



TDHHS

PREVENT PROMOTE PROTECT

2024-2026

STRATEGIC PLAN

Teaneck Department of Health and Human Services

1/15/2024

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MESSAGE FROM HEALTH OFFICER

Dear Friends, Colleagues, and Partners,

I am pleased to share with you the Teaneck Department of Health and Human Services 3-year Strategic Plan. This plan outlines our mission, vision, values, and guiding principles that define the purpose, direction, and strategic priorities of our department. Within the strategic priorities, are the goals and objectives that reflect our commitment to a high-functioning health department. This plan will help guide the department to ultimately achieve health for all residents.

As a municipal health department, we value a strong commitment to the public, which includes accountability, transparency, community engagement, and effective resource management. The strategic plan is one tool to improve public health services for our service area. The plan provides guidance for decisions about future activities and resource allocation and is a working document. With a constantly changing environment, new opportunities, and emerging threats, there is a need to maintain flexibility and adapt to change.

Our efforts protect residents from health threats such as environmental exposures, foodborne illnesses, and communicable diseases. Prevention activities including health education and screenings, disease surveillance, and environmental stewardship help to decrease the burden of illnesses and injuries. Teaneck Department of Health and Human Services prioritizes health equity to reduce health disparities and improve health outcomes for all individuals. We will do this by leveraging partnerships, advocating for policies, and improving our built environment.

A successful strategic plan is based upon a commitment to a culture of quality, a competent workforce, and stakeholder engagement in the development and continued monitoring of strategic priorities. This document is one part of a comprehensive effort to advance quality and performance within the Teaneck Department of Health and Human Services and fulfill our mission to foster a culture of health by promoting and improving the welfare and safety of Teaneck residents, while advancing health equity through education and advocacy.

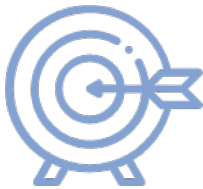
Yours in health,

Courtney Sartain CPM, MPH, HO
Health Officer

INTRODUCTION

This Strategic Plan aligns with and supports the Teaneck Department of Health and Human Services' (TDHHS) mission, which is to foster a culture of health by promoting and improving the welfare and safety of Teaneck residents. Funded through a grant from the New Jersey Department of Health's Office of Local Public Health for Enhancing Local Public Health Infrastructure, in collaboration with the New Jersey Association of County and City Health Officials (NJACCHO), and created in conjunction with Strategic Health Advisers, LLC, this document provides direction for achieving our strategic priorities, monitoring progress, and documenting outcomes of the plan.

The Teaneck Department of Health and Human Services 2024-2026 Strategic Plan presents a path for organizational advancement that values health equity, prioritizes community partnerships, and strives for continuous quality improvement and innovation. The Mission, Vision, Values, and Strategic Priorities reflect our commitment towards positive health outcomes and allocation of resources to maximize community benefit. The TDHHS engaged internal staff, the governing body, community partners, and customers to conduct a robust self-appraisal, lay the groundwork for building infrastructure, and allocating resources to realize both health and equity. The need for public health has grown exponentially in recent years with emerging health threats that had to be addressed while balancing the continuing need to address the social determinants of health, which include access to safe, healthy, and affordable food, housing, education, and healthcare. Meaningful gains in health outcomes will result from the expansion and strengthening of our commitment to providing exceptional public health services.



Where we want to be
Vision/Mission/Strategic Priorities



How to get there
Strategy Formulation



Seeing it through
Strategy Implementation

ABOUT TDHHS

A History of Service

The Teaneck Department of Health and Human Services was established in 1988 to serve the Township of Teaneck, New Jersey. The Teaneck Department of Health and Human Services monitors public health risks, coordinates Teaneck agencies responding to public health threats, and enforces New Jersey public health standards. The health department works to prevent the spread of disease and promotes healthy behaviors. The health department also provides access to Bergen County vital records.

The health department provides the following services:

- Public Health Administration
- Retail Food Establishment Inspections
- Environmental Inspections
- Rental Property Inspections (Certificate of Health)
- Property Maintenance and Code Enforcement
- Dog & Cat Licensing
- Rabies Control
- Public Health Nursing
- Health Education & Promotion
- Social Services
- Vital Statistics
- Municipal Alliance Against Substance Abuse

