

## Reading Health Division: A Vision for the Future Executive Summary. January 2015

### **Section I: Background**

In September 2014, the Reading Health Division and Board of Health embarked on a strategic planning process. A planning consultant was hired to lead this process. Key informant interviews were conducted with each Health Division staff member and each Board of Health member to solicit input into the planning process.

### **Planning Goals**

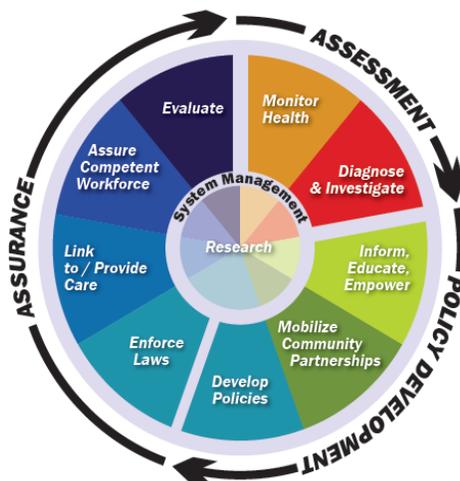
Planning goals were collectively identified:

- To engage the community in helping to shape both the mission and work of the Health Division
- To establish a vision for Public Health in Reading, MA
- To assess the current work of the Reading Health Division against national quality standards for essential public health services and identify areas for improvement
- To ensure that the mission is met with near term goals and staffing levels
- To identify community partners that may assist the Health Division in achieving its mission

### **Planning Framework and Process**

The planning process used a framework of National Public Health Performance Standards developed by the National Association of City and County Health Officials (NACCHO). The model defines the Local Public Health System (LPHS) as *a network of entities with differing roles, relationships, and interactions whose combined activities contribute to the health and well being of the community*. The framework outlines Ten Essential Public Health Services (Essential Services) that describe public health activities that should be undertaken in all local communities. The Essential Services operate within the context of three core public health functions: Assessment, Policy Development, and Assurance. The Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which *all* local public health systems should aspire. Therefore, the framework provides every local public health department, regardless of the level of sophistication, geography, or type of community, with benchmarks to help identify strengths, weaknesses, and short- and long-term improvement opportunities. Additionally, the standards stimulate continuous quality improvement and are used by many health departments to strengthen partnerships that support the local public health system.

## Ten Essential Public Health Services



The planning process consisted of several phases. First, an organizational analysis determining operational strengths, weaknesses, opportunities and threats (SWOT) was conducted through stakeholder interviews with all levels of Health Division staff and Board of Health Members. Individuals were asked to identify strengths and challenges related to the work of the Health Division and the local public health system at large. They were also asked to weigh in on the relative pros and cons of the current shared services model between Reading, Wakefield, and Melrose Health Departments.

Next a community health planning meeting was held in late September 2014. The planning model identifies 12 sectors of the community that interface with local public health. Per consultant recommendation, the Board and its Director were asked to invite as many of these sectors as possible to a community planning session. Sectors not represented and for whom contact information was provided, were invited to participate via phone and email correspondence with the planning consultant. **(Attachment A)**

At this meeting, a review of the framework served to help educate partners on the range and types of services a health department should ideally have in place to best serve the health of the public. Partner agencies were asked to rank how well the Reading Health Division performs against each of the 10 Essential Public Health Services (ES) using the NACCHO Local Public Health System Assessment tool. Perspectives of community partners, as well as Health Board members, serve as a springboard for identifying areas of improvement for the Reading Health Division. Discussion also helps identify areas in which partner organizations may assist local public health initiatives. **(Attachment C)**

Next, health data was provided both by Winchester Hospital and Hallmark Health and reviewed against current participant knowledge of resident health needs. Reading health priorities were identified and agreed upon. These are cited in the Planning Outcomes section of this report. This is an example of leveraging partnerships and non-duplication of services: rather than conduct a full Reading Health Assessment, the Reading Health Division relies on information from Community Health Assessments that hospital systems in MA are required to conduct and report.

In addition, participant's perception of the work of a Health Division was documented through an associative word exercise. This was done as a gauge for assessing how the broader community knows the work of the Health Division. **(Attachment B)**

Then, having gained a better understanding of essential public health services and Reading improvement areas, stakeholders provided input via email and phone interviews for a future vision of public health in Reading.

The information collected from community partners, Board members and staff was then used through a series of planning meetings held with the Board of Health, the Health Director, and a Board of Selectman representative to the Board of Health, to determine strategic directions, and further prioritize improvement areas. A draft plan was shared with Health Division staff, the Assistant Town Manager and Town Manager. Finally, the Board of Health developed and recommends an alignment of resources and five-year staffing plan to support current and future work.

