

State Action for Public Health Excellence (SAPHE) Act

MEHA AND CLPH SPONSORED WEBINAR

October 7, 2020



A national and a state affiliate supporting a shared vision for excellence for our members



Agenda

TOPIC	TIME (AM)	DURATION	PRESENTER
Introductions & Goals	9:30 to 9:40	10 minutes	Diane Chalifoux-Judge
Coalition for Local Public Health Overview	9:40 to 9:50	10 minutes	Phoebe Walker
SAPHE – A History	9:50 to 10:10	20 minutes	Cheryl Sbarra
Workforce Credentialing Standards	10:10 to 10:20	10 minutes	Laura Kittross and Steve Ward
SAPHE 2.0	10:20 to 10:35	15 minutes	Kristina Kimani
Questions & Answers	10:35 to 10:50	15 minutes	Diane Chalifoux-Judge
Wrap Up & Closing Remarks	10:50 to 11:00	10 minutes	Bill Murphy

Introductions & Goals

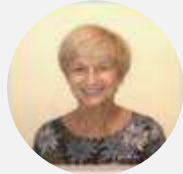


Diane Chalifoux-Judge,
REHS / R.S., CP-FS



Welcome Coalition for Local Public Health Speakers!

Moderators



**Diane Chalifoux-Judge,
REHS / R.S., CP-FS**

Massachusetts Environmental Health Association (MEHA), President
Boston Inspectional Services, Health Division, Principal Health Inspector



**Bill Murphy,
M.S., R.S., CHO**

Massachusetts Environmental Health Association (MEHA), Vice President
Director, Sudbury Board of Health

Speakers



**Phoebe Walker,
MPPA**

Franklin Regional Council of Governments (FRCG),
Director of Community Services



**Cheryl Sbarra,
JD**

Massachusetts Association of Health Boards (MAHB),
Senior Staff Attorney and Director of Policy and Law



**Laura Kittross,
JD, MPH**

Western Massachusetts Public Health Association (WMPHA), Member
Berkshire Regional Planning Commission
Public Health Program, Manager



**Steve Ward,
MPH, R.S., CHO**

Massachusetts Environmental Health Association (MEHA),
Past President
Vice Chair CHO Board
Public Health Consultant



Kristina Kimani,

Massachusetts Public Health Association (MPHA),
Assistant Policy Director

Speakers have no financial interests or relationships to disclose.

Sharing the Vision and Goals



The Coalition for Local Public Health

Familiarize with the agencies representing the Coalition for Local Public Health (CLPH), their role in the Special Commission and the State Action for Public Health Excellence – (SAPHE) Act



The SAPHE Act and the Special Commission

Identify the actions leading up to the SAPHE Act including the Special Commission on Local and Regional Public Health (SCLRPH)



The Special Commission Report, SAPHE Act and Recommendations for Workforce Credential

Understand the components of the Special Commission's final report and SAPHE Act that focus on advancing the goals for workforce credentialing requirements



The SAPHE Act Impact

Understand the components of the recently filed legislation, SAPHE Act 2 (Statewide Accelerated Public Health for Every Community) that aims to accelerate improvements in the local public health system

Coalition for Local Public Health Overview



**Phoebe Walker,
MPPA**



Coalition for Local Public Health Members



Coalition Early History

2003

Publication: **A Case for Improving the Massachusetts Local Public Health Infrastructure**

2006

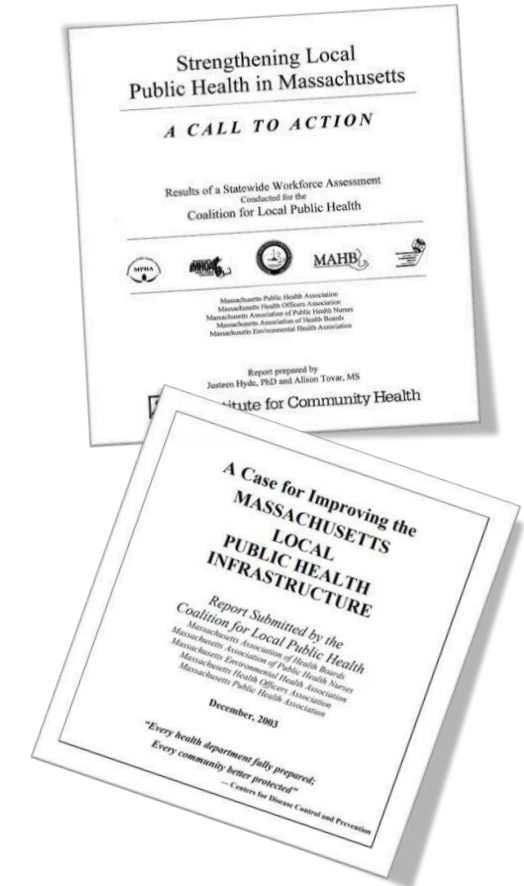
Publication: **Strengthening Local Public Health In Massachusetts: A Call To Action**

