Strategic Planning Methods

DIVISION OF CHILD & FAMILY HEALTH

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Overview

Background Information

In January 2019, the Minnesota Department of Health's (MDH) Child and Family Health (CFH) Division applied to work with the National Maternal and Child Health (MCH) Workforce Development Center (the Center) on a technical assistance project as a part of their 2019 cohort. Our application was accepted, and in June 2019, we launched our work with the Center via a MCH Workforce Skills Institute.

As a part of our work with the Center, we would like to develop a new community-focused, evidence-based process for setting and implementing strategies to be incorporated into our work as a Division going forward.

Community Engagement

MDH is committed to working more effectively in partnership with stakeholders. One of the primary strategies outlined in the MDH Strategic Plan to advance health equity is to, "Listen authentically to and partner with communities." MDH's Strategic Plan states:

> *MDH has much to learn from communities. MDH must acknowledge and honor the knowledge and lived experience of communities. MDH must shift the way it partners with communities so that solutions are identified and implemented in partnership with communities. MDH should seek opportunities to share decision-making with populations experiencing inequities as a means of strengthening outcomes that will ultimately advance health equity.*

The CFH Division at MDH acknowledges that in order to advance MCH outcomes and equity, we need to work together in authentic, collaborative, and innovative ways. This is the only way that we will be able to "move the needle" in reducing the disparities in our communities.

Though at least two-thirds of funding for the Title V MCH Block Grant funding is passed through to local public health agencies, the action planning for our Title V MCH Block Grant has been conducted as an internal process by a few MDH staff. Historically, this has meant that very little to no engagement occurred with community partners, families, or local public health when it came to setting strategies for addressing the priority needs identified via the needs assessment. Community engagement has been a core construct of our current needs assessment and prioritization process, and we would like to continue to meaningfully engage with our partners as we set strategies, measures, and plan activities going forward.

From Needs Assessment to Strategy Development

The CFH Division has been engaged in conducting a comprehensive assessment of the health and well-being of Minnesota's MCH populations – including mothers, fathers, children (including those with special health needs), families, and communities. Community engagement has been central to this needs assessment process – from reviewing local public health community health assessments, conducting a qualitative Discovery Survey (which received

nearly 2,800 responses) and holding key informant interviews to gather information on needs of MCH populations in the community; to holding a series of eight virtual and in-person community forums to gain input from stakeholders in prioritizing community needs.

The following needs were identified as the top priorities through the needs assessment process:

- **Care during Pregnancy and Delivery**: Increasing accessible, quality health care during pregnancy and delivery.
- **Infant Mortality**: Reducing the number of infants that die before their first birthday.
- **Comprehensive Early Childhood Systems**: Ensuring Minnesota has inclusive systems that link young children and their families to all the support and services they need.
- **Adolescent Suicide**: Reducing the number of youth who take their own life.
- **Access to Services and Supports for Children and Youth with Special Health Needs**: Ensuring all kids and families have what they need to thrive.
- **Housing**: Increasing safe, affordable, stable housing for all people living in Minnesota.
- **Accessible and Affordable Health Care**: Comprehensive, quality health care services, including Family Planning, that are available and affordable for all.
- **Mental Well-Being**: Ensuring all people living in Minnesota have the opportunity to realize their abilities, deal with day-to-day stress, have meaningful relationships and contribute to their family and community. Including building resilience in those who experience childhood trauma and adversity.
- **American Indian Family Health**: Reducing disparities and supporting the well-being of American Indian families.
- **Parent and Caregiver Support**: Supporting parents and caregivers socially and emotionally with family-focused activities, policies, and education.
- **Boys and Young Men**: Protecting and promoting the physical, mental, and emotional health among people who identify as male.

Our next step is to continue this engagement by implementing a community-focused process for setting and implementing strategies to address the priority needs, which will be incorporated into a statewide strategic plan that will guide work on improving MCH systems going forward.

What is a Strategy?

The National Association of County and City Health Officials (NACCHO) defines strategies as "general successful approaches or 'best practices' that will be used as a basis for activities."[1] For this strategic planning process, we would further define strategies as approaches to address the priority needs identified through the needs assessment. Strategies are broader approaches, whereas activities are more specific actions that are taken to implement the strategies.

