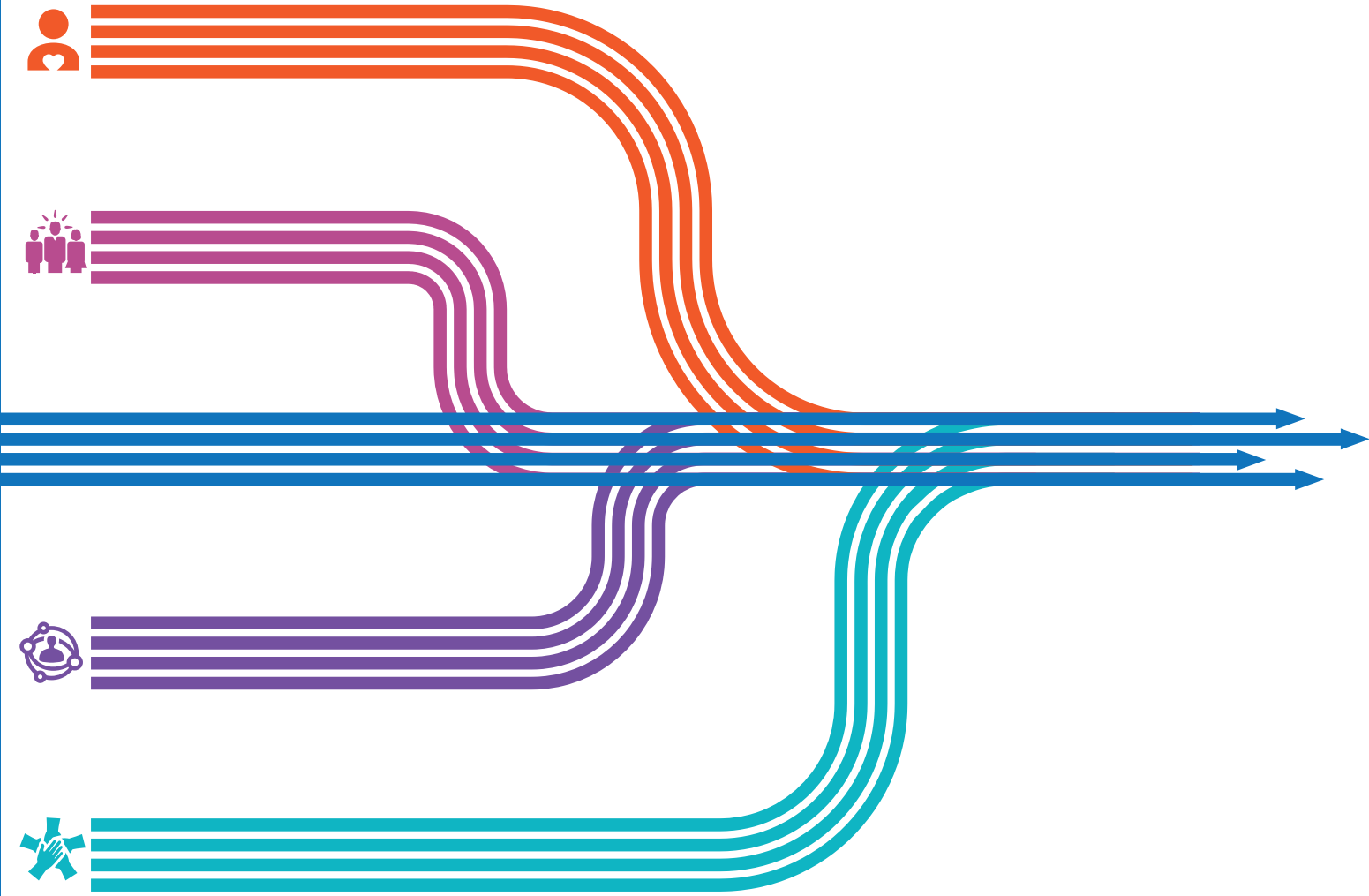


Boston Public Health Commission 2019-2023 STRATEGIC PLAN



Building a Healthy Boston



LETTER FROM MAYOR WALSH



Dear Readers,

We are honored to present to you this ambitious three-year strategic plan for your Boston Public Health Commission. Our city can and will continue to tackle the major public health challenges of our time, which include the opioid epidemic and homelessness. To do so, this plan builds on its long history of being an innovative and compassionate public health leader here in the region as well as across the country.

The priorities set out in this plan are crucial to our success in creating a thriving, healthy and innovative Boston. This report outlines how BPHC will continue to be our city's leading voice in driving forward health equity and racial justice. We are excited to see specific goals in this plan to ensure that we are lifting up the more than 1,100-person BPHC workforce as they work to improve the health of our families and neighbors. Positioning BPHC as an organization that makes data-informed decisions and is likewise known across our region as a collaborative, action-oriented partner will be important outcomes from this plan that we are confident will drive the health of all Bostonians forward.

The following pages contain major steps forward for our public health commission to lead our city in addressing root causes of inequities in health, such as racism and poverty. It is important to note as well that this plan serves an important role as we execute our larger plans for the city, including our exciting Imagine Boston 2030, Resilient Boston, Go Boston, and other plans that are guiding our city forward.

We want to thank the BPHC staff, Boston residents, hospital and healthcare partners and others who offered their expertise and support in the development of this important strategic plan.

Martin J. Walsh
Mayor of Boston

Marty Martinez
Chief of the Mayor's Office of Health & Human Services

Letter From Our Executive Director

Dear Reader,

The Boston Public Health Commission (BPHC) has a big mission, to protect, preserve and promote the health and well-being of all of Boston's residents, particularly the most vulnerable. It also has one of the largest workforces in the city with more than 1,100 dedicated professionals. While BPHC has more than 200 years of history, the challenges we face today are different and require new skills and strategies.

The strategic plan presented here is an important one, as it outlines a significant path forward for Boston. The plan outlines specific ways in which we will get at the root causes of the inequities in our city that cause disparities in health outcomes among its residents. BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. Addressing systems of oppression like these will lead to better and more equitable health outcomes among the residents of Boston.

The creative ideas and priorities that came out of the strategic planning process are exciting. These include steps to support our staff, provide training and advancement opportunities and ensure that we represent the community we serve in all ways possible. Applying transformative data and technology approaches to public health is also a priority identified in this plan. The focus on workforce development and informatics will have major impacts on our capacity to identify emergent and urgent public health trends and will ensure we have the team in place to rapidly address them.

We owe significant thanks to hundreds of our colleagues at BPHC and other city departments, foundations, hospitals and health centers for their input into this plan. We leveraged their knowledge through its development and it should come as no surprise that one of the priority areas identified through this process is to enhance our collaborative partnerships.

Over the last several months we have worked together on this three-year plan ensuring that it aligns our mission and our people to the opportunities to address public health issues existing right now in our city, while also planning for future public health needs. We have challenged ourselves to think differently, listen to each other more and really talk about what it is going to take to get the work done.

Whether you are a resident of Boston or a member of the BPHC staff we appreciate your taking an interest in learning more about our strategic plan. We hope you see yourself in this plan and invite you to join all of us in this execution.

Sincerely,



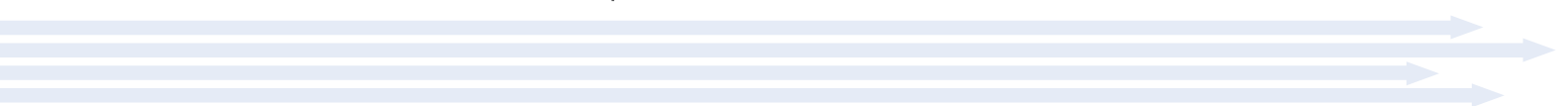
Manny Lopes, *Chair*
Board of Health



Monica Valdes Lupi, *Executive Director*
Boston Public Health Commission

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Executive Summary

This Strategic Plan outlines a bold and action-oriented map that the Boston Public Health Commission will use to advance its mission from April 1, 2019, through June 30, 2022.

