



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

# Middlesex-Essex Public Health Collaborative STRATEGIC PLAN 2026 - 2030



**Middlesex-Essex**  
Public Health Collaborative





# Table of Contents

<b>EXECUTIVE SUMMARY</b>	<b>3</b>
<b>SECTION 1: PLANNING</b>	<b>5</b>
A. PARTICIPANTS	5
B. SEQUENCE OF THE PROCESS	5
C. BOARD APPROVAL	5
<b>SECTION 2: COMPLETION &amp; ADOPTION</b>	<b>6</b>
A. MISSION, VISION, AND CORE VALUES	6
B. STRATEGIC PRIORITIES	6
C. GOALS AND OBJECTIVES	7
D. EXTERNAL FACTORS	11
E. COLLABORATIVE STRENGTHS AND CHALLENGES	12
F. LINKAGES	12
<b>SECTION 3: IMPLEMENTATION AND PERFORMANCE MANAGEMENT</b>	<b>13</b>
<b>APPENDIX A: STAKEHOLDER FOCUS GROUPS</b>	<b>14</b>
<b>APPENDIX B: SWOT ANALYSIS SUMMARY</b>	<b>15</b>





# EXECUTIVE SUMMARY

## CONTEXT

The Middlesex-Essex Public Health Collaborative (MEPHC) engaged in a comprehensive strategic planning process from March - June 2025. This strategic plan establishes the Shared Services Arrangement's (SSA) 2026 – 2030 priorities, supports implementation of its Public Health Excellence (PHE) Grant requirements, and is a tool to aid leadership and staff decision-making. The process was led by the MEPHC Advisory Board and supported by the consulting team of BME Strategies.

## VISION, MISSION, & CORE VALUES

The Middlesex-Essex Public Health Collaborative considered its existing vision, mission, and core values at its March 2025 and April 2025 strategic planning sessions. Based on discussions, the vision, mission, and core values were updated to best serve the collaborative and its goals over the coming five years.

## STRATEGIC PRIORITIES

The following five strategic priorities will guide the work of the collaborative:

### Ensure MEPHC Organizational Sustainability and Continuity



*Strengthening long-term viability and resilience through sustainable funding models, optimizing resource management, and enhancing operational efficiency.*

### Maximize Workforce Capacity & Development



*Enhancing shared and municipal staff competencies to ensure the region is well-equipped to meet current and emerging public health challenges.*

### Expand and Standardize Services and Procedures



*Developing standardized protocols and service offerings to improve consistency and reduce administrative burden across the region.*

### Elevate Visibility and Community Engagement



*Strengthening the collaborating health departments' presence and building trust through proactive communication, partnerships, and outreach.*

### Advanced Data Use and Regional Insight



*Leveraging available data systems and fostering regional data sharing to generate actionable insights, track trends, and support evidence-based public health practice.*

## GOALS, OBJECTIVES, AND DELIVERABLES

A detailed set of measurable goals and objectives with time-bound targets and owners has been established to operationalize the strategic priorities outlined above.

## IMPLEMENTATION AND PERFORMANCE MANAGEMENT

Implementation planning began with an analysis of the department's strengths and weaknesses, an assessment of external trends and factors impacting community health, and a review of the member health departments' capacity needs.

After the formal adoption of the plan, progress will be tracked through a strategic plan activity tracker, along with regular status meetings to inform decision-making, data entry, and continuous quality improvement. Reports back to the MEPHC Advisory Board on progress against strategic priorities and goals will be provided quarterly.



# SECTION 1: PLANNING

## A. PARTICIPANTS

MEPHC’s strategic planning process was directed by the MEPHC Advisory Board (see below) as well as shared services staff, and supported by the consulting team of BME Strategies. The planning team represented knowledge and perspectives from across the collaborating Public Health Departments.

