STRATFORD HEALTH DEPARTMENT

Strategic Plan FY 2022 – FY 2025

Our Vision*…Healthy people thriving in a healthy Stratford.*

Our Mission*…To improve the quality of life for Stratford residents through the promotion of health and well-being, the prevention of disease, and by assuring a clean and safe environment.*

Equitable · Responsive · Integrity · Knowledgeable · Professional · Resourceful · Continuous QI · Transparent

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PROCESS OVERVIEW

Summary of Process:

The Stratford Health Department (SHD) hired consultant, Emily Melnick, to facilitate workshops with staff June 28th, June 29th and September 21st 2022. During these sessions, staff discussed, revisited, and recommitted to the SHD vision and values. Staff also discussed strengths, weaknesses, opportunities, and threats (SWOT); relevancy of previously charted strategic directions and goals and objectives going forward, as well as action steps to achieve objectives. Several plans advised the process including the Workforce Development Plan, Quality Improvement (QI) Plan, and Community Health Improvement Plan (CHIP). The plan was shared with partners, stakeholders and the community for feedback and refinement on November 9th and November 16th and was finalized on December 1, 2022.

2022 Participants: , Kristina Agapito, Andrew Anderson, Andrea Boissevain (Management Team), Bernice Bova (Management Team), Greta Broneill (Management Team), Grisel Cerna, Alivia Coleman, Veronica Cortes, Kim Feroleto, Ty Joseph, Walter Owusu Maureen Whelan (Management Team), Linda Williams.

Vision: Healthy people thriving in a healthy Stratford.

Mission: To improve the quality of life for Stratford residents through the promotion of health, prevention of disease and by assuring a clean and safe environment.

Values:

- ***Equitable***: Staff will promote, support and embrace healthy equity principles, work to reduce disparities, and practice reasonable and just treatment of all individuals.
- ***Responsive:*** Staff will be receptive, timely and react appropriately to public, client and partner needs and requests.
- ***Integrity***: Staff will adhere to moral, professional and ethical principles.
- ***Knowledgeable***: Staff will embrace professional growth opportunities and education, and demonstrate competency and proficiency in their respective fields.
- ***Professional***: Staff will exhibit excellent character, a positive attitude, courteous and respectful conduct and costumer service, and commit to a strong work ethic.
- ***Resourceful***: Staff will practice ingenuity, initiative, leveraging of partnerships, and skillfulness with use of resources.
- ***Continuous quality improvement***: Staff will support a culture of growth, improvement and work to advance the quality of services provided.
- ***Transparent***: Staff will operate transparently to facilitate collaboration, cooperation, communication and accountability.

Strengths, Opportunities, Weaknesses and Threats (SWOT):

<table>
<tr><th colspan="2"><u>INTERNAL (WITHIN SHD CONTROL)</u></th></tr>
<tr><td><u>STRENGTHS</u>
What does SHD do well?
What are SHD unique resources & role in community?
What do others see as SHD strengths?</td><td><u>WEAKNESSES</u>
What can be improved?
What new or additional resources/activities do we need?
What do others see as SHD weaknesses?
Where are SHD resources less than others (e.g., What do we do that perhaps we shouldn't)?</td></tr>
<tr><td>ACTIONS: PRESERVE, PREVENT, PROTECT</td><td>ACTIONS: MITIGATE, OVERCOME</td></tr>
<tr><td><u>Staff Attributes</u>
Willingness to be creative
Open to new ideas
Ability to preserve staffing levels
Trusted by public
User friendly/responsive
good customer service
“problem solvers”/info source
Across lifespan & areas
Willingness to listen to multiple perspectives
Able to adapt/pivot to change
Diversity of professional experience
Strong Leadership
Teamwork/willingness to work across silos
Data informed
<u>Organization</u>
Continuous Quality Improvement Environment/foundation
Continuous learning environment
Diversity of Job activities/responsibilities</td><td>Ability to prioritize
In-house Nurse Practitioner
Offer physicals
Primary Care Provider (PCP)
Targeted community education
Awareness of provided services
Isolated seniors
Internal Stratford Partners (Finance Dept)
Non-social media connected residents
Translated materials
Advocacy skills
Evaluation
Ongoing community input and feedback
Office layout
Environmental Central Data Base
Billing system</td></tr>
</table>

