There are three primary benefits of strategic planning. A strategic approach:
1. Creates clear **answers** that define your work
2. Builds and strengthens critical **relationships**
3. Makes your work easier and more effective because you are in a constant state of **preparedness**

**Create Answers**
Planning strategically can provide clarity for goals and actions. It ultimately answers the three key questions for any project or initiative.
- Where are we now and why?
- What do we want to achieve and why?
- How to we get there from here?

**Build Relationships**
Successful strategic planning demands cooperation, consensus and collaboration. Key stakeholders, constituents, administrators, data collectors – input from all sources is required. Having representatives at the table from every interested party creates benefits of its own:
- Increased understanding and knowledge about the issues
- Clarity on the issues and parties’ priorities
- Ownership of the product and commitment to the process
- New and/or stronger partnerships
- Improved communication and coordination
Be Prepared

It may appear that strategic planning is an activity that comes to an end when implementation begins. In fact, strategic planning is a perpetual process. Once your plan is in place, it continues to provide value by:

- Identifying how best to use resources
- Maintaining a state of readiness to take advantage of opportunities

All Efforts Deliver

In this day of tight budgets, few resources and high accountability, acting strategically can be a make or break approach.

Given the multiple demands that MCH personnel face, developing an all-encompassing, full-blown strategic plan can seem daunting. But not every strategic planning effort needs to be a monolithic work. Strategic planning is a process that can be applied to any project, large or small.

When circumstances dictate a narrowly defined effort, strategic planning can still play a role. No matter what the scope, every ounce of effort applied to strategic planning can yield a positive result and benefit the individual and the programs he or she plans. This applies to the whole range of options from comprehensive plans to chart books or simple fact sheets.

Strategic Options

There are a range of strategic planning options from which to choose depending on a state’s level of readiness and goals. Whenever possible, it is ideal to develop a comprehensive Adolescent Health Strategic Plan. When it is not possible, choose a mid-level or beginning option (or two) that will help build towards creating a comprehensive plan at a future time.

In the chart below, a continuum of strategic planning options are described.

<table>
<thead>
<tr>
<th>Comprehensive</th>
<th>Mid-Level</th>
<th>Beginning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive options result in strategic plans that cover all aspects of adolescent health</td>
<td>Mid-level options focus on developing strategic plans with a more limited scope or reach than a comprehensive plan</td>
<td>Consider a beginning option when lacking the support to conduct a full-fledged planning process. Use these options to educate and raise awareness about adolescent health, and mobilize policymakers and other stakeholders to call for a more comprehensive strategic plan</td>
</tr>
<tr>
<td>- Comprehensive Strategic Plan</td>
<td>- Strategic Plan Focused on Specific Adolescent Health Issue</td>
<td>- Synthesis or Summary Report Highlighting Youth-related Recommendations from Existing State Strategic Plans</td>
</tr>
<tr>
<td>- Comprehensive Strategic Plan in Phases</td>
<td>- Adolescent Health Section Within a State MCH Strategic Plan or Public Health Plan</td>
<td>- Adolescent Health Data Report or Chart Book</td>
</tr>
<tr>
<td></td>
<td>- Incorporation of an Adolescent Health Focus Within a Single Issue Strategic Plan Focused Across the Lifespan</td>
<td>- Adolescent Health Fact Sheets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Adolescent Health Framework and Vision for Healthy Youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In contrast to all of the reasons why a strategic plan makes sense are the challenges, roadblocks and hurdles of the process. Some of these issues can be very real – lack of resources or acquiring the needed level of authority. All too often objections to strategic planning are thinly veiled reluctances based on real or perceived concerns. In these cases, being well prepared with a rationale or solution is key. Below are three common challenges to the possibility or merit of strategic planning.

**“We can’t do a strategic plan because we’ll never get a commitment from _______.”**

Clearly it would be impossible to build a strategic plan without political will and commitment. While you may never be able to “create” political will, you can certainly find ways to use existing political will or commitment to serve your purposes.

- Identify how key administrators and other stakeholders view the project and the reasons why they won’t back it. Lack of understanding? Other priorities? A bad experience in the past? Uncover the real reason.
- Use this information to find other ways to convince them of the benefits. Reframe your project so that it directly addresses their concerns. Emphasize how you can expedite the process if there are concerns around timing. If they had failed strategic plans in the past, take the reason for the failure and make it your starting point. If they have other priorities, weave your project into the context of their priorities.
- Choose a different strategic planning option. There is no
This is a very real challenge and one that demands creativity.

