

5 Year Strategic Plan



Public Health

Prevent. Promote. Protect.

**Nantucket Health and Human
Services Department**

July 2017 | Version 1.0

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3 Core Functions & 10 Essential Services of Public Health



ASSESSMENT

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

POLICY DEVELOPMENT

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

ASSURANCE

1. Enforce laws and regulations that protect environmental health and ensure safety
2. Link people to needed environmental health services and assure the provision of environmental health services when otherwise unavailable
3. Assure a competent environmental health workforce
4. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental health services
5. Research for new insights and innovative solutions to environmental health problems

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Introduction

The Nantucket Health Department (NHD) recognizes that its role based on assessment, assurance, and policy development is not being filled to its potential. The NHD has not been present in issues of Community Health and various aspects of Environmental Health. The NHD will use this strategic plan to improve its involvement across sectors and establish its role to better serve the community.

STRATEGIC PLANNING PROCESS



Figure 1: Strategic Planning Timeline



The Nantucket Cottage Hospital’s Community Health Needs Assessment of 2015 informed their Community Health Improvement Plan of 2017. The CHNA was conducted by the hospital for its own purposes, while the CHIP was developed with several community partners including the Health Department, and serves as a community guide. The Nantucket Health Department conducted its own CHA in 2017. The priorities and objectives set forth in this strategic development plan are closely related to the priorities and objectives set forth in the CHIP; some are based on the Health Department’s assigned responsibilities in the CHIP.

Vision

To serve Nantucketers as a nationally accredited, 21st century health department, capable of improving population health through data-driven decision making and policy development.

Mission

It is our mission to:

- Protect and promote a culture of health for all community members so they can achieve their full potential,
- Ensure conditions that enable health and healthy choices for those that live, learn, work, and play on Nantucket.

In order to achieve this mission we will:

- Use an inter-organizational effort to assure the availability of quality preventive and clinical health services and health programming,
- Promote legislation and policies that advocate a culture of health,
- Assess and address health issues and assets in the community.

Values

The following are the values which we embody, and which inspire and guide our work:

- Performance
 - Strive to strengthen the department through quality improvement initiatives
 - Work to strengthen the town's public health infrastructure
- Collaboration:
 - Maintain and promote collaboration with government, private, nonprofit, and community partners
 - Seek to establish public health partnerships with organizations that share and/or respect our values

- Empower and engage the community served in decisions about their health
- Innovation:
 - Encourage and support innovation by incorporating novel technological methodology
 - Advance the Department's standing in the academic community
- Diversity and Equity:
 - Assure availability of health services across all demographics and socioeconomic statuses
 - Provide all communities with needed services
 - Advocate for the availability of culturally and linguistically appropriate health services
- Respect
 - Encourage inner-departmental respect through open, non-judgmental communication
 - Empower employees through training and support
- Accountability
 - Be transparent in all transactions, including but not limited to: accounting, policy development, permitting, and processes

Strengths, Weaknesses, Opportunities, and Threats¹

*The department's most notable **strengths** are:*

- Open communication and teamwork
- Financial transparency and solvency
- Collaboration with community partners
- Location on island
- Support from management
- Dedicated and efficient staff
- Environmental Health division
- Conservation
- Community support

*The department's most notable **weaknesses** are:*

- Number of staff
- Community Health division
- Few training opportunities
- Building infrastructure
- Filing system
- Technology-averse staff
- Outdated regulations
- Lack of Standard Operating Procedures (SOP)

*The most exciting **opportunities** for the department are:*

- Grant availability
- New Nantucket Community Hospital
- Collaboration with mental health services
- Increasing population, leads to greater potential for large-scale education and collaborative efforts through a new website and social media
- New Public Information Officer-opportunity for diverse and multilingual education
- Seasonality of Nantucket allows for large-scale regional education dissemination (e.g. tick borne diseases)

