

**The Local Public Health Institute of Massachusetts
Annual Service Delivery Report
FY2020**



LOCAL PUBLIC HEALTH
INSTITUTE OF MASSACHUSETTS

**Provided by
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The Local Public Health Institute of Massachusetts FY2020 Annual Service Delivery Report

Table of Contents

Executive Summary	2
I. Introduction	4
II. Methodology	4
III. Findings	5
A. Partnerships	5
B. Needs Assessment	7
C. Training	8
D. Communications and Marketing	19
IV. Conclusions and Recommendations	23
Appendix A. LPHI Logic Model	24

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Executive Summary

Introduction

Since January of 2010, the Boston University School of Public Health (BUSPH) has held the contract for and managed the Local Public Health Institute (LPHI) of Massachusetts (MA). With support from the MA Department of Public Health (MDPH), the LPHI staff works 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.* This report describes the LPHI's progress during fiscal year (FY) 2020 (July 1, 2019-June 30, 2020). Below is the description of the LPHI evaluation methodology used to inform the progress report, as well as a summary of the major accomplishments of the LPHI during the reporting period and recommended next steps.

Methodology

The LPHI evaluator and LPHI management team have devised several data collection and tracking mechanisms to measure progress toward LPHI objectives, including: (1) standardized training evaluations in paper and web-based formats; (2) administrative tracking by the LPHI Program Manager; (3) web-based tracking of online module utilization; and (4) online surveys of those who engaged in LPHI trainings.

FY20 Accomplishments

The LPHI had another productive year and was successful in advancing work on its program objectives through its partnerships, needs assessment, training, and marketing and communications. The FY20 accomplishments include:

- **Meeting Current issues/needs:** The LPHI staff collaborated with staff from Harvard T.H. Chan School of Public Health, MDPH and Partners in Health, in the creation of a suite of training videos and materials to be used with volunteers in the Academic Public Health Volunteer Corps.
- **Successful partnerships:** Productive collaborations helped the LPHI address the training needs of local health practitioners and to deliver multiple trainings. These partners include the Massachusetts Department of Public Health (MDPH) Office of Local and Regional Health, Office Preparedness and Emergency Response, Bureau of Environmental Health Community Sanitation Program, and Bureau of Substance Addiction Services; the Local State Advisory Committee (LSAC); the DeValle Institute; the New England Public Health Training Center (NEPHTC); and the Coalition for Local Public Health (CLPH).
- **Assessing training needs and tracking competencies LPHI trainings address:** The LPHI worked with the LSAC (it's out-going Advisory Committee) and the CLPH (its new Advisory Committee) to understand the training needs of local public health practitioners across the Commonwealth. Additionally, the LPHI continued to track the competencies to ensure its trainings address all 17-program and 10-cross cutting competencies identified by the LPHI 2010 Competency Report and the Council on Linkages, as well as four emergency preparedness competencies. Finally, the LPHI collected information directly from trainees about their training needs.
- **Training:** The LPHI trained 1,727 unduplicated users in FY20 and, through these trainings, addressed all 17 program areas, 10 cross-cutting, and four emergency preparedness competencies. Across all trainings, the LPHI engaged practitioners from all the Health and Medical Coordinating Coalition

(HMCC) regions and all types of professionals within its target audience. Specific training successes include the following:

- The On Your Time (OYT) Trainings were completed by 2,013 individuals from all six HMCC regions. In all, there were 4,369 OYT training instances in FY20. Additionally, there were 39,642 hits to the online trainings, which indicates practitioners also used the trainings for resources purposes. An additional “deep dive” assessment of 30 OYT trainings since their launch (or re-launch for those that have been updated) was completed in FY20. Both FY20 evaluations of the OYT trainings show that the trainings are effective at levels one and two of the Kirkpatrick training evaluation model.
- The Foundations Course was completed by 29 public health practitioners from all HMCC regions except 4A, B, and C. Of the public health roles described by participants, course completion was highest among those whose work focuses on environmental health. The evaluation findings indicate that the course was effective at both levels one and two of the Kirkpatrick model. Additional open-ended feedback provided the LPHI with data about whether participants would have been interested in participating in small groups and on a message board as part of the course. The participants provided recommendations related to additional content of interest to them, as well as the structure, technology, and resources involved in the Foundations Course.
- **Communications and Marketing:** The LPHI continued implementation of its new marketing and communications plan, including creating and disseminating nine newsletters focused on a range of LPHI training topics to an average of 5,928 recipients. The LPHI also utilized training cards, a flyer, and training calendars to promote the LPHI and training opportunities available to the public health workforce. The LPHI staff conducted a cost-benefit analysis and generated a report of system requirements and recommendations regarding Learning Management Systems. The staff also reviewed the LPHI website in detail, making edits to content as necessary, and restructured how the OYT trainings are presented on the website.

Recommendations

Based on the FY20 evaluation findings, the LPHI should consider:

- Continued engagement in and support of current and emerging issues including Covid-19 and SAPHE implementation activities.
- Assessing the training needs and awareness of LPHI trainings in HMCC Regions 1 and 5 to understand if lower utilization of the OYT trainings in those regions is simply due to low awareness of the trainings. If the OYT trainings do not meet their needs, collect information about the training topics of interest to practitioners in the regions that are not currently addressed in the OYT trainings and incorporate the findings into planning for future training development as resources allow.
- Additional marketing of the Foundations Course in HMCC regions 4A, B, and C to encourage participation in the next course offering.
- Reviewing the recommendations made by Foundations Course participants related to the content, structure, technology, and resources of the Foundations Course and determine which are feasible given LPHI’s available resources.

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I. Introduction

Since January of 2010, the Boston University School of Public Health (BUSPH) has held the contract for and managed the Local Public Health Institute (LPHI) of Massachusetts (MA). With support from the MA Department of Public Health (MDPH), 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.* In order to achieve the LPHI's six program objectives (See logic model in Appendix A), the LPHI carries out work in four areas: (1) Partnerships, (2) Needs Assessment, (3) Training, and (4) Communications and Marketing. To streamline the reporting process and increase utility for quality improvement, this report is organized around those areas of work. It covers the period of July 1, 2019 through June 30, 2020 (i.e., FY20). For more information about any of the educational offerings or documents referenced in this report, contact the LPHI Project Manager at lphi@bu.edu or 617-358-3899.

II. Methodology

The LPHI evaluator and LPHI management team devised several data collection and tracking mechanisms to measure progress toward LPHI objectives and desired outcomes. Below are descriptions of those utilized to inform this report.

- **Standardized training evaluation forms:** All LPHI-supported trainings must include an evaluation component. Whenever possible, such evaluations include pre/post quiz questions to assess the extent to which students acquired knowledge as a result of training. The evaluations also assess trainee satisfaction with several aspects of training. Evaluations are self-administered with trainees either completing them on paper or online.
- **Administrative tracking:** The project manager routinely tracks data related to the size and composition of the Advisory Committee and its meetings, the number and types of trainings and demographics of training participants, the number and types of collaborating partners, the number of trainings with a distance education component, and the status of the communications and marketing plan, including the number of newsletters.
- **Online training evaluations:** Google Analytics is used to track unique and returning hits to the *On Your Time Training's* webpage. Trainees who wish to obtain a certificate of completion and contact hours for use of the online trainings may do so online as well.
- **Online surveys and telephone:** As resources allow, brief telephone interviews and/or surveys are conducted with completers of LPHI courses to assess the impact of the training on workplace/job performance or for other purposes as needed.

