



# Office of Local and Regional Health

## Five-Year Strategic Plan

**2023 - 2028**

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# Letter from the Director

Dear Partners,

We are excited to share the Office of Local and Regional Health's strategic plan for 2023-2028. **This document, the result of a collaborative effort of team members and partners, lays out a bold path toward a more equitable local public health system in Massachusetts.** This plan builds on the thoughtful, years-long efforts from our partners to advance local public health in the state.

For the first time in modern history, we are seeing heightened attention, focus, and investments in local public health – the front line for improving health for all persons. The need to support local public health as they serve their communities is essential to address health disparities. With this strategic plan, we are committed to working alongside local public health to realize this shared commitment.

Since joining the Office of Local and Regional Health as the Director in 2021, I've been amazed by the resiliency and commitment of our team and partners. This five-year plan will allow our Office to measure and demonstrate the shared vision and impact of our daily efforts. It breaks down our silos and challenges us to think about how much more we can do when we work together.

**To our local public health partners, we are deeply grateful for your commitment to your communities and collaborations with your neighbors statewide.** I believe that, together, this strategic plan positions us to not only weather the challenges that await us, but to tackle them head-on as leaders, champions, and visionaries of the local public health system. We look forward to it.

Thank you.

Sam Wong

# Executive Summary

The Office of Local and Regional Health (Office) exists to support local public health departments, Boards of Health, and the Tribes in improving health for all. The Office works alongside its local public health partners to build and sustain a strong local public health system.

There is a momentous local public health system transformation underway in the Commonwealth. The Special Commission on Local and Regional Public Health’s Blueprint for Public Health Excellence and the enactment of the State Action for Public Health Excellence (SAPHE) Act are compounded by recently available state and federal funding. The Office is, in turn, experiencing significant growth in both staffing and budget size to meet the moment and support local public health across the state.

Marking the historic opportunity, the Office embarked on a strategic planning process. The Office, working with consulting partners, used a phased planning process to develop its strategic plan that sought to define current state, desired state, and a path forward. Internal and external partners participated in various forms of collaborative engagement to inform the development of the plan.

## Strategic Plan

### VISION

Every person in Massachusetts can equitably access excellent local public health services to be their healthiest self.

### MISSION

We work with partners to build capacity towards achieving efficient, effective, and equitable local public health services for all people in Massachusetts.

### VALUES

#### EQUITY

We commit to advancing equity to serve all people in Massachusetts and strengthen the potential to create healthier municipalities. We lead explicitly, but not exclusively, with race, acknowledging the history as well as the current reality of structural racism and its impact on health.

#### COMMITMENT

We exemplify long-term commitment to promoting public health; we are dedicated to the ongoing advancement of sustainable and innovative public health practices.

#### PARTNERSHIP

We center relationships with partners at the core of our efforts and prioritize collaborations to develop flexible approaches, services, and solutions. We practice bidirectional communications and active listening and adapt based on the needs of our partners.

## Priority Area & Goals

# 01

### **PRIORITY AREA ONE:**

Strengthen Equity-Centered  
Office Infrastructure

**GOAL 1.1:** Grow and sustain Office infrastructure grounded in equity practices and frameworks.

**GOAL 1.2:** Promote and elevate the impact of local public health in an equitable way.

# 02

### **PRIORITY AREA TWO:**

Lead Equitable Local Public  
Health System Improvements

**GOAL 2.1:** Continuously advance relationships with local public health and the Tribes.

**GOAL 2.2:** Elevate the standards for and improve the performance of local public health departments.

**GOAL 2.3:** Create, use, and maintain a unified, integrated, and accessible local public health data system.

**GOAL 2.4:** Advance tightly integrated sharing of public health programs, services, and functions to achieve an effective, efficient, and equitable local public health infrastructure.

**GOAL 2.5:** Proactively grow and provide equitable support and resources for skilled and competent local public health workforce throughout the state.

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The strategic plan solidifies the Office's path towards a vision for a more equitable local public health system in Massachusetts. It lays out the strategic approach to seize the opportunity for local public health transformation. Forthcoming implementation and evaluation plans will outline the activities, timelines, and measures to define how the Office will reach its goals. The Office looks forward to working alongside its partners to realize its vision for more equitable access to excellent public health services across the state.

# Setting the Stage

The Office of Local and Regional Health (Office), within the Massachusetts Department of Public Health (Department), exists to support local public health departments, Boards of Health, and the Tribes in improving health for all. Like the work of local public health, the Office's role is expansive in subject matter and operations. The Office's scope is shaped by Massachusetts' unique "home rule" structure, which provides autonomous governing power to each of its 351 towns and cities. There is no one-size-fits-all approach; the Office works with all local public health departments.