Strategies may include (but are not limited to) the following areas:

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[1] National Association of County and City Health Officials (2010). Developing a Local Public Health Department Strategic Plan: A How-To Guide (https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf).

- "**Better understanding the current situation**: aligning or overlaying existing data sets or systems with one another
- **Learning by trial**: identifying an opportunity to start small with willing partners, learn from the experience, and then expand or replicate
- **Increasing coordination**: finding ways to realign existing programs, protocols, and stakeholders to work together differently to maximize efficiency
- **Enhancing services**: adopting a previously unnoticed proven practice from inside or outside the community to enhance existing services or programs
- **Identifying policy-change opportunities**: looking for opportunities at local or state levels." [2]

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[2] Uribe, Wendel, & Bockstette (2017). How to lead collective impact working groups: a comprehensive toolkit (https://www.fsg.org/tools-and-resources/how-to-lead-collective-impact-working-groups).

Strategic Planning Leadership & Structure

Steering Committee

A Strategy Steering Committee has been established to help develop and drive our strategy development process. The Strategy Steering Committee provides direction for the strategy development process and champions the work of the teams. The Strategy Steering Committee is also responsible for ensuring authentic partnerships are incorporated into the strategy development process.

Table 1 below includes the names and roles of Strategy Steering Committee members.

Member Name	Role/Perspective
Joan Brandt	Co-Lead, Project Sponsor, CFH Division Director
Sarah Dunne	Co-Lead, Title V MCH Block Grant – Children and Youth with Special Health Needs (CYSHN) Section Staff
Judy Edwards	Title V MCH Block Grant – MCH Section Staff
Molly Meyer	Title V MCH Block Grant – Data/Epidemiology Staff
Gina Adasiewicz	Local Public Health – Dakota County
Amanda Larson	Local Public Health – Sherburne County
Sarah Reese	Local Public Health – Polk-Norman-Mahnomen Community Health Board
Kate Franken	CFH Women, Infants, and Children (WIC) Section
Dawn Reckinger	CFH Family Home Visiting Section
Tricia Brisbine	Family Advisor
Zobeida Bonilla	University Partner
Jamie Slaughter-Acey	University Partner
Lisa Gemlo	CFH CYSHN
Mo Alms	CFH MCH
Barbara Frohnert	CFH CYSHN

Strategy Team Structure

The Steering Committee serves as the central leadership group for the strategic planning process, and then a set of Strategy Teams will be established. The purpose of the Strategy Teams is two-fold:

1. Identify and develop strategies to address the priority need.
2. Review and evaluate progress on implementing strategies.

Figure 1 below provides a visual depiction of the Leadership Structure of the process. The process takes a collective approach – meaning that there is not a hierarchical structure. Rather, the process is community-driven with strategic guidance coming from the Steering Committee.

