Massachusetts Department of Public Health

Foundational Public Health Services Shared Services Review Preliminary Results & Data-to-Action

May 2025

The Office of Local and Regional Health

Agenda

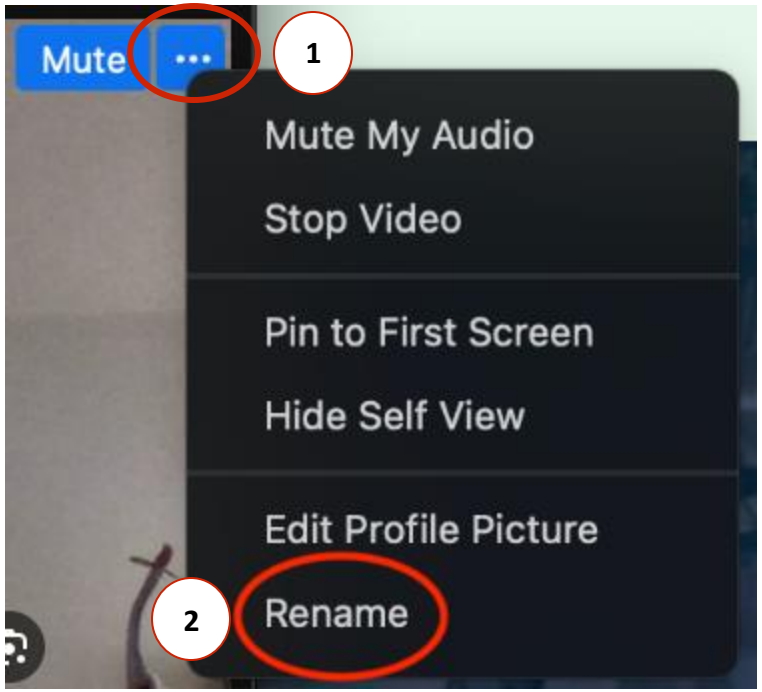
1. Introductions and Purpose
2. Presentation & Discussion of Shared Service Arrangement Preliminary Data
    1. Overview of Total Spending and Foundational Public Health Services Spending
    2. Review 1-2 Foundational Areas or Foundational Capabilities
    3. Data-to-Action Summary
3. Data-to-Action Toolkit
4. Next Steps

Introductions

Name and Affiliation

Please share your name and organizational affiliation in the chat.

If your preferred name is not what is currently displayed, please update your Zoom display name to ease discussion.



Example:

- Jane Doe, Townington Board of Health
- John Smith, Townshire Public Health Director

Purpose & Goal

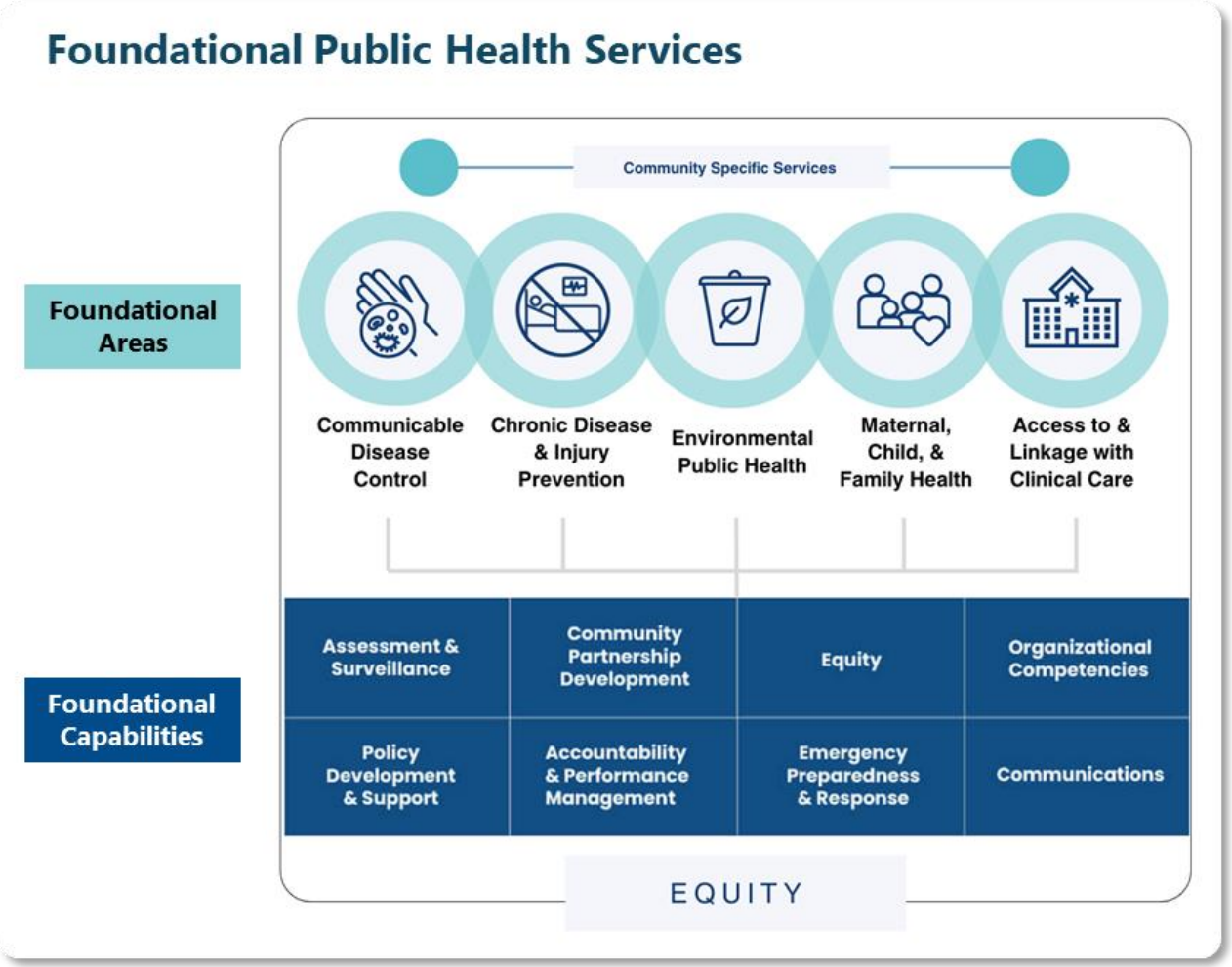
PURPOSE

Provide actionable insights that align with long-term capacity building goals, including identifying areas for shared services, with an emphasis on enhancing Foundational Capabilities and meeting Phase 1 of the Performance Standards

GOAL

Explore how the Foundational Public Health Services (FPHS) Shared Services Review Preliminary Data can inform decision-making, and the stages of FPHS planning and capacity building towards a phased implementation of FPHS

Foundational Public Health Services (FPHS)



The Foundational Public Health Services (FPHS) Framework were developed by the Public Health Accreditation Board Center for Innovation in collaboration with a national network of public health experts and recommended for adoption by Massachusetts in the Blueprint for Public Health Excellence.

- Foundational Areas: Core public health programs and services necessary to keep communities healthy

- Foundational Capabilities: Skills and functions needed to support basic public health protections, programs, and services.

Table of Contents

Preliminary SSA-level Data & Discussion

About Preliminary Data

1. The preliminary data only include data for jurisdictions that completed both the Service Delivery Tool and Cost Tool as analysis requires complete data from both sources.
2. The spending figures are not adjusted for employee benefits.
3. The SSA-level spending figures account for “pass-throughs” to other governmental local public health entities, including pass-throughs to those outside of the Shared Service Arrangement.
4. The FTE are the total Staff FTE reported in the Staff Tab of the Cost Tool across the SSA. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.
5. “Regional” FTEs, contracts, or operational costs refer to services that extend beyond a single jurisdiction. The term “Regional” is not limited to those within the Shared Service Arrangement.
6. The preliminary data do not include Inspectional Services Department data, if applicable, for your jurisdiction.

Mystic Valley Public Health Coalition

FY24 Foundational Public Health Services Shared Services Review Preliminary Data Information

About:

This presentation provides a **FY24 SSA-level summary of preliminary information** from the Foundational Public Health Services (FPHS) Shared Services Review Tools (i.e., Service Delivery and Cost Tools). The preliminary information **does not include Inspectional Services Department data**. SSA-level summary information can be used by the SSA to identify opportunities to share resources and services and consider how to best allocate resources to meet the needs of municipalities using insights from FY24 data. The FPHS Shared Services Review was a point-in-time review of FY24. Revenue and spending data has changed and will change over time. SSAs should use their best judgement and consider current context when interpreting results to identify the most relevant and valuable insights based on the evolving landscape.

Important Note - FPHS in Massachusetts:

The FPHS Framework is a national framework that defines a minimum set of public health services that must be available in every municipality.

Local Public Health (LPH) is not responsible for providing all services directly, but is responsible for ensuring that all FPHS services are available within their communities. The Massachusetts Department of Public Health's Office of Local and Regional Health (OLRH) is adopting this national framework as envisioned in the 2019 Blueprint for Public Health Excellence report. The preliminary summary tables are not intended to be an evaluation of LPH or SSA performance. Rather, these preliminary summary reports support LPH with understanding current services and resources, identifying opportunities to share resources and improve service delivery, and making data-driven decisions to address gaps and improve health equity.

For additional information or clarification, please contact Katie Roane at Kaitlin.Roane@mass.gov.

# of Jurisdictions in SSA

6

# of Jurisdictions with Complete Data*

6

*Jurisdictions were included in the preliminary data presentation only if they completed both the Cost Tool and the Service Delivery Tool, as the analysis requires complete data from both sources.

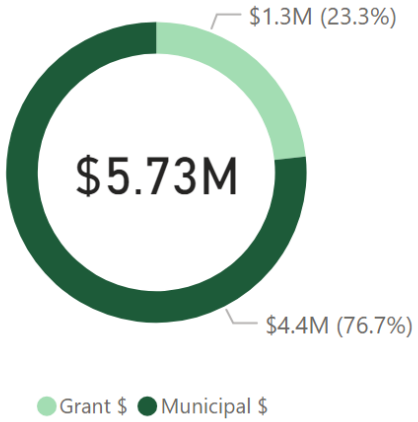
Jurisdiction	Submitted Complete Data
Malden	Yes
Medford	Yes
Melrose	Yes
Stoneham	Yes
Wakefield	Yes
Winchester	Yes

Total SSA Spending – Key Takeaways

1. Thirty grants were received by members of Shared Service Arrangement in FY24.
2. The Total Spending across the SSA in FY24 was $5.73 Million.
    - 23% of this spending was from grant dollars.
    - $1.4M was spent on community-specific services (Description of Community-Specific Services in Appendix F)
    - $31,408 was spent on seasonal workers, interns, and contractors (Appendix C)
3. Regional positions include the following 5 Occupation Categories:
    - Registered Nurse
    - Health Educator
    - Environmental Health Worker
    - Local Public Health Entity Leadership
    - Shared Services Coordinator

FY24 Spending and Staff FTE

Total SSA Spending
By Grant and Municipal Dollars



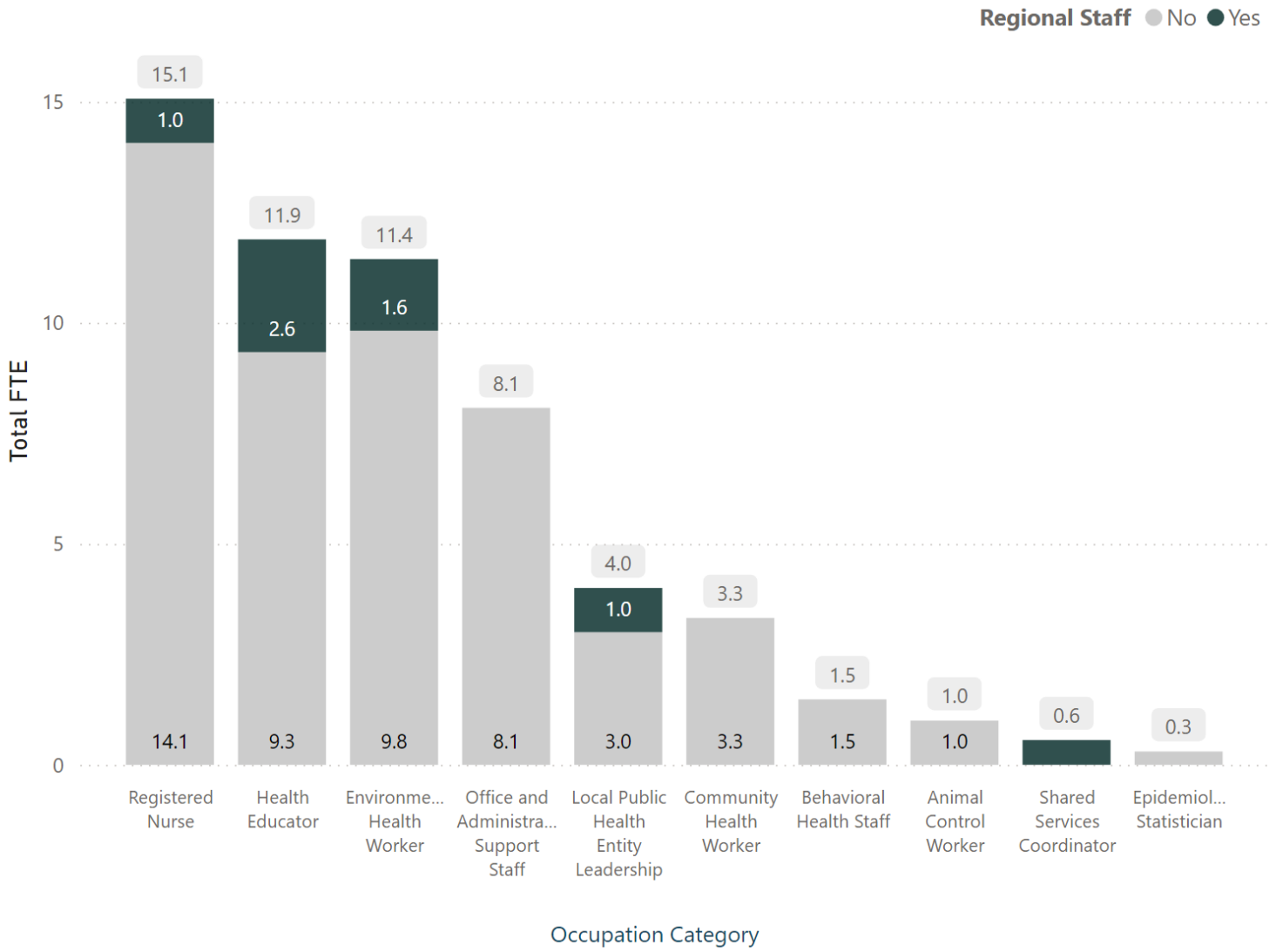
of Grant Awards Directly Received

30

Total Staff FTE

57.1

Regional vs. Not Regional Staff FTE



Awards Directly Received

Grant or Gift	# of Awards
ARPA	1
Building Community Awareness & Reducing Behavioral Health Stigma in High-Risk Populations (Melrose-Wakefield Healthcare/Tufts Medicine)	1
Coalition Gift Fund	1
Communities Talk	1
Community Health Inclusion Index	1
Comprehensive School Health Services - DPH Grant	1
COVID/Mental Health Grant	1
Cummings Foundation (for Interface)	1
Cummings Foundation to Coalition	1
Cummings Foundation to Coalition (Mental Health)	1
Drug Free Communities Grant	1
Foundation for Alcohol Education	1
Foundation for Alcohol Education Grant	1
Gift Fund BOH	1
Health Resources in Action prevention grant	1

6 Jurisdictions with Complete Data

FPHS Spending & Staff FTE – Key Takeaways

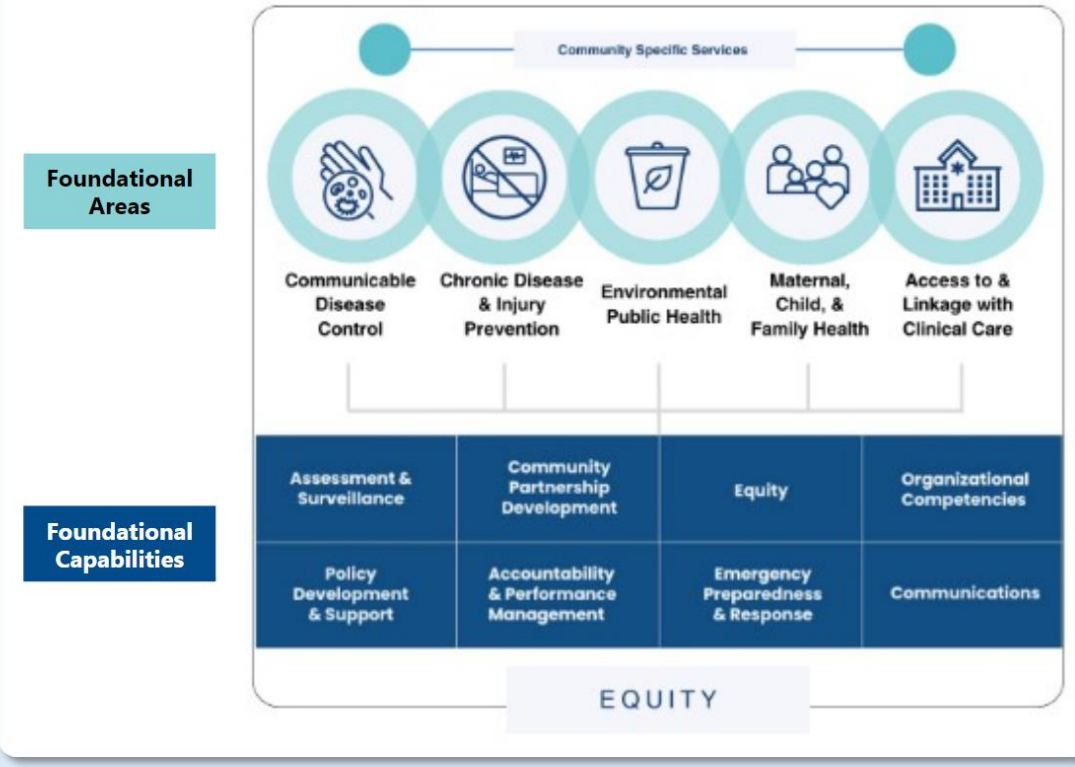
1. Of the Total $5.73M spent across the SSA, $4.32M was spent on FPHS in FY24.
2. The highest percent of spending was on Environmental Public Health.
3. Across all Foundational Areas and Capabilities, staff spent the most time on Environmental Public Health.

FY24 FPHS Spending & Staff FTE

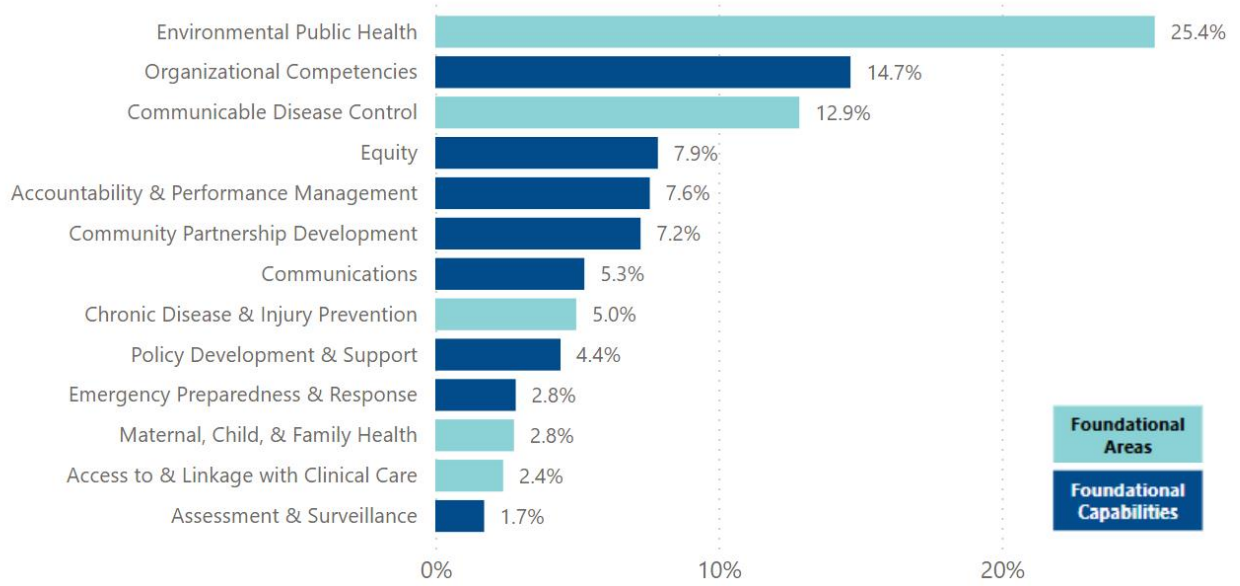
by Foundational Area and Capability

# of Jurisdictions with Complete Data	Total SSA FPHS Spending	Total SSA FPHS Staff FTE
6	$4.32M	39.9

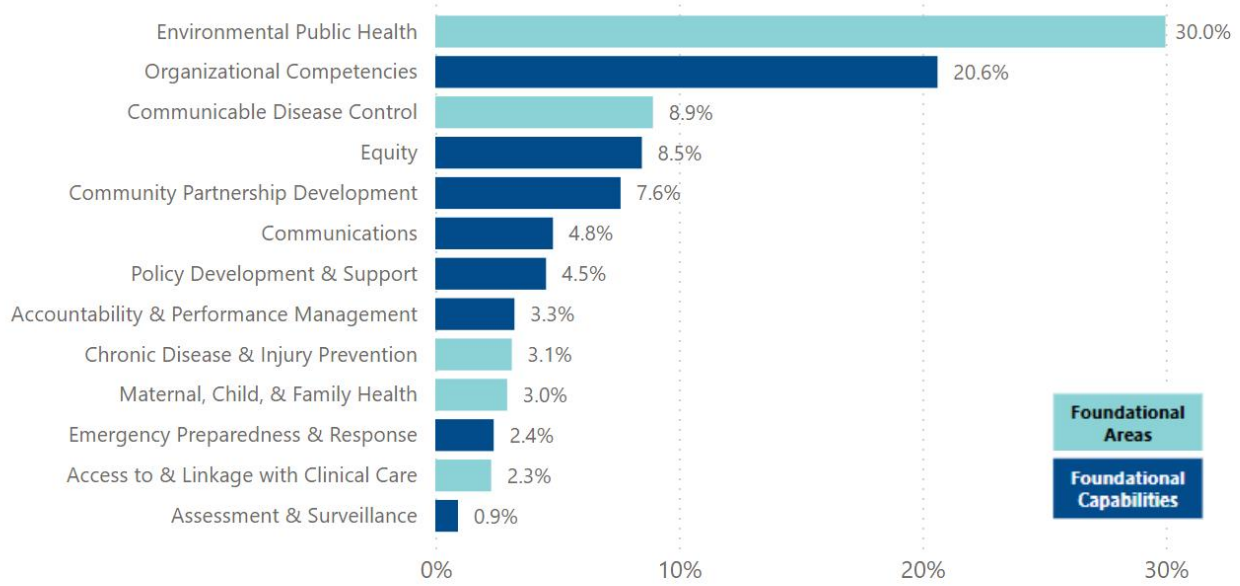
Foundational Public Health Services



% Total SSA FPHS Spending by Foundational Area/Capability (FA/FC)



