



Strategic Plan

2014-2016



NORTH DAKOTA
DEPARTMENT *of* HEALTH

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MESSAGE FROM STATE HEALTH OFFICER

Dr. Terry Dwelle



The North Dakota Department of Health performs many different functions in order to fulfill our mission of protecting public health in North Dakota. Our responsibility to protect public health spans from monitoring and protecting air and water, to responding to disease outbreaks, to inspecting hospitals, to promoting childhood immunization programs, to organizing flood responses - and everything in between. Meeting the needs of the public in all of these areas and more presents a challenge, but also provides great opportunity to better the lives of our residents.

To meet the current and future needs of the citizens of our state, we must continue to improve the way we deliver public health services to our stakeholders and customers. We must try to anticipate how our circumstances or our role in public health may change. And we must hold ourselves to the highest possible standards.

To that end, the North Dakota Department of Health is embarking on a journey to become an accredited health department. Accreditation is a way to measure what we do and how well we are doing it; accreditation will give us a measurable way to improve upon what we currently do, and maximize the good that we do in the future.

We started this process by fostering a culture of quality improvement within the North Dakota Department of Health. Without dedicated and well-trained staff, we could not begin to serve the public in any meaningful way. We are training staff in quality improvement processes, and encourage each of our divisions to assess and reassess their services, procedures and policies to make sure they are best meeting the needs of the public.

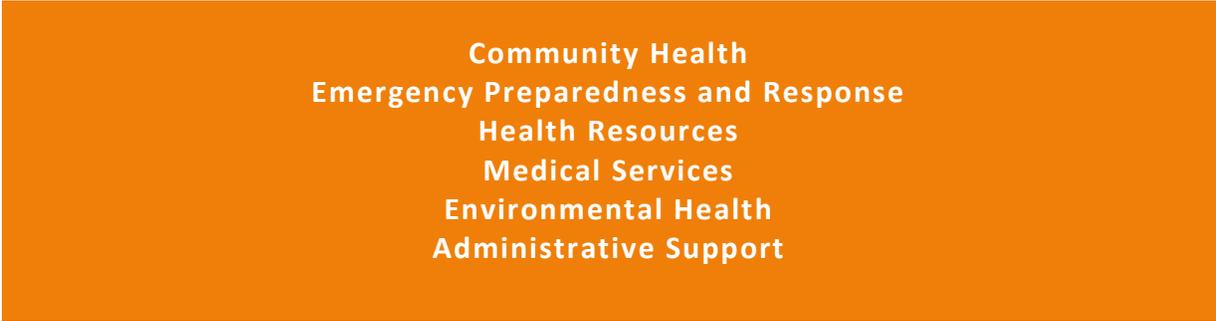
This document, the Strategic Plan, represents another important step in the journey towards accreditation. This plan will guide the department forward and allow us to provide the best public health services possible.

We face many challenges while protecting and enhancing the health and safety of all residents and our environment now and in the future. We have set high standards for ourselves and we have high expectations for our success. By planning for and meeting the challenges ahead, the North Dakota Department of Health will serve the public health needs of all North Dakota residents.

“Meeting the needs of the public in all of these areas and more presents a challenge, but also provides great opportunity to better the lives of our residents.”

DEPARTMENT OVERVIEW

The North Dakota Department of Health (NDDoH) is currently staffed by approximately 350 employees dedicated to making North Dakota a healthier place to live. The department is organized under the supervision of the state health officer and the deputy state health officer into the following six sections:



Community Health
Emergency Preparedness and Response
Health Resources
Medical Services
Environmental Health
Administrative Support

Each section is comprised of several divisions that house the individual programs which carry out the work of the section. A copy of the department's organizational chart can be found at [Appendix A](#).

Employees in each section provide public health services that benefit the citizens of North Dakota. While most people know public health is important, they are not always sure what public health is or how it affects their daily lives. In fact, the efforts of public health personnel touch every North Dakotan every day. For example:

- The department's environmental scientists monitor the quality of North Dakota's air and water, ensuring that we breathe clean air, drink clean water and enjoy our beautiful environment.
- Tobacco use, unhealthy diets and poor exercise habits all contribute to chronic diseases and early death. The department's personnel work with local public health units and other partners across the state to promote healthy lifestyles and timely medical screenings.
- From influenza to norovirus to tuberculosis, the department's disease control staff work hard to identify and contain disease outbreaks. Their efforts to educate the public and track sources of illness help protect us all.
- The department's emergency preparedness personnel educate the public and enhance the ability of the state's public health and medical personnel to respond to emergencies such as a pandemic outbreak, tornadoes, fires or floods.
- The department's health resources personnel travel across the state conducting inspections of nursing homes, hospitals and hospice programs in an effort to ensure that the people of North Dakota receive quality care when they are most vulnerable.
- Access to health care has become a challenge for many rural residents in North Dakota. To address this issue, the department works with communities to attract and retain health-care providers, and help sustain and support local health-care services.

MISSION, VISION & VALUES

Vision

Healthiest North Dakotans

Mission

The mission of the North Dakota Department of Health is to protect and enhance the health and safety of all North Dakotans and the environment .

To accomplish our mission, the North Dakota Department of Health is committed to improving the health status of the people of North Dakota, improving access to and delivery of quality health care, preserving and improving the quality of the environment, promoting a state of emergency readiness and response, and achieving strategic outcomes with available resources.

