



# **Framingham Health Department Strategic Plan**

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2015 - 2017

Prepared April 2015



**Institute for Community Health**

Building sustainable community health, together

A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare

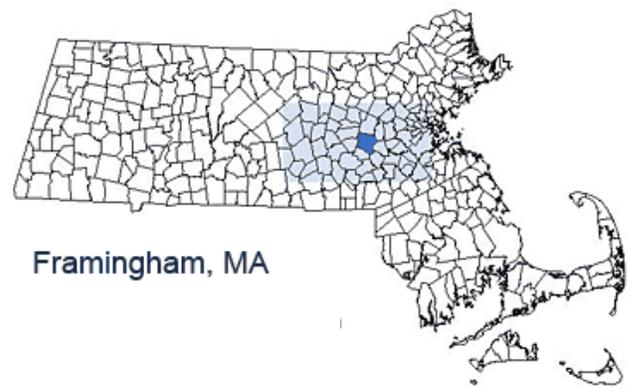
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## Introduction

The town of Framingham, Massachusetts is located in Middlesex County between the central and eastern portions of the state, bordering the towns of Marlborough and Southborough to the west, Ashland and Sherborn to the south, Natick and Wayland to the east, and Sudbury to the North. With a population of 68,318 residents,<sup>1</sup> Framingham is one of the largest towns in the country. Despite its size, it retains a town meeting form of government.

Framingham is also a racially and ethnically diverse town, with about a third of residents being non-white and about a third of residents speaking a language other than English at home.



In November of 2014, the town of Framingham’s department of public health (referred to hereafter as the Framingham Health Department, or FHD) – which serves to protect and promote the health of the town’s diverse populations – embarked on a strategic planning process to help guide the department’s work over the next two years (May 2015 – April 2017). This process was also originally meant to satisfy one of the requirements of the National Public Health Accreditation Board (PHAB) for applying to become an accredited public health department, a voluntary process which FHD would like to eventually undertake. However, given restructuring of Framingham’s town departments halfway through this strategic planning process – which resulted in the health department no longer housing the town’s environmental health services – FHD has decided to place the accreditation process on hold for now and focus this strategic plan on re-establishing and solidifying the department’s role in protecting and promoting community health under this reorganized town infrastructure.

This document describes the process of strategic planning undertaken by FHD, and provides an overview of the department’s primary goals, objectives and strategies moving forward.

## Overview of Strategic Planning Process

The purpose of the Framingham Health Department’s strategic planning process was to create a clear picture of where the health department is headed over the next two years, what it plans to achieve, the methods to achieve its goals, and the measures to monitor progress. This strategic plan follows a robust regional Community Health Assessment and Community Health Improvement Plan process that involved numerous stakeholders of various levels from across the region, with special effort to address the needs of diverse and disenfranchised individuals such as those with language barriers or disabilities.

This strategic plan document was developed by and for the Framingham Health Department (FHD), with facilitation and technical guidance provided by the Institute for Community Health (ICH) and input from various levels of staff as well as key local and regional stakeholders obtained throughout.

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<sup>1</sup> United States Census, 2010: <http://www.census.gov/>.

At the beginning of the strategic planning process, a **core strategic planning committee** of FHD leadership and ICH consultants (n=5) was established to oversee the strategic planning process moving forward. Over the course of approximately six months (November 2014 – April 2015), this group met approximately twice a month to develop the strategic plan. This process involved:

- 1) Identification and engagement of key stakeholders
- 2) Development of departmental mission, vision, and value statements
- 3) Review and synthesis of departmental mandates related to clinical and community health
- 4) Conducting a Strengths, Weaknesses, Opportunities and Challenges (SWOC) exercise with FHD staff (facilitated by ICH)
- 5) Elicitation of feedback from close advisors (through discussion facilitated by ICH)
- 6) Compilation of an environmental scan, including synthesis and review of community health assessment and community health improvement plans, current fiscal data for the department, and qualitative input from staff and close advisors
- 7) Review of all information gathered through the activities above to identify strategic priorities
- 8) Development of goals , objectives, and specific strategies for each strategic priority
- 9) Development of an monitoring and implementation strategy for the strategic plan, including identification of timelines and indicators of success
- 10) Review and approval of the strategic plan with all key stakeholders

#### Framingham Public Health Department Strategic Planning Participants

Input was also obtained from additional **FHD staff** at key junctures in the process, namely to compile review departmental mandates, provide input on the department’s mission, vision, and values, and participate in two facilitated discussions identifying the department’s strengths, weaknesses, opportunities, and challenges.

Finally, key local and regional stakeholders identified by the core committee as “**close advisors**” (n=7) also provided their input through participation in two facilitated discussions providing their input on:

- Strengths, weaknesses, challenges, and opportunities of the department;
- External trends and factors impacting community health in Framingham;
- Opportunities for leveraging local and regional partnerships; and
- Their vision and corresponding priorities, goals, and objectives for the department moving forward.



Ultimately, the time and expertise of all of the above individuals led to the creation of a feasible and actionable strategic plan for the future of the Framingham Health Department, aligned with local and regional priorities.

# FHD Mission, Vision & Organizational Values

Development of FHD’s vision, mission and values involved a collaborative and iterative development process with input from the FHD core strategic planning committee, FHD staff, close advisors, and ICH until consensus was reached on the statements listed below.

## Vision

The Framingham Public Health Department equitably protects and promotes the health of the diverse populations that live, learn, work, and play in the Town of Framingham.

## Mission

The Framingham Public Health Department catalyzes improvements in community health through strong leadership, high-quality services, culturally competent health education, and collaboration with diverse local and regional partners.

## Organizational Values

### 1. Respect and Equity

- We value the diverse backgrounds and experiences of the people in Framingham and approach cultural, ethnic, and linguistic differences with understanding and compassion.
- We provide high quality public health services to all people.

### 2. Communication

- We value clear, responsive, and timely communication with the public.
- Our staff have the capacity to consistently communicate our roles, responsibilities, and protocols to all its culturally and linguistically diverse constituents.

### 3. Collaboration

- We believe that public health issues are most effectively addressed when we work in partnership with others.
- We work collaboratively with other town departments, community organizations, and businesses to share ideas, resources, and information to improve the public’s health.

### 4. Accountability

- We expect that all of our staff are able to consistently deliver high quality services in accordance with departmental protocols and best practices.
- We take responsibility for our decisions and actions.
- We value the ability of our department to be accountable to the public for the consistent delivery of high quality services.