% Total SSA FPHS Staff FTE by Foundational Area/Capability (FA/FC)



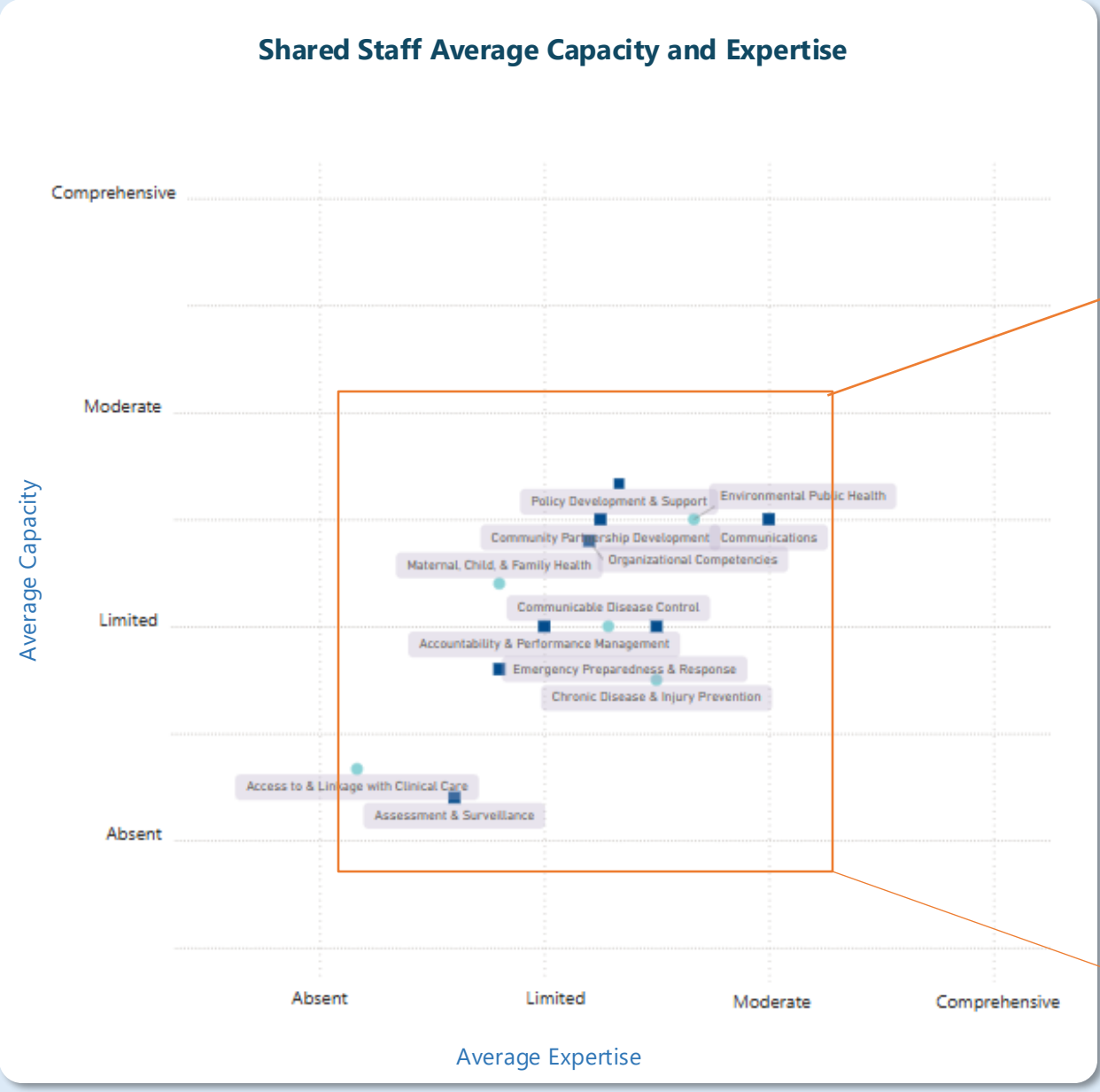
6 Jurisdictions with Complete Data

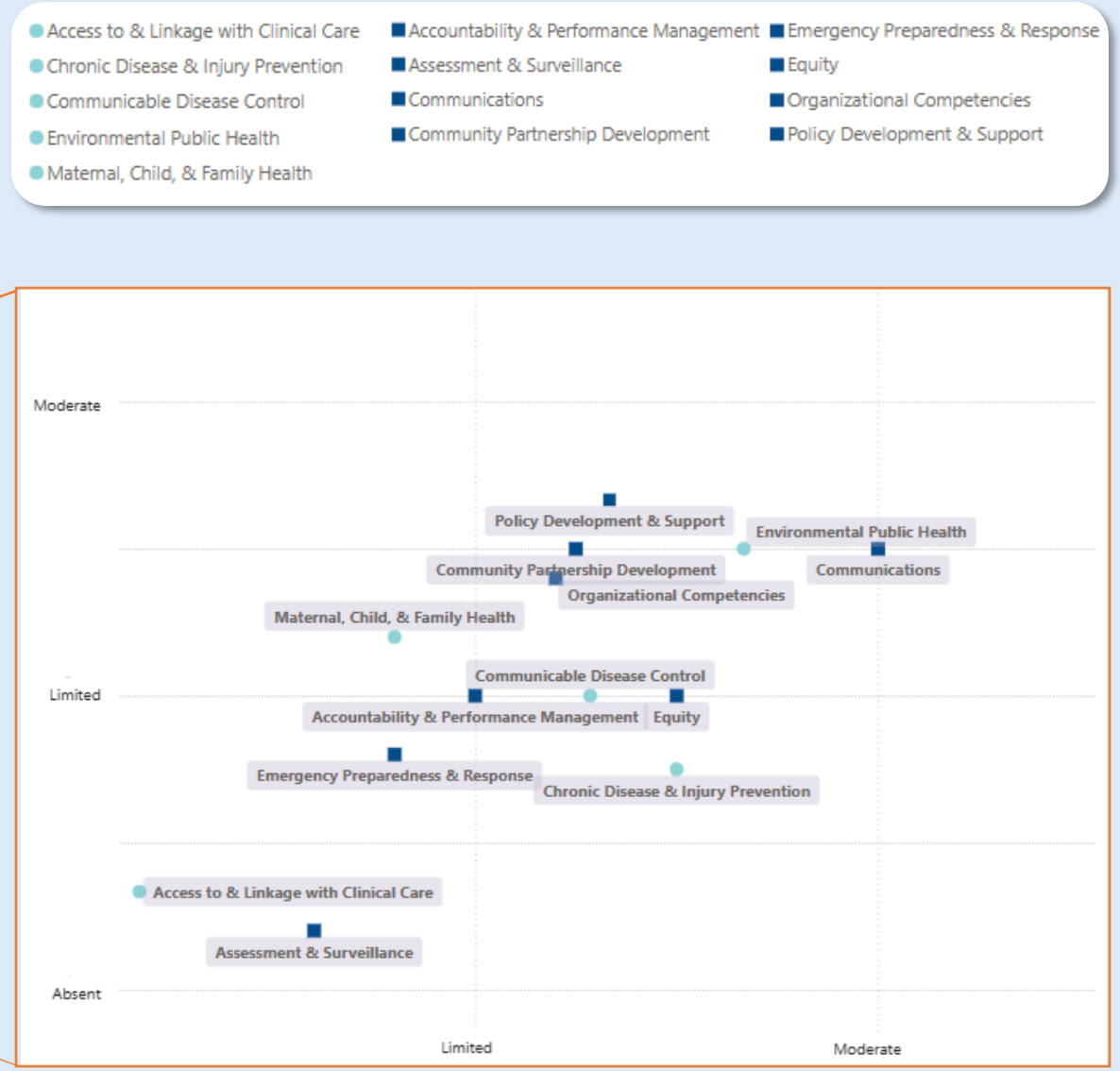
Capacity & Expertise – Key Takeaways

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

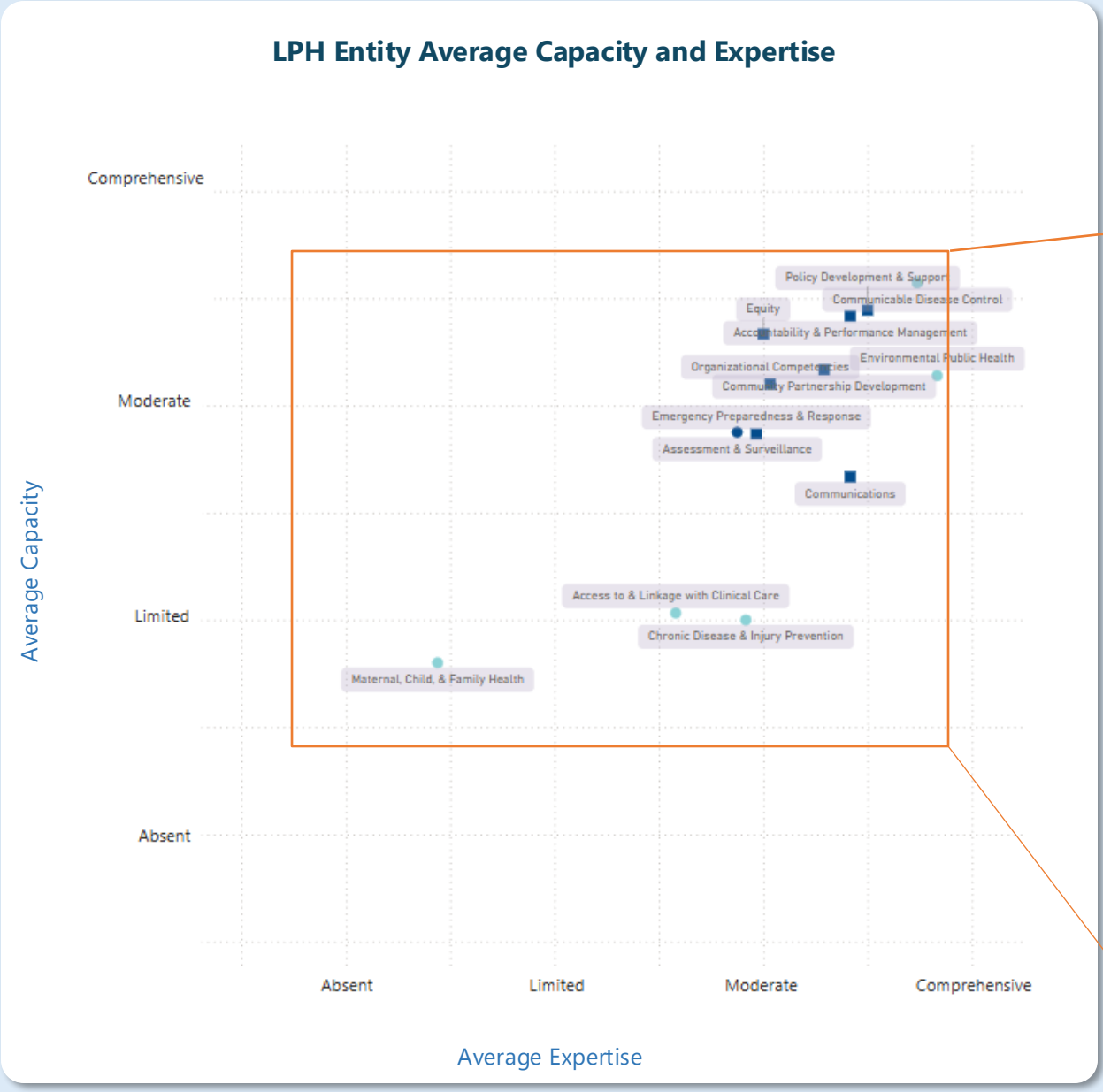
	2 Highest Foundational Area or Capability	2 Lowest Foundational Area or Capability
Shared Staff Average Capacity & Expertise	• Environmental Public Health • Communications	• Access to & Linkage with Clinical Care • Assessment & Surveillance
Local Public Health Entities Average Capacity & Expertise	• Communicable Disease Control • Policy Development & Support	• Access to & Linkage with Clinical Care • Maternal, Child, & Family Health

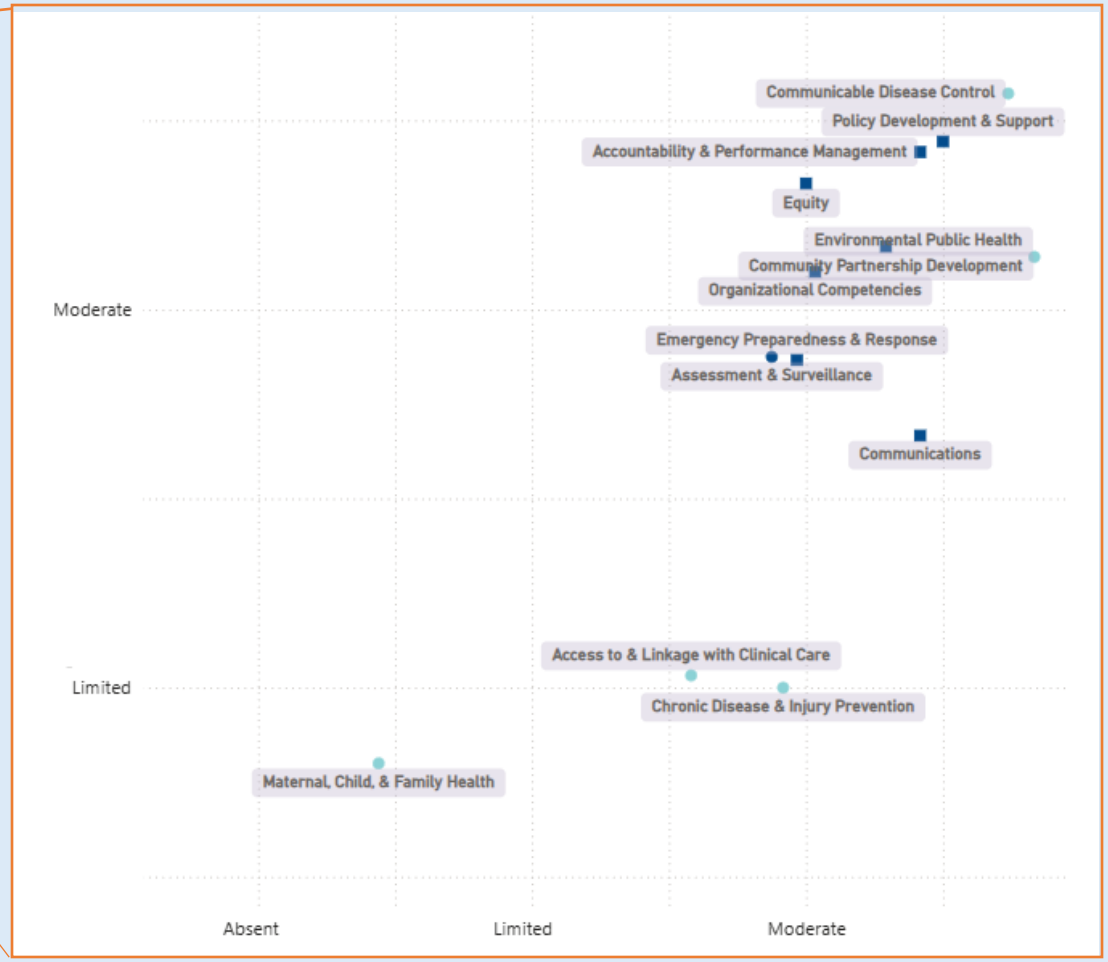
Shared Staff Average Capacity & Expertise by Foundational Area and Capability



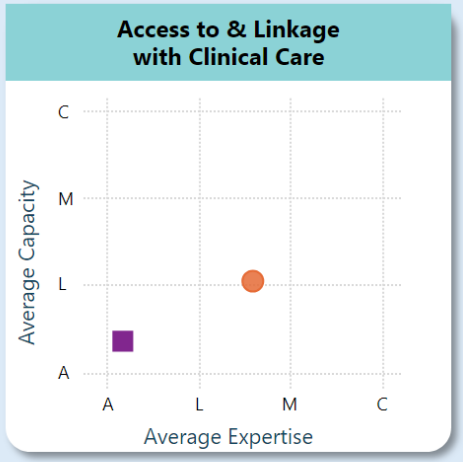


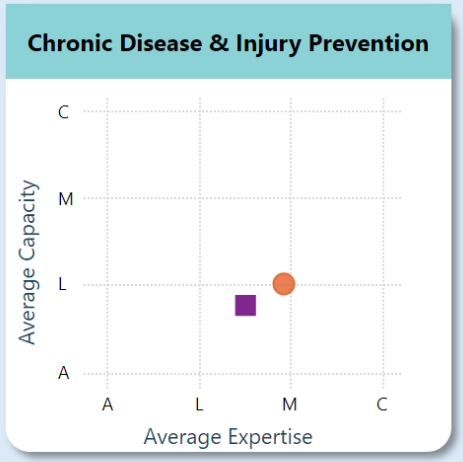
LPH Entities' Average Capacity & Expertise by Foundational Area and Capability

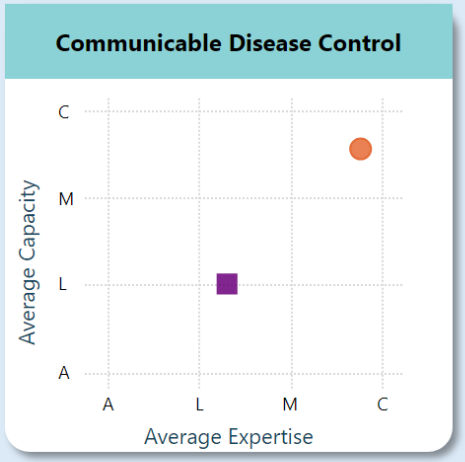


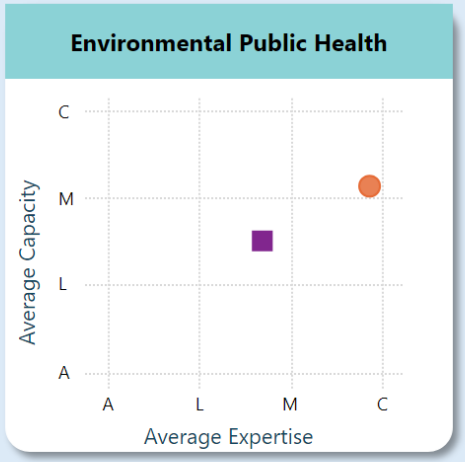


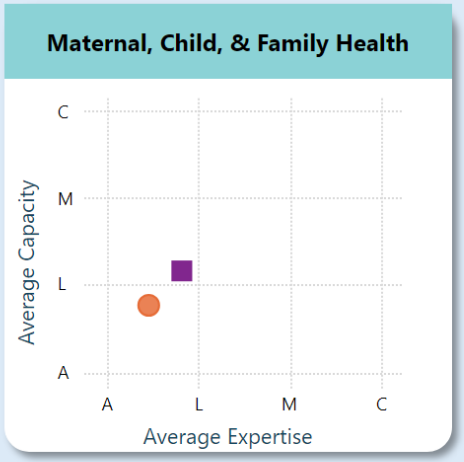
Foundational Areas



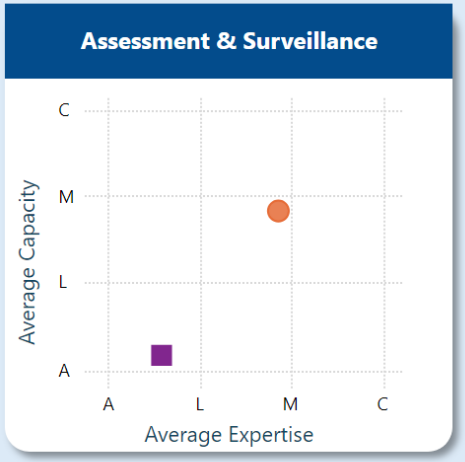


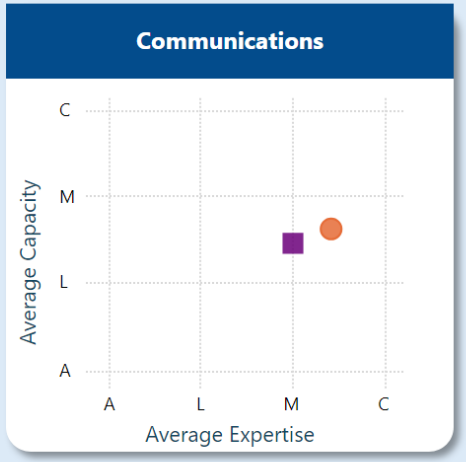


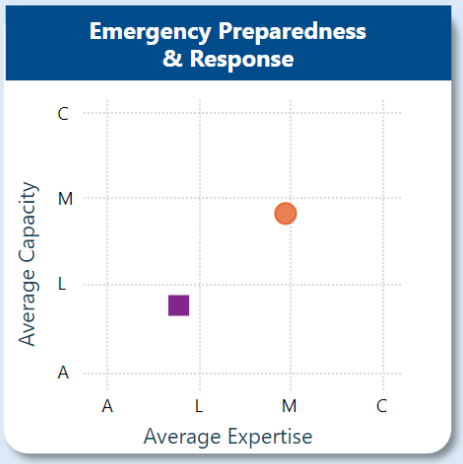


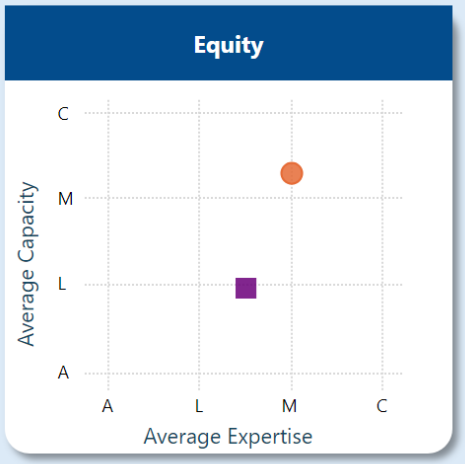


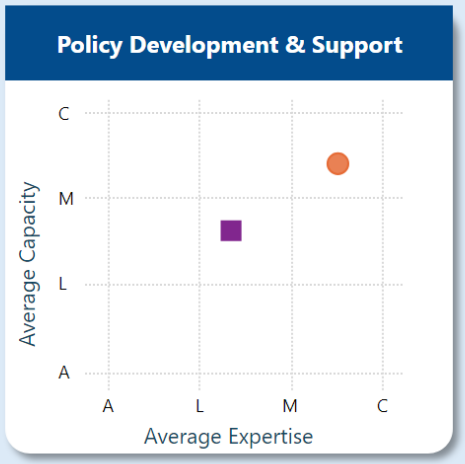
Foundational Capabilities











LPH Entity Shared Staff

	Expertise Education, training, skills, credentials, and experience
1	**(A) Absent:** Staff lack expertise or are unable to apply it.
2	**(L) Limited:** Partial expertise and some ability to apply it.
3	**(M) Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
4	**(C) Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

	Capacity Staff and/or other resources, materials, and supplies
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3	**(M) Moderate:** Almost sufficient staff time and resources available for most functions.
4	**(C) Comprehensive (Full):** Sufficient staff time and resources to fully implement all functions.