Township of Teaneck Demographics

The Township of Teaneck is a suburban municipality located in Bergen County, in the northeastern part of New Jersey. The Township has a total area of 6.24 square miles. As per the United States Census 2022 population estimates, Teaneck has a population of 41,631, with a population density of 6,671.6 per square mile. There are 13,122 households, with an average of 3.09 persons per household. The owner-occupied housing rate is 78.2%, with a median home value of \$429,300. Ninety-four percent of persons 25 years+ have a high school or higher education, and 55.6% have a bachelor's degree or higher education. Rich in diversity, 51% of the population is White, 22.3% Black or African American, 9.5% Asian, and 10.1% two or more races. Hispanic or Latino residents account for 24.5% of the population. Primary languages include English and Spanish. Two vulnerable age groups, especially in public health emergencies, are children and the elderly. Persons under 18 years make up 23.6%, while 16.8% are 65 years and older. The median household income is \$125,368, and 5.8% of the population live in poverty. Residents under age 65 without health insurance comprise nearly 8% of the population. It is important to note, for a public health outreach effort, that 95.5% of households have a computer. An in-depth Teaneck profile can be found on the [United States Census Bureau QuickFacts](#).

Governance

The Township of Teaneck is governed by a Manager-Council form of government. The Council has seven members, elected at large, of which one is elected by the Council as Mayor. Council Members are elected for staggered four-year terms with elections occurring every two years. A Municipal Manager is appointed by the Council. All powers of the Township and the determination of all matters of policy are vested in the Council, except as otherwise provided by the Optional Municipal Charter Law (N.J.S.A. 40:69A-1 to 40:69A-210) or by general law (as defined in N.J.S.A. 40:69A-28).

The mayor presides at all Council meetings and has a voice, and vote in its proceedings. Regular Council meetings are held at least once per month.

The Governing Body serves as the local Board of Health (BOH) for the Teaneck Department of Health and Human Services. The BOH ensures that all local public health codes, NJAC 8:52, [“Public Health Practice Standards of Performance for Local Boards of Health in New Jersey,”](#) Chapter 24 [“Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations,”](#) Chapter 26 [“Public Recreational Bathing,”](#) Chapter 25 [“Youth Camp Safety,”](#) Chapter 57 [“Communicable Diseases,”](#) Chapters 2 and 2A [“Birth Certificates and Death Records,”](#) and Chapter 2B [“Certificates of Domestic Partnerships”](#) are enforced.

At the onset of this Strategic Plan, the following individuals served as Township of Teaneck Council and Board of Health Members:

- Michael Pagan, Mayor
- Danielle Gee, Deputy Mayor 1
- Elie Y. Katz, Deputy Mayor 2
- Denise Belcher, Council Member
- Hillary Goldberg, Council Member
- Karen Orgen, Council Member
- Mark J. Schwartz, Council Member

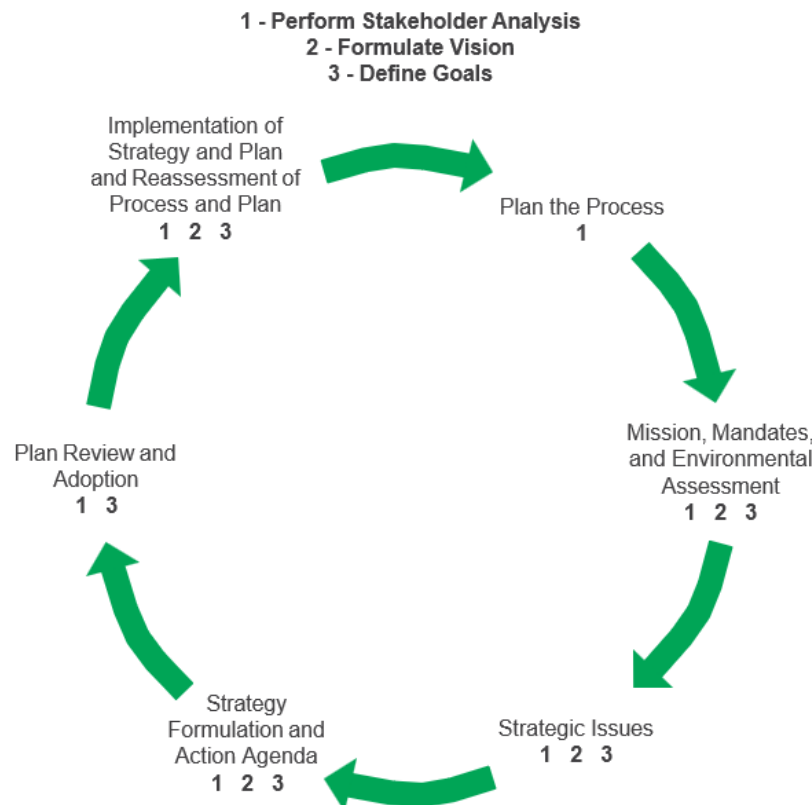


STRATEGIC PLANNING PROCESS

The Public Health Accreditation Board's *Standards and Measures for Initial Accreditation Version 2022* and the National Association of County and City Health Officials publication entitled *Developing a Local Health Department Strategic Plan: A How-To Guide* were used to develop a sound, attainable, and equitable Plan which includes:

