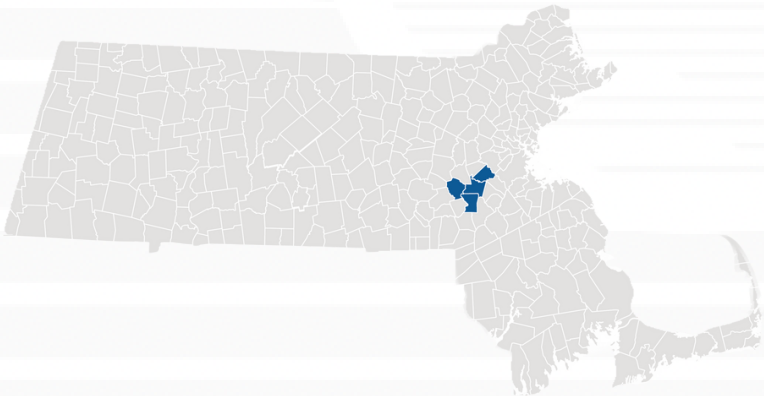
2022 - 2023

MA PUBLIC HEALTH EXCELLENCE GRANT PROGRAM

CAPACITY ASSESSMENT RESULTS TOOLKIT (CART)



Charles River Public Health District

Dover
Medfield
Needham
Sherborn

Report by:
BME Strategies

Funded by:
Massachusetts Department of Public Health,
Office of Local and Regional Health

2022 - 2023 CART

TABLE OF CONTENTS

2022 - 2023 CART

EXECUTIVE SUMMARY

Background

To understand the existing capacity and capability of the local regional public health (LRPH) system in Massachusetts, a three-phase Capacity Assessment was conducted among the municipalities participating in the Massachusetts Public Health Excellence (PHE) Grant Program in the fall of 2022.

Data Analysis

Data from the three phases provided critical insight into both strengths and opportunities for improvement across the 98% of local public health departments in the PHE Grant Program that completed the Baseline Capacity Assessment (Phase 1). This information will be used to inform the investments and areas of opportunity for each Shared Service Arrangement (SSA) so that critical quality improvements can be made to meet the Performance Standards.

Results

Collectively, the municipalities in the Charles River Public Health District reported they are meeting 83% of the Standards across the seven core response categories [i.e., Administration, Community Sanitation, Environmental Protection, Disease Control & Prevention, Housing, Food Protection, and Tobacco Control]. **The SSA's strongest ability in meeting the Performance Standards is in Food Protection**, and the area most needing support is Tobacco Use Prevention. The full data summary is contained in the subsequent sections of this report. After careful analysis, the following recommendations were shared for the Charles River Public Health District:

1. **Shared Staffing**: In the next fiscal year, consider sharing existing or hiring shared staff to expand your SSA's ability to meet more Standards in the Tobacco Use Prevention, Housing, and Environmental Protection categories. Consider hiring personnel that are reflective of your SSA's demographics.
2. **Training** - **Environmental Protection**: In the next fiscal year, consider investing in training for staff related to Environmental Protection.
3. **Backup Documentation**: In the next fiscal year, conduct an internal review of the quality of all Food Protection & Housing-related backup documentation requested (ex. Inspection Reports, Corrective Orders, Condemnation Orders, HACCP/Food/School/Frozen Dessert Inspections and Food Plan/Variance Reviews) as there is an opportunity to improve the quality of these documents.
4. **Tobacco Control Coalition**: Consider applying to or joining a Tobacco Control Coalition to expand your SSA's ability to meet more Standards in the Tobacco Use Prevention category.
5. **Existing Contractual Requirements** - **IMA**: In the next six months, finalize your SSA's IMA.
6. **Existing Contractual Requirements** - **Shared Services Coordinator**: In the next fiscal year, consider utilizing your Shared Services Coordinator full-time to promote communication between municipalities, identify opportunities for cost savings, promote more integrated shared services, etc.
7. **Existing Contractual Requirements** - **Shared Services**: In the next fiscal year, integrate shared services more to achieve the Performance Standards.

Conclusion

We hope this CART, accompanying data, and recommendations will support your SSA to identify and strengthen areas of existing high performance and of greatest need to ensure services are provided equitably, efficiently, and effectively. We are deeply grateful for all of your past and continued support in this crucial effort.

CAPACITY ASSSESSMENT

BACKGROUND

In 2019, the Special Commission on Local and Regional Public Health released the Blueprint for Public Health Excellence (Blueprint) to recommend approaches for strengthening Massachusetts' local public health system. The recommendations from the Blueprint center around the Public Health Standards, Cross-Jurisdictional Sharing, Data Reporting and Analysis, Workforce Credentials, Providing Adequate Resources, and Engagement. In order to implement the recommendations of the Blueprint, it was necessary first to understand the existing capacity and capability of the LRPH system in Massachusetts. Thus, in the fall of 2022, a statewide Capacity Assessment was conducted among the 309 municipalities that were participating in the Massachusetts Public Health Excellence Grant Program. The Capacity Assessment consisted of three distinct phases:

PHASE 1

Baseline Capacity Assessment (BCA)
A self-report survey evaluating LRPH's ability to meet the Performance Standards.

PHASE 2

Workforce Assessment Survey
A self-report survey evaluating the public health workforce in relation to Workforce Standards defined in the Blueprint.

PHASE 3

Backup Documentation Submission
Document request based on municipalities' responses to the BCA for a qualitative look at the existing practices of LRPH in delivering health services.

The Baseline Capacity Assessment was designed and developed by a team of local and state public health Subject Matter Experts (SMEs), each with at least 25 years of experience working in local public health. The Workforce Assessment was developed directly from the Workforce Standards outlined in the Blueprint. The type of backup documentation requested was determined by the same panel of SMEs based on the Performance Standards.

2022 - 2023 CART

PUTTING THE CART INTO ACTION

CART Overview

The Capacity Assessment Results & Recommendations Toolkit (CART) was developed to assist Shared Service Arrangements in utilizing data from the Capacity Assessment to inform the development of their workplans. Tools in the CART include:

- Capacity Assessment Summary Results & Recommendations
- Tableau Data Dashboard Information
- Timeline and Next Steps
- Prioritization Matrix
- Racial Equity Data Road Map & Reframing Questions
- Additional Resources

CART Summary Results & Recommendations

The Summary Results & Recommendations section of the CART is designed to illustrate the results of your Shared Service Arrangement's Baseline Capacity Assessment, Workforce Assessment, and Backup Documentation submission. The Summary Results & Recommendations document is organized into the following sections:

- BCA Responses by Subject Area
- Reasons for Not Meeting the Performance Standards by Subject Area
- Workforce Assessment Results
- SSA Budget & Grant Information
- SSA Backup Documentation Scoring
- Workplan Data Informed Recommendations

CART into Action

Each Shared Service Arrangement is encouraged to use the Capacity Assessment results as well as the data informed recommendations and discuss amongst themselves the best way forward in developing their SSA's workplan. To develop their workplans, SSAs may use the recommendations or develop alternative approaches based on the data found in the Summary Results & Recommendations section of the CART and Tableau Data Dashboard.