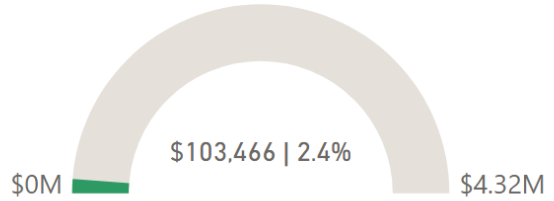
Access to & Linkage with Clinical Care – Key Takeaways

1. Local Public Health Entities dedicated 2% of total spending and 2% of staff working hours to Access to & Linkage with Clinical Care.
2. Local Public Health Entities and external partners provided most of the services.
3. Most Local Public Health Entities indicated that their community's needs for Access to & Linkage with Clinical Care were not met.
4. Strengthening partnerships and building capacity of shared staff to work with partners will support local public health needs for this Foundational Area.

ACCESS TO & LINKAGE WITH CLINICAL CARE

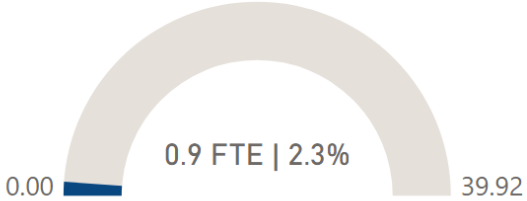
Monitor quality, effectiveness, and cost-efficiency of clinical care and accessing care. Address gaps and barriers through population-based strategies including policy change. Key terms: - Clinical care includes individual medical care services, such as regular check-ups, direct medical treatment, or referrals to specialists, provided by a licensed facility or provider, such as a doctor, nurse, or therapist.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



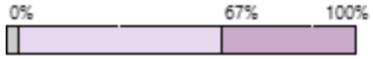
FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	6	0	6	2
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	4	0	5	2
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	6	0	5	1
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	5	0	5	2
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	0	0	4	1
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	1	0	6	1

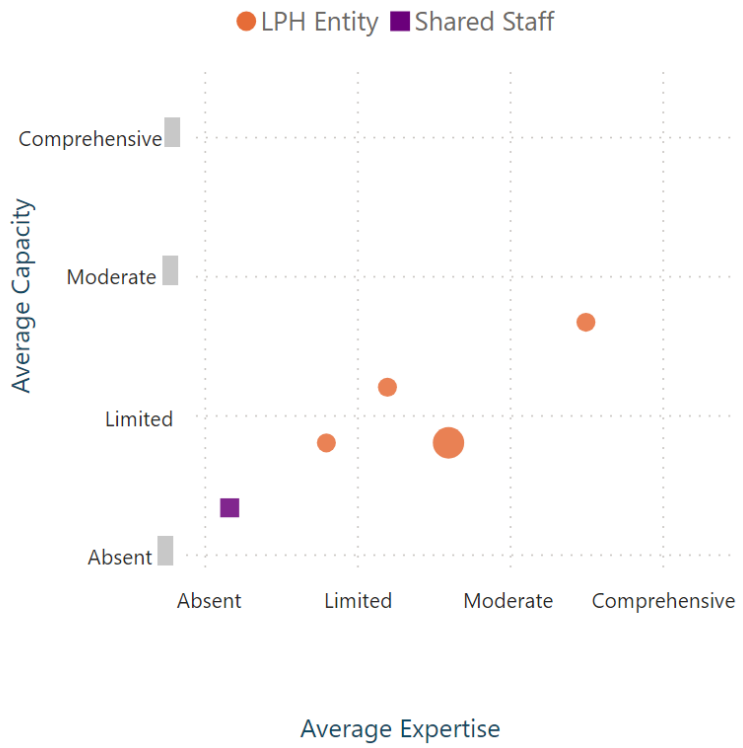
*HR 1.06.00 is done by MA Department of Public Health

6 Jurisdictions with Complete Data



FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff . The larger orange dots indicate that multiple LPH Entities had the same average values.



Partners Involved in Delivering Headline Responsibilities*

- Beth Israel Lahey Winchester Hospital
- CHA
- Eliot Community Services
- Massachusetts DPH
- MDPH
- Melrose Police
- Melrose-Wakefield Hospital
- Mystic Valley Elder Services
- Senior Center
- Tufts Healthcare
- Winchester Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

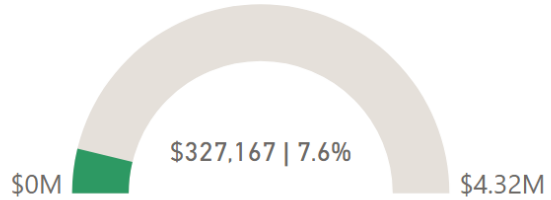
Accountability & Performance Management – Key Takeaways

1. Local Public Health Entities dedicated 8% of total spending and 3% of staff working hours to Accountability & Performance Management.
2. Local Public Health Entities delivered on both headline responsibilities.
3. All Local Public Health Entities indicated that their Accountability & Performance Management needs were met.
4. Sharing of expertise among local public health entities and staff training can increase Shared Service Arrangement ability to continue meeting community needs.

ACCOUNTABILITY & PERFORMANCE MANAGEMENT

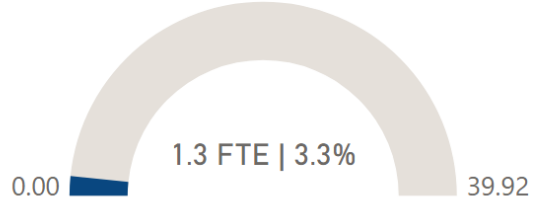
The ability to apply business practices that assure efficient use of resources to achieve desired outcomes and foster a continuous learning environment (e.g., quality improvement).

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated

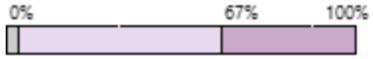


FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

	Headline Responsibility	Provided by			Met Community Needs
		LPH	SSA	Partner	"Mostly" or "Completly"
06.01.00	Maintain accountability according to accepted business practices, applicable policies, and public health accreditation.	6	6	4	6
06.02.00	Maintain a performance management structure and establish appropriate quality improvement initiatives.	6	0	3	6

6 Jurisdictions with Complete Data



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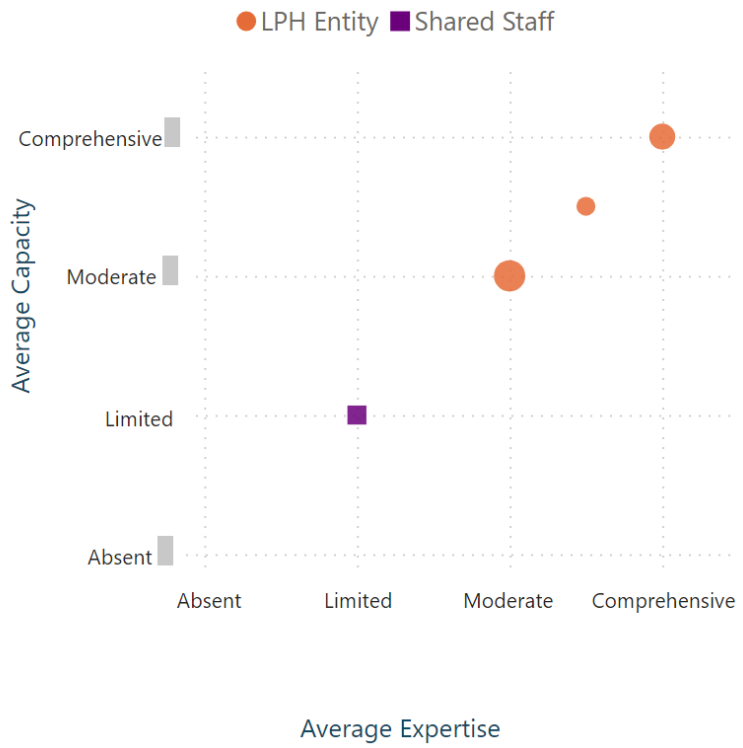


Partners Involved in Delivering Headline Responsibilities*

DPH
MDPH

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

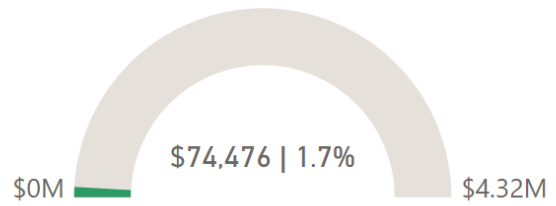
Assessment & Surveillance – Key Takeaways

1. Local Public Health Entities dedicated 2% of total spending and 1% of staff working hours to Assessment & Surveillance.
2. Local Public Health Entities and external partners delivered on most services.
3. Most Local Public Health Entities indicated that their community's needs were met for three headline responsibilities.
4. There may be an opportunity to leverage existing capacity and expertise within the Shared Service Arrangement as local public health entities generally have moderate capacity and expertise.

ASSESSMENT & SURVEILLANCE

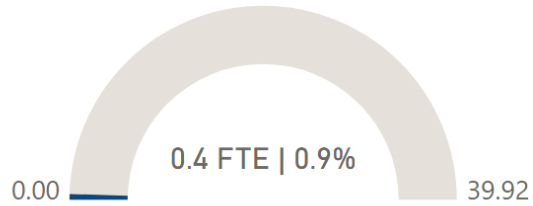
The ability to track the health of the community through data, case findings, and laboratory tests, with particular attention to those most at risk.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



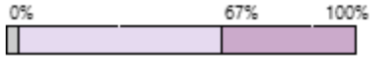
FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
07.01.00	Develop and maintain an assessment and analysis infrastructure.	5	0	1	2
07.02.00	Use collaborative processes to assess community health and identify health priorities.	5	0	4	4
07.03.00	Develop and maintain a surveillance and epidemiology infrastructure.	6	0	2	6
07.04.00	Develop and maintain a vital records infrastructure.	3	0	5	6
07.05.00	Develop and maintain a public health laboratory infrastructure.	1	0	6	0

*HR 7.05.00 is done by Massachusetts State Public Health Laboratory Services

6 Jurisdictions with Complete Data



FY24 Capacity & Expertise

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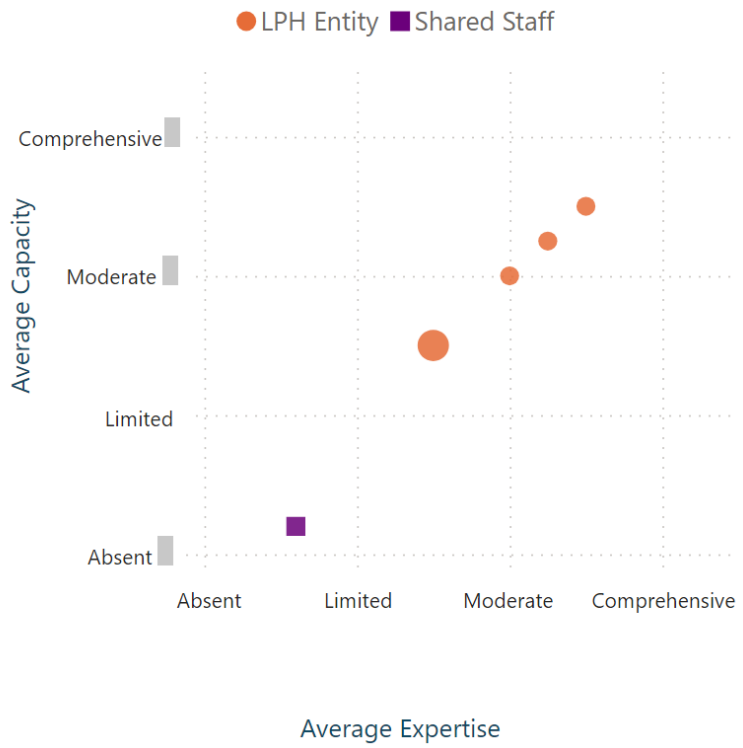


Partners Involved in Delivering Headline Responsibilities*

- CDC
- Clerks' Office
- DPH
- Local hospitals
- Massachusetts State Public Health Laboratory Services
- Melrose-Wakefield Hospital
- Winchester Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

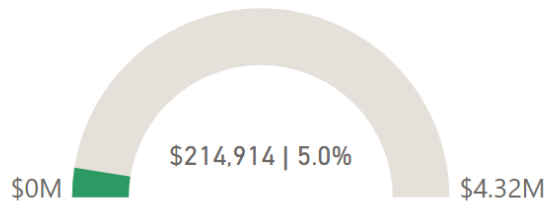
Chronic Disease & Injury Prevention – Key Takeaways

1. Local Public Health Entities dedicated 5% of total spending and 3% of staff working hours to Chronic Disease & Injury Prevention.
2. Local Public Health Entities and outside partners are supporting almost all the jurisdictions in delivery of services.
3. Most Local Public Health Entities indicated that their community's needs for Chronic Disease & Injury Prevention were not met.
4. Strengthening partnerships and building capacity of shared staff to work with partners will support local public health needs for this Foundational Area.

CHRONIC DISEASE & INJURY PREVENTION

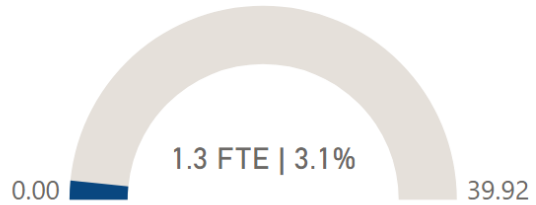
Monitor data on chronic disease and injuries, and develop and implement population-based programs, strategies, and policy to reduce preventable deaths and non-fatal injuries.
Enforce related public health laws.
Chronic disease is broadly defined as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Examples include heart disease, cancer, diabetes, arthritis, chronic kidney disease, addiction, mental illness, and dementia. Preventable injury is defined as physical injuries including from poisoning and drug overdose, motor vehicle accidents, falls, violence, and child abuse and neglect.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated

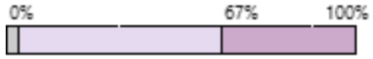


FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
02.01.00	Develop a chronic disease and injury prevention plan, as well as plans for the prevention and control of specific chronic diseases or sources of injury.	5	0	5	2
02.02.00	Provide timely, scientifically accurate, and locally relevant information on chronic diseases and injury prevention.	6	0	5	2
02.03.00	Implement population-based strategies to address issues related to chronic disease and injury.	5	0	5	2
02.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve health related to chronic disease and injury.	5	0	5	2

6 Jurisdictions with Complete Data



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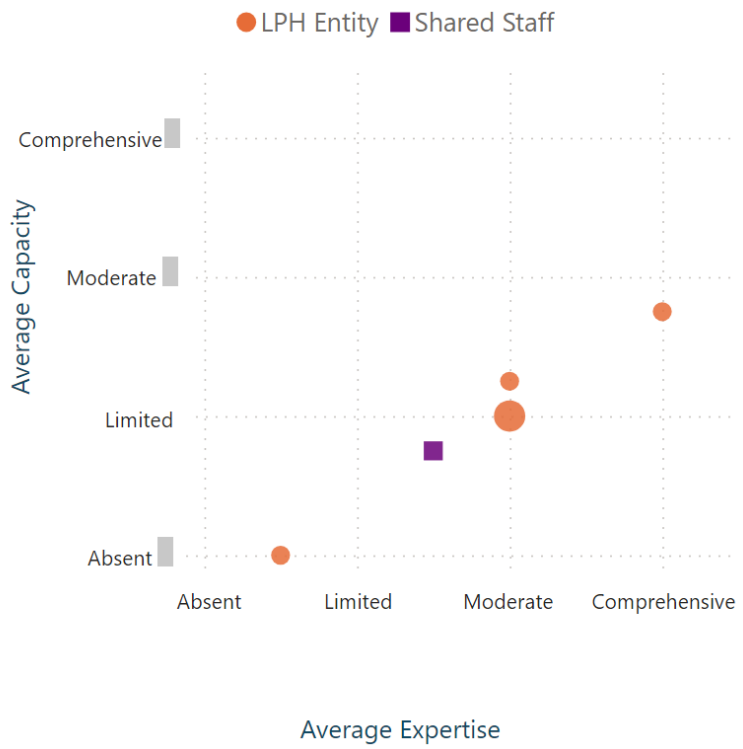


Partners Involved in Delivering Headline Responsibilities*

- Beth Israel Lahey Winchester Hospital
- CHA
- Council on Aging
- MDPH & Reg 3E
- Melrose-Wakefield Hospital
- Recovery Groups
- Senior Center
- Tufts Healthcare
- Winchester Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

Communicable Disease Control– Key Takeaways

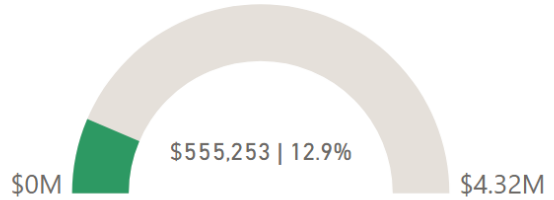
1. Local Public Health Entities dedicated 13% of total spending and 9% of staff working hours to Communicable Disease Control.
2. Local Public Health Entities and outside partners are supporting almost all the jurisdictions in delivery of services.
3. Most Local Public Health Entities indicated that their community's needs for Communicable Disease Control were met.
4. There may be an opportunity to leverage existing expertise within the Shared Service Arrangement as local public health entities generally have comprehensive capacity and expertise.

COMMUNICABLE DISEASE CONTROL

Monitor data on communicable diseases, and develop and implement programs, strategies, and policy. Respond to outbreaks. Enforce related public health laws.

