Worcester Division of Public Health
&
Central Massachusetts Regional Public Health Alliance

Strategic Plan
2013-2017

Version Date: December 1, 2013

Division of Public Health
25 Meade Street
Worcester, MA
www.worcesterma.gov/ocm/public-health
508 799 8531
@WorcesterDPH
facebook.com/pages/Worcester-Division-of-Public-Health
To access this document electronically visit:
To obtain this document contact the Division of Public Health.

Acknowledgements

This document was developed by the Central Massachusetts Regional Public Health Alliance with facilitation and technical guidance provided by Justeen Hyde at the Institute for Community Health. Many professionals from the department, as well as board of health members and governing officials dedicated their time and expertise to create this vision for the future of the Division of Health.

Core Strategic Planning Committee	Key Stakeholders
Michael Hirsh, MD, Acting Commissioner of Public Health Derek Brindisi, MPA, RS, Director of Public Health Erin Cathcart, MPH, CPH, Accreditation Coordinator Karyn Clark, MA, Chief of Community Health Kerry Clark, BA, Chief of Environmental Health and Response Seth Peters, MPH, Chief of Epidemiology and Health Protection	Central Massachusetts Regional Public Health Alliance staff Board of Health members from Holden, Leicester, Millbury, Shrewsbury, and West Boylston Governing officials in each municipality (listed above)

Introduction

The Central Massachusetts Regional Public Health Alliance is a partnership comprised of six municipalities who are working together to protect and promote public health of their residents. The Worcester Division of Public Health is the lead agency and fiscal host for the region. The regional public health district officially formed in 2010 with financial incentive funding from the Massachusetts Department of Public Health.

In May of 2013, the Worcester Division of Public Health embarked on a strategic planning process to help guide the Central Massachusetts Regional Public Health Alliance (CMRPHA) for the next three years. Over the course of 6 months, a core steering committee comprised of a consultant and the CMRPHA's management team met weekly to develop the strategic plan. The core steering committee engaged with a broader group of stakeholders, including CMRPHA staff, municipal board of health members, and governing officials as needed to obtain their input and feedback at critical junctures in the planning process.

The current strategic plan was produced from approximately 20 planning meetings and 6 broader stakeholder dialogues. During this time, the steering committee accomplished the following activities:

1) Identification and engagement of key stakeholders
2) Development of mission, vision, and guiding principle statements
3) Synthesis and communication of organizational mandates for stakeholders
4) Environmental scan, including review of current fiscal data, community health assessment and community health improvement plans, and input from participating municipalities
5) SWOT exercise with CMRPHA staff
6) Elicitation of feedback on the CMRPHA from board of health members and some governing officials in each participating municipality
7) Review of all information gathered during activities identified above to identify strategic priorities
8) Development of goals and objectives for each strategic priority
9) Development of an implementation plan
10) Review and approval of strategic plan with all key stakeholders

Strategic planning processes are not only good practice, but also a requirement of the National Public Health Accreditation Board. The CMRPHA is striving to be an accredited public health department by 2015. We believe that accreditation will create a framework that will help the CMRPHA maintain a focus on high quality service delivery and continuous quality improvement processes. As one of the first local public health departments in Massachusetts to begin the accreditation process, we believe our lessons learned will be of use to others.

Mission:

The mission of the Worcester Division of Public Health/Central Massachusetts Regional Public Health Alliance is to improve, promote, and protect the health and safety of residents in participating Massachusetts municipalities through the formation of strong community and academic partnerships, data-driven decision-making, and delivery of high quality public health services.

Vision

The Central Massachusetts Regional Public Health Alliance will be a nationally recognized model for an efficient, effective, and equitable regional public health system in the healthiest region in New England.

Guiding Principles

1) Fulfill all statutory responsibilities, enforce laws, and assure compliance with regulations that protect the public's health and ensure safety

2) Adopt and integrate the Institute of Medicine's three core public health functions of assessment, policy development, and assurance and the Ten Essentials of Public Health as the framework for a systems approach to carrying out public health functions

3) Provide leadership to foster collaboration and coordination among the many partners in the region's public health system

4) Promote and advocate for policies, programs, and practices that advance health equity and contribute to the elimination of health disparities

5) Engage and include residents, community and health care providers, academics, business owners, faith leaders, the media, and government officials in public health improvement efforts, including assessing public health needs and resources, setting priorities, planning interventions, and evaluating effectiveness and progress

6) Base public health policy, practice, priorities, and evaluation on evidence and science; use a population-based approach to determine public health needs and effectiveness of interventions

7) Utilize performance measures to improve and sustain high quality employees and a public health department committed to continuous quality improvement

8) Create an organization committed to being at the forefront of public health learning through the formation of academic partnerships and investment in the public health workforce

Environmental Scan

As part of the strategic planning process, the steering committee reviewed a range of information about the CMRPHA and the communities in which it provides public health services. This information included the following:

- 2012 Community Health Assessment
- 2013 Community Health Improvement Plan
- Current fiscal data
- Survey report on the satisfaction with the CMRPHA from the perspective of staff, BOH members, and a few governing officials

2012 Community Health Assessment

In 2012, the Division of Public Health worked in collaboration with UMass Memorial Medical Center to conduct a comprehensive assessment of the health-related assets and needs of residents served by the CMRPHA. In each municipality, approximately 2 out of 10 residents is under the age of 19 and 1 out of 10 is age 65 or older. The assessment identified large variation in the racial/ethnic diversity of the area, ranging from 7% in Holden identifying as non-white to 40% in Worcester. Although there are variations across municipalities, there were consistent issues that emerged from the qualitative and quantitative data.

The following areas emerged from epidemiological and community survey data as being some of the greatest health concerns in the region:

1) Overweight and Obesity
   - 63.1% of adults in Worcester report being overweight or obese
   - 25.6% of adults report eating 5+ fruits/vegetables per day as recommended

2) Substance Abuse/Mental Health
   - 6% of adults report heavy drinking
   - 16% of adults are current smokers
   - 18.6% of 12th grade students reported using non-prescribed medication at least once
   - 43.4% were not satisfied with the availability of drug/alcohol treatment for youth
   - 13% of adults reported 15 or more days of poor mental health in the past month

3) Poor Health Outcomes
   - Leading causes of death are cancer and circulatory diseases
   - Most common chronic diseases: high cholesterol and hypertension; 36% of adults have been diagnosed with high cholesterol

4) Health Care Access and Utilization
   - 44.5% of survey participants reported not being satisfied with transportation to health services
   - Survey respondents also highlighted lack of evening/weekend office hours as a barrier to care

Information from the Community Health Assessment was shared via community forums with a broad spectrum of community members. Findings were used as the basis for the Community Health Improvement Plan.

2012 Community Health Improvement Plan

In late 2012, the City of Worcester Division of Public Health, UMass Memorial Medical Center, and Common Pathways (a Healthy Communities coalition), utilized the information learned through the Community Health Assessment conducted for Worcester, Holden, Leicester, Millbury, Shrewsbury, and West Boylston to develop a comprehensive community health planning effort. The priority areas outlines in the Community Health Improvement Plan are as follows:

1) Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being

2) Foster an accepting community that supports positive mental health and reduces substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region

3) Create a respectful and culturally responsive environment which fosters prevention, wellness, and access to quality comprehensive care for all

4) Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies

5) Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

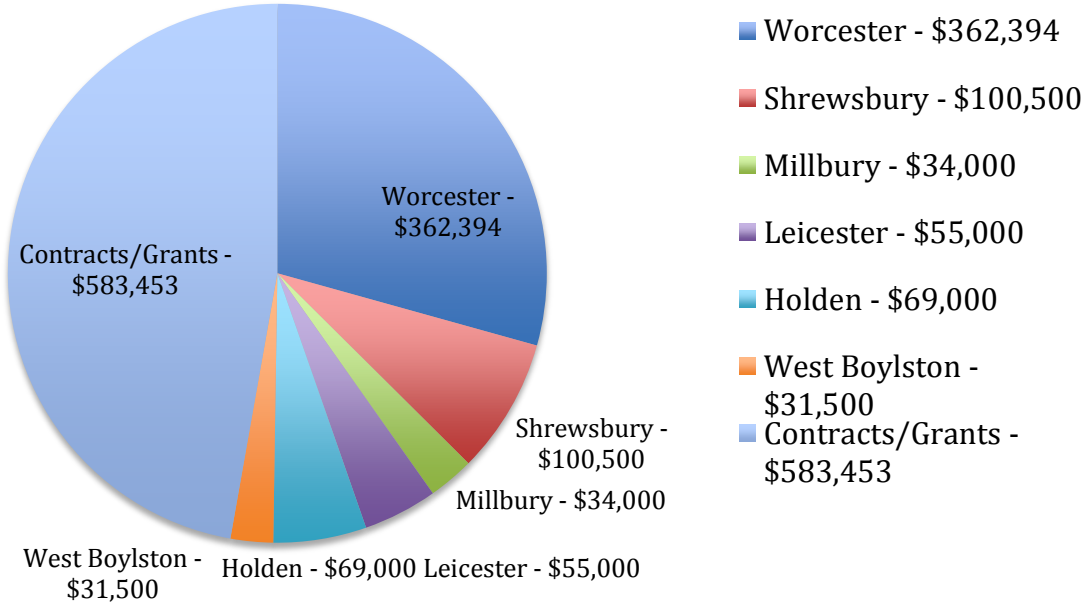
Implementation of the Community Health Improvement Plan in all CMRPHA municipalities is a major strategic goal for the public health department over the next 3 years. Goals 1 and 2 of the Strategic Plan outline goals and objectives that will help develop an effective and efficient infrastructure to address CHIP priority areas. Goals 3 and 4 outline cross-cutting goals, objectives, and strategies that will support the implementation of activities outlined in the CHIP.