2000s

CLPH part of the MA Regionalization Working group

2008

Publication: **Local Public Health Communication Toolkit**



CLPH Recent History

2016

Commission Created: CLPH members had seats

2019

Report Issued

2019

SAPHE Act Introduced

2020

SAPHE 2.0 Act Introduced

SAPHE – A History



**Cheryl Sbarra,
JD**



Public Health Regionalization Working Group

FINDINGS OF THE 2007 DRAFT RECOMMENDATIONS & CLPH SURVEY ON STATUS OF LOCAL PUBLIC HEALTH (2006)

1 Health departments stretched too thin since 9/11

2 More than 70% report they do not have enough staff to meet obligations

3 Public health budgets not keeping pace with inflation

4 Disparities in delivery of services depending on zip code

5 Nearly 1/5 of workforce eligible to retire in next 2 years

6 Health inspectors and public health nurses in short supply

7 Workforce qualifications and salaries greatly vary among municipalities

8 Board of health members, both elected and appointed have limited formal training

Recommendations

1 Develop various model organizational structures to accommodate differences	5 Develop a set of governing principles <ul style="list-style-type: none">• Clear understanding of roles and responsibilities• Clear understanding of legal authority
2 One size won't fit all!	6 Adequately fund these sharing of services organizational structures
3 Respect, support and accommodate existing structures	7 Develop workforce performance standards
4 Respect historical relationships	8 Build on existing legislation to create organizational structures

Practice Based Research Network Grant

Thoroughly review current state laws to see if there already existed a legal framework for regionalization

- Short answer – Yes
- Long answer – Need to amend existing public health district laws

G.L. c. 111, §§28A,28B and 28C – Summary of Amendments:

Board of Health Must Vote to Create a District

Previously, BOH was not involved in decision making

Local Boards of Health Retain Legal Authority to Enact Regulations

Previously, not the case in a 27B district

Employee Protections When Moving from City/Town to District

- Intergovernmental Agreements (IMA's)
- Contracts between municipalities for shared services

Informal Agreements

Primary Research Questions

Will cross jurisdictional sharing help to provide essential public health services to MA residents?

- **2009: Call for proposals**
 - \$3,000 planning grants
- **Requirements**
 - Serve a population of 50,000 and/or
 - Serve an area of 150 square miles
- **Strongly encouraged 4-6 planning meetings**
 - Local decision regarding who to include in the meetings
 - Health agents, directors, board of health members, municipal administrators, etc.

3 Groups of Municipalities Selected (out of 20 munis) to drive changes

1

Group 1: Expand existing regional district

- Conduct PHAB assessment
- Review findings
- Engage regional planning agency
- Form regional advisory committee
- Examine fiscal and governance options
- Draft sample Memorandum of Agreements

2

Group 2: Build a regional health district

- Early focus on relationship building
- Conduct Visioning exercises
- Identify commonalities and challenges
- Gather survey data
- Establish funding, staffing, governance models & plans
- Review regional options

3

Group 3: Share and communicate public health services

- Present local health data and public health threats
- Highlight data on limited capacity
- Agree to start small
- Work on grant writing for multi municipal projects
- Review FDA food safety grant
- Identify fiscal agent/lead agency
- Work on governance structure

Observations About Grantees' Work

Major infrastructure shifts are a lot of work! Multiple people need to be involved in decision-making for each municipality

Major Infrastructure Shift Challenges

- Difficult to advocate for change voluntarily
- Local public health leaders are stretched too thin; difficult to plan and vision
- Need supporting evidence on benefits of sharing services

Common Questions

- Will my BOH lose authority?
- How much will it cost?
- Who will do the work?
- Will there be grant money?
- How do we start?

