

# STRATEGIC MANAGEMENT SYSTEM

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Outagamie County Public Health  
September 2024



**Public Health**  
Prevent. Promote. Protect.  
**Outagamie County**  
Health and Human Services



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# Guiding Principles

## Introduction

As an accredited local health department by Public Health Accreditation Board (PHAB), a strategic plan is a core function to assist us in identifying our roles, priorities, and direction towards success. Our last strategic plan was our 2015-2019 plan. While planning efforts were underway for our next plan, we were delayed by the COVID-19 pandemic beginning in early 2020. The majority of our public health programs and tasks were placed on pause for staff resources to be redeployed and redirected according to the emergency response required of us during the pandemic. Following the expiration of the public health emergency, we took this opportunity to seek a broader strategic management system that includes **lean thinking**.

## Mission

We use local data to prevent disease and injury, promote wellness, and protect the health of our communities through collaboration and best practice.

## Vision

To be a leader in the pursuit of community-driven wellness.

## Values

Invested in serving  
Support through compassion  
Create progress  
Better together

## Updates to Mission, Vision, and Values

We updated our mission and vision as the first phase of this work. The process began in 2023 and involved our entire staff. Based on feedback from staff, we updated the statements as a team and unanimously approved the changes. We also aligned our values to Outagamie County's recently established core values.

# Framework

## **Why Use a ‘Strategic Management System’?**

The Strategic Management System model was selected due to its focus on a system of design thinking, rapid problem-solving, and a focus on customers. To assist us in adopting this model, we contracted Jeff Hunter, consultant and author of “Patient-Centered Strategy: A Learning System for Better Care.”

Specific concepts, as coached by Jeff, were utilized to develop a strategic management system and the contents of this report. This model assists us as an organization to have all staff see and be in control of our strategic work, allowing us to maintain focus and build effective solutions.

This system also provides a process for prioritization and decision making that helps us effectively use our limited resources. Having that focus will help us to build capacity to address the next new program or request that comes to the Outagamie County Public Health Division (OCPH).

This model has helped us an entire team move toward embracing innovation, iterative thinking, and building a culture of experimentation within which we can continuously evaluate and learn from our strategic work.

What we learned from Jeff while developing our own strategic management system:

- Be comfortable prioritizing and making choices.
- Create team consensus with an ability to select a shared strategy.
- Generate a hypothesis based on data and observations.
- Experiment with changes through a process of rapid cycles of learning loops and building out solutions.
- Utilize capacity efficiently by staying focused in these areas and then working on the next experiment or target state when capacity allows.

# Framework continued

## What is a ‘Strategic Management System’?

We understand not everybody is familiar with the idea of a Strategic Management System instead of a Strategic Plan. Throughout this document, strategic terminology and lingo will be bolded for you to click and read the definition on the [terminology page](#).

### True North Equation

The True North Equation is a good overview of achieving a balanced Strategic Management System. Our ‘True North’ is the guiding compass for our organization to reach our vision and carry out our mission. To reach our ‘**True North**,’ we need to improve through innovative **strategy deployment**, maintain and enhance our daily responsibilities through **operational effectiveness (OE)**, and accommodate the ‘**Big Rocks**,’ which are large organizational projects that require dedicated resources.



