**Special Commission on Local and Regional Public Health**

Compilation of Meeting Agendas and Minutes

of the

Commission and its Subcommittees

As of June 29, 2018

**Special Commission on Local and Regional Public Health**

This document is a compilation of Agendas and Approved Minutes

of the Commission and its Subcommittees

The Special Commission on Local and Regional Public Health was created by Chapter 3 of the Resolves of 2016 to “assess the effectiveness and efficiency of municipal and regional public health systems and to make recommendations regarding how to strengthen the delivery of public health services and preventive measures.”

The 25-member Commission has held seven meetings through May, 2018:

1. an introduction to local public health in Massachusetts, history/background on the legislation, and a review of the Commission charge (June 2017)
2. information on shared services among local public health authorities in the United States (September, 2017)
3. discussion of 1) a minimum set of local public health services that every Massachusetts resident can expect and 2) data that makes the case for improvements in the local public health system (November 2017)
4. making the case for public health; a review of history and challenges in the Massachusetts Public Health system and a review of the roadmap (January, 2018)
5. Standards Subcommittee educates and proposes adoption of the Foundational Public Health Services model (February, 2018)
6. subcommittee progress report out, review of status report, and discussion and planning for listening sessions (April, 2018)
7. review of status report and planning for listening sessions (May, 2018)

The Commission has five subcommittees that were created and to which members were appointed at the September 2017 meeting: Data, Structure, Standards, Workforce Credentials, and Finance. The subcommittees have held several meetings to address the elements of the charge to the Commission.

This document is a compilation of the agendas and minutes of meetings held through June 22, 2018. It will be updated monthly.

**Special Commission on Local and Regional Public Health**

Year-to-Date and Planned Meetings

**Meeting Date (Location)**

Commission June 23, 2017 (Westborough)

Commission September 15, 2017 (Framingham) #1

Commission September 15, 2017 (Framingham) #2

Data Subcommittee September 15, 2017 (Framingham)

Workforce Credentials Subcommittee September 15, 2017 (Framingham)

Structure Subcommittee September 15, 2017 (Framingham)

Finance Subcommittee September 15, 2017 (Framingham)

Workforce Credentials Subcommittee October 23, 2017 (Worcester)

Standards Subcommittee October 23, 2017 (Worcester)

Data Subcommittee October 31, 2017 (West Boylston)

Commission November 3, 2017 (Westborough)

Structure Subcommittee November 3, 3017 (Westborough)

Standards Subcommittee November 3, 2017 (Westborough)

Workforce Credentials Subcommittee December 8, 2017 (Worcester)

Standards Subcommittee December 8, 2017 (Worcester)

Data Subcommittee December 11, 2017 (Boston)

Structure Subcommittee December 12, 2017 (Worcester)

Data Subcommittee January 3, 2018 – with Standards (Worcester)

Standards Subcommittee January 3, 2018 – with Data (Worcester)

Commission January 12, 2018 (Westborough)

Workforce Credentials Subcommittee January 24, 2018 (Worcester)

Commission February 16, 2018 (Westborough)

Workforce Credentials Subcommittee February 27, 2018 (Worcester)

Structure Subcommittee March 9, 2018 (Shrewsbury)

Workforce Credentials Subcommittee March 19, 2018 (Worcester)

Data Subcommittee March 23, 2018 (West Boylston)

Commission April 6, 2018 (Westborough)

Workforce Credentials Subcommittee April 30, 2018 (Worcester)

Commission May 4, 2018 (Westborough)

Workforce Credentials Subcommittee May 21, 2018 (Westborough)

Listening Session June 4, 2018 (Greenfield)

Listening Session June 5, 2018 (Westborough)

Listening Session June 8, 2018 (Waltham)

Listening Session June 11, 2018 (Peabody)

Listening Session June 13, 2018 (Lakeville)

Listening Session June 15, 2018 (Westfield)

Workforce Credentials Subcommittee June 22, 2018 (Westborough)

Structure Subcommittee June 22, 2018 (Westborough)

Finance Subcommittee June 22, 2018 (Boston)

Data Subcommittee June 22, 2018 (Westborough)

Commission July 27, 2018 (Westborough)

**Special Commission on Local and Regional Public Health**

**Inaugural Meeting**

Friday, June 23, 2017 | 1:00-3:30 PM

**AGENDA**

**1:00 Welcome and Introductions**

Monica Bharel, MD, MPH, Commissioner, Massachusetts Department of Public Health (MDPH)

Chair, Special Commission on Local and Regional Public Health

**1:10 Open Meeting Law and Conflict of Interest**

Alexandra Rubin, JD, Deputy General Counsel, Office of the General Counsel, MDPH

**1:30 Local Public Health In Massachusetts**

Eileen Sullivan, Chief Operating Officer, MDPH

**1:50 Review of Chapter 3 of the Resolves of 2016**

Cheryl Sbarra, JD, Director of Policy and Law, Massachusetts Association of Health Boards

**2:20 Break**

**2:30 Meetings Roadmap, Stakeholder Engagement, and Communication Plans**

Ron O’Connor, Director, Office of Local and Regional Health, MDPH

**3:00 Subcommittees and Tasks for Next Meeting**

Phoebe Walker, Director of Community Services, Franklin Council of Governments

**3:25 Next Meeting | Location and Date**

Monica Bharel, MD, MPH, Commissioner, MDPH

**3:30 Adjourn**

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

**Date:** Friday, June 23, 2017

**Time:** 1:00 p.m. to 3:30 p.m.

**Location:** Massachusetts Division of Fisheries and Wildlife Field Headquarters

1 Rabbit Hill Road, Westborough, Massachusetts

**Present:** MDPH Commissioner Monica Bharel (Chair), Senator Jason Lewis, Representative Hannah Kane, Representative Steven Ultrino, Charles Kaniecki, Terri Khoury, Laura Kittross, David McCready, Dan Morgado, Maria Pelletier, Cheryl Sbarra, Bernard Sullivan, Phoebe Walker, Steve Ward, Sam Wong

**Absent:** Senator Richard Ross, Harold Cox, Justeen Hyde, Eileen McAnneny, Lauren Peters

**Quorum**: A quorum (at least 13 members) was present

**Non-voting representatives of members:** Kathleen MacVarish (for Harold Cox), Doug Howgate (for Eileen McAnneny)

**MDPH Staff:** Eileen Sullivan, Alexandra Rubin, Ron O’Connor, Jessica Ferland, Erica Piedade, Shelly Yarnie

**Visitors:** Sharon Cameron, Edward Cosgrove, Michael Coughlin, Elizabeth Doyle, Melanie O’Malley, Maddie Ribble

**Call to Order:** MDPH Commissioner Monica Bharel (Chair) called the meeting to order at 1:05 p.m.

***Note:*** *In these meeting minutes, “Commission” refers to the Special Commission on Local and Regional Public Health.*

**WELCOME AND INTRODUCTIONS**

Monica Bharel, MD, MPH, MDPH Commissioner and Commission Chair

* Welcomed Commission members to the inaugural meeting and asked members to introduce themselves
* Reviewed the meeting agenda
* Expressed the importance of examining the work with a “community-level lens” and using the resulting information to create recommendations
* Highlighted quarterly local public health webinars as part of her communication plan with local public health

**OPEN MEETING LAW AND CONFLICT OF INTEREST**

Alexandra Rubin, JD, Deputy General Counsel, Office of the General Counsel, MDPH

* Provided an overview of conflict of interest and open meeting laws
* Explained that a quorum is half of the Commission Members plus 1 (13 members for the this Commission)
* Stated that a quorum needs to be present in the room if a member participates remotely as permitted by the open meeting law
* Emphasized that items require approval by vote of the Commission before they can be implemented
* Indicated that every effort should be made to ensure transparency

**Comments and Discussion**

* In response to a question about member “meeting proxies”, a Commission member may send a representative to a meeting to listen and report to the member. The representative may not participate in discussions or vote and does not count toward the quorum.

**LOCAL PUBLIC HEALTH IN MASSACHUSETTS**

Eileen Sullivan, Chief Operating Officer, MDPH

* Provided an overview of the Massachusetts local public health (LPH) structure, mandated duties, workforce, and services
* Described the challenges faced by local public health in meeting their statutory and regulatory responsibilities including lack of an adequately trained and skilled workforce, inadequate funding, and limited support from their communities as public health responsibilities increase
* Presented a chart showing the distribution of Massachusetts cities and towns communities based on groupings of population size

**Comments and Discussion**

* In response to a question about if the population distribution chart was based on number of communities or total population within each grouping, it was explained that the percentages are based on the number of communities.
* In response to a question about a comparison between Massachusetts and other states, one difference between Massachusetts and other states regarding local board of health governance structure is that many states have a state-funded county public health system.

**REVIEW OF CHAPTER 3 OF THE RESOLVES OF 2016**

Cheryl Sbarra, JD, Director of Policy and Law, Massachusetts Association of Health Boards (MAHB)

* Reviewed the Massachusetts Public Health Regionalization Working Group recommendations and the legislation that resulted in the creation of the Special Commission on Local and Regional Public Health
* Provided the history of regionalization efforts as a response to meeting the challenges of delivering ten essential public health services across the state
* Presented the following local board of health (LBOH) challenges
  + 70% of LBOH who responded to a survey reported inadequate staff to meet obligations
  + LBOH stretched thin since 9/11 and budgets do not keep up with inflation
  + Disparities across communities in capacity of LBOH to provide essential services
  + Workforce is aging out; certain professionals in short supply
  + Staff salaries and positions vary across municipalities
  + Some municipalities have LBOH members with no or limited public health training
* Reviewed the following recommendations of the Public Health Regionalization Working Group
  + Develop different organizational structures to accommodate the different regions
  + Develop an agreed upon set of governing principles
  + Provide adequate funding for districts
  + Develop standards for training and credentialing of LBOH staff
  + Ensure all districts have sufficient services
  + Build on existing legislation for supporting regionalization
  + Use the many documents on these topics that already exist as a starting point
  + Review the efforts of national organizations which are also looking at local public health infrastructure and workforce development issues including the U.S. Centers for Disease Control and Prevention, National Association of County and City Health Officials, Association of State and Territorial Health Officers, Public Health Accreditation Board, and National Association of Local Boards of Health
* Reviewed Chapter 3 of the Resolves of 2016 and the charge to the Commission
  + Assess capacity of LPH to meet statutory requirements
  + Evaluate state and local resources
  + Evaluate current and future workforce, including credentialing, standards, and training
  + Evaluate existing regional efforts and various models of service delivery
  + Examine progress towards achieving the recommendations by the Regionalization Advisory Commission (Chapter 60 of Acts of 2009)
  + Assess capacity of the MDPH Office of Local and Regional Health
  + Decide whether or not to hold public hearings and receive testimony
  + Submit written report by July 31, 2017

**Comments and Discussion**

* A member asked about the availability of data on 1) the number of towns that do not have a full time health inspector and 2) the public health services provided by each municipality.
* It was stated that models are needed to determine staffing needs, i.e., staff to population ratio and staff positions.
* There was discussion about the challenges in assessing a true picture of staffing across the 351 cities and towns given the lack of a requirement to report staffing to MDPH.
* It was recommended that models for providing and funding other services be examined. For example, a surcharge on homeowners insurance funds training for first responders. There might be comparable approaches to fund local public health staff training.
* It was stated that there are no mandates/incentives for cities and towns to regionalize public health services and that many communities are resistant to changes associated with regionalization.
* It was raised that some LBOH oversee a wider range of services than others (e.g., animal control and solid waste removal). As a result, sharing public health services across communities can be complicated.
* It was suggested that members define baseline expectations for local public health services across the board as a starting point.

**MEETINGS “ROADMAP”, STAKEHOLDER ENGAGEMENT, AND COMMUNICATION PLANS**

Ron O’Connor, Director, Office of Local and Regional Health, MDPH

* Proposed a roadmap for the Commission to complete its work
  + Meetings 1-2 Develop a common understanding of the issues and process
  + Meetings 3-4 Assess local public health
  + Meetings 5-6 Develop recommendations
  + Meeting 7 Approve the final report
* Proposed stakeholder dialogues as an opportunity for stakeholders to provide
  + input on local public health strengths, challenges, and innovations (Fall 2017) and
  + feedback on the Commission’s draft recommendations (Spring 2018)
* Emphasized that the communication plan is intended to keep stakeholders (i.e., membership and interest groups) informed through multiple and varied communication channels
* Stated that DPH staff support for the Commission will include the Office of Local and Regional Health (OLRH) and the DPH Intra-Agency Local Public Health Working Group. The Boston University School of Public Health has assigned an Activist Lab Fellow to support OLRH in its Commission work for the 2017-2018 academic year.

**Comments and Discussion**

* It was recommended that funding and finance issues be integrated throughout the Commission’s deliberations. The importance of understanding the cost of local public health services, the impact of competing demands for municipal resources, and viable funding or financing models was mentioned.
* Several members indicated that local control and funding for services are important issues for local public health
* Some members expressed the opinion that disparities in local public health capacity across the state are unacceptable.
* A member suggested an extension of the Commission’s deadline because it might not be able to complete its work in one year.
* A member stated that timing of the Commission report is critical if the members want recommendations considered in FY2019 legislative session
* It was recommended that the Commission 1) focus on tasks that can be completed in the proposed one-year time frame and 2) use recommendations to suggest further studies/models and action steps (e.g., fiscal models).
* Members were reminded that 1) mechanisms do not always exist to assure the provision of some required LBOH services and 2) consequences/enforcement structures are not in place for LBOH that do not meet their statutory and regulatory responsibilities.
* More information was requested regarding the proposed stakeholder dialogues with an emphasis on ensuring that people are engaged and connected to the Commission’s work through such opportunities
* Commission members were encouraged to share Commission information with their constituents, membership associations, other stakeholders, etc.
* It was proposed that the Office of Local and Regional Health assist with disseminating information.
* The question was asked if the stakeholder dialogues will be freestanding meetings or sessions held in conjunction with other planned forums (e.g., Massachusetts Health Officers Association Annual Conference, Massachusetts Municipal Association meeting, etc.).
* It was emphasized that the outreach plan should 1) ensure that individuals and groups in rural or isolated communities have access to and opportunities for engagement in stakeholder dialogues and

2) include a wide range of stakeholders beyond those typically associated with public health.

* It was asked if webinars or surveys could be used to collect and share information.

**SUBCOMMITTEES AND TASKS FOR NEXT MEETING**

Phoebe Walker, Director of Community Services, Franklin Regional Council of Governments

* Presented the following proposed subcommittees
  + Data
  + Standards
  + Structure
  + Credentials
  + Finance
  + Others?
* Raised the question of identifying data sources needed for each subcommittee
* Asked that Commission members indicate interest in serving on the suggested subcommittee(s)
* Acknowledged that the content of subcommittees intersect

**Comments and Discussion**

* In response to a comment that the Commission needs participation from the Department of Environmental Protection (DEP), It was stated that there is a seat for a DEP representative that is in the process of being filled
* It was stated that a critical subcommittee task is to identify LBOH services, the source for those services in statute, regulation, or local bylaw, and the amount of time required for each.

**NEXT STEPS**

* Summarize the goals of the subcommittees
* Compile and distribute a list of members’ subcommittee interests to Commission members
* Members were asked to send information on data sources/data sets and requests for data sets to Ron O’Connor, Director of the Office of Local and Regional Health
* Share the slide presentations with Commission members
* Send the Public Health District Incentive Grant report to members
* Determine if non-members can serve on subcommittees
* Determine if the Open Meeting Law applies to subcommittees.

**ADJOURN**

Commission Chair Commissioner Monica Bharel adjourned the meeting at 3:30 p.m.

Approved by the Special Commission on Local and Regional Public Health, September 15, 2017

**Special Commission on Local and Regional Public Health**

**Documents and Exhibits Used During the June 23, 2017 Meeting**

* June 2017 Welcome Letter from MDPH Commissioner Monica Bharel to members
* Meeting agenda
* Membership list
* Member biographical sketches

**Open Meeting Law and Conflict of Interest**

* Open Meeting Law Guide
* Commonwealth of Massachusetts Open Meeting Law
* Attorney General’s Office Open Meeting Law Notes
* Summary of the Conflict of Interest Law for State Employees

**Local Public Health in Massachusetts**

* Local Public Health in Massachusetts
* Local Public Health Keeps Us Healthy and Safe: What we do. Why We Do It.
* Strengthening Local Public Health in Massachusetts: A Call to Action
* 10 Essential Public Health Services
* Manual of Laws and Regulations Relating to Boards of Health
* Strengthening the Local and Regional Public Health System

**Review of Chapter 3 of the Resolves of 2016**

* Chapter 3 of the Resolves of 2016 – Charge and Report
* Resolve Establishing the Special Commission on Local and Regional Public Health

**Meetings Roadmap, Stakeholder Engagement, and Communication Plan**

* Draft Meetings Roadmap

**Subcommittees and Tasks for the Next Meeting**

* Subcommittee Suggestions Based on Commission Charge

**Annotated Bibliography**

* Annotated Bibliography of Documents Related to the Special Commission Charge

**Slide Presentations at the Meeting**

(Distributed to Members after the Meeting)

* ***Conflict of Interest and Open Meeting Law***, Alexandra Rubin, Deputy General Counsel, MDPH
* ***Local Public Health in Massachusetts***, Eileen Sullivan, Chief Operating Officer, MDPH
* ***Review of Chapter 3 of the Resolves of 2016***, Cheryl Sbarra, Director of Policy and Law, Massachusetts Association of Health Boards
* ***Meetings Roadmap, Stakeholder Engagement & Communication***, Ron O’Connor, Director, Office of Local and Regional Health, MDPH

***Suggested Subcommittees****,* Phoebe Walker, Director of Community Services, Franklin Regional Council of Governments

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, September 15, 2017

1:00 p.m. to 3:30 p.m.

Massachusetts Emergency Management Agency

400 Worcester Rd, Framingham, MA

1. Welcome and Introductions
2. Votes
   1. Minutes of June 23, 2017 meeting
   2. Authorization for remote participation in meetings (we need to establish remote participation so that it is in place for this Commission – in case we need it)
3. National Perspective on Local and Regional Public Health
   1. Pat Libbey, Do-Director. Center for Sharing Public Health Services
   2. Grace Gorenflo, Center for Sharing Public Health Services
4. Plans for stakeholder outreach using established meetings and events
5. Subcommittees
   1. VOTE: Creation of sub-committees
   2. VOTE: Appointment of Special Commission members to sub-committees
   3. VOTE: Description and charge of each sub-committee (there will be a draft description of each sub-committee; it will be important for these descriptions to be adopted by the Commission)
   4. VOTE: Non-members on sub-committee (Commission needs to decide to allow non-members on sub-committees)
6. Plans for next meeting
7. Adjourn
8. Sub-committee meetings – we will work out a schedule of 30-minute meetings from 3:30-4:30 based on interest survey and follow-up with members to determine preference(s)**.**

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

**Date:** Friday, September 15, 2017

**Time:** 1:00 p.m. to 3:00 p.m.

**Location:** Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

**Present:** Commissioner Monica Bharel (Chair), Representative Hannah Kane, Sharon Cameron, Harold Cox, Justeen Hyde, Charlie Kaniecki, Terry Khoury, Laura Kittross, Carmela Mancini, Eileen McAnneny, David McCready, Kevin Mizikar, Maria Pelletier, Lauren Peters, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Jason Wentworth, Sam Wong

**Absent:** Senator Jason Lewis, Senator Richard Ross, Representative Steven Ultrino

**Quorum:** A quorum was present

**MDPH Staff:** Damon Chaplin, Jessica Ferland, Ron O’Connor, Erica Piedade, Eileen Sullivan, Shelly Yarnie

**Visitors:** Eddy Atallah, Ed Cosgrove, Barry Keppard, Melanie O’Malley, Maddie Ribble

**Presenters:** Grace Gorenflo, Patrick Libbey

**Call to Order:** MDPH Commissioner Monica Bharel (Chair) noted that a quorum was present and called the meeting to order at 1:05 p.m.

Ron O’Connor, Director, Office of Local and Regional Health, provided the following reminders and updates:

* Open Meeting Law (OML) and Conflict of Interest (COI) forms need to be completed. Members who had not completed the forms were given the opportunity to complete the forms at the meeting.
* Members, who are new to boards and commissions in Massachusetts, may contact Ron if they have any questions.
* Subcommittees are subject to the Massachusetts Open Meeting Law
* Executive branch agency assignees (e.g., Commissioners) may appoint a designee to represent them at meetings. For example, DPH Commissioner Bharel may designate a member of DPH senior staff to represent her as chair of the Special Commission. Representatives of named organizations and appointees by the Governor and legislative leadership may not assign a designee who counts towards the quorum and can vote.

**VOTE**: Eileen McAnneny moved to approve the minutes of the June 23, 2017 meeting. Lauren Peters seconded the motion. The motion passed unanimously by voice vote. Jason Wentworth abstained.

**VOTE**: Representative Hannah Kane moved to allow remote participation in meetings of the Special Commission subject to the guidelines established by the Office of the Attorney General. Harold Cox seconded the motion. The motion passed unanimously by voice vote.

**Presentation: Cross-Jurisdictional Sharing: What is it and how to make it work**

Pat Libbey and Grace Gorenflo, Center for Sharing Public Health Services

Summary: Mr. Libbey provided a brief overview of local public health in Massachusetts and defined the spectrum of cross-jurisdictional sharing arrangements, strategies, and pre-requisites that support improved local public health systems and infrastructure development. A key questions asked during the presentation was, “What are the key drivers of cross-jurisdictional sharing in Massachusetts”? These drivers include

* Workforce Development
* Funding and Sustainability
* Health inequities – particularly Inequities across cities and towns in the provision of local public health services
* Lean fiscal environment
* Aging workforce

More information about the presentation is available upon request.

**Comments and Discussion**

* In response to a question about a definition of “high quality services” for local public health, a member followed up that some communities or sub-populations need more services (equity)

In response, Cross-Jurisdictional Sharing is a means to a goal. Pre-requisites for success are:

* + Clarity of objectives
  + Defining Efficiency vs. Effectiveness
  + Utilizing the Spectrum of CJS using a balanced approach with mutual benefit
* A member asked how would this approach be helpful for working with other entities within a jurisdiction, such as the Planning Department.

In response: This is still in the research process so not able to provide an answer based on research

* A member asked the presenters to reflect on different approaches to entering into shared services; whether mandated or by choice?

In response, most of the work we have done is with those who have entered voluntarily. There is usually pushback when the mandate comes from above. It is most helpful when the community “personality” is known so groupings are made by pairing “like communities” rather than by proximity on the map.

* A member asked, “When considering applying for federal grants, the general cut off point is a population size of 75,000. The average population of communities in Massachusetts is in the mid-teens, which would be a barrier in competing for federal support. Do you have any recommendations?”

In response, Use of a third party or Council of Governances can be effective here.

* A member commented that it feels like we missed a step, such as asking and answering the question of “What is working and what is not working?” Maybe this presentation is out of sequence; it feels like this is the solution.

In response, CJS is a tool to help get to the goal. The succession of steps may be a separate topic, but this tool is one that can assist in moving the work forward.

* A member asked for clarification on a slide that mentioned cost cutting vs. cost savings to Cross-Jurisdictional Sharing?

In response, it is more of maximizing on the money spent. CJS may be a useful tool to build on the return of the investment.

* A member commented that people who have spent their lives and careers in Massachusetts don’t realize how far down on the spectrum of CJS Massachusetts compares nationally.

