



Catalyst for Regional Progress

PVPC

Timothy W. Brennan, Executive Director

Hampden County Shared Public Health Nurse Assistance Program

An innovative public health service delivery effort
that strengthens local public health

Cities of Holyoke and West Springfield and the Towns of Palmer, Granville, East Longmeadow,
Southwick, Ludlow, and Blandford



Public Health
Prevent. Promote. Protect.

Produced by the Pioneer Valley Planning Commission with guidance from the Oversight Committee and the
Hampden County Public Health Coalition.

ACKNOWLEDGEMENTS

The work that provided the basis for this initiative was supported by the Commonwealth of Massachusetts Executive Office of Administration and Finance FY2013 Community Innovation Challenge Grant program. The substance and findings of the work are dedicated to the public. The authors and publishers are solely responsible for the accuracy of the statements and interpretations contained in this study. Such interpretations do not necessarily reflect the views of the municipalities and the public health entities within this study.

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April 1, 2014

Secretary Glen Shor
Executive Office of Administration and Finance (EOAF)
State House, Room 373
Boston MA 02133

Dear Secretary Shor,

The mission of the Hampden County Shared Public Health Nurse Assistance Program is to assist municipalities in improving local public health by maximizing efficiency through providing shared service opportunity. The initial goal of this program was to utilize the skill-sets of one local public health nurse to provide supplemental services to participating communities in the most efficient and cost effective way possible. Each municipality within the Hampden County Health Coalition was approached to opt into the program and eight (8) municipalities out of nineteen (19) signed Memorandums of Agreements to join the pilot project. An appointed member of each municipality serves on the oversight committee of the program and the Pioneer Valley Planning Commission serves as the host agency and fiduciary agent.

Through funding from the Community Innovative Challenge (CIC) grant program, the program focused on assisting communities with completing disease surveillance and reporting utilizing the Massachusetts Virtual Epidemiologic Network (MAVEN) as its primary service. Upon completing an assessment of the needs of each participating health department, it became apparent that there were other services that were in demand of the shared nurse such as: blood pressure screening clinics; health education; diabetic foot-care; seasonal flu vaccination clinics; and participation in local health initiatives. The shared nurse works in varying capacity where she may assist a full time public health nurse on an as-needed basis in some communities or she may serve as the sole shared public health nurse in others.

The Oversight Committee oversees the performance of the shared nurse and meets quarterly to plan ongoing and prospective efforts of the program. Additionally, a high level of transparency is maintained between the host agency and the Oversight Committee. The project has proven its success with more communities opting into the program requiring services from the shared nurse. Additionally, there is excellent participation by the members of the Oversight Committee allowing Hampden County municipalities to communicate and work together even more.

Through this project, the Oversight Committee determined that a public health educator and a county-wide community health assessment would strongly support the mission and efforts of the program. These acknowledgments lead to a second CIC grant proposal submission in the attempt to expand our efforts with the continued desire to strengthen public health efforts within the region.

Francine Rusiecki, R/N
Director of Nurses, Town of Ludlow

Cc: Tim Dodd - Local Government Program Manager, EOAF



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Secretary Glen Shor
Executive Office of Administration and Finance (EOAF)
State House, Room 373
Boston MA 02133

Dear Secretary Shor,

It is my pleasure to submit this final report on the work done to create the Hampden County Shared Public Health Nurse Assistance program which was made possible by our 2013 Community Innovation Challenge (CIC) grant award. With this grant, the PVPC and partner communities have worked diligently to address long-term unmet needs and service gaps in local public health by creating a Regional Public Health program that provides shared public health nurse services among eight (8) participating municipalities.

This effort was put in place due to the realization that Hampden County ranks lowest among Massachusetts' Counties in both health factors and subsequent health outcomes. This is reflected by the fact Hampden County has the Commonwealth's highest rates of smoking, adult obesity, excessive drinking, motor vehicle crash fatality, sexually transmitted infections and teen birthrate. Moreover, Hampden County also ranks worst in air pollution, access to healthy food, and access to recreational facilities. These rankings have challenged local public health across the region for more effective delivery of services.

In 2013, the EOAF award of a Community Innovation Challenge Grant allowed eight (8) municipalities, each unique in demographic, to convene and address the public health gaps affecting the Hampden County portion of our planning. Recognizing the different public health needs, it was concluded that having a shared public health nurse available on an as-needed basis was the first step towards assisting municipalities to improve local public health on a sustained basis.

This innovative and creative capacity-building program presented in this report is an example of what can be done when local officials and municipal employees work collaboratively across town and city borders in order to maximize capacity and resources to address a specific municipal need. Within the implementation phase of this program, other municipalities within Hampden County have been in contact with the PVPC and the oversight committee to explore the possibility of joining this cross-jurisdictional shared model. The result of this was the submission of a 2nd round of CIC funds to expand the current model. We are very proud of the progress made through this program in just one short year, and we trust this report will provide useful information for those interested in pursuing similar initiatives. If you should have questions about this project or the contents of this report, please feel free to contact PVPC's Municipal Services Coordinator Joshua A. Garcia at Tel. 413-781-6045 or via email at jgarcia@pvpc.org. Thank you.

