



Public Health
Prevent. Promote. Protect.

Strategic Plan

For the

Montgomery Township Health Department

January 1, 2016-December 31, 2020

Also Serving the Boroughs of Hopewell, Pennington, and Rocky Hill

2261 Route 206
Belle Mead, NJ 08502
908-359-8211, x227
health@twp.montgomery.nj.us

Mission Statement

(Adopted October, 2014)

Our purpose is the good health of the people of the communities we serve.

Together we:

- Prevent Disease and Injury
- Promote Healthier Choices
- Protect food, water, and air
- Prepare for Emergencies

We will work together for a safer and healthier community.

Our Vision

Healthy People in Healthy Communities

Our Communities

Montgomery Health Department provides Public Health Services for the communities of:

- Montgomery Township
- Hopewell Borough
- Pennington Borough
- Rocky Hill Borough

We also provide regional Health Education Services to the communities of:

- Branchburg
- Princeton
- West Windsor
- Robbinsville
- Hightstown

Description of the Strategic Planning Process

- The strategic planning process started in September, 2014 with the formation of the Strategic Planning Subcommittee. Members included representatives of the Boards of Health as well as staff.
 - Subcommittee members attended training on quality improvement, Accreditation requirements, and Strategic Planning processes throughout Fall, 2014 through Spring, 2015. (Sponsored by the Gaining Ground Public Health Accreditation Initiative)
 - Strategic Planning was included in the Boards of Health discussion agenda monthly September 2014 through September 2015. In addition, the Subcommittee met September 23, 2014 (Stakeholder identification; Mission Statement development); and July 7, 2015 (Goals and Objectives development based on the findings of the Community Town Hall)
 - Minutes of planning subcommittee meetings and training agendas are in Appendix B
- Planning Team Members:
 - For Montgomery Board of Health: B. Bucci, M. Couch, G. Lambert , P. Scully, J. Liu
 - For Pennington Board of Health: S. Papenberg;
 - Health Department Staff: S. Carey, D. Patel, E. Stampoulos
- A Community Town Hall Meeting was held on April 8, 2015 to gather qualitative data for the strategic plan. The meeting was facilitated by Pat Dagnall, (a retired Health Officer experienced in group processes and community engagement):
 - Organizational Values were identified using an “Appreciative Inquiry” process
 - SWOT analysis (Strengths/Weaknesses/Opportunities/Threats) was developed using an Affinity Diagram process.
 - Stakeholders were presented with Priority Areas and overarching goals developed in the Somerset and Mercer County Community Health Improvement Plans (2013-15). These Priority Areas, including initial action items, were ranked using a Multi-Voting (“Dot-mocracy”) process.
 - Meeting agenda and a list of Stakeholders attending is in Appendix A
- An on-line survey was made available through municipal websites to allow additional stakeholders to provide input. Thirty-seven residents and community leaders submitted responses. A copy of the on-line survey is in Appendix C.

Guiding Principles and Organizational Values

Values represent the core beliefs of our organization and influence how we conduct business. The Montgomery Township Health Department, its staff, and Municipal Board members, will honor the following values in all that we do:

We are committed to protecting the Health and Safety of those who live, work, and play in the communities we serve.

- We are committed to prevention
- We are proactive in addressing threats to public health and safety
- We provide accurate, risk-based answers to health questions, for both decision-makers and our stakeholders.
- If a problem is beyond our capacity/authority to address, we make sure that people are referred to the agency that *can* help.

We are focused on providing professional, timely, and caring response to everyone we serve.

- We listen to our residents' concerns and strive to give them prompt, clear, and accurate answers.
- We treat everyone we meet with dignity and respect.
- We return phone calls and respond to complaints within 1 business day.
- We schedule clinics, programs, and educational sessions to be convenient to our residents.
- We follow up with our customers to make sure they received the help they needed (customer service).

Strengths, Weaknesses, Opportunities and Threats: An Assessment

Strengths

Environmental enforcement—We meet all regulatory requirements for inspecting pools, foods, and septic systems. We work to protect water and air quality. Our On-site Wastewater Management program has the most comprehensive maintenance rules in NJ to protect groundwater quality.

