**Notes from the Strategic Planning Meeting of Monday, August 22, 2016**

**Participants:**

Beth Schuster, Theresa Lux, Linda Tripp, Robin Andrews, Leitha Pierro, Tam Mustapha, Chelly Hegan, Tina Sharpe, Art Proper, and Claire Parde.

**Discussion Summary:**

The Committee generated a few questions at the outset of the meeting:

* What form should the written plan take?
* What is the timeframe for the strategic goals that have been outlined?
* When do we bring these ideas to the Entire Board?

Regarding the form the written plan should take, the Committee was generally satisfied with the current presentation of our ideas. While this working document will continue to be refined, its length and format were considered appropriate for internal use. At a later time, we may want to create a more “outward-facing” version for use with partners, donors, funders and other stakeholders.

The Committee then discussed the content of the current plan. The group agreed that it reflected the discussion and decisions made to date. It was noted that the goals are very “doable,” relying on a good assessment of where we are now. It was also noted that the plan is “directional” in the sense that it points to places where we will deliberately invest our time and other resources. However, it does not currently offer hard targets. The Committee asked Claire to update the plan by adding performance measures and targets in support of each goal. Also, the Consortium’s overarching strategy of strengthening rural healthcare in Columbia County should be more clearly identified.

After discussion, the Committee agreed that the strategic goals that have been outlined are best suited to a three-year timeframe. The Executive Director could update the Board on the implementation of the strategic plan on a biennial basis, and the Strategic Planning Committee could evaluate the plan and consider any necessary changes on an annual basis.

The group also discussed the current mission statement. There is some concern about the phrase “increasing access to quality healthcare services,” as the Consortium does not currently assess “quality,” nor is it particularly in a position to influence quality. Claire commented that the Consortium’s mission statement is an operational mission statement, or “mission with a little m,” as opposed to a results-oriented mission statement (“mission with a big M”) that speaks to the end condition (e.g. “Healthy People,” “healthy rural communities,” “robust rural health delivery system”) the work of the organization hopes to achieve. Since an operational mission statement identifies the particular strategy employed, it is specific and prescriptive, and therefore offers considerable guidance. However, it may be limiting, and fail to adequately capture, describe or allow for all of our work (e.g. the Tobacco Free-Action Program). The group agreed to revisit the mission statement at some future date. This will be added as a third strategic goal in the plan.

**Action items:**

* Claire will identify the current version of the working document as a draft and circulate it among board members, providing them with an update on the Committee’s progress, and inviting them to participate in the next scheduled meeting.
* Claire will add the overarching strategy of strengthening rural healthcare in Columbia County to the plan and also add a third strategic goal of revisiting the mission statement.
* Claire will add measurable tasks in support of each strategic goal and provide this to the Strategic Planning Committee in advance of the next scheduled meeting

The next meeting is scheduled for **Monday, September 19th from 9:00 to 10:30 a.m.** As it will be Beth’s birthday, birthday pie will be served!

*Notes respectfully submitted by Claire Parde, August 24, 2016.*