Fiscal Overview

IN FY14, the CMRPHA's operating budget was approximately $1.34 million. About half of the revenue comes from municipal contributions and half from contracts and grants (see figure 1). The CMRPHA has a good track record of supporting community health improvement programs and services through grant revenue. The majority of grant revenue is directly from or passed through the Massachusetts Department of Public Health.

Figure 1

CMRPHA FY14 Operating Budget



Total Operating Budget for the CMRPHA = $ 1,372,847

- Municipal Contributions = $652,394
- Grants = $ 583,453 (excluding project-related expenses and contract positions)

The operating budget does not include $661,506 for county-wide emergency preparedness funds that are distributed to municipalities in the county. It also does not include approximately $317,617 for grant-related expenses. At the time of the core steering committee's review of the fiscal data, an assessment of fiscal sustainability had not been conducted. There was an identified need to develop a business plan outlining the budget for programs, services, operations and infrastructure as well as sources of revenue to support each domain.

<u>Satisfaction with CMRPHA Services</u>

In 2012, the multi-site evaluator (Institute for Community Health) conducted an annual survey with key stakeholders involved in each of the groups of municipalities who are implementing regional public health service delivery plans. The CMRPHA had a tailored report based on input from their key stakeholders.

A total of 21 individuals actively involved with the CMRPHA completed the survey, resulting in a 78% response rate. Slightly more than half (52%) of participants were board of health members, 24% governing officials, and 32% staff. Approximately 52% of participants reported that they were active in implementing the regional public health model.

All participants reported that the CMRPHA has a strong mission and most felt that the collaboration was on track for meeting its goals. Those who did not indicate this reported that they did not know. The vast majority of participants also reported that the regional meetings are well run, with information communicated regularly and in a timely fashion. After one year of implementation, the majority of participants reported feeling that the quality of public health services in their municipality had increased as well as the number of services offered to residents. Areas for improvement included increasing role clarity for all stakeholders of the CMRPHA and greater transparency in how decisions are made.

A second survey will be administered at the end of 2013. The results of the second survey will be compared to the first to identify any changes in responses among participants.

Results of SWOC and SWOC-like Activities

In August, and September of 2013, the consultant engaged regional public health employees, board of health members, and governing officials to identify the strengths, weaknesses, opportunities, and challenges (SWOC) of the CMRPHA. Members of the core steering committee attended each meeting and engaged with each stakeholder group as participants. Below is an overview of key findings from the SWOC activities.

<u>CMRPHA Staff</u>

In August, 2013, the consultant facilitated a SWOC exercise with regional public health staff to understand what they experience on the frontlines of regional public health service delivery. Nearly all staff participated in the discussion. Below is a summary of main points distilled from the exercise.

Summary of Priority Areas

What is working well?

- CMRPHA employees are dedicated, hard working, and multi-skilled. Newer focus on hiring multi-functional staff has helped expand the capacity of the CMRPHA
- Strong recognition among staff of the importance of delivery high quality public health services. Workforce development and standardization of practices are priorities
- CMRPHA has strong and diverse partnerships with local hospitals, health centers, and community organizations; these partnerships can help bring resources to all participating municipalities
- The Community Health Assessment and Community Health Improvement Plan for the region has helped focus the work of the CMRPHA. The work is data driven, with standards for accountability and measures of effectiveness

What needs improvement?

- The CMRPHA needs standard operating procedures and consistent reporting protocols to ensure consistent, quality work in every municipality. These protocols and procedures will require some shifts and adjustments at the municipal level.
- Moving from an independent to regional public health service delivery model requires more than a financial shift. It also requires a cultural shift. All participating

municipalities, including elected officials and BOH members, do not share the same vision of the CMRPHA. This lack of shared vision creates:
    - Inefficiencies in how work is allocated and performed;
    - Confusion about reporting structures
    - Relatively large differences in the provision of non-mandated public health services (e.g., chronic disease prevention, healthy weight promotion, prevention of harm associated with substance use, etc.) in each municipality
- The CMRPHA staff struggle with engagement of governing board members and other municipal decision-makers; Staff would like to have more active and interactive input to guide the direction of the CMRPHA

Top Priority Areas for CMRPHA Staff
- Develop protocols and procedures for all regional public health staff to maximize efficiency and ensure consistency in the quality and delivery of service
- Obtain national accreditation from the Public Health Accreditation Board (PHAB)
- Develop financial and organizational sustainability plans for the CMRPHA, which include diversified grant funding, municipal funding, and revenue from fees and fines (as appropriate)
- Increase visibility of CMRPHA in each participating municipality; develop strategies for governing officials (elected leaders and BOH members), community organizations, and residents
- Improve engagement with the regional governing board and elected officials and develop strategies to support their active participation in the work of the CMRPHA
- Leverage community, health, and public health partnerships to expand prevention and health promotion work in every participating municipality

A summary of staff's perspectives on what is currently working well and what needs improvement was shared with board of health members and some governing officials in each participating municipality. A modified version of the SWOC was conducted in each municipality during a regularly scheduled board of health meeting. Input from each meeting was recorded and summarized, producing an aggregate overview of the existing strengths and challenges of the regional public health work.

