARTMENT ORGANIZATIONAL STRATEGIC PLAN

MEASURE 5.3.1 A: CONDUCT A DEPARTMENT STRATEGIC PLANNING PROCESS		
DOCUMENTATION	DATA/GUIDANCE	EXAMPLES
1. Use a planning process to develop the organization’s strategic plan	<ul style="list-style-type: none"> Document the process your agency used to develop the strategic plan. If your strategic planning process was part of a larger umbrella agency strategic planning process, provide evidence that your agency was actively involved and that public health was an integral component. 	
a. Membership of the strategic planning group	<ul style="list-style-type: none"> Provide list of names and titles of individuals involved in the strategic planning process. Include various levels of staff and representatives of your agency’s governing entity. 	<ul style="list-style-type: none"> Meeting minutes Report presenting members of strategic planning committee Other formal listing of participants
b. Strategic planning process steps	<ul style="list-style-type: none"> Summary/overview of strategic planning process. Include: number of meetings, duration of planning process, and methods used for the review of major elements by stakeholders. 	<ul style="list-style-type: none"> Opportunities and threats analysis Environmental scanning process Stakeholder analysis Story-boarding Strengths and weaknesses analysis Scenario development

FIGURE 5: ACCREDITATION REQUIREMENTS FOR DEVELOPING A HEALTH DEPARTMENT ORGANIZATIONAL STRATEGIC PLAN

MEASURE 5.3.2 A: ADOPT A DEPARTMENT STRATEGIC PLAN	
DOCUMENTATION	DATA/GUIDANCE
1. Health department strategic plan	<ul style="list-style-type: none"> • If strategic plan is part of a larger umbrella organizational plan, this plan must include a section that addresses and includes required elements of the plan specific to the health department. <ul style="list-style-type: none"> > Only include section(s) of the larger plan that address the health department. • Must be dated within last five years. <ul style="list-style-type: none"> > Your agency may have a shorter planning timeframe or goals set for longer than five years but strategic plan must have been produced or revised within last five years. • There is no required or suggested length/format for strategic plan
a. Mission, vision, guiding principles/values	<ul style="list-style-type: none"> • Include your agency’s mission, vision, and guiding principles/values.
b. Strategic priorities	<ul style="list-style-type: none"> • Include your agency’s strategic priorities.
c. Goals and objectives with measurable and time-framed targets	<ul style="list-style-type: none"> • Include your agency’s goals and objectives with measurable and time-framed targets. <ul style="list-style-type: none"> > Measurable and time-framed targets may be in another document, in which case the companion document must be provided with the strategic plan.
d. Consideration of key support functions required for efficiency and effectiveness	<ul style="list-style-type: none"> • The strategic plan must consider capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability.
e. Identification of external trends, events, or factors that may impact community health or the health department	<ul style="list-style-type: none"> • Include identification of external trends, events, or other factors that may impact community health or the health department.
f. Assessment of health department strengths and weaknesses	<ul style="list-style-type: none"> • Include analysis of your agency’s strengths and challenges.
g. Link to the health improvement plan and quality improvement plan	<ul style="list-style-type: none"> • Include linkages with the health improvement plan and health department’s quality improvement plan. • Strategic plan does not need to link to all elements of health improvement plan or quality improvement plan but must show where linkages are appropriate for effective planning and implementation.

Mission, Vision, and Values Phase

The foundation of a strategic plan is the S/THA's mission, vision and values. These statements succinctly reflect a shared understanding of why an organization exists and its aspirations for the future. Out of convenience, it is tempting to dust off those already in existence. While these can be a starting point, critically review whether they are ambiguous or outdated. Do they “sing to you?” Because of their defining nature, and the fact that they will help guide the rest of your work, it is important to invest time to clarify and articulate them on paper (Mittenthal, 2002).

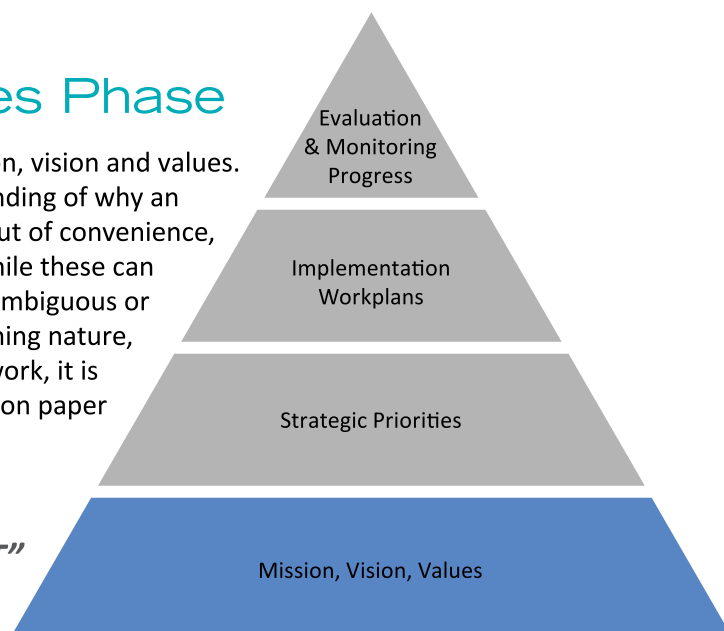


FIGURE 6

MISSION STATEMENT – “WHY WE EXIST”

A mission statement clearly describes your health agency's purpose: why it exists, what it does, and whom it serves. The statement should communicate the essence of the agency to its employees, stakeholders, and the public (Allison & Kaye, 2005).

Sample Mission Statements for Strategic Plans:

New Hampshire—*To assure the health and well-being of communities and populations in NH by protecting and promoting the physical, mental, and environmental health of its citizens, and by preventing disease, injury, and disability.*

Ohio—*To protect and improve the health of all Ohioans by preventing disease, promoting good health, and assuring access to quality care.*

Tennessee—*To protect, promote, and improve the health and prosperity of people in Tennessee.*

Utah—*To protect the public's health through preventing avoidable illness, injury, disability, and premature death; assuring access to affordable, quality health care; and promoting healthy lifestyles.*

VISION STATEMENT – “WHAT WE WANT TO ACHIEVE”

In the end, those who have planned successfully note that their carefully-constructed plans are often boiled down to the vision statement when communicating to busy policymakers. During the planning process, success is facilitated by a clear guiding vision of what the health agency will be in the future. The vision statement should answer the question: “What will success look like?” A vision statement should be explicit, straightforward, and concise (Allison & Kaye, 2005).

