

City of Nashua, New Hampshire
Division of Public Health and Community Services
2015-2020 Strategic Plan



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STRATEGIC BACKGROUND

The City of Nashua, New Hampshire, Division of Public Health and Community Services (DPHCS) completed a five year strategic plan in 2009. This formal, written plan for the future included goals, objectives, and detailed workplans for the departments of Community Services, City of Nashua Welfare, Community Health, and Environmental Health. Guided by a professional facilitator, the Division management and staff contributed in a group process that included completion of the National Association of County and City Health Officials (NACCHO) Operational Definition Capacity Assessment. The resulting plan included new mission and vision statements as well as supporting goals and objectives that provided a guideline for the work of the Division in delivering the essential services of public health to the greater Nashua community.

The existing plan was updated in 2011 and reviewed again in May 2013 as agreed responsibilities and completion dates were updated. During the 2013 review, senior staff recommitted themselves to the strategic process and developing a system of consistent, ongoing evaluation was discussed. The senior staff agreed to initiate efforts to create a new strategic plan that would align with the regional health assessment completed in 2011 and the regional health improvement plan developed in 2012. As the Division evaluated its readiness for national public health accreditation, including prerequisite requirements for a completed Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Strategic Plan, it became clear that a new strategic plan would be required.

In early 2014, as work began on the 2014 Community Health Assessment, Division staff also began work to develop a new strategic plan. Senior staff representing the departments and programs of Community Services, Environmental Health, Community Health, and City of Nashua Welfare used weekly staff time to gain knowledge and understanding about strategic planning processes and plan requirements. They worked as a group to determine the best ways to gain department wide input for the plan. They reviewed the NACCHO guidance in “Developing a Local Health Department Strategic Plan: A How-To Guide” and used the planning tools contained in it. As a team, they deliberated and came to consensus in developing a plan that would become a valuable asset and tool used throughout the Division.

PLANNING HISTORY

The DPHCS strategic planning process is intimately connected to the overall community health improvement process initiated in 2010 by the Nashua DPHCS. On September 2, 2010, by bringing together over 25 community stakeholders to partner in conducting Nashua’s first CHA in over a decade, the DPHCS made a

strategic commitment to including wide community representation in assessing health and wellbeing of the public health region. Of equal significance, partners in the region also made a commitment to long term collaboration by providing advice, funding, data and other resources needed to understand community health needs.

Many of the same planning members came together again in 2011 to develop an improvement plan based on the CHA, and they determined the goals, objectives, and strategies for the prioritized issues of obesity, access to healthcare, and mental health. Thus the 2012-2015 CHIP was created. Three topic specific workgroups were established and tasked with creating action plans to implement initiatives and expand programs that would improve conditions in the selected health priority areas over the ensuing three years.

In 2013, the DPHCS again brought together a CHA advisory board to begin the process of conducting a 2014 CHA. With the benefit of our collaborative history, this group was easily expanded in 2014 to establish a Public Health Advisory Council (PHAC). The PHAC provides a single guiding organization for the Division's regional work in emergency preparedness, substance misuse, and the community health improvement process.

In 2014, the PHAC engaged in data gathering and planning so that state, regional, and City of Nashua information would be included in the 2014 CHA. Using Healthy People 2020 objectives as benchmarks, the 2014 CHA looks deeply into the health issues of the region's most vulnerable populations. Compared to the 2011 CHA, the more recent 2014 CHA includes more detailed information on children's oral health and weight status and includes more information about the health of the region. As 2014 comes to a close, the PHAC is in the process of using the CHA data and combining it with their organizational perspective to develop a new improvement plan. The 2015-2018 CHIP will detail how the community will organize to address priority health issues for the next three years of the improvement cycle.

At the same time, informed by an established improvement process, encouraged by the commitment of the PHAC and guided by a united passion to seek national accreditation status, the DPHCS has developed the 2015-2020 Strategic Plan. Our community role is strengthened and solidified through our established goals and objectives. This new plan integrates our experience and provides a clear framework for decision making and resource investment that will bring us closer to our vision of "an informed, safe, healthy and resilient community where all people can thrive and prosper."

VISION:

An informed, safe, healthy and resilient community where all people can thrive and prosper.

MISSION:

To promote, protect and preserve the health and well-being of the Greater Nashua Region through leadership and community collaboration.