In response, Massachusetts has the largest number of individual jurisdictions in the country.

* C: In thinking about solutions, the idea of “Where do we want to go?” is very important. Clarifying the goals and end game is critical.
* A: “If every tool is a hammer, then every problem is a nail.” The questions to ask are:
* What is it that we want local public health to do?
* What are reasonable expectations for Massachusetts residents?
* A member asked what are pitfalls that others have made related to this issue?

In response, Change management is very difficult. On-going communication and clarity are very important including communicating with stakeholders what is known, as well as what is not known.

**VOTE:** Charlie Kaniecki moved to table discussion of the “proposed plans for stakeholder outreach” agenda item to the next meeting. Eileen McAnneny seconded the motion. The motion passed unanimously by voice vote.

**VOTE:** Jason Wentworth moved to accept the draft “Proposed Subcommittees Plan” which includes the creation of subcommittees, the description and charge of each subcommittee, a list of members to be appointed to the subcommittees, postponement of the Standards Subcommittee scheduled for September 15th at 3:00 p.m., and the role of non-Special Commission members. Justeen Hyde seconded the motion. The list of members appointed to subcommittees was amended as follows:

Carmela Mancini was added to the Data Subcommittee, Kevin Mizikar was moved from the Finance Subcommittee to the Structure Subcommittee, and Eileen McAnneny and Lauren Peters were added to the Finance Subcommittee. The motion passed unanimously by voice vote.

**Next Special Commission Meeting**

Proposed date of November 3rd and proposed the use of the whole day. Subcommittees can meet in the morning followed by the Special Commission meeting as a whole in the afternoon. Subcommittees may also meet before November 3, 2017, but meetings need to be in-person, have a quorum, and are subject to the open meeting law.

Commissioner Bharel announced that, for any other business of the Special Commission on this day, Eileen Sullivan will be her designee as Chair.

**VOTE:** Phoebe Walker moved to adjourn the meeting. Terri Khoury seconded the motion. The motion passed unanimously by voice vote.

The meeting was adjourned at 2:55 p.m.

Approved by the Special Commission on Local and Regional Public Health, November 3, 2017

**Special Commission on Local and Regional Public Health**

Data Subcommittee

Agenda – September 15, 2017

3:00 p.m. to 3:50 p.m.

3:00 Call to Order

Member introductions

Discussion of subcommittee charge and tasks

Consideration of additional members or subject matter experts

Brief summary report to Special Commission on September 15th

Plans for next subcommittee meeting

3:45 Adjourn

**Special Commission on Local and Regional Public Health**

**Data Subcommittee Meeting Minutes**

September 15, 2017

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

Members present: Justeen Hyde, Cheryl Sbarra, Phoebe Walker, Mark Smith, Carmela Mancinci, David McCready

Members Absent: None

Staff: Shelly Yarnie

Non-member: None

The meeting was called to order at 3:00 p.m. A quorum was present.

**Key Topics and Issues Discussed**

**Local Public Health Data in Massachusetts**

Very important to gather data to help inform what the Data Subcommittee needs to do next. Subcommittee discussed not wanting to waste time justifying that the system is “broken”. The goal is to get the data and evaluate it. Discussion consisted of:

* Data Subcommittee feels there is no unanimity on what they need to do or what must be done
* “System is flawed”
* State does not fund restaurant inspections and other core public health services
* No agreement on what local public health should be doing (policy promotion, system change, and essential public health services?)

**Local Public Health Data in Other States**

* Share Connecticut data in comparison to Massachusetts data
* Very little policy work being done in Connecticut)

**Information Wanted on Local Public Health Data in Massachusetts**

* Subcommittee needs data from DPH Food Protection Program, MAVEN, Lead Determinator List, and Beach and Water Testing
* Obtain DPH data, explore what it says and see how system works
* Explore data that the state collects on what we do not know

**Preliminary Discussion of “Solutions”**

* Explore data on what we do not know
* Compare data points (data that Massachusetts collects) of what “shining star” health departments may look like (e.g., compare Massachusetts data points with Kansas data points)
* Data compared to another state as a model? (e.g., data that state X collects and its rationale for collecting it)

**Key Questions**

* We need to start the Data subcommittee charge by indicating the 10 essential services are not being delivered by LPH Departments in MA?
* Provide a list of what we do not know?
* Comparison of Connecticut/Massachusetts data (explore Justeen Hyde’s recent study in Connecticut)

**Decisions Made**

**VOTE:** Cheryl Sbarra moved to appoint Justeen Hyde and Phoebe Walker as co-chairpersons of the Data Subcommittee. David McCready seconded the motion. Justeen Hyde and Phoebe Walker agreed to accept the appointments. The motion passed unanimously.

The Data Subcommittee will serve as a data review function for each area of the Special Commission charge. The Subcommittee will look at the areas and provide input if needed.

* Workforce Credentials- Justeen will check on certain changes in this area
* Finance- Ron is leading
* Structure-
* Standards- Feed the specific areas reports if needed. Justeen has data from 2011 that will be helpful around capacity and resources.

**Action Steps**

* OLRH staff will:
  + Obtain data from Food Protection Program, Mike Moore
  + Explore and review MAVEN’s
    - Communicable Set of Standards for Reporting
    - Timeline of receipt for disease in a jurisdiction
    - Quality of contact for reaching out to an infected individual
    - Consistency/quality of service
    - How many towns on MAVEN
    - Nurse/Dr report
  + Obtain Lead Determinator List
  + Obtain beach and water testing data
* Mark Smith will obtain DEP data
* Justeen Hyde will circulate Local Public Health studies such as recent Connecticut study
* Plans for next Data Subcommittee meeting
* Some of the group preferred to meet in the morning on the same day of the next Special Commission meeting (tentatively, November 3rd) while others preferred to meet on another day.
* Several documents need to be shared with the group in preparation for the next meeting.
* OLRH staff will poll subcommittee members for a meeting date before November 3rd.

The meeting adjourned at 3:45 p.m.

Approved by the Special Commission on Local and Regional Public Health Data Subcommittee, October 31, 2017

**Special Commission on Local and Regional Public Health**

Finance Subcommittee

Agenda – September 15, 2017

3:00 p.m. to 3:50 p.m.

3:00 Call to Order

Member introductions

Discussion of subcommittee charge and tasks

Consideration of additional members or subject matter experts

Brief summary report to Special Commission on September 15th

Plans for next subcommittee meeting

3:45 Adjourn

**Special Commission on Local and Regional Public Health**

Finance Subcommittee Meeting Minutes

September 15, 2017

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

**Members present:** Eileen McAnneny, Lauren Peters, Sam Wong

**Members Absent:** Sen. Jason Lewis, Rep. Steven Ultrino

**Staff:** Eileen Sullivan, Ron O’Connor

**Non-member:** Maddie Ribble

The meeting was called to order at 3:00 p.m. A quorum was present.

**Key Topics and Issues Discussed**

**Local Public Health Financing in Massachusetts**

Because there is no requirement for local boards of health to report their budgets to the state, the subcommittee discussed ways to obtain information on local public health financing in Massachusetts:

* When she was at the Institute for Community Health, Commission member Justeen Hyde conducted interviews with local public health officials. Budget information was part of those interviews
* Does the Massachusetts Municipal Association have information on local budgets including public health spending?
* How do local budgets differ across communities?
  + Public health services covered differ
  + Line items differ
  + Location of public health within municipal budgets differs

**Local Public Health Financing in Other States**

* NACCHO Annual Local Public Health Profiles has budget information
* How do other states fund local public health? Do any states have budget reporting requirements?

**Information Wanted About Local Public Health Financing in Massachusetts**

* What is local public health spending on required/core services?
* Does overhead spending by public health districts differ from that of stand-alone local public health authorities? The presumption is that overhead costs are distributed across the member communities in public health districts.
* What role do grants and other extramural funding play on local public health financing? How are grant dollars allocated? Are grant dollars reported in municipal budgets?
* What is the percent of each municipal budget that is spent on public health? What are per capita expenditures on local public health?
* What is the percentage of funds spent on core services versus “discretionary” services? How does this information reflect disparities in service delivery across communities?

**Service-specific Information that Might Serve as an Indicator of the Strength of Local Budgets**

* Number of restaurant inspections per FTE: does the DPH Food Protection Program have this data?
* Inspectional services budgets in municipalities that have a separate department. Can funding for public health inspections be disaggregated from total inspectional services budget?
* What functions are solely the responsibility of local public health (e.g., restaurant inspections and tuberculosis case management).

**Preliminary Discussion of “Solutions”**

* Are there legislative solutions that will allow municipalities to retain fees and fines revenue without a town meeting vote?
* Explore Municipal Modernization, Community Compact Cabinet, Determination of Need Community Health Initiatives, and Hospital Community Benefits as possible sources of seed funding rather than sustainable funding. Are there any settlement funds available through the Attorney General’s Office?

**Key Questions**

* Is there an expectation that local public health will provide the ten essential public health services?
* What should residents expect for local public health services? Is there a minimum set of services that is necessary to achieve an equitable system?
* What services should Massachusetts require?

**Decisions Made**

No votes were taken during this meeting.

**Action Steps**

OLRH staff will:

* Explore a role for Boston University School of Public Health Activist Fellow in reviewing local budgets.
* Review information about local health financing in other states (including NACCHO reports) including mechanisms for retained fees/fines revenue
* Obtain data from the food protection program and tuberculosis control.
* Lauren Peters will talk with Sean Cronin (Executive Office of Administration and Finance, Division of Local Services) about local budgets.

**VOTE**: Eileen McAnneny moved to adjourn the meeting. Sam Wong seconded the motion. The motion passed unanimously. The meeting adjourned at 3:20 p.m.

Approved by the Special Commission on Local and Regional Public Health Finance Subcommittee on June 22, 2018

**Special Commission on Local and Regional Public Health**

**Structure Subcommittee**

Agenda – September 15, 2017

3:00 p.m. to 3:50 p.m.

3:00 Call to Order

Member introductions

Discussion of subcommittee charge and tasks

Consideration of additional members or subject matter experts

Brief summary report to Special Commission on September 15th

Plans for next subcommittee meeting

3:45 Adjourn

**Special Commission on Local and Regional Public Health**

**Structure Subcommittee Meeting Minutes**

September 15, 2017

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

Members present: Harold Cox, Kevin Mizikar, Charlie Kaniecki, Terri Khoury, Bernie Sullivan, Rep. Hannah Kane, Jason Wentworth

Members absent: None

Staff: Damon Chaplin

Non-members: Pat Libbey, Grace Gorenflo, Ed Cosgrove

The meeting was called to order at 3:00 p.m. A quorum was present.

**Key Topics and Issues Discussed**

* Distribution of subcommittee member contact Information
* Subcommittee goal statement (What do we want to achieve?)
* Shared service arrangements in Massachusetts (existing list)
* Massachusetts Public Health District Incentive Grant Program (PHDIG)
* Shared services arrangements in other states (Pat Libbey and Grace Gorenflo)
* Existing funding mechanism for local public health districts in Massachusetts (M.G.L Chapter 111 Section 27c)
* Local Public Health Standards (10 essential public health services)

**Sub-committee members shared their contact information**

**Subcommittee goal setting**

* Compile a list of regional structures in Massachusetts and other states, including their governance systems, any evaluation data, and any details on funding systems and requirements.
* Best model depends on what you are trying to accomplish

1. **Shared service arrangements in Massachusetts**

* Provide a list of Public Health Districts in Massachusetts.
* Provided a list of shared service arrangements in Massachusetts.
* Provided overview of Public Health District Incentive Grant program (P.H.D.I.G.)
* Massachusetts Regionalization Working Group (MRWG)
* Public health is not the only available shared service model.
* What other shared service delivery components are being implemented across bureaus?
* Could the Visiting Nurses Association (VNA) service model be considered a third party shared service provider? No. A comprehensive shared service arrangement is defined by:
* How the service is delivered.
* Governance Structure
* Who is being served and are communities being blended.

1. **Massachusetts Public Health District Incentive Grant Program (PHDIG)**

* Review PHDIG one page reports from the Massachusetts Public Health Regionalization Working Group to gain an understanding of how some public health districts are formed and managed in Massachusetts.

1. **Review shared service arrangements in Other States**

* Connecticut
* Virginia
* New Jersey
* Washington State
* They have state, regional and local services.
* Oregon
* Up to health department to decide if they would prefer to share services or not.
* Ohio
  + Every health department in Ohio must be accredited to receive state funds. As a result, health departments are looking for opportunities to share services to become accredited.
* Best model depends on what you are looking to accomplish.
* Council of Government model may work as a third party administrator

1. **Existing funding for local public health districts in Massachusetts**

* **MGL Chapter 111 Section 127c**
* Funding for districts already exists
* No performance standards required.
* No state appropriation because whole population could not be funded.
* Barnstable County has a $.01 sales tax to support local public health.

1. **Local Public Health Standards** (questions may be best answered by the Standards committee)

* Is there an expectation that local public health will provide ten essential public health services?
* What should the state require as a minimum standard of performance for local health departments and how will this standard be supported?
* What are the mandated public health services for Massachusetts?
* Is there a minimum set of services that is necessary to achieve an equitable system?
* Although the goal may be to have every health department perform the 10 essential public health services. Mandated services may be the next best option.

**Key Questions**

* How many cross-jurisdictional sharing arrangements are there in Massachusetts?
* Is there a preferred structure that works best for Massachusetts?
* What services should Massachusetts require?
* What are our needs and what are we trying to accomplish?

**Decisions Made**

**VOTE:** Charlie Kaniecki moved to appoint Bernie Sullivan as chairperson of the Structure Subcommittee. The motion was seconded by Harold Cox. Bernie Sullivan agreed to accept the appointment. The motion passed unanimously.

**VOTE:** Charlie Kaniecki moved to schedule the next meeting of the Structure Subcommittee in the morning before the next scheduled Special Commission meeting (tentatively, afternoon of November 3rd). The motion was seconded by Harold Cox. The motion passed unanimously.

**Action Steps**

* Charlie Kaniecki will provide an overview of Connecticut Health Department infrastructure at next meeting.
* Bernie Sullivan will provide an overview of Barnstable County Health Department infrastructure at next meeting.
* Damon Chaplin and Harold Cox will provide PHDIG one-pagers from Justeen Hyde and an overview of District Incentive Grant Program at the next meeting.
* OLRH staff will
  + Provide subcommittee with a list of 10 essential public health services and local public health mandated reporting
  + Review information about local public health structure in other states (e.g., National Profile reports) including home rule and Dillon states.
  + Coordinate with other subcommittee staff to obtain local public health data from board members (Massachusetts Association of Health Boards) and health officers (Massachusetts Health Officers Association).
  + Coordinate with Harold Cox to provide subcommittee with PHDIG one page summary reports.

**VOTE:** Charlie Kaniecki moved to adjourn the meeting. The motion was seconded by Harold Cox. The motion passed unanimously. The meeting adjourned at 3:45 p.m.

Approved by the Special Commission on Local and Regional Public Health Structure Subcommittee, November 3, 2017

**Special Commission on Local and Regional Public Health**

Workforce Development and Credentials Subcommittee

Agenda – September 15, 2017

3:00 p.m. to 3:50 p.m.

3:00 Call to Order

Member introductions

Discussion of subcommittee charge and tasks

Consideration of additional members or subject matter experts

Brief summary report to Special Commission on September 15th

Plans for next subcommittee meeting

3:45 Adjourn

**Special Commission on Local and Regional Public Health**

**Workforce Credentials Subcommittee Meeting Minutes**

September 15, 2017

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

**Members Present:** Sharon Cameron, Laura Kittross, Maria Pelletier, Steven Ward

**Member Absent:** Charlie Kaniecki

**Staff:** Erica Piedade

**Non-member:**  Melanie O’Malley

The meeting was called to order at 3:05pm. A quorum was present.

**Key Topics and Issues Discussed**

**Interest and Experience in Workforce Development**

Each member described the reason why they had chosen this subcommittee and shared some of the experiences that drove their interest in examining workforce credentialing:

* Experience with rural communities which often are represented by small boards of health (BOH) or selectmen who often have no background or experience or who have limited budgets resulting in limited staff who may or may not be adequately trained.
* Experience with urban areas which often “silo” services, such as inspectional services resulting in the “public health” framework being lost.
* Work with developing standards and requirements for the two most common and critical local public health positions: Certified Health Officer (CHO) and Registered Sanitarian (RS).
* Work in the community health field wherein the majority of staff is required to meet standards or be licensed or credentialed.
* Public health policy perspective that will be beneficial to developing policies on credentialing.

**Standards and Requirements**

There are no requirements for professionals working in Local Public Health (LPH) including experience, standards or credentialing. Looking at existing credentials will be helpful.

* There are two common positions in the field which requirements for credentialing, CHO and RS. The CHO requirements and exam are being currently reviewed and updated.
* Creating a professional roadmap for LPH professionals would help identify what needs to be put into place for expanding the pool and ensuring a pipeline.
* Looking at examples of other fields will help in creating a roadmap for credentialing and professional development (building inspector, animal control, public health nurses, etc.).
* Looking at other states and national credentialing bodies to set a Gold Standard for Mass.
* Explore how a defined credentialing process could be in sync with accreditation standards.
* Study any similar successful cases of credentialing a profession in Mass. such as the building inspector.
* Consider developing an overarching credentialing model that is doable and reasonable, such as building on currently experienced and trained staff, having a grandfathering clause, having additional recommendations for specialization.

**Key Questions**

* What credentials exist
  + In Massachusetts?
  + in other similar states (such as New Jersey, Wisconsin, and Ohio)?
  + have been recommended by national organizations, such as NACCHO and PHAB?
* What is the desirable “Gold Standard” for staffing and credentials for such staff and how do we ensure it is reasonable?
* How do we create a Roadmap that increases the workforce pool, builds on the existing workforce, and ensures equitable access to advancement?
* Recognizing that there may be pushback, what successful examples exist in Massachusetts of credentialing a profession that can be used as a playbook?

**Decisions Made**

Laura Kittross was selected as Chair of the subcommittee.

**Action Steps**

The Chair will try to schedule an alternative meeting date, since many could not make the morning of Nov. 3.

OLRH staff will send the following documents to all members:

* Andrade, Craig (2008). *Public Health Workforce Credentialing for Massachusetts: Analysis and* Recommendations*.*
* Moultrop, Donna (2009). *Report of the Subcommittee on Credentialing, Massachusetts Public Health Regionalization Working Group.*
* Local Public Health Institute of Massachusetts Subcommittee (2010). *Competency Report.*
* Current Health National Center for Innovations (2016). *Fact Sheet.*

**VOTE** A motion to adjourn the meeting was made and seconded. The motion passed unanimously. The meeting adjourned at 3:50 p.m.

Approved by the Special Commission on Local and Regional Public Health Workforce Credentials Subcommittee, October 23, 2017

**Special Commission on Local and Regional Public Health**

Meeting Agenda

September 15, 2017 | 3:50 p.m. to 4:00 p.m.

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham, Massachusetts

3:50 Call to Order

Brief reports from Special Commission subcommittees

4:00 Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

**Date:** Friday, September 15, 2017

**Time:** 3:50 p.m.

**Location:** Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

**Present:** Eileen Sullivan (Chair designee for Monica Bharel), Representative Hannah Kane, Sharon Cameron, Harold Cox, Justeen Hyde, Charlie Kaniecki, Terry Khoury, Laura Kittross, Carmela Mancini, David McCready, Kevin Mizikar, Maria Pelletier, Lauren Peters, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Jason Wentworth, Sam Wong

**Absent:** Senator Jason Lewis, Senator Richard Ross, Representative Steven Ultrino, Eileen McAnneny

**Quorum:** A quorum was present

**MDPH Staff:** Damon Chaplin, Jessica Ferland, Ron O’Connor, Erica Piedade, Shelly Yarnie

**Visitors:** Eddy Atallah, Ed Cosgrove, Barry Keppard, Melanie O’Malley, Maddie Ribble , Grace Gorenflo, Patrick Libbey

**Call to Order:** Eileen Sullivan, designated chair, called the meeting to order at 3:50 p.m.

**Sub-committee Reports**

Representatives of each of the following subcommittees provide brief reports on their meetings held at 3:00 p.m.: Data (Phoebe Walker), Finance (Lauren Peters), Structure (Bernie Sullivan), and Workforce Credentials (Laura Kittross). Minutes of each subcommittee meeting will be posted on the DPH Open Meeting Notices web page.

**VOTE:** Phoebe Walker moved to amend the charge of the Standards Subcommittee to include “make recommendations to the Special Commission on expectations for a minimum set of services to be provided by local public health authorities”. David McCready seconded the motion. The motion passed unanimously by voice vote.

Sam Wong moved to adjourn the meeting. Laura Kittross seconded the motion. The motion passed unanimously by voice vote.

Meeting adjourned at 4:10 p.m.

Approved by the Special Commission on Local and Regional Public Health, November 3, 2017

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

October 23, 2017

10:45 a.m. to Noon

Worcester Division of Public Health, Room 109

25 Meade Street, Worcester, Massachusetts

10:45 Call to Order

Member introductions

VOTE: Approve minutes of September 15, 2017 meeting

11:00 A. Review and discussion of previous Massachusetts recommendations

* + - Craig Andrade: *Public Health Workforce Credentialing for Massachusetts* (2008)
    - Donna Moultrop: *Report of the Subcommittee on Credentialing, MA Public Health Regionalization Working Group* (2009)
    - Local Public Health Institute *Competency Report* (2010)
    - Others

B. Review and discussion of credentials available

* + - Massachusetts
    - National

C. Review subcommittee work plan

* VOTE: Approve work plan

11:50 Next Steps

12Noon Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

October 23, 2017

Worcester Division of Public Health

25 Meade Street, Worcester

**Members Present:** Sharon Cameron, Laura Kittross, Maria Pelletier, Steven Ward, Charlie Kaniecki

**Member Absent: None**

**Staff:** Erica Piedade and Ron O’Connor

**Non-member:**  Melanie O’Malley

The meeting was called to order by Laura Kittross, Subcommittee Chair, at 11:00 a.m. A quorum was present.

**VOTE:** Maria Pelletier moved to approve the minutes of the September 15, 2017 meeting of the Workforce Credentials Subcommittee. Steve Ward seconded the motion. The motion was approved by unanimous vote.

**Key Topics and Issues Discussed**

**Workforce Credentials Subcommittee Draft Work Plan**

Subcommittee members reviewed and discussed the draft work plan. Discussion items included:

* Preliminary web review of workforce credentials in other states did not yield useful information.
* Equivalence between Registered Sanitarian and Registered Environmental Health Specialist (National Environmental Health Association).
* History of the licensing of town building inspectors (about 20 years ago). Charlie Kaniecki agreed to research the process and report to the subcommittee.
* Status of Certified Health Officer (CHO) credentials. Steve Ward agreed to review CHO qualifications and report to the subcommittee.
* Implementation of workforce credentials by legislation or regulation change? Concern expressed that changes it regulations might be challenging.

VOTE: Charlie Kaniecki moved to adopt the work plan as written. Sharon Cameron seconded the motion. The motion was amended to 1) allow for modifications to the plan as needed and 2) add another item: Assess the current local public health workforce status with regards to time and cost. The motion passed unanimously.