## **Section II: Planning Outcomes**

### **New Vision**

*The Reading Health Division is focused on community wellness for all ages with an emphasis on innovation in health promotion, disease prevention and disease monitoring. Through enhanced partnerships, a proactive public health system, and network of services, the Health Division will anticipate and respond to the latest public health issues. By maintaining an adequate and well-trained workforce and providing quality essential services, the Division will be a sought after resource that minimizes risks and optimizes the health the community.*

It is noteworthy to recognize that the new vision is proactive in nature, highlights innovation, enhanced partnerships, quality assurance, and optimization of health, in addition to risk management.

### **Community Health Needs**

- Active Living, Healthy Eating (Cardiovascular Disease data)
- Basic Needs of vulnerable populations including elders, low income and isolated individuals and families
  - Asthma, falls, hoarding, housing
- Behavioral Health
  - Mental Health and Substance Abuse

Identifying priority community health needs helps focus work moving forward and serves to assist community partners working with the Reading Health Division to align resources and services accordingly. Each of the Reading priority health needs is also identified in the Massachusetts' State Health Improvement Plan. (Mass SHIP, 2014) It is recommended that, in the near future, health status improvement metrics are developed and aligned with the State's plan.

### **Strategic Directions**

The Reading Health Division will adopt the following strategic directions to guide its work over the next five years.

- 1) To establish the Reading Health Division as a credible recognized go-to resource for addressing public health needs among Reading residents and for being a leader in public health work among its peers.

- 2) To ensure the Health Division has adequate and aligned resources to meet the primary health needs of the community by supporting its vision of community health and wellness.
- 3) To focus on quality assurance through on-going monitoring of essential services.

These strategic areas direct the work of the Health Division over time. All targeted improvement areas are aligned with these broad directions. These directions move beyond regulatory and enforcement functions, which, according to the organizational analysis are strong functions for Reading. Collectively they move the work of the Health Division to a more proactive, quality focus to ensure health is optimized in the community and all 10 essential public health services are fully met.

### **Prioritized Improvement Areas**

The three Essential Services (ES) ranked highest for improvement are:

1. **Policy Development:** *Inform, educate and empower people about health status. (ES #3)*
2. **Policy Development:** *Mobilize Community Partnerships to solve health problems. (ES #4)*
3. **Assurance:** *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. (ES #7)*

1. Policy work is a core function of the Reading Health Division, and therefore, an **informed and educated public that** supports new or existing public health policy is an important role of any health department. An informed and educated public can advocate for sound public health policy, is more likely to seek needed preventive health and community support services, and is knowledgeable on how to do so. An informed public is also particularly important in public health emergencies such as communicable disease outbreaks, contaminated water supply or other health emergencies. With a vacant public health nurse position since July 2014, and limited on site management time of a 0.3 FTE Health Director, educating the public and strengthening a public health constituency to support policy work has been less of a focus. It is the wish of the current Board to change that and to have adequate resources to work toward a better-informed public.

2. In the time of reduced resources and shared services; it is imperative to work with community partners to best serve the health needs of Reading. Several examples of existing partnerships in public health are notable in Reading: Regional Emergency Preparedness efforts, Walkable Reading initiatives, RCASA's youth substance use prevention efforts, and the Massachusetts Opioid Abuse Prevention Collaborative (MOAPC), to name a few. New partnerships are identified in near term action steps, such as working with physicians and behavioral health providers, and exploring collaborations with local pharmacies to augment delivery of vaccines to individuals. This improvement area, **mobilizing community partnerships**, can only strengthen the overall delivery of public health services, avoid duplications, and leverage progress toward common goals. It takes adequate staffing time to attend state and community meetings, conduct outreach, and coordinate partnership development, in addition to fulfilling core regulatory functions.

3. It is recognized that in Reading, there are individuals and families whose health needs remain unmet. A core philosophy of a public health department to meet the needs of the

underserved, and therefore, this Division seeks to focus on this improvement area: ***linking people to health services and assure the provision of care when otherwise unavailable.***

### **Action Steps for Improvement**

Under the top ranked areas for improvement, the Board identified short-term potential action items over the next two years that include:

- Develop an external Communications Plan that includes: regular use of print media; a new website as a central point of health access and information; and social media to inform the public on public health topics.
- Create/disseminate targeted, population-based educational material aligned to Reading Health Priorities.
- Actively network with new and existing organizations, coalitions, and individuals to build a constituency that supports public health policy, a core function of the board that requires community support.
- Participate in central planning meetings with other Town Boards, and community meetings, to share and leverage strategies for public health.
- Establish partnerships with primary care physicians, behavioral health professionals, and others, such as pharmacy-based health clinics.
- Identify and develop an outreach plan to reach isolated individuals who may not receive adequate services. Although many social services already exist within the town, it is felt that the need outweighs the available services. This should be further explored and quantified.
- Support the recently proposed restructuring plan that creates a Public Services Division in the town, under which the Health Department, Council on Aging, Recreation Department, and Veterans Services, meet to discuss joint initiatives.