The Office values working alongside the two federally recognized Tribes as sovereign nations. The Office will engage with the Tribes and identify how they would like the Office to support them in enhancing their local public health system. \*

*\*Please note that as the Office is committed to hearing from the Tribes about what is most supportive to them, the work with the Tribes is only explicitly listed in Goal 2.1 of the strategic plan. After having conversations with the Tribes, the Office will work with them to identify goals and objectives.*

The Office is experiencing a period of growth. This is due to a system transformation underway for local public health in the Commonwealth, illustrated in commitments like the development and release of the Blueprint for Public Health Excellence, and the enactment of the State Action for Public Health Excellence Act. Since the release of the Blueprint in 2019, the Office has advanced its six interlocking recommendations, while managing an influx of valued support from state and federal resources.

To build on this momentum, the Office embarked on a process to develop this five-year strategic plan. The Office's strategic plan was created to complement and build upon existing efforts, foundational elements, funding mandates, and legislations that are crucial to its successful implementation (see *Appendix One*).

## BLUEPRINT FOR PUBLIC HEALTH EXCELLENCE RECOMMENDATIONS

- 01** Elevate the standards for and improve the performance of local public health departments.
- 02** Increase cross-jurisdictional sharing of public health services to strengthen the service delivery capabilities of local public health departments.
- 03** Explore improvements in the current platforms to report, analyze, and interpret data.
- 04** Set education and training standards for local public health officials and staff and expand access to professional development.
- 05** Commit appropriate resources for the local public health system changes proposed by the Commission.
- 06** Ensure continuity of stakeholder engagement in the implementation of the Commission's recommendations.



**The concerted focus on local public health marks a historic opportunity for investing in and strengthening Massachusetts' local public health system.**



# Health Equity & Racial Justice

Governmental structures and policies contribute to creating and sustaining inequities amongst the public. This includes racial inequities, resulting from decades of practices, policies, and programs that oppress or discriminate against people of color (see *Appendix Two for the Office's Racial Equity Statement*). The Office is committed to addressing these inequities by framing its goals, objectives, and measures in a way that highlights racial and health equity at the local level.

Below are the definitions for health equity and racial equity.<sup>1</sup> Throughout this document “equity” is used to include both terms.

## HEALTH EQUITY

Health equity is the opportunity for everyone to attain their full health potential. No one is disadvantaged from achieving this potential because of his or her social position (e.g., class, socioeconomic status) or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

## RACIAL EQUITY

Racial equity means acknowledging and accounting for past and current inequities, and providing all people, particularly those most impacted by racial inequities, the infrastructure needed to thrive. People, including people of color, are owners, planners, and decision-makers in the systems that govern their lives. Everyone benefits from a more just, equitable system.

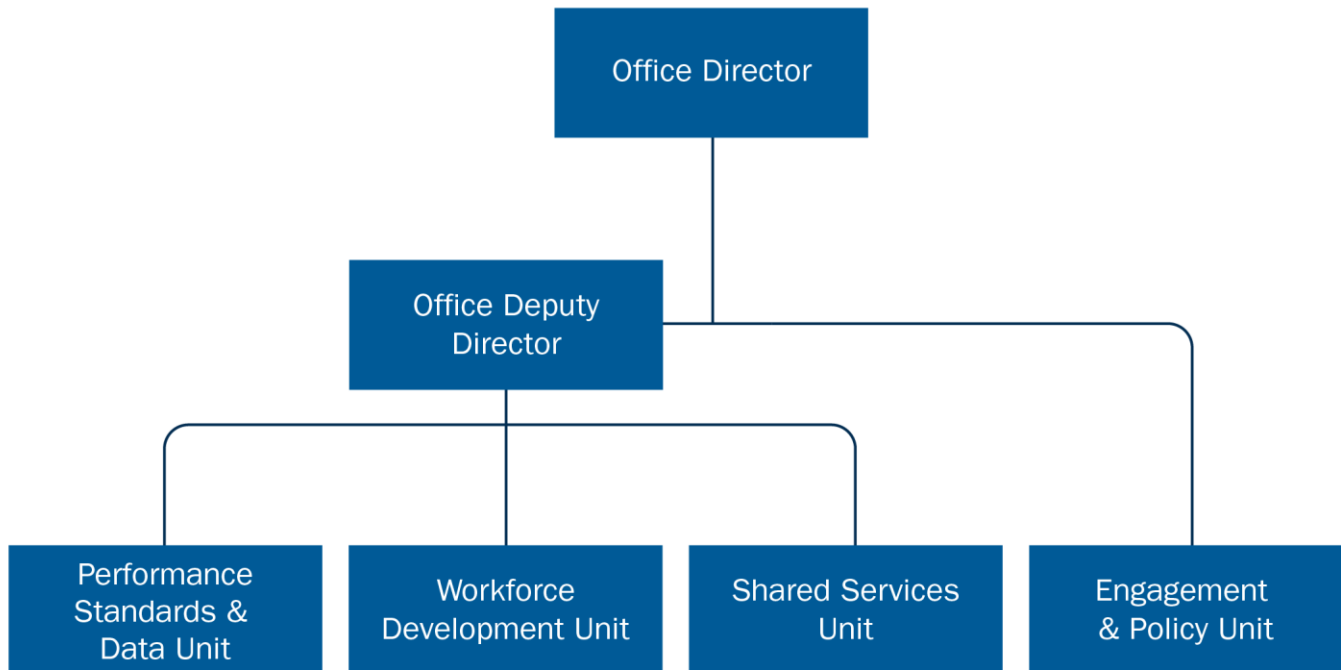
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<sup>1</sup> Racial Equity Data Road Map. Racial Equity Glossary. <https://www.mass.gov/service-details/racial-equity-data-road-map>