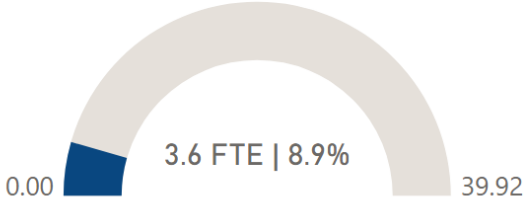
Communicable disease is also known as an infectious disease or transmissible disease, an illness that can spread from one person to another, or from an animal to a person through contact with an infected person, contact with contaminated surfaces or objects, insects or animal bites, or consuming contaminated food or water. Examples include Hepatitis A, B, and C, COVID-19, Measles, Salmonella, Tuberculosis, Lyme Disease, the Flu, Strep throat, or HIV.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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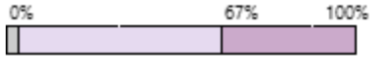
Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
03.01.00	Develop a communicable disease prevention plan, as well as plans for the prevention and control of specific communicable diseases.	5	0	5	4
03.02.00	Provide timely, scientifically accurate, and locally relevant information on communicable diseases and their control.	6	0	6	6
03.03.00	Implement population-based communicable disease prevention and control programs and strategies.	5	0	4	5
03.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes for communicable disease prevention and control.	6	0	6	6
03.05.00	Conduct disease investigations and respond to communicable disease outbreaks.	6	0	5	6
03.06.00	Enforce public health laws to prevent and control communicable diseases.	6	0	5	6
03.07.00	Maintain or participate in a statewide immunization program and assure the availability of immunizations to the public.	6	0	4	6

6 Jurisdictions with Complete Data



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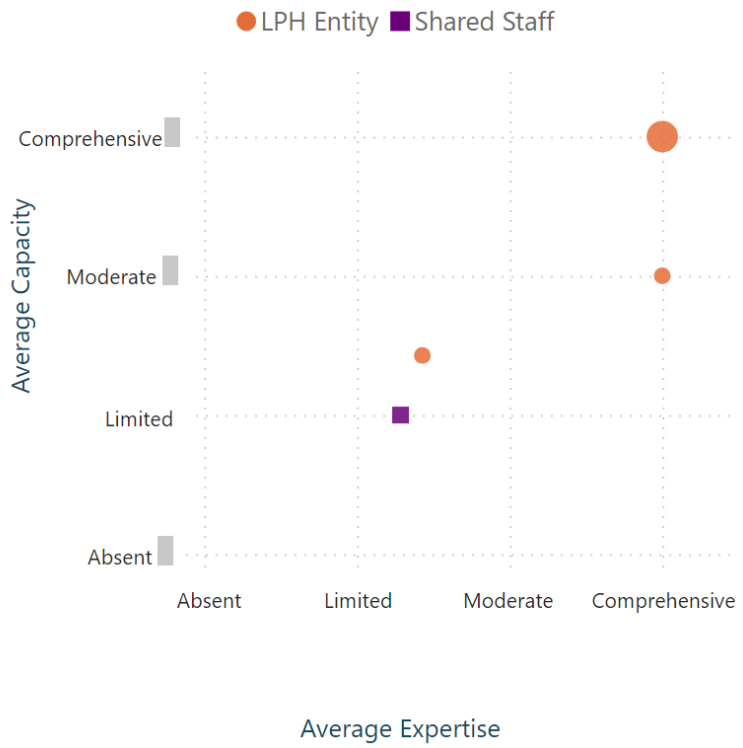

Partners Involved in Delivering Headline Responsibilities*

- CDC
- CHA
- Council on Aging
- DPH
- Long-term Care Facilities
- MDPH
- MDPH & Reg 3E
- Melrose-Wakefield Hospital
- Schools
- Tufts Healthcare
- Winchester Hospital
- Winchester Hospital and Local Physicians

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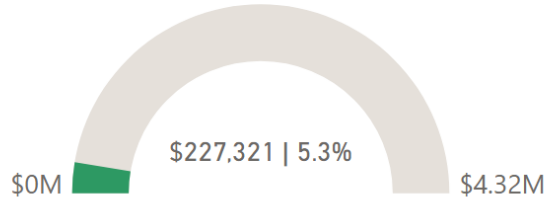
Communications – Key Takeaways

1. Local Public Health Entities dedicated 5% of total spending and 5% of staff working hours to Communications.
2. Local Public Health Entities and outside partners provided most of the services.
3. Half of Local Public Health Entities indicated that their community's needs for Communications were met.
4. Increased sharing of expertise and services can increase Shared Service Arrangement ability to meet community needs.

COMMUNICATIONS

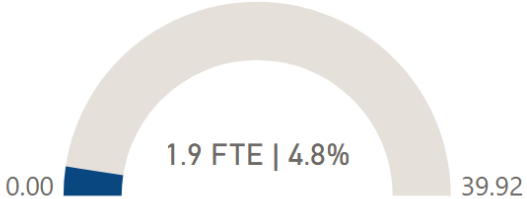
The ability to reach the public effectively with timely, science-based information, public health education, and risk communications capabilities.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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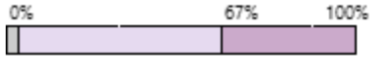
	Headline Responsibility	Provided by			Met Community Needs
		LPH	SSA	Partner	"Mostly" or "Completly"
08.01.00	Develop and maintain a public communications infrastructure.	6	0	4	3
08.02.00	Develop and maintain public health education and risk communication capabilities.	6	4	4	3

6 Jurisdictions with Complete Data



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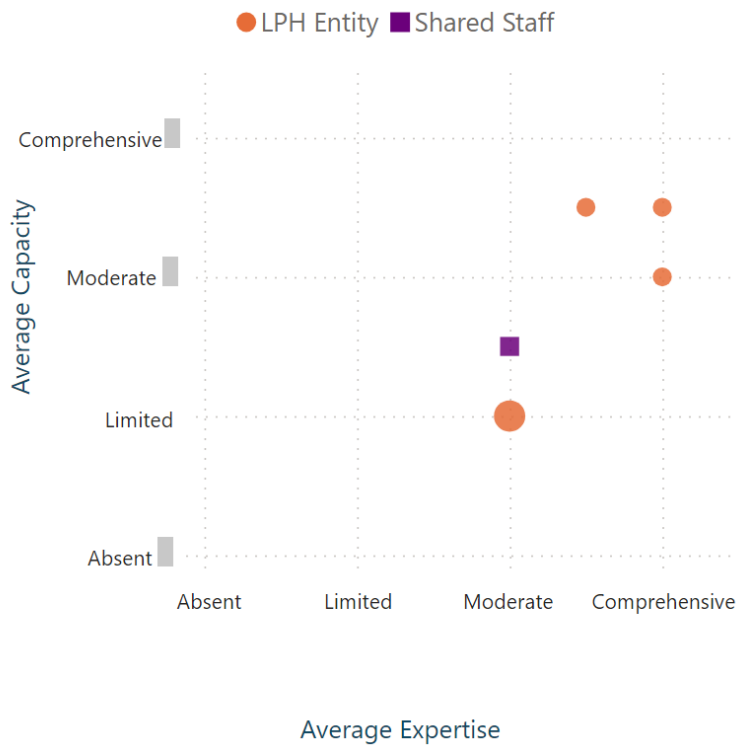

Partners Involved in Delivering Headline Responsibilities*

- CDC
- DPH
- Mayor's Office
- MDPH

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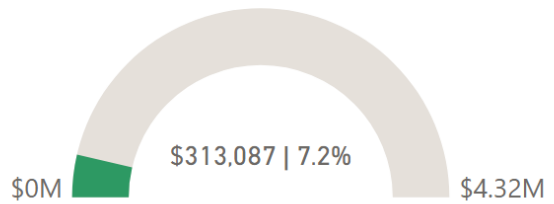
Community Partnership Development – Key Takeaways

1. Local Public Health Entities dedicated 7% of total spending and 8% of staff working hours to Community Partnership Development.
2. Local Public Health Entities are supporting jurisdictions in delivery of services.
3. Most Local Public Health Entities indicated that their Community Partnership Development needs were met for two headline responsibilities.
4. Strengthening partnerships and building capacity of shared staff to work with partners will support local public health needs

COMMUNITY PARTNERSHIP DEVELOPMENT

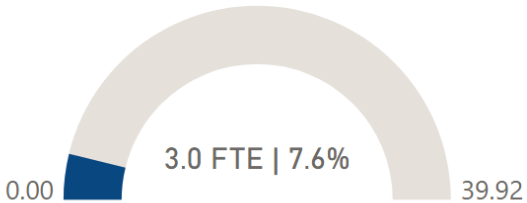
The capacity to harness and align community resources to advance the health of all community members. Develop and implement community health improvement plans.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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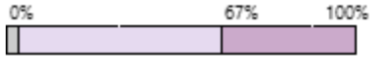
Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
09.01.00	Develop and maintain capabilities to cultivate relationships and convene partners.	6	0	1	6
09.02.00	Develop and maintain strategic partnerships with governmental and non-governmental partners.	6	6	1	6
09.03.00	Develop and maintain trusted relationships with communities.	6	0	1	3
09.04.00	Use collaborative processes to develop health improvement plans to address identified priorities.	6	0	1	3

6 Jurisdictions with Complete Data



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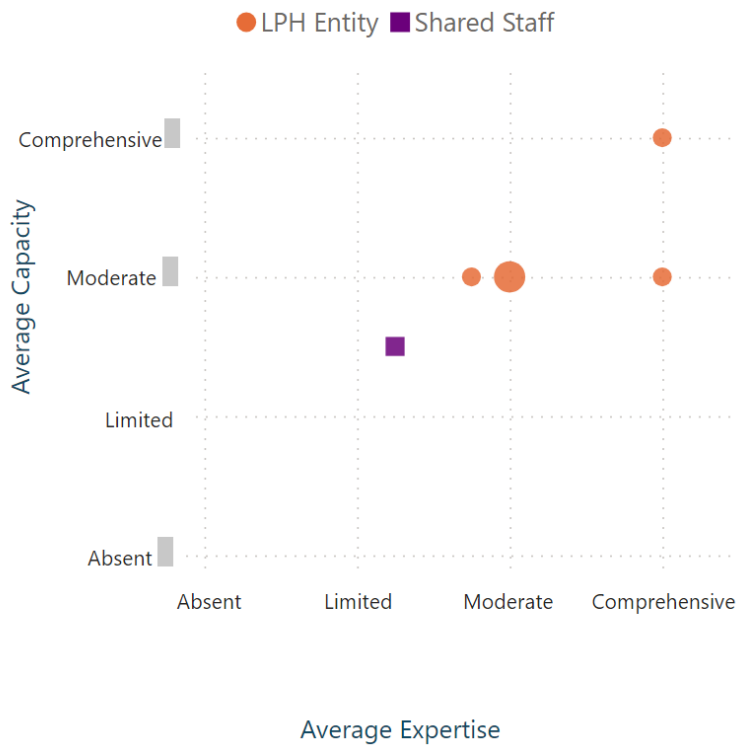


Partners Involved in Delivering Headline Responsibilities*

REG 3E

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

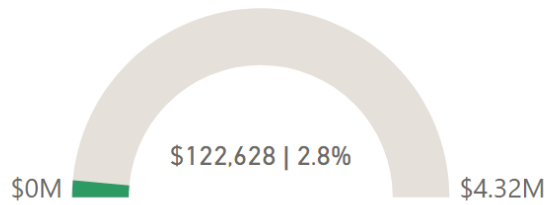
Emergency Preparedness & Response – Key Takeaways

1. Local Public Health Entities dedicated 3% of total spending and 2% of staff working hours to Emergency Preparedness and Response.
2. Local Public Health Entities and outside partners are supporting almost all the jurisdictions in delivery of most services.
3. More than half of Local Public Health Entities indicated that their community needs were met for three headline responsibilities.
4. Capacity building will be required to fully meet local public health needs for this Foundational Capability.

EMERGENCY PREPAREDNESS & RESPONSE

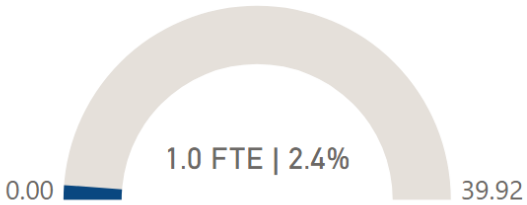
Establish governmental public health's role in preparedness, response to, and recovery from incidents. Assure continuity of operations.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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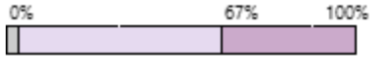
Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
10.01.00	Establish governmental public health's role in preparedness and response to incidents.	6	0	5	3
10.02.00	Develop, exercise, and maintain preparedness and response plans.	6	0	6	3
10.03.00	Assure public health continuity of operations.	6	0	5	4
10.04.00	Respond to incidents.	6	0	6	4
10.05.00	Recover from incidents.	6	0	5	4

6 Jurisdictions with Complete Data



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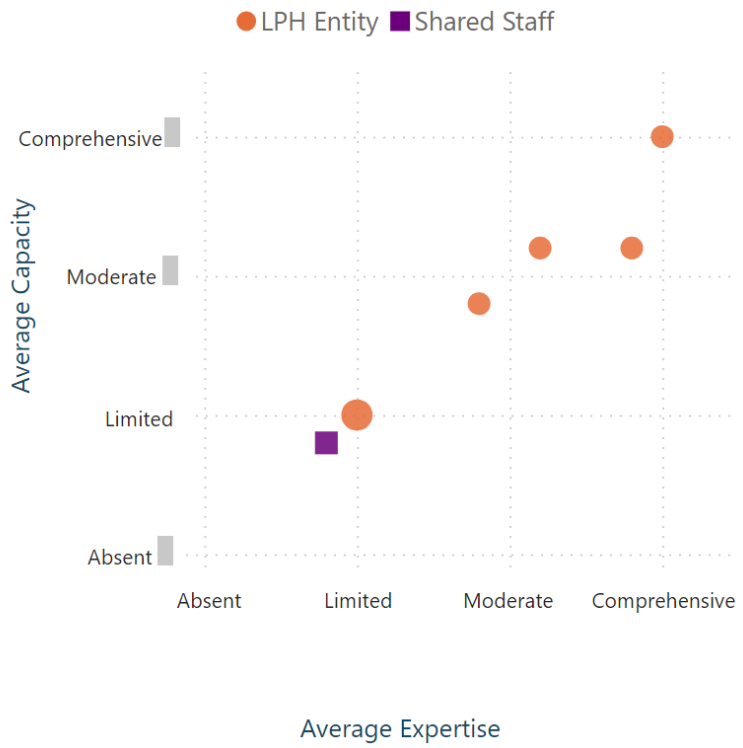


Partners Involved in Delivering Headline Responsibilities*

- DPH
- Emergency Management
- Fire
- MDPH & Reg 3E
- Medical Reserves Corp
- PHEP coalition
- PHEP Region 3E
- PHEP Region 4AB
- Police
- Public safety

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

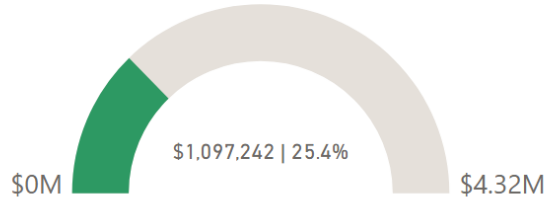
Environmental Public Health – Key Takeaways

1. Local Public Health Entities dedicated 25% of total spending and 30% of staff working hours to Environmental Public Health.
2. Local Public Health Entities and external partners delivered on most services.
3. Most Local Public Health Entities indicated that their community's needs for Environmental Public Health were met.
4. Sharing of expertise among local public health entities and staff training can increase Shared Service Arrangement ability to continue meeting community needs.

ENVIRONMENTAL PUBLIC HEALTH

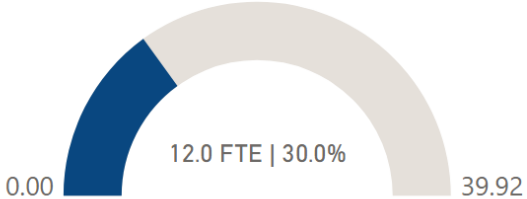
Monitor data on environmental health, and develop and implement population-based programs, strategies, and policy. Enforce related public health laws to meet health and safety standards. Conduct related inspections to protect the public from hazards in accordance with federal, state, and local laws. Environmental public health focuses on the ways in which the natural and built environment affect human health. This includes factors such as the quality and safety of food, air, and water, as well as the safety of buildings, and other recreational areas and infrastructure including but not limited to pools, septic, camps, restaurants, beaches, events, housing, yards, and solid waste disposal.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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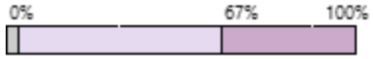
	Headline Responsibility	Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
04.01.00	Develop a plan to promote environmental health.	5	0	5	5
04.02.00	Provide timely, scientifically accurate, and locally relevant information on the environment and environmental threats and their control.	6	0	6	6
04.03.00	Implement population-based environmental health programs and strategies.	6	0	4	6
04.04.00	Inform, communicate, work cooperatively with, and influence others whose work impacts environmental health.	6	1	4	6
04.05.00	Diagnose, investigate, and respond to environmental threats to the public's health.	6	2	5	6
04.06.00	Conduct mandated environmental public health inspections and oversight to protect the public from hazards in accordance with federal, state, and local laws and regulations.	6	3	4	6

6 Jurisdictions with Complete Data



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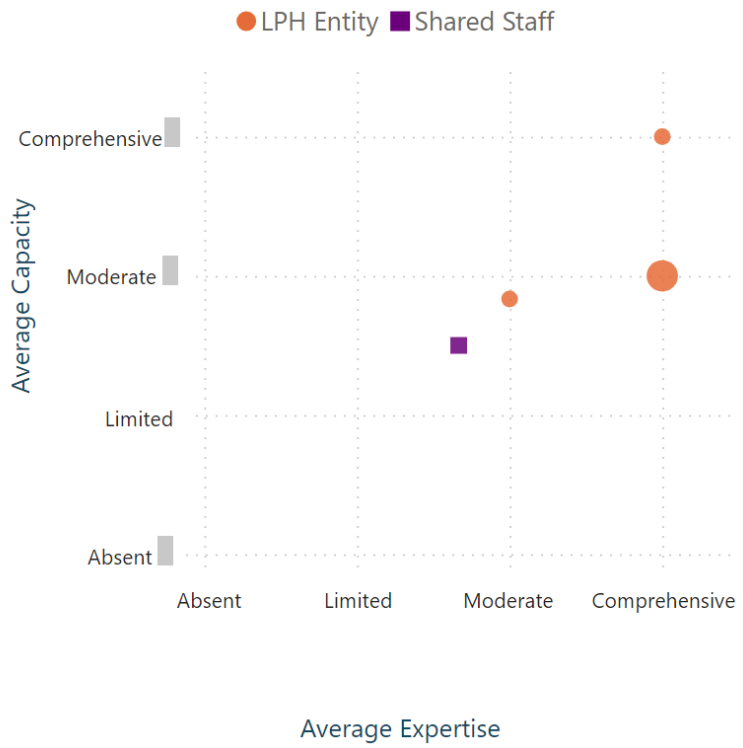


Partners Involved in Delivering Headline Responsibilities*

- Building
- DEP
- DPH
- DPW
- Engineering
- Fire
- MDPH
- Medford Fire Department
- Office of Sustainability
- Police

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

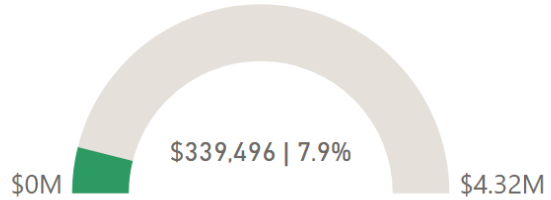
Equity – Key Takeaways

1. Local Public Health Entities dedicated 8% of total spending and 9% of staff working hours to Equity.
2. Local Public Health Entities and outside partners delivered most services.
3. Most Local Public Health Entities indicated that their Equity needs were not met.
4. There may be an opportunity to leverage existing capacity and expertise within the Shared Service Arrangement as local public health entities generally have moderate capacity and expertise.

EQUITY

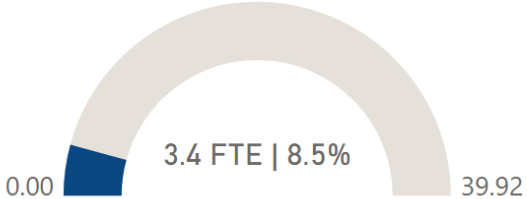
The ability to address social and structural determinants of health through policy, programs, and services, integrated throughout strategic priorities and accountability metrics.
Health Equity is the opportunity for everyone to attain their highest level of health. No one is disadvantaged from achieving this potential because of their social position (e.g., class, socioeconomic status) or socially assigned circumstances (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



FY24 Sharing and Service Delivery Fulfillment

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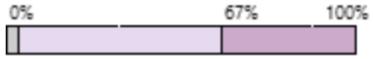
	Headline Responsibility	Provided by			Met Community Needs
		LPH	SSA	Partner	"Mostly" or "Completly"
11.01.00	Develop and demonstrate agency commitment to equity.	6	0	5	2
11.02.00	Inform and influence public and external organizational policies to advance equity.	5	0	4	2

6 Jurisdictions with Complete Data



FY24 Capacity & Expertise

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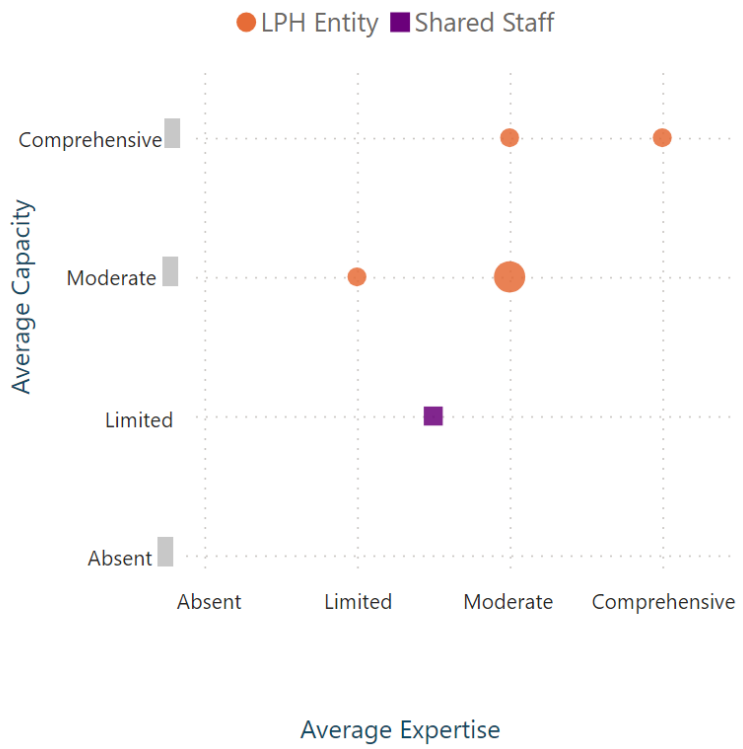


Partners Involved in Delivering Headline Responsibilities*

- City's DEI office
- HR
- Social Service Providers
- Social Services Providers
- Winchester Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

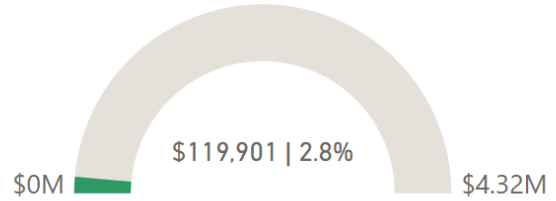
Maternal, Child, & Family Health – Key Takeaways

1. Local Public Health Entities dedicated 3% of total spending and 3% of staff working hours to Maternal, Child, & Family Health.
2. Outside partners supported almost all the jurisdictions in delivery of services.
3. Half of Local Public Health Entities indicated that their Maternal, Child, & Family Health needs were met.
4. Strengthening partnerships and building capacity of shared staff to work with partners will support local public health needs for this Foundational Area.

