

# Bloomfield Department of Health and Human Services Strategic Plan 2019-2023



**Public Health**  
Prevent. Promote. Protect.

Township of Bloomfield  
Department of  
Health & Human Services



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## HISTORY OF THE TOWNSHIP

Familiarity with the Township of Bloomfield's history is critical to understanding the diversity of the population and subsequently the challenges faced in providing the appropriate services and the education on how to access them.

Bloomfield was incorporated as a township from portions of Newark on March 23, 1812. Geographically, the township covers 5.328 square miles. Between 1856 and 1867, infrastructure was developed, including a train line from Newark to Greenwood Lake through Bloomfield and a streetcar network from Newark into Montclair. With the introduction of mass transit, the township experienced a growth spurt in the late 1800s. An influx of immigrants from Italy, Poland, and Germany became involved in the continuing development of a thriving suburban community. By 1890, the population of the township was 7,708, up from 4,309 in 1830. To make a living, residents tended farms or worked in the industrial factories in Newark and other cities on the western bank of the Hudson River, as well as in New York City. By 1930, the population had reached 38,000. With the addition of a bus line from Bloomfield to New York City in 1936, the population only continued to grow. In 2017, the population was 48,892.

Bloomfield has a small middle class managerial population but remains predominantly working class. According to the 2017 American Community Survey (ACS), about 40% of the population aged 25 and over have a bachelor's degree. That figure is much lower than in neighboring towns where the percentage is between 50% and 75%. However, the number is expected to increase as young professionals from varying backgrounds move to Bloomfield because of its more affordable housing (compared to neighboring municipalities), schools, charm, and easy access to the city.

All Township programs need to be developed with attention to cultural diversity. According to the 2017 ACS, about 28% of the population report themselves as Hispanic/Latino; 18% as African American. Males comprise 47% of the population; females 53%. Seniors (aged 65 and over) make up 13% while children under 18 comprise 21%. The largest segment of the population is aged 25-44 years old (31%).

## BLOOMFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES (BDDHS) VISION, MISSION, AND CORE VALUES

### VISION

Creating healthy communities . . . by *promoting* healthy lifestyles, *protecting* the environment, and *preventing* disease.

### MISSION

BDHHS' mission is to prevent disease and promote physical and mental well-being through policy development, disease detection, prevention, education, and enforcement; to do so in a culturally competent manner that ensures the highest quality of life for all of the residents served.

### CORE VALUES

The core values of BDHHS serve as the foundation on which the Department operates. They dictate the ideals of each of the department's individual employees.

Those values are as follows:

- Collaboration (internal and external)
- Respect (internal and external)
- Diversity
- Excellence
- Accountability
- Commitment
- Integrity

## **TOWNSHIP OF BLOOMFIELD BOARD OF HEALTH**

In Bloomfield, the earliest records of a Health Officer and Board of Health date to 1900. NJ State law requires that each municipality have a local board of health. Most boards consist of private citizens who are appointed by elected officials. Boards of Health can be one of three types: autonomous, advisory, or as a function of the Governing Body. Bloomfield has an autonomous board. Members are:

- Appointed by the Mayor
- Make policy decisions regarding purposes, functions, goals, and activities
- Pass ordinances
- Establish a budget based on the recommendations of the Director and available funds allocated by the Governing Body.

## **BOARD OF HEALTH MEMBERS**

- Joel Elkins, President
- Dr. Ruchi Mehta, Vice President
- Antonia Rodriguez, Member
- Denise Serbay, Member
- Jody Polidoro, Member
- Wartyna Davis, Council Liaison

## STRATEGIC PLAN WORK GROUP

- Karen Lore, Director of Health & Human Services
- Mike Fitzpatrick, Health Officer
- Vincent Nicosia, Environmental Supervisor
- Paula Peikes, Human Services Supervisor
- Erin Wilson, Public Health Nursing Supervisor
- Lisa Gearhart, Public Health Nurse
- Maya Lordo, Assistant Health Officer/REHS
- Jill Scarpa, Assistant Health Officer/REHS

## STRATEGIC GOAL

The following Strategic Goal supports the Department's vision and mission: To develop and implement a proactive and efficient program consistent with evidence-based best practices to ensure the provision of vital public health services in a culturally competent manner.

## STRATEGIC PRIORITIES

In pursuit of its Strategic Goal, the Department is determined to ensure that certain values and/or priorities are not compromised. To that end, it is dedicated to upholding *Professionalism, Compassion, and Adaptability*.

