

# 2022-2025 STRATEGIC PLAN

## PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY

### EXECUTIVE SUMMARY

The Public Health Council of the Upper Valley (PHC) is a regional public health coalition that brings together a diverse group of stakeholders (e.g. health care providers, community-based organizations, municipalities, human service agencies, businesses) to identify and address issues in Upper Valley cities and towns through multi-sector engagement and collaboration. The PHC serves the 12 municipalities of New Hampshire's Upper Valley Regional Public Health Network and 22 Vermont municipalities, as shown in the map below.

Every few years the PHC looks internally to assess operations and programming to ensure alignment with partner needs within the current public health landscape. While the COVID-19 pandemic required a shift in strategy to meet the immediate needs of neighbors and partners, it also gave the PHC an opportunity to leverage its strengths and highlight where the coalition provides value to the region.

During summer and fall of 2021, the PHC engaged in a strategic planning process with 60+ coalition members, including PHC leadership, to identify operational priorities and common objectives for the coalition over the next 3-5 years. The PHC used this process to reflect on its value-add and ability to pivot during the pandemic despite limited staff capacity and financial resources.

Out of this planning process came four strategic goals to help direct the PHC over the next 3-5 years:

- Goal 1:** Increase the capacity of PHC staff to maintain the current level of activities while growing the ability to respond to emerging public health opportunities and partner needs.
- Goal 2:** Identify new sources of funding for the PHC to ensure short and long-term sustainability and support its growth among traditional and non-traditional sectors.
- Goal 3:** Engage PHC leadership in advancing the work of the organization within the region to increase visibility among peers, identify strategic partners and recruit additional Board members.
- Goal 4:** Enhance PHC's visibility and influence in the region through increased messaging of success stories and system level change.

The Public Health Council Board of Directors and staff look forward to working with all our partners and stakeholders over the next 3-5 years to ensure our organization's sustainability and contribution to the Upper Valley.



## PHC OVERVIEW

### Guiding Principles

- We operate to build a strong and effective public health system that serves the needs of the residents of the Upper Valley.
- We partner with community members and organizations who share our commitment to community health.
- We build upon our past experience and the strengths existing within our organization.
- We seek to address health disparities in our communities.
- We challenge ourselves and our partners to increase diversity and inclusion within our network and in the services available to our communities.
- We are ready to support emerging public health needs in our communities and respond to new opportunities.

### Vision, Mission and Purpose

**Vision:** Working together, our Upper Valley community will be healthy, safe, supportive, and vital.

**Mission:** To improve the health of Upper Valley residents through shared public health initiatives and services within a network of community stakeholders.

PHC facilitates the Advisory Council for the Upper Valley Public Health Network and works in collaboration with Dartmouth Hitchcock Medical Center, which holds the NH Department of Health and Human Services contract for the Public Health Network. The Upper Valley is one of 13 Regional Public Health Networks (RPHN) in New Hampshire. PHC works across state lines and partners with many Vermont agencies and organizations because the people of our region live, work, play, and seek services across state lines every day. We cannot address the public health needs of our region without reflecting this reality. While each NH Public Health Network operates autonomously based on the unique needs of the region and their relationship with the host agency, there are four mandated activities each Network's Advisory Council is to conduct.

1. *Convening and Connecting* - bringing people and organizations together across silos and serving as a hub connecting specialized coalitions, municipalities, working groups and committees
2. *Exchanging Information* - increasing knowledge and skills of key stakeholders by hosting regular events and disseminating health information
3. *Facilitating a Regular Community Health Improvement Process (CHIP)* – building on Community Health Needs Assessments conducted by Dartmouth Hitchcock Medical Center, Alice Peck Day Memorial Hospital, and Mt. Ascutney Hospital and Health Center and facilitating implementation of the PHC CHIP through promoting collaboration, resource identification and technical and logistical support
4. *Responding to Emerging Public Health Issues* – maintaining capacity to assess and mobilize resources to address emerging public health issues in the region or more broadly

There is an additional state expectation for public health networks to support issue focused working groups for two state-determined priorities, as well as the priorities established through local community health needs assessment. State-determined groups include the Emergency Preparedness Regional Coordinating Council and All Together (Substance Use Disorder Working Group). PHC also facilitates

working groups for the additional public health priorities identified during the Community Health Improvement Planning process.

The PHC Advisory Council is a sub-set of PHC Partners that meets at least four times each year to approve public health priorities and strategies, as well as advise on program development, implementation, and opportunities for collaboration. Funding to support the PHC comes from municipal appropriations, sub-contracts with DHMC, foundations and individual gifts.

PHC health priorities are topic specific issues around which PHC facilitates coordination and collaboration among partners. The PHC generates a Community Health Improvement Plan (CHIP) every three to four years that identifies the health priorities, aligns with other CHIPs in the region and sets a direction for coalition member activities and programs. Advisory Council members generally come from agencies that work in health priority specific areas. PHC health priorities are not the focus of this document, which is intended to address the operational aspects of the organization.

