



**Massachusetts Department of Public Health  
Public Health District Incentive Grant Program  
REQUEST FOR RESPONSES: PLANNING GRANTS**

**Title of Grant Program:** Public Health District Incentive Grant Program

**Comm-Pass Document Number:** 107212

**1. GRANT PURPOSE**

The purpose of the Public Health District Incentive Grant Program is to provide financial support for groups of municipalities to enter into formal, long term agreements to share resources and coordinate activities in order to improve the scope, quality, and effectiveness of local public health services for their combined populations.

The Public Health District Incentive Grant Program is funded under the federal Patient Protection and Affordable Care Act of 2010 (a.k.a., national health care reform) as part of the U.S. Centers for Disease Control and Prevention (CDC) “Strengthening Public Health Infrastructure to Improve Health Outcomes” initiative. It is one of 14 programs funded nationally by CDC through the newly created Prevention and Public Health Fund. It is intended to permanently strengthen the local public health infrastructure in Massachusetts by taking maximum advantage of limited resources to protect population health, prevent injury and disease, and promote healthy behaviors through policy change and service delivery at the regional level.

The program incorporates principles and recommendations of the Massachusetts Regionalization Working Group, a collaboration involving the state’s five professional public health associations, Boston University School of Public Health, local public health officials, the Massachusetts Department of Public Health, and other government partners. The program also incorporates recommendations issued in April, 2010 by the Regionalization Advisory Council, formed by an act of the Massachusetts General Court and chaired by the Lieutenant Governor. Further information is provided below in Appendix A: Background and Resources.

## 2. PROGRAM GOALS

The Public Health District Incentive Grant Program has six major goals:

- 1) Improve the scope and quality of local public health services in Massachusetts, consistent with the “Ten Essential Services” of health systems defined by CDC (see Appendix A).
- 2) Achieve optimal results with available resources for protecting and promoting health and preventing injury and disease.
- 3) Reduce geographic disparities in the capacities of local public health systems to carry out the responsibilities of Boards of Health under state laws and regulations (see Appendix A).
- 4) Promote policy change to remediate persistent and emerging public health challenges.
- 5) Strengthen the qualifications of the state’s local public health workforce.
- 6) Prepare for voluntary national accreditation of local health systems.

## 3. CONTACT INFORMATION

*Contact Person:* Geoffrey W. Wilkinson

*Title:* Senior Policy Advisor, Office of the Commissioner, Massachusetts Department of Public Health

*Address:* 250 Washington Street, Room 2005, Boston MA 02108

*Telephone:* (617) 624-6071

*Fax:* (617) 624-5206

*E-mail:* [geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us)

## 4. ELIGIBLE APPLICANTS

Applications for planning grants under the Public Health District Incentive Grant Program are open to:

- A. Groups of municipalities who meet minimum jurisdiction, boundary, and population qualifications detailed in Section 6 below and who intend to execute or explore the feasibility of executing formal agreements to create public health districts.
- B. Existing public health districts that intend to expand their municipal partnerships to achieve performance standards described for new public health districts established under this grant program in Section 6 below.

Applications for funding of prospective new districts may be submitted on behalf of the municipalities applying together to form a district by:

1. A lead municipality chosen from among the applicant municipalities;
2. A Regional Planning Agency chosen by the applicant municipalities to serve as their administrative and fiscal agent; or
3. A regional Council of Governments chosen by the applicant municipalities to serve as their administrative and fiscal agent.

It is not necessary for all municipalities applying for planning grants to be fully committed to participating in a public health district before planning grant applications are submitted. Requirements for documenting local support are detailed in Section 6 below on page 9.

Similarly, it will be acceptable for planning grant recipients to add municipalities to their proposed districts during the planning period funded under this RFR.

### **Legal Authority**

For the purposes of this grant program, a public health district may operate under an inter-municipal agreement executed pursuant to MGL Chapter 40, Section 4(A), or as a public health district created pursuant to MGL Chapter 111, Section 27(A) or 27(B).

### **5. FUNDING STRUCTURE AND DURATION**

The Public Health District Incentive Grant Program is being funded through a five year award from CDC to the Massachusetts Department of Public Health (MDPH). The award (Grant Number 1U58CD001323-01 under Program Title CD10-1011, Strengthening Public Health Infrastructure for Improved Health Outcomes) is subject to annual Congressional appropriation and satisfactory year-to-year performance.

In the first year of the program, MDPH will provide planning grants to approximately eight to ten groups of municipalities selected on the basis of responses to this Request for Responses. Planning grant recipients will be eligible to apply in 2011 for multi-year implementation grants to fund district start-up and operating costs. MDPH will conduct a separate RFR process to select implementation grant recipients. Only groups of municipalities that receive planning grants will be eligible to apply for implementation grants. MDPH anticipates approving implementation awards for six groups of municipalities.

