

# **The Local Public Health Institute of Massachusetts**

## **Progress Report**

### **January 01, 2011 – June 30, 2012**

#### **Executive Summary**

**Introduction:** Since January of 2010, the Boston University School of Public Health (BUSPH) has had the contract for and managed the Local Public Health Institute (LPHI) of Massachusetts. With support from the Massachusetts Department of Public Health, the LPHI staff work with the LPHI Advisory Committee to pursue the LPHI mission: *To provide and ensure a competent workforce by strengthening and sustaining the capacity of local boards of health to prepare for and respond to public health issues and emergencies and to promote the health of residents of the Commonwealth.* The LPHI is submitting an 18-month report to align its reporting with the state fiscal year. Hereafter, the LPHI will resume submission of annual progress reports cover July 1 through June 30. The full report describes the six problems addressed by the LPHI and progress made between January 1, 2011 and June 30, 2012 in addressing the problems and their associated objectives. Below is a description of the LPHI evaluation methodology used to inform the progress report, as well as a summary of the major accomplishments of the LPHI in the 18-month timeframe and recommended next steps.

**Methodology:** The LPHI evaluator and LPHI management team devised several data collection and tracking mechanisms to measure progress toward LPHI objectives and desired outcomes, including: (1) standardized training evaluation forms; (2) A Foundations Course instructor evaluation survey; and (3) administrative tracking by the LPHI Program Manager. Once the 18-month accomplishments were inventoried, the major accomplishments were presented to the members of the LPHI Advisory Committee and members were polled to assess whether the progress failed to meet, met or exceeded their expectations.

**Accomplishments and Next Steps:** It was a very productive 18 months with significant progress made toward all program objectives, including:

- The LPHI expanded its capacity for distance learning and offered seven new on-line modules in addition to the Orientation to Local Public Health: Bed Bugs; Dealing with Stress in Disasters: Building Psychological Resilience; Legal Nuts and Bolts of Isolation and Quarantine, Parts 1 and 2; Lyme Disease; MAVEN and MAVEN TB Training Modules; and Swimming Pools. Like the Orientation module, all but the MAVEN modules have a facilitator's guide to assist in use of the module as a teaching tool for classroom learning. Additionally, LPHI has 10 other modules already in development and planned for completion in 2012.
- The Foundations Course was run for the second time since BUSPH assumed the LPHI contract and PPE, Surveillance and Legal Nuts and Bolts Parts 1 and 2 trainings were offered as well. In April of 2012, a four-day train the trainers event entitled Environmental Health Training in

Emergency Response (EHTER) was conducted. In all trainings, participants rated themselves as better able to perform session learning objectives as a result of training and felt the training content would be useful in their jobs. The mean quiz score in the EHTER course increased from 75% at pre-test to 88% at post-test and participants indicated their knowledge about all EHTER topics increased as a result of the training. Additionally, statistically significant improvements in learning took place in 14 of 17 sessions of the Foundations Course.

- 398 trainees received education in the LPHI's training sessions over the 18-month period. Trainees represent all of the Public Health Emergency Preparedness Regions of the state, although the lowest representation was among public health practitioners in Region 2: Central MA at only 7.5%. The trainees are primarily local health directors/agents, public health nurses, "other" positions (e.g., EP coordinators, regional public health staff), sanitarians/inspectors, and BOH members/chairpersons.
- The LPHI Fellows Program was launched and, based on evaluation results, was very successful in meeting the program objective and in its marketing, application and selection criteria, and recognition event.
- The LPHI Advisory Committee met six times and has representation from all MDPH EP regions, six public health associations, and five academic institutions.
- Collaborative planning with LPHI partners took place and will expand LPHI offerings in 2012, including additional on-line modules which are in development, as well as basic and advanced risk communications training.
- The marketing and communications plan was implemented in 2011 and involved the use of the LPHI website, use of Constant Contact, outreach via the public health associations, and newsletters to market LPHI offerings. The number of registrations for trainings, applicants for the Fellows Program, and attendance at the Fellows induction ceremony are all indicators that marketing efforts were successful.
- Data were collected via training evaluations to supply the LPHI with an on-going assessment of training needs among LPHI users. The LPHI evaluation strategy also allowed for the tracking of progress toward LPHI objectives and the identification of next steps for the year ahead.
- Overall, the LPHI's progress met or exceeded the expectations of its Advisory Group Committee members.

There are few recommended changes for the sake of quality improvement. Most of the recommendations involve continuing to build on the successes to date, including:

- Continuing to deliver and evaluate the blended and classroom sessions and begin to evaluate the impact of the on-line modules. Developing the additional modules scheduled for 2012 and ensure each has an evaluation component.
- Building on the successful launch of the LPHI Fellows Program.
- Continuing collaborative planning with partners to deliver training and develop new offerings.
- Continuing to use of the communications and marketing plan and implement products to increase awareness of LPHI offerings and the Fellows Program.

- Continuing to evaluate LPHI progress toward objectives and plan for evaluation of the secondary/ long-term outcome - *Improved agency performance in areas related to competencies in which agency personnel have been trained by the LPHI.*

Recommended changes or new initiatives for the next year are limited and include:

- Exploring the relatively low utilization of LPHI offerings by those in Region 2: Central MA.
- Analyzing the data associated with the existing on-line modules to understand the impact of distance learning options on LPH competencies.