

LPHSA Evaluation Responses (All participants/groups)

Strengths

- **Great Discussion/Diversity of perspectives**
 - Rich discussion
 - Good fluid conversation
 - Great discussions
 - Perspectives represented by the diverse crowd.
 - Great group of people being and thinking together
 - Diverse views, respectful
 - Diverse views
 - Diverse group in demographics and perspective
 - Great minds brought together
 - Great for many different parts of the system to engage in this thoughtful process
 - Knowledge of participants
 - Sharing what we know, don't know, health disparity issues that need to be addressed
 - Lots of discussion of relevant topics
 - Quality of discussion
 - Diverse viewpoints
 - Energy in the room
 - Passionate, knowledgeable, diverse groups of participants
 - Diverse perspectives and collaborations are formed
 - Great connectivity and network and informative!
 - My strengths lie in the amount of information that I acquired in my workshop
 - Learned a lot about BPHC

- **Broad representation/ Bringing people together**
 - Attendees
 - Great diversity
 - Broad representation
 - A diverse group of people in the room
 - Diversity of participants
 - The number of providers and contributors to the conversation
 - Excellent diverse representation of folks present
 - Broad participation
 - Broad representation
 - Bringing people together
 - Great cross sector representation
 - A key strength was the broad representation of Boston's constituencies at the meet up
 - Good demographic diversity among participants and wide experience
 - Large turn-out
 - Diverse group of individuals
 - Diverse group
 - Diversity of attendees

- Great diversity of people
- **Planning/ Well-organized**
 - Good and thorough planning
 - Inclusive and reflective
 - Well organized!
 - Well organized
 - Organization of day/good framework
 - Process identified need for inclusion of all decision makers
 - Diversity and inclusion
 - Preparation for the meeting was excellent
 - Well-organized
 - Preparation, on time, and stayed focused
 - Excellent organization and participation
 - Lots of focus on health equity/equitable access
 - Good food
 - Good location
 - Good definition of LPHS, more broad
 - Excellent food
 - The fast reaction to the workshop location – moving of 2 groups in large room.
 - Orientation was a great idea.
 - Appreciated the “stand-up” approach to identify who was in the room
- **Facilitation**
 - Strong facilitation
 - Facilitation
 - Group facilitators
 - Questions were clear – guidance was helpful
 - Great facilitators – Captured feedback of participants
 - Great facilitators
 - Good process, good facilitation
 - Great facilitation.
 - Fantastic group of participants and facilitators
 - Excellent facilitation and framing
 - Great facilitation. Everyone participated in discussion on Essential Services.
 - Kudos to the facilitation in groups
 - Strong and positive facilitation
- **Engaging Process**
 - It was positive and invigorating to be a part of a diverse group of professional dedicated to public health
 - Voting was good – note takers great at capturing the minority vote
 - Ground rules that the group adhered to
 - Process for sharing was informative and allowed participants to fully engage
 - Voting method helped get through a lot of complex material in an extremely efficient manner. The group leaders were excellent
 - Good voting process

Assessment Retreat Weaknesses

- Some of the questions particularly at the beginning could have been more clear
- Technical jargon – lack of direct knowledge about many of the issues
- Spotty knowledge amongst participants
- My weakness was my lack of knowledge
- Understanding the terms – I thought the group I was in wasn't a good fit
- Rooms were cramped
- Needed more graphics of the LPHS on each wall
- Questions we discussed were only fair
- Not enough time
- Unclear decision-making process
- Some questions were too general/not specific
- Uneven levels of being informed
- Room too small
- Too long of a time – 4 hours max
- Vagueness of home terms
- Some of the questions were aimed at specific organizations and professionals and not for residents
- Too much time on specific questions
- Assumed too much familiarity with public health
- Workshop purpose lacked context
- Some questions were too narrowly framed
- Some people spoke more than others – they always had an opinion
- Complex process – difficult to understand at first
- Some people weren't fully informed/prepared on the purpose of the event
- The process was a little confusing – not sure why it will be very helpful in determining what needs to be changed
- Some of the processes were unclear. Participants began to disengage
- There needs to be more residents next time
- Poor location - Too loud!
- Questions needed to be clearer
- A lot of material to cover – little knowledge of technical info
- Questions are not clear
- Some categories were not clear
- Many sections asked questions about the public health system implementation, regulation, etc. – many of us have no information
- Structure was very rigid. But this may have been necessary to get through it all. Would have been good to review the 10 essential services at the beginning
- Given that questions come from CDC, they were not always the best questions to allow us to think fully on gaps/solutions.
- Multiple choice options did not always match the questions. Some seemed like yes/no
- Questions not always clearly worded. There were qualitative/value judgment dimensions to some questions implied by opinion but not always clear in how the question was phrases
- Questions were often unclear – was tool field tested?

