

# 2018-2023 STRATEGIC PLAN



**Bergen County Department of Health Services**



**February 2018**

One Bergen County Plaza • Hackensack, New Jersey 07601

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## BERGEN COUNTY DEPARTMENT OF HEALTH SERVICES

### OVERVIEW OF BERGEN COUNTY

Located in the northeastern corner of New Jersey, Bergen County is directly across the Hudson River from Manhattan, via the George Washington Bridge. Bergen County is comprised of 70 municipalities. It is the most populous county in New Jersey, with a 2016 U.S Census population estimate of 939,151 persons. Almost three-quarters (73.6%) of residents identify as white; 16.7% as Asian, and 7.1% as black or African-American. Nearly 20% of residents identify as being of Hispanic or Latino origin. Sixteen percent of county residents are 65 years of age or older. Among those under 65 years of age, 9.6% are without health insurance. As of 2010, the population per square mile (population density) was 3885 per square mile. Between 2011- 2015, nearly two-fifths (39.1%) of the population over five years of age, spoke a language other than English at home.



### PUBLIC HEALTH NATIONAL LANDSCAPE

#### Workforce

Public health workers of the “baby-boom generation,” are steadily retiring, and taking with them decades of experience and organizational memory. The next generation of public health workers however, while perhaps lacking in agency history, possess the technological capability to promote the delivery of public health services in new and efficient ways.

#### Policy

The Affordable Care Act (ACA) has encouraged public health and health care systems to work together for the benefit of the health of the general population. Hospitals are now required, in conjunction with public health, to complete a community health needs assessment (CHNA) every three years. Programs to serve the community are to be developed and implemented based on the findings of the CHNA. Given the current uncertainty surrounding the continuation of the ACA in its present form, it is difficult to predict what the impact on public health may be, should the regulations change. Caseloads, as well as demand for other health services, may increase or decrease. BCDHS will monitor the implications of this legislation, while remaining flexible and nimble, in order to adapt to any changes to public health responsibilities.

### Bergen County Public Health Landscape

- BCDHS as the Bergen County Public Health Agency: BCDHS is the public health agency for the County of Bergen. As such, certain programs, including the Cancer Early Education and Detection (CEED) program, Clean Communities, HIV testing/screening, TB Control, Hazardous Materials Management, and the Local Information and Network Communications System (LINCS) are provided county-wide, as required by the respective grants that fund these programs. Additionally, the BCDHS coordinates the

Community Health Improvement Partnership of Bergen County (CHIP), including the development of and participation in, health-related events throughout the county. CHIP membership is comprised of the BCDHS, local health officers, hospitals, community organizations, and businesses throughout Bergen County.

- **BCDHS as Health Officer:** As of September 13, 2017, the BCDHS serves as Health Officer in approximately half of the 70 municipalities in the county. According to the 2016 U.S. Census Estimates, the combined population of these towns is more than 330,000 residents. Public health services provided may include nursing, health promotion and/or Registered Environmental Health Services (REHS).
- **BCDHS as Provider of Non-Traditional (Non-Essential) Public Health Services:** Additionally, BCDHS provides services in non-traditional public health areas including: Clean Communities (a statewide litter-abatement program), Right-to-Know (an employer hazardous substances disclosure program), the Division of Mental Health Services (including serving as the administrative arm for the Bergen County Mental Health Board, the Children’s Interagency Coordinating Councils CIACC and the Community Mental Health Law Project), and the Office of Alcoholism and Drug Dependency (OADD). The OADD also oversees Spring House, a halfway house for women recovering from alcohol and drug addiction, the Addiction Recovery Program with intensive outpatient services, and the Intoxicated Driver Resource Center. The OADD staffing and programs have been modified in response to the Opioid Crisis in Bergen County.

The BCDHS upholds the national standards for local public health departments, known as the 10 Essential Public Health Services. These standards were developed within a nationally recognized framework, with input from public health professionals and elected officials from across the United States. The three core functions and 10 Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibility of local public health systems.

### **CORE FUNCTION 1: ASSESSMENT**

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.