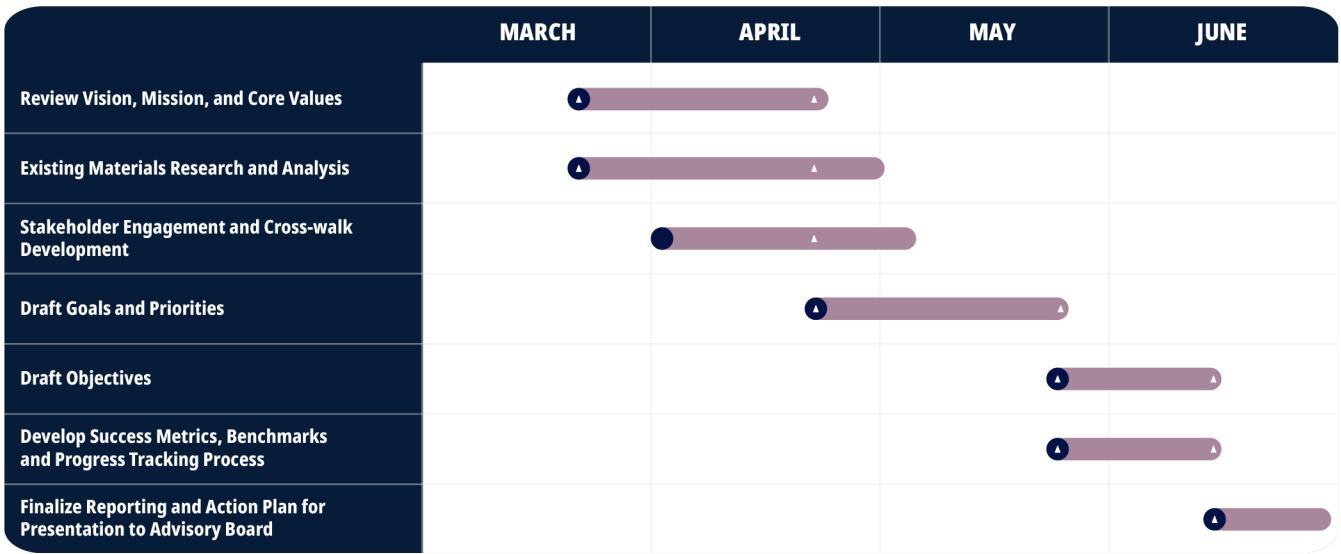
The group met monthly and conducted work in between meetings. The process began in March 2025 and concluded in June 2025.

### MEPHC Advisory Board:

- Thomas Carbone, Public Health Director, Andover*  
*Mary Connelly, Public Health Director, Haverhill*  
*Bonnie Dufresne, ISD Deputy Director, Haverhill*  
*Coral Hope, Public Health Director, Lynnfield*
- Brian LaGrasse, Public Health Director, North Andover*  
*Pam Merrill, Public Health Nurse, North Reading*  
*Ade Solarin, Public Health Director, Reading*

## B. SEQUENCE OF THE PROCESS

The MEPHC Advisory Board identified a desired process, and core components of the strategic plan were established based on the strategic planning RFP specifications. From there, the Advisory Board, with support from BME Consulting, built out sections of the plan according to the following sequence:



## C. BOARD APPROVAL

The strategic plan was adopted by the MEPHC Advisory Board on June 11, 2025.

# SECTION 2: COMPLETION & ADOPTION

## A. MISSION, VISION, AND CORE VALUES

### MISSION

The mission of the Middlesex-Essex Public Health Collaborative is to support member communities in achieving the highest quality of public health by collaborating to increase equity, share knowledge, and enhance the capacity of public health staff and service delivery.

### VISION

The Middlesex-Essex Public Health Collaborative envisions a future where every health department is equipped to build healthier, more equitable communities. Through collaboration, we set the standard for innovation and excellence in public health.