CORE VALUES:

The Strategic Planning Team, comprised of the Division's senior staff members, met in August 2014 to discuss the creation of Value Statements that would reflect the core principles, beliefs and underlying assumptions that guide the Nashua DPHCS. The team reviewed sample value statements of other health departments that were included in the NACCHO planning document "Developing a Local Health Department Strategic Plan: A How-To Guide." In open discussion, the staff agreed the key values of the Nashua DPHCS should reflect our highest commitment to the following areas: Respect, Customer Service, Integrity, Collaboration, Excellence (especially in Science and Innovation) and Communication. Senior staff were asked to write sample value statements, which were then grouped by topic area to be reviewed at the next senior staff meeting. Staff agreed the final statements would show support for the unchanged Vision and Mission. They selected six value statements that were then distributed via survey to all Division staff for additional input, revision, and edits. All Division staff were encouraged to contribute additional value statements as well. Comments were summarized, and updates were made. The resulting six value statements are listed:

- We are a reliable and trusted resource
- We believe our employees and our community contribute to the continuous improvement of our organization
- We deliver high quality, science-based programs and services
- We strive to provide exceptional service and communication
- We value diversity and approach all people with respect and dignity
- We collaborate by sharing resources, expertise, and ideas

SWOT ANALYSIS:

In October 2014, using a survey tool to solicit feedback from all staff in the DPHCS, the Strategic Planning Team once again followed a process identified in the NACCHO Planning Guide to identify the strengths, weaknesses opportunities, and threats (SWOT) that influence the current and future work of the Division. By using an anonymous survey tool, rather than requiring attendance at a meeting of all employees, the Strategic Planning team was able to gather a wide range of balanced and unbiased input about perceived assets, issues and concerns within the Division. The process was designed to avoid a bandwagon effect where one identified answer becomes universally agreed without consideration of additional thoughts and experience. In balanced contrast, SWOT input identified by only one or two individuals was not considered representative of a majority Division perception. There was a 66.7% response rate to the survey, with the following topic results.

Strengths:

Staff members were asked to identify three of the most important assets or advantages possessed by DPHCS that make us good at promoting, protecting, and preserving the health and well-being of the community. Staff were able to list their own ideas or select from a set of provided options. The top three Division strengths identified were:

Staff (experience, attitude, credentials, diversity, collaborative ability)	100% (n =18)
Collaborations/Partnership	77.8% (n=14)
Training (training opportunities as well as established knowledge base)	61.1% (n=11)

Weaknesses:

Staff were asked to identify three things that DPHCS lacks that make it difficult for us to do our work. Again, they were able to list their own ideas or select from a set of provided options. The top four weaknesses (two were tied as third most selected) identified were:

Physical Environment (location, supplies, equipment)	100% (n=18)
Funding (adequate, well managed)	83.3% (n=15)
Communication Tools (IT systems, available educational resources for clients, internal reporting processes)	38.9% (n=7)
Administrative Abilities to manage municipal, State, and Federal requirements/systems	38.9% (n=7)

Opportunities:

The Strategic Planning Team developed a list of trends and changes in the community that they believed could influence the Division's ability to provide the Ten Essential Services of public health. Using the developed list, or substituting other opportunities not included in the selection, all staff were asked to rank opportunities in order of priority, according to how they thought these issues might positively impact the Division's ability to provide outstanding public health service and support throughout the health region. The chart below shows the opportunities in the order they were ranked.

Rank	Opportunity
1	Within Nashua, discussions around a new public health building
2	Opportunity to become an Accredited Public Health Department
3	United States Health Care Reform
4	Completion of 2014 Community Health Assessment with regional emphasis
5	NH's passage of Expanded Medicaid
6	Establishment of the Public Health Advisory Council
7	Nursing students and other college students in need of internships

Threats:

All staff were requested to list at least one, and up to three, external obstacles that could impede the DPHCS ability to take action on the opportunities identified or to expand, change or grow as a public health entity. Possible threats suggested in the survey question were funding cuts, political controversy, government interventions or mandates, deteriorating economy, shifting local demographics. Staff were asked to include other threats not listed in the options. Funding cuts and budget concerns was identified as a threat by 72% of the respondents. The Division's physical space and ability to obtain a new space was identified by 38% of the respondents as a significant threat.