2022 - 2023 Baseline Capacity Assessment & Workforce Assessment

Summary Results and Recommendations

83%

Performance Standards Met

4% points above statewide SSA average

$42.07

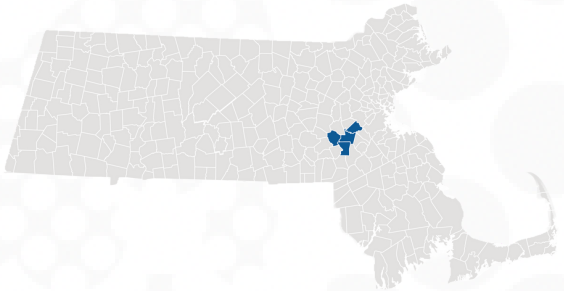
SSA-Specific Per Capita Spending on Health (Municipal Budget & Grants)

$17.28 above statewide SSA per capita

Unware of Standard: 8%

Greatest Area of Improvement by Response Category

2% points below statewide SSA average



Charles River Public Health District

Dover
Medfield
Needham
Sherborn*

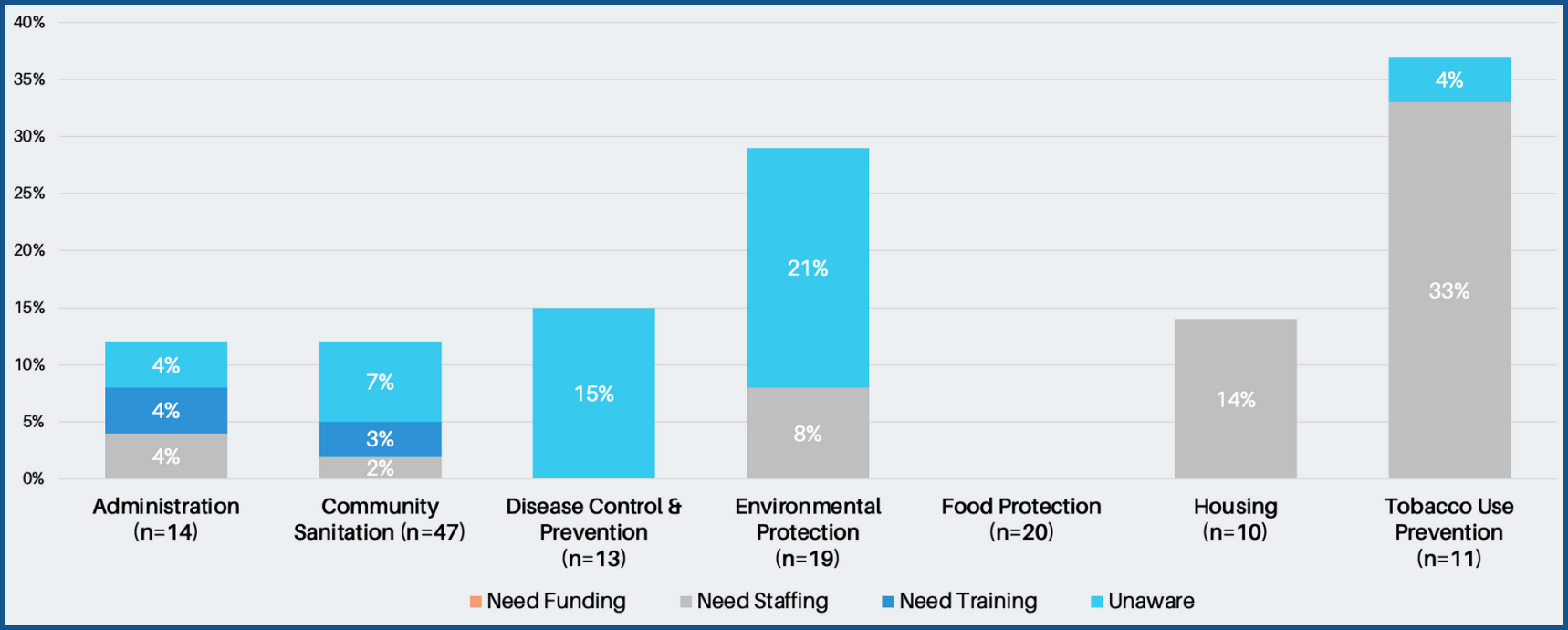
*Municipality was not part of the PHE Grant Program during the first round of the Capacity Assessment; their data is not included in the following slides.

BCA RESPONSES BY SUBJECT AREA

Response Categories	BCA Responses	Administration (n=14)	Community Sanitation (n=47)	Disease Control & Prevention (n=13)	Environmental Protection (n=19)	Food Protection (n=20)	Housing (n=10)	Tobacco Use Prevention (n=11)
Meets	Meets Performance Standards	**87% (76%)**	**88% (80%)**	**85% (71%)**	**72% (76%)**	**100% (82%)**	**86% (83%)**	**63% (82%)**
Does Not Meet (**Capacity**)	Need Funding	0% (0%)	0% (1%)	0% (2%)	0% (1%)	0% (0%)	0% (1%)	0% (1%)
	Need Staffing	4% (6%)	2% (6%)	0% (8%)	8% (6%)	0% (7%)	14% (7%)	33% (7%)
Does Not Meet (**Proficiency**)	Need Training	4% (5%)	3% (4%)	0% (3%)	0% (3%)	0% (3%)	0% (7%)	0% (3%)
	Unaware	4% (13%)	7% (9%)	15% (17%)	21% (14%)	0% (7%)	0% (3%)	4% (7%)

n = the number of Baseline Capacity Assessment survey questions in the subject area
The green and red colors highlight the subject areas that met (green) or did not meet (red) a 75% threshold
The percentages within the parentheses illustrate the statewide SSA average

The table displays the frequency of Performance Standards municipalities indicated they were meeting (*Meets Performance Standards*) or not meeting (*Need Funding, Staffing, Training, or Unaware of Standards*) within the seven core subject areas. Each percentage represents the frequency of responses across all Performance Standards within the associated subject area. For example, of the Performance Standards that are applicable in the *Housing* subject area, the municipalities in your SSA are meeting 86% of the Standards (subject area made up of 10 Standards). The response categories of *Capacity* and *Proficiency* illustrate the reasons your SSA selected for not meeting the Performance Standards. For example, of the Performance Standards that are applicable in the *Housing* subject area, the municipalities in your SSA are not meeting 14% of the Standards because they *Need Staffing.* Please note that the Performance Standards municipalities selected in the BCA as *Not Applicable* are not included in this table.



n = the number of Baseline Capacity Assessment survey questions in the subject area

REASONS FOR NOT MEETING STANDARDS BY SUBJECT AREA

This chart illustrates your SSA's self-reported reasons for not meeting the Performance Standards broken out into seven subject areas based on BCA survey questions.

