

Massachusetts Department of Public Health

Office of Local and Regional Health

Annual Report Fiscal Year 2022



PUBLIC
CONSULTING GROUP

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1 MESSAGE FROM THE DIRECTOR

Dear Partners,

This year (July 1, 2021- June 30, 2022) has been a year of changes for the Office of Local and Regional Health (OLRH). Our team saw the retirement of Ron O'Connor at the end of July 2021. Ron served as the OLRH director for more than six years and built a solid foundation for us. In addition to the leadership change, we expanded our team and were provided new resources to support Massachusetts local and regional public health, while navigating COVID-19 and other ongoing public health challenges.

These changes are in no small part linked to the system transformation that is underway for local and regional public health. In 2019, working with all of you, the Special Commission on Local and Regional Public Health's [Blueprint for Public Health Excellence](#) was released, with its six interlocking recommendations. Some of these recommendations have since been codified in MGL c. 111 §27D. Since its release, OLRH has been advancing the recommendations. This work was amplified this past year with deeply valued support from the state budget and federal resources, including \$200 million from American Rescue Plan Act (ARPA). This support created historic opportunities for investing in and strengthening our local and regional public health system.

In this Annual Report, we invite you to read about some of the exciting things accomplished this year, such as 75% of municipalities joining a local public health shared service agreement and working to center racial equity every day. These accomplishments are possible because of you – our partners – and the work you do each day. We are deeply grateful for your commitment to your communities and collaborating statewide. Thank you. We are looking forward to all that is to come.

Samuel S. Wong, PhD
Director, Office of Local and Regional Health
Massachusetts Department of Public Health

2 ABOUT THE OFFICE OF LOCAL AND REGIONAL HEALTH

Local and regional public health systems can improve health, reduce racial and health disparities, and build safe and healthy communities. By building on the current system and working alongside local health departments, we can improve health for all. To make this vision a reality, the Special Commission on Local and Regional Public Health (“Special Commission”) provided six interlocking recommendations in their *Blueprint for Public Health Excellence* report:

1. Elevate the standards for and improve the performance of local public health departments
2. Increase cross-jurisdictional sharing of public health services to strengthen the service delivery capabilities of local public health
3. Explore improvements to the current platforms to report, analyze, and interpret data
4. Set education and training standards for local public health officials and staff and expand access to professional development
5. Ensure continuity of stakeholder engagement in the implementation of the Special Commission’s recommendations
6. Commit appropriate resources to the local public health system changes proposed by the commission

The Office of Local and Regional Health (OLRH), within the Massachusetts Department of Public Health (DPH), exists to support local and regional public health departments, boards of health, and the Tribes in improving health for all. With the *Blueprint for Public Health Excellence* as a guide, OLRH achieves this by working alongside our local and regional public health partners, expanding opportunities for support and technical assistance, building the state-level infrastructure necessary to foster the development of a more robust local and regional public health system.

3 FISCAL YEAR 2022 MILESTONES

The Office of Local and Regional Health balanced COVID-19 response and simultaneously implemented the Special Commission's recommendations during fiscal year 2022. Throughout the year, the Office conducted **42 webinars** related to COVID-19 and local and regional health topics and **distributed \$3,966,764 in COVID-19 funding to municipalities**.

The following section of this report document the progress OLRH has made towards achieving all six interlocking recommendations from the *Blueprint* over the course of FY22.

Elevate the Standards for and Improve the Performance of Local Public Health Departments

- Compiled the Phase 1 Performance Standards for local and regional public health, which consist of applicable Massachusetts General Laws and state regulations and the Special Commission's workforce standards from the *Blueprint*.
- Procured a vendor to develop and conduct a Baseline Capacity Assessment of municipalities on the provision of public health services.

Increase Cross-Jurisdictional Sharing of Public Health Services to Strengthen the Service Delivery Capabilities of Local Public Health

- Expanded Public Health Excellence for Shared Service grant program (PHE) from 29 grantees to a total of **41 grantees, covering 267 municipalities** as of June 2022. These inter-municipal arrangements pool resources, functions, and expertise, allowing municipalities across the Commonwealth an opportunity to expand the public health protections and services they offer residents. We continue to encourage the remaining municipalities to come onboard.
- Distributed approximately **\$12M** directly to municipalities to establish or expand public health infrastructure, under the Public Health Excellence program.

