Dear Friend,

The oldest local public health department in the nation, the Boston Public Health Commission (BPHC), carries out a broad range of activities to protect, preserve and promote the health and well-being of all Boston residents, particularly the most vulnerable.

We provide and support accessible high quality community-based health and social services, public health research and surveillance, community engagement and advocacy, development of health promoting policies and regulations, disease and injury prevention, emergency services, health promotion and health education. We seek to understand and address the many factors shaping our individual and collective health and to provide all residents with fair access to the conditions that promote the best possible health.

The 2015-2018 Strategic Plan presented here focuses on five strategic issues that will enhance our capacity to provide leadership in advancing health equity through transformative investments in BPHC’s workforce and infrastructure.

This Strategic Plan is designed to:

- Link to other key planning findings, recommendations and activities already completed or underway
- Define BPHC roles, priorities and direction in the period from 2015-2018
- Support achievement of public health department accreditation by the Public Health Accreditation Board (PHAB)
- Sustain progress and strategic direction through transitions in staff and leadership

We want to thank the many BPHC staff and community members who have contributed their voices, viewpoints and ideas to this effort. We believe this Strategic Plan will strengthen BPHC’s ability to accomplish our mission and promote the health and well-being of Boston residents.

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Chair, Board of the Boston Public Health Commission

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Boston Public Health Commission
WHO WE ARE

The Boston Public Health Commission, the country’s oldest health department, is an independent public agency providing a wide range of health services and programs. It is governed by a seven-member board of health appointed by the Mayor of Boston.

Public service and access to quality health care are the cornerstones of our mission. Our more than 40 programs are grouped into six bureaus: Child, Adolescent & Family Health; Community Health Initiatives; Homeless Services; Infectious Disease; Addictions Prevention, Treatment & Recovery Support Services; and Emergency Medical Services.
PREFACE

Where we live, work, and play greatly shapes our health and well-being. While it is common to focus on individual behavior, genes and health care access as being the most important inputs in determining health outcomes, factors such as housing, education, environmental exposures, public safety, employment and income are also strong predictors of health and well-being.

When examining how these factors contribute to health inequities, it is important to understand how experiences within the individual and community context differ by race. In the United States, racism plays a significant role in creating and perpetuating health inequities. Social inequities, such as poverty, segregation, and lack of educational and employment opportunities have origins in discriminatory laws, policies and practices that have historically denied people of color the right to earn income, own property and accumulate wealth.

As with many American cities, health promoting resources are distributed unevenly across Boston and follow patterns of racial segregation and concentrated poverty. As a result, on average, Boston residents who are white enjoy better health than many residents of color. These significant differences in health outcomes between residents of color and white residents are systemic, avoidable, unfair, and unjust. Other forms of oppression also contribute to different health outcomes. It is important to understand and address the many factors shaping our individual and collective health and provide all residents with fair access to the conditions that promote health.

MISSION

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

We achieve our 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.

VISION

The Boston Public Health Commission 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.
GUIDING PRINCIPLES

BPHC is committed to the following principles:

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

Several key planning findings, recommendations, and activities served as a starting point for BPHC’s strategic planning process:

ACCREDITATION GAP ANALYSIS

In the summer of 2013, we conducted a gap analysis to determine our readiness for Public Health Accreditation Board (PHAB) recognition. Sixteen BPHC bureau and program director expert informants were surveyed about how well our public health activities met PHAB’s Standards and Measures Version 1.0. The survey revealed that we were well prepared in most areas but needed to focus on important deficiencies including documentation of some internal policies as well as developing our performance management and quality improvement capacities.