# Framework

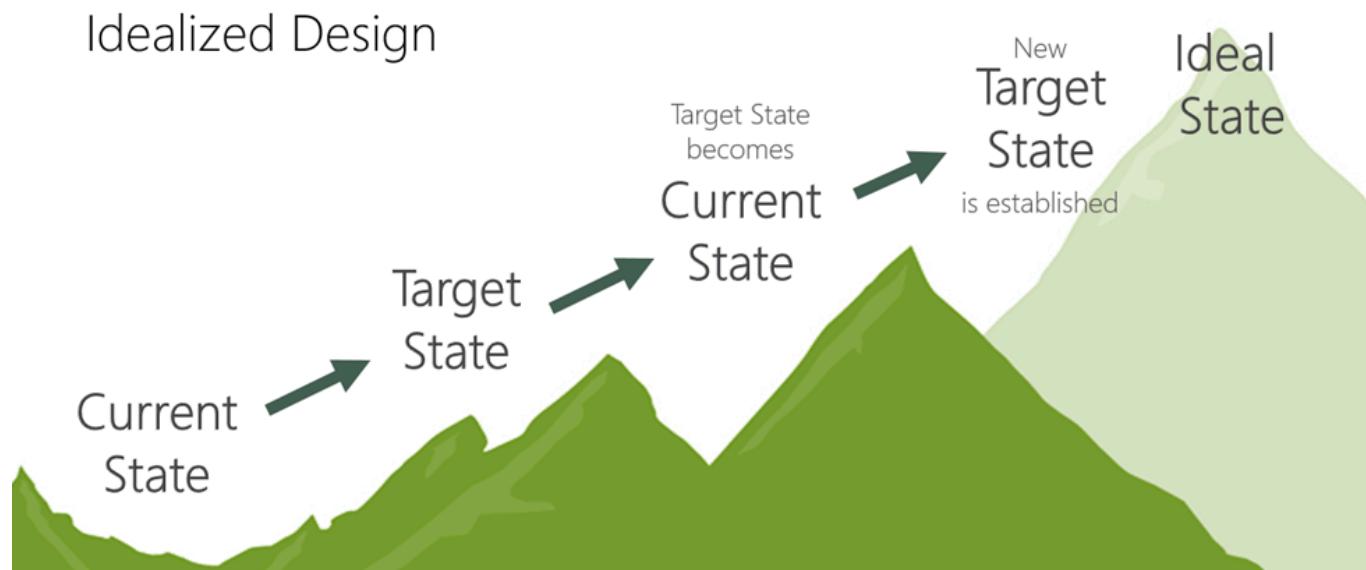
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## Idealized Design

This model is built on a foundation of Plan-Do-Study-Act (PDSA) thinking. The public health team believe a traditional strategic plan can overburden us by presenting too many priorities to work on at once. Instead, we attempt to close the gap between our current state and our ideal state in a way that is flexible and adaptable. We work toward a feasible and achievable target state through experimentation and multiple iterations.

Once the problem or opportunity we're addressing is stabilized, it becomes part of our new current state. Thus, the target state shifts forward, and we continue to advance and innovate to reach our ideal state.

Conducting improvements in a phased approach supports the team in focusing on targets that they can see. The team is able to make a direct impact and see concrete progress.



# Framework continued

## Planning Process

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With the model selected, planning started with consultant, Jeff Hunter leading multiple training sessions with the leadership team. With a base of knowledge and guided practice from Jeff during these sessions, the supervisors began working directly with staff introducing the new framework. Continuous coaching took place within the leadership team to reinforce the strategic management concepts in practice. These key concepts were role modeled for the public health team by the supervisors as the units initiated the strategic management activities. To reinforce what was learned, Jeff provided a general overview and direction for implementation at division-wide meetings.

To inform our governing entity, the strategic management system model and our method of implementation was shared and input sought from the Outagamie County Health and Human Services Board.

The implementation plan included:

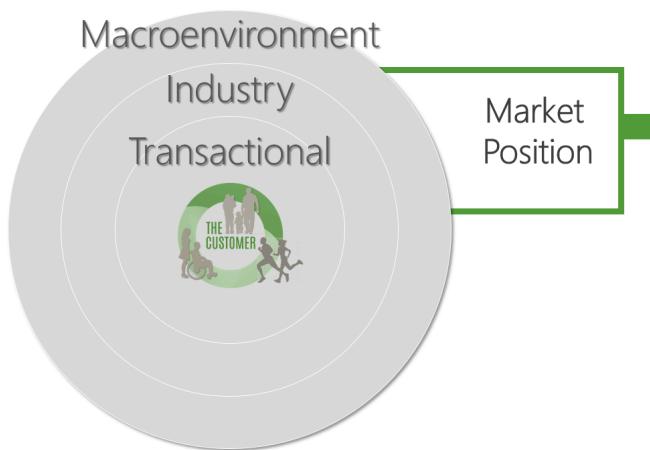
1. Environment scan
2. Selection of priorities, objectives, and strategies
3. Alignment to core public health pillars
4. Direction for implementation
5. Annual review