STRATEGIC FOCUS AREAS

The Nashua DPHCS considers and evaluates all efforts according to our role as a local health department that is committed to the three core functions of public health: **Assessment, Policy, and Assurance**. Ongoing efforts as well as new initiatives can be connected to one of these strategic focus areas. Resources available within both the DPHCS and the PHAC support the goals and determine the specific work objectives that can be accomplished.

In November 2014, the Strategic Planning Team began the process of goal setting by looking at the themes and connections between the three core function focus areas, the twelve domains of public health accreditation, and the SWOT analysis. It was agreed that, for this strategic planning cycle, the Division would develop goals and objectives based on the areas of overlap. Goals were designed and objectives developed according to SMART goal parameters: Strategic, Measureable, Attainable/Action Oriented, Relevant, and Time Framed. A planning grid was created.

REVIEWS AND UPDATES

During January, 2015, the Strategic Planning Team provided edits and corrections to the draft version of the 2015-2020 Strategic Plan. The finalized document will be saved on the Division's shared drive and plans are to celebrate the completion of the plan with all division employees in February, 2015, at an afternoon employee event. All employees will be provided with a copy of the written plan. While the Strategic Planning Team will no longer engage in planning activities, senior staff members will be required to share updates and accomplishments related to the objectives at weekly staff meetings. Beginning in January 2015, and at least two times per year, the Strategic Planning Team will reconvene to review and update the written plan in order to record revisions and completed activities. A written record of Strategic Planning Team meetings will be prepared and saved on the Division's shared drive, to explain how the plan has been monitored and how progress towards goals is evidenced.

PLANNING GRID:

Core Functions	Domains	SWOT* Results	Goals
Assessment	Monitor and Assess	O: Completion of 2014 CHA	On a 3 year cycle, maintain and implement a community health improvement process for the Greater Nashua Region that includes a Community Health Assessment and Improvement Plan
	Investigate		Develop an public health educational program for healthcare providers to learn about reportable disease reporting requirements by Dec 2015
Policy	Inform and Educate	W: Communication Tools/Resources	Develop a public health education outreach program for partners in the Greater Nashua health region
		O: Expanded Medicaid	Prepare at least two public health Issue Briefs annually, 2015-2020
	Community Engagement	S: Collaborative partnerships O: Established PHAC	Maintain participation of the Public Health Advisory Council (PHAC) and PHAC Executive Committee
	Policies and Plans	O: Healthcare Reform	Complete a Food Service Establishment license suspension and revocation policy by June 30 2014
Assurance	Laws/ Enforcement		
	Access to Care	W: Physical environment O: New building discussions, physical space, expanded Medicaid	
	Competent Workforce	S: Staff experience, credentials, trainings	Develop a Professional Development program for opportunities by December 2016
		O: Available students and interns	Provide 3-4 internship opportunities every year, 2015-2020
	Quality Improvement/ Evaluation	O: Accreditation T: Staffing capacity for accreditation and emphasis on policy	Develop an internal evaluation procedure for each department by December 2016
	Evidence Based Practices		
	Administration	S: Training opportunities W: Managing admin systems, managing physical environment T: Funding cuts	Create and distribute division wide electronic update of current DPHCS activities by April 2015
	Governance		

*SWOT= S=Strength, W=Weakness, O=Opportunity, T=Threat

GOALS:

While goals were developed based on the larger strategic framework, each was considered independently and summarized or expanded as more detailed objectives and responsibilities for completion were determined by the strategic team. Below are the eight goals included in the 2015-2020 Strategic Plan.

Goal 1: On a three year cycle, maintain and implement a community health improvement process for the Greater Nashua Public Health Region (GNPHR) that includes a Community Health Assessment and Improvement Plan.

Goal 2: Develop an educational plan for healthcare providers to understand reportable disease requirements.

Goal 3: Provide quality public health education to the GNPHR.

Goal 4: Maintain community partner participation in the Public Health Advisory Council (PHAC) and PHAC Executive Committee.

Goal 5: Create written policies to ensure the health and safety of the community.

Goal 6: Develop a competent, professional, and confident public health workforce.

Goal 7: Promote a culture of quality and service.

Goal 8: Promote staff participation in division wide activities and events.

