

Strategic Planning in State Health Departments: Insights from Key Informant Interviews

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Larger study

- **Focus:** Explore how states have responded to *America's Health Rankings (AHR)* during its 20-year existence.
- **Three-phased study:**
 - **Phase 1:** Selection of states for onsite interviews
 - **Phase 2:** Interviews with key informants
 - **Phase 3:** 50-state survey of state health officials

Phase 1

- **States targeted for interviews included:**
 - States that had above or below the median overall performance scores, and
 - States which had either improved or fallen in the state health rankings.

Number of states by changes in AHR rankings and performance scores. Cell (number of states/number states where interviews conducted):

America's Health Ranking, 1990-2008	Overall Performance Scores	
	Above Median	Below Median
Improved	A (5/4)	B (2/1)
Declined	C (3/2)	D (6/1)

Phase 2: Interviews with key informants

- 54 interviews were conducted with 65 different people in 9 states
- Individual and group interviews were conducted by at least two of the three-person project team, using a semi-structured interview guide
- After securing consent, all interviews were digitally recorded
- Transcripts were produced for all interviews

Phase 3: State survey

- A web-based survey instrument was developed in partnership with the Association of State and Territorial Health Officials (ASTHO) to assess how states have responded to *America's Health Rankings*
- The link for the electronic version of the survey was provided by the ASTHO Executive Director to the member SHOs.

Research objective of study being presented

Define and describe strategic planning processes within state health departments (SHDs)

- Study is result of secondary analysis from the larger RWJF-funded study
 - Findings are preliminary
 - Goal today is to get your input

Study focus

- Relates to Essential Service 5: *Develop policies and plans that support individual and community health*
- Linked to National Public Health Performance Standards Program (NPHPSP) which identifies *strategic planning* as the model standard for achieving this Essential Service.

Objectives for this session

- *Engage audience* in dialogue about:
 - Organizational versus system-level strategic planning
 - Other states' experiences with and processes for strategic planning
 - How these qualitative data findings correlate with findings from the NPHPSP on achieving Essential Service 5

Key preliminary findings

- *AHR* is used in strategic planning, but for varied reasons
- Processes used for strategic planning are highly variable
- Contextual factors are sometimes an impediment to planning

Use of AHR in strategic planning

- AHR used primarily to support strategic planning
- Generally not used to establish priorities and rarely drives planning

Planning processes: Example state #1

Organizational model: Centralized SHD

- Tight integration between state and local entities
 - Annual contracts between SHD and local governments signed by the Board of County Commissions Chairmen and designee of SHO

Example state #1 *cont'd.*

- Sophisticated planning processes
 - Long range strategic plan required by Legislature
 - DOH strategic plan
 - Developed in concert with local stakeholders
 - Data-driven
 - MAPP and NPHPSP used
 - Finalized at departmental level; includes program
- Each county shares best practices, report cards and evaluations

Process for planning

Long-range strategic plan developed by state legislature



Local planning: Involves diverse stakeholders



State planning: Finalization departmental plan & program priorities



Governor's priorities



Four-year strategic plan

Planning processes: Example #2

Organization model: Decentralized SHD

- SHD sets agenda for local planning
 - Currently has goals in ten general areas; county health departments and hospitals convene other stakeholders for local prioritization
 - SHD identifies current county status for each goal and sets statewide 10-year objectives; issues annual county report cards

Process for planning

SHD sets 10 general goal areas; cross-functional teams from SHD develop goals



County health departments and local hospitals convene local stakeholder groups:

Identify 1-2 goal areas

Planning processes: Example #3

Organizational model: Centralized SHD

- State is migrating to a comprehensive planning process to include:
 - Engagement of multiple stakeholders
 - Network management
 - Focus on return on investment (ROI)
 - Performance contracting

Planning processes: Several other states

- The key attributes of the planning process explicated by the NPHPSP were not evident in the responses in several states
- Key attributes include:
 - Comprehensive
 - Inclusive of multiple stakeholders
 - System-focused

Contextual factors

- A variety of contextual factors impeded strategic planning processes, including:
 - Decline in state funding
 - Categorical program funding
 - Leadership turnover
 - Relationships (or lack of them) between SHDs and LHDs and community stakeholders

“How you arrive at what your priorities are is always a mix of inputs coming in”

Study limitations

- Focus of larger study was not strategic planning
- Sample is small (nine states)
- Analysis is preliminary

Discussion

- No definitive conclusions about state-level capacity and adherence to comprehensive planning, as described in Essential Service 5 and assessed by NPHPSP, can be drawn
- This preliminary, secondary analysis raises more questions than answers, but we think lack of evidence about comprehensive, system-focused planning inclusive of a variety of internal and external stakeholders is unexpected and worthy of discussion

Your input

- *What is your experience with strategic planning?*
- *How can we explore this further?*
- *Is anyone else examining strategic planning in SHDs?*

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