BRISTOL
PUBLIC HEALTH PARTNERS
established 2022
NORFOLK
Easton-Foxborough-Mansfield-Norton-Plainville-Sharon

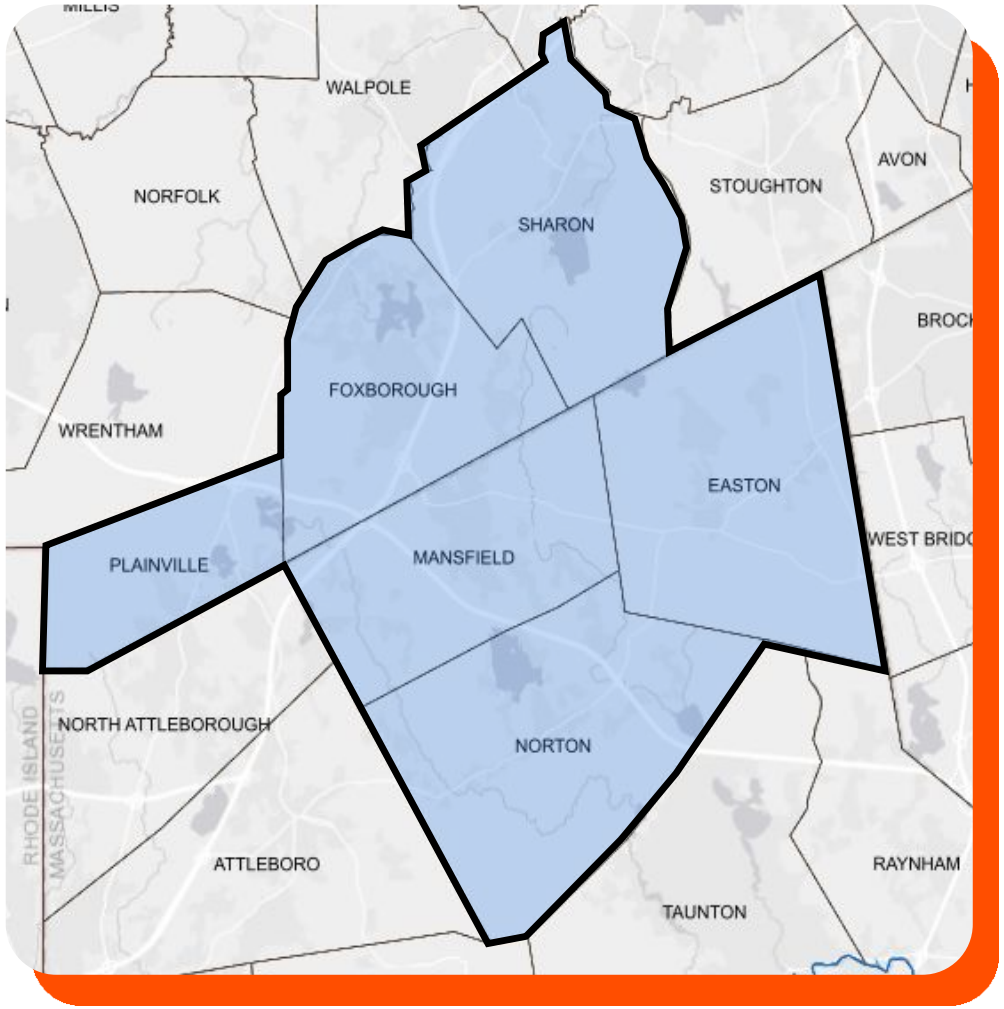
BME STRATEGIES

Putting Strategy to Work

The Bristol Norfolk Public Health Partners Strategic Plan

2025 MHOA Annual Conference

Bristol Norfolk Public Health Partners: Strategic Plan



Population

- EASTON = 25,021
- FOXBOROUGH = 18,618
- MANSFIELD = 23,855
- NORTON = 19,155
- PLAINVILLE = 9,945
- SHARON = 18,473

Similar starting place: *town health departments are of similar size, resources, and scope, and are serving similar populations. This underlying dynamic supports alignment on priorities and initiatives.*

Bristol Norfolk Public Health Partners: Strategic Plan

Identifying our Goals…*Why even do it?*

The PHE grant incentivized the creation of the BNPHP, however, in its infancy there was no clear articulation of what the group hoped to accomplish in the medium and long term.

