



Norfolk County-8 Coalition Strategic Planning Kick-Off Meeting Summary December 16, 2025

11:00am - 3:00pm

Participants

Meg Goldstein, Canton Health Director;
Jenna Conroy, Canton Health Inspector
Sam Menard, Dedham Health Director;
Caroline Kinsella, Milton Health Director;
Abbie Atkins, Norwood Assistant Health Director
Melissa Ranieri, Walpole Health Director

Trish Fisher, Walpole Public Health Nurse
Jhana Wallace, Wellesley Community Health Coordinator
Jared Orsini, Westwood Health Director;
Kevin Myers, Public Health Nurse
Sarah Lavarri, NC-8 Regional Epidemiologist

Facilitators

Brad Clarke, BME Strategies

Karen Contador, BME Strategies

I. Welcome

BME provided an overview of the agenda to start the meeting.

Brad Clarke asked participants to consider what comes to mind when they think of strategic planning. Responses included:

- Intentional
- Not wasting time or resources
- Providing a roadmap/direction
- Collaborative
- Future
- Sustainability
- Preparation
- Corporation
- Protocols
- Timeline
- Structure
- Transparency
- Focus
- Priorities

Participants then discussed setting ground rules and expectations for the steering committee through the strategic planning process. The following were identified:

- Listening
- Clear communications
- Judgement Free
- No interruptions
- Operating in Good Faith
- Being brave w/sharing ideas
- Participating consistently
- Committing to the process

II. Project Objectives/Timeline Review

Brad Clarke provided an overview of the key stages in the strategic planning process, identifying proposed timeframes for the group to meet throughout the process. There was a desire to lock down the dates as soon as possible, and the following dates were confirmed for planning sessions:

- February 10th, 10am-12pm
- March 10th, 10 am-12pm
- April 14th, 10 am -12pm
- May 19th, 10am-12pm

Brad committed to sending calendar invites to the group following the session.

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III. Clarifying The Why

Participants engaged in a discussion about their 'why' and the unique contributions that NC-8 can make.

Why are you here?

- Improve people's health / wellbeing by the enforcement of health codes
- Better the health and wellness within my community and expand on the resources I am able to provide my community
- To all come together and share ideas and programs that may be able to be replicated in our communities
- Improve and uphold health outcomes and equity
- Promote health and wellness of all in of our communities, here to collaborate and share best practices
- Making a difference that can impact 10s to 100s of people
- Organizing makes me happy, public health is my jam
- Make things better for future generations than it was for us so we don;t need to sell our souls to a corporation

What is the greatest need NC-8 can meet?

- Camaraderie among health directors, NC-8 has become more formalized, would like to know what other Directors are doing
- Amazing relationships and collaboration among the 8 communities
- Collaboration and sharing of resources
- Shared resources and protocols, best practices etc
- Collaboration, sharing best practices, expanding the opportunities our towns can offer
- Sharing of knowledge and collaboration to be able to offer more services
- covering our blind spots when we are spread thin

What is the most important thing NC-8 can accomplish in the next 5 years?

- Strategic plan
- Providing services that support equity across communities
- Providing sustainable regional programming
- Create and provide a regional vaccine program
- Invest in training/continuing education
- Solid programming that can be replicated
- Supplement existing programs
- Invest in training/education people may lack

What are your biggest questions / concerns?

- Sustainability and funding
- Maintaining positions that are going to be defunded/dissapear

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- Maintaining the strategic plan
- Qualifications of staff due to training budget cuts
- Time constraints, varied needs from each community
- Loss of funding from DPH
- Lack of resources
- Inconsistent staffing/turnover
- Funding positions that will disappear, eq. Septic consultant
- Funding cuts
- Turnover
- Unclear goals
- Consistency/continuity of strategic plans in general

Participants then considered what the newspaper headlines would be if NC-8 was wildly successful in accomplishing its strategic plan goals:

- Amazing programs have been rolled out, to help all our communities
- Measurable improvements in health and wellbeing of residents
- Regional collaboration improves health in town
- NC-8 setting the bar
- NC-8 taking public health into the 21st century
- Validation of the shared services model
- Cost savings/avoiding
- Investment in community
- Quantifiable improvements
- Keeping communities safe

IV. Mission, Vision, and Guiding Principles

Brad Clarke provided a brief explanation of how aspects of the discussions and strategic plan fit together, and why they're important. Participants broke up into smaller groups and considered the vision, mission, and brainstormed guiding principles. Drafts for further consideration were:

Mission: The NC-8 public health coalition brings together 7 health departments to strengthen the public health workforce, protect the environment, and improve quality of life. Through regional collaboration and shared funding we promote wellness, prevent disease, and provide shared health resources.