### CORE VALUES

- **Data-Driven:** Decisions are guided by accurate, timely, and evidence-based data to ensure effective policies, interventions, and resource allocation.
- **Equity:** We are committed to ensuring that all individuals and communities have access to the resources, opportunities, and care they need to achieve optimal health.
- **Sustainability:** We are committed to creating long-term, lasting impacts by utilizing resources responsibly, building workforce capacity, and developing resilience.
- **Collaboration:** Focused on partnering to create collective solutions that maximize access to resources and knowledge for participating municipalities and improve population health outcomes.
- **Transparency:** Openly sharing data, decision-making processes, and policies to build trust, foster accountability, and empower communities with accurate information.

## B. STRATEGIC PRIORITIES

The collaborative's strategic priorities were identified based on a current understanding of community and member health department needs. They were developed to reflect the unique contribution that the collaborative can make to supporting strong public health action across the Middlesex-Essex communities.

The consulting team from BME Strategies, in collaboration with the MEPHC Advisory Board, used the documents above, the MEPHC FY25 work plan objectives, additional research, and insights from brainstorming sessions to propose priorities, goals, and objectives. The Advisory Board then evaluated these against established community needs, staff capacity, and available funding, ultimately agreeing on the following strategic priorities.

- a. Ensure MEPHC Organizational Sustainability and Continuity
- b. Maximize Workforce Capacity & Development
- c. Expand and Standardize Services and Procedures
- d. Elevate Visibility and Community Engagement
- e. Advanced Data Use and Regional Insight

## C. GOALS AND OBJECTIVES

STRATEGIC PRIORITY	FIVE-YEAR GOAL	OBJECTIVES	TIMELINE	OWNER	PERFORMANCE METRIC(S)
1. Ensure MEPHC Organizational Sustainability and Continuity	1.1 Diversify and Stabilize Funding Streams	1.1.1 Identify and pursue at least one new funding opportunity annually, including grants and partnerships.	FY2026	SSA Coordinator, Advisory Board	Completed grant applications, Secured grant dollars
		1.1.2 Develop a funding diversification plan, outlining strategies for long-term financial sustainability.	FY2026	SSA Coordinator, Advisory Board	Completed Funding Diversification Plan
		1.1.3 Build relationships with regional and state funders to increase visibility and ensure alignment of MEPHC's work with emerging public health priorities.	FY2027	SSA Coordinator	Engagement database showing regular interactions
	1.2 Strengthen Internal Infrastructure and Processes	1.2.1 Conduct an internal capacity assessment to identify opportunities to improve internal processes.	FY2026	Shared Services Staff	Completed internal capacity assessment
		1.2.2 Develop written standard operating procedures (SOPs) for key shared services processes (e.g., process for hiring shared staff, example shared staff job descriptions, etc).	FY2027	Shared Services Staff	Database of SOPs
		1.2.3 Create and maintain a centralized knowledge management system to store SOPs, key contacts, best practice processes, etc.	FY2027	SSA Coordinator	Knowledge management system
	1.3 Clarify and Communicate MEPHC's Value and Role	1.3.1 Develop a stakeholder engagement and communications plan to regularly convey MEPHC's impact to partners.	FY2026	SSA Coordinator, Advisory Board	Completed stakeholder engagement & communications plan
		1.3.2 Provide quarterly updates and an annual impact report that highlights achievements, partnerships, and value delivered to local communities.	FY2026	SSA Coordinator, Advisory Board	Meeting minutes, Annual impact report
		1.3.3 Facilitate annual presentations to member municipality Boards of Health (BOH) to review collaborative efforts, increase visibility, and align on goals.	FY2027	SSA Coordinator, Advisory Board	Presentation calendar, meeting minutes, slide decks
		1.3.4 Develop a community feedback mechanism (e.g., online survey or focus groups) to assess public awareness, satisfaction, and areas for improvement in engagement efforts.	FY2028	Shared Services Staff	Survey/focus group report