# Framework continued

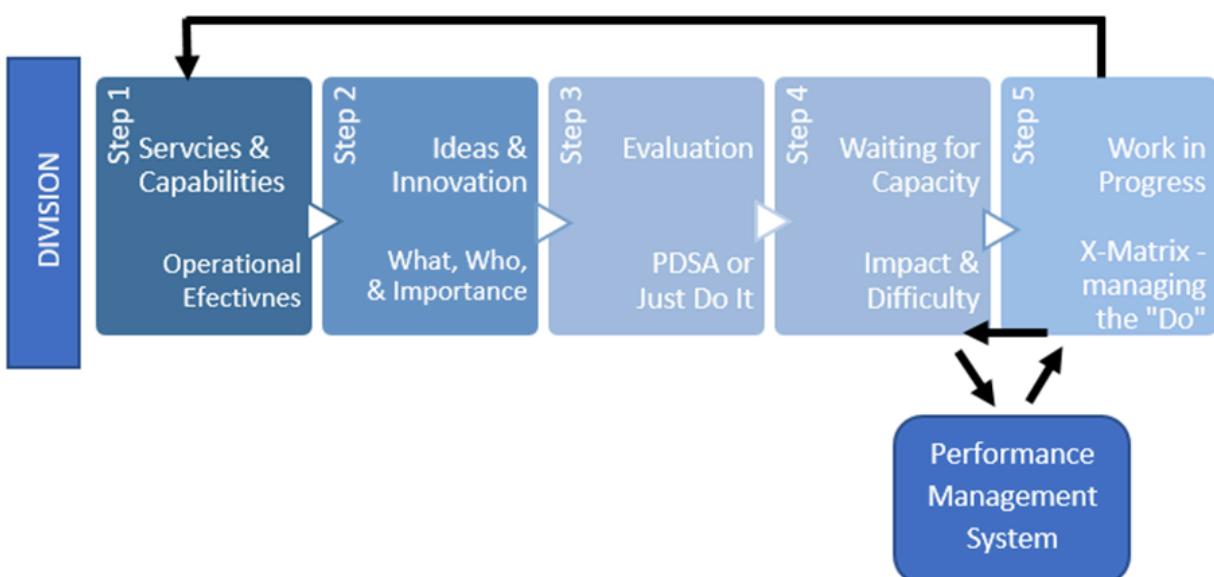
## Tools for a Strategic Management System

Here we're including some tools from our framework that we've used, Market Position Assessment and Managing the Flow of Work. We will link to this page when these tools are referenced in this document. [The X Matrix](#) is another essential tool we use that can be viewed in [Appendix A](#).

### Market Position Assessment



### Managing the Flow of Work



# Environmental Scan

## Environmental Scan

To understand our **current state**, the leadership team conducted a review of the market variables that are interdependent, dynamic, and limited on predictability and controllable. We completed a [\*\*Market Position Assessment\*\*](#) to pool together insights and determine where the division creates unique value. Please see [\*\*Appendix B\*\*](#) for the results.

Our current state is summarized by our **operational effectiveness (OE)** at both the division and unit levels. The public health team broke down our work into programs and services where we're accountable and ones where we participate as a local health department.

The **OE** list is updated when new strategic initiatives are stabilized or significant program changes are made. It is used to inform all staff of our activities and to see how programs intersect, to be transparent about the resources supporting activities, provide a snapshot of where we can raise the bar or fill a gap, and to see where we have available capacity.

Additionally, we connected the services in our **OE** list to the [\*\*Foundational Public Health Services \(FPHS\)\*\*](#) and the [\*\*10 Essential Public Health Services\*\*](#). This evaluation provides a high-level assessment of how our agency is performing and aligning to national standards.

In the future, we will also incorporate the Public Health Accreditation Board's [\*\*self-assessment for the Foundational Public Health Services\*\*](#) into our environmental scan process in order to ensure we're meeting those standards as well.

# Strategic Planning Process

## Identification of Priorities, Objectives, and Strategies

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The leadership team engaged in brainstorming and evaluated our ideas for division specific priorities according to their impact vs. difficulty, taking into account our organizational strengths and barriers. The team also considered our ideas in terms of new opportunities, program improvements, and areas where our current operations did not meet the standard or best practices.

Next, the leadership team determined which ideas were more urgent and which could be deferred to when we have capacity. Discussions took place of which priorities would be worked on as **breakthrough experiments** in addition to our '**Big Rocks**' and current activities through our **OE**.

Each of these breakthrough strategic priorities are guided by and directly linked to our '**True North**' metrics. These metrics connect to the Public Health Performance Management (PM) System. The [\*\*PM dashboard\*\*](#) is a tool that is used by the leadership team to regularly review the identified measures that are significant to the operation of the division. Each '**True North**' metric is written as a SMART objective (Specific-Measurable-Achievable-Realistic-Timebound) in order to continually assess our work, provide clarity to the progress we made, and help us stay focused.

Once our SMART objectives were determined, the staff that were working on those objectives assessed the background, current conditions, and goals for each. While going through this process **lean thinking** was used to define the root cause of the issue and its importance in order to identify our desired goal. This process allowed key strategies to be developed in order to achieve the identified objectives.