Figure 1: Strategic Planning Structure
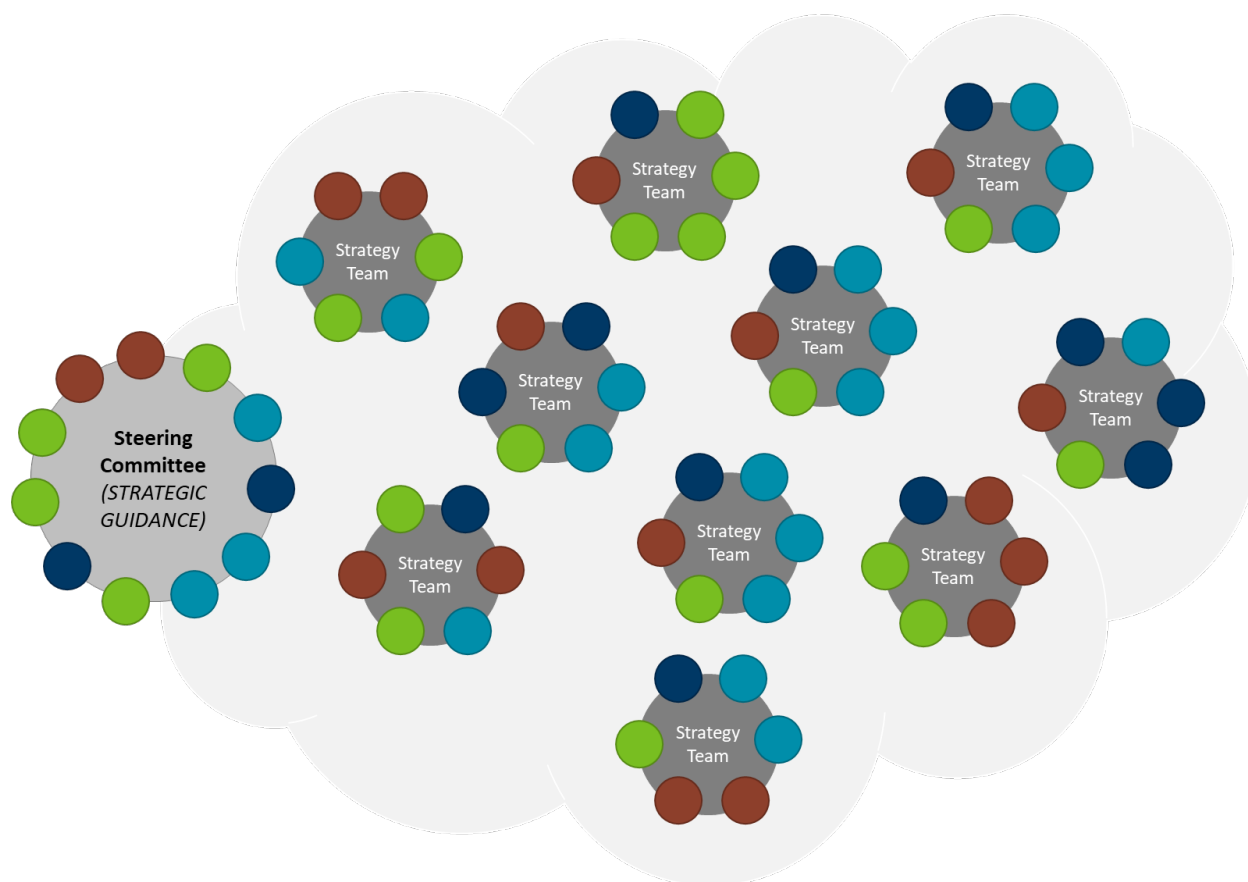
Strategy Team Membership

A Strategy Team will be assembled for each of the priority needs identified in the statewide needs assessment. Each Strategy Team will be composed of around 20 members. Composition of groups will be dependent on the priority need the team is addressing; however, in general, teams will be composed of the following representatives:

- Minnesota Department of Health (MDH) Staff
- Other State Agency Staff
- Local Public Health Staff
- University/Academic Staff
- Community-Based Organization Staff
- Providers and Payers
- Advocates
- Youth and Family Representatives
- Interested Community Members
- Data/Research Scientist/Epidemiologist Staff

Strategic Planning Vision & Values

Shared Vision

The Strategy Steering Committee developed a shared vision to guide the strategy development process. The vision is as follows:

Families and communities need authentic partnerships (such as those between MDH, local public health, tribal nations, other state agencies, providers, payers, and academia) to ensure shared decision-making in creating and implementing an action plan that improves MCH outcomes and health equity.

Values

A set of values have been identified by the Strategy Steering Committee to support shared decision making amongst Strategy Team members, and authentic partnerships and accountability for our decisions. These values serve as a set of guiding principles for the strategy development process.

Child and Family Health Strategic Planning Values

We strive for the process to be:

Transparent: We will concisely explain and visualize the process we will use to identify strategies and how we intend to measure our progress so team members can understand where we are and our next steps.

Inclusive: We encourage the involvement of individuals from different sectors and experiences, and acknowledge the inherent worth and dignity of all.

Collaborative: We acknowledge that we need to work together in relationship with each other, because relationships are at the heart of collaboration. Genuine connection that values the diversity and unique contributions of all individuals will increase our communal capacity to improve the health of children and families.

Adaptable: We will demonstrate willingness and flexibility to consider different ideas, and remain agile throughout the process. This includes trying new things and learning from failure as we work as a team.

Data-Informed: We will use the best scientific data and methods available alongside other information, including community knowledge and experience, to make decisions. We will acknowledge the limitations of the data available and consider it in context; the lack of good data does not mean that we cannot begin making progress.

Honoring of Community and Cultural Wisdom: We will listen to and respect the knowledge that our partners have gained living and working with their communities.

Strategic Planning Process

Phases of the Strategic Planning Process

Our strategic planning process utilizes six phases, which are listed and described below.

