



Public Health
Prevent. Promote. Protect.

Public Health Futures Task Force

Franklin County Health District Planning Grant Proposal

What: Your Town is invited to join with neighboring communities to plan and implement the next generation of local public health services in Franklin County. The Massachusetts Department of Public Health has released health district funding that poses an historic opportunity to improve public health protections for people in Franklin County AND increase the financial efficiency of municipal board of health budgets. A group of Franklin County communities has decided to apply for funding to create a two-tiered health district to provide effective, efficient and professional health services. The district will offer towns the option to participate in a comprehensive health district or just regional community sanitation services.

Who: The Planning Grant Proposal has been created over the past year through the efforts of a number of Franklin County health officials. The members formed the Public Health Futures Task Force, and include:

Bernardston: Jon Pineo, BOH

Buckland: Jim Bauerlein, BOH

Conway: Dave Chichester, BOH

Charlemont: Rob Lingle, BOH

Deerfield: Carolyn Ness, BOH & BOS

Gill: Randy Crochier, BOH & BOS

Greenfield: Nicole Zabko, Health Director

Montague: Gina McNeely, Health Director

Shutesbury: Bill Elliott, BOH

FRCOG Regional Health Agent: Glen Ayers

Staff Support: Phoebe Walker & Ted Harvey, FRCOG, Justeen Hyde, Institute for Community Health

Why is a new public health structure needed? The Public Health Futures Task Force examined a great deal of data over the past year, including the roles and responsibilities of local health departments, the health status of Franklin County communities, and our current abilities to meet core state requirements. In terms of planning for the future of our region, we saw the following changes on the horizon:

- Greater diversity in population -- More linguistic capacity needed to communicate with the public
- More illness, particularly flu strains and more complicated TB cases
- Continuation of demands for emergency preparedness and response
- On-going challenges to local and state budgets
- Global warming, including: more mosquito and tick-borne diseases, more high heat days (especially hard for elders), more ice storms, more flooding
- Mandatory national accreditation of health departments

How is public health money being spent now in Franklin County?

The participating towns (including the FRCOG Regional Health Inspection Towns) are already spending over a half a million dollars a year on a public health system serving only a few thousand more people than some of our large health department neighbors, and providing far fewer services. What are the inefficiencies? Task Force members identified the spending on numerous Board of Health clerks, software, and computers, and payments to BOH members to witness perc tests as some of them. In addition, all of the part and full time agents paid by these towns are spending time on the same certifications and trainings, leaving fewer hours for direct inspection work. We spent some time comparing service, square mile, population and budget numbers with the Quabbin Health District, which serves communities very similar to ours with a comprehensive district including all inspections, public health nursing, animal control and plumbing inspection. The comparison is striking:

Clusters of Franklin County Communities	Population	Current spending on Public Health
Public Health Futures communities & FRCOG Regional Health Inspection Program (RHIP) communities*	44,927	\$570,862
Above communities, without Greenfield	24,949	\$386,990
RHIP communities plus Conway and Deerfield	16,460	\$323,027
<i>Quabbin Health District (Belchertown, Ware & Pelham)</i>	<i>25,000</i>	<i>\$242,976</i>
<i>Northampton Health Department</i>	<i>28,528</i>	<i>\$252,000</i>
<i>Amherst Health Department</i>	<i>37,000</i>	<i>\$354,000</i>

Note: budget data not complete for Franklin County towns – probably higher.

* Towns: Ashfield, Bernardston, Buckland, Charlemont, Conway, Deerfield, Gill, Greenfield, Hawley, Heath, Monroe, Montague and Shutesbury

How did the Task Force choose a structure to propose?

The Task Force next explored how to use the existing funds and new grant funds to create an improved local public health system. We considered all possible regionalized services. In order to evaluate all the possible changes to public health organization in Franklin County, we asked the following questions:

- Which choice makes the biggest improvement in the lives of Franklin County residents?
- Which choice is the most efficient? (allows you to share training or equipment or personnel in the way that saves the most money and time)
- Which choice has the highest level of political and financial support?
- Which choice has the least opposition?

Proposed Model for Planning Grant: After reviewing the data on need, on current expenditures, and on efficiency and capacity to generate revenue and improve lives, the Task Force agreed to submit a planning grant application to DPH to create a two-tiered health district in Franklin County. The district would provide for two levels of membership – a comprehensive health district and a community sanitation service -- and towns could decide which to join.