### **CORE FUNCTION 2: POLICY DEVELOPMENT**

3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

### **CORE FUNCTION 3: ASSURANCE AND RESEARCH**

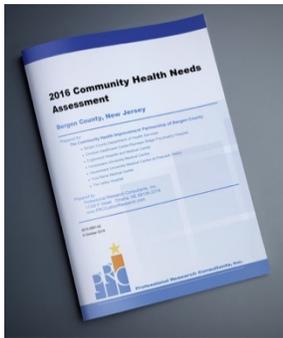
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care, when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## THE INTERACTION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND THE STRATEGIC PLAN

The findings from the CHNA inform the CHIP and the Strategic Plan. The BCDHS Strategic Plan includes emerging and new initiatives and agency specific priorities (infrastructure, marketing, etc.) in addition to the CHIP priorities.

A community health needs assessment (CHNA) is a component of an ongoing community health improvement process. The CHNA process uses data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement. These priority issues are then outlined in the form of a community health improvement plan (CHIP).

A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement (NACCHO website).



Community health needs assessments (CHNA) and implementation strategies are newly required of tax-exempt hospitals as a result of the Patient Protection and Affordable Care Act. These assessments and strategies create an important opportunity to improve the health of communities. They ensure that hospitals have the information they need to provide community benefits that meet the needs of their communities. They also provide an opportunity to improve coordination of hospital community benefits with other efforts to improve community health. By statute, the CHNAs must take into account input from “persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.” (ASTHO website)

### The 2016 Community Health Needs Assessment, Bergen County:

In 2016, the Community Health Improvement Partnership of Bergen County, the Bergen County Department of Health Services (BCDHS), six non-profit hospitals, and local public health department partners in Bergen County worked together and completed the **2016 Community Health Needs Assessment, Bergen County** (CHNA).

The community health needs assessment utilized a participatory, collaborative approach to look at health in its broadest context. The six hospitals contracted with and funded Professional Research Consultants, Inc. and Strategy Solutions to coordinate the assessment and health improvement process in Bergen County. The project’s objectives were to determine the health status, behaviors, and needs of residents in Bergen County. This information was then be used to inform decisions and guide efforts to improve community health and wellness. The CHNA is one of the tools utilized to work towards achieving three goals for Bergen County residents:

- Improve health status, increase life spans, and elevate overall quality of life
- Reduce the health disparities among residents;
- Increase accessibility to health care

### The Areas of Opportunity identified through the CHNA, listed alphabetically, are:

- Access to Healthcare Services
- Chronic Diseases
- Immunization & Infectious Diseases
- Mental Health, Nutrition & Physical Activity
- Substance Abuse

The CHIP Focus Areas were determined through a formal prioritization process during the development of the CHNA which included key informant interviews, a telephone survey, meetings of the hospital and public health partners, and community forums. The identified needs were ranked based on scope and severity and the ability to have a positive impact on each health issue.

The CHIP Focus Areas for 2017-2019 are:

- Obesity, Fitness, Nutrition & Chronic Disease
- Mental Health & Substance Abuse Disorders
- Access to Health Care

Following the CHNA, the BCDHS and each hospital and public health partner developed its individual CHIP, identifying the priorities their respective organization would be working on. The CHNA identifies health needs in the communities BCDHS services, the CHIP describes the initiatives that will be undertaken to meet some of the identified health needs (those that are realistic for the BCDHS to tackle).

## The Planning Process

The Bergen County Department of Health Services (BCDHS) began planning the strategic planning process in January 2017, utilizing the framework of broader community public health planning initiatives that had been implemented in the county.

The agency utilized the following documents to develop its strategic plan:

- A community health needs assessment (CHNA) was conducted in 2016 by seven acute care hospital in Bergen County and the BCDHS,
- A community health improvement plan (CHIP) was developed in 2017 by BCDHS based on the findings from the CHNA

BCDHS embarked on a formal strategic planning process in January 2017. A Strategic Planning Committee (SPC) was convened, comprised of the BCDHS' Health Officer and Assistant Health Officer, department staff (all levels), other Bergen County personnel, community stakeholders and hospital representatives. (see Appendix for list of members).

Developing the strategic plan included meetings of the BCDHS Strategic Planning Committee (SPC) to develop a shared vision and identify strengths and weaknesses, opportunities and challenges/threats (SWOC/T). There were concurrent meetings and collaboration with internal BCDHS Division Coordinators to develop shared values statements, to update the mission and vision for the department, and to gather information through a SWOC/T analysis on BCDHS' current and future capacity. Themes from the various SWOC/T analyses were summarized and used as the basis for identifying strategic priorities for the Strategic Plan.

The BCDHS' Office of Strategic Public Health Planning and Workforce Development facilitated SWOT analyses across the divisions and offices of the agency. This was accomplished in workshops, which were conducted from April through June 2017. The findings from these sessions, as well as from key informant interviews, were utilized to create a master SWOT analysis for the entire department.