- Development of a strategic planning committee
- Identifying external and internal stakeholders
- Conducting an environmental scan
- Creating a Mission Statement that addresses the overall central purpose of the organization
- Creating a Vision Statement that describes a desired future
- Creating Values and Guiding Principles that influence all aspects of planning and implementation
- Conducting a SWOT Analysis which provides a clear view of Strengths, Weaknesses, Opportunities, and Threats
- Data collection which provides accurate and reliable information for analysis
- Development of specific goals, objectives, and strategies to accomplish the agency's Mission and Vision

The Strategic Planning Process Cycle



Development of Strategic Planning Committee, Stakeholders, and Project Overview

TDHHS's strategic planning project began with:

- Creating a Steering Committee with identified TDHHS leadership and professional staff.
- Identifying and recruiting internal and external stakeholders.
- Developing agendas, meeting dates, and deliverables.
- Conducting a project launch meeting.

TDHHS Strategic Plan Steering Committee

Name/Credentials/Title	Organization
Courtney Sartain, MPH, Health Officer/Director	TDHHS
Fausto Garcia, MPH, Registered Environmental Health Specialist	TDHHS
Nelson Wong, REHS, Registered Environmental Health Specialist	TDHHS
Alex Cerbone, LSW, Social Worker	TDHHS

TDHHS Key Stakeholders

Internal:

- Health Officer
- Registered Environmental Health Specialists (2)
- Social Worker

External:

- Mayor, Township of Teaneck
- Public Health Nurse, Holy Name Medical Center
- Montclair State University *Master of Public Health Students* (3)

During the second planning session, and before voting on the Strategic Priorities, stakeholders had a robust discussion to develop the Mission, Vision, and Values of the organization; review the environmental scan, CHA, and CHIP; and conduct a SWOT analysis. SMARTIE (specific, measurable, attainable, realistic, time-bound, inclusive, and equitable) objectives and strategies were then developed for each of the Strategic Priorities.

Mission and Vision

During TDHHS's first strategic planning session, the planning committee reviewed, reaffirmed and/or refined the current Mission and Vision statements of the organization.

Values and Guiding Principles

During the first strategic planning session, participants created a Word Cloud in order to visualize the values of the organization. The values were further refined by consensus, resulting in six core values. Guiding principles were developed by the Strategic Plan Steering Committee based on the five core values identified.

Environmental Scan

TDHHS partnered with Montclair State University's (MSU) Department of Public Health, whose graduate students performed an environmental scan during September 2023. The scan helped to identify external factors that may impact the organization. The process included:

- Collecting and analyzing secondary quantitative data
- Students presenting the data to the internal and external stakeholders at the first strategic planning session held in October 2023.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

The MSU students assisted Strategic Health Advisers in facilitating a SWOT (strengths, weaknesses, opportunities, threats) analysis with internal and external stakeholders during October 2023 which included:

- Summarizing information from the Environmental scan
- Facilitating a brainstorming session to create a SWOT matrix
- Reviewing and revising the SWOT matrix with input from the Strategic Plan Steering Committee.

Strategic Priorities, Objectives, and Strategies

Finally, the Strategic Plan Steering Committee developed the strategic priorities, objectives, and strategies. This was accomplished by:

- Reviewing the SWOT and secondary data
- Reviewing the Mission, Vision, Values, and Guiding Principles
- Creating Strategic Priorities
- Developing SMARTIE objectives
- Creating strategies to accomplish the objectives.

The results of this process are provided on the following pages.

MISSION & VISION

Mission To foster a culture of health by promoting and improving the welfare and safety of Teaneck residents, while advancing health equity through education and advocacy.

Vision Health for all residents of Teaneck.

VALUES & GUIDING PRINCIPLES

Diversity	We are committed to advancing the health and wellbeing of residents from all different social, ethnic, and cultural backgrounds. The diversity amongst our staff at Teaneck Department of Health and Human Services is reflective of the diversity within the community.
Transparency	We strive to be as open, communicative, and accountable about our processes and departmental actions as possible.
Professionalism	We are committed to continuing education, workforce development, and providing the best customer service.
Health Equity	We are committed to breaking down barriers related to social determinants of health, ultimately to achieve our vision of health for all.
Compassion	We strive to achieve a human-centered delivery of services and are committed to treating all residents of the Township with respect and dignity.
Integrity	We are committed to the highest level of honesty and morality.