Implementation grants will be provided to each selected district for a period of five years. The first year of implementation funding for each district will define that district's "full funding" level. The second and third year of implementation funding for each district will be level with full funding. The fourth year of implementation funding for each district will be at 75 percent of full funding. The fifth and final year of implementation funding for each district will be at half of full funding. Districts will be expected to develop and implement plans to sustain their operations without additional MDPH support after the grant program ends.

Selected districts will have flexible use of implementation grants, subject to MDPH approval. Districts will be able to hire staff with implementation grants. In addition, MDPH will provide supplemental funds to enable districts to contract for legal support, technical assistance with required activities, training, and planning for long term financial sustainability. MDPH will contract separately for professional evaluation of the program.

CDC funding will provide support for planning grants plus four years of implementation funding for selected districts. MDPH plans to augment CDC funding from additional sources, not appropriated by Congress or the Massachusetts General Court, to provide five years of implementation support for each selected district.

### ***Allowable Costs***

This Request for Responses is for *planning grants* under the Public Health District Incentive Grant Program. Applicants may propose to use planning grants for costs including, but not limited, to:

- Consultants for legal, financial, organizational development, health assessment, quality improvement, or other planning (Administrative/fiscal agents may be engaged as consultants, if applicant municipalities so choose.)
- Time dedicated to planning grant activities by existing municipal staff
- Training
- Meetings, including space rental and modest refreshment costs
- Materials and supplies required for planning activities, including printing and reproduction
- Costs for communication, including internet, phone, fax, postage, webinars, etc.
- Subsidies for transportation, child care, translation, or other reasonable accommodations to facilitate participation by appropriate stakeholders
- Overhead not to exceed 12 percent for designated lead municipalities or fiscal agents, as approved collectively by the applicant municipalities for each district

Applicants may *not* use planning grants to offset current municipal spending for public health staff or services not directly related to the planning grant scope of services.

***Anticipated Initial Duration of Federally-Supported Program:***

- A. Planning grants covering the period April 1, 2011 through September 30, 2011 will be awarded to approximately eight to ten applicants, with each applicant representing a group of municipalities that intends to form a public health district.

***Anticipated Renewal Options of Federally-Supported Program:***

- B. Implementation grants covering the period October 1, 2011 through September 30, 2015 will be awarded on the basis of federal funding to an expected total of six applicants selected from among planning grant recipients.
- C. Supplemental funds for training, technical assistance, and consulting will be provided to implementation grant recipients over the course of the program.

***Anticipated Funding Available Under This Request for Responses***

MDPH anticipates making planning grants ranging up to \$40,000 each to approximately eight to ten applicants. The total number of planning grants awarded will be influenced by budget requests in proposals received.

***Final End Date of this Federally-Supported Procurement:*** September 30, 2015

***Anticipated Expenditures and Funding for Expected Duration of Federally-Supported Program:***

\$2,855,250 for combined planning grants, implementation grants, and supplemental training, technical assistance, and consulting funds over five years of CDC support, including:

- A. \$200,000 total for all combined planning grants funded during Year 1.
- B. \$2,126,250 total for all combined implementation grants funded during Years 2 through 5.

***Federal Funding***

This program will be funded primarily with federal funds. *Funding is subject to federal appropriation or the availability of sufficient non-appropriated funds under the grant funding authority.* Grantees receiving federal grant funds will be considered sub-recipients for federal grant

purposes and will be required to comply with applicable federal requirements, including but not limited to sub-recipient audit requirements under OMB Circular A-133.

The funds received in advance of expenditure by a grantee for a capital budget item must be held in a segregated non-interest bearing account and must be expended within 60 days (for policy information on spending capital funds see: Office of the State Comptroller, State Grants and Federal Sub-grants:

[www.mass.gov/Aosc/docs/policies\\_procedures/contracts/po\\_procon\\_state\\_grants\\_fed\\_sub.doc](http://www.mass.gov/Aosc/docs/policies_procedures/contracts/po_procon_state_grants_fed_sub.doc)).

***Funds Balance Forward Requirement for Capital, Trust and Federal Accounts Only***

Any funds designated in the budget that are unspent in any fiscal year will not be available for expenditure in the subsequent fiscal year without a formal contract amendment re-authorizing these funds. The maximum obligation of the contract will automatically be reduced by the amount of the unspent funds from a prior fiscal year.

***Anticipated Payment Methodology***

- Lump Sum  
 Periodic Scheduled Installments  
 Cost Reimbursement       Other (specify):

***Single Or Multiple Grantees Required For Grant***

- Single Grantee or       Multiple Grantees

**6. GRANT SCOPE AND PERFORMANCE REQUIREMENTS**

The Purpose of this Request for Responses is to solicit planning grant proposals from groups of municipalities who want to collectively explore opportunities for entering into formal, long term agreements to share resources and coordinate activities in order to improve the scope, quality, and effectiveness of local public health services for their combined populations.

***Grant Scope***

Planning grants will be provided to assist groups of municipalities to form new public health districts or to expand existing public health districts. Planning activities will be conducted within the year ending September 30, 2011. Planning grant recipients will be expected to submit proposals for implementation grants to support start-up and multi-year operating costs of their districts, as described above in Section 4.