### 5. Learning

- We believe that high quality public health services are provided by staff who are well-trained and committed to continuous learning.
- We are committed to building on our successes and learning from our failures.

### 6. Adaptability and Flexibility

- We have the skills and capacity to respond to emerging public health issues in our community.
- We value an organizational structure that supports consistency in service delivery and flexibility to respond to new circumstances.

## Environmental Scan Summary

As part of the strategic planning process, the core strategic planning committee conducted an environmental scan reviewing a range of information collected and compiled for the Town of Framingham. This information included the following:

- **Health Indicators and Priorities**
  - Framingham Community Health Profile (*compiled by MetroWest Health Foundation*)
  - Regional (MetroWest) Community Health Assessment (CHA)
  - Regional (MetroWest) Community Health Improvement Plan (CHIP)
- **Qualitative Input from Staff and Community**
  - Community scan survey and interview findings
  - Qualitative input from facilitated discussion with FHD Close Advisors
  - Strengths, Weaknesses, Opportunities and Challenges (SWOC) exercise with FHD staff
- **FHD Fiscal Data**
  - FY15 FHD Total Budget
  - FY15 FHD Grant Funding

Summaries of these data sources are provided in the pages that follow. This information was utilized to inform the creation of data-driven strategic goals and objectives.

### Health Indicators and Priorities

Several existing information sources describing health indicators and priorities within Framingham and across the region were reviewed as part of the environmental scan, including the MetroWest Community Health Assessment and Community Health Improvement Plans compiled for the region. Review of this information helped guide the health education and health promotion goals and objectives ultimately included in FHD's strategic plan (primarily under Goal 3) and ensured the strategic plan's alignment with local and regional health needs and priorities moving forward.

#### Framingham Community Health Profile

In 2012, the local MetroWest Health Foundation created community health profiles compiling data on socio-demographics and key health indicators for a series of communities across the region, including the Town of Framingham. Key findings from Framingham's profile are described below.

#### *Framingham Demographic Information as of 2010*

- Population: 68,318
- Race/ethnicity: 67% white, 6% black, 7% Asian, 7% multi-racial or other; 13% Hispanic/Latino
- Language: 34% speak a language other than English at home (51% of these residents speak English very well); 12% of households (double state rate) do not have someone 14 or older who speaks English well.
- Age: 25% age 55 or older; 21% under 18
- Income: \$65,188 median household income between 2006 and 2010 (slightly higher than state)
- Poverty: 8% of residents below federal poverty level

### *Framingham Health Indicators*

- Hospitalizations (2005-2009)
  - 9,826 per 100,000 (slightly higher than state rate)
  - Comparable to or lower than state for cancer; injuries/poisonings; respiratory system diseases; circulatory system diseases
- Emergency Room Visits (2005-2009)
  - 42,175 per 100,000 (significantly higher than state)
  - Respiratory and circulatory system disease ER visits significantly higher than state
- HIV/AIDS
  - 296 per 100,000 living with HIV/AIDS (slightly higher than state)
- Maternal and Child Health
  - Birth rates and statistics comparable to the state:
    - 66.3 births per 1,000 women of childbearing age in 2009
    - 8% low birth weight births
    - 5% births to adolescent mothers
  - 91% of mothers with adequate prenatal care in 2009 (higher than state)
- Health Access and Behaviors
  - Similar to state in terms of having personal doctors, getting check-ups, and exercising
  - 23% of residents eat 5 or more fruit/vegetable servings a day (slightly lower than state)
- Mental Health
  - Self-reported poor mental health lower than in the state
- Substance Use/Abuse
  - Smoking and binge/heavy drinking rates lower than the state
  - 1,706 per 100,000 rate of substance abuse treatment admissions (significantly higher than the state), however lower than the state for injectable drugs
  - Alcohol and substance-related hospitalizations lower than in the state
- Mortality
  - Mortality rates comparable to/lower than the state for cancer, injuries/poisonings, heart disease.

### Regional (MetroWest) 2013 Community Health Assessment (CHA)

In 2013, the town of Framingham participated in a regional community health assessment (CHA) process including secondary data review, focus groups and interviews, and a community survey to identify key health needs across the region. A total of 22 towns in the MetroWest region were included in this CHA, with Framingham being the largest town included. Key findings for the region (and for Framingham specifically where relevant) are described below.

### *Demographics*

- Communities vary widely in size/diversity; Framingham is largest town (17.6% of region's population)
- Framingham age distribution comparable to region/Massachusetts
- Framingham is most racially/ethnically/linguistically diverse town – 33% of residents non-white, with 13.6% Hispanic/Latino, and 35% speaking a language other than English

### *Social and Physical Environment*

- Framingham has higher proportion of lower-income families – lowest median household income in region (\$66,047) and highest family poverty rate (6.7%)
- Framingham has 6% unemployment rate – comparable to other towns in region
- Framingham educational attainment comparable to other towns in region
- Strong sense of community described for Framingham
- Mix of old and new neighborhoods in Framingham – some decaying infrastructure, empty lots/buildings
- Framingham property and violent crime rates some of highest in region
- Many parks and recreational facilities in region
- Access to health foods limited in region – a lot of fast food restaurants
- Comparable air quality in region compared to state

### *Health Outcomes and Behavior*

- Framingham survey respondents least likely to rate community health status as “excellent” or “very good”
- Heart disease and cancer are leading causes of death in region – comparable to state
- Top community health concerns in region: obesity; aging; mental health; cancer; drugs/alcohol; heart disease
- 76.8% of Framingham residents do not consume recommended intake of fruits/vegetables; 18.5% lack regular physical activity; 18.6% obese (all high for region)
- Framingham has notably higher youth obesity rates for region and compared to state
- Compared to region, Framingham has lower cardiovascular disease and cancer mortality
- Framingham has diabetes rates comparable to region
- MH (anxiety/depression) and SA are major concerns in region, esp. MH/SA amongst youth and access to services
- Framingham has one of highest teen birth rates in region (higher than state rate)
- Framingham has highest Chlamydia, HIV/AIDS prevalence rates in region (higher than state)

### *Health Care Access and Utilization*

- Barriers to accessing health services across region include inadequate insurance, high out-of-pocket costs, challenges locating primary/after-hours/specialty care, language barriers, transportation

### *Vision for the Future*

- Perceived priority areas: healthy living, chronic disease prevention, seniors/aging
- More opportunities for healthy eating and physical activity
- Improved access to quality healthcare
- More engaged, culturally competent health education
- More informed health care consumers
- Supports for youth and seniors
- More transportation options
- More partnerships/engaged partners throughout the region

## Conclusions

- Wide variation in the MetroWest region in terms of population composition, socioeconomic levels, and needs.
- Obesity and access to physical activity and healthy food were concerns identified by focus group participants and survey respondents.
- Mental health and substance use were identified as pressing needs by assessment participants, and current services were largely seen as inadequate.
- The aging of the region's population was noted by many, and concerns about seniors were prominent.
- Across all issue areas, transportation was identified as a challenge for many residents to accessing services.
- The region is seen as having a strong health care infrastructure, but there are concerns about access.
- As the health system increasingly faces challenges and health reform is implemented, residents saw the great need for increased efforts focusing on prevention.