## STRATEGIC PLANNING PROCESS

Through a series of face-to-face meetings and email-based discussions spanning over a month, BDHHS created a rough draft of its 2019 Strategic Plan. These meetings included developing and completing a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis for each division and the overall Department. The Strategic Plan Work Group reviewed and approved the analysis to ensure members understood the role and concerns of the Department's various divisions. A draft was then presented to the entire staff for feedback, which was incorporated into the plan, before being submitted to the Board of Health for its review and input.

Concurrently, during the span of the Strategic Planning Process, the Department was also involved in conducting a Community Health Assessment (CHA) and developing a Community Health Improvement Plan (CHIP) 2018-2023. It was agreed by all members of the Strategic Plan Work Group and supported by the Department's Community Partners that ensuring alignment of the CHIP and the Strategic Plan will provide the best and most logical approach to creating synergy to accomplish the Strategic Plan objectives.

All of the Department's internal and external planning processes — including the Strategic Plan — are significantly enhanced by grants obtained from Partners for Health Foundation through the NJ Healthy Communities Network. The Network's aim is to collectively help people become more active and eat better, thus reducing their risk of chronic diseases and premature death.

By focusing on healthy eating, active living, and a supportive community environment, a coalition of partners from multiple sectors have come together to identify and coordinate local activities. The goal is to understand the challenges that prevent residents from leading healthier lives and to promote and prioritize solutions to address these obstacles.

BDHHS believes in using “Collective Impact” to bring community change. The concept is based on the following conditions:

1. *Common Agenda*: All participants have a **shared vision for change** including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
2. *Shared Measurement*: **Collecting data and measuring results consistently** across all participants ensures efforts remain aligned and participants hold each other accountable.
3. *Mutually Reinforcing Activities*: Participant activities must be **differentiated while still being coordinated** through a mutually reinforcing plan of action.
4. *Continuous Communication*: **Consistent and open communication** is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation.
5. *Backbone Organization*: Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to **serve as the backbone for the entire initiative and coordinate participating organizations and agencies”**

Source: <https://www.fsg.org/publications/collective-impact> Accessed 3/6/2019)

## DEPARTMENT STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (SWOT)

BDHHS began the strategic planning process by asking Human Services, Health Education, Public Health Nursing, Environmental, and Administrative to develop individual work plans with specific goals and objectives and to conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis for their division. Once that process was completed, the Department held a series of meetings to review the work plans and SWOTs and identify overlapping themes and issues. Based on those discussions, a SWOT analysis was developed for the entire department.

### SWOT Analysis

#### Strengths:

- Accredited by the Public Health Accreditation Board (PHAB); the first in the state
- Well-trained, highly educated staff, licensed as required many with advanced certifications
- Established ongoing training schedule that fosters both individual and collective growth
- Ongoing attention given to developing and sustaining strong community partnerships to support our programs and initiatives
- Evidence-based programs and practices are utilized to achieve objectives
- Annual cultural and linguistic competency training for all employees, including use of language line, NJ Relay (TTY) and bilingual staff and materials
- Access to multiple media venues to communicate with the public, i.e., radio, TV (network and cable), community newspapers/websites, NIXLE, cable bulletin boards, social media
- Updated Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), Quality Improvement Plan (QI), and Strategic Plan; completed through collaboration between supervisors and staff
- All levels of staff are provided leadership opportunities on special projects/programs, grants, and quality improvement initiatives.
- Ongoing reporting of department and division progress is provided internally and externally to stakeholders and the public
- Offices are centrally located in the township with easy access via all modes of transportation
- Quick response time to routine complaints/emergencies; 24-hour on-call staffing
- Strong communication and collaboration between divisions to accomplish goals and objectives and create programs
- Dedicated health department server

#### Weaknesses:

- Disorganized data on P-drive; information not easily accessible
- Extremely limited office space; employees share workstations; unable to accommodate additional interns to work on special projects; limited private meeting space
- Stressful environment puts employees at risk for burnout; limited knowledge/processes to address
- Limited remote computer capabilities for acquiring data