Sincerely,

Timothy Brennan
Executive Director

Cc: Tim Dodd - Local Government Program Manager, EOAF

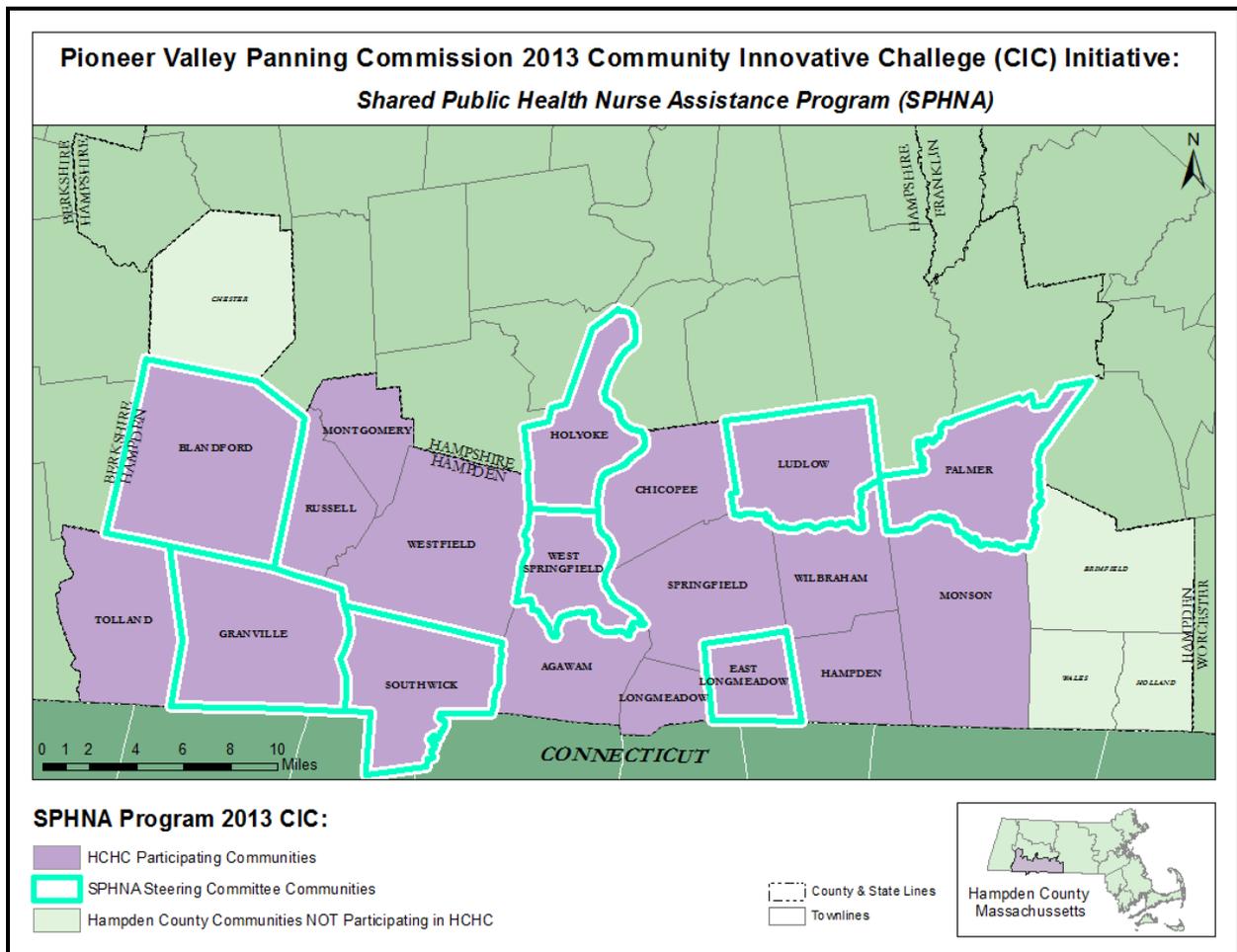
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SECTION 1 – PARTNER COMMUNITIES

Pioneer Valley Planning Commission (PVPC)

The PVPC was the lead agency in administering the Community Innovation Challenge (CIC) grant and was responsible for the financial management of all funds and invoices related to the operations of the Shared Public Health Nurse Assistance initiative. Additionally, the PVPC ensured that financial management and expenditures met grantor, state, and federal standards as well as PVPC’s financial policies and practices. The PVPC also provided technical assistance and facilitation throughout the shared service process which included convening communities and fostering collaboration.



Ludlow Board of Health Department

The Town of Ludlow has one of the most successful local Public Health Nursing programs within the region with five (5) part-time nurses on staff that provide a wide-range of services for its constituents through the Board of Health Department. The services they have include monitoring vital signs, monitoring of glucose, flu clinics, pedicure clinics, wound care, personal care, file of life, medication management, immunizations and vaccinations. Additionally, it was determined that the town has the capacity to host training opportunities for other local public health professionals. Ludlow's existing capabilities and positive working relationship with the PVPC and other municipalities within the region resulted in the town being selected to serve as the host community under this initiative. The availability of CIC grant funds allowed Ludlow to transform one of its part-time nurses into a full-time nurse that works Mondays, Wednesday and Fridays for the Town of Ludlow and Tuesdays and Thursdays specifically as the Shared Public Health Nurse (SPHN) for the initiative. The SPHN is housed at the Ludlow town hall in the board of health department and is supervised by the Director of Nurses. The Ludlow Board of Health Department is responsible for the hiring and the supervising of the SPHN with input from the Oversight Committee and the PVPC.