SUMMARY OF VALUES, SWOT, AND ENVIRONMENTAL SCAN DATA

Values:

The core values Word Cloud shown below was developed by the Strategic Planning Steering Committee. The values identified in the Word Cloud were further refined and voted on by the Committee resulting in the final values noted above.



Environmental Scan:

The MSU students used the following data sources that were relevant to the Teaneck Department of Health and Human Services:

Data Sources:

- 2022 Bergen County Community Health Needs Assessment
- 2023-2025 Community Health Improvement Plan (CHIP) of Bergen County
- New Jersey State Health Assessment Data (NJSHAD)
- Healthy New Jersey 2030
- County Health Rankings
- Behavioral Risk Surveillance System (BRFSS)
- Congressional District Health Dashboard (5th District data used in lieu of zip code level data since it is unavailable)
- United States Census

TEANECK HEALTH OUTCOMES

CARDIOVASCULAR DISEASE DEATHS	134.4 deaths per 100,000 while New Jersey states 163.7 between 2015-2109
LIFE EXPECTANCY	82.3 years
LOW BIRTH WEIGHT	<p>Live births with low birthweight (<2500 grams).</p> <p>Overall low birth weight from 2016-2020 in Teaneck TWP was 7.8. Which was the same with County and the State</p> <p>9.3% preterm (premature) births (2016-2020)</p>
OBESITY	Obesity rates in 2018, 23.8% of adults in Teaneck which is lower than New Jersey state at 28.2% in the same year.
DIABETES	<p>8.5% among adults in Teaneck TWP</p> <p>10.9% In Bergen County</p> <p>10% in New Jersey</p> <p>13.8% in U.S.</p>

NEW JERSEY 5TH DISTRICT: DEMOGRAPHICS

POPULATION	773,218
AGE	<p>0-17: 21.9%</p> <p>18-64: 60.1%</p> <p>65+: 18%</p>
INCOME	According to Congressional District Health, about 6.4% of children in the 5 th district are living in households with income levels at or below the poverty line.
RACE	<p>American Indian and Alaska Native: 0.1%</p> <p>Asian: 15.9%</p> <p>Black: 5.2%</p> <p>Hispanic: 16.2%</p> <p>Native Hawaiian/Pacific Islander: 0%</p> <p>Other race alone: 0.6%</p> <p>White, non-Hispanic: 59.2%</p> <p>Two or more races: 2.8%</p>

NEW JERSEY 5TH DISTRICT: HEALTH BEHAVIORS

BINGE DRINKING	Approximately 15.8% of adults reported binge drinking in a 30-day period.
PHYSICAL INACTIVITY	Approximately 18% of adults reported lack of physical activity in the span of 30 days.
OPIOID OVERDOSE DEATH	20.5 deaths per 100,000
SMOKING	11% of adults in the 5 th district reported current smoking habits.
TEEN BIRTHS	3.9 births per 1,000 females aged 15-19 years old were reported.

NEW JERSEY 5TH DISTRICT: SOCIAL AND ECONOMIC FACTORS

INCOME INEQUALITY	28.3 out of +/- 100 on the income inequality score.
NEIGHBORHOOD SEGREGATION	18.8 out of 100 (about average compared to the rest of the US, but not <i>better</i> than)
RACIAL/ETHNIC DIVERSITY	71.4 out of 100
UNEMPLOYMENT	5.4%

NEW JERSEY 5TH DISTRICT: PHYSICAL ENVIRONMENT

AIR POLLUTION	8.4 µg/m ³ of air is the average daily concentration of fine particulate matter (PM 2.5) throughout a year.
HOUSING WITH LEAD	28.4%
LEAD EXPOSURE RISK	7 out of 10 is the score of housing-based lead exposure risk, based on an index (1-10) reflecting poverty-adjustments.
FIREARM SUICIDES	1.8 deaths per 100,000

CHILDREN OUT OF VACCINATION COMPLIANCE 2022-2023

Table 5. Number and Percentage of Children Out of Compliance by Grade Type and County, New Jersey, 2022-2023