**Review of Studies on the Local Public Health Workforce**

* Concern expressed that many studies focus on the qualifications of local public health directors and administrators rather than inspectors. Capacity/credentials of inspection staff are important. For example, the model by which building inspectors within Inspectional Services Departments do housing inspections without adequate understanding of public health issues
* Three training levels/phases discussed:: online (introductory), classroom, and field
* Page 13 of the Local Public Health Institute Competency Report (2010) lists 17 workforce competencies at the awareness and performance levels. Performance level competency requires a field component in addition to classroom.
* Focus on competency-based training rather than training to meet credentials
* “Public Health Academy” has been discussed for several years.
* Is a blend of DPH-supported training and private training desirable (e.g., animal control officer training includes public and private sources)
* What would DPH role be in credentialing? Does DPH have the infrastructure? With adequate funding, DPH could manage a credentialing system for the local public health workforce.
* Credentials matter in court cases involving public health matters.
* Local health departments experience challenges with worker turnover. Staff are trained but leave within a few years
* Suggestion made to require awareness level training on the 17 competencies for all; additional training/credentials based on need
* Suggestion that Massachusetts Public Health Inspector Training (Housing) should be required for anyone who conducts housing inspections.
* Credentialed training will need certified training entities
* Research questions:
  + What credentials does the local public health workforce currently hold?
  + How do we get to structure?
  + What is the cost of the LPHI “Foundations” course?
  + What credentials should be expected of a local public health director? Is CHO adequate if it does not include administrative skills?

**Decisions Made**

Amended and adopted Workforce Credentials Work Plan (see attached).

**Action Steps**

* Charlie Kaniecki will review history of licensing of building inspectors
* Steve Ward will review certified health officer credential
* OLRH staff will inquire about cost of Foundations course
* The next meeting will be held on November 28, 2017 from 9:30 a.m. to 11:00 a.m. at a location to be determined.

**VOTE:** Maria Pelletier moved to adjourn the meeting. Steve Ward seconded the motion. The motion was approved by unanimous vote

The meeting adjourned at 12:00 p.m.

Approved by the Special Commission on Local and Regional Public Health Workforce Development Subcommittee, December 8, 2017

**Special Commission on Local and Regional Public Health**

Standards Subcommittee

Meeting Agenda

October 23, 2017

9:00 a.m. to 10:30 a.m.

Worcester Division of Public Health, Room 109

25 Meade Street, Worcester, Massachusetts

9:00 Call to Order

Member introductions

9:05 Select Subcommittee Chair(s)

9:10 Review and discuss subcommittee charge and tasks

9:30 Draft recommendations to Special Commission on Local and Regional Public Health on expectations for a minimum set of services to be provided by local public health authorities

10:25 Set next meeting date

10:30 Adjourn

**Special Commission on Local and Regional Public Health**

**Standards Subcommittee Meeting Minutes**

October 23, 2017

Worcester Division of Public Health

25 Meade Street, Worcester

**Members Present:** Sharon Cameron, Laura Kittross, Terri Khoury, Maria Pelletier, Phoebe Walker, Steven Ward,

**Member Absent:** Cheryl Sbarra, Bernard Sullivan

**Staff:** Erica Piedade and Ron O’Connor

**Non-member:**  Charlie Kaniecki, Melanie O’Malley

The meeting was called to order by Ron O’Connor at 9:00 a.m. A quorum was present.

**Introductions and Nomination of the Subcommittee Chair**

Being the first meeting of the Standards Subcommittee, introductions were the first course of business followed by a discussing would be the Chair of the subcommittee. The members nominated Cheryl Sbarra. Ron O’Connor agreed to contact Cheryl to see if she would accept which she has accepted.

**Key Topics and Issues Discussed**

Subcommittee members reviewed Subcommittee Tasks as designated by the Commission Members during the meetings of Sept. 15 and June 23:

* Make recommendations to the Special Commission on Local and Regional Public Health on expectations for a minimum set of services to be provided by local public health authorities.
* Review available studies which provide information on the capacity of local public health authorities to carry out their statutory powers and duties.
* Review national performance standards for local and regional public health authorities.
* Compare the capacity of local and regional public health authorities against performance standards and recommendations of national organizations included U.S. Centers for Disease Control (CDC), National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), and American Public Health Association (APHA).
* Discussed identifying data, reports and studies on national performance standards, and drafting a work plan.

Establishing Minimum Standards:

* Minimum standards should at least ensuring that the public is safe, i.e., need to meet the regulatory/statutory requirements.
* Recommended looking at national standards that have been put to the test.
* Concern expressed that national standards may be “ideal” and may not be attainable for small towns or even bigger towns with limited budgets.
* Will research other states (Illinois, Ohio, CT, New Hampshire, Oregon), but also ensure that states that have Home Rule like Massachusetts are included (New Jersey). Finding and looking at regional studies, i.e., New England, was also seen as useful.
* Specifying what operationalizing the minimum standards looks like, especially regarding staffing to required activities or population, will be critical. Towns or cities which have well trained and credentialed staff, but not adequate staff, still will not be able to provide required services.
* Public Health Nurses have a manual on standards with ratios, i.e., 1 public health nurse to 5,000 people, which has incorporated the 10 essential services and Healthy People 2020 goals. Statute for food inspectors also includes ratios. Understood that formulas would need to be cognizant of different needs of towns and cities, i.e., some may not have restaurants or camps.
* A two tier approach was raised: require minimum standards that include the 10 essential services and 3 core functions as outlined by the CDC (<https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html> ) and tier two be accreditation to work towards. Want to ensure recommendation supports an integrated approach to public health/population health approach.
* Proposed that the table created by the Berkshire Health Alliance for the training of Boards of Health (BOH) should be crosswalked with the Massachusetts Association for Health Boards (MAHB)’s document that summarizes the statutory requirements for BOH and then incorporate the 10 essential services as a starting point for defining minimum standards.
* Will connect with other subcommittees such as Structure, Workforce Credentials, and Finance. For example, teaching and academic institutes need to be included in a plan for the training of local public health workforce, starting with trades schools and moving towards higher education to assist in ensuring there are continuous training opportunities for staff so they can fulfill the requirements; funding targeted to BOH and sustainable (explore Cherry Sheets model, Barnstable model, Mosquito Health Districts); and infrastructure that supports the implementation of the Commission recommendations, including DPH.
* Need data to demonstrate problem (not meeting the statutory requirements/public health mandate; lack of equity), impact of not dealing with the problem (not providing restaurant inspection could result in major health issue damaging tourist economy) and possible impact of implementing recommendations. Three county survey data exists and can be used as model for getting data from the rest of the state.
* Need strategies on how to educate and acquire support from stakeholders for adopting required minimum standards for local public health, including legislation with realistic funding. Begin by defining what is wanted (minimum required standards) and then develop steps on how to get there.
* Raised that states provide funding for local public health with requirements attached such as mandated reports. It was pointed out that in the 1980s legislation was passed under M.G.L. Chapter 111, Section 27C: *Reimbursement of Regional Health Districts; Qualification; Formula for Allocation of State Funds for Operating Expenses.* The lesson to be learned is that the recommendations by the subcommittee and Commission need to be attainable and to have backing for implementation.
* Will look at Connecticut and the pathway they have taken regarding current legislation and learn from the pitfalls encountered.

**Presentation at Commission Meeting on Nov. 3**

Other subcommittees will have 2 minutes to provide update followed by the Standard Subcommittee presenting recommended standards.

* Present context, problem and then recommendations.
* Present the table that summarizes statutory requirements, after it is cross-walked with the MAHB document and the 10 essential services/3 core functions as the bases for the proposed required standards for all BOH.
* Present accreditation standards, i.e., Public Health Accreditation Board (PHAB) Standards, as a bar to be worked towards (<http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/> ).
* Subcommittee Statements on Standards: *All citizens should be covered by a Public Health System that meets the required minimum standards including statutory mandated services. The Subcommittee recognizes the value and importance of meeting and working towards national standards as demonstrated through accreditation, including PHAB.*

**Decisions Made**

Presenting the two tiered approach (proposed minimum standards and working toward accreditation) was decided up. The Subcommittee Statements on Standards was developed.

VOTE: Laura Kittross moved to adopt the Subcommittee Statements on Standards. Phoebe Walker seconded the motion. The motion passed unanimously.

**Action Steps**

* Ron will put slides together based on the discussion and will send to Phoebe for review and editing.
* Ron will send out to all Subcommittee Members after Phoebe reviews and members will send Ron comments or edits.
* Finalized slide deck will be sent to members.
* Subcommittee will meet on Nov. 3 at 12:30pm to decide who will present.
* The next meeting will be determined.

**VOTE:**  Phoebe Walker moved to adjourn the meeting. Maria Pelletier seconded the motion. The motion was approved by unanimous vote.

The meeting adjourned at 10:55 a.m.

Approved by the Special Commission on Local and Regional Public Health Standards Subcommittee, November 3, 2017

**Special Commission on Local and Regional Public Health**

**Data Subcommittee**

Meeting Agenda

Tuesday, October 31, 2017

2:00pm-3:30pm

Massachusetts Department of Public Health – West Boylston Site

180 Beaman Street | West Boylston, Massachusetts

2:00pm Call to Order

2:05 Member introductions

2:10 VOTE: Approve minutes of September 15, 2017 meeting

2:15 Review DPH progress on data collection and choose what to highlight at Commission meeting on November 3, 2017 in our report out.

3:00 Review draft list of minimum standards for public health from Standards Subcommittee and discuss any data available for each.

3:15 National Models: NACCHO Operational Definition of a Functional Local Health Department and 10 Essential Public Health Services -- Discuss whether any additional data exists anywhere to evaluate MA level of success in meeting either.

3:25 Set next meeting time, adjourn

**Special Commission on Local and Regional Public Health**

**Data Subcommittee Minutes**

Tuesday, October 31, 2017

2:00pm-3:30pm

Massachusetts Department of Public Health – West Boylston Site

180 Beaman Street | West Boylston, Massachusetts

Members present: Justeen Hyde, Carmela Mancini, Cheryl Sbarra, Mark Smith, David McCready & Phoebe Walker

Members Absent: None

Staff: Shelly Yarnie and Ron O’Connor (phone)

Non-member: None

The meeting was called to order at 2:05pm. A quorum was present.

1. **Member introductions** took place
2. **Minutes: VOTE: Approve minutes of September 15, 2017 meeting**

Phoebe Walker moved to approve the September 15 minutes with a minor edit on Page 1. Second bullet under LPH Data in Other States shall read: *Regional-stand-alone districts have weaker connections to local decision makers in Connecticut*. Cheryl Sbarra seconded the motion. All agreed. The motion passed unanimously.

1. **Review DPH progress on data collection and choose what to highlight at Commission meeting on November 3, 2017 in our report out.**

* Data Subcommittee will report on Friday, November 3 about “what we know about the Local Public Health system in Massachusetts”
* Subcommittee went over November 3 agenda and Data Subcommittee presentation format and goal
* Many challenges collecting data

Data Subcommittee reviewed slides prepared by Phoebe Walker and Justeen Hyde from information Shelly Yarnie was able to obtain from DPH staff/programs. An update on data collection efforts from the following programs were discussed followed by a vote on specific further data requests needed.

* *A) Food Protection Program*- 2016 raw data was obtained, data is self- reported from boards of health and has not been verified by Massachusetts Department of Public Health (DPH) Food Protection Program. DPH Office of Local and Regional Health intern analyzed the data and put into pie charts. We are now going to request 2015 data to provide an estimate.

**VOTE**: The committee requests 2015 city/town retail food inspection report; Permission to report on 2016 data on number of inspections/year. Phoebe Walker moved to approve the request/proposal. Cheryl Sbarra seconded the motion. All agreed. The motion passed unanimously.

* *B) Communicable Disease*, very challenging to obtain information on MAVEN, the mandatory online communicable disease reporting system. No capacity in the system currently to know how well the local responsibilities are being fulfilled. Obtaining a measure of completeness of follow up for even one disease (like Pertussis) would be helpful.

**VOTE**: The committee requests the following data from MAVEN:

* % of towns that acknowledge receipt of communicable disease in town in a timely manner,
* % of closed investigations,
* % of cases lost to follow up,
* At least one quality indicator (e.g., pertussis)

Cheryl Sbarra moved to approve the request/proposal. Dr. Mancini seconded the motion. All agreed. The motion passed unanimously.

* *C) Beach Water Quality Testing-* Shelly Yarnie reviewed the 2016 Annual Report. In 2016, a total of 15,605 water samples were collected from 586 marine and 594 fresh water beach sampling locations.

Subcommittee feels data is not reliable because the report indicates that everyone is doing the water quality testing, but we don’t know if the communities are meeting the frequency requirement. A town could submit just once per summer for a weekly requirement and be counted as meeting the requirement in this report.

* *D) Lead*- Shelly Yarnie was able to provide the committee with a list of Code Enforcement Lead Determinators (LD). 121 towns are not listed as having access to a LD. In a Childhood Lead Exposure Data brief- 2016 of the 22 communities listed as high risk for lead poisoning, one has no LD listed.

Subcommittee feels data obtained is not useful as it does not provide actual towns with LD due to data limitations (for example, the agent for a regional health district is only listed in his/her home town).

* *E) Emergency Preparedness*: Quarterly response drills are conducted by the Office of Preparedness and Emergency Management (OPEM).

**VOTE**: The committee requests Health and Homeland Alert Network quarterly response drills data - most recent data that OPEM can share.

* BOH response rates to quarterly drills,
* # of towns with updated Emergency Dispensing Plan
* # of towns Emergency Dispensing Site plan connected to electronic- Community Emergency Plan
* Any other metric for local health preparedness that U.S. Centers for Disease Control is measuring

David McCready moved to approve the request/proposal. Cheryl Sbarra seconded the motion. All agreed. The motion passed unanimously.

* *F) Safe Drinking Water:* Not much that we can say we know. Massachusetts Department of Environmental Protection (DEP) does not track Soil Evaluator information. DEP does not have any information on private wells.

Mark Smith will go back and check into Title 5 data at DEP.

The Data Subcommittee reviewed Justeen Hyde’s presentation slides. She provided highlights of 3 articles. She emphasized the “Mean Capacity Score Among Each of the 10 Essential Public Health Services” and believes this is the best tool for the Standards Subcommittee, it is an all self-evaluation 25 question tool.

Presentation format and who would present on Data on November 3 was discussed and decided as a team effort/approach.

**Review draft list of minimum standards for local public health from Standards Subcommittee and discuss any data available for each.**

Phoebe Walker shared Standard Subcommittee Recommendation “Three Tiers of Standards”

Data Subcommittee can comment where appropriate

Colorado is a decentralized state and mandated 10 essential services for every health department in 2010 or 2011. Data Subcommittee should explore.

Minimum standards recommendation from Standards Subcommittee:

* 1st Tier: Legally required duties of a Massachusetts Local Health Departments
* 2nd Tier: What everyone deserves: Coverage by a health department that meets the 10 essential services
* 3rd Tier: Gold standard: National Accreditation

Is there a metric/rubric to determine 3 tiers? (this would fall to OLRH to measure)

How do you evaluate standards/metrics and translate into capacity

**National Models: NACCHO Operational Definition of a Functional Local Health Department and 10 Essential Public Health Services -- Discuss whether any additional data exists anywhere to evaluate** Massachusetts level of success in meeting either.

Set next meeting time, adjourn

The Commission meeting on Friday, November 3 will help inform when the Data Subcommittee meets next.

The following are tentative dates, location to be determined at a later time.

* Monday December 11, 10-11:30am
* Tuesday, January 9, 1:30-3pm

**Documents and Exhibits Used During the October 31, 2017 Meeting**

PowerPoint slides: Data Subcommittee Report

Approved by the Special Commission on Local and Regional Public Health Data Subcommittee, December 11, 2017

**Special Commission on Local and Regional Public Health**

**Standards Subcommittee**

**Meeting Agenda**

Friday, November 3, 2017

12:30 p.m. to 1:00 p.m.

Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, Massachusetts

12:30 Call to Order

**VOTE**: Nomination of Cheryl Sbarra, Subcommittee Chair

**VOTE**: Approve minutes of October 23, 2017 meeting

Review and discuss Standards Subcommittee presentation at the November 3, 2017 meeting of the Special Commission

Next steps

Set next meeting date

1:00 Adjourn

**Special Commission on Local and Regional Public Health**

**Standards Subcommittee Meeting Minutes**

November 3, 2017

Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, MA

**Members Present:** Terri Khoury, Maria Pelletier, Phoebe Walker, Cheryl Sbarra, Bernie Sullivan, Steven Ward

**Members Absent:** Sharon Cameron, Laura Kittross

**Staff:** Erica Piedade and Ron O’Connor

**Non-member:**  None

The meeting was called to order at 12:30 p.m. A quorum was present.

**Appointment of Subcommittee Chair**

At the October 23, 2017 Standards Subcommittee meeting, members recommended Cheryl Sbarra as subcommittee chair. She indicated her willingness to serve after that meeting.

**VOTE**: Phoebe Walker moved to appoint Cheryl Sbarra as Chair of the Standard Subcommittee. Terri Khoury seconded the motion. The motion passed unanimously.

**Presentation of Standards Subcommittee Report to the Special Commission**

Subcommittee members reviewed the slide presentation on the recommended minimum standards.

Cheryl Sbarra, Ron O’Connor, Terri Khoury and Steve Ward decided they would present and answer questions as a group, each taking a different section or topic of the slide set.

**Adjourn**

**VOTE**: Terri Khoury moved to adjourn the meeting. Cheryl Sbarra seconded the motion. The motion passed unanimously.

The meeting adjourned at 1:00 p.m.

**Documents and Exhibits Used at the November 3, 2017 Meeting**

Slide Presentation: Standards Subcommittee Report, Special Commission on Local and Regional Public Health, November 3, 2017

Approved by the Special Commission on Local and Regional Public Health Standards Subcommittee, December 8, 2017

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee**

**Meeting Agenda**

Friday November 3, 2017

11:00 a.m. - 12:30 p.m.

Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, Massachusetts

11:00 a.m. Call to order

**VOTE**: Approve minutes of September 15, 2017 meeting

Discuss cross-jurisdictional sharing in Massachusetts

Discuss cross-jurisdictional sharing in other states

Discuss strategic approach to cross-jurisdictional sharing in Massachusetts

Summary of the Merrimack Valley Health District

Next steps

12:30 p.m. Adjourn

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee Meeting Minutes**

November 3, 2017

Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, MA

**Members Present:** Bernie Sullivan, Chair, Representative Hannah Kane, Kevin Mizikar, Terri Khoury, Lorraine O’Connor (for Jason Wentworth)

**Members Absent:** Harold Cox, Charlie Kaniecki

**MDPH Staff:**  Ron O’Connor, Erica Piedade, Eddy Atallah (student)

**Non-Members:**  Barry Keppard

The start of the meeting was delayed until 11:30 a.m. for lack of a quorum. Ron O’Connor, Director of the MDPH Office of Local and Regional Health, provided an overview of cross-jurisdictional sharing in Massachusetts for the members present at 11:00 a.m. The members did not deliberate on matters during this information-sharing session.

**Call to Order:** The meeting was called to order at 11:30 a.m. A quorum was present.

**VOTE:** Representative Hannah Kane moved to accept the minutes of the September 15, 2017 meeting of the Structure Subcommittee (amended to include attendance of Barry Keppard as a non-member).

Terri Khoury seconded this motion. The motion passed unanimously by voice vote.

**Key Issues and Topics Discussed**

* **Existing Health Districts/ Shared Services.** Members discussed an overview of the 16 Massachusetts health districts and other cross jurisdictional sharing arrangements prepared by DPH staff. Members commented that the summary of the 16 entities can be enhanced by reviewing the documents that created districts (e.g., legislation that created Nashoba Associated Boards of Health and Barnstable County Department of Health and the Environment) and other documents that describe the legal framework and history. Eastern Franklin County and Franklin Regional Council of Governments were noted as additional examples for further research. That research will also help in understanding revenue sources for districts.

Standardized information that characterizes each health district would be helpful to better understand the different models and could lead to a classification system for Massachusetts. For example, member towns of the Central Massachusetts Regional Public Health Alliance (CMPHA) have different inter-municipality agreements (IMAs) with different expiration dates.

A chart of health districts and shared services can be created that will include the 3 areas of legislation that address shared service. Information regarding health districts created in1980’s is limited; these districts (Quabbin, Foothills, and Eastern Franklin) may or may not have been funded with state incentive funds.

A member asked if the role of large coalitions that receive categorical funding (i.e. tobacco, substance use/abuse, mosquitos) should be considered in developing a list of shared service arrangements (e.g.; the Cape Ann area has about 17 different coalitions that provide public health services; is this a “shared service”?). Standards adopted by the Commission will help to define how grants (i.e., tobacco control, etc.) can contribute to our understanding of public health services sharing across communities. The Cape Ann/ North Shore sunscreen awareness program was noted as a very successful inter-community program. A member indicated that there are concerns about the administrative burden associated with community programs. In addition to organization and facilitating meetings and providing administrative support, individuals who are hired for these programs might become town employees with associated employee benefits costs.

What national data do we have on cities and towns staffing and structure? The National Association of County and City Health Officials and the Association of State and Territorial Health Officials have data that will be useful to the subcommittee. DPH staff will review data form other states. Colorado, Connecticut, Vermont, and Rhode Island were cited as states to review. Charlie Kaneicki recently reported (by email prior to the meeting) that there is legislation on regionalization in Connecticut that is currently stuck. Colorado is another useful example. DO they use marijuana tax dollars to support their public health budget?

* **Funding:** The American Public Health Association recommended last year that marijuana tax dollars be used to fund public health infrastructure but specifics were not shared at the meeting.

Structure Subcommittee needs to work with the Finance Subcommittee to ensure that recommendations on structure are supported by the Finance Subcommittee recommendations. The Finance Subcommittee plans to meet by the end of December. DPH will facilitate connections between Finance and other subcommittees.

The **Merrimack Valley Health District** was cited as a useful case study. There were opportunities for success, but it failed when the Mayor of Methuen cut the health director salary line item in the health department budget. Buy-in from municipal leadership is essential.

* **Collaboration with hospitals.** Discussion moved to the role of approaches that include partnerships with hospitals/ health centers. Subcommittee might explore experiences with local public health – health care alliances. For example, hospitals have funding for community activities (Community Benefits or Determination of Need (DoN) requirement).

CMPHA as a whole does not engage with hospitals with the exception of Community Health Improvement Planning (CHIP).

Local public health is slowly building relationships with hospitals, particularly around Community Health Assessment, CHIP, and use of funds under Community Benefits or DoN.

Chelsea was cited as an example of a public health approach to community health needs assessment that included health systems and municipality.

**Decisions Made**

The subcommittee did not make any decisions at this meeting.

**Action Items/ Next Steps**

1. Review Standards Subcommittee recommendations for minimum set of services to inform additional discussion of structure
2. Review information from Data Subcommittee
3. DPH staff will review use of Colorado marijuana tax revenue
4. DPH staff will review APHA marijuana tax revenue recommendations
5. DPH staff will review data from other states
6. DPH staff will review request for a char of public health districts/ shared services that includes enabling legislation, funding, etc.
7. Send Doodle poll for next meeting
8. Lorraine O’Connor will check if she is the permanent replacement for Jason Wentworth as the MDAR designee
9. DPH staff will review the legal formation of public health districts in Massachusetts
10. DOG staff will check with the town of Montague to see if original documents are available
11. DPH staff will review the revenue structure for Barnstable County and Franklin Regional Council of Governments

**VOTE:** Representative Hannah Kane moved to adjourn the meeting. Kevin Mizikar seconded the motion.

The motion passed unanimously by voice vote.

The meeting adjourned at 12:15 p.m.