Sample Vision Statements for Strategic Plans:

Tennessee—*A recognized and trusted leader, in the nation's top ten healthiest states, partnering and engaging to improve health.*

Utah—*Utah [will] to be a place where all people can enjoy the best health possible, where all can live and thrive in healthy and safe communities.*

VALUE STATEMENTS – “WHAT DEFINES US?”

What are the key themes you wish to be known by? What are the organizational values of which you are most proud? Values statements typically focus on themes such as service, quality, people, and work norms. Successful organizations make their core values explicit; they debate and update them from time to time.

The health agency may conduct a *gap analysis* between its current values and the core values the health agency seeks to personify in the future. The strategic planning process will facilitate bridging of this gap. (Allison & Kaye, 2005). You may find that you identify a long list of values that you care about, but it is important to narrow those down to the few by which you wish your organization to live.

What Do We Really Value?

A facilitator worked with a public health agency executive management team on defining mission, vision, and values. Agreement was reached on the first two but the third proved elusive as the listing of values kept getting longer and longer. “We’re for all of these,” noted one participant. “But a listing of everything we value is meaningless.” The group made headway on paring down the list when the facilitator challenged each participant to name their top three to five values that met the following test—the virtue was one of the following:

1. Something we want to be known by.
2. Something we know we need to improve upon.
3. Something we value enough to track and potentially measure at periodic intervals.*

Sample Values Statements for Strategic Plans

Tennessee Department of Health Values

Integrity—Honesty and transparency in all that we do

Excellence—Delivering quality services to the public

Compassion—Demonstrate caring in daily operations and throughout public health crises.

Teamwork—Passionate people innovating together

Servant leadership—Combining humility with will to steward the public’s resources and trust.

Mutual respect—Appreciation of one another and promotion of diversity

New Hampshire Division of Public Health Services Values

Integrity—We serve with honesty, accountability and fairness.

Leadership—We lead in a responsive and innovative manner.

Respect—We respect the diversity and contributions of our staff, our partners, and the public.

Excellence/Quality—We strive to deliver the highest quality services using evidence and science-based practices.

Stewardship—We aim to use resources effectively and efficiently.

*ASTHO’s values are: respect, collaboration, credibility, leadership, and health and wellness. Every six months every staff member is surveyed on how well their subordinates, peers, and superiors are doing in each of these areas. Results are reported to all staff and acted upon by the executive management team.

Environmental Scan Phase

Now that you have clearly articulated your mission, vision, and values, the SPC must determine the state's chief public health needs and the S/THA's ability to meet those challenges. For those states that have recently completed a SHA, the environmental scan largely can rest on this broad foundation, although an environmental scan focused on the S/THA is needed.⁵

Due to the wide range of responsibilities and the amount of data available to you, this stage can feel overwhelming. To help with this, the environmental scan is broken down into two steps:

- Gathering information.
- Assessing the information gathered.

Information Gathering

Public health agencies vary widely in the amount and type of data they consider in the environmental scan. The goal is two-fold:

1. Identify and prioritize issues for the strategic planning process that are known to those within the planning team as well as *those that are not immediately known* but facing the agency nonetheless.
2. Identify contextual information on specific strategic plan content required for accreditation (see Figure 5).

The process for identifying sources of data, collecting these, and analyzing their content should be informative but not an end to itself.

Although new data collection can be undertaken, begin by reviewing existing data. These may include:

- S/THA annual reports, particularly for results related to progress on any past initiatives or strategic plans,
- State Health Assessment (SHA) results such as health status data, perceptions regarding health and health needs, and demographic information,
- Comparisons of state health indicators with national results,
- Comparisons of state agency operations against national standards, such as those of PHAB,
- Employee/workforce climate survey results or feedback,
- Partnership or stakeholder analysis results,
- Policy and legislative scans,
- S/THA program evaluation and QI results,
- Customer service/satisfaction feedback.



⁵ ASTHO. "ASTHO Publishes State Health Assessment Guidance and Resources." Available at <http://www.astho.org/Programs/Accreditation-and-Performance/ASTHO-Publishes-State-Health-Assessment-Guidance-and-Resources/>. Accessed 6-18-2014.

Idaho Environmental Scan

A data working group of the Idaho strategic planning team consulted the following data and information:

- Population health data on the leading causes of death and years lost,
- State ranking and benchmark data (such as Healthy People 2020) that showed the state's performance in relation to other states as national benchmarks,
- Performance reports on health standings issued by the state or CDC,
- Community Health Assessments (CHAs) developed by state districts,
- State agency self-assessment conducted for accreditation,
- Leading internal and external issues identified by the planning group.

Through a day-long session, these were organized into internal agency strengths and weaknesses and external opportunities and threats (explained below). These were then ranked through a prioritization exercise.

Information Assessment

Fortunately, there are several assessment tools available to you to guide and frame your analysis of the data you gather. We encourage S/THAs conducting a SHA to refer to ASTHO's newest Toolkit (2014): *State Health Assessment Guidance and Resources*. Here, we briefly describe three assessment tools that several states have already applied:

- **Strengths, Weaknesses, Opportunities, Threats (SWOT)** analysis.
- **NACCHO's Mobilizing for Action through Planning and Partnership (MAPP)** approach.
- **The National Public Health Performance Standards (NPHPS)** approach.

1. SWOT Analysis

The SWOT analysis is a widely used strategic planning assessment tool that provides a systematic analysis of an organization's internal and external environment. Once completed, it is an effective way to succinctly organize and convey information about the organization. The first two letters in the acronym, "S" – 'Strengths' and "W" – 'Weaknesses,' represent the internal environment of an organization (Moran, 2012). An agency's strengths are those characteristics that allow it to meet community needs. Weaknesses are internal challenges that reduce the agency's ability to perform effectively. Successful organizations will create plans that build on strengths instead of merely focusing on weaknesses.

The second two letters, "O" – 'Opportunities' and "T" – 'Threats' refer to the external environment that the health agency resides in—it is not in control of these external forces. Opportunities are external events that the agency can take advantage of to become more effective. Threats are external events that can negatively impact the agency's ability to perform. No organization exists in a static environment. For instance, advances in technology present new opportunities, which in turn, generate new expectations. Community needs and demographics are subject to continuous change and so are the methods for delivering programs and services. Thus, it is essential for the health agency's strategic plan to address its external environment (Allison & Kaye, 2005).

Figure 7 on the following page is a sample SWOT analysis from the **Indiana State Department of Health's** 2012-2017 Strategic Plan showing internal strengths and weaknesses they identified, as well as external opportunities and threats.