A Highly Trained and Responsive Staff--- We have a reputation of responding to residents' concerns promptly and solving the problem. We work to coordinate between departments/jurisdictions (non-siloed). We promote quality improvement (flu clinics very well run). Training and continuous skill-building are part of our culture.

Community Involvement—There is a high level of education and expertise in our residents that can be tapped into. We have strong Community Assets that protect the health of our population—*Use the talent that lives here.*

Animal Control We have a strong, responsive animal control program, including convenient rabies clinics.

Weaknesses

Mental Health and STRESS –Residents are stressed out. Teens are under a lot of pressure to achieve. Schools have identified a need for teen programs on suicide prevention & Mental Health. There is not enough focus on drug abuse prevention, especially in light of the opioid abuse epidemic. Poor affordability and high taxes put financial stress on families.

Hard to build a sense of community (Montgomery). No “downtown” center to community. Difficult to bike and walk around town. Need more sidewalks and bike paths.

Communication weakness/Need to build Social Media capacity: People don't know what the Health Department does. Information sharing is sometimes inconsistent, particularly in the Boroughs. Participation needed at community fairs. All municipalities need health department to participate in their stakeholder groups. Restrictive policies limit use of Social Media, and decision-makers are not knowledgeable about the use of Social Media.

Environmental Concerns Residents define a need for more open space. Based on the number of wells in Montgomery, there are concerns about water quality, particularly agricultural chemical use, septic effluent, arsenic, and Gibraltar Rock flocculent. Health Department does not offer a Well water testing program. Clogged storm drains create standing water and mosquito issues. Hopewell Borough is concerned about grease discharges into sewers.

Opportunities

Engage the Municipal Alliances—Strengthen relationships and joint programs with the Alliances. Build on successful “Community Coffee” program, like “Coffee with a cop”. Partner to create more Kid-friendly (and evidence-based) events

Transportation—Develop options for carpooling. Develop transportation options for non-driving seniors. Continue to develop Bike and walking paths. Traffic hazards from speeding cars, are a concern, especially in Hopewell Borough. Walking School Bus options can be developed in Hopewell and Pennington Boroughs

Engage the School Districts (including preschools and private schools) Build on existing relationships to improve coordination with school nurses; work with administration on mental health awareness and resource development; and promote school wellness programs.

Strengthen Presence in the Boroughs Provide regular communications with Board members, administrators, and elected officials. Participate in community events on parity with host municipality. Maintain a visible presence so Borough residents know who to call when they have a concern.

Healthy Activity

Walking School bus opportunities are drawing attention in the Boroughs and are ready to launch; with more limited opportunities in certain Montgomery Neighborhoods.

There are few forums for adults to join recreational sports (soccer, baseball, Walking clubs). Use social media to recruit participants.

Additional Stakeholders to Engage: We have multiple resources within the community that can be coordinated to improve impact

- Red Cross
- National Night Out
- CVS/Walgreens/Other pharmacies
- Asian Community Organizations
- Carrier Clinic For mental health awareness
- Princeton Wellness & Fitness (Screenings & Health Ed)
- RWJ-Somerset hospital
- J&J, other Pharmaceuticals
- St. Peter’s Urgent Care Center
- UMC Princeton
- National health organizations (i.e. NAMI)
- Libraries
- YMCA
- First Responder organizations
- Youth Sports leagues
- Faith-based organizations
- Student Assistance Counselors

Threats

Emerging infectious diseases—New disease threats like Ebola require updated Quarantine policies. Vaccine failure and unimmunized populations provide a reservoir for outbreaks of preventable diseases. Free vaccination programs are at risk—new sustainability approaches are needed.