- Closely examine your resource shortage. Will you have more resources in the future? If so, consider scaling back your project to something that fits your current resource level and postponing other aspects.

- Think outside the box and evaluate every possible means for obtaining the resources you need.
  - Are there others who could share the costs or provide in-kind staffing?
  - Could you combine your efforts and resources with another agency — one with access to more resources?
  - Are there parts of the process that someone else is already doing that you could use? Look at the work of other agencies and see what might work for you.

“Strategic plans are only good for stopping doors and collecting dust.”

Some strategic plans don’t get used and are not effective. Typically, the process is at fault. When faced with this criticism, the best defense is a good offense. Be sure to qualify a “good” strategic plan as one that includes these aspects in the process:

- Developed with careful consideration of what is to be accomplished, what actions are required and what it takes to influence action.

- Authentically engages people and builds support in the process

Recognizes that building the plan is only the beginning. Launching and implementing the plan is as vital as building it in the first place.

10 STEPS

Building a Strategic Plan

It may be a long and winding one, but there is a road!

Presented below are the 10 steps to building a strategic plan.

Look for a detailed explanation of each step in the forthcoming Guide to Developing State Adolescent Health Plans: From Vision to Reality.

1. Plan the strategic planning process
2. Organize and orient committees and consultants
3. Develop project goals
4. Develop an adolescent health framework
5. Develop a vision for healthy adolescence
6. Conduct a needs and assets assessment
7. Identify strategic issues
8. Formulate goals
9. Formulate strategies
10. Produce the strategic plan
Is Strategic Planning Part of Your Job?

The Public Health Action Wheel is a representation of the public health framework used to address adolescent health.

The public health framework creates a path for action through the core public health functions and essential public health services. The outcome – action steps to improve and nurture the health of youth.

If the Public Health Action Wheel frames the work of State Adolescent Health professionals, where does it reference strategic planning?

Is it only an Assurance action?

How does strategic planning Mobilize Community Partnerships?

Is Assessment really different from strategic planning?

The Action Wheel below has been expanded to show how strategic planning relates both as a whole and as discrete action steps.

Strategic planning is a core element of the Action Wheel – and one that also sits behind the action steps and serves to drive them.

How The Public Health Action Wheel Links to Strategic Planning

Assurance

The action steps of Assurance are all linked to the results of your planning process. By identifying key issues, establishing priorities and crafting strategies you have set the course for Assurance activities.

Examples of the types of strategies that come from a strategic plan and deliver on Assurance activities are listed below:

Assure competent workforce
... by providing adolescent health training for health professionals

Link to/Provide Care
... by addressing access to health care and mental health services.

Enforce Laws
... by addressing teen auto crashes by implementing and enforcing a graduated drivers license policy.

Evaluate
Evaluation does double duty – it is both an implementation strategy and a part of the strategic planning process.

Assessment
Monitor health, diagnose and investigate are addressed in part by Strategic Planning Step #6 – Conduct a needs and asset assessment.

Policy Development
Several of the Policy Development actions are accomplished through the act of strategic planning.

By using a collaborative approach with varied individuals representing disparate interests and agendas, you are informing, educating and empowering as well as mobilizing community partnerships.

Research
Research is always at the core. Research identifies critical issues that both inform the process and help establish priorities and strategies.

Developing Policies will be a core strategy that results from your planning process.

In a Strategic State of Mind

A number of states offer proof positive that adolescent health strategic planning is viable. While none of these states would claim that the process is quick or without challenge, all value their strategic planning investments.

States that have considered, begun, completed or maintained a strategic plan can shed light on many aspects of the process and outcomes. In an effort to share this knowledge, this article highlights the experiences of states who have completed plans (Colorado and California) as well as the experiences of states that are now exploring the possibilities.

Tried and True: Colorado

In keeping with the frontier spirit, Colorado was the first state to complete a strategic plan for improving adolescent health. The fact that Colorado adopted the process so long ago is almost as impressive as their on-going commitment to maintaining the plan. Colorado has chosen to continue developing new adolescent health plans every 4-5 years. Far from languishing on a shelf, Colorado’s plan is a living document that is an important tool for their adolescent health efforts.

Funding for the project is derived from many different sources including the MCH Title V Block Grant and States Systems Development Initiative (SSDI) as well as federal HIV/AIDS prevention dollars granted to the state Department of Education. In developing the first plan, Colorado also received contributions from the Colorado School Health Council, the Rocky Mountain Chapter of the Society for Adolescent Medicine, the Colorado Chapter of the American Academy of Pediatrics as well as private foundations.

