Check out our webpage

www.bridgeportct.gov/health
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Letter from the Director of Health &amp; Social Services</td>
</tr>
<tr>
<td>6</td>
<td>Introduction and Overview</td>
</tr>
<tr>
<td>7</td>
<td>Department Background</td>
</tr>
<tr>
<td>9</td>
<td>Strategic Planning Process</td>
</tr>
<tr>
<td>10</td>
<td>Bridgeport Social, Economic &amp; Health Snapshot</td>
</tr>
<tr>
<td>15</td>
<td>Meet Our Medical Director</td>
</tr>
<tr>
<td>16</td>
<td>Analysis of Strengths, Weaknesses, Opportunities and Threats</td>
</tr>
<tr>
<td>17</td>
<td>Mission, Vision and Value</td>
</tr>
<tr>
<td>19</td>
<td>Strategic Priorities &amp; Goals</td>
</tr>
</tbody>
</table>
Message from the Director

Dear Friends, Colleagues and Partners,

I am pleased to present to you the Bridgeport Department of Health & Social Services Strategic Plan 2017 – 2022, which provides a roadmap for the department to remain a vital part of an effective public health system today and into the future. The plan provides a path to making our vision a reality, prioritizing our efforts, increasing the standard of service delivery and growing the overall culture of health for every person and family residing within our four corners.

Our mission is to promote and protect the health of the people of Bridgeport through the provision of essential public health services, monitoring of programs, enforcement of laws and ordinances, and collection of health information. Our objectives are to provide a stable and trusted vehicle of communication, education, training and collaboration between all Health & Social Service divisions and programs. We endeavor to provide administrative leadership, support and oversight. We diligently strive to incorporate innovative, modern technology in order to provide a more efficient and effective department and to support and encourage community health care planning. All our efforts are aligned with the intention of achieving health equity for all by striving to eliminate health inequities and disparities.

The City of Bridgeport Department of Health and Social Services collaborates with invested stakeholder, programs, and community members to plan for and address the health and social service needs of Bridgeport residents. A key ingredient of our plan is to promote Health-in-All-Policies. We view health as foundational to every issue -- unhealthy children cannot learn in school, and unhealthy adults cannot be a productive part of the workforce. As we examine critical issues across the City -- the economy, public safety, education -- we believe that health should be addressed as a critical driver of each and therefore a key voice at the decision-making table. As a result, our work does not stop at the health department -- and we look forward to working together with partners from multiple sectors to realize our vision.

We currently face a change in the nature of preventable disease and illness in our county. To remain part of an effective future public health system, we must modernize some of our important business tools and practices as well as focus work on our priority goals. In 2016, the department started pursuing accreditation through the national Public Health Accreditation Board (PHAB). Achieving and maintaining accreditation will assist us to continue to be the high performing public health department we strive to be. We are proud of the work we do, and this strategic plan will keep us moving down the path to providing quality and valued service to the residents of our City. While this strategic plan does not attempt to list all areas we will work on in the coming years, it does reflect our priorities in focusing our work and in developing future budgets. In carrying out the elements of this plan, the department remains fully committed to working with our public health partners and communities as we continue our mission to protect the public through promoting individual, community and environmental health.

Maritza Bond, MPH
Director
Introduction & Overview
Introduction
& Overview

The City of Bridgeport Department of Health & Social Services (BDHSS) has realigned its priorities to develop internal capacity and strengthen partnerships to have a broader impact on population health. The department has undergone a transformation to align its work with national, state and local health improvement efforts, including the National Prevention Strategy, Healthy People 2020 and the Fairfield County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

This Strategic Plan serves as a tool to help the department promote a healthier Bridgeport by setting the foundation to drive organizational improvement. This document is supplemented by the department’s policies and work plans, the Community Health Improvement Plan (CHIP) and PHAB’s Standards and Measures Version 1.5 for public health accreditation.

The purpose of the BDHSS Strategic Plan is to:

• Establish goals, objectives, indicators and activities consistent with our mission within a realistic time frame and within the organization’s capacity for implementation.

• Communicate goals, objectives, indicators and activities to staff, the broader community and community health partners.

• Provide a framework for evaluating ongoing progress towards the department’s long range goals.