Emergency management—Enhance communications with multiple Responder groups, in all four municipalities. Improve training, planning, and interagency coordination across jurisdictions. The threat of terrorism or more frequent, stronger storms requires a higher level of preparedness

Mental health and Violence Prevention --awareness and support are needed. There is concern about increase use of alcohol, drugs (heroin), and prescription drug abuse, as well as drunk driving and domestic violence. DARE programs no longer in the schools.

Environmental threats—climate change, more severe storms/natural disasters. Population growth increases the amount of traffic. It's important to preserve parks, open space, and new playgrounds

Wildlife concerns—Rabies, Lyme disease, and deer overpopulation all threaten health and safety. Farm waste is a concern near streams and residences. We need cat licensing to address issues with rabies, feral cats, and sustainable animal control operations.

Strategic Priorities

Montgomery Health Department serves communities in both Mercer County and Somerset County. The Strategic Priorities are drawn from both the Greater Mercer and the Greater Somerset Public Health Partnerships' Community Health Improvement Plans (2012-2015).

Key points from the 2016-2018 CHIP cycle will be embedded into our Annual Work Plans.

To access these plans, go to:

Mercer County Community Health Improvement Plan

http://www.healthymercer.org/sites/default/files/gmphp_mercer_county_chip_11.2012.pdf

Somerset County Community Health Improvement Plan

[http://healthiersomerset.org/Healthier%20Somerset%202012-2015%20Community%20Health%20Improvement%20Plan%20\(CHIP\).pdf](http://healthiersomerset.org/Healthier%20Somerset%202012-2015%20Community%20Health%20Improvement%20Plan%20(CHIP).pdf)

Overarching priorities were drawn from the CHIP. Local Health Department Goals and objectives were identified through our Community Town Hall, refined by the Strategic Planning Subcommittee, and reviewed by the four Boards of Health for the communities we serve.

Priority 1: Healthy Eating and Active Living

Goal: Improve community health by advocating for sustainable, healthy lifestyle choices that will help people maintain a healthy weight

- Objective 1.1 Reactivate and increase participation in the Mayor's Wellness Campaign
 - Objective 1.1.1 (Year 1): Provide Informational Presentation on Mayor's Wellness Campaign to the elected officials from each of our four municipalities by June, 2016
 - Objective 1.1.2 (Year 1): Integrate Mayor's Wellness Campaign marketing into programs listed below.
- Objective 1.2 Improve school policies on Wellness in both Montgomery and Hopewell Valley School Districts (and private schools)
 - Objective 1.2.1 (Year 1): Meet with Superintendent's representative for a wellness policy scan (overview of existing policies and identify opportunities for improvement) by First Quarter 2016
 - Objective 1.2.2 (Year 1): Work with Superintendent's office to appoint a Health Department representative to the School Wellness Committee by January, 2016. Invite Wellness Committee to Board of Health Meeting by February, 2016.
 - Objective 1.2.3 (Year 1): Provide educational presentation to School Wellness Committee/BOE members on Fitness Gram by Second Quarter, 2016
 - Objective 1.2.4 (Year 1): Health Department Representative meets with school nurses quarterly
 - Objective 1.2.5 (Year 2) Educate School District representatives to help adopt a Fitness Gram (BMI Monitoring) policy for the 2016-2017 School Year
 - Objective 1.2.6 (Year 2) Increase # of schools with healthy food choices in cafeteria for 2016-17 school year