## Regional (MetroWest) 2014 Community Health Improvement Plan (CHIP) Priorities

Following the regional community health assessment described above, the communities in the MetroWest region also collaborated on the identification of a regional community health improvement plan (CHIP). Regional priorities, goals, and action steps included in this plan are described below, and were deemed consistent with Framingham's town-specific health improvement priorities moving forward.

### *Access to Care*

- Goals:
  - Increase rate of insurance coverage, with particular focus on young adults/minorities.
  - Increase the number of primary care providers in the region.
  - Increase the use of health navigators to enhance coordination of care.
- Action Steps Identified:
  - Provide public education on insurance eligibility and coverage.
  - Identify young adults who are not insured and enroll them.
  - Explore partnerships/financial incentives that could bring more PC providers to region.
  - Once approved, seek to have all community health workers in the region credentialed.
  - Seek to create a state policy change that allows community health workers to be a reimbursable expense under MassHealth.

### *Behavioral Health*

- Goals:
  - Increase coordination between primary care and behavioral health providers.
  - Improve timely access to culturally-appropriate behavioral health services.
  - Increase adherence to MH treatment and services through stigma-reduction strategies that educate patients, families and communities about the importance of seeking care.
  - Reduce youth MH symptoms by offering educational programs on stress, wellness, healthy decisions.

- Action Steps Identified:
  - Increase access to behavioral health services by single adults who are homeless.
  - Increase the cultural and linguistic competency of mental health clinicians.
  - Reduce stigma and increase awareness of mental health by offering Mental Health First Aid and other community-based conversations about mental health.
  - Expand number of schools and youth-serving programs that offer stress reduction activities.
  - Develop inter-agency collaborations leading to seamless delivery of primary and BH care.

### *Healthy Aging*

- Goals:
  - Reduce fall related injuries in older adults
  - Improve older adults' access to timely and appropriate mental health services
  - Improve access to primary and secondary care for older adults with limited mobility and/or access to supportive transportation
- Action Steps Identified:
  - Educate elders about risks from falls and offer training in proven techniques to maintain balance.
  - Find innovative ways to identify and intervene with older adults at vulnerable points in their life that may put them at greater risk of social isolation and develop services to address their needs.
  - Create better coordination between services for older adults.
  - Create more options for affordable, accessible transportation for older adults.

### *Healthy Eating/Active Living*

- Goals:
  - Increase availability/affordability of fresh fruits/vegetables for low-income children/adults.
  - Increase nutritional value of school lunch and other food/beverage offerings on school grounds.
  - Increase walking and bicycling rates for all ages but especially for children to and from school.
- Action Steps Identified:
  - Regionalization of efforts and coordination of small pantries and meal programs.
  - Better equip school kitchens so workers can prepare healthy foods.
  - Create more and safer opportunities to walk and bicycle.
  - Develop strategies for bringing fresh fruits/vegetables to food pantries, low-income neighborhoods.

## Qualitative Input from Staff and Community

As part of the strategic planning process, several facilitated discussions were held with FHD staff and close advisors to obtain their input on strengths, weaknesses, opportunities, and challenges of the department, as well as external trends and factors impacting community health in Framingham, opportunities for leveraging local and regional partnerships, and their vision for the health department moving forward. Key findings from these discussions are summarized in the pages that follow. Results from a 2014 community survey and set of interviews conducted with key community stakeholders in Framingham are also described in this section. Together, all of this input proved critical to the strategic planning process and provided a framework for the development of goals and objectives, particularly around community health improvement (Goal 3) and workforce development (Goal 2).

### SWOC exercise with FHD staff

In December 2014 and January 2015, a two-part SWOC exercise was conducted with FHD staff (n=10), examining internal departmental strengths and areas for improvement as well as external opportunities and challenges across multiple domains as shown below. *(Note that this exercise was conducted prior to the Town of Framingham’s departmental restructuring, when town environmental health services were still under the purview of the health department. Therefore, some staff comments listed below may address environmental-health related issues that may not be relevant to the health department’s work moving forward.)*

Domain	Internal		External	
	Strengths	Areas for Improvement	Opportunities	Challenges
<b>Systems/ Structures: Information Management</b>	<ul style="list-style-type: none"> <li>• Use of electronic systems/records management, MAVEN proficiency</li> <li>• Younger staff proficient in electronic filing</li> <li>• Leadership prioritizes standardization</li> </ul>	<ul style="list-style-type: none"> <li>• Information management systems not consistent</li> <li>• More information-sharing across staff</li> <li>• More standardization of internal processes and systems</li> </ul>	<ul style="list-style-type: none"> <li>• More public information could be pushed to the web</li> </ul>	<ul style="list-style-type: none"> <li>• Figure out how systems in other town departments operate to identify overlap, increase role clarity, avoid duplication, promote collaboration</li> <li>• FHD does not have own website; website updates must go through town, can take time</li> </ul>
<b>Infrastructure/ Resources</b>	<ul style="list-style-type: none"> <li>• Good refrigeration capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Space/privacy</li> <li>• Insufficient resources</li> </ul>	<ul style="list-style-type: none"> <li>• Town recognizes the need for more space</li> </ul>	<ul style="list-style-type: none"> <li>• Limited space in town for HD to move</li> </ul>
<b>Financial Sustainability</b>	<ul style="list-style-type: none"> <li>• Grant writing capacity</li> <li>• Working toward sustainability – currently 2 revolving accounts (pre-rental, vaccination)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase/form new revolving accounts</li> <li>• Decrease percent of budget that comes from tax levies</li> <li>• More financial transparency</li> <li>• Expand grant-writing</li> <li>• 3<sup>rd</sup> party billing - reimbursement backlog</li> </ul>	<ul style="list-style-type: none"> <li>• Explore new grant areas/ opportunities</li> <li>• Expand grants with new and existing partners</li> <li>• Contract out grant writing</li> <li>• Accreditation would position FHD to apply for more grants</li> </ul>	<ul style="list-style-type: none"> <li>• Increase permit/plan review fee schedules to adequately support work; FHD currently has lowest fees in region</li> </ul>

