Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections in the Commonwealth

Appendices

Draft | May 17, 2019

For public review and comment

Comments may be submitted until May 31. 2019
by e-mail to

localregionalpublichealth@massmail.state.ma.us

or by mail to
Massachusetts Department of Public Health
Office of Local and Regional Health
Attn: Jessica Ferland
5 Randolph Street, Canton, MA 02021

Report of the Special Commission on
Local and Regional Public Health

Commonwealth of Massachusetts

Appendices

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Appendix A

Chapter 3 of Resolves of 2016
Establishing the Special Commission on Local and Regional Public Health

Chapter 3 of the Resolves of 2016
RESOLVE ESTABLISHING THE SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH
Resolved, that there shall be a special commission on local and regional public health to assess the effectiveness and efficiency of municipal and regional public health systems and to make recommendations regarding how to strengthen the delivery of public health services and preventive measures.
The commission shall consist of the following persons, or their designees: the secretary of administration and finance; the commissioner of public health, who shall serve as chair; the commissioner of environmental protection; the commissioner of agricultural resources; 2 members of the house of representatives, 1 of whom shall be appointed by the speaker of the house and 1 of whom shall be appointed by the house minority leader; 2 members of senate, 1 of whom shall be appointed by the senate president and 1 of whom shall be appointed by the senate minority leader; a representative of the Massachusetts Municipal Association; a representative of the Massachusetts Taxpayers Foundation; a representative of the Massachusetts Public Health Association; a representative of the Massachusetts Health Officers Association; a representative of the Massachusetts Association of Health Boards; a representative of the Massachusetts Environmental Health Association; a representative of the Massachusetts Association of Public Health Nurses; a representative of the Western Massachusetts Public Health Association; a representative of the Massachusetts Public Health Regionalization Project working group at Boston University School of Public Health; and 8 persons to be appointed by the governor, 1 of whom shall be a representative of a research or academic institution with experience in public health data collection and analysis; 1 of whom shall be a representative of a community health center; 1 of whom shall be a representative of a

hospital system; 1 of whom shall have expertise in public health workforce development; 1 of whom shall be a public health representative of a municipality with a population greater than 50,000; 1 of whom shall be a public health representative of a municipality with a population between 5,000 and 50,000; and 1 of whom shall be a public health representative of a regional service model that includes at least 1 town with a population of less than 5,000.

The commission shall: (i) examine the capacity of local and regional public health authorities in comparison to national public health standards and recommendations from the Centers for Disease Control and Prevention, the Public Health Accreditation Board, the National Association of County and City Health Officials, the National Association of Local Boards of Health, the Association of State and Territorial Health Officials and other relevant organizations; (ii) assess the capacity of local public health authorities to carry out their statutory powers and duties; (iii) evaluate existing municipal and state resources for local health and assess per capita funding levels within municipalities for local health; (iv) evaluate the workforce credentials of the current and future public health workforce as to educational standards, credentialing and training; (v) assess the current capacity of the office of local and regional health within the department of public health; (vi) evaluate existing regional collaboration and various models of service delivery across the commonwealth, including stand-alone, shared service and fully comprehensive regional districts; and (vii) determine the commonwealth's progress towards achieving recommendations made by the Massachusetts regionalization advisory commission pursuant to chapter 60 of the acts of 2009.

The commission may solicit public input through public hearings and testimony.

The commission shall prepare and submit to the governor, the joint committee on public health and the house and senate committee on ways and means a report that includes: (i) a summary of the commission's findings; (ii) a review of local public health organization and financing in other states; (iii) a review of the strengths and weaknesses of the local public health system as it currently exists in the commonwealth, with particular emphasis

on capacity, functionality and efficiency; (iv) recommendations on organizational and fiscal models that would work to ensure capacity across municipalities; (v) recommendations on the sharing of resources across municipalities, including regionalization; (vi) recommendations to strengthen public health data reporting, gathering and analysis, including any recommendations on mandatory reporting of local health authorities to the department; (vii) recommendations on resources needed to effectively meet statutory responsibilities at the state and local level; and (viii) recommendations to strengthen the local public health workforce and ensure training of the next generation of local public health professionals, including leveraging academic partnerships. The commission shall submit its final report by July 31, 2017.
Approved August 12, 2016.

