

Charles River Public Health District (CRPHD)

2026 – 2030 STRATEGIC PLAN

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EXECUTIVE SUMMARY

Background

The Charles River Public Health District engaged in a comprehensive strategic planning process in 2025. This strategic plan establishes the District'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 Charles River Public Health District Planning Team and supported by the consulting team of BME Strategies. It began in January 2025 and concluded in June 2025.

Mission

The mission of the Charles River Public Health District is to work collaboratively to support healthy communities by increasing health equity, sharing knowledge, and enhancing the capacity of public health staff and the robustness of service delivery in Dover, Medfield, Needham, and Sherborn.

Vision

We envision a coalition rooted in collaboration that provides equitable, responsive, and robust public health services to our communities.

Strategic Priorities, Goals, and Objectives

The members of the CRPHD have collectively set a course of action centered on the following 3 priorities that will guide the work of the district:

	1 Departmental Capacity
	Develop sustainable methods for future record-keeping that allow for expanded data collection opportunities
	Build strong cross-municipality partnerships throughout the SSA
	Develop and implement communication processes with the community
	2 Environmental Health
	Set up cross-municipality training and knowledge-sharing systems to address gaps identified in the CART and self-assessment
	Develop and implement standardized procedures for hoarding
	Increase capacity in Title 5/onsite wastewater inspection services
	Explore regulation and enforcement of transfer stations and haulers
	3 Tobacco Use Prevention
	Support communities in laying the groundwork for the adoption of Nicotine-free generation proposal

The CRPHD has developed a set of goals flowing from its strategic priorities. Goals are measurable, time-bound, and mapped to specific deliverables and owners.

Implementation and Performance Management

The CRPHD 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 Involvement

Key stakeholders, including local public health department staff, regional staff, and town executives, were engaged at different points in the process.

SECTION 1: THE PLANNING PROCESS

Participants

Charles River Public Health District's strategic planning process was directed by the CRPHD Advisory Board (see below) and supported by the consulting team of BME Strategies (those marked with an "*" participated in the monthly planning meetings). The planning team represented knowledge and perspectives from across the health district.

The group met monthly and conducted work in between meetings. The process began in January 2025 and concluded in June 2025.

In addition, the strategic plan was discussed at six Advisory Board meetings, occurring monthly from January to June 2025.

Charles River Public Health District Advisory Board:

Regional Staff

- Kerry Dunnell, Shared Services Coordinator*
- Jennifer Casey, Administrative Specialist*
- Sam Menard, Assistant Manager of Shared Services*
- Jennifer Gangadharan, Regional Public Health Nurse*

Dover

- Jason Belmonte, Health Director*
- Kay Peterson, Board of Health*

Medfield

- Kathy McDonald, Director
- Steve Resch, Board of Health
- Kathy Thompson, Board of Health*
- Kristine Trierweiler, Town Administrator

Needham

- Tim McDonald, Director of Health and Human Services*
- Pdraig Martin, Environmental Health Trainer of Local Public Health Training Hub
- Carol Read, Substance Use Senior Program Coordinator
- Robert Partridge, Board of Health
- Edward Cosgrove, Board of Health*

Sherborn

- Daryl Beardsley, Board of Health*
- Julie Dreyfus, Board of Health
- Jean Greco, Board of Health
- Jeremy Marsette, Town Administrator

Sequence of the Process

The process was conducted over a six-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 six 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

Meeting 3

- Review strategic priorities, goals, objectives, and activities
- Discuss stakeholder interviews, scheduling interviews, and what to expect
- Review strategic plan outline

Meeting 4

- Finalize strategic priorities, goals, objectives, time frames, and owners
- Report on early stakeholder feedback

Meeting 5

- Discuss performance metrics
- Review final strategic planning document
- Review monitoring and implementation plan

Meeting 6

- Complete implementation planning
- Discuss risks and opportunities

Stakeholder Engagement

Key stakeholders were engaged throughout the process. As noted above, the Advisory Board was kept apprised of progress regularly and was asked for input. In addition, interviews were conducted with representatives of CRPHD Regional Staff, Dover, Medfield, Needham, and Sherborn ranging from Health Directors, Board of Health Members, Town Administrators, and Regional Staff.

Advisory Board Approval

SECTION 2: OUR PRIORITIES & DIRECTION 2026 - 2030

Mission, Vision, Values, and Guiding Principles

Mission

The mission of the Charles River Public Health District is to work collaboratively to support healthy communities by increasing health equity, sharing knowledge, and enhancing the capacity of public health staff and the robustness of service delivery in Dover, Medfield, Needham, and Sherborn.