<p><b>Workforce Development/ Support</b></p>	<ul style="list-style-type: none"> <li>• New organizational structure/hierarchy</li> <li>• Employee dedication</li> <li>• Growing capacity</li> <li>• Teamwork potential</li> <li>• Staff creativity</li> <li>• Culture of supporting workforce support, development</li> <li>• Staff peer-to-peer training growing</li> </ul>	<ul style="list-style-type: none"> <li>• Though capacity growing, not enough</li> <li>• Need common assessment for staff training needs/goals</li> <li>• More cross-training, collaboration across FHD departments</li> <li>• Frequent changes in FHD leadership has led to frequent shifts in expectations of staff</li> </ul>	<ul style="list-style-type: none"> <li>• Use more external/ web-based trainings</li> <li>• Management training offered through town – more staff could participate</li> <li>• Meet with inspectors in other neighboring towns to establish peer-to-peer sharing/ communication networks</li> </ul>	<ul style="list-style-type: none"> <li>• External trainings can be infrequent, costly</li> </ul>
<p><b>Communication</b></p>	<ul style="list-style-type: none"> <li>• Good working relationships amongst staff</li> <li>• New leadership open to communication</li> </ul>	<ul style="list-style-type: none"> <li>• Fast-paced environment affects communication –</li> <li>• Still learning each other’s communication styles</li> <li>• Limited language capacity among staff</li> </ul>	<ul style="list-style-type: none"> <li>• Increase social media/web presence</li> <li>• Communicate FHD impact with community, value of prevention</li> <li>• HD creating culture of greater accountability</li> <li>• Reframe how HD is seen in community – repair town inter-departmental relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Public unaware of HD role</li> <li>• Language barriers across town departments</li> <li>• Framing HD impact</li> <li>• Limited town web/ social media capacity</li> <li>• Overcoming past history of HD non-collaboration, negative reputation</li> <li>• Limited communication between town depts.</li> </ul>
<p><b>Programs &amp; Services: Clinical</b></p>	<ul style="list-style-type: none"> <li>• Knowledgeable staff</li> <li>• Volunteers (MRC)</li> <li>• Technology linkages</li> <li>• Clinical/infectious disease response</li> <li>• Trainings available</li> <li>• Some cross-training between EH &amp; clinical</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of space is challenging given federal requirements for patient privacy</li> <li>• Lack of clinical staff – no second nurse</li> <li>• Need more cross-training in clinical services so not just one point person</li> </ul>	<ul style="list-style-type: none"> <li>• Increase outreach, health promotion, disease prevention – need more staff</li> </ul>	<ul style="list-style-type: none"> <li>• More reactive than proactive – spend a lot of time dealing with crises</li> <li>• Greater degree of pre-approvals with new HD organizational structure</li> </ul>
<p><b>Programs &amp; Services: Community Health/ Other</b></p>	<ul style="list-style-type: none"> <li>• New staff person</li> <li>• Good partnerships/ collaboration (e.g. grants) in community</li> <li>• Some grant-writing capacity</li> <li>• Willingness to be adaptable, meet population needs</li> <li>• Cultural competence</li> <li>• Good support for EP</li> </ul>	<ul style="list-style-type: none"> <li>• Increase grant-writing capacity</li> <li>• All staff need training in Emergency Preparedness</li> </ul>	<ul style="list-style-type: none"> <li>• Expand prevention, wellness through grants– e.g. in SA, DV/healthy relationships</li> <li>• Help train other depts. in cultural competence</li> <li>• Play supporting role in town’s 10-year economic dev. plan</li> <li>• Regulate potential marijuana dispensaries</li> </ul>	<ul style="list-style-type: none"> <li>• Finding and applying for grants takes time</li> <li>• Limited precedence for forming inter-departmental partnerships within town</li> <li>• Differing views across some town depts. on how to address substance abuse</li> </ul>

### Qualitative input from facilitated discussion with FHD Close Advisors

In January 2015, a focus group discussion was held with FHD leadership along with the group of local stakeholders identified as close advisors for strategic planning process (n=11), examining town and departmental assets/strengths as well as challenges and suggestions/opportunities for FHD moving forward. A summary of this discussion is included below.

#### *Town Assets/Strengths*

- Wealth of social/ human service agencies and good collaboration between them
- Good healthcare infrastructure/accessibility – a big hospital and many physician partnerships
- Racial/ethnic diversity and immigrant populations
- Robust faith population
- Local universities
- Small and growing arts community
- Great school system
- Good public transportation and walkability
- Corporate presence - some large corporations headquartered in Framingham
- MetroWest Health Foundation – funds local initiatives
- Proximity and access to Boston

#### *Town Challenges/Areas for Improvement*

- City with a town form of government – “We’re a town that doesn’t understand it’s a city yet”
- Fragmented/siloed town departments – do not always communicate/coordinate
- Lack of adequate resources to address all town issues
- Unrealistic expectations from residents of what the town/HD can do in addressing complex public health issues given current appropriations
- Many blogs/newspapers can create communication issues between public and town
- Limited language capacity within town departments
- Some community members don’t acknowledge town’s urban issues/problems (e.g. poverty)
- Decaying infrastructure: housing stock getting older as regulations getting stricter
- Town geographically between Greater Boston and Worcester; not really connected to either

#### *Challenges Faced by FHD in Carrying Out PH Work*

- Skills needed to carry out work are very hard to find - have to train staff to build their skills
- Turnover/staff retention is a huge challenge
- Varied understanding among municipal leaders of health department roles, responsibilities, and best practices

#### *Major Public Health Issues Facing Town*

- Substance abuse
- Mental health and access to mental health services – esp. amongst youth, immigrants
- Issues related to aging population
- Access to care – challenging for many low-income residents in particular
- Need for more family services and supports

### *Desired Role of FHD in Addressing Town PH Issues*

- Providing data/information – having surveillance data around major issues is key
- HD can play a role in linkages/access to care
- Community/public education and messaging
- Coordinating/facilitating role in bringing together community agencies, setting town agenda
- Continue to play leadership role in immunizations, emergency preparedness