***Planning Activities***

Planning grants will be provided to assist with the following activities:

- 1) Engage municipal officials and Boards of Health in collaborative planning to form districts.
- 2) Enable applicant municipalities (or existing districts) to recruit additional municipalities to form or expand proposed districts.
- 3) Assess and document needs and opportunities for sharing staff, services, and functions among partner municipalities.
- 4) Identify appropriate district models and develop plans for comprehensive or shared staffing and service delivery.
- 5) Develop plans for cooperative governance, financial management, and administration of programs, personnel, and policy development among district members.

- 6) Negotiate arrangements with fiscal and administrative agents for districts, where appropriate.
- 7) Develop plans to meet district workforce qualifications, specified below.
- 8) Develop plans to meet performance requirements of districts, specified below.
- 9) Develop proposed budgets for district start-up and operations.
- 10) Prepare and submit applications for implementation grants under this program.

Planning activities should relate to Allowable Costs as defined above on pages 3-4 above.

### ***District Performance Goals and Requirements***

MDPH intends to use funds available under this initiative to help achieve the goal of covering the largest land area, largest number of municipalities, and largest percent of the state's population possible in public health districts. Similarly, MDPH encourages formation (or expansion) of districts that provide comprehensive services and combine their staffs under unified management. For districts that share some—but not all—staff, services, and management, MDPH favors sharing to the maximum extent possible.

MDPH expects that groups of municipalities selected to receive planning grants under this RFR will develop proposals for multi-year implementation grants that will enable them to form new districts or expand existing districts that meet performance requirements described below. A separate, competitive RFR process will be conducted in 2011 to award implementation grants. Only planning grant recipients will be eligible to submit implementation grant proposals. Planning grant recipients that decide for any reason not to submit implementation proposals will be required to submit reports to MDPH describing their planning activities and outcomes. All planning grant recipients will be expected to cooperate with an independently funded evaluation of the Public Health District Incentive Grant program.

MDPH is providing the following description of performance goals and requirements so that municipalities may understand how districts will be defined and what they will be expected to do. Planning grant proposals are not expected to include detailed plans for how proposed districts will achieve all of the performance requirements. Planning grants should be used to develop such plans. Section 8, below, specifies what information planning grant proposals must include.

### ***Boundaries, Populations, and Jurisdictions Covered***

Applicant municipalities should be included together within one of the Executive Office of Health and Human Services (EOHHS) regions (see Appendix B). Exceptions may be considered based on compelling circumstances, such as existing municipal collaborations that cross EOHHS regional boundaries.

A new district should cover:

- a combined population of at least 50,000, not including summer-only residents, and/or
- a land mass of at least 150 square miles, and/or
- at least five municipalities, and/or
- a single county.

Exceptions may be considered based on compelling circumstances.

Existing districts should expand to meet or exceed these targets for new districts.

### *Governance*

Districts funded under this initiative will be required to establish governance structures involving representatives of all participating municipalities. District governance boards will be required to meet regularly under established rules of procedure to make democratic decisions about district policies, personnel, operations, and finances.

Each municipality shall retain its Board of Health legal authority unless a municipality votes to delegate part or all of its authority to the district governance board and the district board votes to accept it. Boards of Health must approve agreements to delegate their legal authority.

### *Workforce Qualifications*

MDPH intends to use funds available under this initiative to strengthen the professional capacity of the Massachusetts local public health workforce. New employees hired under the Public Health District Incentive Grant Program will be required to meet the following minimum qualifications:

- 1) Health District Director
  - Advanced degree in public health or a related field, and
  - Five years of public health management or related management experience, and
  - Certified Health Officer credential or similar professional certification preferred
  
- 2) Public Health Nurse
  - Graduation from an accredited school of nursing (BSN preferred), and
  - Current Registered Nursing License active and in good standing, and
  - Three years public health and/or community health experience
  - ANCC certificate or other certification in public health preferred
  
- 3) Environmental Health Professional
  - Bachelor's degree with a science concentration, and
  - Registered Sanitarian/Registered Environmental Health Specialist (RS/REHS) credential

OR

  - Associate's or Bachelor's degree with science concentration, and
  - Registered Environmental Health Technician (REHT) credential

Staff currently employed by municipalities participating in districts will be “grandfathered” under this initiative and will not be required to meet new district workforce qualifications at the time implementation awards are announced. MDPH, however, will require applicants for implementation grants to specify plans for upgrading the qualifications of “grandfathered” health district employees so that they meet district workforce qualifications within three years of receiving implementation grant awards. Reasonable accommodations will be considered for substituting professional experience for education requirements under such plans. MDPH will provide further guidance about grandfathering during the implementation grant RFR process in 2011.