Figure 2: Phases of the Strategic Planning Process

Planning Phase (June 2019 – September 2019)

During the planning phase, the Steering Committee is responsible for establishing the organizational structure for the strategic planning process. By the end of the planning phase, the Steering Committee will:

- Agree upon a shared vision and values for the process
- Determine a methodology for developing and narrowing down strategies to address the priority needs identified in the needs assessment.
- Set implementation milestones (timelines) for conducting the strategic planning.
- Establish a plan to recruit individuals to participate on Strategy Teams, which will be responsible for identifying strategies.

Recruitment Phase (October – November 2019)

Recruitment for Strategy Team members will begin in mid-October 2019. Potential members will be recruited via multiple avenues, including emails, social media posts, newsletters, and emails. Recruitment will occur both by direct, individualized invites and general invites to the public.

Individuals who are interested in participating on a Strategy Team will complete an interest survey, ranking their top priority areas of interest. Efforts will be made to match individuals with their top choice when possible. To allow for the broadest representation in the process as a whole, we will attempt to have individuals participate on one Strategy Team. The exception to this rule will be when individuals are from typically underserved/underrepresented groups, and it is important to ensure the voice of that group is included on a Strategy Team.

Strategy Team Membership Selection

Members of each Strategy Team will be selected based upon the process outlined below. This process has been developed and approved by the CFH Strategic Planning Steering Committee.

1. Individuals who are interested in participating on a Strategy Team will complete am Interest Survey, ranking their top priority areas of interest.
   - The Interest Survey will gather information on the individual's name, group/organization representing, experience in the maternal and child health field and related to health equity, top three priorities of interest, and demographic information.
   - The Interest Survey will be open for a minimum of one month.
2. CFH Strategic Planning Steering Committee will determine minimum membership roles for each Strategy Team.
   - As stated above, exact membership of each Strategy Team will be based on the priority that the team is addressing.
   - The Steering Committee will identify the minimum roles that need to be represented on each team. For instance, if during the needs assessment it was determined that the priority need impacts certain populations/groups at higher levels, then we will strive to include members from that group on the team.
3. A subgroup of the CFH Strategic Planning Steering Committee will review all Interest Survey responses and tentatively assign members to Strategy Teams.[3]
   - Determine which applicants fall within the minimum roles for each Strategy Team and assign members to that team.
   - Match and assign remaining applicants to the most appropriate Strategy Team based upon their team preference ranking and experience.
4. The CFH Strategic Planning Steering Committee will review and approve final membership of Strategy Teams.
5. Members of Strategy Teams will be notified of their team assignments and next steps no later than November 20, 2019.

Strategy Development Phase (December 2019 – March 2020)

The Strategy Development Phase begins in December 2019 with the initiation of the Strategy Teams. Figure 3 details the process to be utilized in the development of the strategies. A visual "roadmap" of the process can be found in Appendix A. The process includes establishing a set of strategy workgroups, each focused on a priority need identified as a part of our five-year needs assessment. All strategy workgroups will utilize a similar process to identify a set of two or three strategies aimed at address their identified priority need. The process will begin in October 2019 with the recruitment of strategy team members, and strategies will be identified no later than March 2020. The strategies will be combined into an overall strategic plan to be used by the CFH Division and other MCH partners, to guide our work for the next five years

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[3] Efforts will be made to match individuals with their top choice when possible, but applicants may be assigned to their second or third choice if minimum roles for the Strategy Teams have not been met and their experience better fits with their second or third choices.

(2021 – 2025). The strategy workgroups would remain active throughout the five-year strategic plan cycle.