FIGURE 7

INTERNAL	
STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Strong workforce • Strong leadership • Collaborative • Information resources • Data driven/Evidence-based practice • Integrity • Emergency response • Robust, integrated databases 	<ul style="list-style-type: none"> • Internal communication • Undefined processes – IT, Finance • Sustainability of projects/programs • Public awareness/visibility • Scattered priority funding sources • Non-competitive compensation • Poor use of information & technology • Low per capita funding • Insufficient staffing • Leadership turnover
EXTERNAL	
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Presenting public health data and analyses • Partnerships • Public culture shift towards prevention • Technology/social media tools • Accreditation & QI strategies • New sources of funding • Health Information Exchange 	<ul style="list-style-type: none"> • Staff turnover, attrition • Inability to offer competitive salaries • Public policy priorities • Economic downturn – national & state • Challenges hiring qualified staff • Home rule of local health departments

2. The MAPP Approach

[NACCHO’s Mobilizing for Action through Planning and Partnerships \(MAPP\) approach](#) is an assessment and planning tool that incorporates broad based community input to identify public health challenges and resources. Its purpose is to identify and assess these in order to develop a community strategic plan.

Role of Assessments in Community Buy-In

Missouri is one of several states using NACCHO’s MAPP approach. Data was collected through eight regional focus groups, stakeholder interviews, on-line surveys for citizens and ongoing participation of the state’s Partners Group. In all, nearly 200 people including LHD leaders, hospital administrators, private providers, and clients from across the state provided input on the state’s greatest needs and resources in public health care.

Missouri’s Performance Improvement Manager, Susan Thomas, reported that her biggest take-away was that while you may not be surprised by what folks see as strengths and weakness in the system, *“It was critical to have validated information to promote buy-in. If citizens know the issues came from them, then the solutions will be for them.”*

Although traditionally used for Community Health Assessments (CHAs) for Community Health Improvement Plans (CHIPs), several states have undertaken the MAPP process in all districts or regions, using this as a foundational basis for their strategic planning environmental scan.

Four separate MAPP assessments are used to identify and help prioritize public health issues along with resources to address them:

- **Community Themes and Strengths Assessment:** identifies important health issues as perceived by community residents. Questions answered during this assessment include: *“What is important to the community?”* *“How is quality of life perceived in the community?”* and *“What assets exist that can be used to improve health in the community?”*

- **Local Public Health System Assessment:** focuses on the community public health system—all of the organizations and entities that contribute to the delivery of public health services within the community. It answers the questions: *“What are the components, activities, competencies, and capacities of our public health system?”* and *“How are the Essential Public Health Services being provided in our community?”*
- **Community Health Status Assessment:** identifies priority community health and quality of life issues through extensive data reviews. Questions answered include: *“How healthy are our residents?”* and *“What does the health status of our community look like?”*
- **Forces of Change Assessment:** focuses on identifying forces such as legislative, technological, and other impending changes that affect the context in which the community and its public health system operate. It answers the questions: *“What is occurring or might occur that affects the health of our community?”* and *“What specific threats or opportunities are generated by these occurrences?”*

For a more thorough list of data sources, see [ASTHO’s State Health Assessment Guidance and Resources \(2014\)](#).

Delaware, Florida, Illinois, and Missouri MAPP assessments are found here:

- Delaware Department of Health and Social Services MAPP Assessments: <http://dhss.delaware.gov/dhss/dph/sha.html>
- Florida Department of Health State Health Assessment: <http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/florida-mapp/index.html>
- Illinois Department of Public Health MAPP Assessments: <http://www.idph.state.il.us/ship/>
- Missouri Department of Health and Senior Services: <http://health.mo.gov/data/mohealthassess/index.php>

3. The National Public Health Performance Standards Program Approach

A third approach includes the assessments developed through the [National Public Health Performance Standards \(NPHPS\)](#). These are “intended to help users answer questions such as ‘What are the activities and capacities of our public health system?’ and ‘How well are we providing the Essential Public Health Services in our jurisdiction?’ The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.”⁶

NPHPS tools are used to:

- Identify partners and community members in the public health system.
- Engage these partners in health assessment and health improvement planning.
- Promote improvement in agencies, systems, and communities.⁷

⁶ CDC. “NPHPS State Public Health System Performance Assessment.” Available at <http://www.astho.org/Programs/Accreditation-and-Performance/National-Public-Health-Performance-Standards/>. Accessed 6-18-2014

⁷ CDC. “NPHPS Fact Sheet.” Available at <http://www.astho.org/Programs/Accreditation-and-Performance/National-Public-Health-Performance-Standards/>. Accessed 6-18-2014.

Putting it All Together

Using information from NPHPS and MAPP Assessments

Florida used information from both NPHPS and MAPP assessments in their agency environmental scan. “We decided to practice what we preach,” recalls Christine Abarca, former Community Health Improvement Manager for the Florida Department of Health. The state health department strongly encouraged counties to use these assessments for their CHAs, so it was decided that the DOH statewide strategic planning process should undertake these as well. Borrowing from NACCHO’s MAPP process and using the NPHPS State Public Health Performance Assessment Instrument, the DOH gained a clearer understanding of public health system status and capacity, prevailing forces of change, opportunities and barriers in the delivery of the 10 essential services, and performance management strategies. She adds that “using SHA data that applied to the public health agency for the strategic plan’s environmental scan was an added benefit.”

Several sources of data were consulted during the agency environmental scan: local CHA data, SHA data, and other SWOT issues that were raised by the planning steering committee. This cross-data look allowed planners to see which issues were supported and validated by multiple data sources.

Strategy Phase

Now that you have examined your state’s or territory’s challenges and resources, it’s time to formulate strategic priorities.

For those states that have prepared a SHA and/or a SHIP, the agency strategic priorities should align with the broader priorities identified through those processes. Although there are many strategies and formats for developing a strategic plan, as part of its services to members, ASTHO partially supports the strategic mapping process developed by TSI Consulting Partners, Inc.⁸ The process of map development is described below.⁹

As summarized by the authors, a strategic map is a one-page visual shorthand of the strategy which displays both an organization’s strategic goals and provides the basis of a well-defined path for implementing them. This approach is fast paced and assumes that time and energy spent in creating “the perfect plan” only yield excessive planning time, diminishing results, and reluctance to modify the plan amidst ever-changing environmental conditions.

Strategic Mapping is completed through an efficient process consistent with real-time strategic planning.¹⁰

- 1. Quickly formulating a “good enough” plan:** A strategic plan should be sufficient so that the organization can begin implementation with a clear direction and the alignment of key leaders required to implement the plan. Once the “good enough” threshold is reached, more planning



FIGURE 8

⁸ For instance, an alternative format is provided by the [Balanced Scorecard Institute](#).

⁹ Proprietary material from TSI Consulting Partners, Inc. used with their permission.

¹⁰ See David La Piana, *The Non-Profit Strategy Revolution: Real-Time Strategic Planning in a Rapid-Response World*.