SSA FTE BY POSITION & TYPE OF EMPLOYEE

Position	Municipal FTE		Shared FTE		Total
	Municipal	Contractor	Municipal	Contractor	
Management	3				3
Management/Agent			1.04		1.04
Inspector/Sanitarian	1.5	0.75			2.25
Public Health Nurse	2.75	0.25			3
Clerical Staff	3.5	0.75			4.25
Community Public Health Specialist					0
Behavioral Health Specialist	2.75				2.75
Community Resource Specialist					0
Public Health Program Specialist	1				1
Epidemiologist	1				1
Community Health Worker					0
Social Worker					0
Emergency Preparedness	0.5				0.5
Public Information Officer					0
Mass in Motion Coordinator					0
Food Access Coordinator	0.75				0.75
Tobacco Control Coordinator					0
Drug Free Communities Coordinator					0
Grant Coordinator					0
Other					0
Shared Services Coordinator			0.5		0.5
Total	**16.75**	**1.75**	**1.54**	**0**	**20.04**

*Unknown FTE

STATEWIDE WORKFORCE ASSESSMENT

EDUCATION, TRAINING, & CREDENTIALING

This table illustrates what proportion of **all Workforce Assessment respondents across Massachusetts** met the educational, training, and credentialing criteria outlined in the Workforce Standards (Blueprint for Public Health Excellence) for "*Required At Hire*" and "*Required After Hire*."

Position		Criteria	Required at Hire	Required After Hire (without field component for training/certification criteria)
Management			**45% (n=131)**	**4% (n=110)**
	1	RS or equivalent eligible*	50%	
	2	Master's **or** BA/BS with 5 years of relevant experience	73%	
	3	RS or equivalent within a year		56%
	4	Foundations course since hire		39%
	5	CHO within 3 years of hire		10%
	6	Complete Master's within 5 years		48%
Management/Agent			**36% (n=146)**	**< 1% (n=114)**
	1	RS or equivalent eligible	36%	
	2	RS within 18 months of hire		48%
	3	Foundations since hire		52%
		Criteria 2 & 3		25%
	4	All required training/certifications for inspections performed		12%
Inspector/Sanitarian			**100% (n=183)**	**6% (n=134)**
	1	High School Diploma or equivalent	100%	
	2	RS within 6 years of hire		34%
	3	Foundations course since hire		44%
		Criteria 2 & 3		16%
	4	All required training/certifications for inspections performed		18%
Public Health Nurse			**75% (n=138)**	**45% (n=122)**
	1	Bachelor of Science in Nursing (BSN)	75%	
	2	Registered Nurse (RN), current MA license	98%	
	3	MAVEN trained within 6 months		83%
	4	Foundations course since hire		46%
Clerical Staff			**95% (n=126)**	-
	1	Microsoft Office (or similar) applications	95%	
BOH Member (only those that conduct inspections)			**97% (n=34)**	**0% (n=33)**
	1	High School Diploma or equivalent	97%	
	2	RS within 6 years of hire		6%
	3	Foundations course since hire		18%
		Criteria 2 & 3		0%
	4	All required training/certifications for inspections performed		18%

*The health department has a management position and a separate fulltime environmental health director; the environmental health director has an RS, oversees the inspectors, and reports directly to the management position

*n = the number of individuals who responded to the Workforce Assessment for each position

STATEWIDE CERTIFICATIONS & TRAININGS BY INSPECTION TYPE

Category		Description	Management/Agent (n=146)	Inspector/Sanitarian (n=183)
Food Protection (Agent: n=112) (Inspector: n=143)	1	**ServSafe or similar (required)**	**90%**	**88%**
	2	MA PHIT Food Inspection Class (required)	27%	37%
	3	Food Protection Field Component (required)	10%	13%
Housing (Agent: n=121) (Inspector: n=136)	1	MA PHIT Housing Class (required)	49%	54%
	2	**Housing Court Training (required)**	**26%**	**24%**
	3	Lead Determinator (required)	40%	38%
	4	Housing Field Component (required)	13%	19%
	5	**Relevant LPHI Modules (recommended)**	**40%**	**37%**
Title 5 (Agent: n=99) (Inspector: n=97)	1	**Soil Evaluator (required)**	**72%**	**64%**
	2	**System Inspector (required)**	**62%**	**57%**
	3	MA PHIT Wastewater (required)	10%	10%
	4	Title 5 Field Component (required)	25%	22%
	5	**Relevant LPHI Modules (recommended)**	**32%**	**24%**
Pools (Agent: n=97) (Inspector: n=119)	1	**Certified Pool Operator or Certified Pool Inspector (required)**	**77%**	**75%**
	2	**Relevant LPHI Modules (recommended)**	**34%**	**25%**
Recreational Camps (Agent: n=104) (Inspector: n=105)	1	**Relevant LPHI Modules (recommended)**	**50%**	**50%**
Tanning/Body Art (Agent: n=80) (Inspector: n=91)	1	**Relevant LPHI Modules (recommended)**	**46%**	**47%**
Nuisances (Agent: n=146) (Inspector: n=135)	1	**Relevant LPHI Modules (recommended)**	**38%**	**42%**

n = the number of individuals who responded to the Workforce Assessment for each position; the number of individuals who selected they conduct inspections for a specific category (ex. Food Protection) in the Workforce Assessment

The certifications and trainings in bold are those that are currently available

This table illustrates the proportion of all statewide Workforce Assessment respondents that indicated their position as "*Management/Agent*" or "*Inspector/Sanitarian*" and the proportion of those individuals that have completed the relevant inspection-related trainings and certifications as outlined in the Workforce Standards.