<u>Board of Health and Governing Officials</u>
By and large, board of health members and governing officials agreed with the strengths of the CMRPHA identified by regional staff. In addition, many reported that the capacity of their towns to meet the diverse needs of residents has expanded since joining the CMRPHA. Not only are they able to provide inspectional services, but also more health and wellness education and programming.

There were also a number of challenges that surfaced during these conversations. These challenges were largely identified as being developmentally appropriate for such a major infrastructure shift. Priorities that were identified based on these challenges are as follows:

- Improve front line systems so that residents and town staff have a clear understanding of how to request and respond to requests for services and/or information
- Ensure that BOH members and other key stakeholders are aware of the programs and services that the CMRPHA staff provide in municipalities and can appropriately direct people to these programs/services/information
- Increase visibility of the CMRPHA among residents, community organizations, and other government service providers
- Define roles and responsibilities of CMRPHA staff in relation to other municipal services (e.g., emergency preparedness and response, school health); integrate key staff into strategic conversations or meetings as appropriate.
- Develop strategies to monitor scopes of work for CMRPHA staff in each municipality across the region. Town managers and BOH members should know what to expect in terms of service delivery and how to know if the CMRPHA is meeting its goals
- Ensure that there is strategic growth so that each participating municipality continues to get the same high quality service

After completing the SWOC exercise with all key stakeholders, a joint meeting was held to discuss what was learned. During this meeting, stakeholders were asked to begin defining strategic priorities for the next three years and brainstorm strategies to address these priorities. This exercise helped the core steering committee define goals and objectives for the CMRPHA for the next 3 years.

Goals and Objectives for Next 4 Years

The following goals and objectives were created with the vision and mission in mind. In particular, the core steering committee used the following question as a guide for selecting goals and objectives: "Based on the information we have learned during the data gathering process, what does the CMRPHA need to work on in order to have an efficient and effective regional public health delivery system in 4 years?" The core steering committee worked together over a course of 5 meetings to develop the goals and objectives listed below.

It is important to note that implementation of the Community Health Improvement Plan (CHIP) is a major priority of the Division of Public Health and collaborating partners. The work that the Division is responsible for implementing is reflected primarily in Goals 4 and 5. However, the steering committee also acknowledges that Goals 1, 2 and 3 are critical for the successful implementation of the CHIP in all CMRPHA municipalities. Goals or indicators of success that relate directly to specific CHIP strategies are marked with an *.

Goal 1: Build a Strong, Accredited Regional Public Health Department	**Indicators of Success**	**Timeline**
Objective 1.1 – Assure high quality, well trained public health professionals are working in collaboration with every municipality in the region		
Strategies 1.1.1 Conduct an assessment of staff education, including licenses, skills, and self-reported and observed challenges	Standardized assessments are on file for every employee	Baseline by June 1, 2014; Within 3 months of employment for new employees
1.1.2 Supervisors will develop individualized professional development plans for their staff that will be reviewed every 6 months and updated annually	Standardized professional development plans are on file for every employee	Baseline by August 30, 2014; Within 4 months of employment for new employees
1.1.3 CMRPHA management team will identify cross-cutting professional development areas and organize at least 1 all staff training per year	Cross-cutting professional development needs are discussed and highest priority needs are indicated in meeting notes Sign in sheets for staff trainings; Training slides/curriculum on file	July 15th of every year First by December 15, 2014
Objective 1.2 – Develop a performance management system that ensures the regional health department is accountable for achieving its annual goals and objectives	**Indicators of Success**	**Timeline**
Strategies 1.2.1 Complete performance management training with all staff	Training curriculum filed and log of staff participants	January, 2014
1.2.2 Complete multi-day intensive training for senior management team	Training curriculum filed and log of staff participants	February 2014
1.2.3 Complete Public Health Foundation's Turning Point Self-Assessment for Performance Management	Self-Assessment worksheets completed	March 1 2014
1.2.4 Develop a detailed performance management plan that details leadership and staff roles and responsibilities; objectives and standards for measuring progress toward milestones; methods, tools, and processes for measuring, tracking, and reporting performance; and timelines for completion	Performance management plan has all elements required for PHAB accreditation; Plan is reviewed with all staff and available electronically on department server.	May 1, 2014
1.2.5 Train all staff on performance management system plan, including specific components that they are responsible for in their work	Log in sheet for training attendance	June 30, 2014
Objective 1.3 – Standardize Operating Policies and Procedures	**Indicators of Success**	**Timeline**