The Cities of Holyoke, West Springfield, and Westfield; and the Towns of Ludlow, East Longmeadow, Southwick, Blandford, Granville, and Palmer

The chief elected officials of these nine (9) municipalities supplied a letter of support to participate in the proposed program prior to receiving the CIC funds. When the CIC grant was awarded, each community signed a Memorandum of Agreement (MOA) with the PVPC and appointed a representative to serve on the Oversight Committee that is made up of local health department representatives and town officials. Westfield was the only municipality that did not sign an MOA and requested to not participate in the grant period. The reason for their request was due to skepticism of the idea of “regionalism” and not fully understanding the benefit Westfield could receive by participating. Therefore, the program continued with only eight (8) municipalities being part of the initiative through the grant period.

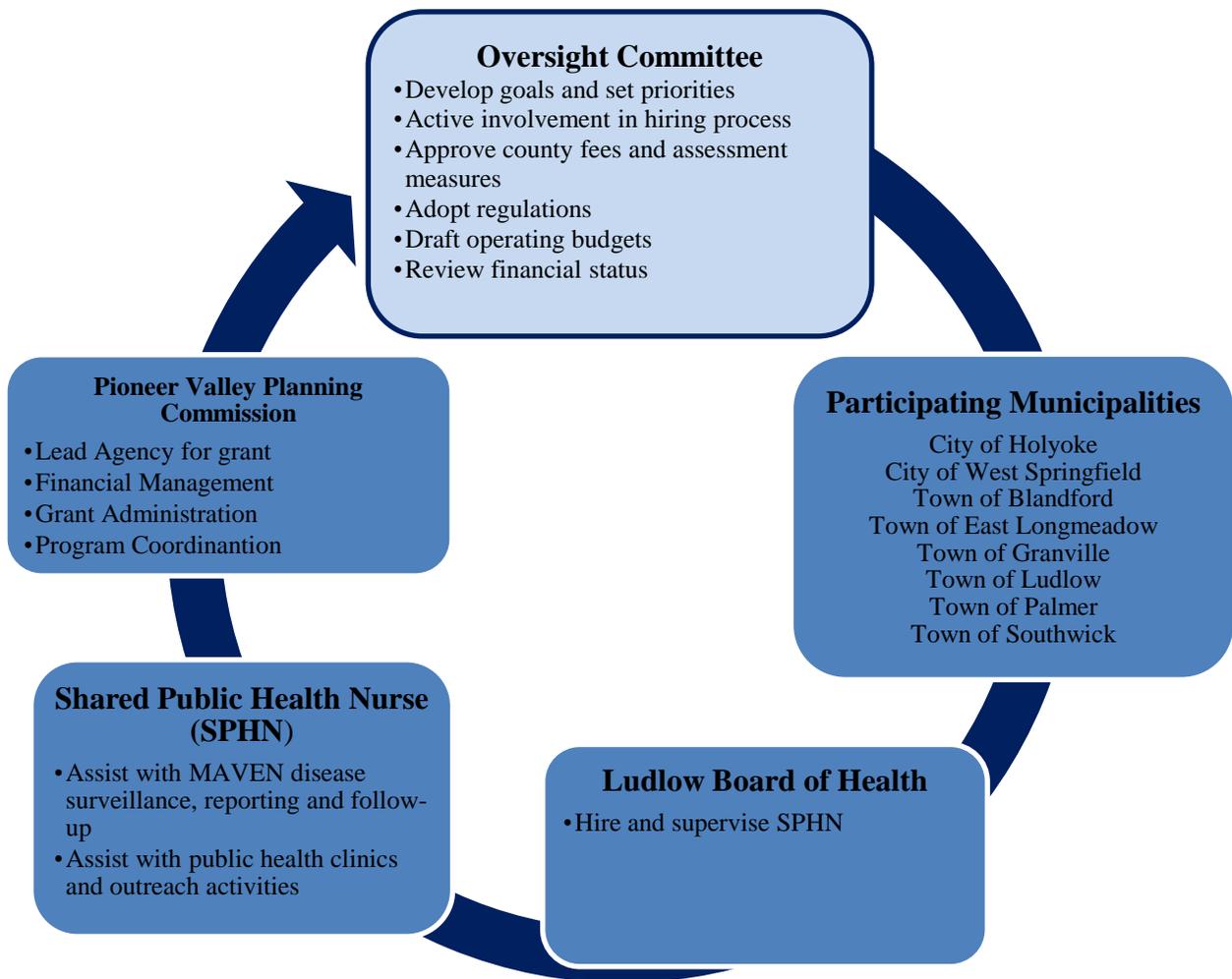
Oversight Committee

The Oversight Committee is consisted of local health department representatives and town officials. Each representative on the Oversight Committee was appointed by officials that oversee public health within their municipalities. Representatives from smaller towns that do not have a board of health department were appointed by the Select Board. Within the mid-size to much larger communities, representatives were appointed by its Board of Health commission. All participating communities appointed representatives to serve on the Oversight Committee of the program which met quarterly throughout the implementation period, and continues to do so today. The Oversight Committee is responsible for overseeing the overall direction of the program and serve as an advisory working group towards the development and implementation of the program. This includes but is not limited to: developing goals and setting priorities; adopting regulations; drafting operating budgets, etc. As part of the groups’ sustainability work

plan, the oversight committee anticipates to create by-laws and use it as a form of an Inter-Municipal Agreement.