Reading has in place a Regional Housing Coordinator, excellent elder services, and 2.5 town social workers to link families to needed services. Because of these resources, Reading is often a model for other communities. Researching who is currently being serviced by the town's 2.5 social work positions would help define additional need that may support a centralized Nurse Navigator position, currently proposed in the restructuring plan of the Public Services Division. Grant funding or collaboration with health care partners may also be explored to meet the need of underserved populations.

### **Organizational Analysis**

During key informant phone calls, each staff member and each Board of Health member was asked to discuss what they felt is important to the future of the Reading Health Division and to identify specific strengths, weaknesses, and opportunities, known as a S.W.O.T. analysis. The items identified highly correlate with the same strengths and improvement areas identified by the community planning group.

<p><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>• Policy, enforcement and regulatory work</li> <li>• Inspectional Services</li> <li>• Regionalization: standardization of permitting fees, policy.</li> </ul>	<p><b><u>Weaknesses (Challenges)</u></b></p> <ul style="list-style-type: none"> <li>• Limited on-site management presence</li> <li>• Unfilled public health nurse position</li> <li>• Meeting needs of isolated individuals/community health priorities vs. regulatory role</li> </ul>
<p><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Increase disease prevention and health promotion in community</li> <li>• Build a volunteer based and public health constituency to support policy</li> <li>• Communication Plan</li> <li>• Program Innovation</li> </ul>	<p><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• Image of Health Division solely as regulatory authority limits the conceptualization of a fuller potential to provide public health services</li> <li>• Resource Challenges</li> </ul>

Overall, the leadership, teamwork and expertise of the existing staff are strengths of the Reading Health Division. Support staff are cited as efficient and responsive, Inspectors competent and reliable, and the Board of Health members represent different areas of expertise and work as a team. The Health Director is committed and knowledgeable.

Specifically, under assessment of core operations, inspectional services have been recently improved, both in quality and quantity to match updated policies. Fees have been updated and are more consistent across the 3-community region. Inspectors do a good job identifying and responding to complaints from the community as well as responding to practices that are not in compliance with regulations. Inspectors routinely bring these issues to the Board’s attention. There is good teamwork and a constructive disciplinary approach that brings businesses back into compliance and protects the health of the public.

It was also noted that policy development, enforcement and related regulatory work are strengths of this Division. The recent effort to increase the minimum age of tobacco sales to 21 was noted as a progressive and successful policy innovation that was both timely and made easier through a regional policy approach. Recently updated animal control regulations and more consistent enforcement of non-compliance issues were cited as operational strengths.

Opportunities for the Health Division highlight a collective desire to: a) increase disease prevention and health promotion in the community, b) build a volunteer base and a public health constituency that supports the passage of public health policy, c) create an external communication plan that serves the public with timely preventive health education, press, and health emergency information and d) to strive for innovation and seek new ways to fund services beyond core regulatory functions. These “opportunities” are reflected in core improvement areas and actions steps of the plan.

At the time interviews were conducted for this report, staff and board members viewed the 3-town regionalization model favorably, although, not without challenges. The model has been instrumental in passage of public health policy to protect health of minors; and it has helped standardize fees and services. It has allowed for growth in understanding of the role and responsibilities of the Health Division: *“Before we were all about inspections, now we’re about so much more,”* said one staff person.

Challenges to the Health Division include an unfilled public health nurse position, limited on-site management time from a 0.33 Health Director under a shared services model, and limited municipal resources. Other challenges cited include the image of the Health Division solely as a regulatory authority vs. a promoter of good health, and possible challenges in meeting the health needs of the most vulnerable populations.

## Resources

In order to align resources with current and future work, the following staffing plan is proposed. Although there have been recent personnel changes during this planning cycle, the existing fiscal year (FY) 2015 budget and staffing model is used as starting point. Staffing needs are then projected for the next two-year period, FY’s 2016 and 2017. Then, planning 3 to 5 years out, FY’s 2018 through 2020 project a modest departmental growth.