Documents and Exhibits Used During the November 3, 2017 Meeting

1. Structure Subcommittee November 3, 2017 meeting agenda
2. Structure Subcommittee Minutes form September15, 2017 meeting
3. Massachusetts Public Health Districts and Shared Services Arrangements
4. Spectrum of Cross-jurisdictional Sharing Arrangements (Center for Public Health Services)

Approved by the Special Commission on Local and Regional Public Health Structure Subcommittee, December 12, 2018

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, November 3, 2017

1:00 p.m. to 3:30 p.m.

Massachusetts Division of Fisheries and Wildlife  
1 Rabbit Hill Road, Westborough, Massachusetts

1:00 Call to Order

Welcome and Introductions

Review Agenda

1:05 **VOTE**: Minutes of September 15, 2017 1:00 p.m. meeting

**VOTE**: Minutes of September 15, 2017 3:50 p.m. meeting

**VOTE**: New subcommittee member assignments

1:10 Subcommittee Status Reports

* Workforce Credentials
* Structure
* Finance

1:20 Report of the Standards Subcommittee

Recommendation for a minimum set of services to be provided by Massachusetts local public health authorities

1:40 Discussion of Recommendation of the Standards Subcommittee

2:40 **VOTE:** SCLRPHstatement on a minimum set of services to be provided by Massachusetts local public health authorities

2:45 Report of the Data Subcommittee

Overview of Existing Data on the Capacity of Local Public Health in Massachusetts to Meet Standards

3:20 Next steps/Plans for next meeting

3:30 Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

**Date:** Friday, November 3, 2017

**Time:** 1:00 p.m. to 3:00 p.m.

**Location:** Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, MA

**Members Present:** Eileen Sullivan, Chair (designee of DPH Commissioner Monica Bharel), Senator Jason Lewis, Representative Hannah Kane, Justeen Hyde, Terri Khoury, Carmela Mancini, Eileen McAnneny, David McCready, Kevin Mizikar, Lorraine O’Connor (designee of DEP Commissioner Martin Suuberg in place of Assistant Commissioner Jason Wentworth), Maria Pelletier, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Sam Wong

**Members Absent:** Sharon Cameron, Harold Cox, Charlie Kaniecki, Laura Kittross, Representative Steven Ultrino, Senator Richard Ross (non-voting representation by Greg Casey, Chief of Staff)

**Quorum:** A quorum was present

**DPH Staff:** Jessica Ferland, Ron O’Connor, Erica Piedade, Shelly Yarnie

**Visitors:** Greg Casey (Chief of Staff for Senator Richard Ross), Eddy Atallah, Ed Cosgrove, Barry Keppard, Melanie O’Malley

**Call to Order:** Eileen Sullivan, Chair (designee of DPH Commissioner Monica Bharel), called the meeting to order.

**VOTE**: Kevin Mizikar moved to approve the minutes of the two September 15, 2017 meetings. Carmela Mancini seconded the motion. The motion passed unanimously.

**Subcommittee Updates**

Members were asked if they were interested in joining additional subcommittees, especially the Finance Subcommittee which needs more members.

No one requested to be added to a subcommittee. A vote was not taken.

**Workforce Credentials Subcommittee Update** – **Erica Piedade for Laura Kittross, Chair**

The subcommittee has discussed educational standards, training, and credentialing issues and preliminary ideas to move forward with the Commission charge:

* Focus on identifying educational standards, training, and credentialing beginning with the field staff.
* Preliminary recommendations:
  + Setting minimum training requirements for public health staff, especially for those who conduct inspections, such as a core competency course (i.e., Local Public Health Institute (LPHI) Foundations for Local Public Health Practice course) and field training;
  + Considering requirements for position-specific credentials such as Certified Pool/Spa Operator (CPO), ServSafe, Massachusetts Public Health Inspector Training (MAPHIT) Housing certification; and
  + For managerial/director role identifying educational standards, training and credentialing as strongly recommended versus mandated.
* Explore the costs and benefits for mandating educational standards, training and credentials for critical positions and the process and structure needed for implementing mandates.

**Structure Subcommittee Update – Bernie Sullivan, Chair**

Subcommittee has reviewed the 16 existing public health districts and shared services arrangements in Massachusetts. Each has a unique structure and history. Recommendations of the Standards Subcommittee will be needed in order define effective and efficient structures that can meet the standards.

**Finance Subcommittee Update** – **Ron O’Connor, OLRH Staff**

The subcommittee has not met since its initial meeting in September. It is trying to schedule a meeting before the end of the calendar year. Currently there is no chair.

**Standards Subcommittee Update** – **Slide Presentation - Cheryl Sbarra (Chair), Terri Khoury, Steve Ward, and Ron O’Connor (OLRH staff)**

* A brief history and timeline on the evolution of public health practice was provided to frame the need to set standards.
* The charge was reviewed and the subcommittee explored three tiers for recommending a standard:
  + Tier 1/Minimum Standards: Legally required duties of a Massachusetts Local Health Department/BOH
  + Tier 2/”What everyone deserves”: Local Health Department/BOH that provides the Ten Essential Public Health Services
  + Tier 3/”Gold Standard”: National accreditation through the Public Health Accreditation Board.
* Subcommittee defined each tier and provided examples including how the Association of Public Health Nurses operationalized the Ten Essential Public Health Services into public health nursing standards. Discussion included an acknowledgement that Tier 1, the status quo, was not a desirable standard given how national standards have evolved.
* The Standards Subcommittee recommended the following minimum set of local public health services which every resident deserves: *Every Massachusetts resident should be served by a local public health authority that effectively and efficiently provides the Ten Essential Public Health Services.*
* The subcommittee provided this additional Statement on Standards: *All citizens should be covered by a public health system that meets the required minimum standards including statutory mandated services. The Subcommittee recognizes the value and importance of meeting and working towards national standards as demonstrated through accreditation by the Public Health Accreditation Board.*
* The Commission members were asked to consider accepting the Subcommittee’s recommendation: Ten Essential Public Health Services (“Tier 2) as the minimum package of services with Tier 3 being the aspirational goal.

**Comments and Discussion**

1. ***How much of a difference is there between the tiers?***

* Tier 1 just focuses on inspections/enforcement requirements. Some local health departments cannot even fully meet those mandatory requirements.  
  Using the NACCHO’s “Operational Definition of a Functional Local Health Department” as a minimum standard of performance for all local health departments in Massachusetts will ensure that residents across the state receive a nationally recognized set of public health services.
* Based on Justeen Hyde’s research:
  + When examining the 10 Essential Services, 2 out of the 10 focus on enforcement and surveillance, and the rest are really about “how do we do our job” within an evidence based framework, collaborating across critical fields, and consistently evaluating the work and standards for performance.
  + Approximately 25% of municipalities/ districts are performing at the Tier 2 level.

1. ***How is effective service delivery measured?***

* Colorado has mandated that LPH have outcome measures.
* Current Massachusetts reporting is inconsistent.
* There are no consequences in Massachusetts for not meeting statutory requirements.
* We could build a local public health system with measures that, if funded, could require reporting.

1. ***Why change the Massachusetts local public health system?***

* Some local health departments cannot even meet legal requirements (“Tier 1”).
* Tier 1 services do not change rate of diabetes, pediatric asthma, or other preventable, chronic diseases.
* Ten Essential Public Health Services (“Tier 2”) as the minimum set of services will be significant in improving health outcomes and where measurable change can actually begin.
* Accreditation (“Tier 3”) will be a big shift for local public health. Most local health departments are not ready for accreditation. With Ten Essential Public Health Services, there can be a measureable impact on health outcomes.

**Data Subcommittee – Slide Presentation– Phoebe Walker and Justeen Hyde, Co-Chairs**

1. ***What do we know about how well local public health is working?***

* Currently there is no dashboard or one tool to show the status of LPH performance in meeting required duties.
* Main challenges
  + Some data is missing/not collected; Information is collected but sometimes not complete.
  + Lack of funding with incentives for meeting requirements and reporting.
  + No consequence for underperformance or non-compliance.
  + Some mandatory reporting isn’t being done.
* Presented local public health data from DPH; identified additional data sets that will inform a better understanding of the capacity of the local public health system.
* Department of Environmental Protection-related local public health data was less available.
* 30% of municipalities submit retail food inspection reports to DPH. Of those, 46% appear to perform the required 2 inspections per year.

Some observations:

* The capacity to complete and report required food inspections appears greater with increasing population size (e.g., communities with over 26,000 people with a larger budget and larger staff).
* Need to consider capacity of rural communities. Small towns tend to be supported if municipal leadership understands the importance of local public health.
* Data Subcommittee needs to determine if there is enough data to make the case for “Tier 2”. If not, what other data is needed?
* Most of the data reflects capacity to address environmental health. The case for the Ten Essential Public Health Services requires data related to chronic disease.
* Community health centers have health promotion/chronic disease prevention data at hand which helped make the case for having community health workers.

1. ***How does Massachusetts compare to other states?***

* We need to describe what Massachusetts would look like if local public health has the capacity to provide Ten Essential Public Health Services (EPHS). There is a need to explore other states that adopted EPHS.
* Staffing levels are a concern. How does local public health do the work in a meaningful way if staffing is not adequate? There is a need to explore national standards for ratio of population to staff for various functions.

1. ***Other data issues***

* Explore health outcome data for the towns against indicators of the capacity of local public health to provide required services.
* DPH has health outcomes data (e.g., disease incidence and health care utilization data like healthcare systems rather than from local public health).
* What data-based arguments are needed to build a case for change in the local public health system?

**Additional Comments/Discussion about Making the Case for Change**

[Note: “Tier 1” – services required by Massachusetts statute or regulation

“Tier 2” – Ten Essential Public Health Services]

Are we aiming for Tier 1? Shouldn’t that be the baseline?

* There are important differences between Tier 1 and 2. Tier 1 technically can have trained professionals that focus on regulatory requirements. Tier 2 is a different approach in engaging populations and requires a leap in skill sets.
* Tier 1 is the current problem – it is just saying, “Do your job.” Tier 2 ensures that they are doing their job and moves beyond status quo.
* The missing component is what does it take to get from one tier to the next – tangible targets, for example, in 3 years all meet current requirements, and in 5 years provide ten essential public health services?
* A take-away is – what would Tier 2 look like. Subcommittees can use Tier 2 to show what it looks like.
* Getting from Tier 2 to 3 is not that hard, but getting from Tier 1 to Tier 2 might take the most effort.
* Tying beneficial outcomes to the tiers would help. Integrate pre-, current, and post- data outcomes for people to be able to see a gained benefit or reward.
* Need to show the benefits of having services meet the Ten Essential Public Health Services with community data.
* Need to show benefits and harm avoided as part of the case for change.

**Next Steps**

The Commission decided it needed to have more information before deciding if it should accept the Ten Essential Public Health Services as a standard in forthcoming work. It was agreed that each Subcommittee could use the Ten Essential Public Health Services as a bar to see what resources would be needed to get BOHs across the state to be able to operationalize it.

Data Subcommittee will meet with key DPH managers to review available data at their December 11, 2017 meeting.

**Next Special Commission Meeting**

Members were asked to indicate their availability for either January 12 or 19, 2018. Once responses have been tallied, a meeting date will be confirmed and communicated with Commission members.

**VOTE:** Sam Wong moved to adjourn the meeting. David McCready seconded the motion. The motion passed unanimously by voice vote.

The meeting was adjourned at 3:00 p.m.

Approved by the Special Commission on Local and Regional Public Health, January 12, 2018

**Special Commission on Local and Regional Public Health**

**Documents and Exhibits Used During the November 3, 2017 Meeting**

* Agenda for Special Commission on Local and Regional Public Health Meeting
* Draft minutes from the two September 15th meetings for approval by Commission members
* *Operational Definition of a Functional Local Health Department,* NACCHO 2005
* Updated Roadmap
* *Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century*
* *Berkshire County Boards of Health Association Local Boards Of Health Core Duties*
* Presentation from Sept. 15th meeting: Cross-Jurisdictional Sharing: What it is and How to Make it Work
* Subcommittee Membership and Descriptions document
* Meeting minutes from September 15th meetings of subcommittees

**Slide Presentations at the Meeting**

* ***Standards Committee Report***, Cheryl Sbarra (Chair), Terri Khoury, Steve Ward
* **Data Committee Report,** Phoebe Walker, Justine Hyde

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

December 8, 2017

9:00 a.m. to 10:30

Worcester Senior Center

128 Providence St, Worcester

9:00 Call to Order

VOTE: Approve minutes of October 23, 2017 meeting

9:10 Review and discussion of Standards Subcommittee recommendations

9:20 Review of Workforce Credentials preliminary draft recommendations

10:20 Next Steps

VOTE: On Action

10:30 Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

December 8, 2017

Worcester Senior Center

128 Providence St., Worcester

**Members Present:** Sharon Cameron, Charlie Kaniecki, Laura Kittross, Steven Ward

**Member Absent:** Maria Pelletier

**Staff:** Ron O’Connor, Erica Piedade

**Non-members:**  Rae Dick, Melanie O’Malley

**Call to Order:**  Laura Kittross, the Chair noted that a quorum was present and called the meeting to order at 9:05am.

**Vote**: Steve Ward moved to approve the minutes of the October 23, 2017 meeting. Charlie Kaniecki seconded the motion. The motion passed unanimously.

**Review and Discussion of the Standards Subcommittee Presentation to the Special Commission on November 3, 2017:** An overview of the presentation and discussion was provided to the Subcommittee members who were not in attendance. The Special Commission discussion focused on needing to make a case for instituting the proposed standards but agreed that Subcommittees should use the 10 Essential Services as a basis for moving forward. Workforce Credentials Subcommittee members discussed the concerns that were raised at the November 3 meeting, i.e., what harm would result in leaving the system the way it is, why shouldn’t the focus be on ensuring all BOHs meet the minimum, what would the benefits compared to cost be in raising the bar, and what measures exist to capture benefits. Laura Kittross agreed to do some preliminary work on making the case for supporting initiatives that would ensure a well-trained, competent, and adequate workforce.

**Vote:**  Laura Kittross made a motion to allow non-Commission members to freely participate in the discussion. Sharon Cameron seconded the motion. The motion passed unanimously.

**Review and Discussion of the Preliminary Draft Recommendations:** The discussion focused on the four identified positions and the training each position should be required to have (document attached).

* Inspectional Staff – mandate type of training and credentialing
* Public Health Nurse (PHN) – question was raised if it was necessary to have a public health nurse or if the PHN needed to be a RN;
* Directors – strongly recommend training; lots of different definitions of what a director is which needs further research in order to make clearer recommendations (Erica Piedade will review workforce documents on director credentialing recommendations for the next meeting);
* Board of Health Members – it was stated that trainings can be mandated and should be so they understand their statutory responsibilities; agreed that if undertook inspections must be trained though it was agreed that Board Members should focus on oversight and not be doing the work of staff (regulatory language may need changing);
* Clerical Support Staff – this position was added based on a strong argument and agreement of the value of a well-trained Clerical Support Staff; such staff needs to know what and what not a BOH is responsible for, how to respond to public records retention and requests, public inquiries, filling out forms, etc.

Key discussion points included:

* Requiring a “Foundations Course” similar to the LPHI Foundations Course as training along with identifying the required credentials; exceptions for taking the “Foundations Course” could be made if the professional had certifications that demonstrated the knowledge and skill-set being required; this would especially be a requirement any BOH staff who does inspectional services;
* Should a RS, REHS, or CHO be a required credential and should they be required to maintain the credentials which would be an added expense; CHO regulations have been finalized, exam being rolled out, and requires a BA and 30 hours of science credits;
* Requiring a bachelor’s degree versus not requiring a bachelor’s degree was raised; concern with requiring a bachelor’s degree was that it reduces the pool; current local public health workers in towns where salaries are low may not be able to make the monetary or time investment to pursue a bachelor’s; towns may not be able to provide a competitive salary to recruit or retain individual; recommending credentialing and raising the bar would be within the context of the Special Commission also looking at financial feasibility and sustainability for towns so important to define what the best options for local public health be;
* Should think in the context of pathways and pipeline, i.e., gradation of requirements from new in the field without experience versus many years of experience but with no credentials to highly credentialed; can recommend that within the first year or within 2-5 years of hire will need credentials;
* “Academy” type model that is in place for fire fighters might be a good model to introduce; there would be a cost attached to ensure sustainability, but many local public health workers pay to be certified and towns pay to have their fire fighters trained; if towns share services they also share training expenses and when there is a turnover they still have staff to step in;
* For required credentials should there be continuing education requirements so staff are supported in going to conferences and trainings and keep up with best practices; everyone agreed that the recommendations should be clear and simple;
* The Public Health Nurse’s role in local public health has changed; competitive salaries and recruitment issues are concerns; as stated above considering LPNs as well as RNs need to be discussed;
* Consider who will do the certification or credentialing, DPH or an “LPH Training Academy”; DPH currently is responsible for the RS and CHO credentialing process; “Academy” may be simpler or more flexible in meeting changing landscape;
* In making the case may need to map out current status and what needs to happen to get to where the bar is being set; may need a quick survey regarding BOH # of staff, positions of staff, salaries, number and types of inspections, population being served, grants applied for; and
* When recommendations are finalized will need legislative language to support this.

**Action Steps:**

Laura Kittross will work on making the case for supporting workforce development.

Erica Piedade will review workforce documents on local public health that focuses on “directors” and will bring definitions and recommendations for training and credentialing for that position to the next meeting. She will also research the “fire personnel training academy” for considering a “public health workforce training academy”

Sharon, Charlie and Steve will review the Draft Recommendations document to see what is missing regarding the different recommended positions and training and should there be others such as a MA PHIT Camp or training on preparation for working with courts.

Sharon, Charlie and Rae will look at the *Competency* document pages 2-10 and 13-26 to see if the LPHI “Foundations Course” includes all the areas.

Sharon will come up with questions for the survey and will send them out for feedback.

**Proposed Meeting Date:** January 24, 2018 in coordination with and after the Standards Subcommittee Meeting.

**Vote:** A motion to adjourn the meeting was made and seconded. The motion passed unanimously. The meeting adjourned at 10:50a.m.

**Documents and Exhibits Used at the December 8, 2017 Meeting**

December 8, 2017 Meeting Agenda

October 23, 2017 Meeting Minutes

Workforce Credentials Subcommittee Work Plan

Workforce Credentials Subcommittee Draft Recommendations – First Draft 11/28/17

Standards Subcommittee Slides from November 3, 2017 Presentation

Approved by the Special Commission on Local and Regional Public Health Workforce Credentials Sub-Committee on January 24, 2018.

**Special Commission on Local and Regional Public Health**

**Standards Subcommittee**

Meeting Agenda

Friday, December 8, 2017

10:30 a.m. to Noon

Worcester Senior Center

128 Providence Street, Worcester

1. Call to Order
2. VOTE: Minutes of October 23 and November 3, 2017 meetings
3. Update: the case for a higher standard for a minimum set of local public health services
4. Discussion of Foundational Public Health Services
5. VOTE: Revised recommendation to Special Commission on minimum set of services
6. Next meeting

Adjourn

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Standards Subcommittee Meeting Minutes**

December 8, 2017

Worcester Senior Center

128 Providence St., Worcester, MA

**Members Present:** Sharon Cameron, Terri Khoury, Laura Kittross, Cheryl Sbarra, Steven Ward

**Member Absent:** Maria Pelletier, Phoebe Walker

**Staff:** Erica Piedade and Ron O’Connor

**Non-member:**  Charlie Kaniecki and Melanie O’Malley

The chair, Cheryl Sbarra, called the meeting to order at 10:50 a.m. A quorum was present.

VOTE: To approve the October 23 meeting minutes.

Motion: Sharon Cameron

Second: Laura Kittross and Steve Ward

The motion passed unanimously.

VOTE: To approve the November 3 meeting minutes.

Motion: Cheryl Sbarra

Second: Terri Khoury

In Favor: Terri Khoury, Cheryl Sbarra, Steven Ward

Abstained: Sharon Cameron and Laura Kittross

The motion passed with a majority approval.

**Presentation and Discussion on the Foundational Public Health Services (FPHS)**

Cheryl Sbarra provided a brief summary of the Commission response to the Standards Subcommittee presentation on November 3, 2017. In response to the questions about the case for making a change, especially for instituting the recommended standards, and measurability, Cheryl Sbarra proposed that the Standards Subcommittee consider the Foundational Public Health Services (FPHS). FPHS will help the subcommittee make the argument for the standards being proposed. She handed out copies of the slide set that she then presented to the Subcommittee members.

Discussion regarding having FPHS as the recommendation for the minimum set of local public health services:

* *Foundational Public Health Services* (FPHS) was developed by the Public Health National Center for Innovations (PHNCI; PHNCI was established by the Public Health Accreditation Board (PHAB) with funding from Robert Wood Johnson Foundation.
* FPHS was endorsed by the National Association of County and City Health Officials (NACCHO) in 2012; NACCHO has been working on developing national standards since 2005.
* Kansas Health Institute (KHI) report studied 8 states that instituted the FPHS in order to determine if Kansas should adopt FPHS; study provides information about Kansas, Colorado, Kentucky, North Carolina, North Dakota, Ohio, Oregon, Texas and Washington and the effort by each state to identify a minimum package of essential services to adopt as a standard.
* The FPHS responds to the concerns raised at the November 3 Commission meeting regarding measuring outcomes and assessing the cost for the minimum package of local public health services.
* The FPHS integrates the 10 essential services into its model and goes further by defining what operationalizing the model actually entails. It is a natural transition from the Subcommittee recommendation of the 10 Essential Public Health Services to the FPHS as the standard to recommend. FPHS is aligned with the 10 Essential Public Health Services in a way that provides cost estimates and measures of foundational services.
* The FPHS has also been aligned with the PHAB criteria.
* The appendix of the KHI report lays out operationalization of services at the local, regional and state levels; recommended services include clinical and lab services which are most feasibly provided through the sharing of services among communities.
* An agreed-upon minimum set of services (the “standard”) will enable other Commission subcommittees to recommend the structure, workforce, and financial support needed to meet the standard.
* OLRH staff members are researching how Washington, Colorado and Oregon made the case and were able to have the FPHS as a standard for the minimum package of services.
* In the presentation to the Commission, FPHS would substitute for the 10 Essential Services; it was agreed that the first tier (meeting statutory and regulatory requirements) was not acceptable if we are to have 21st century services; the case for change needs to be made; the system needs to be modernized.
* Caution was emphasized with regard to the use of the term “modernization” because it might be seen as a “luxury” with regard to competing priorities and lack of adequate resources.
* In looking at other states, Ohio requires health departments to be certified by a certain date in order to receive state funding; some states use different tax revenues to support LPH, i.e., Colorado and the cannabis tax; the Finance Subcommittee would be tasked to develop recommendations for the financing of the recommendations made by the Commission.

VOTE: To revise the recommendations made in the presentation to the Special Commission to incorporate FPHS as the recommended minimum package of services.

Motion: Steve Ward

Second: Laura Kittross

The motion passed unanimously.