### **Opportunities:**

- Create more access to mobile health care services from new partnerships
- Enhance partnerships with hospitals and federally qualified health care centers
- Acquire grant funds
- Expand interlocal services allowing for increased standardization of health services
- Increase solicitation of public input through development of surveys, focus groups, etc.
- Integration of quality improvement (Plan-Do-Check-Act) throughout all department activities
- Create data directory to consolidate department data for better utilization of it
- Increase efficiency through technology
- Provide ongoing training and CEUs thru webinars, in-class and onsite trainings relevant to job functions
- Seek creative ways to provide employee incentives through annual recognition programs and team building events
- Advocate for progressive employee work policies that include opportunities for flexible hours when appropriate
- Work with local colleges to develop creative media campaigns that help tell our story
- Use multimedia to educate on public health through video and other storytelling techniques
- Provide training to identify employee burnout in a timely manner
- Create an employee self-care program

### **Threats:**

- Emerging infectious diseases and other public health threats, including natural disasters/acts of terrorism
- Limited long-term planning by policymakers due to political cycle and annual budget cycle
- Diversity and demand of the work makes adhering multiple deadlines challenging
- Employee contracts and township policies limit ability to provide flexible schedules and work-from-home opportunities
- Lack resources to check news/social media for inaccurate information and correct it immediately
- Workplace violence
- Misunderstanding on the value of public health in the community
- Safety concerns when out in the field
- Limited ability to attract people to public service resulting in a shortage of qualified licensed workforce

## DIVISION STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS (SWOT)

The goals, objectives, strategies, and SWOTs for each division are detailed below. Goals and objectives were developed using the 2017 Community Health Assessment, a comprehensive data-driven report on the behaviors, needs, and concerns of the township's 48,000 residents. More than 400 residents completed the survey (offered online and on paper; in both Spanish and English). In addition, four focus groups and 16 key informant interviews were conducted.

### ADMINISTRATIVE

**Goal:** To conduct all administrative activities in an efficient and timely manner in order to further the mission and vision of the Bloomfield Department of Health & Human Services.

**Strategy:** Bloomfield Department of Health & Human Services administrative activities.

**Objective:** For each of years 2019 through 2023, BDHHS will meet quarterly, review progress, and complete each iteration of the:

- [Community Health Assessment \(CHA\)](#)
- [Community Health Improvement Plan \(CHIP\)](#)
- [Strategic Plan](#)
- Performance Management Plan

### SWOT Analysis

#### Strengths:

- Use of evidence-based model when implementing new programs
- Autonomous board of health providing greater authority to address public health concerns
- Diversified workforce with expansion of women in key leadership roles and a focus on minority recruiting for new hires
- Emphasis placed on employee development and providing training opportunities

#### Weaknesses:

- Insufficient training for new Board of Health (BOH) members
- Lack of standardization for interlocal contract duties
- Onboarding new employees lacks standardized process
- Annual Employee performance evaluations cumbersome
- Multiple databases and reporting requirements are often repetitive
- Limited IT resources
- Multiple authorities for personnel issues: civil service, appointing authority, Township Department of Personnel, Union contracts
- Limited electronic tracking of information required for multiple grants and reports

- Limited access to financial reports and information

**Opportunities:**

- Numerous resources provided by PHAB and New Jersey Local Boards of Health (NJLBOH) to develop orientation material for new BOH members
- Access to township grant writer allows for multiple grant applications to be submitted
- Implementation of dedicated server for hard drive expands tech capability to help address inefficiencies
- Technology development and innovation including training on social media use
- Enhance workforce development and succession planning
- Increase revenue through grants and interlocal contracts
- Through provisions in the CHIP, further develop community partnerships to reduce duplication of services and expand cross promotion of health awareness and education

**Threats:**

- Aging workforce with difficulty attracting skilled applicants
- Rising personnel costs for fringe and other benefits for F/T staff make hiring difficult
- Competent workforce is difficult to attract as the licensed pool of candidates decreasing
- Lack of acknowledgement and understanding of autonomous boards
- Policy and/or budget decisions made in a vacuum

## HEALTH EDUCATION

**Goal:** To increase access to health education information, health department services and the function and value of public health for all Bloomfield residents.

**Rationale:** According to the 2017 CHA, nearly half of survey participants (46%) indicated they had not received information about health topics from BDHHS in the past 12 months. Of those that did receive the information, half reported they did not learn anything new or learned “a little” from these sources.

**Objective:** For each of years 2019 through 2023, BDHHS will create at least 12 new health topics for dissemination across various communication channels (e.g., TV show, radio show, podcast, website, Twitter, Facebook).