• Provide an organizational focus to guide staff alignment towards the department’s strategic goals.
Department Background

The City of Bridgeport Department of Health & Social Services provides a wide range of services through programs that are designed to promote and protect the health of all Bridgeport residents and visitors. The department strives to address the core public health functions as mandated by the State of Connecticut. These essential functions consist of promoting and protecting community health through attention to women and children’s health issues and communicable and infectious diseases, planning for and responding to disasters, providing adult indigent care and protecting our City’s valuable natural resources while improving the environment.

In implementing its programs, the department is organized into major divisions with the following functions:

**Health Administration**
- Manage the Bridgeport Department of Health and Social Services.
- Issue and enforce orders to protect the health and safety of the general public.
- Partner and collaborate with community partners to improve health outcomes and quality of life.
- Provide health education training and materials to Bridgeport’s residents.

**Communicable Disease Clinic**
- Report disease and epidemiological investigations results to the Connecticut Department of Public Health.
- Tuberculosis (TB) clinic with testing.
- Full service STD clinic three times per week.
- Provide vaccines required for school and international travel.

**Environmental Health**
- Provide licenses and inspections in accordance with Connecticut General Statutes and local ordinances for restaurant and food establishments, swimming pools, barber and beauty shops, and child care and nursery school facilities.
- Enforce state and local ordinances to protect the health of the general public.
- Inspect and license restaurants, food establishments, tobacco retailers, swimming pools, barber and beauty shops, nails salons and child care facilities.
- Provide Food Handlers and Advanced Qualified Food Operator certification courses.
- Educate public on matters of environmental and health concerns.

**Housing Code**
- Enforce state and local ordinances to protect and ensure safe, clean and habitable housing.
- License all legal rooming houses and hotels.
- Inspect and issue Certificates of Occupancy (COA) for all apartment buildings with 3 or more units.
- Investigate housing complaints involving insects, rodents, mold, mildew, no heat or hot water.
- Educate property owners, tenants and community members on Healthy Homes principles.
Lead Poisoning and Prevention Program
• Provide lead screenings to children age six or under.
• Manage, counsel and relocate families with lead poisoned children.
• Identify, eliminate and reduce lead hazards in structures built prior to 1978.
• Provide referrals for financial assistance to abate lead hazards.
• Educate property owners, parents, and community members about the dangers of lead exposure.

Lighthouse Program
• Provide quality after-school programming and summer camps in Bridgeport schools and community centers.
• Provide year-round employment opportunity for youths in Bridgeport.
• Partner and collaborate with community partners to provide a wide range of youth programs.
• Develop Bridgeport’s bi-annual Youth Program Guide.

Public Health Preparedness
• Plans, coordinates, tests, and evaluates the City’s response to all emergencies and disasters.
• Recruit, train, and manage medical and non-medical volunteers to assist with local and regional public health emergencies.
• Educates city employees, volunteers and community members about preparing for emergencies and disasters.

Social Services
• Provide case management to special populations, such as young mothers, persons with disabilities, veterans, seniors and their families.
• Assist families facing housing-related hardship to regain stability by providing emergency rental and/or utility assistance.
• Provide emergency relocation services for city residents whose residences have been deemed unfit or unhealthy for human habitation. Referrals are accepted from health and fire departments.
• Work in collaboration with Open Door of Fairfield to assess and link homeless residents to services.
• Host East Side Famers Market, every Wednesday from 10 am to 2 pm, from mid July to late October.

Vital Statistics
• Maintain records of all births, marriages and deaths in the city.
• Issues marriage licenses, in accordance with the provisions of state law.
• Provide certified copies of all records available.
• Provide notary services for a statutory fee.
Strategic Planning Process

A strategic plan serves as a road map for all employees and our partners to make decisions that further the goals of the organization. To ensure that our plan meets the needs of the people of Bridgeport, we engaged in a comprehensive, participatory strategic planning process that included our staff, partners, stakeholders, elected officials and the public in identifying needs and setting priorities. The planning process, which took place over the first half of 2017, was facilitated by a strategic planning consultant who is also serving as our Accreditation Coordinator.