- I think it would have been more interesting to have people pick morning session and afternoon session for several reasons – different interests (would have liked work force) and different networking
- The time is too long with no bathroom breaks
- Many questions really needed a simple yes or no
- Be more organized in assigning group space
- Number pages of handout – orient us on how it is laid out
- Would have liked some time to discuss how to address identified challenges associated with each of the essential services we reviewed.
- LPHS bubble diagram – no bubble for Parks (in the 19th and early 20th century, parks and playgrounds were considered essential public health measures)
- Moving from room to room was a little hard – we were a big and noisy group
- Having questions that needed to be reinterpreted because they were unclear
- Room issue within group 5 – had to relocate
- Process seemed to be convoluted – long and arduous
- With 2 groups in one room – challenging in hearing due to loud facilitator in other group. Though this was resolved
- Many of the questions were answered without people having knowledge about the subject matter
- Some questions were confusing
- The process got old. After a time it was difficult to keep energy to give all of the questions the same level of consideration.
- The use of the probes, or lack of use was problematic. It might have helped frame some of the challenging questions – some of stem questions were unclear and off base
- Groups were a little large – perhaps 10 smaller groups could have gone more in depth
- Time constraint challenging
- My group felt hostile!
- Questions were not very clear – seems votes sometimes address the discussion, rather than the question
- Time management issues
- Not sufficient definitions/explanation of terms by groups/sectors
- LPHS is too broad – schools vs. CHCs, vs. CBOs, the answers would be different for different entities
- Questions should be bidirectional
- Different location – does not facilitate good discussion
- Had to relocate due to acoustics problems.
- Scribe recording oftentimes not accurate or did not capture all of the comments
- Asked to vote on Essential Services areas (8&10) with no prior knowledge
- Unclear about public health care competencies – could not respond to questions
- Poor time management – perhaps agenda was too ambitious
- Report back did not reflect richness of conversation or key points of discussion
- Tech problems caused delay at beginning
- Constraints of MAPP process – some questions were not appropriate or on target
- Questions became tedious at the end
- Public health care workforce (ES 8) seemed to require more expertise/information than our group had

- My sense is that note taking was spotty – I would suggest circulating the notes to committee members to comment
- Too much stuff most people had no knowledge of
- Small space
- Food not so good
- Some of the questions too specific for group
- A little long
- Can you do on a weekday?
- Can we recycle next time?
- Some questions were poorly worded or easily interpreted multiple ways. Would have been useful for facilitators to have been prepped to deal with these issues in advance.

How do you envision the assessment findings being used in the future?

- Hopefully to strengthen health services for people of color
- Knowledge and some understanding of the health system and how it works for the community at large as well as for personal information. I would like to gain more information
- Creating positive change in the LPHS
- Improving communications among LPHS partners
- It will enhance the overall system to be more inclusive of everyone's ability to share info
- Direct an improvement plan
- Hopefully further the public health mission by reaching diverse communities
- To help us be more effective as a whole
- Combine with other MAPP assessments to identify strategic issues
- True collaboration toward health equity
- Help improve access to health info and improve collaboration
- Outreach
- I believe this information will be absolutely valuable
- Helping to assist the inclusion of 'other' sectors of the Boston community
- I hope they're used to address policy, system and environment change as well as program and service change
- I hope this becomes a tool for building better connectivity among players in the LPHS
- Find out what is missing: the gap of race, class, other isms and use the info/data to fill in the gaps
- To implement improvements in the LPHS – to build stronger, ongoing collaborations and partnerships
- Identify best practices and use findings to make appropriate modifications
- As a general scope, hopefully to be used for a more focused conversation
- Follow up
- Taking this info to my peers
- To develop programs and implement change
- To identify service gaps and improve programs
- This is the beginning of important process – hopefully will be used to drive process of public health commission
- Improve the system
- Get information to community