Colorado’s experience demonstrates the time-intensiveness of strategic planning. Colorado’s first plan took roughly 2 years to complete—and while one might expect the intensity to diminish over the years, it has remained constant. According to Barbara Ritchen, former State Adolescent Health Coordinator (now Director, Prevention Partnerships for Children and Youth Sections, Colorado Department of Public Health and Environment) “It seems that each time there is a new wrinkle which has to be addressed.”
Of all the related tasks, Colorado found that gathering and analyzing the data was one of the more time intensive.

Core to the process is the Colorado Advisory Council on Adolescent Health. Originally a task force, the group was charged with reviewing the first adolescent health report. An interdisciplinary group consisting of 20 experts representing youth issues, the task force was commissioned as an ongoing Advisory Council in 1982, following the release of the first report.

The members of the Advisory Council all participate on topic-related sub-committees based on their expertise. Through these sub-committees they are able to give input and shape the development of the plan, review and critique a draft, and finally assist in launching the plan.

For the 2002 plan, Colorado included a youth council in the process. A pre-existing group of 20 teens from across the state, the Youth Partnership for Health meets annually with the Advisory Council and sits in on meetings as needed. The youth provide input for the plan’s content, respond and react to drafts, contribute photography and assist in the plan’s launch.

According to Barbara Ritchen, one of the biggest challenges – both in the beginning and today – is handling the controversial and divisive topics that surround adolescent health. “The process will always be influenced by the political climate,” said Ms. Ritchen. “Now we are just more accustomed to being cautious and inclusive.” These issues could easily have de-railed the entire effort, but by using facilitation and negotiation skills to find common ground, the Council leadership was able to frame issues and recommend strategies that worked for the entire group.

**Up and Coming: California**

As one of the nation’s largest states California faced a major task in developing a strategic plan.

The need for such a plan was first identified by the California Adolescent Health Collaborative (AHC), a public-private partnership formed in 1996. The collaborative included representatives from over 40 different organizations and agencies. The collaborative’s goal was to set a direction for efforts to promote adolescent health.

It was through the efforts of AHC that a planning grant was awarded from the California Department of Health. Other support was provided by in-kind contributions from the public and private partners, as well as from foundations, including The California Wellness Foundation.

Faculty and staff from the Division of Adolescent Medicine’s National Adolescent Health Information Center at the University of California, San Francisco, were contracted to develop the overall plan, including collecting data profiling the health of California’s adolescents, gathering information on existing policies and programs, and drafting the plan for consideration by other members of the AHC.

---

**STRATEGIC PLANNING ... by the numbers**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Number of states that already have a strategic plan for adolescent health</td>
</tr>
<tr>
<td>81</td>
<td>Number of times the word “strategic” appears in this newsletter</td>
</tr>
<tr>
<td>all of them</td>
<td>Number of sessions at the SAHCN meeting that discussed strategic planning</td>
</tr>
<tr>
<td>20</td>
<td>Age of the first strategic plan for adolescent health ever developed (Colorado)</td>
</tr>
<tr>
<td>19</td>
<td>Number of states currently working on strategic planning for adolescent health</td>
</tr>
<tr>
<td>175</td>
<td>Number of pages in Alaska’s strategic plan (Not including appendices)</td>
</tr>
<tr>
<td>101*</td>
<td>Number of words hidden in the term “strategic” (3 or more letters)</td>
</tr>
</tbody>
</table>

*The best efforts of our word scramblers. Send a note to sheax011@umn.edu to see the list. Find more and win a special prize!**
Through this year-long process major themes, priority areas and recommendations were developed.

Given the state’s large geography and ethnic/racial diversity, it was important to offer a platform where priorities could be debated and consensus could be reached.

To this end, two community forums were held in Southern and Northern California. These forums brought together direct service providers who experience the issues of providing care to adolescents, program directors, and other community representatives—many of whom had never previously had the chance to meet one another—even when they worked in the same community.

The opinions of youth were also solicited through focus group discussions held in several parts of the state. The strong focus on youth development, recommendations related to establishing a California Office of Youth Health, and a commitment to actively engaging youth in shaping future efforts are reflected throughout the plan.

Once the plan was drafted and accepted by all members of the AHC, the plan underwent several additional steps of review, including placing a draft on the Web so that additional groups could review and comment on the scope and vision of the plan. The plan also underwent review by the Department of Health and the Department of Social Services, as well as by the Governor’s Office.

