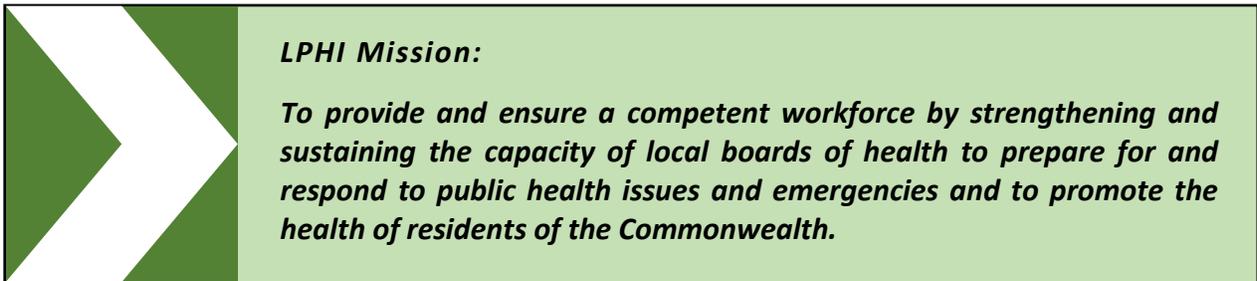


Executive Summary

Introduction

Since January 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 funding and support from the Massachusetts Department of Public Health (MDPH), LPHI staff works with the Office of Local and Regional Health (OLRH), other MDPH bureaus and offices, the LPHI Advisory Committee, and other stakeholders to pursue the LPHI mission.

A graphic with a green and white chevron on the left and a light green background on the right containing the LPHI mission statement.

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.

All LPHI activities are aimed at achieving the following objective:

To improve the pre- to post-training knowledge, skills, and workplace performance of local public health professionals and other health system partners in each of the six Health and Medical Coordinating Coalition (HMCC) regions of the Commonwealth related to established public health and emergency preparedness competencies and other identified emerging public health threats.

This report describes LPHI's progress during fiscal year 2021 (FY21), July 1, 2020 through June 30, 2021. Below is the description of LPHI's evaluation methodology used to inform the progress report, as well as a summary of LPHI's major accomplishments 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 and outcomes, including:

- standardized training evaluations in paper and web-based formats
- administrative tracking by the LPHI Program Manager
- web-based tracking of online course utilization
- online surveys of those who engaged in LPHI trainings

FY21 Accomplishments

LPHI had another productive year and was successful in advancing work on its program objectives through its partnerships, needs assessment, education and workforce development offerings, and marketing and communications. FY21 accomplishments include:

1

Meeting current issues/needs

Responding to the needs of the workforce for expanded access to key offerings and curtailment of in-person learning opportunities, LPHI staff worked with subject matter experts from MDPH and LPHI Advisory Committee members to update and convert two key course offerings (*Foundations for Local Public Health Practice* and *MA PHIT Housing*) to fully online. The goal was to increase accessibility and participation, since, in previous blended offerings, there had been a limited number of people who could be trained at a time. These two courses are now available as fully asynchronous extended learnings, enabling workforce members to access them more readily. Increased access to major training programs was a recommendation of the Special Commission on Local and Regional Public Health.

2

Successful partnerships

New and established relationships resulted in productive collaborations to address the training needs of local public health professionals and create new ways to access and deliver trainings.

Partners this year include:

- BU staff from PHX and from the Office of Continuing Medical Education;
- MA Emergency Management Association (MEMA);
- MDPH's OLRH, Office of Preparedness and Emergency Response, and the Bureau of Substance Addiction Services (BSAS);
- Members of the Local State Advisory Committee (LSAC);
- New England Public Health Training Center (NEPHTC);
- School Health Institute for Education and Leadership (SHIELD); and
- Coalition for Local Public Health (CLPH).