### *Opportunities for Collaboration Between FHD and Others*

- FHD seems more connected within community now than previously
- Increase collaborations with local schools and youth-serving agencies
- Collaborate with MetroWest Free Medical Program
- Identify role for FHD in addressing CHIP domains
- Play a role in convening other local HDs to better leverage resources within region

### *Meeting the Needs of Diverse Populations in Framingham*

- Many diverse residents – a lot of immigrant populations; socioeconomically diverse residents
- Need for adequate social services and improved access to services for non-English-speakers

### *Perceptions/Reputation of FHD*

- FHD has not always been positively perceived among community providers in town – working to overcome past history
- Positive changes being seen with new FHD leadership/staff – community relationships improving
- Recommendations to sustain/improve positive perceptions of FHD within town:
  - Increase community representation on FHD staff and BOH
  - Continue focus on cultural sensitivity and awareness that new leadership has begun
  - Focus on transparency
  - Build strong partnerships with community leaders – in particular town manager
  - Establish ongoing self-evaluation (e.g. internal 360 evaluations), and feedback loops within community

### *Key Recommendations Moving Forward as FHD Strives to Meet Mission/Vision*

- Diversify funding sources – look outside tax levies, explore revolving accounts
- Increase department's visibility in town
- Better understand/leverage current available resources, identify gaps, avoid duplication of services
- Submit more collaborative grant proposals
- Collaborate/increase partnerships with local schools/universities
- Make addressing CHIP issues a priority
- Be more active in community health/community engagement, not just environmental health
- Advocate on behalf of vulnerable/underserved community members in need
- Support local partners in increasing their cultural and linguistic appropriateness/sensitivity

## Community scan survey and interview findings

In May through July 2014, research and consulting firm John Snow, Inc. (JSI) conducted a survey (34 total respondents) and 11 interviews (with individuals representing 8 organizations) to inform FHD priorities moving forward; key findings and recommendations used to inform the strategic planning process are as follows.

### *Key findings:*

- Framingham organizations are responsive to community needs, dedicated to addressing health priorities.
- Local organizations face challenges in reaching special populations and residents face barriers to accessing health services, especially MH and SA treatment and culturally competent care.
  - Most frequent barriers to promoting health (each cited by 53-71% of survey respondents):
    - Inadequate staffing/client overload
    - Inadequate monetary resources
    - Insufficient time to work on given tasks
    - Appropriate treatments unavailable
    - Lack of referral facilities
  - Services needing improvement (each cited by 32-47% of survey respondents):
    - Public transportation to health services
    - Access to care for substance abuse treatment and mental health services
    - Access to culturally competent care
  - Challenges faced by special populations in accessing services (cited by interviewees):
    - Need for more culturally competent/appropriate health services
    - Limited walkability in some neighborhoods
    - Need for door-to-door transportation/public transportation to health services
    - Stigma associated with some services (e.g. MH services)
    - Need for improved education/outreach for residents to be aware of services
    - Non-reimbursable basic needs (e.g. housing, family support, food access) that need addressing
    - Limited school-based health education (e.g. challenge to obesity prevention)
- Local organizations have a successful history of collaborating to overcome barriers and challenges.
- Local organizations are interested in identifying future opportunities to collaborate with the Framingham Board of Health and other community organizations. Survey respondents cited interest in collaborations around:
  - Improving access to care (59% of respondents)
  - Supporting mental health (53%)
  - Supporting healthy aging (50%)
  - Preventing substance abuse (41%)
  - Addressing hypertension (38%)
  - Preventing obesity (32%)
  - Writing grants collaboratively (29%)

*Key recommendations for Framingham Board of Health:*

- Capitalize on existing collaborative efforts and partnerships.
  - Leverage existing community resources and community-clinical linkages.
  - Identify and apply for funding to sustain and expand existing collaborations.
  - Continue to participate in the MetroWest CHA/CHIP group.
  - Partner closely with the MetroWest Health Foundation.
- Drive public health training and information sharing in Framingham.
  - Provide regular communication regarding town health programs, services, collaborative efforts.
  - Ensure all residents and local organizations are aware of available health services and resources.
- Involve community stakeholders in strategic planning and continue to link strategic planning efforts to regional community health assessment to maximize relationships, avoid potential duplication, and reduce costs.

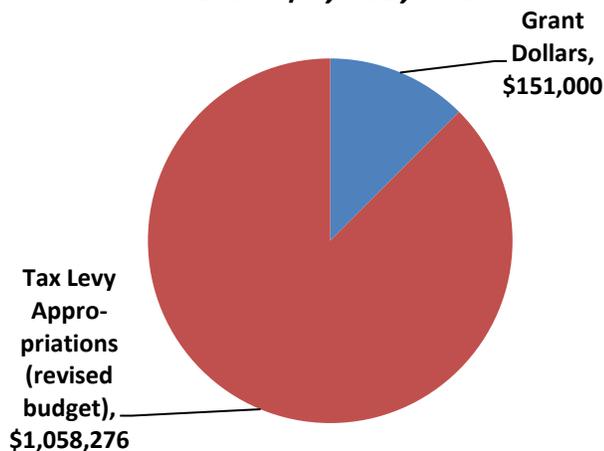
**FHD Fiscal Data**

In addition to reviewing the above health data and input from key stakeholders, a review of FHD’s budget and organizational structure was also conducted. In 2015, FHD had a total budget of just over \$1.2 million, including \$151,000 from grant funds, as shown below. This means that the majority of FHD’s budget in the last year – about 88% - came from tax levy appropriations. Of note, FHD’s budget will change significantly in the years to come, given departmental restructuring as a result of which environmental health services will no longer be under the purview of the health department. However, this information is still useful in that it sheds light on the need to diversify the health department’s funding sources moving forward, as addressed in Goal 4 in this strategic plan.

FY15 FHD Fiscal Overview

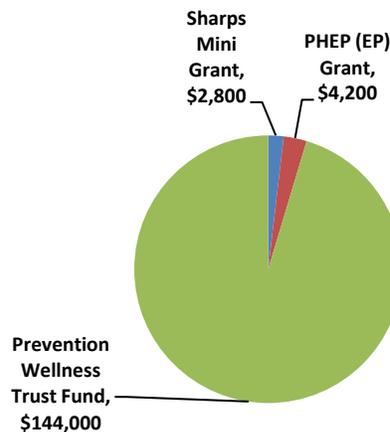
**FHD 2015 Revised Budget**

**Total: \$1,209,276**



**Grant Dollars Breakdown**

**Total: \$151,000**



## Goals and Objectives

Goals, objectives and specific strategies for the Framingham Health Department for 2015-2018 are detailed in the pages that follow. These were collaboratively created by the core strategic planning committee over the course of several meetings, upon review of the environmental scan information described above and with the new FHD vision and mission in mind.

