



Norfolk County-8 Coalition Strategic Planning Session 4 Meeting Summary April 14, 2026



10:00am

Participants

Meg Goldstein, Canton Health Director
Jenna Conroy, Canton Health Inspector
Sam Menard, Dedham Health Director
Abbie Atkins, Norwood Assistant Health Director
Melissa Ranieri, Walpole Health Director
Jhana Wallace, Wellesley Community Health Coordinator
Brad Clarke, BME Strategies

Patricia Fisher, Walpole Public Health Nurse
Jared Orsini, Westwood Health Director
Sarah Lavari, NC-8 Regional Epidemiologist
Beth Haefner, Regional Staff Coordinator
Aine Studdert-Kennedy, Shared Services Coordinator

Meghan Russell, BME Strategies

I. Welcome and Project Progress Review

Brad Clarke provided an overview of the key stages in the strategic planning process, identifying progress made to date, noting that significant work had been completed in the background since the last meeting. He outlined the agenda to discuss objectives, timelines, and the layout of the Strategic Plan, with a focus on finalizing content and working with the internal design team to create a shareable document.

II. Confirming Goals, Objectives, and Timelines

Participants reviewed the draft versions of the goals, objectives, and timelines. There were minor revisions suggested to the wording of a couple of the objectives, but otherwise were comfortable with the content. Participants also reviewed the work load distribution proposed through the life of the strategic plan.

Participants agreed to send any additional input by the end of the week, 4/17/2026, to Brad. No additional input was received.

Final draft goals, objectives, and timelines are included as Appendix A.

III. Strategic Plan Document Structure

Participants reviewed the draft strategic plan document content and a number of design/layout options, providing comment and preferences for a more colorful color palette, and to include elements of environmental health into layout/design. Brad Clarke was to communicate the preferences to the BME Strategies internal design team and they will create a first draft for coalition consideration and feedback.

IV. Next Steps

Next steps and follow-up actions were identified as:

- BME to revise the Strategic Plan document based on feedback received
- BME to work with the design team to create a draft Strategic Plan layout incorporating preferences for brighter colors and environmental health imagery (i.e. mosquitoes, rats, food, pools, summer camps, etc.)
- BME to draft strategic plan action tracker for regional team to review prior to May planning session

The session adjourned at 11:00 AM.

Appendix A: NC-8 Strategic Priorities, Goals, Objectives, Timelines, and Owners

Strategic Priority	Goal	Objectives	Timeline for Completion	Owner(s)
1. Optimizing Infrastructure and Administrative Processes: Creating streamlined, shared systems and processes to maximize the coalition's response to public health needs with greater speed and efficiency.	1.1 Reformat coalition meeting structure to maximize collaboration, dialogue, and engagement opportunities	1.1.1 Draft and formalize NC-8 monthly meeting schedule, identifying in-person and Director-only meetings to prioritize cross-town collaboration	T1 FY2027	Shared Services Coordinator
		1.1.2 Implement and refine opportunities to streamline updates and enable decision and discussion focus of coalition meetings	T1 FY2027	Shared Services Coordinator
		1.1.3 Conduct an annual coalition satisfaction and improvements assessment to ensure high satisfaction with the new engagement structure	T1 FY2028	Shared Services Coordinator
	1.2 Create a formal protocol for handling unique, complex, and/or "one-off" situations that require immediate regional support	1.2.1 Map existing specialized skill sets across all towns to identify SMEs for complex cases	T1 FY2028	Advisory Committee
		1.2.2 Create a key contact list for "one-off" technical support (e.g., hoarding cases, complex Title 5)	T3 FY2028	Advisory Committee
		1.2.3 Execute one regional complex case tabletop exercise annually to test response protocols	T3 FY2029	Advisory Committee
	1.3 Standardize regional operating procedures to ensure consistent and efficient communication and decision-making processes	1.3.1 Establish a central NC-8 Policy Portal for shared access to all standardized regional protocols	T1 FY2029	Shared Services Coordinator & Regional Staff Coordinator
		1.3.2 Review and update 100% of regional administrative SOPs every 24 months	T2 FY2029	Shared Services Coordinator & Regional Staff Coordinator
		1.3.3 Develop a written NC-8 history, project history, key documents catalogue	T3 FY2029	Shared Services Coordinator & Regional Staff Coordinator
	1.4 Develop a shared resource and inventory system to track and deploy shared equipment and supplies between member municipalities	1.4.1 Complete a comprehensive inventory of all health-related equipment available for regional sharing	T1 FY2029	Regional Public Health Nurse (TBD)
		1.4.2 Develop a standardized reservation process to facilitate the seamless transfer of supplies between member municipalities	T2 FY2029	Regional Public Health Nurse (TBD) & Shared Services Coordinator
		1.4.3 Cross-reference and track prior expenditures to create regional procurement efficiencies	T3 FY2030	Shared Services Coordinator
	2. Cultivating a Resilient and Integrated Workforce:	2.1 Create a recurring, shared training calendar for renewing staff	2.1.1 Launch a unified regional training calendar for available State and Training Hub trainings	T3 FY2027
2.1.2 Participate in quarterly meetings with the Training Hub to share implementation progress			T1 FY2028	Regional Staff Coordinator