Review the organizational chart below that illustrates the structure of the program.

***Hampden County Shared Public Health Nurse Assistance
Organizational Chart***



SECTION 2 – GOALS

The original proposal for the CIC grant was to create a regional public health alliance by moving the pre-established Hampden County Public Health Coalition (HCHC) to be the Hampden County Public Health Alliance (HPHA). The idea was to have a wide-range of services available under the direction of the Alliance that would strengthen local public health service delivery efforts which stand-alone communities often have a difficult time providing on its own. This included having available a public health educator, supervised MAVEN (Massachusetts Virtual Epidemiologic Network) training and administration, public health nursing services, a computer lab training site, and the implementation of a community health assessment. The overall goal was to implement such services to contribute toward addressing the Hampden County’s poor health ranking within the Commonwealth as highlighted in **Table 1** below.

Table 1: Hampden County ranks lowest among Massachusetts' Counties in both health factors and subsequent health outcomes

<u>Rank</u>	<u>Health Outcomes</u>	<u>Rank</u>	<u>Health Factors</u>
1	Dukes	1	Norfolk
2	Nantucket	2	Hampshire
3	Middlesex	3	Middlesex
4	Norfolk	4	Dukes
5	Hampshire	5	Barnstable
6	Barnstable	6	Nantucket
7	Franklin	7	Franklin
8	Essex	8	Essex
9	Plymouth	9	Berkshire
10	Worcester	10	Plymouth
11	Berkshire	11	Worcester
12	Bristol	12	Suffolk
13	Suffolk	13	Bristol
14	Hampden	14	Hampden

(County Health Rankings & Roadmaps – Massachusetts 2013,
University of Wisconsin – Population Health Institute)

According to the University of Wisconsin Population Health Institute’s 2013 County Health Rankings, Hampden County has the Commonwealth’s highest rates of smoking, adult obesity, excessive drinking, motor vehicle crash fatality, sexually transmitted infections, and teen birth rate, which all constitutes the Center for Disease Control and Prevention’s ‘Winnable Battles’. The County also ranks worst in air pollution, access to healthy food, and access to recreational facilities. These rankings challenged our local public health providers and resulted in numerous

studies and initiatives focused on understanding and addressing these problems. PVPC and participating municipalities originally proposed the HCHA to identify unmet public health gaps and positively contribute toward bridging those gaps that keep Hampden County's public health ranked last.

The total budget to implement the original proposed HCHA was significantly reduced by the Massachusetts Executive Office of Administration & Finance due to a reduction

of state funding. Only \$45,000 of the proposed \$240,000 was awarded which allowed for the execution of a start-up phase of the initiative. Considerable changes to the original proposal were made to fit the funding available. The immediate goals of the new proposed initiative to assist communities improve its public health efficiency within the region were the following:

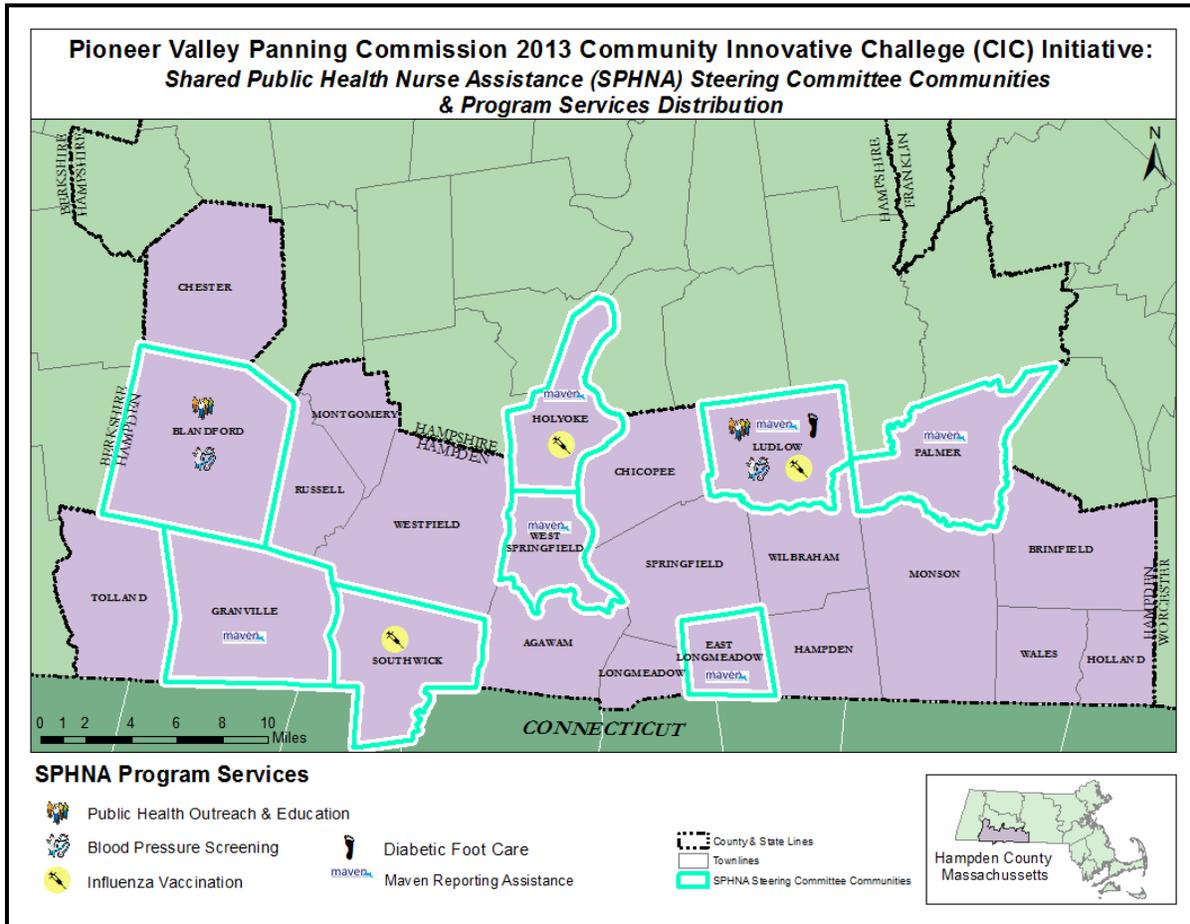
- Establishment of an oversight committee that included at least one representative from each participating community. This idea of establishing an oversight committee moved away from the original idea of converting the Hampden County Health Coalition to an Alliance;
- Hiring of a part-time shared public health nurse that is supervised under the direction of the Nurse Director of the Ludlow Board of Health Department;
 - Part-time public health nurse to provide public health education; disease surveillance and reporting on MAVEN; public health education; assistance with setting up, administering and billing of flu clinics and flu vaccines; and establishing blood pressure screening clinics.
 - Part-time public health nurse to work alongside the oversight committee that primarily consists of members of the Hampden County Public Health Coalition to participate in emergency preparedness activities.
- The development and implementation of a promotional plan; and
- Formation of a project sustainability plan.

