

Strategic Health Planning

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ABSTRACT

Strategic thinking requires making conscious choices on how to use limited resources to achieve a goal in response to a dynamic environment. Therefore, strategic thinking includes making decisions on what we will and will not do, where we should focus our efforts, and what our overall priorities should be. Planning assumes a strategic character, driving organizations in the right direction. However, strategy is also related to patterns, meaning behavioral consistency. In terms of planning, there are critical challenges that must be addressed by a local health department (LHD) to achieve its vision. Organizations involved in strategic planning may experience challenges in identifying and selecting strategic issues, particularly in public health where missions are often broad, visions are even broader and almost all issues are important.

INTRODUCTION

Clausewitz, a Prussian general who fought against Napoleon, quite literally wrote the book on war. Published in 1832, a year after his death, *On War* is regarded by military experts even today as the definitive study of warfare. Why do we need a strategy in the first place? Clausewitz gives us the answer: strategy is the necessary response to the inescapable reality of limited resources. No entity, regardless of size, has unlimited resources. Strategy, therefore, is about making choices on how to concentrate our limited resources to achieve competitive advantage. According to Von Clausewitz, “strategy is developed on the ground, which is where you can modify the plan”. Strategic health planning is the process that health administration, together with the population, carries out to achieve improved health of the population, using the available resources in the most rational and efficient way. It is the process by which one aims at a better future than the present, changing what is needed to get there.

An organizational strategic plan provides a local health department (LHD) and its stakeholders with a clear picture of where and how to go, and, simultaneously,

defines the measures needed to monitor progress. A strategic plan is a leadership tool widely used by profit, nonprofit and governmental organizations alike, and is grounded in decisions the organization has made on strategic priorities for the near future, usually the next three to five years. The strategic plan is not intended to be a stand-alone document; rather, it should be aligned with other important assessment, planning and evaluation tools such as a local community health improvement process.

However, over the last decade, strategic planning in health care has been used less frequently than anticipated and with poor outcomes. Analyzing data on strategic planning in public departments in many countries, one comes to the conclusion that implementation of strategic planning has been mainly driven by personal motivation which determined the type of achievements^{1,2}.

There are three kinds of strategic issues, according to Bryson³:

- a) Those for which no action is required at present, but which should be monitored;

- b) Those that are coming up on the horizon and are likely to require some action in the future and perhaps some action now;
- c) Those that require an immediate response.

Bryson suggests that a strategic issue should have three elements:

1. The issue should be described succinctly, preferably in a single paragraph, and it should be conceived as a problem which the organization can do something about.
2. The factors that make the issue a fundamental challenge should be listed. In particular, what, in terms of the LHD's mandate, mission, values, internal strengths and weaknesses, and external opportunities and threats, makes this issue a strategic issue?
3. The consequences of failing to address the issue should be identified, so that the organization can be aware of the kind of problems with which it will be faced³.

■ DEVELOPING STRATEGIES TO ADDRESS PRIORITIES

Strategy may be defined as the overall approach that the organization chooses to take to address strategic issues. For example, an agency may determine that a strategy for addressing a particular health issue and impacting health disparities is community engagement. With every action that is taken to address the health problem and reduce the health disparity, community engagement is part of the process. Currently it is essential to rethink the problem of priorities in health and include the possible explanations for the triggers, their origin, their political, social and economic reasons while still taking into account the burden of disease itself⁴. Another way to look at strategy, offered in the book *Nonprofit Strategy Revolution* by David La Piana⁵, focuses on a challenge to both the organization and the community. La Piana suggests framing the issues into questions, a technique called "Big Question." The big question may present one of the following possibilities:

- **A new opportunity:** A new strategic opportunity is present when the organization perceives that, with effort, timing and luck, it can measurably improve its ability to achieve its mission through widening the scope of its activities.
Example: Should we pursue a new funding opportunity available for a Health Impact Assessment (HIA)?

- **Competitive challenge:** A competitive challenge is present when another organization, whether for-profit, nonprofit or governmental, is acting in ways that can (often intentionally) harm your organization.

Example: How do we address the competition for surgery by governmental hospitals and private hospitals?

- **Business model challenge:** This is similar to the competitive challenge except it is a challenge to both your organization and all your competitors who have similarly designed programmes.