Appendix B

Participants in Stakeholder Listening Sessions – June 2018

Greenfield – Persons Providing Comments		
Bell-Perkins, Elizabeth	Goshen Board of Health	Board of Health Member
Benson, Kathie	Leyden Board of Health	Board of Health Member
Federman, Julie	Amherst Health Department	Health Director
Hirschhorn, Beverly	Longmeadow Board of Health	Health Director
Kovacs, Betsy	Heath Board of Health	Board of Health Member
Stoler, Rachel	Franklin Regional Council of Governments	Community Health Program Manager
Telling, Doug	Charlemont Board of Health	Board of Health Member
Vondal, Deborah	Athol Board of Health	Health Agent

Lakeville – Persons Providing Comments		
Cardarelli, Maureen	Community VNA	Public Health Nurse
Chaplin, Damon	New Bedford Health Department	Health Director
Donovan Palmer, Amy	Mansfield Board of Health	Health Agent
Downey, Kathy	Marion Board of Health	Public Health Nurse
MacVarish, Kathleen	Boston University School of Public Health	Academic Institution
Michaud, Chris	Dartmouth Board of Health	Health Director

Peabody – Persons Providing Comments		
Carbone, Thomas	Andover Health Department	Health Director
Carroll, Karin	Gloucester Health Department	Health Director
Cosgrove, Edward	Needham Board of Health	Board of Health Member
McKenzie, Mary	Saugus Health Department	Public Health Nurse
Stone, Jeff	North Suffolk Public Health	Director

	Collaborative	

Waltham – Persons Providing Comments		
Eckhouse, Seth	Local Public Health Institute	Academic Institution
Kinsella, Caroline	Massachusetts Association of Public Health Nurses	Public Health Nurse
Kress, Doug	Somerville Health and Human Services	Health Director

Westborough – Person Providing Comments		
Leger, Philip	Worcester Division of Public Health, Royalston BOH	Health Agent

Westfield – Persons Providing Comments		
Bozigian-Merrick, Stephanie	Pioneer Valley Planning Commission	Regional Planning Agency
Meyer, Jenny	Northampton Board of Health	Public Health Nurse
Petrucci, Sherry	Agawam Health Department	Public Health Nurse
Proctor, Alison	Springfield Health Department	Program Director

Comments Submitted by E-mail		
Clay, Ruth	Towns of Wakefield and Melrose	Health Director
Collins, Bethany	Dighton Board of Health	Public Health Nurse
Conlon, Jaime	Rehoboth Board of Health	Public Health Nurse
Crochier, Randy	Gill Board of Health	Board of Health Member, Selectboard Member
DeCampo, Karen	Woburn Board of Health	Public Health Nurse
DePalo, Alexandra	Framingham Board of Health	Deputy Health Director
Donovan Palmer, Amy	Mansfield Board of Health	Health Agent
Drummey, Peg	Stoneham Board of Health	Public Health Nurse
Dukes, Cheryl	UMass Amherst School of Nursing	Academic Institution
Fortino, Fran	Whately Board of Health, Foothills Health District	Board of Health Member
Guarino, Terri	Bourne Board of Health	Health Agent

Comments Submitted by E-mail		
Keppard, Barry	Metropolitan Area Planning Council	Regional Planning Agency
Kinsella, Caroline	Milton Health Department	Health Director
Lebrun, Evelyn	Brockton Board of Health	Public Health Nurse
Leger, Philip	Worcester Division of Public Health, Royalston BOH	Health Agent
Litchfield, Sheila	Rowe Board of Health	Public Health Nurse
Maloni, Mark	Franklin Regional Council of Governments	Public Health Planner
Martin, Sandra	Berkshire Regional Planning Commission	Regional Planning Agency
Michaud, Chris	Dartmouth Board of Health	Health Director
Mori, Ruth	Wayland Board of Health	Public Health Nurse
Perlman, Bill	Franklin Regional Council of Governments	Executive Committee Chair
Poirier, Susan	Milton Health Department	Public Health Nurse
Sarni, Susan	Town of Hingham	Health Director
Sullivan, Joyce	Hull Board of Health	Health Director
Taverna,, Joan	Hull Board of Health	Public Health Nurse
Telling, Doug	Charlemont Board of Health	Board of Health Member
Tracy, Jessica	Dedham Health Department	Public Health Nurse
White, Lisa	Franklin Regional Council of Governments	Public Health Nurse
Zajdel, Pauline	Town of Foxboro	Health Director