2. Maximize Workforce Capacity & Development	2.1 Strengthen and Standardize Workforce Onboarding Across Member Health Departments	2.1.1 Develop and implement a standardized onboarding toolkit, including orientation materials, key policies, equity, cultural competency, and foundational public health information.	FY2027	SSA Coordinator	Completed onboarding toolkit
	2.2 Expand Access to Training and Professional Development	2.2.1 Assess the training and certification completed, and knowledge gaps, of municipal health department and shared services staff.	FY2026	SSA Coordinator, Advisory Board	Completed training gaps database
		2.2.2 Inventory available trainings and create and distribute a comprehensive training calendar that compiles internal, external, and state-sponsored training opportunities for MEPHC member health department staff.	FY2026	SSA Coordinator, Advisory Board	Training calendar
		2.2.3 Launch at least two internal training series annually focused on skills such as environmental health, communications, data literacy, health education, and community engagement.	FY2027	Shared Services Staff	Training calendar, attendee sheets
	2.3 Evaluate and Expand Shared Services Staffing to Meet Emerging Needs	2.3.1 Conduct a feasibility study to assess the need, cost, and impact of potential regional shared positions, such as a Public Health Educator and/or Epidemiologist.	FY2027	SSA Coordinator, Advisory Board	Completed feasibility study
		2.3.2 Establish and onboard at least one new shared services role based on identified gaps and member department priorities.	FY2028	SSA Coordinator	Shared services role advertisement, onboarding calendar for new staff member
		2.3.3 Support municipalities in implementing state-wide performance assessment tools to ensure effectiveness and consistent quality service provision.	FY2028	Shared Services Staff	Training attendee sheets

3. Expand and Standardize Services and Procedures	3.1 Develop and Implement Common Protocols for Core Public Health Services	3.1.1 Utilize existing nurse, inspector, and substance misuse prevention working groups to identify core service areas for standardization.	FY2026	Shared Services Staff	Working group agendas, minutes
		3.1.2 Ensure each working group (e.g., inspectors, public health nurses, emergency preparedness staff) sets clear annual goals and action plans to guide collaboration and best practices sharing.	FY2026	Shared Services Staff	Working group action plans
		3.1.3 Create and adopt two shared permitting and routine inspection protocols (e.g., food, housing, pools) each year.	FY2026	Shared Services Staff	Completed protocols
		3.1.4 Align regulatory enforcement procedures across member municipalities, where appropriate, to promote fairness, transparency, and consistency.	FY2027	Shared Services Staff	Meeting minutes, realigned procedures
		3.1.5 Implement a process for developing and distributing consistent seasonal health alerts (e.g., flu season, extreme weather safety) to municipal health departments for dissemination.	FY2027	Shared Services Staff	Seasonal health alert process
	3.2 Establish Standard Operating Procedures for Critical and Infrequent Events	3.2.1 Develop MEPHC-wide response protocols for foodborne illness outbreaks and similar events.	FY2026	SSA Coordinator, Advisory Board	Meeting agendas, minutes, foodborne illness response protocol
		3.2.2 Conduct annual tabletop or simulation exercises to test readiness and coordination for infrequent, high-impact events.	FY2027	Shared Services Staff	Training calendar, attendee sheets
	3.3 Strengthen Inter-Municipal Coordination and Workforce Readiness	3.3.1 Partner with external agencies to provide joint training sessions at least twice per year for inspectors and enforcement staff to align practices and promote shared learning.	FY2027	Shared Services Staff	Meeting minutes, training calendar, attendee sheets
		3.3.2 Review existing mutual aid process and assess opportunities to enable inter-municipal requests for sharing of inspection staff across communities during peak workloads or emergencies.	FY2027	SSA Coordinator, Advisory Board	Summary report of mutual aid review, meeting minutes