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Cultivating a stable, well-trained, and flexible workforce to supplement local public health, extend service provision, and help prevent service gaps in times of health department high demand.	certifications and onboarding new hires	2.1.3 Identify and promote training opportunities for regional and municipal SSA staff to build skills and knowledge, and share relevant takeaways with the coalition.	T1 FY2028	Regional Staff Coordinator
	2.2 Consider opportunities to develop a model for covering specialized role gaps to ensure equitable service delivery across all member communities	2.2.1 Conduct a workforce gap analysis to identify underserved communities and specialized role needs (e.g., Epidemiology, specialized inspections)	T3 FY2027	Regional Epidemiologist (with support from Regional Staff Coordinator)
		2.2.2 Pilot a "Shared Specialist" staffing model where one role (e.g., Social Worker) serves high-need NC-8 towns	T3 FY2028	Regional Staff Coordinator
		2.2.3 Conduct feasibility and ROI analysis for consideration of additional regional staff roles (e.g. regional social worker)	T2 FY2029	Regional Staff Coordinator
	2.3 Implement a knowledge- transfer system (e.g. digital desk manuals) to mitigate burnout and ensure no knowledge is lost during staff transitions	2.3.1 Standardize onboarding materials for regional PHE-funded positions to ensure continuity during staff transitions	T1 FY2029	Regional Staff Coordinator
2.3.2 Create an organizational knowledge library (history, completed projects, contact information, reference materials, etc)		T1 FY2029	Regional Epidemiologist (with support from Shared Services Coordinator and Regional Staff Coordinator)	
3. Elevating Unified Messaging and Coalition Identity: Developing high-visibility, consistent communication that builds public trust and ensures that residents recognize NC-8, and local public health departments, as a reliable source of health information and protection.	3.1 Regional communication toolkit: Launch a shared seasonal messaging calendar, regional newsletter, and educational campaign resources for regional and local dissemination of health information across social media and news outlets	3.1.1 Develop and launch a standardized NC-8 brand identity, NC-8 onboarding guide for Town leadership, and a shared seasonal messaging calendar	T3 FY2027	Shared Services Coordinator (with support from Regional Epidemiologist)
		3.1.2 Deploy three regional educational resources/materials (e.g., tick safety, flu prevention) across all member social media outlets on an annual basis	Starting FY2027	Regional Epidemiologist
		3.1.3 Distribute a quarterly regional health newsletter to all health departments for distribution through their contact lists and social media	T1 FY2028	Regional Epidemiologist
	3.2 Proactive compliance: Develop regional health protection outreach that focuses on preventing inspection violations and educating businesses/ vendors before enforcement is needed	3.2.1 Create a Healthy business success outreach toolkit to provide pre-inspection guidance (e.g. food vendors, summer camps, and pool operators)	T1 FY2028	Regional Epidemiologist
		3.2.2 Support planning for local webinars to discuss regulatory updates and best practices with vendors	Starting FY2028	Regional Epidemiologist
	3.3 Utilize data to develop compelling narratives for the public and Town leadership, showing the	3.3.1 Produce an annual report and summary presentation that uses regional data to support the value of NC-8 programs to Town leadership and state legislators	Starting FY2027	Regional Epidemiologist

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	tangible impact of the coalition's work.	3.3.2 Establish a regional data dashboard that tracks FPHS performance metrics across member municipalities (and regionally)	T2 FY2028	Regional Epidemiologist
	3.4 Establish comprehensive Maternal and Child Health (MCH) messaging to support regional program implementation.	3.4.1 Design a regional MCH messaging campaign that identifies key touchpoints for families across member municipalities	T3 FY2028	Regional Public Health Nurse (RPHN)
		3.4.2 Launch targeted regional social media outreach to promote the MCH program	T1 FY2029	Regional Public Health Nurse (RPHN)
4. Programmatic and Fiscal Sustainability: Leveraging local and regional data to ensure continuity in high-impact programming and advocate for diversified and sustainable funding streams.	4.1 Develop and implement a region-wide maternal and child health (MCH) program	4.1.1 Finalize the regional MCH program design, including staffing and evidence-based service delivery models	T3 FY2027	Regional Public Health Nurse (RPHN)
		4.1.2 Pilot MCH services (e.g., home visiting or wellness clinics) in at least four member towns	T1 FY2028	Regional Public Health Nurse (RPHN)
		4.1.3 Scale the MCH program to ensure full service availability across all NC-8 municipalities	T1 FY2029	Regional Public Health Nurse (RPHN)
	4.2 Develop a diversified multi-year funding strategy	4.2.1 Identify three non-PHE grant opportunities to support regional programming	T1 FY2028	Regional Staff Coordinator (with support from Shared Services Coordinator)
		4.2.2 Develop a five-year financial sustainability plan (that may include municipal cost-share options)	T3 FY2028	Shared Services Coordinator
		4.2.3 Secure at least one alternate funding source (e.g., federal grant or private foundation) to diversify the regional budget	T1 FY2030	Regional Staff Coordinator (with support from Shared Services Coordinator)
	4.3 Create a regional investment plan for opioid settlement funds that prioritizes long-term impact on recovery and prevention across all seven towns	4.3.1 Convene a regional Opioid Settlement Working Group with representation from all member towns to discuss best practices	T3 FY2027	Advisory Committee (or Opioid Abatement Coordinator)
		4.3.2 Develop a multi-year regional investment plan prioritizing prevention and recovery services across all member towns	T3 FY2028	Advisory Committee (or Opioid Abatement Coordinator)