Public Health
Prevent. Promote. Protect.
Township of Bloomfield
Department of
Health & Human Services

Bloomfield Department of Health and Human Services

Strategic Plan

2014 - 2016

Historical Information

The Township of Bloomfield was incorporated in 1912, with the earliest records of a Health Officer and the Bloomfield Board of Health dating back to 1900. The history of the development of the Township of Bloomfield is significant in understanding the diversity of today's population and subsequently the challenges faced in providing appropriate services and education regarding access to these services.

The area now known as Bloomfield was originally part of Newark when that city was founded in 1666. It was not until 1812 that the Bloomfield area separated from Newark and in the late 1800's began a growth spurt involving immigrants from Italy, Poland, and Germany who became involved in the initial development of a thriving suburban community. Between 1856 and 1867, infrastructure was developed to include a train line running from Newark to Greenwood Lake through Bloomfield and a street car network that moved people from Newark into Montclair. Through easier access to areas outside of Newark, by 1890 the Bloomfield population was 7708. Residents supported themselves by tending local farms or becoming workers in the industrial expansion that was occurring 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 and with the addition of a bus line running through Bloomfield to New York City in 1936, the population continued to grow.

Always an area of interest to people seeking to reside outside of the larger city environments, Bloomfield currently has a small, middle class, managerial population but remains, predominantly, a working class township. In the "American Community Survey" spanning the years 2007-2011, data suggests that 36.3% of the Bloomfield population that are 25+ years of age, have

completed a bachelor's degree or higher. In surrounding suburban townships this is more likely to run between 50-75%. This percentage may be expected to shift positive as young professionals from all ethnic backgrounds are finding Bloomfield attractive due to easy access to all types of transportation along with more affordable housing when compared to several of the surrounding towns.

Geographically, the township covers 5.328 square miles. The 2010 Census population was reported at 47,312 indicating that there are approximately 8880 residents per square mile.

With 24.5% of the Bloomfield population reporting themselves as Hispanic/Latino in the 2010 Census, and 17% reporting as African American, all township programs need to be developed with attention to a high level of cultural diversity. There is a relatively typical split between female and male residents at 53%/47% respectively. The senior population is at 12%, under 18 years of age at 21%, and the largest segment of the population is between ages 25-44 years old at 31%.

Bloomfield Board of Health

NJ State Law requires that each municipality have a local board of health. Most boards consist of private citizens who are appointed by the elected officials. Boards of Health can be one of three (3) types: Autonomous, Advisory, or as a function of the Governing Body. Bloomfield has an autonomous board and has the following characteristics:

- Appointed by the Mayor
- Makes policy decisions regarding purposes, functions, goals, and activities

- Passes ordinances
- Establishes a budget based on the recommendations of the Director and Health Officer and available funds allocated by the Governing Body

Board of Health Members

Kathleen DeMarino, President

Joel Elkins, Vice President

Stephanie M. Smith, Member

Antonia Rodriguez, Member

Nery Chacon, Member

Councilman Carlos Bernard, Council Liaison

Strategic Plan Work Group

Karen Lore, Director of Health & Human Services

F. Michael Fitzpatrick, Health Officer

Vincent Nicosia, Environmental Supervisor

Paula Peikes, Human Services Supervisor

Donna Williams, Public Health Nursing Supervisor

Michael J. Hodges, Health Educator

Vision

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

Mission

The mission of the Bloomfield Department of Health & Human Services is to prevent disease and promote physical and mental well being through policy

development, disease detection, prevention, education, and enforcement and to do so in a culturally competent manner that ensures the highest quality of life for all of the residents served.

Core Values

The following Core Values will serve as the foundation on which the Department operates. They will also dictate the ideals of each individual employee of the Department. The Core Values of the Township of Bloomfield Department of Health & Human Services are as follows:

Collaboration (Internal and External)
Respect (Internal and External)
Diversity
Excellence
Accountability
Commitment
Integrity

Strategic Priorities

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

Strategic Goal

The following Strategic Goal supports the Department's Vision and Mission. The strategic goal is to develop and implement a proactive & efficient program

plan, consistent with evidence-based best practices, to ensure the provision of vital public health services in a culturally competent manner.

Strategic Planning Process

Through a series of six face-to-face meetings spanning 2012-2013, followed by an overall review meeting conducted on January 13, 2014, as well as through email correspondence, the Department management and Health Educator created a rough draft of its Strategic Plan. This was accomplished by means of facilitated workshops and involved the development and completion of Strength, Weakness, Opportunity, Threat (SWOT) Analyses for the various sections of the Department. These SWOT Analyses were developed and agreed to by the Strategic Plan Work Group to ensure all members were clear on the concerns and functions of the various areas of the Department.