## STRATEGIC PLAN METHODOLOGY

The goals of the strategic planning process are to:

- Provide clear direction, realistic goals, achievable objectives, and measurable results
- Identify organizational strengths, articulate areas of need, and build consensus and momentum around common goals and objectives.

## Strategic Planning Elements

The figure below shows the primary elements of strategic planning: Vision, Mission and Values; Goals, Objectives, Strategies; and Action Plan. Throughout the BCDHS strategic planning process, the BCDHS Leadership Team completed each of these elements, collaborating with and eliciting feedback from the Strategic Planning Committee (SPC), BCDHS Division Coordinators, and program staff.



### TIMELINE:

Initial Planning	Data Gathering-(Analysis of CHNA, Conduct SWOT/Cs)	Planning meetings	Prioritization	Final Report
Nov - Dec 2016	April - June 2017	April - June 2017	July - November 2017	February 2018

## Methodology for Development of the Strategic Plan

Developing the strategic plan included meetings of the BCDHS Strategic Planning Committee (SPC) to develop a shared vision and identify strengths and weaknesses, opportunities and challenges/threats (SWOC/T). The SPC is comprised of key Bergen County departments, community, and hospital stakeholders. There were concurrent meetings and collaboration with internal BCDHS Division Coordinators to develop shared values statements, to update the mission and vision for the department, and to gather information through a SWOC/T analysis on BCDHS' current and future capacity. Themes from the various SWOC/T analyses were summarized and used as the basis for identifying strategic priorities for the Strategic Plan.

Additionally, SPC members were asked to work on the strategic planning *areas of focus* that they had identified. These are:

### 1. Accreditation Preparation

- Performance Management
- Quality Improvement
- Workforce Development/Cultural Competence

### 2. Marketing and Communication

- Branding
- Social media
- Literacy
- Multi-linguistic materials

### 3. Community Engagement

- Continued development of partnerships and coalitions
- Community-based health initiatives developed and implemented with partners
- Development and dissemination of health information

## Monitoring Strategic Plan

BCDHS staff will review progress on the priority areas with the Strategic Planning Committee and the BCDHS' division coordinators on a regular basis to determine the Plan's progression and identify any changes for its improvement. This monitoring process will always include a review of progress and a timeline for completion. The process will be facilitated by use of a performance management system.

## SWOT/SWOC Analysis:

A SWOT/SWOC analysis looks at the Strengths, Weaknesses, Opportunities and Threats/Challenges that provide the context within which an organization must operate. This analysis was conducted from April through June 2017.

This was done with internal leadership, staff and the Strategic Planning Committee. The insight gained from this analysis was used to help inform the strategic planning efforts.

STRENGTHS (INTERNAL - BENEFICIAL)	WEAKNESSES (INTERNAL - HARMFUL)
<ul style="list-style-type: none"> <li>▪ Experienced workforce</li> <li>▪ Considered “experts”</li> <li>▪ Good staff education &amp; cross-training</li> </ul> <p><b>Collaboration among BCDHS divisions &amp; employees</b></p> <ul style="list-style-type: none"> <li>▪ Partnerships: professional, community-based, County and State leveraging of resources among partners</li> <li>▪ Well-educated staff from a variety of disciplines; multi-job training and responsibilities</li> <li>▪ Diversity of employees with multiple languages/cultures</li> <li>▪ Internship/volunteer opportunities.</li> <li>▪ Sufficient IT, including support &amp; software</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lack of branding/marketing for BCDHS services</li> <li>▪ Lack of Quality Improvement Plan</li> <li>▪ Lack of Workforce Development Plan</li> <li>▪ Planning and approval process can be slow in government</li> <li>▪ Limited funds and changing grants</li> <li>▪ Political environment/administration changes</li> <li>▪ Inadequate communication of programs, events and resources to county residents and other target groups</li> <li>▪ Underutilized departmental services</li> <li>▪ Lack of coordinated work plans/communications within dept.</li> <li>▪ Lack of timely and effective communication up and down the dept. hierarchy</li> <li>▪ Poor succession and sustainability plan</li> <li>▪ Need for customer service training</li> <li>▪ Lack of staff and community preparedness for emergencies</li> <li>▪ Lack of partnership with major media outlet(s)</li> </ul>
OPPORTUNITIES (EXTERNAL - BENEFICIAL)	CHALLENGES/THREATS (EXTERNAL - HARMFUL)
<ul style="list-style-type: none"> <li>▪ Accreditation</li> <li>▪ Grant applications and awards</li> </ul>	<ul style="list-style-type: none"> <li>▪ Competition from health officers and hospitals</li> <li>▪ Affordable Care Act/instability of health markets</li> <li>▪ Employee retention</li> </ul>