01

To develop a combined mission and vision statement.

02

To assess the current levels of public health services provided by each community including, inspectional data, complaint data, number and types of employees, funding levels, strengths, weaknesses, and key local factors.

03

To create a specific measurable, achievable, realistic, and time bound goals for the communities to achieve better performance indicators, greater operational abilities, and greater financial support over the next 5 years.

Bristol Norfolk Public Health Partners: Strategic Plan

The Process *(Behind the Scenes)*

Following Procurement Process = Happy Finance Department

- ✔ **Develop a 'Request for Quote'**
- ✔ **Find Local Public Health Consultants**
- ✔ **Document Vendor Responses**
- ✔ **Choose Vendor/Sign Contract**

Bristol Norfolk Public Health Partners: Strategic Plan

Timeline

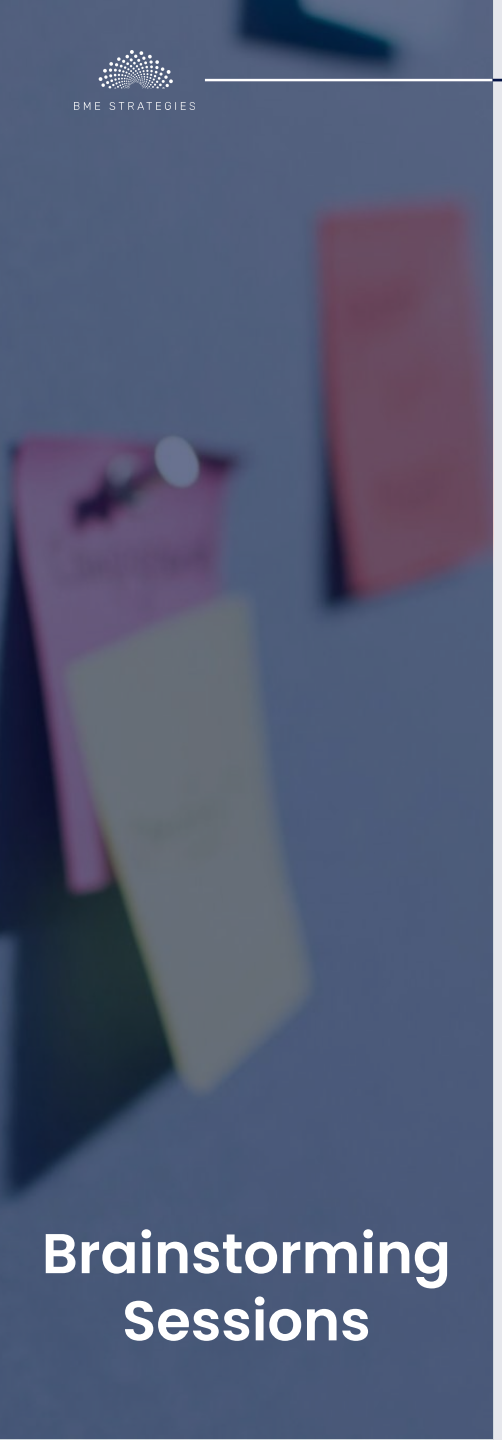
Bristol Norfolk Public Health Partners: Strategic Plan

More time commitments...
You want me to do what?

