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Foreword

Six years ago the Clay County Public Health Center Board of Trustees took on the task of developing a strategic plan that would totally regenerate the focus and resources of the Health Center. During these six years the focus has been on restructuring, building collaborative partners and realigning internal structures so that the Health Center will be prepared to address the issues and needs of the Community.

Today the Board of Trustees along with the Health Center Leadership Team has embarked on revising and updating the strategic plan to reflect the current direction. The infrastructure decisions and realignment have occurred. Now we embark on the expansion of the focus to meet the following goals:

- Utilize the three Core Functions of Assurance, Assessment and Policy Development as guides to meet community needs
- Base all planning on the *National Public Health Performance Standards* and the *Ten Essential Public Health Services* to assure maximum response from the Health Center and its community partners
- Utilize the results from Vision North 2010-2015 and from our Community Health Assessment Data sets to create individual Community Health Improvement Plans to address the following Chronic Diseases and Conditions effecting our communities:
  - Heart Disease
  - Cancer
  - Diabetes
  - COPD
  - Accidents/ Unintentional Injuries

The desired outcome from this process is that we are meeting our Mission to deliver the essential public health services of Prevention, Promotion, and Protection to the communities of Clay County and that our vision of empowering all people in Clay County to lead healthier lives will be fulfilled.

Pat Dixon, Chair, Board of Trustees  
Gary E. Zaborac, DPH  
Clay County Public Health Center  
Clay County Public Health Center
Acknowledgements

The Clay County Public Health Center would like to thank Beverly Triana-Tremain for facilitating our strategic planning process.

Beverly Triana-Tremain, PhD is the Founder and President of Public Health Consulting, LLC. She has 25 years professional experience in public health settings. Consulting services include specialization in Evaluation Studies, Research Design, Grant Management, Literature Reviews, Needs Assessments and Evaluation Capacity Studies, and Strategic Planning with a Balanced Scorecard Approach. She can be contacted via her website:

http://www.publichealthconsulting.net/
Our Board of Trustees

The Board of Trustees is responsible for adopting policies for the operation of the Clay County Public Health Center (CCPHC) and setting the annual public health tax levy rate. The Board is instrumental in designing the strategic plan, implementing public health programs, and adopting public health ordinances for the improvement of health for all who live, work, and visit Clay County.

Patricia Dixon
Chairman

Russell Andrews
Vice-Chair

Freddie Nichols
Treasurer

Kathy Ellermeier
Secretary

Cherie Journee`
Vice Secretary
The Strategic Planning Team

Division of Administration

Gary E. Zaborac - Director of Public Health

Jodee Fredrick – Division Director

Darrell Meinke – Operations Section Chief

Dr. Ximena Somoza – Health Policy & Planning Section Chief

Division of Environmental Health Protection

Joe Reed - Division Director

Division of Community Health Promotion

Barbara Dawson - Division Director

Pamela Wittmeyer – Chronic Disease Section Chief

Sue Miller – Communicable and Infectious Disease Prevention and Control Section Chief

Teresa Tunstill – Behavioral and Community Health Education Section Chief
Clay County Public Health Center: An Overview

Background and Setting

The Clay County Public Health Center (CCPHC) is a local public health department created in 1953 to protect the health of all people in the county by implementing population based prevention programs and services. This community approach to wellness is accomplished through programs and services which not only prevent the spread of disease but also provide wellness education to empower community members to make healthy choices.

Our staff is comprised of public health professionals with a wide range of education and experience from both the public and private sector. We have an active employee Workforce Development Plan which annually requires our staff to attend educational seminars and trainings so their skill set keeps pace with evolving trends in public health. This allows us to provide you with the best service possible.

Clay County Public Health Center offers a variety of health education, disease prevention, environmental health and treatment services to protect and promote good health. CCPHC monitor the health status in the community very closely, and works with the local public health system to protect the health of the Clay County’s communities, both in emergency and non-emergency situations.

The Strategic Planning Process

In August of 2012, CCPHC contracted with Dr. Beverly Triana-Tremain of Public Health Consulting, LLC for facilitation services. Deliverables were agreed upon and an initial meeting was set with the CCPHC Director of Public Health and nine Division Directors and Section Chiefs (SP Team). At this meeting, an overall structure of the process was agreed upon and the agenda included discussion of team members and their roles, tools used for planning, existing information available, and important dates for completion of activities.

