

## Spokane Regional Health District: Strategic Planning for Success



*This story from the field describes the strategic planning process that the Spokane Regional Health District completed as part of its accreditation preparation activities. View the entire strategic plan, appendices, and executive summary at <http://bit.ly/SGLyIG>.*

### Background

The Spokane Regional Health District (SRHD) is one of 34 local health departments (LHDs) serving Washington state's 39 counties. The agency has approximately 250 employees and serves a population of more than 465,000 in Spokane County. SRHD's board of health is the governing body of the health district, uniting the cities and county in a cooperative effort to oversee all matters pertaining to public health.

Washington state law requires LHDs to evaluate their performance through the Standards for Public Health in Washington State.<sup>1</sup> These standards and measures were developed over a decade with input from agencies across the state. As of 2011, these standards correspond exactly to the Public Health Accreditation Board's (PHAB's) Standards and Measures Version 1.0 for national voluntary accreditation.<sup>2</sup> Torney Smith, the administrator of SRHD, has been involved with the development of Washington's standards and measures and PHAB's standards and measures since they both began, in 1995 and 2005, respectively. The standards require an agency strategic plan.

Smith has championed strategic alignment and performance management efforts throughout his

tenure at SRHD. In 2005, Washington was selected as a demonstration state for the first iteration of the Multi-State Learning Collaborative (MLC),<sup>3</sup> a six-year initiative funded by the Robert Wood Johnson Foundation and administered by the National Network of Public Health Institutes. The goal of this initiative was to bring state and local health departments together with other stakeholders—including public health institutes, healthcare providers, and universities—to improve public health services by implementing quality improvement (QI) practices. Over the course of the MLC's existence, 16 states made significant strides in their uptake of quality improvement principles in public health. When the MLC work began, Smith eagerly joined other Washington LHDs as they formalized their QI efforts.

### Strategic Planning

A comprehensive strategic planning process was a logical decision for SRHD in 2009 because of SRHD's focus on performance standards and improvement and the requirement of a current strategic plan for accreditation. Smith also knew the importance of linking the strategic plan to the community health assessment (CHA), the community health improvement plan (CHIP), and QI plan, something LHDs need to show in their documentation to PHAB.

In February 2009, SRHD began a strategic planning process using Focused Strategic Thinking, a methodology created by the University of Alabama and Tulane University. This framework

led the executive management team and five members of the board of health through a series of exercises that established their strategic priorities.

Before the process began, Smith and his senior managers selected the Focused Strategic Thinking methodology and decided not to use an outside consultant, to involve the board of health, and to complete the process as quickly as possible. When the entire 14-person team met, it decided to use one internal facilitator and incorporate participative and collaborative discussion into all aspects of the planning. All discussions related to prioritization and recommendations were conducted with the whole group rather than in subgroups. The group conducted prioritization activities by using colored dots. The entire group reached consensus on each activity.

### Session One: Evaluating External and Internal Issues

In the first strategic planning session, the group discussed important terms and familiarized themselves with the definitions used by the Focused Strategic Thinking methodology. The first group activity was a brainstorming discussion highlighting what had changed since the agency's last strategic plan. The group identified 10 types of changes, including technological, economic, legislative, and demographic. A comprehensive list of these changes is available as Appendix A of the strategic plan.

In the next activity, the group identified and evaluated external issues. Identifying these issues is a key part of strategic planning; it is the first step to identifying strategic priorities. Participants worked to answer two questions: “What are the key external issues that will influence success or failure of the organization?” and “What will be the impact of these issues on the organization?” This activity led to the emergence of five key external issues: funding, advocacy, “reinventing public health,” “emerging health issues and environmental changes,” and technology.

Next, the group identified key stakeholders: governmental partners, advocacy groups, the public, the media, and SRHD’s employees. The group also developed a chart indicating the importance of these stakeholder groups and their relationships with SRHD based on the participants’ experiences.

The next activity, “Critical Factors for Success,” allowed the group to identify the external factors that must go right for the organization to be successful. The top five identified factors were (1) articulating the value of prevention and promotion; (2) leadership; (3) funding; (4) efficiency/effectiveness; and (5) responsiveness to determinants of health. Recognizing the importance of evaluation, the group identified measures for each factor.

The group then conducted an internal Strengths, Weaknesses, Opportunities, and Threats (SWOT) chart, which identified key internal strengths (staff, mission-driven, reputation, community relationships, medically supportive community), and weaknesses (local economy, funding, staff shortage, controversy, categorical funding). Once these were identified, the group answered key questions regarding the strengths and weaknesses and recorded these answers in the chart. Strengths are important to an organization only if they are critical to success or failure, rare among other organizations, difficult to duplicate, and can be sustained by the organization. Weaknesses are important to an organization if they are critical for success or failure, not common

among other LHDs, difficult to fix, and representative of significant long-term disadvantages.