01 One-on-one interviews between BME Strategies and each town's health directors and regional staff.

02 Each town completed the Performance Standard Self-Assessment.

03 Attend each Advisory Board meeting/BME Strategies led discussions.



Brainstorming Sessions

Bristol Norfolk Public Health Partners: Strategic Plan

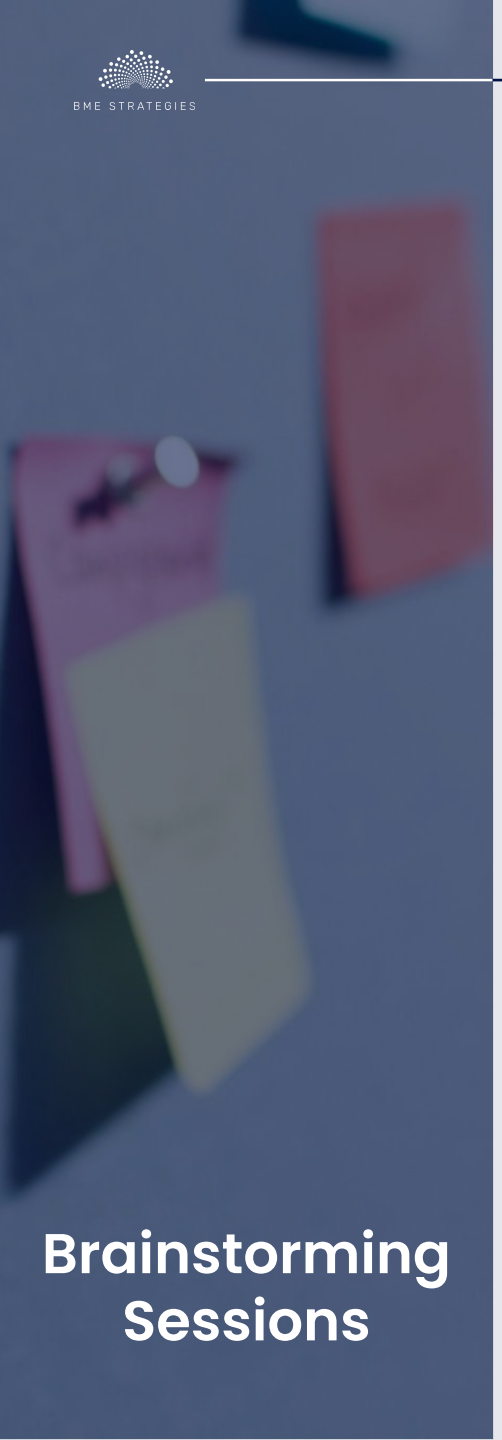
Who are we? Where are we at? Where do we want to be?

Why do you do this work? What are the values that your public health work is based on?

What is the greatest need we can meet as a partnership?

What is the most important thing this group can accomplish in the next 5 years?

The biggest question/concern/wonder I have about this collaborative is…



Brainstorming Sessions

Bristol Norfolk Public Health Partners: Strategic Plan

Wow! We learned a lot just by answering those 4 questions!

- ★ Familiarize communities with what public health is and make the communities that we serve a better place.
- ★ Every community's needs are different. Find common ground.
- ★ Consistent information and messaging. Develop a non-emergency presence in the community. Get out to the community.
- ★ Identify community health needs. Actively engage in preventative healthcare initiatives and education.
- ★ Make BNPHP a common name in the community.
- ★ How to address long-term sustainability

Bristol Norfolk Public Health Partners: Strategic Plan

SWOT Analysis

STRENGTHS

- ***Proven Value*** – The existing SSA staff (inspectors, PH nurse, regional epi) have demonstrated value to the member towns, which provides an important foundation for BNPHP to build from.

- ***Strong Group Cohesion*** – The Advisory Board members bring decades of public service experience and a deep respect for one another, fostering genuine collaboration and a shared commitment to supporting their communities.

Bristol Norfolk Public Health Partners: Strategic Plan

SWOT Analysis

WEAKNESSES

- ***Current Bandwidth*** – The current public health workforce in member communities is already understaffed and overstretched, making participation in BNPHP efforts a challenge. Many have limited capacity beyond inspection services and infectious disease reporting.

- ***Lack of Clarity*** – The BNPHP was created before there was a clear articulation of what they hoped to accomplish in the medium and long term.

Bristol Norfolk Public Health Partners: Strategic Plan

SWOT Analysis

OPPORTUNITIES

- ***High Demand for Knowledge Sharing*** – Strong desire to know more about one another's work, have lower-barrier avenues for asking for advice and support, and to collaboratively generate ideas.