The LPHI (and NEPHTC) evaluation strategies are based upon the Kirkpatrick Training Evaluation Model,¹ which suggests that training should be evaluated on four levels:

¹ Kirkpatrick Training Evaluation Model available at:
<http://www.kirkpatrickpartners.com/OurPhilosophy/TheNewWorldKirkpatrickModel/tabid/303/Default.aspx>

Level	What is assessed at each level?	How does LPHI measure each level?
1	Trainee satisfaction with and engagement in training, and perceived relevance of training to the trainee's job	Evaluated based on three Likert scale ratings related trainee agreement (1=strongly disagree to 5=strongly agree) with statements that assess their satisfaction with and the relevance of training to their jobs
2	Trainee acquisition of intended knowledge, skills, and attitudes, as well as confidence about and commitment to use training content	Evaluated based on results of a paired samples t-test comparing mean pre-test and mean post-test scores for training completers* and one statement rated by a 5-point Likert scale (1=strongly disagree to 5=strongly agree) to assess perceived knowledge gains
3	Trainee application of what was learned in training when trainee is back on the job	Evaluated via a follow up survey** using a series of Likert scale ratings that allow training completers to express agreement (1=strongly disagree to 5=strongly agree) with statements that assess the impact of training on their job performance
4	The degree to which targeted outcomes or desired impact occur as a result of critical on the job behaviors that result from training	Methodology for assessing level 4 impact has not yet been developed

*Whenever possible, a pre/post-test is administered to assess level 2 results. However, for brief (e.g., one-hour webinars) or trainings proven effective on level 2 over time, a pre/post-test may not be administered.

**Time period for the follow up survey differs by training and depends upon how long LPHI management and instructors believe trainees need to apply the material learned in the training. Follow up surveys are generally completed within six months of the end of a given training.

Quantitative analyses are conducted using SPSS or Excel and thematic analysis is conducted with qualitative data. For more detail on any of the data sources described above or related evaluation documents, contact the LPHI evaluator at hopewk@comcast.net.

III. Findings

A. Partnerships

Partnerships with public health partners are essential to achieving two important LPHI outcomes: (1) *Ensuring that the LPHI trainings and programs are aligned with the learning priorities of the LPH workforce and are of high quality*; and (2) *increasing educational offerings and collaborative projects*. In FY19, partnerships with several organizations helped the LPHI to achieve these outcomes.

LPHI has a productive partnership with its funders, the Office of Local and Regional Health (OLRH) and the Office Preparedness and Emergency Management (OPEM) at the Massachusetts Department of Public Health (MDPH). In FY20, the LPHI program manager participated in monthly meetings (and other calls as needed) with and provided monthly progress reports to the OLRH. There were also quarterly meetings with OPEM throughout FY20.

The LPHI and OLRH worked closely with other partners at MDPH in FY20 to fill identified training needs.

- The LPHI Program Manager and Principal Investigator worked, via meetings and online communications, with subject matter experts (SMEs) at the Bureau of Substance Addiction Services to plan a new series of LPHI courses on the opioid epidemic and the role of local public health. These new courses will be available in September 2021.
- The LPHI engaged the Bureau of Environmental Health Community Sanitation Program in planning related to the MA Public Health Inspector Training (MA PHIT) on housing and the Real World Environmental Health Day, an event that is central to the Foundations for Local Public Health in MA training.
- Governor's COVID19 Command Center requested that MDPH leverage the relationship it has with local public health schools and programs to assist local public health departments across the Commonwealth that are overwhelmed by the COVID-19 pandemic. The LPHI staff collaborated with staff from Harvard T.H. Chan School of Public Health, MDPH and Partners in Health, in the creation of a suite of training videos and materials to be used with volunteers in the Academic Public Health Volunteer Corps. This included coordination, materials development and review, and recording and production of two training videos. Due to the success and quality of these videos, LPHI was asked to produce a third video a short time later.

The LPHI also worked closely with SMEs at the MA Department of Environmental Protection (MassDEP) to revise and update four environmental protection courses that had been taken down in FY2019 because they were out of date. As a result of collaboration between MDPH and MassDEP, funds were identified to support the work to make these important trainings (Drinking Water and Private Wells, Hazardous Materials and Waste, Solid Waste and Recycling, and Wastewater and Title V) available to the public health workforce this year.

The LPHI partners with other organizations to market the LPHI; plan and deliver training; engage participants and instructors, and/or provide resources (financial, subject matter expertise) for training. These partners are described below, including how their partnership with LPHI contributed to the LPHI's progress in FY20.

The Local State Advisory Committee (LSAC) is the stakeholder advisory body to the Massachusetts Department of Public Health (MDPH) on public health emergency preparedness working with MDPH's Office of Preparedness and Emergency Management (OPEM). Beginning in 2013, the 30-member LSAC began serving as the Advisory Committee for the LPHI. In FY20, the LPHI staff met with LSAC three times to provide training updates. In January of 2020, the LSAC concluded its role as the LPHI Advisory Committee. LPHI will continue its relationship with LSAC, and attend regular meetings, to provide information about training availability and gather information on training needs.

The Coalition for Local Public Health (CLPH) is the stakeholder advisory body for MDPH on local public health initiatives working with Office of Local and Regional Health. It is comprised of six public health organizations: The Massachusetts Association of Health Boards (MAHB), Massachusetts Association of Public Health Nurses (MAPHN), Massachusetts Environmental Health Association (MEHA), Massachusetts Health Officers Association (MHOA), and Massachusetts Public Health Association (MPHA) and the Western MA Public Health Association (WMPHA). These organizations are dedicated to advocating for the resources needed to promote healthy communities in Massachusetts. Collectively, the CLPH organizations represent over 4,900 citizens and professionals interested in supporting the Commonwealth's local health infrastructure. In FY20, the LPHI and CLPH met to discuss the CLPH

becoming the LPHI's Advisory Committee, providing information about the training needs and priorities for the local public health workforce across Massachusetts.

The DelValle Institute for Emergency Preparedness, founded in 2003, is a training institute with a mission to enhance community resilience in order to prepare for, respond to, and recover from emergencies that impact health and access to healthcare. The DelValle Institute links the latest research and guidance with best practices in the field to deliver high-quality, skills-based preparedness and response education for healthcare and public health practitioners and their public safety partners. In FY20, the LPHI and DelValle met and discussed learning management systems and plans for additional trainings.

The New England Public Health Training Center (NEPHTC) is funded by the Health Resources and Services Administration and has a mission to strengthen the technical, scientific, managerial, and leadership competencies of the current and future public health workforce in New England to ensure regional capacity to deliver high quality essential public health services. Like the LPHI, the NEPHTC is managed by the BUSPH. With both public health training centers located under one roof, the LPHI and NEPHTC are able to leverage resources to meet the training needs of the local public health workforce and conduct joint marketing efforts. In FY20, LPHI and NEPHTC updated five management courses on the NEPHTC LMS, and made them available on the LMSs for both NEPHTC and the LPHI. Other collaborations include the hosting of LPHI blended courses, including the Emergency Preparedness Certificate, the MA PHIT Housing course, and the Foundations course. The NEPHTC is one of ten trainings centers that make up the Public Health Learning Network (PHLN). By partnering with NEPHTC, LPHI's partnerships and the training opportunities available to the Commonwealth's local public health workforce are expanded nationwide. Likewise, LPHI and NEPHTC training content are made available to practitioners in other states across the country.

The School Health Institute for Education and Leadership Development (SHIELD) provides training that fulfills Department of Elementary and Secondary Education (DESE) certification requirements, discusses emerging trends, shares best practices, and addresses the complex physical, behavioral, and psychosocial health issues facing school-aged children. SHIELD offers continuing nursing education (CNE) and continuing medical education (CME) credits, curated resources, and leader development for comprehensive school health programs. In FY 2020, LPHI and SHIELD collaborated on emergency preparedness sessions for the school nurse Foundations course offered by SHIELD.

The LPHI staff also offer their expertise to external organizations focused on the needs of local public health, including serving on the Executive Committee of the **MHOA** and the Executive Committee of the **MEHA**. Additionally, the LPHI Program Manager evaluated two regional tabletop exercises for **Health and Medical Coordinating Coalition Region 4AB**.

B. Needs Assessment

LPHI trainings are designed to improve the 17-program area and 10 cross-cutting competencies identified by the 2010 LPHI Competency Report and the Council on Linkages as critical for public health practice. Additionally, LPHI trainings address four emergency preparedness competencies. A first full draft of an LPHI competency report was completed in February of 2010 and an inventory of existing trainings and a gap analysis were completed in July 2010. Since then, LPHI staff have been cross-walking LPHI offerings with the competencies to ensure that LPHI resources are being used to address the

competencies needed by the LPHI workforce (cross-walk available upon request). The trainings provided by the LPHI in FY20 covered all 31 competencies. Although all of the competencies are addressed through the LPHI's current offerings, the LPHI continues to assess the training needs of the local public health workforce to achieve the outcome of *improved understanding of the training needs of local public health, as well as the training that exist and those that are needed*. To that end, trainees are routinely asked to provide information about desired training topics for future trainings on their session evaluation form (see suggestions provided by Foundations Course participants in section C). In this way, the LPHI is able to track the needs and interests of those engaged in training.