The SP Team and facilitator agreed that early attendance at the Board of Trustees (BOT) meetings was integral to the success of the strategic plan. The goals of these meetings were to educate the board on the philosophical shift in strategic planning chosen by the SP Team. The SP Team and
facilitator met with the Board of Trustees for four consecutive meetings\textsuperscript{1} and consisted of the Strategic Plan key completion dates, review of existing tools and resources, the Balanced Scorecard Approach, presentation of the Logic Model for the Strategic Planning process, and the Six Steps of the Strategic Planning Process. The Board of Trustees was also informed about existing information to be used by the SP Team. The first meeting was intended to introduce the intent of the SP Team and to gain feedback from the BOT. In the remaining meetings, feedback was obtained about material developed by the SP Team including: vision statements, SWOT findings, Quadrants of the Balanced Scorecard, Strategic Directions, Goals and Objectives. See Logic Model in Figure 2.

\textsuperscript{1} Board of Trustees meetings were held on September 10, September 17, September 24, and October 1.
Frameworks to Support the Strategic Plan: My Strategic Plan, Balanced Scorecard, and the National Public Health Performance Standards with 10 Essential Public Health Services

Definition of Strategic Planning

Strategic planning is defined as "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization," with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.²

The SP Team relied on existing resources and tools in the public health literature to build the strategic plan, including the following:

1. **My Strategic Plan**®
2. The Balanced Scorecard for Public Health
3. The National Public Health Performance Standards (including 3 Core Functions and 10 Essential Services)

1. **My Strategic Plan (MSP)**. In the Spring 2012, CCPHC was approached by the Missouri Department of Health and Senior Services (DHSS) to participate in the pilot of a strategic planning software, MSP. The software is an online strategic planning tool, based on the Balanced Scorecard Approach, to help guide a team through plan development and the execution of their strategies. Key features of this online tool are that upper level strategic team members are involved in the entry and maintenance of strategic planning elements. Additionally, after approval of the strategic plan, they can produce professional reports that can be exported in a variety of functional formats, including One Page Plan, Strategy Maps, Department and Team Actions Sheets. Perhaps most importantly, CCPHC Administration and Division Directors can cascade the goals and objectives into the strategies and action steps for program managers and front-line staff. The SP Team used the MSP steps (Table 1) to develop their strategic plan. To provide the Board of Trustees with material for feedback, the SP Team worked between meetings to craft elements of the strategic plan for review. The schedule of meetings consisted of processes that paralleled MSP and provided the content for CCPHCs Strategic Plan.

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3 My Strategic Plan, [www.mystrategicplan.com](http://www.mystrategicplan.com).
### Table 1. Timeline of Strategic Plan Work

<table>
<thead>
<tr>
<th>My Strategic Plan Steps</th>
<th>Dates of Work</th>
<th>Description of SP Team Activities</th>
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| Step 1. Assess your current position. | August to September 2012 | · Reviewed existing information/data, current Mission, Values, Customer Segments, SWOT, County Health Rankings  
· Completed survey on Internal Analysis (Performance Management Self-Assessment Tool for Skills, Capabilities and Process Analysis) and External Analysis (Environment, Market, Competitive, Customer).  
· Merged all existing and newly collected information into draft SWOT Analysis.  
· Reviewed and finalized SWOT. |
| Step 2. (Re)Discover your purpose and desired future. | September 2012 | · Revisited and approved existing mission statement.  
· Used Step 1 data to draft a vision statement.  
· Discussed and finalized values and customer segment statements.  
· Use Step 1 (SWOT, internal and external data) and Step 2 (mission and vision) to set Strategic Directions. |
| Step 3. Develop your strategies and priorities (Strategic Directions, Goals, Objectives) | October 2012 | · Strategic Directions inform selection of Balanced Scorecard Quadrants  
· Reviewed Public Health Balanced Scorecard Literature. SP Team discussed quadrants appropriate for public health and CCPHC mission and vision. Four quadrants finalized and presented to Board of Trustees.  
· Approval received. |
| Step 4. Cascade your strategies to operations (Program Level Strategy, Activities) | October to November 2012 | · Used Quadrants I-IV as structure for Goals, Objectives, and Strategies.  
· Will work with Program Managers and Front-Line Staff to determine Activities through Work Plan development.  
· Will design draft Work Plan template for Program Managers and front-line staff to document timeline of goals, objectives, strategies, and activities on Work Plan. |
| Step 5. Align your people and financial resources. | November 2012 | · Develop Budget.  
· Seek Board of Trustees approval of budget. |

MSP offered an organizational framework for administration to virtually track staff’s progress toward goals and objectives through continuous data entry and monitoring by Division Directors and Section Chiefs. The data entered by staff is illustrated in a variety of reports, such as a Full-Strategic Plan, One-Page Plan, and Scorecard. The Scorecard is a Dashboard that has constant feedback about the status of goals, objectives, strategies, and action steps. Because these elements are assigned dates and staff enter their progress on a monthly or quarterly basis, each element receives a green, yellow, or red light as an indicator of progress. For a more detailed understanding of the plan elements, see next section.
2. The Balanced Scorecard Approach within My Strategic Plan.