- ***Shared Services Coordinator*** – BNPHP has been able to accomplish a lot and have momentum to build off of. They are soon to add a dedicated Coordinator, which will add to their capacity.

Bristol Norfolk Public Health Partners: Strategic Plan

SWOT Analysis

OPPORTUNITIES

- ***Recognition of Value of Shared Services*** – Member towns value the SSA inspection team, creating momentum to expand shared staffing for services like public health nursing and epidemiology.

- ***Communication and Unified Messaging*** – Member towns felt strongly on the need for a repository, shareable by all towns, where both internal and external resources could be stored.

Bristol Norfolk Public Health Partners: Strategic Plan

SWOT Analysis

THREATS

- ***Administrative Burden*** – Municipal Public Health Directors and staff have significant demands on their time. Participating in an SSA, though it has value, is an additional strain on limited time.

- ***Confidence in Ongoing Funding*** – Though the PHE grants is meant to last through FY 2027, continued investment beyond that date is uncertain and there is concern about whether the state will continue to fund the initiative

Bristol Norfolk Public Health Partners: Strategic Plan

The Results: *Identifying our Goals & Objectives*

GOAL 01

Enhance opportunities for knowledge sharing, communication, collaboration and exchange of ideas between health departments.

- Rotate in-person Advisory Board meetings to different towns.
- Dedicate time during Advisory Board meetings to discuss a specific health dept. function and discuss challenges

GOAL 02

Ensure that all member towns are able to meet 100% of the Performance Standards.

- Knowledge sharing among not only municipal staff, but regional staff as well (inspectional and nursing).
- Identify each town's 'gaps' (crosswalk tool)
- Cross-training regional staff

GOAL 03

The public health staff of all member towns receive essential training and are provided opportunities for continuous advancement.

- Evaluate current level of training among both municipal staff and regional staff.

Bristol Norfolk Public Health Partners: Strategic Plan

The Results: *Identifying our Goals & Objectives*

GOAL 04

Improve the financial sustainability of public health within our region.

- Identify additional and available grant opportunities
- Annual reporting to town leadership

GOAL 05

Build on Diversity, Equity, and Inclusion Training that the BNPHP has already built.

- Continue with annual DEI type training.

GOAL 06

Strengthen and align public health communication in our region both to provide consistent public health messaging and to improve awareness of BNPHP.

- Create a BNPHP branded communications packet to share at all event across member towns.
- Create a platform that allows for cross-town sharing of resources.

Bristol Norfolk Public Health Partners: Strategic Plan

Knowledge Sharing Crosswalk

BNPHP Knowledge Sharing Opportunities Tool - FY 2024

#	Subject Area	Performance Standard Question	No - Additional training needed.	No - Unaware	No - More Staff Required	No - lack of funding (non-staff)	Yes
12	Administration	12. Prior to enacting any regulation that impacts (i) farmers markets, (ii) farms, (iii) the non-commercial keeping of poultry, livestock or bees; or (iv) the non-commercial production of fruit, vegetables or horticultural plants, does your Health Department/Board of Health provide the municipal Agricultural Commission with a copy of the proposed regulation and a 45-day review period? (M.G.L. c. 111, s. 31)	Sharon	Mansfield			Easton, Foxborough
26	Tobacco Use Prevention	26. Does your Health Department/Board of Health/Tobacco Control Agent conduct inspections and compliance checks of tobacco retailers, utilizing department staff or appointed Tobacco Agents/Consultants? (105 CMR 665)			Easton		Sharon, Norton, Foxborough, Plainville, Mansfield, Easton
33	Tobacco Use Prevention	33. Does your Health Department/Board of Health/Tobacco Control Coalition provide an annual report to the Department of Public Health (DPH) Commissioner that includes: (1) the number of citations issued regarding M.G.L. c. 270, s. 22 (2) the workplaces that have been issued citations and the number of citations issued to each workplace (3) the amount that each workplace has been fined (4) the total amount collected in fines (M.G.L. c. 270, s. 22)		Sharon			Norton, Mansfield
37	Community Sanitation	37. In the last five years, has your Health Department/Board of Health logged all of the complaints received related to nuisances, sources of filth, and causes of sickness? (M.G.L. c. 111, s. 122)		Mansfield			Sharon, Norton, Foxborough, Plainville, Easton
43	Disease Control and Prevention	43. In the last five years, has your Health Department/Board of Health reported the existence of a domestic animal affected with, or suspected to be affected with, a contagious disease to the Massachusetts Department of Agricultural Resources (MDAR), Bureau of Animal Health as required under M.G.L. c. 129, s. 28? (105 CMR 300)	Easton				Sharon
60	Community Sanitation	60. When your Health Department/Board of Health discovers a violation of standards for Bathing Beaches, do you notify the DPH no later than 24 hours after such discovery? (M.G.L. c. 111, s. 5S)		Mansfield			Sharon
70	Community Sanitation	70. Does your Health Department/Board of Health annually, on or before May 1st, license/renew licenses for funeral directors? (M.G.L. c. 114, s. 49)		Norton			Easton, Mansfield, Foxborough