These changes placed more emphasis on public health nursing services within the local public health departments in which the new proposed initiative was renamed to the Hampden County Shared Public Health Nursing Assistance program.



Shared Public Health Nurse Angela Kramer (Left) providing blood pressure services at Blandford, MA

SECTION 3 – IMPLEMENTATION PLAN



Background on Hampden County Public Health Collaborative Efforts

The Department of Homeland Security was established and assigned with the responsibility of emergency planning, prevention, and response. Because of the overlap between public health and homeland security issues, health-centered federal agencies, including the CDC, joined Homeland Security as partners in emergency preparedness activities. From here, the Hampden County Public Health Coalition was established through funding from the CDC and the Massachusetts Department of Public Health and administered by the PVPC. The Coalition’s mission and charge is to prepare the residents of Hampden County for natural and man-made disasters. Through the coalition, the Hampden County poor health rankings were discussed and soon became evident that there is a need to improve local public health service delivery in the region. Building on the success of the Coalition’s collaborative efforts, the PVPC submitted a CIC grant application in 2011 to move forward in the creation of a public health alliance. This was not funded, but collaborative efforts continued to build, including utilization of PVPC’s

District Local Technical Assistance (DLTA) and a small Massachusetts Department of Public Health planning (MDPH) grant.

In 2012, the PVPC made a second attempt in submitting a CIC grant application to move forward in the implementation of a public health alliance. By February of 2013, less than a quarter of the amount requested was awarded and this allowed for the opportunity to execute a start-up phase of the initiative which included the formation of an oversight committee and the hiring of a part-time shared public health nurse. Under the advisory direction of the oversight committee, the shared public health nurse provides public health nursing assistance to the participating municipalities which include but is not limited to public health education; disease surveillance and reporting on MAVEN; assistance with setting up, administering and billing of flu clinics and flu vaccines; and establishing blood pressure screening clinics.

September 2012 to November 2012 - CIC Grant Writing Phase

- PVPC staff and a consultant hired through MDPH undergone extensive research on public health operation in each individual municipality within the Hampden County. Additional exploration was done on studies researching the public health needs of Hampden County, pilot programs and initiatives that look for possible solutions to address health indicators and under-performing local public health delivery systems, and detailing opportunities for municipal boards of health to access and maximize resources for public benefit.
- A proposal for a Hampden County Health Alliance program for the CIC grant was drafted. Projected budget for the proposal totaled \$240,000.
- PVPC staff and the consultant hired through MDPH approached the chief elected officials of each community within the Hampden County to gain letters of support from those interested in participating in the initiative.
- CIC grant completed and submitted to the Massachusetts Executive Office of Administration & Finance.

February 2013 to June 2013 - Startup Phase

- PVPC received notice of award for \$45,000 to implement program.
- PVPC redrafted the proposal for the initiative to stay within the \$45,000 budget. Original proposal for the Hampden County Public Health Alliance was budgeted for \$240,000. The program was redeveloped and renamed to the Hampden County Shared Public Health Nurse Assistance program.
- In March, the PVPC project manager of the grant resigned. Further implementation of the startup phase remained idyl until new project manager was hired on June 3rd.
- PVPC and the Town of Ludlow met to discuss and finalize terms and conditions of the contract agreement.
- Memorandums of Agreement (MOA)'s were developed and sent to the chief elected officials for signature of those municipalities that provided letters of support forms to participate in the program. Because of the significant reduction in funding and the delay of the program caused by the transition of PVPC staff, some uncertainty was raised and

trust had to be regained. The City of Westfield and the Town of Southwick had interest in participating but held off from signing an MOA until more information of the program was gathered. After the kick-off meeting of the oversight committee, Southwick signed an MOA. Westfield however decided not to participate.