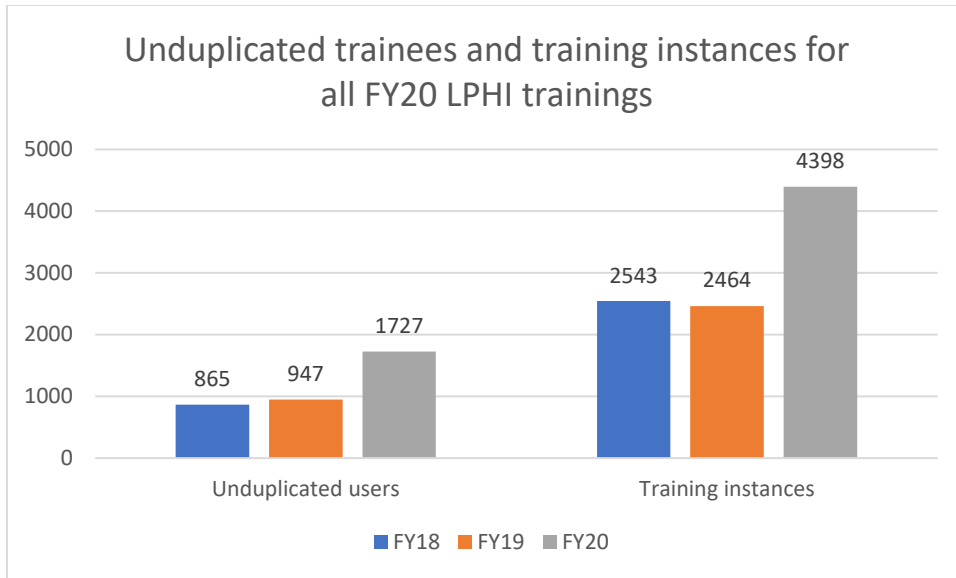
The LPHI also relies on partner organizations who represent and understand the needs of segments of the local public health workforce (e.g., public health nurses, environmental health officers, boards of health). In January 2020, the LPHI met with the CLPH to request their engagement as the LPHI's designated Advisory Committee, helping the LPHI to understand the training needs of the local public health workforce across the Commonwealth. In FY20, the LPHI and CLPH discussed the Foundations for Local Public Health in MA. For a decade, the "Foundations Course" has taught trainees how to provide the ten essential public health services according to local and state laws, regulations, and policies through a blended (live and online) training format. The CLPH and LPHI reviewed the Foundations Course content and discussed additional course development necessary to meet the current needs of the local public health workforce. LPHI staff prepared an initial assessment of how the Foundations course might be offered in as an extended online course. Additionally, the LPHI discussed questions about the delivery of the MA PHIT Housing with MDPH, course instructors and lead partner (MHOA) – specifically, how to deliver the course safely during the pandemic, including whether and how to convert to an all online format.

C. Training

The LPHI provides a range of training programs to achieve the outcome of *an increase in the number of local public health workforce members trained on cross-cutting, program area, and emergency preparedness competencies*. Additionally, the LPHI has focused on distance education *to achieve an increase in participation in LPHI offerings across all regions*. In FY20, the LPHI offered 48 *On Your Time (OYT)* trainings and the *Foundations for Local Public Health in Massachusetts (Foundations) Course*. During the fiscal year, 1,727 unduplicated individuals² (up from 947 in FY19 and 865 in FY18) completed all aspects³ of one or more LPHI trainings. In all, there were 4,398 trainings instances in FY20, an average of 2.5 trainings per unique user. The FY20 trainings cover all 17 program area competencies and 10 cross-cutting competencies, as well as the four emergency preparedness competencies. Below, the utilization and outcomes data associated with the OYT trainings and Foundations Course are provided.

² Because the Foundations Course includes OYT trainings, the individuals who completed the Foundations Course are represented among the "unique user" count for the OYT trainings. Thus, the total unique users for all LPHI trainings and the unique users for OYT trainings are the same for FY20.

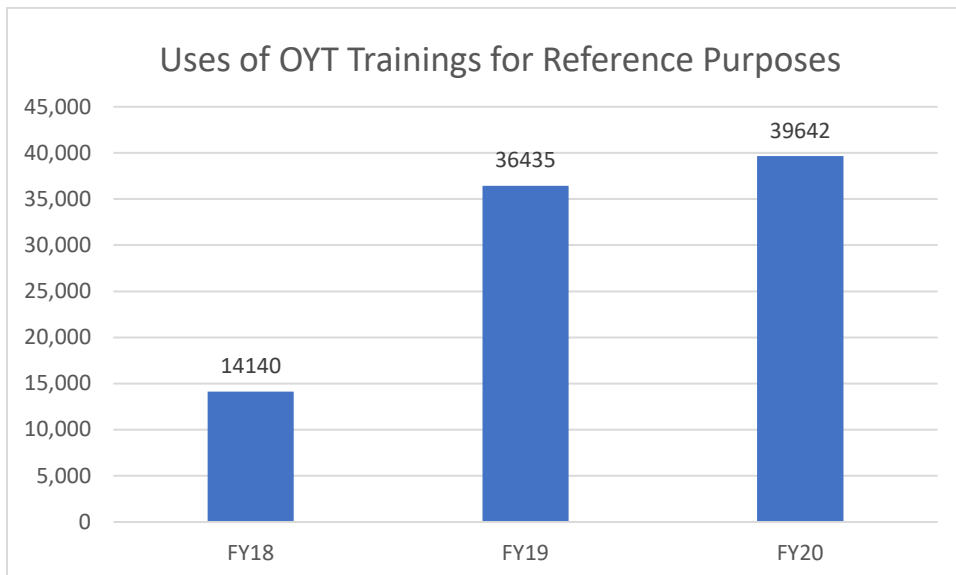
³ All aspects of training includes completion of the training itself as well as provision of pre/post-test data for evaluation purposes.



1. On Your Time Trainings (OYT)

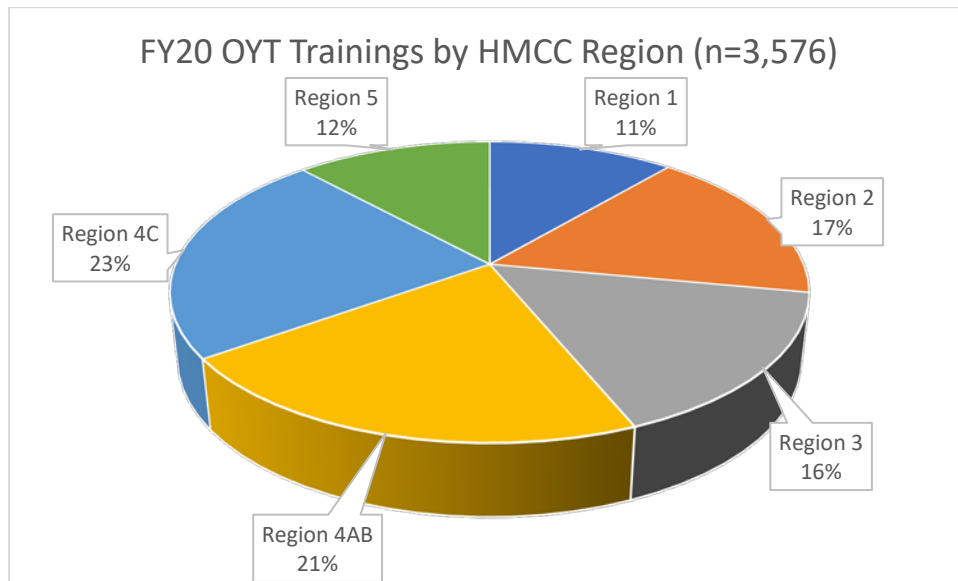
In FY20, 2,013 unduplicated users engaged in OYT trainings. Nearly 86% of OYT users (or 1,727 individuals) also provided pre/post-test data and thus completed all aspects of 4,369 OYT trainings.