# Office Overview

The commitment to support local public health is illustrated in part by the sheer growth of the Office designed to support it. At the end of fiscal year 2021, the Office included five staff members; as of Summer 2023, the team includes more than 30. Accompanying the staff growth, the Office manages a budget that is at least 20 times greater than it was in 2021.

Led by the Director and Deputy Director, the Office is structured as four units (see *Figure 1*). The units are intentionally designed to correspond directly to their charges of implementing specific Special Commission Blueprint for Public Health Excellence recommendations.



*Figure 1. Office Organizational Structure*

**The Office is intentionally designed to correspond directly to the specific Special Commission Blueprint for Public Health Excellence recommendations.**



# Process Approach

The Office, working with a team of internal staff and consulting partners, used a three-phase planning process to develop its strategic plan. The team collaborated with the Department to ensure alignment across the Office's and Department's parallel strategic planning processes. The process outlined below sought to answer three core questions.

## Where are we now?

What is the current reality in and around the Office? What assets can be leveraged? What areas of work need improvement to carry out the mission?

## Where do we want to go?

What does the Office hope to accomplish both internally and for its partners? What needs to be done as an organization to be the most effective?

## How will we get there?

What role will the Office have in accomplishing the work most important to its partners?



01



Where are we now?

Answering the first key question began with developing a partner engagement plan, establishing an approach to integrating the Office's equity framework into the process, and setting parameters for research. Informed by partners, the strengths, weaknesses, opportunities, and threats (SWOT) analysis provides a summary of the internal and external factors contributing to the Office's current state.

Additionally, the Office defined its core organizational identity. Through a series of individual and collaborative activities and engagements, all Office staff contributed to drafting and refining the vision, mission, and values statements. They served as a foundation for the remainder of the process, and support future decision making and implementation of this plan.



### **Document Review**

Initial research included a review of 17 key documents (e.g., existing reports, workflows, assessments, policies and procedures, and organizational structures) related to the Office's current state.



### **Key Informant Interviews**

Interviews identified the Office's strengths, areas of opportunity, and areas of growth from the perspectives of internal and external partners. Interviewers used a semi-structured, open-ended question format to guide interviews and enable discussions with collaborators (*see Appendix Two for sample questions and interviewees*).



### **Focus Groups**

Three 60-minute focus groups engaged partners that represent and support local public health. As with interviews, focus group facilitators used a semi-structured, open-ended question format (*see Appendix Two for sample questions*). Focus groups included:

- Coalition for Local Public Health
- Massachusetts Large Cities Health Coalition
- Department of Public Health Intra-Agency Local Health Workgroup



### **Office Strategic Plan Workgroup Meetings**

The Office's Strategic Plan Workgroup, including staff across units and leadership levels, convened monthly to center equity in the plan, support the development of the strategic plan, and provide insights on how to best engage the full Office team in the process.



### **Office All-Staff Meetings**

All Office team members contributed to the strategic planning process through regular opportunities to ask questions and contribute ideas and feedback.

# SWOT Analysis

The SWOT analysis served as the framework for organizing the partner engagement and research data. It contributed to a comprehensive understanding of the internal (strengths and weakness) and external (opportunities and threats) influences on the Office. The SWOT was used as a foundation for setting goals, enabling the Office to have a shared understanding of the context and influencing factors of the current state.