The term of the Strategic Plan has been extended from March 2022 to June 30, 2023 to allow for continued implementation of strategies and objectives with ongoing activities delayed by the COVID-19 pandemic.

This plan was created using a framework of input that incorporated ideas from a variety of internal and external sources and elevated those that were aligned with the organization's mission and other plans enacted in the city to advance public health outcomes for all Boston residents. There are four priority areas: Racial Justice and Health Equity, Workforce Development, Informatics and Data, and Collaborative Partnerships.

This plan builds upon BPHC's history and role as a recognized leader in the creation of public health policy and program development aimed at addressing social determinants of health (SDOH) here in Boston and across the country. Our strategic plan focuses on racial justice and health equity, because everyone should have the opportunity to attain full health potential and not be disadvantaged because of social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography). The strategic plan lays out a series of steps that BPHC can take to become a model leader in addressing racial justice and health equity. Among these steps is ensuring that BPHC bureaus, divisions and programs as well as many city agencies understand what creates health, racial justice, health equity and inequities.

Promoting and sustaining a work environment where staff thrive and achieve personal and professional growth is central to the second priority area of BPHC's strategic plan. Within this priority area lays guidance on expanding diversity in management positions at BPHC, specific improvements on how BPHC staff access professional development opportunities, as well as creating an Emerging Leaders Program at BPHC. These and other steps outlined were created to build BPHC into a health department that best represents the neighborhoods it serves in order to serve them better.

Prioritizing informatics (the process by which raw data is translated into actionable information) will enhance BPHC and its partners' capacity to obtain, understand, and use data towards improving the health of Boston. The third priority area of this plan defines how BPHC will grow its capacity to utilize technology and data in driving its programming and partnerships. Objectives range from bringing up to baseline the technology accessible to BPHC staff, increasing BPHC staff knowledge on how to interact with data so that it informs their decision making, as well as creating transparency of performance measures and metrics among BPHC programs. A major component of this effort will be making the data collected or created by BPHC more accessible to people and organizations outside BPHC, expanding the opportunity for more informed decision making to occur among policy makers and community partners.

As the local health department for the City of Boston, staff across the BPHC play an integral role as "chief health strategists" in advancing coalition-led efforts that improve the public's health. Within the new strategic plan BPHC prioritizes taking specific steps in order to proactively sustain, enhance, and create partnerships to improve the health of Boston. BPHC

will do this by ensuring that its resources advance Mayor Martin J. Walsh's vision to make Boston a thriving, healthy and innovative city. Specific ways in which BPHC aims to advance this cause include expanding partnerships with Accountable Care Organizations, formalizing partnerships with advocacy organizations and community led groups to address racial justice and SDOH, among others.

The strategic plan was developed at a time when the City of Boston was facing specific public health crises, including the opioid epidemic and homelessness. The priorities, goals and objectives outlined in this plan will strengthen today's BPHC and position it to tackle current and future challenges faced by our city.



Introduction

In October 2018, the Boston Public Health Commission (BPHC) contracted with Health Resources in Action, Inc. (HRiA) to develop a three-year strategic plan. The strategic planning process included participation from a diverse group of stakeholders from BPHC staff and leadership, as well as external subject matter experts. This process, and the resulting plan, demonstrate the deep interest and commitment of stakeholders to work together to advance the mission of BPHC: **to protect, preserve and promote the health and well-being of all of Boston's residents.**

Commission Overview

BPHC traces its roots back to 1799, when Paul Revere was named Boston's first health officer.

The Board of Health was formed to fight a potential outbreak of cholera. Taking innovative strides to save lives, health officials posted signs on lampposts, held meetings and led an early-day public information campaign to reduce deaths due to cholera, a highly preventable disease.

Today, the tradition of taking a neighborhood-level illness prevention and health promotion approach continues at BPHC. While it is one of the country's oldest health departments, BPHC prides itself on providing some of the most innovative services to Boston's residents.

Vision

BPHC envisions a thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

Mission

The mission of BPHC is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable.

BPHC achieves its mission by providing and supporting accessible, high quality community-based health and social services, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion, and health education services.

Principles

BPHC is committed to the following principles:

- Promote the fair treatment of all people.
- Ensure internal policies, procedures, and practices are fair and equitable.
- Continually strive to improve public policies, systems, and environments that influence social conditions.
- Foster mutual respect, transparency, and accountability with colleagues, residents, coalitions, and other partners.
- Strengthen community capacity and uplift community voices.
- Use the best available scientific evidence to inform BPHC's work.
- Provide culturally and linguistically appropriate services to people from all backgrounds.
- Ensure effective communication and coordination with other city agencies, community-based organizations, residents, and other partners.

Accreditation

In November of 2017, BPHC achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's public health departments. BPHC is one of four health departments in Massachusetts and one of only 244 health departments nationwide (209 local, 33 state, and 2 Tribal) that have achieved accreditation through PHAB since its launch in 2011.

The national accreditation program, jointly supported by the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, sets standards against which the nation's nearly 3,000 governmental public health departments can continuously improve the quality of their services and performance. To receive accreditation, a health department must undergo a rigorous, multi-faceted, peer reviewed assessment process to ensure it meets or exceeds a set of quality standards and measures. Deliverables include a community health assessment (CHA), a community health improvement plan (CHIP), and an agency strategic plan.



The Strategic Planning Process

Data Gathering & Key Findings

Collecting and synthesizing data is an important foundation for guiding and constructing a Strategic Plan. Efforts focused on gathering perspectives on current and emerging factors that could influence the success and sustainability of BPHC over the next three years and followed a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis format, exploring perceptions of current BPHC services and capacity, as well as reflections on successes and challenges.

These efforts included over 20 key informant interviews, 6 staff and community engagement sessions, an online staff survey, and a document review. HRiA synthesized and compiled the key themes from the data gathering into a Key Findings Presentation, which included a set of recommended Priority Areas for strategic planning.

See Acknowledgements for list of key informants who participated in the process.

Identification of Priority Areas

In November 2018, HRiA presented the BPHC Steering and Advisory Committee with the key themes from the data gathering efforts as well as recommended priorities for planning based on those themes. **The recommended priorities presented were:**

- Collaborations and Partnerships
- Communications
- Health Systems Transformation
- Data/Informatics
- Racial Justice and Health Equity
- Workforce Development

The BPHC Steering and Advisory Committee then participated in a multi-voting process to determine the final Priority Areas for the BPHC Strategic Plan. As a result of this inclusive process, the following Priority Areas were selected for the BPHC Strategic Plan:

1. Racial Justice and Health Equity
2. Workforce Development
3. Informatics and Data
4. Collaborative Partnerships

HRiA shared criteria for participants to consider as they ranked the topic areas presented.

Selection Criteria	
a. Alignment	Aligns with the vision, mission and values of BPHC.
b. Feasibility	BPHC has the ability to address this issue (e.g., expertise, experience).
c. Need	Reflective of a demonstrated area of internal and external need.
d. Political & Collective Will	Both internal and external will to address this issue exists.
e. Impact	Impact and results from addressing this issue can be measured and demonstrated.
f. Resources	There are or will be resources available to address this issue (e.g., funding, staff).
g. Visibility	Focus in this area will allow us to increase the visibility and awareness of BPHC's efforts.
h. Capacity Building	Enables BPHC to build/strengthen its capacity to carry out its mission.