In addition to their value as trainings, the OYT trainings can also be used by public health practitioners for reference purposes. For example, rather than completing an entire online training, a practitioner may log in to find specific information he/she needs. As shown below, in FY20, there were 39,642 “hits” to the online trainings compared to 36,435 in FY19 and 14,140 in FY18.



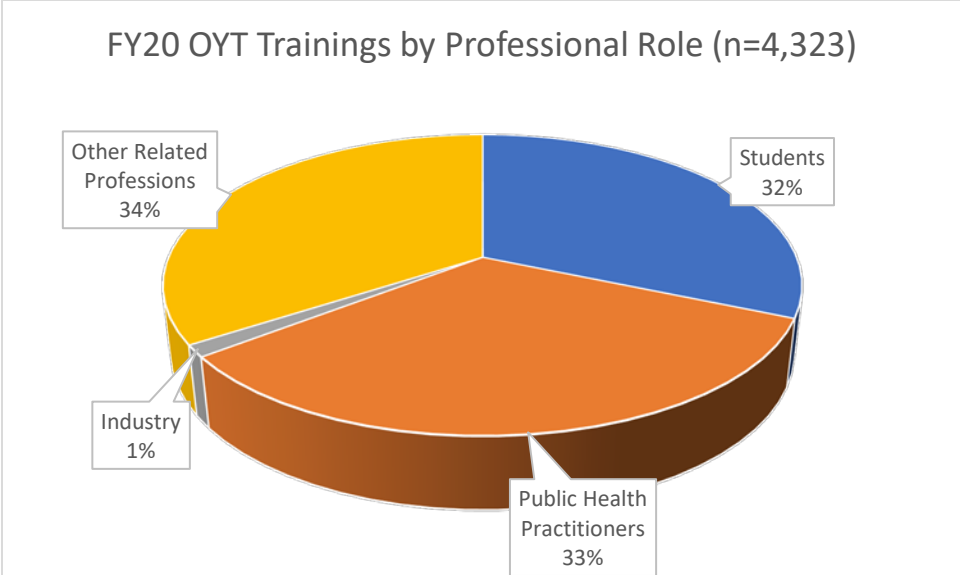
Health and Medical Coordinating Coalition (HMCC) Region data were provided for 3,576 (or 81.8%) of the 4,369 OYT trainings instances in FY20. As shown below, OYT users work in all of the HMCC regions with the highest utilization among those in Regions 4C (23%) and 4AB (21%) and lowest in Regions 1 and

5 at 11% and 12%, respectively. The LPHI may want to consider additional marketing of the trainings to practitioners in HMCC Regions 1 and 5 and, as part of future needs assessment efforts, ensure that the constellation of trainings meet the needs of practitioners in those regions.

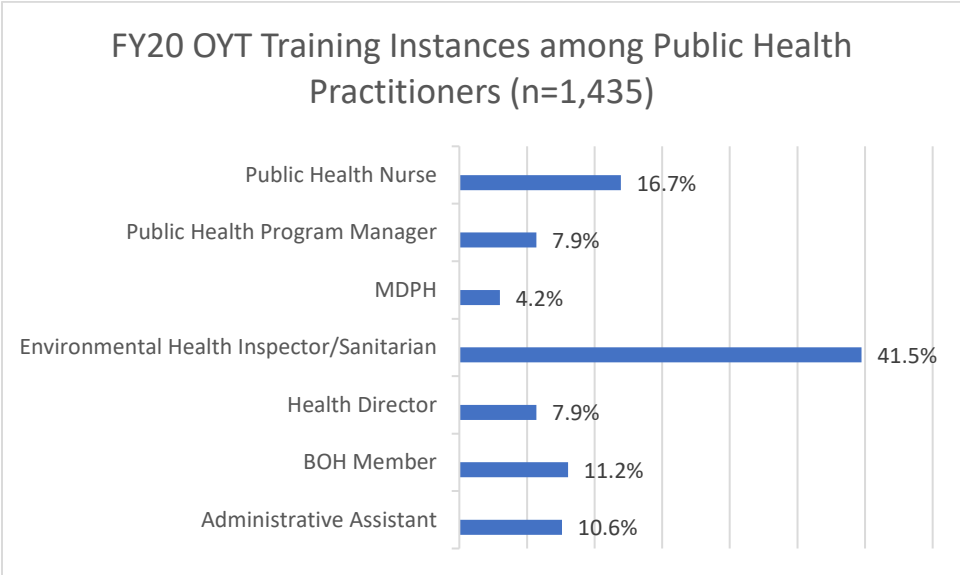


Beyond training local public health practitioners, the LPHI plays an essential role in supporting the development of the next generation of public health practitioners by extending training to students. Additionally, the LPHI helps to ensure the use of best practices among those in industry by making its trainings available to those performing roles impacting the health of the public but who work in private industry. Professionals in “other” public sector and non-profit roles (e.g., school nurses, social service providers, health care), whose work supports the health and well-being of the public, also benefit from OYT trainings. To understand which types of professionals are utilizing LPHI trainings and to identify opportunities for marketing trainings to professionals who may benefit from them, the LPHI tracks the professional role of those who use their trainings. Across the 4,369 OYT trainings, data on professional role were available for 4,323 or 98.9% of training instances; role was not selected and is therefore unknown for 46 or 1.1% of training instances.

The pie chart below excludes those for whom role information is unknown and shows training instances by grouping professional roles into four categories: (1) students, (2) industry, (3) public health practitioners (i.e., BOH members, health directors, program managers, public health nurses, environmental health inspectors/sanitarians, and administrative assistants), and (4) other related professional roles (i.e., healthcare, inspectional services, school nurses, social services, and other). Public health practitioners account for 33% of the FY20 training instances. Those in other related professionals account for 34% and students account for 32%. Those in private industry had the lowest utilization in FY20 at 1%.



There were 1,435 OYT training instances among public health practitioners in FY20. The highest utilization was among environmental health inspectors/sanitaricians who accounted for 41.5% of the training instances. The lowest utilization was among public health staff at MDPH (4.2%).



OYT users are asked to indicate their level of agreement with two statements using a Likert scale (1=Strongly Disagree to 5=Strongly Agree); these statements are used to assess the effectiveness of the OYT trainings on the first of the Kirkpatrick training evaluation levels. The table below shows the number and percent of OYT users for each training in FY20 who offered some level of agreement (agree or strongly agree) with the two statements. The majority of trainees (between 80% and 100%) agreed or strongly agreed that the information in the OYT trainings was presented in ways they could clearly understand. Likewise, the majority of trainees (between 83.2% and 100%) offered some level of agreement that they were satisfied with their OYT training overall. In FY20, all of the OYT trainings were effective at level one.