In the last activity of this session, participants listed the optimal resources, competencies, and capabilities that SRHD would need to be successful: funding, reinventing public health, workforce development, leadership, and efficiency/effectiveness.

## Session Two

The first activity of the second strategic planning session was to perform a gap analysis between current and optimal resources, competencies, and capabilities. Participants identified specific actions needed to bring these closer to alignment.

At this point, after ensuring consensus around perceptions of the external and internal environments, the group was able to focus on the directional strategies, mission, vision, and values of the organization. The group evaluated the current mission statement and made slight modifications. The resulting mission statement of SRHD is “Our mission is to serve as the region’s public health leader and partner to protect and improve the community’s health.”

The group then answered several questions related to SRHD’s vision and again slightly modified the existing vision to “Our vision is a safe and healthy community for all.”

The group participated in a facilitated discussion to identify SRHD’s values: integrity, leadership, courage, being visionary, teamwork, partnership, cultural competence, being caring/welcoming, excellence, accountability, inclusiveness, and ethics. The group also identified guiding principles for SRHD and ensured that there was consensus around the revised mission, vision, values, and guiding principles.



## Session Three

The final strategic planning session focused on the key decisions that would guide SRHD for the next five years. Participants first considered the following questions:

- What are we currently doing that we should stop doing?
- What are we not currently doing that we should start doing?
- What should we continue to do as we are doing it?
- What are we currently doing that we should continue to do it but in a fundamentally different way?

For each of these broad areas, participants identified service strategies that would be impacted, strategies that the agency would have to adopt, and internal processes that would need to be changed. The group also discussed the importance of developing appropriate strategic goals.

The participants drafted goal statements that were (1) achievable by SRHD in a reasonable time frame; (2) measurable; and (3) a reasonable stretch for the organization. Each of the goal statements was then reviewed to ensure that these criteria were met. The finalized goal statements were as follows:

- Increase the awareness of the value and role of public health in our community;
- Develop and implement strategies to obtain sustainable, adequate public health funding;
- Ensure an optimal competent workforce to fulfill our mission;
- Focus public health practice to address the determinants of health;
- Practice collaborative/integrative leadership;
- Commit to continuous quality improvement; and
- Enhance our ability to respond to emerging health issues.

These goals were compared to the goal statements in the agency's 2004 strategic plan, and the participants felt the new goal statements provided a new sense of momentum for the organization and were more of a stretch than the previous statements.

## Final Steps

The strategic planning team, with the involvement of middle management, completed action plans in June 2009 using a template developed at the end of the third strategic planning session. These action plans allow SRHD to track progress towards its strategic goals.

Reporting is key to successful strategic planning, so a team was formed to work on each goal. These goal teams are responsible for progress reports and quarterly updates. Team members provide monthly updates at management meetings and quarterly written reports that are shared with the administration and the board of health.

## The Link between Strategic Planning and Accreditation Preparation

As administrator of SRHD, Smith had long understood the value of strategic planning to guide his organization. However, with the advent of national public health accreditation, he was able to identify more ways to improve the strategic planning process. He stresses the importance of understanding the PHAB Standards and Measures as an agency begins strategic planning (PHAB identifies its requirements for the document and the process clearly within the Standards and Measures Version 1.0). Doing so will ensure that the resulting strategic plan meets PHAB's standards and can be used, if the agency chooses to apply to PHAB, as a prerequisite for accreditation application. Before the PHAB guidelines were available, Smith noted that his agency's strategic planning and community health improvement planning had not been linked as tightly as they could have been. Using the PHAB guidelines and the concepts of quality improvement, the most recent cycle resulted in a strategic plan that coordinates more closely with CHIPs. He notes that all LHDs are at different points in their assessment and planning work, so LHDs will have to redo or initiate different items. He encourages LHDs to think of the planning processes using the quality improvement framework of Plan-Do-Check-Act.<sup>4</sup> This way, the newer versions will result in plans that are better linked to other crucial work of the LHD.

SRHD applied for PHAB accreditation in early 2012. Smith and his staff are excited about the prospect of becoming accredited by the end of the year. The work they have done around accreditation preparation, specifically strategic planning, has helped to strengthen their team and their ability to provide services to their community.

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## References

1. For more information, visit [www.doh.wa.gov/hip/doc/partner/mtg/2010/apr2.pdf](http://www.doh.wa.gov/hip/doc/partner/mtg/2010/apr2.pdf).
2. To download PHAB's Standards and Measures Version 1.0, visit [www.phaboard.org/accreditation-process/public-health-department-standards-and-measures](http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures).
3. For more information about the MLC, visit [www.nnphi.org/mlc](http://www.nnphi.org/mlc).
4. For information about PDCA, visit [www.naccho.org/topics/infrastructure/accreditation/qiresources.cfm](http://www.naccho.org/topics/infrastructure/accreditation/qiresources.cfm).

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