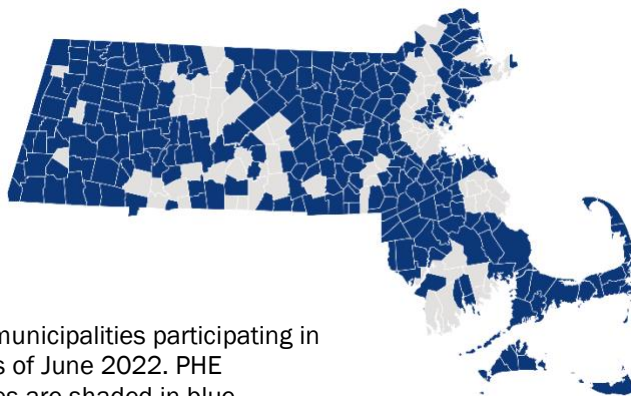


Figure 1. Map reflecting municipalities participating in the PHE grant program as of June 2022. PHE participating municipalities are shaded in blue.

Explore Improvements to the Current Platforms to Report, Analyze, and Interpret Data

- Conducted research including an environmental scan, a literature review on data in public health, information on how data are currently being used in the Commonwealth, and feedback on what data would be useful.
- Based on environmental scan determined what is needed in a local and regional public health data reporting system, what is already being reported, and how reporting could be made easier.

Set Education and Training Standards for Local Public Health Officials and Staff and Expand Access to Professional Development

- Identified CDC's TRAIN as the learning management system that will support and expand access to online trainings, learning collaboratives, and webinars.
- Developed the state-level training infrastructure necessary to support field training, including determination of regional training hub locations.
- Developed the procurement for a "Career of Public Health" website that can function as an employment recruitment and internship exchange, and to promote a range of careers and career development opportunities for public health professionals.

Commit Appropriate Resources for the Local Public Health System Changes Proposed by the Special Commission

- Maximized federal resources to support local and regional health, such as the CDC Crisis Workforce Development grant which funded projects like the Academic Public Health Corps.
- *This recommendation is partially dependent on appropriations, which is outside of OLRH.*

Ensure Continuity of Stakeholder Engagement in the Implementation of the Commission's Recommendations

- Met biweekly with the Coalition for Local Public Health to discuss topics related to local and regional public health.
- Facilitated regular discussions with local health departments of Commonwealth's 14 largest cities.
- Conducted 42 webinars related to COVID-19 and local and regional health topics.

4 OUR EQUITY WORK

OLRH is committed to addressing inequities that disproportionately impact the ability for communities of color and marginalized populations to reach their full potential of health. OLRH will continue to prioritize engaging partners and deepening our personal and shared knowledge of historical and current impacts of racism and inequity on health disparities.

As we continue to enhance our understanding of health and racial equity in our work, we highlight some areas where we've been able to pay particular focus to these issues over the past year. We look forward to building on this work in the years to come.

- Co-led the Inter-Agency Tribal Partners Working Group Meetings and co-led the Tribal Health Vaccine Equity initiative which provided funding to six Tribal and Indigenous Peoples Serving Organizations, the two federally recognized Tribes, and the only Title 5 Urban Area Indian Health Services.
- Provided additional support and technical assistance to local health departments in 20 [Vaccine Equity Initiative](#) communities identified as having the highest disparities from the impact of COVID-19.
- Participated in the development and review process for the Community Health Inclusion Index mini-grants for municipalities.
- Collaborated with the Bureau of Infectious Diseases and Laboratory Sciences to hire a Tribal Data Epidemiologist, the first of its kind in the Department of Public Health.
- Began development of a health and racial equity training and technical assistance program for local and regional public health to advance equity statewide.
- Included an equity statement in all job and procurement postings.

5 LOOKING AHEAD - GOALS FOR FISCAL YEAR 2023

The Office of Local and Regional Health looks forward to building on the accomplishments of the past year to continue to implement the Special Commission's recommendations.

1. Elevate the standards for and improve the performance of local public health departments.

- a. Finalize and release Phase 1 of the Performance Standards for local and regional public health.
- b. With the results of the Baseline Capacity Assessment, begin drafting Phase 2 of the Performance Standards to continually increase local and regional public health capacity and services, with an immediate focus on helping local health departments meet existing statutory and regulatory requirements and longer term to evaluate timeline and appropriate phases of implementation of national Foundational Public Health Services.