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# Strategic Planning Process

continued

## Strategic Priority Alignment

During the priority selection process, the leadership team also accounted for alignment with our other core public health pillars that include our Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), performance management (PM), quality improvement (QI), workforce development, and communication plan.

Our community identified mental health and housing and homelessness as Outagamie County's top health issues. These topics are the focus of our [\*\*2023 CHIP\*\*](#). We decided to include them in our division's strategic priorities because we are dedicated to working with our community partners on the issues that are a priority to our community.

Increasing immunization rates was identified as a priority due to our rates consistently not meeting our PM standard. Similarly, we track WIC participation in our PM system, and this was identified as a strategic priority due to our contracted caseload for WIC increasing in 2024.

With the integration between the PM system and the strategic priorities, the connection was made to QI projects. At least one priority of the X-Matrix is an active QI project to further advance our culture of QI across the division.

As we continue to build capacity, the leadership team will work through the remaining core public health pillars and make the connections to the strategic management system.

# Strategic Priorities

Strategic Priorities	SMART Objectives	Strategies
Decrease STI rates among 15-24 year-olds.	By 6/30/25, achieve a 2% reduction in chlamyida and gonorrhea rates compared to the previous year.	Distribute contraceptives.
Improve emergency preparedness capability.	By 7/1/2024, 100% of staff will have completed FEMA ICS Training within 6 months of hire.	<ul style="list-style-type: none"> <li>Develop an annual training/exercise plan for all staff.</li> <li>Work with staff to prioritize training/exercise participation.</li> </ul>
Develop Environmental Health competency.	By 2/28/25, OCPH will perform 2 retail food standardization exercises every month.	Standardize Environmental Health sanitarians.
Increase immunization completion rates for 0-2 year-olds.	By 12/31/24, OCPH will increase immunization completion rates for 0-2 year olds in our jurisdiction to meet or exceed the state set immunization goal of 82%.	Promote immunization appointment availability.
Implement the 2023-2025 CHIP.	Of the 2 objectives and 5 strategies, 80% will be accomplished by 12/31/25.	<ul style="list-style-type: none"> <li>Increase available mental health resources.</li> <li>Create a culture of mental wellness.</li> </ul>
Implement the 2023-2025 CHIP.	Achieve 100% of exploring temporary shelters in severe cold weather by 12/31/24.	Implement inclement weather shelter.

# Strategic Priorities continued

Strategic Priorities	SMART Objectives	Strategies
Implement the 2023-2025 CHIP.	Achieve 75% of promoting affordable housing knowledge and awareness within the public and organizations by 12/31/25.	Advocate for affordable housing.
Implement the Tri-County CHA/CHIP.	Finalize the Tri-County CHA and distribute to community by 8/31/25.	<ul style="list-style-type: none"> <li>• Complete primary and secondary data collection and analysis by 2/28/2025.</li> <li>• Complete draft of the Tri-County CHA by 3/31/2025 in order to begin a collaborative revision process.</li> </ul>
Develop OCPH culture.	By 12/31/24, increase average score from 3.4 to 3.8 for the employee reported rating of OCPH serving customer needs.	Create a process for attending community events.
Increase WIC participation.	By 12/31/24, WIC participation will meet or exceed 95% of the contracted caseload.	<ul style="list-style-type: none"> <li>• Promote WIC applications.</li> <li>• Decrease WIC appointment no-show rate.</li> </ul>
Update OCPH policies and procedures <b>(Big Rock)</b> .	By 12/31/24, 100% of OCPH policy and procedure documents in PolicyStat will have been updated.	Supervisors will evaluate each policy and procedure to verify relevancy and compare to employee competencies.

# Strategy Deployment

## Implementation

To have an effective system, the leadership team needs to [manage the flow of work](#), including both the work-in-progress ([X-Matrix](#)) and the flow of new ideas. This prevents overburdening staff by implementing too many ideas and overextending resources. In addition to our current, stabilized day-to-day work (**operational effectiveness**), new and innovative ideas are often suggested. These ideas from staff are captured in our **idea tracker** and evaluated. The evaluation includes staff capacity, background, current conditions, goals/target, and the experiment to be tested. Encouraging innovation is vital at all staffing levels, and the evaluation phase allows the idea to be studied before it is considered as a potential strategy. When organizational capacity is freed up, the proposed project can move to the [X-Matrix](#) as the new work-in-progress.