The Bridgeport Department of Health & Social Services (BDHSS) Strategic Plan is the product of an inclusive planning process that occurred during the first half of 2016. A series of planning sessions that included BDHSS leadership, staff from all divisions, community partners, stakeholders resulted in the development of this strategic plan. To guide the process, an internal Strategic Planning Steering Group was formed.

The Journey

PREPARATION AND ASSESSMENT

The Bridgeport Department of Health & Social Services was an active participant in the community-wide needs assessment and development of the Community Health Improvement Plan in 2016. The Department also made the decision of seek accreditation as a local public health through the Public Health Accreditation Board, the national accrediting organization.

LEADERSHIP AND STAFF INPUT

The planning process began with the formation of a Strategic Planning Steering Group, which met weekly throughout the planning process. An all staff retreat was held to review the mission, to create vision and values statements and to define priority issues and initiatives. A second retreat with department leadership was held to review set the strategic framework and finalize the values and priorities.

COMMUNITY LISTENING AND DIALOGUE SESSIONS

Members of the Bridgeport City Council hosted listening and dialogue sessions throughout the City to engage the public in identifying health concerns, provide input about the role of the Health Department and recommend action and initiatives.

STAKEHOLDER FORUM

Representatives from partner community agencies attended a Stakeholder Forum to review the health needs assessment data and provide feedback about community needs and priorities. The group agreed to meet quarterly, to serve as an ongoing vehicle for input, learning and coalition building.

APPROVE PLAN

2016

April

May

2017

June

2017

June

2017

July

2017
Social, Economic & Health Snapshot:

*Environmental scan*
Income
The median income in Fairfield County is $83,163. However, income is not evenly distributed. In 2014, the top 20 percent of earners in the county earned $184,000 and the bottom 20 percent earned $31,000. According to the Community Wellbeing Index, 2016, report, “Bridgeport is home to the largest population of people working low-wage jobs,” and about 23,000 of the residents leave the city to find work. In 2014, the median income in Bridgeport was $41,204 ($16,000 - $86,000, representing the 20th and 80th percentiles). Bridgeport’s East End median income is $31,723, Central Bridgeport median income is $36,143, and other areas of the City have a median income of $59,987.

Housing Cost Burden
The housing cost burden rate in Fairfield County is slightly higher than statewide, with average housing cost of $998 per month compared to the $786 state average. Bridgeport residents have a 29 percent severe cost burden rate, in 2014, higher than the Fairfield County rate of 20 percent and other cities. Housing cost burden is more prevalent in some towns and neighborhoods, such as in the East End of Bridgeport, where 38% of households pay more than 50 percent of their income on housing.
Employment

Many people under age 25 still seek employment. In 2014, 14 percent of Bridgeport residents ages 16-19 were not attending school and not employed. The rate is highest in the East End (29 percent), followed by Central Bridgeport (11 percent) and other areas (7 percent). In addition, in 2015, 41 percent of Bridgeport residents ages 18-24 were considered underemployed (being unemployed but looking for work or employed part-time but prefer to work full time).

Education

Bridgeport has a higher percentage of students with a high need status (which means a student is in special education, an English language learner, or is eligible for free or reduced-price meals), in public schools, PreK – 12. “In 2013, 56 percent of Bridgeport school district graduates continued on to college. Only 20 percent of Bridgeport Class of 2008 completed a two- or four-year college degree in six years.” The attainment of a bachelor’s degree by adults over age 25 in Bridgeport is 16 percent, compared to 45 percent in Fairfield County and 76 percent in the county’s wealthiest towns.
Access to Care

In 2015, 45 percent of adults with incomes under $30,000 in Fairfield County reported that they postponed or did not get the health care they needed in the past year, 17 percent of adults in this income group had no health insurance, only 63 percent visited the dentist in the past year and 16 percent could not afford prescription medication during the past year. In Bridgeport, adults who lacked health insurance declined from 26 percent in 2008-2012 to 10 percent in 2015.

Lead Poisoning

With the current lead reference level of 5 micrograms per deciliter, 6.5 percent of children in Bridgeport had elevated blood lead levels in 2013. The Fairfield County Wellbeing Index 2016 report noted that “lead exposure is generally higher in neighborhoods where many homes were built before 1950.”