In 1992, the Balanced Scorecard (Figure 3) was developed by Robert Kaplan and David Norton and was intended for the business community to use measures to drive performance. The Balanced Scorecard method of Kaplan and Norton is a strategic approach, and performance management system, that enables organizations to translate a company's vision and strategy into implementation, working from 4 general perspectives of financial, customer, internal business processes, learning and growth.

Kaplan and Norton cite the following benefits of the Balanced Scorecard:

- Focusing the whole organization on the few key things needed to create breakthrough performance.
- Breaking down strategic measures towards lower levels, so that unit managers, operators, and employees can see what's required at their level to achieve excellent overall performance.

In June 2004, an investigative report was released by the Institute for Clinical Evaluative Sciences and presented at a Robert Wood Johnson Foundation Conference for public health leaders on advancing the field toward a more outcomes based approach. The report offered a balanced scorecard designed for public health. After review, our SP Team used this article as a framework for designing the CCPHC four quadrant Balanced Scorecard, which served as the foundation for the Strategic Plan within MSP.

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CCPHC adapted the original balanced scorecard model for its public health mission. CCPHC Balanced Scorecard Quadrants and their definitions are:

**Quadrant I: Community Health Indicators.** Community Health Indicators provide information about what impacts the health of Clay County communities. We are dedicated to understanding the health status of our county’s population and the social determinants and health behaviors that affect them. Additionally, we pursue greater understanding about directional trends in morbidity and mortality, as this will help guide our resources and strategies.

**Quadrant II: Infrastructure, Resources, and Workforce.** The physical and organizational features of CCPHC include all operational, financial, IT, and human resource capabilities. A competent public health workforce is necessary to provide a quality structure; this is achieved through new employee orientation, training, and workforce development plans. Work related functions must be related to a performance management system that incorporates quality improvement expectations into the manager’s performance goals. Additionally, these achievements must be communicated to stakeholders. CCPHC intends to develop each employee’s capacity to deliver public health services and programs and enhances their ability to reach a greater potential within the department.

**Quadrant III: Community Engagement.** Community health is more attainable when the individuals in those communities participate in the process and have a synergistic relationship with public health leaders. Partnerships that include the local population, public health officials, medical providers, law enforcement, schools, advocates, and the many other members of the local public health system.

**Quadrant IV: Integration and Responsiveness.** The way we perform our work should be defined, understood and clearly communicated to our stakeholders and indicate what can be reasonably expected from the local governmental public health presence. Specifically, a local health department will understand the specific issues that confront their community; investigate, prevent, minimize and serve to contain adverse health effects; lead planning efforts; collaborate with other officials, and plan and implement health promotion programs.

3. The National Public Health Performance Standards Program (NPHPSP). The stated mission and goals of the NPHPSP are to improve the quality of public health practice and the performance of public health systems. CCPHC use the Local Public Health System Assessment Instrument as it focuses on the local public health system (all entities that contribute to public health services within a community). The local instrument was developed by the National Association of City and County Health Officials and the Centers for Disease Control. The three core functions and 10 Essential Public Health Services are integral to the development and implementation of CCPHCs Strategic Plan.
The three Core Functions of Assurance, Assessment, and Policy Development and the Ten Essential Public Health Services assure that the standards fully cover the gamut of public health action needed at state and community levels. The 10 Essential Services are defined below and illustrated in the graphic (Figure 4):

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

**CCPHCs Strategic Plan Components and Level of Effort**

CCPHC’s Strategic Plan components are depicted in Figure 5. The unique design of this strategic plan is its intentional cyclical action from upper level administration to front-line staff. Communication of the Strategic Plan to other levels of staff (e.g., through front-line staff) is imperative (indicated by the downward arrow), but also important is the loop of information back to the Division Directors, Section Chiefs and eventually to the Administrator and Board of Trustees (indicated by the upward arrow). Subsequently, goals and activities that support CCPHC’s mission and vision can be assured. To facilitate this communication the SP Team designed a Project Work Plan similar to an online spreadsheet to be used by Program Coordinators, Managers and Front Line Staff.
Clay County Public Health Center’s Strategic Plan 2013 - 2015

Mission

*Clay County Public Health Center’s mission is to deliver the essential public health services of Prevention, Promotion, and Protection to the communities of Clay County.*

Vision

*Empowering all people in Clay County to lead healthier lives.*
Values

Professionalism - We will provide quality services essential to the public's health with professionalism, progressiveness, competency, and integrity.