County	Pre-Kindergarten			Kindergarten			First Grade			Sixth Grade			Transfers			Total		
	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent
Atlantic	5,806	138	2.4%	2,912	44	1.5%	204	0	0.0%	3,226	76	2.4%	992	68	6.9%	13,140	326	2.5%
Bergen	24,451	209	0.9%	10,322	41	0.4%	2,060	2	0.1%	11,254	95	0.8%	5,870	54	0.9%	53,957	401	0.7%
Burlington	10,175	207	2.0%	4,933	56	1.1%	737	16	2.2%	5,315	193	3.6%	3,468	44	1.3%	24,628	516	2.1%
Camden	11,641	203	1.7%	6,311	63	1.0%	631	8	1.3%	6,593	230	3.5%	2,261	78	3.4%	27,437	582	2.1%
Cape May	1,682	13	0.8%	766	3	0.4%	104	1	1.0%	809	1	0.1%	310	2	0.6%	3,671	20	0.5%
Cumberland	4,098	84	2.0%	1,843	39	2.1%	212	16	7.5%	2,561	30	1.2%	558	27	4.8%	9,272	196	2.1%
Essex	22,955	255	1.1%	10,907	129	1.2%	2,756	58	2.1%	10,374	424	4.1%	4,233	159	3.8%	51,225	1,025	2.0%
Gloucester	6,915	89	1.3%	3,294	16	0.5%	297	1	0.3%	3,759	15	0.4%	1,081	17	1.6%	15,346	138	0.9%
Hudson	16,553	174	1.1%	6,602	130	2.0%	2,138	36	1.7%	6,811	507	7.4%	2,761	52	1.9%	34,865	899	2.6%
Hunterdon	2,871	37	1.3%	1,179	8	0.7%	148	2	1.4%	1,357	4	0.3%	429	1	0.2%	5,984	52	0.9%
Mercer	8,677	96	1.1%	4,393	79	1.8%	816	9	1.1%	4,523	342	7.6%	2,021	78	3.9%	20,430	604	3.0%
Middlesex	15,222	167	1.1%	9,048	47	0.5%	2,096	18	0.9%	10,621	269	2.5%	4,375	70	1.6%	41,362	571	1.4%
Monmouth	15,647	247	1.6%	6,871	106	1.5%	974	4	0.4%	7,619	125	1.6%	2,076	45	2.2%	33,187	527	1.6%
Morris	14,480	189	1.3%	5,575	17	0.3%	703	3	0.4%	5,781	28	0.5%	1,998	90	4.5%	28,537	327	1.1%
Ocean	12,811	504	3.9%	8,939	464	5.2%	869	19	2.2%	8,227	660	8.0%	1,669	55	3.3%	32,515	1,702	5.2%
Passaic	13,497	168	1.2%	6,431	64	1.0%	784	10	1.3%	6,397	339	5.3%	3,166	123	3.9%	30,275	704	2.3%
Salem	1,301	5	0.4%	721	4	0.6%	41	2	4.9%	834	4	0.5%	247	11	4.5%	3,144	26	0.8%
Somerset	8,047	89	1.1%	3,672	41	1.1%	726	3	0.4%	4,275	278	6.5%	1,642	34	2.1%	18,362	445	2.4%
Sussex	3,044	72	2.4%	1,428	11	0.8%	182	3	1.6%	1,548	4	0.3%	553	0	0.0%	6,755	90	1.3%
Union	15,138	163	1.1%	7,303	97	1.3%	1,824	23	1.3%	7,346	196	2.7%	2,469	182	7.4%	34,080	661	1.9%
Warren	1,883	26	1.4%	1,018	2	0.2%	104	0	0.0%	1,162	65	5.6%	333	19	5.7%	4,500	112	2.5%
Total	216,894	3,135	1.4%	104,468	1,461	1.4%	18,406	234	1.3%	110,392	3,885	3.5%	42,512	1,209	2.8%	492,672	9,924	2.0%

Note: Percentages of children meeting all immunization requirements, with provisional admittance, with medical exemptions, with religious exemptions, and out of compliance in the reports may not sum to 100% due to rounding. See Methodology section for more information.

Source: New Jersey Annual Immunization Status Reports, 2022-2023

CHILDREN WITH RELIGIOUS EXEMPTIONS 2022-2023

Table 4. Number and Percentage of Children with Religious Exemptions by Grade Type and County, New Jersey, 2022-2023