STATEWIDE WORKFORCE ASSESSMENT RESPONDENTS' ABILITY TO MEET ICS/NIMS REQUIREMENTS

Position	Requirement	Proportion of Respondents Who Meet All Requirements
Management (n=131)		**50%**
	1 ICS 100	69%
	2 ICS 200	60%
	3 NIMS 700	56%
Management/Agent (n=146)		**51%**
	1 ICS 100	74%
	2 ICS 200	62%
	3 NIMS 700	58%
Inspector/Sanitarian (n=183)		**42%**
	1 ICS 100	55%
	2 NIMS 700	42%
Public Health Nurse (n=138)		**35%**
	1 ICS 100	52%
	2 NIMS 700	36%
Clerical Staff (n=126)		**23%**
	1 ICS 100	42%
	2 NIMS 700	24%
BOH Member (n=242)		**21%**
	1 ICS 100	31%
	2 NIMS 700	24%

n = the number of individuals who responded to the Workforce Assessment for each position

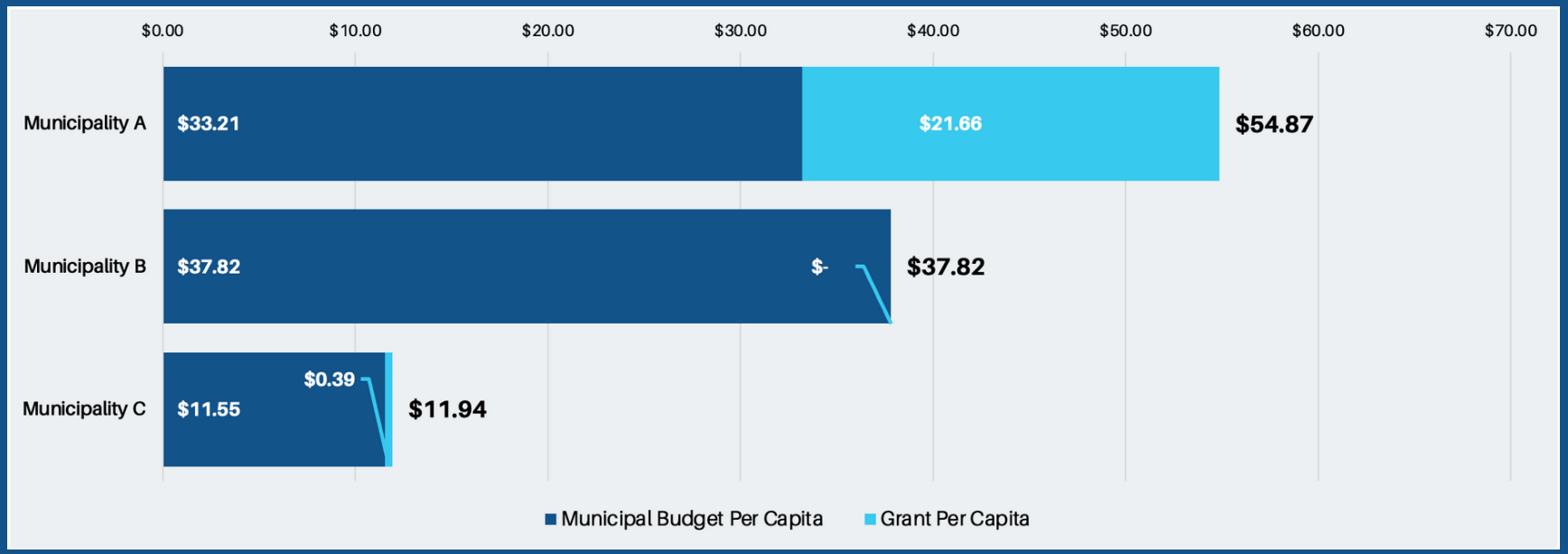
ICS/NIMS = Incident Command System & National Incident Management System

Demographic	SSA Constituency (Census)	Field Training Hub Constituency (Census)	Field Training Hub (Data from self-report **Workforce Assessment**)
White alone	83%	75%	82%
Black or African American alone	1%	4%	2%
American Indian and Alaska Native alone	0%	0%	0%
Asian alone	8%	8%	3%
Native Hawaiian and Other Pacific Islander alone	0%	0%	0%
Other Race alone	1%	4%	0%
Two or More Races	6%	8%	1%
Prefer not to answer	-	-	13%
Hispanic or Latino	4%	7%	7%
Female	51%	51%	72%
Male	49%	49%	22%
Non-Binary and/or Transgender	-	-	1%
Prefer not to answer	-	-	5%
English Only	85%	80%	92%
Language other than English	15%	20%	6%
Prefer not to answer	-	-	2%
Spanish	2%	5%	5%
Asian and Pacific Island languages	4%	4%	0%
Other Indo-European languages	6%	10%	0%
Other languages	2%	1%	1%

Percentages were rounded to the nearest whole percent and thus may not equal 100% (Field Training Hub - Workforce Assessment)
Sample size was too small to report demographic information on the SSA level
Field Training Hubs are the 10 groupings that will provide in-field training for those municipalities that are part of the PHE Grant Program. See Appendix D for more information.
Four Group Classification of Language - U.S. Census