Local Public Health During COVID-19

Investigating suspected cases and making testing recommendations

Working with school districts and school committees on safe re-opening plans

Contract Tracing

Coordinating with town officials, first responders, businesses and residents & serving as a communication hub between local residents and state officials

Recommending and enforcing isolation and quarantine

Responding to resident and business complaints regarding unsafe practices, mask wearing, gatherings and events

Enforcing essential business orders & re-opening guidance and providing input to businesses on safe operating procedures

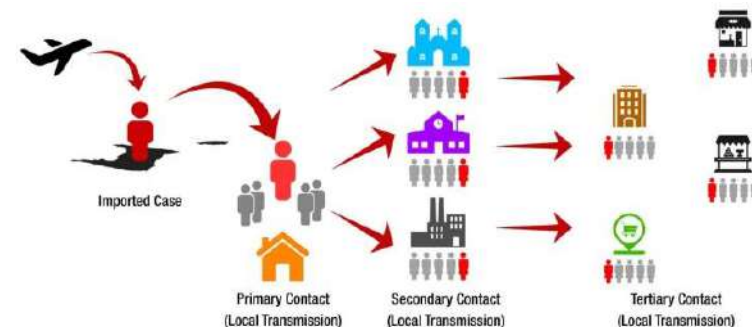
Working with municipal officials to assure inspection/approval of new childcare “co-operatives”

Exacerbated Challenges With COVID-19

The COVID-19 pandemic has shown that our local public health system is not adequately structured, staffed, or financed to meet large scale public health challenges.

Decentralized structure of 351 separate boards of health inequities in protections across municipalities.

Viruses don't respect municipal borders. Extreme variability increases danger to all communities.



The Special Commission on Local and Regional Public Health was established in 2016 to:

1. Assess the effectiveness and efficiency of municipal and regional public health systems
1. Make recommendations regarding how to strengthen the delivery of public health services

The multisector commission includes the following named organizations in addition to 4 legislators, 8 appointees by the governor, and 4 executive branch departments:

Massachusetts Taxpayers Foundation

Massachusetts Municipal Association

Massachusetts Public Health Regionalization Working Group

Massachusetts Taxpayers Foundation

Massachusetts Health Officers Association

Massachusetts Environmental Health Association

Massachusetts Public Health Nurses Association

The Western Massachusetts Public Health Association

The Special Commission on Local and Regional Public Health: Recommendations

In June 2019, the SCLRPH released final consensus recommendations including:



✓ **Elevating the standards by:**

- Identifying ways for cities & towns to meet statutory requirements
- Assessing implementation of Foundational Public Health Services



✓ **Strengthening service delivery by:**

- Increasing the number and scope of comprehensive public health districts



✓ **Improving data reporting by:**

- Creating a standardized public health reporting system
- Strengthening DPH, DEP, and local public health capacity to collect and share data

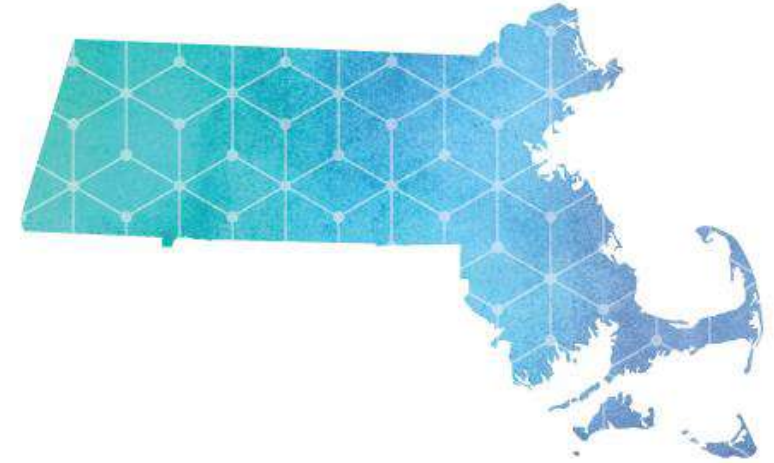


✓ **Setting education and training standards by:**

- Making training accessible
- Implementing workforce credentialing standards adopted by SCLRPH
- Developing a system to ensure compliance

Committing appropriate resources to implement the above recommendations

Blueprint for Public Health Excellence



Blueprint for Public Health Excellence

Recommendations for Improved
Effectiveness and Efficiency of
Local Public Health Protections

REPORT OF THE SPECIAL COMMISSION ON
LOCAL AND REGIONAL PUBLIC HEALTH

JUNE 2019

State Action for Public Health (SAPHE) Act

In January 2019, Representatives Kane & Garlick and Senator Lewis filed legislation aligned with the recommendations of the SCLRPH.