County	Pre-Kindergarten			Kindergarten			First Grade			Sixth Grade			Transfers			Total		
	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent	Enrollment	Number	Percent
Atlantic	5,806	350	6.0%	2,912	158	5.4%	204	8	3.9%	3,226	112	3.5%	992	28	2.8%	13,140	656	5.0%
Bergen	24,451	1,037	4.2%	10,322	322	3.1%	2,060	62	3.0%	11,254	237	2.1%	5,870	42	0.7%	53,957	1,700	3.2%
Burlington	10,175	405	4.0%	4,933	135	2.7%	737	30	4.1%	5,315	100	1.9%	3,468	53	1.5%	24,628	723	2.9%
Camden	11,641	316	2.7%	6,311	119	1.9%	631	17	2.7%	6,593	129	2.0%	2,261	36	1.6%	27,437	617	2.2%
Cape May	1,682	111	6.6%	766	21	2.7%	104	8	7.7%	809	27	3.3%	310	11	3.5%	3,671	178	4.8%
Cumberland	4,098	135	3.3%	1,843	55	3.0%	212	8	3.8%	2,561	44	1.7%	558	12	2.2%	9,272	254	2.7%
Essex	22,955	816	3.6%	10,907	195	1.8%	2,756	26	0.9%	10,374	193	1.9%	4,233	43	1.0%	51,225	1,273	2.5%
Gloucester	6,915	307	4.4%	3,294	113	3.4%	297	13	4.4%	3,759	88	2.3%	1,081	34	3.1%	15,346	555	3.6%
Hudson	16,553	425	2.6%	6,602	124	1.9%	2,138	32	1.5%	6,811	65	1.0%	2,761	28	1.0%	34,865	674	1.9%
Hunterdon	2,871	138	4.8%	1,179	71	6.0%	148	9	6.1%	1,357	58	4.3%	429	20	4.7%	5,984	296	4.9%
Mercer	8,677	253	2.9%	4,393	55	1.3%	816	9	1.1%	4,523	56	1.2%	2,021	16	0.8%	20,430	389	1.9%
Middlesex	15,222	487	3.2%	9,048	199	2.2%	2,096	44	2.1%	10,621	163	1.5%	4,375	31	0.7%	41,362	924	2.2%
Monmouth	15,647	1,043	6.7%	6,871	368	5.4%	974	48	4.9%	7,619	317	4.2%	2,076	51	2.5%	33,187	1,827	5.5%
Morris	14,480	585	4.0%	5,575	187	3.4%	703	36	5.1%	5,781	178	3.1%	1,998	24	1.2%	28,537	1,010	3.5%
Ocean	12,811	962	7.5%	8,939	537	6.0%	869	59	6.8%	8,227	395	4.8%	1,669	32	1.9%	32,515	1,985	6.1%
Passaic	13,497	485	3.6%	6,431	161	2.5%	784	26	3.3%	6,397	123	1.9%	3,166	47	1.5%	30,275	842	2.8%
Salem	1,301	60	4.6%	721	15	2.1%	41	2	4.9%	834	20	2.4%	247	6	2.4%	3,144	103	3.3%
Somerset	8,047	247	3.1%	3,672	91	2.5%	726	31	4.3%	4,275	87	2.0%	1,642	26	1.6%	18,362	482	2.6%
Sussex	3,044	215	7.1%	1,428	77	5.4%	182	17	9.3%	1,548	80	5.2%	553	23	4.2%	6,755	412	6.1%
Union	15,138	445	2.9%	7,303	129	1.8%	1,824	33	1.8%	7,346	129	1.8%	2,469	17	0.7%	34,080	753	2.2%
Warren	1,883	101	5.4%	1,018	49	4.8%	104	10	9.6%	1,162	34	2.9%	333	7	2.1%	4,500	201	4.5%
Total	216,894	8,923	4.1%	104,468	3,181	3.0%	18,406	528	2.9%	110,392	2,635	2.4%	42,512	587	1.4%	492,672	15,854	3.2%

Note: Percentages of children meeting all immunization requirements, with provisional admittance, with medical exemptions, with religious exemptions, and out of compliance in the reports may not sum to 100% due to rounding. See Methodology section for more information.

Source: New Jersey Annual Immunization Status Reports, 2022-2023

Key Findings/Priorities

Bergen County Community Health Assessment Subarea for Teaneck: Northern Valley

Health Factor	Northern Valley	Bergen County	NJ or United States
Food Insecure Household	22.9%	28.5%	34.1% (US)
Lacks Health Insurance	8.9%	6.4%	14.1% (NJ)
Individuals Impacted by Substance Use	35.5%	35.2%	35.8% (US)
Unhealthy/Unsafe Housing Conditions	19%	16.3%	12.2% (US)
Difficulty Accessing Health Care	48.5%	52.2%	35% (US)
Excessive Drinker	16.5%	21.7%	17.6% (NJ)
% Used Marijuana in Last Year	15.7%	17.8%	---
% Currently Vaping	4.0%	8.0%	5.0% (NJ)
Overall Cancer %	10.2%	10.4%	9.9% (NJ)
% 3+ Chronic Conditions	33.5%	15.6%	9.7% (US)
Pre-Diabetes	16.7%	15.6%	9.7% (US)