Discussion on Revising the Presentation:

* Texas, as a decentralized state similar to Massachusetts, will be examined to learn how they were able to institute FPHS as their standard.
* Questions regarding the need for change came from the non-public health representatives, so the work needs to focus on making a clear case to the non-public health professionals on the Commission.
* CDC has slides on demonstrating the value and impact of public health over the centuries and includes relevant data which would help non-public health people understand how public health works; good public health is often invisible because it is working well.
* Chronic diseases are the major causes of morbidity and mortality and have very high health costs for individuals, states and the nation and need to be the number one issue addressed as part of Public Health 3.0; the state needs LPH as a partner in order to be successful at combating chronic disease;
* The capacity in every community to control communicable disease is important because communicable diseases do not stop at the borders of towns.
* A proposal to schedule a joint meeting with the Data Subcommittee to coordinate making the case was made.
* The purpose of the joint meeting of the subcommittees will be to combine Standards Subcommittee messages about the importance of public health and the Foundational Public Health Services with the Data Subcommittee messages about current local public health capacity.

VOT: To meet with the Data Subcommittee members to discuss and prepare a presentation on making the case for FPHS as the minimum set of local public health services.

Motion: Cheryl Sbarra

Second: Laura Kittross

The motion passed unanimously.

**Action Steps:**

* Laura Kittross will research CDC presentations and information on public health impact.
* OLRH Staff will continue researching states similar to Mass. that have instituted FPHS.
* Ron O’Connor will reach out to the Data Subcommittee Chairs to inform them of the proposal to have a joint meeting.

**Adjourn:**

* VOTE: Adjourn the meeting
* Motion: Steve Ward
* Second: Terri Khoury
* The motion passed unanimously
* The meeting was adjourned at 1:00p.m.

**Documents and Exhibits Used During the December 8, 2017 Meeting:**

* Slide Presentation: *Foundational Public Health Services*
* FPHS Fact Sheet: [www.phnci.org](http://www.phnci.org)
* NACCHO’s Statement of Policy, Foundation Public Health Services: [www.NACCHO.org](http://www.NACCHO.org)
* *State-By-State Comparison of Foundational Public Health Services, Technical Report January 2017,* Kansas Health Institute: [www.KHI.org](http://www.KHI.org)
* *Defining and Constituting Foundational “Capabilities” and “Areas” Version 1(V-1), Executive Summary,* Public Health Leadership Forum,March 2014: [http://www.iom.edu/Reports.aspx?Activity={C466A30C-76B9-4E9A-87D1-06C854B779DA}](http://www.iom.edu/Reports.aspx?Activity=%7bC466A30C-76B9-4E9A-87D1-06C854B779DA%7d)

Lampe S, Van Raemdonck L, et al. Minimum Package of Public Health Services: The Adoption of Core Services in Local Public Health Agencies in Colorado. American Journal of Public Health. 2015; 105:S252-S259.

Approved by the Special Commission on Local and Regional Public Health Standards Subcommittee, January 3, 2018

**Special Commission on Local and Regional Public Health**

**Data Subcommittee**

Meeting Agenda

Monday, December 11, 2017

10:00 am-12 pm

Massachusetts Department of Public Health

250 Washington Street, Conference Room 3A | Boston, Massachusetts

10:00 a.m. Call to Order

10:05 Member introductions

10:10 VOTE: Approve minutes of October 31, 2017 meeting

10:15 Discussion: how can we best meet the charge from the full Commission to make a “business case” for setting a higher minimum standard for local public health in Massachusetts?

10:45 Review DPH health outcomes data against local public health infrastructure data. Can we lay two kinds of maps on top of each other?

11:00 Update on DPH Data requests

* + Retail Food Inspection
  + Beach Water Testing
  + Massachusetts Virtual Epidemiologic Network (MAVEN)
  + Lead Poisoning Prevention – Lead Determinators
  + Health and Homeland Alert Network

11:55 Set next meeting date

Noon Adjourn

**Special Commission on Local and Regional Public Health**

**Data Subcommittee Minutes**

Monday, December 11, 2017

10:00am-12:00pm

Massachusetts Department of Public Health – West Boylston Site

250 Washington Street | Boston, Massachusetts

Members present: Justeen Hyde, Carmela Mancini, Cheryl Sbarra, Mark Smith, David McCready & Phoebe Walker

Members Absent: None

Staff: Shelly Yarnie, Ron O’Connor, Jana Ferguson, Kerin Milesky, Kevin Cranston, Gillian Haney and Eileen Sullivan

Non-member: None

The meeting was called to order at 10:15pm. A quorum was present.

1. **Member introductions** took place
2. **Minutes: VOTE: Approve minutes of October 31, 2017 meeting**

Phoebe Walker moved to approve the October 31 minutes. David McCready seconded the motion. All agreed. The motion passed unanimously.

Phoebe Walker reviewed the Gliecher’s Formula, a model to provide successful organizational change. It is challenging to overcome dissatisfaction and change absent of this formula in place.

1. **Discussion: how can we best meet the charge from the full Commission to make a “business case” for setting a higher minimum standard for local public health in Massachusetts?**

How can we clarify that how local public health is working now is broken?

We don’t know what we don’t know

Cheryl Sbarra shared the recent Standards meeting observation:

* Part of problem is some members of the Special Commission on Local and Regional Public Health do not understand local public health in Massachusetts. The historical context/knowledge is limited among these members. Knowledgeable Commission members need to provide a historical perspective.

Justeen Hyde shared the following comments:

21st century vision is not just ensuring that mandated services are provided in every municipality. While there are gaps at the level of mandated services that need to be addressed, the Commission needs to set its sight on the ten essential public health services and how to get there. The Department of Public Health (DPH) is now an accredited health department and it did not need a local public health vision on accreditation.

Some people have no interest in a vision of 21st century public health- especially when some restaurants are not being inspected across the state.

1. **Review DPH health outcomes data against local public health infrastructure data. Can we lay two kinds of maps on top of each other?**

This agenda item was tabled to discuss at a later time.

1. **Update on DPH Data requests**

* Retail Food Inspections
* Beach Water Testing
* Massachusetts Virtual Epidemiologic Network (MAVEN)
* Lead Poisoning Prevention- Lead Determinators
* Health and Homeland Alert Network

**Health and Homeland Alert Network (HHAN)**

Kerin Milesky, Director, Office of Preparedness and Emergency Management, provided an overview/background on the HHAN system. Two data sheets that provide update on HHAN Response Status FY 17/Budget Period 5 and Emergency Dispensing Site Plans in MAhighlights are as follows:

*HHAN Response Status FY 17/BP5*

* HHAN response rates range from 66%-80% by region
* Areas of concern are communities unable to respond to the drills. There is opportunity to pull out communities not able to respond so that research is done and explored further as to why no response. Sometimes there is no person in place. The goal is to ensure many points of contact are in place for each community
* Town level data shows smaller towns not doing well. Can we do mapping?

At this time looking for measures

* What is implication of a town who does not respond? What is responsiveness?

Towns with least responsiveness know that the state will take over especially when emergent issues occur on a Friday afternoon, weekend and holidays

Comments:

* We need good data and compelling stories in ways which the system failed (for policy implications) to inform local action
* Chery Sbarra shared Eileen MacAnneny shared the system is so broken we need to go to a state system?

The Data Subcommittee requested Kerin share a compelling story

Shelly has community level information – we don’t want to highlight negative stories

The overlay of regional and population data is ideal

*Emergency Dispensing Site Plans in MA*

Total number of Emergency Dispensing Site Plans in MA

* Every city/town is required to have a EDS plan in place
* There are 249 EDS plans across the state

Kerin Milesky reviewed the data in detail

Phoebe shared the HHAN Response Status FY 17/BP5provides a far better proxy measure.

Jana Ferguson, Bureau of Environmental Health, provided an update on the following programs:

Retail Food Inspections, Beach Water Testing and Lead Poisoning Prevention- Lead Determinators.

**Retail Food Inspections**

* Requirements for Food Protection Program is mandated in Local Board of health statutes
* Food data is collected annually, 40% response rate
* Lots of push back on training and collection of data, “LBOH will say they are too busy”
* In 2010 an evaluation was done on # of inspectors, # of permits etc. but we do not know how accurate the data is
* DPH does not see Inspectional Reports.
* We cannot use the Food Inspection Data, it is self-reporting and has not been verified.
* If someone does not get information, then there is a breakdown in the system
* Currently using OLRH and HHAN contact list for better communication and response
* It is a challenge getting responses
* Infrastructure piece is difficult. Need to develop

Jana’s observation: Going forward counting permits is not useful for us. We are not interested in Fast Food restaurants but more interested in high risk operations such as fermented kitchens/innovative kitchens such as Sushi bars, Food Trucks, Wellness Kitchens. These area tracks more closely with Foodborne Illness.

Data Subcommittee request: Permission to report on 2016 data? As we need to obtain permission from the Commissioner’s Office

**Beach Water Testing**

Annual Report done on Beach and Water Quality Testing on a yearly basis. All Marine Beach testing is provided to DPH by a laboratory.

Food permits change constantly, beaches and lakes do not change and we can determine when we have not received such info.

**Lead Poisoning Prevention- Lead Determinators (LD)**

Small amount of LD listed by towns are not on a current list. Having a LD in a town does not indicate whether the doctor is providing the screening. Lots of physicians feel lead is not an issue. A recent clean up if the database occurred, after the clean up the database went from 8600 to 126.

**Massachusetts Virtual Epidemiologic Network (MAVEN)**

Kevin Cranston, Assistant Commissioner and Director, Bureau of Infectious Disease and Laboratory Sciences and Gillian Haney, (Title) provided an overview of data on Salmonellosis cases.

Communities not on MAVEN have to do with capacity issues (cost issue with broadband, not having

individual available) others have much higher priority.

They looked at different entities and provided a Salmonellosis Data sheet (Foodborne infection)

* Expectation- Is the person a food handler; need to get them offline. Turnaround time was 4 days in this case.
* 5-6% not on MAVEN receive reports by mail/fax

Justeen asked: What are good indicators of communicable disease on a local issue?

* Look at community, unexpected or not
* During high profile events; MDPH will step in and will not wait for Local Board of health
* Maven has rich source of data and we need to use data to make case
* Towns on MAVEN are doing well- we need to explore why they are doing well
* The number of Lead Determinators list is not important than higher rate of children with elevated blood level- it tells a story (income, race, social determinants of health)
* To improve quality, the MAVEN data was shared with the Board of Health Inspector and was very controversial

On-going discussion about data needs continues

-Any data from local public health we have not collected

-What is health priority at the town level we can layer over

-We need to explore LPH with community grants

-Most funding is regional except Boston

-We don’t want to shame small towns due to their capacity

-What is useful for data collection on a town level? Asthma, Chronic Disease, What is the negative

outcomes

-PHIT- “Public Health Information Tool” is a resourceful data tool at the town level

-Environmental Public Health Tracking has lots of available data. PHIT will pull from it

-PHIT is taking over MassCHIP

-Not a good time to ask for money from the Governor

- We can make a case upon immediate need, keeping public safe

-What is the danger of not addressing infectious disease?

What to do next?

* Mark, “we need real examples of stories, additional funding will help with proven inefficiencies”
* Justeen, “what are we working towards? Mandated services or 21st Century comprised of public health, interventions and community”?
* Cheryl, Data Subcommittee needs to meet with Standards and determine foundational areas; we might be able to come up with a vision. We can meet on 12/18/17 or 1/3/18
* Carmela, “we need more examples like Salmonellosis. Chronic disease such as Asthma, ER visits in a specific town with a Tobacco Cessation can help with ER prevention
* David, “any towns with examples of primitive success stories ( any notable responses, shining stars, we must dig for it)”
* Eileen, “connecting Data and Standards together is important. Pull together layering/mapping of health outcomes and funding. Most of data is there around the health department. Work with Abby, Commissioner of Population Health. She understands local public health as she is a Board of Health member at Worcester DPH. We must show the broken systems and the health impacts.”
* Jana, “look at Environmental Tracking Tool in connection with Standards (look at points of interest)
* We can make a business case exploring other states such as Oregon, Ohio and Colorado
* Standards/Data must make case- if not then we do not meet on 1/12/18
* Areas to explore; PHIT, unnecessary hospitalization data, Ron will check in with Natalie Nguyen

**Set next meeting time, adjourn**

The next meeting will take place on January 3, 2018 and will be comprised of the Data and Standards Committee. Locations to be determined

**Documents and Exhibits Used During the December 11, 2017 Meeting**

* Gleicher’s Formula
* Health and Homeland Alert Network Data Sheet
* Massachusetts Virtual Epidemiologic Network Salmonellosis Case

Approved by the Special Commission on Local and Regional Public Health Data Subcommittee, January 3, 2018

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee**

**Meeting Agenda**

Tuesday December 12, 2017

12:30 p.m. -2:00 p.m.

Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, Massachusetts

12:30 p.m. Call to order

**VOTE**: Approve minutes of November 3, 2017 meeting

Update: the case for a higher standard for a minimum set of local public health services

Discuss cross-jurisdictional sharing in other states

Discuss strategic approach to cross-jurisdictional sharing in Massachusetts (i.e., roles of local boards of health) including consequences of making no changes in the current system

Next steps

2:00 p.m. Adjourn

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee Meeting Minutes**

December 12, 2017

Massachusetts Department of Fisheries and Wildlife

1 Rabbit Hill Rd., Westborough, Massachusetts

12:30 p.m. – 2:00 p.m.

**Members present**: Bernie Sullivan, Chair, Representative Hannah Kane, Kevin Mizikar, Terri Khoury, Lorraine O’Connor (for Jason Wentworth)

**Members absent:** Harold Cox, Charlie Kaniecki

**MDPH Staff:** Damon Chaplin

**Non-members**: None

**Call to Order:** The meeting was called to order at 12:45 p.m. A quorum was present.

**VOTE**: Representative Hannah Kane moved to accept the minutes of the November 3, 2017 meeting of the Structure Subcommittee. Kevin Mizikar seconded the motion. The motion passed unanimously by voice vote.

**Key Issues and Topics Discussed**

* **Local Public Health structures in other states**.

Members reviewed and discussed the following topics:

* Seven state profiles from the NACCHO 2013 National Profiles of Local Health Departments, including Connecticut, Texas, Colorado, New Jersey, Ohio, Washington, and Massachusetts.
* A focus on programs and services seems most relevant based on our need to identify service requirements for local boards of health.
* Programs and services, activities, and finance sections of the profiles provide an important insight into how other states support and prioritize local public health activities and services.
* Public health nurses are the experts in managing communicable disease and all local health departments would benefit from an improved coordinated effort with their public health nurse.
* There is a Robert Wood Johnson report identifying a staffing benchmark for local public health nurses of 1/5000 people.
  + Those ratios may be cost prohibitive for most health departments. We should begin looking at alternate ways of acquiring services through innovative approaches and interactions with community hospitals and health centers.
* Health insurers should have some “skin in the game” as well.
* What is the average per capita spending on public health in Massachusetts?
* The difference in wealth between municipalities is dramatic. Members were skeptical of a municipality’s willingness to spend additional funding on local public health when communities are faced with other competing priorities.
* **Making the case**

Member comments:

The American Health Rankings recently nominated Massachusetts as the Healthiest State in the country - what problem are we trying to solve?

* + Although the America Health Rankings indicate Massachusetts as the healthiest state overall, we should be cautious of its general implications of state wide health equity and efficiencies. In addition to a lack of health equity, promotion and wellness, members provided key examples:
    - In some cases, individual rural communities with less than 50,000 people are paying more for public health services (per capita) than their larger counterparts with populations of 100,000 or more.
    - Members of the Central Massachusetts Public Health Alliance (Grafton, Holden, Leicester, Millbury, Shrewsbury, West Boylston, and Worcester) would not have been able to afford the expertise and services provided to them through their alliance with the City of Worcester and the Department of Health and Human Services had they not formed a public health alliance.
* The return on investment in public health is two-fold:

1) Investments in public local health will produce a healthier, more vibrant work force

2) a healthier more vibrant workforce produces a stronger local economy.

Members agreed with the rationale, but still had reservations about

1) The Commissions ability to get buy-in from municipal officials;

2) A minimum set of standards

3) The role of local boards of health throughout this process.

* The delivery mechanism of local public health services is less important to municipal leadership than the preservation of local board of health powers.
* The Nashoba Associated Boards of Health (NABH) may be the best regional example of local public health control and service within the state.
* Chairman Bernie Sullivan commented that he worked at NABH for 12 years and the city officials never felt like the Health Director (HD) was “theirs”.
* However, communities with niche services like Title V regulations, beaches and wells may be very sensitive to conversations around limited access to public health officials and those particular services.

**Closing remarks:**

* Members came to a consensus that a comprehensive/cafeteria style model with a baseline set of minimum services were municipalities could also receive additional niche services (i.e. Title V inspection) if needed was probably a good starting point for local public health infrastructure design and planning

based on the Foundational Public Health Services.

* Members asked for a deeper evaluation of public health districts which may support these findings (i.e. The Nashoba Association of Boards of Health, the Montachusett Public Health Network, the Central Massachusetts Regional Public Health Alliance, and the Franklin Regional Council of Governments)

**Decisions Made**

The subcommittee did not make any decisions at this meeting.

**VOTE**: Representative Hannah Kane moved to adjourn the meeting. Kevin Mizikar seconded the motion. The motion passed unanimously by voice vote.

**The meeting adjourned 2:00 p.m.**

**Action Items/Next Steps**

1. Evaluate Public Health Districts.
2. Nashoba Association of Boards of Health
3. Montachusett Public Health Network
4. Central Massachusetts Regional Public Health Alliance,
5. Franklin Regional Council of Governments
6. What is the average per capita spending on public health in Massachusetts
7. What problem are we trying to solve?
8. The Commissions ability to get buy-in from municipal officials
9. What are going the be the minimum set of standards going forward
10. How can municipal officials retain their local board of health powers during this transitions?

**Documents and Exhibits Used During the December 12, 2017 Meeting**

1. Structure Subcommittee November 3, 2017 meeting agenda
2. Structure Subcommittee November 3, 2017 meeting minutes
3. NACCHO State Profiles for OH, TX, CT, WA, CO, NJ and MA
4. CJS Spectrum
5. Massachusetts Public Health Districts and Shared Services
6. Final Governance Authority
7. Regional Governance Principles update
8. Regionalization-status-report 9-1-09

Approved by the Special Commission on Local and Regional Public Health Structure Subcommittee, March 9, 2018

**Special Commission on Local and Regional Public Health**

**Joint Meeting of the**

**Standards and Data Subcommittees**

**Meeting Agenda**

January 3, 2018

10:00 a.m. to 11:30 a.m.

Worcester Senior Center

128 Providence Street, Worcester

1. Call to Order
2. Introductions
3. Review agenda
4. Standards Subcommittee VOTE: minutes of December 8, 2017 Standards Subcommittee meeting
5. Data Subcommittee VOTE: Minutes of December 11, 2017 Data Subcommittee meeting
6. Making the case for public health and local public health (review draft slide presentation by Laura Kittross)
7. Making the case for change in the Massachusetts local public health system
   1. Discussion of capacity of local public health to meet statutory responsibilities
   2. Discussion of capacity of local public health to meet national standards and other expectations of a 21st century local health department
8. Review next steps for Data and Standards Subcommittees in the context of the October 2017 revision to the Commission roadmap; coordinate presentation at January 12, 2018 meeting of the Commission
9. Next meetings of each subcommittee (or another joint meeting)
10. Adjourn

**Special Commission on Local and Regional Public Health**

**Joint Meeting of the**

**Standards and Data Subcommittees**

**Meeting Minutes**

January 3, 2018

**Members Present:** Sharon Cameron (Standards), Justeen Hyde (Data-Co-Chair), Laura Kittross (Standards), Carmela Mancini (Data), David McCready (Data), Maria Pelletier (Data), Cheryl Sbarra (Standards – Chair; Data), Mark Smith (Data), Phoebe Walker (Data-Co-Chair; Standards), Steven Ward (Standards)

**Member Absent:** Terri Khoury (Standards)

**Staff:** Ron O’Connor, Erica Piedade and Shelly Yarnie

**Non-member:** None

The meeting was called to order by Phoebe Walker at 10:03 a.m. A quorum was present for each subcommittee. Phoebe Walker, Co-Chair of the Data Subcommittee and Cheryl Sbarra, Chair of the Standards Subcommittee, jointly facilitated the meeting.

It was agreed that Justeen Hyde could participate remotely in accordance with the vote of the Special Commission to allow remote participation, as needed.. Justeen Hyde joined the meeting at 10:15am.

**Votes on Prior Meeting Minutes**

STANDARDS SUBCOMMITTEE VOTE: Steve Ward moved to approve the minutes of the December 8, 2017 Standards Subcommittee meeting. Laura Kittross seconded the motion. The motion passed with one abstention (Phoebe Walker)

DATA SUBCOMMITTEE VOTE: David McCready moved to approve the minutes of the December 11, 2017 Date Subcommittee meeting. Carmela Mancini seconded the motion. The motion passed unanimously.

**Focus and Goals of January 12, 2018 Special Commission Meeting**

A recommendation was made to add the following items to the agenda: 1) January 12th Commission Meeting and 2) expected meeting outcomes. A review of the questions and concerns from the November 3rd Commission meeting would also be helpful for planning for the January 12th meeting.

The expected outcome for the meeting is that everyone leaves with the same understanding and clarity regarding the Commission’s charge. Presentations will include an overview of the impact of public health (PH) on health, the role of Local Public Health (LPH), the rationale for national public health standards and how Massachusetts measures up to those standards, and a progress report by each subcommittee that includes accomplishments and next steps. This information should contribute to complete the case for addressing the existing system challenges through system change. The slide presentation on PH and LPH was developed to address the questions about the need for change raised at the November 3rd meeting. The presentation is not about solutions, but rather, underscoring the reason for the establishment of the Commission which was based on the understanding that there was and is a critical need for addressing the challenges of LPH.

It was mentioned that Massachusetts is ranked the healthiest state in the nation; Massachusetts also has the highest per capita health care spending. Addressing the current LPH system inefficiencies and disparities is critical. It was recommended that the slides on the history of PH be condensed with an emphasis on a comparison between the leading causes of death in 1900 with leading causes of death in 2010. The skyrocketing costs of managing chronic diseases and not being prepared for the impact of climate change/weather disasters (increase of tick-borne diseases, flooding, and related increased responsibilities) be included. Responsibilities for BOH and staff increase over the years, yet resources and training opportunities do not keep up and in some cases decrease.

Members discussed whether to include the Robert Wood Johnson chart on “What is Health?” (http://www.countyhealthrankings.org/what-is-health). The chart shows that clinical care accounts for 20% in health outcomes versus physical environment, socio-economic factors and health behaviors. It was agreed not to include the chart but rather emphasize that if there were standards and LPH had the resources to meet the standards, this would impact health outcomes for all individuals which in turn would reduce long term health and social costs. The slide presentation on public health and local public health will address some of the “constructive skepticism” that arose at the last meeting. It was agreed that the presentation optimally should be about 20 minutes by using a shorter version of the full slide set but the full slide set (in color) would be sent to Commission members before the meeting. It was also agreed that this presentation should address the “skepticism” and, therefore, allocating 45 minutes, including time for answering questions, would be reasonable. The question of how to move forward if everyone was not on board was asked. The group agreed that consensus was desirable but not necessary, though it was important to address concerns such as questions regarding “cost-benefit” or presenting a business model. It was agreed that if anyone had figures on costs associated with making the case for change, they should send them to Laura Kittross who agreed to do the presentation.