Attended Listening Session but Did Not Comment			
Pierce, Kathern	Montague Board of Health	Health Inspector	Greenfield
Puleo, Elaine	Shutesbury Select Board	Board of Selectmen Member	Greenfield
Solomon, Josh	The Recorder (Greenfield)	Reporter	Greenfield
Volpe, Cheryl	Greenfield Board of Health	Public Health Nurse	Greenfield
Desmarais, Lori	Freetown/Lakeville	Public Health Nurse	Lakeville
Hall, Stacey	Marion Board of Health	Unkown	Lakeville
Lebrun, Evelyn	Brockton Board of Health	Public Health Nurse	Lakeville

Attended Listening Session but Did Not Comment			
Desmarais, Michelle	Lynn Health Department	Health Director	Peabody
Greenbaum, Dave	Saugus Health Department	Health Director	Peabody
Kaufman, Barbara	Melrose-Wakefield Healthcare	Health Care	Peabody
Mello, Traci	Wilmington/ Middleton BOH	Public Health Nurse	Peabody
Waller, Kim	Salem	Academic Institution	Peabody
Younger, Tom	Stoneham	Town Administrator	Peabody
Murphy, Jennifer	Winchester Health Dept.	Health Director	Waltham
Anglin, Najheen	Longmeadow Board of Health	Student	Westborough
Baccari, Steven	Westboro Board of Health	Health Director	Westborough
Auer, Kathleen	Agawam Health Department	Health Agent	Westfield
Laverty, Cassandra	Westfield Health Department	Public Health Nurse	Westfield

Appendix C

Foundational Public Health Services Fact Sheet

phnci Foundational Public Health Services

Overview

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management. Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

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Social

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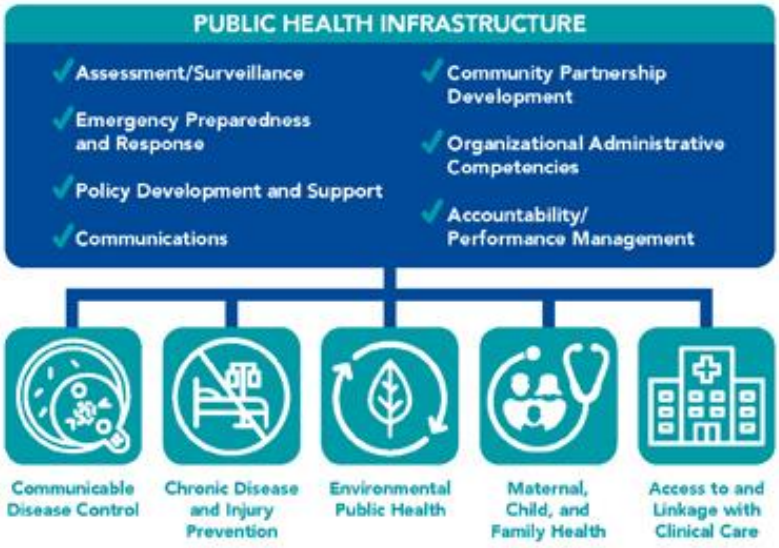

Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs, or foundational areas, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

Assessment/Surveillance

- Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.

- Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.

Emergency Preparedness and Response

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defendable. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence polices being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Community Partnership Development

- Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- Ability to create, convene, and support strategic partnerships.
- Ability to maintain trust with and engage community residents at the grassroots level.
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Administrative Competencies

- Leadership and Governance: Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- Health Equity: Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- Information Technology Services, including Privacy and Security: Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- Human Resources Services: Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- Financial Management, Contract, and Procurement Services, including Facilities and Operations: Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- Legal Services and Analysis: Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Accountability/Performance Management

- Quality Improvement: Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

Public Health Programs (Foundational Areas)

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, and Family Health

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to and Linkage with Clinical Care

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- Coordinate and integrate categorically-funded clinical health care.

Appendix D

Spectrum of Cross-Jurisdictional Sharing Arrangements

Center for Sharing Public Health Services

Center for Sharing Public Health Services
Rethinking Boundaries for Better Health

WWW.PHSHARING.ORG

Spectrum of Cross-Jurisdictional Sharing Arrangements

Overview

Cross-jurisdictional sharing (CJS) is the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services.

