NORTHERN BRISTOL COUNTY PUBLIC HEALTH ALLIANCE

BME STRATEGIES

STRATEGIC PLAN

2026 - 2030

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EXECUTIVE SUMMARY

BACKGROUND

The Northern Bristol County Public Health Alliance (NBCPHA) engaged in a comprehensive strategic planning process in 2025. This strategic plan establishes the Alliance's 2026 – 2030 priorities, provides a roadmap for the work, and is a tool to aid leadership and staff decision-making. The process was led by the NBCPHA Steering Committee and supported by the consulting team of BME Strategies. It began in March 2025 and concluded in June 2025.

MISSION

The Northern Bristol County Public Health Alliance creates sustainable, long-term public health solutions that balance immediate needs with future health goals by strengthening municipalities and aligning priorities to promote a healthier, more informed society.

VISION

The Northern Bristol County Public Health Alliance envisions a future where each municipality benefits from increased public health capacity and services and equitable decision-making, resulting in improved health outcomes and well-being for our community members.

STRATEGIC PRIORITIES AND GOALS

The Steering Committee of the NBCPHA has collectively set a course of action centered on the following four priorities that will guide the work of the Alliance:

Strategic Priority 1: Expand Public Health Education and Outreach

- *Goal 1.1: Increase proactive health education efforts across all municipalities.*
- *Goal 1.2: Build consistency and capacity for health promotion efforts.*

Strategic Priority 2: Strengthen Workforce Capacity and Resilience

- *Goal 2.1: Enhance and expand regional staffing support and skill-sharing.*
- *Goal 2.2: Balance emergency response with routine public health operations.*

Strategic Priority 3: Foster Inter-Municipal Collaboration and Knowledge Sharing

- *Goal 3.1: Strengthen communication and coordination across Alliance communities.*
- *Goal 3.2: Build a culture of mentorship and shared learning.*

Strategic Priority 4: Elevate the Visibility and Value of Public Health

- *Goal 4.1: Increase community and municipal awareness of public health services.*

IMPLEMENTATION AND PERFORMANCE MANAGEMENT

The NBCPHA has taken three specific steps to guide successful implementation:

- Identified timeframes and owners of specific activities to achieve goals and objectives
- Outlined performance metrics associated with each set of goals and objectives
- Discussed a reporting system to update the group, partners, and the community on progress

STAKEHOLDER INVOVLEMENT

Key stakeholders, including local public health department staff, regional staff, and town executives, were engaged at different points in the process. See Appendix A for more information about the interview process.

SECTION 1: THE PLANNING PROCESS

A. PARTICIPANTS

Northern Bristol County Public Health Alliance's (NBCPHA) strategic planning process was directed by the NBCPHA Steering Committee (see below) and supported by the consulting team of BME Strategies. The Steering Committee represented knowledge and perspectives from across the health district. The strategic plan was discussed at four Steering Committee meetings and the group conducted work in between meetings. The process began in March 2025 and concluded in June 2025.

Northern Bristol County Public Health Alliance Steering Committee:

Regional Staff
Clifford Pierre, Regional Health Inspector
Melissa Silverman, Regional Public Health Nurse

Attleboro
Dan Syriala, Health Agent
Sheila O'Brien, Public Health Nurse

Berkley
Sharon Jamieson, Secretary

Dighton
Elizabeth Moreira, Office Manager

North Attleborough
Anne Marie Fleming, Public Health Nurse/Health Director
Brian McCracken, Health Agent

Rehoboth
Geraldine Hamel, Public Health Nurse

Taunton
Danielle Gurgel, Executive Director
Michelle Borello, Public Health Nurse

BME Strategies
Erika Syokau, Shared Services Coordinator

B. SEQUENCE OF THE PROCESS

The process was conducted over a four-month period. Professionally facilitated, 90-minute virtual meetings were held once per month. Frequent small group discussions and emails occurred in between monthly meetings. The process was designed to occur over the course of four meetings:

Meeting 1, Kick Off

- Introductions
- Set timelines and expectations for participation
- Discuss linkage to other processes and work occurring
- Create and explain the stakeholder feedback mechanisms
- Brainstorming activity on mission, vision, and guiding principles

Meeting 2

- Review Steering Committee feedback on mission, vision, and guiding principles
- Conduct a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis
- Confirm the stakeholder interview list, discuss stakeholder interviews, scheduling interviews, and what to expect

Meeting 3

- Finalize mission, vision, and guiding principles
- Finalize strategic priorities, goals, objectives, time frames, and owners

Meeting 4

- Report on stakeholder feedback
- Review final strategic planning document
- Review monitoring and implementation plan
- Discuss risks and opportunities

C. STAKEHOLDER ENGAGEMENT

Key stakeholders were engaged throughout the process. As noted above, the Steering Committee was kept apprised of progress regularly and was asked for input. In addition, interviews were conducted with NBCPHA regional staff and representatives from Attleboro, Berkley, Dighton, North Attleborough, Rehoboth, and Taunton, ranging from Health Directors, Board of Health Members, and Town Administrators.

D. STEERING COMMITTEE APPROVAL

This plan was developed through an iterative process, with brainstorming, revisions, and documentation of feedback provided for each subsequent draft. All phases of the strategic planning process included regularly held discussions with Steering Committee members and the Shared Services Coordinator (SSC). The final document was approved by the Steering Committee during the final June meeting.

SECTION 2: OUR PRIORITIES & DIRECTION

2026-2030

On June 17, 2025, the Northern Bristol County Public Health Alliance (NBCPHA) adopted its 2026 – 2030 strategic plan.

BACKGROUND AND DATA

Foundational research was conducted from February 2025 until May 2025 in order to understand priority areas to address in the development of the Strategic Plan. Data was collected in three phases: self-assessment crosswalk analysis; Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis; and stakeholder interviews (see Appendix A for a list of interviewees). Findings highlighted overarching performance areas, provided detailed understanding of concerns and areas of improvement, and underscored a deeper exploration of hopes and aspirations for the future and direction of the Alliance.

This research was done to ensure the NBCPHA strategic plan is sustainable, aligns with broader community priorities, and efficiently uses municipal resources. For more information on the foundational research that was conducted to inform the strategic plan, please refer to the Environmental Scan and the Stakeholder Feedback Summary Report.

LINKAGES

The planning team explored and incorporated specific objectives disseminated by the MA Department of Public Health (DPH) to meet Foundational Public Health Standards (FPHS).

A. MISSION, VISION, AND GUIDING PRINCIPLES

MISSION

The Northern Bristol County Public Health Alliance creates sustainable, long-term public health solutions that balance immediate needs with future health goals by strengthening municipalities and aligning priorities to promote a healthier, more informed society.

VISION

The Northern Bristol County Public Health Alliance envisions a future where each municipality benefits from increased public health capacity and services and equitable decision-making, resulting in improved health outcomes and wellbeing for our community members.

GUIDING PRINCIPLES

- **Collaboration and Connection** – We are committed to supportive and collaborative partnerships in order to share services, train staff, and improve capacity across municipalities.
- **Measurable Impact** – Our proactive work delivers measurable benefits, from nursing support to clean water and sanitation.
- **Trust & Transparency** – We provide clear, fact-based information to empower individuals to make informed health decisions.
- **Commitment to Well-Being** – We uphold public health regulations and create safe spaces for healthier, stronger communities.

B. STRATEGIC PRIORITIES AND GOALS

STRATEGIC PRIORITIES	GOALS
1. Expand Public Health Education and Outreach	**Goal 1.1:** Increase proactive health education efforts across all municipalities. **Goal 1.2:** Build consistency and capacity for health promotion efforts.
2. Strengthen Workforce Capacity and Resilience	**Goal 2.1:** Enhance and expand regional staffing support and skill-sharing. **Goal 2.2:** Balance emergency response with routine public health operations.
3. Foster Inter-Municipal Collaboration & Knowledge Sharing	**Goal 3.1:** Strengthen communication and coordination across Alliance communities. **Goal 3.2:** Build a culture of mentorship and shared learning.
4. Elevate the Visibility and Value of Public Health	**Goal 4.1:** Increase community and municipal awareness of public health services.

