LPHSA Work Group 1 - Debrief Summary

Essential Service 1: Monitor Health Status to Identify Community Health Problems

Strengths	Weaknesses/Challenges	Recommendations
• Amount of data and data collection • Health of Boston report • Boston Foundation's Indicators Project • Urban League's State of Black Boston • MAPP – Forces of Change, Community Health Status - using many ways to collect data • Regional Intelligence Center/Boston Police Headquarters – network for easy info sharing • Health registries	• Overlap/gaps - each organization conducts own research and data collecting systems • Need more info sharing between orgs • Do not address multiple languages in the community when we collect and share data • Assessment gaps, misinformation and conflicting info, (i.e., define 'neighborhood' differently) • Community Health Profiles • Limited communication with residents • Phone surveys – numbers change, may not be the best approach to collect data • Enforcement of regulations and protocols may not be effective.	• Merge all data collected in Boston and create integrated data systems • Regional Intelligence Center –where everyone could collect and report their data and have access to all • Collect youth data (currently rely on YRBS) • Connect EMRs to registries • Focus on defining community such as race, gender – rather than geographical • Develop surveillance systems to catch health outbreaks before they happen. • Use surveillance for public health interventions • Standardized system of reporting demographic data

LPHSA Work Group 1 – Debrief Summary

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Strengths	Weaknesses/Challenges	Recommendations
• Flu response - excellent • The city's surveillance system to monitor health threats – risk communication • Shots fire program (sensors around city that recognizes fire arm shooting) • Health centers all connected • Providers mandated to ask demographic questions; provider trainings • EMS existing within BPHC, very well linked • Emergency response to environmental health concerns at all levels; unified command center • Laboratories • Coordinated effort with agencies • Emergency preparedness (webinars, templates, standardized, audits, routine drills among all emergency staff • Grants to community organizations to improve emergency preparedness	• Non-Infectious disease harder to detect • Disease variability, incompleteness of data • Haphazard feedback • No consequence for submitting data late. (BPHC trying to get data submitted right from the labs) • Quality of data reporting. No standard data collection system around ethnicity, cultural values, etc. • Reporting and data entry - painful process, not state of the art • Serious issues around resources • State lab - self regulation, low confidence	• Support systems to identify source of problem rather than outcome • Observe and learn from state drug lab issue

LPHSA Work Group 2 – Debrief Summary

Essential Service 3: Inform, Educate, and Empower Individuals and Communities about Health Issues

Strengths	Weaknesses/Challenges	Recommendations
• Information going out • Consistency of message • City council/policy makers • Emergency Preparedness – trainings, evaluation, data	• Barriers to engaging and communicating with residents – distrust, literacy, language, cultural barriers, etc. – info not reaching all • Turf issues/lack of system coordination – feedback loop, i.e. EMS doesn't know what happens once client gets to the hospital • Large hospitals not well positioned for cross sectional engagement • Large scale change methods—like policy level change and activism and knowledge • Health messaging hard to evaluate and alone won't create behavior change	• Use culturally and linguistically appropriate info • Add media and aging to jelly bean map • "Every issue is a public health issue" needs to be a billboard • Use focus groups among targeted pop. In developing messaging/materials

LPHSA Work Group 2 – Debrief Summary

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Strengths	Weaknesses/Challenges	Recommendations
• Lots of neighborhood level activity – outreach, surveys, goal setting, engagement • Messaging penetrating throughout the city • Yearly Neighborhood Health Status report • Health of Boston, neighborhood specific • Flu response - excellent • Hospitals and CHCs conduct community based assessment • Lots of activity to reach out to community residents • Cross-sector alliances	• Activity siloed by topic and/or neighborhood – challenge crossing lines • Few large scale efforts • Funding/resources; consistency; sustainability • Larger organizations not reaching into neighborhoods to help out at resident level • Need more integrated approach - getting people in a particular area to see how they fit into and are affecting public health at large • Aging Services extremely isolated • Haphazard mechanism in city to identify and engage constituents	• Involve PH system/community health care in elder health; monitor needs, demands, and progress • Large organizations to send regular memos to neighborhood orgs to inform them on what's going on to help in their work • Assign ombudsmen to help people interconnect • Cross-fertilization; a fully utilized mechanism to share information across all neighborhoods • Do groundwork to identify key constituents/stakeholders to engage residents

LPHSA Work Group 3 – Debrief Summary

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Strengths	Weaknesses/Challenges	Recommendations
• Strong level of youth engagement • Tremendous human resources	• Unfair distribution of resources • Access to health system is not well	• Increased marketing • Ensure that new populations are