BPHC PUBLIC HEALTH 2030 SCENARIOS

In partnership with the Institute for Alternative Futures and supported by the Kresge and Robert Wood Johnson Foundations, from October through December of 2013, BPHC senior leadership and representatives of BPHC’s program directors examined different external trends that might affect the practice and delivery of public health services over the next 20 years. Through the development of four separate future scenarios, we identified emerging risks and opportunities. Forecasting challenged us to contemplate different probabilities in a larger space of possibilities. We “future tested” our existing strategies, plans, and actions against the different future scenarios. Through this process, we considered strategies robust enough to advance our mission over the decades to come. A summary of the findings can be found here: http://www.altfutures.org/pubs/PH2030/IAF-PH2030-ScenariosForBostonPublicHealthCommission.pdf

BOSTON’S COMMUNITY HEALTH ASSESSMENT (CHA) AND COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

Boston’s CHA and CHIP was completed in May 2014. In developing this assessment and planning document, BPHC worked in collaboration with the Boston Alliance for Community Health (BACH), a partnership of Boston neighborhood coalitions, hospitals, nonprofits and community-based organizations, health centers, government agencies and residents. This document was developed using a framework called Mobilizing for Action through Planning and Partnerships (MAPP), created by the National Association of County and City Health Officials and the Centers for Disease Control and Prevention. MAPP is a data-driven, asset-based framework for community-led strategic planning, and it has been used by hundreds of communities across the country.
The data sources used in developing the Community Health Improvement Plan include the following four assessments:

- Boston’s Community Health, assessing the health status, quality of life and risk and protective factors that contribute to health in Boston
- Local Public Health System, assessing the capacity and specific competencies of Boston’s public health system
- Community Themes and Strengths, identifying themes that concern and engage the community, as well as perceptions of quality of life and community assets
- Forces of Change, identifying trends, factors and events that are currently or likely in the future to affect the community.

The MAPP process: gathered opinions and ideas of residents about the components of a healthy community; analyzed health and socio-economic data from many sources; examined the socio-cultural and political forces, including the effects of racism, that will help or hinder achieving our goals; and examined the many interventions and organizational relationships that combine to create an effective public health system in the city.

BACH facilitated this process through meetings and focus groups in Boston’s neighborhoods. It distributed thousands of quality of life surveys to residents. It then convened a series of large community meetings to discuss the findings and prioritize emerging strategic issues. Finally, five work groups representing 85 different organizations created the CHIP. An estimated 2,000 Boston residents were engaged at some point in the process.

The CHIP focuses on five main strategic issues for Boston:

1. How can we achieve racial and ethnic health equity?
2. How can we improve coordination and integration of healthcare and community-based prevention activities and services?
3. How can we build and increase resilience in communities impacted by trauma?
4. How can we improve health outcomes by focusing on education, employment and transportation policies and practices?
5. How can we increase the number of immigrants, people of color and other under-represented residents in meaningful leadership roles and decision-making processes?

BPHC’s 2015-2018 Strategic Plan is designed in part to help us contribute as effectively as possible to implementing Boston’s Community Health Improvement Plan. The comprehensive Community Health Improvement plan is available as a separate document.
BPHC’S PERFORMANCE MANAGEMENT AND QUALITY IMPROVEMENT PLAN

The development of a sustainable and systematic process to continuously improve our effectiveness is critical to achieving our mission and vision. In 2014, BPHC completed our plan for a performance management system and quality improvement. BPHC’s Performance Management Plan cites successful implementation of our Quality Improvement Plan as an essential objective within the goal of achieving high-performing public health programs.

FUNDING AND SUSTAINABILITY

The Boston Public Health Commission, a body politic and corporate and a public instrumentality of the Commonwealth of Massachusetts, was established by Chapter 147 of the Acts of 1995. BPHC submits to the Mayor of Boston a public health services budget for inclusion in the city annual budget.

BPHC has diverse streams of funding, which help to maintain its financial sustainability. For fiscal year 2016, City of Boston budget funding will comprise about 43 percent of the BPHC budget. In addition, 28 percent of the budget comes from reimbursement for billed services, 26 percent from state and federal grants and contracts and 3 percent from other revenue sources. While there have been recent periods of budgetary austerity, primarily due to changes in funding for uncompensated emergency medical services care, over the past decade funding from both city appropriations and state and federal grants has increased.

Recognizing prevalent trends of decreasing funding for public health across the country, though, in developing the BPHC 2015-2018 Strategic Plan, we considered how we may best position BPHC for future financial sustainability.
In 2014, a nine-member Strategic Planning Committee was formed to guide the planning process. Input was solicited during key informant interviews and focus groups in the fall of 2014.