Strategies 1.3.1 Each program chief will conduct an assessment of current practices in public health service delivery; Program chiefs will work with their staff to develop consensus on best practices for each service area	Meeting minutes detailing discussion with staff	Jan-Mar, 2014
1.3.2 Program chiefs will draft operating procedures based on agreed upon best practices and review the procedures with staff	Draft standard operating procedures and protocols	March 2014
1.3.3 Adopt final operating procedures; Ensure documentation of operating procedures is available to all staff electronically (shared folders on server) and in paper form (binders)	Written standard operating procedures that are reviewed and signed by each staff and the board of health chair in each municipality	April 2014
1.3.4 Program chiefs will conduct quarterly (minimally) checks to assure compliance with operating procedures; provide additional training as needed	Completed compliance check form with program chief's signature	Jan, Apr, Jul, Oct, Dec each year
1.3.5 Develop a training strategy to ensure that all new staff are appropriately informed of standard operating procedures and expectations	Signature of supervisor and staff member on new employee orientation form that protocols and procedures have been reviewed	As needed
Objective 1.4 Create an infrastructure that supports continuous quality improvement efforts in all programs and services offered by CMRPHA	**Indicators of Success**	**Timeline**
Strategies 1.4.1 Develop a written quality improvement plan for the health department, which minimally includes vision for quality in the organization, governance structure, training strategies, process for selecting quality improvement projects, a QI plan template (e.g., problem statement, assessment, goals, objectives, measures, time frames), and expectations for monitoring quality improvement projects; plan is available electronically and in hard copy to all staff	QI plan and templates are completed and shared with all staff	May 2014
1.4.2 Program chiefs will review documentation of program and service delivery efforts 2 times a year and ensure that it is happening consistently and with high quality	Standard worksheet or "dashboard" that accompanies goals and objectives for each service area is complete; quality of documentation is assessed using a 5 pt scale	First review by October 15, 2014 then every April and October thereafter
1.4.3 Develop and implement two types of trainings on quality improvement methods: 1) a basic orientation to quality improvement methods for current staff (year 1) and new staff (on-line after the initial basic training (e.g. Online trainings available from the New York State Health Department); 2) booster trainings on quality improvement methods for all CMRPHA staff that will be provided on an annual basis and based on previous quality improvement projects.	Training curricula in PPT or other format on file electronically and in hard copy	Baseline training completed by May 15th, 2014; Booster training offered by December 1st each

		year
1.4.4 Develop at least 2 regular internship opportunities for data synthesis and analysis to build capacity of continuous quality improvement efforts	Internship postings with general description of QI responsibilities; name and college affiliation of interns hired to fulfill responsibilities	Fall and Spring/Summer each year
Objective 1.5 Implement Performance Management and Quality Improvement Systems	**Indicators of Success**	**Timeline**
Strategies 1.5.1 Each program chief will develop annual goals, standards, objectives, targets, and indicators and measurable outcomes for their service area in collaboration with staff in accordance with performance management plan	Standardized worksheet detailing goals and outcomes is complete; staff who participated in goal development listed on worksheet	April 15 each year (aligned with annual budget to City of Worcester)
1.5.2 The goals and outcomes for each service area will be reviewed with all staff and approved by the senior management team	Worksheet is signed by the Director of Public Health	April 30th each year
1.5.3 Each program chief will be responsible for conducting a review of progress towards goals and outcomes every 6 months with their staff	Performance dashboard completed with 5 point rating scale (no progress to completion) applied to each goal; progress notes; next steps detailed	October and April of each year
1.5.4 Program chiefs will develop a quality improvement plan in areas where there is not sufficient progress towards goals	QI plan is complete in accordance with the standard template (see 1.3.1)	As needed