Example: How can we reduce our reliance on state government funding to allow for a more predictable budget?

Once a big question is identified, another more focused question should be developed based on the organization's mission, context and priorities. For example, an agency faced with potentially permanent funding cuts in mental health services may identify a big question to be, "*Can our current business model survive the funding cuts?*" Some examples of more focused questions include:

1. *How can we replace funding if it is completely cut?*
2. *How can we balance the budget with less money?*
3. *How will the loss of this funding impact the community we serve?*
4. *Will funding be restored in the next session?*

Each question emphasizes a different angle or part of the problem. None of the perspectives are right or wrong and there could be other perspectives. You may even decide that the big question needs to incorporate multiple or all perspectives. La Piana's example proposes that responses for this issue might be grouped into two main areas:

- **Greater Independence** – Reduce dependence on state funding, increase funding diversification, etc. Review budget line by line to figure out how to address the issue.
- **Political Action** – Organize and fight this at the political level, leverage partnerships with political influence and local coalitions, etc. Appeal to donors for a one-time crisis funding to help ease the burden.

Greater independence and political action are not goals but rather strategies to reach those goals. As shown earlier, sometimes strategies are developed to address a specific issue. Other times strategies are born from mission, values and mandates.

One strategy is to work through partnerships. To respond to the big question, the answer may be to form partnerships and broad-based collaborative efforts to collectively develop a road map which includes the priority systems, policies and environmental changes to be addressed.

■ DEVELOPING GOALS AND OBJECTIVES

Developing goals and objectives tends to be routine for activities such as grant writing, programme development and community health improvement planning. Each strategic issue or priority included in the strategic plan should have a set of goals and objectives. Goals are the long-term change we plan to achieve and objectives describe how goals will be met. Objectives are the intended change or outcome.

Goals – Long-range outcome statements that are broad enough to guide the organization’s programmes, and the administrative, financial and governance functions⁶. A goal is to be reached in a concrete way, in terms of time and space, and involves the objective definition of the effort and resources needed to achieve those objectives. The goals may be broad but should still be measurable.

Outcome Objectives – Short- to intermediate-outcome statements that are clear, measurable and specifically tied to the goal. It requires SMART objectives, defined below:

- S*pecific** – specify what is to be achieved, by how much, and when
- M*easurable** – make sure that the objective can be measured (i.e., data is or will be available to measure progress)
- A*chievable** – set objectives that are feasible for the agency
- R*elevant** – align objectives with the mission and vision of the agency
- T*ime-oriented** – establish a timeframe for achieving the objective

■ DEVELOPING STRATEGIC IMPLEMENTATION PLANS

Implementation is the process that turns strategies and plans into actions in order to accomplish strategic objectives and goals. Implementing the strategic plan is as important, or even more important, than the

strategy itself. There may be a difficulty in understanding precisely the difference between, on one hand, a plan, which defines the problems, objectives, activities, resources and costs to the national or regional level and, on the other, a programme that has the same content but only for a limited area and is included in the plan. It seems that the plan “requires” a number of actions to be implemented by the programme.

Detailed implementation plans are essential to support the plans integration into the daily work of staff. This part of the process can be completed by staff members, with programme level expertise, who are responsible for carrying out the work. Implementation plans include the following:

- Specific programmes, activities and interventions that will be implemented to address each objective
- Who is responsible or accountable for each activity (i.e. staff member, team or department)
- Timeline for completion, and a measurement plan showing when and how goals and objectives will be measured

Meeting the health needs also depends on the resources available to individuals and families, the cultural level of the population, territorial distribution of the supply of care, accessibility and many factors that determine this reality, without knowledge and definition of which any programming process is illusory.

The implementation plan includes both process evaluation indicators and outcome evaluation indicators. Process evaluation is used to document and monitor implementation of programs, activities and interventions. Process evaluation is a tool to monitor progress towards achieving outcomes. By measuring the quality, accuracy and reach of the services and programmes, a health department can determine if it is on target to achieve the related outcome(s). Process evaluation is one important tool used to determine potential areas for Quality Improvement (QI).