Our leadership team meets monthly to maintain the implementation of this work, sustain our focus, draw upon innovation, and continually monitor our capacity. We do this by utilizing a [Standard of Work](#) format that provides a consistent structure for the review. This format includes reviewing our metrics, progress status, deployment of each PDSA, idea trackers, and our capacity to determine if any adjustments need to be made to our trajectory.

Following the monthly leadership team meetings, the division X-Matrix is updated based on the information gathered from the [Standard of Work](#) and applicable PDSA documents are revised.

To engage and inform staff, the leadership team created a Strategic Management System visualization to show the progress of our division's priorities, objectives ('**True North**' metrics), and strategies. This visualization is updated monthly so that staff can see our momentum and celebrate when strategies have been completed and are moved into our daily operations.

# Annual Review

## Annual Review

The leadership team will produce an update annually to report any changes and share our progress. During this process engagement of all staff will take place to inform and be transparent of activities.

On an annual basis, the leadership team will:

- Report the progress we have made on each of our objectives,
- Conduct an environmental scan,
- Review the core components of our Strategic Management System, and
- Update our priorities, objectives (**‘True North’ metrics**), and strategies.

The environmental scan will evaluate external factors, consider new circumstances and their potential impact, and allow us to adjust our trajectory accordingly. This environmental scan will include our [\*\*Market Position Assessment\*\*](#) and a self-assessment of our Foundational Public Health Services, especially focusing on the Foundational Areas and working toward including Foundational Capabilities as well.

Additionally, a holistic review of the division X-Matrix will be completed. This would include an assessment of the core components: **operational effectiveness, the idea tracker, the Standard of Work** format, and division priorities, objectives (**‘True North’ metrics**), and strategies.

The updates to the annual report will be shared with our staff during division meetings. Similarly, an update will be provided at a Health and Human Services Board meeting. Lastly, the annual report will be posted on the OCPH website, making it available to the public.

# Terminology

Term	Definition
Big rocks (BR)	The big-cross organizational projects that need to be completed to have the basic operations and the capability to deliver value to the customer.
Breakthrough experiments	Innovation in a product or service to create a new standard for creating value or a breakthrough result.
Catch-ball	Intentional and open dialog between organizational units to help align resources and operations where there is a clear view and understanding of what is being worked on and where focus is being directed.
Idea tracker	A spreadsheet that we created to keep track of ideas proposed by staff. This is the innovation center for our strategic management system. The ideas will be evaluated to further understand the problem or opportunity and the resources needed. Those ideas then move to wait for capacity if we can't currently act on them.
Lean thinking	Improving the focus, speed, and effectiveness of strategic planning and execution by thinking of it as a Plan-Do-Study-Act (PDSA) cycle.
Operational effectiveness (OE)	Day-to-day operations where staff are doing their current standard processes as well as trying to improve that process with means they can control within their unit, such as tweaking processes and standards.
Strategic deployment (SD)	Developing new standard processes that we believe will create unique, breakthrough value for customers. Such as rethinking processes or standards. This can occur successfully when there is stability in OE.
True north	Measure of a successful ideal state or vision that we want to attain together. Metrics will tell us whether we are winning or losing.

# Appendix A

## X-Matrix

The X-Matrix (visualization on page 17) provides a visual representation of our strategic management system and the interconnection of our priorities, objectives, strategies, and resources. The division's X Matrix includes priorities that are significant to the division and/or its operations or require input from multiple units.

Each unit also has their own X-Matrix to manage their strategic work. The Division and Unit X Matrices are connected and have awareness of strategic priorities and dedicated resources.

Organizing our strategic management system, using the X-Matrix tool at the division and unit level creates a **catch-ball** environment. Catch-ball is where openness and dialogue are occurring between levels allowing ideas and information to move from one person or team to another. This open dialogue allows discussions and adjustments to be made for complicated decision-making at either level and prevents stalling momentum. Feedback flowing from both levels engages all staff in our strategic direction and initiatives.

Items that are placed on the Division X-Matrix are priorities that are important to the overall Division, a unit specific priority that has significance to the operation of the division or a complex problem that requires the input from multiple units. The Unit X-Matrix are priorities that are of value to the unit.