Collaboration allows communities to solve problems that cannot be solved — or easily solved — by single organizations or jurisdictions.

The Center for Sharing Public Health Services has identified four main types of CJS arrangements, as depicted on the *Spectrum of Cross-Jurisdictional Sharing Arrangements* (*Figure 1*).

The governance model, financial structure and decision-making process are different for each type of arrangement.

Moving from left to right along the *Spectrum*, the level of service integration increases, the level of jurisdictional autonomy decreases, and implementation becomes more complex, as can governance.

Figure 1. **The *Spectrum* identifies four main types of cross-jurisdictional sharing arrangements.**

Spectrum of Cross-Jurisdictional Sharing Arrangements

As-Needed Assistance	Service-Related Arrangements	Shared Programs or Functions	Regionalization/ Consolidation
• Information sharing • Equipment sharing • Expertise sharing • Assistance for surge capacity	• Service provision agreements (e.g., contract to provide immunization services) • Purchase of staff time (e.g., environmental health specialist)	• Joint programs and services (e.g., shared HIV program) • Joint shared capacity (e.g., epidemiology, communica-tions)	• New entity formed by merging existing local public health agencies • Consolidation of one or more local public health agencies into an existing local public health agency
Looser Integration			**Tighter Integration**

Source: Center for Sharing Public Health Services. (2017).

Each type of arrangement can produce gains in effectiveness and efficiency, if implemented correctly following the steps outlined in the Center's *Roadmap to Develop Cross-Jurisdictional Sharing Initiatives*.

Because there is not a one-size-fits-all approach to CJS, it is important to refer to the *Spectrum* early and often during the CJS process that is outlined in the *Roadmap*.

2017 Updates

The Center updated the *Spectrum* in early 2017 to reflect lessons learned about CJS and other recent advances

CSPHS/22-V1

produced by J. Ruggini (2006), A. Holdsworth (2006) and N. Kaufman (2010).

Types of CJS Arrangements

As-Needed Assistance

On the left side of the *Spectrum* there is as-needed assistance, where one jurisdiction collaborates with other jurisdictions on an as-needed basis.

These arrangements are informal and customary, as well as episodic in nature.

Some examples of as-needed assistance include:

- Information sharing (e.g., notifying adjacent counties of a rise in pertussis cases)
- Expertise sharing (e.g., access to an epidemiologist)
- Equipment sharing (e.g., a handshake arrangement to share generators when needed)
- Assistance for surge capacity (e.g., providing additional nurses to an adjacent county)

Service-Related Arrangements

Unlike as-needed assistance, service-related arrangements involve regular and predictable sharing, usually formalized through contracts.

Some examples of service-related arrangements include:

- Service provision agreements (e.g., contract to provide immunization services)
- Purchase of staff time (e.g., purchasing the services of an environmental health specialist)
- Interstate compacts (e.g., interstate Health Care Compact to improve policies within states)

Shared Programs or Functions

If all entities contribute resources and have a formal role in decisions about how and when to deliver services, then the arrangement is a shared program or function.

Some examples include:

- Joint programs and services (e.g., shared stake in a regional HIV program)
- Joint shared capacity (e.g., shared oversight of a single epidemiologist)
- Joint ownership of assets (e.g., multiple counties contract to purchase heavy machinery)

Regionalization/ Consolidation

On the right side of the *Spectrum* is regionalization/consolidation, where multiple jurisdictions are served by a single governmental entity that delivers all services and formally assumes the risks, costs and decision-making across the jurisdictions involved.

Some examples include:

- Merger (i.e., one local public health agency acquires one or more other agencies into itself)
- Consolidation (i.e., two or more local public health agencies combine to create a new agency)
- Regionalization (i.e., creation of a special district or a new entity to service a geographic area)

Conclusion

The Center views this *Spectrum* as a living document. As such, the Center will continue to refine and modify it over time, as new learnings emerge. Watch the Center's website for updates.

For more information, or to provide feedback about the *Spectrum*, please email phsharing@khi.org.