- Facilitate installation of salad bars in school cafeterias for 2016-17 school year
 - Objective 1.2.7 Increase number of students who walk or bike to school
 - Work with PTA's to host Walk & Bike to School Days, (April 2016)
 - (Year 1): Partner with Hopewell Elementary for Pilot Walking School Bus (Spring 2016) :
 - Provide educational material to encourage helmet use (i.e. Pennington Day) (April 2016)
 - (Year 2): Pilot with Tollgate School for Walking School Bus (using lessons learned from Hopewell Borough) (Fall, 2016)
 - (Year 3): Pilot Walking School Bus program for selected Montgomery neighborhoods. (Spring-Fall, 2017)
- Objective 1.3 Increase recreation options (and market) for working people and those in their 20s & 30s
 - Objective 1.3.1 (Year 1): Partner with Recreation to schedule "Couch to 5K" in the evening (Spring , 2016)
 - Objective 1.3.2 Partner with recreation to identify program (and marketing) opportunities for physical activity options for adults (Fall, 2016)
 - Objective 1.3.3 (Year 2) Identify and promote Web based program or apps for healthy eating/shopping lists and activity prompts. Make available on municipal websites by January, 2017.
- Objective 1.4 Increase physical activity for youth
 - Objective 1.4.1 (Year 1): Meet with School district to evaluate keeping School gym open for after-school recreation by January, 2016
 - Objective 1.4.2 (Year 1): partner with Municipal Alliance to promote walking club and non-competitive sports at LMS (Fall, 2016)
- Objective 1.5 Help Implement Complete Streets Policies by
 - Objective 1.5.1 (Year 1) Partner with volunteer organizations for sidewalk inventory to identify high-priority walkability projects (Summer, 2016)
 - Objective 1.5.2 Advocate and aid in grant-making to Build High School-Blawenburg Sidewalk (ongoing)
 - Objective 1.5.3 advocate and aid in grant making to Build connector pathways by schools (ongoing)
 - See also Objective 1.2.6 Walking School bus program for boroughs.
- Objective 1.6 Advocate and provide technical assistance to promote Community Gardens (Year 3)

Priority 2: Engage the community to prevent and reduce impact of Infectious and Chronic Disease

- Objective 2.1. Sustain and enhance efforts to address vaccine preventable diseases
 - Objective 2.1.1 Provide Vaccination Education materials to daycares and pre-schools (annually, September)
 - Objective 2.1.2 Provide flu vaccination Awareness education to senior citizen facilities (Annually, October)

- Objective 2.1.3 Continue to Provide flu vaccination clinics for the communities we serve (Annually, October)
- Objective 2.1.4 Evaluate adding Shingles or other vaccines to senior clinics by September, 2016
- Objective 2.2 Increase by 25% the number of people who have access to evidence-based practices to prevent and control their chronic disease. (i.e. CDSMP) by July, 2020
 - Objective 2.2.1 (Year 1) Identify baselines for how many physicians are referring patients to evidence-based education programs.
 - Objective 2.2.2 Increase the number of physician referrals to evidence-based patient education programs for their chronic diseases.
- Objective 2.3 Increase availability and participation for employee wellness plans for municipal employees
 - Objective 2.3.1 Incorporate lessons learned from prior years' wellness programs to develop municipal employee wellness annual work plan by January 30 (annually).
 - Objective 2.3.2 Launch Employee Wellness Plan to employees (annually, by February 15)
 - Objective 2.3.3 Identify measures and evaluate outcomes for Wellness Program to inform next work plan (December, annually)
- Objective 2.4 Increase HIV prevention education efforts by developing MOUs with Community Organizations that work with at-risk populations (Year 2)
- Objective 2.5 Provide, or assure provision of, Handwashing education in schools and day cares (Annually, September-November)
- Objective 2.6 Reduce incidence of rabies exposure to humans and pets
 - Provide education to residents on importance of keeping rabies vaccinations on pets current
 - Twice-annual distribution of pet owners newsletter through veterinarians, pet shops, and groomers (April and October, Annually)
 - Launch Cat licensing education initiative by February 2016 for January, 2017 enforcement.
 - Provide Bat exposure prevention education through newsletter article, web postings, and community education (spring, annually)
- Objective 2.7 Build Public Health Nursing capacity by 1.0 FTE by June, 2017, to respond to communicable disease outbreaks, address gaps in preventive services delivery, and provide emergency surge capacity. See Also Priority A1 and A3
- Objective 2.8 Identify evidence based interventions for infectious diseases impacting our populations (i.e. Lyme, Hepatitis B/C, STDs) by December 2016; Implement programs year 2 & 3.