Figure 3: Strategy Development Process
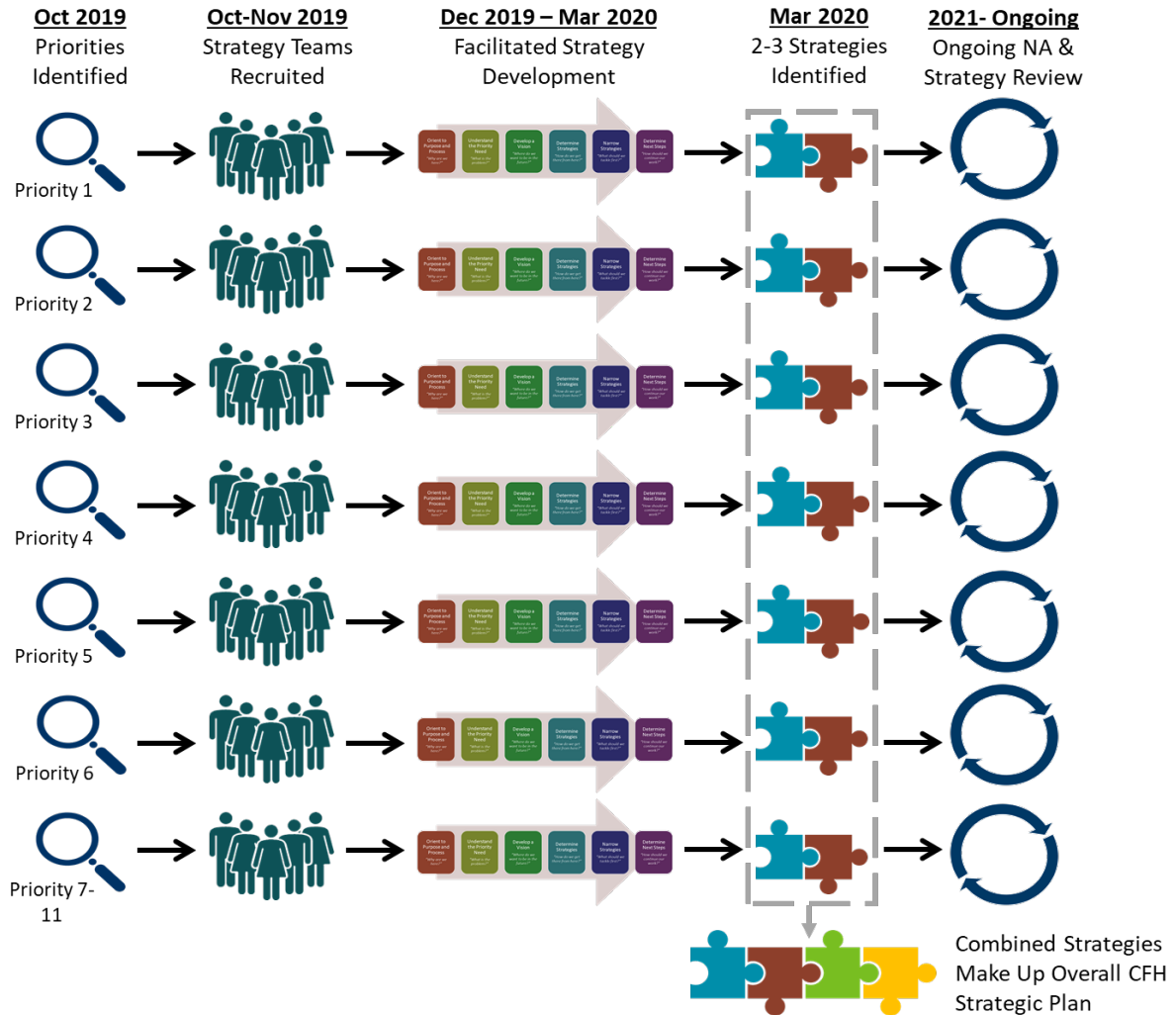
Strategy Development Process Steps

Figure 4 details the process to be utilized by the strategy teams to determine strategies for the CFH Strategic Plan. Each of the steps in the process is described in more detail below.