CENTER FOR SHARING PUBLIC HEALTH SERVICES

The Center for Sharing Public Health Services helps communities learn how to work across jurisdictional boundaries to deliver essential public health services. The Center serves as a national resource on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches. The Center is funded by the Robert Wood Johnson Foundation and is managed by the Kansas Health Institute.

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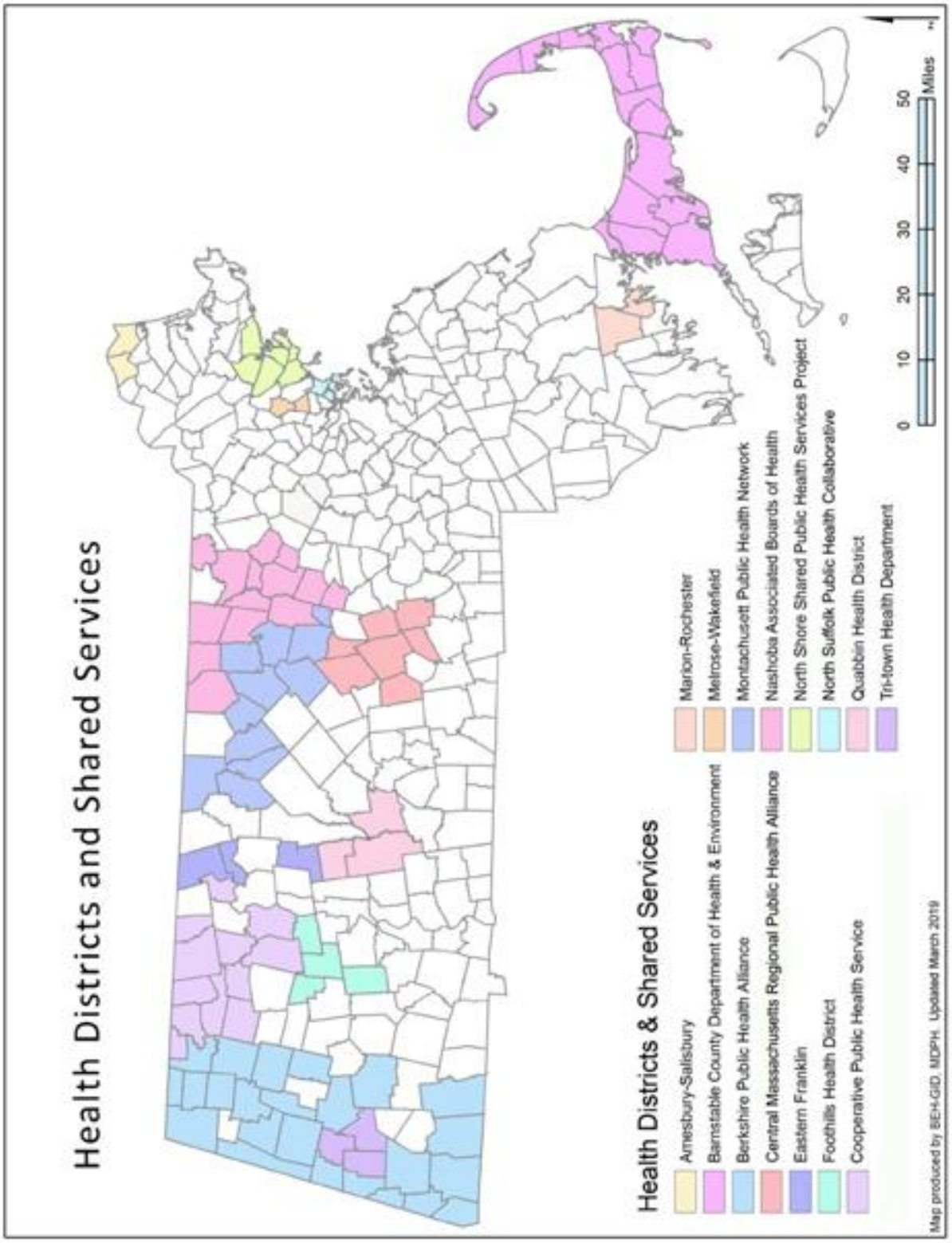
CSPHS/22-V2 JULY 2017