The Data Subcommittee had a meeting with DPH on December 11th to discuss Massachusetts data that would support making the case. The meeting provided clarity on what data is available and what proxy measures could be used to link (signs/symptoms) the lack of a functioning LPH infrastructure with negative outcomes without calling out specific towns. Such measures could include: no food reports submitted, not active on MAVEN, or HHAN drills. The next step would be to continue compiling the data and then overlaying health indicators, such as, asthma, preventable conditions, hypertension, lead levels, vaccines provided(flu/preventable diseases), and others onto a Massachusetts map with the understanding that there may be confounding factors or that the outcome may not what is expected. School health data, MassCHIP, and Youth Risk Behavior Survey data might also be looked at. Who will do the analysis was a question yet to be answered. Looking at what other states collect from LPH for data as a possible model, i.e., Ohio requires submission of a set of data points (http://www.odh.ohio.gov/localhealthdistricts/Futures/Quality%20Indicators.aspx ). The challenge is that the majority of LPH does not have the capacity currently to collect data or conduct surveillance. Without good data it is hard for LPH or the state to track, assess, respond to and plan to address health concerns and trends. It is also hard for the Data Subcommittee to make the case without good data. It was stated that the explanation actually makes a good case for why there needs to be change. By each Subcommittee presenting on 1) Subcommittee Charge, 2) Progress, 3) Preliminary Recommendations (if any), and 4) Next Steps along with the prior presentations, it is hoped that everyone would accept the argument for change. A template will be sent out to subcommittee chairs to prepare. Phoebe Walker mentioned the survey that was being created and Laura Kittross clarified that it focused on understanding the current workforce. The survey would help understand what the current workforce looks like and what would be necessary for instituting Commission standards. Questions other subcommittees may have could be included. Justeen Hyde asked to review the survey and provide feedback.

**Review and Discussion of the Roadmap/Timeline**

The discussion emphasized the critical need to include stakeholder input and allowing for enough time to integrate stakeholder input, draft recommendations and the report and then going back to stakeholders through public hearings before finalizing the report. The work of the subcommittees has been focusing on findings, i.e., gaps, what other states are doing, and previous work in Massachusetts These areas address multiple requirements for the final report. The current roadmap does not allow for enough time to adequately engage the diverse stakeholders across the state. Everyone agreed that input and buy-in from stakeholders was critical. Having listening sessions in the spring and then hearings before finalizing the report would provide for that. The required contents for the final report were discussed and it was recommended that in the next 3 months there be a presentation on models for structure. Since in many states there were functional structures, it was easy to overlay a set of standards, which is not the case for Massachusetts and is why it is important the Commission agrees upon the standards. Sequentially, the Commission needs to agree upon standards so that the Structure, Workforce Credentials, and Finance Subcommittees can further their work in coming up with preliminary recommendations. Extending the Commission to December 2018 would allow for good stakeholder input, a comprehensive report that had buy-in, and drafting legislative language, if necessary. Proposing a revised roadmap and the organization of listening session in the spring to the Commission on January 12th was agreed upon. Ron O’Connor agreed to revise the roadmap according to the discussion, review it with the Commissioner, and bring the revised document to the Commission for review.

**VOTE:** Phoebe Walker moved to revise the roadmap/timeline and to allow DPH to revise it as needed. Steve Ward seconded the motion. The motion passed unanimously.

**Next Meeting**

It was agreed that there was no need for another Joint meeting of these two subcommittees. Cheryl Sbarra recommended that the Standards Subcommittee meet with the Structure Subcommittee and possibly the Finance Subcommittee. Cheryl Sbarra recommended that Marcia Testa present to the Finance Subcommittee.

**Action Steps**

* Laura Kittross will finalize the PH slide set (full and shortened version) and send it out for review.
* Ron O’Connor will include the slide set in color among the documents for the Commission meeting.
* Ron O’Connor will revise the roadmap, confer with the Commissioner and will bring it to the Commission.
* Ron O’Connor will send out the article on LPH and the need to focus on chronic diseases.
* The next meeting will be determined by each subcommittee.
* VOTE: Cheryl Sbarra moved to adjourn the meeting. Laura Kittross seconded the motion. The motion passed. The meeting adjourned at 11:58 a.m.

**Documents and Exhibits Used During the January 3, 2017 Meeting**

* The Case for Public Health Presentation
* Special Commission on Local and Regional Public Health Roadmap- October 2017
* Standards Subcommittee minutes of Dec ember 8, 2017
* Data Subcommittee minutes of December 11, 2017

Approved by the Data and Standards Subcommittees of the Special Commission on Local and Regional Public Health on April 6, 2018

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, January 12, 2018

1:00 p.m. to 3:30 p.m.

Massachusetts Division of Fisheries and Wildlife  
1 Rabbit Hill Road, Westborough, Massachusetts

1:00 Call to Order

Welcome and Introductions

Review Agenda

1:05 **VOTE**: Minutes of November 3, 2017 meeting

**VOTE**: Additions/changes to subcommittee member assignments

1:10 **Presentation:** Case for Change in the Massachusetts Local Public Health System

1:50 **Presentation:** Commission Progress on Charge Stated in Legislation

2:40 **VOTE:** Commission “roadmap” – recommended revisions to Commission meeting plans including spring 2018 listening sessions

3:10 Review proposed February-July meeting dates

3:20 Plans for next meeting

3:30 Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

**Date:** Friday, January 12, 2018

**Time:** 1:00 p.m. to 3:00 p.m.

**Location:** Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, MA

**Members Present:** Commissioner Monica Bharel, Chair, Representative Hannah Kane, Sharon Cameron, Justeen Hyde, Laura Kittross, Terri Khoury, Eileen McAnneny, David McCready, Kevin Mizikar, Maria Pelletier, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Sam Wong

**Members Absent:** Senator Jason Lewis, Senator Richard Ross, Representative Steven Ultrino, Harold Cox, Charlie Kaniecki, Carmela Mancini, Lorraine O’Connor

**Quorum:** A quorum was present

**DPH Staff:** Damon Chaplin, Jessica Ferland, Ron O’Connor, Erica Piedade, Eileen Sullivan, Shelly Yarnie

**Visitors:** Eddy Atallah, Michael Coughlin, Ed Cosgrove, Hayley D’Auteuil, Liz, Doyle, Caroline Kinsella, Glenys Larosa, Melanie O’Malley

**Call to Order:** Ron O’Connor called the meeting to order at 1:15p.m.

**Reminder:** Visitors are welcome. However, the Commission cannot take comments or questions from visitors. If you have questions, please follow up with Ron after the meeting.

**VOTE**: Kevin Mizikar moved to approve the minutes of the two November 3rd, 2017 meeting.

Carmela Mancini seconded the motion. The motion passed unanimously.

Commission members were asked if anyone wanted to change, add, or be removed from sub-committees.

Bernie Sullivan wishes to be removed from the Standards Subcommittee

Cheryl Sbarra will join the Finance Subcommittee in addition to other Subcommittee membership

**VOTE:** Sam Wong moved to approve these changes to the Subcommittee Roster

Phoebe Walker seconded the motion.

The motion passed unanimously.

**Making the Case for Local Public Health presentation by Laura Kittross**

Discussion

* The issues sound less related to resources and more related to scope of work.
* It seems like chronic health should move out of the Public Health scope.
* Comparison with tobacco control is so important. In the 1990’s, DPH changed the social norm of tobacco. This “Social Norm” approach to moving the needle with public health issues on the local level addresses issues proactively instead of reactively.
* Weighing wellness vs. chronic disease is not an equal square.
* We need to find a way to spend more attention and time on prevention. It’s a hard sell.
* This is the best time, based on current changes on the horizon.
* We want to get to a place where we’ve demonstrated that the way we work now (351 municipalities) is not the most effective and propose what we want it to look like and how to pay for it.
* Every year, new regulations come in that make it challenging. Healthcare should be playing a larger role in regard to funding.
* Most hospitals are non-profit based on Community Benefits. A role for DPH to have is to grow relationships with hospital community benefits to combine efforts, money, etc.
* Trainings through LPHI are really good and want that acknowledged
* Improvements should flag variability of services that are underway in some parts of Massachusetts vs. others, i.e. disparities across the state.
* The breadth of what gets done is amazing. There are pockets of places in Massachusetts where things go really well.
* It’s hard for people in the medical field. What should be local vs. What falls on hospitals? This needs an invested LPH staff.
* It’s a structural issue, there is no way LPH can successfully be doing all of this.
* It’s an easier sell when there is a more tangible outcome.
* People need to understand why they are doing it and why it is needed.
* LPH doesn’t always see the ROI.
* How do we get all the fish swimming in the same direction? Who is the connector?
* People recognize that there is too much waste in the healthcare system. Someone will always end up getting sick. Healthcare is more motivated to do this work than ever.

**Subcommittee Updates**

Data

* Looking at indicators on town outcomes, looking for correlations.
  + Look at areas where DPH could be looking at data but doesn’t.
  + We have to look at the data available.
* In talking about challenges, is there a municipality that is doing very well that we can look at too? Look at what local municipalities are spending their money on.

Standards

* Looking at the charge law itself. The subcommittee is looking at the meat of that in real life.

Structure

* There is lot of data with all areas of sharing services that can be shared so as not to reinvent the wheel.
* Commission Members from health districts can share their experiences to add to the research related to structure.
* What are the politics around what we want to create? Leave open to a scale large enough for cities to connect within the constructs of the political dynamic
* Look at where efficiencies come from. Cost effectiveness, delivery efficiency should all be held to the same standard.
* There should be education about what Public Health means in Massachusetts.
* In Berkshire County, there are multiple towns with no public health budget at all. They did not know they were supposed to be doing any of this.

Workforce Credentials

* Looking at how would we mandate training and making sure that education expectations are reasonable.
  + Different credential requirements for individual municipalities vs. districts.

**Review of Updated Roadmap – Cheryl Sbarra and Phoebe Walker**

* Movement of the last two items from today’s agenda to February meeting.
* Six listening sessions across the state, which DPH would organize.
  + Do we need a quorum for the listening sessions?
  + What do we hope to gain out of the listening sessions? It seems like a lot of time and resources to invest.

**VOTE:** David McCreedy moved to accept the roadmap with the change of moving the last two bullets of the January meeting to the February meeting.

Bernie Sullivan seconded the motion.

Steve Ward moved to adjourn the meeting. David McCreedy seconded the motion.

Meeting adjourned at 3:30 p.m.

**Special Commission on Local and Regional Public Health**

**Documents and Exhibits Used During the January 12, 2018 Meeting**

* Agenda for Special Commission on Local and Regional Public Health Meeting
* Draft minutes from the November 3, 2017 meeting for approval by Commission members
* Draft Revised Roadmap – January, 2018
* Compilation of Meeting Agendas and Minutes of the Commission and its Subcommittees

**Slide Presentations at the Meeting**

(Distributed to members in their packets at the meeting)

* *Public Health: History & Challenges,* Laura Kittross
* Special Commission on Local and Regional Public Health Subcommittee Progress Reports

Approved by the Special Commission on Local and Regional Public Health on February 16, 2018

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, February 16, 2018

1:00 p.m. to 3:30 p.m.

Massachusetts Division of Fisheries and Wildlife  
1 Rabbit Hill Road, Westborough, Massachusetts

1:00 Call to Order

Welcome and Introductions

Review Agenda

1:05 **VOTE**: Minutes of January 16, 2018 meeting

**VOTE**: Additions or changes to subcommittee member assignments

1:15 Standards Subcommittee Report

Recommendation for Minimum Package of Local Public Health Services

**VOTE:** Foundational Public Health Services as the minimum set of services

2:15 Plans for Commission Status Report (Review draft staff proposal)

**VOTE:** Purpose, content, and timing of status report

2:45 Discuss Plans for Listening Sessions (Review draft staff proposal)

**VOTE:** Plan for listening sessions

3:15 Plans for next meeting – April 6, 2018

3:30 Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

Date: Friday, February 16, 2018

Time: 1:00 p.m. to 3:30 p.m.

Location: Massachusetts Division of Fisheries and Wildlife

1 Rabbit Hill Road, Westborough, MA

**Present:** Eileen Sullivan – Appointed Chair, Representative Hannah Kane, Terry Khoury, Eileen McAnneny, David McCready, Kevin Mizikar, Loraine O’Connor, Maria Pelletier, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Sam Wong

**Absent:** Commissioner Monica Bharel, Senator Jason Lewis, Senator Richard Ross, Representative Steven Ultrino, Sharon Cameron, Harold Cox, Justeen Hyde, Charlie Kaniecki, Carmela Mancini

**Quorum:** A quorum was present

**MDPH Staff:** Michael Coughlin, Jessica Ferland, Ron O’Connor, Erica Piedade, Shelly Yarnie

**Visitors:** Eddy Atallah, Ed Cosgrove, Hayley D’Auteuil, Caroline Kinsella, David Naparstek, Melanie O’Malley

**Call to Order:** MDPH Chief Operating Officer, Eileen Sullivan noted that a quorum was present and called the meeting to order at 1:08 p.m.

**VOTE:** Eileen McAnneny moved to approve the minutes from the January 12, 2018 meeting.

Phoebe Walker seconded this motion. The motion passed unanimously.

Commission members were asked if anyone wanted to change, add, or be removed from sub-committees. No changes were requested.

Cheryl Sbarra presented the Standards Subcommittee Report recommending the Foundational Public Health Services Model.

Discussion

* What does Kansas’s model look like structurally?
  + Kansas uses a county model. However, counties are small so there do exist some multi-county districts.
* Does having the ability mean that LPH can perform the tasks or that they have access to those who can?
  + This is a vision of what LPH should deliver, what the system should look like, not necessarily each individual municipality.
  + Every resident should be able to receive the services, from whom the services are provided is the variant.
  + We need to have the conversation determining what the foundations are and how we get there.
  + The next piece is: What will Kansas look like after? They are ahead of us now, so they look different. It will be interesting to follow them to see where this road leads them.
* Central Massachusetts LPH is doing this successfully now. It would be great to have Karyn Clark come in to present on what they are doing successfully and how.
* It would also be helpful to have representatives from municipalities utilizing different models on a panel to discuss how this would affect them, i.e. small town, large city, district.

**VOTE:** Phoebe Walker moved to approve the Foundational Public Health Services Model as the standard to be used/ recommended in the final report.

David McCready seconded the motion. The motion was unanimously approved.

Ron O’Connor presented the plans for the Commission Status Report

Do we want preliminary recommendations included? A challenge of this is that listening session attendees may feel that we are farther along than we are and that decisions have been made.

* Attendees of the listening sessions need enough information to respond to. If it was just a report used as a check in, that’s fine. But to get feedback, it needs more.

**VOTE:** Lorraine O’Connor moved to adopt the status report outline but not the timeline.

Laura Kittros seconded this motion. The motion was approved unanimously.

Representative Hannah Kane and Kevin Mizikar left at 2:30 p.m. A quorum of 13 members still existed at this time.

Discussion around planning for listening sessions:

* We want to make sure that stakeholders are in attendance to react to key questions, such as ANF, Medical Systems, and others to provide perspective. Also important is to structure the questions to get the information we need.
* The timeline is based on having it finished in December for presentation to the legislature.
* June is a challenging month for LPH to do anything else because it is such a busy time of year. Moving them back may make a difference in attendance.
* We need buy in from LPH so we need their input before they feel like decisions are already made.
* If we don’t have preliminary recommendations for the listening sessions, is that a barrier? What we have decided today is not controversial, it’s an easy yes. The how is the harder question.
* At the listening sessions, we should offer concepts, not proposals. We need to solicit feedback, not a vote. Think of town meetings – a proposal can cause the meeting to become overwhelmed with people in favor or opposed.
* Why are there 4 sessions instead of 5 or 6?

What do you want to see in the listening sessions?

* Input on whether the audience agrees with the Foundational Public Health Services and which components they feel are necessary.
* Input on the capacity of LPH.
* Make sure that Boards of Health and LPH buy in to what we recommend.
* Get feedback to make sure that we are on the right track.
* Put a time limit on how long people can speak.
* Availability for people to submit written comments in advance, during, and after the sessions.
* In announcing the sessions, provide background information.
* Think of open ended questions to ask.
* Set expectations clearly – what will and will not happen.
* Use questions that can engage different sectors, i.e. Community Benefits of hospitals, etc.
* 4 vs. 6 sessions – making sure the right areas are touched.

What do you want to avoid in the listening sessions?

* Going off topic
* Losing control
* Collecting specific data from groups that members represent

Action Items:

Update the meeting schedule to include a meeting in late May/ early June instead of June 22nd to prepare for the listening sessions.

April 6th meeting will be used for subcommittees to report back related to the status report as well as a planning meeting for the listening sessions.

**VOTE:** Sam Wong made a motion to adjourn the meeting at 3:10 p.m.

Terri Khoury seconded this motion. The motion was unanimously approved.

The meeting adjourned at 3:10 p.m.

Approved by the Special Commission on Local and Regional Public Health on April 6, 2018

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

February 27, 2018

10:00am to 11:30am

Worcester Senior Center

128 Providence St., Worcester

10:00 Call to Order

VOTE: Approve minutes of January 24, 2018 meeting

10:05 Update on the Municipal and Health District Surveys

10:15 Special Commission Draft Status Report

10:40 Listening Sessions

11:20 Next Steps

VOTE: On Action

11:30 Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

February 27, 2018

Worcester Senior Center

128 Providence St., Worcester

**Members Present:** Sharon Cameron, Charlie Kaniecki, Laura Kittross, Steven Ward

**Member Absent:** Maria Pelletier

**Staff:** Erica Piedade

**Non-members:**  None

**Call to Order:**  Laura Kittross, the Chair, noted that a quorum was present and called the meeting to order at 10:10 am.

**Vote to Approving Minutes**

Charlie Kaniecki moved to approve the minutes of the January 24, 2018 meeting. Sharon Cameron seconded the motion. The motion passed unanimously.

**Local Public Health Workforce Survey**

Laura Kittross provided an update on the surveys, municipal and health district. The surveys had been sent out by the Office of Local and Regional Health (OLRH) around February 14 and the Office of Preparedness and Emergency Management (OPEM) resent it the following week to ensure that all boards of health received it. Laura Kittross reported that about 200 surveys had already been returned, but she had not yet looked at them to see if they were all completed. Three health districts had submitted surveys. A reminder would be sent by the OLRH at the end of the week. After March 2, the due date, follow up telephone calls will be made to the towns and health districts that have not responded. A suggestion was made to send the surveys to the Mass. Environmental Health Association (MEHA) and the Mass. Health Officers Association (MHOA) and ask them for their support in getting the surveys back.

**Status Report Recommendations**

Laura Kittross suggested that the Subcommittee start the discussion by focusing on the staffing categories used in the survey and identify training and credentialing recommendations for each of the categories. The categories are:

1. Health Director, Assistant Deputy Health Director – management/administrative only focused responsibilities
2. Health Agent with inspectional and management/administrative responsibilities
3. Inspector, Sanitarian, Code Enforcer – inspectional responsibilities only
4. Public Health Nurse
5. Clerk, Administrative Assistant, Secretary

The following points were made in discussing the recommendations for the report:

* Distinctions between rural or small local boards of health (LBH) and urban or large boards of health were raised. Small LPHs often had staff that were required to have management and inspectional responsibilities.
* Questions about work experience and degrees at hire, ability to substitute work experience for a degree, a very limited workforce pool, especially in rural areas, and grandparenting were raised. It was agreed that a discussion on “grandparenting” would be scheduled for the next meeting.
* Consideration was given regarding the requirement of an educational degree versus trades training versus Certified Health Officer or Registered Sanitarian; it was agreed having a pathway to the profession was critical.
* Setting a bar by setting standards for services and for the workforce would impact the value of the workforce and that impact could also raise salaries or have more competitive salaries. If experience, education and credentials are required, people will invest in them if they believe there will be a return on their investment. Must focus on the local public health system of the future (Public Health 3.0).
* Agreed that the Subcommittee had a major opportunity that would not come again and should provide a workforce standard that brings the LPH workforce throughout the Commonwealth in line with national standards.

Draft Recommendations:

Health Director with management only responsibilities: Master’s degree in related field; Registered Sanitarian (RS)/Certified Health Officer(CHO) at hire; Foundations Course for Local Public Health Practice (“Foundations Course”; Local Public Health Institute) within a year.

Health Agent with inspectional and administrative responsibilities: RS eligible at hire and CHO within 3 years (CHO exam has been revised to eliminate redundancy with RS); Foundations Course. Any relevant certifications for actual inspections performed.

Inspector, Sanitarian, Code Enforcer: Registered Sanitarian “eligible” within 5 years, Foundations Course, and specific licenses as necessary for the community.

Public Health Nurse: BSN with Mass. registered nurse license; completion of MAVEN, ICS100/NIMS700 training and/or Foundations Course within the first year.

Clerk, Administrative Assistant, Secretary: Completion of the Foundations “Like” or “Light” Course (tweaked for clerical staff) to provide public health knowledge and understanding within a year; course needs to include the software and technology necessary for working with LPH; real life case scenarios need to be part of training.

* It was also suggested that an epidemiologist be included because collecting and analyzing real time data is so critical. It was agreed that the Subcommittee might suggest this as part of the final Subcommittee report.
* The importance of requiring the Foundations Course would be to ensure good understanding of public health and local public health in Massachusetts. The current Foundations class would need to be reviewed and possibly tweaked to meet these requirements.
* Will need to increase statewide capacity to support the recommended education, training and credentialing of the workforce: Foundations and Foundations “Like” Courses or post BA certificate program; ensuring access to professional training throughout the state, potentially need to engage community and four-year colleges in developing pathways. Example, Worcester Division of Public Health works with Clark University and Worcester State University to expand their workforce pipeline.
* There will be a time period for implementing the recommendations and that time period will develop the capacity to support the workforce standards along with considering grandparenting for existing staff. Also may want to consider a waiver process similar to the school nurses which requires a BSN and passing the RN exam. There is a waiver process that allows you to take the exam without a nursing degree if you demonstrate that you have met other criteria.
* Develop a system for monitoring that newly hired individuals meet the set workforce standards.
* Developing recommendations on staff/population ratios was suggested similar to the NACCHO Report: *Local Public Health Workforce Benchmarks,* May 2011. Some thought it was the responsibility of the Structure Subcommittee to look at ratios. The group was reminded that there was legislative language on local public health and ratios: *Chapter 4, Section 102B*. It was agreed that benchmarks/ratios would be reviewed at the next meeting agenda.

**Action Steps**

The Office of Local and Regional Health (OLRH) will send out a survey reminder by the end of the week.

Laura Kittross will share with the ORLH staff a list of towns and districts that have completed the survey.

OLRH staff will follow up with towns and districts.

Charlie Kaniecki will share the legislative language on ratios.

**Proposed Meeting Date**

Monday, March 19, 2018: 9:30am at the Senior Center, Worcester

**Vote to Adjourn**

Steve Ward made a motion to adjourn the meeting. Charlie Kaniecki seconded the motion.

The motion passed unanimously.

The meeting was adjourned at 11:30 am.

**Documents and Exhibits Used at the February 27, 2018 Meeting**

1. February 27, 2018 Meeting Agenda
2. January 24, 2018 Meeting Minutes
3. Workforce Credentials Subcommittee Progress Report Slides, January 12, 2018
4. Connecticut Documents: *Fact Sheet on District Departments of Health in Connecticut (August 2016); Consolidation of LHD and Districts: Public Health and Financial Benefits (November 2016); Office of Legislative Research: Research Report on Connecticut’s Local Health Departments (January 29, 2016); State of Connecticut Local Health Departments and Districts Map (July 2016); Commissioner’s Proposed Regulatory Language; Literature Review.*
5. NACCHO Report: *Local Public Health Workforce Benchmarks,* May 2011 [www.naccho.org/uploads/downloadable-resources/local-public-health-workforce-staffing-benchmarks.pdf](http://www.naccho.org/uploads/downloadable-resources/local-public-health-workforce-staffing-benchmarks.pdf)

Approved by the Special Commission on Local and Regional Public Health Workforce Credentials Subcommittee, March 19, 2018

**Special Commission on Local and Regional Public Health**

**Structure Subcommittee**

**Meeting Agenda**

March 9, 2018 | 1:00-2:30 p.m.