<ul style="list-style-type: none"><li>▪ <b>Fostering linkages with local hospitals and promoting resources to those in need</b></li><li>▪ <b>Need for emergency planning within BCDHS, the community, and partners</b></li><li>▪ <b>Fee-for Services</b></li><li>▪ <b><i>Stigma Free</i> and other county-wide wellness initiatives</b></li><li>▪ <b>The CHIP Partnership, CHNA and CHIP Implementation Plan</b></li><li>▪ <b>Development of relationships with universities for interns and resources</b></li><li>▪ <b>Improved marketing and reaching people through media and social marketing and IT</b></li><li>▪ <b>Expanded workforce development and training</b></li><li>▪ <b>Expanded community prevention and treatment programs</b></li><li>▪ <b>Expanded community partnerships (including Health Officers, mayors, faith groups, businesses, universities, schools, etc.)</b></li><li>▪ <b>Closer work with hospital partners to improve health in specific priority areas</b></li></ul>	<ul style="list-style-type: none"><li>▪ Low salaries for staff compared to private businesses and health departments in other counties.</li><li>▪ The changing world of politics</li><li>▪ Bioterrorism, emerging diseases &amp; natural disasters</li><li>▪ Stigma associated with many aspects of health</li><li>▪ Emerging diseases</li><li>▪ Staying technologically current in a quickly changing world</li><li>▪ Getting the health services and opportunities to the neediest communities and finding partners to work with in those communities.</li></ul>
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The BCDHS' strategic plan will provide a guide for making decisions, allocating resources and taking action, to facilitate the agency accomplishing its mission. The Vision, Mission and Values of the BCDHS are:

## BCDHS Vision

- Bergen County, where healthy people live in healthy and thriving communities.

## BCDHS Mission

- To coordinate and assure the preservation, protection and promotion of the health, well-being, and quality of life for all.

## BCDHS Values

- **Professional Integrity:**  
Strive to attain and maintain accountability, transparency, a good work ethic, and utilization of funds to achieve maximum impact. Provide accurate and up-to date information.
- **Service Excellence**  
Strive to interact with constituents and colleagues with acceptance, respect and dignity.
- **Innovation and Critical Thinking**  
Recognize changes in the external environment. Collect, analyze and disseminate data with partners to inform program strategies, policy and funding decisions.
- **Workforce Development**  
Advance career development through training and mentorship. Work to diversify the workforce to mirror the communities served.
- **Practice Continuous Quality Improvement**  
Utilize a deliberate and defined improvement process responsive to community needs and improving population health.



## STRATEGIC PLANNING PRIORITY AREAS:

STRATEGIC PLANNING PRIORITY AREAS	GOALS/OBJECTIVES
<p><b>PRIORITY AREA 1: ACCREDITATION PREPARATION</b></p> <ul style="list-style-type: none"> <li>▪ Performance Management</li> <li>▪ Quality Improvement</li> <li>▪ Workforce Development/ Cultural Sensitivity</li> </ul>	<p><b>GOAL 1:</b> To establish formal mechanisms to assess program outcomes, develop strategies for program improvement, and train and develop staff in order to deliver effective public health services to the community.</p> <p><b>Objective 1.1:</b> Increase capacity to target appropriate public health interventions based upon available data from the CHNA and other secondary and primary data through December 2018.</p> <p><b>Objective 1.2:</b> Identify and capture internal and external health funding opportunities to support financial sustainability through December 2018</p> <p><b>Objective 1.3:</b> Incorporate a Quality Improvement Plan and review and update by Division Leads as needed through December 2018.</p> <p><b>Objective 1.4:</b> Increase staff competency and diversity required to successfully deliver the ten essential public health services through the creation and implementation of a workforce development plan through December 2018.</p> <p><b>Objective 1.5:</b> Create tools to evaluate staff skills and credentials associated with competency- based performance by December 2018.</p> <p><b>Objective 1.6:</b> Create a BCDHS Department Workforce Development Plan and establish an annual review and update process. by December 2018.</p>

