

Baltimore City Health Department

Strategic Planning Process Summary (as of July 31, 2013)

Project Planning:

In order to ensure diverse perspective from inside and outside the Health Department, an 8-member Strategic Planning Steering Committee was convened, comprised of the Health Commissioner, four Health Department staff members, four community organization leaders, and two consultants. The initial launch meeting outlined the project goals, process steps and timeline, and participants discussed broad strategic questions that face the Health Department currently and in the future.

Document Review:

The consultant team from Maryland Nonprofits reviewed key documents including Healthy Baltimore 2015, the 2011 Baltimore City Neighborhood Health Profile, the Community Health Needs Assessment overview, the 2009 Community Health Survey result, fiscal year 2012 and 2013 budgets, the previous strategic plan, summaries and minutes from Health Improvement Planning Council meetings and the Local Health Officials community call, as well the PHAB's Standards and Measures document, and other relevant information.

Data Gathering:

1. *Internal interviews:* A consultant interviewed the Health Department's Commissioner and 3 senior staff to gain a detailed perspective from leaders.
2. *External stakeholder interviews:* Using a Steering Committee approved protocol, a consultant interviewed 12 senior members from key external health stakeholder agencies, organizations, and institutions, including the Annie E. Casey Foundation, Baltimore City Department of Housing, Baltimore City Department of Planning, Baltimore Medical Systems, Bon Secours Health System, Children's Defense Fund, Healthcare for the Homeless, Inc, Johns Hopkins Bloomberg School of Public Health, Maryland State Department of Health and Mental Hygiene's Public Health Services and Health Care Financing Divisions, Mercy Medical Center, and the Open Society Foundation, The interviews were semi-structured and were 45-60 minutes in length.
3. *Focus groups:* The consultant team facilitated four, one-hour focus groups using Steering Committee approved protocols, with Health Department staff, the Health Improvement Planning Council (HIPC), community leaders, and consumers of the Health Department. The Health Department organized the recruitment of participants, scheduling, and other logistics for the focus groups. Eight staff members, four HIPC members, four community leaders and five consumers participated in the focus groups, respectively.
4. *Surveys:* Surveys were developed and approved by the Steering Committee, and then distributed to approximately 1,200 Health Department staff regarding long-term strategic

issues and goals for the department. A similar survey was sent to members of HIPC. The surveys were distributed via email and collected anonymously via Survey Monkey, which allowed respondents to be fully open as they raise issues about the strengths and challenges facing the organization, trends affecting their work and the field as a whole, and opportunities for the future. 222 staff members and 19 HIPC members completed the surveys, respectively.

5. *Benchmarking study*: The Health Department was reviewed and compared to the following four other local Health Departments: Alameda County Public Health Department, Boston Public Health Commission, New York City Department of Health & Mental Hygiene, Public Health of Seattle & King County. Using publicly-available online information and informational requests, the departments were compared in the following areas: 1) Operations, Finances and Programs (budget size, funding sources, per capita health expenditures, number of employees, and types of services/programs); 2) Jurisdiction (population size, resident demographics e.g. race/ethnicity and foreign-born status, and resident socioeconomic status e.g. average median household income levels, families below federal poverty levels, and level of education attainment); and 3) Governance Structure (e.g. local health board, county or city elected officials, etc).

Data Review Meeting:

All results from the data gathering stage were collected into a Power Point presentation to share with the all participants invited to the strategic planning retreat. This presentation was delivered to the retreat participants to allow them to start with the same foundation of findings and to inform them of the strategic planning process.

Strategic Planning Retreat: The Health Department invited Maryland Nonprofits facilitated a 7-hour meeting to approximately 25 Health Department staff and external stakeholders. The meeting was launched with a presentation of the “Vision for Public Health in Baltimore City” was presented by Commissioner Barbot. Facilitated by the consultant team, the participant group worked through discussion and exercises on the mission, role, goals, objectives, measures, values and priorities of the Health Department. Consensus was reached on the 3-year goals and objectives for the organization, and a sense of the priorities and issues that will need to be addressed to achieve those goals.

Finalizing the Strategic Plan:

The Strategic Planning Steering Committee reviewed the initial full draft of the plan (which includes vision, values, mission, goals, objectives, and measures over a 3-year period). An ad hoc group of four Health Department staff members was formed to finalize measures for each goal area addressed in the plan. The final draft will be brought to Baltimore City leadership and the Health Improvement Planning Council for endorsement, and will be shared publicly with stakeholders and community members.

Implementation Planning:

Once the strategic plan is finalized, the Health Department (working with the consultant team) will develop an implementation plan that will break out action steps, outcomes, timeline, and responsibility for each of the goals and objectives in the final strategic plan. In order to ensure that this plan is a useful tool for tracking the Health Department’s strategic progress, special effort will be made to coordinate the implementation plan with already existing monitoring functions (e.g. meetings, reports) within the Health Department.