STRENGTHS CONT'D	
Collaboration/Partnerships • At multiple levels (e.g. town, region, state) • Embedded in partnerships & professional organizations Outreach • Strong social media presence • Interactions with community Services • Strong Programs • Comprehensive Care • Grounded in social determinants of health • Sanitarians provide uniform service Building • Central Location	

<table>
<tr><th colspan="2">EXTERNAL (OUTSIDE SHD CONTROL)</th></tr>
<tr><th>OPPORTUNITIES
What opportunities are open?
What trends can be taken advantage of?
How can we turn SHD strengths into opportunities?</th><th>THREATS
What threats could harm SHD?
What threats do SHD weaknesses expose us to?
What external events are taking place that could hurt us and undermine our strengths and opportunities?</th></tr>
<tr><td>ACTIONS: CAPITALIZE, ENHANCE</td><td>ACTIONS: PREVENT, ISOLATE</td></tr>
<tr><td><u>Partnerships/Collaboration)</u>
HIA (leverage resources)
CHIP
<u>Outreach</u>
Increase knowledge/awareness of role of SHD in the community in general and to:
Faith-based groups
PTAs
Hispanic organizations
Citizens Advocating for Racial Equity (CARE)
Increase promotion of partners’ efforts
<u>Advocacy</u>
With State
<u>Internal/Management</u>
Enhance data and evaluation process
Update Annual Report with Current Goals</td><td><u>Data</u>
Lack of STD indicators from state
Demographic data not collected by state
Language
Gender
Delay of state data reporting
<u>Access</u>
PCP
Dentist
Cost of Health Care
<u>Behavioral Health</u>
Disparity in rates of depression by race
<u>Political Environment</u>
Polarization</td></tr>
</table>

OPPORTUNITIES CONT'D

OTHER

- Food pantries (alternative options)
  - Increase outreach
  - Focus on healthy eating/target obesity
  - Decrease stigma re: access
- Senior services/transportation
- Preparedness goal mandate
- Update Food Code
- Improve access to medical care

Substance Related

- Change in Marijuana laws
- Increase in children's awareness of parent use of alcohol and marijuana
- Provide professional development re: marijuana
- Behavioral Health (explore correlation to open space & access to care

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- Environmental Equity Grants
- New opportunities for public health funding

THREATS CONT'D

State

- Decrease in state personnel
  - Lack of institutional knowledge
- Legislative bureaucracy
- Aging hardware
- Stagnant State Bureaucracy

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- Grant funded positions
  - Restrictions on where $ spent
- Per capita funding insufficient

STRATFORD HEALTH DEPARTMENT STRATEGIC PLAN OVERVIEW FY 2022- 2025

	Healthy Living	Access to Services	Organizational Capacity
Goals Each goal will be addressed through a health equity lens, keeping the social determinants of health at the forefront of our actions.	1. Achieve equitable life expectancy by ensuring Stratford residents have access to the resources they need. 2. Support a healthy environment to increase satisfaction with the area in which residents live. 3. Achieve equitable health and development outcomes for children by strengthening communities and families and promoting child wellbeing and resiliency.	4. Increase equitable access to behavioral health services. 5. Identify barriers and change processes to ensure equitable access to health care and community-based services.	6. Increase organizational capacity

TIMELINE KEY

FY1 – July 1, 2022 – June 30, 2023

FY2 – July 1, 2023 – June 30, 2024

FY3 – July 1, 2024 – June 30, 2025

Goal # 1: Achieve equitable life expectancy by ensuring Stratford residents have access to the resources they need.