Cross-Cutting Strategies

The following topic areas were identified as key focal points for integration across all the priority areas in the strategic plan and have been incorporated into each priority area as cross-cutting strategies to ensure consistency throughout the plan:

- Funding and Sustainability
- Communication
- Leadership
- Operations/Infrastructure

Planning Session

Members of BPHC staff and leadership then met for a full-day Strategic Planning Session. HRiA's strategic planning approach, called Facilitating Alignment and Strategic Thinking (FAST™), served as the roadmap for the day's planning exercises. FAST™ is an efficient and effective rapid strategic planning process, which, unlike a traditional strategic planning process that can take many months, is a shorter, more cost-effective approach that produces high-quality results and delivers exceptional value and satisfaction for stakeholders.

HRiA facilitators led the all-day FAST™ session, guiding four working groups, one for each priority area. The working groups developed draft goals, objectives and strategies for the identified priorities with interactive input from participants across all priority areas.

See Appendix A for the agenda from the Strategic Planning Session.



Final Plan Development

Based on the output from the full-day session, HRiA developed a draft Strategic Plan. The draft plan was circulated to BPHC leadership, planning session participants, and additional staff for feedback. Several facilitated review sessions involving staff and leadership were held to refine and align the goals, objectives and strategies across the plan. HRiA compiled the feedback, revised the plan for overall consistency, and made recommendations for final revisions to BPHC. BPHC completed a final review of the draft before finalizing the Strategic Plan outlined in this report.

Planning Timeline



Plan Alignment

The BPHC Strategic Plan was developed with alignment and collaboration in mind. The following section highlights where this plan is aligned with other internal and external plans, and describes collaboration across other planning processes with other public health entities.

The BPHC Strategic Plan is aligned with the 2016 Boston Community Health Improvement Plan (CHIP), and BPHC is currently an active participant in the Boston CHNA-CHIP Collaborative, an exciting new initiative among several stakeholders - community organizations, health centers, hospitals and BPHC - formed to undertake the first city-wide Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) for the City of Boston.

This innovative Collaborative aims to achieve the benefits of broad partnership around a Boston-based CHNA and CHIP, including deeper engagement of key community and organizational stakeholders; enhanced alignment of defined priorities and strategies; maximal allocation of resources; coordination of implementation strategies for collective impact and a healthier Boston.

While this process is still underway, the first “Shared Value” of the Boston CHNA-CHIP Collaborative is to “Focus on inequities that affect health with an emphasis on race and ethnicity.” Other Shared Values address inclusion and partnership. The 2019 CHNA is scheduled to be completed by September 2019. The forthcoming 2019 CHIP will align with several aspects of the BPHC Strategic Plan.

Each of the Priority Areas in the BPHC Strategic Plan include specific objective alignment with the 2019-2021 Quality Improvement (QI) Plan. Having been drafted simultaneously with the Strategic Plan, the QI plan incorporates many objectives and strategies, including those designed to elevate the across the board use of performance measures for programs in a transparent and consistent way as well as the application of informatics best practices to drive decision making, among others.

As one of the largest City of Boston Departments, this strategic plan takes into account overarching Mayoral Initiatives and takes important steps toward achieving the vision outlined in the Imagine Boston 2030 report. Drawing on its national leadership opportunities, the plan also aligns with national priorities set out in the Public Health 3.0 framework.

The BPHC Strategic Plan alignment with local and national priorities is illustrated in Appendix E.

The Strategic Plan

A strategic plan includes several key elements: a vision statement that describes a desired future; a mission statement that articulates a central purpose; and a set of core values that guide all aspects of planning and implementation. From that, specific goals, objectives, and strategies are developed to accomplish the mission and vision in alignment with the core values.

Priority Areas are key issues that provide a focus for planning. A Goal is a broadly stated, non-measurable change in the Priority Area. It describes the desired outcome of a planning initiative. Objectives articulate goal-related outcomes in specific and measurable terms. Objectives are narrow, precise, tangible, concrete and SMART (specific, measurable, achievable, relevant, time-phased). Success Measures are measure(s) of progress or completion of a goal or objective. These measures ultimately let your team know if the Goal or Objective was successful in impacting the Priority Area. A Strategy describes the approach to fulfilling the Objective. It is less specific than action steps, but tries to broadly answer the question, “How can we get from where we are now to where we want to be?”

Strategic Plan Priority Areas & Goal Statements

<p>PRIORITY AREA 01</p>	<p>PRIORITY AREA 02</p>	<p>PRIORITY AREA 03</p>	<p>PRIORITY AREA 04</p>
			
<p>RACIAL JUSTICE AND HEALTH EQUITY</p>	<p>WORKFORCE DEVELOPMENT</p>	<p>INFORMATICS AND DATA</p>	<p>COLLABORATIVE PARTNERSHIPS</p>
<p>Goal: Make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents.</p>	<p>Goal: Promote and sustain a work environment where staff thrive and achieve personal and professional growth.</p>	<p>Goal: Grow capacity to use technology and data to drive programming and partnerships to improve health outcomes.</p>	<p>Goal: Proactively sustain, enhance, and create partnerships to improve the health of Boston.</p>

Priority Area 01: Racial Justice and Health Equity

Racial justice is the creation and proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunity, treatment, and outcomes for all people regardless of race. Our strategic plan focuses on racial justice and health equity because everyone should have the opportunity to attain full health potential and not be disadvantaged because of social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography). This plan advances racial justice and health equity through changing business practices, (e.g., hiring, promotion), ensuring programs and services are provided equitably and working with other sectors to ensure that all Bostonians have access to health promoting resources (e.g., good jobs, affordable housing).

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Goal 1: Make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents.

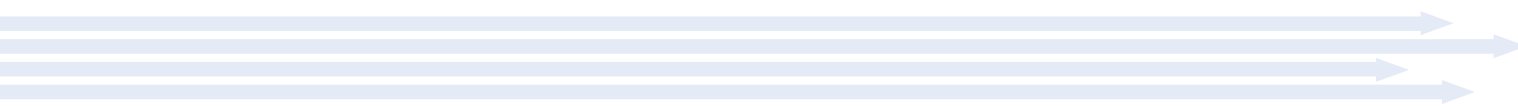
- ✦ **Objective 1.1:** By 2020, develop a demographically-representative team of Health Equity Champions reflecting BPHC locations, shifts, and classifications to support equity practices.

Success Measures:

- Number of champions; number of BPHC locations with champions.
- Number of change projects initiated.
- Number of change projects completed.
- Number of requests and downloads for *The Guide to Advance Racial Justice and Health Equity*.

Strategies:

- 1.1.1: Disseminate *The Guide* for use in implementing Equity Change Projects.
- 1.1.2: Identify Health Equity Champions (Champions).
- 1.1.3: Coach and support Champions in leading Equity Change Projects.





★+■ **Objective 1.2:** By 2023, increase number of City agencies that express an understanding of what creates health, racial justice, health equity, and inequities.

Success Measures:

- Percent change in understanding of what creates health as measured by the Health Equity in all Policies Survey.
- Number of traditional and social media placements leading to positive engagement metrics.
- Number of Equity Change Projects completed by City agencies.

Strategies:

- 1.2.1: Implement communication strategy designed to increase understanding of what creates health, racial justice, health equity, and inequities.
- 1.2.2: Identify, coach and support Champions across City departments toward the implementation of Equity Change Projects.

★+■▲ **Objective 1.3:** By 2023, all Bureaus incorporate the racial justice and health equity principles and practices outlined in the BPHC Community Engagement Plan as standard practice.

Success Measures:

- Completion of updated Community Engagement Plan.
- Percent of new initiative proposals that reference Community Engagement Plan and practices.
- Percent of BPHC funding opportunities that incorporate community engagement best practices.