Twenty-one individuals, representing a wide range of external stakeholders, were interviewed. Major findings included:

- The BPHC is seen as an innovative pioneer, with strong leadership and a visionary strategy to address the social determinates of health inequities in Boston.
- BPHC is in a unique position to serve as the city-wide convener and facilitator for aligning city department and health care providers in the effort to achieve health equity.
- Health equity will be most effectively achieved when BPHC is inclusive during planning, and flexible and supportive during implementation.

Four focus groups were held, representing Boston Emergency Medical Services (EMS) staff, selected staff from other BPHC bureaus, other BPHC staff, and both adult and youth consumers. The findings were similar to those of the stakeholder interviews. Focus group participants also indicated they felt that while client services are strong, more could be done to support BPHC staff. The youth focus group identified the need for more youth programming. Youth residents also noted BPHC needed more visibility and marketing in the community.

The Senior Leadership Team, Program Directors and non-managerial staff conducted separate SWOT (strengths, weaknesses, opportunities and threats) analyses. Results of these SWOT analyses were then shared with all BPHC staff (Winter 2015). Cited strengths included public health expertise and a strong Board of Health.

Cited weaknesses included insufficient opportunities for staff development, suboptimal internal communication and insufficient data management capacity. Opportunities noted included strengthening support for staff and developing BPHC’s information and data management systems and processes. Threats included funding shortfalls and possible political changes.

The Strategic Planning Committee used the results from the SWOT analyses, key informant interviews, focus groups and previous assessment and planning activities to develop the first draft of five priority focus areas: strategic leadership; health equity; informatics and surveillance; high-performing public health programs; and workforce development. Accompanying goals and objectives were then developed. BPHC staff, and members of the Board of Health provided feedback on subsequent drafts of the plan, and in response, significant revisions were made at each step. The final version was reviewed and approved by the Strategic Leadership Team, the Executive Director, and the Board of Health.
BPHC Strategic Planning Process Timeline

SUMMER TO FALL 2013
- Mission, Vision and Guiding Principles revised
- Public Health Accreditation gap analysis completed
- Institute for Alternative Futures scenarios analysis completed

SUMMER 2013 TO SPRING 2014
- Community Health Improvement Plan developed

FALL 2014
- 21 Key informant interviews with external stakeholders completed
- 4 Focus groups with staff and Boston youth and adult BPHC clients completed
- Senior Leadership SWOT analysis completed
- Program Directors and Staff SWOT analysis completed

WINTER 2015
- First draft of the strategic plan Priority Focus Areas completed
- Staff and Program Directors SWOT/Strategic Issues discussion groups held
- Board of Health reviewed and gave feedback on Priority Focus Areas

SUMMER 2015
- First Draft of Goals and Objectives of the Strategic Plan completed
- Staff and Program Directors Goals/Objectives discussion groups held
- Senior leadership Team reviewed Goals and Objectives
- Second draft of Goals and Objectives of the Strategic Plan completed

• Board of Health reviewed final draft
PRIORITY FOCUS AREA: STRATEGIC LEADERSHIP

Develop and promote strategic leadership at all levels of the organization to advance public health

WHY WE HAVE CHosen THIS PRIORITY

Strategic leadership (or management) is the set of decisions and actions that result in the formulation, implementation and control of plans designed to achieve an organization’s vision, mission, strategy and strategic objectives within the environment in which it operates\(^1\). The Boston Public Health Commission is recognized as a national leader for its work advancing racial justice and health equity. BPHC also has a large and complex portfolio of programs and initiatives that are often not recognized, internally or externally, as part of a unified organization.

Moreover, there is widespread acknowledgement that the public, elected officials, health care institutions, and policy makers are not sure what public health is or what BPHC does. Our long-term success depends on us clearly communicating the role of public health, the nature and breadth of our work and how health equity fits into our core mission. Our assets include strong leadership, a highly engaged and supportive board and caring, committed and skilled staff. We will leverage these strengths to establish and sustain strategic partnerships and communication processes that help us to protect, preserve and promote the health and well-being of all Boston residents, particularly those who are most vulnerable.

GOALS

Goal 1
Public health leadership results in improved health of City of Boston residents through equity-based policies and interventions.