2. Increase cross-jurisdictional sharing of public health services to strengthen the service delivery capabilities of local public health

- a. Complete the Baseline Capacity Assessment, working with our PHE shared service arrangements to determine staffing and resource needs.
- b. Support local health and the Tribes in addressing health disparities and improving population health by delivering training and technical assistance on racial and health equity.
- c. Continue to support and expand infrastructure for cross-jurisdictional sharing of public health services.
- d. Deepen and strengthen working relationships between local health departments, boards of health, the Tribes, and DPH.

3. Explore improvements to the current platforms to report, analyze, and interpret data

- a. Use research from FY22 to develop and implement a standardized, unified data system that meets the needs of local and regional public health.
- b. Create a procurement to advance the creation of such data system.

4. Set education and training standards for local public health officials and staff and expand access to professional development

- a. Establish training and educational opportunities for local and regional public health by implementing CDC TRAIN as a learning management system.
- b. Establish Regional Field Training Hubs to provide critical hands-on, skill-based field training opportunities across the Commonwealth.
- c. Develop the Careers of Public Health website to serve as a recruitment and career development resource for the local and regional public health workforce.

- d. Transition the credentialing of Registered Sanitarians (RS) and Certified Health Officers (CHO) from the Division of Occupational Licensure to OLRH, including the drafting of new regulations.

5. Ensure continuity of stakeholder engagement in the implementation of the Special Commission's recommendations

- a. Deepen our engagement with partners, including through an inclusive strategic planning process.
- b. Explore the feasibility of establishing a dedicated engagement unit within the office.
- c. Streamline our communications, through regular webinars and newsletters, and enhancing accessibility and reach.

6. Commit appropriate resources for local and regional public health system change

- a. Explore additional federal funding opportunities to supplement existing state resources.

6 SPOTLIGHT ON LOCAL AND REGIONAL PUBLIC HEALTH

How has the Office of Local and Regional Health impacted municipalities during fiscal year 2022? Here are three grantees who share in their own words the real-world impact of Public Health Excellence (PHE) grant funds on the access to public health services across the Commonwealth.

*We were able to hire two new **regional health inspectors**, which has allowed our municipalities to stay current with food, housing, and septic inspections. We have also been able to train new shared staff and existing staff to keep or gain required credentials listed in the Blueprint for Public Health Excellence.*

- Central MA Regional Planning Commission (Northbridge, Blackstone, Douglas, Hopedale, Mendon, Millville, Upton, Uxbridge)

Public Health Excellence funding has allowed us to purchase software for use in inspections of housing complaints, food service establishments, pools, bathing beaches and recreational camps. This data collection tool not only helps us communicate clearly with the people we are regulating while we're out in the field but also will help us understand and respond to the needs of our community better.

- Cooperative Public Health Service Health District/Franklin Regional Council of Governments

Recently, we have embarked on an effort to increase data capacity. Through PHE funding, we were able to hire a shared epidemiologist to work with municipal GIS staff to map key health services and locations. The town of Franklin will serve as a pilot for this initiative. The mapping will be made available for local access, information, and awareness. This data effort is helping to establish a more comprehensive data infrastructure for our municipalities.

- Metacomet Shared Services Group (Franklin, Norfolk, Wrentham)

7 APPENDIX

7.1 GLOSSARY

Term	Definition
Special Commission's <i>Blueprint for Public Health Excellence</i>	The Special Commission on Local and Regional Public Health (SCLRPH) was established in August 2016 (Chapter 3 of the Resolves of 2016) 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 concluded its work with the release of its final report, Blueprint for Public Health Excellence: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections in June 2019. The report documents the Commission’s findings and makes recommendations for strengthening local public health services across the Commonwealth.
Foundational Public Health Services	The Foundational Public Health Services (FPHS) were developed by The Public Health National Center for Innovations in 2013 to define a minimum package of public health capabilities and programs that no community can be without. For more information, see here: FPHS PHNCI .
State Action for Public Health Excellence (SAPHE) Program And Public Health Excellence for Shared Services Grant Program (PHE)	<p>The Massachusetts Department of Public Health (DPH), Office of Local and Regional Health (OLRH), launched the Massachusetts Municipal Public Health Shared Services grant program in January 2020 with funding from the FY2020 state budget.</p> <p>Created in response to a Special Commission of Local and Regional Public Health (SCLRPH) recommendation, the program was renamed the State Action for Public Health Excellence (SAPHE) grant program after the passage of the SAPHE Act in April 2020. The program enables groups of cities and towns to plan for or to expand sharing of staff and resources to improve local public health effectiveness and efficiency. This grant program was renamed the Public Health Excellence for Shared Services (PHE) in FY21 to reduce the confusion with the “SAPHE” legislation.</p>