The bill (HB1935/SB1294) will advance the goals of the SCLRPH by:



Ensuring that all members of the local public health workforce have **access to essential training**



Creating an **incentive program** to support more effective and efficient delivery of services by increasing sharing across municipalities



Moving Massachusetts toward **national local public health standards**

Chapter 72 of the Acts of 2020, An Act Relative to Strengthening the Local and Regional Public Health System (also known as the State Action for Public Health Excellence, or SAPHE, Act), signed by Governor Baker on April 29, 2020.

Workforce Credentialing Standards



**Laura Kittross,
JD, MPH**



**Steve Ward,
MPH, R.S., CHO**



Local Public Health Workforce Background

- Massachusetts lacks LBOH workforce standards for experience, training or credentials
- Inconsistent ability of LBOH to adequately provide public health services
- LBOH staff range from trained and experienced to volunteer BOH members with no experience or credentials
- The workforce pool and pipeline is inadequate. Large number of experienced LPH workers are retiring
- Lack of credentials leads municipalities to undervalue their local public health workforce leading to lower pay, fewer staff and lower training budgets
- Few MA health departments can meet national standards, such as Foundational Public Health Services or PHAB accreditation
- Few MA BOH can devote time to non-immediate needs, such as chronic disease prevention, substance abuse, healthy eating, etc.

Special Commission Charge: Chapter 3 of the Resolves of 2016



Relevant Language

Evaluate the workforce credentials of the current and future public health (LPH) workforce as to the educational standards, credentials and training



Key Questions

What professional disciplines, competencies, and credentials are needed to ensure the delivery of minimum set of public health services?

Special Commission Findings & Recommendations

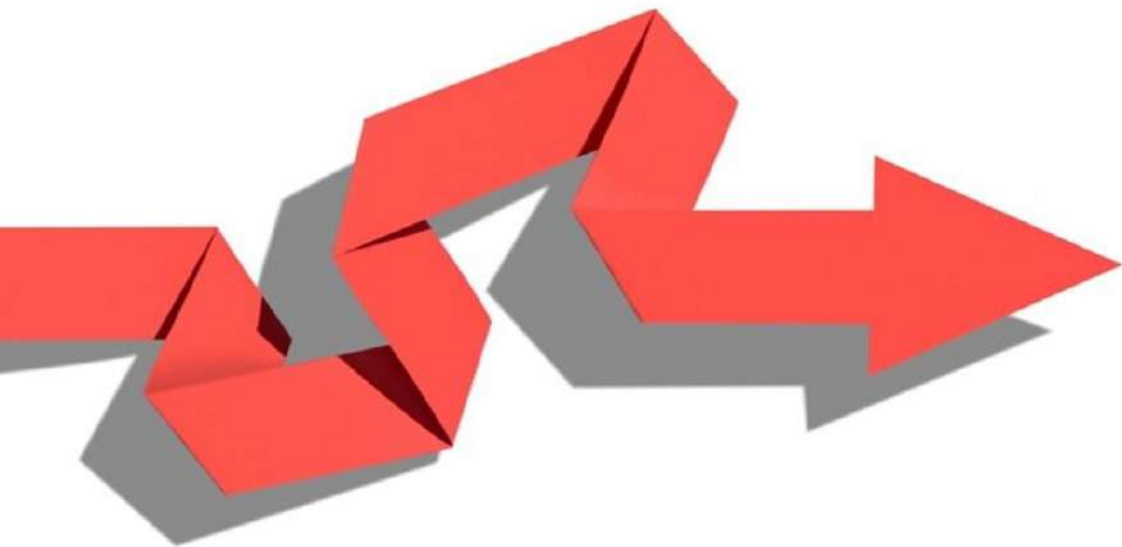
Commission Findings

- The Massachusetts local public health system does not adequately support its workforce with standards and credentials that align with the capacity to meet current mandates and future standards

<https://www.mass.gov/orgs/special-commission-on-local-and-regional-public-health>

Commission Recommendations

- Set education and training standards for local public health officials and staff and expand access to professional development by:
 - Implementing the local public health workforce credentialing standards adopted by the Commission,
 - Making training available and accessible to local public health departments, and
 - Developing a system to track and monitor workforce credentialing.