Values

The North Dakota Department of Health values:

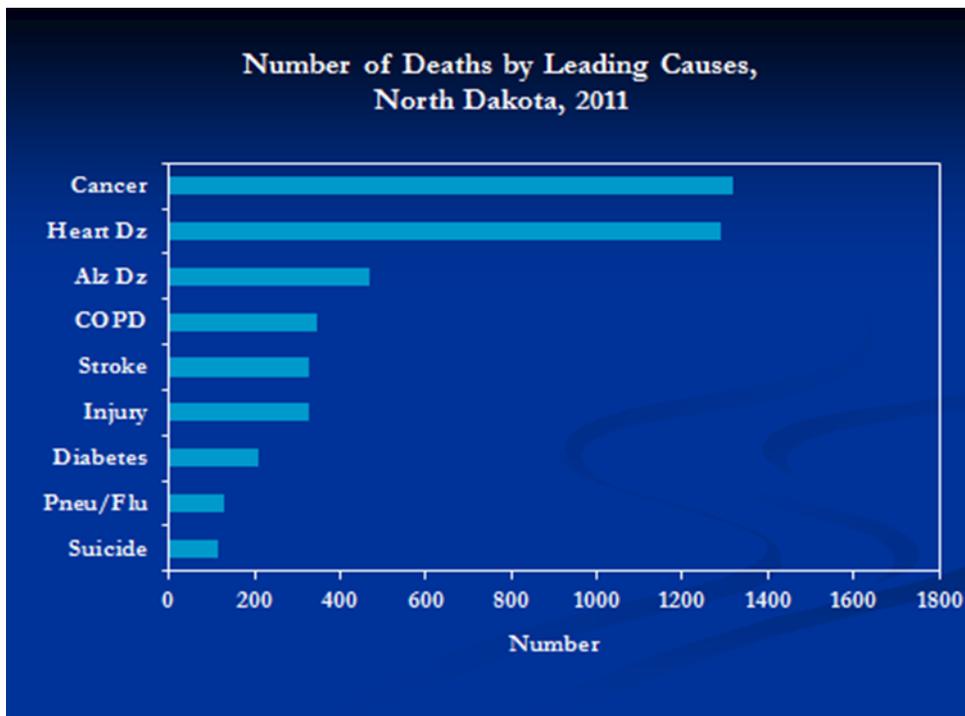
- Excellence in providing services to the citizens of North Dakota
- Credibility in providing accurate information and appropriate services
- Respect for our employees, our coworkers, our stakeholders and the public
- Creativity in developing solutions to address our strategic initiatives

FACTORS THAT IMPACT OUR WORK

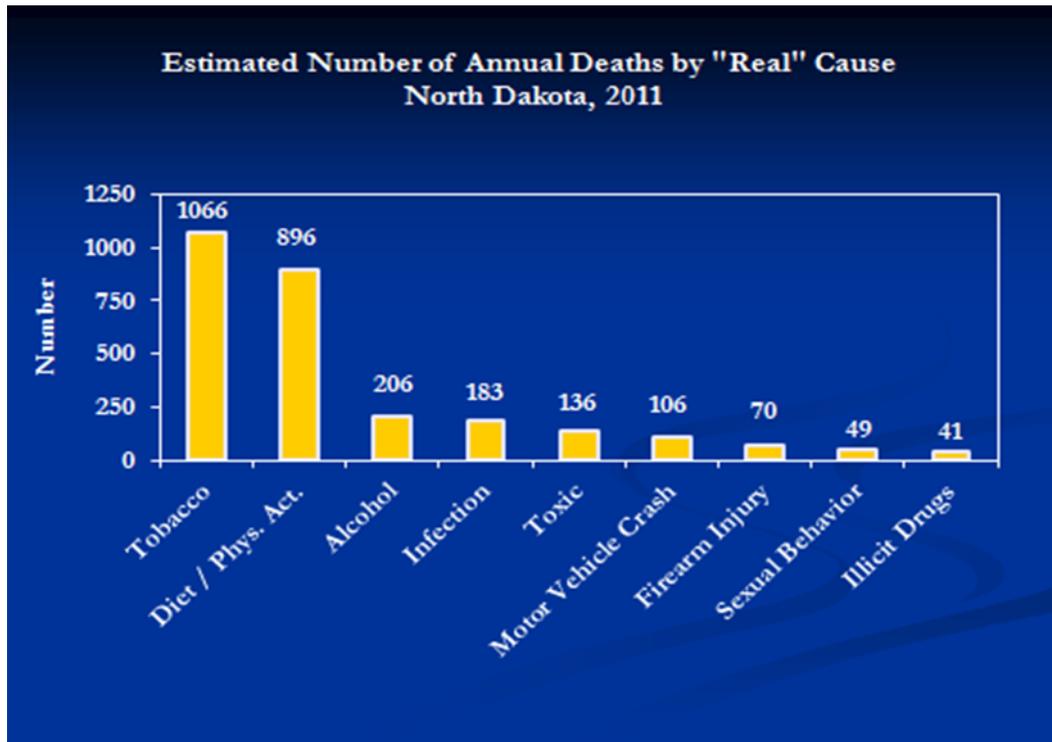
Public health in North Dakota faces many challenges that impact the department's operations. These challenges include the rising burden of chronic diseases; emerging environmental and health issues, such as disease outbreaks and natural disasters; rapidly changing population; and a changing workforce.