Figure 4: Strategy Development Process Steps
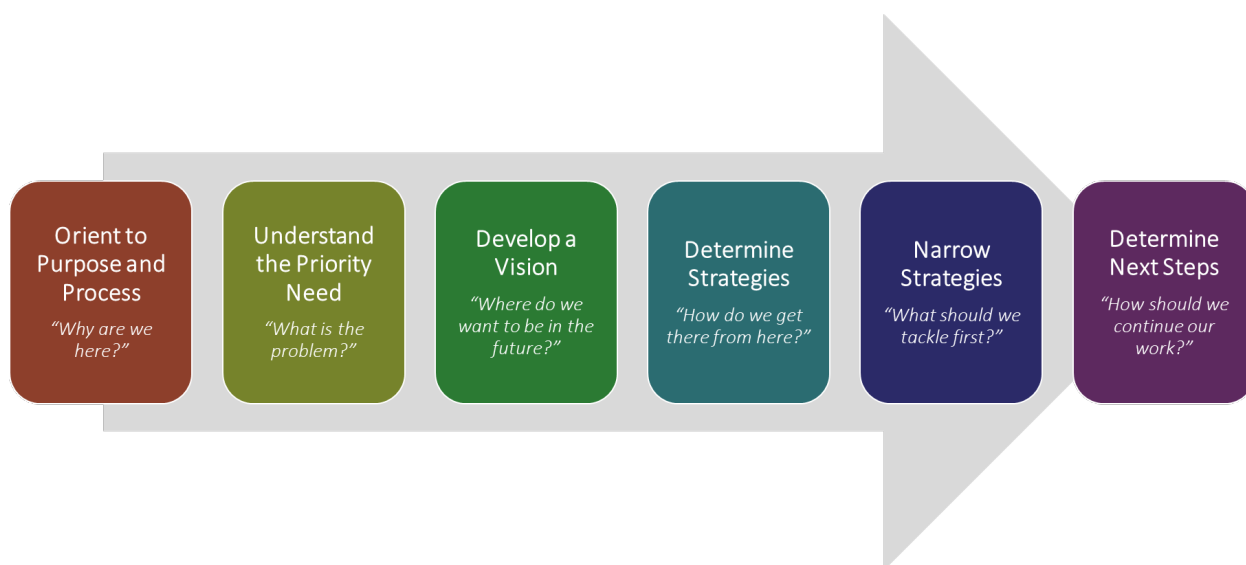
1. **Orient to Purpose and Process**

   The first step of the strategy development process includes orienting the team to the strategy development purpose and process. The first step aims to answer the question, "Why are we here?"

   During this step, strategy teams will become oriented to the process that they will be undertaking to identify strategies to address their priority needs. They also will participate in discussions around the values that were established by the Steering Committee to help ensure that authentic partnerships are built throughout the process, and that all stakeholders participate in shared decision-making.

2. **Understand the Priority Need**

   The second step of the strategy development process is ensuring the strategy team understands the priority need. This step aims to answer the question, "What is the problem?"

   Data and stories will be presented to the strategy teams to illustrate the problems they are trying to address. They also will conduct root cause analyses and asset mapping, to help them understand causes and potential solutions to their identified problems.

3. **Develop a Vision**

   During the third step, teams will work on developing a vision statement for where they would like to see the system head related to the priority need in the next five years. This step answers the question, "Where do we want to be in the future?"

   The vision statements will help to guide the teams' choices of strategies to help move the system in the right direction. In order to develop the vision statement, strategy team members will first discuss their hopes and dreams for the system. Then facilitators will help them to frame those hopes and dreams into a statement from which all stakeholders can see themselves.

The vision established during this third step will be revisited during each of the following steps in the process to reemphasize the goal the team is working toward via the strategy development.

4. **Determine Strategies**

The fourth step of the strategy development process is determining potential strategies to address the priority need. The step answers the question, "How do we get there from here?"

During this step, strategy teams will be given materials that describe evidence-based or promising practices (potential strategies) that have been found to help improve outcomes for MCH populations related to the priority need. Knowing that there may be gaps in the literature on best practices for certain populations or that certain priorities may have limited evidence at all, teams will also be given an opportunity to brainstorm potential strategies.

5. **Narrow Strategies**

During the fifth step of the process, teams will narrow down potential strategies to a set of 2-3 final strategies for each of the priority needs and will also prioritize which strategies should be focused on first. This step answers the question, "What should we tackle first?"

Teams will utilized a set of criteria to narrow down and prioritize strategies. This criteria is explained in more detail below. Teams will also be asked to brainstorm how they would measure success or improvement related to each of the final selected strategies.

6. **Determine Next Steps**

The sixth and final step of the process is determining next steps for the strategy workgroups. The sixth step aims to answer the question, "How should we continue our work?"

During this final step, team members will be guided through a process of figuring out when and how they will regroup to ensuring ongoing evaluation and progress tracking is completed on the strategies. Team members will be invited to decide whether they would like to continue to serve on the strategy team going forward or if they would like to end their membership.

Strategy Team Meeting Structure

Facilitators will guide strategy teams through the steps over the course of four meetings. Figure 5 displays an outline of these meetings, including the overall themes and tasks that the strategy teams will complete at each meeting.