While this process was time consuming and delayed rolling out the plan statewide, it provided an opportunity to increase the “buy-in” from different levels of decision makers, many of whom would ultimately be involved in working towards implementing the plan’s goals and objectives. The plan became a work in progress throughout this round of reviews and improved as additional comments and suggestions were incorporated.

The AHC is currently working on implementing the plan’s goals and objectives and has selected three for its first phase:

- increasing adolescents’ access to health care,
- increasing the involvement of young people in shaping new solutions, including serving on advisory committees, and
- funding of after school programs to include or expand the inclusion of adolescents, as well as children.

The AHC, the plan underwent several additional steps of review, including placing a draft on the Web so that additional groups could review and comment on the scope and vision of the plan. The plan also underwent review by the Department of Health and the Department of Social Services, as well as by the Governor’s Office.

While this process was time consuming and delayed rolling out the plan statewide, it provided an opportunity to increase the “buy-in” from different levels of decision makers, many of whom would ultimately be involved in working towards implementing the plan’s goals and objectives. The plan became a work in progress throughout this round of reviews and improved as additional comments and suggestions were incorporated.

The AHC is currently working on implementing the plan’s goals and objectives and has selected three for its first phase:

- increasing adolescents’ access to health care,
- increasing the involvement of young people in shaping new solutions, including serving on advisory committees, and
- funding of after school programs to include or expand the inclusion of adolescents, as well as children.

New and Emerging

A number of states are in the formative stage of strategic planning.

Since obtaining resources is one of the most durable challenges associated with the planning process, some states have chosen to leverage their regional MCH and SAHCN structures and relationships to maximize access to resources. While state planning itself can’t be accomplished at regional level, some regions have wisely determined that much of the learning and knowledge required...
by individual states can be acquired collectively. By pooling their efforts, these states benefit from each others’ knowledge, are able to lean on each other for support, and can economically take advantage of resources. State Adolescent Health Coordinators in Region VII, for example, have used their regional conference calls to learn more about strategic planning. The Region VII group solicited technical assistance and used the conference calls as a forum for presenting this information.

Later this year, Region VII’s conference call approach will culminate in a strategic planning workshop event. Kristin Teipel from the State Adolescent Health Resource Center will be in attendance to provide technical assistance.

Region IV presents another exciting approach by using time in an MCH regional meeting for discussions about the realities of strategic planning. Interestingly, this regional approach was selected both because it directly supports strategic planning and because of the relevant information it provides to states no matter where they are on the continuum of strategic planning options.

Topics have focused largely on preplanning activities and planning requirements:

- the value and worth of strategic plans,
- the roles individuals would play,
- the requirements for basic planning activities, and
- how to get started.

Their approach is an extremely efficient one – each expert they recruit to discuss a given topic provides benefit across the Region, enabling each individual state to apply that knowledge to their own issues and planning activities.

Healthy adolescents experiment with their own identity, with relationships to others, with ideas.

Questions, Anyone?

For State Adolescent Health Coordinators, questions are the name of the game. They define one’s job, describe the scope of one’s work and reveal typical daily challenges.

None of the questions that State Adolescent Health Coordinators face have easy or singular answers – each demands an understanding of the situation, an awareness of the surrounding environment and a vision for the future.

When faced with questions as complex as those presented here, strategic planning is the best way to uncover answers.

- What are the most critical adolescent health issues that require our attention?
- What do we ultimately want to achieve?
- What do we know about “what works”?
- What are the best ways to address adolescent health?
- Who should be involved?
- How should we get things done?
- How do we garner support for these actions?
- What are the best ways to invest resources?
- How do we expand and/or redeploy our resources?
Accountability

Strategic planning is a powerful tool in the battle of accountability.

The chart presented here compares existing MCH performance measures to the 21 objectives that have been identified as critical for the health of adolescents from the National Initiative to Improve Adolescent Health by the Year 2010. The chart shows that overlaps do occur – both at state and national levels.

Strategic planning can both shape and be shaped by these objectives.

States that are already accountable for and working on a number of these adolescent health objectives use strategic planning as a way to meet these goals.

Alternatively, a strategic planning process can help a state select or prioritize objectives upon which to focus and, in turn, define where they will be accountable.

Source

Companion Document for the Healthy People 2010 – 21 Critical Objectives for Adolescents and Young Adults. Claire D. Brindis, Dr. P.H., M. Jane Park, M.P.H., Caron M. Lee, L. Teresa Valderrama, M.P.H., National Adolescent Health Information Center, University of California, San Francisco. Casey Hannan, M.P.H., Division of Adolescent and School Health, Centers for Disease Control and Prevention. Trina Anglin, M.D., Ph.D, Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration.