*The most notable **threats** to the department are:*

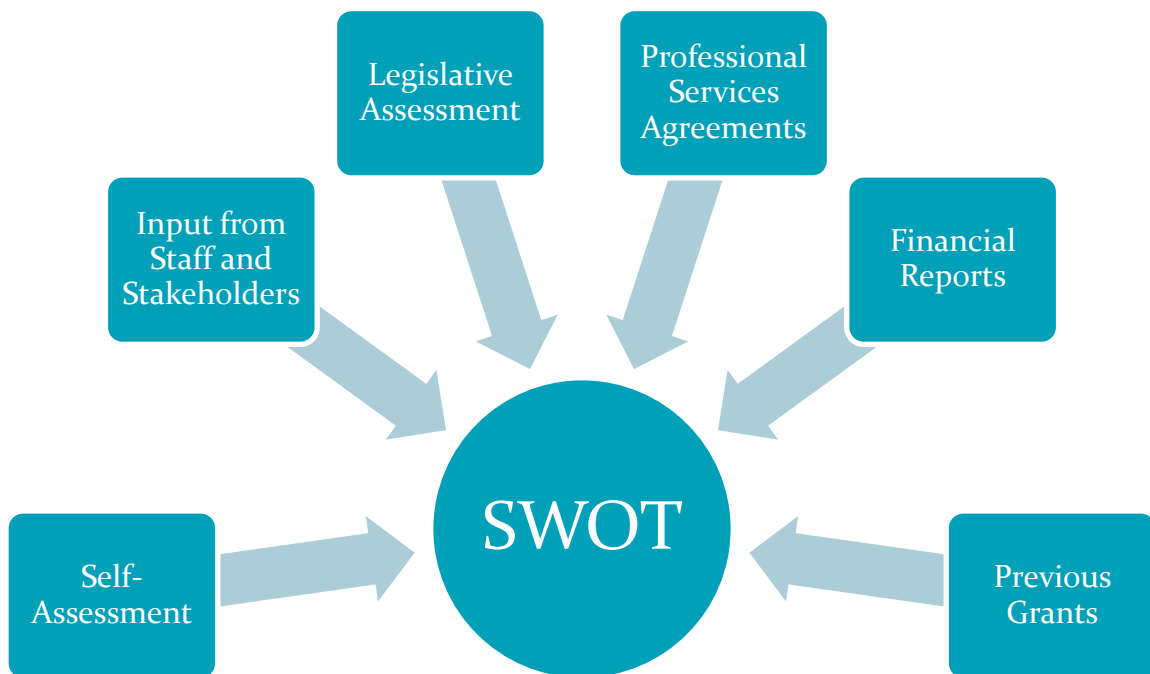
- Isolation
- Lack of health care providers
- High cost of living and lack of affordable housing
- Competing priorities with other town departments
- Increasing population causes lack of housing, stretching resources, lack of appropriate outreach
- Increased affluence and development in food deserts and environmentally sensitive areas
- Change-averse government structure
- Lack of public knowledge about department work
- Budget
- Seasonality of Nantucket causes people to forget the importance of public health over the course of the year. There is a distinct mental health problem in the winter.

¹ The National Association for County and City Health Officials defines strengths and weaknesses as internal factors, while opportunities and threats are external factors.

SWOT METHODOLOGY

The NHD conducted research across all divisions to arrive at its SWOT. It reviewed data and information from a self-assessment (FDA Retail Food Establishment Standards), legislative (local BOH regulations, Comprehensive Emergency Management Plan) assessment, professional services agreements, financial reports, and previous grants, as well as input from staff and stakeholders.

After developing a preliminary list, the authors combined points to create a more coherent list. The original list is available in Appendix A.



Priorities, Objectives, and Strategies

After analysis of department data, programs, and legislation, and much stakeholder and community input, the department has identified five priority areas:

- Behavioral Health
- Women's and Children's Health
- Access to Health Care
- Access to Housing
- Health Department Infrastructure

The first four priority areas match the priorities in Healthy Nantucket 2020 (the CHIP). This strategic plan goes beyond the scope of the CHIP in that it specifically describes the roles and responsibilities of the Department in advancing the goals of the CHIP.