Rising Burden of Chronic Diseases

The six most common causes of death in North Dakota are cancer, heart disease, Alzheimer's disease, chronic obstructive pulmonary disease, stroke and injury.



An important function of the North Dakota Department of Health is the prevention of the risk factors and behaviors that cause death and disease in North Dakota across all demographics. The following slide shows the underlying risk factors that lead to disease in North Dakota. Tobacco remains the number one risk factor associated with various cancers and cardiovascular disease, followed closely by poor diet and lack of physical activity (which are associated with diabetes, heart disease, stroke and some cancer).



The North Dakota Department of Health seeks to change risky behaviors by focusing on comprehensive wellness strategies at worksites and schools. By targeting efforts towards worksites and schools, the department strives to reach a significant portion of our population. The department's consistent messages for parents at their workplaces and for students in schools reinforce and encourage healthy behaviors in our society.

Emerging Environmental and Health Issues

The development of the Bakken and other oil shale formations in western North Dakota has resulted in unprecedented physical growth and rapid economic development across the entire state. Oil development has also created challenges in providing the necessary infrastructure to meet the public health needs of families and communities.

As more and more people move to North Dakota for economic opportunities, many new businesses have opened to serve their needs. A dramatic increase in the number of food and lodging establishments means a dramatic increase in the number of plan reviews, inspections, enforcements and follow-up activities. As communities have grown, there is an increasing need for permitting, inspections and monitoring of infrastructure, such as water treatment plants and landfills.

The oil production industry itself requires additional inspection, monitoring, and enforcement activities to assure that public health is protected from potential environmental hazards. Additional challenges related to the oil industry involve waste disposal, air and water quality issues and emergency response to spills and other environmental incidents.

The North Dakota Department of Health faces nearly annual public health challenges as a result of flooding. Seasonal flooding primarily affects the Red River Valley of eastern North Dakota, but flood emergencies have been declared in nearly every county in North Dakota over the past five years. North Dakota also faces chronic, long-term, widespread flooding on several lakes, the largest of which is Devils Lake in the northeastern part of the state.

The NDDoH meets the public health challenges from flooding by utilizing expertise in several of its functional sections. The Emergency Preparedness and Response (EPR) section provides emergency management services to assist health care facilities and communities plan for, respond to, and mitigate after disasters. The Environmental Health section monitors water conditions from a public health standpoint.

An example of the North Dakota Department of Health's involvement with emergencies includes the response to the floods of 2011, which were devastating for many communities across North Dakota. Planning for a public health response started early in the year with a focus on the Red River Valley. However, large releases of water into the Missouri River from Garrison Dam and Lake Sakakawea soon caused widespread, long-term flooding in the Bismarck-Mandan area. Minot also experienced devastating flooding as the Souris River became impacted by unprecedented rainfall.

Throughout the impacted communities, the department of health worked with local public health units to plan for the possible evacuation of medical facilities. The department also assisted communities with environmental issues, such as water and sewer contamination, mold, and waste disposal.

Outbreaks of infectious diseases have also had an impact on North Dakota and the NDDoH. As of April 2014, 27 cases of active tuberculosis were linked to an outbreak that originated in the Grand Forks area. The Division of Disease Control and Grand Forks Public Health worked diligently to ensure that those diagnosed with active TB received appropriate care and support.

In 2013 and 2014, an outbreak of hepatitis C in the Minot area was investigated by the Division of Disease Control. As of May 2014, 46 cases of hepatitis C have been tied to the outbreak. The Division of Disease Control conducted an extensive investigation and implemented surveillance to help stop the further transmission of infection.

The influx of population from other states has also triggered challenges with regard to immunization of children and ensuring North Dakota's requirements are met. Some states will not grant access to their immunization information systems. Also, North Dakota is not electronically receiving immunization data in the NDIIS from other states. The lack of access to healthcare providers in western North Dakota has also made it difficult for some children and adults to be vaccinated.

The Division of Emergency Medical Services and Trauma has struggled with a shortage of volunteers and is trying to find ways to sustain services in the wake of population growth, which has added a great volume and level of complexity to responses in western North Dakota. The department of health has played a vital role in coordination of the EMS system, including providing grants and training to help sustain services at the local level. In 2012, a coordinated effort between the University of North Dakota and the North Dakota Department of Health resulted in the award of a \$4.98 million grant from the Helmsley Charitable Trust. The grant will be used to launch the SIM-ND program, which will use mobile simulators that can travel to all areas in North Dakota and provide valuable training for EMS and emergency room workers.

Changing Population

According to the U.S. census, North Dakota's total population was 699,628 in 2012. This is the second highest census count in the state's history and shows a 5 percent increase from the 2000 census. North Dakota is experiencing a large influx of people, particularly in the northwest part of the state. North Dakota had one of the top 50 fastest growing metro areas from 2010 to 2011; three of the nation's fastest growing micro areas between April 1, 2010, and July 1, 2011; and one of the 10 fastest growing counties between 2000 and 2010. Bismarck (the state's capital and second largest city) was ranked in the top 50 fastest growing metro areas from 2010 to 2011 and was one of nine areas on this list that were not among the top 100 fastest growing between 2000 and 2010. Williston was the fastest growing micro area in the United States between April 1, 2010 and July 1, 2011, with Dickinson coming in fourth and Minot coming in at number eight.