Crosswalk | Knowledge Sharing Opportunities | Reasons for non-compliance

Bristol Norfolk Public Health Partners: Strategic Plan

Implementation

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	**Strategic Priority**	**Goal**	**Objective**	**PHE Workplan Objective**	**PHE Workplan Activity**	**Owner**	**Fiscal Year**	**Start Date**	**Target Date**	**Success Metric**	**Status**	**% Complete**	**Status Updated**	**Risk Level**	**Comments**
2	**1. Internal Knowledge Sharing**											**0%**			
3		1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.										**0%**			
4	1. Internal Knowledge Sharing	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.1 Two Advisory Board meetings held in-person, annually, with a rotating host municipality.			Kasia (Advisory Board)	FY2026	July 2025			Not Started	0.00%			
5	1. Internal Knowledge Sharing	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.2 In-person meetings to include a 'site visit' featuring an aspect of the host municipality's work			Kasia (Advisory Board)	FY2026	July 2025			Not Started	0.00%			
6	1. Internal Knowledge Sharing	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.3 At least 30 minutes of each Advisory Board meeting reserved for a discussing a specific LHD function to discuss challenges, successes, an facilitating peer feedback.			Kasia (Advisory Board)	FY2026	July 2025			Not Started	0.00%			
7	1. Internal Knowledge Sharing	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.4. Establish a 'buddy-system' or other peer-to-peer support system, particularly for new HDs and LHD key staff.	Facilitate targeted training opportunities for staff members to address gaps in meeting the Performance Standards	Develop systems and protocols for providing support and mentorship during the workday within the SSA.	Kasia	As needed	As Needed			Not Started	0.00%			
8	**2. Performance Standards**											**0%**			
16	**3. Training**											**0%**			
20	**4. Financial Sustainability**											**0%**			
25	**5. Diversity, Equity, and Inclusion**											**0%**			
30	**6. External Communication**											**0%**			
36															
37	**Mandatory PHE Activities**	**Objective**	**Activity**			**Owner**		**Start Date**	**Target Date**	**Success Metric**	**Status**	**% Complete**	**Status Updated**	**Risk Level**	**Comments**
38	1	Grant Administration: Complete/perform all PHE Grant Program contractual requirements for the upcoming fiscal year									Not Started	0%			
46	2	Governance: Execute and maintain IMA or equivalent									Not Started	0%			
51	3	FPHS Review: Participate in trainings, a capacity and expertise review (SSA-level), and cost reporting related to the Foundational Public Health Services (FPHS)									Not Started	0%			
55	4	SAPHE 2.0 Reporting: Ensure each participating municipality (LPH Entity) completes the Annual SAPHE 2.0 reporting requirements									Not Started	0%			
61	5	METRIK: Participate in the onboarding process to METRIK									Not Started	0%			
65															
66	**Selected PHE Activities**	**Objective**	**Activity**			**Owner**		**Start Date**	**Target Date**	**Success Metric**	**Status**	**% Complete**	**Status Updated**	**Risk Level**	**Comments**
67	Sustainability 1	Communication & Engagement: Raise awareness of shared services and impact to local resident and communities									Not Started	0%			