Areas commonly measured by process evaluation include:

- ***Reach***: Was the intended target population reached? Was an adequate number of the intended population reached?
- ***Dosage***: Did the participant or service recipient receive the desired level of the intervention?

- *Fidelity*: Was the intervention or programme delivered with fidelity to the model or protocol?
- *Customer Satisfaction*: How satisfied were customers with the service or programme?

Process Indicator – A process indicator is a measure or the documentation of the programme or service provided. While there are many potential process indicators, it is important to make decisions regarding which information is most important to monitor, in order to understand whether or not the programme or intervention is on track to achieve the outcome.

Outcome evaluation measures the impact, benefits and changes as a result of the programmes, activities and interventions. Since outcomes are planned changes in a target population, outcome evaluation measures the degree of that change.

Outcome Indicator: The measures of change at certain milestones that lead to the overall target.

A measurement plan may also accompany an implementation plan or be integrated into it. A more detailed measurement plan includes data sources for measurement, timing of data collection, methodology and persons responsible for measurement. It is helpful to assign a number to process and outcome indicators (what will be measured) when using a separate measurement plan so that it can be tracked back to the implementation plan and the strategic plan.

The following components are typically included in a measurement plan:

- Process and outcome indicators
- Data sources for measuring the indicators
- Methods for measurement
- Timing for measurement
- Baseline (the measure before any programming or activities)
- Target (the desired level of change in a given time period)

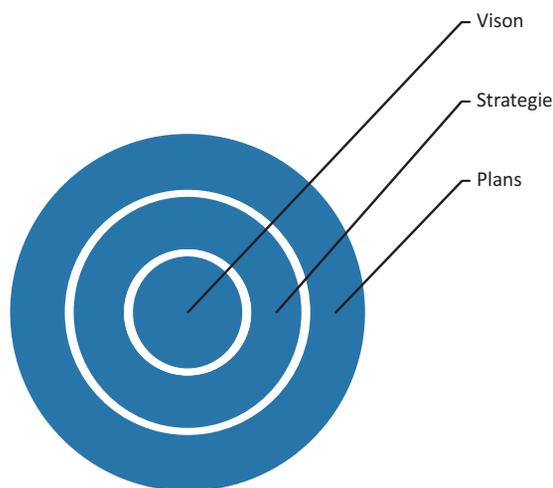
■ ESTABLISHING A PROCESS FOR MONITORING IMPLEMENTATION AND EVALUATION

Operational plans (or programme work plans) for departments, divisions and centres focus on how the department will meet specific objectives within the

strategic plan, and include other programmatic issues that may not be included in the strategic plan. In contrast to the strategic plan, an operational plan may be limited to a shorter term (usually a year) and is primarily concerned with concrete goals setting, and with the scheduling of specific tasks to meet those goals. The key element is to link the operational plans to the strategic plan and, when possible, to individual performance goals as shown in Figure 2. In addition, Figure 1 provides a similar view of the relationships between vision, strategy and individual performance plans.

Figure 1

Relationships between vision, strategy and plans



■ PERFORMANCE MANAGEMENT AND STRATEGIC PLANNING

The strategic plan touches many components of the performance management system as it identifies the LHD's strategic objectives as well as measurable time specific targets for achieving them, setting the foundation and direction for effective performance management. As a part of the overall performance management system, a process for the ongoing monitoring of performance data to show progress towards goals and objectives must be in place.

If it is in the strategic plan, it matters. What matters is measured or what is measured matters, as they say. To begin, we measure progress against strategic objectives at the implementation or process level. For example:

- Are we doing what we set out to do?
- Are we reaching our targets?
- Are we meeting our timeline and budget?

As implementation matures or completes, we measure the impact or outcomes.

- What are the results of the efforts?
- What are the changes in the organization, target population or community?
- How efficient was the work?