<p><b>PRIORITY AREA 2: MARKETING AND COMMUNICATION</b></p> <ul style="list-style-type: none"> <li>▪ Branding</li> <li>▪ Social media</li> <li>▪ Literacy</li> <li>▪ Multi-linguistic materials</li> </ul>	<p><b>GOAL 2: TO INCREASE PUBLIC AWARENESS OF DEPARTMENT SERVICES AVAILABLE TO THE PUBLIC, LOCAL BOARDS OF HEALTH, COMMUNITY ORGANIZATIONS, SCHOOLS, HOSPITALS AND PROFESSIONALS</b></p> <p><b>Objective 2.1:</b> By June 2018 establish steps to address noted needs and gaps in public awareness of departmental services. Develop an information and education plan if requested by local boards of health</p> <p><b>Objective 2.2:</b> By March 2018 selected division leads will meet with County Public Information Staff and other community partners in order to develop a standard procedure and channels for creating and distributing social messages which will support increased branding</p> <p><b>Objective 2.3:</b> Review resource materials and have available in languages to meet the needs of the ethnically diverse population and assure the materials meet the literacy levels of the targeted populations by December 2018.</p> <p><b>Objective 2.4:</b> Develop an Annual Report and distribute it to towns with shared services and have staff review it by December 2018.</p> <p><b>Objective 2.5:</b> By June 2018 develop customer/patient/Local Boards of Health/Partnership feedback forms that identifies strengths and weaknesses of BCDHS services</p> <p><b>Objective 2.6:</b> Secure Information Technology resources and other technical needs to support the organizational effectiveness of BCDHS by June 2018.</p>
<p><b>PRIORITY AREA 3: COMMUNITY ENGAGEMENT</b></p> <ul style="list-style-type: none"> <li>▪ Development of partnerships/coalitions</li> <li>▪ Community-based health initiatives with partners</li> <li>▪ Development and dissemination of health information</li> </ul>	<p><b>GOAL 3: TO ENHANCE, SUSTAIN, AND DEVELOP STRATEGIC PARTNERSHIPS</b></p> <p><b>Objective 3.1: Leverage the resources of the Community Health Improvement Partnership (CHIP) and other partnerships, coalitions, and professional associations to create, implement, and disseminate information about the Bergen County Health Improvement and Implementation Plan through December 2018 (see focus areas, below)</b></p> <p><b>Objective 3.2: Create an annual written Community Engagement Plan by June 2018 for the BCDHS and the CHIP Partnership.</b></p>
<p>COMMUNITY HEALTH IMPROVEMENT AND IMPLEMENTATION PLAN 2017-2019 FOCUS AREAS</p>	<p><b>Obesity, Fitness, Nutrition and Chronic Disease Mental Health &amp; Substance Use Disorders Access to Health Care</b></p>

## ACKNOWLEDGEMENTS

### STRATEGIC PLANNING STEERING COMMITTEE

#### Community Stakeholders

**Rose Catton, MSW, RN, NJ-CSN**  
School Nurse  
Hillsdale Public Schools

**Colleen Doherty, PHN, RN**  
Health Department Administrator  
Borough of North Arlington

**John Frey**  
President  
Woodcliff Lake Board of Health

**Thomas Metzler**  
Director  
Office of Emergency Management

**Amanda Missey**  
President & CEO  
Bergen Volunteer Medical Initiative

**Bishop CV Singletary**  
Pastor  
The Reformed Church of Oradell

**Catherine A.V. Yaxley, CPA, MBA, RN**  
V.P., Planning and Government Affairs  
Holy Name Medical Center

#### Bergen County Department of Human Services

**Jane C. Linter**  
Director  
Department of Human Services

**Erin Beischer, LCSW**  
Program Coordinator, Special Child Services  
Division of Human Services

#### Bergen County Department of Health Services

**Hansel Asmar, MPH**  
Director  
Department of Health Services

**Steven Frier, MD**  
Medical Director  
Health Services

**Eric Ciavaglia, CHES**  
Coordinator  
Health Promotion

**Marla Klein, MCHES, RDN**  
Coordinator  
BC Community Health Improvement Partnership

**Thomas J. Longo, Jr., MAS, REHS**  
Coordinator  
Environmental Health

**Margaret Mantello, RN, BSN, LCADC**  
Supervisor  
Nursing Program

**Elizabeth Rubock, DrPH**  
Coordinator  
Strategic Planning

**Karen Alelis Wolujewicz, MPH**  
Assistant Health Officer  
Department of Health Services