### *Board of Health Training*

MDPH intends to use funds available under this initiative to ensure that all members of Boards of Health (BOH) are prepared to understand and discharge the scope of their responsibilities under Massachusetts laws and regulations. Applicants for implementation grants will be required to:

- Document that all current Board of Health members from participating municipalities have completed formal training on BOH responsibilities, such as the Massachusetts Association of Health Boards (MAHB) certificate program or programs offered by the Local Public Health Institute of Massachusetts.
- Specify plans for ensuring that all current Board of Health members complete formal BOH training within one year of receiving approval for an implementation grant, and
- Specify plans for ensuring that all future Board of Health members complete formal BOH training within one year of their election or appointment.

Individual BOH members are expected to complete formal BOH training at least once, not annually.

MDPH will establish a BOH certification waiver application process or make other reasonable accommodations for experienced local public health professionals serving as BOH members or in other instances meriting special consideration.

### *District Services and Activities*

Each district will be required to meet the legal responsibilities of Boards of Health for their combined populations, including and specifically their responsibilities to ensure food safety, enforce the state sanitary code, and respond to reportable communicable diseases. MDPH will encourage shared staffing and service arrangements to achieve these objectives, but municipalities will have flexibility in determining whether and how to share resources to meet specific responsibilities.

Implementation grant proposals to be developed by planning grant recipients in 2011 will be expected to detail proposed staffing and service arrangements over time to achieve proposed district objectives. Implementation grants will also be expected to identify collective bargaining agreements or other staffing-related issues that proposed districts expect to address over time.

In addition, each district will be required to

- 1) Conduct a community health assessment for the district's combined population within two years of an implementation grant award, using a standard national protocol (see examples in Appendix A below) and utilizing data from the MDPH Massachusetts Community Health Information Profile (MassCHIP) system.
- 2) Join and utilize the Massachusetts Virtual Epidemiological Network (MAVEN) system.
- 3) Conduct a district-wide campaign to reduce tobacco use and/or prevent obesity in the district's combined population, incorporating municipal policy change and using evidence-based strategies identified by CDC. MDPH will encourage integration of such campaigns with existing Massachusetts Tobacco Control Program collaborative activities and Mass in Motion municipal wellness programs, where appropriate.

### *Local Support*

Proposals for planning grants must document collaborative planning and support from a combination of municipal chief executives and Board of Health chairs from at least half of the proposed municipalities expected to form each district. Planning grant proposals must document support from the appropriate municipal executive *and* Board of Health chair of a designated lead municipality or from the chief executive of a designated administrative and fiscal agent for each district.

Proposals for implementation grants to be submitted in 2011 by planning grant recipients will be required to document support from the appropriate municipal executive and Board of Health chair of *each* municipality expected to form a district. Implementation grant proposals will also be required to document support from the chief municipal executive of a designated lead municipality or from the chief executive of a designated administrative and fiscal agent, as appropriate.

### *Collaborations*

MDPH encourages planning to integrate the activities of proposed public health districts with hospitals, community health centers, MDPH contracted service providers, other health and human service providers, community development and civic engagement organizations, higher education institutions, and existing public health structures, such as Massachusetts Tobacco Control Program collaboratives, MDPH emergency preparedness regions and coalitions, Community Health Network Areas, and/or MDPH Mass in Motion municipal wellness programs. MDPH also encourages collaborations involving Boards of Health and health departments with other municipal departments of government that influence the social determinants of population health, such as planning, transportation, economic development, and education.

## **7. CRITERIA FOR EVALUATING RESPONSES**

Planning grant proposals will be evaluated in the following areas:

1. The degree to which the bidder meets the eligibility criteria and provides adequate documentation.
2. The submission of a complete and thorough application that is responsive to the RFR specifications.
3. Additional points will be awarded for:
  - Districts that demonstrate how this initiative will help redress current inability of constituent municipalities to reliably meet basic responsibilities in food safety, sanitary code enforcement, and/or communicable disease response.
  - Districts that help achieve the goal of covering the largest possible land area, number of municipalities, and percent of the state's population
  - Districts that provide comprehensive services and combine their staffs under unified management, or districts that demonstrate maximum efficiency and effectiveness under proposed shared service models.

## **8. RESPONSE REQUIREMENTS**

Applicants must complete each of the following in order to submit an acceptable proposal:

- Cover Letter signed by executive of lead municipality or administrative/fiscal agent
- Cover Page Form (see below)

- \_\_\_ Narrative (See required sections and information below)
- \_\_\_ Attachment A – Local Support Documentation Form (see below)
- \_\_\_ Attachment B – Budget Form (see below)
- \_\_\_ Attachment C – Additional Comm-Pass Forms (see Forms and Terms screen)
- \_\_\_ Attachment D – Resume(s) of Proposed Consultant(s), if available

### **Required Narrative Sections**

Narratives should be organized according to the following outline and provide responses to all questions and requirements.