Figure 5: Strategy Team Meetings Outline
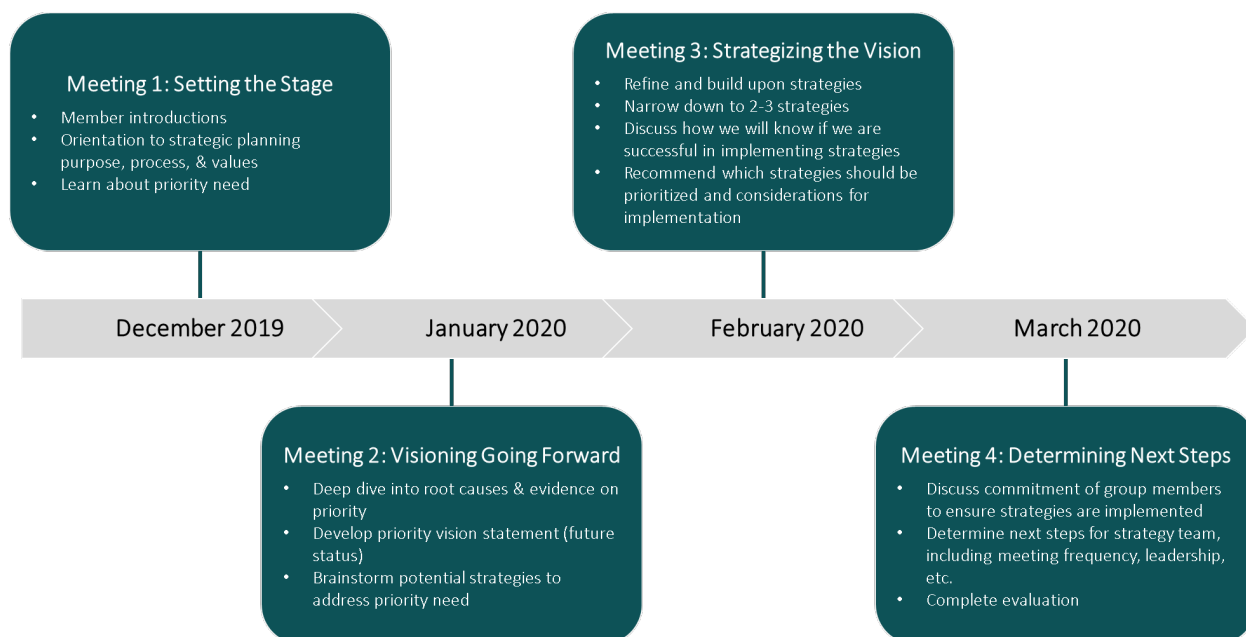
The plan for the strategy team meetings is described below:

Meeting 1: Setting the Stage (December 2019 – Virtual Meeting)

- Member introductions
- Orientation to strategic planning purpose, process, and values
- Learn about priority need

Meeting 2: Visioning Going Forward (January 2020 – In-person Meeting)

- Deep dive into root causes and evidence on priority need
- Develop priority vision statement (future status)
- Brainstorm potential strategies to address priority need

Meeting 3: Strategizing the Vision (February 2020 – In-person Meeting)

- Refine and build upon strategies
- Narrow down to 2-3 strategies
- Discuss how we will know if we are successful in implementing strategies
- Recommend strategies that should be prioritized and considerations for implementation

Meeting 4: Determining Next Steps (March 2020 – Virtual Meeting)

- Discuss commitment of group members to ensure strategies are implemented
- Determine next steps for strategy team, including meeting frequency, leadership, etc.
- Complete evaluation of team and process

Strategy Criteria

During the strategy development, teams will walk through a process where they will generate a list of potential strategies aimed at addressing the priority need. They also will list potential barriers to implementing the strategies. Accounting for these barriers will help teams better understand the potential success of the strategies and determine whether they are able to mitigate or avoid the challenges. Teams will then use the following criteria to guide discussions on how to narrow down their list of potential strategies to two to five final strategies for adoption.