Highlights from the SWOT analysis include:

## STRENGTHS

*Internal contributors to success – what the Office excels at, what is going well, and what to build upon for success:*

- The Office leadership and team share commitment and passion for supporting and improving local public health and translating equity concepts into actions.
- The Office is viewed as a meaningful liaison between state and local public health.
- The Office's organizational structure is built to implement the recommendations of the Blueprint for Public Health Excellence and has made significant progress to date in progressing recommendations.

## WEAKNESSES

*Internal areas of improvements – what may take away from the Office's strengths:*

- Staffing shortages, and difficulty filling open positions, affect Office staff workloads and priorities, including ability to prioritize health and racial equity into operations.
- Current communication and information sharing between the Office and external partners is limited.
- Implementation of the Blueprint for Public Health Excellence is a vast scope for one Office to address, which is exacerbated by limited staff capacity and data to measure progress and performance.

## SWOT Analysis

## OPPORTUNITIES

*Favorable external factors, or areas of growth, which may support the Office's success – what the Office should seek to take advantage of to progress towards its goals:*

- State, national, and public interest in public health had led to increased funding, public attention, and legislative buy-in for the Office, and the intersections of equity.
- Traditional and nontraditional partners are interested in bidirectional engagement to learn and share their perspectives, priorities, and expertise.
- The Blueprint for Public Health Excellence is well understood by local public health partners and is viewed as a driving force for the Office's improvements.

## THREATS

*Unfavorable external factors, or areas of risk, which may undermine the Office's success – what the Office should seek to mitigate, remove, or avoid:*

- Limits on the labor market, and widescale burnout across public health workforce, impact ability to address the Office's expansive scope and needs of local public health.
- The sustainability of long-term federal and state funding remains unknown.

02



## Where do we want to go?

With a shared understanding of the current state, the Office worked to determine their goals for the future. Each unit, as well as the leadership team, engaged in visioning exercises to articulate what success might look like for their specific bodies of work (see *Appendix Four*). Units presented their “success statements” and short-, medium-, and long-term objectives. Colleagues asked questions, identified cross-cutting themes, made connections to the SWOT analysis, and provided general feedback. This included identifying ways in which the work could further center equity. From there, through a cycle of reviewing and refining, the Office used themes of the visioning statements to identify priorities for the next five years and form the goals and objectives included in the plan below.

03



## How will we get there?

The final question of the strategic planning process sets the Office up for implementation planning. It defined key performance indicators for each goal and assigned responsible parties. This provides a high-level shared understanding of accountability, meaning that they provide a quantifiable measure of progress, and a clear path for leadership and support. Key performance indicators were designed to encourage Office collaboration toward shared progress on cross-cutting goals and objectives. In addition, the Office defined an annual cadence of strategic plan and action plan reviews and revisions. These documented “check ins” ensure the strategic plan remains timely and relevant.



# Strategic Plan

## Office Vision, Mission, and Values

### VISION

Every person in Massachusetts can equitably access excellent local public health services to be their healthiest self.

### MISSION

We work with partners to build capacity towards achieving efficient, effective, and equitable local public health services for all people in Massachusetts.

### VALUES

#### EQUITY

We commit to advancing equity to serve all people in Massachusetts and strengthen the potential to create healthier municipalities. We lead explicitly, but not exclusively, with race, acknowledging the history as well as the current reality of structural racism and its impact on health.

#### COMMITMENT

We exemplify long-term commitment to promoting public health; we are dedicated to the ongoing advancement of sustainable and innovative public health practices.

#### PARTNERSHIP

We center relationships with partners at the core of our efforts and prioritize collaborations to develop flexible approaches, services, and solutions. We practice bidirectional communications and active listening and adapt based on the needs of our partners.

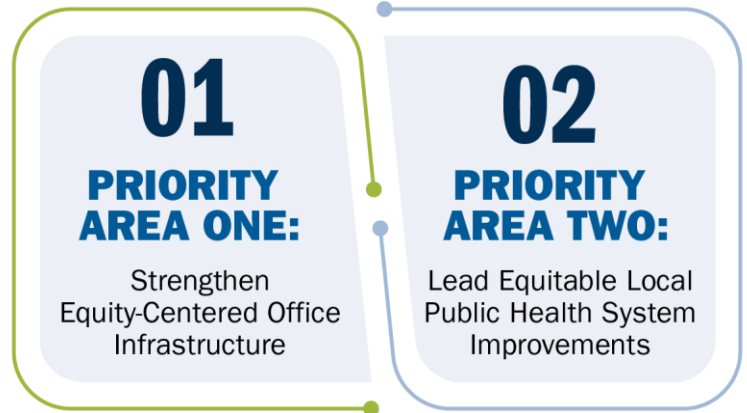
# Priority Areas, Goals and Objectives

The strategic plan supports the overarching vision, mission, and values of the Office. It expands on the foundational statements above and creates a structure on how the Office will achieve its goals.