Goal 2
Boston’s leaders and residents value and understand core public health functions and the city’s role in ensuring and providing the ten essential public health services.

Objective 1
By July 2016, implement at least two city-wide initiatives that increase capacity and knowledge of public health functions and programs among policymakers and stakeholders.

Objective 2
By January 2016, develop a plan to engage the community in decision making about BPHC services, aligned with racial justice and health equity principles.

Objective 3
By May 2016, develop and implement a Commission-wide communication plan (inclusive of a risk communication plan) for BPHC’s key audiences; staff, stakeholders and the general public.

PRIORITY FOCUS AREA: HEALTH EQUITY

Build citywide capacity to effectively address racial and ethnic health inequities

WHY WE HAVE CHosen THIS PRIORiTy

A person’s health status is influenced less by individual choices and behavior and more by environmental conditions, social relationships and institutional structures – which are largely shaped by the resources available in the places where he or she lives, works and plays. Social conditions that contribute to poor health status include poverty, residential segregation, lack of access to affordable healthy foods, unequal distribution of physical activity opportunities, educational inequality, lack of employment opportunities, sub-standard housing and community violence.

Each of these conditions is associated with race and racism. BPHC’s health equity framework acknowledges that racism has an independent influence on all of the social determinants of health and that racism in and of itself has a harmful impact on health. Therefore, improving social conditions is necessary for promoting optimal health and cannot happen without understanding and undoing racism.

BPHC’s health equity goals and objectives over the strategic plan period build on significant work already accomplished in developing and applying a health equity framework: we have set health equity goals; over 90% of BPHC employees have participated in trainings aimed at helping us understand the impact of racism on health; leaders and teams have begun modifying policies and procedures to ensure equity and address social determinants of health; and in partnership with the Boston Alliance for Community Health, we participated in Mobilizing for Action through Planning and Partnership (MAPP), a city wide community health assessment and planning process that identified five strategic issues, which align with the BPHC equity agenda.
GOALS

Goal 1
Strong community and government partnerships support city-wide health equity efforts.

Goal 2
BPHC’s programs, practices and organizational policies are aligned with racial justice and health equity principles.

Objective 1
By July 2016, assess the capacity of partnering community organizations and coalitions in underserved Boston communities.

Objective 2
By July 2016, identify and/or develop and implement training opportunities for 25 partnering community organizations and coalitions to address needs identified by assessment.

Objective 3
By December 2018, 75% of BPHC staff will participate in opportunities to apply a racial justice and health equity framework to their work.

PRIORITY FOCUS AREA: INFORMATICS AND SURVEILLANCE

Support the use of data in priority setting and decision making at every level of the public health system in Boston by assuring that policy makers, health leaders and the general public have access to information on issues that affect population health.

WHY WE HAVE CHOSEN THIS PRIORITY:

Public health informatics is the practice of applying information and computer science to public health practice, research and learning. Informatics provides a framework to build effective information systems and to ensure that those systems are used effectively.

Public health surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation and evaluation of public health practice. Public health surveillance helps us understand the health status of Boston residents and provides data to inform programming and
public health priority setting. Inextricably linked to one another, surveillance and informatics are critical strategies without which BPHC may be unable to achieve its goal of improving the health of Boston residents.

Additionally, surveillance and informatics must be the shared responsibility of BPHC programs, Research and ITS. By placing informatics and surveillance as a strategic priority, the Commission is acknowledging the importance of using data to drive decision making, monitor progress and assess the impact of our work.

GOALS

**Goal 1**
Boston residents and policy makers have access to information they need to support informed decision making on programs and policies affecting the health of Boston residents, with particular emphasis on populations at elevated risk.

**Goal 2**
BPHC programs and policies are shaped by data reflecting the health needs of Boston residents and are rigorously monitored and evaluated to assure quality and efficacy.

**Goal 3**
BPHC programs make optimal use of technology, informatics and analytic techniques, to measure and report on health status, health risks and health resources, and to inform Boston residents and policy makers on health related concerns.