Since the PHC was established in 2016, the Executive Director, Alice Ely, has successfully balanced mandated activities and planning for an expanded

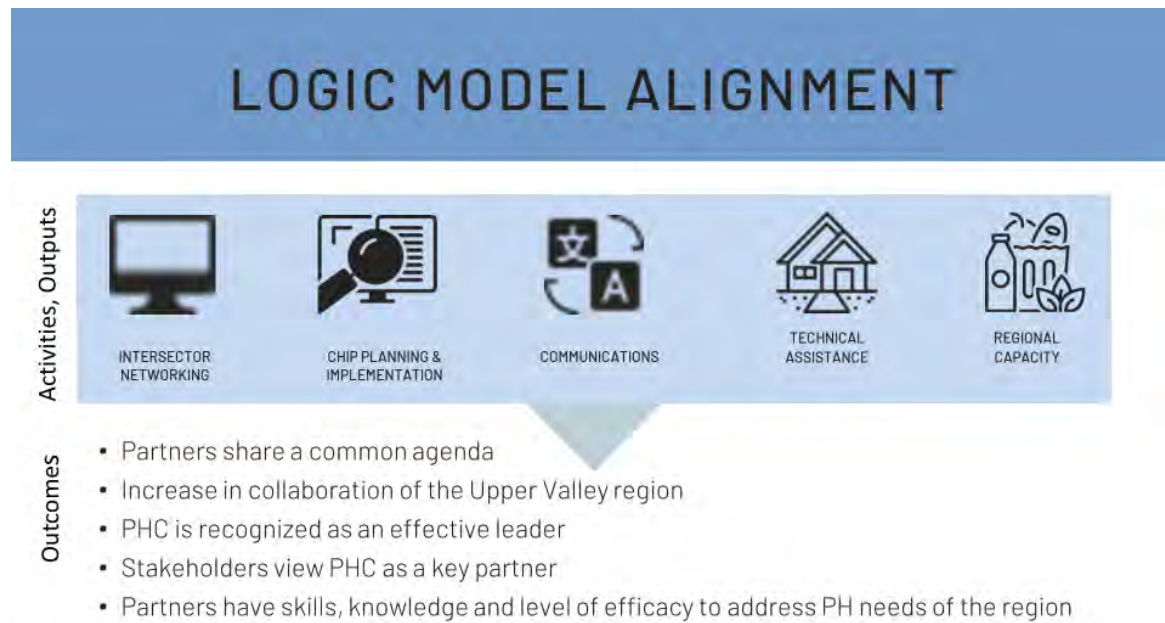
PHC agenda. While the pandemic required Alice and others to make difficult choices, it also illustrated the regional importance of the PHC and the limited resources available to support the coalition's work. Going forward, it will be important to critically evaluate the current PHC budget allocation of one .75 FTE staff person and other capacity challenges. To maintain current operations and continue to evolve, the PHC will need to consider a more sustainable long-term strategy that increases staff capacity, leverages current resources and identifies additional sources of financial support.

#### FY2020-2022 COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIES

- Substance Misuse & Addiction
- Access to Mental Health Care Services & Supports
- Domestic Violence (Gender-Based Violence)
- Access to Primary Care Services
- Healthcare for Seniors
- Child Abuse & Neglect (Family Strengthening)

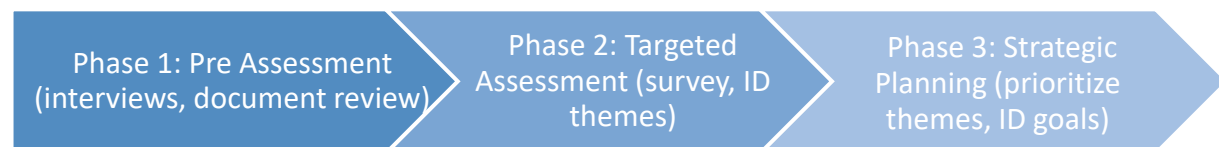
## Logic Model

In anticipation of the strategic planning process, PHC staff and Board members, in collaboration with DHMC coordinators, developed a programmatic Logic Model that illustrates planned work and intended results of PHC efforts. In developing the agency's strategic plan and organizational goals, it is important to ensure alignment with the current Logic Model including programmatic activities, outputs and outcomes, as detailed below.



## STRATEGIC PLANNING PROCESS

The planning process included meetings, working sessions, a review of existing PHC documents, and qualitative data collection over a three-month period. This was done with PHC staff, Strategic Planning Committee, Board, Advisory Council and general membership. The insight gained from these conversations and data analysis was used to help inform each of the three phases of the strategic plan.