Strategies:

- 1.3.1: Establish a baseline level of understanding of current community engagement knowledge practice and resources.
- 1.3.2: Update current Community Engagement Plan.
- 1.3.3: Develop an organizational policy institutionalizing equitable community engagement practices and processes.
- 1.3.4: Foster integration of community engagement principles, internally and externally, through dissemination and support for adoption of community engagement tools.
- 1.3.5: Integrate the implementation of community engagement best practices in BPHC funding opportunities.

★ **Objective 1.4:** Implement strategies to improve culturally sensitive communications and promote equitable conflict resolution.

Success Measure:

- Percent of staff trained on culturally sensitive communications topics.

Strategies:

- 1.4.1: Communicate established processes to all staff.
- 1.4.2: Explore processes to improve equitable communications and conflict resolution among staff.
- 1.4.3: Develop opportunities for learning and sharing on topics including cross-cultural communication, implicit bias, cultural humility, racial justice, and inequities.

Plan Alignment Key

★ Mayoral Initiatives & Imagine Boston 2030 + Public Health 3.0 ■ Boston CHNA-CHIP Collaborative ▲ BPHC Quality Improvement Plan

Priority Area 02: Workforce Development

Achieving the vision of making Boston a city free of racism, poverty, violence and other systems of oppression requires BPHC to begin by implementing strategic changes together with its 1,100-person workforce. This includes supporting staff to thrive as Boston residents as well as public health professionals. It also means attracting the most qualified and diverse candidates, nurturing staff satisfaction and advancement, and supporting staff to succeed in every role at BPHC. Workforce development creates and sustains conditions in which staff can excel, participate in professional development activities, and are recognized for contributions. Training develops competencies that support high quality, equitable services and partnerships. Together, we create our future as a learning organization.

Goal 2: Promote and sustain a work environment where staff thrive and achieve personal and professional growth.

Objective 2.1: Create a formal system to support professional growth and career pathways.

Success Measures:

- Percent of Bureaus represented on the Professional Development Steering Committee.
- Curriculum designed for Emerging Leaders Program.
- Number of new or enhanced professional development opportunities offered.

Strategies:

- 2.1.1: Launch the Professional Development Steering Committee.
- 2.1.2: Create and enhance opportunities for learning, coaching, peer networking, and shadowing across BPHC.
- 2.1.3: Create and enhance management training for new, current, and aspiring supervisors and managers.
- 2.1.4: Develop an Emerging Leaders Program to support high-potential and high-performing staff in growing and succeeding in supervisory and management positions.

Objective 2.2: By June 2023, ensure that at least 30% of BPHC staff at every level of the organization participate in professional development opportunities on an annual basis.

Success Measures:

- Statement of executive endorsement.
- Percent of staff participating in professional development opportunities annually.
- Number of barriers to participation in professional development opportunities identified and removed.

Strategies:

- 2.2.1: Promote a culture of learning in which staff feel motivated to develop new skills and competencies, and managers are supported in prioritizing time for staff to participate in professional development activities.
- 2.2.2: Identify, prioritize, and address barriers that prevent participation in training opportunities, particularly for front-line staff.
- 2.2.3: Identify and implement an electronic system to track personnel data, including staff training records.

★ + ■ **Objective 2.3:** Increase the diversity of senior managers to more closely reflect the community BPHC serves.

Success Measures:

- Percent increase in diversity among qualified candidates for senior manager positions.
- Participants in the Emerging Leaders Program reflect the community BPHC serves.

Strategies:

- 2.3.1: Develop and implement organizational guiding principles that drive diversity in managers hired, and staff promoted throughout BPHC.
- 2.3.2: Provide support for hiring managers to increase the diversity of qualified candidates.
- 2.3.3: Proactively recruit participants in the Emerging Leaders Program who reflect the community BPHC serves.

+ **Objective 2.4:** By June 2023, meet or improve on national standards for percent of staff who report they are considering leaving in the next year for reasons other than retirement.

Success Measures:

- Change between 2017 and 2020 data in Public Health Workers Interests and Needs Survey (PH WINS).
- Positive data trends from new staff satisfaction system.

Strategies:

- 2.4.1: Support staff to live and thrive in Boston.
- 2.4.2: Develop a confidential system to assess staff satisfaction.
- 2.4.3: Implement three change strategies to increase staff satisfaction.
- 2.4.4: Implement communication strategy to share hiring and workforce demographic data with all staff.



Plan Alignment Key

- ★ Mayoral Initiatives & Imagine Boston 2030
- + Public Health 3.0
- Boston CHNA-CHIP Collaborative
- ▲ BPHC Quality Improvement Plan

Priority Area 03: Informatics and Data

Improving public health depends on having access to information and data that enable the identification of which health issues most need attention. These data inform the design, implementation, and evaluation of efforts that aim to produce desirable health outcomes. Prioritizing informatics (the process by which raw data is translated into actionable information) will enhance BPHC and its partners' capacity to obtain, understand, and use data towards improving the health of Boston.

Goal 3: Grow capacity to use technology and data to drive programming and partnerships to improve health outcomes.

★ **Objective 3.1:** By the end of June 2023, increase access to technology that meets Program and Public Health Service Centers' needs.

Success Measures:

- Percent increase of new technology equipment deployed.
- Percent increase in satisfaction with technology.
- Percent increase in technology related trainings.

Strategies:

- 3.1.1: Assess current inventory of technology and technology satisfaction.
- 3.1.2: Determine future training and equipment needs.
- 3.1.3: Develop and communicate process for prioritizing investments to meet training and equipment needs.
- 3.1.4: Design and implement tailored training to meet staff needs for accessing new technology.

+ ▲ **Objective 3.2:** By the end of 2020, increase by 10% overall staff knowledge and skills to collect and use data.

Success Measures:

- Number of staff trained in data collection and use systems.
- Percent change in self-assessment competency scores among staff.
- Percent of staff participating in professional development opportunities annually.
- Number of barriers to participation in professional development opportunities identified and removed.

Strategies:

- 3.2.1: Launch informatics competency self-assessment tool.
- 3.2.2: Provide trainings that address gaps identified through use of assessment tool.
- 3.2.3: Increase ability to share internally protected health information of BPHC clients that complies with state and federal confidentiality laws.

★+■ **Objective 3.3:** By the end of June 2023, increase data availability, utility, and accessibility for BPHC and community partners to improve community health.

Success Measures:

- Number of presentations on how to use Health of Boston or program data.
- Number of data requests and use of BPHC data in planning and decision making.
- Number of Health of Boston or other identified data reports that are available online and the number of downloads of each.
- Percent improvement of data availability, utility, and accessibility from among surveyed BPHC and community partners.
- Number of RFPs and other proposals that use and require BPHC data.

Strategies:

- 3.3.1: Design and launch survey among staff and community partners to understand how they use BPHC data and what other additional data they need.
- 3.3.2: Increase accessibility of data using various techniques such as infographics, literacy level, language translation, ADA compliance strategies, and interactive dashboards.
- 3.3.3: Promote awareness of the availability and value of data collected by BPHC.

★+■▲ **Objective 3.4:** By the end of June 2023, embed performance measures focused on health-related outcomes in 50% of Programs and Public Health Service Centers.

Success Measures:

- Number of dashboards piloted as part of performance management system.
- Increase percent of measures with a positive trend.
- Percent of Programs and Public Health Service Centers with performance measures focused on health outcomes.

Strategies:

- 3.4.1: Develop an inventory of existing performance measures across Programs and Public Health Service Centers.
- 3.4.2: Develop performance measures focused on health-related outcomes for programs as needed.