Vision

We envision a coalition rooted in collaboration that provides equitable, responsive, and robust public health services to our communities.

Guiding Principles

1. We are guided by our shared objective to serve the public.
2. We aim to create and sustain an equitable partnership between Dover, Medfield, Needham, and Sherborn through a culture of shared learning and collaboration.
3. As a coalition, we strive to work together and draw upon our strengths to continuously improve our systems and capacity to provide the highest level of public health quality to our communities.
4. We practice public-health-centered, data-driven decision-making.

Strategic Priorities

	1	Departmental Capacity
	2	Environmental Health
	3	Tobacco Use Prevention

Goals and Objectives					
Strategic Priorities	Five-Year Goals	Objectives	Activities	Timeline	Owner(s)
Departmental Capacity	Develop sustainable methods for future record-keeping that allow for expanded data collection opportunities	Continuously assess the capacity of Public Health Nursing	Establish annual check-ins to assess strengths, gaps, and opportunities for PHN capacity and services	Y1-Y5 (Continuous)	SSA Coordinator, Regional PHN, Municipality PHN
			Utilize UMass Public Health Nurse Consultants to work toward standardization	Y1	SSA Coordinator, Regional PHN, Municipality PHN
			Develop metrics for tracking PHN work and impact	Y1	SSA Coordinator, Regional PHN, Municipality PHN
		Explore Metrik ahead of state rollout	Read materials, FAQs, etc., as they come out	Y1	SSA Coordinator (Contributions from Needham Epidemiologist for subject matter expertise)
			Attend state and local vendor sessions to learn more about the software	Y1	SSA Coordinator (Contributions from Needham Epidemiologist for subject matter expertise)
			Conduct a Cost Benefit Analysis on Metrik	Y1/Y2	SSA Coordinator (Will be included in an SOW for CHA/CHIP)
		Implement electronic record-keeping (Metrik and others, if needed)	Secure grants and revenue to supplement existing budget	Y3/Y4	SSA Coordinator, Administrative Specialist (Contributions from Regional Inspectors and Assistant Manager)

Goals and Objectives

			Identify any gaps left to fill once Metrik is adopted, and ensure interoperability of any additional record-keeping software	Y4	SSA Coordinator, Administrative Specialist (Contributions from Regional Inspectors and Assistant Manager)
		Build a more demographically diverse and robust set of data, with a focus on building out the “missing middle”	Identify gaps in data and areas of interest for expansion of data	Y1	SSA Coordinator
			Identify grants and revenue to support this objective	Y1	SSA Coordinator, Administrative Specialist, Advisory Board
			Apply for and secure grants and revenue to support this objective	Y2	SSA Coordinator, Administrative Specialist
			Identify opportunities to add to existing data collection tools	Y1	SSA Coordinator, Administrative Specialist
			Identify new opportunities for data collection	Y2	Regional Staff
	Build strong cross-municipality partnerships throughout the SSA	Implement a buddy system for onboarding new staff	Identify strategies for onboarding new staff into the SSA	Y1	SSA Coordinator, Health Directors, Advisory Board
	Develop and implement communication processes with the community	Expand public outreach to raise awareness of Health Department programming and services	Establish a regular reporting cadence with each municipality’s Board of Selectmen, Town Administrator, State representatives, and other relevant community groups	Y1	Advisory Board
			Review and update the CRPHD web presence	Y1	SSA Coordinator, Administrative Assistant, Regional Inspector

Goals and Objectives					
			Identify opportunities to develop or expand social media communications	Y1	SSA Coordinator, Administrative Assistant, Regional Inspector
			Develop individual municipality and SSA-level newsletters, using FPHS review data to guide topics	Y2	SSA Coordinator
Environmental Health	Set up cross-municipality training and knowledge-sharing systems to address gaps identified in the CART and self-assessment	Develop a system for synthesizing group strengths and areas for improvement (SWOT, self-assessment, CART, etc.)	Gather individual municipality assessments and data sources	Y1-Y5 (continuous)	SSA Coordinator
		Develop a system for information sharing	Develop a shared folder of vetted resources, research, and data	Y1-Y5 (continuous)	SSA Coordinator
	Develop and implement standardized procedures for hoarding	Conduct training on how to handle hoarding cases	Identify other municipalities, groups, and community organizations doing this work that we can learn from and participate in trainings together	Y1	SSA Coordinator
			Look into the online trainings many municipalities have completed, and get a quote for CRPHD	Y1	SSA Coordinator
			Organize and host training	Y2	SSA Coordinator
		Develop SOPs for hoarding cases	Work in collaboration with other departments and agencies to ensure a holistic response	Y2/Y3	Assistant Manager (Contributions from Health Department Staff, Regional Inspector, and Advisory Board)