- PHC documents including PHC Advisory Council Charter, DHMC Contract, NH Regional Public Health Network (RPHN) guidelines and PHC Logic Model
- 16 Key Informant interviews included Advisory Council members, staff and Board members who were asked to reflect on the value of the PHC and provide examples
- 66 responses to the Partner Survey which was distributed to the 250+ PHC member/partner list
- Environmental scan of current public health programs and infrastructure

The data collected provides insight into organizational strengths, vulnerabilities and opportunities of the PHC while affirming that the work of PHC aligns closely with what it was established to accomplish. Themes and key points highlighted in the collected qualitative data include the following:

Organizational Strengths	Organizational Vulnerabilities
<p>A. Connecting multi-sector partners</p> <ul style="list-style-type: none"> <li>● A hub for connecting key stakeholders</li> <li>● Facilitating inter-sector networking, partnerships and working groups</li> <li>● Promoting resource sharing between agencies</li> </ul> <p>B. Information and knowledge exchange</p> <ul style="list-style-type: none"> <li>● Communicating relevant information</li> <li>● Increase understanding about a topic or issue (e.g., Diversity, Equity, and Inclusion (DEI))</li> <li>● Bringing greater awareness to health related socio-economic needs (Social Determinants of Health)</li> </ul> <p>C. Regional alignment</p> <ul style="list-style-type: none"> <li>● Alignment around a regional agenda</li> <li>● Providing a more robust regional public health infrastructure</li> <li>● Improved resource sharing between agencies</li> </ul>	<p>A. Capacity</p> <ul style="list-style-type: none"> <li>● Staff ability to respond to emergent issues</li> <li>● Doing all the things we are doing now and making space for other opportunities</li> </ul> <p>B. Engagement</p> <ul style="list-style-type: none"> <li>● Sustaining community partner engagement and PHC leadership</li> <li>● Being proactive about issues that emerge vs reactive when the need arises</li> </ul> <p>C. Relevance</p> <ul style="list-style-type: none"> <li>● Priorities that align with local and regional partners in a post COVID environment</li> <li>● Appropriate role for PHC within DEI and health equity conversations</li> </ul> <p>D. Telling Our Story</p> <ul style="list-style-type: none"> <li>● Articulating PHC’s role in and outside the traditional public health realm</li> <li>● Articulating impact of the PHC within the evolving public health landscape</li> </ul>

### STRATEGIC PLANNING PRIORITY AREAS

Ideas were generated around opportunities that the PHC could embrace given its past success, current vulnerabilities and role as a neutral party. The opportunities of interest to community partners, Advisory Council and the Board provided the foundation of the strategies recommended in this plan. Four opportunity areas (capacity building, sustainability, leadership and communication) were then prioritized by the Board and informed the PHC strategic planning goals.

A strategic planning roadmap leverages current capacity and momentum, and considers short and longer-term opportunities. PHC goals provide a framework to develop strategies and actions that can be implemented over time. The three primary goals focus on capacity building, sustainability and leadership and can be enhanced by a fourth goal that addresses gaps in communication. A communication goal is provided in this plan for reference and includes strategies that can be considered concurrently while the three primary goals are implemented.

## PRIORITY AREA #1: CAPACITY BUILDING

**Goal 1: Increase the capacity of PHC staff to maintain the current level of activities while growing the ability to respond to emerging public health opportunities and partner needs.**

- Strategy 1.1: Build on post pandemic relationships/structures to enhance community- health connections and leverage resources
- Strategy 1.2: Meet current operational staffing needs while preparing for plan implementation
- Strategy 1.3: Optimize partnerships with professors and/or departments to ensure robust and consistent internship program
- Strategy 1.4: Engage a broader range of participants who know about emerging topics (leaders at the grassroots level)

## PRIORITY AREA #2: SUSTAINABILITY

**Goal 2: Identify new sources of funding for the PHC to ensure short and long-term sustainability and support its growth among traditional and non-traditional sectors.**

- Strategy 2.1: Increase the financial commitment of health systems and VT/NH municipalities
- Strategy 2.2: Assess potential to establish a formal partnership with other regional entities
- Strategy 2.3: Leverage the coalition's position as a 501c3 to act as a fiscal agent for small CBOs and grassroots organizations
- Strategy 2.4: Write and administer new grants (unrestricted, topic specific, not competing with PHC members)
- Strategy 2.5: Draft budgets based on different assumptions (alternative staffing models, outsource administrative tasks, program of another agency)

## PRIORITY AREA #3: LEADERSHIP

**Goal 3: Engage PHC leadership in advancing the work of the organization within the region to increase visibility among peers, identify strategic partners and recruit additional Board members.**

- Strategy 3.1: Clarify roles and expectations of Board (organizational) and Advisory Council (tactical) (i.e. recruitment, ID funding sources)
- Strategy 3.2: Engage leadership in succession planning (relationships and skills, commitment to get things done)
- Strategy 3.3: Formalize municipal engagement and roles (identify the right point person)
- Strategy 3.4: Continue to engage people representing traditional and non-traditional sectors to ensure ongoing leadership and access to skills needed to sustain and grown the organization

## PRIORITY AREA #4: COMMUNICATION

**Goal 4: Enhance PHC's visibility and influence in the region through increased messaging of success stories and system level change.**

- Strategy 4.1: Share regional data (needs assessments, best-practices) to illustrate priorities and disparities and shed light on regional connections
- Strategy 4.2: Identify and take action on 'system level issues'
- Strategy 4.3: Become an overarching organization to message issues on disparities (using case studies, encouraging collaboration, supporting equity based groups)

## ACKNOWLEDGEMENTS

PHC Staff, Strategic Planning Committee, Board of Directors, Advisory Council, PHC Partners