Plan Alignment Key

- ★ Mayoral Initiatives & Imagine Boston 2030 + Public Health 3.0 ■ Boston CHNA-CHIP Collaborative ▲ BPHC Quality Improvement Plan

Priority Area 04: Collaborative Partnerships

As the local health department for the City of Boston, staff across BPHC play an integral role as “chief health strategists” in advancing coalition-led efforts that improve the public’s health. Traditional public health roles as conveners need to shift to become more strategic collaborators that engage other city departments, public and private community partners to diversify resources and foster collective action. Prioritizing strategic collaboration commission-wide will ensure that we advance programs that proactively sustain, enhance, and create partnerships to improve the health of Boston.

Goal 4: Proactively sustain, enhance, and create partnerships to improve the health of Boston.

★+■▲ **Objective 4.1:** Dedicate additional public health resources to advance Mayor Martin J. Walsh’s vision and goal to make Boston a thriving, healthy and innovative city.

Success Measures:

- Number of policy documents that include BPHC data and analysis.
- Number of City departments engaged in Health Equity in All Policies Task Force.
- Number of BPHC-led initiatives and partnerships with other City departments.

Strategies:

4.1.1: Provide resources and best practices to other City agencies so that they can better integrate what creates health, racial justice, health equity, and inequities into their own work.

4.1.2: Institutionalize BPHC involvement in developing policy documents and program design with other City partners.

4.1.3: Increase the visibility of the scope of public health in improving health outcomes in Boston.



★+■ **Objective 4.2:** By June 2023, formalize strategic partnerships with advocacy organizations and community-led groups to address racial justice and social determinants of health.

Success Measures:

- At least one strategic partnership related to housing and anti-displacement.
- At least one strategic partnership related to inclusive economic growth (e.g., employment).
- At least one strategic partnership supporting gun violence prevention efforts.
- At least one strategic partnership related to the built environment.

Strategies:

- 4.2.1: Identify current strategic partnerships across BPHC with advocacy and community-led groups.
- 4.2.2: Conduct a gap analysis to identify potential strategic partners.
- 4.2.3: Conduct outreach strategy to engage with potential partners.
- 4.2.4: Convene or engage with potential partners to identify shared goals and to identify resources to accelerate health improvement through policy and systems change.

★+■ **Objective 4.3:** By end of June 2023, leverage diverse resources to drive equitable health improvement at the neighborhood level.

Success Measures:

- Number of new or expanded partnerships working at the neighborhood level.
- Establish at least one new initiative that aligns with goals in Imagine Boston 2030 to reduce disparities in premature mortality (deaths per 1,000 residents before age 65) in the two Boston neighborhoods with the highest rates.
- Number of initiatives benefitting from multi-source funding distributed by BPHC.

Strategies:

- 4.3.1: Advocate with business, academic, philanthropic, and governmental entities to build funding for equitable neighborhood-based health improvement.
- 4.3.2: Strengthen the capacity of partners through non-financial support; including, but not limited to training, technical assistance, informatics, and advocacy.
- 4.3.3: Drive collaborative opportunities across Bureaus and Public Health Service Centers to maximize our effectiveness as partners.

★+■ **Objective 4.4:** By end of 2021, expand partnerships with Accountable Care Organizations (ACOs) to improve health outcomes of marginalized populations.

Success Measures:

- Number of outreach meetings with ACOs leadership.
- Number of technical assistance and trainings provided to ACOs.
- Number of formalized partnerships with ACOs.

Strategies:

- 4.4.1: Enhance outreach to ACOs in order to better understand their needs to address racial health inequities and social determinants of health.
- 4.4.2: Develop and promote a menu of programs and services, including trainings, that could support ACOs' activities to address racial health inequities, and social determinants of health.
- 4.4.3: Formalize partnerships with ACOs to implement initiatives that improve health outcomes related to racial inequities.

Plan Alignment Key

★ Mayoral Initiatives & Imagine Boston 2030 + Public Health 3.0 ■ Boston CHNA-CHIP Collaborative ▲ BPHC Quality Improvement Plan

Strategic Plan Implementation

Action Planning

BPHC convened four working groups – one for each of the priority areas. These groups developed an action plan for year one (April 1, 2019 – March 31, 2022) defining action steps to accomplish each strategy, assigning leads and implementers, and establishing a timeline for implementation. These workgroups will track progress and learnings quarterly to guide subsequent, annual implementation planning.

Monitoring and Evaluation

The purpose of monitoring and evaluation is to track implementation and outputs systematically and measure the effectiveness of the strategies being implemented. Monitoring and evaluation helps track progress and identify when course corrections may be needed to guide implementation activities.

Monitoring and evaluation activities will follow the processes outlined in BPHC's 2019-2021 Quality Improvement Plan, which utilizes the PDSA Quality Improvement model. The purpose of Quality Improvement is to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes which achieve equity and improve the health of the community.

Tracking and Reporting

BPHC priority area leads will complete qualitative and quantitative reporting on a quarterly basis to track the progress of implementation efforts and record successes achieved and challenges encountered. Various approaches can be used to track progress on strategies and activities (e.g., quarterly reports, participant evaluations from training). Progress should be broadly communicated internally throughout BPHC, with the Board of Health, and to external key stakeholders as appropriate.





Priority Area 01: Racial Justice and Health Equity



Goal 1: Make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents.		
1.1	By 2020, develop a demographically-representative team of Health Equity Champions reflecting BPHC locations, shifts, and classifications to support equity practices.	
	Disseminate <i>The Guide</i> for use in implementing Equity Change Projects.	Office of Health Equity Communications Office
	Identify Health Equity Champions (Champions).	Office of Health Equity Executive Office
1.2	By 2021, increase number of City agencies that express an understanding of what creates health, racial justice, health equity, and inequities.	
	Implement communication strategy designed to increase understanding of what creates health, racial justice, health equity, and inequities.	Office of Health Equity Communications Office Mayor's Press Office
1.3	By 2021, all Bureaus incorporate the racial justice and health equity principles and practices outlined in the BPHC Community Engagement Plan as standard practice.	
	Establish a baseline level of understanding of current community engagement knowledge practice and resources.	Office of Health Equity Executive Office
	Update current Community Engagement Plan.	Office of Health Equity Executive Office
	Develop an organizational policy institutionalizing equitable community engagement practices and processes.	Office of Health Equity Executive Office
1.4	Implement strategies to improve culturally sensitive communications and promote equitable conflict resolution.	
	Communicate established processes to all staff.	Human Resources Labor Relations Office Communications Office
	Explore processes to improve equitable communications and conflict resolution among staff.	Administration and Finance Department Consortium for Professional Development

S T R A T E G Y

O W N E R (S)

Year 1 Action Plan
(April 1, 2019 – March 31, 2022)

The following table outlines the action plan for the first year of the three-year strategic plan. Each objective has two columns below; the strategy is in the left column with action owner(s) in the right.