READ ME | Dashboard | Pivot Tables | Strategy Tracker | Activity Update Sheet | Goal 1.1 | Goal 2.1 | Goal 3.1 | Goal 4.1 | Goal 5.1 | Goal 6.1 | PHE REQ 1 | PHE REQ 2 | F

Bristol Norfolk Public Health Partners: Strategic Plan

Implementation

ACTIVITY PROGRESS UPDATE SHEET

Strat Plan or PHE Grant	GOAL	OBJECTIVE	TASK	OWNER	FY	START DATE	TARGET DATE	SUCCESS MEASURE	% COMPLETE	Progress
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.1 Two Advisory Board meetings held in-person, annually, with a rotating host municipality.	Review the camp insepction season	0	FY2026	8/12/25	9/9/25		100%	●●●●●●●●●●
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.1 Two Advisory Board meetings held in-person, annually, with a rotating host municipality.	October Meeting scheduled with regions town inspectors.	PG	FY2026	8/27/25	10/14/25		50%	●●●●●○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.1 Two Advisory Board meetings held in-person, annually, with a rotating host municipality.	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.1 Two Advisory Board meetings held in-person, annually, with a rotating host municipality.	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.2 In-person meetings to include a 'site visit' featuring an aspect of the host municipality's work	Review of Camp Best Practices - Norton Health Dept.	0	FY2026	8/12/25	9/9/25		100%	●●●●●●●●●●
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.2 In-person meetings to include a 'site visit' featuring an aspect of the host municipality's work	October Meeting scheduled with regions town inspectors.	0	FY2026	8/27/25	10/14/25		50%	●●●●●○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.2 In-person meetings to include a 'site visit' featuring an aspect of the host municipality's work	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.2 In-person meetings to include a 'site visit' featuring an aspect of the host municipality's work	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.3 At least 30 minutes of each Advisory Board meeting reserved for a discussing a specific LHD function to discuss challenges, successes, an facilitating peer feedback.	Review of Camp Best Practices - Norton Health Dept.	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.3 At least 30 minutes of each Advisory Board meeting reserved for a discussing a specific LHD function to discuss challenges, successes, an facilitating peer feedback.	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.3 At least 30 minutes of each Advisory Board meeting reserved for a discussing a specific LHD function to discuss challenges, successes, an facilitating peer feedback.	0	0	FY2026					○○○○○○○○○○
Strat Plan	1.1 Enhance opportunities for internal knowledge sharing, communication, collaboration, and exchange of ideas between member health departments.	1.1.3 At least 30 minutes of each Advisory Board meeting reserved for a discussing a specific LHD function to discuss challenges, successes, an facilitating peer feedback.	0	0	FY2026					○○○○○○○○○○

Progress Key
0.00% – Not Started
The activity has not begun. No work has been completed, and no resources have been applied.
10.00% – Initiated
Initial steps have been taken, such as planning, resource assignment, or preliminary work. Work has commenced but remains in early stages.
25.00% – In Progress (Early Phase)
A portion of the activity is complete. Key groundwork may be laid, but the bulk of the task is still ahead.
50.00% – Halfway Complete
The activity is midway through execution. Significant progress has been made, and critical components are underway or nearing completion.
75.00% – Substantially Complete
90.00% – Near Completion
The activity is nearly finished, with only final checks, testing, documentation, or approvals remaining.
100.00% – Complete

READ ME | Dashboard | Pivot Tables | Strategy Tracker | Activity Update Sheet | Goal 1.1 | Goal 2.1 | Goal 3.1 | Goal 4.1 | Goal 5.1 | Goal 6.1 | PHE REQ 1 | PHE REQ 2 | PHE REQ 3 | PHE REQ 4 | PHE REQ 5 | +

Bristol Norfolk Public Health Partners: Strategic Plan

Goal Tracking...*Putting the Plan into Action!*

- Strategic Plan implementation - July 2025 (FY26)
- Dedicated part-time Shared Service Coordinator
- In-person meetings - Two different towns
- Resource sharing
- Knowledge sharing session led by Regional staff

SCAN TO VIEW

BNPHP STRATEGIC PLAN