MATERNAL, CHILD, & FAMILY HEALTH

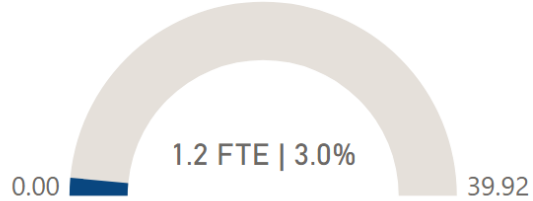
Monitor data on maternal, child, and family health, and develop and implement population-based programs, strategies, and policy.
Maternal Health focuses on the health of birthing parents before, during, and after pregnancy and childbirth. This includes prenatal care, safe delivery practices, postpartum care, and access to reproductive health services. Child Health Centers on the physical, emotional, and social well-being of children from birth through teenage years, and involves vaccinations, proper nutrition, prevention of childhood illnesses, and promoting mental health. Family Health addresses the overall health and support systems of families, emphasizing access to healthcare, parenting support, early intervention and family-centered disease prevention and health promotion.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated



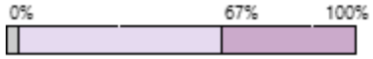
FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by: LPH	Provided by: SSA	Provided by: Partner	Met Community Needs: "Mostly" or "Completly"
05.01.00	Develop a maternal and child health plan, as well as plans for addressing specific maternal, child, and family health issues.	0	0	5	3
05.02.00	Provide timely, scientifically accurate, and locally relevant information on maternal, child, and family health.	1	0	4	3
05.03.00	Implement population-based strategies to address issues related to maternal, child, and family health.	2	0	5	4
05.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve maternal, child, and family health.	1	0	5	3
05.05.00	Assure provision of mandated newborn screenings and follow-ups according to state or federal mandates.	1	0	6	0

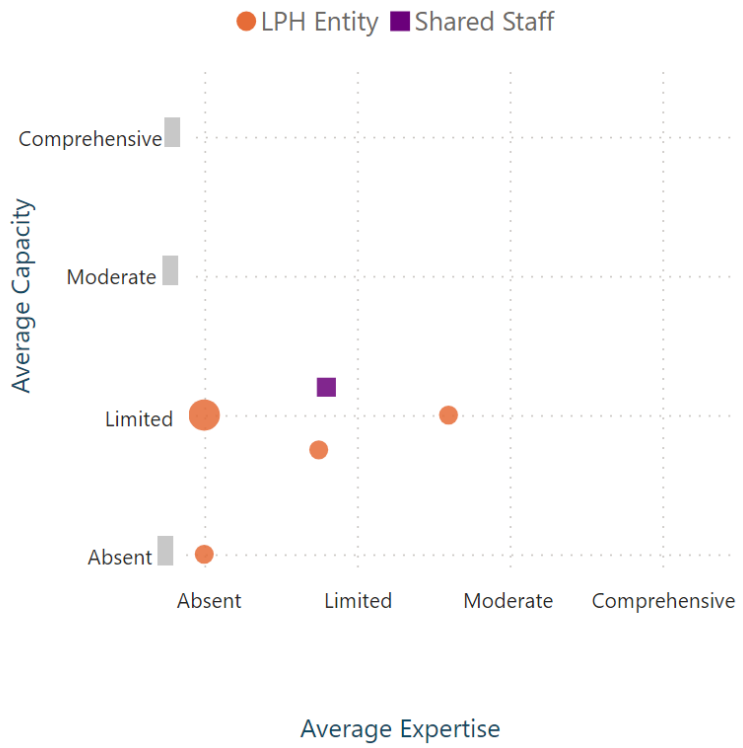
*HR 5.05.00 is done byNew England / Massachusetts Newborn Screening Program

6 Jurisdictions with Complete Data



FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff . The larger orange dots indicate that multiple LPH Entities had the same average values.



Partners Involved in Delivering Headline Responsibilities*

- CHA
- Melrose-Wakefield Hospital
- New England / Massachusetts Newborn Screening Program
- Tufts Healthcare
- WIC
- Winchester Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

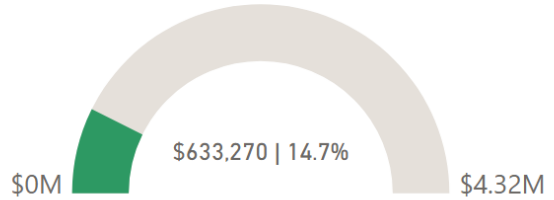
Organizational Competencies – Key Takeaways

1. Local Public Health Entities dedicated 15% of total spending and 21% of staff working hours to Organizational Competencies.
2. Local Public Health Entities and outside partners provided support for Organizational Competencies to most municipalities.
3. Most Local Public Health Entities indicated that their community's needs were met for three headline responsibilities.
4. Sharing expertise among local public health entities will build capacity to meet local public health needs for this Foundational Capability.

ORGANIZATIONAL COMPETENCIES

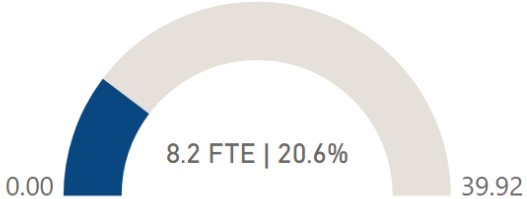
Maintain governance structures. Provide and maintain essential services including information technology (e.g., privacy and security), human resources, financial management (e.g., contracting and procurements), maintenance of facilities and operations, and legal services.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated

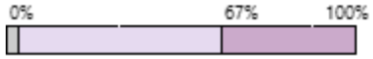


FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

	Headline Responsibility	Provided by			Met Community Needs
		LPH	SSA	Partner	"Mostly" or "Completly"
12.01.00	Maintain a governance structure and establish the strategic direction for public health.	6	0	4	3
12.02.00	Provide or access services for information technology, privacy, and security.	4	0	6	3
12.03.00	Provide or access human resources services and develop and maintain a competent workforce.	6	0	6	6
12.04.00	Provide or access financial management services and facilitate contracting, procurement, and maintenance of facilities and operations.	6	6	6	6
12.05.00	Access public health legal services and analysis.	6	0	6	5

6 Jurisdictions with Complete Data



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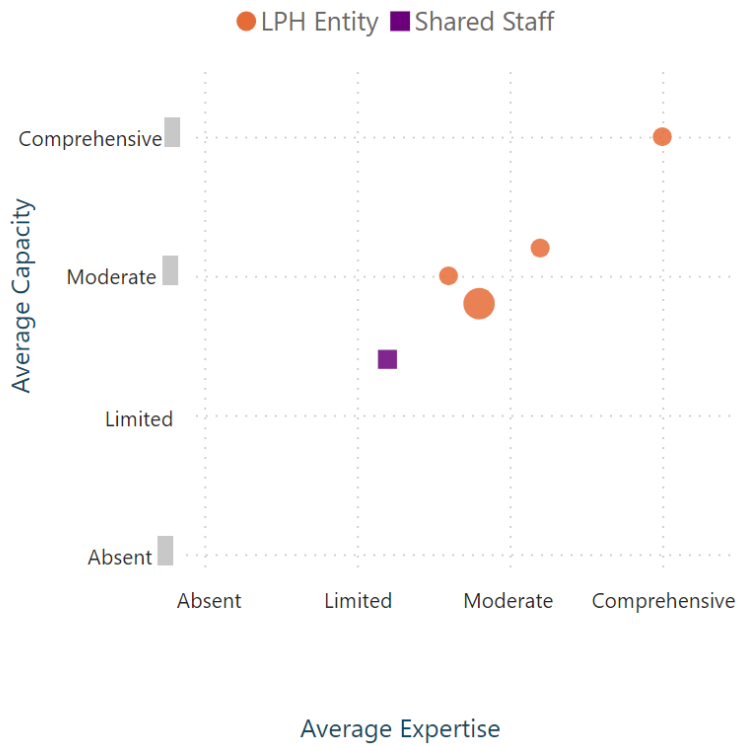


Partners Involved in Delivering Headline Responsibilities*

- Accounting
- BOH
- City's Finance Dept
- City's HR Dept
- City's IT Dept
- City's Legal Counsel
- Comptroller
- DPH
- Facilities
- Facilities Manager
- Finance
- HR
- HR Department
- IT
- IT Department
- Legal
- Legal Department
- MAHR

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

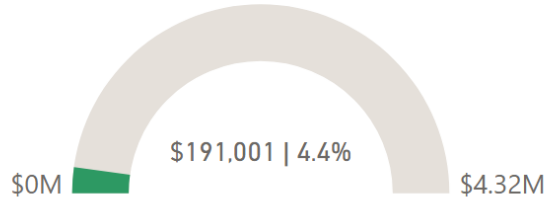
Policy Development & Support – Key Takeaways

1. Local Public Health Entities dedicated 4% of total spending and 5% of staff working hours to Policy Development & Support.
2. Local Public Health Entities and external partners provide Policy Development & Support services to most municipalities.
3. Community needs for Policy Development & Support were met.
4. There may be an opportunity to leverage existing capacity and expertise within the Shared Service Arrangement as local public health entities generally have moderate-comprehensive capacity and expertise.

POLICY DEVELOPMENT & SUPPORT

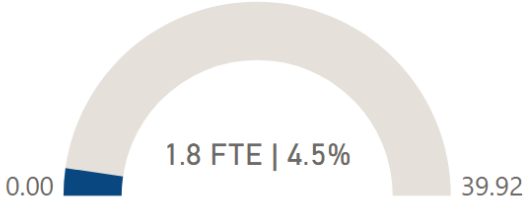
The ability to translate science into appropriate policy and regulations.

FY24 Spending



FY24 Staff FTE

% of Working Hours Dedicated

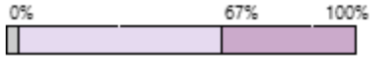


FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

	Headline Responsibility	Provided by			Met Community Needs
		LPH	SSA	Partner	"Mostly" or "Completly"
13.01.00	Develop, amend, and enact public health policies in collaboration with partners, policymakers, and community members.	6	3	5	6
13.02.00	Participate in policy development initiatives being considered by partners that affect the public's health.	6	6	5	6
13.03.00	Implement and support enacted public health policies.	6	0	4	6

6 Jurisdictions with Complete Data



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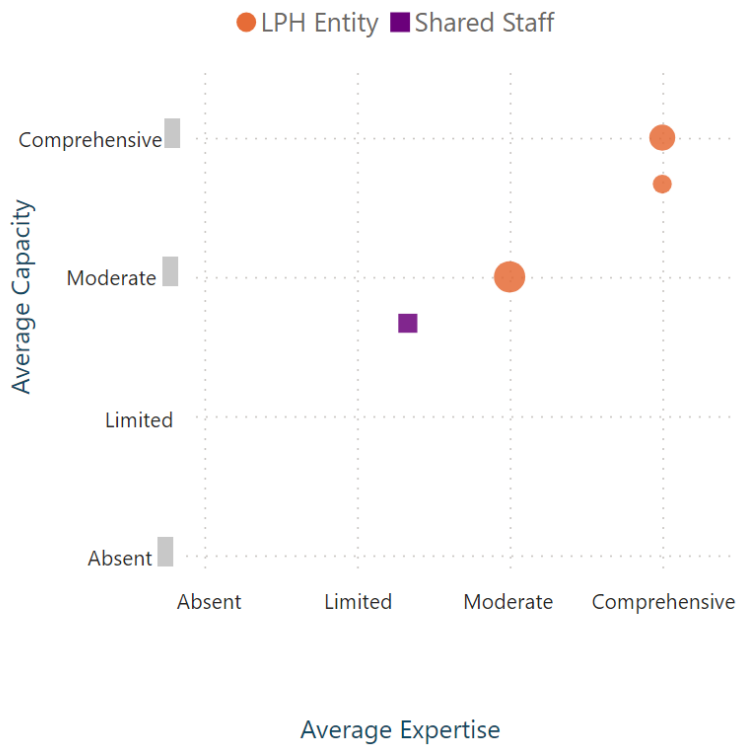


Partners Involved in Delivering Headline Responsibilities*

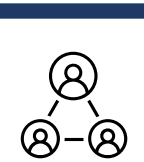
- City's Legal
- COBs
- DPH
- LBOHs
- Legal
- Legal Department
- Local Legislators
- Melrose-Wakefield Hospital
- Police
- Retailers
- Schools

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

Preliminary Results – Data-to-Action Summary

Increase Sharing Capacity to consistently meet Performance Standards 1.0

- Environmental Public Health (Headline Responsibility 04.06.00 related to Performance Standards 1.0)
- Communicable Disease (related to Performance Standards 1.0)

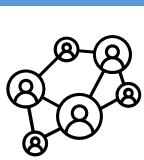


Leverage existing High Capacity & Expertise within the Shared Service Arrangement

- Community Partnership Development
- Policy Development & Support

Increase Staff Capacity & Expertise where there is Lower Capacity & Expertise

- Assessment & Surveillance
- Maternal, Child, & Family Health



Increase External Partnership Development where Community Needs are not met

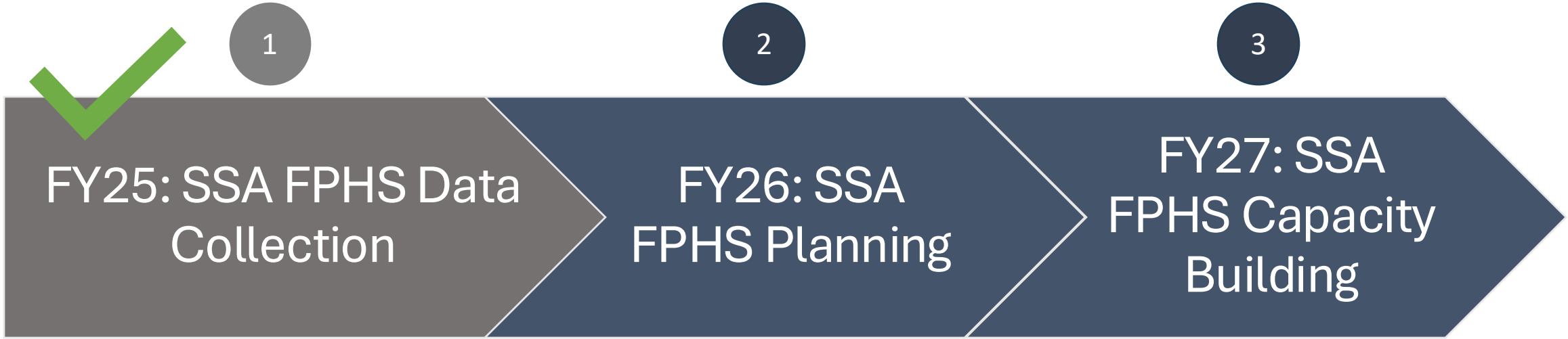
- Access to & Linkage with Clinical Care

The FPHS x PHE Workplan Crosswalk maps the FPHS results above to grantee Workplan Objectives/Activities (See Data-to-Action Toolkit)

Data-to-Action Next Steps

FY25 Next Steps

Leverage preliminary results and utilize FPHS x Workplan Crosswalk to select FY26 workplan activities



Data-to-Action Toolkit

Purpose

- Utilize the data to inform decision-making and planning
- Provide actionable insights that support long-term capacity building goals
- Support work towards a phased implementation of FPHS

Resource	Description
FPHS x Workplan Crosswalk	Demonstrates how FPHS is integrated into Public Health Excellence (PHE) Grant Workplan Activities and how Shared Service Arrangements can select workplan activities that align with the identified FPHS areas of opportunity for their communities. The crosswalk highlights relevant Massachusetts Examples and equity considerations.
Partner Mapping Template	Supports Local Public Health with mapping out service providers and partner organizations, highlighting community and regional collaborations driving service delivery, and identifying gaps in partnership.
FPHS Discussion Facilitation Guide	Provides questions by Foundational Area / Foundational Capability to stimulate discussions and problem-solving as a Shared Service Arrangement.

Data-to-Action Toolkit will be added to Smartsheet with PHE Workplan resources

Data-to-Action Support Team

Data-to-Action Support Team is available for continued data support!

OLRH
Katie Roane
Christina Moore

MHOA Subject Matter Experts

BME Strategies
Manizeh Afridi

Following this meeting your Shared Services Coordinator will receive an email with instructions for making requests for additional data analysis

FPHS Resources

- PHAB FPHS website
- FPHS One-pager on Smartsheet
- FPHS Activities & Massachusetts Examples Guidance Document on Smartsheet
- Technical Support Request Form
- Office of Local and Regional Health 2019 Blueprint for Public Health Excellence Report
- Data-to-Action Toolkit Resources (FPHS x Workplan Crosswalk, Partner Mapping Template, FPHS Discussions and Planning Facilitation Guide)

Data Interpretation Guide

Total SSA Spending
By Grant and Municipal Dollars

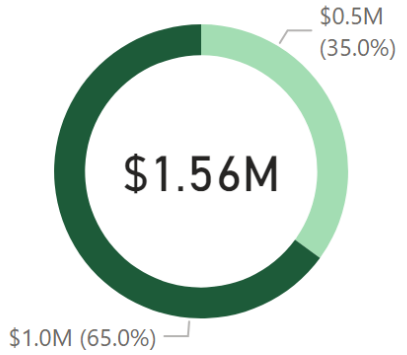


Figure 1

of Grant Awards Directly Received

7

Figure 2

Total Staff FTE

11.3

Figure 3

Awards Directly Received

Grant or Gift	# of Awards
MTCP - Municipal Tobacco and Public Health Programs - DPH Grant	1
Public Health Excellence - DPH Grant	1
Public Health Training Hub - DPH Grant	1
SBPHC PHE Contract: Health Agent (SNDS, MTW)	1
SBPHC PHE Contract: Inspectional Services (SHF, SNDS, MTW)	1
SBPHC PHE Contracts: Public Health Nursing (ALF, LEE, LNX, GTB, MNT, NMB, OTS, SNDS, SHF, STK, TYR)	1
Substance Abuse and Prevention Block Grant Massachusetts Collaborative for Action, Leadership, and Learning 3 Services Substance Misuse Prevention Program - DPH Grant	1

Table 1

12 Jurisdictions with Complete Data

Figure 1: Total SSA Spending by Grant and Municipal Dollars

- Definition: This donut chart breaks down the Total SSA Spending by grant and municipal dollars as reported in the Cost Tool. This total figure is not limited to FPHS spending. The SSA-level spending figures account for "pass-throughs" to other governmental local public health entities, including pass-throughs to those outside of the Shared Service Arrangement.
- Key numbers:
  - The Total $ Figure in the middle of the donut chart is the Total Spending across the SSA.
  - The light green portion indicates the portion of Total Spending from grant dollars.
  - The dark green portion indicates the portion of Total Spending from municipal dollars.
- Limitations: The spending figure is not adjusted for employee benefits.

Figure 2: # of Grant Awards Directly Received

- Definition: This figure displays the total number of grant awards the jurisdictions in the SSA directly received in FY24. Table 1 shows the names of the grants awarded.

Figure 3: Total Staff FTE

- Definition: This figure displays the total number of Staff FTE across the participating municipalities in the SSA. FTE (i.e., Full-time Equivalent) is a unit of measurement that represents the number of full-time hours an organization's employees work.
- Limitations: The FTE are the total Staff FTE reported in the Staff Tab of the Cost Tool across the SSA. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.