OYT Course	n	The information was presented in ways I could clearly understand		I was satisfied with this training overall	
		#	%	#	%
Administrative Search Warrants	56	50	89.3%	50	89.3%
Animal Control	40	37	92.5%	38	95.0%
Bed Bugs: A Special Housing Topic	115	108	93.9%	106	92.2%
Body Art Programs for Regulators	68	66	97.1%	64	94.1%
Coaching Skills	25	23	92.0%	24	96.0%
Community Preparedness: Awareness Level	95	82	86.3%	84	88.4%
Community Recovery: Awareness Level	51	44	86.3%	47	92.2%
Dealing with Stress in Disasters: Building Psychological Resilience	499	468	93.8%	459	92.0%
Drinking Water and Private Wells	2	2	100.0%	2	100.0%
Emergency Dispensing Site (EDS) Guidance	25	20	80.0%	21	84.0%
Emergency Dispensing Site Management	52	47	90.4%	47	90.4%
Emergency Preparedness Begins at Home	32	31	96.9%	31	96.9%
Emergency Preparedness in Massachusetts and Local Board of Health Role	219	187	85.4%	185	84.5%
Food Protection Programs for Regulators	161	147	91.3%	148	91.9%
Food Safety for Food Establishment Operators	43	42	97.7%	43	100.0%
Grant Writing Basics	17	17	100.0%	16	94.1%
Health and Medical Coordinating Coalition Sustainability	19	17	89.5%	17	89.5%
Health Promotion and Health Equity	156	147	94.2%	145	92.9%
Hoarding: A Special Housing Topic	112	100	89.3%	100	89.3%
Holding Effective Meetings	13	12	92.3%	12	92.3%
Housing Programs for Regulators	137	126	92.0%	127	92.7%
ICS and Public Health	113	95	84.1%	94	83.2%
Immunizations	178	160	89.9%	160	89.9%
Indoor Ice Skating Rink Programs for Regulators	13	12	92.3%	13	100.0%
Infectious Disease Case Management	177	166	93.8%	168	94.9%
Isolation and Quarantine	367	326	88.8%	328	89.4%
Marketing Public Health	21	21	100.0%	21	100.0%
Medical or Biological Waste Programs for Regulators	35	32	91.4%	34	97.1%
Mold: A Special Housing Topic	41	40	97.6%	40	97.6%
Nuisance Control Abatement and Removal	121	117	96.7%	114	94.2%
Onboarding New Employees	12	12	100.0%	12	100.0%
Orientation to Local Public Health in Massachusetts	842	741	88.0%	735	87.3%
Public Health Law and Legal Issues in Massachusetts	170	150	88.2%	151	88.8%
Public Health Workforce Protection	58	53	91.4%	54	93.1%
Recreational Camps for Children Programs for Regulators	67	64	95.5%	63	94.0%

Recreational Waters: Bathing Beach Programs for Regulators	51	51	100.0%	51	100.0%
Recreational Waters: Swimming Pools	67	63	94.0%	63	94.0%
Restricting Flavored Tobacco Products to Adult-only Retail Tobacco Stores	24	23	95.8%	23	95.8%
Safety: Practical Strategies While Doing Field Work	51	49	96.1%	48	94.1%
Sanitary Surveys for Variances: A Special Bathing Beach Topic	29	29	100.0%	29	100.0%
Strategic National Stockpile (SNS)	99	86	86.9%	85	85.9%
Strategies for Funding Board of Health Programs	17	17	100.0%	17	100.0%
Surveillance of Infectious Diseases	314	275	87.6%	278	88.5%
Sushi: A Special Food Topic	40	39	97.5%	39	97.5%
Tanning Facilities for Regulators and Operators	240	223	92.9%	222	92.5%
Temporary Food Establishments	37	35	94.6%	35	94.6%
The Ten Essential Services of Public Health in Action	56	54	96.4%	54	96.4%
Tickborne Disease Surveillance and Prevention	91	82	90.1%	83	91.2%

As shown in the table below, the majority of trainees (between 84% and 100%) agreed or strongly agreed that their understanding of the subject matter covered in the OYT trainings improved as a result of the trainings. Further, the majority of trainees (between 83.2% and 100%) offered some level of agreement that they had identified actions they would take to apply information learned in the OYT trainings in their work. The findings indicate that, in FY20, all of the OYT trainings were effective at level two.

OYT Course	n	My understanding of the subject matter improved as a result of the training		I have identified actions I will take to apply information I learned in the training to my work	
		#	%	#	%
Administrative Search Warrants	56	49	87.5%	47	83.9%
Animal Control	40	38	95.0%	37	92.5%
Bed Bugs: A Special Housing Topic	115	107	93.0%	105	91.3%
Body Art Programs for Regulators	68	65	95.6%	66	97.1%
Coaching Skills	25	24	96.0%	24	96.0%
Community Preparedness: Awareness Level	95	84	88.4%	83	87.4%
Community Recovery: Awareness Level	51	48	94.1%	48	94.1%
Dealing with Stress in Disasters: Building Psychological Resilience	499	453	90.8%	448	89.8%
Drinking Water and Private Wells	2	2	100.0%	2	100.0%
Emergency Dispensing Site (EDS) Guidance	25	21	84.0%	22	88.0%
Emergency Dispensing Site Management	52	46	88.5%	45	86.5%
Emergency Preparedness Begins at Home	32	31	96.9%	31	96.9%
Emergency Preparedness in Massachusetts and Local Board of Health Role	219	188	85.8%	183	83.6%
Food Protection Programs for Regulators	161	144	89.4%	146	90.7%
Food Safety for Food Establishment Operators	43	41	95.3%	41	95.3%
Grant Writing Basics	17	17	100.0%	17	100.0%

Health and Medical Coordinating Coalition Sustainability	19	17	89.5%	17	89.5%
Health Promotion and Health Equity	156	145	92.9%	143	91.7%
Hoarding: A Special Housing Topic	112	101	90.2%	98	87.5%
Holding Effective Meetings	13	12	92.3%	12	92.3%
Housing Programs for Regulators	137	129	94.2%	127	92.7%
ICS and Public Health	113	102	90.3%	94	83.2%
Immunizations	178	160	89.9%	159	89.3%
Indoor Ice Skating Rink Programs for Regulators	13	13	100.0%	12	92.3%
Infectious Disease Case Management	177	168	94.9%	165	93.2%
Isolation and Quarantine	367	335	91.3%	327	89.1%
Marketing Public Health	21	21	100.0%	19	90.5%
Medical or Biological Waste Programs for Regulators	35	34	97.1%	33	94.3%
Mold: A Special Housing Topic	41	40	97.6%	39	95.1%
Nuisance Control Abatement and Removal	121	114	94.2%	114	94.2%
Onboarding New Employees	12	12	100.0%	12	100.0%
Orientation to Local Public Health in Massachusetts	842	756	89.8%	730	86.7%
Public Health Law and Legal Issues in Massachusetts	170	150	88.2%	146	85.9%
Public Health Workforce Protection	58	54	93.1%	53	91.4%
Recreational Camps for Children Programs for Regulators	67	64	95.5%	63	94.0%
Recreational Waters: Bathing Beach Programs for Regulators	51	50	98.0%	49	96.1%
Recreational Waters: Swimming Pools	67	64	95.5%	63	94.0%
Restricting Flavored Tobacco Products to Adult-only Retail Tobacco Stores	24	23	95.8%	24	100.0%
Safety: Practical Strategies While Doing Field Work	51	48	94.1%	48	94.1%
Sanitary Surveys for Variances: A Special Bathing Beach Topic	29	29	100.0%	28	96.6%
Strategic National Stockpile (SNS)	99	86	86.9%	85	85.9%
Strategies for Funding Board of Health Programs	17	17	100.0%	16	94.1%
Surveillance of Infectious Diseases	314	278	88.5%	271	86.3%
Sushi: A Special Food Topic	40	39	97.5%	39	97.5%
Tanning Facilities for Regulators and Operators	240	227	94.6%	224	93.3%
Temporary Food Establishments	37	35	94.6%	34	91.9%
The Ten Essential Services of Public Health in Action	56	54	96.4%	53	94.6%
Tickborne Disease Surveillance and Prevention	91	82	90.1%	79	86.8%

The table below shows the mean and range of pre- and post-test scores for those who completed all aspects of the OYT trainings in FY20. The mean scores at post-test were higher than the mean scores at pre-test for every OYT training, which suggests that trainee knowledge about the content covered in the

quizzes improved as a result of the training. These findings also indicate that the OYT trainings were successful at level 2.