FIGURE 9



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strategic effectiveness.

- 2. Moving immediately to implementation:** Moving to implementation after formulating the plan is key because the only way to learn whether an organization’s plan is effective is by putting it into action.
- 3. Reviewing progress regularly:** TSI consultants maintain that highly effective organizations are brutally honest about how they are doing. This allows them to make real-time adjustments so that they can increase their adaptive capability.
- 4. Making real-time adjustments:** Organizations should expect to make adjustments to planned strategies because: a) certain strategies will not have enough (or the intended) effect; b) certain strategies will be effective and may, with time, require fewer resources; or c) factors outside the agency positively or negatively impact the agency’s work.
- 5. Focusing on results, not activities:** Too often, organizations are activity-centric; but working hard does not always lead to success, especially if the activities are focused on the wrong things. A highly effective organization is results-focused—activities are selected and designed to meet intended results.

In short, the key to high strategic effectiveness is formulating a “good enough” plan, implementing it with candor about what is working and what is not so that real-time adjustments can be made to make the plan increasingly more effective.

How to Develop a Strategic Map

1. Identify the Central Challenge

Identify the agency’s central challenge, the focal point of the strategy. This briefly defines what the health agency must do to support its mission, vision, and values. We will use **New York State’s Department of Health’s (NYSDOH)** as an example.¹¹

The following illustrates New York State’s central challenge:

The Department of Health protects the health, productivity and well-being of all New Yorkers by promoting public health and patient safety, by reducing health disparities, and by assuring access to affordable, high quality health services.

2. Identify Strategic Priorities

Identify a limited number of strategic priorities that support the central challenge. The strategic priorities are the few critical things the state health agency *must* do in order to meet its central challenge. Every state and territory faces the same challenges of having finite human and financial resources to address seemingly unlimited health needs. The only way to face this challenge effectively is by allocating resources strategically—focusing on the most important, highest-value opportunities. The TSI approach suggests that the number of strategic priorities may vary, but it is never fewer than three or more than six. There are two tests of a strategic priority:

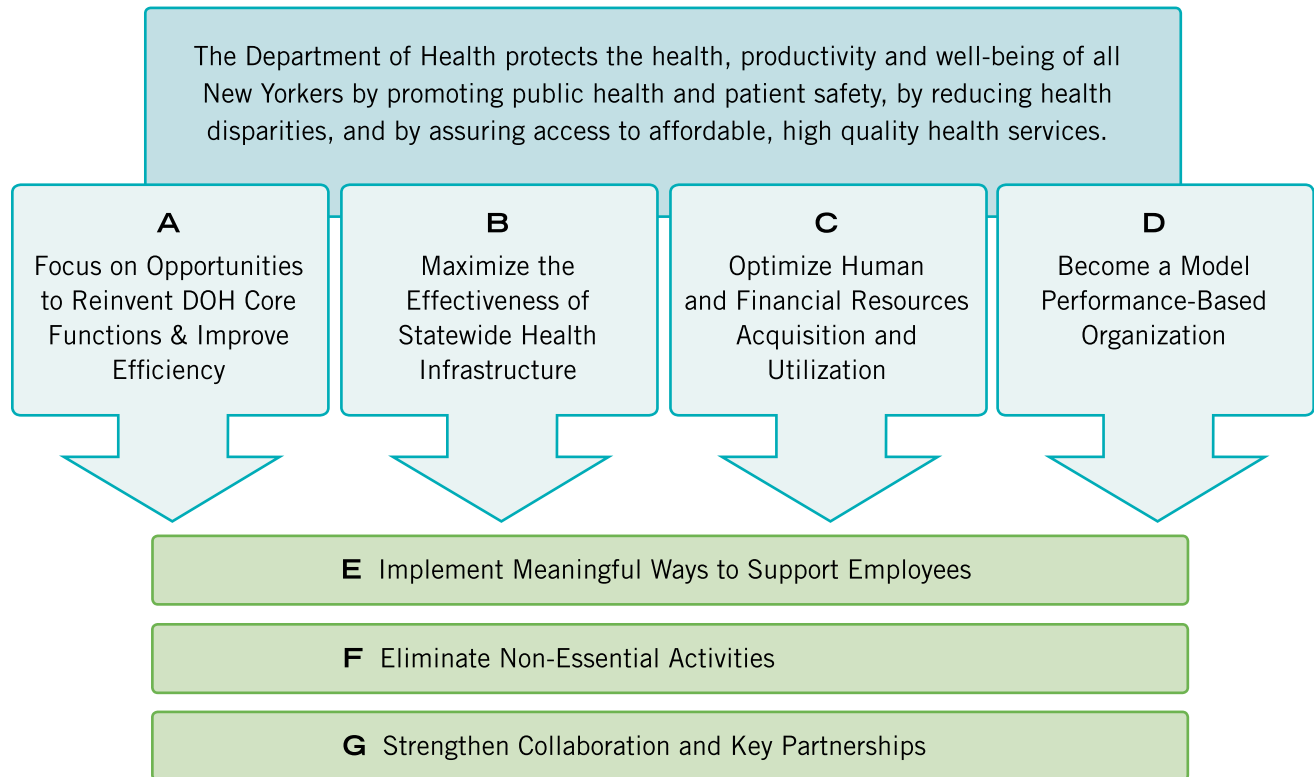
1. Is each priority *necessary* to meet the central challenge?

¹¹ With the help of TSI Consultants, Inc. NYSDOH developed a draft strategic map over the course of a two-day strategic planning retreat and later refined their map to include the material presented here.

2. Are the strategic priorities taken together *sufficient* to meet the challenge?

If the priorities pass these two tests, they are placed in rectangles beneath the central challenge. Rectangles A-D and cross-cutting priorities E, F, and G in Figure 10 are NYSDOH's strategic priorities.¹²

FIGURE 10



¹² The strategic map also includes cross-cutting strategic priorities (Rectangle E below) which are placed at the bottom of the strategic map to show that they are foundational to the strategy and will be embedded in the efforts to implement all other strategic priorities on the map.

3. Identify Objectives

Identify specific objectives that will address the strategic priorities. In Figure 11, boxes 1-5 under each strategic priority are the objectives of the NYSDOH’s strategic map. Strategic objectives are a higher level of specificity in defining what is meant by the strategic priority, although they are still at the “what” level of strategy, not the “how” level of implementation.