Goal 2: Promote and sustain a work environment where staff thrive and achieve personal and professional growth.					
2.1	Create a formal system to support professional growth and career pathways.				
	<table border="1"> <tr> <td>Launch the Professional Development Steering Committee.</td> <td>Consortium for Professional Development Senior Leadership Team</td> </tr> <tr> <td>Develop a new Emerging Leaders Program to support high potential and high performing staff in growing and succeeding in supervisory and management positions.</td> <td>Professional Development Steering Committee Consortium for Professional Development Emerging Leaders Program Subcommittee</td> </tr> </table>	Launch the Professional Development Steering Committee.	Consortium for Professional Development Senior Leadership Team	Develop a new Emerging Leaders Program to support high potential and high performing staff in growing and succeeding in supervisory and management positions.	Professional Development Steering Committee Consortium for Professional Development Emerging Leaders Program Subcommittee
Launch the Professional Development Steering Committee.	Consortium for Professional Development Senior Leadership Team				
Develop a new Emerging Leaders Program to support high potential and high performing staff in growing and succeeding in supervisory and management positions.	Professional Development Steering Committee Consortium for Professional Development Emerging Leaders Program Subcommittee				
2.2	By January 2022, ensure that at least 30% of BPHC staff at every level of the organization participate in professional development opportunities on an annual basis.				
	<table border="1"> <tr> <td>Promote a culture of learning in which staff feel motivated to develop new skills and competencies, and managers are supported in prioritizing time for staff to participate in professional development activities.</td> <td>Executive Office Communications Office Consortium for Professional Development Office of Accreditation & Quality Improvement</td> </tr> <tr> <td>Identify, prioritize, and address barriers that prevent participation in training opportunities, particularly for front-line staff.</td> <td>Labor Relations Office Consortium for Professional Development Professional Development Steering Committee Office of Accreditation & Quality Improvement</td> </tr> </table>	Promote a culture of learning in which staff feel motivated to develop new skills and competencies, and managers are supported in prioritizing time for staff to participate in professional development activities.	Executive Office Communications Office Consortium for Professional Development Office of Accreditation & Quality Improvement	Identify, prioritize, and address barriers that prevent participation in training opportunities, particularly for front-line staff.	Labor Relations Office Consortium for Professional Development Professional Development Steering Committee Office of Accreditation & Quality Improvement
Promote a culture of learning in which staff feel motivated to develop new skills and competencies, and managers are supported in prioritizing time for staff to participate in professional development activities.	Executive Office Communications Office Consortium for Professional Development Office of Accreditation & Quality Improvement				
Identify, prioritize, and address barriers that prevent participation in training opportunities, particularly for front-line staff.	Labor Relations Office Consortium for Professional Development Professional Development Steering Committee Office of Accreditation & Quality Improvement				
2.3	Increase the diversity of senior managers to more closely reflect the community BPHC serves.				
	<table border="1"> <tr> <td>Develop and implement organizational guiding principles that drives diversifying the managers hired, and staff promoted throughout BPHC.</td> <td>Human Resources Labor Relations Communications Office</td> </tr> </table>	Develop and implement organizational guiding principles that drives diversifying the managers hired, and staff promoted throughout BPHC.	Human Resources Labor Relations Communications Office		
Develop and implement organizational guiding principles that drives diversifying the managers hired, and staff promoted throughout BPHC.	Human Resources Labor Relations Communications Office				
2.4	By December 2021, meet or improve on national standards for percent of staff who report they are considering leaving in the next year for reasons other than retirement.				
	<table border="1"> <tr> <td>Support staff to live and thrive in Boston.</td> <td>Workforce Resilience Workgroup Office of Public Health Preparedness Communications Office Consortium for Professional Development Wellness @ Work Committee</td> </tr> </table>	Support staff to live and thrive in Boston.	Workforce Resilience Workgroup Office of Public Health Preparedness Communications Office Consortium for Professional Development Wellness @ Work Committee		
Support staff to live and thrive in Boston.	Workforce Resilience Workgroup Office of Public Health Preparedness Communications Office Consortium for Professional Development Wellness @ Work Committee				

STRATEGY

OWNER(S)

Priority Area 02: Workforce Development



Priority Area 03: Informatics and Data



Goal 3: Grow capacity to use technology and data to drive programming and partnerships to improve health outcomes.							
3.1	By the end of 2021, increase access to technology that meets Program and Public Health Service Centers' needs.						
	<table border="1"> <tr> <td>Assess current inventory of technology and technology satisfaction.</td> <td>Information Technology Services Informatics Team* IT Strategic Planning Sub-Committee Office of Accreditation & Quality Improvement</td> </tr> <tr> <td>Determine future training and equipment needs.</td> <td>Information Technology Services</td> </tr> </table>	Assess current inventory of technology and technology satisfaction.	Information Technology Services Informatics Team* IT Strategic Planning Sub-Committee Office of Accreditation & Quality Improvement	Determine future training and equipment needs.	Information Technology Services		
Assess current inventory of technology and technology satisfaction.	Information Technology Services Informatics Team* IT Strategic Planning Sub-Committee Office of Accreditation & Quality Improvement						
Determine future training and equipment needs.	Information Technology Services						
3.2	By the end of 2020, increase by 10% overall staff knowledge and skills to collect and use data.						
	<table border="1"> <tr> <td>Launch informatics competency self-assessment tool.</td> <td>Informatics Team* Communications Office</td> </tr> <tr> <td>Provide trainings that address gaps identified through use of assessment tool.</td> <td>Informatics Team* Consortium for Professional Development</td> </tr> <tr> <td>Increase ability to share internally protected health information of BPHC clients that complies with state and federal confidentiality laws.</td> <td>General Counsel Office HIPPA Sub-Committee** Information Technology Services</td> </tr> </table>	Launch informatics competency self-assessment tool.	Informatics Team* Communications Office	Provide trainings that address gaps identified through use of assessment tool.	Informatics Team* Consortium for Professional Development	Increase ability to share internally protected health information of BPHC clients that complies with state and federal confidentiality laws.	General Counsel Office HIPPA Sub-Committee** Information Technology Services
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Increase ability to share internally protected health information of BPHC clients that complies with state and federal confidentiality laws.	General Counsel Office HIPPA Sub-Committee** Information Technology Services						
3.3	By the end of 2021, increase data availability, utility, and accessibility for BPHC and community partners to improve community health.						
	<table border="1"> <tr> <td>Design and launch survey among staff and community partners to understand how they use BPHC data and what other additional data they need.</td> <td>Informatics Team* Office of Health Equity Communications Office Research and Evaluation Office</td> </tr> <tr> <td>Promote awareness of the availability and value of data</td> <td>Informatics Team* Communications Office Administration and Finance Department General Counsel's Office</td> </tr> </table>	Design and launch survey among staff and community partners to understand how they use BPHC data and what other additional data they need.	Informatics Team* Office of Health Equity Communications Office Research and Evaluation Office	Promote awareness of the availability and value of data	Informatics Team* Communications Office Administration and Finance Department General Counsel's Office		
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Promote awareness of the availability and value of data	Informatics Team* Communications Office Administration and Finance Department General Counsel's Office						
3.4	By the end of 2021, embed performance measures focused on health-related outcomes in 50% of Programs and Public Health Service Centers.						
	<table border="1"> <tr> <td>Develop an inventory of existing performance measures across programs and Public Health Service Centers.</td> <td>Executive Office Senior Leadership Team AQI Committee</td> </tr> <tr> <td>Develop performance measures focused on health-related outcomes for programs as needed.</td> <td>Executive Office Senior Leadership Team AQI Committee Information Technology Services Research and Evaluation Office Consortium for Professional Development Bureau Directors</td> </tr> </table>	Develop an inventory of existing performance measures across programs and Public Health Service Centers.	Executive Office Senior Leadership Team AQI Committee	Develop performance measures focused on health-related outcomes for programs as needed.	Executive Office Senior Leadership Team AQI Committee Information Technology Services Research and Evaluation Office Consortium for Professional Development Bureau Directors		
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Develop performance measures focused on health-related outcomes for programs as needed.	Executive Office Senior Leadership Team AQI Committee Information Technology Services Research and Evaluation Office Consortium for Professional Development Bureau Directors						

STRATEGY

OWNER(S)

* Informatics Team: Research and Evaluation Office, Information and Technology Services, Executive Office, Consortium for Professional Development, and Infectious Disease Bureau.

** HIPPA Sub Committee: Part of the Information Management Council.

Year 1 Action Plan
(April 1, 2019 – March 31, 2022)

The following table outlines the action plan for the first year of the three-year strategic plan. Each objective has two columns below; the strategy is in the left column with action owner(s) in the right.