The final priority area correlates with the Department's vision of becoming a nationally-accredited Local Health Department, which will allow the Department to better serve the community.

This section outlines the objectives for each priority, short- and long-term targets, and the primary parties responsible for achieving targets.

1) BEHAVIORAL HEALTH

Objective 1: Improve access to Behavioral Health services.			
Indicator	Current Status	2019 Target	2022 Target
Availability and accessibility of tele-psychiatry services.	---	Available and accessible.	Available and accessible.
Strategies			Lead
<ol style="list-style-type: none"> 1. Advocate for tele-psychiatry. 2. Advocate for funding for service providers. 			Nantucket Health Department and behavioral health service providers and educators (e.g. Fairwinds)

Objective 2: Increase Awareness of Behavioral Health Illnesses and Services			
Indicator	Current Status	2019 Target	2022 Target
Number of outreach initiatives	---	4/year	6/year
Number of educational programs supported	---	2/year	4/year
Strategies			Lead

<ol style="list-style-type: none"> 1. Reduce stigma through increased outreach through Behavioral Health Task Force and/or Healthy Community Collaborative. 2. Support education initiatives through partner agencies that aim to lower stigma and increase awareness (e.g. employer education, school programs) 	<p>Nantucket Health Department</p>
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Objective 3: Reduce Occurrence of Substance Abuse Disorders			
Indicator	Current Status	2019 Target	2022 Target
Number of outreach initiatives.	---	4/year	6/year
Number of educational programs supported	---	2/year	4/year
Strategies			Lead
<ol style="list-style-type: none"> 1. Reduce stigma through increased outreach through Behavioral Health Task Force and/or Healthy Community Collaborative. 2. Support education initiatives through partner agencies that aim to lower stigma and increase awareness (e.g. employer education, school programs, community forums) 			<p>Nantucket Health Department</p>

Objective 4: Prevent a 4 th Suicide Contagion			
Indicator	Current Status	2019 Target	2022 Target
Development of mandate that restaurants put signs on at least one employee hand-washing station with safe messaging.	---	Regulation developed and enforced upon inspection.	Regulation developed and enforced upon inspection.
Bar outreach program developed.	---	Program developed.	All restaurants/bars have at least one employee trained.
Outreach regarding Samaritans, 800-numbers strategically placed in at-risk areas.	---	At-risk areas identified, outreach developed.	A-risk areas are continuously identified, outreach is continued.
Strategies			Lead
<ol style="list-style-type: none"> 1. Increased signage/safe messaging about suicide prevention and crisis help. 2. Develop bar outreach program. <ol style="list-style-type: none"> a. Partner with the Cape & Islands Suicide Prevention Coalition to provide QPR training to bar employees. 3. Increased outreach regarding Samaritans, 800-numbers. 			ICBH

2) WOMEN'S AND CHILDREN'S HEALTH

Objective 1: Increased Education on Fluoride Supplementation and Pediatric Dental Visits			
Indicator	Current Status	2019 Target	2022 Target
Forum	---	1/year	1/year
Strategies			Lead
1. Increase education about fluoride supplementation and pediatric dental visits through a yearly community forum and outreach in appropriate languages.			Community Health Educator/ Nantucket Health Department

Objective 2: Increased Education for Families and Children on Nutrition			
Indicator	Current Status	2019 Target	2022 Target
Distribution of fliers/presentations	---	4/year	6/year
Educational programming for non-English speaking families	---	2/year	4/year
Establishment of EatSmart restaurant week	---	1/year	1/year

Strategies	Lead
<ol style="list-style-type: none"> 1. Increase education through outreach such as fliers, presentations, etc. 2. Develop educational programming for parents of all language backgrounds. <ol style="list-style-type: none"> a. Increase awareness of programs in the community that seek to support low-income families (e.g. Farmer's market, school cafeterias). 3. EatSmart restaurant week celebrating proper nutrition in restaurants. 	<p>Community Health Education Worker/ Nantucket Health Department</p>