## How to Read

### Priority Areas:

The priority areas outline the structure of the strategic plan. They are fundamentally connected to each other: Priority Area One is the foundation for achieving Priority Area Two, and Priority Area Two informs the construction of Priority Area One. The Office must lead by example and internally establish a strong and equity-centered infrastructure in order to effectively support local public health partners in system improvements. In turn, their infrastructure must be developed directly in service to the needs of local public health and its transformation.



### Goals:

The highest level of things that the Office wants to accomplish, internally and externally. The goals chart the work to carry out the mission in the coming five years.

### Objectives:

The specific activities that determine how the Office will accomplish its goals.

### Key Performance Indicators:

Specific measures to monitor the progress the Office is making towards achieving its goals.

### Responsible Parties:

The Unit or staff member that directly owns or engages with the tasks required to achieve the goal.

### Connection Points:

Foundational elements that informed the strategic plan and will be crucial to the successful implementation of the plan. A matrix of connection points and priority areas and goals is shown in *Appendix Five*.

# 01 PRIORITY AREA ONE:

## Strengthen Equity-Centered Office Infrastructure



**GOAL 1.1:** Grow and sustain Office infrastructure grounded in equity practices and frameworks.

### **Objective 1.1.1:**

Establish equity-grounded standard operating procedures for each operational focus (fiscal, procurement, IT, HR, and policy).

### **Objective 1.1.2:**

Foster a positive and resilient team culture that encourages Office-wide collaboration and consistently integrates diversity, equity, and inclusion.

### **Objective 1.1.3:**

Hire and retain diverse, committed team members to fully staff Office and serve the mission.

### **Objective 1.1.4:**

Secure at least three adequate funding sources to sustain funding needed to serve the Office's mission and enhance equity.

### **Objective 1.1.5:**

Use data to inform and assess the Office's approach, including how to advance equity.

## **Key Performance Indicators**

### **STAFF GROWTH/ RETENTION:**

Change in number, diversity (e.g., race/ethnicity, gender, age, disability status, sexual orientation, veteran status, geography, etc.), and tenure of staff.

### **STAFF COMPETENCY:**

Change in percentage of staff reporting using equity tools and frameworks.

**RESPONSIBLE PARTIES:** Director and Deputy Director (Lead), All Office Units (Support)





**GOAL 1.2:** Promote and elevate the impact of local public health in an equitable way.

**Objective 1.2.1:**

Establish a structure to intentionally and consistently promote the value of local public health and Office initiatives in a timely fashion.

**Objective 1.2.2:**

Conduct and disseminate research on Massachusetts' unique local public health structure to support learning, identify impact of local public health, increase equity, and establish promising practices.

**Objective 1.2.3:**

Amplify policy best practices from and for local public health, prioritizing policies that advance equity.

**Objective 1.2.4:**

Engage a network of peer advisors from nontraditional, multisector partners to guide the Office towards a more holistic development and implementation of local public health policies and procedures.

**Key Performance Indicators**

**OPERATIONALIZATION OF COMMUNICATION STRATEGIES:**

Number and reach (e.g., open rate, response rate, website analytics) of communications with local public health and other partners.

**IDENTIFICATION AND AMPLIFICATION OF PROMISING PRACTICES FROM AND FOR LOCAL PUBLIC HEALTH:**

Number and types of local public health policies and procedures identified as promising practices.

**RESPONSIBLE PARTIES:** Engagement and Policy (Lead), All Office Units (Support)

## 02 PRIORITY AREA TWO:

### Lead Equitable Local Public Health System Improvements



**GOAL 2.1:** Continuously advance relationships with local public health and the Tribes.

#### **Objective 2.1.1:**

Regularly hold intentional spaces for bidirectional conversations with colleagues from local public health and the Tribes to learn how the Office can best support them in providing local public health services.

#### **Objective 2.1.2:**

Develop deep partnerships with the two Federally Recognized Tribes in Massachusetts and coauthor how the Office and Tribes will work in collaboration.

#### **Objective 2.1.3:**

Establish various modes of communication with external partners in an effort to increase engagement, encourage sharing, and meet the diverse needs of the Office's partners.

#### **Objective 2.1.4:**

Partner with local public health and the Tribes to communicate about common goals.