Position	FY 15-FTE's	FY 16 & FY 17 Proposed FTE's	FY's 18-20 Projected FTE's
Health Director	0.3	1.0	1.0
Public Health Nurse 1	(Vacant position) 0.8	0.8	1.0
Health Inspector 1	0.7	0.7	1.0
Health Inspector 2	0.4	0.4	0.5 (shared)
Shared Public Health Nurse (as needed, currently assisting filling with current position gaps)	0.2 (This is an estimate of hours potentially served in Reading.)	0	0.5 (shared)
Nurse Navigator	0	1.0 Nurse Navigator Position: potential shared position with Human and Elder Services for town. Serves all ages and addresses public health needs	1.0 Nurse Navigator Position: potential shared position with Human and Elder Services for town. Serves all ages and addresses public health needs

*Senior Health Inspector (supervisory oversight across 3 communities)	0.2 (This is an estimate of hours potentially served in Reading.)	0	0
* Clerical Support non-designated		Same	Designated clerical support
	<b>2.6</b>	<b>2.9</b>	<b>4.0</b>

In order to meet core statutory requirements, manage risks, file and monitor state mandated reporting, stay abreast of current changes to MA health law, perform management functions such as budgeting, staff supervision and oversight, workforce development, program development, and stewardship, it is recommended that one full time equivalent (1.0 FTE) position is budgeted for a Health Director.

It is also recommended that the current FY15 Public Health Nurse (PHN) position be filled as soon as possible this fiscal year, and that *level funding* for this 0.8 FTE or 32.5 hours per week is budgeted in FY 2016 and 2017. If both of these positions are filled, it is not necessary to maintain nursing hours or inspectional supervision under the existing shared services contract, unless the individuals hired into the Director's and PHN positions lack job specific experience or unless a work transition period between existing and new staff is desired.

Shared services should be revisited as needed, but no later than years 3-5 of this plan, perhaps expanding inspectional services, nursing hours, or exploring shared animal control services. These shifts express moderate growth and continued relationships with neighboring communities to deepen capacity. For example, it is evident that during public health emergencies or staffing shortages having additional nurses and inspectors available to cover hours is an expression of shared capacity that is beneficial to municipalities working cooperatively under shared service agreements.

To meet the needs of isolated and underserved individuals and families in Reading, the Health Division supports a shared Nurse Navigator position. Although this is not factored in the Health Division budget, it is viewed as a potential future shared position across health and human services for the town, serving individuals of all ages. This position is currently proposed in the FY 16 budget for the new Public Services Division and is supported by the Health Division, as a position necessary to assist the health needs of Reading residents.

Finally, although there is clerical support for the Health Division, it is currently undesignated which poses some risk that the hours supporting Health Division work may be diminished over time if clerical tasks across multiple divisions increase. To ensure the Health Division receives adequate clerical support over time, it is recommended that tasks that support of Health Division work be specified in a clerical job description.

## Public Health Nurse Role and Recommendations

This report seeks to differentiate the roles of a Public Health Nurse and Health Director to support the recommendation to keep a 32.5 hour PHN on staff.

**Overview:** The Public Health Nurse (PHN) focuses on communicable disease prevention and control, including response to new health threats such as pandemic flu and bioterrorism. Public health nursing core functions are tuberculosis prevention and control, coordinating the annual distribution of flu vaccine, and conducting town wide flu clinics. The Public health nurse also follows up on and monitors treatment for diseases that by law must be reported to local health departments. These range from common food-borne illnesses, like salmonella, to pertussis (whooping cough) and meningitis. In addition, the nurse works with shelters, schools, and local businesses to provide health care support, education, and guidance for Reading residents and workers. The nurse may conduct community workshops about hygiene, infection control, wellness, and healthy lifestyles, and be responsible for health communication.

**Communicable Disease:** A PHN convenes and facilitates community response to a communicable disease threat, acts as resource, advisor and partner to community groups, employers, and agencies in their internal policy development efforts for all aspects of communicable disease prevention and control, and facilitates appropriate response for patients with suspect or active disease. This patient response may include:

- Clinic appointments
- Hospital visit prior to discharge when possible
- PHN home visit to assess family strengths and health teaching needs
- A site assessment for health education
- Prompt notification and reporting

When overseeing PPD (TB) testing nurses are responsible to maintain records of those services and to conduct case management of TB cases including (but not limited to): collection and interpretation of cultures, testing active cases of TB, as well as direct observation therapy (DOT) - which may take place in the home, work place, or health department. The nurse maintains contact with regional and state TB Clinic personnel, provides patient education and support during the course of medication treatment, and encourages compliance with the treatment regimen.

**Vaccination:** The nurse coordinates ordering of vaccines from MDPH and private vendors, provides vaccine to uninsured or underinsured, and informs the public of vaccine availability through public immunization campaigns.