Substance Abuse

Drug overdose has become a leading cause of premature death. In Connecticut, drug overdose deaths have risen from 359 in 2012 to 723 in 2015. Rates of death from accidental poisoning or suicide from opioid drug use are rising. “In recent years, there has been an increase in the number of deaths attributable to the use of heroin as well as narcotics such as fentanyl.”

Hospital Encounters

Bridgeport had age-adjusted hospital encounter rate of 93 per 10,000 residents, 2012 – 2014, due to homicide or purposeful injury. Bridgeport is among the four largest urban core towns with a rate 10 times higher than the age-adjusted rates (9 per 10,000) for residents in the state’s 9 wealthiest towns. Bridgeport’s East Side had age-adjusted hospital encounter rate (149 per 10,000) for homicide or purposeful injury that was twice that of Bridgeport’s North End (66 per 10,000).

<table>
<thead>
<tr>
<th>Lead Poisoning</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the current lead reference level of 5 micrograms per deciliter, 6.5 percent of children in Bridgeport had elevated blood lead levels in 2013. The Fairfield County Wellbeing Index 2016 report noted that “lead exposure is generally higher in neighborhoods where many homes were built before 1950.”</td>
<td>Drug overdose has become a leading cause of premature death. In Connecticut, drug overdose deaths have risen from 359 in 2012 to 723 in 2015. Rates of death from accidental poisoning or suicide from opioid drug use are rising. “In recent years, there has been an increase in the number of deaths attributable to the use of heroin as well as narcotics such as fentanyl.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Care</th>
<th>Hospital Encounters</th>
<th>Lead Poisoning</th>
<th>Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2015, 45 percent of adults with incomes under $30,000 in Fairfield County reported that they postponed or did not get the health care they needed in the past year, 17 percent of adults in this income group had no health insurance, only 63 percent visited the dentist in the past year and 16 percent could not afford prescription medication during the past year. In Bridgeport, adults who lacked health insurance declined from 26 percent in 2008-2012 to 10 percent in 2015.</td>
<td>Bridgeport had age-adjusted hospital encounter rate of 93 per 10,000 residents, 2012 – 2014, due to homicide or purposeful injury. Bridgeport is among the four largest urban core towns with a rate 10 times higher than the age-adjusted rates (9 per 10,000) for residents in the state’s 9 wealthiest towns. Bridgeport’s East Side had age-adjusted hospital encounter rate (149 per 10,000) for homicide or purposeful injury that was twice that of Bridgeport’s North End (66 per 10,000).</td>
<td>With the current lead reference level of 5 micrograms per deciliter, 6.5 percent of children in Bridgeport had elevated blood lead levels in 2013. The Fairfield County Wellbeing Index 2016 report noted that “lead exposure is generally higher in neighborhoods where many homes were built before 1950.”</td>
<td>Drug overdose has become a leading cause of premature death. In Connecticut, drug overdose deaths have risen from 359 in 2012 to 723 in 2015. Rates of death from accidental poisoning or suicide from opioid drug use are rising. “In recent years, there has been an increase in the number of deaths attributable to the use of heroin as well as narcotics such as fentanyl.”</td>
</tr>
</tbody>
</table>

| DataHaven Fairfield County Community Wellbeing Index 2016 |
|----------------|----------------|
| Access to Care | Hospital Encounters | Lead Poisoning | Substance Abuse |
| In 2015, 45 percent of adults with incomes under $30,000 in Fairfield County reported that they postponed or did not get the health care they needed in the past year, 17 percent of adults in this income group had no health insurance, only 63 percent visited the dentist in the past year and 16 percent could not afford prescription medication during the past year. In Bridgeport, adults who lacked health insurance declined from 26 percent in 2008-2012 to 10 percent in 2015. | Bridgeport had age-adjusted hospital encounter rate of 93 per 10,000 residents, 2012 – 2014, due to homicide or purposeful injury. Bridgeport is among the four largest urban core towns with a rate 10 times higher than the age-adjusted rates (9 per 10,000) for residents in the state’s 9 wealthiest towns. Bridgeport’s East Side had age-adjusted hospital encounter rate (149 per 10,000) for homicide or purposeful injury that was twice that of Bridgeport’s North End (66 per 10,000). | With the current lead reference level of 5 micrograms per deciliter, 6.5 percent of children in Bridgeport had elevated blood lead levels in 2013. The Fairfield County Wellbeing Index 2016 report noted that “lead exposure is generally higher in neighborhoods where many homes were built before 1950.” | Drug overdose has become a leading cause of premature death. In Connecticut, drug overdose deaths have risen from 359 in 2012 to 723 in 2015. Rates of death from accidental poisoning or suicide from opioid drug use are rising. “In recent years, there has been an increase in the number of deaths attributable to the use of heroin as well as narcotics such as fentanyl.” |