Criteria for Narrowing and Prioritizing Strategies

Answer the following questions:

- **Public Health Principles:** Is the strategy consistent with the essential services and public health principles? Does the strategy emphasize changes in the conditions that create health?
- **Economics:** Is the strategy financially feasible? Does it make economic sense to apply this strategy?
- **Values:** Is the strategy consistent with the values of the community?
- **Resources:** Is funding likely available to apply this strategy? Are organizations likely able to offer personnel time, expertise, or space needed to implement the strategy?

If the answer to the above questions is a "no," then the strategy should probably be revised or eliminated. Remaining strategies can be prioritized based on the following additional criteria:

- **Leverage:** What is the potential impact on the priority vision statement and strategic goal? Does the strategy address any underlying root causes?
- **Feasibility:** Is it likely that the strategy can be successfully implemented?
- **Partnerships:** Does the strategy leverage expanded partnerships? Does the strategy emphasize shared responsibility of all rather than the responsibility of individuals?

Facilitation of Strategy Development Process

A group of trained facilitators will serve as guides to move the Strategy Teams through the process together. Facilitators will not be subject matter experts in the priority area that they are facilitating – this will help to ensure neutrality of the process.
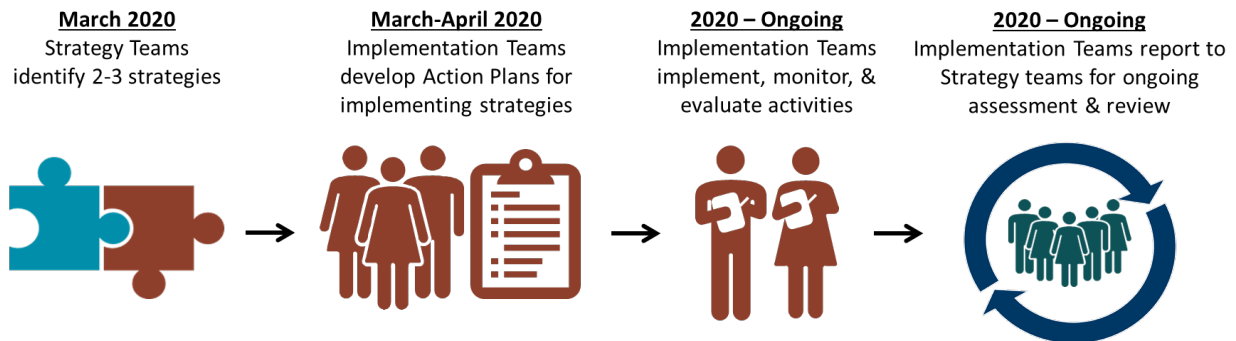
Public Comment Phase (March-April 2020)

Once the Strategy Teams have approved the final set of strategies, a report of those strategies will be published on the MDH website for public comment. There will be a 30-day public comment period, through which MDH will receive additional feedback on process and strategies.

Action Planning Phase (March – June 2020)

The Action Planning Phase begins in March 2020, and is displayed in Figure 6. During this phase, Implementation Teams will be established to:

- Identify the resources needed to put the strategies into action.
- Write action plans detailing activities to implement the strategies, individuals/groups responsible for implementation, and timelines for completion.
- Monitor and evaluate the activities.
- Provide updates to the Strategy Teams on progress and success in achieving the activities.

Figure 6: Action Planning Process

March 2020	**March-April 2020**	**2020 – Ongoing**	**2020 – Ongoing**
Strategy Teams identify 2-3 strategies	Implementation Teams develop Action Plans for implementing strategies	Implementation Teams implement, monitor, & evaluate activities	Implementation Teams report to Strategy teams for ongoing assessment & review

Implementation Phase (July 2020 – Going Forward)

The implementation of the strategy action plans will occur via multiple avenues. For instance, action plans may be integrated into the activities and measures of federal and state grants, such as the Title V Maternal and Child Health Block Grant.

Process Evaluation

The CFH Strategic Planning Project will utilize a continuous quality improvement approach – conducting regular evaluation surveys with participants and making real-time improvements based on the findings. Evaluation data will be collected following each Strategy Team meeting to ensure satisfaction with the meetings and process. Results will be shared with the Steering Committee and team facilitators to continuously adapt the process to ensure we are meeting the needs of participants. In addition, after the Strategy Development Phase, an evaluation survey will be distributed to all Strategy Team participants and the Steering Committee to measure whether they felt the process aligned with the strategic plan values and indeed increased authentic partnerships.

Appendix A: CFH Strategic Plan Roadmap