The rough draft of the Strategic Plan was presented to the entire staff and feedback was solicited. The Work Group then reconvened to consider staff feedback, make adjustments accordingly, and develop "Objectives" for each area, again within the Work Group dynamic during structured brainstorming sessions.

Concurrently during the span of the Strategic Planning Process, the Department was also involved in conducting a Community Health Assessment (CHA) during 2013-2013 and developing a Community Health Improvement Plan (CHIP) 2013-2014. It was agreed by all members of the Strategic Plan Work Group and supported by the Community Partners of the BDHHS that ensuring alignment of the CHIP and the Strategic Plan will provide the best and most logical approach for a synergy in accomplishment of objectives.

Also during the planning process period, the Bloomfield Department of Health and Human Services entered into a Partnership Agreement with the "Eat. Play. Live…*Better*" (EPLB) organization which made a significant impact on the overall internal and external Department planning processes. EPLB is a community –wide initiative to make healthy choices easier by supporting policy, system and environmental changes that promote healthy people in healthy places. 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, to understand the gaps and challenges that community members experience in trying to lead healthier lives, and to promote and prioritize community solutions to address these challenges. The initiative was launched in 2011 by the Partners for Health Foundation and continue to be funded by that Foundation.

EPLB partners, including individuals, businesses, institutions and organizations such as the Bloomfield Department of Health and Human Services, seek to have a collective impact on the well-being of the community by being mutually engaged, mutually accountable and sharing responsibility for goal-oriented action.

EPLB recently relocated its offices and staff at Montclair State University in the College of Education and Human Services, Department of Health and Nutrition Sciences. These combined strategies are part of the EPLB guidelines to follow the "collective impact" model which includes multi-sector players working together on a common agenda through mutually reinforcing activities.

"Collective Impact is more rigorous and specific than collaboration among organizations. There are five conditions that, together, lead to meaningful results from Collective Impact:

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"**
   *(*www.fsg.org/OurApproach/WhatIsCollectiveImpact.aspx, *Accessed 1/25/2014)*

The location of Eat. Play. Live…*Better* within Montclair State University provides the strong backbone organization for collective impact in community health and education services.

In February, 2014, a draft of the Strategic Plan was presented to the Board of Health (BOH) for its review, comments, and recommendations. The Work Group then reconvened on to consider and implement the feedback from the BOH, resulting in the finalized version of the Strategic Plan.

Department Strengths, Weaknesses, Opportunities, Threats

In gleaning similar statements from the individual Department section SWOT analyses, the following picture can be created for the overall Department:

Strengths

- Well trained, highly educated staff, licensed as required and with advanced certifications
- Excellent community partnerships
- An extensive resource of health education materials on prevention and wellness in different formats and available through different delivery systems
- Board of Health access to other Township Departments and resources
- Offices are centrally located in the township with easy access via all modes of transportation

Weaknesses

- Difficulty in conducting long term program planning due to budget cycle
- Reduction/loss of funding sources (local budget)
- A lack of community knowledge regarding the function and value of Public Health
- Lack of adequate and appropriate work space for all Department staff
- Inadequate bilingual staffing
- Lack of access and training in use of social media

Opportunities

- Increasing the number and involvement level of volunteers, community partners

- Acquisition of grant funds
- Greater access to the community through a growing use of social media
- Research/utilize best practices in behavior change and communication techniques
- Expansion and experience in inter-local services
- Public Health Accreditation
- Utilization of Collective Impact Model
- Develop policies and practices that support employee wellness

Threats

- Political and funding uncertainty
- Lack of long term planning by policy makers due to political cycle
- Sustaining internal capabilities and staffing
- Natural disasters/acts of terrorism

The SWOT analyses and Objectives developed for the individual Department sections may be found on the following pages.

Human Services SWOT Analysis

STRENGTHS	**WEAKNESSES**
Well trained, licensed, highly educated staff with advanced certifications Excellent relations with numerous and diverse community partners, including county services to prevent duplication Office in central location-easily accessible Connected to other municipal entities Behavioral Health Services Component	Lack of desk space and storage area Less building security after hours Shifting and chronic needs create staffing challenges Information management largely a manual system without suitable software for operation Purchasing for IT needs and other capital expenses not under the Board's control
OPPORTUNITIES	**THREATS**
Greater access to grants through community partnerships Coordination of additional resources to be provided at 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 evaluation Collaborating with other organizations; Eat. Play. Live… *Better.*	Cuts in programs affect service provision (concrete services) Available grants are harder to acquire New administrations bring changing priorities Fewer external resources available during down economy

Human Services Objectives

1) Expand and utilize relationships with community partners to ensure collaboration in promotion of health education and intervention programs, immediately and ongoing.