DEMOGRAPHIC INFORMATION

SSA MUNICIPAL BUDGET & GRANT PER CAPITA

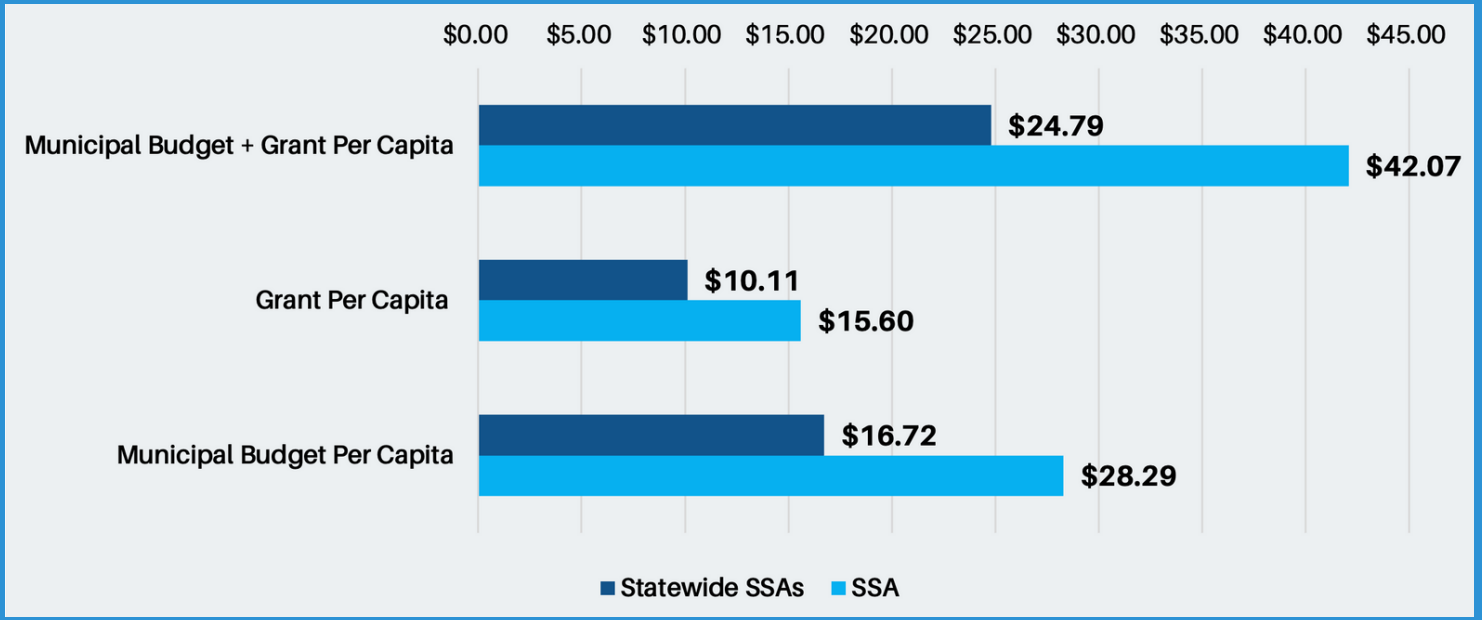


If "$-" is displayed, no data was provided
Grant budget amounts may contain cross-jurisdictional program areas

This graph illustrates, for each municipality in your SSA, the amount of money spent per person based on the self-reported budget and grant amounts in the BCA. The amount per person (per capita) is based on each municipality's population as reported by the U.S. Census.

SSA TOTAL MUNICIPAL & GRANT FUNDING PER CAPITA

This graph outlines your SSA's budget and grant per capita compared to the statewide SSA average.



Budget data provided by 286/300 (95%) municipalities
Grant data provided by 186/300 (62%) municipalities

SSA Total Muni. & Grant Budget	SSA PHE Budget
$2,137,664.00	$150,000.00

SSA CONTRACTED SERVICES BY SUBJECT AREA

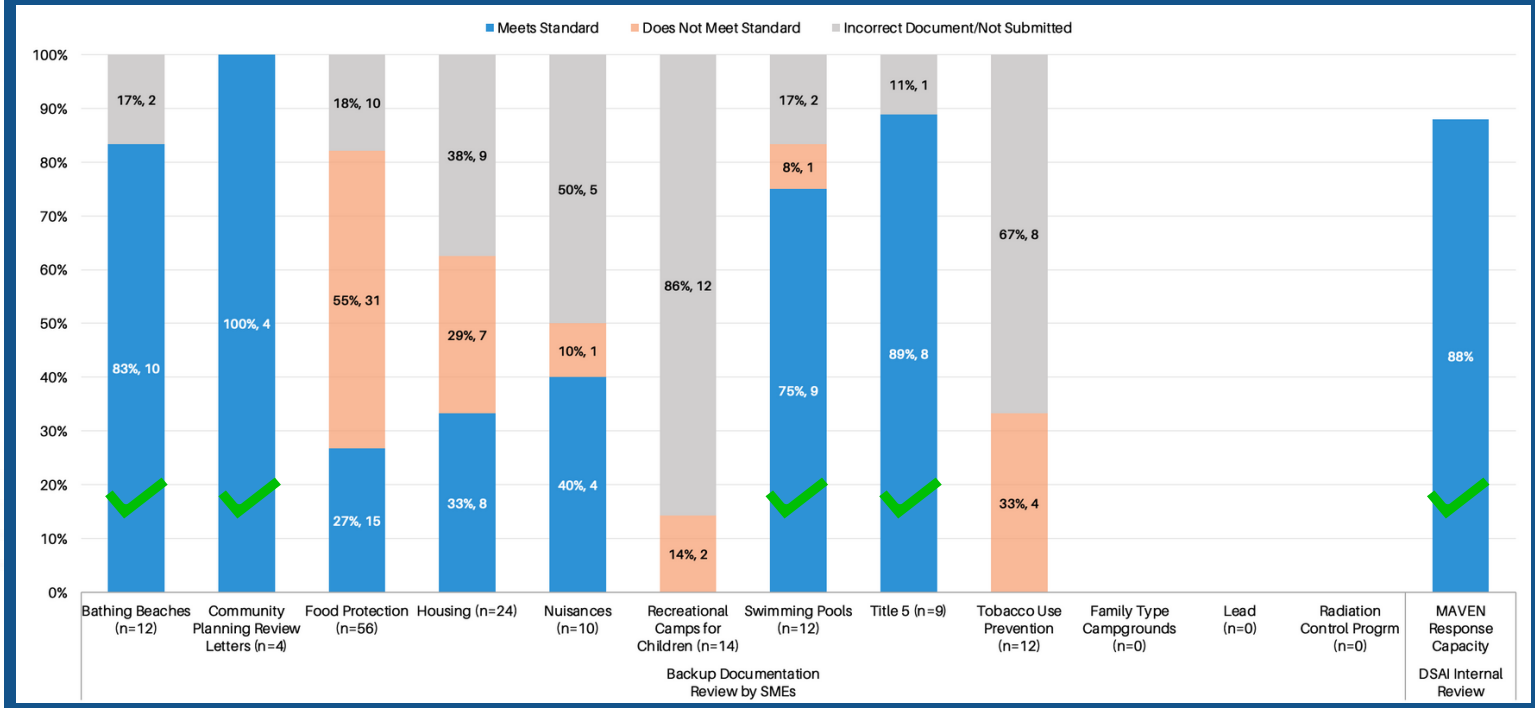
Municipality	Administration Services	Environmental Health Services	Disease Control & Prevention Services	Tobacco Use Prevention Services
Municipality A	$ -	$ 89,000	$ 12,000	$ -
Municipality B	$ -	$ -	$ -	$ -
Municipality C	$ -	$ 2,000	$ -	$ -
Total	**$ -**	**$ 91,000**	**$ 12,000**	**$ -**

If blank, no data was provided

A green check mark indicates that the documents scored in a particular subject area met a 75% threshold. If no Standards were met for document review in a subject area, a green check mark will not be visible in the chart.