**Additional Duties:** The nurse participates in emergency management and emergency planning activities. The nurse also reviews medical records of summer youth camp participants during which special issues such as allergies, asthma, or any form of environmental or social accommodations are identified. The PHN participates in governmental and community meetings related to planning and implementing public health and health promotion activities, and the PHN participates in formulation of public health nursing standards and policies.

In short, the PHN demonstrates understanding of the application of the **core public health functions** of assessment, assurance and policy development in community nursing practice.

The majority of these duties is clinical in nature and cannot be performed by non-licensed staff or a Health Director. For example in cases of a communicable disease pandemic, only a nurse or medical doctor may dispense medication or inject vaccines. Should the Health Director also be a licensed Registered Nurse, it is important to recognize that the *two jobs roles are distinct*. Asking a Health Director to perform the above PHN duties, takes away from his/her program monitoring, management and oversight abilities. To move the Reading Health Division forward and position it for the future, these roles should not be combined. However, if FY 16 budgets do not allow funding for both positions at the level recommended in this report, then it is recommended that there is a phased-in plan over the next two years to fill a 32.5 hour/week PHN position in addition to the 1.0 FTE Health Director.

## **Conclusion**

Prior to this plan, the Division was working on a “minimal requirement” and reactionary basis, without a pro-active plan for risk management, growth, and innovation to maximize public health services. Now it seeks to move forward under a full time Director and 0.8 FTE nurse. The vision, strategic directions, and improvement areas all outline the desire of The Health Division and its Board, to be prepared for the future, to leverage local resources, and to provide the best possible health services to the public that it possibly can.

As part of new quality assurance efforts, The Board of Health and Health Division have committed to an annual community health planning meeting, as well as an annual meeting to review progress against its strategic plan. This assumes monitoring, and use of, community health data as well as operational data. The product of these meetings will be a metric that reflects progress toward the plan objectives.

The Board and its volunteer members have also agreed to appoint liaisons to specific town committees and local groups in order to help meet Essential Service Improvement areas, and the Board and staff look forward to supporting the restructuring of the Public Services Division and participating as active members in this plan.

A future step in strategic planning for the Health Division is to identify and align health status improvement outcomes and recommended improvement priorities outlined in this document with the MA State Health Improvement Plan and also with the National Public Health Accreditation Standards. Specific performance improvement metrics should be identified. It is recommended this phase of planning be done after a new full time Health Director and a new Public Health Nurse are on staff and familiar with day to day to day operations. Until then, this report will serve as a guiding document for the work of the Health Division and the Board of Health, in relation to the overall restructuring of the of Public Services Department in Reading, and with the goal of meeting the health needs of the Reading residents in the best possible manner.

## Attachment A: Community Health Planning Meeting Participants

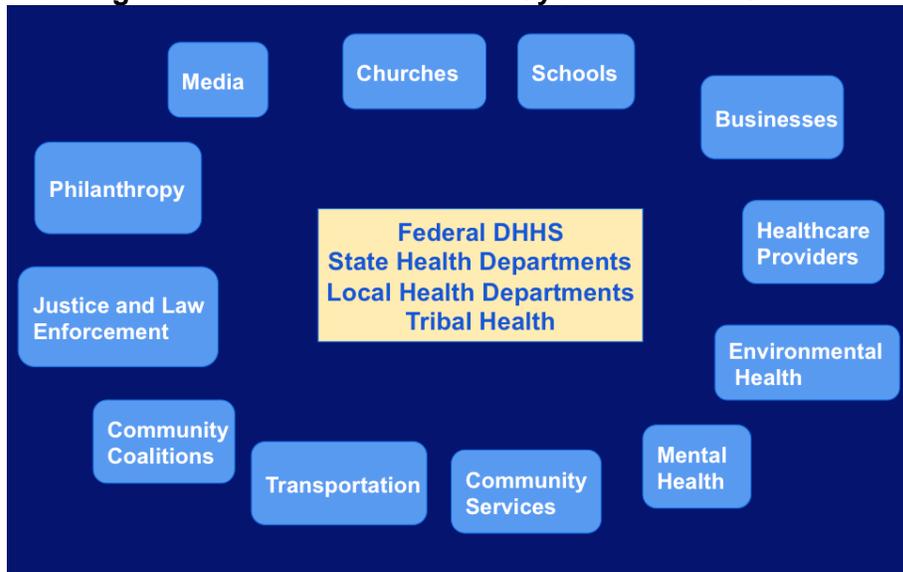
### Attended

Ruth Clay, Health Director  
Andy Friedman, BOH Chairman  
Barbara Meade, BOH Member  
David Singer, BOH Member  
Wally Arsenault, Business Owner, Harrow's  
John Halsey, Board of Selectman  
Chief Burns, Reading Fire Department  
Sgt. Clark, Reading Police Department  
Jane Burns, Director, Reading Elder Services  
Jessie Wilson, Reading Community Development Administrator  
Kathy Harlow, North Suburban Child & Family Resource Network  
Eileen Dern, Hallmark Health  
Marylou Hardy, Winchester Hospital  
Jackie Carson, Sanborn Care