Table 1: Awards Directly Received

- Definition: This table provides a list of grants or gifts that at least one participating municipality reported in the Cost Tool.
- # of Awards: This column reports the number of jurisdictions that reported directly receiving the grant or gift in FY24

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

Figure 1

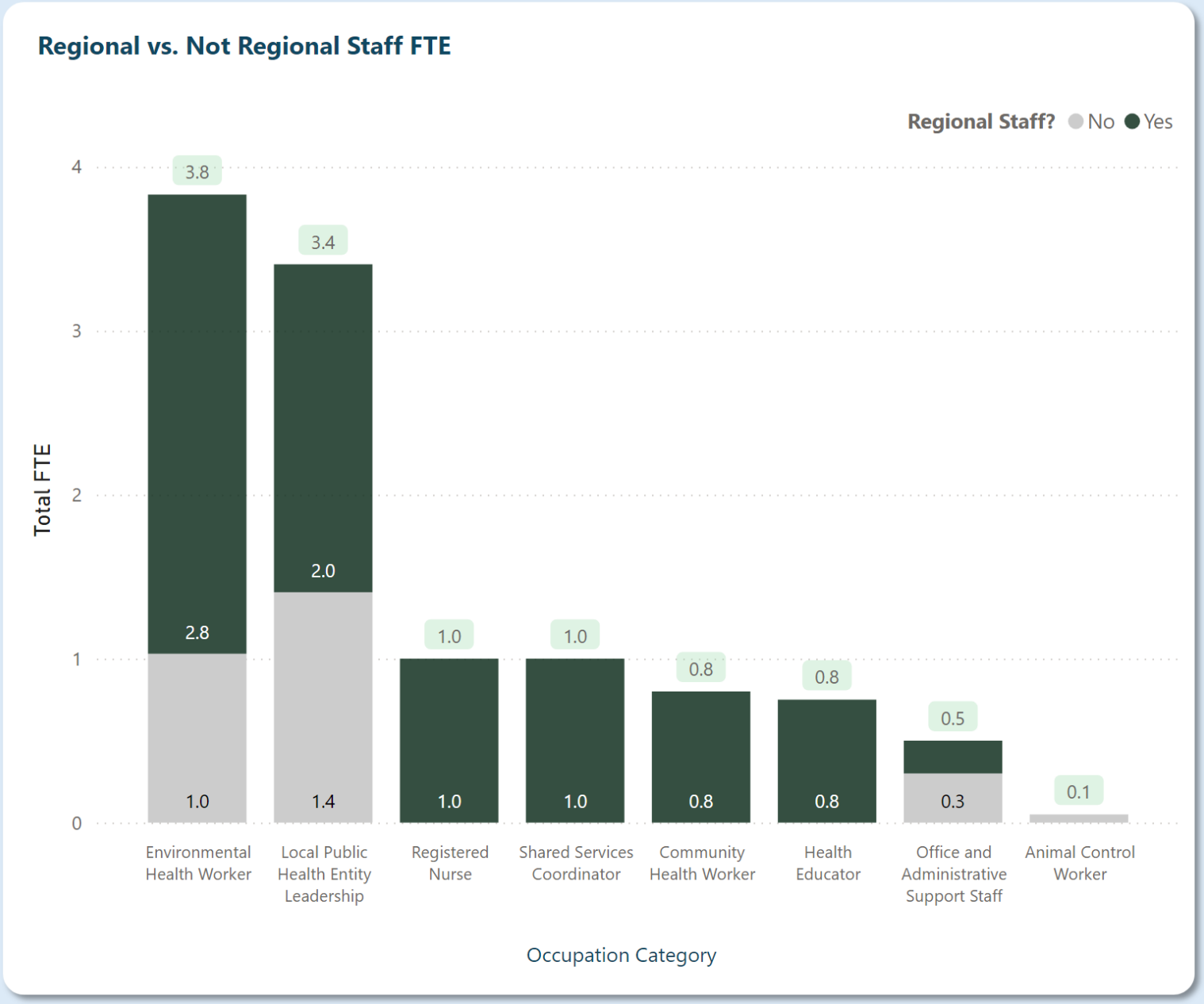


Figure 1: Regional vs. Not Regional Staff FTE

- Definition: This chart provides a visual of number of regional vs. not regional staff FTE by occupation category. "Regional" FTEs, refer to FTE that extend beyond a single jurisdiction. The term "Regional" is not limited to those within the Shared Service Arrangement.
- Example 1: There are a total of 3.8 FTE of Staff Environmental Health Workers across the jurisdictions in the Shared Services Arrangement. 2.8 FTE are Regional and 1.0 are Not Regional Environmental Health Workers.
- Limitations: The FTE are the total Staff FTE reported in the Staff Tab of the Cost Tool across the SSA. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

FY24 FPHS Spending & Staff FTE

by Foundational Area and Capability

# of Jurisdictions with Complete Data	Total SSA FPHS Spending	Total SSA FPHS Staff FTE
12	$1.16M	11.03
Figure 1	Figure 2	Figure 3

Figure 4

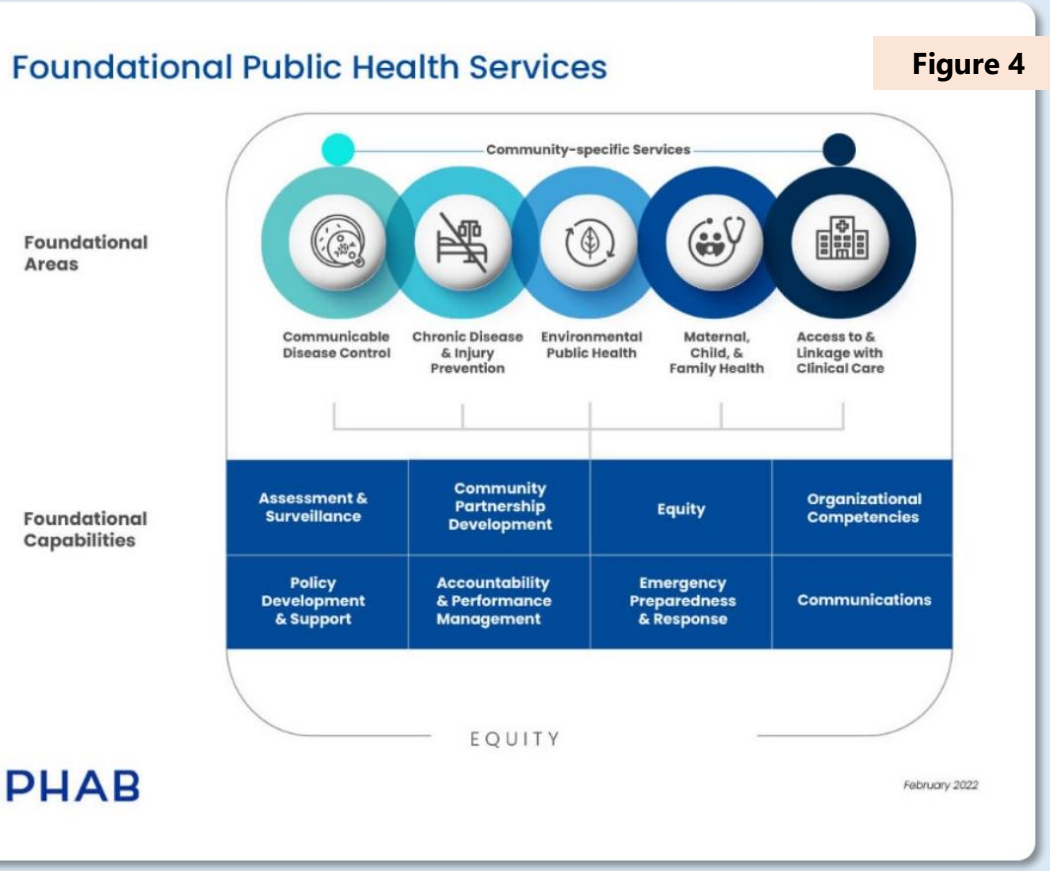


Figure 1: # of Jurisdictions with Complete Data

- Definition: This figure displays the total number of jurisdictions in the SSA that submitted complete data.

Figure 2: Total SSA FPHS Spending

- Definition: This figure displays the total spending on FPHS across all participating municipalities in the SSA as it was reported in the Cost Tool. The SSA-level spending figures account for "pass-throughs" to other governmental local public health entities, including pass-throughs to those outside of the Shared Service Arrangement.
- Limitations: The spending figure is not adjusted for employee benefits.

Figure 3: Total SSA FPHS Staff FTE

- Definition: This figure displays the total number of FPHS Staff FTE across the participating municipalities in the SSA. FTE (i.e., Full-time Equivalent) is a unit of measurement that represents the number of full-time hours an organization's employees work.
- Limitations: The total FPHS FTE as reported in the Cost Tool across the SSA is displayed. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.

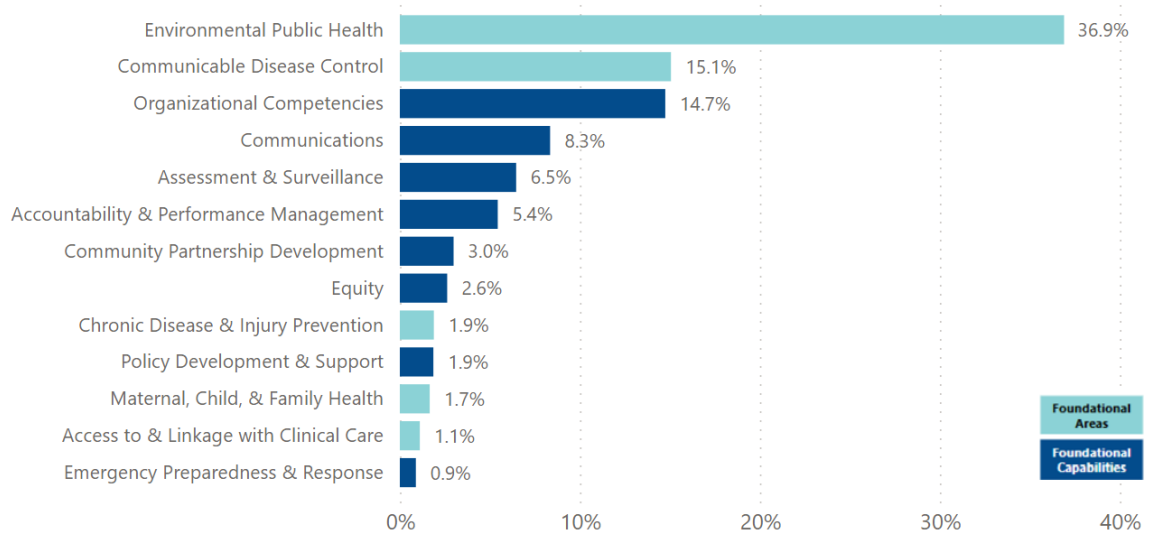
Figure 4: Foundational Public Health Services Framework

- Definition: This is the national Foundational Public Health Services framework by the Public Health Accreditation Board (PHAB). The FPHS Framework is a national framework that defines a minimum set of public health services that must be available in every municipality. Local Public Health (LPH) is not responsible for providing all services directly but is responsible for ensuring that all FPHS services are available within their communities. The Massachusetts Department of Public Health's Office of Local and Regional Health (OLRH) is adopting this national framework as envisioned in the 2019 Blueprint for Public Health Excellence report.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

% Total SSA Spending by Foundational Area/Capability (FA/FC)

Figure 1



% Total SSA Staff FTE by Foundational Area/Capability (FA/FC)

Figure 2

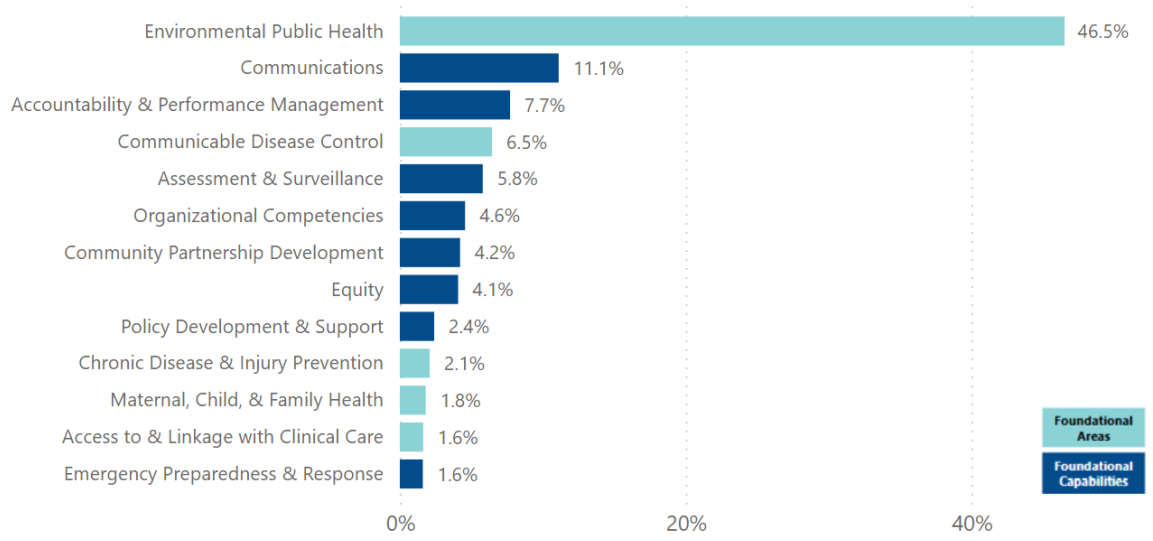


Figure 1: % Total SSA Spending by Foundational Area/Capability

- Definition: This chart breaks down the total SSA-level FPHS Spending by each Foundational Area and Capability. The SSA-level spending figures account for "pass-throughs" to other governmental local public health entities, including pass-throughs to those outside of the Shared Service Arrangement.
- Bar Colors: The light blue bars are Foundational Areas. The dark blue bars are Foundational Capabilities.
- Examples:
  - 36.9% of the SSA's Total FPHS Spending was dedicated to Environmental Public Health.
  - 0.9% of the SSA's Total FPHS Spending was dedicated to Emergency Preparedness & Response.
- Limitations: The spending figure is not adjusted for employee benefits.

Figure 2: % Total SSA Staff FTE by Foundational Area/Capability

- Definition: This chart breaks down the total SSA-level FPHS Staff FTE by each Foundational Area and Capability. FTE (i.e., Full-time Equivalent) is a unit of measurement that represents the number of full-time hours an organization's employees work.
- Bar Colors: The light blue bars are Foundational Areas. The dark blue bars are Foundational Capabilities.
- Examples:
  - 46.5% of the SSA's Total FPHS Staff FTE was dedicated to Environmental Public Health (i.e., 46.5% of the SSA's Staff working hours were dedicated to Environmental Public Health).
  - 1.6% of the SSA's Total FPHS Staff FTE was dedicated to Emergency Preparedness & Response. (i.e., 1.6% of the SSA's Staff working hours were dedicated to Emergency Preparedness & Response).
- Limitations: The FTE are the total Staff FTE reported in the Staff Tab of the Cost Tool across the SSA. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

Figure 1

LPH Entity Average Capacity and Expertise

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

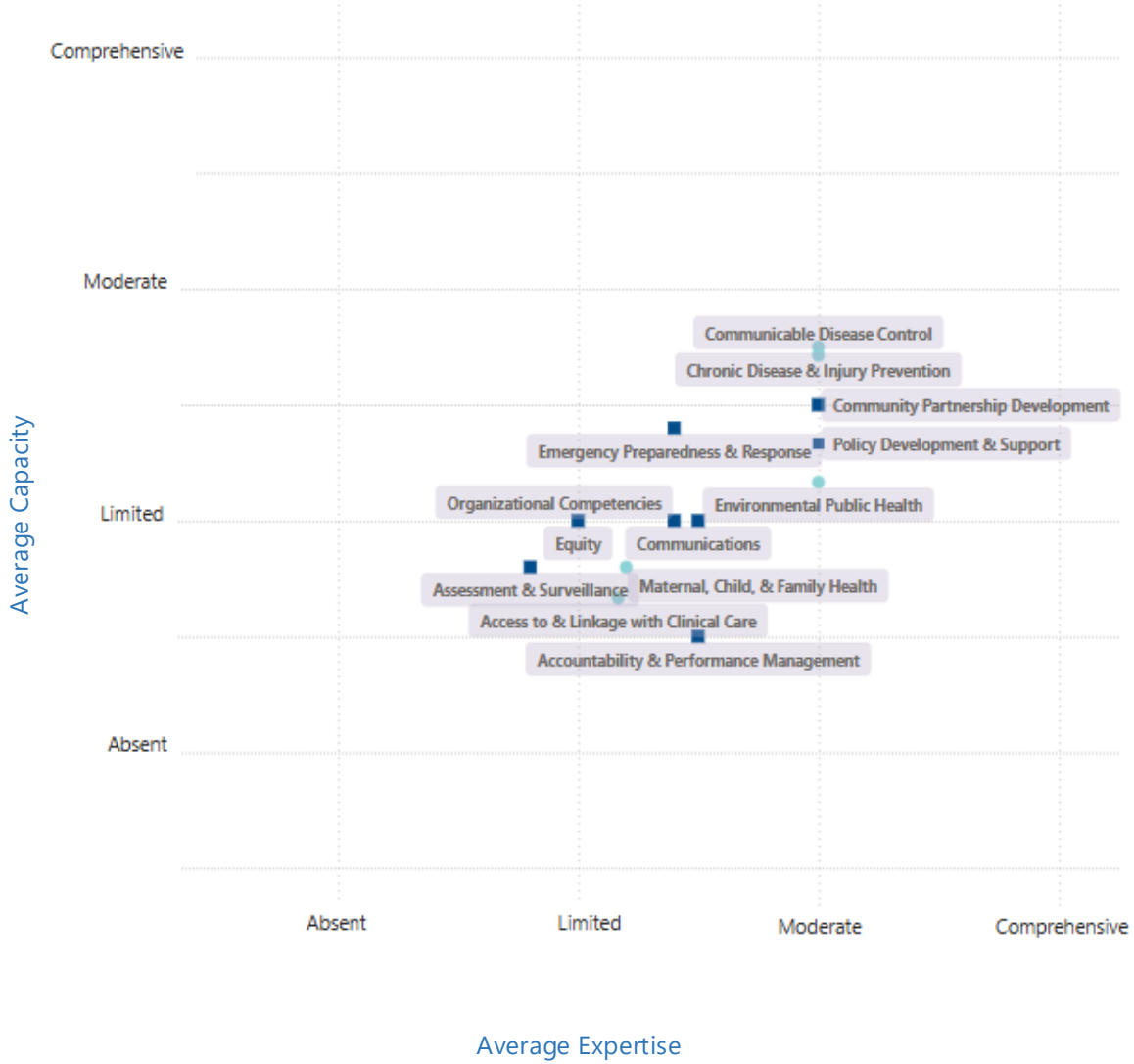
Figure 1: LPH Entity Average Capacity & Expertise

- Definition: This chart plots local public health's reported capacity and expertise
- How is the average calculated?
  - For each Foundational Area or Capability, there is a sub-level called the "Headline Responsibilities".
  - LPH reported their capacity and expertise using the rubric above for each headline responsibility under each Foundational Area or Capability.
  - The average capacity/expertise calculates the average across all the headline responsibilities within each FA/FC and across all participating municipalities in the SSA.
- Because the chart is displaying averages across all headline responsibilities and participating municipalities in the SSA, the markers do not fall on grid lines.
- Example 1: This SSA has close-to-moderate capacity & expertise for the Foundational Capability: Policy Development and Support.
- Example 2: This SSA has nearly absent capacity & expertise for Foundational Areas: Maternal, Child, & Family Health and Access to & Linkage with Clinical Care.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

Figure 1

Shared Staff Average Capacity and Expertise



Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Figure 1: Shared Staff Average Capacity & Expertise

- Definition: This chart plots the SSA's shared staff reported capacity and expertise
- How is the average calculated?
  - For each Foundational Area or Capability, there is a sub-level called the "Headline Responsibilities".
  - SSA Shared Staff reported their capacity and expertise using the rubric above for each headline responsibility under each Foundational Area or Capability.
  - The average capacity/expertise calculates the average across all the headline responsibilities within each FA/FC.
- Because the chart is displaying averages across all headline responsibilities, the markers do not fall on grid lines.
- Example 1: The SSA shared staff has moderate expertise and close-to-moderate capacity for Foundational Areas: Communicable Disease Control and Chronic Disease & Injury Prevention.
- Example 2: The SSA shared staff has limited-to-moderate expertise in Accountability & Performance Management but has limited-to-absent capacity in this Foundational Capability.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

ENVIRONMENTAL PUBLIC HEALTH

Overview

Monitor data on environmental health, and develop and implement population -based programs, strategies, and policy. Enforce related public health laws to meet health and safety standards. Conduct related inspections to protect the public from hazards in accordance with federal, state, and local laws.

Environmental public health focuses on the ways in which the natural and built environment affect human health. This includes factors such as the quality and safety of food, air, and water, as well as the safety of buildings, and other recreational areas and infrastructure including but not limited to pools, septic, camps, restaurants, beaches, events, housing, yards, and solid waste disposal.

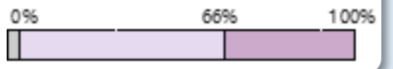
Table 1

FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by LPH	Provided by SSA	Provided by Partner	Met Community Needs "Mostly" or "Completly"
04.01.00	Develop a plan to promote environmental health.	5	12	12	2
04.02.00	Provide timely, scientifically accurate, and locally relevant information on the environment and environmental threats and their control.	8	12	12	2
04.03.00	Implement population-based environmental health programs and strategies.	5	12	12	2
04.04.00	Inform, communicate, work cooperatively with, and influence others whose work impacts environmental health.	10	12	12	2
04.05.00	Diagnose, investigate, and respond to environmental threats to the public's health.	8	12	12	3
04.06.00	Conduct mandated environmental public health inspections and oversight to protect the public from hazards in accordance with federal, state, and local laws and regulations.	11	3	12	7

12 Jurisdictions with Complete Data

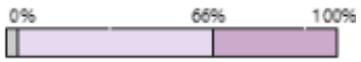


Overview: Foundational Area/Capability & Operational Definition

- Each Foundational Area/Capability slide displays the Foundational Area/Capability and the accompanying operational definition.

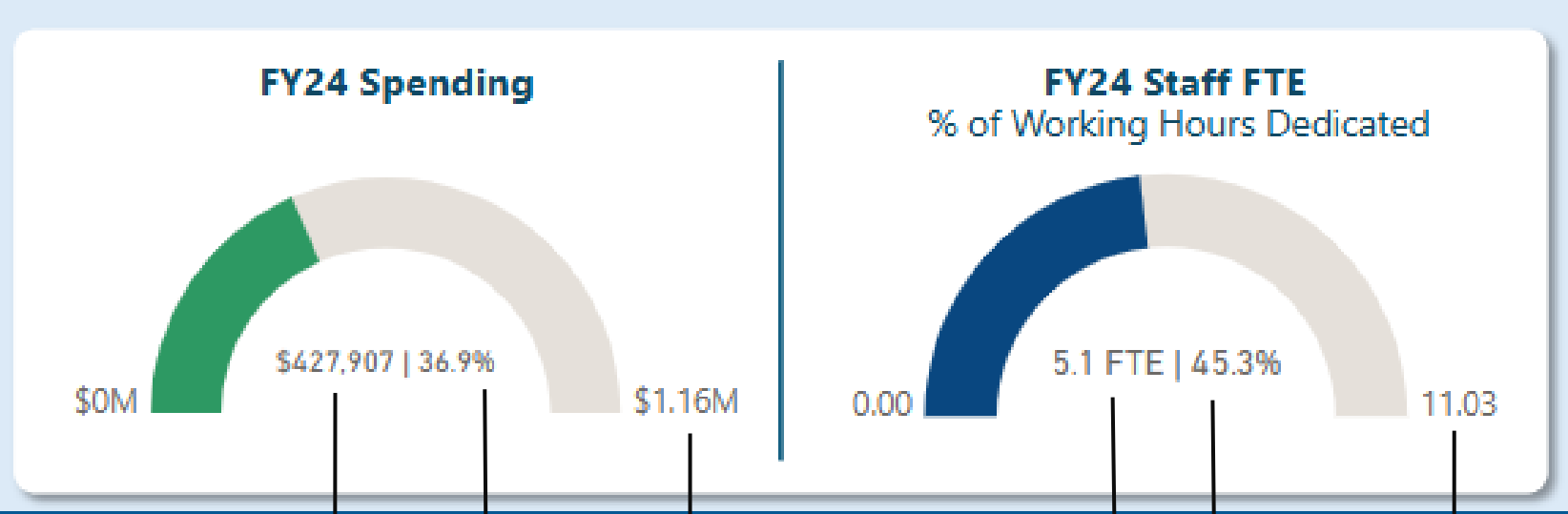
Table 1: FY24 Sharing and Service Delivery Fulfillment

- Definition: This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.
- Table Columns:
  - Headline Responsibility: All the corresponding Headline Responsibilities for each Foundational Area/Capability are listed in this table.
  - Met Community Needs "Mostly" and "Completely": The numbers in this column are counts of the municipalities that said "Mostly" or "Completely" when asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulfill the services required to meet the needs of your community?" in the Service Delivery Tool. The answer options were: Never, Rarely, Somewhat, Mostly, Completely.
  - Provided by LPH, SSA, or Partner: The numbers in each of these columns are counts of the municipalities that said "Yes" when asked: "Which organizations contributed to the delivery of this Headline Responsibility in your community?
- Table Colors
  - The colors in this table are gray for 0%,
  - Light purple for >0% to 66%,
  - Purple for >66% to 100%.
  - The percentages are calculated by taking the counts in each of the columns and dividing it by the total number of jurisdictions that submitted complete data, which is indicated at the bottom left of the table.



Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

ENVIRONMENTAL PUBLIC HEALTH



SSA-level Total FPHS Spending for specific FA/FC

% of SSA-level Total FPHS Spending for specific FA/FC

SSA-level Total FPHS Spending

SSA-level Total Staff FTE for specific FA/FC

% of SSA-level Total Staff FTE for specific FA/FC

(i.e., % of the SSA's Staff working hours dedicated to Environmental Public Health).

SSA-level Total Staff FTE

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

ENVIRONMENTAL PUBLIC HEALTH

Figure 1

FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff.

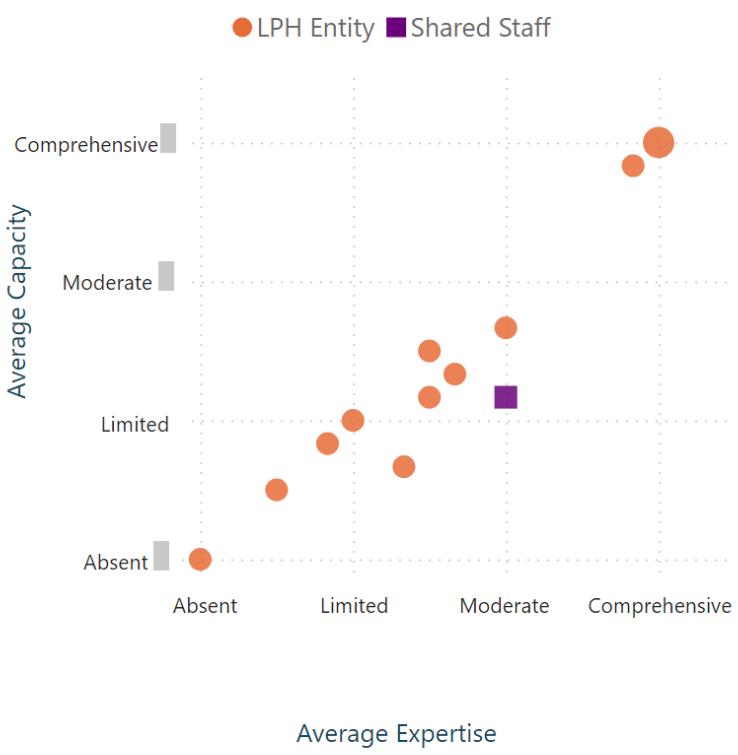


Table 1

Partners Involved in Delivering Headline Responsibilities*

BCBOHA
BOH
CHI
COA
Conservation
DEP
Fairview
Fire
Fire/Police Chiefs
Media partners
SBRHN
School districts
Town Managers
Town stakeholders
TTHD

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Figure 1: FY24 Capacity & Expertise

- Definition: This chart plots both LPH Staff average capacity & expertise and SSA Shared Staff average capacity & expertise for the specific Foundational Area and Capability.
- The orange dots represent participating municipalities in the SSA. The orange dot size is larger if multiple participating municipalities had the same average capacity & expertise values. The purple square is the SSA Shared Staff.
- How is the average calculated?
  - For each Foundational Area or Capability, there is a sub-level called the "Headline Responsibilities".
  - LPH reported their capacity and expertise using the rubric above for each headline responsibility under each Foundational Area or Capability.
  - The average capacity/expertise calculates the average across all the headline responsibilities within each FA/FC.
- Because the chart is displaying averages across all headline responsibilities, the markers do not fall on grid lines.

Table 1: Partners Involved in Delivering Headline Responsibilities.

- Local Public Health Entities were able to report which partners external to the LPH Entity and SSA delivered each Headline Responsibility. This table lists all partners at the Foundational Area/Capability level, rather than the Headline Responsibility level, the level at which LPH Entities reported partners in the Service Delivery Tool.
- Limitations: Because this field was "optional" in the Service Delivery Tool, this list only reflects partners reported in the Tool and may not be comprehensive of all existing partners in the jurisdictions.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Access to & Linkage with Clinical Care

Table 1

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$12,862.99	0.18	0.02	0.00	0.18

Table 1: FY24 Spending and Staff FTE by Foundational Area and Capability

- SSA = Shared Services Arrangement
- FTE Definition: This figure displays the total number of FPHS Staff FTE across the participating municipalities in the SSA. FTE (i.e., Full-time Equivalent) is a unit of measurement that represents the number of full-time hours an organization's employees work.
- Total Spending: SSA-level Total FPHS Spending for specific Foundational Area and Capability in FY24. The SSA-level spending figures account for "pass-throughs" to other governmental local public health entities, including pass-throughs to those outside of the Shared Service Arrangement.
- Total SSA Staff FTE: SSA-level total Staff FTE for specific Foundational Area and Capability in FY24.
- Average Staff FTE for SSA: Average Staff FTE across the jurisdictions in the SSA for the specific Foundational Area or Capability.
- Minimum Staff FTE in SSA: Staff FTE value for jurisdiction which had the lowest FTE for the specific Foundational Area or Capability among the jurisdictions in the SSA.
- Minimum Staff FTE in SSA: Staff FTE value for jurisdiction which had the lowest FTE for the specific Foundational Area or Capability among the jurisdictions in the SSA.
- Limitations:
  - The spending figure is not adjusted for employee benefits.
  - The total FPHS FTE as reported in the Cost Tool across the SSA is displayed. The FTE values do not account for FTEs reported in the Seasonal Workers or Paid Interns tab and Hourly Rate Contractors tab.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Access to & Linkage with Clinical Care

Column 1

Number	Headline Responsibility	Average of Community Needs Met
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	16.7%
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	16.7%
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	16.7%
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	29.2%
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	2.1%
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	0.0%

Column 1: Average of Community Needs Met

- The Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulfill the services required to meet the needs of your community?"
- The answer options are seen in the "Community Needs Met" Legend:

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

- How is the average calculated?
  - Each Local Public Health selected one answer option for each of the headline responsibility under each Foundational Area or Capability.
  - The "Average of Community Needs Met" is taking the average across all participating municipalities in the SSA.
- Interpretation:
  - For Headline Responsibility 1.01.00, community needs were on average met "Rarely" to "Never" across the municipalities in the SSA.
  - For Headline Responsibility 1.04.00, community needs were on average met "Rarely" across the municipalities in the SSA.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Access to & Linkage with Clinical Care

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Columns 2-5

Number	Headline Responsibility	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	1	2.1%	1.08	1.08
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	1	2.1%	1.08	1.25
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	0	0.0%	1.00	1.08
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	5	20.8%	1.67	1.75
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	0	0.0%	1.00	1.08
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	0	0.0%	1.00	1.00

Columns 2-5: Average of Community Needs Met

- Column 2 # of LPH Entities that Provided Services: The numbers in this column are counts of the municipalities that said "Yes" for LPH Providing: "Which organizations contributed to the delivery of this Headline Responsibility in your community?
- Column 3 Average of LPH Entity's Share: LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)." The answer options are seen in the "LPH Entity's Share" Legend. The average is calculated across all of the municipalities' responses for the headline responsibility.
- Columns 4 & 5 (Average LPH Capacity & Average LPH Expertise: LPH reported their capacity and expertise using the rubric above for each headline responsibility under each Foundational Area or Capability. The average capacity/expertise calculates the average across all participating municipalities in the SSA.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Access to & Linkage with Clinical Care

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Columns 6-9

Number	Headline Responsibility	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	12	2	3	11
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	12	2	2	10
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	12	2	3	10
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	0	2	2	12
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	0	1	2	0
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	0	1	1	12

Columns 6-9: Average of Community Needs Met

- Columns 6: # of LPH Entities where Shared Staff Provided Services: The numbers in these column are counts of the municipalities that said "Yes" for Shared Staff Providing when asked: "Which organizations contributed to the delivery of this Headline Responsibility in your community?
- Column 7 & 8: (Average LPH Capacity & Average LPH Expertise: Shared Staff reported their capacity and expertise using the rubric above for each headline responsibility under each Foundational Area or Capability.
- Columns 9: # of LPH Entities where External Partners Provided Services: The numbers in these column are counts of the municipalities that said "Yes" for External Partners Providing when asked: "Which organizations contributed to the delivery of this Headline Responsibility in your community? The partners reported are provided for each headline responsibility in the appendix.

Note: All reported findings are preliminary, and use reported data from the FPHS Shared Services Review, which is a point-in-time review using FY24 data.

Appendix

Additional SSA-level Preliminary Results

APPENDIX A: WORKFORCE & SPENDING OVERVIEW

6 Jurisdictions with Complete Data

Table 1: FPHS FTE and Spending by Foundational Area/Capability

Foundational Area Foundational Capability

Foundational Area/Capability	Staff FTE	Staff Costs	Hourly Rate Contractor FTE	Hourly Rate Contractor Costs	Seasonal Workers & Paid Interns FTE	Seasonal Workers & Paid Interns Costs	Adjusted Contracts & Subawards (No Pass-throughs)	Operational Costs	Total FPHS Spending	% Total FPHS Spending
Access to & Linkage with Clinical Care	0.92	$72,412	0	$0	0	$0	$24,764	$6,290	$103,466	2.4%
Accountability & Performance Management	1.30	$141,329	0	$0	0	$0	$121,250	$64,588	$327,167	7.6%
Assessment & Surveillance	0.37	$35,166	0	$0	0	$0	$35,116	$4,194	$74,476	1.7%
Chronic Disease & Injury Prevention	1.25	$99,304	0	$0	0	$0	$108,267	$7,344	$214,914	5.0%
Communicable Disease Control	3.57	$273,916	0	$0	0	$0	$171,986	$109,351	$555,253	12.9%
Communications	1.93	$135,129	0	$0	0	$735	$79,474	$11,983	$227,321	5.3%
Community Partnership Development	3.04	$218,252	0	$0	0	$0	$82,042	$12,793	$313,087	7.2%
Emergency Preparedness & Response	0.96	$91,730	0	$0	0	$0	$30,899	$0	$122,628	2.8%
Environmental Public Health	11.97	$845,957	0	$25,860	0	$0	$172,762	$52,664	$1,097,242	25.4%
Equity	3.39	$243,791	0	$0	0	$203	$81,865	$13,636	$339,496	7.9%
Maternal, Child, & Family Health	1.18	$86,396	0	$0	0	$0	$31,408	$2,097	$119,901	2.8%
Organizational Competencies	8.23	$516,246	0	$594	0	$375	$22,830	$93,226	$633,270	14.7%
Policy Development & Support	1.82	$167,603	0	$1,106	0	$0	$22,237	$55	$191,001	4.4%
Total	**39.92**	**$2,927,231**	**1**	**$27,560**	**0**	**$1,314**	**$984,900**	**$378,219**	**$4,319,220**	**100.0%**

APPENDIX B: REGIONAL WORKERS

6 Jurisdictions with Complete Data

Figure 1: Total SSA Staff FTE – Regional vs. Not Regional Staff

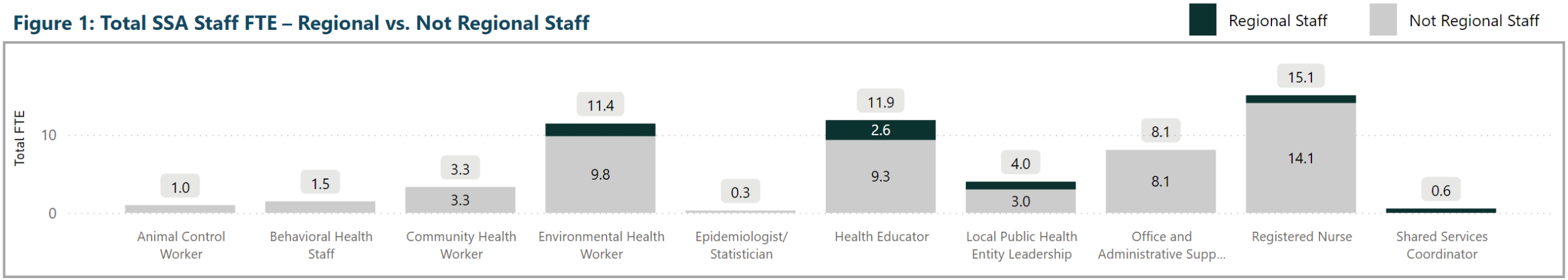
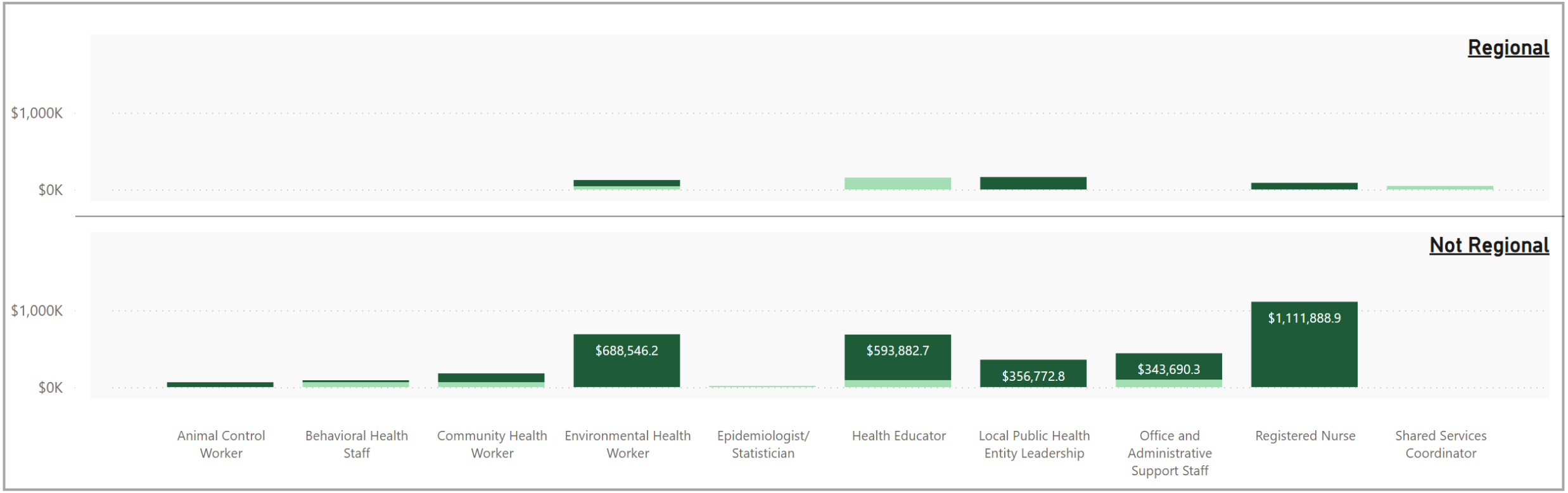


Figure 2: Regional vs. Not Regional Staff Funding Source



APPENDIX C: SEASONAL WORKERS, PAID INTERNS, AND HOURLY RATE CONTRACTORS

6 Jurisdictions with Complete Data

Table 2: Seasonal Workers and Paid Interns

Position Title	Occupation Category	Regional	Total FTE	Total Grant $	Total Municipal $	Total Pay
Prevention Intern	Health Educator	No	0.00	$1,017		$1,017
Summer Help - Clerical	Office and Administrative Support Staff	No	0.00		$500	$500
Total			**0.00**		**$500**	**$1,517**

Table 3: Hourly Rate Contractors

Position Title	Occupation Category	Regional	Hourly Rate	Calculated FTE	Total Grant $	Total Municipal $	FY24 Budgeted Amount
Animal Control Officer	Animal Control Worker	No	$20	0.40	$0	$14,460	$14,460
Compliance Check Help	Business and Financial Operations Staff	Yes	$25	0.01	$594		$594
Inspector Trainer	Environmental Health Worker	Yes	$100	0.06	$11,400		$11,400
Compliance Check Help	Health Educator	Yes	$15	0.02	$525		$525
Compliance Check Help	Health Educator	Yes	$15	0.00	$45		$45
Compliance Check Help	Health Educator	Yes	$15	0.02	$536		$536
Health Screener	Health Educator	No	$18	0.02	$594		$594
Health Screener	Health Educator	No	$18	0.02	$693		$693
Total			**$262**	**0.58**	**$15,431**	**$14,460**	**$29,891**

APPENDIX D: CONTRACTS & SUBAWARDS

6 Jurisdictions with Complete Data

Table 4: Contracts & Subawards

Contract/Subaward	Total Grant $	Total Municipal $	Total Amount	Going to another governmental LPH Entity	Regional Contract/ Subaward
ABH Services	$500		$500	No	No
ABH Services (condemnation)		$4,100	$4,100	No	No
ACBC	$94,393		$94,393	No	No
Amy Luckiewicz	$1,200		$1,200	No	No
Boston Board-Up (Condemnation)		$795	$795	No	No
Casino Productions	$1,680		$1,680	No	No
City of Melrose		$214,590	$214,590	No	No
Computer Purchasing Contract	$3,567		$3,567	No	No
Constable		$2,710	$2,710	No	No
Constable Lopes		$150	$150	No	No
Corporate Cafe	$450		$450	No	No
Crystal Entertainment	$10,909		$10,909	No	No
Daykin DJ Services	$1,230		$1,230	No	No
Dennis O'Hara	$3,000		$3,000	No	No
Eddy's Music	$450		$450	No	No
Fun Party Pixels	$1,200		$1,200	No	No
Geese Control		$2,080	$2,080	No	No
Gladdin	$1,350		$1,350	No	No
Hillside Press	$522		$522	No	No
iHealth Labs		$10,404	$10,404	No	No
Interface		$10,500	$10,500	No	No
Jack McGoldrick	$6,600		$6,600	No	No
Kate Gladdin	$1,350		$1,350	No	No
[illegible]		[illegible]	[illegible]	[illegible]	[illegible]
Total	**$573,477**	**$498,023**	**$1,071,500**		

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Access to & Linkage with Clinical Care

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$103,465.85	0.92	0.15	0.00	0.49

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	62.5%	6	29.2%	2.33	3.00	0	2	2	6
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	58.3%	4	16.7%	2.00	2.67	0	1	1	5
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	54.2%	6	25.0%	2.17	2.83	0	1	1	5
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	54.2%	5	29.2%	2.17	3.00	0	1	1	5
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	41.7%	0	0.0%	1.17	1.17	0	1	1	4
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	100.0%	1	5.0%	4.00	4.00	0	2	1	6

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Access to & Linkage with Clinical Care

Number	FPHS Headline Responsibility	Partners Reported
01.01.00	Develop a plan to address gaps and barriers and assure access to clinical care services.	MDPH, CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Melrose Police, Mystic Valley Elder Services, Eliot Community Services, Beth Israel Lahey Winchester Hospital
01.02.00	Provide timely, scientifically accurate, and locally relevant information on the importance, impact, and accessibility of the healthcare systems, including barriers to care.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Beth Israel Lahey Winchester Hospital
01.03.00	Implement population-based strategies to improve barriers to accessing clinical care.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Melrose Police, Mystic Valley Elder Services, Eliot Community Services, Beth Israel Lahey Winchester Hospital, Senior Center
01.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes to facilitate access to health services.	MDPH, CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Melrose Police, Mystic Valley Elder Services, Eliot Community Services
01.05.00	Examine and monitor the quality, effectiveness, and cost-efficiency of clinical care.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Mystic Valley Elder Services, Eliot Community Services
01.06.00	Ensure licensed health care facilities and providers comply with laws and rules as appropriate.	Massachusetts DPH

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Accountability & Performance Management

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$327,167.04	1.30	0.22	0.00	0.83

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
06.01.00	Maintain accountability according to accepted business practices, applicable policies, and public health accreditation.	83.3%	6	100.0%	3.50	3.50	6	3	3	4
06.02.00	Maintain a performance management structure and establish appropriate quality improvement initiatives.	87.5%	6	100.0%	3.33	3.33	0	1	1	3

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Accountability & Performance Management

Number	FPHS Headline Responsibility	Partners Reported
06.01.00	Maintain accountability according to accepted business practices, applicable policies, and public health accreditation.	MDPH, DPH
06.02.00	Maintain a performance management structure and establish appropriate quality improvement initiatives.	DPH

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Assessment & Surveillance

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$74,475.75	0.37	0.06	0.00	0.30

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
07.01.00	Develop and maintain an assessment and analysis infrastructure.	58.3%	5	79.2%	2.67	2.83	0	1	2	1
07.02.00	Use collaborative processes to assess community health and identify health priorities.	62.5%	5	40.0%	3.00	3.00	0	1	2	4
07.03.00	Develop and maintain a surveillance and epidemiology infrastructure.	87.5%	6	91.7%	3.50	3.33	0	2	2	2
07.04.00	Develop and maintain a vital records infrastructure.	87.5%	3	45.8%	2.33	2.33	0	1	1	5
07.05.00	Develop and maintain a public health laboratory infrastructure.		1				0	1	1	6