SSA BACKUP DOCUMENTATION SCORING

This graph illustrates the number and proportion of documents that were reviewed by Subject Matter Experts (SMEs) for each subject area and how those documents were scored: *Meets Standard, Does Not Meet Standard, or Incorrect Document/Not Submitted.* For example, under the category "Food Protection," of the 56 documents requested, 27% (n=15) of those documents were scored as *Meets Standard*.



n = the number of documents requested by the SSA. If n = 0, no documents were requested for Standards that were reported as not met in the Baseline Capacity Assessment.

Only correct documents (ex. if a Housing Corrective Order was requested, that is the documentation that was submitted) were scored as "Meets Standard" or "Does Not Meet Standard."

Maven Response Capacity = evaluation of MAVEN immediate and routine infectious disease response times for 2019 and 2021.

Food Protection: Reasons for "Does Not Meet" Score	
1	2 inspections per year were not submitted when required
2	Reinspection not completed or documented
3	Follow-up action not completed or documented
4	Appropriate HACCP Plan was not included for at least 1 of the 3 years requested

Housing: Reasons for "Does Not Meet" Score	
1	Incomplete/missing Order to Correct
2	Follow up action not completed or documented
3	Reinspection not completed or documented

Nuisances: Reasons for "Does Not Meet" Score	
1	Missing or insufficient follow-up action

Swimming Pools : Reasons for "Does Not Meet" Score	
1	Issue that may contribute to illness or hazardous conditions not properly addressed
2	Follow-up action not completed or documented
3	Reinspection not completed or documented

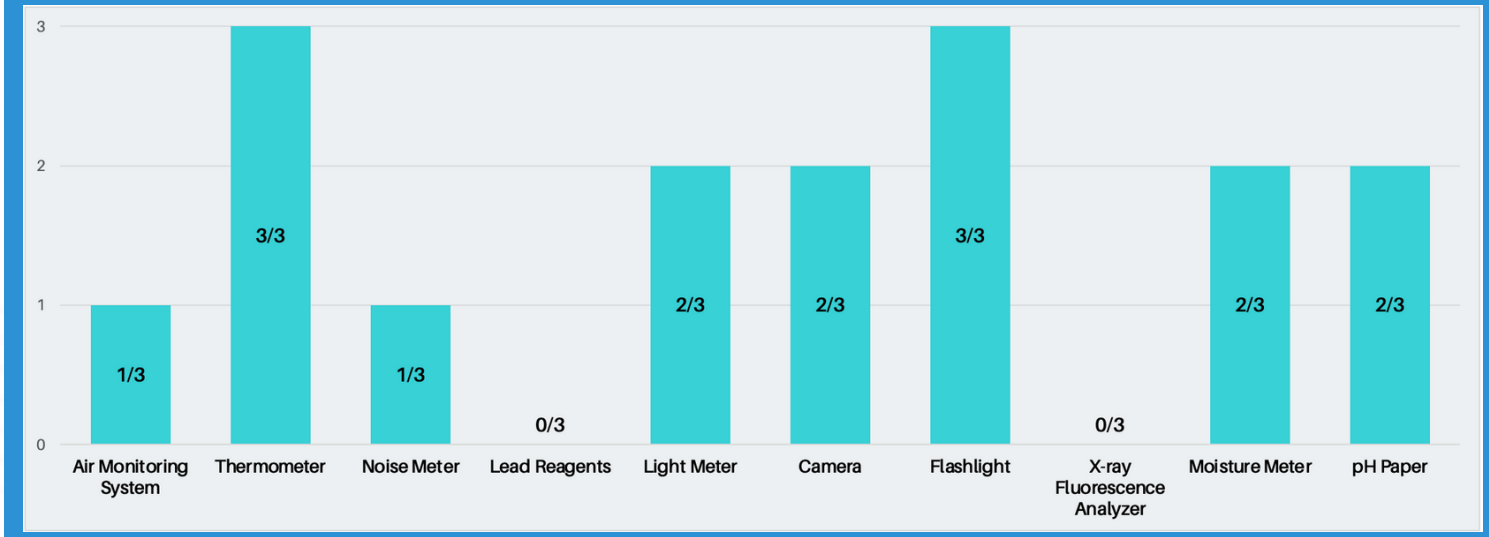
Tobacco Use Prevention: Reasons for "Does Not Meet" Score	
1	Follow up action not completed or documented
2	Violations identified but without documented follow up action
3	Critical fields not completed

SSA BACKUP DOCUMENTATION SCORING QUALITATIVE DETERMINATIONS

These tables provide more insight into why the SMEs scored your SSA's documents as "*Does Not Meet Standard*" for various subject areas. Please note that the reasons are ordered by frequency from greatest to least.

SSA INSPECTIONAL TOOLS AVAILABLE

This graph outlines the inspectional tools that municipalities in your SSA indicated they currently have access to. The fractions represent how many communities in your SSA indicated they have access to a specific tool.



The fractions in the chart represent the number of municipalities in your SSA that have the above mentioned tools

STATEWIDE MUNICIPALITY ADDITIONAL PROGRAMS & SERVICES

This chart outlines the programs that municipalities shared beyond what is required in the Performance Standards. **This represents all responses across the state.** The sizes of the boxes correspond with the frequency of programs and services provided. These are the types of programs and services that will be provided in the future as part of subsequent Performance Standards as we move towards the Foundational Public Health Services (FPHS).

WORK PLAN
DATA INFORMED RECOMMENDATIONS

1	**Shared Staffing - Tobacco Use Prevention, Housing, Environmental Protection**	In the next fiscal year, consider sharing existing or hiring shared staff to expand your SSA's ability to meet more Standards in the Tobacco Use Prevention, Housing, and Environmental Protection categories. Consider hiring personnel that are reflective of your SSA's demographics.
2	**Training - Environmental Protection**	In the next fiscal year, consider investing in training for staff related to Environmental Protection.
3	**Backup Documentation**	In the next fiscal year, conduct an internal review of the quality of all Food Protection & Housing-related backup documentation requested (ex. Inspection Reports, Corrective Orders, Condemnation Orders, HACCP/Food/School/Frozen Dessert Inspections and Food Plan/Variance Reviews) as there is an opportunity to improve the quality of these documents.
4	**Tobacco Control Coalition**	Consider applying to or joining a Tobacco Control Coalition to expand your SSA's ability to meet more Standards in the Tobacco Use Prevention category.