**Strategy:** Expand the use of social media/radio/television and podcasts to disseminate health information.

**Performance Measures:** See Health Education Work Plan.

### SWOT Analysis

#### Strengths:

- Collaborations
- Grant funding
- Staff morale
- Ability to apply for grants with other organizations
- Robust internship program
- Bilingual staff

#### Weaknesses:

- Lack of equipment
- Scheduling
- Limitations with what grant funding pays for
- Limitations of technology access and social media
- Time of payment to vendors, especially new vendors

#### Opportunities:

- Working with niche populations
- Working with more universities or colleges
- Working with more nonprofits
- Collaborations with other departments

#### Threats

- Loss of grant funding
- Staff turnover
- Time delay in implementation of programs
- Other organizations provide and implement the same programs or present the same opportunities

## **PUBLIC HEALTH NURSING**

**Goal:** To increase access to chronic disease screenings for all Bloomfield residents.

**Rationale:** Only about half (51%) of CHA respondents knew their blood pressure; less than a third (32%) knew their waist circumference; and only 33% knew their heart rate. Focus groups and interviews identified chronic diseases, such as diabetes, heart disease, and obesity as the major health issues facing Bloomfield residents. In terms of access to health services, one-fourth of respondents experienced challenges that stopped them from seeking medical care.

**Objective:** For each of years 2019 through 2023, BDHHS will screen or work with community partners to screen at least 550 Bloomfield residents for blood pressure and/or blood sugar.

**Strategy:** Collaborate with community partners to offer health screenings to residents.

**Performance Measures:** See Nursing Work Plan.

### **SWOT Analysis**

#### **Strengths:**

- Credentialed, licensed, qualified, highly trained and competent public health nurses
- Excellent relationships with community partners including hospitals, schools, universities, and nonprofit organizations
- Ability to implement programs and services based on needs of community
- Staff who continually strive to apply best nursing practices
- Absence of complaints from patients served

#### **Weaknesses:**

- Inability to offer programming and screenings in the evenings and/or on weekends
- Lack of bilingual staff
- Inability to increase visibility in the community to make more residents aware of screenings and public health programs
- Lack of more diverse programming

#### **Opportunities**

- Promote screenings/programs/services through both print and online media
- Provide ongoing continuing education relevant to our work through webinars and in-class seminars
- Work with community partners to cross-promote programs/services

#### **Threats:**

- Location of Nursing Division and limited space
- Potential budget cuts
- Vaccinations being offered at pharmacies with incentives that we are unable to provide to patients

## ENVIRONMENTAL

**Goal:** To increase access to environmental hazard information for all Bloomfield residents.

**Rationale:** About 40% of CHA respondents reported environmental living conditions as a primary concern, specifically the safety and quality of the water supply. Focus groups and interviews noted additional environmental concerns: rodents, particularly by the river; the need for more recycling and composting programs; and litter and trash removal.

**Objective:** For each of years 2019 through 2023, BDHHS will work with new community partners to conduct environmental hazard outreach and activities with Bloomfield residents.

**Strategy:** Collaborate with community partners to offer environmental hazard information and education to Bloomfield residents.

**Performance Measures:** See Environmental Work Plan.

### SWOT Analysis

#### Strengths

- Highly qualified, trained, licensed, and credentialed staff
- Diverse skillsets
- Quick response times to complaints/emergencies
- Strong organizational skills
- Highly adaptable to quickly handle evolving tasks
- Possess the necessary equipment/tools to perform varied job functions
- Availability – emergency response and 24 hour on-call staffing
- Excellent relationship with various local, county, and state agencies

#### Opportunities

- Ongoing training and CEUs thru webinars, in-class and onsite trainings relevant to job functions
- Increase efficiency through technology
- Provide public awareness of our programs and services
- Work with community partners
- Further educate merchants in proper food safety practices through implementation of the Environmental Health Work Plans
- Secure more grants to educate the public about environmental hazards and develop policies/programs
- Public Health Accreditation

#### Weaknesses



- Inadequate bilingual staffing
- Lack of adequate and appropriate work space
- Potentially overextending current staff due to additional workload/interlocal commitments
- Scheduling difficulties due to additional interlocal commitments
- Reduction/loss of funding sources (local budget)

### **Threats**

- Political and funding uncertainty
- Unreliable/older vehicles in fleet, more than half of the vehicles are 13-14 years old
- Natural disasters and response preparedness and capabilities
- Emerging infectious diseases and other public health threats

## HUMAN SERVICES

**Goal:** To facilitate coordinated Bloomfield Human Services and Bloomfield Nursing screening services for Bloomfield residents

**Strategy:** Conduct Bloomfield Human Services benefit screenings at the same time as Bloomfield Nursing division activities.