3) ACCESS TO HEALTH CARE

Objective 1: Increased Awareness and Education of Alternative Healthcare Services			
Indicator	Current Status	2019 Target	2022 Target
Number of outreach initiatives.	---	3/year	4/year
Strategies			Lead
1. Publish cited, reliable information regarding the availability of such services, their safety, etc.			Community Health Education Worker/Nantucket Health Department

Objective 2: Increased Utilization of Preventative and Wellness Services.			
Indicator	Current Status	2019 Target	2022 Target
Number of outreach initiatives.	---	6/year	12/year
Number of people utilizing such services	---	5% increase	10% increase
Cardiovascular Mortality 3 yr age-adjusted rate by race for Nantucket compared to the state, and	See Appendix C	Published educational materials, yearly forum for local health care providers to discuss cardiovascular	Lower mortality rate than the state for all races and all cardiovascular system diseases, higher local hospitalization rates than mortality rates

Cardiovascular Hospitalization 3 yr age-adjusted rate for Nantucket as published by the MassCHIP		health	for all races and all cardiovascular system diseases
Strategies			Lead
<ol style="list-style-type: none"> 1. Compile data regarding the availability of such services; disseminate that information through multiple avenues in appropriate languages. 2. Host a yearly forum for local health care providers to discuss cardiovascular health on island, and strategies to improve access to care for all races and languages-spoken. 			Community Health Education Worker/Nantucket Health Department

4) ACCESS TO HOUSING

Objective 1: Expand First Time Home Buyers Education, which includes education on public safety/public health issues.			
Indicator	Current Status	2019 Target	2022 Target
Number of classes/year.	---	1	2
Strategies			Lead
<ol style="list-style-type: none"> 1. Offer classes taught to first time home buyers, and ensure the presence of a Public Health representative to give insight on public health regulations and issues. 			Community Health Education Worker/Nantucket Health Department

Objective 2: Established Regularly Scheduled Education Regarding Safe Housing for Renters

Indicator	Current Status	2019 Target	2022 Target
Number of scheduled classes.	---	4/year	4/year
Strategies			Lead
1. Offer classes, especially during the summer season, that teach renters their legal rights, public health regulations and issues, and what resources are available to them.			Community Health Worker/ Inspector

Objective 3: Advocate for Better Housing Opportunities			
Indicator	Current Status	2019 Target	2022 Target
Published report	---	1/year	1/year
Published build-out analysis/demographic study.	---	In Progress	Published
Outreach material developed to be distributed at NHD regarding Down Payment Assistance	---	Updated	Updated
Strategies			Lead

<ol style="list-style-type: none">1. Publish a yearly housing report with suggestions/advocacy for solutions to the housing crisis (e.g. 6 Fairgrounds Rd.).2. Conduct a build-out analysis.3. Partner with the Affordable Housing Trust for down payment assistance.	Nantucket Health Department
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5) DEPARTMENT INFRASTRUCTURE

Objective 1: Control Jurisdictional Overlap and Duplication of Efforts			
Indicator	Current Status	2019 Target	2022 Target
Number of interagency meetings	---	12/year	12/year
Number of ConCom agents who also serve as BOH agents and vice versa	---	All	All
Strategies			Lead
<ol style="list-style-type: none"> 1. Monthly meetings with DPW, NHD, NPD, NFD, and NRD to plan activities for the month. 2. Make Conservation Commission agents also agents of the BOH, and vice versa. 			Nantucket Health Department

Objective 2: Convert the Department's files to an e-filing system			
Indicator	Current Status	2019 Target	2022 Target
Files converted.	---	All	All
Strategies			Lead
<ol style="list-style-type: none"> 1. Work with a private company to efficiently scan all the files stored in the Health Department to e-files. 			Nantucket Health Department