C. TIMELINE FOR OBJECTIVES

Timeline for Completion	Objectives
As Needed	2 Objectives
Triannually	3 Objectives
Y1-Y5 (ongoing)	16 Objectives
Y1	12 Objectives
Y2	3 Objectives
Y3	2 Objectives
Y4	As Needed, Triannual and Ongoing Objectives
Y5	As Needed, Triannual and Ongoing Objectives

D. EXTERNAL FACTORS

External trends, events, or other factors that may impact the Alliance include:

- Limited Awareness and Engagement: Many municipal leaders and community members lack understanding of the Alliance's role, reducing participation and effectiveness.
- Resource and Workforce Constraints: Chronic underfunding, staffing shortages, and burnout limit the capacity of municipalities and shared services.
- Complex Socioeconomic and Health Challenges: Issues like homelessness, opioid use, mental health needs, and language barriers strain limited resources and require tailored, culturally competent responses.
- Uneven Municipal Readiness and Infrastructure: Differences in size, staffing, technology, and willingness to collaborate create challenges for standardizing services and sustaining regional efforts.
- Dependency on External Funding and Policy: Reliance on state and federal grants introduces funding uncertainty and compliance burdens that can hinder long-term planning and program stability.

Strategic Priorities	Five-Year Goals	Objectives	Timeline for Completion	Owner(s)
1: Expand Public Health Education and Outreach	1.1 Increase proactive health education efforts across all municipalities	1.1.1 Develop shared health education materials and programs that can be used Alliance-wide.	Y1 - Y5 (ongoing)	Regional Staff with support from Shared Services Coordinator
		1.1.2 Assess educational and outreach topic needs for each municipality.	Y1	Regional Staff with support from Shared Services Coordinator
		1.1.3 Launch targeted campaigns (e.g., ticks, mosquitoes, maternal-infant health, chronic conditions). • *1.1.3.1 Develop an outreach and engagement strategy to connect with identified partners for the selected Foundational Area - specifically maternal and child health programs.	Y2 Y1	Regional Staff with support from Shared Services Coordinator
		1.1.4 Schedule rotating educational events using shared facilities like Rehoboth's training space.	Y1 - Y5 (ongoing)	Regional Staff with support from Shared Services Coordinator
		1.1.5 Evaluate regional education and outreach initiatives	Y1 - Y5 (ongoing)	Regional Staff with support from Shared Services Coordinator
	1.2: Build consistency and capacity for health promotion efforts.	1.2.1 Dedicate protected time for staff to develop or deliver education content.	Y1	Advisory Board
		1.2.2 Leverage existing programming (e.g., Geri's lesson plans) to reduce duplicative efforts.	Y1	Advisory Board
		1.2.3 Share and promote successful outreach models (e.g., Rehoboth's community clinics) across towns	Y1 - Y5 (ongoing)	Advisory Board/Regional Staff

** indicates FPHS mandatory workplan objective*

Strategic Priorities	Five-Year Goals	Objectives	Timeline for Completion	Owner(s)
2: Strengthen Workforce Capacity and Resilience	2.1: Enhance and expand regional staffing support and skill-sharing.	2.1.1 Create a coverage plan that allows regional staff to respond where needed. • *2.1.1.1 Create a system for managing and supervising staff that offers clear guidance on job responsibilities, mechanisms for support, and mentoring. Guidance should also include ways to handle conflicts in the SSA.	Y1	Shared Services Coordinator
		2.1.2 Create a standardized system for municipalities to request support from regional staff.	Y1	Shared Services Coordinator/Regional Staff
		2.1.3 Cross-train personnel in essential services (e.g., food inspections, lead determination). • *2.1.3.1 Conduct a review of food protection and housing inspections and ensure (if applicable) use of the most up-to-date standardized state inspection form.	As Needed Y1	Regional Inspector
		2.1.4 Identify specialized credentials (e.g., lead determinator license) and coordinate Alliance-wide use. • *2.1.4.1 Document all current municipal and shared staff's progress in completing all appropriate/required trainings, in alignment with the Workforce Standards for Local Public Health.	Y1 Y1 - Y5 (ongoing)	Regional Staff