Workforce Credentials Recommended by the Special Commission for:

- Health Directors
- Health Agents
- Public Health Nurses
- Inspectors
- Clerks
- Board of Health members

**SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH
EDUCATIONAL, TRAINING, AND CREDENTIALING RECOMMENDATIONS**

POSITION	REQUIRED AT HIRE	REQUIRED AFTER HIRE	RECOMMENDED
MANAGEMENT – e.g., Director, Assistant Director, Deputy Director	<ul style="list-style-type: none"> Registered Sanitarian or equivalent eligible* Master's in relevant field or BA/BS with 5 years of relevant experience 	<ul style="list-style-type: none"> RS or equivalent within a year* Foundations for Local Public Health Practice ("Foundations") course within one year of hire CHO within 3 years of hire Complete Master's within 5 years 	<ul style="list-style-type: none"> Health Association membership LPHI Managing Effectively in Today's Public Health Environment ("Management") course Three years of experience in local or state public health MAVEN training within one year Health Association membership LPHI Management Course CHO within 3 years of hire
MANAGEMENT/AGENT	<ul style="list-style-type: none"> Registered Sanitarian or equivalent eligible 	<ul style="list-style-type: none"> Foundations course within 18 months RS within 18 months of hire Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector, training, housing operator/certified pool inspector, lead determinator within one year of hire 	<ul style="list-style-type: none"> Health Association membership MAVEN training within one year Health Association membership LPHI Management Course CHO within 3 years of hire
INSPECTOR/SANITARIAN	<ul style="list-style-type: none"> High School Diploma or equivalent 	<ul style="list-style-type: none"> RS within 6 years of hire Foundations course within 18 months Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector, training, housing operator/certified pool inspector, lead determinator within 1 year of hire 	<ul style="list-style-type: none"> Health Association membership Associates degree in science or public health, at hire.
PUBLIC HEALTH NURSE	<ul style="list-style-type: none"> Bachelor of Science in Nursing (BSN) Registered Nurse (RN), current MA license Microsoft Office (or similar) applications 	<ul style="list-style-type: none"> MAVEN trained within 6 months Foundations course within one year of hire 	<ul style="list-style-type: none"> MA/PHN Membership
CLERICAL STAFF		<ul style="list-style-type: none"> Modified Foundations course (Foundations course for Clerical Workers) within one year of hire 	<ul style="list-style-type: none"> On-line permitting Orientation to Public Health within 3 months Foundations course within one year
BOH MEMBER (NOTE: IF DOING INSPECTIONS MUST MEET REQUIREMENTS ABOVE)			

*All personnel should have at least ICS 100/NIMS 700 within one year of hire. Those who might and above.

Boards of health may have stricter requirements, but must meet these requirements.

Boards of health with current staff who have worked for local or state public health for at least 7 years, but whose requirements may request a waiver except for inspectional trainings.

Membership in professional organizations is deemed as critical for professional growth and development, for leadership and opportunities, and for opportunities for sharing best practices. This is recommended, but not required.

*Management positions should meet the requirements as set forth in this document for the position. However, a request may be submitted by the board of health to waive the Registered Sanitarian (RS) requirement if

- 1) the health department has a management position and a separate fulltime environmental health director and
- 2) the environmental health director has an RS, oversees the inspectors, and reports directly to the management position.

Waivers

- Municipalities, at their discretion, may request a waiver for staff that do not meet requirements IF:
 - Staff has worked for local or state public health for at least 7 years
- Waivers may not be granted for specific inspection trainings
- If staff with a waiver changes jobs, a new waiver must be requested by the hiring municipality
- Most educational requirements have long implementation times built in

Can LBOH Meet the Credentials?

- Survey in 2018, 299 LBOH and 10 Districts responded
- **55%** of municipalities currently have someone on staff with an RS credential; **21%** had an REHS
- **73%** of responding districts had an RS on staff (covers 49 municipalities)
- **27%** of municipalities had a CHO on staff, as did 45% of the districts

SAPHE 2.0



Kristina Kimani



SUPPORT LOCAL HEALTH TODAY FOR A SAFE & HEALTHY TOMORROW

SAPHE 2.0 Act - Statewide Accelerated Public Health for Every Community



Ensure Minimum Public Health Standard for Every Community



Create a Uniform Data Collection & Reporting System



Increase Capacity & Effectiveness by incentivizing cross-jurisdictional sharing



Establish a Sustainable State Funding Mechanism to support local boards of health & health departments

SUPPORT LOCAL PUBLIC HEALTH TODAY FOR A SAFE & HEALTHY TOMORROW

SAPHE 2.0 Act - Statewide Accelerated Public Health for Every Community

Please Co-sponsor HD5306/SD3063 by Sen. Jo Comerford, Rep. Hannah Kane & Rep. Denise Garlick

An Act to accelerate equity & effectiveness of our local & regional public health system.