Appendix E

Massachusetts Health Districts and Shared Services Map


Health Districts and Shared Services
Health Districts & Shared Services
Amesbury-Salisbury
Barnstable County Department of Health & Environment
Berkshire Public Health Alliance
Central Massachusetts Regional Public Health Alliance
Eastern Franklin
Foothills Health District
Cooperative Public Health Service
Marion-Rochester
Melrose-Wakefield
Montachusett Public Health Network
Nashoba Associated Boards of Health
North Shore Shared Public Health Services Project
North Suffolk Public Health Collaborative
Quabbin Health District
Tri-town Health Department
0
10
20
30
40
50
Miles
Map produced by BEH-GID, MDPH. Updated March 2019

Appendix F

Special Commission on Local and Regional Public Health
Glossary of Terms in Report

Board of Health. "A board of health is a legally designated governing entity whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community."
Source: *National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007.* *US Centers for Disease Control Glossary and Reference Terms*

Cross-Jurisdictional Sharing. "Cross-jurisdictional sharing is 'the deliberate exercise of public authority to enable collaboration across jurisdictional boundaries to deliver essential public health services' (Center for Sharing Public Health Services, 2013). Cross-jurisdictional sharing can range from supporting informal arrangements to more formal changes in structure. In public health, cross-jurisdictional sharing often occurs between health departments or agencies serving two or more jurisdictions. Collaboration allows municipalities to solve issues or problems that cannot be easily solved by a single organization or jurisdiction.

Examples of cross-jurisdictional sharing include

- Regionalization of health departments, such as through the consolidation of two or more health departments
- Sharing staff between two or more health departments, such as an epidemiologist or sanitarian that supports multiple health department jurisdictions
- Sharing defined services, such as laboratory testing services or inspection services

- Collaborative assessment and planning processes that include two or more health departments and leads to shared priorities; examples might include regional preparedness plans, cross-border plans, or community health improvement plans."

Source: *Center for Sharing Public Health Services, 2013 and* *https://www.cdc.gov/stltpublichealth/cjs/index.html*

Essential Public Health Services (or 10 Essential Services). The Essential Public Health Services are the ten services identified as public health activities that should be provided to all communities. Federal and national public health organizations promoted these services as a national standard for the set of services all health departments should provide and by which performance should be measured. The ten services support the core practice of public health:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

Sources: *CDC National Health Performance Standards* and *https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html*

Foundational Public Health Services. Foundational Public Health Services (FPHS) is a "conceptual framework describing the capacities and programs that state and local health

departments should be able to provide to all communities and for which costs can be estimated. Additionally, health departments should have the capacity for additional important programs and activities specific to the needs of their individual communities. As such, the FPHS model consists of the following components:

- **Foundational Capabilities**: cross-cutting skills needed in state/local health departments to support all activities (e.g., human resources, communications)
- **Foundational Areas**: substantive areas of expertise or program-specific activities in all state/local health departments necessary to protect the community's health (e.g., communicable disease control."

Source: *Public Health National Center for Innovations. Foundational Public Health Services. 2016; Foundational Public Health Services*

Gateway Cities. The Massachusetts Legislature defines Gateway Cities as communities with populations between 35,000 and 250,000 and median household income and rate of educational attainment of a bachelor's degree or above below the Commonwealth's average. The 26 Gateway Cities are Attleboro, Barnstable, Brockton, Chelsea, Chicopee, Everett, Fall River, Fitchburg, Haverhill, Holyoke, Lawrence, Leominster, Lowell, Lynn, Malden, Methuen, New Bedford, Peabody, Pittsfield, Quincy, Revere, Salem, Springfield, Taunton, Westfield, and Worcester.

Sources:
https://www.masshousing.com/portal/server.pt/community/home/217/supporting_gateway_cities/44957 and
https://gatewaysmag.org/what-is-a-gateway-city/

Home Rule. Home rule is the right of cities and towns to self-governance in local matters as long as an action is not in conflict with the Massachusetts' constitution or state laws. Local governments have charter-making authority and general legislative power, especially if not addressed by the state.