#### **Objective 2.1.5:**

Identify and raise voices of local public health partners, the Tribes, and community-based organizations not often heard to focus efforts on their strengths and needs.

#### **Key Performance Indicators**

##### **COMMUNICATION:**

Change in number and type of communication strategies with local public health and the Tribes.

##### **PARTNER SATISFACTION:**

Change in local public health, the Tribes, and other partner satisfaction with and trust of the Office

**RESPONSIBLE PARTIES:** Engagement and Policy (Lead), Workforce Development, Performance Standards and Data, Shared Services (Support)



**GOAL 2.2:** Elevate the standards for and improve the performance of local public health departments.

**Objective 2.2.1:**

Establish the first phase of Performance Standards.

**Objective 2.2.2:**

Conduct regular Capacity Assessments of local public health's ability to meet Performance Standards, with incorporated elements of equity and the social determinants of health and share and use results with partners.

**Objective 2.2.3:**

Support local public health, rooted in quality improvement, to achieve the Performance Standards, building on the shared services infrastructure.

**Objective 2.2.4:**

Develop future phases of the Performance Standards, utilizing the results from the Capacity Assessments, which will move all communities closer to being able to deliver the Foundational Public Health Services.<sup>2</sup>

**Objective 2.2.5:**

The Performance Standards become the Foundational Public Health Services.

**Key Performance Indicators**

**ACHIEVEMENT OF PERFORMANCE STANDARDS:**

Number of shared service arrangements and municipalities meeting the current phase of the Performance Standards.



**The Foundational Public Health Services**

describe the responsibilities of governmental public health and define a set of foundational areas and capabilities that must be available in every community.

**RESPONSIBLE PARTIES:** Performance Standards and Data (Lead), Workforce Development & Shared Services (Support)

<sup>2</sup> The Public Health National Center for Innovations. Transforming Public Health through the FPHS. <https://phnci.org/transformation/fphs>



**GOAL 2.3:** Create, use, and maintain a unified, integrated, and accessible local public health data system.

**Objective 2.3.1:**

Create overall design and architecture of data system.

**Objective 2.3.2:**

Work with partners to ensure integration with existing applications, programs, and datasets, in accordance with the Department's data modernization framework and promising practices.

**Objective 2.3.3:**

Ensure full system is operational, deployed, and in use by local public health and the Department's programs.

**Objective 2.3.4:**

Allow for validation of capacity and competencies across municipalities to assess for ability to achieve the Performance Standards.

**Objective 2.3.5:**

Ensure ability for local public health to analyze the information within the data system to make informed decisions when developing local policies and practices.

**Key Performance Indicators**

**CREATION AND IMPROVEMENT OF DATA SYSTEM:**

Establish and maintain shared local public health data system.

**UTILIZATION OF DATA SYSTEM:**

Change in percent of local public health partners utilizing local public health data system.

**RESPONSIBLE PARTIES:** Performance Standards and Data (Lead), Workforce Development, Engagement and Policy, Shared Services (Support)





**GOAL 2.4:** Advance tightly integrated sharing of public health programs, services, and functions to achieve an effective, efficient, and equitable local public health infrastructure.<sup>3</sup>

**Objective 2.4.1:**

Increase functionality of existing shared service arrangements.

**Objective 2.4.2:**

Increase the adoption of comprehensive sharing models incorporating equity principles among shared service arrangements.

**Objective 2.4.3:**

Expand tightly integrated sharing of services across Massachusetts.

**Objective 2.4.4:**

Support the implementation of Performance Standards, focused on equity and with partners throughout the community, with a strong shared services infrastructure.

## Key Performance Indicators

**SHARED SERVICE ARRANGEMENTS:**

Change in percent of municipalities in tightly integrated shared service arrangements.

**LEVEL OF SHARING:**

Change in level of sharing within shared service arrangements.



**Tightly integrated sharing:** A level of sharing public health services in which the "level of service integration increases, the level of jurisdictional autonomy decreases, and implementation and governance may become more complex"

**RESPONSIBLE PARTIES:** Shared Services (Lead), Workforce Development & Performance Standards and Data (Support)

<sup>3</sup> Spectrum of Sharing Arrangements (2021). Center for Sharing Public Health Services. [https://phsharing.org/wp-content/uploads/2021/04/041221-CSPHS\\_Spectrum\\_of\\_Arrangements-1.pdf](https://phsharing.org/wp-content/uploads/2021/04/041221-CSPHS_Spectrum_of_Arrangements-1.pdf)



**GOAL 2.5:** Proactively grow and provide equitable support and resources for skilled and competent local public health workforce throughout the state.