Shrewsbury Town Hall, 100 Maple Street, Shrewsbury, Massachusetts

1. Call to Order
2. **VOTE:** Minutes of December 12, 2017 Structure Subcommittee meeting
3. Prepare draft subcommittee progress report for discussion at April 6, 2018 Special Commission meeting
4. Discuss implications of Foundational Public Health Services model for Massachusetts local public health structure
5. Next meeting
6. Adjourn

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee Meeting Minutes**

March 9, 2018

Shrewsbury Town Hall

100 Maple Avenue, Shrewsbury, Massachusetts

1:00 p.m. – 2:30 p.m.

**Members present**: Bernie Sullivan, Chair, Representative Hannah Kane, Kevin Mizikar, Terri Khoury, Lorraine O’Connor, Charlie Kaniecki

**Members absent:** Harold Cox

**MDPH Staff:** Shelly Yarnie, Michael Coughlin

**Non-members**: None

**Call to Order:** The meeting was called to order at 1:05 p.m. A quorum was present.

**VOTE**: Terri Khoury moved to accept the minutes of the December 12, 2017 meeting of the Structure Subcommittee. Kevin Mizikar seconded the motion. The motion passed unanimously by voice vote.

**Key Issues and Topics Discussed**

1. Staff Research Request

Chairperson Sullivan requested that staff or interns be assigned to produce a chart which identifies which state and/or local agencies are responsible for delivering each of the Foundational Public Health Services. As a model he pointed out a chart produced by the state of Kansas in their 2017 Report, “State by State Comparison of Foundational Public Health Services”.

1. Review Draft subcommittee Progress Report for discussion at April 6, 2018 Special Commission meeting

Members discussed the following Topics:

* District versus “Alliance” models: Several longstanding public heath districts were formed in the early 20th century in accordance with Massachusetts General Law Chapter 111, Section 27. These districts, including Tri-Town and Nashoba, have the force of statute behind them and had the benefit at their outset of state funding (no longer provided). More recent cross jurisdictional local health alliances, including the five alliances created by the MDPH Public Health District Incentive Grant Program (2010-2015), are less formal arrangements established through interagency agreements. District models, due to their legal standing, create a more permanent structure where the district is its own legal entity with its own budget and hires its own staff. Alliance arrangements are considered easier to form and more flexible, while relying on one lead community to manage the budget and staff.
* Delivery of Foundational Services: Representative Kane commented that rather than focus on the ideal model the focus of the committee should be on ensuring all communities have access to foundational services. Further, the consensus of the committee is that no one model should be presented to Massachusetts communities as the only way to ensure delivery of foundational public health services. An equitable holistic approach accounting for differences in population and financial resources across communities should be incorporated into the recommendations of the committee. Rep Kane commented further that the committee’s task is to identify a number of ways to procure foundational public health services for all communities in Massachusetts.
* Potential guides for further review include NACCHO staffing models configured according to population base, and the process administered by the Commonwealth Veteran’s Services office for the formation of regional Veteran’s Services Collaborative Districts.
* Chairperson Sullivan pointed out that efforts could lead to legislation that includes both incentives and legal enforcement tools to move the state toward full provision of the foundational services.

3.) **Implications of Foundational Public Health Services model for Massachusetts local public health structure**

* Our job is to identify how to get MA to a FPHS model in an efficient, cost- effective

manner. We need to show number of ways to meet baseline. There needs to be several models explored.

* A map of the Commonwealth showing who is in a District versus “Alliance” exists and will be important moving forward.
* We do not want to put barriers in joining District versus “Alliance”. Some can cherry pick- instead of a one size fits all approach.
* Services should be a requirement- let municipalities decide how they assemble their package of offerings.
* Municipalities do not have to join an “Alliance”- they can create their own. We want to encourage formation of Districts and new ones and provide unique ways of getting there.

**Next Steps**

1. Review Nashoba Association of Boards of Health to determine services offered and data available.
2. Review Workforce Credential Subcommittee minutes because they have broken down the local public health personnel by titles.
3. Progress report must reflect today’s meeting.
4. In reference to the draft progress report in “Next Steps” section: “Evaluate average per capita spending on public health in MA. “
5. A question asked “Isn’t the Finance Sub-Committee supposed to do this”?, “We can take it out”? “Unsure how we get there”? We must inquire what the Finance Subcommittee is doing in this area.
6. We need the ability to say this is what we spend now, providing minimum services would look like…..are we saying here is an efficient/effective way of getting there?
7. We will change to reflect: “Evaluate average services provided in public health in MA”

**Documents and Exhibits Used During the March 9, 2017 Meeting**

1. Structure Subcommittee March 9, 2018 meeting agenda
2. Structure Subcommittee December 12, 2017 meeting minutes
3. NACCHO State Profiles for OH, TX, CT, WA, CO, NJ and MA
4. Center for Sharing PHS Spectrum of Cross-Jurisdictional Sharing Arrangements
5. Massachusetts Public Health Regionalization Status Report- 09.01.09

**VOTE**: Charlie Kaniecki moved to adjourn the meeting. Representative Hannah Kane seconded the motion. The motion passed unanimously by voice vote.

**The meeting adjourned 2:44 p.m.**

Approved by the Special Commission on Local and Regional Public Health Structure Subcommittee on June 22, 2018

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

March 19, 2018

9:30am to 11:00am

Worcester Senior Center

128 Providence St., Worcester

9:30 Call to Order

VOTE: Approve minutes of February 27, 2018 meeting

9:35 Update on the Municipal and Health District Surveys

9:50 Special Commission Draft Status Report

* Workforce Standards
* Grandparenting
* Ratios

10:50 Next Steps

VOTE: On Action

11:00 Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

March 19, 2018

Worcester Senior Center

128 Providence St., Worcester

**Members Present:** Sharon Cameron, Charlie Kaniecki, Laura Kittross, Maria Pelletier, Steven Ward

**Member Absent:** None

**Staff:** Erica Piedade

**Non-members:**  Rae Dick

**Call to Order:**  Laura Kittross, the Chair, noted that a quorum was present and called the meeting to order at 9:54am.

**Vote to Approve the Minutes**

A motion was made to approve the Minutes after a discussion to amend the draft minutes by adding “Bachelor’s degree” in the *Draft Recommendation* section for Health Agent. Sharon Cameron moved to approve the minutes of the February 27, 2018 meeting. Charlie Kaniecki seconded the motion. The motion passed unanimously.

**Draft Recommendations**

Laura Kittross shared the chart she created based on last meeting’s discussion on the draft recommendation for workforce standards. The chart for each core position describes proposed requirements at hire, proposed requirements after hire and other recommendations (attached). The core positions are: Management position - Health Director, Deputy Director, Commissioner; Management/Health Agent; Inspector/Sanitarian; Public Health Nurse; Clerical Staff; and Board of Health. The Subcommittee reviewed the chart and discussed additions or edits.

* For the *Management* position it was clarified that at hire the individual would be required to be a Registered Sanitarian (RS) and have a Master’s degree in a relevant field. The certified health officer (CHO) credential would be required within 3 years of being in the position. It was recommended, but not required, that individuals in this position have a membership in a state health association and should take the LPHI Management Course. Office of Consumer Affairs and Business Regulation, Division of Professional Licensure, oversees the credentialing of RS and CHO.
* The question came up if Health Directors should be certified by the state or if health departments should be certified by the state. In Connecticut, the Health Directors must be approved by the Connecticut Department of Public Health.
* The members discussed if those in the Management position should be allowed to acquire the CHO voluntarily versus being required to do so within 3 years of being in the position. The concern was that if left at voluntary, the state would be in the same place as today which is no standard and lots of inequity across the state.
* Providing oversight or enforcement regarding the recommended requirements was also discussed. It was agreed that the Subcommittee would have to explore the infrastructure to ensure that Commission-recommended workforce standards would be met, such as annual reporting on staffing or a state level of certification. For example, certification might be for 2 years and then there would be a renewal process which would include submitting a record of having acquired certain continuing education credits in relevant areas.
* For the Management/Agent position it was clarified that “RS eligible” meant exam not yet taken but would have to pass within 18 months of being in the position. A recommendation to have individuals in this position also belong to a state health association and to take the LPHI Management Course was added.
* Ensuring that the recommendations are aligned with the Foundational Public Health Services would also ensure that they are aligned with a municipality moving towards being accredited.
* With regard to the Inspector/Sanitarian it was clarified that if an individual was doing any type of inspection (housing, restaurants, septic, pools, lead, etc.) they should be required to have the specific certification for conducting such inspections. It was stated that it was common and critical for most towns to have their inspectional staff be trained to do many types of inspection due to limited staff and staff turnover.
* For the Public Health Nurse position it was also recommended that they belong to a state health association. If a Public Health Nurse was a Health Director, she/he would have to meet the requirements set forth for the Management position.
* For the Clerical position, the requirement that they be competent in Microsoft Office was added.
* Board of Health Members who conduct inspections would have to meet the requirements under the Inspector/Sanitarian position.
* It was agreed that all personnel should have completed at least ICS100/NIMS 700 and those in a leadership role should have completed ICS 200 and above all within a year of hire.
* The recommended standards were seen as a starting point for common workforce standards for communities across the state, but does not prevent communities in setting higher requirements.
* The following suggestions were made for the section of the Chart that listed the types of inspections: Lead Determinator should be under “required”; under Title 5, MAPHIT Waste Water should be included.

**Local Public Health Workforce Survey**

Laura Kittross provided an update on the submission of surveys and some quick observations. Two hundred municipalities submitted surveys with follow up continuing. Most of the responses came from mid-sized towns; about 94% issue their own permits and the most common range was 100-500. Professionals with RS and CHO were higher than expected, but that may be related to who responded to date. She would send the preliminary findings to Subcommittee members.

**Grandparenting Process: Addressing Professionals Who Have Been In the Field For an Extensive Amount of Years**

The process for “grandparenting” to address individuals who have been in the field for a long time and for whom meeting these standards may not be feasible was discussed. This could be done through a waiver process that the municipality can apply for. It was agreed that if doing inspections, professional should have required training and should minimally have gone through the Foundations Course. Since time was running out, the discussion on grandparenting would continue at the next meeting, but some ideas suggested were the following:

* For Inspector position the individual should be in the position for at least 10 years full time prior to the implementation of the new standards before being considered for not having to meet the RS.
* The time period is for working in a state or local health department.
* Board of Health/community would have to sign off on the waiver request.
* The waiver request can be for the RS or the CHO requirements.
* Suggested, but not decided, that if in the position for 20 years (state or local public health department) individual should not have to meet the proposed requirements.

**Progress Report**

A two-page draft document that highlights the progress and the preliminary recommendations the Workforce Credentials Subcommittee has made was handed out. The draft progress report is for the Commission’s draft status report to be sent out to stakeholders before the Listening Sessions. All Subcommittees are drafting their sections to be reviewed and discussed at the April 6 Commission meeting. The document was quickly reviewed due to the expiration of meeting time and accepted since there were no major concerns raised. Laura Kittross will review the document, update it with regard to the recommendations made at the meeting should it be necessary, and send it out to the members for review. If a meeting prior to the Commission meeting was necessary she would contact members.

**Action Steps**

Laura Kittross will revise the chart of draft recommendations and Draft Progress Report based on the discussion.

Sharon Cameron will review NACCHO’s benchmark document and FDA guidelines and identify relevant information for discussion at the next meeting and Rae Dick offered to assist her.

Laura Kittross, Erica Piedade, Sharon Cameron and Rae Dick offered to reach out to different parts of the state to follow up with towns that have not submitted surveys.

**Next Meeting Date**

If a meeting is necessary prior to the April 6 Special Commission Meeting, the Chair would call a meeting on that day for noon or 12:30pm. Otherwise the Chair will work with the OLRH staff to schedule the next meeting after April 6.

**Vote to Adjourn**

Maria Pelletier made a motion to adjourn the meeting. Sharon Cameron seconded the motion.

The motion passed unanimously.

The meeting was adjourned at 11:30 am.

**Documents and Exhibits Used at the March 19, 2018 Meeting**

1. March 18, 2018 Meeting Agenda
2. February 27, 2018 Draft Meeting Minutes
3. Chart on Draft Staffing Standards Recommendations
4. Workforce Credentials Subcommittee Notes for Draft Progress Report
5. Email regarding Chapter 41, Section 102B from Charlie Kaniecki

Approved by the Special Commission on Local and Regional Public Health Workforce Credentials Subcommittee on April 30, 2018

**Special Commission on Local and Regional Public Health**

**Data Subcommittee**

**Meeting Agenda**

March 23, 2018 | 3:00-4:30 p.m.

MDPH West Boylston Site, 180 Beaman St, West Boylston, Massachusetts

1. Call to Order
2. **VOTE:** Minutes of January 3, 2018 Joint Standards/Data Subcommittee meeting at April 6, 2018 Special Commission meeting
3. Prepare draft subcommittee progress report for discussion at April 6, 2018 Special Commission meeting
4. Review and discuss DPH data collected
5. Discuss Data reporting requirements for local public health in other states. What do other states require local public health to collect and report on? (M. Coughlin)
6. Explore LPH capacity survey
7. Next meeting
8. Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, April 6, 2018

1:00 p.m. to 3:30 p.m.

1:00 Call to Order

Welcome and Introductions

Review Agenda

1:05 **VOTE**: Minutes of February 16, 2018 meeting

**VOTE**: Additions or changes to subcommittee member assignments

1:10 Special Commission adjourns to convene a joint meeting of the Standards and Data subcommittees to approve minutes of January 3, 2018 joint meeting

Joint Data and Standards Subcommittee Agenda

* Call to Order
* **VOTE:** Minutes of January 3, 2018 joint meeting of the Standards and Data Subcommittees
* Adjourn Joint Subcommittee

1:15 Special Commission reconvenes

* Call to Order
* Plans for Listening Sessions (Review revised draft staff proposal)

**VOTE:** Plan for listening sessions

1:45 Commission Status Report/Progress Reports of Subcommittees

**VOTE:** Approval of Commission status report outline/timeline and progress reports of subcommittees

3:00 Suggestions for information to be gathered from Boston University student visit to Kansas

3:20 Plans for May 4th meeting

3:30 Adjourn

**Special Commission on Local and Regional Public Health**

**Meeting Minutes**

Date: Friday, April 6, 2018

Time: 1:00 p.m. to 3:30 p.m.

Location: Massachusetts Technology Collaborative, 75 North St., Westborough

Note: The agenda for the April 6, 2018 Special Commission on Local and Regional Public Health meeting began with a brief breakout meeting of the Data and Standards subcommittees for the purpose of approval of the January 3, 2018 joint meeting of the subcommittees.

**Joint Data and Standards Subcommittee Meeting**

**Present:** Justeen Hyde (Data Subcommittee Co-Chair), Phoebe Walker (Data Subcommittee Co-Chair), Cheryl Sbarra (Standards Subcommittee Chair), Sharon Cameron, Laura Kittross, Terri Khoury, Carmela Mancini, David McCready, Maria Pelletier, Mark Smith, Steven Ward

**MDPH Staff:** Jessica Ferland, Ron O’Connor, Erica Piedade, Shelly Yarnie

**Call to Order:** Phoebe Walker called the joint meeting of the Data and Standards Subcommittees to order at 1:04 pm.

**Quorum:** A quorum was present for both Subcommittees

**VOTE:** Justeen Hyde moved to approve the minutes of the January 3, 2018 joint meeting of the Data and Standards subcommittees. Cheryl Sbarra seconded the motion. The motion passed unanimously.

Phoebe Walker moved to adjourn the meeting. Justeen Hyde seconded the motion. The motion was unanimously approved. The meeting adjourned at 1:06 p.m.

**Special Commission on Local and Regional Public Health Meeting**

**Present:** Commissioner Monica Bharel (Chair), Senator Jason Lewis, Representative Hannah Kane, Sharon Cameron, Harold Cox, Justeen Hyde, Charles Kaniecki, Terri Khoury, Laura Kittross, Carmela Mancini, David McCready, Kevin Mizikar, Lorraine O’Connor, Bernard Sullivan, Cheryl Sbarra, Mark Smith, Phoebe Walker, Steven Ward, Sam Wong

**Absent:** Senator Richard Ross, Representative Steven Ultrino, Eileen McAnneny, Maria Pelletier

**Visitors:** Eddy Atallah, Ed Cosgrove, Hayley D’Auteuil, Melanie O’Malley

**MDPH Staff:** Michael Coughlin, Jessica Ferland, Ron O’Connor, Erica Piedade, Eileen Sullivan, Shelly Yarnie

**Quorum:** A quorum was present.

Commissioner Monica Bharel, Commission Chair, noted that a quorum was present and called the meeting to order at 1:15p.m.

**VOTE:** Charles Kaniecki moved to approve the minutes from the February 16, 2018 meeting.

Carmela Mancini seconded the motion. Sharon Cameron abstained from voting. The minutes were approved by affirmative vote by all other members present.

Commission members were asked if anyone wanted to change, be added to, or be removed from subcommittees. No changes were requested.

**Stakeholder Listening Sessions**

Ron O’Connor reviewed the proposed plan for the stakeholder listening sessions:

* The Commission recommended five regional sessions in five different locations (two in western Massachusetts)
* Locations were discussed including two recommended locations for western Massachusetts – Greenfield and Westfield.
* Commission members will be able to sign up for sessions that they can attend; dates will be confirmed based on Commission member availability.

Discussion of the proposed listening sessions included

* The need to be clear about expectations for comments from participants at the listening sessions.
* Comments are requested on the status report that will be posted in advance.
* Comments may be submitted in writing in addition to oral comments at listening sessions
* The introduction at the listening sessions should provide clear direction to attendees that plan to comment. Although Commission members plan to provide the welcome and introduction to the listening sessions, remarks need to be scripted to ensure consistency across locations.
* Introduction should highlight progress to date with an invitation for feedback. Since adoption of Foundational Public Health Services (FPHS) as the minimum package of public health services is the primary recommendation of the Commission, it will be important to have feedback on FPHS.
* Create a one-page fact sheet as a supplement to the status report.
* A document including “Key Questions and Findings” for explanation would help.
* Concerns about presenting preliminary recommendations in a way that ensures that stakeholders understand that the Commission welcomes feedback.

Action items:

* Consider using Cheryl Sbarra’s presentation that she has developed about the Commission for Boards of Health orientation as a baseline for developing an educational component
* DPH staff will develop a script which will include informing the participants of the guidelines for the listening session (i.e., the Commissioners and staff will listen and not engage in a discussion).
* Consider the option of recording an introduction/summary of Commission charge to show at all sessions for consistency.

Further discussion of stakeholder listening sessions was tabled until after subcommittee progress reports.

Subcommittee Progress Reports

The meeting packet included written subcommittee progress reports on which Commission members provided comments and questions.

**Workforce Credentials Subcommittee**

The Workforce Credentials Subcommittee provided an overview of draft recommendations for the local public health workforce credentials.

**Questions and Responses**

Has the subcommittee discussed the availability of a waiver of the recommended requirements for a new hire?

* Further discussion needs to take place. The recommendation of the subcommittee includes a period after hire for new hires to meet the standard.
* Given small town challenges in meeting any credentials requirements, the subcommittee has been guided by the importance of reasonable standards.

How do the subcommittee recommendations differ from the current state of workforce credentials?

* The gap is not as large as one would think. Even though it is preliminary, the workforce survey conducted by the subcommittee shows that there are many credentialed local public health staff.
* In larger communities, having a credential is not the issue. There is a concern about adequate numbers of staff to meet the need for services. The National Association of County and City Health Officials (NACCHO) offers guidance/benchmarks regarding staff to population ratios. The subcommittee is exploring that guidance.
* Looking at the population size is not enough to determine staffing, for example, some communities have a large tourist influx so seasonal demands for inspections increases during that time period and can stress the existing staff.

What is meant by the term “core local public health staff”? Are these positions considered a priority? What about national standards?

* Core public health staff represent the range (and the most common) of local public health staff necessary to provide essential public health services. Education or training requirements do not currently exist for these positions.
* The focus is to ensure that the workforce is prepared for the future landscape of public health which would also ensure that they are capable of providing the currently mandated services.
* National standards do not exist for each position. Some states have standards for some of the positions (mostly health director).

Why was Certified Health Officer (CHO) chosen as a recommended credential given that it is a Massachusetts credential rather than a national one?

* The CHO regulations and exam have been reviewed and areas of redundancy/ questions with the Registered Sanitarian requirements have been removed. Additional management and community/population health knowledge and expertise are now included.
* The revision would utilize the existing infrastructure for certifying health officers in Massachusetts and would ensure that those in management positions have the administrative management and comprehensive public health competencies necessary to ensure the provision of Foundational Public Health Services.

Recommendations from Commission members

* Explore offering a waiver for a specific period with an end date. Allow the waiver to follow the individual versus providing it to the municipality.
* Develop a pathway for local public health professionals and identify incentives for supporting such a pathway.
* Assess the credentialing requirements from a health equity perspective. Credentials may have a built-in bias towards individuals with resources to allow them to advance to health director positions (i.e., white professionals) which could possibly create a barrier for the advancement of professionals of color. Subcommittee should explore a combination of experience and education.
* Attention needs to be paid to the use of a waiver of requirements. If a waiver is given to a municipality it could keep an individual from moving to another municipality.
* Ensure that an infrastructure is in place to support the recommended requirements. Trainings are not always held in all parts of the state, sometimes are only provided annually, and have limited enrollment, (e.g., Massachusetts Public Health Inspector Training (MAPHIT) Housing, MAPHIT Food.

Comments from Commission members

* The desire for waivers makes sense. However, there is a concern about a system with discretionary decision-making. Also, people could “job hop” every 5 years to avoid the credentialing requirements.
* The existing system is completely inefficient. The core issue that the Commission needs to raise is inefficiency of the system and how the recommendations will make it more efficient.
* The Commission charge does not state that “money will be asked for” and, therefore, it should not be stated in the status report or at stakeholder listening sessions.
* Framing the draft recommendations for the listening sessions will be very important. There needs to be education about workforce credentialing issues.
* The subcommittee recommendation for requirements for hire for the inspector/sanitarian position needs more information. It should include high school diploma as a minimum educational requirement.
* If we are using the FPHS to define the minimum package of public health services, we should include other public health professionals, such as epidemiologists.
* The de Beaumont Foundation has done a lot of research on the public health workforce and is a good resource for the subcommittee. The Connecticut Department of Public Health may be a good resource as well.

**Data Subcommittee**

**Comments**

* The use of real life examples as stories to highlight the impact of not having consistent data, especially data that is required, is important.
* It was emphasized that even though there may be a system for collecting data, there is limited staff capacity at the local level for reporting the data.
* Data collection expectation and requirements should focus and make transparent the need for data and the consequences for not having data.
* The subcommittee analysis finds that data collection is more robust when federal or state resources support the program in question.
* Learning from Health Districts that have a high level of compliance will be important.
* If local public health structure changes, data collection systems will need to change with it.
* Next steps include further analysis of other state data collection systems.