Priority 3: Mental Health: Improve access to mental health and substance abuse prevention and treatment resources (including tobacco) while reducing stigma

- Objective 3.1 Add mental health resource page to Health Department website (and partner sites) by January, 2016
- Objective 3.2 Partner with Healthier Somerset and GMPHP to provide current mental health resource information to doctors in our jurisdiction

- Objective 3.2.1 Distribute “Ask your doctor” exam room poster campaign materials from Healthier Somerset by July, 2016
- Objective 3.2.2 Write articles on 2 mental health topics per year for shared services partners and local media
- Objective 3.3 Increase number of evidence-based program offerings to prevent mental illness and substance abuse
 - Objective 3.3.1 Provide technical support for Municipal Alliance to assure funded programs are evidence-based, through active participation in monthly meetings and related subcommittees. (Ongoing)
- Objective 3.4 Partner with Carrier Clinic and School district to bring mental health programs to the District
 - Objective 3.4.1 Facilitate meeting with Schools and Carrier (or other providers i.e. Traumatic Loss Coalition/CONTACT) to identify needs by January, 2016
 - Objective 3.4.2 Assure programs address both general awareness and staff training. (subject to results of needs evaluation)
 - Year 1 suicide prevention,
 - Year 2 Mental Health First Aid,
 - Year 3 Parent/staff/student awareness education.
 - Objective 3.4.3 Identify and Provide referrals to support program for families that have members with substance abuse
- Objective 3.5 Increase tobacco control initiatives.
 - Objective 3.5.1 Restore Tobacco Age of Sale Enforcement program by July, 2016
 - Objective 3.5.2 Host cessation program (covered preventive service) annually
 - Work with physicians for referrals to program
 - Objective 3.5.3 Partner with School District/ Municipal Alliance to sponsor Rebel (or Equivalent) evidence-based prevention initiative by January 2017.
- Objective 3.6 Improve effectiveness of response to Social Services-related cases, including hoarding
 - Year 1 Evaluate options for developing a regional Hoarding Task Force including funding models
 - Year 2 Implement Hoarding Task Force per funding model

Administrative Priorities

The new focus of Public Health relies on collaboration, Health Promotion, and Health in All Policies as described in the Community Health Improvement Plan. At the same time, Public Health Agencies are mandated with assuring that the underlying infrastructure of our communities is safe.

- **Priority A1: Our daily job: Protect the Health of People and the environment through Regulatory Enforcement, including**
 - Retail Food Safety (Annual Inspection Risk 1&2; Twice/ year for Risk 3 & 4)
 - Include public posting of inspection reports
 - State Housing Code
 - Public Health nuisance code (Investigate within 3 days Abate within 14 days)
 - Permitting, inspection, and design review of Septic Systems, including licensing to verify maintenance of tanks
 - Permitting, inspection, and assuring testing of potable wells
 - Child Care inspection and compliance with school vaccination requirements (annual audits)
 - Investigation of reportable diseases
 - Radon testing program
 - Planning and emergency preparedness to assure adequate capacity to respond to natural disasters, disease outbreaks, and terrorism.

- **Priority A2: Build and Maintain the Human Capital and Organizational Structure to achieve all of the above.** The plans listed below are required as part of the PHAB Accreditation process, and are incorporated by reference:
 - Workforce development plan—Complete by March, 2016 (update annually)
 - Continuity of operations plan—Update by December, 2015
 - Succession plan—Complete by February, 2016 (Update every 5 years)
 - Quality Improvement Plan—Complete by January, 2016 (Update Annually)
 - Annual Work Plan—Prepare in October, annually, for coming year.