• Robust Boston Public Health Commission, organizational structure, and coordination with stakeholders • Increased knowledge about laws and regulations • Public meetings and hearings that allow for greater citizen representation • Strong coordination between the city and state • Significant involvement of BPHC in health equity issues • Huge effort to coordinate and support coalitions • Cross-sector support from BACH • Thorough and swift flu response • Strategic, multiyear plan is reviewed annually	publicized • Need neighborhood-specific data • Hospitals do not coordinate enough with or provide enough resources for community health centers • Need resources for harm reduction • Losing direct service workers due to underfunding • Lack of community health improvement plans • Programs are driven by funding, not by need • Lack of outreach to and representation of Asian and Pacific Islander residents	aggressively marketed to • Maintain school-based health centers • Engage new non-traditional partners in understanding health impact • Utilize untapped resources from developers • Greater alignment of data to increase articulation of goals, outcomes, and implementation strategies • Need to increase data monitoring and sharing to evaluate change and decrease duplication • Need to articulate state local plans • BPH Council needs to better identify and share strategic plans and outcomes • Need better outreach to non-English speakers, special populations • Potential for better coordination and engagement of non-traditional resources (T, utilities) in emergency response situations

LPHSA Work Group 3 – Debrief Summary

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Strengths	Weaknesses/Challenges	Recommendations
• Good systemic approach to tobacco • Most individual organizations have an emergency response plan • Flu response – lots of coordination • Many initiatives that promote health and safety, i.e. inspections of nail salons	• Emergency response plans often aren't shared or known • Public health system needs to understand that non-health laws (social justice issues) also impact equity • Uneven enforcement of existing regulations (tobacco advertising, store window signage)	• Make sure equity is addressed in emergency response plans • Proactive mapping of landlords, businesses in advance

LPHSA Work Group 4 – Debrief Summary

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provisions of Health Care when Otherwise Unavailable

Strengths	Weaknesses/Challenges	Recommendations
• High visibility of healthy food and healthy activity promotion at the city level • Agency capability to conduct assessments • Rich array of community perspectives • Many avenues for disseminating and receiving info	• Lack of marketing of certain services to certain communities • Too many siloed communities • Having so many organizations, with no communication between them, leads to redundancies in certain health services and a complete absence of some of them • Shortage of services: mental health and substance abuse is not fully identified in the community health systems • Many racial barriers still exist • Social services are not widely offered • The public health system can be a maze for people trying to navigate through it • People are linked to services, but often have other barriers that prevent them from utilizing these services (costs, etc)	• Involve service providers in advertising services to the community • Create a localized, comprehensive clearinghouse list of what services are offered and where • Encourage more significant partnerships between community health centers

LPHSA Work Group 4 – Debrief Summary

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Strengths	Weaknesses/Challenges	Recommendations
• Collective achievement has led to 98% insured in Massachusetts • LPHS recognizes that disparities are real, that they relate to determinants other than economic status, and they are ready to help correct these disparities • Provision of personal health services	• Lots of gaps for how information is used and disseminated • Lack of system wide partnerships or system wide evaluations • No way of measuring quality of care	• Learn from consumers about what works, in addition to what is not working

LPHSA Work Group 5 – Debrief Summary

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce

Strengths	Weaknesses/Challenges	Recommendations
• Job standards and/or position descriptions for all personnel • Strong emergency preparedness plans and communication systems (storms, flu)	• Identifying and addressing gaps – know they are there • Applying health equity lens to professional development, training, hiring, practice, etc.	• Create pipeline to advance and fund people of color to enter health care workforce • Core public health competencies should include racial justice and health equity

LPHSA Work Group 5 – Debrief Summary

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Strengths	Weaknesses/Challenges	Recommendations
• Boston area receives more research than other areas of the US • Some community-based organizations propose their own studies and can conduct them • More research over the past year on health inequities • Strong partnership between LPHS and institutions of higher learning and/or research organizations	• Efforts are not connected • Minorities often are not part of clinical studies • Study subjects often don't know how the research is being used or if it is being used against them • Disconnect between researchers and the community • Lack of community/consumer involvement in research • Research finding are often unavailable to the community • Cultural disconnect between research institutions and community organizations • Community based organizations often do not know about research projects and therefore cannot participate or give input as to what hypothesis should be tested • Lack of follow-up research • Organizations don't have resources or the capacity to do annual reviews	• Move community gardens into the communities that need them the most • Accepting WIC in farmer's markers and safer parks • Make adjustments to best-practices methods that are culturally sensitive and relevant • Consider bi-directional studies • Expand communication between LPHS and institutions of higher learning and/or research institutions