Goals and Objectives

	Increase capacity in Title 5/onsite wastewater inspection services	Identify current capacity of Title 5/onsite wastewater staff	Explore possibility of cross-authorizing regional inspectors	Y2	SSA Coordinator, Assistant Manager
		Organize cross-municipality training with the training hub		Y2	Assistant Manager
		Update SOPs			
	Explore regulation and enforcement of transfer stations and haulers	Develop SOPs	Task the Environmental Health Working Group with identifying and clearly outlining what Health Department roles and obligations are	Y1	Assistant Manager
Tobacco Use Prevention	Support communities in laying the groundwork for the adoption of Nicotine-free generation proposal	Draft and propose policies to local leadership	Conduct group learning sessions to leverage existing work done in this space	Y1	Advisory Board, Health Directors, SSA Coordinator
		Provide subject matter expertise to partners, community-based organizations, and the community at large as they advocate for Nicotine-free generation policies.	Schedule community meetings, town halls, and feedback sessions	Y2	Advisory Board, Health Directors, SSA Coordinator
			Schedule cross-municipality sessions to share successes and challenges, address questions/comments/concerns, and work through a plan for municipalities to enforce any new policies.	Y2	Advisory Board, Health Directors, SSA Coordinator

External Factors

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

- Reliability of funding streams, both from grants and municipal budgets
- Statewide efforts to transform local public health infrastructure in Massachusetts through the Public Health Excellence grant program and additional legislation pending in the Massachusetts State House
- The tight labor market and its impact on the ability to hire and retain qualified candidates for job openings

District Strengths and Weaknesses and Crosswalk Gap Analysis

The following data collection methods were utilized to inform the strategic plan:

1. Preliminary Self-Assessment data Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis
2. Group SWOT Analysis
3. Stakeholder Interviews
4. Crosswalk of External Data Sources

Each of these data collection methods are described in detail below:

1. Preliminary Self Assessment Data SWOT Analysis

A preliminary SWOT analysis was conducted using the 2022-2023 Capacity Assessment Results Toolkit (CART). Here are the strengths of each municipality and the CRPHD overall:

Dover:

- **Disease Control and Prevention**
- **Housing**
- Other

Medfield:

- **Disease Control and Prevention**
- **Housing**
- **Tobacco Use Prevention**
- Food Protection

Needham:

- **Disease Control and Prevention**
- **Tobacco Use Prevention**
- Administration

Sherborn:

- **Disease Control and Prevention**
- **Housing**
- **Tobacco Use Prevention**
- Administration
- Community Sanitation
- Food Protection

Charles River Public Health District:

- Disease Control and Prevention (x4)
- Housing (x3)
- Tobacco Use Prevention (3x)
- Administration (2x)
- Food Protection (2x)

- Disease Control and Prevention (x4)
- Housing (x3)
- Tobacco Use Prevention (3x)
- Administration (2x)
- Food Protection (2x)

Here are the weaknesses/areas of improvement of each municipality and the CRPHD overall:

Dover:

- **Environmental Protection**
- **Community Sanitation**
- Administration
- Tobacco Use Prevention

Medfield:

- **Environmental Protection**
- **Community Sanitation**
- **Hoarding**
- Administration

Needham:

- **Environmental Protection**
- **Community Sanitation**
- **Hoarding**
- Food Protection
- Housing

Sherborn:

- **Environmental Protection**
- **Hoarding**

Charles River Public Health District:

- Environmental Protection (x4)
- Community Sanitation (x3)
- Hoarding (x3)
- Administration (x2)

Opportunities for Collaboration and Shared Learning Based on Individual Municipality Strengths