- **Priority A3: Develop Sustainable revenue streams to support critical services. “Think like a business”**
 - Sustain Public Health Shared Services to create critical mass to address community needs
 - Sustain Regional Health Education by addressing identified needs with evidence-based interventions
 - Build regional nursing capacity to enable timely outbreak response and emergency surge capacity. Add an FTE by Year 3.
 - Provide preventive clinical services to address gaps in preventive services delivery (i.e. prevention education/health coaching/Self-Management education)
 - Use Insurance billables to support nursing and patient education
 - Year 1: conduct gap analysis to identify populations that are not receiving preventive services
 - Sustain High-Quality Animal Control through use of Best Practices, and through promoting Dog & Cat licensing

- Improve use of volunteers and interns to expand reach beyond our core operations
 - Support Rutgers MPH fieldwork projects which help implement the deliverables identified in this plan (1-2 candidates per year)
 - Identify Gold/Eagle projects which promote healthy behaviors and align with the goals and objectives of this plan. Update master project list annually.
- Apply for grants that enhance our ability to reach our stated goals/objectives
- **Priority A4: Demonstrate our commitment to transparency, accountability, and improved outcomes by preparing to submit for Public Health Accreditation by July 1, 2016.**

LIST OF APPENDICES

Community Forum agenda and list of Stakeholders attending:	Appendix A
Minutes of Strategic Planning Subcommittee	Appendix B
On-line community survey:	Appendix C.
Annual Work Plan <i>Reserved</i>	Appendix D
Process Measures and Outcome Measures: <i>Reserved</i>	Appendix E

APPENDIX A

National Public Health Week
Montgomery Township Health Department Strategic Planning Initiative
“Our Healthy Town” Community Forum
Wednesday, April 8, 2015, 7:00-9:00 PM
Montgomery Municipal Building,
2261 Route 206, Belle Mead, NJ
AGENDA (with detailed process)

Nametags/snacks/Sign in Sheet

- 7:00-05 Overview of Process (S. Carey, Health Officer)
- Why do a Strategic Plan?
 - Meet the Team (G. Lambert, W. Bucci, M. Couch, D. Patel. *Thank elected officials*)
- 7:05-15 What we have done so far (S. Carey)
- Community Health Assessment (2012 & 2015)
 - Community Health Improvement Plan (2012-15; 2016-18 in progress) (provide list of focus areas and Include links to CHA & CHIP)
 - Baseline Data collection—Local Health Report
 - Mission Statement
- 7:15-20
- What we are doing tonight: (P. Dagnall, MA, Facilitator/Public Health Consultant)
- Break into small groups (4-6 people each)—Keep hydrated! (facilitator, time keeper, notes taker)*
- 7:20-7:45 GROUP EXERCISE I: SWOT Analysis (P. Dagnall)
- Strengths, Weaknesses, Opportunities and Threats (Affinity Diagram Process explained)*
1. *Looking at each of the 4 questions, write a word or phrase (3-5 word) answer on a Post-it note—you can put up as many ideas as you want, 1 post-it per idea, and stick on the flipchart paper (in no particular order)*
 - Strengths (internal)
 - What do we do *best* to keep our town safe and healthy?
 - What can we do to enhance these Strengths?

- Weaknesses (internal)
 - What are we doing that’s not so good?
 - What kinds of approaches can we use to do better?
- Opportunities (External)
 - Who outside the agency should we be working with to help make us all more effective?
 - How do we break the ice (or the silos) to work with these groups/individuals?
- Threats (External)
 - What is going on in our area/state/nation that we have to prepare for?
 - Challenges? Disasters? Tidal Waves? (figuratively speaking!)
 - What do we need to do to face these challenges and mitigate these threats?

2. *Timekeeper call “switch” every 5 minutes—sooner if it gets quiet—so that everyone gets to answer all 4 stations.*
3. *After all 4 stations are answered, The team silently sorts the post-its into groupings of similar concepts. Anyone can move anyone else’s post it to create a cluster that makes sense to them.*
4. *Facilitator shows these clusters to the large group, and group agrees on a title for each of these themed clusters/clarify any cryptic language*
5. *This chart will be typed up for distribution after the event*

7:45-8:00 GROUP EXERCISE II: Identifying Community Values (P. Dagnall)

“Appreciative Inquiry” Exercise

1. *Small groups discuss, and list their experiences, again in brief phrases, on post-its. If they can ascribe a value, that goes on a separate post-it.*
2. *After 10 minutes, each group puts their post-its on the main flip chart, ascribing values to align with the experience.*
3. *Facilitator reads out these findings and see if the large group concurs*
4. *This chart will be typed up for distribution after the event*

8:00-8:20 GROUP EXERCISE III: What should we do for health?