1. *Background (10 points):*
  - a. Identify by name which municipalities are currently involved in planning to form the proposed district.
  - b. Use one of the following rankings to describe the current level of interest in forming the district for *each* of the cities or towns currently involved in planning:
    - i. firmly committed
    - ii. seriously interested, or
    - iii. willing to consider
  - c. Identify additional municipalities, if any, that the current applicants may invite to join the planning process. How likely is it that they may become involved and why?
  - d. Identify leadership of the planning process (may include multiple parties).
  - e. Explain how and why the process was initiated and who is involved.
  - f. Describe important existing collaborations or shared services involving the proposed municipal partners, if applicable.
  - g. Identify the lead municipality or the administrative/fiscal agent for the district, if applicable, and how and why they were chosen.
  - h. Existing districts should explain how and why they expect to expand.
2. *Goals and Objectives (10 points):*
  - a. Describe planning goals and objectives of the municipal partners. (Applicants may refer to Planning Activities described above.)
  - b. Explain how local objectives relate to the overall objectives of the MDPH Public Health District Incentive Grant program.
  - c. Confirm whether the partners intend to develop a proposal for a multi-year implementation award by the end of the planning process funded under this program.
3. *District Profile (15 points):*
  - a. Specify the population of each municipality currently involved in planning and the combined population size for the proposed district. (Existing districts state current population and proposed size after district expansion.)
  - b. Specify the land area for each municipality currently involved in planning and the total land area for the proposed district.
  - c. Specify whether the proposed district encompasses a single county.

- d. Does the proposed district fall wholly within the boundaries of an EOHHS region (refer to Appendix B, below)? If so, which one? If not, explain why the proposed district boundary is appropriate.
  - e. Identify distinguishing population characteristics for each municipality and for the proposed district, e.g., age, race and ethnicity, poverty, housing, education.
  - f. Describe public health challenges facing the proposed district population, if known.
4. *Capacity and Need (20 points):*
- a. Describe current public health services provided by the proposed municipal partners, including noteworthy recent achievements and/or outstanding system strengths.
  - b. Provide examples, if applicable, of mandated Board of Health responsibilities that municipal partners are not able to carry out on a reliable basis.
  - c. Describe special challenges or opportunities facing the proposed district related to history, geography, population, transportation infrastructure, industrial facilities, municipal financing, or other factors that the applicants consider important, if applicable.
  - d. Provide a summary of current staffing and staffing needs the proposed district could address.
  - e. Identify opportunities for how the proposed district could enable municipal partners to improve the scope and/or quality of public health services for their populations. For example, explain how a district could help address identified public health challenges facing the district population.
5. *Planning Process (15 points):*
- a. Describe the proposed planning process, including roles and responsibilities of prospective participants. (Applicants should refer to Planning Activities and Allowable Costs described above.)
  - b. Describe plans to ensure regular communication among planning partners.
  - c. Identify consultants who may be used and explain their expected roles. Attach resume(s) or summary of consultant qualifications as an Appendix.
  - d. How will the partners involve additional municipalities in planning, if applicable?
  - e. Provide an anticipated planning schedule, including time line for developing an implementation grant proposal.
6. *Performance Goals and Requirements (20 points):*
- a. If the proposed district does not meet the population, land mass, number of municipalities, and/or single county expectations stated on page 6, explain why.
  - b. If plans for a governance structure are already underway, please explain.
  - c. Identify opportunities, challenges or concerns that planning partners expect to address regarding workforce qualifications.
  - d. Identify opportunities, challenges or concerns that planning partners expect to address regarding BOH certification.
  - e. What kind of district model do the partners intend to form—comprehensive or shared services? Why is this model expected to be most appropriate? If a district

model has not yet been determined, explain how the proposed planning process will lead to a decision about the district model.

- f. Identify opportunities, challenges, or concerns that planning partners expect to address regarding district service requirements, including mandated BOH responsibilities, community health assessment, participation in MAVEN, and addressing tobacco control or obesity through campaigns including policy change.
- g. Explain whether and how the proposed district incorporates or overlays existing local public health collaborative structures, including MDPH Emergency Preparedness coalitions, MTCP collaboratives, Community Health Network Areas, and/or MDPH Mass in Motion municipal wellness programs.
- h. Explain whether and how the proposed district may integrate its activities with local hospitals, community health centers, MDPH contracted service providers, other health and human service providers, community development and civic engagement organizations, and/or higher education institutions.
- i. Describe existing or potential collaborations involving Boards of Health and health departments with other municipal departments of government that influence the social determinants of population health, such as planning, transportation, economic development, and education.

7. *Budget Narrative (10 points):*

- a. Explain how proposed planning grant funds will be used. Refer to Allowable Costs detailed above in Section 5.
- b. Provide details to support expense line items in the Budget Form, Attachment B. If salaried personnel will be used, provide names, positions, and current employers. Provide the percent of salary represented by payroll taxes and fringe benefits. Provide details about consultant expenses (hourly or daily rates, project cost estimates, or other method used to project expenses). Provide details about projected training, meeting, material, communication, and other costs. Provide a detailed justification for proposed overhead costs.
- c. Provide details to support revenue line items in the Budget Form, Attachment B. If other funding has been committed to support planning by some or all of the applicants to form a public health district, provide details about the source, amount, grant terms, and planning schedule. Explain how funds requested under this RFR will relate to the existing or forthcoming planning effort supported by other revenue.
- d. Describe in-kind services to be provided by the applicants, if applicable.