**Objective 2.5.1:**

Create a multipronged approach to offering hybrid, field-based, and asynchronous training and professional development for local public health workforce to meet Performance Standards and integrate equity and inclusion into all training offerings.

**Objective 2.5.2:**

Develop a targeted plan for pipeline, recruitment, and retention for local public health positions, with a focus on advancing a racially diverse workforce.

**Objective 2.5.3:**

Identify long-term, sustainable infrastructure for training the local public health workforce.

**Objective 2.5.4:**

Ensure alignment of workforce recommendations and programs with current strengths and needs of local public health.

**Key Performance Indicators**

**GROWTH IN WORKFORCE:**

Change in number and diversity (e.g., race/ethnicity, gender, age, disability status, sexual orientation, geography, etc.) of local public health workforce.

**GROWTH IN WORKFORCE CAPACITY:**

Change in capacity (i.e., skills, knowledge) of local public health workforce.

**RESPONSIBLE PARTIES:** Workforce Development (Lead), Shared Services, Performance Standards and Data, & Engagement and Policy (Support)

# Conclusion & Next Steps

The strategic plan is the Office's next step towards a shared vision for a more equitable local public health system in Massachusetts. It defines the Office's identity and lays out a path to leverage resources and work side by side with local public health to pursue goals that might have seemed unachievable just a few years ago.

**Making the strategic plan a reality requires the development of a detailed implementation plan and corresponding evaluation plan.** The implementation plan will outline the key activities and timelines on “how” the Office will reach goals and objectives. The evaluation plan will establish key measures and a cadence for measuring and recalibrating the strategic plan as needed. These phases will seek and incorporate regular feedback from internal and external partners, and update and expand expectations based on prior progress. As seen in strategic planning, implementation and evaluation planning will be grounded in an equity lens and seek to continuously improve the approach to addressing disparities.

**The Office looks forward to working with its partners to realize this strategic plan and the Office's vision for more equitable access to excellent public health services across the state.**



# Appendix One. Strategic Plan

## Connection Points Descriptions

The Office’s strategic plan was created to complement and build upon the existing efforts of partners and colleagues. A number of foundational elements, referred to here as “Connection Points,” informed the strategic plan and will be crucial to the successful implementation of the Plan.

### **To Promote Wellness and Health Equity for All**

The Massachusetts Department of Public Health (DPH) is a national leader in approaching governmental public health efforts with an equity centered lens. In 2021, DPH published its [Health Equity Approach](#), which outlines frameworks and tools to address inequities in health outcomes.

### **Blueprint for Public Health Excellence**

In 2019, the Special Commission on Local and Regional Public Health released Massachusetts’ first set of recommendations to improve effectiveness and efficiency of the local public health system. [The Blueprint for Public Health Excellence](#) outlines six actionable recommendations to strengthen the delivery of public health services.

### **State Action for Public Health Excellence (SAPHE) Act**

[The SAPHE Act](#) was created in direct response to the Special Commission’s Blueprint recommendation to increase cross-jurisdictional sharing of services across municipalities. It enables cities and towns to plan for or expand the sharing of staff and resources, a cornerstone of effective and efficient public health system transformation.

### **American Rescue Plan Act**

[The American Rescue Plan Act \(ARPA\)](#) provides the federal funding to invest in public health transformation. The \$200 million allocated to the Office will create historic opportunities for strengthening local and regional public health, including contributing to the development of a statewide data collection and reporting system.

### **Additional Funding Sources**

The [CDC’s Strengthening U.S. Public Health Infrastructure, Workforce, and Data System Grant](#) creates opportunities to expand training and technical assistance efforts statewide. The [State Budget Funding Allocation](#) allows the Office to provide grants for Boards of Health, prioritizing a geographically equitable distribution.

# Appendix Two. Office Equity Statement

The Office of Local and Regional Health (Office), in alignment with the Massachusetts Department of Public Health, is committed to advancing racial equity to serve all people in Massachusetts and strengthen populations' potential to create healthier municipalities throughout the state.

The Office acknowledges the history as well as the current reality of structural racism and its impact on health. The Office leads explicitly, but not exclusively, with race. The Office recognizes that people of color have experienced and continue to experience racism, discrimination, and oppression. The Office further acknowledges the historical and current oppression of other populations and the importance of valuing the multiple identities individuals hold.

The Office stands committed to working alongside local public health departments and federally recognized Tribes in Massachusetts, to address racial equity. Improving the health outcomes of all requires an intentional focus on racial equity. This collective work aims to improve the quality of life for all people in the Commonwealth, while eliminating inequities that impact the lives of communities of color who are disproportionately affected by conditions leading to poor health outcomes.