Strength

Dover, Medfield, Sherborn - Housing—>

Medfield, Needham, Sherborn - Tobacco Use Prevention —>

Needham & Sherborn - Administration—>

Sherborn - Community Sanitation —>

Area for Opportunity

Needham - Housing

Dover - Tobacco Use Prevention

Dover & Medfield - Administration

Dover, Medfield, Needham - Community Sanitation

Opportunities for Group Learning and Innovation

- Environmental Protection
- Community Sanitation
- Hoarding

- Administration

2. Group SWOT Analysis

In addition to the preliminary SWOT analysis conducted using self-assessment data from the CART, BME facilitated a SWOT discussion with the strategic planning team during Meeting 2. A summary of that conversation is outlined below:

Strengths:

- Highly experienced, interdisciplinary, and talented team
- Strong relationships across municipalities
- Dover, Medfield, and Sherborn bring extensive septic knowledge
- Needham brings extensive content area expertise in nicotine-free policy, restaurant and food inspections, and epidemiology

Weaknesses/Areas of Improvement:

- Build out group knowledge and best practices for hoarding cases, including how to identify them early and intervene
- Difficulty hiring and retaining qualified staff
- Record keeping and data collection software
- Lack of data on a large portion of communities, ranging from ages 18-59
- Mental health and substance use-related content expertise

Opportunities:

- Collaborate for efficient use of new and incoming resources (ex: Opioid Funds)
- Ability to expand and refine content expertise
- Spend time with like-minded individuals to boost morale
- Knowledge sharing
- Build on each municipality's work

Threats:

- Volatility of public health policy environment nationally
- Increasing vaccine skepticism nationally
- Sustainability of existing and future funding streams, both from grants and municipal budgets
- Hiring and retaining teams of qualified staff
- Climate change impact on environmental health and systems

3. Stakeholder Interviews

Stakeholders interviews were conducted with regional staff, municipality staff, and town administration. Interviews were approximately 30-minutes each and explored perceptions of the CRPHD, perceived areas of alignment and tension across the district, and aspirations for the future. Below is a summary of stakeholder interview findings:

Areas of Alignment:

- Everyone in the CRPHD has a shared mission and dedication to public health
- The CRPHD is made up of a highly talented, multidisciplinary group of individuals which is a major benefit
- Everyone is excited about the opportunity to utilize the SSA to:
 - Leverage expertise
 - Onboard staff with support from peers with seniority and experience
 - Cross-train staff

Areas of Tension:

- It can be hard to sell the investment into the CRPHD to town leadership
- To adequately participate in the partnership, there is a lot of additional time required in already tight schedules

Areas of Aspiration:

- Each municipality is fully staffed
 - This will allow the group to work toward lofty goals and objectives, rather than focus on day-to-day needs
 - Relieve the burden of trying to prioritize SSA meetings and activities when there are other pressing day-to-day needs
- Begin working together to cross-authorize staff, develop shared policies, and share more day-to-day operational needs
- Continue to learn and grow together

4. Crosswalk of External Data Sources

In addition to the internal data sources mentioned above, like the self-assessment data and the CRPHD workplan, BME also conducted a crosswalk of other data sources, strategic plans, and priority documents from each municipality. This crosswalk was conducted to ensure efficiency and sustainability of the strategic plan. This can also be used to inform future partnerships and opportunities for collaboration as the CRPHD begins work toward its strategic plan. External data sources are outlined in the following table:

External Data Source	Municipalities Covered by External Data Source			
	Dover	Medfield	Needham	Sherborn
2023 Metrowest Community Health Assessment	X	X	X	X
Community Health Assessment/Community Health Improvement Plan			X	
Public Library Strategic Plan	X	X	X	X
Housing Production Plan	X	X	X	X
Board of Health Assessment Study	X			
Public Schools District Strategy	X	X	X	X
Nicotine Free Generation Equity Analysis			X	

Summary of Data

Overall, takeaways from the preliminary SWOT analysis utilizing self-assessment data, the group SWOT analysis, and stakeholder interviews align and support one another. Findings from the preliminary SWOT analysis highlighted overarching performance areas, and the SWOT discussion provided a deeper layer of understanding of the specifics. The stakeholder interviews also aligned very closely with the SWOT analysis, but surfaced an additional layer of hopes and aspirations for the future and direction of the SSA. Finally, the Crosswalk of External Data Sources added context to the work happening in and around the CRPHD geographical catchments. This research was done to ensure the CRPHD strategic plan is sustainable, aligns with broader community priorities, and efficiently uses municipal resources.

Linkages

The planning team explored and considered other plans, workflows, and linkages, where they exist, to serve as a tool to support implementation and sustainability.

SECTION 3: Implementation, Capacity Planning, and Performance Management

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