Priority Areas of the Bergen County Health Improvement Plan

The Teaneck Department of Health and Human Services participated in the 2022 Bergen County [Community Health Needs Assessment](#) and 2023 [Community Health Improvement Plan](#) (CHIP). Priority areas/goals of the CHIP included:

- Healthy Minds – *Increase access to mental and behavioral health supports at the appropriate level of care*
- Healthy Bodies – *Increase equitable access to the resources needed to prevent, screen, and treat diseases to achieve one's best life*
- Building Bridges – *Achieve whole, healthy communities through availability and coordination of healthy living services and resources for all people*

CHIP Priority areas and Strategies for Northern Valley Region:

- Mental Health and Substance Use
 - **Goal:** Reduce the use of tobacco and vaping products
- Chronic and Complex Conditions
 - **Goal:** Promote chronic disease management and behavior change
- Wellness, Prevention, and Risk Factors
 - **Goal:** Promote health and wellness screenings and resources
- Focus on following populations, older adults, children and families, racial/ethnic/cultural minorities and non-English speakers, Individuals with chronic conditions, LGBTQ+, and families and individuals with low resources (Social Determinants of Health)
 - **Goal:** Improve access to affordable and safe housing and transportation

Healthy People 2030 Indicators Relevant to TDHHS

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.



Healthy New Jersey 2030 Indicators Relevant to TDHHS

- Access to Quality Health Care
 - Equitable and sustainable access to care
 - Quality and safety
 - Health IT
- Healthy Families
 - Maternal and infant health
 - Domestic Violence
 - Childhood vaccination
 - STD
- Healthy Communities
 - Services and programs
 - Planning and development
 - Environmental Health
- Healthy Living
 - Behavioral Health
 - Healthy eating and active living
 - Injury and violence prevention
 - Clinical preventive services



SWOT

A SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis was conducted with both internal and external stakeholders. Stakeholder responses were recorded and analyzed by the Strategic Plan Steering Committee. Common themes and priorities were identified which are reflected in the Teaneck Department of Health and Human Service's SWOT Analysis below.

	HELPFUL (positive impact)	HARMFUL (negative impact)
INTERNAL	<p>STRENGTHS</p> <ul style="list-style-type: none"> • Personal concerns/caring staff • Vested interest in the community • Highly qualified staff • Adequate resources/equipment • Backing of Township Administration • Employees are compensated significantly more than municipal counterparts • Work/life balance (4-day work week) • High retention/low turnover • Diversity • Good customer service • High number of complaints but able to resolve to residents' satisfaction • Deep knowledge of the community • Great dynamic and fun work environment 	<p>WEAKNESSES</p> <ul style="list-style-type: none"> • PH nurse not housed in the same building • Understaffed/inadequate staff for population • Teaneck website (outdated) • Limited planning time • Being reactive to issues, not as proactive • Partial commitment • Public concerns vs. Public Health Practice • Loss of history, institutional knowledge
EXTERNAL	<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> • Open to paying for trainings/educational growth/ workforce development • Collect data specific to Teaneck • Lead laws to enforce inspections to help improve lead levels in children • Increase awareness post-pandemic • Innovation/new methods/ideas • Public view/impression & perception • Community outreach • Continuous quality improvement • Standardizing and updating policies and procedures • Increased funding • Community Survey • Parks and engagement 	<p>THREATS</p> <ul style="list-style-type: none"> • Community concerns • Social media/misinformation/ disinformation • Emerging public health threats • Unions/bargaining units • Civil service • Changing political climate • Housing • Lead • Legalization of cannabis (recreational) • Current events/cultural protests/civil unrest • Complaints of homeless people on the streets vs. how to help them

Common themes identified through the SWOT analysis process included:

- Professional and dedicated workforce supported by the administration
- Understaffed which contributes to being reactive vs. proactive
- Future resources such as grant funding, alternatives to resources such as student interns
- Public health challenges (government regulations/civil service, emerging public health threats, homelessness, information technology, website)

STRATEGIC PRIORITIES

The following strategic priorities were identified for improving the health and wellbeing of Teaneck residents.

1. Improve the relationship between TDHHS and members of the community

Objective 1.1

By August 30, 2024

Complete a community engagement report that is reflective of the diverse members of the Township of Teaneck.