Changing Workforce

Over 35,000 people are now employed by the oil industry. The average annual wage in that industry is \$90,000, which is 117 percent above the statewide average of \$40,914. Although the department of health currently pays an average of \$52,440, the higher wages offered by the oil industry has affected recruitment and retention of department of health employees. The department of health has had a three year increase in employee turnover starting in 2011. In 2011, the employee turnover was 7.5 percent. In 2012 and 2013, the turnover rate increased to 10.5 percent and 11.2 percent respectively. The primary cause of turnover was resignations attributed to low pay.

The other growing concern for the department of health is an aging workforce. From 2007 to 2010, the average number of retirements per year was four employees. From 2011 to 2013, the average number of retirements per year has increased to 10 employees. This increase is expected to continue as more employees near retirement age. Currently, 20 percent of the employees of the department of health will be eligible for retirement within the next year. The number of employees eligible for retirement jumps to 33 percent in the next five years.

STRATEGIC/BUSINESS PLANNING

In December 2005, the state health officer established a leadership group to develop the strategic direction for the department. The Strategic Planning Committee consists of the state health officer, the deputy state health officer, senior managers from each section, the public information officer, the director of human resources, the director of accounting, the internal auditor, the performance management director, the director of information technology, the state epidemiologist, the Healthy North Dakota consultant, a local public health administrator and a state health council member. The senior epidemiologist, currently a federally-assigned medical epidemiologist, is also a member and works to ensure appropriate and measurable targets are established and data is appropriately interpreted and analyzed. (See **Appendix B** for a complete list of participants.)

The department engaged in a strategic mapping process, which created a graphic representation of the critical issues and strategic priorities. The strategic planning process began with a two day summit facilitated by TSI Consulting, Inc. The state medical epidemiologist provided an overview of the health status of North Dakota to set the stage for assessing the current issues facing the department of health. The summit included the following agenda:

- Assess the current situation of the department
- Set the future direction of the department
- Create a strategic map for how to move from the “current” to the “future”

The committee met after the summit to further refine the strategic map and develop implementation plans.

A real time, fluid strategic plan has been developed. Review and revisions will occur annually. On the even-numbered years, the strategic and business plans will be updated and used to guide department priorities and to develop the department’s budget request for the upcoming legislative session. On the odd-numbered years, a limited review will determine if any changes need to be made.

STRATEGIC PLAN

Central Challenge and Strategic Priorities/Goals

Participants were asked to identify- in a word or phrase - the central challenge that the department faces over the next three years. The central challenge is the focal point for the strategies and describes what the organization needs to do to support its mission. The department's central challenge was identified as the mission statement.

Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live

Strategic priorities are the main critical tasks the department must do in order to meet our central challenge or mission. The strategic priorities terminology was changed to "goals" for internal standardization. The strategic goals identified by the department were centered around two focus areas; leadership and organizational priorities, and health outcome and health system priorities. After much discussion and revision, the planning committee agreed to create two documents; a business plan which consists of the leadership priorities, and a strategic plan reflecting health and health system outcomes. The strategic and business plans are linked through the crosscutting goal of the strategic plan, which is the central mission of our business plan: "Achieve Strategic Outcomes Using All Available Resources." Both of these plans highlight department successes (the things we do well), as well as the gaps in our ability to improve health outcomes. In order to accomplish our overall mission, the department focused on the following major goals:

- Improve the health status of the people of North Dakota
- Improve access to and delivery of quality health care and wellness services
- Preserve and improve the quality of the environment
- Promote a state of emergency readiness and response

To determine priorities, the committee members conducted a nominal group process and based decisions on budgetary and statutory authority, and importance to address the health status of North Dakotans. In addition, data and strategies from the department's program analysis and other state health strategic plans were used to inform the decision-making and prioritization process. The committee then formed work groups to begin developing implementation plans for each priority area.

Three cross-cutting goals were also incorporated. The cross-cutting strategic goals focus on key aspects of the strategic plan that need to be integrated in all aspects of the department's implementation efforts.

- Manage Emerging Public Health Challenges (such as oil impact, flooding and others)
- Achieve Strategic Outcomes Using All Available Resources
- Healthy North Dakota

Each of the departments goals is supported by a list of objectives and outcome performance measures which will be used to assess our progress. Objectives were identified to support each strategic goal and describe more specifically what needs to be accomplished to meet each strategic goal. The strategic plan objectives describe the department's focus on those programs and functions that are most important for improving the health of the residents of North Dakota. The department recognizes that achieving strategic health and environmental outcomes requires identifying the costs and impact of unmet needs. The completed strategic plan (See [Appendix C](#)) lists the objectives for each strategic goal. The following are the department's goals and objectives:

Goal A: Improve the health status of the people of North Dakota

Objective 1: Decrease vaccine-preventable disease

Objective 2: Achieve healthy weights throughout the lifespan

Objective 3: Prevent and reduce chronic diseases and their complications

Objective 4: Prevent and reduce intentional and unintentional injury

Objective 5: Prevent and reduce tobacco use and support other substance abuse prevention

Objective 6: Reduce infectious and toxic disease rates

Goal B: Improve access to and delivery of quality health care and wellness services

Objective 1: Promote and maintain statewide emergency medical services

Objective 2: Enhance the quality of health-care

Objective 3: Improve **access to** and utilization of health and wellness services

Objective 4: Improve health equity

Goal C: Preserve and improve the quality of environment services

Objective 1: Preserve and improve air quality

Objective 2: Ensure safe public drinking water

Objective 3: Preserve and improve surface and ground water quality

Objective 4: Manage solid waste

Objective 5: Ensure safe food and lodging services

Goal D: Promote a state of emergency readiness and response

Objective 1: Prepare public health and medical emergency response systems

Objective 2: Maintain hazard identification systems

Objective 3: Maintain emergency communications and alerting systems

Objective 4: Coordinate public health and medical emergency response

Business Plan

The business plan includes four objectives that describe what needs to be accomplished to meet the strategic cross-cutting goal “Achieve Strategic Outcomes Using All Available Resources.”