### Invited to Attend and/or Participated via Interview or Email

Erica McNamara, Director, RCASA  
Lynn Dunn, School Nurse Leader  
Irene Collins, Executive Director, Burbank YMCA

### Planning Model: Local Public Health System Partner Overview





**Attachment C: Assessment of Health Department work Against National Standards**

**An Assessment of Reading Health Division Operations against the 10 Essential Public Health Services**

<b>Ranking: To what extent does the Reading Health Division meet this standard?</b>				
<b>No Activity</b>	<b>Minimal</b>	<b>Moderate</b>	<b>Significant</b>	<b>Optimal</b>

**1. Monitor health status to identify and solve community health problems. (MODERATE)**

- Accurate, periodic population-based Community Health Assessment
- Current Technology to manage and Communicate Population Health Data
- Maintain Population Health Registries

*What's going on in our state/community?  
Do we know how healthy we are?*

**Strengths** in the larger public health system related to this standard include data resources of the Metropolitan Area Planning Council, data available for emergency management, tracking of permitting and complaints, state reporting and state health databases (Mass Chip, cancer registries), police and other local data, and regional level health data. The Schools and RCASA regularly collect and report to the public on youth risk data. Data is collected every three years by two health care systems that include Reading as their service area.

**Areas for Improvement:** There is a lack of regular review of data by a coordinated group, and within the health department and its board. Existing data is not always made accessible to the public in a community friendly or accessible manner. There is no easy way to view compiled community health data. Creating a community health data portal that is accessible for public health system partners to use was a suggestion to address this. There is a great deal of health data that is not available on a local level, just county. As Middlesex County is so large and diverse, it does not make that data very meaningful for Reading.

**2. Diagnose and investigate health problems and health hazards in the community. (SIGNIFICANT)**

- Timely Identifying and Monitoring Health Threats
- Investigating and Responding to Public Health Threats and Emergencies.
- Laboratory Support for Investigating Health Threats.

*Are we ready to respond to health problems or threats?  
How quickly do we find out about problems?  
How effective is our response?*

**Strengths** include collaboration between first responders and the health division in emergency planning. Emergency plans are in place for inoculation sites and there is inter-department coordination. An example of this is recent work of the group monitoring West Nile Virus and EEE. In addition, the system of using Reverse 911 works well. The recent incident needing to notify residents of the boil water order was cited as successful public health system identification of a threat and a timely, appropriate response. The Health Division maintains a list of restaurants for emergencies and distribution sites for water emergencies. The HAN Alert system allows for timely information.

**Areas for Improvement** in this standard were cited as a) keeping emergency plans current /updated and better coordination with near-by communities for emergency planning. The public health nurse does the sample collecting for any lab report to the state. This is a core function that is potentially compromised if nursing hours are not adequate.

### **3. Inform, educate, and empower people about health issues. (MINIMAL TO MODERATE)**

- Health Education and Promotion
- Health Communication
- Risk Communication

*How well do we keep all segments of our state/community informed about health issues?*

**Strengths** in this standard included a listing of multiple programs and services offered by two very competent and community involved health care systems. Health education and promotion occurs in elder services department, through hospital newsletters and websites, through the Family Network, at the Library and YMCA, with RCASA in its youth prevention work. Plans for restructuring the Public Services Division within the town are in process that may assist with external communication between the Health Division and the public.

**Areas for Improvement** include more proactive education stemming from the health department, including more use of social media and internet, with a focus on hard to reach populations, with health department related information, e.g. disease prevention, hygiene, food poisoning prevention, etc. Time and effort is needed to develop communication tools (newsletters, blogs, social media, etc.) and educational materials. Ensure that all segments of Emergency Preparedness have Risk Communication training.

### **4. Mobilize community partnerships to identify and solve health problems. (MODERATE)**

- Constituency Development
- Community Partnerships

*How well do we truly engage people in state/community health issues?*

**Strengths:** Partnerships with the health care systems, with the Metropolitan Area Planning Council, RCASA, Elder Services, and the New Family Network were cited as strengths of community health collaborations that exist in Reading. Partnerships with the other two communities, Melrose and Wakefield, as part of the shared services model were cited as strengths as were regional public health partnerships, such as tobacco control. Other independent Town groups like Walkable Reading and Climate Change Committee do public health promotion and outreach.