OBJECTIVE 1.1: Reduce the percentage of adults that report having hypertension, Diabetes, and being Overweight/Obesity each by 2% by 2025. (2022 baseline: 29%, 10%, 71%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Increase participation in free community health screenings among all ages (e.g., Know Your Numbers, blood pressure screenings).	FY1-3	Health Educator	50 people screened annually	
Support participation in community-based physical activities to increase social connections and exercise opportunities (e.g., Walk and Talks, Stratford Walks, biking infrastructure).	FY1-3	Health Educator	25 participants total each year	
Review town land use applications to ensure a health in all policies approach that embeds health opportunities (mental and physical) in the environment	FY2	Health Program Associate	75% of referred interdepartmental applications reviewed	
Develop and disseminate clear health messages to empower individuals to prioritize health and wellness.	FY2	Health Educator	12 (1/month) on different topics on myriad platforms	
Coordinate new programs to promote access to healthy food.	FY3	Health Educator	1 new initiative	
OBJECTIVE 1.2 Increase participation in emergency communication systems by 2025 (targets vary depending on topic).				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Market rebranded special needs registry.	FY1	Assistant Director (ADOH)	5 new registrants annually	
Market rebranded Get Connected campaign through various media including print and digital.	FY2	Health Educator	500 new registrants	

Goal # 2: Support a healthy environment to increase satisfaction with the area in which residents live.

OBJECTIVE 2.1: Implement healthy homes approach for 50% of all housing inspections annually by 2025.				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Train health department and appropriate partner agencies in Healthy Homes approach.	FY2	Environmental Supervisor	5 town staff trained	
Create and incorporate documentation and forms in housing inspections.	FY3	Environmental Supervisor	Inspection form created and implemented in 50% of housing inspections	
OBJECTIVE 2.2: Increase compliance with mandated services both internally and externally by 2025 (targets vary depending on topic).				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Form an internal blight taskforce to gain compliance among property owners and tenants, enforce local ordinances, and strengthen penalties.	FY2	Blight Officer	4 taskforce meetings 1 SOP	
Institute internal audits and data systems to ensure staff is meeting mandated rates of inspections.	FY1	Environmental Supervisor	75% (2x/year, n = 27) nail salon inspections	
Implement public inspection scoring systems to gain compliance.	FY1-3	Environmental Supervisor	75% of nail salons with passing score annually	
Revise local code to reflect FDA food code.	FY2	Environmental Supervisor	Code revisions adopted	
OBJECTIVE 2.3: Reduce exposure to environmental contaminants by 2025 (targets vary depending on topic).				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Ensure community and stakeholders are informed of contamination and activities related to the Raymark Superfund Site.	FY1	Health Program Associate	6 Raymark community meetings 1 Raymark in-service with other Town departments	
Prevent exposure to environmental contamination through use of the Town's permitting software in application review process.	FY1	Health Program Associate	100% of development proposals located in areas with groundwater/soil contamination reviewed	
Prevent childhood lead exposure through partnership with the Stratford Housing Authority.	FY2	Health Program Associate	10% of pre-1978 Housing (S8) with children under 6 years inspected for lead hazards	
Pursue funding opportunities that support prevention of lead exposure.	FY3	Health Program Associate	1 grant application (e.g. HUD, CDBG)	

Goal # 3: Achieve equitable health and development outcomes for children by strengthening communities and families and promoting child wellbeing and resiliency.

OBJECTIVE 3.1: Increase % of adults who feel Stratford is a good/excellent place to raise children by 2% by 2025. (2022 baseline: 88%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Increase knowledge of parenting and childhood development by working with partners to promote resources (MOMS partnership, Basics, Stratford Parents Place programming).	FY1-3	ADOH	2 promotional activities per year	
Promote the use of developmental and ACES screenings across multiple settings.	FY3	ADOH	4 providers using Adverse Childhood Experiences (ACES). Integrate ACES screenings in at least 2 SBHCs.	
Support development of initiatives that create neighborhood connections among residents (e.g. parks, gardens, arts, green spaces).	FY3	Health Program Associate	75% of land use applications reviewed. 75% Participation in Plan of Conservation (POC) meetings.	
OBJECTIVE 3.2: Decrease % of women with late or no prenatal care by 2% by 2025. (2022 baseline 2.4%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Create and continue partnerships to increase access to services for prenatal, neonatal, and postpartum care through education and access.	FY1	ADOH	4 services promoted	

Goal # 4: Increase equitable access to behavioral health services and resources.