As noted earlier, the Town of Framingham experienced a restructuring of town departments halfway through this strategic planning process, as a result of which the health department would no longer be housing the town's environmental health services and would instead be limited to providing clinical and community health services for the town. As such, it was deemed important that the goals and objectives in this strategic plan focus on re-establishing and solidifying the department's re-positioned role in protecting and promoting community health under this re-organized town infrastructure. Goal 1 is thus centered around re-defining departmental roles and ensuring the continued fulfillment of the town's public health responsibilities under the new departmental structure. Goal 2 then focuses on workforce development to meet the department's revised responsibilities, with Goals 3 and 4 centered around community health promotion, collaboration, and financial sustainability.

<b>Goal 1: Ensure that local public health responsibilities continue to be fulfilled as the Town of Framingham undergoes departmental restructuring.</b>			
<b>Objective 1.1:</b> Collaborate with Framingham Board of Health (BOH) and town administration to clarify roles and responsibilities of the public health department under Framingham's reorganized town department infrastructure.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 1.1.1 Review formal and informal public health mandates for the town with BOH and town administration.	Meetings scheduled and attended by relevant HD, BOH and town administrators as tracked in DARs.	April – October 2015	FHD Health Director
1.1.2 Clarify which town department is responsible for fulfilling each set of public health mandates and how BOH will fulfill statutory responsibilities under given new departmental structure.	Documentation of decisions made.	April – October 2015	FHD Health Director
<b>Objective 1.2:</b> Mobilize interdepartmental partnerships and identify appropriate processes and procedures for collaboration and/or information sharing to streamline public health operations.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 1.2.1 Work with BOH, inspectional services and other town departments to identify areas where collaboration/alignment would be needed to fulfill statutory requirements.	Meetings held as tracked in DARs; overlapping areas identified.	April – October 2015	FHD Health Director & Inspectional Services Liaison
1.2.2 Collaborate with inspectional services to determine appropriate next steps for fostering collaboration with community health initiatives run by the health department.	Meetings held as tracked in DARs; next steps/plan identified.	April – October 2015	FHD Health Director & Inspectional Services Liaison
1.2.3 Establish and document processes and protocols for when and how to collaborate/share information across departments where relevant (e.g. through use of shared questionnaires/tools/data, etc.).	Documentation of collaboration and information-sharing processes and protocols.	April – October 2015	FHD Health Director & Inspectional Services Liaison
1.2.4 Review strategy for interdepartmental collaboration and information sharing annually with relevant department heads, BOH, and town administration.	Meetings held as tracked in DARs; annual review documented.	April – October 2015	FHD Health Director & Inspectional Services Liaison

<b>Objective 1.3:</b> Educate the public about changes in town departmental roles and responsibilities for public health services.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 1.3.1 Identify protocols and processes for triaging public inquiries (phone, walk-in, web-based, etc.) about public health services/needs no longer under the purview of the health department, including referrals processes for directing such inquiries to the appropriate department.	Triaging and referral policies and procedures documented.	July-December 2015	FHD Health Director & Community Health Chief
1.3.2 Identify appropriate venues and methods for educating the public on new public health roles and responsibilities in town (e.g. signage needed, web/social media notices, changes to voicemail messages, etc.)	Methods identified and public education plan created.	July-December 2015	FHD Health Director & Community Health Chief
1.3.3 Ensure all staff are aware of triaging and referral processes for public inquiries no longer under the prevue of the health department.	Documented policies and procedures for triaging/referrals shared with staff.	July-December 2015	FHD Health Director & Community Health Chief
1.3.4 Educate the public in a linguistically and culturally competent manner on new departmental roles, responsibilities and processes.	Appropriate public education messaging implemented as tracked in DARs.	July-December 2015; Ongoing	FHD Health Director & Community Health Chief
<b>Objective 1.4:</b> Identify appropriate organizational structures, policies and procedures allowing for efficient, timely, high-quality, and consistent fulfillment of the health department’s roles and responsibilities moving forward.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 1.4.1 Identify an appropriate organizational structure for the health department moving forward and revise the department’s desired organizational chart accordingly.	Organizational chart revised and on file.	April – October 2015	FHD Health Director
1.4.2 Assess current practices in clinical and community health service delivery and discuss with staff to reach consensus on best practices.	Meeting minutes detailing discussion with staff.	April – October 2015	FHD Health Director
1.4.3 Create framework and prioritization matrix for updating internal policies and standardized operating procedures (SOPs) across the following domains: <ul style="list-style-type: none"> <li>• New employee orientation</li> <li>• Tobacco (permitting and compliance checks)</li> <li>• Nursing (clinics, reimbursement, dot, and home visits)</li> <li>• Emergency preparedness (monthly radio check, quarterly EP trailer)</li> </ul>	Framework created and SOP domains organized in order of priority for updating.	April – October 2015	FHD Health Director

<ul style="list-style-type: none"> <li>inventory, grant deliverables)</li> <li>• Staff time (lunch, time off/attendance, coverage)</li> <li>• Office management (complaint referrals, MUNIS, payroll, billing, updating Outlook calendars)</li> <li>• Other domains as needed</li> </ul>			
1.4.4 Update/draft internal policies and standardized operating procedures (SOPs) and associated workflows, templates, or reports based on agreed upon best practices for prioritized domains:	Standard operating procedures/ forms revised or drafted for each domain.	April – October 2015	FHD Health Director
1.4.5 Review and ensure proper workflows and procedures in place for ensuring compliance with requirements of new and existing grants.	Workflows/procedures revised or drafted.	April – October 2015	FHD Health Director
1.4.6 Ensure documentation of operating procedures is readily available to all staff electronically and in paper form.	Written standard operating procedures filed on shared drive and documentation of review with each staff.	April – October 2015	FHD Health Director
1.4.7 Review standardized operating procedures annually.	Timelines set and annual review documented.	Annual	FHD Health Director
1.4.8 Identify and implement 1-2 quality improvement (QI) projects per year.	QI projects identified, conducted (as tracked in DARs) & results documented.	Annual	FHD Health Director
<b>Goal 2: Ensure a quality public health workforce that works efficiently and effectively with other town departments, community organizations and residents.</b>			
<b>Objective 2.1:</b> Identify technical and interpersonal skills needed to ensure organizational capacity to fulfill mandated responsibilities and meet the emerging public health needs of Framingham’s diverse communities.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 2.1.1 Conduct an organizational assessment detailing the types of personnel and qualifications (e.g. education, licenses/certifications, language capacity) needed to implement community health improvement goals and responsibilities under the purview of the health department moving forward.	Organizational assessment completed and on file.	July-December 2015	FHD Health Director & Community Health Chief
2.1.2 Conduct an assessment of staff education, including licenses, skills, and self-reported and observed challenges.	Standardized assessments are on file for every employee.	July-December 2015	FHD Health Director & Community Health Chief