OYT Course	(n)	Pre-test Mean	Pre-test Lowest Score	Pre-test Highest Score	Post-test Mean	Post-test Lowest Score	Post-test Highest Score
Administrative Search Warrants	44	4.70	0	8	7.45	4	8
Animal Control	36	4.92	0	10	10.67	7	12
Bed Bugs: A Special Housing Topic	103	4.92	0	11	10.14	6	11
Body Art Programs for Regulators	61	6.00	0	10	11.05	9	12
Coaching Skills	22	5.05	1	9	8.27	6	9
Community Preparedness: Awareness Level	73	3.27	0	7	6.44	1	7
Community Recovery: Awareness Level	45	3.67	0	7	7.16	5	8
Dealing with Stress in Disasters: Building Psychological Resilience	434	10.86	0	15	14.34	0	15
Drinking Water and Private Wells	3	2.67	0	7	8.00	0	12
Emergency Dispensing Site (EDS) Guidance	22	3.91	0	10	9.68	8	10
Emergency Dispensing Site Management	45	5.76	1	11	10.29	7	12
Emergency Preparedness Begins at Home	30	4.87	0	7	6.67	4	7
Emergency Preparedness in Massachusetts and Local Board of Health Role	162	4.33	0	11	10.18	5	11
Food Protection Programs for Regulators	137	7.20	0	13	12.32	8	13
Food Safety for Food Establishment Operators	39	8.03	0	12	11.38	9	12
Grant Writing Basics	15	6.27	0	10	9.73	8	10
Health and Medical Coordinating Coalition Sustainability	17	4.59	2	10	10.18	9	11
Health Promotion and Health Equity	126	6.93	0	13	12.33	6	13
Hoarding: A Special Housing Topic	104	7.32	0	12	11.24	9	12
Holding Effective Meetings	12	5.25	0	9	8.00	0	9
Housing Programs for Regulators	105	4.99	0	11	10.23	5	11
ICS and Public Health	97	3.32	0	8	7.82	3	9
Immunizations	135	7.15	0	15	13.85	8	15
Indoor Ice Skating Rink Programs for Regulators	12	6.17	0	12	11.08	10	12
Infectious Disease Case Management	151	6.34	0	11	10.22	0	11
Isolation and Quarantine	335	5.41	0	10	9.04	1	10
Marketing Public Health	8	4.88	0	8	8.38	7	9
Medical or Biological Waste Programs for Regulators	30	4.30	0	7	10.87	6	12
Mold: A Special Housing Topic	39	4.51	0	8	9.44	7	10
Nuisance Control Abatement and Removal	93	4.23	0	9	8.84	7	9
Onboarding New Employees	9	6.33	0	10	9.11	8	10
Orientation to Local Public Health in Massachusetts	693	8.30	0	15	13.87	0	15

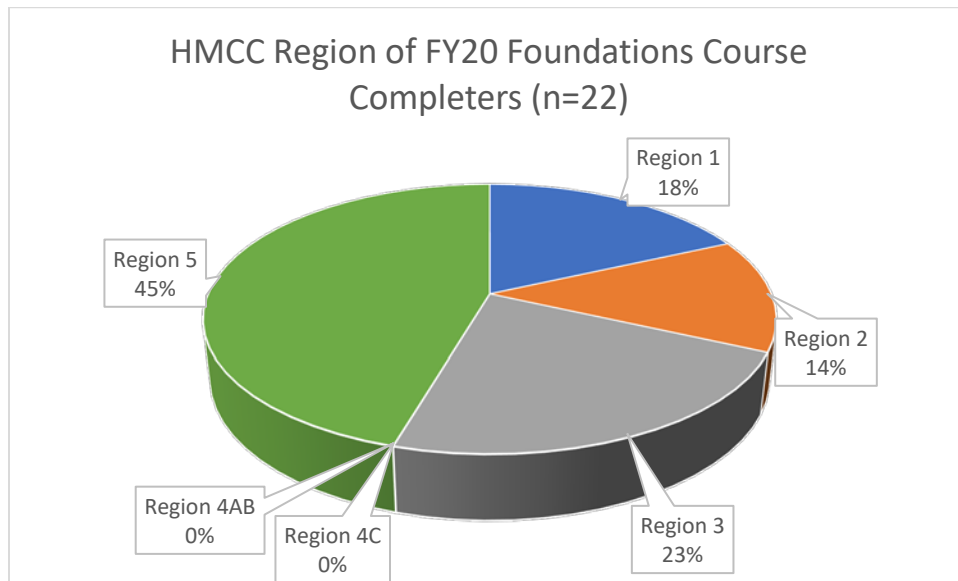
Public Health Law and Legal Issues in Massachusetts	131	4.79	0	10	9.27	4	10
Public Health Workforce Protection	51	8.90	0	15	15.31	9	16
Recreational Camps for Children Programs for Regulators	57	5.14	0	11	10.26	8	11
Recreational Waters: Bathing Beach Programs for Regulators	45	6.20	0	14	14.04	10	15
Recreational Waters: Swimming Pools	60	6.27	0	12	12.13	0	13
Restricting Flavored Tobacco Products to Adult-only Retail Tobacco Stores	22	2.95	0	6	8.82	0	11
Safety: Practical Strategies While Doing Field Work	47	4.49	0	9	8.06	0	9
Sanitary Surveys for Variances: A Special Bathing Beach Topic	28	4.71	0	10	9.07	0	10
Strategic National Stockpile (SNS)	42	4.81	0	9	8.64	7	9
Strategies for Funding Board of Health Programs	15	5.20	0	8	10.13	8	11
Surveillance of Infectious Diseases	238	6.36	0	15	13.66	0	15
Sushi: A Special Food Topic	33	4.73	0	9	8.45	6	9
Tanning Facilities for Regulators and Operators	215	9.81	0	21	19.82	5	21
Temporary Food Establishments	35	5.51	1	9	8.80	1	11
The Ten Essential Services of Public Health in Action	45	6.31	0	11	10.56	7	11
Tickborne Disease Surveillance and Prevention	85	5.53	0	11	11.38	6	12

Further Evaluation. Periodically, the LPHI evaluator conducts a “deep dive” evaluation of a sub-set of OYT trainings. As opposed to looking at data for single fiscal year, the **FY20 OYT Evaluation Report** (included with this report) analyzed data for each of 30 of the 48 OYT trainings listed above, since their launch (or re-launch for those that had been updated over the past three years). The evaluation included an assessment of utilization (overall, by role, and by HMCC region) for each training, as well as analysis of data related to levels one and two of the Kirkpatrick model, including statistical comparisons of pre- and post-test scores for training completers. Based on the findings, the evaluator concluded that trainees across multiple years were satisfied with and benefiting from all 30 OYT trainings.

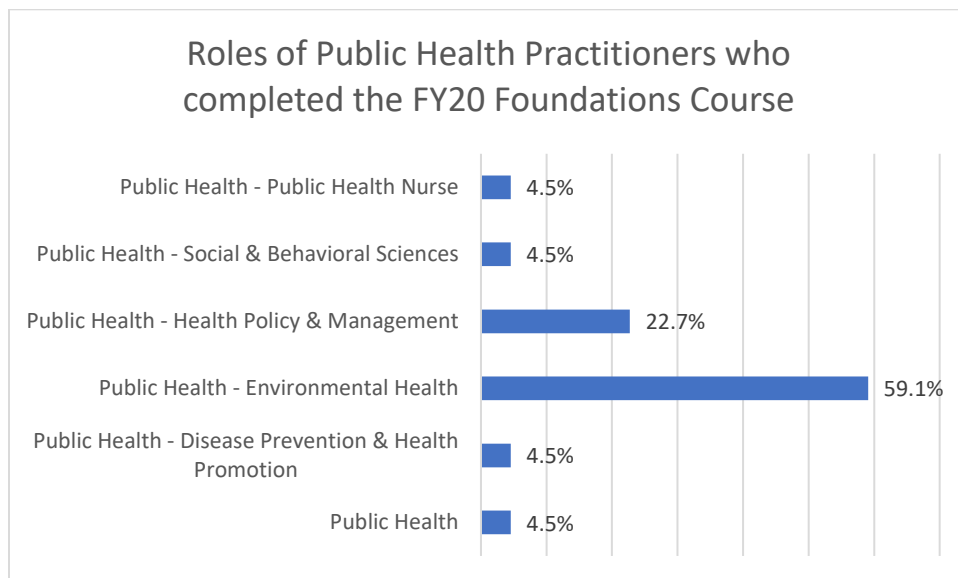
2. Foundations Course

The goal of the Foundations for Local Public Health in Massachusetts is for Massachusetts public health practitioners who carry out routine and emergency environmental and population-focused health functions to provide the ten essential public health services according to the local and state laws, regulations, and policies. Participants may be new to the field of public health or those with experience and interest in advancing their knowledge and skills. The course work involves 60 hours of work, including three days of classroom training; two webinars; 16 self-paced online trainings; and additional work (e.g., pre-work, preparing questions for instructors and panelists). In FY20, 36 trainees enrolled in the Foundation Course and 29 (80.5%) completed the course as of June 30, 2020. All trainees were given an extension beyond June 30, 2020 for completion, due to Covid-19.