Quality - We will meet and aim to exceed the expectations of service for our customers, visitors, and all who benefit from the services we provide.

Respect - We will treat each other, volunteers, the business community, and the community at large with courtesy and respect, and will foster the principle of mutual accountability.

Stewardship - We will strive to be leaders and partners with others to improve community health and prevent injury and illness in every community in Clay County.

Customer Segments

1. Local Public Health System in the Northland
   - Health Care organizations, providers, & support organizations
   - Schools
   - Municipalities
   - Social service organizations
   - Faith based organizations
   - Big & small businesses

2. Residents of Clay County
   - All people who live in and pay a health levy tax in Clay County.

3. Visitors to Clay County
   - Those who work in but do not live in Clay County.
   - Those who travel to Clay County for business or pleasure.
   - Those who pass through Clay County during their travels.
Quadrant I: Community Health Indicators

**Goal 1: Assess the health status of communities in Clay County.**

- 1.1 Objective 1: Update the population based Community Health Assessment using the National Public Health Performance Standards' Guidance by June 30 of each year.

- 1.2 Objective 2: Create Community Health Profiles using the National Public Health Performance Standards' Guidance by June 30 of each year.

- 1.3 Objective 3: Develop a population health registry for Clay County communities and utilize currently available population health registries beginning January 1, 2013 and ongoing through December 2015.

**Goal 2: Evaluate the local public health system specific to the communities in Clay County.**


Quadrant II: Infrastructure, Resources, Workforce

Goal 1: Enhance and assure a competent public health workforce.

- 3.1 Objective 1: Develop and implement a comprehensive new employee orientation plan by March 31, 2013.
- 3.2 Objective 2: Develop and implement an effective staff training program which integrates the 10 Essential Public Health Services by December 31, 2014.
- 3.3 Objective 3: Develop a comprehensive workforce development plan by October 31, 2013.
- 3.4 Objective 4: Assure all management is trained in Performance Management and incorporate QI expectations into 2014 manager’s performance goals by December 31, 2013.
- 3.5 Objective 5: Assure the development of an internal communications plan completed by December 31, 2013.

Goal 2: Assure resources are available to enable CCPHC to meet the identified needs of Clay County.

- 4.1 Objective 1: Develop a financial plan to support the Balanced Scorecard initiatives adopted by the Board of Trustees by November 30 of each year.
- 4.2 Objective 2: Develop an operational infrastructure plan to support the Balanced Scorecard initiatives adopted by the Board of Trustees by November 30 of each year.
Quadrant III: Community Engagement

**Goal 1: Mobilize community partnerships to prioritize health problems specific to a community.**

- 5.1 Objective 1: Create a Public Health/Community Development Model to guide the implementation of each Community Health Improvement Plan by December 31, 2013.

- 5.2 Objective 2: Engage the stakeholders in the community partnerships from July 1, 2013 to December 31, 2015.

**Goal 2: Inform, educate, and empower Clay County communities about health issues.**

- 6.1 Objective 1: Assist the communities of Clay County in developing health education resources and promoting healthy lifestyle behaviors beginning January 1, 2013 & ongoing to June 30, 2015.

**Goal 3: Assist communities in developing interventions necessary to support improvement in personal and population-based health.**

- 7.1 Objective 1: Develop and present specific Community Health Profiles to a minimum of three communities in Clay County beginning January 1, 2013 & ongoing to June 30, 2015.

- 7.2 Objective 2: Assist in the development of the Community Health Improvement Plan in at least one community in Clay County from January 1, 2014 to December 31, 2015.

Quadrant IV: Integration and Responsiveness Goals

**Goal 1: Deliver the Essential Public Health Services of Prevention, Promotion, and Protection to improve the health of communities in Clay County.**

- 8.1 Objective 1: Implement a Performance Management System that will assure CCPHC is efficiently and effectively delivering the essential public health services of prevention, promotion, and protection by December 31, 2014.

**Goal 2: Assure CCPHC resources are aligned with the local public health system to meet the identified needs in each community.**

- 9.1 Objective 1: Complete an evaluation of the effectiveness, accessibility, and quality of CCPHC programs and services currently offered by March 31 of each year and present evaluations and recommendations to Board of Trustees by April of each year.