Goals with detailed Objectives, Strategies, and Responsibilities, and Planned Completion Dates

Goal One: On a three year cycle, maintain and implement a community health improvement process for the Greater Nashua Public Health Region that includes a Community Health Assessment and Improvement Plan			
Objective	Strategies	Lead Responsibility	Completion Date
Provide leadership for community organizations to participate in planning and implementation of CHA and CHIP	<ul style="list-style-type: none"> Review PHAC membership annually to ensure sector representation PHAC Executive Committee meetings at least two times annually Communicate progress toward CHA and CHIP goals to PHAC thru Quarterly Newsletter and annual report 	PHAC Co-facilitators	
Create a written assessment of population health in the Greater Nashua Region (CHA)	<ul style="list-style-type: none"> Collect current data Compare local results to local, regional, state and national standards as appropriate 	Epidemiologist	10/2014
Create a written plan that details improvement strategies (CHIP) to address health areas of identified concern by 6/2015	<ul style="list-style-type: none"> Collaborate with community partners to determine priorities, process and responsibilities in accordance with established protocol Identify collaborative implementation strategies 	CHIP Program Coord	
Implement CHIP improvement strategies beginning 9/2015 through 9/2018	<ul style="list-style-type: none"> Determine leadership and work structure for implementation Identify Outcomes Identify funding sources for efforts determined Implement identified strategies Evaluate outcomes 	CHIP Program Coord with PHAC Executive Committee	

Goal Two: Develop an educational plan for healthcare providers to understand reportable disease requirements

Objective	Strategies	Lead Responsibility	Completion Date
Develop informational materials on reportable diseases for providers by June 2015	<ul style="list-style-type: none"> • Identify educational materials to include in informational packets • Create packet materials for DPHCS specific requirements as needed • Develop marketing materials to include in informational packets • Create and provide evaluation form to assess information packet usefulness 	Community Health Manager	
Provide informational materials to healthcare providers by Dec 2015	<ul style="list-style-type: none"> • Schedule 1:1 meetings with healthcare providers to review packets • Conduct lunch and learn events on a quarterly basis to present to healthcare providers 	Community Health Manager	
Provide informational materials for schools by June 2016	<ul style="list-style-type: none"> • Schedule 1:1 meetings with Nashua school nurses to review packets • Participate in annual back to school nurse orientation 	Community Health Manager	
Ensure reportable disease information is posted on DPHCS website by Dec 2016, and ongoing	<ul style="list-style-type: none"> • Develop DPHCS web page to include reportable disease requirements • Maintain ongoing social media presence to promote health information on reportable diseases 	Health Educator	
Improve quality and usefulness of informational packets, ongoing	<ul style="list-style-type: none"> • Update packet materials based on evaluations received 	Community Health Manager	

Goal Three: Provide quality public health education to the GNPHR			
Objective	Strategies	Lead Responsibility	Completion Date
Develop a user friendly education program for partners in the Greater Nashua Public Health Region by June 2017, ongoing through 2020	<ul style="list-style-type: none"> Develop multi-media presentations by health topic (<i>powerpoint, handouts, toolkits, evaluation tools</i>) Develop and maintain a listing of available educational services offered by DPHCS Develop DPHCS web page to include educational service offered 	Dept Mgrs Health Educator Health Educator	
Maintain the educational opportunities/trainings provided by DPHCS by Dec 2017, ongoing through 2020	<ul style="list-style-type: none"> Communicate training updates and changes to Health Educator Promote offerings via quarterly newsletter and email distributions 	Dept Managers Health Educator	
Maintain website and availability of all educational materials, ongoing thru 2020	<ul style="list-style-type: none"> Monthly, Review website for accuracy, usage, and link functionality Update division brochure annually 	Health Educator	
Evaluate the usage/effectiveness of public health education in the region by 2018	<ul style="list-style-type: none"> Track numbers of presentation and materials distributed Review evaluations received/Provide results to Health Educator Communicate tracking information to Health Educator Consolidate all education activities to be included in BOH report 	Dept Mgrs Dept Mgrs Dept Mgrs Health Educator	
Provide information that	<ul style="list-style-type: none"> Prepare at least two 	Epidemiologist	

informs public health professionals, ongoing	public health issue briefs annually		
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Goal Four: Maintain community partner participation in the regional Public Health Advisory Council (PHAC) and PHAC Executive Committee