**Instructions for Submission of Responses:**

Responses must be printed in a standard, 12 point font, such as Times New Roman. Narratives, excluding attachments, must not exceed 10 pages, using single spaced lines, double spacing between paragraphs, and one inch margins on the page. Proposals must include answers to all questions in the required narrative sections described above, pages 10–13. Submit 5 complete copies of the proposal, including cover letter and attachments, printed back-to-front if possible. One copy must include original signatures on the cover letter and on Appendix A.

In accordance with the instructions on the screen, the forms listed on the Comm-PASS “Forms & Terms” screen for this grant application must be submitted with your response. All Forms referenced in the Response Requirements are available on Comm-Pass.

**DEADLINE FOR RESPONSES: Monday, February 28, 2011 by 5:00 p.m.**

**Responses should be addressed and mailed or hand delivered to:**

Geoff Wilkinson, Senior Policy Advisor  
Office of the Commissioner  
Massachusetts Department of Public Health  
250 Washington Street, Room 2005  
Boston, MA 02108

**Responses may also be addressed to Geoff Wilkinson (title per above) and mailed in care of or hand delivered to any of the MDPH Regional Health Offices (RHOs):**

**Western Mass. RHO (Northampton)**

23 Service Center Rd., Northampton, MA 01060; (413) 586-7525

**Central Mass. RHO (West Boylston)**

180 Beaman St., Rte. 140, West Boylston, MA 01583; (508) 792-7880

**MetroBoston RHO (Canton)**

Donovan Health Building, 5 Randolph Street, Canton, MA 02021; (617) 541-4076

**Northeast RHO (Tewksbury)**

Saunders Building, Tewksbury Hospital, 365 East Street, Tewksbury, MA 01876; (978) 851-7261

**Southeast RHO (New Bedford)**

1736 Purchase Street, New Bedford, MA 02740-6821; (508) 984-0615

**Responses must be RECEIVED at one of the addresses above by the deadline date and time.**

Will Bidders Conferences be offered?  No  YES

**Bidders Conferences** will be offered at the following dates, times, and places:

*Western Massachusetts:* January 11, 2011, 11:00 am – 12:30 pm, Berkshire Athenaeum (Pittsfield Public Library), One Wendell Avenue, Pittsfield, MA

*Central Massachusetts:* January 13, 2011, 11:00 am – 12:30 pm, Worcester Health Department, 25 Meade St., Room 109, Worcester, MA

*Southeastern Massachusetts and South Metro Boston:* January 10, 2011, 10:30 – 12:00 pm, Middleborough Town Hall, 10 Nickerson Ave., Middleborough, MA

*Northeastern Massachusetts and North Metro Boston:* January 10, 2011, 2:00 – 3:30 pm, MDPH Northeast Regional Health Office, Tewksbury Hospital, Saunders Building, 365 East Street, Tewksbury

Will opportunity for written questions be offered?  No  YES

Questions may be emailed to [geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us) until **January 28, 2011**. Answers will be posted on Comm-Pass on a weekly basis. All questions must be emailed.

**Letters of Intent**

Parties that expect to submit a planning grant application for the District Incentive Grant program are requested to notify MDPH of their intent by sending an email to [geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us) by Monday, January 24, 2011. This will help MDPH to expedite the planning grant proposal review and award process. Letters of intent, however, are not required as a condition to submit planning grant proposals.



**ATTACHMENT A (REQUIRED)**



**Public Health District Incentive Grant Program  
LOCAL SUPPORT DOCUMENTATION FORM**

**Working Name of Proposed District:** \_\_\_\_\_

**Check each box below to confirm that the applicants understand and intend to comply with the performance goals and requirements of the Public Health District Incentive Grant Program. Provide an explanation in Section 6 of the Application Narrative for any box that the applicants do not check.**

**The undersigned, on behalf of the Applicants, affirm that if funded for a planning grant, the Applicants intend to:**

- Develop plans for a governance structure for the proposed district.
- Develop plans to meet workforce qualification requirements for the proposed district.
- Develop plans to address Board of Health training requirements.
- Develop plans to meet district service requirements, including mandated BOH responsibilities, conducting a community health assessment for the combined district population, participating in the MAVEN system, and conducting a policy-oriented campaign to address tobacco and/or obesity.
- Engage in collaborative planning and secure commitments from the chief municipal executives and BOH chairs from each of the municipalities that apply for a multi-year implementation award by the end of the planning grant period.
- Submit a report to MDPH explaining the planning process and outcomes if no implementation proposal results from activities funded under the planning grant.
- Cooperate in an independently funded evaluation of the District Incentive Grant program.
- The Applicants affirm that no funds provided under this program will be used to offset current municipal spending for public health staff or services not directly related to the planning grant scope of services.