Priority Area 04: Collaborative Partnerships



Goal 4: Proactively sustain, enhance, and create partnerships to improve the health of Boston.					
4.1	Dedicate additional public health resources to advance Mayor Martin J. Walsh’s vision and goal to make Boston a thriving, healthy and innovative city.				
	<table border="1"> <tr> <td>Provide resources and best practices to other City agencies so that they can better integrate what creates health, racial justice, health equity, and inequities into their own work.</td> <td>Senior Leadership Team Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office General Counsel’s Office Program Staff</td> </tr> <tr> <td>Increase the visibility of the scope of public health in improving health outcomes in Boston.</td> <td>Communications Office Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office Senior Leadership Team Executive Office General Counsel’s Office Board of Health Program Staff</td> </tr> </table>	Provide resources and best practices to other City agencies so that they can better integrate what creates health, racial justice, health equity, and inequities into their own work.	Senior Leadership Team Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office General Counsel’s Office Program Staff	Increase the visibility of the scope of public health in improving health outcomes in Boston.	Communications Office Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office Senior Leadership Team Executive Office General Counsel’s Office Board of Health Program Staff
Provide resources and best practices to other City agencies so that they can better integrate what creates health, racial justice, health equity, and inequities into their own work.	Senior Leadership Team Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office General Counsel’s Office Program Staff				
Increase the visibility of the scope of public health in improving health outcomes in Boston.	Communications Office Office of Health Equity Intergovernmental Relations Office Research and Evaluation Office Senior Leadership Team Executive Office General Counsel’s Office Board of Health Program Staff				
4.2	By 2021, formalize strategic partnerships with advocacy organizations and community-led groups to address racial justice and social determinants of health.				
	<table border="1"> <tr> <td>Identify current strategic partnerships across BPHC with advocacy and community-led groups.</td> <td>Office of Health Equity Senior Leadership Team Information Technology Services Program Staff Program Directors</td> </tr> <tr> <td>Conduct a gap analysis to identify potential strategic partners.</td> <td>Office of Health Equity Intergovernmental Relations Office Information Technology Services Executive Office Program Staff Program Directors</td> </tr> </table>	Identify current strategic partnerships across BPHC with advocacy and community-led groups.	Office of Health Equity Senior Leadership Team Information Technology Services Program Staff Program Directors	Conduct a gap analysis to identify potential strategic partners.	Office of Health Equity Intergovernmental Relations Office Information Technology Services Executive Office Program Staff Program Directors
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Conduct a gap analysis to identify potential strategic partners.	Office of Health Equity Intergovernmental Relations Office Information Technology Services Executive Office Program Staff Program Directors				
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	<table border="1"> <tr> <td>Advocate with business, academic, philanthropic, and governmental entities to build funding for equitable neighborhood-based health improvement.</td> <td>Office of Health Equity Executive Office Senior Leadership Team Program Staff</td> </tr> <tr> <td>Strengthen the capacity of partners through non-financial support; including, but not limited to training, technical assistance, informatics, and advocacy.</td> <td>Senior Leadership Team Intergovernmental Relations Office Office of Health Equity Research and Evaluation Office General Counsel’s Office Program Staff</td> </tr> </table>	Advocate with business, academic, philanthropic, and governmental entities to build funding for equitable neighborhood-based health improvement.	Office of Health Equity Executive Office Senior Leadership Team Program Staff	Strengthen the capacity of partners through non-financial support; including, but not limited to training, technical assistance, informatics, and advocacy.	Senior Leadership Team Intergovernmental Relations Office Office of Health Equity Research and Evaluation Office General Counsel’s Office Program Staff
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Strengthen the capacity of partners through non-financial support; including, but not limited to training, technical assistance, informatics, and advocacy.	Senior Leadership Team Intergovernmental Relations Office Office of Health Equity Research and Evaluation Office General Counsel’s Office Program Staff				
4.4	By end of 2021, expand partnerships with Accountable Care Organizations (ACOs) to improve health outcomes of marginalized populations.				
	<table border="1"> <tr> <td>Enhance outreach to ACOs in order to better understand their needs to address racial health inequities and social determinants of health.</td> <td>Executive Office Office of Health Equity Program Staff</td> </tr> <tr> <td>Develop and promote a menu of programs and services, including trainings, that could support ACOs’ activities to address racial health inequities, and social determinants of health.</td> <td>Senior Leadership Team Intergovernmental Relations Office Executive Office Office of Health Equity Program Staff</td> </tr> </table>	Enhance outreach to ACOs in order to better understand their needs to address racial health inequities and social determinants of health.	Executive Office Office of Health Equity Program Staff	Develop and promote a menu of programs and services, including trainings, that could support ACOs’ activities to address racial health inequities, and social determinants of health.	Senior Leadership Team Intergovernmental Relations Office Executive Office Office of Health Equity Program Staff
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Develop and promote a menu of programs and services, including trainings, that could support ACOs’ activities to address racial health inequities, and social determinants of health.	Senior Leadership Team Intergovernmental Relations Office Executive Office Office of Health Equity Program Staff				

Acknowledgements

Board of Health

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Diniz Alves
Heather Gasper
Laura Segal
Debra Paul
Darris Jordan
Saran Rai

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James Hooley
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Courtney Wrenn
Elizabeth Liriano
Katie Donovan
Georgina Denis

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Organizational Effectiveness

Steve Ridini, EdD

President & CEO

Laurie Jo Wallace, MA

Managing Director, Training & Capacity Building

List of Key Informants

Sector	Organization	Key Informants Interviewed
Academia	Boston University School of Public Health	Sandro Galea, MD, MPH, DrPH, <i>Dean</i>
Primary Care Association	Massachusetts League of Community Health Centers	James W. Hunt, Jr., PhD, <i>President and CEO</i> Kaitlin McColgan, <i>VP Government Affairs and Public Policy</i>
Advocacy Group	Massachusetts Public Health Association	Carlene Pavlos, MTS, <i>CEO</i>
Boston City Department	Health and Human Services	Marty Martinez, <i>Chief</i>
Boston Municipal	City of Boston Mayor's Office	David Sweeney, <i>Chief of Staff</i>
Boston City Department	Boston Housing Authority	William McGonagle, <i>Commissioner</i>
Boston City Department	Boston Commission for Youth and Families	William Morales, <i>Commissioner</i>
Boston Hospitals	Conference of Boston Teaching Hospitals	John Erwin, <i>Chair, COBTH</i> John Fernandez, <i>President, Massachusetts Eye and Ear</i>
Philanthropy	The Boston Foundation	Nineequa Blanding, MPH, <i>Director, Health & Wellness</i>
Philanthropy	CDC Foundation	Judy Monroe, MD, <i>President and CEO</i>
Philanthropy	Blue Cross Blue Shield of Massachusetts Foundation	Audrey Shelto, <i>President</i>
Philanthropy	Tufts Health Plan Foundation	Nora Moreno Cargie, <i>President</i>
Community Residents	Health Equity Advisory Committee	Paulette Durrett, John Howard, Kindra Liburd, Damian Lima, Sindy Ortiz Pimentel, Kristen Risley, Angelica Sierra, Tim Wang.
Board Member	BPHC	Kate Walsh
Board Member	BPHC	Myechia Minter-Jordan, MD, MBA
Board Member	BPHC	Manny Lopes
Board Member	BPHC	Rebecca Gutman
Board Member	BPHC	Jennifer Childs-Roshak, MD, MBA
Board Member	BPHC	John Fernandez
Executive Office	BPHC Internal	Monica Valdes Lupi Catherine Cairns Jennifer Lo
Public Health Service Centers and Bureau Directors	BPHC Internal	Grace Connolly James Hooley Jenifer Leaf Jaeger Devin Larkin Anne McHugh Jennifer Tracey

Appendix A: Strategic Planning Session Agenda

Boston Public Health Commission FAST™ Strategic Planning Session

Health Resources in Action
 2 Boylston Street, 4th Floor
 Boston, MA 02116
 Tuesday, November 20, 2018
 8:30 a.m. – 5:00 p.m.