- Enhance the department’s strategic decision-making abilities
- Strengthen statewide infrastructure
- Secure needed resources

Strategies were also identified to support each objective. The completed business map (See **Appendix D**) lists the strategies. The following are the department’s objectives and

Objective A: *Enhance the Department’s Strategic Decision Making*

The department will implement ongoing processes that create strategies or alter strategies based on performance outcomes to achieve goals.

Strategy 1: Conduct department strategic and business planning

Strategy 2: Align decisions with department strategic plan

Strategy 3: Position the department as a credible resource on public health issues

Strategy 4: Create a system of performance management

Strategy 5: Create a comprehensive communication strategy

Objective B: *Strengthen Statewide Infrastructure*

The department will work to effectively coordinate and deploy statewide infrastructure to respond to health and environmental needs. This goal requires both assessing current infrastructure and outlining the desired future infrastructure for North Dakota. Accomplishing this goal will require the department to be an expert resource for developing and supporting statewide infrastructure- including enhancing its field presence and educational efforts.

Strategy 1: Assess and determine infrastructure necessary to meet goals

Strategy 2: Promote sustainable, effective local service delivery capabilities

Strategy 3: Engage in public health workforce education and development

Strategy 4: Proceed with national accreditation and support local health units in accreditation efforts

Strategy 5: Develop internal health information informatics “meaningful use”

Strategy 6: Align workload with available staff resources

Objective C: *Secure Needed Resources*

The department faces challenges in addressing ever-increasing health and environmental needs with ever-decreasing resources. This goal requires the department to identify the resources needed for prioritized programs and functions, and target those resources to achieve the greatest impact on health and environmental outcomes. It also requires initiatives to secure additional and more flexible funding sources.

Strategy 1: Identify needed resources to address priority objectives

Strategy 2: Educate policy makers in workings of the department

Strategy 3: Seek additional private, state and federal resources for priority objectives

Strategy 4: Participate in national organizations that influence funding

Strategy 5: Increase workforce capacity to meet public health needs

Objective D: *Increase Organizational Effectiveness*

This objective focuses on several strategies to increase the effectiveness and adaptability of the department. The department will perform a gap analysis to identify strengths and areas for improvement. Based on the results of the gap analysis, the department will prioritize other efforts to increase organizational effectiveness.

Strategy 1: Identify organizational strengths and areas to improve

Strategy 2: Align organizational behavior with organizational values

Strategy 3: Strengthen customer-focused service

Strategy 4: Recruit, develop and retain quality staff

Strategy 5: Strengthen internal communication and collaboration

Strategy 6: Provide efficient critical support services

Strategy 7: Expand use of technology to improve efficiency

Strategy 8: Improve health and wellness

A strategic plan definition key can be found in **Appendix E**.

SWOT ANALYSIS

The strategic planning committee assessed the internal and external environment and developed lists of strengths, weaknesses, opportunities and threats. This information was used to help further refine the strategic focus and the future direction of the department. The SWOT process helps the department determine where resources should be focused as the department moves forward, while maintaining ground on the strategic goals and objectives. The SWOT information will also be used to develop specific action steps to assure that the priority issues are addressed.

To update the SWOT analysis, the committee starts with the prior list and through a nominal group process, adds or deletes items. In addition, strengths, weaknesses, opportunities and threats are prioritized according to current trends and importance. Consistent themes identified through the most recent SWOT analysis were:

- Workforce development
- Leadership
- Quality improvement
- Data capabilities/information technology
- Funding/budget
- Oil development
- Department image
- Partnerships

The SWOT analysis can be found in the strategic planning meeting electronic folder.

PERFORMANCE MEASURES AND EVALUATION

The department has linked all programs to the strategic plan goals and objectives. Data indicators consisting of baseline data, targets and benchmarks have been developed for each objective. The department developed the current strategic planning indicators as part of a major revision to the agency planning process beginning in 2008. Senior administration requested that each section define a set of indicators that represented the goals of their programs. Baseline data spanning several years was provided for each indicator, from which programs set future targets for changing the indicator. The indicator data selected for the strategic plan objectives are very specific data measured over time, and are used to track progress toward improving health. Data indicators for the business plan strategies are currently being developed.

After tracking several additional years of data, the department published the indicators on its website with accompanying text describing the indicator results and what those results mean. This allows the general public to track the state's health status. The web provided a publicly-accessible and inexpensive way of maintaining the indicators using an Access database. The format used to display the indicators is called the Dashboard, which presents a graphical depiction of the data indicators and facilitates tracking of performance.

The senior epidemiologist is responsible for the six-month performance monitoring of the data and will provide status reports periodically to section chiefs and the Quality Improvement Council.