4. Elevate Visibility and Community Engagement	4.1 Increase Collaborative Presence and Visibility at Community Events	4.1.1 Develop a branded outreach toolkit that highlights health department collaboration, including consistent signage, banners, table setups, and targeted health messaging materials.	FY2026	Shared Services Staff	Photos of outreach toolkit
		4.1.2 Customize messaging and materials for different audiences (e.g., families, seniors, vendors) to enhance relevance and impact.	FY2026	Shared Services Staff	Tailored outreach resources
		4.1.3 Participate in at least three community-based events per year to increase visibility of collaborating health departments.	FY2027	Shared Services Staff	Photos from events, meeting minutes
		4.1.4 Participate in at least three regional or statewide task forces, coalitions, or working groups annually.	FY2028	Shared Services Staff	Meeting minutes
	4.2 Strengthen Relationships with Municipalities, Community Organizations, and State Agencies	4.2.1 Maintain a shared directory of regional partners and collaborative projects to streamline communication and coordination efforts.	FY2026	SSA Coordinator, Advisory Board	Completed partner directory
		4.2.2 Develop and implement a partnership engagement plan to formalize collaboration opportunities with state agencies and local partners.	FY2027	SSA Coordinator, Advisory Board	Completed partnership engagement plan
	4.3 Engage Permit End-Users to Improve Regulatory Processes and Public Health Outcomes	4.3.1 Establish regular engagement forums with permit end-users (e.g., business owners, food truck operators, body art professionals) to gather feedback and co-create solutions.	FY2027	Shared Services Staff	Forum agendas, minutes, attendee lists
		4.3.2 Pilot at least two collaborative initiatives with permit end-user groups that streamline regulatory processes while enhancing public health protections.	FY2029	Shared Services Staff	Pilot project work plans, summary reports

5. Advanced Data Use and Regional Insight	5.1 Strengthen Regional Disease Surveillance and Reporting Systems	5.1.1 Develop standardized protocols for regional data sharing and reporting using MAVEN and other public health data platforms.	FY2026	Shared Services Staff	Completed data sharing protocol
		5.1.2 Establish regular (quarterly) regional epidemiology reports to share communicable disease trends, outbreaks, and key public health indicators.	FY2027	Shared Services Staff	Quarterly meeting agendas, slide decks, minutes
		5.1.3 Create a protocol for rapid dissemination of key case findings, best practices, and lessons learned among member health departments.	FY2027	Shared Services Staff	Case findings dissemination protocol
	5.2 Leverage Regional Data to Support Strategic Decision-Making and Demonstrate Impact	5.2.1 Produce an annual regional health trends and outcomes report, incorporating local data to guide collaborative priorities and municipal planning.	FY2027	SSA Coordinator, Advisory Board	Annual report
		5.2.2 Use regional data to highlight Collaborative impact and value in annual reports, grant applications, and communications with stakeholders.	FY2027	SSA Coordinator, Advisory Board	Annual report
		5.2.3 Develop dashboards or visual data tools to make key health metrics accessible and understandable to both municipal leaders and the public.	FY2028	Shared Services Staff	Regional health outcomes dashboard

## D. EXTERNAL FACTORS

At the statewide level, several public health initiatives are currently underway that could impact MEPHC's health programs. Member communities have benefited from the Public Health Excellence (PHE) grant, however, uncertainty looms over the future of this funding. Governor Healey recently signed into law the State Action for Public Health Excellence (SAPHE) 2.0 legislation, which codifies many of the initiatives that the PHE grant is intended to address. It is still uncertain how the state will implement the legislation and the impact it will have on the PHE grant program. If the funding ends, the MEPHC partner municipalities will need to identify alternative funding sources to maintain positions funded by the grant.

Another statewide effort is the ongoing implementation of the National Foundational Public Health Standards in Massachusetts. This initiative will require local health departments to adjust their programs and services to meet new state-level expectations. While this can improve public health outcomes, it may also demand additional resources and restructuring to ensure compliance.

Workforce availability and retention remain a significant concern, as shortages of qualified public health staff could hinder the collaborative's ability to scale services or maintain consistency across member towns. In addition, turnover and burnout in local health departments, often driven by workload and stress, can disrupt the continuity and momentum of regional initiatives.

Policy and regulatory changes at the state or federal level can also create challenges. Shifting mandates or regulatory requirements may divert attention and resources from the collaborative's strategic priorities, while conflicting local ordinances or enforcement practices can complicate efforts to standardize public health operations across communities.