Affinity Diagram #2, prepopulated w/CHIP objectives, survey results for participants to build on

1. *For this version of the Diagram, the major categories are already posted, but we want people to take a moment to read these,*
2. *add post-its listing additional actions we can/should take to push these overarching goals forward.*
3. *Add an “other” category for items not addressed in the CHIP.*
4. *(Timekeeper call “switch” every 5 minutes, sooner if it gets quiet.)*
5. *Facilitator Asks large group to clarify any cryptic post-its*

8:20-8:40 Prioritization Exercise: Where should we focus? (Multi-voting/“Dotmocracy”)

1. *Each participant gets 5 “votes” in the form of 5 post-it strips (instead of dots)*

2. *You may vote for up to 5 items that you think are most important for the Health Department to focus upon, or if you feel strongly, you can put all (or most) of your “votes” on one item.*

8:50-9:00 Wrap Up: What’s Next (S. Carey)

- Tonight’s results will be typed and emailed to everyone participating.
- Local Draft Report May 1
- Opportunity to participate in county-wide Community Health Assessment (summer) (Community Forums, Focus Groups)

**Attendance list:
April 8, 2015
“Our Health Towns” Community Forum**

Lois Kotkoskie	Hopewell Borough Board of Health
Jolinne Stransky	Hopewell Borough Senior Citizens Group
Rosaline Fleming	Hopewell Borough Senior Citizens Group
Sue Bona	Community resident (Montgomery)
Dr. George Lambert	Montgomery Board of Health
Rikki Massand	Montgomery News (local media)
Natalie Fuschetto	Community resident (Montgomery)
Susan Fisher	Rocky Hill Board of Health/Veterinarian
Ken Rizzi	Rocky Hill Board of Health
Michele Parise	School District parent/Montgomery Resident
Maryann Couch	Montgomery Board of Health
Anne Michaelsen	Montgomery Board of Education
Pat Graham	Mayor, Montgomery Township
Bill Bucci	Montgomery Board of Health
Dominic Bona	Montgomery Board of Health

Staff:

Kristen Sargent	Registered Environmental Health Specialist
Pat Dagnall	Consultant/Facilitator/Retired Health Officer
Devangi Patel	Health Educator
Stephanie Carey	Health Officer

APPENDIX B: Minutes of Strategic Planning Workgroup

Montgomery Township Health Department

Strategic Planning Subcommittee Inaugural Meeting-- Minutes

September 23, 2014

Attending: S. Carey, G. Lambert, M. Couch

1. Readiness Assessment/Expectations (p. 5 of handout)

Team reviewed Checklist for Planning Process needs. The team felt that we had:

- good access to basic data needed for an environmental scan (Social/physical environment);
- good capacity to involve local stakeholders;
- buy-in from senior management; and
- a good understanding of the process of preparing the plan.

Area of need for the process include:

- Need time for an environmental scan
- Elected official "Champion" to support the process
- Budget to conduct process (we received a \$1200 stipend from NJACCHO for this)
- Training for staff on their role and objectives

2. Project Plan Development (see timeline, and p. 4-6 of handout)

A preliminary project timeline was developed (attached). The concept is

- to hold a stakeholders' retreat to do an environmental scan and identify community themes (October 2014);
- cross walk this information with CHIP priorities (Subcommittee, November 2014);
- draft analysis presented to community focus groups to validate, and to Boards of Health at Joint December meeting. (December 2014)
- Present draft Strategic Plan to stakeholders in January, 2015
- Place on February, 2015 Boards of Health Agendas to endorse

This is a notional timeline, times may slip but framework is valid.

3. Who needs to provide input? Brainstorming for Stakeholder Identification (p. 7)

See attached list. At least 30 stakeholder groups were identified to invite to the retreat.