Source: https://www.mass.gov/files/documents/2016/08/pr/homerule_0.pdf

Inter-municipal Agreement. "An agreement with another governmental unit to perform jointly or for that unit's services, activities or undertakings which any of the contracting units is authorized by law to perform."
Source: *M.G.L. c.40, S.4A*

Mandated Public Health Services. "Mandated public health services are required by statute, rule/regulation, ordinance, or other similar legally binding process."
Source: *(Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA. May 2011)*

Public Health Informatics. Informatics is an applied information science that designs the blueprints for the complex data systems that keep information secure, usable and responsive to the user's needs. Informaticians often act as knowledge architects—the information systems they build account for function, user needs, and even local context. When employed effectively, informatics transforms raw data into usable information.
Source: https://www.phii.org/defining-public-health-informatics

Public Health 3.0. Public Health 3.0 emphasizes collaborative engagement and actions that directly affect the social determinants of health inequity. It envisions a central role for local health directors as a Chief Health Strategist integral to coalition-led efforts that transform public health. Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public department functions and programs. Cross-sectoral collaboration is inherent to the Public Health 3.0 vision, and the Chief Health Strategist role requires high-achieving health organizations with the skills and capabilities to drive such collective action.
Sources:

- DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: **A Call to Action for Public Health to Meet the Challenges of the 21st Century**. Prev Chronic Dis 2017;14:170017. DOI: http://dx.doi.org/10.5888/pcd14.170017.

- National Association of County and City Health Officials
  https://www.naccho.org/programs/public-health-infrastructure/public-health-3-0

Public Health Accreditation. "Accreditation for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition."

Source: *Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011)*

Public Health Regionalization. Regionalization is "a consortium of local health departments collaborating under a formal agreement to provide a specific set of services". The goal of public health regionalization is to strengthen the public health system by creating a sustainable, regional system for equitable delivery of local public health services across a region. Working together in this way can equip each local health department to deliver the range of services their municipality requires. It also allows municipalities to access the skills they need—when they need them (even if those skills are not resident within their own health department). Local jurisdictions can choose from different models to ensure the best fit for their unique circumstances. Larger districts have greater capacity to apply for grants and are more competitive in grant applications, potentially bringing additional resources to their municipalities. Sharing resources, greater cooperation and communication, and more standardized training will yield a stronger and better prepared local public health workforce.

Sources: *Boston University School of Public Health, Massachusetts Public Health Regionalization Project* and *Center for Sharing Public Health Services*

Social Determinants of Health. The World Health Organization defines the social determinants of health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries."

Source: https://www.who.int/social_determinants/sdh_definition/en/

Appendix G

Special Commission on Local and Regional Public Health
Key Directory of Organizations in Report

Association of State and Territorial Health Officials (ASTHO). ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals, including, the chief health officials of these jurisdictions. ASTHO focuses on tracking, evaluating, and advising members on the impact and formation of public or private health policy and providing guidance and technical assistance on their role in improving the nation's health.
Source: http://www.astho.org/About/

American Public Health Association (APHA). APHA champions the health of all people and all communities and strengthens the public health profession by speaking out on public health issues and policies backed by science. APHA is a national organization that has a nearly 150-year perspective and brings together members from all fields of public health. The Massachusetts affiliate is MPHA.
Source: https://www.apha.org/about-apha

Center for Sharing Public Health Services (CSPHS). CSPHS is a national initiative managed by Kansas Health Institute with support from the Robert Wood Johnson Foundation focused on cross-jurisdictional sharing (CJS), building the evidence and producing and disseminating tools, methods and models to assist public health agencies and policymakers as they consider and adopt CJS approaches.
Source: https://phsharing.org

Coalition for Local Public Health (CLPH). Public health organizations dedicated to working together to advocate for the resources needed to promote healthy communities in Massachusetts through strong boards of health and health departments. These

organizations represent over 4,900 citizens and professionals interested in supporting the Commonwealth's local public health infrastructure.

The six member organizations are:

- Massachusetts Association of Health Boards (MAHB),
- Massachusetts Association of Public Health Nurses (MAPHN),
- Massachusetts Environmental Health Association (MEHA),
- Massachusetts Health Officers Association (MHOA),
- Western Massachusetts Public Health Association (WMPHA), and
- Massachusetts Public Health Association (MPHA)

Source: https://mapublichealth.org/clph/

Council on Linkages Between Academia and Public Health Practice. A collaborative of 23 national organizations focused on improving public health education and training, practice, and research and leading the national initiative for setting public health professional workforce standards.