This document is being developed through support provided jointly by the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and the Office of Adolescent Health, Maternal and Child Health Bureau, Health Resources and Services Administration through MCHB cooperative agreement # 4H06 MC00002.
One rainy weekend early in March found the State Adolescent Health Coordinator Network Annual Meeting in Arlington, Virginia. This is the Network’s 14th annual meeting – made possible through the Network’s relationship with AMCHP.

Timing for the meeting was opportune. Two events created excellent bookends for the annual meeting: at one end “Media: What It Can and Cannot Do for Teen Pregnancy Prevention” sponsored by the National Campaign to Prevent Teen Pregnancy, ASTHO and AMCHP and at the other end the Annual AMCHP conference.

Orientation
First on the agenda was a brief orientation to the Network for new coordinators. In addition to meeting their peers, new coordinators learned the Network’s background and history. Network leadership and State Adolescent Health Resource Center staff from the Konopka Institute planned and ran the orientation session.

Painting the Big Picture
Day One of the annual meeting featured an overview of Network activities and the start of what was to be an intensive focus on the National Initiative to Improve Adolescent Health by the Year 2010.

Claire Brindis, NAHIC and Casey Hannan, CDC/DASH presented both the 21 Critical Objectives specific to adolescent health as well as an overview of the upcoming “Companion Document” resource.

The AMCHP/Network concept paper was also a major item on the meeting agenda.

Network Business
The meeting provided the opportunity for the Network to discuss and update its bylaws, designate 2002 representatives and identify joint issues for regional representative focus. As expected, the Network also formalized a change in leadership: the meeting marked the transition in Network Presidency from Carol Hinton to Marilyn Lanphier.

Collecting & Developing Tools
The final day of the meeting featured Abigail English’s (Center for Adolescent Health and the Law) presentation entitled “Legal Issues in Adolescent Health Care: Consent and Confidentiality Concerns.”

Skill-building break-out sessions designed specifically for the State Coordinators completed the day’s agenda. Topics ranged from leadership skills to strategic planning to youth development.

New Coordinator Orientation to the Network
15 State Adolescent Health Coordinators toast the orientation workshop.

Federal Partners
Trina Anglin, HRSA and Casey Hannan, CDC are recognized by the National Adolescent Health Information Center for contributions to the “Companion Document” – a planning tool for the National Initiative to Improve Adolescent Health by the Year 2010.

If you are interested in learning more about this year’s Annual Network Meeting or any of the presentations, contact Rena Large at AMCHP. She can be reached at renalarge@amchp.com.
The Konopka Institute
for Best Practices in Adolescent Health

The Konopka Institute is an interdisciplinary group of experts in pediatrics, public health, nursing, law, public policy, social work, child development, and education that is focused exclusively on the needs of young people.

The Institute has a singular mission:

To work with community organizations, service providers, policy makers, public agencies, and other citizens to adopt and/or adapt interventions, policies and systems that show the greatest promise of supporting healthy youth development.

Dr. Gisela Konopka serves as the Institute’s namesake and inspiration. Renowned for her work “Requirements for the Healthy Development of Youth,” Dr. Konopka continues to guide the Institute’s mission.

State Adolescent Resource Center Staff

Judith A. Kahn
Director
jkahn@umn.edu

Robert Blum
Professor and Director, Division of General Pediatrics and Adolescent Health
blumx001@umn.edu

Paul Snyder
Program Coordinator
psnyder@umn.edu

Kristin Teipel
Project Coordinator
teipe001@umn.edu

Peggy Mann Rinehart
Dissemination Director
rineh002@umn.edu

Clea McNeely
Evaluation Director
cmcneely@tc.umn.edu

Glynis Shea
Communications Coordinator
sheax011@umn.edu

Help Desk Testers Needed

The State Adolescent Health Resource Center introduces a new on-line Help Desk exclusively for Adolescent Health Coordinators and Maternal Child Health Directors. Scheduled to be fully functional this summer, the State Adolescent Health Resource Center needs individuals willing to “test” the site, give feedback and receive research as a result. Send a note to psnyder@umn.edu if you are interested in participating.

Growing Absolutely Fantastic Youth

The June 2002 issue of Growing Absolutely Fantastic Youth is available as a PDF file on the Konopka Institute website. Permission is granted to photocopy this publication.

http://www.konopka.umn.edu

Teen Photography by John Noltner