Existing Contractual Requirements

5	**IMA**	In the next six months, finalize your SSA's IMA.
6	**Shared Services Coordinator**	In the next fiscal year, consider utilizing your Shared Services Coordinator full-time to promote communication between municipalities, identify opportunities for cost savings, promote more integrated shared services, etc.
7	**Shared Services**	In the next fiscal year, integrate shared services more to achieve the Performance Standards.

DATA TO ACTION
TABLEAU DATA DASHBOARD

In addition to the data summary provided in the previous section, the full dataset from the Baseline Capacity Assessment will be uploaded to Tableau (a data visualization software). This Tableau data dashboard will be provided to all Shared Service Arrangements so that you may further query or analyze your SSA's data in an ongoing manner to inform future public health decisions in your communities and Shared Service Arrangements. In addition, you will able to compare your SSA's results to the statewide SSA averages. If you are unfamiliar with accessing and querying data in Tableau, please feel free to review Tableau links and videos that are provided on this page. An online training webinar for the SSA-specific dashboard will be held in Spring 2023 and a recording will be available for all to access and view. Please note that SSAs will be provided with more information about this training at a later date. Additionally, should you have any questions or concerns after the Tableau training webinar, please reach out to Alyson Speshock (alyson.speshock@mass.gov) for assistance.

The data from this Capacity Assessment is only as accurate as the information provided by each municipality in the your Shared Service Arrangement. Therefore, there may be inaccuracies in the data that you wish to correct. To support this desire, municipalities can complete the "*Capacity Assessment Data Correction Form*" by filling out the form linked on this page. Your SSA will be contacted by the Capacity Assessment team if additional information is required.

Resources

SSA Tableau Data Dashboard Training
Spring 2023

Tableau Overview
https://www.tableau.com/products

OLRH Contact Information for Tableau Assistance
Alyson Speshock
alyson.speshock@mass.gov

Tableau Dashboard Examples
https://www.tableau.com/dashboard-examples

Capacity Assessment Data Correction Form
https://forms.gle/dNEfMQ7X2TsGGdpL7

DATA TO ACTION TIMELINE & NEXT STEPS

1. CAPACITY ASSESSMENT

- Comprised of three phases:
  - *Phase 1*: Baseline Capacity Assessment Survey
  - *Phase 2*: Workforce Assessment Survey
  - *Phase 3*: Backup Documentation Submission

3. FUNDING

- In an effort to allocate additional funding to SSAs in a transparent and equitable manner, a funding mechanism is currently being developed. Please note that existing funding will not change and this formula will only lead to increased funding. Information will be shared in the spring before your SSA budgets are due.

5. TABLEAU DATA DASHBOARD TRAINING

- A webinar training will be hosted to orient local public health to the SSA Tableau Data Dashboard. This training will provide an overview of how to query your SSA's data and utilize the Tableau dashboard. This training will be recorded and available/sent to all Shared Service Arrangements.

2. SSA CART DATA REVIEW MEETINGS

- BME Strategies and OLRH will provide Shared Service Arrangements with an overview of the the Capacity Assessment data and Capacity Assessment Results Toolkit (CART) designed to help support ongoing use of the data.

4. SSA WORKPLAN & BUDGET DUE

- OLRH's Shared Services Unit will be facilitating a roll out of the FY24 workplans and budget templates this spring. Please reach our to your Program Coordinator with any questions.

LIST OF APPENDICES

LIST OF ACRONYMS

BCA	Baseline Capacity Assessment
BOH	Board of Health
Blueprint	Blueprint for Public Health Excellence
CART	Capacity Assessment and Results Toolkit
CHO	Certified Health Officer
FPHS	Foundational Public Health Services
ICS	Incident Command System
IMA	Intermunicipal Agreement
LRPH	Local Regional Public Health
LPHI	Local Public Health Institute
MA PHIT	Massachusetts Public Health Inspector Training
MDPH	Massachusetts Department of Public Health
MHOA	Massachusetts Health Officers Association
NIMS	National Incident Command System
OLRH	Massachusetts Office of Local and Regional Health
PHE	Public Health Excellence Grant Program
REHS	Registered Environmental Health Specialist
RS	Registered Sanitarian
SME	Subject Matter Expert
SSA	Shared Service Arrangement

PRIORITIZATION MATRIX

Development of Data Informed Recommendations

A panel of six local public health subject matter experts were convened to complete a prioritization matrix that informed the development and selection of the SSA data-informed recommendations. All BCA survey questions were organized into categories (ex. Food Protection - Inspections) and scored by the SMEs based on the criteria listed below.

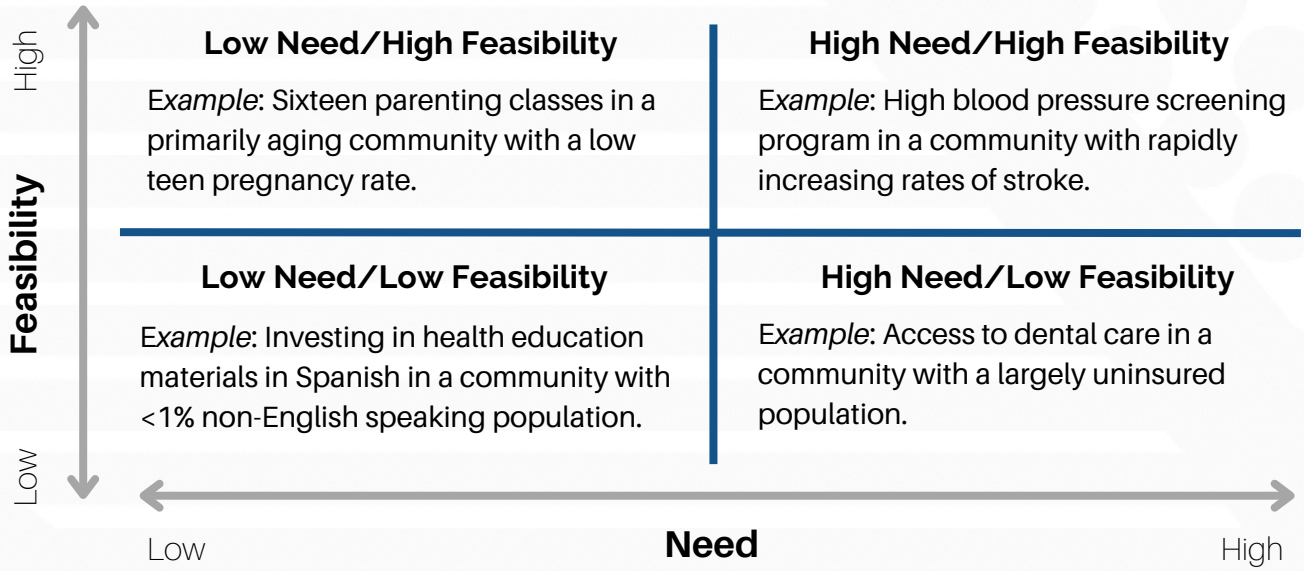
Criteria

- *Impact*: Potential to harm individuals
- *Scope*: Number of individuals Impacted
- *Ease of Implementation*: Resources available to effect change
- *Social Determinants of Health*: Impact on health equity

At the end of the process, each category was assigned a priority score. These priority scores were then ranked accordingly. The higher the category's priority score, the more likely recommendations were developed for that category - only if that category was identified as an area for improvement based on a review of the SSA's Capacity Assessment data.