- 9.2 Objective 2: Monitor the outcomes of the community health improvement plan within one year after the completion of each.
Glossary

Balanced Scorecard. Popularized by Robert Kaplan and David Norton, the Balanced Scorecard is a method for monitoring whether an organization is meeting or will meet its goals and objectives. Quadrants, with goals, objectives, strategies, and activities, are monitored on a regular basis and organized as a Scorecard for determining current organizational status.⁶

Community Health Assessment (CHA). The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. CHAs provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function. A CHA should be part of an ongoing broader community health improvement process (see CHIP). A CHIP uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP).⁷, ⁸

Community Health Improvement Process (CHIP). A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement (3). The Public Health Accreditation Board’s (PHAB’s) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.⁹

Customer Segments. A collection of an organization’s customers who all share similar needs. Businesses segment their customers into needs-based groups in order to tailor their products/services or messages to better satisfy them. In a public health sense, customers are those individuals who are directly or indirectly using or benefiting from local public health services.¹⁰

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**External Analysis.** External Analysis examines opportunities and threats that exist in the environment.  

**Goals.** Realistic goals are developed from the SWOT analysis. Goals are broad statements that begin giving more detail than a strategic direction. Goals are like stair steps to your mission and vision. Goals become the bridge to turn your mission and vision to reality.

**Internal Analysis.** The Internal Analysis of strengths and weaknesses focuses on internal factors that give an organization certain advantages and disadvantages in meeting the needs of its customers. Strengths refer to core competencies that give the organization an advantage in meeting the needs of its target markets.

**Logic Model.** A logic model is an illustration of the components of a program including inputs (resources at the start), activities (what a program or service does or will provide a customer), outputs (what is yielded from the activities), and short, mid-, and long-term outcomes. Outcomes identify what is hoped to occur because of the activity or intervention through time.

**Mission Statement.** A declaration of an organization’s core purpose. A mission statement answers the question, “why do we exist?”

**National Public Health Performance Standards.** The NPHPSP is a National Partnership initiative that has developed National Public Health Performance Standards for state and local public health systems and for public health governing bodies. NPHPSP and National Partner staffs offer technical assistance, performance assessment analysis reports, and systems planning services to users of the assessment instruments. Their Vision is: Excellence in Public Health Practice defined by recognized Performance Standards. Their mission is to improve the quality of public health practice and performance of public health systems. The goals are to provide performance standards for public health systems and encouraging their widespread use; encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness; promote continuous quality improvement of public health systems; and strengthen the science base for public health practice improvement.

**Objectives.** Statements about what staff intend to accomplish. Includes the activity, a due date, personnel responsible and method for measurement of completion.

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Operational Definition of a Functional Health Department. The Operational Definition of a Functional Local Health Department defines what people in any community can reasonably expect from their local governmental public health presence. It sets forth a series of standards based on the Ten Essential Public Health Services and serves as the framework for the standards of the national voluntary accreditation program operated by the Public Health Accreditation Board (PHAB).

Performance Management. A process by which organizations align their resources, systems and employees to strategic objectives and priorities.

Personal health services. Services that an individual receives from others to address health problems or for health promotion and disease prevention.\(^\text{15}\)

Primary and Secondary Data. Primary data is collected by the user. Secondary data was collected by someone other than the user.\(^\text{16}\)

Public Health. "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals"\(^\text{17, 18}\)

Public Health Infrastructure and Systems. Local public health infrastructure includes the systems, competencies, frameworks, relationships, and resources that enable public health agencies to perform their core functions and essential services. Infrastructure categories encompass human, organizational, informational, legal, policy, and fiscal resources.\(^\text{19, 20}\)

Strategic Directions. Dealing with, or related to, higher-level priorities that will meet the objectives an organization has decided to accomplish. Strategic directions flow out of an organization’s SWOT analysis about where they need to go to fulfill their goals and objectives.

Strategic Planning. Strategic planning, for this process, was defined as "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position


the organization,” with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.

**Strategies.** To establish a guide that matches your organization’s strengths with market opportunities to position your organization in the mind of the customer. Strategies include a number of activities in the workplan and show how you are going to meet objectives.

**SWOT Analysis.** To assess the particular strengths, weaknesses, opportunities and threats strategically important to your organization. Staff and customer segments are asked a series of questions and/or existing data are reviewed to determine the SWOT.

**Values.** To explain what you stand for and believe in.

**Vision Statement.** A declaration of where you are headed – your future state. To formulate a picture of what your organization’s future makeup will be and where the organization is headed.

**Work Plan.** A written explanation of a project that includes the goal, objectives, strategies, activities, responsibility for completion, and timelines for completion. The Work Plan is used by front-line staff to inform Program Coordinators and Managers of progress toward completing activities, so that they can inform Division Directors and Section Chiefs of activities. This feedback loop allows the Director of Public Health and Board of Trustees to assure the mission and vision of the organization stays on track.