Goal 2: Develop a Sustainable Regional Public Health Service Delivery Model	Indicators of Success	Timeline
Objective 2.1 Create a business plan that outlines projected operating costs for the CMRPHA over the next 3 years, potential sources of revenue, and estimates of the targeted among of revenue from each source		
Strategies 2.1.1 Conduct a time-motion study in each public health service area to systematically document the time and resources needed to perform current public health functions and services	Up to 4 weekly time sheets for each program/service area detailing work activities, time, and resources needed	February 2014
2.1.2 Engage a pro bono consultant (e.g., Catch a Fire) to develop a business plan that outlines projected revenue needs over the next 3 years based on results of time motion study and estimated staff time and resources for future work. Develop estimates of funding potential from different sources (e.g., municipal contributions, fees/fines, contracts and grants, donations) and establish fund raising goals for each funding source	Written business plan	January 2015
2.1.3 Share the business plan with board of health members, governing officials, staff, and key stakeholders and obtain approval from the governing board	Item on board of health agendas and summary of conversation in meeting minutes	Feb-Mar, 2015
2.1.4 Monitor progress towards revenue generation goals on an annual basis	Use same PM dashboard as above	July 2015
Objective 2.2 Diversify funding to maximize revenue potential	**Indicators of Success**	**Timeline**
Strategies 2.2.1 Standardize revenue from fees and fines across each participating CMRPHA municipality	Fee schedules for each town	December 2014
2.2.2 Work in collaboration with at least one academic partner to identify and secure funding for a participatory research study that will improve the programs, services, and/or operational functions of the health department	Grant proposals and contracts/subcontracts	December 2015
2.2.3 Maintain grant funding for existing community health programs focused on healthy weight and active living, tobacco control, emergency preparedness, substance abuse prevention and intervention, and health equity initiatives	Grant proposals and contracts/subcontracts	On-going
Objective 2.3 Develop at least 2 continuous quality improvement initiatives each year focused on the improvement of programs/services and administration	**Indicators of Success**	**Timeline**

Strategies 2.3.1 Program chiefs are responsible for continually monitoring progress of the services under their purview toward goals and outcomes. On a quarterly basis, program chiefs will work with their staff to identify service areas in need of improvement using the performance standards dashboard. Quality improvement needs will be brought to the management team and discussed. Resources for at least one project will be allocated per year to support a Plan-Do-Study-Act quality improvement study. The study will comply with the standard procedures and expectations of a quality improvement initiative outlines in Objective 1.3	Description of potential quality improvement projects for each program submitted to the Director of Public Health quarterly; Quality improvement plan developed in accordance with the CMRPHA's quality improvement plan standards; Note: The QI project(s) selected to meet this objective should be aligned with Objective 1.5.4	Quarterly beginning July 2014 Annually
2.3.2 On an annual basis, the CMRPHA's governing board will discuss the administrative strengths and challenges associated with service delivery in each municipality. The governing board will select one improvement area per year. The health director will oversee the development and implementation of a quality improvement project. The study will comply with the standard procedures and expectations of a quality improvement initiative outlines in Objective 1.3	Quality improvement plan developed in accordance with the CMRPHA's quality improvement plan standards	Discuss potential projects at Spring quarterly meeting, complete projects by Fall quarterly meeting
Objective 2.4 Develop effective and efficient communication strategies with governing officials, board of health members, and residents within each town to ensure that they have the information and tools necessary to promote and protect public health	**Indicators of Success**	**Timeline**
Strategies 2.4.1 Develop a central website for the CMRPHA where public health service, education, and event information can be provided to residents, staff, and governing officials in real time; assure that at least 2 CMRPHA staff have the capacity to post and update information on the website	Complete CMRPHA website	March2014
2.4.2 Identify dissemination and communication strategies that are appropriate for different stakeholders across participating municipalities	Recommendations documented in governance, BOH meeting minutes and/or updates to communication plan	Bi-annual review
2.4.3 Develop standards for participating municipalities for how information about public health events, services, resources, and alerts will be communicated to the public	Standards for communication protocols are detailed in the Operating Policies and Procedures Manual (Objective 1.4)	May 2014
2.4.4 Develop quarterly reports for board of health and governing officials highlighting major accomplishments and upcoming events	Quarterly reports are filed in accordance with public meeting laws and included in meeting minutes	Quarterly, beginning January 2014

Goal 3: Mobilize Community and Academic Partnerships	Indicators of Success	Timeline
Objective 3.1 Develop a community wellness coalition in each CMRPHA community		
Strategies 3.1.1 Identify key stakeholders in each municipality who are important to the promotion of public health, including representatives from hospitals, health centers, schools, after school programs, and senior services	List of key stakeholders, including names, institutional affiliation, expertise, and contact information	June 2014
3.1.2 Convene key stakeholders at least quarterly to serve as community wellness advisors; discuss public health issues of importance based on local or regional epidemiological data, emerging health issues and trends, and state or national recommendations	Meeting agendas; meeting minutes with participants, institutional affiliations, and major topics discussed	Quarterly for each municipality beginning Sept., 2014
3.1.3 Community wellness advisory board members disseminate public health information, promote health and wellness activities, and support the creation and implementation of projects associated with the CHIP	Documentation of dissemination (posters, brochures, web-postings, social media etc.)	Ongoing
Objective 3.2 – Play a leadership role in the development of the Center for Public Health Practice, a collaborative effort of the health department and local colleges/universities designed to improve the education of public health students and prepare them for entry into local public health professions	**Indicators of Success**	**Timeline**
Strategies 3.2.1 Develop formal MOUs with at least 2 colleges/universities which specify roles and responsibilities for the operation of the Center for Public Health Practice	Formal MOUs signed by the Commissioner of Public Health and Deans of collaborating schools	June 2015
3.2.2 Provide structured experiential learning opportunities for up to 8 public health or community health students each year that will help launch careers in local public health	Employee files that include names of students, college affiliation, description of internship, and length of time involved with CMRPHA	Core internship descriptions created by August 2014; posted every Fall/Spring/Summer as needed
3.2.3 Provide at least 3 lectures per year for each participating program on local public health matters	PPT or lecture notes for each class, including class name, college, date	As requested, beginning Fall 2014