** indicates FPHS mandatory workplan objective*

Strategic Priorities	Five-Year Goals	Objectives	Timeline for Completion	Owner(s)
		2.1.5 Increase capacity by leveraging existing partnerships and identifying new opportunities for collaboration, i.e., data assessment/surveillance and maternal, child, and family health. • *2.1.5.1 Collaborate with partners, such as community-based organizations and faith-based organizations, to support programming, strategies, and initiatives addressing barriers to accessing clinical care from the perspective of lived or living experience. • *2.1.5.2 Identify, create, and maintain relationships/partnerships with community health centers, clinical care providers, local/regional hospitals, and community members to collaboratively strategize and implement initiatives aimed at enhancing access to healthcare services.	Y1 Y1 - Y5 (ongoing)	Regional Staff
		2.1.6 Determine the appropriate municipality to provide long-term administrative support for regional staff.	Y2	Advisory Board
	2.2: Balance emergency response with routine public health operations.	2.2.1 Implement a regional system for shifting workloads during emergencies. • *2.2.1.1 Develop standardized protocols for coordination between local public health nurse(s) and/or epidemiologist to respond to case investigations, outlining clear steps for immediate disease acknowledgment within 48 hours and routine disease acknowledgment within 7 days in MAVEN.	Y3 Y1	Municipalities Regional Staff
		2.2.2 Maintain routine services (e.g., inspections, clinics) through mutual aid and backup staffing.	Y1 - Y5 (ongoing)	Regional Staff
		2.2.3 Evaluate, monitor and adjust resource allocation and/or staffing coverage regularly to prevent staff burnout.	Y1 - Y5 (ongoing)	Shared Services Coordinator/Advisory Board

** indicates FPHS mandatory workplan objective*

Strategic Priorities	Five-Year Goals	Objectives	Timeline for Completion	Owner(s)
3: Foster Inter-Municipal Collaboration and Knowledge Sharing	3.1: Strengthen communication and coordination across Alliance communities.	3.1.1 Develop a plan to enhance communication and promote constructive feedback exchange between regional staff, the Shared Services Coordinator, and municipalities that aligns objectives and acknowledges barriers.	Y1	All
		3.1.2 Hold regular regional forums for brainstorming, updates, and collaborative planning. • *3.1.2.1 Regional staff should prepare monthly and/or quarterly activity reports, showing delivery of shared services to each Participating Municipality. Circulate to appropriate audiences to advance awareness of the SSA and benefits to local residents and communities.	Y1 - Y5 (ongoing) Triannually	Shared Services Coordinator/Advisory Board
		3.1.3 Create a shared digital repository for resources (internal; roles and responsibilities; programming), forms, and protocols.	Y1	Shared Services Coordinator/Regional Staff
	Goal 3.2: Build a culture of mentorship and shared learning.	3.2.1 Pair experienced staff with new hires for onboarding and skills development.	As Needed	Shared Services Coordinator/Regional Staff
		3.2.2 Share training opportunities and rotate them across towns to maximize participation. • *3.2.1.1 Coordinate internal discussions among relevant staff to exchange best practices and procedures for conducting inspections and follow-up actions related to municipalities' strengths by using FPHS and the Self-Assessment Crosswalk Tool.	Triannually Y1 - Y5 (ongoing)	Shared Services Coordinator/Regional Staff