3

Assessing training needs and tracking competencies LPHI trainings address

LPHI built upon previous work done with LSAC (LPHI's former Advisory Committee) and CLPH (LPHI's current Advisory Committee) to serve the training needs of local public health practitioners across the Commonwealth. Additionally, LPHI continued to track competencies to ensure its trainings address all of the 17 program area competencies and 10 cross-cutting competencies identified by LPHI's 2010 Competency Report and the Council on Linkages, as well as the four emergency preparedness competencies. Finally, LPHI collected information directly from trainees about their training needs.

4

Training

LPHI trained 2,089 unduplicated users in FY21 (up substantially from 1,727 in FY20). The audience that collectively completed the 56 On Your Time (OYT) trainings in FY21

accounted for 3,965 training instances (roughly 1.9 trainings per unduplicated user), and was exposed to all 17 program area, 10 cross-cutting, and four emergency preparedness competencies. There were 57,879 hits to the OYT trainings in FY21 (up from 39,642 in FY20). Although some of these hits include completed trainings, the remainder are instances in which users accessed the OYT trainings for reference purposes. In FY21, LPHI engaged practitioners from all of the Health and Medical Coordinating Coalition (HMCC) regions, with heaviest representation coming from Region 4C (41%), and all types of professionals within its target audience. For 53 of the 56 trainings, 75% or more of completers indicated that all four of the following were achieved:

- (1) the training information was presented in a way they could clearly understand,
- (2) they were satisfied with the training overall,
- (3) their understanding of the subject matter improved as a result of the training, and
- (4) they identified actions they could take to apply the information they learned in the training to their work.

Recommendations were made for quality improvement for the two trainings in which the 75% threshold was not met for all four measures (see below). The average and range of quiz findings improved from the pre-test to the post-test for all 56 trainings. In general, the evaluation findings indicate that LPHI's OYT trainings are successful at both Level 1 and Level 2 of the Kirkpatrick Training Evaluation Framework¹.

5

Communications and marketing

LPHI launched a new, streamlined website in FY21 that offers a clean and simple interface organized to make it easier for users to locate and access training information, calendars, and information about MA professional associations and training partners. LPHI created and disseminated nine newsletters focused on a range of LPHI training topics, to an average of 5,928 recipients. While Covid-19 prevented in-person conferences, LPHI, like most organizations, relied upon newsletters and training calendars to promote LPHI and the training opportunities available to the public health workforce. LPHI provided recommendations and cost estimates for a learning management system to support LPHI, and created budgets and a concept of operations for expanded sustainable operations.

Recommendations

Evaluation

Based on the FY21 evaluation findings, LPHI should consider:

1. Additional marketing of trainings to practitioners in HMCC regions other than 4C, and, as part of future needs assessment efforts, ensure that the constellation of trainings meets the needs of practitioners in those regions.

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

2. Once utilization of *Coaching Skills* and *Restricting Flavored Tobacco Products to Adult-only Retail Tobacco Stores* reaches 50 or more completers, include them in a deep-dive review to assess opportunities for quality improvement. In the meantime, review those trainings to assess whether there are opportunities for improving the presentation of content and enhancing the training overall.
3. Include *Sanitary Surveys for Variance: A Special Bathing Beach Topic* in another deep-dive analysis (once an additional 50 or more users have completed the training), and compare the results to the FY20 deep-dive findings for that training to see if/how findings at Levels 1 and 2 (which were excellent in FY20) may have changed. Should any problems with that training be identified, quality improvement should be conducted.

Additionally, the LPHI Manager, Principal Investigator, and Evaluator should review the LPHI Logic Model annually to ensure that the model continues to reflect LPHI's work and the outputs and outcomes that work is designed to achieve. Doing so will also provide an annual opportunity for LPHI management and the LPHI Evaluator to ensure that the evaluation strategy addresses any new initiatives that are added in a given fiscal year.

Growth and Operations

Moving forward, LPHI should:

1. Continue search for funding of acquisition of a learning management system (LMS) to replace the dated and limited database system currently used.
2. Obtain endorsement of the Growth and Sustainability strategy developed in FY21.
3. Participate in national discussions about changing public health competencies.