Objective	Strategies	Lead Responsibility	Completion Date
Recruit members based on multi sector representation, by June 2015	<ul style="list-style-type: none"> Review PHAC membership annually to ensure sector representation reflects PHAC Guiding Principles membership guidance Locate and request participation for full representation from all sectors 	PHAC Co-facilitators	
Maintain engagement of members, ongoing	<ul style="list-style-type: none"> PHAC Executive committee will meet at least three times annually Communicate quarterly news, annual reports and current health news to all partners Provide opportunity, at least annually, for all PHAC members to meet 	PHAC Co-facilitators	
Provide opportunities for PHAC consideration of policy, systems, and environmental issues, ongoing through 2020	<ul style="list-style-type: none"> Act as an informational conduit for public health information Maintain ongoing social media presence to promote health information related to health policy, systems, and environments 	PHAC Co-facilitators	
Evaluate participation levels of members, by June 2016	<ul style="list-style-type: none"> Develop a framework to measure partnership contribution 	PHAC Co-Facilitators	

Goal Five: Create written policies to ensure the health and safety of the community

Objective	Strategies	Lead Responsibility	Completion Date
Complete a food service establishment license suspension and revocation policy by June	<ul style="list-style-type: none"> Create a written policy that outlines license suspension and revocations 	Environmental Health Mgr	

2015	<ul style="list-style-type: none"> • Obtain mayoral approval • Present draft policy to BOH • Create a plan to educate food service establishments on policy by Dec 2015 		
Assess current policies regarding division wide practices	<ul style="list-style-type: none"> • List current policies by Dec 2015 • Identify gaps by March 2016 	Dept Managers	

Goal Six: Develop a competent, professional and confident public health workforce			
Objective	Strategies	Lead Responsibility	Completion Date
Develop a database of professional development opportunities by Dec 2016	<ul style="list-style-type: none"> • Identify department specific trainings and timing for new and existing employees to complete • Provide access to NH Learn and other distance learning environments for public health professionals • Track employee trainings/certifications completed annually • Report division training accomplishments to BOH as completed 	Dept Mgrs	
Identify funding sources to support staff training, annually	<ul style="list-style-type: none"> • Ensure training funding is included in 2015-2020 draft department budget submissions • Investigate alternative funding sources for trainings 	Dept Managers	
Promote public health as a career choice	<p>Provide three to four internship opportunities annually, 2015-2020</p> <ul style="list-style-type: none"> • Promote internship opportunities through brochures and website • Provide information about public health careers at health fairs, school, and community events • Maintain relationships with schools, colleges, and nursing programs 	Dept Managers	

Goal Seven: Promote a culture of quality and service within DPHCS			
Objective	Strategies	Lead Responsibility	Completion Date
Develop internal evaluation procedures for every department by Dec 2016	<ul style="list-style-type: none"> • Document evaluation tools currently in use • Identify best practice evaluations used in comparable programs • Maintain awareness of evaluation requirements of funders 	Dept Managers Grants Mgr	
Encourage awareness of cultural, social, economic and educational barriers of DPHCS clients by December 2016	<ul style="list-style-type: none"> • Provide cultural competency trainings for division staff, annually 	Community Educator	
Ensure client centered priorities and services throughout the Division by December 2018	<ul style="list-style-type: none"> • Provide staff with training in customer service • Define standards of excellence for communicating with customers • Create client evaluation forms for services received • Evaluate need for expansion of services to better meet needs of clients 		

Goal Eight: Promote staff participation in division wide activities and events			
Objective	Strategies	Lead Responsibility	Completion Date
Improve knowledge and awareness of current activities by April 2015	<ul style="list-style-type: none"> • Create and distribute a weekly division wide electronic update of current DPHCS activities by April 2015 	C.S. Admin	
Encourage staff participation in division activities	<ul style="list-style-type: none"> • Post a current listing of division activities in all departments • Distribute sign-up 	Community Health Educator	

	<p>sheets to participate in community events</p> <ul style="list-style-type: none"> • Report participation results at weekly senior staff meetings 		
Recognize staff accomplishments and milestones	<ul style="list-style-type: none"> • Announce recognitions and awards via distribution lists 	C. S. Admin	
Provide a mechanism for all staff to participate in long range planning efforts, including public health accreditation, SWOT analysis, goal setting, and quality improvement initiatives	<ul style="list-style-type: none"> • Develop surveys to gain input from all staff • Draft consensus results, edit based on division wide input • Weekly senior staff meetings include standing agenda items for accreditation and quality improvement status update 	CHIP Program Coord	