Finally, public health emergencies—such as pandemics, natural disasters, or disease outbreaks—have the potential to overwhelm local systems. These events could necessitate the temporary redirection of staff and funding, delaying progress on longer-term regional strategic initiatives.

## **E. COLLABORATIVE STRENGTHS AND CHALLENGES**

The MEPHC demonstrates a range of organizational strengths that contribute to more resilient and effective public health systems across its member communities. Its shared services and regional support model provides essential backup during staffing shortages and emergencies, alleviating pressure on local teams by offering access to inspectors, nurses, administrative assistance, and training coordination. This cross-town collaboration enhances efficiency, improves coordination, and enables communities to achieve more with limited resources. A key strength of the collaborative is its ability to provide accessible, high-quality training and educational resources that often exceed what individual departments could support on their own. Standardizing inspectional processes, permitting, and regulations across municipalities has also been a major benefit, with stakeholders recognizing that improved consistency boosts efficiency, promotes equity, and reduces confusion for businesses and residents. Communication has been enhanced through regular updates, monthly inspector calls, and interdisciplinary workgroups, which foster stronger interdepartmental relationships and shared learning. The development of a regional strategic plan aligned with local priorities underscores the collaborative's commitment to long-term sustainability and positions it to effectively address emerging public health challenges such as mental health, opioid use, and housing. Importantly, the collaborative has made a significant impact in supporting under-resourced communities with critical public health services, generating enthusiasm for highlighting these successes to town leadership and Boards of Health to build awareness and sustain ongoing support.

Several collaborative challenges exist that also present opportunities for continued growth and improvement. A primary focus is the need to further standardize permitting and inspection processes across communities to reduce administrative burden, ensure consistency, and strengthen public confidence in local public health systems. Enhancing communication and raising the profile of health department collaboration through MEPHC is also a key priority; doing so will help increase awareness of the collaborative's work, foster broader buy-in, and ensure that all stakeholders are informed about available services, ongoing successes, and future opportunities. Continued investment in training and workforce development is essential to address staff turnover, improve service quality, and build long-term capacity across member towns. Additionally, there is a recognized need for more regional programming and coordination to address complex issues such as tuberculosis, opioid use, and housing, which often exceed the capacity of individual municipalities and are better managed through shared resources and regional approaches.

## **F. LINKAGES**

This strategic plan was designed to complement and build upon other guiding documents, plans, initiatives, and coalitions already in place to improve the health of Middlesex-Essex residents. Rather than conflicting with or duplicating the recommendations and actions of existing frameworks and coalitions, the participants of the strategic planning process identified potential partners and resources wherever possible. This was done explicitly with existing Community Health Assessments (CHA), Community Health Improvement Plans (CHIP), and the Public Health Excellence (PHE) grant annual work plan.



# SECTION 3: IMPLEMENTATION & PERFORMANCE MANAGEMENT

The MEPHC Advisory Board and shared services team will track progress in achieving its goals using a structured process and a tracking tool. Progress reports will be provided on a quarterly basis during existing Advisory Board meetings. On an annual basis the Advisory Board will review the strategic plan priorities, goals and objectives to ensure continued alignment, and make any necessary amendments.

The strategic plan activity tracker will allow sorting by fiscal year and will establish:

- Individual and team responsibilities aligned with overall collaborative priorities
- An effective method for monitoring progress toward achieving objectives, maintaining alignment, and driving accountability
- Key activities by owner
- Deliverables and timelines
- A high-level dashboard that provides a visual gauge of progress



# APPENDIX A:

## STAKEHOLDER FOCUS GROUPS

*As a core component of the Strategic Planning process, key stakeholder focus groups were conducted with the following individuals to obtain input on the development of the strategic plan.*

### **North Reading Health Department/Board of Health - March 27, 2025**

Robert Bracey, Public Health Director  
Michael Gilleberto, Town Administrator  
Gary Hunt, Board of Health Member