4. Draft Mission Statement and Samples (p. 8-9)

The 1999 MTHD Mission statement is unclear and burdened by technical language.

The subcommittee reviewed several Mission Statements that have been developed by other Health Agencies. The Subcommittee recommended the following (adapted from Clark County, Washington)

“Our purpose is the good health of the people of the communities we serve.

Together we:

- Prevent Disease and Injury
- Promote Healthier Choices
- Protect food, water, and air
- Prepare for Emergencies

We will work together for a safer and healthier community.”

This will be placed on the agenda of the Board of Health for review on October 8.

5. Next meeting—After Board of Health Meeting, to come up with recruiting plan for the Stakeholders’ meeting. *Need new meeting date—conflicting with chronic disease class*

Minutes
Strategic Planning Workgroup
July 7, 2015
10:00 AM to 11:45 AM

Attending: G. Lambert, M. Couch, P. Scully, S. Carey. J. Liu arrived 11 AM

1. S. Carey provided an Update as to What we have so far
 - Mission
 - Vision
 - Organizational Values
 - Strategic Priority Areas
 - Local Health Report
 - Regional Community Health Assessment and Community Health Improvement Plans
2. Today’s Focus: Identify S.M.A.R.T. objectives to support our Overarching Goals: What should we **DO** over the next 3 years to advance the overarching goals?

G. Lambert provided a punch list of actions that align with the Goals, sorted by difficulty level. The group reviewed this list, and the objectives from the document labeled “Strategic Priorities, 6/2015”. These objectives were re-stated as SMART objectives, with the addition of some local priority objectives (i.e. Fall prevention; Community gardening), and typed into the document labeled “Final Draft 7/2015”. M. Couch noted that the first year of many of these tasks would be focused on relationship building and gathering baseline data.
3. Administrative Goals: S. Carey noted that we need to assure that we can maintain capacity over the long term to meet regulatory mandates and the day-to-day workload. We have been focused on building shared services and sustainable infrastructure to accomplish our mission. A leadership succession plan is an additional element of this document.

4. Follow-up Tasks: (outside the meeting) The Subcommittee determined these documents should be available for the next Subcommittee meeting, S. Carey to type from notes:
 - Edit/reformat the “Strengths/Weaknesses/Opportunities/Threats” Analysis
 - Develop the Annual Work Plans based on 3-year objectives
 - Quality Improvement Plan (based on template)

5. Present Final Draft For Boards of Health Approval in September
NEXT SUBCOMMITTEE MEETING: **Tuesday, September 1, 10AM**

APPENDIX C: On-Line Survey

At total of 38 people completed the on-line version of the Community Forum Questions between 3/17/2015 and 4/9/2015. Respondents represented the following sectors:

	Number of Response(s)	Response Ratio
Schools/daycare	3	7.8%
Government agency	1	2.6%
Healthcare	4	10.5%
Myself/local resident	34	89.4%
Faith-based Group	1	2.6%
Community Group	3	7.8%
Business	1	2.6%
Other	0	0.0%
Total	38	100%

Qualitative Responses (Open-Ended questions) to the on line survey instrument were compiled in an Excel spreadsheet, and included in the SWOT

On-Line Survey Questions

Thank you for participating in Montgomery Health Department’s Virtual Town Hall. We are listening to what matters to our stakeholders. Your feedback will help us develop a Strategic Plan so we can improve the health of our neighborhoods over the next five years.

1. What is your ZIP code?
2. What part of the community best describe who you represent with your answers?
 Schools/daycares faith-based
 Government agency Community group
 Health Care Business
 Myself/local resident
3. What is the best experience you have ever had working with your local health department?
4. What do you think this says about what is important with how we work with you?
5. What strengths do you see, what is working well, that we can leverage to be successful at improving health?
6. What opportunities are going on in the community that we can join with to build our success?
7. What do we need to work on to do better (weaknesses)?
8. What kinds of challenges are there that we need to address in order to succeed (barriers)?
9. Would you like to be kept informed of the results of this survey? (include an email address)