<table>
<thead>
<tr>
<th>DataHaven Fairfield County Community Wellbeing Index 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Hospital Encounters</td>
</tr>
<tr>
<td>In 2015, 45 percent of adults with incomes under $30,000 in Fairfield County reported that they postponed or did not get the health care they needed in the past year, 17 percent of adults in this income group had no health insurance, only 63 percent visited the dentist in the past year and 16 percent could not afford prescription medication during the past year. In Bridgeport, adults who lacked health insurance declined from 26 percent in 2008-2012 to 10 percent in 2015.</td>
<td>Bridgeport had age-adjusted hospital encounter rate of 93 per 10,000 residents, 2012 – 2014, due to homicide or purposeful injury. Bridgeport is among the four largest urban core towns with a rate 10 times higher than the age-adjusted rates (9 per 10,000) for residents in the state’s 9 wealthiest towns. Bridgeport’s East Side had age-adjusted hospital encounter rate (149 per 10,000) for homicide or purposeful injury that was twice that of Bridgeport’s North End (66 per 10,000).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DataHaven Fairfield County Community Wellbeing Index 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>Hospital Encounters</td>
</tr>
<tr>
<td>In 2015, 45 percent of adults with incomes under $30,000 in Fairfield County reported that they postponed or did not get the health care they needed in the past year, 17 percent of adults in this income group had no health insurance, only 63 percent visited the dentist in the past year and 16 percent could not afford prescription medication during the past year. In Bridgeport, adults who lacked health insurance declined from 26 percent in 2008-2012 to 10 percent in 2015.</td>
<td>Bridgeport had age-adjusted hospital encounter rate of 93 per 10,000 residents, 2012 – 2014, due to homicide or purposeful injury. Bridgeport is among the four largest urban core towns with a rate 10 times higher than the age-adjusted rates (9 per 10,000) for residents in the state’s 9 wealthiest towns. Bridgeport’s East Side had age-adjusted hospital encounter rate (149 per 10,000) for homicide or purposeful injury that was twice that of Bridgeport’s North End (66 per 10,000).</td>
</tr>
</tbody>
</table>
3.1 Fairfield County Trends

**Life Expectancy in Fairfield County (FC) Exceeds US and CT Averages**

<table>
<thead>
<tr>
<th>Years</th>
<th>FC Female</th>
<th>FC Male</th>
<th>US Female</th>
<th>US Male</th>
<th>CT Female</th>
<th>CT Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>76.4</td>
<td>75.5</td>
<td>81.2</td>
<td>78.5</td>
<td>76.5</td>
<td>74.5</td>
</tr>
</tbody>
</table>

**Rates of Low Birth Weight Have Been Stable**

<table>
<thead>
<tr>
<th>Years</th>
<th>FC</th>
<th>CT</th>
<th>US</th>
<th>Bridgeport</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>7.3%</td>
<td>7.6%</td>
<td>7.9%</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

**The Disparity in Adult Obesity Rates is Growing**

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy CT Towns</th>
<th>Healthy FC Towns</th>
<th>Bridgeport</th>
<th>US</th>
<th>CT</th>
<th>FC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
<td>30</td>
<td>22</td>
<td>26</td>
</tr>
</tbody>
</table>

**Adult Smoking Rates Are Declining**

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy CT Towns</th>
<th>Healthy FC Towns</th>
<th>Bridgeport</th>
<th>US</th>
<th>CT</th>
<th>FC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>10%</td>
<td>10%</td>
<td>12%</td>
<td>30</td>
<td>22</td>
<td>26</td>
</tr>
</tbody>
</table>