- Assess whether the public health system is exercising its authority – currently or every 3 to 5 years – all of this to say that section 6 had less relevance to our “judgment”
- Put out a report card on results, 2. Hold a few community meetings for feedback, 3. Hold another LPHSA forum to prioritize what to work on
- Guide better organization of the public health system beyond the BPHC
- For planning and policy development
- The findings will be useful for strategic planning (quality improvement activities, and as a baseline for future assessments)
- Communications and messaging was a major theme in this session and rightly so. It would be great for BPHC to distill short and long term action items and messaging guidance for all entities defined as part of the LPHS
- To develop strategic plan for the system
- To drive programs/evaluations
- Lot of information to gather. Need working groups as next steps
- Health planning across barriers
- Evaluations from today should be disseminated amongst the various organizations that make up the system.
- Unclear, however, I would like to know!
- Report for Boston’s first LPHS to all (Boston Globe)
- Direct impact on policy influencing and measured allocation
- Begin to build more evaluation into the overall LPHS to increase connections, measure growth in health literacy, health improvement efforts, etc.
- Serving a baseline assessment of how different components of the LPHS assess the systems at this point
- Hopefully to develop a strategic plan with recommendations for how to improve
- Need advanced info up front on how findings will be disseminated
- To help with disabilities especially autism be recognized and represented when health issues and discussed policy makers are aware of health risks in typical community – obesity is rampant with individuals with autism due to psychometric meds, lack of opportunities for recreation
- Due to my lack of knowledge of and specific contact with public health, I am not able to analyze how the findings will be used
- Change policy to create equity
- It’s important to disseminate the findings and show what the response will be to findings
- To help improve opportunities for community members to engage in and become part of the Boston public health system
- Ideally the findings of today’s meeting would inform a larger conversation to condense and identify themes and actions to address gaps
- I will use it to inform my work!
- Create a more responsive health care system
- To create feedback loop and detailed action/strategies for all organizations and institutions
- I believe the forum welcomed people/groups who may not feel central to the public health system into the family. So at a minimum, using the participant list to keep people connected would be a good start. Info sharing
- Inform systems change efforts to address health disparities, minimize health inequities, and address issues related to racial and social justice
- To develop a work plan for improving the system

- To mobilize resources and facilitate communication
- Follow up meeting to strategize based on findings
- Improvement in coordination of efforts
- Will be useful for planning and quality improvement efforts. May prove useful for supporting identified needs in grants

Suggestions for future assessment retreats?

- Less ambiguity with questions
- Meets all educational levels
- Evaluate people before placing them in the group
- More multidisciplinary discussions on racism, poverty, gender issues
- Do one with questions tailored to Boston
- Progress report on successful collaboration
- This was my first – looking forward to more
- Smaller groups – shorter overall
- Rotate to different awesome health centers to highlight their good work. I liked getting to see Whittier Street Health Center because I've never been here before although I'd passed the building often
- Smaller groups to facilitate deeper discussion
- Clearly define voting practices and procedures
- Shorter time slots
- Follow up
- Better framing of questions
- More time for discussions
- Have participants bring program info if they have them
- Clear need for BPHC to have better press!! Engage communication folks or interns from Northeastern or Emerson.
- Members consistently spoke to a better structure of inclusion of ethnic minorities, e.g. Asian Americans
- Developing more systematic methods for engaging community
- Review results and center next steps – this will be critical if we are going to move forward with developing a more engaged and welcoming system.
- Get to have a community engagement meeting to look at LPHS
- Clarify parking details (hopefully didn't get my car towed)
- Great workshop nonetheless – please share and use results
- This was a great start. More of the same.
- Follow this model, but regular meeting – not just 3 to 5 years
- Define questions prior to posting them
- Some of the language and terminologies were confusing at first. Might be helpful to spend more time with explanations at the beginning
- Label foods (from breakfast and lunch) for people with food allergies)
- Number the pages on the handouts
- More time for qualitative discussion and brainstorming of using this info in the future
- Information seminars on community research studies, findings, and application; 2) articles in Banner, Metro, Dorchester, and other local papers on public health initiatives

- Build off of the findings of the prior retreat ensure the next retreat is to respond to prior findings.
- More room!
- More time for discussions?
- Questions don't make sense – wrong emphasis in my opinion. Why not focus on the ideas we can contribute? To how to engage community in research, how to recruit or get people into the population, etc. Not as productive use of time as it could have been
- Focus on different LPHS entity and their intersection/interaction with public/community health. What are the gaps? Ask people.
- In service training on racism and health equity. There was an assumption that everyone in the room has the same baseline understanding
- More time devoted to discussing solutions to gaps in public health system
- Disseminate findings to staff, CBOs, and constituents.
- Ensure the meeting space will accommodate small breakout group discussion
- Might make sense to change group facilitator, locations. Participants sitting for a very long time. Need more movement.
- Identify at least a core team of people specifically involved in each essential service to provide certain basic background information specific to what is going on in Boston
- Concentrate on more community-wide parts
- Questions need to be more tailored to our system, questions need more health equity focus, some questions need to have a more qualitative focus (if something exists, what is the quality of that function)
- Use hand helds to vote – to speed up process
- We need to coordinate services across our silos more – let's meet again and discuss

Comments:

- I was quite pleased and glad that it was a great use of my Saturday. Conversations increased my thinking process on how to look at future public health issues and engagement processes
- Thank you for the opportunity to participate!
- Great process – thank you for this fantastic day – to look at the whole LPHS and help me see what part our non-profit can play!
- Overall a great process and model/approach for elevating health equity and racial justice awareness via a large group forum
- Thank you, great retreat!
- Congrats! Great job!