**Objective:** For each of the years 2019 through 2023, Bloomfield Human Services will work simultaneously with the Nursing division to provide benefit screenings at a minimum of 12 nursing events.

**Performance Measures:** See Human Services Work Plan.

### SWOT Analysis

#### Strengths:

- Well-trained, licensed, highly educated staff with advanced certifications
- Excellent relations with numerous and diverse community partners, including county services to prevent duplication of services/programs
- Office in central location that is easily accessible
- Connected to other municipal entities
- Behavioral health services component

#### Weaknesses

- Lack of desk space and storage area; less building security after hours
- Shifting and chronic needs create staffing challenges
- Information management is largely a manual system without suitable software for operation
- Purchasing for IT needs and other capital expenses are not under the Board's control

#### Opportunities

- Greater access to grants through community partnerships
- Coordination of additional resources provided at the local level to ensure access
- Use of social media for promotion and education through collective impact model
- Utilization of interns through academic institutions for program development and program evaluation

#### Threats

- Cuts in programs affect service provision (concrete services)
- Available grants are harder to acquire
- New administrations bring changing priorities

## MENTAL HEALTH

BDHHS recognizes mental health as an integral component of public health. As a result, we identify and employ evidence-based strategies, such as Mental Health First Aid trainings and mindfulness workshops. In addition, we continue to implement or expand existing programs, including those that address suicide prevention, addiction, and the needs of veterans and seniors.

## COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

In accordance with Chapter 52 Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, the Department coordinates the work of community partners in its CHIP, convenes regular meetings (quarterly and annually), and provides a means of measuring progress toward achieving the plan's goals and objectives. Of note is that some of the Strategic Plan objectives correspond closely to those in the CHIP.

As a critical component of the Department's Performance Management Plan (PMP), the CHIP is monitored/reviewed on a quarterly basis by Department management and community partners. Progress towards goals, objectives, and performance measures is reported on, discussed, and evaluated.

Additionally, each year, as per the PMP, an annual review/revision meeting is held with staff and the community partners to solicit feedback and allow for any necessary revisions.

## QUALITY IMPROVEMENT (QI) PLAN

The purpose of the QI Plan is to drive the process of improving the quality of the Department by outlining specific activities under each division. In conjunction with our mission, the QI process helps ensure "the highest quality of life for the citizens we serve." Additional benefits of a QI Plan are as follows:

- Streamlined processes and delivery of services
- Elimination of waste
- Increased customer satisfaction
- Improved employee morale
- Identification of best practices
- Increased productivity
- Reduced costs and redundancy

The QI team is identified in the current QI Plan.

QI projects will be identified by careful analysis of customer satisfaction surveys, SWOT analysis of Department areas, internal staff evaluations, and self-identified areas for improvement by staff. As an integral part of the Department's Performance Management Plan (PMP), the QI Plan is monitored/reviewed on a quarterly basis by management and staff. Progress towards goals, objectives, and performance measures are reported on, discussed, and evaluated.

## STRATEGIC PLAN QUARTERLY MONITORING/ANNUAL REVIEW

This Strategic Plan will be monitored/reviewed on a quarterly basis by Department management. Additionally, each year, as per the PMP, an annual review/revision meeting will be held. This meeting will produce a report that reviews annual progress toward the goals, objectives, and performance measures and will provide an opportunity for any necessary revisions.

## CONCLUSION

In conclusion, the Bloomfield Department of Health and Human Services is committed to promoting healthy lifestyles and mental health and creating and maintaining a clean and safe environment for all township residents. We hope this strategic plan serves as a roadmap for the next five years on how to achieve this vision by outlining specific goals and objectives and carefully and thoughtfully analyzing our strengths, weaknesses, opportunities, and threats (SWOT). Guided by this strategic plan, BDHHS will continue to strive to uphold *Professionalism, Compassion, and Adaptability* while fulfilling its mission “to prevent disease and promote physical and mental well-being through policy development, disease detection, prevention, education, and enforcement; to do so in a culturally competent manner that ensures the highest quality of life for all of the residents served.”

## CONTACT US

Questions and comments about this strategic plan can be directed to:

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