** indicates FPHS mandatory workplan objective*

Strategic Priorities	Five-Year Goals	Objectives	Timeline for Completion	Owner(s)
		3.2.3 Prioritize and address knowledge-sharing opportunities highlighted from the Self-Assessment Crosswalk Tool.	Y2	Shared Services Coordinator/Regional Staff
		3.2.4 Highlight and replicate best practices (e.g., Taunton-COA collaborations).	Y1 - Y5 (ongoing)	Shared Services Coordinator/Regional Staff
4: Elevate the Visibility and Value of Public Health	4.1: Increase community and municipal awareness of public health services.	4.1.1 Develop a data-sharing plan that prioritizes key information and community narratives for decision-makers and municipality leaders. • *4.1.1.1 Improve awareness of your shared service arrangement and services provided to key partners in your communities (e.g., LBOHs, Select Boards, Finance Committees, Town Administrators/Managers/Mayors, local legislators, nonprofits, coalitions, and other community partners). Consider use of newsletters, press releases, articles, presentations at public meetings, and quarterly memos targeted for appropriate audience(s) showing value and benefits of shared service	Y3 Triannually	Shared Services Coordinator/Regional Staff
		4.1.2 Craft and distribute Alliance-wide messages that showcase public health impacts.	Y1 - Y5 (ongoing)	Shared Services Coordinator/Regional Staff
		4.1.3 Share success stories from wellness clinics, inspection work, and outreach programs.	Y1 - Y5 (ongoing)	Shared Services Coordinator/Regional Staff
		4.1.4 Partner with municipalities to integrate public health updates into town communications.	Y1 - Y5 (ongoing)	Shared Services Coordinator/Regional Staff

** indicates FPHS mandatory workplan objective*

SECTION 3: IMPLEMENTATION, CAPACITY PLANNING, & PERFORMANCE MANAGEMENT

The Shared Services Coordinator will lead the implementation of this plan. The NBCPHA will track progress in achieving its goals using a digital tracking tool and triannual status review updates at standing meetings.

The detailed Implementation Plan will follow the fiscal year and will establish:

- A prioritized work plan
- Priorities broken down by fiscal year
- An effective pattern of well-organized monthly, quarterly, and annual meetings to maintain alignment and drive accountability
- Key activities by owner
- Deliverables and timing
- Resource allocation

Review of the plan's progress will occur on a triannual basis to coincide with DPH workplan reporting. Updates and performance monitoring concerns will be shared at these meetings in order to determine progress towards achieving objectives and whether changes to the projected timeline need to occur.

APPENDIX A: STAKEHOLDER INTERVIEWS

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

City of Attleboro

- Dan Syriala, Health Agent, April 16, 2025
- Sheri Miller-Bedau, Deputy Health Agent, April 22, 2025
- Dr. Chris Quinn, Health Officer, April 22, 2025
- Cathleen Desimone, Mayor *(invited, but did not participate)*

Town of North Attleborough

- Stephen Berdos , Human Services Coordinator, May 5, 2025
- AnneMarie Fleming, Public Health Nurse/Health Director, May 13, 2025
- Brian McCracken, Health Agent, May 19, 2025
- Jonathan D. Maslen, Board of Health Chair, May 20, 2025
- Tammy Baillargeon, Assistant Town Accountant (invited, but did not participate)
- Michael Borg, Town Manager *(invited, but did not participate)*
- Kerrin Billingkoff, Executive Assistant/Clerk to the Town Council *(invited, but did not participate)*

City of Taunton

- Danielle Gurgel, Executive Director, May 8, 2025
- Dr. Charles A. Thayer, Board of Health Member, May 9, 2025
- Shauna O'Connell, Mayor, May 27, 2025

Town of Berkley

- Raymond Hague, Veterans' Agent, April 28, 2025
- Krista Celia, Council on Aging Director, May 5, 2025
- Sharon Jamieson, Secretary *(invited, but did not participate)*

Town of Dighton

- Elizabeth Moreira, Office Manager, May 5, 2025
- Matt Tanis, contracted Inspector *(invited, but did not participate)*

Town of Rehoboth

- Deborah Arruda, Town Administrator, May 13, 2025
- Karl Drown, Health Inspector *(invited, but did not participate)*
- Geraldine Hamel, Public Health Nurse *(invited, but did not participate)*
- Elizabeth Doyle, Interim Deputy Director of Health & Human Services *(invited, but did not participate)*

Regional Staff

- Melissa Silverman, Regional Public Health Nurse, April 23, 2025
- Clifford Pierre, Regional Health Inspector, May 1, 2025