**Objective 1**
By July 2016, implement standard data collection and management protocols for program data.

**Objective 2**
By July 2016, implement standards for regular program data review by programs, division and bureau.

**Objective 3**
By July 2018, complete the business requirements and implement the infrastructure that will support the development of enterprise level systems to widely disseminate surveillance and program data to support data driven decision making by the public health system.

**Objective 4**
By June 30, 2017 ensure there are at least two staff members skilled in informatics in every bureau.
PRIORITY FOCUS AREA: HIGH-PERFORMING PUBLIC HEALTH PROGRAMS

Ensure effective programs that make measurable progress towards the vision of a thriving Boston where all residents have equitable access to resources and opportunities to achieve optimal health and well-being

WHY WE HAVE CHosen THIS PRIORITY

Understanding and using concepts of measurement and quality improvement can improve population health and public health systems. BPHC’s Performance Management System (PMS), modeled after the Public Health Foundation’s Turning Point model, aims to develop a sustainable systematic process to continuously improve our effectiveness in achieving BPHC’s mission and strategic goals. Through the PMS, we will measure, report, and continuously improve the quality of our programs and policies.

Implementing a PMS will also advance BPHC’s readiness for local health department accreditation by the Public Health Accreditation Board (PHAB) and may serve as a model of how health departments can effectively integrate a racial justice and health equity framework into performance management. An internal self-assessment by the Senior Leadership Team in July 2013, identified specific gaps between BPHC’s current infrastructure and the Public Health Foundation’s standards for effective performance management systems.

GOAL

Goal 1
Increase BPHC capacity to achieve health and health equity performance standards.

Objective 1
By January 2017, develop and implement BPHC Performance Management System that can drive improvement in health outcomes and health equity.

Objective 2
By December 2018, promote a work culture that values organizational learning, focuses on effective processes and empowers staff to continuously improve the quality of programs.

Objective 3
By December 2018, achieve Public Health Accreditation Board (PHAB) local health department accreditation.
PRIORITY FOCUS AREA: WORKFORCE DEVELOPMENT

Assure a diverse, qualified and prepared workforce that can monitor and respond to the current and future public health needs of Boston’s residents.

WHY WE HAVE CHOSEN THIS PRIORITY

With a staff of more than 1,100, the Boston Public Health Commission is one of the largest city departments and a significant employer of Boston residents. Though a committed and expert staff has long been a strength of the BPHC, the Local Public Health System Assessment (conducted as part of the development of Boston’s Community Health Improvement Plan) scored “Assure Competent Workforce” as the lowest performing of the 10 Essential Public Health Services.

Presently, BPHC lacks an overall workforce development plan. There is inconsistent access to and participation in training and other professional development activities across work areas. During the strategic planning process, staff at all levels of the organization prioritized improvement in training, recruitment, hiring and retention.

To prepare our current workforce for changes in the field of public health, we will need to build their skills in key areas such as understanding and using data and technology (public health informatics) and quality improvement. In order to remain a competitive employer and to retain staff, including our lowest wage workers, we need to create opportunities for them to excel and advance, as well as achieve work/life balance. As part of its effort to achieve health equity, BPHC must assure that our workforce at all levels reflects the diversity of the city through hiring promotion and retention efforts.

GOALS

Goal 1
BPHC’s workforce is trained to effectively monitor and respond to the current and future public health needs of Boston’s residents.

Goal 2
BPHC’s policies and procedures support the recruitment, retention and advancement of a qualified and prepared workforce that is reflective of the community we serve.

Objective 1
By January 2017, develop a competency-based workforce development plan that increases program effectiveness and supports the training needs of and career pathways for BPHC employees.
Objective 2
By July 2016, pilot at least one policy and/or procedure that increase access for staff from across the BPHC to training opportunities, with particular focus on lowest wage workers.

Objective 3
By December 2016, assess the implementation and impact of BPHC organizational policies adopted since January 2014 to promote racial justice, health equity and quality improvement in hiring, promotion, and retention.

Objective 4
By November 2017, develop at least three recommendations on organizational policies, practices, structures and systems that promote racial justice and health equity and ensure quality improvement in hiring, promotion, and retention.

Objective 5
By January 2018, implement at least two policies or practices that support the BPHC’s ability to measure and improve the retention of diverse and qualified employees.
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