**Signed on behalf of the Applicants** (Form must be signed by a combination of municipal chief executives and Board of Health chairs from at least half of the Applicant municipalities. Original signatures required. Attach additional signature page if necessary.):

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Signature

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Municipality

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Print Name

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Title

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Signature

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Municipality

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Municipality

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Print Name

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Title

**ATTACHMENT B (REQUIRED)—BUDGET FORM**

**Name of Proposed District:**

**Dates Budget will Cover:** \_\_\_\_\_, 2011 until \_\_\_\_\_, 2011

<b>EXPENSES</b>	<b>Project Total</b>	<b>In-Kind</b>	<b>Total Request</b>
Salaried Personnel (include name & position)			
<i>Sub-Total Salaried Personnel</i>			
Payroll Taxes and Fringe Benefits (provide % of salary)			
<i>Total Salaried Personnel</i>			
Consultants			
<i>Total Consultants</i>			
Training			
Meetings			
Materials			
Communication			
Other Costs			
<i>Total Other Costs</i>			
<b>Total Direct Expenses</b>			
Indirect Costs (max. 12%--include details in budget narrative)			
<b>TOTAL EXPENSES</b>			
<b>REVENUE</b>			
Municipal Cost Sharing			
Foundation Grants			
Other Revenue			
<b>TOTAL REVENUE</b>			
<b>NET REVENUE OR EXPENSE</b>			

## **APPENDIX A – BACKGROUND AND RESOURCES**

National research indicates that for local health jurisdictions covering population sizes up to about 500,000 residents, the essential functions of a public health department are more efficiently and cost-effectively carried out by one larger department rather than several smaller ones.<sup>1</sup> Research and experience in other states suggests that:

- Public health districts may enable communities to expand the range of services available for their residents.
- Districts have the potential to allow communities to afford more qualified, professional staff by pooling resources and expertise.
- Districts have greater capacity to apply for grants and are more competitive in grant applications, bringing additional resources to their communities.

Unlike most states, Massachusetts does not have a county or regional system for local public health. The Commonwealth has 351 separate cities and towns, each with its own Board of Health responsible for providing or assuring access to a comprehensive set of services defined by state law and regulation. Although it ranks 13<sup>th</sup> in the nation for population size and 44<sup>th</sup> in land area, Massachusetts has more local health departments than any other state in the U.S.

Also unlike most states, Massachusetts has no dedicated state funding to support local public health operations. Local health departments and boards of health are supported primarily by local revenues. Local public health funding varies dramatically among communities, and size of municipal population is not a reliable predictor of funding levels.

It is not necessary, from a system perspective, for each city and town in Massachusetts to pay for management of its own health department. By sharing management and administrative costs across municipal lines, Massachusetts communities could reallocate resources to increase inspectional services, disease prevention and control, health education, tobacco control, underage drinking, and other services currently in short supply.

For the last several years, a Regionalization Working Group, operating with leadership and staff support from the Boston University School of Public Health, has been developing recommendations to promote public health districts in Massachusetts. The Working Group includes representatives from all five of the state's public health professional associations, local health officials, the state departments of public health and environmental protection, and legislators. Its efforts have been supported by national organizations and foundations, including the National Association of County and City Health Officers, the Kellogg Foundation, and the Robert Wood Johnson Foundation. Many Working Group recommendations were adopted by a special Regionalization Advisory Commission created in 2009 by an act of the Massachusetts General Court and chaired by the Lieutenant Governor.

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<sup>1</sup> Mays, Glen P, Megan C McHugh, Kyumin Shim, Natalie Perry, Dennis Lenaway, Paul K. Halverson, and Ramal Moonesinghe. "Institutional and Economic Determinants of Public Health System Performance." *American Journal of Public Health* 96:3 (2006): 523-532.)

From the perspectives of both experienced municipal leaders and public health officials, the principal values of public health regionalization are to:

- Improve the scope and quality of services available to the public (such as coordinated, professional response to public health emergencies);
- Stabilize local costs and achieve maximum impact with limited resources; and
- Avoid municipal liability for health problems arising from unmet responsibilities.

There are vast disparities now in the scope and quality of public health services available, depending on where people live. Regionalization has the potential to ensure more equitable protection for the state's entire population.

Regionalization should not be undertaken primarily as a short term, cost saving measure. Cost impacts may vary for different municipalities involved, and depending on when and how districts are formed, cost benefits may take several years to accrue. A 2008 Pioneer Institute report on regionalization noted, "While the cost benefits from regionalization are clear, the ability to provide better services is equally important."<sup>2</sup>

Public health regionalization should be based on the following principles advanced by the Massachusetts Public Health Regionalization Working Group:

- 1) Equity—the state's entire population deserves access to high quality services to protect public health and prevent injury and disease.
- 2) Impact—regionalization should strengthen the capacity of Massachusetts cities and towns to deliver the essential services of public health defined by the U.S. Centers for Disease Control and Prevention.
- 3) Respect—municipalities need incentives for voluntary participation and continued authority to establish and enforce local public health regulations.
- 4) Flexibility—municipalities may utilize different models of shared governance, staffing, management, financing, and enforcement to meet their needs; one size doesn't fit all.
- 5) Sustainability—regionalization requires adequate and sustained funding and technical assistance to support a qualified public health workforce at the state and local levels.