**Health Insurance Coverage Has Improved Dramatically**

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy CT Towns</th>
<th>Healthy FC Towns</th>
<th>Bridgeport</th>
<th>US</th>
<th>CT</th>
<th>FC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>26%</td>
<td>10%</td>
<td>10%</td>
<td>179</td>
<td>167</td>
<td>143</td>
</tr>
</tbody>
</table>

**Mortality Rates from Heart Disease Are Much Lower in Wealthy Towns**

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy CT Towns</th>
<th>Healthy FC Towns</th>
<th>Bridgeport</th>
<th>US</th>
<th>CT</th>
<th>FC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>179</td>
<td>167</td>
<td>143</td>
</tr>
</tbody>
</table>
Meet Our Medical Director

Adiba Geeti, M.D. is the new Medical Director for the City of Bridgeport. Appointed in October 2017, she is a graduate of Dhaka Medical College in Dhaka, Bangladesh. Dr. Geeti specializes in internal medicine. She completed her residency at St. Mary’s Hospital in Waterbury and her fellowship in Bridgeport Hospital.

Health Director Maritza Bond spoke to some of Dr. Geeti’s abilities, “She has spent several years working to better the community through public health education, prevention of transmissible diseases and many other issues. She clearly enjoys the work that she does, and we are all eager to see the wonderful projects she will accomplish in her time with us.”
Throughout the planning process, participants in staff retreats identified strengths, weaknesses, opportunities and threats. The chart below represents a synthesis information gathered during the SWOT analysis. The strategic plan leverages the strengths, addresses the weaknesses and establishes a framework for pursuing opportunities and minimizing threats.

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Robert Wood Johnson Foundation</td>
<td>• Lack of technology</td>
</tr>
<tr>
<td>“Culture of Health” Prize Winner</td>
<td>• Understaffed</td>
</tr>
<tr>
<td>• Regulatory and enforcement role</td>
<td>• Policies need to be developed, updated for accreditation</td>
</tr>
<tr>
<td>• Experience</td>
<td>• No dedicated epidemiologist</td>
</tr>
<tr>
<td>• Interdepartmental support, cooperation</td>
<td>• No centralized way to manage social media</td>
</tr>
<tr>
<td>• Teamwork</td>
<td>• Poor signage at 752 E. Main St. site</td>
</tr>
<tr>
<td>• Diverse skills</td>
<td>• Department is separated in two locations</td>
</tr>
<tr>
<td>• Seasoned staff</td>
<td>• Need for greater program evaluation with improved evaluation methods</td>
</tr>
<tr>
<td>• Cultural diversity</td>
<td>• Need for improved internal workforce development process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Partnerships and collaborations with community organizations (including hospitals)</td>
<td>• Greater need for services, without funding to expand existing programs</td>
</tr>
<tr>
<td>• Increasing movement in non-health sectors toward a “health-in-all-policies” approach</td>
<td>• Funding cuts</td>
</tr>
<tr>
<td>Diversity of community</td>
<td>• State budget issues</td>
</tr>
<tr>
<td>• Community health improvement plan and program development</td>
<td>• Youth 16+--no outlets, low employment</td>
</tr>
<tr>
<td>• Accreditation</td>
<td>• Opioid crisis</td>
</tr>
<tr>
<td>• Rebrand department</td>
<td>• Violence</td>
</tr>
<tr>
<td>• Social media</td>
<td>• Siloed youth services</td>
</tr>
<tr>
<td>• Youth services Roundtable</td>
<td>• Condition of housing</td>
</tr>
<tr>
<td>• Outreach</td>
<td>• Technological uncertainty</td>
</tr>
<tr>
<td>• Regional epidemiology</td>
<td>• Regionalization of municipal health departments</td>
</tr>
<tr>
<td>• Advancement for staff</td>
<td></td>
</tr>
</tbody>
</table>
Our Vision

Healthy people in healthy communities with equity and well-being for all.

Our Mission

Our mission is to promote and protect the health of the people of Bridgeport through the provision of essential public health services, monitoring of programs, enforcement of laws and ordinances, and collection of health information.
Our Values

Compassion: We treat each other and those we serve with kindness and empathy.

Partnership: We develop, nurture and work side-by-side with partners, communities and individuals to improve health and support a strong public health system.