The COVID-19 pandemic has shown that our local public health system is not adequately structured, staffed, or financed to meet large scale public health challenges. This bill will accelerate improvements to this system, so that it adequately serves all residents, regardless of race, income or zip code. Faced with the inequities revealed by the pandemic, we must seize this opportunity to make change.

THE SAPHE 2.0 COALITION IS CO-CHAIRLED BY:

- Damon Chaplin, Health Director, New Bedford
- Kevin Mizikar, Town Manager, Shrewsbury
- Ruth Mori, President, MA Association of Public Health Nurses; Public Health Nurse, Wayland
- Aimee Petrosky, Health Director, East Longmeadow
- Sigalle Reiss, President, MA Health Officers Association; Health Director, Norwood
- Phoebe Walker, Director of Community Services, Franklin Regional Council of Governments
- Kevin Sweet, Town Administrator, Wrentham
- Brian Arrigo, Mayor, Revere

COME AND JOIN US!

SAPHE 2.0 COALITION

*Statewide Accelerated Public Health
for Every Community*

Join the coalition to fight for legislation & funding that will accelerate improvements to the local public health system for every community.

JOIN HERE: MAPUBLICHEALTH.ORG/SAPHE2-0/

Take Action Today!

Call or e-mail your State Representative and Senator and ask them to co-sponsor HD5306/SD3063

Head to: <https://malegislature.gov/Search/FindMyLegislator>



Questions & Answers



**Diane Chalifoux-Judge,
REHS / R.S., CP-FS**



Questions and Answers

Moderators



**Diane Chalifoux-Judge,
REHS / R.S., CP-FS**

Massachusetts Environmental Health Association (MEHA), President
Boston Inspectional Services, Health Division, Principal Health Inspector



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Massachusetts Environmental Health Association (MEHA),
Past President
Vice Chair CHO Board
Public Health Consultant



Kristina Kimani,

Massachusetts Public Health Association (MPHA),
Assistant Policy Director

Wrap Up & Closing Remarks



Bill Murphy,
M.S. / R.S., CHO



Reference Materials

RESOURCES	AFFILIATIONS	LINKS
Blueprint For Public Health Excellence	SCLRPH	https://www.mass.gov/doc/blueprint-for-public-health-excellence-recommendations-for-improved-effectiveness-and/download
Social Media Tool Kit for SAPHE 2.0 Advocacy	MPHA	https://docs.google.com/document/d/1ohXvaJj5Cg-CNhRm67tXsKd4fapc1JeZzhdZp1htnRI/edit?usp=sharing
SAPHE Act 2.0 Fact Sheet	MPHA	https://mapublichealth.org/wp-content/uploads/2020/10/10.2_Final_SAPHE-2.0-Fact-Sheet-.pdf
SAPHE 2.0 Coalition Information	MPHA	https://mapublichealth.org/saphe2-0/
Massachusetts Environmental Health Association	SCLRPH	http://maeha.org

Wrap Up and Closing Remarks

Message from Bill Murphy - Call for Actions!

CEUs Submission and Session Materials

- Participants will receive an email from admin@maeha.org about how to claim CEUs
 - MA RS / MA CHO = 1.8 contact hours
 - REHS / RS = 1.5 contact hours
 - RN = 1.8 contact hours
- Webinar recording and materials will be posted on maeha.org for your reference

Thank you for joining us!

Internal Use Only: Panel Q&A Prep Questions

Q	Question	Assigned to
1	Will "regionalization" eliminate management jobs, since you'll need less directors/assistant directors?	Cheryl
2	Will dedicated state funding encourage local leaders to reduce municipal appropriations for local health departments?	Laura
3	Credentialing appears to be a significant component of the SAPHE Act. Where can we get more information about available credentials?	Steve
4	I applaud efforts of CLPH towards promulgating the SAPHE Act(s). What is the best way to communicate concerns/or questions with CLPH members/organizations?	Kristina
5	Will the SAPHE Act affect cities and towns differently?	Phoebe
6	If SAPHE legislation is passed, what would be the next steps to implementation?	All
7	What are the best ways to support and advance SAPHE 2.0?	All