Objective 3: Develop a Succession Plan			
Indicator	Current Status	2019 Target	2022 Target
Succession Plan created and updated	---	Created	Updated
Strategies			Lead
1. Create a succession plan to prepare for the retirement of employees who have served the department.			Nantucket Health Director

Objective 4: Plan for Vehicle Improvement			
Indicator	Current Status	2019 Target	2022 Target
Vehicle Improvement Plan	---	Created	Implement and updated every 3 years
Strategies			Lead
1. Develop a procedure to handle vehicle repairs and replacements as department vehicles age.			Nantucket Health Director

Objective 5: Expand the Department's Scope of Influence			
Indicator	Current Status	2019 Target	2022 Target
Accredited	Preparing for Accreditation	Applied	Accredited
CHES, CHD, Sanitarian Positions Filled	---	1 position filled	3 positions filled
Strategies			Lead
<ol style="list-style-type: none"> 1. Become accredited <ol style="list-style-type: none"> a. Conduct a self-study to determine what is needed to apply for accreditation. b. Develop a workforce development plan, QI/PM plan, organizational branding strategy plan, and policies/procedures/programs needed to meet PHAB standards and measures c. Apply for accreditation. 2. Increase staffing to meet community needs <ol style="list-style-type: none"> a. Fill the positions of Community Health Educator, Community Health Director, and Sanitarian with funding from the Town to be able to meet the needs of the community. 			The Accreditation Committee

Implementation and Tracking

Each strategic priority will have an associated action plan, which will outline specific employee duties to achieve objectives within the specified timeframes. The leads identified for each objective will be responsible for maintaining the action plans and making sure employees are meeting milestones.

At the end of 2019, the Department will re-evaluate its goals for 2022, making updates or adjustments as necessary to reflect new information or circumstances affecting the objective indicators.

Appendix A: The Preliminary SWOT List

Strengths:

- Open communication
- Financial Transparency
- Financial Solvency (cite finance reports)
- Cohesive teamwork
- Collaboration w/ Community Partners
- Good reputation in the community
- Location (within the island)
- Support from Management
- Dedicated and efficient staff (cite how long staff has been working)
- EH division (cite legislative assessment)
- Conservation (cite RWJF research)
- Community

Weaknesses:

- # of Staff (cite AFDO)
 - Lack of time to focus on CH
 - Few training opportunities (cite AFDO)
- Infrastructure (actual physical building)
- Archaic filing system
- Technology averse staff
- Old regulations
- Lack of SOPs

Opportunities:

- Grant availability

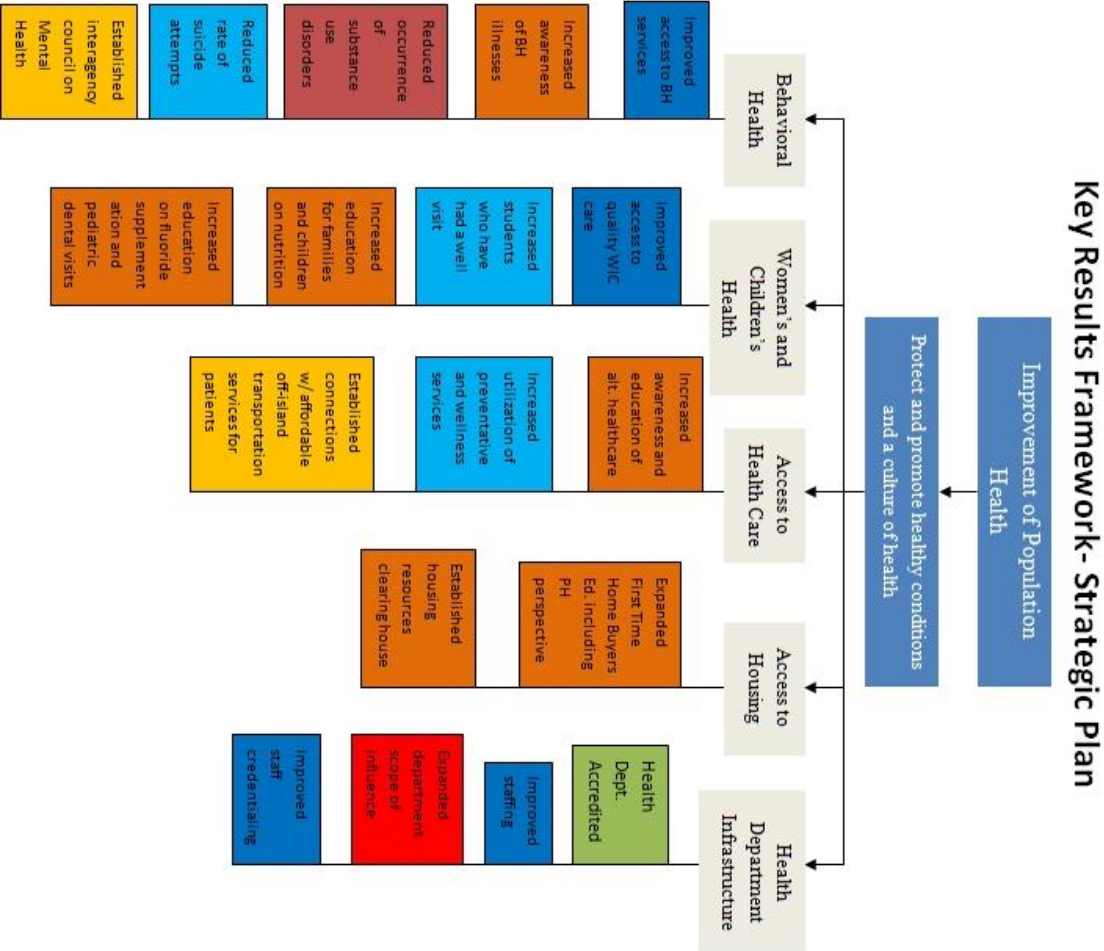
- The new NCH
- Collaboration w/ mental health services (Tess)
- Increasing population
 - Greater potential for large-scale education and collaborative efforts
- Website and Social Media
- New PIO- opportunity for diverse and multilingual education
- Seasonality
 - Large scale regional education dissemination
 - TBD

Threats:

- Location (isolation- cite lack of mutual aid in CEMP)
 - Barnstable lab, no lab here
- Lack of health care providers
- High cost of living
 - Lack of affordable housing
- Competing priorities (with other depts.)
- Increasing population
 - Lack of housing, stretching resources, lack of appropriate outreach
- Increased affluence and development (Pocomo and shawkemo are food deserts), threats to wetlands, EH
- Change averse Government
- Lack of public knowledge about department work
- Budget
- Seasonality
 - People forget the importance over the course of the year
 - Winter mental health

Appendix B: Key Results Framework

- 10 Core Functions of Public Health
1. Monitor health status to identify and solve community health problems.
 2. Diagnose and investigate health problems and health hazards in the community.
 3. Inform, educate, and empower people about health issues.
 4. Mobilize community partnerships and action to identify and solve health problems.
 5. Develop policies and plans that support individual and community health efforts.
 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 competent public and personal health care 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.



Appendix C: Cardiovascular Mortality and Hospitalizations by Gender and Race: Nantucket

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	Mortality			Hospitalizations		
	Area 3 yr Count	Area 3 yr Age- adjusted Rate (a)	State 3 yr Age- adjusted Rate (a)	Area 3 yr Count	Area 3 yr Age- adjusted Rate (a)	State 3 yr Age- adjusted Rate (a)
All Circulatory System Diseases						
White, non-Hispanic						
Male	35	376.4	255.7	188	1658.5	1849.7
Female	28	168.3	166.9	138	937.8	1150.4
Black, non-Hispanic						
Male	0	0.0	302.2	7	2705.0	2416.7
Female	2	387.7	205.2	11	3114.0	2015.0
Hispanic						
² Male	1	692.2	136.6	NA	NA	1941.5
Female	0	0.0	91.1	NA	NA	1501.5
Asian/PI, non-Hispanic						
Male	0	0.0	115.4	0	0.0	855.0

² Data like this reflects an error in the population data used to calculate the rates. It is probable that Nantucket's male Hispanic population is higher than reported, and therefore the rate is reported as higher than it actually is.