Objectives

- Review key findings from Data Gathering and implications for Priority Areas
- Develop strategic framework for the priority areas (goals, objectives, strategies, and resources/partners)

8:30	30	Breakfast, Networking, and Sign In	
9:00	10	Welcome and Introductions	Monica Valdes Lupi
9:10	35	Key Themes from Data Gathering and Draft Priorities for Planning	HRiA & BPHC
9:45	20	Planning Process Overview	HRiA
10:05	30	Draft Goals	Small Groups
10:35	15	Review Goals & Provide Feedback	Facilitators Rotate (3 rounds, 4 priorities)
10:50	15	<i>Break</i>	
11:05	25	Refine Goals	Small Groups
11:30	45	Draft Objectives	Small Groups
12:15	30	<i>Lunch (Working lunch if needed to complete drafting of objectives)</i>	
12:45	45	Review Objectives & Provide Feedback	Groups Rotate with Facilitators
1:30	30	Refine Objectives	Small Groups
2:00	45	Draft Strategies for Objectives	Small Groups
2:45	15	<i>Break</i>	
3:00	50	Review Strategies & Provide Feedback	Groups Rotate
4:00	50	Refine Strategies	Small Groups
4:50	10	Next Steps	
5:00		Adjourn	

Appendix B: Glossary of Terms

Accountable care organizations are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their patients. (Source: *Centers for Medicare & Medicaid Services*)

Accreditation is the action or process of officially recognizing someone as having a particular status or being qualified to perform a particular activity. (Source: *Oxford Dictionary*)

Community Engagement Plan is a plan created by BPHC to implement a process of working collaboratively with community members and community groups to address issues that impact the well-being of those groups.

Community Health Assessment (CHA), also known as community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis. (Source: *CDC*)

Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessment activities. (Source: *Minnesota Department of Public Health*)

Goals are the set of broadly stated, non-measurable changes identified for Priority Areas. Goals are descriptions of the outcomes intended; there is one goal for each Priority Area. (Source: *HRiA*)

Example: Make BPHC a model for racial justice and health equity that advances our vision of achieving optimal health and well-being for all Boston residents.

Health Equity is the opportunity for everyone to attain their full health potential. No one is disadvantaged from achieving their potential because of their social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography). (Source: *BPHC Office of Health Equity*)

Health Equity in All Policies is a collaborative approach to improving the health of all people by incorporating health equity considerations into decision-making across sectors and policy areas. (Source: *American Public Health Association*)

Health Inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted in social and economic injustice, and are attributable to social, economic, and environmental conditions in which people live, work, and play. (Source: *BPHC Office of Health Equity*)

Objectives are narrow, precise, tangible, and concrete outcomes that are whenever possible specific, measurable, achievable, relevant and time-phased. (Source: *HRiA*)

Example: By the end of 2020, increase by 10% overall staff knowledge and skills to collect and use data.

Priority Areas are key issues that provide focus for planning. Within each area there are a set of goals. (Source: HRiA)

Example: Racial Justice and Health Equity

Public Health Informatics is the effective use of information and information technology to improve public health practice and outcomes. (Source: Public Health Informatics Institute)

Public Health Service Centers within BPHC are Offices that provide support to its programmatic Bureaus and all staff, such as: Administration and Finance, the Office of Health Equity, the Office of Accreditation and Quality Improvement, the Intergovernmental Relations Office, the Communications Office, the Research and Evaluation Office, the General Counsel's Office, the Consortium of Professional Development, and the Office of Public Health Preparedness.

Racial Justice is the creation and proactive reinforcement of policies, practices, attitudes, and actions that produce equitable power, access, opportunities, treatment, and outcomes for all people regardless of race.

(Source: BPHC Office of Health Equity)

Strategy is a high-level description of how an objective will be obtained. (Source: HRiA)

Example: Identify Health Equity Champions.

Success Measures are measures of progress or completion of a goal or objective. (Source :HRiA)

Example: Number of BPHC locations with Champions.

SWOT Analysis is a study done by an organization in order to find its strengths and weaknesses, and what problems or opportunities it should deal with. SWOT is formed from the initial letters of 'strengths', 'weaknesses', 'opportunities' and 'threats'. (Source: Oxford Dictionary)

The Guide to Advance Racial Justice and Health Equity (The Guide) offers a process to build equity into our everyday work, by asking important and challenging questions that build on our ongoing racial justice and quality improvement efforts. Staff can use **The Guide** to intentionally consider equity throughout the planning, development, and implementation of any activity. (Source: BPHC Office of Health Equity)

Workforce Development in public health is an attempt to improve health outcomes (i.e., healthier people) by enhancing the training, skills, and performance of public health workers. (Source: Public Health Foundation)

Action Step is a specific task within a sequence that a person, office, division, or bureau will complete as part of a strategy. (Source: HRiA)

Example: Promote The Guide by making it accessible online for staff, pushing to BPHC screensaver, posting on social media, etc.

Appendix C: Acronyms Found in this Plan

ACO: Accountable care organization

ADA: Americans with Disabilities Act

BPHC: Boston Public Health Commission

CHA: Community health assessment

CHIP: Community health improvement plan

CHNA: Community health needs assessment

FAST™: Facilitating Alignment and Strategic Thinking

HRiA: Health Resources in Action, Inc.

PHAB: Public Health Accreditation Board

QI: Quality improvement

RFP: Request for proposals

SMART Objectives: specific, measurable, achievable, relevant, time-phased

SWOT: Strengths, Weaknesses, Opportunities, Threats (used in assessing an organization)

Appendix D: List of Environmental Scan Documents

Boston Community Health Improvement Plan, May 2016

BPHC Strategic Planning Advisory Group Charter

BPHC Strategic Planning Steering Committee Charter

Final Post-Accreditation Report

PHWINS 2017 Boston Executive Summary

Public Health 3.0 White Paper

Strategic Priorities Updates July Board 2018

Appendix E: Plan Alignment

The table below outlines some of the ways in which the BPHC Strategic Plan aligns with Mayoral Initiatives and the Imagine Boston 2030 plan as well as national priorities set out in the Public Health 3.0 model and the work being done to finalize a Community Health Improvement Plan by the Boston Community Health Assessment (CHA) Collaborative as well as the internal BPHC Quality Improvement Plan.

BPHC Strategic Plan Priority Areas	BPHC Strategic Plan Objective Topic Areas	Mayoral Initiatives & Imagine Boston 2030	Public Health 3.0	Boston CHNA/CHIP Collaborative	BPHC Quality Improvement Plan
Priority Area 1: Racial Justice and Health Equity	Health Equity Champions		+		
	Understanding of health, racial justice, health equities and inequities	★	+	■	
	Programs incorporate racial justice and health equity principles	★	+	■	▲
	Equitable and culturally sensitive inter-personal communication	★			
Priority Area 2: Workforce Development	Professional growth and career pathways	★			
	Professional development training				
	Diversity of senior management	★	+	■	
	Staff retention		+		
Priority Area 3: Informatics and Data	Access to technology	★			
	Staff knowledge and skills to collect and use data		+		▲
	Data availability, utility, and accessibility	★	+	■	
	Programmatic and organizational performance measures	★	+	■	▲
Priority Area 4: Collaborative Partnerships	Advance Mayor Walsh’s vision and goals to make Boston a thriving, healthy and innovative city	★	+	■	▲
	Strategic partnerships	★	+	■	
	Equitable health improvement at the neighborhood level	★	+		
	Formalize partnerships with ACO’s	★	+	■	