Prioritizing SSA Recommendations

The Prioritization Matrix below is designed to help Shared Service Arrangements identify areas of the Performance Standards and/or Workforce Standards to allocate resources to based on their Capacity Assessment data. Although the Summary Results and Recommendations will highlight areas of need based on the Capacity Assessment data, SSAs are encouraged throughout the prioritization process to discuss additional factors that may deviate from the data and data-informed recommendations when developing their workplans.



RACIAL EQUITY DATA ROAD MAP & REFRAMING QUESTIONS

Racial Equity Data Road Map

https://www.mass.gov/doc/racial-equity-data-road-map-pdf/download

Racial Equity Data Road Map

The Racial Equity Data Road Map was developed by MDPH to provide guidance on how to develop public health programs that address racial inequities in service delivery and health outcomes. The Road Map is a collection of prompts to help identify opportunities in public health programming to close the gap of racial inequities in health. The Road Map should be referenced when developing your SSA's workplan.

Racial Equity Reframing Questions

Utilizing the Racial Equity Reframing Questions is one way to explicitly describe traditional approaches and then challenge their underlying assumptions and expectations. Reframing how program design views health outcomes can help understand how and why the existing disparities are unfair, unjust, and preventable.

Framing Element	Traditional Approach	Racial Equity Approach
1. What is the problem?	This is often the problem as defined long ago and reinforced by education and access campaigns over years of programming and funding cycles.	Where is the injustice? Are subgroups affected differently? Are specific groups bearing a greater burden? What is the inequity of interest?
2. What is the cause? *What/who is responsible?*	Individual behaviors/actions are often identified as the root cause of the problem.	Think through the Social Determinants of Health (SDoH—built environment, social environment, employment, education, housing and violence) as they pertain to the problem defined above. What are the root causes? Think bigger and more broadly about policies, and opportunities within the healthcare or social service systems. Think about the individual level, interpersonal level, organizational level, community level, and public policy levels. This may need to be done collaboratively with stakeholders.
3. What is the solution?	When the cause of the problem is deemed a result of individual action, the solutions developed are likely to be individual-level interventions.	How do you address the root causes identified above? What can be done about internal policies (e.g., program and agency policies)? What is the link between SDoH and larger policies (e.g., government, health system)? This can and should be multifaceted.
4. What action is needed?	Traditional approaches often center on individual-level education or clinical intervention and likely guide you to engage only the same stakeholders, use the same language, and/or analyze the same data as you have previously.	Now that you have solutions, what gets you there? Consider creative strategies. Where do you fit in this? Are you engaging partners from other agencies? Are you engaging the right partners? The community? Are you using racial justice language in your approach to partners? What processes are needed for engaging those partners?
5. What values are highlighted?	Given the problem and solution, what do you know to be true? Traditional approaches often highlight personal responsibility, individual choice, etc.	Given the newly defined problem and solutions, what is now known to be true? The Racial Equity Approach often highlights equity, fairness, shared responsibility, etc.

Source: Racial Equity Data Roadmap

ADDITIONAL RESOURCES

BASELINE CAPACITY ASSESSMENT - SURVEY QUESTIONS & GROUPINGS

- shorturl.at/oHPV8

The BCA includes question skip logic, and as a result, not all survey questions may apply depending on how municipalities responded to the BCA. For example, if a municipality indicated they do not have any Bathing Beaches in their community, those questions did not appear when completing the survey. A document providing the categories in which the BCA questions were grouped can be accessed in the same folder.

PERFORMANCE STANDARDS (DRAFT) & WORKFORCE STANDARDS

- shorturl.at/iGNV8

A draft of the Performance Standards can be accessed using the link to the left. The Performance Standards were released to local public health in the winter of 2022. LRPH provided feedback on the Performance Standards ranging from statutes and regulations that are no longer applicable and relevant to how Standards were categorized. It is important to note that the Workforce Standards content cannot be adjusted or amended.

SUBJECT MATTER EXPERT SUPPORT

If your SSA could benefit from support in determining how to integrate more services, MHOA has Subject Matter Experts that are available for support (on-site or virtual). To request this assistance, please reach out to smeassistance@mhoa.com. This will be funded by PHE grant money and if you do not have any money left in your budget, please contact your Program Coordinator.

WORKPLAN TEMPLATE

- shorturl.at/zKPT5

The workplan template for the next fiscal year can be accessed and dowloaded using the link to the left. Should you have any questions about how to complete the workplan, please reach out to your SSA's Program Coordinator.

ADDITIONAL RESOURCES

BUDGET INFORMATION

The budget template will be provided after the CART Data Review meeting. Following this meeting, your SSA's assigned Program Coordinator will reach out to provide the budget template.

FIELD TRAINING HUB MAP

- shorturl.at/fFHIX

The Field Training Hub Map can be accessed and using the link to the left. Field Training Hubs are the 10 groupings that will provide in-field training for those municipalities that are part of the PHE Grant Program.

LOCAL PUBLIC HEALTH INSTITUTE (LPHI)

- https://sites.bu.edu/masslocalinstitute/

The Local Public Health Institute (LPHI) of Massachusetts is a comprehensive, convenient resource for public health trainings that help build and maintain a skilled local public health workforce.

ROADMAP TO DEVELOP SHARING INITIATIVES IN PUBLIC HEALTH

- shorturl.at/fgnO7

The Center for Sharing Public Health Services developed a Roadmap to Develop Sharing Initiatives in Public Health. This document highlights the Spectrum of Sharing Arrangements, ranging from As-Needed Assistance (looser integration) to Regionalization/Consolidation (tighter integration).

2022 - 2023 CART

ACKNOWLEDGMENTS

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2022 - 2023 CART

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