FIGURE 11

The Department of Health protects the health, productivity and well-being of all New Yorkers by promoting public health and patient safety, by reducing health disparities and by assuring access to affordable, high quality health services				
	A Focus on Opportunities to reinvent DOH Core Functions & Improve Efficiency	B Maximize the Effectiveness of Statewide Health Infrastructure	C Optimize Human and Financial Resource Acquisition and Utilization	D Become a Model Performance-Based Organization
1	Define core functions engaging internal and external stakeholders/	Facilitate integrated, efficient, accessible healthcare and public health systems.	Streamline administrative/ operating budget process processes	Implement a process for program-level performance measures
2	Advocate/implement required changes/modifications in statute and regulation	Facilitate implementation of a strategic statewide health data system	Improve internal communication and promote team building	Engage internal/external stakeholders in developing and implementing metrics
3	Increase flexibility needed to maximize/leverage available resources	Optimize community-wide efforts to improve outcomes/ reduce cost	Better define individual/program roles and responsibilities	Implement a quality improvement process
4	Adopt technologies to increase program effectiveness and efficiency	Define and implement priority quality and cost measures	Strengthen staffing flexibility, cross training and empowerment and implement succession planning	Implement practices that support being a performance-based organization
5	Monitor, measure and quantify the outcomes and support critical surveillance efforts	Implement granting/purchases strategies to align incentives and quality	Secure Additional Internal and External Funding Resources	Use a performance-based decision-making in aligning resources
E	Implement Meaningful Ways to Support Employees			
F	Eliminate Non-Essential Activities			
G	Strengthen Collaboration and Key Partnerships			

4. Identify Implementation Priorities/Tracks of Work

To get organized for implementation, prioritize objectives to focus on in Year 1 and identify implementation priorities (what TSI calls “tracks of work”). A track of work might be a single objective or a group of objectives, but what is key is that they all use the same resources. Organizations generally focus on no more than three to five tracks in a 12-month implementation period. The following tracks of work were identified as possible areas of focus for NYSDOH:

Reinvention Opportunities

- Objective A-1: Define core functions engaging internal and external stakeholders.
- Objective A-2: Advocate and implement required changes and modifications in statute and regulation.
- Objective A-3: Increase flexibility needed to maximize and leverage available resources.

Streamline Administrative Processes

- Objective C-1: Streamline administrative processes.
- Performance measures.
- Objective A-5: Monitor, measure, and quantify the outcomes.
- Objective D-1: Implement a process for program-level performance measures.

Health care/Public Health Effectiveness

- Objective B-1: Facilitate integrated, efficient, accessible healthcare and public health systems.
- Community-wide efforts.
- Objective C-3: Better define roles and engage when appropriate.

Implementation Is the Best Teacher

Drew Hanchett, New York State's Performance Improvement Manager, observed that the TSI Strategic Mapping process was an effective way for a large and complex organization to move rapidly from planning to implementation. *"Intuitively, we accepted that implementation was the best teacher; so after identifying our three to five year strategic priorities and objectives, we immediately prioritized our objectives, and identified a series of Year 1 activities to move the plan forward. The process was valued enough that we've applied the Strategic Mapping technique to other Offices and Divisions within the Department of Health."*

5. Get Buy-In and Finalize

California's Department of Public Health (CDPH) developed its current strategic map in early 2012. Originally designed by members of the Executive Management Team, the map's goal was to:

- Find efficiencies for the department.
- Identify how to increase the effectiveness of what is working.
- Identify what is ineffective and put an end to those practices.
- Accomplish a system transformation using quality improvement processes and tools.

As CDPH continued with the strategic planning process, it was critical that CDPH employees identify their work in at least one area of the strategic map. To ensure the strategic map reflects all of CDPH's important work, staff was asked for their input and feedback on the draft strategic map. Managers and supervisors were instructed to discuss the draft map for feedback during staff meetings, workgroup meetings, and other venues. Additionally, staff was asked to view a short video presentation of the strategic priorities and objectives and complete a 10-minute survey in support of this effort. The feedback was used to craft the final map released April 24, 2012 (see Figure 12). The final map lists five strategic priorities under the central challenge, supported by 19 objectives and three cross-cutting strategic priorities.¹³ Of the 19 objectives, six were selected as priority objectives for initial department-wide focus.

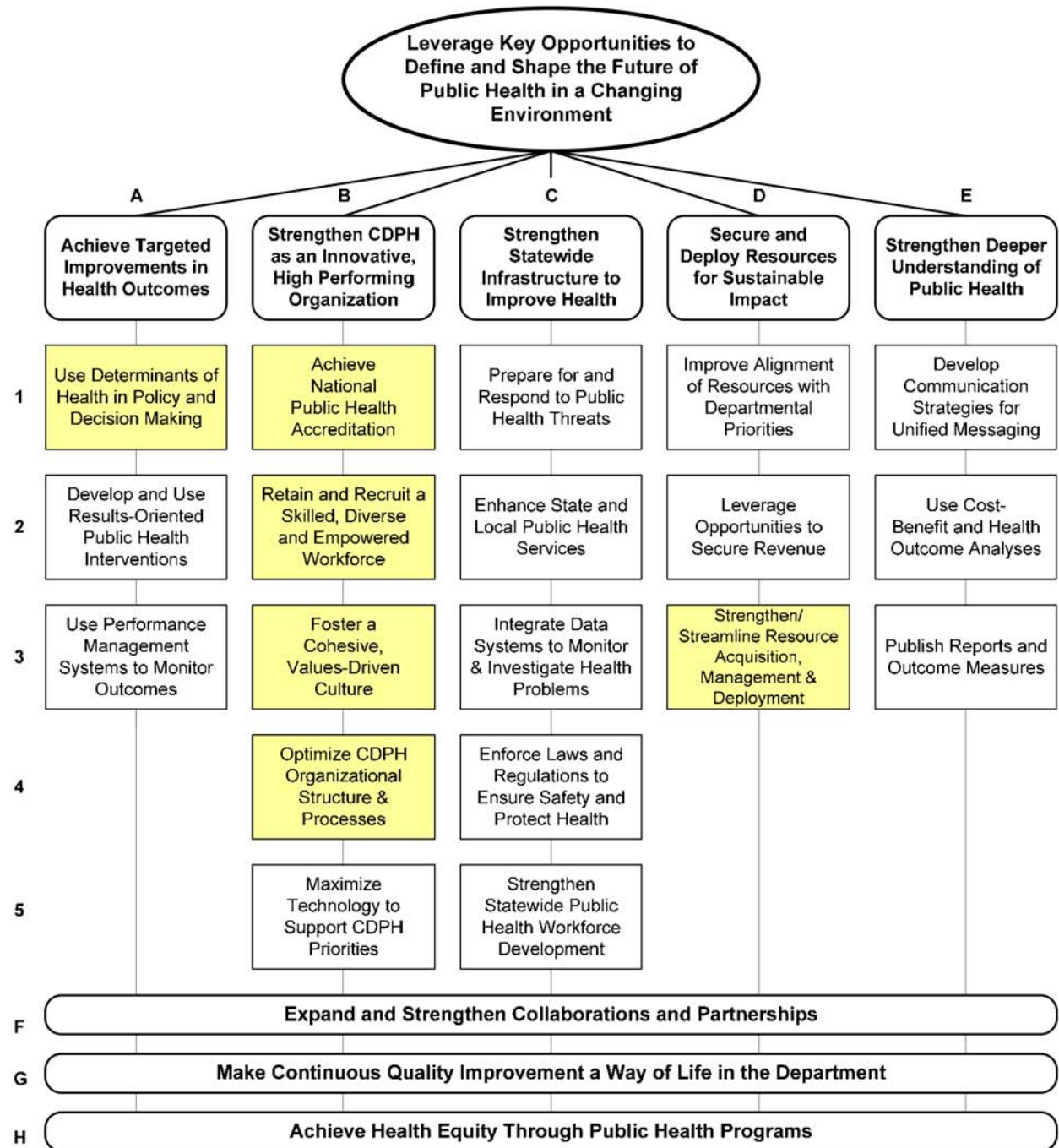
¹³ Cross-cutting strategic priorities are placed at the bottom of the strategic map to show they are foundational to the strategy and will be embedded in the efforts to implement all other strategic priorities on the map.