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Assessment & Surveillance

Number	FPHS Headline Responsibility	Partners Reported
07.01.00	Develop and maintain an assessment and analysis infrastructure.	DPH
07.02.00	Use collaborative processes to assess community health and identify health priorities.	Local hospitals, Melrose-Wakefield Hospital, Winchester Hospital
07.03.00	Develop and maintain a surveillance and epidemiology infrastructure.	DPH, CDC
07.04.00	Develop and maintain a vital records infrastructure.	DPH, CDC, Clerks' Office
07.05.00	Develop and maintain a public health laboratory infrastructure.	Massachusetts State Public Health Laboratory Services

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Chronic Disease & Injury Prevention

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$214,914.25	1.25	0.21	0.00	0.60

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
02.01.00	Develop a chronic disease and injury prevention plan, as well as plans for the prevention and control of specific chronic diseases or sources of injury.	50.0%	5	25.0%	1.83	2.83	0	2	2	5
02.02.00	Provide timely, scientifically accurate, and locally relevant information on chronic diseases and injury prevention.	58.3%	6	37.5%	2.00	3.17	0	1	2	5
02.03.00	Implement population-based strategies to address issues related to chronic disease and injury.	50.0%	5	25.0%	2.00	2.83	0	2	3	5
02.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve health related to chronic disease and injury.	50.0%	5	25.0%	2.17	2.83	0	2	3	5

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Chronic Disease & Injury Prevention

Number	FPHS Headline Responsibility	Partners Reported
02.01.00	Develop a chronic disease and injury prevention plan, as well as plans for the prevention and control of specific chronic diseases or sources of injury.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Recovery Groups, Beth Israel Lahey Winchester Hospital
02.02.00	Provide timely, scientifically accurate, and locally relevant information on chronic diseases and injury prevention.	MDPH & Reg 3E, CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Council on Aging, Beth Israel Lahey Winchester Hospital
02.03.00	Implement population-based strategies to address issues related to chronic disease and injury.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Council on Aging, Beth Israel Lahey Winchester Hospital, Senior Center
02.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve health related to chronic disease and injury.	CHA, Tufts Healthcare, Winchester Hospital, Melrose-Wakefield Hospital, Council on Aging, Beth Israel Lahey Winchester Hospital, Senior Center

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Communicable Disease Control

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$555,252.88	3.57	0.59	0.08	1.24

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
03.01.00	Develop a communicable disease prevention plan, as well as plans for the prevention and control of specific communicable diseases.	58.3%	5	58.3%	3.33	3.50	0	1	1	5
03.02.00	Provide timely, scientifically accurate, and locally relevant information on communicable diseases and their control.	83.3%	6	75.0%	3.50	3.67	0	3	3	6
03.03.00	Implement population-based communicable disease prevention and control programs and strategies.	70.8%	5	85.0%	3.33	3.50	0	3	3	4
03.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes for communicable disease prevention and control.	83.3%	6	75.0%	3.67	3.83	0	2	3	6
03.05.00	Conduct disease investigations and respond to communicable disease outbreaks.	100.0%	6	95.8%	3.67	3.83	0	2	2	5
03.06.00	Enforce public health laws to prevent and control communicable diseases.	87.5%	6	95.8%	3.67	3.83	0	1	2	5
03.07.00	Maintain or participate in a statewide immunization program and assure the availability of immunizations to the public.	87.5%	6	70.8%	3.83	4.00	0	2	2	4

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Communicable Disease Control

Number	FPHS Headline Responsibility	Partners Reported
03.01.00	Develop a communicable disease prevention plan, as well as plans for the prevention and control of specific communicable diseases.	CHA, Tufts Healthcare, Winchester Hospital, DPH, CDC, Melrose-Wakefield Hospital, Council on Aging, Long-term Care Facilities, Schools
03.02.00	Provide timely, scientifically accurate, and locally relevant information on communicable diseases and their control.	MDPH & Reg 3E, CHA, Tufts Healthcare, Winchester Hospital, DPH, CDC, Melrose-Wakefield Hospital, Council on Aging, Long-term Care Facilities, Schools
03.03.00	Implement population-based communicable disease prevention and control programs and strategies.	CHA, Tufts Healthcare, Winchester Hospital, DPH, CDC, Melrose-Wakefield Hospital, Council on Aging, Long-term Care Facilities, Schools
03.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and programmatic changes for communicable disease prevention and control.	MDPH & Reg 3E, CHA, Tufts Healthcare, Winchester Hospital, DPH, CDC, Melrose-Wakefield Hospital, Council on Aging, Long-term Care Facilities, Schools
03.05.00	Conduct disease investigations and respond to communicable disease outbreaks.	MDPH, DPH, CDC, Melrose-Wakefield Hospital, Winchester Hospital, Council on Aging, Long-term Care Facilities, Schools
03.06.00	Enforce public health laws to prevent and control communicable diseases.	MDPH & Reg 3E, DPH, CDC, Melrose-Wakefield Hospital, Winchester Hospital, Council on Aging, Long-term Care Facilities, Schools
03.07.00	Maintain or participate in a statewide immunization program and assure the availability of immunizations to the public.	Melrose-Wakefield Hospital, Winchester Hospital, Winchester Hospital and Local Physicians

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Communications

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$227,321.04	1.93	0.32	0.00	0.94

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
08.01.00	Develop and maintain a public communications infrastructure.	66.7%	6	75.0%	2.83	3.50	0	2	3	4
08.02.00	Develop and maintain public health education and risk communication capabilities.	66.7%	6	62.5%	2.50	3.33	4	3	3	4

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Communications

Number	FPHS Headline Responsibility	Partners Reported
08.01.00	Develop and maintain a public communications infrastructure.	Mayor's Office
08.02.00	Develop and maintain public health education and risk communication capabilities.	MDPH, DPH, CDC

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Community Partnership Development

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$313,087.10	3.04	0.51	0.00	1.38

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
09.01.00	Develop and maintain capabilities to cultivate relationships and convene partners.	79.2%	6	91.7%	3.17	3.17	0	3	2	1
09.02.00	Develop and maintain strategic partnerships with governmental and non-governmental partners.	79.2%	6	91.7%	3.17	3.33	6	3	3	1
09.03.00	Develop and maintain trusted relationships with communities.	66.7%	6	95.8%	3.17	3.33	0	3	2	1
09.04.00	Use collaborative processes to develop health improvement plans to address identified priorities.	66.7%	6	91.7%	3.17	3.33	0	1	2	1

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Community Partnership Development

Number	FPHS Headline Responsibility	Partners Reported
09.01.00	Develop and maintain capabilities to cultivate relationships and convene partners.	REG 3E
09.02.00	Develop and maintain strategic partnerships with governmental and non-governmental partners.	REG 3E
09.03.00	Develop and maintain trusted relationships with communities.	REG 3E
09.04.00	Use collaborative processes to develop health improvement plans to address identified priorities.	REG 3E

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Emergency Preparedness & Response

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$122,627.85	0.96	0.16	0.00	0.40

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
10.01.00	Establish governmental public health's role in preparedness and response to incidents.	70.8%	6	58.3%	3.00	3.00	0	2	2	5
10.02.00	Develop, exercise, and maintain preparedness and response plans.	75.0%	6	54.2%	2.67	2.83	0	2	2	6
10.03.00	Assure public health continuity of operations.	79.2%	6	66.7%	3.00	3.00	0	2	2	5
10.04.00	Respond to incidents.	83.3%	6	70.8%	2.83	3.00	0	2	2	6
10.05.00	Recover from incidents.	79.2%	6	70.8%	2.83	3.00	0	1	1	5

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Emergency Preparedness & Response

Number	FPHS Headline Responsibility	Partners Reported
10.01.00	Establish governmental public health's role in preparedness and response to incidents.	MDPH & Reg 3E, Emergency Management, Medical Reserves Corp, PHEP Region 3E, Police, Fire, PHEP Region 4AB
10.02.00	Develop, exercise, and maintain preparedness and response plans.	MDPH & Reg 3E, PHEP coalition, Emergency Management, Medical Reserves Corp, PHEP Region 3E, Police, Fire, PHEP Region 4AB
10.03.00	Assure public health continuity of operations.	MDPH & Reg 3E, Emergency Management, Medical Reserves Corp, PHEP Region 3E, Police, Fire, PHEP Region 4AB
10.04.00	Respond to incidents.	MDPH & Reg 3E, Public safety, DPH, Emergency Management, Medical Reserves Corp, PHEP Region 3E, Police, Fire, PHEP Region 4AB
10.05.00	Recover from incidents.	MDPH & Reg 3E, Emergency Management, Medical Reserves Corp, PHEP Region 3E, Police, Fire, PHEP Region 4AB

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

Environmental Public Health

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$1,097,242.11	11.97	2.00	0.65	3.40

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
04.01.00	Develop a plan to promote environmental health.	66.7%	5	62.5%	2.83	3.50	0	2	2	5
04.02.00	Provide timely, scientifically accurate, and locally relevant information on the environment and environmental threats and their control.	79.2%	6	75.0%	3.17	3.83	0	2	2	6
04.03.00	Implement population-based environmental health programs and strategies.	79.2%	6	83.3%	3.17	3.83	0	2	3	4
04.04.00	Inform, communicate, work cooperatively with, and influence others whose work impacts environmental health.	79.2%	6	83.3%	3.00	3.83	1	3	3	4
04.05.00	Diagnose, investigate, and respond to environmental threats to the public's health.	87.5%	6	83.3%	3.33	4.00	2	3	3	5
04.06.00	Conduct mandated environmental public health inspections and oversight to protect the public from hazards in accordance with federal, state, and local laws and regulations.	83.3%	6	87.5%	3.33	4.00	3	3	3	4

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Environmental Public Health

Number	FPHS Headline Responsibility	Partners Reported
04.01.00	Develop a plan to promote environmental health.	Office of Sustainability, DEP, DPH
04.02.00	Provide timely, scientifically accurate, and locally relevant information on the environment and environmental threats and their control.	MDPH, Office of Sustainability, DEP, DPH
04.03.00	Implement population-based environmental health programs and strategies.	DEP, DPH
04.04.00	Inform, communicate, work cooperatively with, and influence others whose work impacts environmental health.	DEP, DPH
04.05.00	Diagnose, investigate, and respond to environmental threats to the public's health.	Medford Fire Department, DEP, DPH, Engineering, DPW, Fire, Police
04.06.00	Conduct mandated environmental public health inspections and oversight to protect the public from hazards in accordance with federal, state, and local laws and regulations.	DEP, DPH, Building

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Equity

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$339,495.81	3.39	0.56	0.00	2.24

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
11.01.00	Develop and demonstrate agency commitment to equity.	62.5%	6	62.5%	3.33	3.00	0	2	2	5
11.02.00	Inform and influence public and external organizational policies to advance equity.	58.3%	5	58.3%	3.33	3.00	0	2	3	4

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Equity

Number	FPHS Headline Responsibility	Partners Reported
11.01.00	Develop and demonstrate agency commitment to equity.	City's DEI office, HR, Winchester Hospital
11.02.00	Inform and influence public and external organizational policies to advance equity.	City's DEI office, Social Services Providers, Social Service Providers

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Maternal, Child, & Family Health

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$119,900.52	1.18	0.20	0.00	0.49

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
05.01.00	Develop a maternal and child health plan, as well as plans for addressing specific maternal, child, and family health issues.	41.7%	0	0.0%	1.67	1.33	0	3	2	5
05.02.00	Provide timely, scientifically accurate, and locally relevant information on maternal, child, and family health.	41.7%	1	4.2%	1.67	1.33	0	2	2	4
05.03.00	Implement population-based strategies to address issues related to maternal, child, and family health.	58.3%	2	4.2%	2.17	1.83	0	3	2	5
05.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve maternal, child, and family health.	41.7%	1	8.3%	1.83	1.33	0	2	2	5
05.05.00	Assure provision of mandated newborn screenings and follow-ups according to state or federal mandates.	0.0%	1	0.0%	1.00	1.00	0	1	1	6

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Maternal, Child, & Family Health

Number	FPHS Headline Responsibility	Partners Reported
05.01.00	Develop a maternal and child health plan, as well as plans for addressing specific maternal, child, and family health issues.	CHA, Tufts Healthcare, WIC, Melrose-Wakefield Hospital, Winchester Hospital
05.02.00	Provide timely, scientifically accurate, and locally relevant information on maternal, child, and family health.	CHA, Tufts Healthcare, WIC, Melrose-Wakefield Hospital, Winchester Hospital
05.03.00	Implement population-based strategies to address issues related to maternal, child, and family health.	CHA, Tufts Healthcare, WIC, Melrose-Wakefield Hospital, Winchester Hospital
05.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve maternal, child, and family health.	CHA, Tufts Healthcare, WIC, Melrose-Wakefield Hospital, Winchester Hospital
05.05.00	Assure provision of mandated newborn screenings and follow-ups according to state or federal mandates.	New England / Massachusetts Newborn Screening Program

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Organizational Competencies

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$633,269.69	8.23	1.37	0.17	3.60

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
12.01.00	Maintain a governance structure and establish the strategic direction for public health.	75.0%	6	75.0%	3.50	3.50	0	2	2	4
12.02.00	Provide or access services for information technology, privacy, and security.	75.0%	4	29.2%	2.00	2.00	0	2	2	6
12.03.00	Provide or access human resources services and develop and maintain a competent workforce.	87.5%	6	66.7%	3.33	3.17	0	3	2	6
12.04.00	Provide or access financial management services and facilitate contracting, procurement, and maintenance of facilities and operations.	100.0%	6	75.0%	3.33	3.17	6	3	3	6
12.05.00	Access public health legal services and analysis.	75.0%	6	75.0%	3.33	3.33	0	2	2	6

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Organizational Competencies

Number	FPHS Headline Responsibility	Partners Reported
12.01.00	Maintain a governance structure and establish the strategic direction for public health.	Mayor's Office, BOH, DPH
12.02.00	Provide or access services for information technology, privacy, and security.	IT, City's IT Dept, IT Department
12.03.00	Provide or access human resources services and develop and maintain a competent workforce.	HR, City's HR Dept, HR Department
12.04.00	Provide or access financial management services and facilitate contracting, procurement, and maintenance of facilities and operations.	Finance; Facilities, City's Finance Dept, Accounting, HR, Comptroller, Facilities Manager
12.05.00	Access public health legal services and analysis.	Legal, MHOB, City's Legal Counsel, Legal Department, MAHB; Legal

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX E: DATA BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Policy Development & Support

Total Spending	Total SSA Staff FTE	Average Staff FTE for SSA	Minimum Staff FTE in SSA	Maximum Staff FTE in SSA
$191,000.56	1.82	0.30	0.00	0.75

Community Needs Met[1]	
0%	Never
25%	Rarely
50%	Somewhat
75%	Mostly
100%	Completely

LPH Entity's Share[2]	
0%	**None:** No involvement or contribution
25%	**Some:** Minimal involvement or contribution
50%	**Half:** Moderate involvement or contribution
75%	**Most:** Significant involvement or contribution
100%	**All:** Complete involvement or contribution

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience
Absent: Staff time and resources are largely unavailable.	1	**Absent:** Staff lack expertise or are unable to apply it.
Limited: Partial staff time and resources available to provide some functions.	2	**Limited:** Partial expertise and some ability to apply it.
Moderate: Almost sufficient staff time and resources available for most functions.	3	**Moderate:** Almost sufficient expertise and can apply it effectively for most functions.
Comprehensive (Full): Sufficient staff time and resources to fully implement all functions.	4	**Comprehensive (Full):** Sufficient expertise and can apply it effectively for all functions.

Number	Headline Responsibility	Average of Community Needs Met	# of LPH Entities that Provided Services	Average of LPH Entity's Share	Average LPH Capacity	Average of LPH Expertise	# of LPH Entities where Shared Staff Provided Services	Shared Staff Capacity	Shared Staff Expertise	# of LPH Entities where External Partner Provided Services
13.01.00	Develop, amend, and enact public health policies in collaboration with partners, policymakers, and community members.	87.5%	6	83.3%	3.50	3.50	3	3	2	5
13.02.00	Participate in policy development initiatives being considered by partners that affect the public's health.	83.3%	6	79.2%	3.33	3.50	6	3	3	5
13.03.00	Implement and support enacted public health policies.	87.5%	6	87.5%	3.50	3.50	0	2	2	4

[1] Community Needs Met question asked: "To what extent did the organizations responsible for delivering this Headline Responsibility fulf ill the services required to meet the needs of your community?"
[2] LPH Entity's Share asked: "For this Headline Responsibility, what was the responsibility attributable to your LPH entity? (i.e., provide the % share of your LPH entity)."

PARTNERS* BY HEADLINE RESPONSIBILITY

6 Jurisdictions with Complete Data

Policy Development & Support

Number	FPHS Headline Responsibility	Partners Reported
13.01.00	Develop, amend, and enact public health policies in collaboration with partners, policymakers, and community members.	DPH, City's Legal, LBOHs, Local Legislators, Legal Department, Legal
13.02.00	Participate in policy development initiatives being considered by partners that affect the public's health.	DPH, City's Legal, LBOHs, COBs, Local Legislators, Melrose-Wakefield Hospital, Retailers, Schools, Police
13.03.00	Implement and support enacted public health policies.	Local Legislators, Melrose-Wakefield Hospital

*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

APPENDIX F: COMMUNITY-SPECIFIC SERVICES DEFINITION & EXAMPLES

Community Specific Services (CSS) are services provided to meet the unique infrastructure and priorities of individual communities. Unlike FPHS, CSS are not universally required to be provided by the public health entity across all jurisdictions. CSS may be crucial to maintaining a healthy population and are critical to a specific community's health given the current available infrastructure but do not fall within FPHS. This work is very important, but unique to a given community. These services may be the responsibility of multiple agencies both public and/or private.

Key Characteristics of CSS:

- Local Scope: Tailored to specific communities and address localized issues and would not apply broadly and universally to all public health entities.
- Responsive Focus: Specialized services that provide the most efficient and/or effective response to address community-specific needs.
- Systemically Relevant: These services are often shaped by factors such as the composition of clinical and community-based service providers or lack thereof, governmental departments context and structure within the larger municipality or region, and social determinants of health. For instance, services provided by municipalities in rural areas may differ significantly from those in densely populated urban municipalities.

APPENDIX F: COMMUNITY-SPECIFIC SERVICES DEFINITION & EXAMPLES

Examples of Foundational Public Health Services vs. Community-Specific Services in Massachusetts

Foundational Public Health Services	Community-Specific Services
Environmental Public Health, Policy Development and Support: Tobacco Conducting tobacco compliance inspections and enacting tobacco control regulations.	**Community Specific Services: Tobacco** Community Health Workers and Public Health Nurses providing smoking/vaping cessation counseling and nicotine patches.
Chronic Disease and Injury Prevention, Policy Development and Support: Healthy food access Participating in and providing evidence-based recommendations to a food policy council or coalition that supports development of healthy eating programs and policies throughout various community institutions. (E.g., Mass in Motion).	**Community Specific Services: Healthy food access** Managing a mobile food bank or farmers market and distributing food to residents experiencing food insecurity.
Access to and Linkage with Clinical Care, Chronic Disease and Injury Prevention, Policy Development and Support: Opioid Addiction Promoting and providing education on the use of Naloxone to prevent opioid overdose (e.g., through the Community Naloxone Program). Enacting policy regarding needle exchange.	**Community Specific Services: Opioid Addiction** Providing clinical case management to individuals who are receiving treatment services.
Environmental Public Health: Waste Safety Responding to and conducting nuisance inspections to maintain safe living conditions, water and air quality for all residents.	**Community Specific Services: Waste Safety** Managing a local solid waste disposal transfer center. Conducting inspections of private waste disposal vehicles.
Communicable Disease Control, Assessment and Surveillance: **Rabies Response and Control** Sending suspected animals to the state laboratory to be tested for rabies. Quickly and effectively connecting victims of a potential rabies attack to clinical care. **Lyme Disease** An Epidemiologist leveraging MAVEN data to assess the prevalence of Lyme disease within their community and develop targeted tick-bite awareness and prevention campaigns.	**Community Specific Services:** **Rabies Response and Control** Managing or staffing an animal control shelter. Providing rabies vaccinations to dogs and cats housed at the shelter. **Lyme Disease** A Community Health Worker facilitating a support group for individuals affected by Lyme disease.

APPENDIX F: COMMUNITY-SPECIFIC SERVICES DEFINITION & EXAMPLES

Examples of Foundational Public Health Services vs. Community-Specific Services in Massachusetts

Foundational Public Health Services	Community-Specific Services
Communications, Emergency Preparedness and Response: Crisis Response Planning for and responding to wildfires by ensuring communications about emergency shelters and air quality impacts are offered in local languages. And/or maintain and exercise an All Hazards Emergency Preparedness Plan (e.g., through MEMA and OPEM).	**Community Specific Services: Crisis Response** Providing emergency ambulance response services. Managing a 911 emergency call center. Public Health Nurse and local Epidemiologist conduct a community audit of individuals with disabilities requiring special assistance from first responders in an emergency.
Access to Care, Communicable Disease Control, Chronic Disease and Injury Prevention: Serving Seniors Public Health Nurses and Community Health Worker promoting flu vaccination clinic and blood pressure screening at the senior center.	**Community Specific Services: Serving Seniors** Public Health Nurses and Community Health Worker assisting seniors in Medicare enrollment applications.
Community Partnership Development, Assessment and Surveillance, Equity: Coalition Support Engage members of the community and multi-sector partners in a collaborative community health improvement planning process (e.g., through a CHA/CHIP) or coalition (e.g., substance use coalition) that draws from community health assessment data and establishes a plan for addressing priorities.	**Community Specific Services: Coalition Support** Allocate staff time to directly provide individual residents with services on behalf of a community-based coalition.
Maternal, Child and Family Health: Youth Prevention Services Providing data to inform educational content and recommendations of prevention strategies to the high school such as local youth pregnancy rates, STD rates, substance use rates, and other health risk measures.	**Community Specific Services: Youth Prevention Services** Managing and staffing an after-school youth program dedicated to providing students peer support and education on specific health related behaviors.