■ USING QUALITY IMPROVEMENT

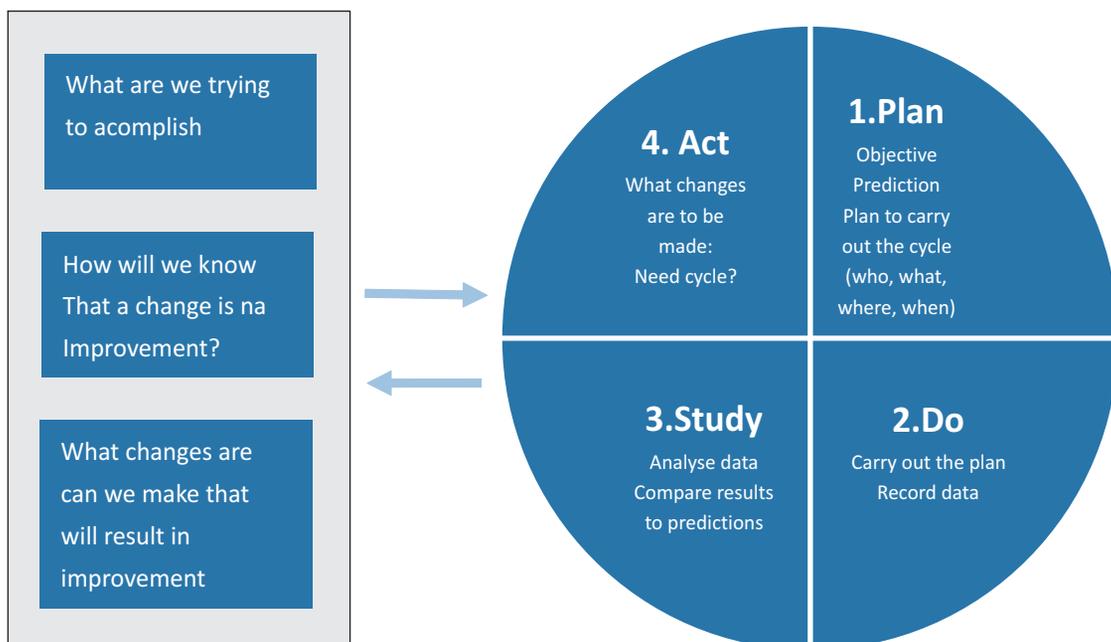
As we look at the process data to find out if we are on target, we look for QI opportunities to get the work back on track or to speed up improvement results. The QI work is intended to improve performance in areas that will lead to bigger change. The strategic plan is intended to create big change. Thus, it is important that the process and shorter-term outcomes are monitored to identify process challenges and weaknesses that can be improved to produce better results. W. Edwards Deming⁷ is quoted as saying, “Systems are perfectly designed to get the results they achieve.”

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act (Figure 2), which is focused on activities that are responsive to community needs and contribute to improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality, with the final goal of achieving equity and improving the health of the community.

If process measures or short-term outcome measures in the strategic plan are not on target for success, QI can be applied through a model such as the Model for Improvement to get things back on track. To use the model, the problem must be clearly defined so that a specific aim can be established to improve the process. The aim is time-specific and measurable. The next step involves developing an in-depth understanding of the problem through the application of various tools, such as process mapping, root cause analysis, force field analysis, etc. Next, changes are developed to address the root cause of the problem and ultimately improve the problem. A change is selected to be implemented for improvement. The change is implemented on a small scale for testing through PDSA or plan-do-study-act. Results of the

Figure 2

Plan-Do-Study-Act



test are assessed to understand impact. Multiple tests may take place prior to determining if the change resulted in clear improvement. If successful, the change will be implemented more widely and continue to be monitored.

QI framework is a critical tool for monitoring progress and providing feedback towards shared goals, and should be linked to the strategic plan.

■ COMMUNICATING RESULTS

Finally, it is crucial that the ongoing monitoring and the results are shared with stakeholders. Communicating progress shows all stakeholders the importance of the plan and demonstrates that the time and resources invested in developing the plan were worthwhile. Some of the following have been useful ways to demonstrate progress:

- Highlights of progress, achievements and changes shared in:
 - Health department newsletters
 - Annual reports
 - On the website
 - At board meetings and all staff meetings
 - At community meetings, especially when reporting on CHIP priorities

- Department bulletin boards or newsletters highlighting the work towards the strategic plan's goals

Not everyone is going to want to spend the time to review progress in a long document filled with data. Be creative and encourage divisions and teams to develop ways to report regular progress through a quick snapshot view. Plan for ways that the health department will keep the plan alive and communicate progress. This will build in transparency and accountability.

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