2) Increase public awareness of mental health services provided by Bloomfield Human Services through outreach to at least 7 community partners by September 1, 2014.

3) Create homelessness prevention task force by March 31st, 2015. (CHIP)

4) To inform the homelessness prevention task force, implement a "point in time" homeless count program by September 30, 2015. (CHIP)

5) Develop, as part of all health department screenings, a comprehensive screening process that includes anxiety and depression screenings, standard physical health screenings, benefit screenings. Completion by March 31st, 2016. (CHIP)

6) Human Services will collaborate with churches, food pantries, police, fire, residents and organizations to identify at risk groups and individuals to provide screening and linkage to appropriate home care and other services. Referrals and linkage to be increased by 3% by December 2014.

7) An updated resource directory (utilities, food, and insurance) will be completed by June 30, 2015.

Public Health Nursing SWOT Analysis

STRENGTHS	**WEAKNESSES**
Office staffed with licensed, qualified, trained Public Health Nurses who put first the needs of community residents Resident feedback = absence of complaints Excellent relationships with community partners including hospitals, non-profit organizations, schools and universities Apply best practices of the nursing process Ongoing implementation of programs and services based on needs assessment Mobile screening bus	Low staff Inability to provide more diverse programs Inability to increase visibility in the community making a greater number of residents aware of public health programs No programs available on weekends and evenings Lack of bilingual staff
OPPORTUNITIES	**THREATS**
Promote programs/services weekly in mixed media (print and online) Utilize community partners to cross-promote programs/services Offer health screening "program of the month" Expand access to mobile screening Align with Eat. Play. Live… *Better* programs for nutrition/physical activity	Budget cuts Flu vaccination being offered by local pharmacies, box stores Currently hard to determine if the initial stages of the Affordable Care Act are resulting in positive or negative impacts on community residents and the department Loss of suitable space

Public Health Nursing Objectives

1) By December 31st of each year, ensure written procedures are developed and/or updated for all services which public health nursing provides to residents; this will include any forms/documents utilized for the services.

2) Through community partnerships, increase by 10% by March 31st, 2015, the number of health screening opportunities offered to residents, specifically for diabetes and blood pressure. (CHIP)

3) For diabetes, approach compliance with the American Diabetes Association recommendations as detailed in "Standards of Medical Care in Diabetes – 2013" and subsequent updates. Compliance by June 30th, 2016. (CHIP)

4) For blood pressure, increase the proportion of adults (18 years and older) who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was high or normal. Year One: establish month of startup and baseline percentage. Year Two: target a 2% improvement over baseline. Year Three: target a 4% increase over baseline. Startup: June 1, 2014. (CHIP)

5) HIPPA and Department Privacy Policy Manual will be completed by May 31, 2014.

6) HIPPA Training Compliance will be provided to all staff by June 30, 2014.

Health Education SWOT Analysis

STRENGTHS	**WEAKNESSES**
A fulltime Health Educator channeling prevention and wellness materials in different formats and through various delivery mechanisms A resource and support to the daily operation of the Health Department Excellent relationships and collaboration with Community Partners	Provision of linguistically appropriate health education Readiness for optimum utilization of volunteers/interns (job descriptions, work space, equipment, appropriate training) Time & staff to maximize a comprehensive health education program and efficiently coordinate Accreditation efforts
OPPORTUNITIES	**THREATS**
Integration of Eat. Play. Live…*Better* health education and promotion programs Research and utilize best practices in behavior change and communication techniques Increase collaborations with health/health education service providers to ensure a more robust offering to service the population Use of interns for program implementation and evaluation Written health education plan that includes evaluation methods	Possible budget cuts Constantly changing media trends

Health Education Objectives

1) Ensure that at least three (2) new topics concerning emerging public health issues and state mandated health education topics are provided to residents on a monthly basis. Startup: April 1, 2014.

2) Continue to pilot the accreditation process of the Department with the goal of achieving accreditation during the third quarter of 2014.