- The PVPC worked with the Nurse Director to develop a job description to hire a part-time shared public health nurse. Part-time shared public health nurse was hired on June 25th.

June 2013 to April 2014 – Implementation Phase

- June 26, the Oversight Committee held its kick-off meeting.
- Collected 100% of signed MOA's from each participating municipality.
- The SPHN met with individual communities to assess where public health nursing assistance is needed.
- Assured that every participating municipality is on MAVEN.
- SPHN provided public health education, held blood pressure clinics, and administered flu vaccines.
- Oversight Committee reconvened on August 29.
- A promotional plan was developed and accepted by the oversight committee.
- An organizational chart was developed and adopted by the oversight committee.
- October 17, members of the oversight committee reconvened.
- A sustainability plan was developed.
- Drafted an expansion proposal of the initiative for another round of the CIC grant and submitted to the Massachusetts Executive Office of Administration & Finance.
- Oversight committee had its last committee meeting of the year of 2013 on December 12.
- Services of the shared public health nurse continued throughout the grant period.
- February 2014, the PVPC received a Notice of Award from the Massachusetts Executive Office of Administration & Finance CIC grant of \$110,000 to expand the program.



SECTION 4 – BUDGET

Budget for the CIC program – February 2013 to March 2014

ITEM	TOTAL COST
PVPC Administration	\$10,500
*Nurse Director Stipend	\$6,389
Supplies and Educational Materials	\$2,446
Public Health Nurse Salary	\$16,665
Training	\$1,500
Laptop and related supplies	\$1,500
Travel/mileage	\$6,000
Total	\$45,000

The Hampden County Shared Public Health Nurse Assistance program was funded through the CIC grant totaling \$45,000. To create this budget, we estimated the cost for each line item. The PVPC Administration cost covered the project manager for the grant as well as the overhead and other indirect costs. The indirect costs are assessed using the PVPC's federally approved indirect rate.

*The Nurse Director Stipend was to pay for the service of the Nurse Director in Ludlow. However, the Nurse Director did not want to accept the stipend for compensation due to conflict-of-interest laws, but instead use it for other administration costs at the Ludlow Board of Health Department.

The other line item costs in the budget covered several training opportunities for the shared public health nurse, access to a laptop that is used to do MAVEN reporting and follow ups on communicable diseases, expense for supplies and educational materials used/distributed, and mileage costs to pay for the gas used for staff to travel to locations associated with the duties of the program.

SECTION 5 – CHALLENGES & SOLUTIONS

The formation of any new regional service is inherently a challenge especially in Massachusetts where local control is illustrated by the people’s strong sense of independence and self-reliant fortitude. Some of the challenges faced included the complexity of fostering cross-collaboration between municipalities, the different level of funding and service delivery for local public health services, and the fear of losing local control. The following highlight these challenges along with what was done to attempt to overcome the challenges.

Cross-Collaboration: One of the greatest challenges is working collaboratively across town and city borders in order to maximize capacity and resources in meeting the basic function of a public health department. The development and implementation of the Shared Public Health Nurse Assistance program benefited deeply from the many years of coordination of the 19-member (cities and towns) Hampden County Public Health Coalition. The success of the Coalition’s collaborative efforts for the last eight (8) years focusing on emergency preparedness and response had greatly helped with further collaboration through the shared public health nurse program since the relationship has been strongly established since 2006.

Public Health Differences across the Region: Table 2. below illustrates the participating communities that represent the range of urban, suburban, and rural communities in Hampden County. This is a unique but challenging opportunity for regionalization, because these cities and towns fund public health service delivery at different levels. There are small towns with local public health services provided by all-volunteer boards of health, some with only part-time health agents, and larger communities with full-time staff, yet under-resourced health departments.

Table 2: Participating Municipalities and Population Size

<u>Municipality:</u>	Holyoke	West Springfield	Blandford	Granville	East Longmeadow	Ludlow	Palmer	Southwick
<u>Population:</u>	39,880	28,391	1,233	1,566	15,720	21,103	12,140	9,502

Many of the area’s smaller communities have no staff or rely upon contract personnel to provide services. Larger municipalities may have more full-time staff, but still face challenges associated with limited staff time and budgets. This existing demographic is unique to the Hampden County and affects the efficiency of public health. Realizing these constraints that contribute to the poor health ranking of Hampden County, and building on the success of the Coalition’s collaborative efforts, it was decided that creating an “a la carte” or “cafeteria-style” type of program would be best to assist the Hampden County communities meet public health nursing gaps.

Each participating municipality in the Oversight Committee contributes collaboratively toward the implementation of a service that fulfills a purpose so important to the residents in the Hampden County. Some cities and towns have a successful public health program, others not so much, and a few that lack a public health program, which is a concern. What has been realized is that whether if successful or not, public health programs are underfunded or not funded, understaffed, and can use assistance with having certain services available as-needed. Recognizing that each municipality has a different level of need for public health services, the oversight committee has designed the program to provide assistance on an as-needed-basis.