**Areas for Improvement:** a) The regulatory and enforcement image of the Health Department is not favorable toward partnership building) There could be better mapping of all PHS services provided and leveraging of this, e.g. so there is not duplication of services. An example was given of one hospital system having a renowned asthma program, so this allows the other healthcare partner to focus resources in other areas, rather than competing for similar funds and services.  
c) More work could be done engaging physician practices in health of the community.  
d) Recruit and train a strong Medical Reserve Corps  
e) Little outreach occurs to garner community support for health policy changes.  
f) Building partnership requires time and significant coordination. Current staffing resources are focused on core regulatory and enforcement roles, and therefore, growing partnerships remains challenging.

#### **5. Develop policies and plans that support individual and statewide health efforts. (MODERATE)**

- Develop policies and plans that support individual and community health efforts.
- Governmental Presence at Local Level.
- Public Health Policy Development
- Community Health Improvement Process and Strategic Planning
- Planning for Public Health Emergencies.

*What policies in both the government and private sector promote health in our state/community?*

*How well are we setting health policies?*

**Strengths** in this area the BOH's oversight of healthy food and safe water were felt to promote individual and community health. Tobacco policies are up-to-date, other issues have current/updated policies (Keeping of Animals), and state regulations have been adopted and can be enforced locally. Current state policies that support emergency management, disease surveillance and reporting systems were mentioned under state/governmental presence in local public health. As stated above, local planning for public health emergencies is done well across agencies within Reading.

**Areas for Improvement:** There is no coordinated community health improvement planning with the Town of Reading. There is room to research and develop more health policy. The impact of marijuana and recent and pending health policy changes related to its use are a priority among some PHS partners. Opiate prevention and state response to prevent opiate overdose is a health priority communities must respond to. Policies to address hoarding were cited as a local need.

## **6. Enforce laws and regulations that protect health and ensure safety. (SIGNIFICANT)**

- Reviewing and evaluating Laws, Regulations, and Ordinances
- Involvement in Improving Laws, Regulations and Ordinances
- Enforcing Laws, Regulations and Ordinances

*When we enforce health regulations are we technically competent, fair. And effective?*

**Strengths:** This standard is an area of strong performance for the Health Department. Staff is trained and knowledgeable, inspections are regularly done in all venues: camps, restaurants, churches, housing, etc. There is a standard and consistent permitting process and fees in place, and there is consistent enforcement of non-compliance in a stepped manner to ensure businesses are given the chance to be in compliance. The BOH works well together in supporting these regulatory functions.

**Areas for Improvement:** There was a suggestion to establish regular local emergency management meetings. It was acknowledged that they happen regionally but could be placed on a more regular schedule for meeting among Reading partners.

## **7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable. (Minimal to Moderate<sup>\*\*\*</sup>)**

- Identifying Personal Health Service Needs of Populations
- Ensuring People are Linked to Personal Health Services

*Are people in my state/community receiving the health services they need?*

### **Strengths:**

It was noted that WIC and the Family Network have case management services to help connect families to needed services. Linking of services and access to care are focal points of both health care systems serving Reading.

### **Areas for Improvement:**

It was noted that in some cases, e.g. Mental Health, the data available for treatment is based only on state funded program admissions, so it does not adequately reflect the number of people need help or the number seeking it (private pay). It was noted that isolation for homebound elders is a concern or elders who are unable to meet basic needs, e.g. cost of prescription medicine. The need for a public health nurse navigator to assist individuals with navigation/access to services was identified and is currently part of the proposed FY 16 budget plan for Public Services Division. Having this position serve individual across the age-span would better meet the needs of Reading.

<sup>\*\*\*</sup>Ranking Comment: The group identified that this function could be ranked optimal, IF, current staffing models including a Nurse Navigator and a 32-hour public health nurse are filled. Both positions function to meet this essential service. Without these positions filled, the ranking falls to Minimal. The status of these positions at the time of this report is that they remain unfilled. To achieve an OPTIMAL ranking, level funding both nursing positions was discussed. This is reflected in the staffing resource plan.

## 8. Assure a competent public health and personal healthcare workforce.

### (MODERATE)

- Workforce Assessment, Planning and Development
- Public Health Workforce Standards
- Life-long Learning through Continuing Educations, Training, an Mentoring
- Public Health Leadership Development

*Do we have a competent public health staff?*

*How can we be sure that our staff stays current?*

**Strengths:** This standard was rated in the middle/moderate because in the larger PHS hospitals contribute to workforce development through nursing leadership programs, formal physician education, and community training such as CPR and First Responder training. For HD staff, the budget includes, and Division Head encourages, continual training. It is important to keep salary structure competitive for hiring new employees.