The Office integrates racial equity throughout its work, including, but not limited to, the following areas:

-  Internal DPH workforce hiring, development, and retention
-  Procurement processes
-  Performance standards
-  Cross-jurisdictional sharing
-  Workforce development
-  Data reporting and analysis
-  Stakeholder and community engagement
-  Program evaluation and outcome measures
-  Resource dissemination
-  Communication, including language access

# Appendix Three. Partner Engagement

## Interviewees

The Office's Director, Deputy Director, and Unit Directors participated in the key informant interviews. Additional participants included colleagues from the Department of Public Health, Department of Environmental Protection, and three geographically diverse local health departments (City of Northampton, Town of Andover, Barnstable County).

## Sample Questions

- 1** Please list your role and tenure at the Office.
- 2** In your own words, what is the Office's purpose?
- 3** Tell me about a recent "win" or success you've seen related to the Office. What contributed to or enabled that success?
- 4** Based on your experience, what do you wish the Office could or would do differently?
- 5** Tell us about the team. How would you describe the staff at the Office? What do you think makes them a strong team and where do they have room to grow?
- 6** How would you characterize the Office's commitment to health equity and racial justice?
- 7** How would you characterize communication between the Office and local public health partners?
- 8** How would you characterize internal communication?
- 9** How do you see the Office's aligning with other Offices and Bureaus at DPH?
- 10** What changes are you seeing in the public health landscape that are likely to impact the work and residents? What challenges can the Office help mitigate?
- 11** How would you describe the to-date implementation of the Blueprint for Public Health Excellence recommendations?
- 12** What makes you excited to be a member of the team in the next five years?  
What makes you less excited when you think about working at the Office in the next 5 years?
- 13** What should I have asked you about but didn't?

# Appendix Four. Unit Vision Statements

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## **Office Infrastructure and Resources**

An office that is responsive to the dynamic needs and aspirations of local public health, leading with racial equity, as a cohesive, passionate, diverse, and fully staffed team to enable sufficient and sustainable funding and intentional planning, monitoring, and evaluation.

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## **Policy**

An office that is adaptive to changing policies and priorities and can pivot our approach to meet changing state policies that impact local public health, while ensuring that all of the Office's formal and informal policies lead with health and racial equity.

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## **Engagement**

Local public health, external partners, and the Office will have a transparent and honest bi-directional partnership whereby relevant information will be shared and received equitably, reliably, accurately, and consistently.

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## **Performance Standards**

All people, no matter where they are in the state, have access to local public health services that are greater than or equal to the Performance Standards.

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## **Data Systems**

A unified, integrated data system that successfully collects, analyzes, shares, and utilizes data between the state and local public health, enhances equity in the delivery of public health services, and meets emerging data modernization standards.

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## **Shared Services**

All Massachusetts communities will provide equitable and sustainable local public health services to all people, while valuing tightly integrated sharing of public health programs, services, and functions.

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## **Workforce Development**

The current and future local public health workforce will lead with the skill and competency required to proactively address dynamic public health challenges with an equitable and just approach, and will have the workforce development infrastructure necessary to support them in doing so.

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# Appendix Five. Strategic Plan Connection Points Matrix

	MA Department of Public Health: To Promote Wellness and Health Equity for All	Blueprint for Public Health Excellence	State Action for Public Health Excellence (SAPHE) Act	American Rescue Plan Act (ARPA)	Additional Funding Sources
<b>Priority Area 1: Strengthen Equity-Centered Office Infrastructure</b>					
<b>Goal 1.1:</b> Grow and sustain Office infrastructure grounded in equity practices and frameworks.	X	X			
<b>Goal 1.2:</b> Promote and elevate the impact of local public health in an equitable way.	X	X			
<b>Goal 2.1:</b> Continuously advance relationships with local public health and the Tribes.	X	X	X		
<b>Priority Area 2: Lead Equitable Local Public Health System Improvements</b>					
<b>Goal 2.2:</b> Elevate the standards for and improve the performance of local public health departments.	X	X	X	X	
<b>Goal 2.3:</b> Create, use, and maintain a unified, integrated, and accessible local public health data system.	X	X	X	X	X
<b>Goal 2.4:</b> Advance tightly integrated sharing of public health programs, services, and functions to achieve an effective, efficient, and equitable local public health infrastructure.	X	X	X	X	X
<b>Goal 2.5:</b> Proactively grow and provide equitable support and resources for skilled and competent local public health workforce throughout the state.	X	X	X	X	X