Vision: We envision a cooperative and connected community that maximizes its impact and supports the physical, mental and social well-being of all residents across our region through the equitable provision of resources.

Guiding Principles:

- Health as a human right
- Commitment

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- Collaboration
- Equity
- Trust in evidence-based expertise
- Strength in togetherness

V. SWOT-IE Analysis

<p>Strengths</p> <ul style="list-style-type: none"> ● Long-standing municipal partnerships ● Support for municipal administration ● NC-8 is good at meeting deadlines/deliverables ● Availability of PHE funding (for now) ● Shared goals throughout NC-8 ● Broad and varied public health expertise ● Willingness to share, collaborate ● Affluent communities, well resourced ● Geographic proximity 	<p>Weaknesses</p> <ul style="list-style-type: none"> ● Varying town priorities across region ● Workforce pipeline and retention ● Budget/pay discrepancies ● Lack of data
<p>Opportunities</p> <ul style="list-style-type: none"> ● Room for growth, expanding services ● State resources & experience ● Collective knowledge & experience ● Existing health infrastructure and partnering opportunities ● Well developed educational networks and school districts ● Calm between the crises 	<p>Threats</p> <ul style="list-style-type: none"> ● Staffing turnover leads to wasted funds and training/education ● Funding uncertainties ● Change of staff leading to loss of support from municipalities ● Lack of oversight/direction for NC-8 and its staff ● Lack of transparency ● Misinformation threatening the integrity of public health ● Lack of public visibility ● RFK ● Vaccine hesitancy ● Climate change ● Globalization
<p>Inclusion / Equity</p> <ul style="list-style-type: none"> ● Outward communication - far reaching, populations get all the same message <ul style="list-style-type: none"> ○ Making sure it is ADA accessible ○ How can we afford to have people who work in these communities, actually live in these communities 	

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- They offer mileage reimbursements, but what about those that don't have a vehicle?
- Having a diverse workforce allows for the client to have diverse differences and perspectives - not always easy, especially for small departments
 - Looking at jobs and acknowledging experiences not just in lieu of formal degrees
 - Reviewing resumes wholistically
- Having appropriate physical space for staff and community engagement
- Training availability
 - Lack of convenient training time
 - Tier 2 and Tier 3, example
 - Lots of newer people in the field who need the training, and not enough seats
 - Being wary of the use of AI in screening candidates
 - CLAS trainings from the State
 - Bigger problem is getting people to get on board, and to find the time
 - Also some trainings are focused on Leadership, and don't trickle down to staff
- Internships
 - Need to be advertising outside of the wealthy universities
 - And also provide paid internships so others can participate

VI. Stakeholder Engagement

Participants considered which stakeholders will be important to engage to gather input from during the strategic planning process. Conversations landed on the following groups/individuals and methodologies for engagement:

Group/Individual	Method
Canton Health Department Staff	Focus Group
Dedham Health Department Staff	Focus Group
Milton Health Department Staff	Focus Group
Norwood Health Department Staff	Focus Group
Walpole Health Department Staff	Focus Group
Wellesley Health Department Staff	Focus Group
Westwood Health Department Staff	Focus Group
Coalition Shared Services Staff	Focus Group

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Lydia Cunningham (EP and Substance Use for Opioid Abatement Funding - across Dedham, Westwood, and Walpole)	Interview
Jackson Lieb (Medical Reserve Corps)	Interview
Danielle Sutton, Director (Youth and Family Services)	Interview
Dedham Assistant Town Manager	Interview
Municipal Board of Health Members	Electronic Survey

VII. Personal Commitments

Participants were asked to consider what they would be willing to personally commit to through the strategic planning process. Commitments included:

- I will participate enthusiastically
- Dedication of time to the process
- Attend each in-person strategic planning meeting
- Share experiences and expertise with any member of the group
- Review all materials by deadlines
- Commit to NC-8 strategic planning as a way to protect the health of our residents
- Commit to optimizing this opportunity
- Thoughtful engagement, creative thinking, and an open mind
- Showing up everyday to support the coalition's needs

VIII. Next Steps

Next steps and follow-up actions were identified as:

- BME to draft Mission/Vision/Guiding Principles for review via feedback survey
- BME to draft first version of SWOT-IE for review via feedback survey
- BME to begin stakeholder outreach and engagement
- BME to send out meeting invites for forthcoming strategic planning strategy sessions
- Steering committee to complete pre-reads and feedback survey when received

The session adjourned at 2:45 PM.