Pam Merrill, Public Health Nurse  
Pamela Vath, Board of Health Member  
Karen Martin, Board of Health (*invited, did not attend*)

### **Lynnfield Health Department - April 1, 2025**

Christina Bernhard, Administrative Assistant  
Jennifer Burns, Town Psychologist  
Karen Cronin, Public Health Nurse

Robert Dolan, Town Administrator  
Coral Hope, Public Health Director

### **Haverhill Health Department - April 3, 2025**

Mary Connolly, Public Health Director  
Bonnie Dufresne, ISD Deputy Director  
Neil Gouveia, Health Inspector

Danetza Yachachin, Health Inspector  
Mark Tolman, Health Inspector (*invited, did not attend*)

### **Reading Health Department/Board of Health - April 9, 2025**

Olivia Bartolomei, Public Health Nurse  
Kerry Dunnell, Board of Health Vice Chair  
Richard Lopez, Board of Health Chair

Haley Murphy, Administrative Assistant  
Amelia Selitto, Health Inspector  
Ade Solarin, Public Health Director

### **MEPHC Shared Services Staff - April 10, 2025**

Annette Garcia, Shared Services Coordinator  
Lea Anne Pero, Public Health Nurse

Shanene Pierce, Health Inspector

### **Andover Health Department - April 14, 2025**

Carolina Bencsome, Health Inspector  
Thomas Carbone, Public Health Director  
Kelsey Clark, Public Health Intern  
Patti Crafts, Health Inspector  
Ron Beauregard, Tobacco Control Program Director

Amy Ewing, Assistant Director  
Henry Lindblad, Regional Epidemiologist  
Cherie Monahan, Public Health Nurse  
Rebecca Small, Office Administrator

### **North Andover Health Department - May 1, 2025**

Craig DeCosta, Health Inspector  
Brian LaGrasse, Public Health Director

Anaika Leveque, Public Health Intern

## KEY THEMES

### Excited About:

- Shared services and regional support providing essential backup during staffing shortages and emergencies, easing the burden on local teams through access to inspectors, nurses, administrative help, and training coordination. This cross-town collaboration improves efficiency, enhances coordination, and allows communities to accomplish more with limited resources.
- The collaborative's role in providing accessible, high-quality training and educational resources that often surpass what individual departments could fund on their own.
- Standardizing inspectional processes, permitting, and regulations across municipalities. Stakeholders view improved consistency as essential for enhancing efficiency, promoting equity, and reducing confusion for businesses and residents.
- Enhancing interdepartmental communication, regular updates, and increased visibility into collaborative efforts. Initiatives like monthly inspector calls and interdisciplinary workgroups are strengthening relationships and promoting shared learning across communities.
- Developing a regional strategic plan that aligns with local priorities and builds long-term sustainability. There is optimism about the collaborative's potential to address emerging public health issues — such as mental health, opioid use, and housing — through coordinated regional efforts.
- The collaborative's impact, particularly in supporting under-resourced communities with essential public health services. There is enthusiasm for showcasing these successes to town leadership and Boards of Health to strengthen awareness and ongoing support.

### Encourage You To:

- Focus on standardization of permitting processes, inspection processes, and procedures across communities to reduce administrative burden, ensure consistency, and improve public confidence.
- Further develop communication and MEPHC profile to raise awareness of collaborative efforts, gain buy-in, and ensure all stakeholders are informed of services, successes, and opportunities.
- Continue providing training and workforce development to address turnover, improve quality of services, and build workforce capacity across towns.
- Look for opportunities for more regional programming and coordination because some issues (e.g., TB, opioids, housing) exceed local capacity and benefit from economies of scale or broader coordination.
- Continue to build equity, transparency, and accountability to prevent any mistrust or perceived inequities that can undermine MEPHC collaboration.