Of the 29 course completers, 22 (75.8%) provided data on their HMCC Region. As shown below, the course completers came from four of the six regions (none were from Regions 4AB or 4C). The largest proportion of the course completers were from Region 5 (45%).



Of the 29 completers, 27 (93.1%) provided data on their profession/professional role. Five (18.5%) (24.2%) were in “other” professions/roles including inspectional services, lay/family caregiver, medicine – other, and registered nurse. The public health categories from which completers selected were: health policy & management; social and behavioral sciences; environmental health; public health nurse; or public health. Twenty-two (81.4%) of the course completers selected from among the public health categories. The figure below shows that the majority (59.1%) of completers selected “environmental health” to describe their professional role.



Foundations Course completers used a five-point Likert scale (1=Strongly Disagree to 5=Strongly Agree) to express their extent of agreement with two statements that are designed to assess level one effectiveness with the course and two statements that are associated with level two effectiveness. All (100%) of completers agreed or strongly agreed that the information in the Foundations Course was presented in ways they could clearly understand and that they were satisfied overall with the course. Most of the completers expressed some level of agreement that their understanding of the subject matter improved as a result of the training (96.5%) and that they had identified actions they would take to apply the information learned in the course to their work (93.1%). These findings indicate that the training was successful at both levels one and two.

Statements about Foundations Course (n=29)	#	%
Level 1: The information was presented in ways I could clearly understand	29	100%
Level 1: I was satisfied with this training overall	29	100%
Level 2: My understanding of the subject matter improved as a result of the training	28	96.5%
Level 2: I have identified actions I will take to apply information I learned in the training to my work	27	93.1%

Course participants were asked to respond to a series of open-ended questions about the course and other training topics of interest to them. Of those who responded to the question *“Had it been possible for you to be a member of a small team (4 to 6 participants) of your peers throughout the course, would that have been desirable to you?”*, ten individuals indicated that small groups would not be desirable. The explanations provided included that they prefer larger group interactions and being able to get the widest possible range of opinions from their cohort members, and that the current course structure is fine. Eighteen responded “yes” and the small groups would help in exchanging knowledge and ideas and allow participants to get to know a group of classmates better.

Participants also responded to the questions *“Would you have been willing to spend an additional 30 – 60 minutes each week (excluding break weeks) on a discussion board where you would have posted a response to a question and responded to other participants’ posts?”* Nine indicated that they would not, citing that it is not necessary to support learning and that they do not have time for additional work related to the course. One responded “perhaps” but questioned whether such a measure is necessary. The rest (n=18) responded “yes” to the question. Although one reported that the message board would be a “great way to exchange ideas,” others qualified their responses with comments like “if I had information to share,” “if it were flexible and not required,” and “How about reducing the number of weeks that include Discussion Sessions?” Those who responded yes, listed a number of topics they would like to cover on the discussion board, including pest control enforcement and education; plastics bans (i.e., bags, straws, Styrofoam); tobacco; bodyworks/body art; different health roles; swimming pools and seasonal inspections; examples of nuisances and responses; food protection plan review and pre-operational inspection; housing inspection scenarios and the sharing of response templates; how other departments handle difficult cases of various kinds (e.g., mold, food trucks, nuisance complaints); and practical input from colleagues in the field about any topic. Participants were further asked to indicate whether they would prefer a “team” approach on the message boards versus having all participants responding and replying to the same message board. Responses were mixed with 11 indicating they would prefer to have all members of the cohort involved in a single discussion board whereas nine prefer a small group. Seven were either unsure, felt it did not matter, or suggested perhaps a mix of both could be useful.

Course participants were asked “How else could the course be improved?” Recommendations fell into four categories: Content, structure, technology, and resources.

- **Content:** Ten respondents indicated that they liked the course and had no recommendations for improvement. A few participants listed additional content of interest to them, including waste water/Title V, homelessness, and more depth on summer camps and swimming pools. One person felt the content should be adjusted to be “less nursing focus and more public health focus.” Another called for discussion of “weekly hot topics.”
- **Structure:** Seven respondents offered suggestions related to the course structure. Two recommended increasing the number of OYT trainings with one of those preferring OYT trainings over webinars. Two others requested more in-person learning time. One participant would like more group projects, and another would like more opportunity to learn from peers. One noted that the sessions during the second in-person class, Real World Environmental Health, were “really good and too short.” Another indicated that the mix of very experienced practitioners with newer practitioners did not work well and indicated that the course may be better for less experienced practitioners.
- **Technology:** Three participants experienced difficulty with technology utilized by the course. One noted that the online work in general was challenging. Another had trouble navigating webinars. The third indicated that the “gizmos didn’t really add anything to the course.”
- **Resources:** Two participants requested resources related to the course. One would like a searchable database for Foundations Course alumni made up of the numerous resources available in the OYT trainings via web links. The other suggested that a list of acronyms would be a useful resource given the number used during the course.

When asked which other topics would be of interest to participants, seven made no suggestions. Three would like more information related to boards of health (BOH), including how laws are made in towns with boards of health vs. commissioners and advisory councils, BOH duties/responsibilities, and BOH regulations. Several listed environmental topics (i.e., septic/Title V inspections and plastics bans) and food topics (i.e., farmers markets and pop-up events, food protection, food-borne illness inspections, food grading systems). A couple would like leadership/management topics, including human resources content, managing public health programs, data analysis, finance, and budgeting. Two indicated pandemic-related content would be useful (i.e., discussion of pandemics in general; how to prioritize during a pandemic). One each suggested that the course cover body art, tobacco, building inspection management, and how to prepare documentation (although no specific type of documentation was described). A couple of participants noted the number of useful OYT training topics available and indicated that they would seek out additional training via the current online offerings.

D. Communications and Marketing

Implementation of the LPHI’s new marketing and communications plan began in FY19 and continued throughout this fiscal year. The plan is designed to help the LPHI achieve the outcomes of: (1) *Increased awareness of the LPHI and its programs;* and (2) *Increased registration for LPHI trainings.* In FY20, the LPHI produced and disseminated nine newsletters focused on a range of topics. The table below provides the newsletter topics, dates of dissemination, number of recipients, percent of recipients who opened each, and a link to each newsletter. Via Mail Chimp, the LPHI disseminated the newsletters to an average of 5,928 recipients (range of 5,635 to 6,753). Between 18 and 29% of recipients opened the newsletters once received. The newsletter opened by the largest percentage of recipients discussed available emergency preparedness courses.

Dissemination Date	Newsletter Topic	Number of Recipients	Percent that opened newsletter	Link to Newsletter
7/30/2020	How to Hold a Hearing Training, new training available	5,635	19%	https://mailchi.mp/6f906d28f368/how-to-hold-a-hearing-training-new-training-available
7/28/2020	Four New Environmental Protection Trainings Now Available	5,752	19%	https://mailchi.mp/5e469344da4d/four-new-environmental-protection-trainings-now-available
5/27/2020	Summer on the Horizon Thank you for your work	5,775	21%	https://mailchi.mp/490339b0c638/summer-on-the-horizon-thank-you-for-your-work
3/27/2020	Here to Help: Emergency Preparedness Courses	5,913	29%	https://mailchi.mp/7c55e570b104/here-to-help-emergency-preparedness-courses
2/26/2020	Isolation and Quarantine On Your Time Training from the Local Public Health Institute	5,867	26%	https://mailchi.mp/22ba64f5abec/isolation-and-quarantine-on-your-time-trainingfrom-the-local-public-health-institute
2/4/2020	New On Your Time Training Practical Strategies to Increase Your Personal Safety While Doing Fieldwork	5,840	18%	https://mailchi.mp/aa0bf2ab225c/new-on-your-time-trainingpractical-strategies-to-increase-your-personal-safety-while-doing-fieldwork
1/29/2020	Local Public Health Institute 🏠 Winter 2020 Newsletter	5,882	20%	https://mailchi.mp/3a967821afb9/local-public-health-institute-winter-2020-newsletter

10/15/2019	Classes for Foundations for LPH Practice start in November, Register Today!	5,938	23%	https://mailchi.mp/4a6d5ad59497/classes-for-foundations-for-lph-practice-start-in-november-register-today
9/11/2019	LPHI Fall 2019 Newsletter Foundations for Local Public Health, Updated Food Code courses, and More	6,753	23%	https://mailchi.mp/29a180602896/lphi-fall-2019-newsletter-foundations-for-local-public-health-updated-food-code-courses-and-more

The LPHI also produced a series of training cards listing groupings of trainings that increase skills/knowledge in each of the following: Community and Population Health; Emergency Preparedness, Environmental Health and Regulatory Requirements; Food Protection Programs for Regulators; Leadership and Public Health; and Management and Communication. The LPHI also produced a flyer that provides information about the LPHI and some of its signature trainings (i.e., OYT Trainings, Management Course, MA PHIT Housing Inspector Certificate, and the Foundations Course). The cards and flyer, featured on the following page, are intended for dissemination to public health practitioners at exhibit booths at conferences. Materials were introduced at the LPHI and NEPHTC joint booths at Yankee Conference in September 2019 and MHOA Annual Conference in November 2019.