2.1.3 Supervisors will develop individualized professional development plans for their staff that will be reviewed every six months and updated annually.	Standardized professional development plans are on file for every employee.	July-December 2015  Bi-Annual Review & Annual Updates	FHD Health Director & Community Health Chief
2.1.4 Staff complete annual self-evaluation forms (e.g. detailing progress on goals, what they need in order to do their job successfully, etc.) as part of formal review processes.	Self-evaluation and internal 360 forms on file, reviewed and discussed at annual review for all employees.	Annually	FHD Health Director & Community Health Chief
2.1.5 Identify and prioritize cross-cutting training and professional development needs for individual staff and across the department in alignment with FHD responsibilities, for example: <ul style="list-style-type: none"> <li>• MUNIS</li> <li>• Miis</li> <li>• Adult immunization</li> <li>• Vaccine reimbursement</li> <li>• MAVEN</li> <li>• Lean processes/six sigma/quality improvement</li> <li>• Mental health first aid</li> <li>• Tobacco cessation</li> <li>• Asthma prevention</li> <li>• CDSMP</li> <li>• Cultural competence</li> </ul>	Cross-cutting professional development needs are discussed as indicated in meeting notes.  Training needs are prioritized and documented.	July-December 2015	FHD Health Director & Community Health Chief
<b>Objective 2.2:</b> Assure resources for staff to obtain identified formal training to fulfill their responsibilities.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 2.2.1 Identify opportunities for formal training of staff (e.g. grant-writing training, basic language training, cultural competence, etc.), including time commitment and cost.	Training opportunities identified and documented.	July-December 2015	FHD Health Director & Community Health Chief
2.2.2 Identify and allocate resources for formal training in FHD annual budget (which may include raising funds or identifying external funding options).	Training resources identified and allocated; external funds explored and applied for or raised as needed.	Annually in December	FHD Health Director & Community Health Chief

2.2.3 Organize at least one all-staff training per year in prioritized training area.	Sign in sheets for staff trainings; training slides/curriculum on file.	Annually	FHD Health Director & Community Health Chief
2.2.4 Monitor progress towards individual and organizational professional development training goals on a semi-annual basis.	Training completion tracked for each staff member, across the health department through DARs.	Bi-Annually	FHD Health Director & Community Health Chief
2.2.5 Document and communicate value/impact of trainings on FHD ability to fulfill roles and responsibilities to the town.	Documentation/evaluation of training impact on FHD operations.	Annually	FHD Health Director & Community Health Chief
<b>Objective 2.3:</b> Create and support on-going peer-to-peer learning and collaboration amongst staff within the health department.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 2.3.1 Develop new employee orientation protocols that include formal training on standard operating procedures, organizational values, and working within the town.	Orientation protocols/guides developed and available to identified persons in charge of training.	July-December 2015	FHD Health Director & Community Health Chief
2.3.2 Reserve time in staff meetings for peer-to-peer information sharing.	Time set aside on staff meeting agendas.	Ongoing	FHD Health Director & Community Health Chief
2.3.3 Implement a “train-the-trainer” process where staff who attend trainings that other staff are not attending then train others in what they learned.	Template/guide developed for how to train other staff when you attend a training.  Person who learned skill at training and trained colleague both sign off that training took place; signed form on file.	Ongoing	FHD Health Director & Community Health Chief
2.3.4 Advocate for new health department physical space to be structured to promote ease of peer-to-peer learning.	Documentation of minutes for any meetings/conversations around new physical space.	Ongoing	FHD Health Director & Community Health Chief
2.3.5 Identify opportunities for cross-training and peer-to-peer learning across town departments as relevant and feasible (e.g. with Inspectional Services – see Goal 1, Objective 1.2 about interdepartmental collaboration)	Meetings/discussions held; interdepartmental cross-trainings conducted (dates, topics, attendance).	2017	FHD Health Director & Community Health Chief

<b>Objective 2.4:</b> Leverage external partnerships to increase health department staff capacity.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 2.4.1 Establish partnerships with local and regional academic institutions and community organizations to support activities such as grant-writing, research and evaluation, etc.	Partnerships established – meetings/discussions held as tracked in DARs, formal agreements.	July-December 2015	FHD Health Director & Community Health Chief
2.4.1 Solicit and utilize interns to expand capacity in areas such as social media, surveillance, research/evaluation, etc.	Intern postings created/ disseminated as tracked in DARs; interns recruited.	July-December 2015	FHD Health Director & Community Health Chief
<b>Goal 3: Play a leadership role in supporting community health improvement priorities and promoting public health in Framingham in collaboration with local and regional partners.</b>			
<b>Objective 3.1:</b> Collaborate with other community and medical organizations in the region to implement the Metrowest Community Health Improvement Plan (CHIP).	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 3.1.1 Participate in key stakeholder and community meetings associated with each CHIP domain as appropriate.	Meeting agendas, minutes, attendance (tracked in DARs) including participants and primary topics discussed.	Ongoing	FHD Consultant & Community Health Chief
3.1.2 Support development of strategies around relevant CHIP domains.	Meeting agendas, minutes, attendance (tracked in DARs); strategies developed.	April-July 2015	FHD Consultant & Community Health Chief
3.1.3 Identify roles and responsibilities of the health department in implementing strategies contained in each CHIP domain, including targeted activities and timelines associated with each activity.	Role of HD included in project management plan for each CHIP domain, including roles, responsibilities and timelines for key activities.	April-July 2015	FHD Consultant & Community Health Chief
3.1.4 Designate health department staff responsible for carrying out activities related to CHIP strategies and create corresponding workplans.	Staff members designated and workplans created.	April-July 2015	FHD Consultant & Community Health Chief
3.1.5 Assess and monitor progress in carrying out CHIP-related activities under the health department’s purview.	Tracking/monitoring of activities the health department is responsible for as tracked in DARs.	Annually	FHD Consultant & Community Health Chief