**Structure Subcommittee**

**Comments**

* Models recommended by the Commission that will ensure consistent delivery of foundational public health services must rely on both incentives and new mandates.
* A suggestion was made that a Data Subcommittee meeting in western Massachusetts will give the subcommittee access to many health districts to learn from their successes (Berkshire Public Health Alliance, Tri-Town Health Department, Franklin Regional Council of Governments, Foothills Health District, and Quabbin Health District).
* There are statutory reporting requirements but there are no penalties for not complying with these requirements.
* May need to create incentives for reporting.

**Standards Subcommittee**

There were no questions or comments on the Standards Subcommittee progress report.

Research on Kansas Local Public Health System Improvements

Eddy Atallah, Boston University School of Public Health Activist Fellow, will travel to Kansas in the spring to learn about their work with Foundational Public Health Services and cross-jurisdictional sharing as part of his fellowship. Commission members were asked to provide questions that will inform the work of the Commission.

* How have they been able to organize themselves regionally to be efficient with resources and time?
* Focus on questions the subcommittees have – what is the structure, standards for services and for the workforce, what are data requirements, how have they supported the process and the changes?
* How did they manage and fund key informant interviews?
* How were services rolled out?
* Understand where they were when they started compared to where they are now.
* How did they handle the perceived and real impact of loss of control/ power that may come with cross-jurisdictional sharing?

Stakeholder Listening Sessions

The Commission briefly returned to the Stakeholder Listening Sessions agenda item that was tabled until the subcommittee progress reports were discussed. The Commission will review the timing of the listening sessions at the May 4th meeting.

Next Steps

* DPH staff will incorporate information and insights from this meeting into the draft status report.
* The status report will be reviewed internally before being shared with Commission members prior to the May 4th meeting.
* A vote on the status report will be postponed until the May 4th meeting.
* The Commission will consider at the May 4 if it is ready for listening sessions to be held in May/June.
* The Commission timeline will be reviewed pending a decision on the timing of listening sessions.
* Subcommittee chairs will submit to DPH desired outcomes from the listening sessions for each subcommittee.
* Cheryl Sbarra will forward her presentation to DPH staff.
* Eddy Atallah will plan to report on the trip to Kansas at the June Commission meeting.
* Subcommittee chairs will provide additional questions to DPH staff to guide Eddy Atallah’s visit to Kansas.

Senator Lewis moved to adjourn the meeting. Phoebe Walker seconded the motion. Motion approved unanimously.

Meeting adjourned at 3:15pm

Approved by the Special Commission on Local and Regional Public Health on May 4, 2018

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

April 30, 2018

9:30am to 11:00am

Worcester Senior Center, 1st Floor

128 Providence St., Worcester

9:30 Call to Order

VOTE: Approve minutes of March 19, 2018 meeting

9:35 Certified Health Officers (CHO) Credential

* Revised regulations and exam
* The significance of the CHO credential to LPH of the future

9:55 Preliminary Findings from the Municipal and Health District Surveys

10:25 Listening Session

* Questions the Subcommittee wants answered?
* Specific areas the Subcommittee wants feedback on

10:35 Draft Standards

* Ratios
* Grandparenting

10:50 Next Steps

VOTE: On Action

11:00 Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

April 30, 2018

Worcester Senior Center

128 Providence St., Worcester

**Members Present:** Sharon Cameron, Charlie Kaniecki, Laura Kittross, Maria Pelletier, Steven Ward

**Member Absent:** None

**Staff:** Erica Piedade

**Non-members:**  Rae Dick

**Call to Order:**  Laura Kittross, the Chair, noted that a quorum was present and called the meeting to order at 9:36 am.

**Vote to Approve the Minutes**

Charlie Kaniecki made a motion to approve the minutes of the March 19, 2018 meeting. Steve Ward seconded the motion. The motion passed unanimously.

**Certified Health Officer Credentials**

Steve Ward provided an overview of the proposed changes to the Certified Health Officer (CHO) regulations and exam. The purpose of the changes was to 1) make the CHO credential relevant to the field by creating a professional pathway for local public health professionals seeking management positions (from Registered Sanitarian/Registered Environmental Health Specialist to CHO); 2) assess areas and questions that maybe redundant with the Registered Sanitarian exam and credential; and 3) ensuring it is in sync with the Public Health Accreditation Board (PHAB). The Division of Professional Licensure has oversight of the certification process and the working group has been meeting with them to institute the changes. The CHO incorporates the 10 Essential Services and 3 core functions as well as addresses administration, management and leadership competencies. The CHO is a credential with an infrastructure that already exists in Mass. (exam offered 3 times a year/self-study guide) and is an opportunity to ensure management level public health professionals have the competencies necessary to manage and lead, especially if the Foundational Public Health Services (FPHS) will be the standard that will be expected across health departments.

**Preliminary Findings from the Municipal and Health Surveys**

The Members reviewed the handouts on the preliminary findings from the workforce survey. There were 299 cities and towns that submitted a survey with 252 surveys deemed as complete. Highlights were discussed: the majority of submissions came from towns less than 25,000 residents which represents the majority of cities and towns in Massachusetts; most of the respondents stated that they issued 100-500 permits annually; Title 5 inspections were generally less numerous as the towns became larger which was not surprising; about half of the respondents conducted less than 25 housing inspections but that may be a reflection of the split between the health department and inspectional services department. Separating housing inspections from the health departments raises concern regarding missed opportunities to address public health issues (air quality and childhood asthma, hoarding and mental health, exposure to contaminants, etc.). The data on staffing and credentials did not show a trend of larger cities or towns necessarily having more credentialed staff. What the data did show is the results of a lack of standards. Another significant observation was that the extremely high number of respondents reporting the retirement of a very large portion of their staff within 5-10 years, which is consistent with national studies on the local public health workforce. The aging out of an experienced public health workforce with a limited pipeline and hiring pool will have significant results on Boards of Health being able to meet the public health needs of their communities. With regard to staff training, about half of the respondents reported they had a training budget of about $1,000. The Members agreed that it would be useful for the Data Subcommittee to further analyze the survey data which they have agreed to do.

**Workforce Standards for Education, Training and Credentialing Chart: Draft Recommendations**

The Subcommittee discussed the feedback provided by the Commission members at the April 6 meeting. The following revisions were agreed upon:

* For the *Management* position: define management position as someone who does not conduct inspections but supervisors the inspectors/sanitarians; under “Required” add *Master’s in relevant field or BA with 5 years of experience and 16 graduate credit in relevant field*; under “Required after hire” add *complete Master’s within 2 years*; under “Recommended” add *3 years of experience in local or state public health* and *MAVEN training within a year*.
* Under *Management/Agent* and “Required at hire” change to *Foundations Class w/in 18 months* and for the certifications add *within a year*; under “Recommended” add *CHO w/in 3 years of hire.*
* Under *Inspector/Sanitarian:* add *high school degree* under “Required at hire”; under “Required after hire” add Foundations Class w/in *18 months* and certifications *w/in a year;* under “Recommended” add *associates degree.*
* Under *Inspection Type* add *Tanning/Body Art* and for that require MA PHIT which will need to be developed*;* for Housing Inspections require *housing court training* which would need to be developed; in the column “Recommended” include *relevant LPHI modules* for each inspectional type*.*

The chart will be revised and will be shared with the Commission members at the May 4 meeting in preparation for the Status Report.

**Ratios/Benchmarks**

In researching national trends for local public health staffing ratios, only the NACCHO document on benchmarks was found which was discussed at the last meeting. The document is out of date but provides some insights into how the Subcommittee might think what is the optimal number for an adequate local public health staff. There seems to be a lack of national consensus on the taxonomy of public health positions. Instead of fixed ratios (position: population size), the idea of ranges was discussed as a more feasible alternative. The Subcommittee agreed to continue discussing this topic at the next meeting.

**Listening Sessions**

The Subcommittee is eager to receive feedback from stakeholders on the draft workforce standards chart. Along with comments on the educational, training and credentials included in the chart, comments on what infrastructure would be necessary to get their staff to that level would also be useful.

**Action Steps**

Everyone will review the draft Status Report for the Listening Sessions to ensure the Subcommittee’s work is reflected accurately.

**Next Meeting Date**

Monday, May 21, 2018 from 9:30-11:30am at the Worcester Senior Center (Classroom A), 128 Providence St., Worcester.

**Vote to Adjourn**

Maria Pelletier made a motion to adjourn the meeting. Steve Ward seconded the motion.

The motion passed unanimously.

The meeting was adjourned at 11:30 am.

**Documents and Exhibits Used at the April 30, 2018 Meeting**

1. April 30, 2018 Meeting Agenda
2. March 19, 2018 Draft Meeting Minutes
3. Workforce Survey Preliminary Results
4. Revised Chart on Draft Staffing Standards Recommendations
5. Draft Chart on Ratios/Benchmarks
6. Certified Health Officer (CHO) handouts on proposed exam (April 2016 – Matrix), slides of proposed changes, and regulations
7. *Building Skills for a More Strategic Public Health Workforce: A Call to Action,* de Beaumont Foundation (2105), <http://www.debeaumont.org/consortiumreport/>
8. H.R.1909 Environmental Health Workforce Act of 2017, [www.congress.gov/bill/115th-congress/house-bill/1909/](http://www.congress.gov/bill/115th-congress/house-bill/1909/)
9. *Public Health Workforce Taxonomy Guidelines for Use, August 2016,* Center of Excellence in Public Health Workforce Studies, University of Michigan School of Public Health, <file:///C:/Users/empiedade/Downloads/Taxonomy_User_Manual.pdf>

Approved by the Workforce Credentials subcommittee of the Special Commission on Local and Regional Public Health on May 21, 2018

**Special Commission on Local and Regional Public Health**

**Meeting Agenda**

Friday, May 4, 2018

1:00 p.m. to 3:30 p.m.

Massachusetts Emergency Management Agency

400 Worcester Road, Framingham

1:00 Call to Order

Welcome and Introductions

Review Agenda

1:05 **VOTE**: Minutes of April 6, 2018 meeting

**VOTE**: Additions or changes to subcommittee member assignments

1:10 Commission Status Report

**VOTE:** Approval of Commission status report

2:00 Discussion of stakeholder listening sessions/scripted presentation

2:45 Proposed plan for local public health capacity survey

3:15 Plans for June 22nd meeting

3:30 Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

May 21, 2018

9:30am to 11:30am

Worcester Senior Center, Classroom A

128 Providence St., Worcester

9:30 Call to Order

VOTE: Approve minutes of April 30, 2018 meeting

9:35 Preliminary Recommendations

* Commission Member Comments from May 4 Meeting
* Waiver Process
* Benchmarks/Ratios

10:35 Municipal and Health District Surveys

* Data Subcommittee Review
* Presentation July 27

11:05 Listening Session

11:20 Next Steps

VOTE: On Action

Next Meeting Date: June 22, 2018 Westborough

11:30 Motion to Adjourn

**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee Meeting Minutes

May 21, 2018

Worcester Senior Center

128 Providence St., Worcester

**Members Present:** Sharon Cameron, Charlie Kaniecki, Laura Kittross (Chair), Maria Pelletier, Steven Ward

**Member Absent:** None

**Staff:** Erica Piedade

**Non-members:**  None

**Call to Order:**  Laura Kittross, the Chair, noted that a quorum was present and called the meeting to order at 9:51 am.

**Vote to Approve the Minutes**

Sharon Cameron made a motion to approve the minutes of the April 30, 2018 meeting. Charlie Kaniecki seconded the motion. Steve Ward asked that there be a correction made to the minutes regarding the CHO exam. The correction was accepted and amended minutes will be sent out. The motion to approve the minutes with the correction was unanimously passed.

**Review of Commission Member Feedback and Recommendations for Workforce Standards**

Laura Kittross strongly recommended to the Commission members that the grid of recommendations for workforce standards be included in the Status Report in order to receive feedback from Listening Sessions participants and other stakeholders.

**Management Position:** It was stated at the Commission meeting that large health departments that had multiple layers of oversight should or would expect their health director to be a Registered Sanitarian and put forth to the Workforce Credentials Subcommittee to reconsider that requirement.

The Subcommittee members discussed this and it was noted that there were only a few large health departments, having someone with the R.S. credential is important if they are supervising health agents/inspectors, and MEHA supports the recommendation. It was also state if it works for 98% of the health departments then why lower the requirements for a few. The question if Health Commissions have different statutory hiring requirements than municipal health departments was raised and needed to be looked into. It was also pointed out that they are standards that will be phased along with the Commission’s other recommendations and not standards that are required immediately.

A discussion ensued if the R.S. should be required within 6 months or in 1 year of hire. Charlie Kaniecki made a motion to vote on changing the recommended requirement for the management position to have a R.S. after 1 year of hire. Some Subcommittee members argued against changing the recommendation. There was also a concern raised regarding the requiring at hire a Master’s degree or BA/BS with 16 graduate credits for the management position/health director and why not require a MA after a period post being hired. The Subcommittee members that wanted it to stay the same argued that it is important to have management and administrative competencies for the position. The Subcommittee members who attended the Special Commission meeting were surprised at the resistance of having a MA or the BA/BS with 16 graduate credits be a requirement at hire. It was stated that this was in sync with many other states. Some of the Special Commission Members stated that they were concerned of the impact on the hiring pool that these requirements would have.

Laura Kittross stated that the survey results actually demonstrate that there are more Registered Sanitarians in these top positions than not and affirmed that the waiver process was created for exceptional cases. The standards being set by the Subcommittee is for the future workforce – the best workforce necessary to fulfill the Foundational Public Health Services.

**Vote to Make Changes to the Recommendation for the Management Position:**

Charlie Kaniecki modified motion to require for the management position to be R.S. or REHS eligible within 1 yea of hire. Sharon Cameron seconded the motion. The motion was approved unanimously. Laura Kittross will make changes to the grid.

**Public Health Nurse (PHN):** At the Commission meeting there was a discussion if the PHN should be required to have a BSN and Subcommittee members argued that they should. Subcommittee members agreed that the responsibilities of PHN, especially, in rural areas requires many to work independently and be responsible for a very large range of health promotion and disease prevention activities and that the recommendation should stay. What needed to be clarified is that if there was an exceptional case that the municipality could submit a waiver regarding that case which was not clear in the grid. A Subcommittee member stated that the Subcommittee cannot go too deep into the weeds. Should all the recommendations be approved by the legislature, general statutes are created to ensure the implementation of the recommendations which would include the development of policies and procedures for the specifics of a waiver process.

**Waiver Process:** The waiver process would come from municipalities for individuals who have had 10 years of experience and do not meet the grid requirements. If they move to a new municipality, the new municipality would have to submit for the waiver. The process would be liberal and not blind, for example. The specifics of how it will work can be decided later. It was recommended that the Subcommittee later could develop a 1 page policy recommendation.

**Workforce Benchmarks/Ratios:** Staffing standards or ranges (and often the setting of fees) are hard to figure out. The time a person needs to complete an inspection, travel time, the paperwork all need to be included and then multiplied for the number of inspections to help figure out the adequate number of staff needed. Looking at the FPHS and all the tasks and figuring out person time might be helpful. But the question of standard for an inspection is also at issue; defining what needs to be done and the quality of the inspection is another factor. With regard to the ratio grid, the only document that was relevant to its creation was NACCHOs which is dated. It sets the floor and can be a benchmark for Mass.; a rationale for why having such a benchmark is critical will have to be included for this grid as well. In breaking down what the positions in the workforce standards grid need to do to implement the FPHS, the benchmark recommendations can show why the number of staff are needed. For example, a 2-3 clerks may be needed for a population of 100,000, but every BOH needs at least 1/3 FTE for a clerk minimally to accomplish all the administrative tasks. Every town needs is required by regulation to be on MAVEN so 2-3 PHNs per 100,000 population is critical. For food inspectors adopt the FDA recommendations. Managers 3 per 100,000. The members agreed that without data to back up their recommendations they might be challenged. Without staffing benchmarks, local public health professionals will continue to be overloaded without much recourse for BOH or health directors to fight for adequate staffing/support. Subcommittee members agreed that more time was needed to flesh the recommendation out and that it will be on the next meeting’s agenda.

**General Comments Regarding Commission Member Feedback:**

Some Subcommittee members were surprised at the questions and comments of Commission Members. From the Commission members’ responses to the recommendations, it was agreed that the Subcommittee needed to present the background and the rationale for how they have come up with these recommendations at the July 27 Commission meeting similar to how the Standards Subcommittee did for the FPHS. The presentation should chart out what they have learned from other states and the PHAB and stress that the high standard that is being set is critical to the skills and standards needed to implement FPHS or to respond to the public health landscape of the future. This can be done in about 5 slides and maybe providing a 2-3 page document for Commission members to read beforehand might be useful (here is what FPHS requires, here is what other states are doing, and here is what the survey shows). The Chair stated that she would start putting the presentation together.

It was emphasized that being aware of the impact on Boards of Health and having mechanism for oversight and enforcement was critical, otherwise nothing will change. Addressing the concerns about regionalization was also important, though as one Subcommittee pointed out, there were lots of towns benefiting from regionalization/health districts. Sometimes it is so seamless that the towns do not even recognize the benefit, such as those in Barnstable which augments many of their services. The model proposed is to set the standard and if municipalities meet it, fine, if not they are given a choice of models to help to move to a model that meets the standards.

**Listening Sessions**

Subcommittee members voiced that it would be important to stress that the workforce standards need to be viewed as part of the whole Commission recommendations and not separately.

**Action Steps**

Erica Piedade will amend the April 30, 2018 draft minutes and redistribute them.

Laura Kittross will revise the workforce standards grid.

Laura Kittross will begin preparing the presentation for July 27, 2018 Commission Meeting.

Sharon Cameron will revise the benchmark grid to discuss at the next meeting.

**Next Meeting Date**

Friday, June 22, 2018 from 11:00am at the Fisheries and Wildlife Headquarters, 1 Rabbit Hill Road, Westborough.

**Vote to Adjourn**

Charlie Kaniecki made a motion to adjourn the meeting. Sharon Cameron seconded the motion.

The motion passed unanimously.

The meeting was adjourned at 11:43 am.

**Documents and Exhibits Used at the May 21, 2018 Meeting**

1. May 21, 2018 Meeting Agenda
2. April 30, 2018 Draft Meeting Minutes
3. Revised Chart on Draft Staffing Standards Recommendations
4. Draft Chart on Ratios/Benchmarks

Approved by the Workforce Credentials subcommittee of the Special Commission on Local and Regional Public Health on June 22, 2018

**Special Commission on Local and Regional Public Health**

**Stakeholder Listening Session**

Monday, June 4, 2018

2:00 p.m. to 4:00 p.m.

John Olver Transit Center, Greenfield, Massachusetts

Agenda

2:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

2:20 Comments and questions\*

4:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

Written comments may be submitted until 5:00 p.m. on June 20, 2018 to:

[localregionalpublichealth@massmail.state.ma.us](mailto:localregionalpublichealth@massmail.state.ma.us)

**Special Commission on Local and Regional Public Health**

Tuesday, June 5, 2018

10:00 p.m. to 12:00 p.m.

Massachusetts Division of Fisheries and Wildlife, Westborough, MA

**Agenda**

10:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

10:20 Comments and questions\*

12:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

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**Special Commission on Local and Regional Public Health**

Friday, June 8, 2018

10:00 p.m. to 12:00 p.m.

Waltham Public Library, Waltham, Massachusetts

**Agenda**

10:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

10:20 Comments and questions\*

12:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

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**Special Commission on Local and Regional Public Health**

**Stakeholder Listening Session**

Monday, June 11, 2018

2:00 p.m. to 4:00 p.m.

Peabody Municipal Light Plant, Peabody, Massachusetts

Agenda

2:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

2:20 Comments and questions\*

4:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

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**Special Commission on Local and Regional Public Health**

**Stakeholder Listening Session**

Wednesday, June 13, 2018

2:00 p.m. to 4:00 p.m.

Lakeville Public Library, Lakeville, Massachusetts

Agenda

2:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

2:20 Comments and questions\*

4:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

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**Special Commission on Local and Regional Public Health**

Friday, June 15, 2018

10:00 p.m. to 12:00 p.m.

Western Massachusetts Hospital, Westfield, Massachusetts

**Agenda**

10:00 Listening Session Opens

* Welcome and introductions
* Overview of the Status Report of the Special Commission on Local and Regional Public Health
* Listening session process

10:20 Comments and questions\*

12:00 Listening Session Closes

\*Please note: The listening session will be facilitated by staff from the Massachusetts Department of Public Health. Staff will take notes but will not respond to questions or comments. While members of the Special Commission on Local and Regional Public Health might be present at this session, they are not permitted to provide feedback on comments or respond to questions. The Commission will review comments and questions from all listening sessions at its next meeting.

Written comments may be submitted until 5:00 p.m. on June 20, 2018 to:

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**Special Commission on Local and Regional Public Health**

Workforce Credentials Subcommittee

Meeting Agenda

June 22, 2018

11:00am to 12:30pm

Massachusetts Technology Collaborative

75 North Street, Westboro, Massachusetts

11:00 Call to Order

VOTE: Approve minutes of May 22, 2018 meeting

11:10 Review and Discussion of the Summary of Feedback from Listening Session

11:50 Presentation for July 27

* Response to Listening Session Feedback
* Rationale for Workforce Recommendations (Standards & Ranges)
* Workforce Survey Data

12:20 Next Steps

VOTE: On Action

Next Meeting Date

12:30 Motion to Adjourn

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH**

**Structure Subcommittee**

June 22, 2018

Massachusetts Technology Collaborative

75 North Street, Westboro, Massachusetts

1:00 p.m. – 3:00 p.m.

AGENDA

1. Call to Order
2. **VOTE:** Minutes of March 9, 2018 Structure Subcommittee meeting
3. Presentation and Discussion about Regional Approaches to Cross-jurisdictional services and the Foundational Public Health Services in MA -- Presenters:
   1. Bernie Sullivan, Montachusett Public Health Network
   2. Laura Kittross, Berkshire Public Health Alliance
   3. Phoebe Walker, FRCOG Cooperative Public Health Service
   4. Damon Chaplin, City of New Bedford Health Department
4. Discussion of Comments from Listening Sessions pertaining to Structure Subcommittee

**Special Commission on Local and Regional Public Health**

Finance Subcommittee

Meeting Agenda

June 22, 2018 | 2:00 p.m. to 3:30 p.m.

Massachusetts Department of Public Health | Lobby Conference Room 2

250 Washington Street, Boston

2:00 pm Call to order

Member introductions

**VOTE**: Selection of subcommittee chair (or co-chairs)

**VOTE**: Minutes of September 15, 2017 meeting

Review of subcommittee charge

Role of non-members in subcommittee meetings

Local public health financing in Massachusetts

Local public health financing in other states

Next steps

Next meeting date

3:30 pm Adjourn

**Special Commission on Local and Regional Public Health**

**Data Subcommittee**

**Meeting Agenda**

June 22, 2018 | 3:00-4:00 p.m.

Massachusetts Technology Collaborative

75 North Street, Westboro, Massachusetts

1. Call to Order
2. **VOTE:** Minutes of March 23, 2018 Data Subcommittee meeting
3. Health District presentation discussion
4. Review and Discussion of the Summary of Feedback from Listening Session
5. Recommendations to strengthen public health data reporting, gathering and analysis, including any recommendations on mandatory reporting of local health authorities to the department. (*Chapter 3 of the Resolves of 2016- final reporting requirements)*
6. Next meeting
7. Adjourn

**\* This meeting was cancelled due to lack of Quorum**