Source: http://www.phf.org/programs/council/Pages/default.aspx

Local Public Health Institute (LPHI), Boston University School of Public Health. LPHI, funded by the MDPH, works to improve public health and preparedness capabilities and the health of the residents of the Commonwealth by creating, implementing and sustaining workforce development activities for local public health and other public health system partners.

Source: http://sites.bu.edu/masslocalinstitute/about/about-us/

Massachusetts Department of Environmental Protection (MDEP). MDEP is responsible for protecting the environment in the state of MA. Its areas of responsibility include preventing pollution of air, water, and ground; protecting wetlands; waste and recycling issues; regulating hazardous materials; and reducing climate change.

Source: https://www.mass.gov/orgs/massachusetts-department-of-environmental-protection

Massachusetts Department of Public Health (MDPH). MDPH promotes the health and well-being of all MA residents by ensuring access to high-quality public health and healthcare services, and by focusing on prevention, wellness, and health equity in all people.
Source: https://www.mass.gov/orgs/department-of-public-health

Massachusetts Department of Revenue (DOR). The Massachusetts Department of Revenue manages state taxes and child support. DOR also help cities and towns manage their finances.
Source: https://www.mass.gov/orgs/massachusetts-department-of-revenue

Massachusetts Municipal Association (MMA). The MMA is a private, non-partisan group of nonprofit organization of cities and towns that serve as a voice of cities and towns in Massachusetts. The organization's goals include public policy advocacy, membership education, intergovernmental relations, services to cities and towns, public awareness, and unity.
Source: https://www.mma.org/

Massachusetts Practice Based Research Networks. A Robert Wood Johnson Foundation-funded collaboration between Boston University School of Public Health, the Massachusetts Public Health Regionalization Working Group, the Institute for Community Health, and local public health officials. The purpose of practice-based research networks is to increase the development and translation of research findings that inform improvements in public health systems and health outcomes.
Source: http://www.bu.edu/regionalization/about-us/ma-pbrn/

Massachusetts Public Health Regionalization Project. The project's goal is to strengthen the Massachusetts public health system by creating a state-funded regional structure for equitable delivery of local public health services across the Commonwealth. The **Massachusetts Public Health Regionalization Working Group**, as part of the project, is comprised of representatives from state government, local public health

officials from cities and towns with varying populations and governing structures, legislators, and public health experts from the academic communities and is tasked to carry out the research and analysis.
Source: Massachusetts Public Health Regionalization Working Group**, Massachusetts Public Health Regionalization Project: Status Report,** 2009 http://www.bu.edu/regionalization/files/2013/07/Regionalization-status_report_9-1-09.pdf

National Association of County and City Health Officials (NACCHO). The National Association of County and City Health Officials was founded in the 1960's with the goal of assisting city and county health offices in improving the public's health while adhering to a set of core values: equity, excellence, participation, respect, integrity, leadership, science, and innovation. NACCHO membership is comprised of nearly 3,000 local health departments across the U.S. They focus on being a leader, partner, catalyst, and voice for change for local health departments around the nation.
Source: https://www.naccho.org/about

Public Health Accreditation Board (PHAB). The Public Health Accreditation Board (PHAB) is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments.
Source: *Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011 http://www.phaboard.org/wp-content/uploads/PHAB-Guide-to-National-Public-Health-Department-Accreditation-Version-1.0.pdf*

Public Health National Center for Innovations. (PHNCI). PHAB established PHNCI to identify, implement, and spread innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide, which included the development of Foundational Public Health Services.
Source: https://phnci.org/about

Robert Wood Johnson Foundation (RWJF). The RWJF is the United States' largest philanthropy focused solely on health. The foundation's goal, through the use of grants, is "to improve the health and health care of all Americans." The grants focus on a range of health issues, including access to care, childhood obesity, training for doctors and nurses, and social determinants of health such as housing, violence, poverty, and food insecurity. They also issue the annual county health rankings.
Source: www.rwjf.org

Trust for America's Health (TFAH). Trust for America's Health is a non-partisan public health policy, research, and advocacy organization that envisions a nation that values the health and well-being of all and where prevention and health equity are foundational to policymaking at all levels of society. TFAH develops reports and other resources and initiatives, and recommends policies, to advance an evidence-based public health system that is ready to meet the challenges of the 21st century.
Source: https://www.tfah.org/about/mission-vision-statements/