OBJECTIVE 4.1: Reduce morbidity and mortality related to opioid by 20% by 2025. (Baseline data 2019: 15 deaths, 2021: 15 deaths, 28 overdoses, 2022 data still being collected)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Conduct outreach on prevention of opioid related deaths and Narcan training	FY1-3	Heath Program Assistant	2 outreach activities per year	
OBJECTIVE 4.2: Increase social and emotional support for adults by 2% by 2025. (2022 baseline: 58%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Boost awareness of behavioral health resources using social media, events, and web site.	FY1-3	Health Educator	4 outreach activities per year	
Train and educate health department staff and other appropriate town agencies/employees to increase understanding of behavioral health resources and referral process.	FY1	ADOH	10 staff trained 1 Standard Operating Procedure (SOP) created	

Goal # 5: Identify barriers and change processes to ensure equitable access to health care and community-based services.

OBJECTIVE 5.1: Increase the % of adults that report having medical home by 2% by 2025. (2022 baseline: 79%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Identify and assess barriers to care and causes for no-shows in the Greater Bridgeport Region and create strategies to address.	FY2	Nursing Supervisor	1 report	
Partner with HIA to develop a tool that screens community members for social drivers of health and determine how to link to appropriate agencies.	FY2	Nursing Supervisor	1 tool	
Increase the percentage of children who are up to date with school required vaccinations.	FY3	Nursing Supervisor	2% increase	
Link residents with Hepatitis C to a provider for treatment.	FY1	Nursing Supervisor	50% of diagnosed cases linked to treatment/care	
OBJECTIVE 5.2: Reduce % of people who report being treated with less respect or receive health services that were not as good in the Greater Bridgeport Region by 2% by 2025. (2022 baseline: 16%)				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Assess and promote Culturally and Linguistically Appropriate Standards (CLAS) standards, as well as physical accessibility to SHD, ADA compliance and develop appropriate strategies.	FY1	Nursing Supervisor	1 assessment report	

Goal # 6: Increase organizational capacity.

OBJECTIVE 6.1: Increase community communication and engagement by 2025 (targets vary depending on topic).				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Increase social media presence and partnership with youth and adult community influencers to improve health outcomes for residents.	FY1-3	Health Educator	10% increase in followers on Facebook, Twitter, Instagram each year	
Institute procedures to ensure communication is translated into appropriate languages and literacy levels.	FY1	Health Educator	1 checklist	
OBJECTIVE 6.2: Improve workforce competency scores in each category by 0.5% by 2025.				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Institute monthly meetings with appropriate staff to ensure financial and budgeting health of department.	FY1-3	Health Director	12 meetings per year	
Increase knowledge of basic Public Health sciences and principles.	FY1	ADOH	2 staff members participating in training	
Continue to train staff on emerging infection protocols.	FY1-3	Nursing Supervisor	1 training per year	
Continue development of data and analytic skills among staff.	FY2	ADOH	2 staff members participating in training	
OBJECTIVE 6.3: Improve financial, evaluation and technology systems to create efficiency and increase overall revenue by 2025.				
Activity	**Timeline**	**Leader**	**Performance Metric/Target**	**Status/Notes**
Increase and improve billable services by assessing and identifying where improved billing can be implemented.	FY2	Executive Assistant	5% increase in vaccination revenue	
Change ordinances as appropriate to increase billable services and revenue.	FY2	Health Director	2 ordinances revised	
Build evaluation capacity by establishing useable systems.	FY2	ADOH	2 QI projects with long-term impact evaluation conducted	
Implement cost analysis systems to determine effectiveness of services.	FY1	Executive Assistant	1 report on net gain and loss for clinics	
Align Filemaker Pro with ViewPoint to increase departmental efficiency.	FY2	Health Director	1 SOP	
Institute File Maker Pro to improve data collection and reporting capabilities.	FY2	Health Director	100% e-files transitioned to File Maker Pro	