The LPHI also curated two “at a glance” calendars which show a full year of activities, including those of the LPHI, CLPH organizations, as well as various state and federal conferences, OLRH, and OPEM. These calendars are available on the LPHI website and updated regularly as new opportunities become available.

Also in FY20, the LPHI staff conducted a cost-benefit analysis of Learning Management System (LMS) options and released a report describing their research of available options, development of requirements lists and criteria and the narrowing of options, and participation in demonstration of likely candidates. The report also includes recommendations related to LMS selection.

The LPHI staff continued work on the LPHI website that was identified in the FY19 branding and marketing report, including reviewing all aspects of the website, deleting or editing information as needed, and restructuring how the OYT trainings are presented on the website.



LPHI MARKETING CONTENT

BUSINESS CARDS

EMERGENCY PREPAREDNESS

- Community Preparedness Assessment
- Hazard Identification & Vulnerability Assessment
- Emergency Response & Evacuation Planning
- Emergency Response & Evacuation Planning
- Emergency Response & Evacuation Planning
- Emergency Response & Evacuation Planning

On Your Terms Trainings | www.localpublichealth.org

ENVIRONMENTAL HEALTH & REGULATORY REQUIREMENTS

- Administrative Search Assistance
- Permitting & Regulatory Requirements
- Regulatory & Compliance Assistance
- Regulatory & Compliance Assistance

On Your Terms Trainings | www.localpublichealth.org

COMMUNITY & POPULATION HEALTH

- Health Promotion and Health Equity
- Health Promotion and Health Equity
- Health Promotion and Health Equity
- Health Promotion and Health Equity

On Your Terms Trainings | www.localpublichealth.org

FOOD PROTECTION PROGRAMS FOR REGULATORS

- Food Safety and Inspection Service
- Food Safety and Inspection Service
- Food Safety and Inspection Service
- Food Safety and Inspection Service

On Your Terms Trainings | www.localpublichealth.org

LEADERSHIP & PUBLIC HEALTH 3.0

- Leadership & Public Health 3.0
- Leadership & Public Health 3.0
- Leadership & Public Health 3.0
- Leadership & Public Health 3.0

On Your Terms Trainings | www.localpublichealth.org

EMERGENCY PREPAREDNESS

... and more!

COMMUNITY & POPULATION HEALTH

... and more!

ENVIRONMENTAL HEALTH & REGULATORY REQUIREMENTS

... and more!

FOOD PROTECTION PROGRAMS FOR REGULATORS

... and more!

LEADERSHIP & PUBLIC HEALTH 3.0

... and more!

On Your Terms Trainings | www.localpublichealth.org

FLYERS

LPHI created an evergreen for prospective learners and organizations to learn more information about LPHI and trainings we provide.

EMERGENCY PREPAREDNESS

... and more!

COMMUNITY & POPULATION HEALTH

... and more!

ENVIRONMENTAL HEALTH & REGULATORY REQUIREMENTS

... and more!

FOOD PROTECTION PROGRAMS FOR REGULATORS

... and more!

LEADERSHIP & PUBLIC HEALTH 3.0

... and more!

On Your Terms Trainings | www.localpublichealth.org

IV. Conclusions and Recommendations

FY20 was a productive year for the LPHI. The LPHI pivoted to meet MDPH needs related to the Covid-19 pandemic, engaged in productive partnerships, conducted marketing of the LPHI and its offerings to the target audience, and delivered training to 1,727 unduplicated individuals that addressed all 17 program areas, 10 cross-cutting, and four emergency preparedness competencies. Based on the findings presented in this report, there are a few recommendations the LPHI program manager should consider over the next year:

- Continue support of the workforce development needs identified by the Special Commission on Local and Regional Health
- Consider assessment of training needs and awareness of LPHI trainings in HMCC Regions 1 and 5 to understand if lower utilization of the OYT trainings in those regions is simply due to low awareness of the trainings. If the OYT trainings do not meet their needs, collect information about the training topics of interest to practitioners in the regions that are not currently addressed in the OYT trainings and incorporate the findings into planning for future training development as resources allow
- Consider additional marketing of the Foundations Course in HMCC regions 4A, B, and C to encourage participation in the next course offering
- Review the recommendations made by Foundations Course participants related to the content, structure, technology, and resources of the Foundations Course and determine which are feasible given LPHI's available resources.

Appendix A: Local Public Health Institute (LPHI) of Massachusetts Logic Model

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.

Problems/resources	LPHI objectives	Outputs	Short-term outcomes
A group of individuals that understands the needs of local public health and that represents various segments of the workforce and geographic areas of the Commonwealth is needed to advise MDPH and others (e.g., DEP, MEMA) about how to most effectively achieve the LPHI mission.	Rebuild and convene a highly functioning Advisory Committee	<ul style="list-style-type: none"> ✓ # of associations represented ✓ # of regions represented ✓ # of academic partners represented ✓ # of meetings ✓ Production/adoption of operating principles 	Strengthened partnerships among public health and academic partners to ensure that LPHI trainings and programs are aligned with the learning priorities of the LPH workforce and are of high quality.
The LPH workforce may not possess the capabilities needed to prepare for and respond to emerging public health issues and emergencies. Training is needed to ensure the LPH workforce has the competencies necessary to protect the health of MA residents.	Provide training courses and education programs on PH and EP competencies	<ul style="list-style-type: none"> ✓ # of trainings and programs ✓ # of competencies covered in trainings/programs ✓ # of registrants and # of participants (total, by region, role) 	Increased numbers of LPH workforce members trained on cross-cutting, program area and emergency preparedness competencies
In order to use the available resources effectively and provide the LPH workforce with needed training, we must understand their training needs, assess which trainings are available to meet their needs, and develop training to address the gaps.	Assess workforce competencies and training needs	<ul style="list-style-type: none"> ✓ Completed first draft of competency report ✓ Completed gap analysis and inventory of available trainings 	Improved understanding of the trainings needs of LPH and the trainings that exist and those that are needed.
To maximize resources, we should collaborate with others who have a vested interest in strengthening the LPH workforce	Build partnerships	<ul style="list-style-type: none"> ✓ # of partners and collaborative projects 	Increased educational offerings and collaborative projects
Geographic distances, staffing shortages at the local level, and scheduling challenges present significant obstacles when it comes to accessing classroom training. Tremendous technological resources exist that will enable the LPHI to address these obstacles by offering a more convenient avenue for training using web-based technology. The LPHI should determine appropriate uses for distance education and increase its use accordingly.	Increase capacity for distance education	<ul style="list-style-type: none"> ✓ # of trainings or programs with a distance education component 	Increased participation in LPHI offerings across all regions
Although the LPHI offers tremendous opportunities for improving the skills and knowledge of the LPH workforce, too few people know about the LPHI or its offerings. The LPHI needs an effective communications and marketing plan to address this problem.	Have an effective communications and marketing plan	<ul style="list-style-type: none"> ✓ A developed plan for marketing the LPHI and its offerings ✓ Explore incentives for training ✓ # of newsletters and calendars 	<p>Increased awareness of the LPHI and its programs</p> <p>Identify and utilize incentives when feasible</p> <p>Increased registrations for LPHI trainings</p>