<b>Objective 3.2:</b> Collaborate with other stakeholders in the region on the Prevention Wellness Trust Fund (PWTF) grant initiative.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 3.2.1 Participate in key stakeholder and community meetings associated with the PWTF grant as appropriate.	Meeting agendas, minutes, attendance (tracked in DARs) including participants and primary topics discussed.	Ongoing	FHD Community Health Chief
3.2.2 Work with CHW to ensure smooth implementation of asthma MTMC inspections and tobacco and falls home visits in accordance with standard operating procedures (SOPs) (as developed per Objective 1.4).	Documentation of meetings (tracked in DARs), implementation of inspections and home visits.	Ongoing	FHD Community Health Chief
3.2.3 Assess and monitor progress in carrying out PWTF-related activities under the health department's purview.	Tracking/monitoring of activities (in DARs) the health department is responsible for.	Annually	FHD Community Health Chief
<b>Objective 3.3:</b> Sustain other regional collaborations that promote community health improvement in Framingham.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 3.3.1 Participate in key stakeholder and community meetings as appropriate, including: <ul style="list-style-type: none"> <li>• Region 4a</li> <li>• MetroWest Moves</li> <li>• MetroWest Advocacy Coalition</li> <li>• FYDC</li> <li>• FACES</li> <li>• Framingham Community Partners</li> <li>• Emergency Preparedness</li> </ul>	Meeting agendas, minutes, attendance (as tracked in DARs) including participants and primary topics discussed	Ongoing	FHD Community Health Chief
<b>Objective 3.4</b> Educate the public in a culturally and linguistically competent manner on priority community health topics and needs.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 3.4.1 Identify priority health areas and populations for public education and types of materials/documents needed.	Priorities identified and documented.	Annually	FHD Health Director & Community Health Chief
3.4.2 Develop appropriate materials/documents and strategies needed for dissemination through various venues.	Materials and strategies developed as tracked in DARs.	Bi-Annually	FHD Office Manager & Community Health Chief

3.4.3 Translate relevant public health materials/documents into other languages (e.g. Spanish, Portuguese) as needed.	Materials translated as needed as tracked in DARs.	Ongoing	FHD Office Manager
3.4.4 Disseminate relevant public health materials/documents in multiple languages online or through other appropriate venues identified.	Tracking of dissemination activities in DARs.	Ongoing	FHD Office Manager
3.4.5 Maintain social media channels and utilize to disseminate health information to the public as appropriate.	Tracking of social media activities in DARs.	Ongoing	All FHD Management Staff
<b>Objective 3.5:</b> Collaborate with and support community partners and other town departments in meeting the health needs of Framingham's diverse population in a culturally and linguistically competent manner.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 3.5.1 Participate in Harvard Pilgrim Cultural Insights Training.	Documentation of designated FHD staff participation.	Bi-Annually	FHD Director will coordinate
3.5.2 Participate in quarterly meetings with Latino Health Insurance Program to assess service delivery to minority populations.	Meeting attendance (as tracked in DARs) and minutes.	Ongoing	FHD Health Director & Community Health Chief
<b>Goal 4. Expand financial capacity of the health department to improve community health.</b>			
<b>Objective 4.1:</b> Collaborate with other stakeholders in the region on grant writing to support community health improvement priorities.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 4.1.1 Identify and connect with community, academic and other providers in the region to discuss opportunities to collaborate on contracts and grants.	Outreach conducted, types of collaborators reached out to, minutes from meetings/ conversations held (in DARs).	Ongoing	All FHD Management Staff
4.1.2 Identify grant opportunities relevant to community health improvement priorities in Framingham.	Grant opportunities explored and documented.	Ongoing	All FHD Management Staff
4.1.3 Work with Metro West Health Foundation (MWHF) to develop alternative funding sources.	Meetings/conversations with MWHF documented (in DARs), alternative funding sources identified.	Ongoing	All FHD Management Staff
4.1.4 Submit 1-2 grants relevant to Framingham public health priorities per year, independently or with collaborators.	Grants submitted per year.	Annually	All FHD Management Staff

<b>Objective 4.2:</b> Expand fee-based vaccination services for adults.	<b>Indicators of Success</b>	<b>Timeline</b>	<b>Person(s) Responsible</b>
<b>Strategies</b> 4.2.1 Utilize a quality improvement process to identify and pilot test strategies for more consistently recouping costs for influenza vaccinations through third party billing.	Quality improvement process report is on file.	July-November 2015	All FHD Management Staff
4.2.2 Have structured conversations with 3-5 local health departments of equivalent size who provide private purchase vaccinations and perform 3 <sup>rd</sup> party billing to identify advantages and challenges of offering this service.	Documented notes from structured conversations.	July-August 2015	All FHD Management Staff
4.2.3 Assess the market and demand for private purchase vaccinations for adults.	Documentation of needs-based conversations with occupational health departments in area.	September-December 2015	All FHD Management Staff
4.2.4 Develop and implement a marketing plan for promoting new vaccination services to the community (if market analysis indicates potential need).	Marketing plan file.  Use of DARs to track on-going marketing activities.	Ongoing starting January 2016	All FHD Management Staff

## Monitoring the Strategic Plan

As detailed in the goals and objectives table above, appropriate timeframes, responsible parties, and indicators of success were identified for each set of strategies. Each strategic priority area will also have an associated work plan to guide implementation and keep FHD on track to achieve its objectives within the identified timeframes.

The health department's senior management team, under the leadership of the Health Director, will be responsible for monitoring the progress made towards goals, objectives and strategies outlined in the strategic plan. Regular tracking of progress on specific strategies will be done largely through use of the health department's daily activity report (DAR) system, an existing database through which all staff are expected to track their time spent on various types of activities throughout the day. Initial review of current DAR activity codes will inform the modification or addition of codes to fully capture the activities outlined in this strategic plan, and DAR reports will be regularly reviewed by FHD leadership. Every six months, the senior management team will also review this entire strategic plan and assess progress made towards goals and objectives.

This strategic plan is a living document, with 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. Finally, FHD's 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.