The senior epidemiologist reviews the appropriateness of the performance indicators at least biannually to prepare the department's budget, and when requested by managers. The senior epidemiologist works with the epidemiologist work group to determine recommendations for revisions and additions to the indicators and will present those recommendations to the state health office and deputy state health officer for final approval. Changes and updates will be reported to the strategic planning committee, performance management steering committee and the Quality Improvement Council.

LINKAGE TO STATE HEALTH IMPROVEMENT PLAN

Healthy North Dakota (HND) is a dynamic, statewide partnership that brings together partners and stakeholders to identify common strategies to address health issues. HND consists of two parts: 1) the HND network and workgroups, and 2) the Statewide Vision and Strategy Group (SVS). The SVS group was organized in 2006, and consists of statewide leaders from both the private and public sectors who initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a vision and strategy for the healthcare system in North Dakota, now known as the state health improvement plan (SHIP). The initial planning efforts of this group were completed in early 2007, and include a vision for North Dakotans to be the healthiest Americans by the year 2020. SVS developed a strategic map giving direction to key initiatives and identification of additional priorities based on the health status of North Dakotans.

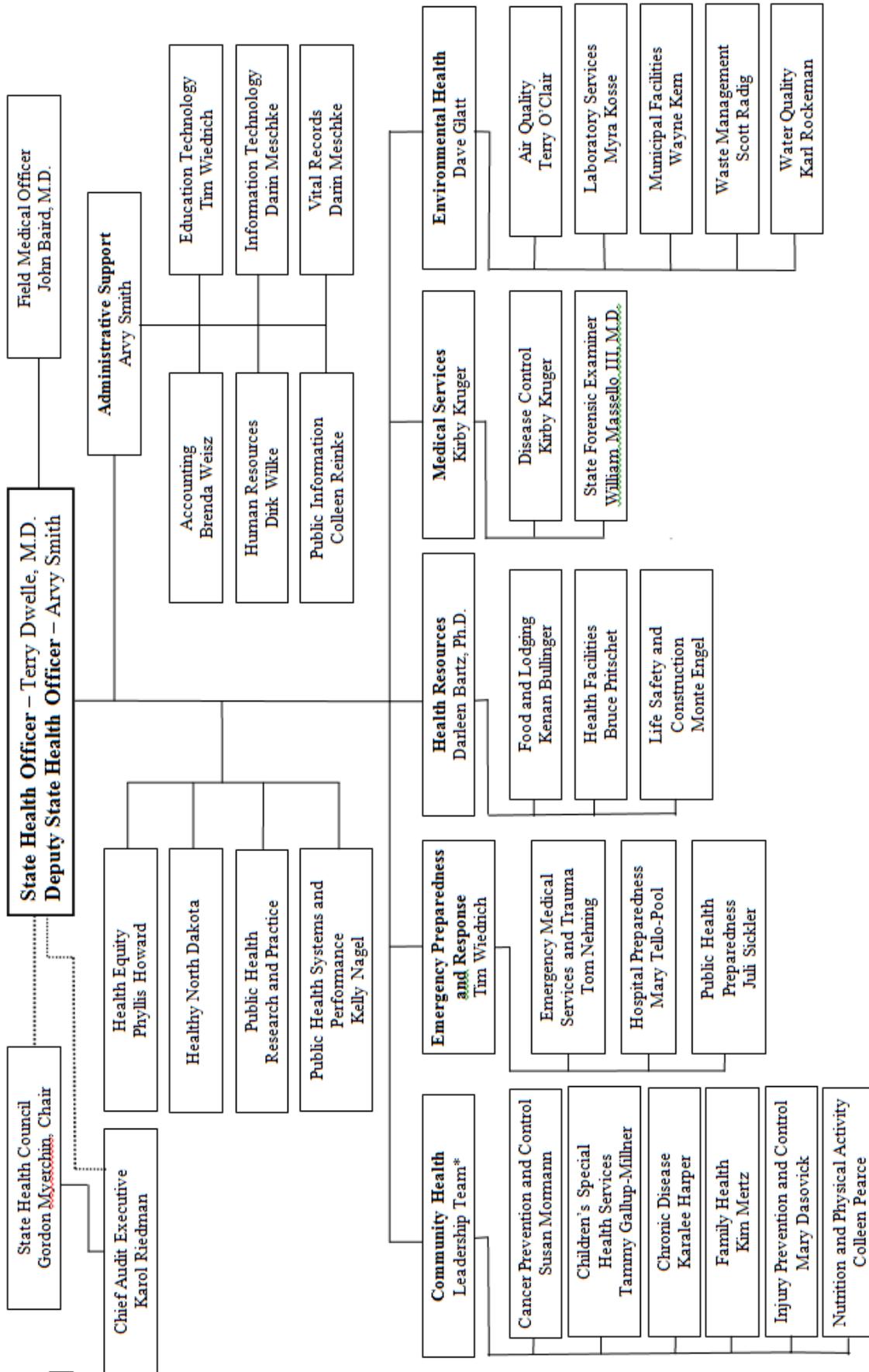
As both the department's strategic planning process and SVS's state health improvement planning processes were informed by North Dakotan's health status data, both share a similar vision and strategies to improve health outcomes, such as reducing the prevalence of obesity, tobacco use, and risk of injuries. Our state health officer and HND consultant are members of both SVS and the department's strategic planning committee, so they ensure information sharing in both directions. Information sharing allows both entities to better develop strategies and appropriately align responsibilities.