**Areas for Improvement:** It is a challenge for BOH members who volunteer their time to attend training relative to their BOH work as these trainings often occur during normal workday hours. This standard would rank toward minimal activity for health division staff, primarily because there is little time for training and professional development when staff is part-time, focused on meeting minimal regulatory requirements, and responding to crises to protect the health of the public. It was noted that there are no strong public health academic or research institutes on the North Shore compared to Boston or Metro West areas. A full time Health Director and 32.5 hour PHN would be able to stay abreast of changes in state regulations, attend professional association meetings, and bring current information and training back to staff and board members.

## 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. (MODERATE)

- Evaluating population-based health services
- Evaluating personal health services
- Evaluating Local Public Health System

*Are we meeting the needs of the population we serve?*

*Are we doing things right?*

*Are we doing the right things?*

### **Strengths**

In the larger PHS, hospitals have advisory committees that oversee their community benefits processes as an evaluative mechanism. They also conduct regular community health needs assessments and reports so that changes in health status can be measured over time. The LHS tracks communicable diseases, such as TB.

### **Areas for Improvement:**

There is no regular reflection of achievement against annual action plans/goals, and, at the time of assessment, no alignment of Reading health goals with State Health Improvement Plans. There is no regular forum for partners to come together to reflect on strengths and areas for improvement for the PHS.

**10. Research for new insights and innovative solutions to health problems.  
(MODERATE)**

- Fostering Innovation
- Linking with Institutions of Higher Learning and/or Research
- Capacity to Initiate or Participate in Research

*Are we discovering and using new ways to get the job done?*

**Strengths**

LHS innovation is present in recent areas of policy development, specifically, tobacco control regulations restricting the age of sales. Being an early adopter of shared public health services is seen as an innovation in public health. In the larger PHS, it was noted that it is mainly the hospitals that have academic affiliations and are involved in research. There is evidence in health care service innovation in areas of robotic surgery, 3D tomography, and cancer detection.

**Areas for Improvement**

The Health Department would like to seek opportunities to link with institutes of higher learning and explore involvement in research. The LHS feels it would be more innovative if it had differentiated resources that could focus on research, grant writing, and development activities. These may be roles specific to public health, or could potentially be shared functions across multiple divisions within Reading's new Public Services Division. Little outreach occurs to garner community support for health policy changes.

## **How National Public Health Service Standards (NPHPS) align with Public Health Accreditation Board (PHAB) Standards**

1. The Public Health Accreditation Board (PHAB) accreditation guidance specifically identifies NPHPS as a tool or process that can be used meet PHAB standards.1.1.1 (state/community health assessment), 4.1.2 (models of community engagement), and 5.2.1 (community health improvement plan).
2. NPHPS can be used to identify and document the health department's participation in, or contribution to, other public health system activities where collaboration is necessary to meet PHAB standards. Accreditation coordinators can use the NPHPS assessment process and its related documentation to identify partnerships necessary to meet PHAB standards.
3. Health departments can use NPHPS to identify potential quality improvement opportunities or solutions as part of meeting PHAB Standard 9.2. Results from the NPHPS strengths-weaknesses-opportunities-priorities analysis can help health departments identify quality improvement projects, which can aid in the pre-accreditation stage. Health department staff can then use NPHPS post-assessment guidance to work through quality improvement planning and implementation. After accreditation, NPHPS assessment results can also give health departments ideas for addressing areas of weakness found during the accreditation process.

(Source: nphpsp\_factsheet.pdf)

### **Resources**

Center for Disease Control (CDC): National Public Health System Performance Standards

<http://www.cdc.gov/nphpsp/>

National Association of County and City Health Officials (NACCHO): National Public Health Performance Standards

<http://www.naccho.org/topics/infrastructure/NPHPS/index.cfm>

National Public Health Accreditation Board (NPHAB)

<http://www.phaboard.org>

Association of State and Territorial Health Officials (ASTHO): Program Performance and Accreditation

<http://www.astho.org/Programs/Accreditation-and-Performance/>

Local Public Health System Performance Assessment Tools: MAPP

<http://www.naccho.org/topics/infrastructure/mapp/framework/phase3lphsa.cfm>

Massachusetts State Health Improvement Plan (MA SHIP)

<http://www.mass.gov/eohhs/docs/dph/health-planning/accreditation/state-health-improvement-plan.pdf>