Goal 4: Play a Leadership Role in the Development of Healthy Communities	Indicators of Success	Timeline
Objective 4.1 Oversee implementation of the Community Health Improvement Plan		
Strategies 4.1.1 Convene and facilitate (when appropriate) community meetings associated with each CHIP domain; participate in key stakeholder meetings for each CHIP domains	Meeting agendas and minutes, including participants and primary topics discussed	On-going as-needed
4.1.2 Create a project management infrastructure for each domain and document major roles and responsibilities for key stakeholders, targeted activities, and timelines associated with each activity	Performance management plan (in accordance with standards established by Objective 1.2) created for each CHIP domain	July 2014
4.1.3 Provide administrative oversight of each component of the CHIP, including management of grants that support activities, assessment of progress towards goals, and development of corrective action plans as needed	Review of project management plan with CHIP domain conveners 2 times per year to assess progress towards goals; Progress documented and strategies for improvement noted	June and December each year
Objective 4.2 Support the use of data-driven decision making to inform programs, services, policies and other activities associated with the Community Health Improvement Plan	**Indicators of Success**	**Timeline**
Strategies 4.2.1 Work in collaboration with domain conveners to assure the collection and analysis of epidemiological data required for each CHIP domain	1) Youth Risk Behavior data is analyzed and reported to CHIP domain workgroups, community wellness coalitions, other key stakeholders and other committees on an bi-annual basis (minimally including tobacco, alcohol, prescription drug abuse, exposure to violence, and fruit and vegetable intake)* 2) Annual report summarizing hospitalizations associated with interpersonal and community violence-related indicators in each community* 3) Annual report summarizing prevalence and types of fall related injuries in each community* 4) Annual report on the number of motor vehicle-related injuries in each community* 5) Annual report on the number of residents with a primary care provider in	Annually, and as needed

	each community*	
4.2.2 WDPH/CMRPHA's epidemiology staff will meet regularly with domain conveners and CHIP support staff to identify additional data needs and support data analysis	Attendance logs and meeting minutes	As needed, minimally quarterly
4.2.3 Epidemiological data for key CHIP domains is reviewed annually by the management team to assess progress towards goals	Completion of performance management dashboard for each CHIP domain	December, annually
Objective 4.3 Design and implement public education campaigns that promote health and wellness in accordance with the Community Health Improvement Plan	**Indicators of Success**	**Timeline**
4.3.1 Review published and gray literature for evidence-based public education campaigns for public health issues relevant to CHIP domains	Brief summaries of effective campaign strategies, including content and modes of dissemination	Annually, as needed
4.3.2 Share evidence based strategies with key stakeholders (e.g., community wellness coalitions) in each municipality	Meeting minutes	Annually, as needed
4.3.3 Community wellness coalitions or other coalitions will select a public education campaign based on best available evidence and knowledge of community relevance	Meeting minutes with details of rationale for content and approach for community education campaign	Annually, as needed
4.3.4 Implement public education campaigns for relevant CHIP domains*	• Mental health awareness campaign • Substance abuse campaign* • Obesity prevention/healthy weight promotion*	Annually, as needed (some topics may overlap with national campaigns e.g. Recovery month in September)
Objective 4.4 Build the capacity of community-based providers and residents to advocate for improvements in the health and well-being of residents	**Indicators of Success**	**Timeline**
4.4.1 Develop goals, objectives, and indicators of success for each training	Worksheet adapted from performance management template completed	Annually, First by June 2014
4.4.1 Identify evidence-based trainings to support the development or implementation of CHIP objectives*	Identification of evidence-based trainings for: Public policy–making; Social determinants of health; Signs and symptoms of mental health issues. * Create written summaries of each training along with training curriculum (if available)	Annually, First by June 2014
4.4.2 Review evidence-based trainings with community wellness coalitions or other key collaborating partners; Select a training to adopt, noting anticipated changes needed to	Discussion recorded in meeting minutes	Annually, First by June 2014