FIGURE 12



**California Department of Public Health Strategic Map:
2012–2014**

Vision: Healthy individuals and families in healthful communities
Mission: The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California



04/24/12

Year One priority objectives highlighted in yellow.

Workplan Phase

This phase involves developing a detailed workplan to implement priorities. If you have used the Strategic Mapping approach, you will have already begun selecting the first objectives you want to accomplish in Year 1. If you have used another approach, to set priorities ask yourself the following questions:

1. From our list of objectives, what needs to be done first?
2. Are there any easy wins we can accomplish to create momentum?

Helpful Tip – Thinking Backwards

When developing implementation workplans, think of what you wish to have accomplished by the end of the planning cycle (Year 3); for instance, “we wish to have x, y, and z accomplished.” Then think backwards about what your agency would need to complete first in Year 1 and in Year 2 to make “x” happen. Repeat the same process for “y” and “z.”

TSI Consulting Partners, Inc. finds the biggest mistake an organization can make during implementation is focusing on too much at once. Instead, if an organization can narrow its focus and make substantial progress in implementing a few key priorities, it builds positive momentum and a sense of accomplishment. Having done so, the organization can subsequently focus on second and third iteration priorities (Fallon, 2013).

After this discussion has taken place, develop a detailed annual operations (or implementation) plan. A Strategic Map is a state’s or territory’s strategic plan “at a glance.” The operations plan is the back tactical story that directs implementation.

The operations plan should clarify: action steps, timelines, budget considerations, and assignment of responsibilities. Typically, state agencies define and organize these through a shared spreadsheet. Alison and Kaye (2005) provide the following guidance in writing the operations plan:

- **Include an appropriate level of detail:** Which programs and operations are going to be implemented for the upcoming year, by whom, by when, and how much money and manpower will they require? The level of detail should be enough to guide the work but not so overwhelming that it constrains flexibility. The more concise the plan, the better it will be understood.
- **Use a format that allows for periodic reports on progress toward the specific goals and objectives.** The plan should describe the work in terms of goals and objectives for each program area, and report the actual progress on a monthly or quarterly basis.
- **Use a structure that lets the reader easily see how activities are linked back to strategic plan objectives and the central challenge itself.** As the year unfolds, the health agency may face choices about whether and how to modify the original objectives. It will be much easier to make programmatic or policy choices if you can always clearly tie them back to the long-term priorities of the organization.



FIGURE 13

Ideally, the operations plan should allow staff at all levels of the agency that are essential to achieving strategic priorities to understand how their responsibilities relate to the strategic plan. Aligning these employee performance plans with specific strategic objectives, is an effective way to support the plan's roll-out.

Figure 14 presents the elements of a strategic plan that must be included in order to meet the strategic planning prerequisite for accreditation.

FIGURE 14: ACCREDITATION REQUIREMENTS FOR IMPLEMENTING A HEALTH DEPARTMENT ORGANIZATIONAL STRATEGIC PLAN

MEASURE 5.3.3 A: IMPLEMENT THE DEPARTMENT STRATEGIC PLAN	
DOCUMENTATION	DATA/GUIDANCE
Progress towards achievement of the goals and objectives contained in the plan	<p>Provide reports developed since adopting plan that show your health agency has reviewed the strategic plan and has monitored and assessed progress towards reaching the goals and objectives</p> <ul style="list-style-type: none"> > If the plan has been adopted within the year, provide progress reports of a previous plan or submit detail evaluation plans > Include how targets are monitored in reports > Progress is evidenced by: completing defined steps to reach a target, completing objectives, or addressing priorities and implementing activities > Reports must be completed at least annually > Plan may be revised based on work completed, adjustments to timelines, or changes in available resources

Evaluation Phase

Now that you have completed your strategic plan and your more detailed operations plan, how will you know when your work has furthered or achieved your strategic objectives? Despite good intentions, some of the best made plans are collecting dust on a forgotten shelf. Why? Because they were not incorporated into ongoing management and decision-making. How do plans become part of the agency culture? Through ongoing evaluation and reporting.

A performance management system helps agency leadership track and evaluate the specific indicators chosen to measure. Active evaluation is key to successful plan implementation. Feedback loops on performance allows leadership to see whether they are on-track and adjust accordingly. Collecting and reporting data and broadly discussing performance facilitates focus and encourages effort among staff and agency divisions.

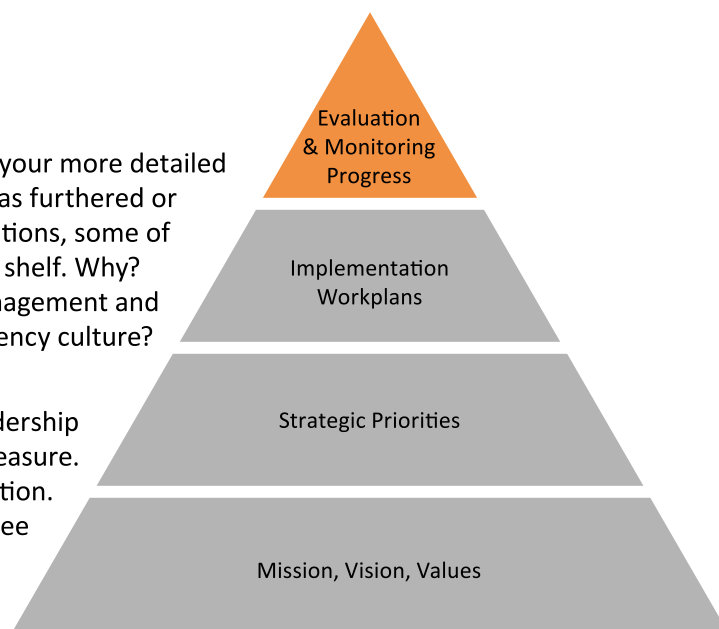


FIGURE 15

The work involved with this step of strategic planning is not to be underestimated. States report that performance management presents several practical challenges including manpower, automated systems design, and ensuring staff throughout the agency have a basic understanding of performance management and evaluation methods.