3) Beginning with the dissemination of the BDHHS CHIP, communicate the goals and objectives of the 4 Elements of CHIP to all Community Partners, stressing the goal of collaboration and cross-promotion of all health related events, with special emphasis given to education and services that can reduce the prevalence and severity of hypertension and diabetes as well as services and education that promote good nutrition and physical activity. CHIP Dissemination: March 1st, 2014. (CHIP)

4) Within four (4) months of dissemination of CHIP, investigate the feasibility of a specialized website for "HUBS" incorporating use of at least 2 social media platforms: i.e. Facebook, Twitter, LinkedIn, etc. (CHIP)

5) If a HUBS website is deemed feasible, gather and develop the materials for the website in collaboration with other CHIP Elements and general Community Partners: 6-12 months after feasibility of HUBS is determined. (CHIP)

6) Design and promotion of HUBS website. 12-24 months from completion of Objective 6. (CHIP)

7) Develop a marketing and public relations plan for expansion of access to farmers' markets and higher quality of produce in local food shopping environments. Time Frame: 24-36 months from the dissemination of the CHIP to public and Community Partners. (CHIP)

Environmental Health SWOT Analysis

STRENGTHS	WEAKNESSES
Licensed, knowledgeable staff w/quick response to laws pertaining to PHN/citizen complaints Ability, in a timely manner, to assess, correct, control, and prevent certain factors (physical, chemical, biological) in the environment that have the potential to adversely affect the health of humans Quick remediation of complaints through inter-department collaboration Proactive surveillance through Quality of Life Program Trusted local support and training for restaurants, business owners	Staffing shortages Language barriers between health department staff and a highly diverse group of restaurant/merchant owners and employees Reliance on outside sources for reporting of vacant and pre-foreclosure properties Index of written protocols/procedural steps
OPPORTUNITIES	**THREATS**
Providing professional & technical support to local, state, and federal agencies Possibility to provide inter-local services based on existing experience More frequent inspection of higher risk food establishments Increase local training for food establishments Implement ordinance requiring registry of all vacant, pre-foreclosure properties	Budget cuts Political effects Sustaining internal capabilities/staffing

Environmental Health Objectives

1) By December 31st of each year, increase to twice per year, surveillance of high risk food service environments and encourage reporting of issues by employees and patrons.

2) To decrease the amount of public health nuisance and solid waste complaints, schedule 18 pro-active garbage and rodent surveys per year (weather permitting) with respect to the corresponding municipal garbage routes set in place. Implementing April 1, 2014

3) Implement municipal ordinance requiring the registry of all vacant and pre-foreclosure homes: March 31, 2015

4) Investigate the potential to provide inter-local services: Ongoing, beginning March 1, 2014

5) Have a Registered Environmental Health Specialist (REHS) complete "Standardized" training by December 31, 2014

Administration SWOT Analysis

STRENGTHS	WEAKNESSES
Collective Impact Model Aligned with PHIN priorities Location and geography, utilizing County resources at local level Access to Board of Health, Township Departments and other resources Licensed, certified, innovative and skilled supervisory staff able to adapt to changing needs Human Services Component Three (3) inter-local contracts	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 Lack of social media training and policies
OPPORTUNITIES	**THREATS**
Technology development and innovation including training in social media use Accreditation Workforce development and succession planning Increase revenue through grants and inter-local contracts Through provisions in the CHIP, further development of community partnerships to reduce duplication of services and expand cross promotion of health awareness and education	General public has poor understanding of public health functions Lack of acknowledgement and understanding of autonomous boards Policy and/or budget decisions made in a vacuum

Administration Objectives

1) Apply collective impact model to improve community health and wellbeing by January 31, 2014.

2) Improve organizational effectiveness through utilizing the Strategic Evaluations and shared measurement system for collecting and sharing data by December 31, 2014.

3) Develop common agenda and mutually reinforcing activities with community partners through participation in Eat, Play, Live …*Better* initiative by January 31, 2015. (CHIP)

4) Implement comprehensive workforce development program and team building programs for employees. Schedule an information sharing and team building function during March 2014.

5) Implement employee wellness program by January 31, 2015

6) Develop a system of continuous communication with employees, residents, and stakeholders to promote Public Health objectives.

7) By September 30, 2014, establish a protocol and procedure for retrieval of records (i.e. complaints, inspections, etc…) that is both efficient and consistent.

8) Review the Quality of Life Program by July 31, 2015 and make recommendations for improvement if necessary.

9) Receive Public Health Accreditation Board (PHAB) Accreditation by July 31, 2014.

10) Conduct Community Health Assessment in 2018.

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 will coordinate the work of the community partners in the Community Health Improvement Plan, convene regular meetings (quarterly), and provide a means of measuring progress of the CHIP.

Quality Improvement (QI) Plan

The purpose of the QI Plan is to drive the QI process and outline QI activities Departmental-wide.

Policy Statement

The Department has a strong interest in improving the quality of the public health product offered to residents. In conjunction with our Mission, this QI process will help to ensure "the highest quality of life for the citizens we serve." Additional benefits of instituting 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

Governance Structure:
The QI team will consist of at a minimum, the Director, Health Officer, Human Services Supervisor, Environmental Supervisor, Public Health Nursing Supervisor, and Health Educator.

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.