## VOICES FROM THE FIELD

### Collaborative Shared Services and Planning:

- "I can't overstate the value of being able to connect with inspectors from other communities."
- "The Collaborative has made it easier to get funding for training and support for temporary events."
- "We've been able to subsidize some of the budget with software through contracting centrally to get better rates across all six municipalities."
- "Shared services staff are a great support when short-staffed - not just for a couple of hours, but sometimes for a full day. The mental load is somewhat lifted knowing that there is some place to reach out for personnel support."
- "Participation and commitment from health departments can be uneven - it would be great to develop guiding principles to help keep each other accountable and guide the partnership and engagement."

### Community Needs and Service Gaps:

- "Opioid funding is something that the collaborative can better manage - even though there are some challenges regarding who "owns" the money - it is an avenue to explore a potential regional opioid program."
- "The economy and housing will become bigger issues - more crowded and substandard housing. It will be tough to take care of rental properties, so enforcing state sanitary codes for housing will require more effort."
- "Some health departments have been very successful at community programming (teen stress, men's health, wellness education, etc.) - how do we share lessons learned across the Collaborative to raise the standard for all."
- "Collaborative should be looking to form relationships or alliances that could make the clinical planning more efficient or effective - there may be benefits in developing relationships with clinical service networks so they could provide certain services."
- "Efficiency in the collaborative for developing programs that face the public - looking for opportunities for centralized planning, look to better unload some administrative burden."
- "I like the idea of interdisciplinary work groups to meet to work on specific activities, have PHN, inspector, health director to work and make recommendations related to a particular area."

### Sustainability:

- "Funding is secured through 2027, and we need to be advocating for the value of this work now and continually."
- "Keeping the collaborative alive is the most important thing. We need to find additional/alternative sources of funding to support regional activity."
- "What are the capacities that we're building? If the money goes away, what are we building that will endure a reduction or removal in funding?"

# APPENDIX B: SWOT ANALYSIS SUMMARY

Strengths, Weaknesses, Opportunities, and Threats (SWOT) were sourced through discussions with staff and stakeholders throughout the strategic planning process.

## STRENGTHS



- **Effective Shared Services:** Shared inspectors and PHNs have been crucial for supporting health department work.
- **Training and Professional Development:** Broad access to regional training opportunities (e.g., CPR, mental health first aid, Narcan) supported by the collaborative.
- **Strong Communication and Responsiveness:** Good communication among peers and appreciated transparency from leadership.
- **Resource Optimization:** Joint purchasing (e.g., software, training materials) helps stretch local budgets.
- **Peer Collaboration:** Monthly inspector and PHN meetings, educational campaigns, and support for inspections and clinics promote knowledge sharing.

## WEAKNESSES



- **Inconsistent Engagement and Utilization:** Disparities in how municipalities engage with or benefit from the Collaborative; some concerns about commitment to collaborative solutions.
- **Public Awareness:** Boards of Health and municipal leadership may not fully understand the collaborative's offerings or value.
- **Inconsistent Standards and Procedures:** Variation in permit requirements, inspections, and enforcement approaches among towns creates administrative inefficiencies.
- **Communication Flow:** Limited two-way communication and reporting back to municipal boards.

## OPPORTUNITIES



- **Standardization Initiatives:** Develop common protocols for inspections, permitting, and onboarding to reduce administrative burden and improve service consistency.
- **Enhanced Public Communications:** Expand outreach through social media, PSAs, and newsletters to better educate both communities and municipal stakeholders.
- **Strategic Use of Opioid and Other Grants:** Leverage available funding (e.g., opioid settlements) for maximum regional impact.
- **Targeted Health Programs:** Opportunities in areas like senior wellness, pediatric education, mental health, TB clinics, and maternal health.

## THREATS



- **Funding Sustainability:** Heavy reliance on time-limited grants with no guarantee of renewal.
- **Burnout and Staffing Gaps:** High workloads and staff turnover strain health departments; concerns about the capacity to meet public health standards and State mandates.
- **State Support and Policy Gaps:** Frustrations with DPH for not adequately supporting local health departments or enforcing responsibilities (e.g., TB clinics, housing).
- **Infrastructure Variability:** Local regulations, staffing, and capacity differences pose challenges to uniform implementation.