States or territories working toward accreditation should be aware that PHAB standard 5.3.3 (See Figure 14 above), describes a performance measurement system with both implementation and performance targets. It requires ongoing reporting of progress toward reaching the goals and objectives laid out in your plan.

The Top 10 Lessons Learned from Implementing a Performance Management System

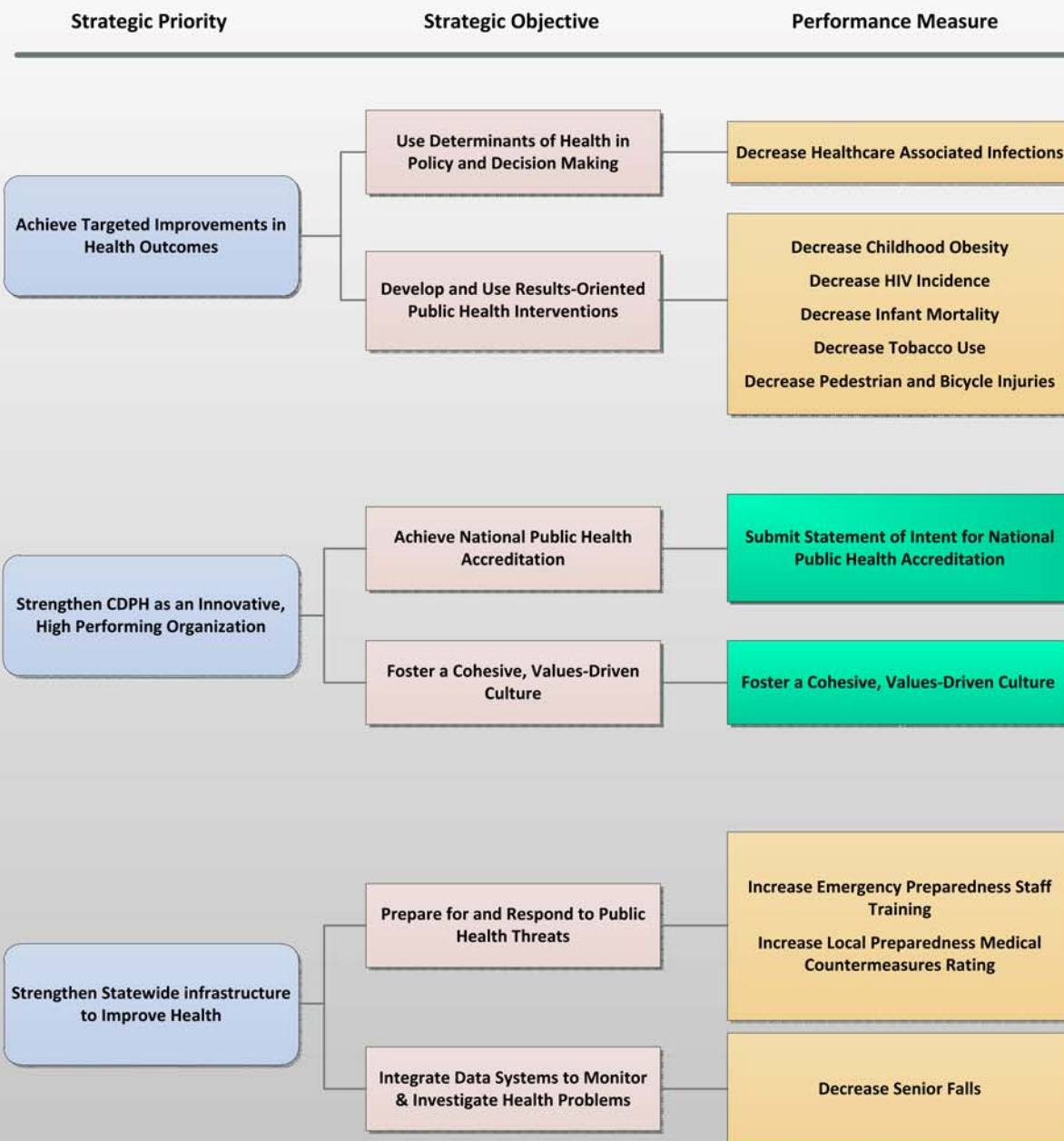
Based on its strategic map, ASTHO developed a performance management system. At the end of the first year, staff developed the following list to help guide revisions:

1. Measures are few, critical, and focused.
2. New data collection is minimized.
3. Measures are developed collaboratively by cross-functional management teams.
4. Performance reports are developed quarterly and widely reviewed.
5. Measures and objectives are revisited and updated on a periodic basis.
6. Leadership is supportive and unwaveringly onboard with the system.
7. Results are well-integrated and help drive performance management decisions.
8. There are clear internal and external communication strategies about the process, what the results mean, and how the results will be used.
9. The entire performance management system process (development, implementation, and revision) is transparent.
10. The process of data input, analysis, and corrective action is widely owned throughout the organization.

In November 2013, CDPH released their first year's progress report on implementation of the Strategic Map. The report provides progress on a number of tracked strategic priorities over a 12-month period. The report includes a succinct, easy to follow overview schematic (Figure 16) that aligns the performance progress on 11 performance measures under six objectives supporting three Map priorities. To assess change, each measure has a performance target that increases each year of plan implementation.

FIGURE 16: MEASUREMENT SCHEMATIC

**California Department of Public Health
2012-2013 Strategic Map Priorities, Objectives and Performance Measures
Overview**



Office of Quality Performance and Accreditation
12/31/2013

 Strategic Map New Performance Measures and Year One Progress Reports
 Internal Operations and Performance Plan Performance Measures and Year Two Progress Reports

In most cases, the performance measures and performance targets were adopted from the state's prior strategic plan. California used several methods and sources to develop their performance targets for different measures, among them:

- Federal or local scoring standards.
- Select percentage improvements over a baseline rate.
- Disparity ratios in efforts to reduce disparity of health outcomes.
- Healthy People 2020 national goals and associated objectives.