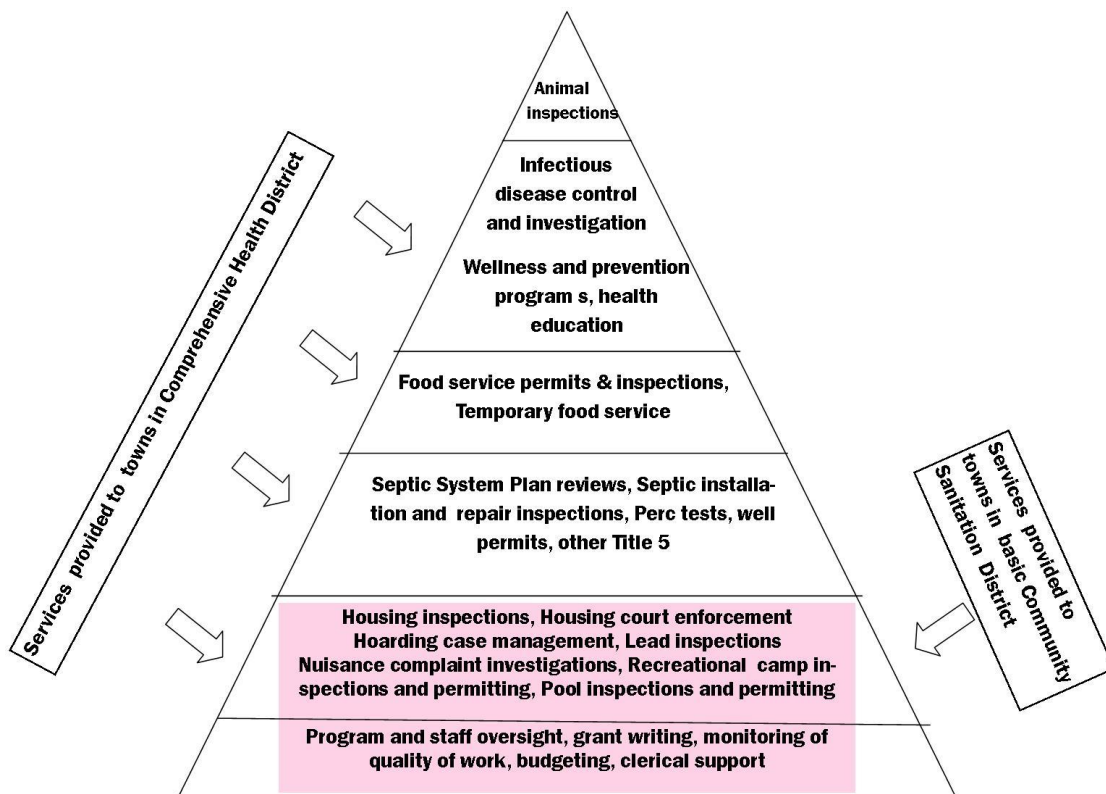
1. The basic level would be access for a participating City or Town to **community sanitation services**:

- Housing inspections
- Housing court enforcement
- Hoarding case management
- Lead inspections
- Nuisance complaint investigations
- Recreational camp inspections and permitting
- Pool inspections and permitting

These services are some of the most specialized public health services that Boards of Health provide, often calling for significant mental health and mediation skills, and technical training. They are also among the most fraught with conflict and emotions for local officials.

2. The full level of services would be membership in a **comprehensive health district**, including all of the above community sanitation issues as well as:

- Food inspections: for food service establishments, B&Bs and schools, etc. and temporary ones for fairs
- Septic work: perc tests, Title 5 inspections & septic plan technical reviews
- Transfer station permitting (when and if the new law takes effect)
- Public health nursing – immunizations, health and wellness clinics, medication and wound management.
- Infectious disease control and investigation
- Animal inspections (completing the annual inspections and Barn Book)



Proposed two-tier model for Franklin County Health District.

We invite your Town to participate in the Planning Process!

What would your town need to do?

1. Sign the attached form – Attachment A (BOH and Select Board/Town Manager/Mayor). This form states that your community is interested in planning the two-tiered district described above. *It does not compel your community to join the district when it is implemented next fall, but you should not sign on to the grant if you have no interest in being part of the final district.* Return form to Phoebe Walker.
2. Attend one meeting before the Planning Grant is due at the end of February to give input on the application. Date to be decided.
3. Attend planning group meetings from mid-March through the summer to plan for implementation of the health district with funding anticipated in late Fall 2011 (this will be awarded by DPH to planning grant recipients who have good applications for implementation funding). Transportation reimbursement and food will be provided for district planning group members. Together, planning group members will answer the following questions (and more!):

Service Questions:

- What should be the health inspection service standards be? Review inspection policies, community outreach, forms used, timelines required, etc. Need to discuss with each BOH.
- Who else should be involved in our planning for this shared service? (i.e. courts, food program at DPH, human service organizations)
- How many and what kind of staff do we need? Draft job descriptions for shared staff, interview process, etc.
- What kind of equipment does the shared staff need?
- Where & when is a district staff person needed? (i.e. BOH mtgs, office hours, etc.)
- Will we use e-permitting?
- What will be emergency (24/7) coverage?

Governance Questions

- Who gets a vote? Review, modify, and approve template bylaws/operating procedures to cover budget approval process, weights of votes, roles and responsibilities
- What legal model should we use to organize? Need to discuss with BOS members and each BOH.
- Who will host the service and what is expected of the host?
- What will our shared fee structure be? (need to compare current fees and agree on new ones, including deciding what to base them on)
- What will our other (non-fee) revenue streams be?

Participation Form

ATTACHMENT A



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

Working Name of Proposed District: Franklin County Health District

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

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

- Develop plans for a governance structure for the proposed district.
- Develop plans to meet workforce qualification requirements for the proposed district.
- Develop plans to address Board of Health training requirements.
- Develop plans to meet district service requirements, including mandated BOH responsibilities, conducting a community health assessment for the combined district population, participating in the MAVEN system, and conducting a policy-oriented campaign to address tobacco and/or obesity.
- Engage in collaborative planning and secure commitments from the chief municipal executives and BOH chairs from each of the municipalities that apply for a multi-year implementation award by the end of the planning grant period.
- Submit a report to MDPH explaining the planning process and outcomes if no implementation proposal results from activities funded under the planning grant.

- Cooperate in an independently funded evaluation of the District Incentive Grant program.
- The Applicants affirm that no funds provided under this program will be used to offset current municipal spending for public health staff or services not directly related to the planning grant scope of services.

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

Signature Municipality

Print Name Title

Signature Board of Health

Print Name Title