Female	0	0.0	87.5	0	0.0	610.9
American Indian, non-Hispanic						
Male	0	0.0	132.8	NA	NA	512.6
Female	0	0.0	85.2	0	0.0	413.1
Coronary Heart Disease						
White, non-Hispanic						
Male	20	187.5	144.0	46	361.6	532.4
Female	16	95.7	75.4	24	174.3	232.2
Black, non-Hispanic						
Male	0	0.0	143.0	NA	NA	394.4
Female	0	0.0	89.1	NA	NA	268.8
Hispanic						
Male	1	692.2	66.8	0	0.0	489.3
Female	0	0.0	38.2	0	0.0	299.3
Asian/PI, non-Hispanic						
Male	0	0.0	53.7	0	0.0	255.0
Female	0	0.0	30.1	0	0.0	104.6
American Indian, non-Hispanic						
Male	0	0.0	52.9	0	0.0	100.1

Female	0	0.0	25.9	0	0.0	89.0
Cerebrovascular Disease						
White, non-Hispanic						
Male	4	60.5	31.6	22	208.9	254.7
Female	3	19.6	31.2	28	184.9	195.3
Black, non-Hispanic						
Male	0	0.0	51.9	0	0.0	341.5
³ Female	1	193.8	39.3	NA	NA	348.8
Hispanic						
Male	0	0.0	26.4	0	0.0	299.3
Female	0	0.0	18.8	0	0.0	249.1
Asian/PI, non-Hispanic						
Male	0	0.0	33.5	0	0.0	169.9
Female	0	0.0	25.4	0	0.0	131.3
American Indian, non-Hispanic						
Male	0	0.0	17.2	0	0.0	94.8
Female	0	0.0	0.0	0	0.0	63.0
Acute Myocardial Infarction						

³ Data like this reflects an error in the population data used to calculate the rates. It is probable that Nantucket's female black, non-Hispanic population is higher than reported, and therefore the rate is reported as higher than it actually is.

White, non-Hispanic						
Male	1	5.9	40.4	15	121.0	249.1
Female	2	12.5	22.9	11	79.2	121.3
Black, non-Hispanic						
Male	0	0.0	40.6	NA	NA	193.5
Female	0	0.0	26.0	NA	NA	133.9
Hispanic						
Male	0	0.0	18.8	0	0.0	219.2
Female	0	0.0	13.4	0	0.0	134.1
Asian/PI, non-Hispanic						
Male	0	0.0	18.4	0	0.0	119.6
Female	0	0.0	11.4	0	0.0	53.3
American Indian, non-Hispanic						
Male	0	0.0	15.9	0	0.0	40.7
Female	0	0.0	14.3	0	0.0	32.3

- Population data are used as the denominators for all rates in MassCHIP except for Infant Deaths which use the Births file as the denominator. The population data used for a given rate depends on the year of the numerator:
MDPH Estimates for 2006-2009 (only available at the state level)
Census Counts for 2010 (available at the city/town level)
- Population data may also be present in this report as Counts and Percentages. These data are Census counts for 2010 or sample data for 2000. Any population data that have more detail than geography, age, sex and or Race/Hispanic ethnicity are from the selected sample data for 2000 from the U.S. Census Bureau Summary File 3 (SF3).
- 2007-2009 Calendar Year Hospital Discharges (UHDDS)
- 2008-2010 Mortality (Vital Records) ICD-10 based

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