The state's Office of Quality Performance and Accreditation collects information on project implementation on a regular basis and generates a performance report annually. Operating divisions are sent a project template that requests information on their performance on meeting their targets as well as descriptive information on: strategies used, achievements and lessons learned, issues and impediments, and next steps. Figure 17 on the following page provides a completed progress report for one of the state's 11 measures: Decrease prevalence of adult tobacco use. There are several things to note about the individual reports:

1. The clear alignment of how the measure addresses the strategic objective and ultimately the strategic priority.
2. Within the table, California identifies the CDPH program that is responsible for the measure.
3. The table provides baseline and target performance and the actual performance of the measure over time.
4. The narrative provides a brief description of the strategy along with information about what worked well and less well that year to help explain performance. The narrative can also clarify how changes in measurement affected performance; in this case, an expansion of the sources of data to include cell phones as well as landlines.
5. Lessons learned and next steps transition the narrative into the program's future strategies to improve performance.



FIGURE 17

Achieve Targeted Improvements in Health Outcomes

Develop and Use Results-Oriented Public Health Interventions

TOBACCO USE: DECREASE THE PREVALENCE OF ADULT TOBACCO USE			
OBJECTIVE	DECREASE THE PREVALENCE OF ADULT TOBACCO USE		
PROGRAM	CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION		
BASELINE	13.1% OF ADULTS REPORT USING TOBACCO		
	FISCAL YEAR	TARGET	ACTUAL
YEAR ONE	2011–2012	11.5%	12%
YEAR TWO	2012–2013	11.%	12.7%

The sampling methodology for the Behavioral Risk Factor Surveillance System/California Adult Tobacco Survey (BRFSS/CATS) changed in 2012 to be in line with the national BRFSS methodology which includes substantially more cell phone users. Because of this change, California’s smoking prevalence showed a slight uptick from 12.0 percent in 2011 to 12.7 percent in 2012.

Strategies: Support efforts to identify additional resources to promote tobacco control prevention programs and activities. Expand smoke free environments and tobacco free zones. Counter tobacco industry advertising through media campaigns.

The report also includes three additional sections:

- Achievements and lessons learned
- Issues and impediments
- Next steps

Loriann DeMartini, Deputy Director of California’s Quality Performance and Accreditation Office describes several lessons learned about monitoring performance:

- Keep your strategic plan simple. Select a few target objectives, start working on them and measuring them.
- Dedicate resources up front. To successfully monitor and evaluate both process and performance measures you need to dedicate sufficient funds for staff and technology. Monitoring and evaluation can’t be an add-on job.
- Monitor Implementation. When an agency sets program outcome targets, it can overlook the importance of assessing and supporting project implementation. One of the best ways to do this is to develop an implementation plan and monitor the plan’s roll-out. Keep it simple, so you can simply get started.
- Build a culture of quality performance. Staff need to be assured that measuring performance is not about discipline or punishment, it’s about improving processes and applying quality performance in your day-to-day work. Staff can benefit from training in developing process and outcome metrics. Ultimately, we can’t improve what we don’t measure.

As shown by the following figure, a performance standard is defined by an agreed upon standard to which actual performance is compared.

FIGURE 18: PERFORMANCE STANDARDS QUICK GUIDE

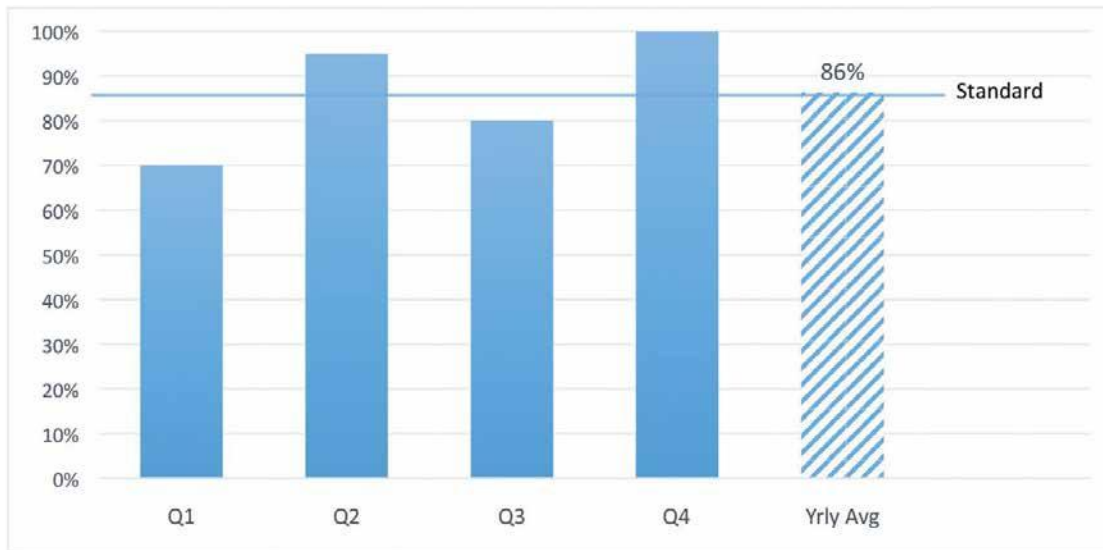


Figure 19 shows the visual benefits of setting both a goal and red flag for each performance measure. Agencies can quickly summarize their performance by color:

- Green – exceeding expectations
- Yellow – meeting expectations
- Red – below expectations

In fact, performance can be rolled up so that the objectives within a strategic map can be turned green, yellow or red.

FIGURE 19



Review Phase

Remember that strategic plans should be living documents that are applied, tested, and revised when appropriate. This is best ensured by scheduling ongoing reviews of plan implementation and impact.

To monitor implementation, Allison & Kaye (2005) advise organizations to assign one individual as the prime mover for each overall strategy in the strategic plan. Prime movers will monitor progress towards the plan and submit regular updates to the SPC. The committee will then assess whether any major or minor adjustments need to take place for the strategic plan.

TSI Consulting, Inc. recommends that three or four times a year, the planning group convene for “review and adjust sessions.” These sessions should focus on:

- Accomplishments
- Issues/problems/gaps
- Lessons learned
- Next steps

From this analysis, make adjustments to the strategic map and implementation plans as needed.

Conduct an annual strategy update (usually a one-day session) to:

1. Review progress on implementation.
 - Identify accomplishments.
 - Resolve any implementation issues.
2. Update the strategic map based on:
 - What was learned from implementation.
 - What’s working and what isn’t.
 - How the environment has changed.
3. Set implementation priorities for the next 12 months.
4. Align human and financial resources with the updated map and implementation priorities.

These annual meeting can also be an opportunity to review the strategic planning process itself and identify strengths and weaknesses to improve future planning efforts.

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