LINKAGE TO QUALITY IMPROVEMENT PLAN

The department has established a Quality Improvement (QI) Council to develop and oversee the implementation of a quality improvement plan. In order to improve processes, programs and health outcomes, it is necessary to link many of the department's strategic priorities to its quality improvement plan. QI projects will be addressed in the annual QI plan based on the performance of strategic and business plan indicators and in alignment with results of the annual SWOT analysis. Performance indicators will identify areas for improvement, while the SWOT analysis will prioritize where efforts should be focused and what strategies will be most effective.

Appendix A: Organizational Chart

Organizational Chart
May 2014



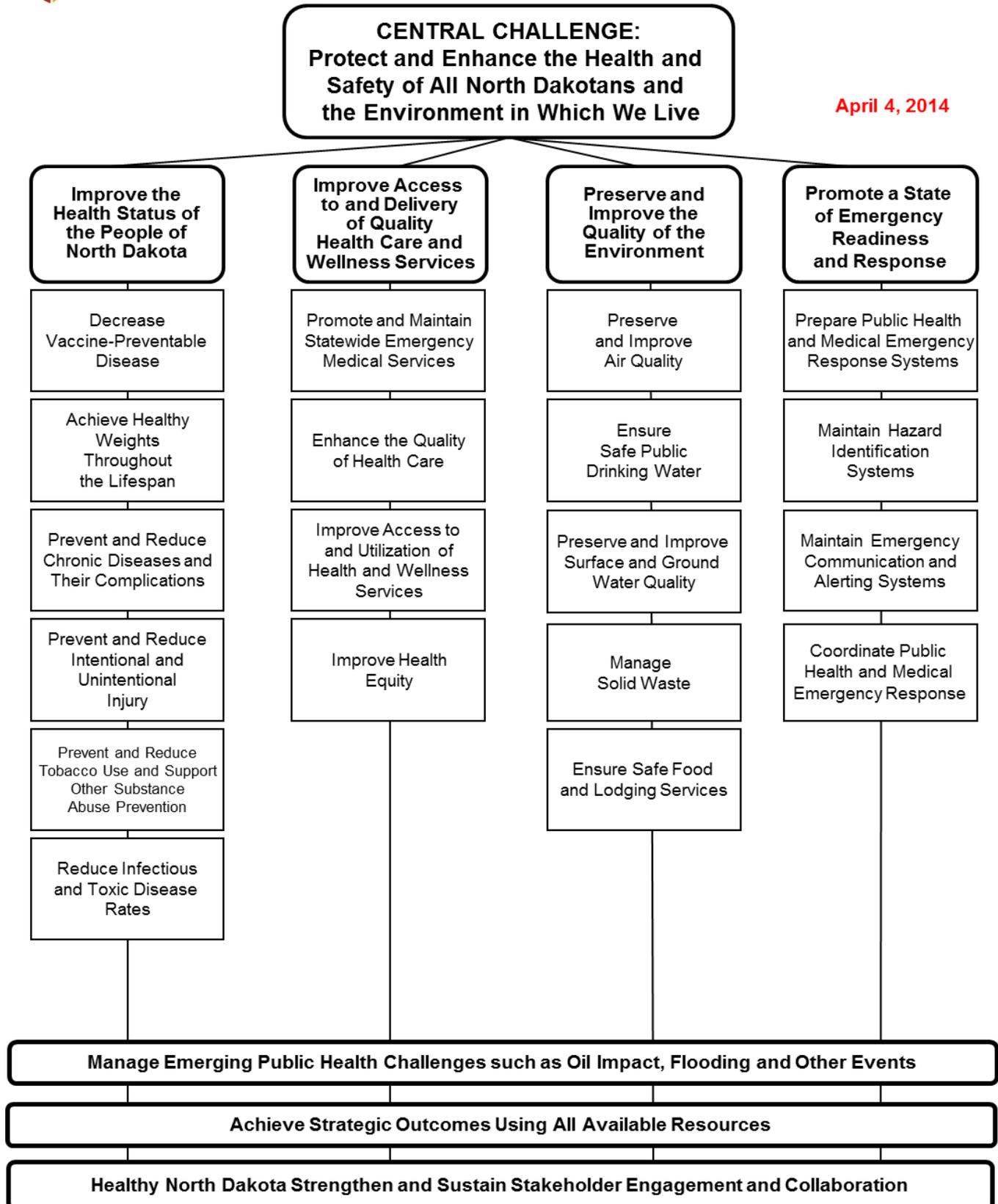
*The six division directors share responsibility for management of the Community Health Section.