# Appendix A

Strategic X-Matrix - PH Division

# Appendix B

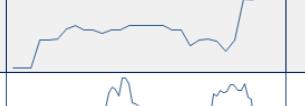
## Market Position Assessment Results

<p><b>Key Partners:</b></p> <ul style="list-style-type: none"> <li>• Media</li> <li>• Business owners</li> <li>• State of WI</li> <li>• Healthcare providers</li> <li>• Chambers of commerce</li> <li>• Coalitions</li> <li>• School districts</li> <li>• Law enforcement</li> <li>• Agencies NFP</li> <li>• Head Start</li> </ul>	<p><b>Key Activities:</b></p> <ul style="list-style-type: none"> <li>• Intake process</li> <li>• Assessments</li> <li>• Referral</li> <li>• Convening</li> <li>• Communication</li> <li>• Preparedness</li> <li>• Education</li> <li>• Regulation</li> <li>• Community outreach</li> <li>• Screening</li> <li>• CHA and CHIP</li> </ul>	<p><b>Key Resources:</b></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Technology</li> <li>• State electronic programs</li> <li>• Databases / Data sources</li> <li>• Budget / Grant funding</li> </ul>
<p><b>Value Propositions:</b></p> <ul style="list-style-type: none"> <li>• Mother and child assessments/well-being</li> <li>• Issuance of businesses licenses</li> <li>• Regulation consultation and advice on best practice for licensed businesses</li> <li>• Nutrition education</li> <li>• Healthcare referrals</li> <li>• Connections to resources</li> <li>• Resilience to causes of poverty and health inequities (CHA &amp; CHIP)</li> <li>• Resilience to emergent issues and impacts</li> </ul>	<p><b>Customer Relationships:</b></p> <ul style="list-style-type: none"> <li>• Communicable disease reporting and follow-up</li> <li>• Immunization</li> <li>• Child safety / car seat fitting stations</li> <li>• Home health visits</li> <li>• Environmental health business partners</li> <li>• WIC participants (active involvement in nutrition education/selection)</li> <li>• Lead case management and education</li> </ul>	<p><b>Customer Segments:</b></p> <ul style="list-style-type: none"> <li>• Outagamie County (OC) residents</li> <li>• OC businesses</li> <li>• Relationship with OC Depts.</li> <li>• WIC participants</li> <li>• Visitors to OC Depts.</li> <li>• Homeless and transient populations</li> <li>• Refugees, parolees, and immigrants (need more time to navigate)</li> <li>• Vulnerable populations (lower income, technology deficiencies, non-English speakers, and rural)</li> <li>• Families with young children</li> <li>• Parents without a medical home</li> </ul>
<p><b>Channels:</b></p> <ul style="list-style-type: none"> <li>• NICUs and providers</li> <li>• Agencies</li> <li>• Friends and families</li> <li>• HMOs</li> </ul>	<p><b>Revenue Streams:</b></p> <ul style="list-style-type: none"> <li>• Tax levy</li> <li>• State and federal funds</li> <li>• License fees</li> </ul>	

# Appendix C

The Performance Management (PM) Dashboard is a combination of measures that were initiated two years ago and new metrics connected to strategies identified at the beginning of 2024. As an example, *Increase WIC Participation* and *Increase Immunization Completion Rates in OCPH jurisdiction by 2 year old* were measures that remained from the existing PM system when revised in early 2024.

The Quality Improvement Committee (QIC) will work on the *Decrease STI Rates Among 15-24 year old* measure as a QI project. The QIC is composed of members representing each unit in the public health division to allow for cross unit involvement and development of a quality improvement culture.

Measure	Data Owner	Update Frequency	Current Value	Goal or Target	Gap	Desired Direction	Trend	Last Update
<a href="#"><u>Increase Immunization completion rates in OCPH jurisdiction 2 year olds</u></a>	Lilly Wegner	Quarterly	76%	82%	-6%	↑		2024-Q2
<a href="#"><u>Mandatory ICS Training Completion Percent</u></a>	JP Heim	Quarterly	100%	100%	0%	↑		2024-Q3
<a href="#"><u>Increase WIC Participation</u></a>	Beth Scheelk	Monthly	88%	95%	-7%	↑		2024-Sep
<a href="#"><u>Decrease WIC No-Show Rates</u></a>	Beth Scheelk	Monthly	24%	25%	-1%	↓		2024-Sep
<a href="#"><u>Decrease STI rates among 15-24 year old</u></a>	Michael Reimer	Quarterly	20.97	24.30	-3.33	↓		2024-Q2
<a href="#"><u>Develop OCPH Culture - Staff Annual Survey Score (Question #3)</u></a>	Natalie Vandeveld	Annual	3.6	3.8	-0.2	↑		2024