Strategies:

- 1.1.1: Develop questions on engagement to be added to customer satisfaction survey by March 2024
- 1.1.2: Collect quantitative and qualitative data on community engagement from a minimum of 100 community members by May 2024
- 1.1.3: Analyze data and create report by August 2024

Objective 1.2

By December 31, 2024

Update the Strategic Plan to include additional objectives and strategies that support community engagement based upon the community survey data.

Strategies:

- 1.2.1: Review community survey report with TDHSS staff/stakeholders
- 1.2.2: Create at least one measurable objective and 3 strategies to improve community engagement based upon community feedback
- 1.2.3: Implement strategies to improve community engagement

2. Strengthen and support the public health workforce

Objective 2.1

By December 31, 2024

Implement Workforce Development Plan (WFD) by creating, implementing, and evaluating policies.

Strategies:

- 2.1.1: Create and implement 2 -3 policies per year for a supportive work environment
- 2.1.2: Develop tracking system for workforce trainings by March 31, 2024
- 2.1.3: Evaluate and revise workforce development plan annually

Objective 2.2

By June 30, 2025

Increase the capacity of the TDHHS workforce by 20%.

Strategies:

- 2.2.1: Review findings of the Foundational Public Health Services (FPHS) and workforce assessment with WFD team and city manager by March 2024.
- 2.2.2: Develop additional action steps to address capacity by June 2024
- 2.2.3: Research sustainable funding sources for staffing by December 2024

3. Invest in Data, Technology, and Innovation

Objective 3.1

By December 31, 2025

Become a more data driven health department by registering for the City Health Dashboard and create a CHA by December 31, 2024 and CHIP by December 31, 2025.

Strategies:

- 3.1.1: Register to be part of the City Health Dashboard by December 31, 2024
- 3.1.2: Create and disseminate a Community Health Assessment by December 31, 2024
- 3.1.3: Develop and disseminate a Community Health Improvement Plan (CHIP) based on the CHA by December 31, 2025

Objective 3.2

By December 31, 2024

Increase the use of technology in the TDHHS by 25%.

Strategies:

- 3.2.1: Update and revise health department website by October 2024
- 3.2.2: Streamline environmental health inspections and enforcement actions by December 2024
- 3.2.3: Expand the use of Spatial Data Logic (SDL) for departmental processes including licenses, inspections, and complaints by December 2024

4. Improve the health of TDHHS's residents through leveraging community partnerships and resources in Bergen County

Objective 4.1

By December 31, 2024

To create opportunities through community partnerships for our residents to access resources that promote health and prevent disease.

Strategies:

- 4.1.1: Participate in a governmental public health partnership (ongoing)
- 4.1.2: Evaluate existing community partners for current and future health programs and resources by June 2024 (ongoing)
- 4.1.3: Create and maintain a webpage on the TDHHS website that advertises and/or links to health opportunities in Bergen County by September 2024 (ongoing)
- 4.1.4: Actively promote community health programs and resources to vulnerable populations through newsletters, social media, and public speaking opportunities by October 2024 (ongoing)
- 4.1.5: Respond to requests for information, participation, and support from new and existing community partners (ongoing)

IMPLEMENTATION AND MONITORING

The Health Department's Strategic Plan will require department-wide ownership and a collective effort to ensure effective implementation. An internal project manager will be assigned to track and monitor the Strategic Plan. This individual will have the overall responsibility of the plan and the authority to implement change in order to support the Health Department's goal of receiving PHAB accreditation status.

The project manager will collect data, generate reports, and conduct planning meetings to update all stakeholders of the plan's progress. Additionally, each Strategic Priority will be monitored, tracked, and reported monthly to the Health Department Director. Data-based decisions will be used to drive plan updates and revisions. Portions of this Strategic Plan aligns with the department's health improvement and quality improvement plans.

In addition to monitoring the plan's effectiveness, it is important to recognize the Health Department's resource allocation and possible resource limitations. Areas of focus should include capacity for and enhancement of the Department's information management system, investment in and training of Department staff, messaging, and financial planning.

Key steps to implementing this Strategic Plan and monitoring its progress include:

- Orient TDHHS staff to the Strategic Plan by March 2024
- Educate the staff on topics related to the success of the Strategic Plan through the Workforce Development or Quality Improvement Plans as needed
- Present the Strategic Plan to the TDHHS Municipal Manager by April 2024
- Present the Strategic Plan to the Board of Health by June 2024
- Publish Strategic Plan on TDHHS's website by December 2024 for public access
- Assign specific strategies to staff with deliverables through VMSG, the Department's Performance Management System
- Monitor progress on strategies by the Strategic Planning Steering Committee by reviewing VMSG reports monthly
- On an annual basis, using VMSG's reporting system, review Strategic Plan progress and update as needed

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