Appendix B: Strategic Planning Participants

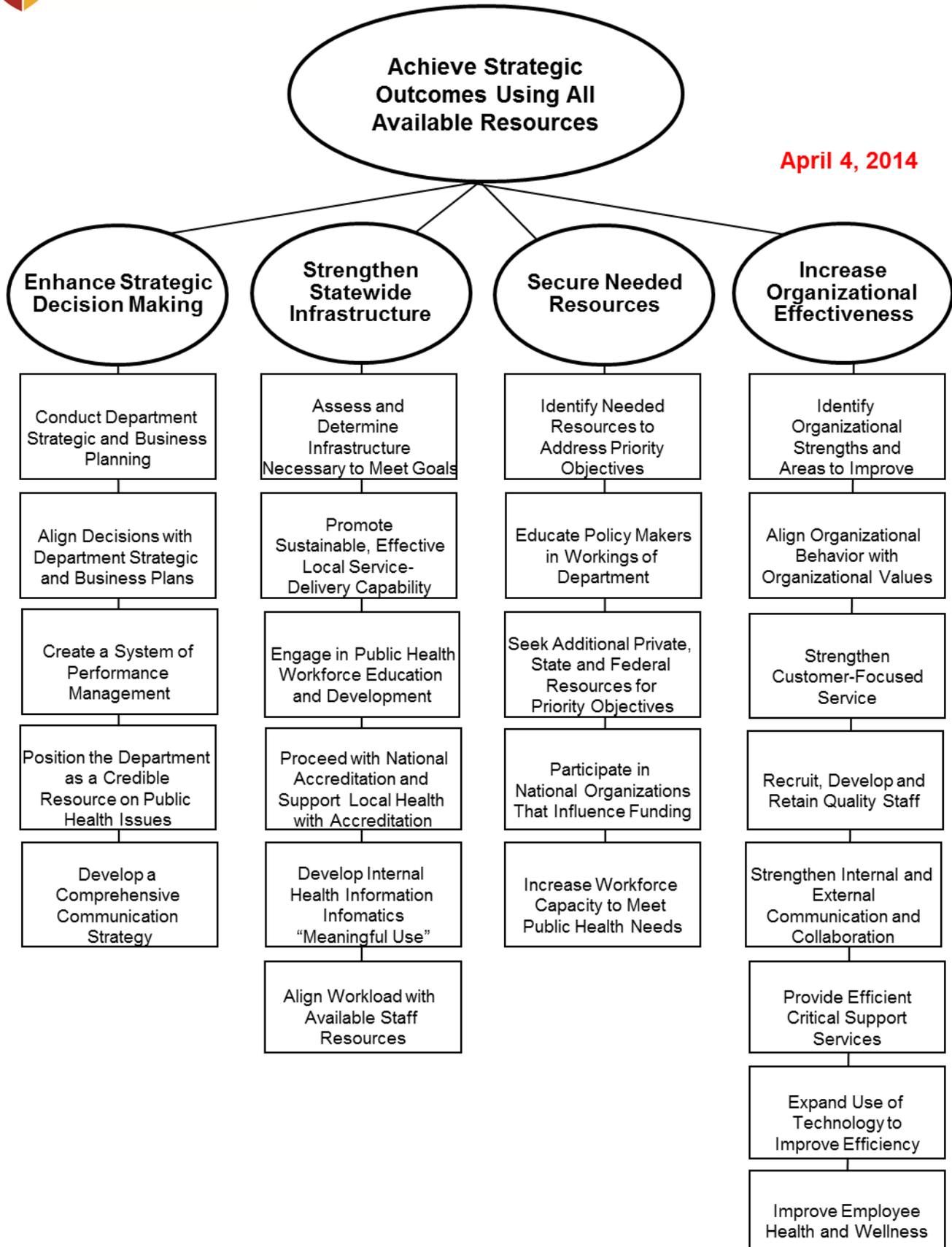
Project:	STRATEGIC PLANNING MEETING	
Date:	April 4, 2014	
Facilitator:	Tim Wiedrich	
Name	Section	Present
ANDERSON, Howard	Board of Pharmacy/State Health Council	
BAIRD, Dr. John	Special Populations	X
BARTZ, Darleen	Health Resources	
BULLINGER, Kenan	Food & Lodging	X
DWELLE, Terry L.	State Health Officer	X
EHRENS, Karen K.	Healthy ND Coordinator	
GALLUP-MILLNER, Tammy L.	Children's Special Health Services	X
GLATT, Dave D.	Environmental Health	X
ISZLER, Robin	Local Public Health	
KERN, David W.	Municipal Facilities	X
KOSSE, Myra	Laboratory Services	
KRUGER, Kirby J.	Medical Services	X
MERTZ, Kim	Family Health	
MESCHKE, Darin J.	Vital Records	X
NAGEL, Kelly J.	Performance Management	X
MILLER, Tracy	Disease Control	X
PICKARD, Dr. Stephen P.	Research EPI Center	
REINKE, Colleen	Public Information Officer	X
PRITSCHET, Bruce	Health Resources	X
SMITH, Arvy J.	Deputy State Health Officer	X
WIEDRICH, Tim W.	Emergency Preparedness & Response	X
WILKE, Dirk D.	Human Resources	X



April 4, 2014



April 4, 2014



**Strategic Planning Definitions
North Dakota Department of Health
March 24, 2008**

Mission Statement:

A summary that describes the aims, values, and overall plan of an organization or individual.

Goal:

A projected state of affairs which a person or a system plans or intends to achieve or bring about. A personal or organizational desired end-point in some sort of assumed development.

Objective:

An objective is subordinate to a goal but has the same definition.

Strategy:

A method or series of actions implemented to achieve goals and objectives. Strategies are comprised of numerous action steps with many people attempting to reach objectives and goals.

Action Steps:

A series of activities conducted to achieve a strategy.

Indicator:

A pointer or an index.

Program:

A planned, coordinated group of activities, procedures, etc., often for a specific purpose, or a facility offering such a series of activities

Strategic Plan Format:

Mission Statement

A. Goal

1. Objective

a. Strategy

1) Action Step