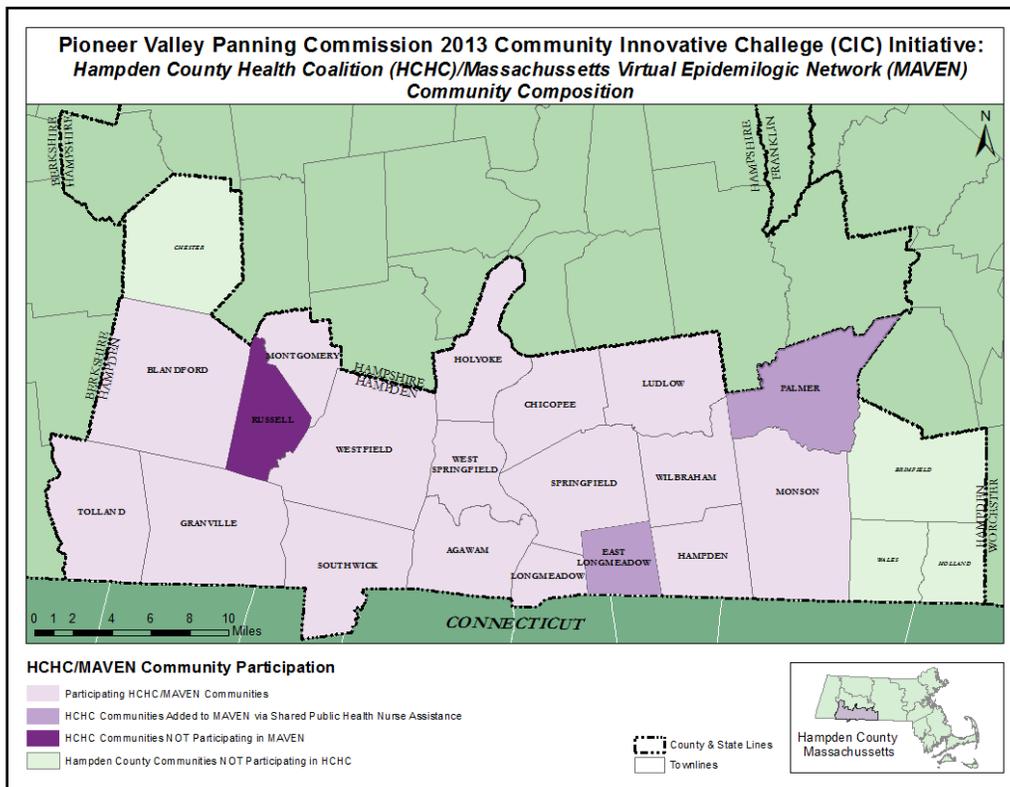
Skepticism: It has been PVPC's experience recognizing that any shared municipal services project faces skepticism about potentially losing local control that may result from regionalizing and/or of sharing services or professional staff. There is also skepticism of professional staff losing their jobs through regional efforts. To overcome this challenge, it was apparent to assure that Board of Health staff and public health professionals stay involved through the planning and the decision making process every step of the way by participating in the oversight committee and staying within communication outside of oversight committee meetings. It was important to constantly remind members of the oversight committee that the sole mission of the program is to assist municipalities within the Hampden County in improving the service delivery of local public health by ensuring that they have the support necessary to effectively provide nursing services. The oversight committee is behind the planning and implementation of the program and has the power decide on how the program can best be of an assistance without having communities lose local control and/or without eliminating anyone's position.

Lessons Learned:

- The importance of communication and education on the issue at-large;
- Understanding volatility of public health within the region and barriers — creating ways to address them;
- Maintaining flexibility;
- Involving elected/appointed officials and local Board of Health staff in the process and on the oversight committee; and
- Maintaining choice for participants

SECTION 6 – OUTCOMES

The primary benefit of the shared public health services program is the enhanced level of public health service delivery within the participating municipalities. None or very little existed prior to program implementation, primarily in the smaller towns. Participating communities that were not in compliance with the state-mandated disease surveillance and reporting via the Massachusetts Virtual Epidemiologic Network (MAVEN) prior to implementation of this project are now in compliance with the mandate. Other communities that lacked capacity or resources to host public health education presentations and screening clinics (i.e. diabetic foot care, blood pressure clinics, and flu vaccination clinics) now have the assistance of the shared nurse to assure that such vital services are available for its residents.



The desired outcomes for the Hampden County Shared Public Health Nurse Assistance program were the following:

- **# of communities participating in the program**
 - A total of eight (8) communities are participating in the program. This includes the Cities of Holyoke and West Springfield and the Towns of East Longmeadow, Ludlow, Palmer, Southwick, Granville, and Blandford.