make it appropriate for the targeted audience		
4.4.3 Provide or facilitate at least 2 community-based trainings per year e.g. Training for clinical providers regarding safe prescribing practices for opioids and narcotics*, training for front line agencies such as schools, clergy and law enforcement to identify and handle emergency mental health issues*	Training curriculum is on file in appropriate CHIP folder; Participant logs with date, time, location and participant names	Annually, First by June 2014
4.4.4 Evaluate trainings to assess participant satisfaction and achievement of training goals	Completed surveys entered and analyzed; brief report with summary findings shared with planning committee	Annually, First by June 2014
Objective 4.5 Facilitate the development of at least one public policy that will improve public health per year	**Indicators of Success**	**Timeline**
4.5.1 Develop a clear statement of the policy problem to be addressed, including evidence of the problem (epidemiological or clinical data) and assumed root causes	Written statements or reports (eg. Completed Health Impact Assessments)	Annually, issues identified by April each year
4.5.2 Investigate and identify evidence-based policies that may be appropriate for the local issue	Description of policies and associated evidence of effectiveness, could be included in a Health Impact Assessment	Annually, and as needed
4.5.3 Work in collaboration with community wellness coalitions, other municipal departments, and/or other coalitions to develop policy ideas	Meeting minutes and attendance logs	Annually
4.5.4 Work in collaboration with city legal counsel to draft policies e.g. Those outlined in the CHIP: complete streets policy*, joint use agreements*, smoke-free campuses*	Draft policy	Annually
4.5.5 Mobilize policy-makers to support policies	Contact logs describing outreach and education efforts to policymakers; copies of policies entered for consideration and adopted	As needed

Goal 5: Assure Conditions for Safe and Prepared Communities	Indicators of success	Timeline
Objective 5.1 Assure each municipality has an up-to-date PHAB compliant all hazards plan that includes emergency dispensing site information and continuity of operations		
5.1.1 Review public health all-hazards plans for each municipality; identify areas in need of changes/updates and draft changes	Meeting Minutes with related agenda item; draft plan showing suggested changes	August 2014
5.1.2 Review draft changes/updates with emergency managers in each municipality; make modifications as appropriate	Meeting minutes with related agenda items, draft plan showing suggested changes	August 2014
5.1.3 Assure updated emergency dispensing site (EDS) plans are integrated into all hazards plans and the electronic comprehensive emergency management plan (eCEMP)	Completed all-hazards plans that include EDS plans	August 2014
5.1.4 Hold an educational forum for persons responsible for emergency management in participating alliance municipalities (eg. healthcare institutions, schools, government offices, and others)to inform them of established emergency protocols and procedures, including communications, situational awareness, resource sharing, and recovery	Meeting Minutes with related agenda item, sign-in sheets showing attendees	First by August 2014; annually after that
Objective 5.2 Ensure that there is a robust infrastructure in each municipality to respond to and recover from public health emergencies	**Indicators of Success**	**Timeline**
Strategies 5.2.1 Develop relationships with emergency managers in each municipality	Meeting Minutes with related agenda items, inclusion of CMRPHA in emergency preparedness meetings and discussions	As needed
5.2.2 Revise the strategy for 24/7 emergency response coverage by obtaining hotline number that any individual can call to reach someone on the CMRPHA staff during emergencies; create a week-long on-call rotation to ensure continuous coverage	Active hotline with evidence of distribution to communities (website posting, training etc.) Completed staff coverage schedule	August 2014
5.2.3 Verify that the CMRPHA hotline number is included in the all hazards plans for each municipality	Hotline number and instructions for use in each AH-EOP	August 2014
5.2.4 Conduct an annual drill to test emergency response systems	Completed After Action reports for each drill	September 2014 September 2015 September 2016
Objective 5.3 Improve personal preparedness of residents in each municipality	**Indicators of Success**	**Timeline**

Strategies 5.3.1 Conduct an annual personal preparedness campaign that includes information about emergency supplies for the home, the importance of establishing communication strategies with loved ones, and key sources of information during emergencies	Educational material distributed and on file	September 2014 September 2015 September 2016
5.3.2 Increase the number of residents with disabilities who are registered with local emergency management directors by 20%	Data report showing difference in number of people registered between baseline and year 1	January 2015

Monitoring the Strategic Plan

Each strategic priority area will have an associated work plan to guide implementation and keep the CMRPHA on track to achieve its objectives within the identified timeframes. The senior management team, under the leadership of the Commissioner and Director of the Central Massachusetts Public Health Alliance will be responsible for monitoring the progress made towards goals, objectives and strategies outlined in the Strategic Plan. Every 6 months, the senior management team will review their respective work plans and assess progress made towards goals and objectives.

This strategic plan is a living document. Modifications that are needed will be discussed during bi-annual progress debriefs. Changes that are required or recommended will be made in the master document and updated with a new version date. The senior management team will be responsible for updating staff and other key stakeholders of progress towards goals and objectives and any changes made to the plan. On an annual basis, the Director will be responsible for creating a Strategic Plan Annual Report in accordance with PHAB requirements.

The next strategic planning process is anticipated to take place in 2017. As with the current strategic plan, the next will follow the completion of the 2016 Community Health Assessment and an assessment of the Community Health Improvement Plan. As new public health issues and challenges emerge, the strategic planning process will be used to identify the resources and activities needed for the CMRPHA to effectively and efficiently respond.