The Massachusetts Public Health Regionalization Working Group has defined two major models for public health districts:

*Comprehensive Services District*—all local health services for municipalities participating in the district are carried out by one set of employees. Governance and legal policy making authority are retained by the municipal Boards of Health or may be delegated to a regional health board.

*Shared Services District*—a limited number of local public health services—not all—are carried out in common for municipalities participating in the district. Shared services models may include agreements that *all* district members will share *certain* services (e.g., public health nursing, environmental inspections, clinic operations), or agreements that the district will

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<sup>2</sup> "Regionalization: Case Studies of Success and Failure in Massachusetts," *Pioneer Institute* 43 (2008):2. <http://www.pioneerinstitute.org/pdf/wp43.pdf> The paper includes a chapter on the Nashoba health district.

provide a “cafeteria” style menu of services from which participating municipalities may choose whatever services they desire from the district.

Different governance, management, and cost sharing arrangements are possible under each of the models. For more information, including case studies of existing public health districts in Massachusetts, visit [http://sph.bu.edu/images/stories/scfiles/practice/status\\_report\\_9-1-09.pdf](http://sph.bu.edu/images/stories/scfiles/practice/status_report_9-1-09.pdf), p. 7 and Appendix 3.

For more information about local public health and public health regionalization in Massachusetts, MDPH recommends the following web links:

- Boston University School of Public Health (Regionalization Work Group reports): <http://sph.bu.edu/Regionalization/massachusetts-public-health-regionalization-project/menu-id-617432.html>
- Coalition for Local Public Health report on the Massachusetts local health workforce: [http://mphaweb.org/resources/strength\\_lph\\_6\\_06.pdf](http://mphaweb.org/resources/strength_lph_6_06.pdf)
- Massachusetts Regionalization Advisory Commission website: <http://www.mass.gov/?pageID=gov3subtopic&L=5&L0=Home&L1=Our+Team&L2=Lieutenant+Governor+Timothy+P.+Murray&L3=Councils%2C+Cabinets%2C+and+Commissions&L4=Regionalization+Advisory+Commission&sid=Agov3>
- MetroWest Community Health Care Foundation Regionalization Initiative: <http://mchcf.org/KeyInitiatives/RegionalPublicHealth/tabid/203/Default.aspx>

For the MDPH *Manual of Laws and Regulations Relating to Boards of Health*, visit: [http://www.mass.gov/Eeohhs2/docs/dph/emergency\\_prep/board\\_of\\_health\\_manual.pdf](http://www.mass.gov/Eeohhs2/docs/dph/emergency_prep/board_of_health_manual.pdf)

For information about Board of Health training available from the Local Public Health Institute of Massachusetts, visit: <http://sph.bu.edu/otlt/LPHI/OrientationtoLPH/>

For information about voluntary national public health accreditation, visit the Public Health Accreditation Board website at: <http://www.phaboard.org/>

For information about the Ten Essential Services of Public Health defined by CDC, visit: <http://www.cdc.gov/od/ocphp/nphsp/Documents/Essential%20Services%20Presentation.ppt>

For information about community health assessments, visit the CDC website at: <http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

For information about evidence based interventions to address tobacco, obesity, and other diseases, visit the CDC Community Guide website at: <http://www.thecommunityguide.org/index.html>

For information about the MDPH Community Health Network Areas, visit the MDPH Office of Community Health website at [www.mass.gov/dph/ohc](http://www.mass.gov/dph/ohc) and click on “Community Health Networks.”

For information about MDPH data systems:

MAVEN:

[http://www.mass.gov/?pageID=eohhs2terminal&L=6&L0=Home&L1=Provider&L2=Reporting+to+the+State&L3=Diseases+%26+Conditions&L4=Reportable+Diseases%2C+Surveillance+and+Isolation+%26+Quarantine+Requirements&L5=Office+of+Integrated+Surveillance+and+Informati+cs+Services&sid=Eeohhs2&b=terminalcontent&f=dph\\_cdc\\_p\\_isis\\_maven&csid=Eeohhs2](http://www.mass.gov/?pageID=eohhs2terminal&L=6&L0=Home&L1=Provider&L2=Reporting+to+the+State&L3=Diseases+%26+Conditions&L4=Reportable+Diseases%2C+Surveillance+and+Isolation+%26+Quarantine+Requirements&L5=Office+of+Integrated+Surveillance+and+Informati+cs+Services&sid=Eeohhs2&b=terminalcontent&f=dph_cdc_p_isis_maven&csid=Eeohhs2)

MassCHIP:

<http://www.mass.gov/?pageID=eohhs2subtopic&L=4&L0=Home&L1=Researcher&L2=Community+Health+and+Safety&L3=MassCHIP&sid=Eeohhs2>

# Appendix B – Executive Office of Health and Human Services Regional Map