Diversity: We actively seek to understand and respect people of all cultures, communities, ethnicities and perspectives.

Quality: We utilize state-of-the-art science, evidence-based practices, innovation and performance monitoring to maintain program efficiency and efficacy and seek out new ways to solve problems.

Professionalism: We respect and uphold the high standards, skills, competence and integrity of our professions.

Trust: We gain trust by being responsive, accountable and transparent to the public in our actions and communications.

Making a Difference: We always seek to make a positive impact through collaborative action.

Principle of Health Equity

As a nation, the United States must take decisive action to achieve health equity by eliminating the health inequities and disparities experienced by significant segments of the population and creating opportunities for optimal health for all individuals. Every public health professional should undertake eliminating health disparities as a critical part of their job. The Department of Health & Social Services believes that eliminating health disparities is an American and global challenge that affects all people.

In Healthy People 2020, the U.S. Department of Health and Human Services (HHS) acknowledged the central importance of addressing health inequities and disparities to achieve overall improved health when it established “a renewed focus on identifying, measuring, tracking, and reducing health disparities through a determinants of health approach” In passing Public Act No. 08-171, Connecticut’s General Assembly finds that “equal enjoyment of the highest attainable standard of health is a human right and a priority of the state”. It understood that barriers exist to the equal enjoyment of good health and that efforts must be directed at developing and implementing policy solutions that eliminate disparities in health status based on race, ethnicity and linguistic ability to improve the quality of health for all state residents.

The Bridgeport Department of Health & Social Services also recognizes other priority populations in its efforts to address health disparities, which in addition to race, ethnicity, and language, may be based on age, gender, socioeconomic position, immigrant status, sexual orientation, minority status, disability, homelessness, mental illness, and geographic area of residence.

To fulfill our mission and long-term ambitions, the Bridgeport Department of Health & Social Services commits to championing policies and practices that promote health equity and combat the fact that race, income, ZIP code and other factors largely determine a person’s access to care and opportunities to live a healthy life.
# Strategic Priorities

To guide the work of the Department of Health & Social Services, we have set forth seven strategic priorities to guide our work over the next five years:

1. **Build Awareness and Create a Community-Wide Culture of Health and Wellness**

2. **Build Strategic Partnerships to Address Issues and Improve the Public Health System**

3. **Expand Efforts to Address Social Determinants of Health and Advance Health Equity**

4. **Align City of Bridgeport Goals and Plans with Regional, State and National Efforts**

5. **Ensure Programmatic and Organizational Excellence and Delivery of 10 Essential Public Health Services**

6. **Build and Maintain a Competent, Empowered Workforce**

7. **Improve Health Outcomes for Priority Public Health Issues**
Goals:

a. Monitor and promote community health and well-being.
b. Create and implement a branding strategy for the BDHSS.
c. Communicate public health messaging to public and key stakeholders.
d. Provide information to the public on health risks, health behaviors, disease prevention and wellness.
e. Compile and publicize community resources to address issues.
f. Expand health information and communications to address language, literacy and disability needs.
g. Build on and expand initiatives resulting from Robert Wood Johnson Foundation’s 2015 Culture of Health Prize and the BGreen 2020 master plan.
h. Design and implement a “Healthy Bridgeport” initiative.
i. Build internal social media capacity, including expanded functionality of website.
j. Increase access to information on health by 25%.
k. Improve signage throughout BDHSS sites.
Strategic Priority 2:

Build Strategic Partnerships to Address Issues and Improve the Public Health System

Goals:

a. Strengthen public-private partnerships to address health issues.

b. Recruit and develop a cadre of Community Health Partners—community residents/volunteers to support community outreach and education.

c. Establish Community Conversations to engage the public in ongoing dialogue on creating a culture of health in Bridgeport.

d. Form Community Advisory Group of stakeholder groups to advise BDHSS with quarterly forums on priority topics.

e. Establish/convene coalitions in key health areas and involve partners to develop initiatives to address health issues to be funded by federal, state and private resources.

f. Increased connection between public health and clinical medicine.

g. Engage at least 50 community agencies and 100 community residents in BDHSS forums and trainings annually.
Strategic Priority 3:

Expand Efforts to Address Social Determinant of Health and Advance Health Equity

Goals:

a. Introduce Health In All Policies approach.

b. Take action to address social determinants of health to reduce health disparities and advance health equity.

c. Develop health equity objectives and metrics to track and report on to the community.

d. Achieve consensus on the constructs of health equity.

e. Educate staff about health equity and the social determinants of health.

f. Ensure that health equity is a priority that is incorporated in programming.

g. Increase the number of Bridgeport health and social service agencies that have adopted and taken steps to implement National Culturally and Linguistically Appropriate Services (CLAS) Standards.

h. Strengthen municipal ordinances and enforcement to ensure safe, clean and habitable housing.

i. Increase the enforcement of minimum housing code standards through the collaboration of code enforcement agencies to advance healthy homes.

j. Increase compliance with State Public Health Code, State Statutes and Municipal Ordinances by 10%.

k. Increase efficiency of housing code enforcement through improved data and training.

l. Conduct comprehensive lead inspection at all properties built prior to December 1978, where children dwell or frequent.

m. Increase the accessibility and utilization of housing, benefits and services to veterans.

n. Increase the engagement of youth in afterschool and summer programs.
Strategic Priority 4:
Align City of Bridgeport Goals and Plans with Regional, State and National Efforts

Goals:

a. Gain recognition for progress with City of Bridgeport health and social services programs.

b. Work with local stakeholders to collect and analyze community health data based on Healthy People 2020 Leading Health Indicators and produce a community health assessment.

c. Create and implement a 3-year community health improvement plan for the City of Bridgeport.

d. Participate and provide leadership in regional, state and national planning and priority setting activities.

e. Ensure that the City of Bridgeport in its entirety is in compliance with Title II of the Americans with Disabilities Act (ADA) and other related statues that afford protections to individuals with disabilities.

f. Ensure protection and efficient issuing of vital records.
Strategic Priority 5:

Ensure Programmatic and Organizational Excellence and Delivery of 10 Essential Public Health Services

Goals:

a. Create an outcome-focused culture throughout BDHSS including outcomes driven approach to program and policy development.

b. Establish and maintain continuous quality improvement process for each division of the BDHSS.

c. Achieve and maintain Accreditation through the Public Health Accreditation Board.

d. Implement BDHSS Performance Dashboard.

e. Increase level of funding from state, private and federal funding sources.

f. Utilize technology advances to improve communications, customer service, billing and operating efficiencies.

g. Transition to Electronic Medical Record system.

h. Ensure safety of vital records (paper and electronic).

i. Review and update city ordinances to reflect current and best practices.
Strategic Priority 6:
Build and Maintain a Competent, Empowered Workforce

Goals:

a. Provide a safe and healthy work environment.

b. Promote wellness and work/life balance initiatives, policies and programs that contribute to an increase in healthy hours worked.

c. Complete workforce assessment and workforce development plan; update biannually.

d. Develop a department-wide training program that promotes skill building and cross-training.

e. Implement training and development programs available to all employees to help achieve Department goals.

f. Develop employee recognition program to acknowledge excellence.
Goals:

a. Develop 2022 targets for health priorities to be addressed in Bridgeport.
   - Chronic disease: Cardiovascular disease, Diabetes
   - Obesity
   - Mental Health
   - Substance Abuse
   - Injury & Violence
   - Access to healthcare
   - Housing conditions
   - Maternal and child health
   - Infectious disease prevention and control
   - Environmental health, including lead levels
   - Oral health

b. Create 5-year targets for social services priorities in specific areas, e.g. veterans, youth, disabled.

c. Disseminate annual progress report on health priority areas.
Many thanks to all who have contributed to the development of the City of Bridgeport Department of Health & Social Services’ Strategic Plan. Community members, agency partners, City of Bridgeport elected officials, community leaders and department staff provided valuable input and guidance during the planning process. Special appreciation goes to members of the Strategic Planning Team.

Strategic Planning Team Members:

Ronnesha Addison
Albertina Baptista
Maritza Bond
Milita Feliciano
Audrey Gaines
Helen Malcolm
Tammy Pappa

A special thank you to Eve Berry & Partners for assistance with the development of this plan.