- **# of individuals served through the program**
 - Roughly 1,000 clients were served through various public health nursing services. This includes providing several public health awareness and emergency preparedness presentations; assisting with setting-up flu vaccination clinics and administering flu vaccines; reporting and following up on MAVEN cases; conducting blood pressure clinics, diabetic foot care clinics, and File of Life programs.
- **# of educational materials distributed**
 - Various educational materials were distributed to clients. These include, but are not limited to the following:
 - Heat Exhaustion and Awareness presentations and hand-outs
 - Emergency Preparedness presentations and hand-outs
 - Teen Pregnancy Prevention hand-outs

Performance report:

Project Goal	Measure	Current Period*	Prior Period**	Trend	Target	Status	Comments
To develop a regional public health nursing program	# of communities participating in the program	8	0	Increase	10		
	# of individuals served through the program	1,000	0	Increase	1,000		
	# of educational materials distributed	1,000+	500+		1,000		
Status Legend	Off target: 		Close to target: 		On target: 		Not applicable: -----

In the PVPC CIC contract, we had a number of deliverables, including the following:

- Collection of MOU's of the participating municipalities
- Assuring all participating municipalities are on MAVEN (view chart at top of page 14)
- Copies of oversight committee meeting minutes
- Development of a Promotional Plan and a Sustainability Work Plan
- Flyers distributed for public health education, flu clinics, and blood pressure clinics

Copies of all of these materials are available at PVPC upon request.

SECTION 7 - CONCLUSIONS

The implementation of this cost-effective local public health service delivery effort utilizes and strengthens some of Hampden County's local public health existing capacities. This pilot project offers Hampden County's local public health departments with assistance services that are otherwise not provided on a regional basis. Building on the noted success of this project, the PVPC and the oversight committee submitted another CIC grant proposal application, not only to continue with the vital services the shared public health nurse has been providing, but also to expand the initiative to develop and establish more extensive shared public health programs within the region. The PVPC's objectives are to further strengthen the service delivery of local public health and to improve population health within the Hampden County communities. The PVPC and the oversight committee aim to gradually expand both the service delivery area, the services provided, and strengthen current partnerships as well as create new partnerships with health agencies and institutions in the region. We anticipate that these efforts will work in concert with existing initiatives in improving public health in the Hampden County.

CONTACT INFORMATION

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REFERENCES

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PROGRAM DOCUMENTS & MATERIALS

- **Attachment A – pages 18-22:**
 - Project Agreement, Scope of Work for the Community Innovation Challenge grant program

- **Attachment B – pages 23-25:**
 - Memorandum of Agreement (MOA)

- **Attachment C – pages 26-28**
 - Project Promotion Work-Plan

- **Attachment D – pages 29-30**
 - Project Sustainability Work-Plan

ATTACHMENT A

Project Agreement

Scope of Work for the Community Innovation Challenge Grant Program

Project Goal: To develop a regional public health nursing program

CONTRACT PREPARATION

FEBRUARY 15, 2013- MARCH 20, 2013

I. Work Plan

Activity	Details	Budget	Product
Develop contract	A draft contract and project agreement will be created by the EOAF program manager and provided to the Executive Director.	None	Draft contract
Contract approved and signed	The contract will be approved and signed by EOAF (Secretary) and the PVPC (Executive Director).	None	Finalized contract

II. Deliverables

During this period, EOAF will work with the PVPC to develop a contract. The contract will be signed by the appropriate signatories at EOAF and the PVPC. ANF must receive the following deliverables before the project can proceed:

- Signed contract

III. Reporting

No reports are required during this period.

IV. Budget Appropriation

\$40,500 will be disbursed within 15 days of March 20, 2013, the effective date of the contract.

REPORTING PERIOD 1 **MARCH 20, 2013- JUNE 30, 2013**

I. Work Plan

Activity	Detail	Product
Regional agreements	PVPC will draft and negotiate an MOU between the participating communities. Additionally, PVPC will negotiate a contract with the Town of Ludlow	Copy of MOU and copy of PVPC/Ludlow contract
Establishment of steering committee	PVPC will establish a steering committee that will include at least one representative from each community	Committee roster
Hire public health nursing services	The Town of Ludlow will add 15 hours per week to a part-time nurse position for this program	Evidence of hiring
MAVEN reporting	The public health nurse will assist with MAVEN reporting services, as determined by the project guidelines and partners agreement	Evidence of MAVEN reporting

II. Deliverables

During the first Reporting Period, the PVPC will begin the process of implementation of the program. Within 15 days of the close of the Reporting Period, the PVPC will file a Reporting Period report with EOAF. The report will follow the standard form and will include concrete evidence to show that the following deliverables have been met:

- Copy of MOU and copy of contract between PVPC and the Town of Ludlow
- Roster of steering committee members
- Evidence of the hiring of a public health nurse
- Evidence of MAVEN reporting

III. Reporting

The Reporting Period 1 report must be filed electronically with EOAF by Friday, July 13, 2013.

IV. Budget Appropriation

No funds will be disbursed after the filing of the Reporting Period 1 report.

V. Outcomes

The PVPC will develop documentation to show that they are working towards the achievement of the following benchmarks:

- # of communities participating in the program
- # of individuals served through the program
- # of educational materials distributed

PVPC will report on the initial successes of these outcomes in the final report, due on April 1, 2014. Subsequently, PVPC will report on successes related to these outcomes in annual reports, due on April 1, 2015; April 1, 2016; and April 1, 2017.

REPORTING PERIOD 2 **JULY 1, 2013- SEPTEMBER 30, 2013**

I. Work Plan

Activity	Detail	Product
Public health education	The public health nurse will assist with the organization of public health clinics and health fairs as determined by the project guidelines and agreement between the partners	Evidence of public health education events
Steering committee meeting	The steering committee will meet at least once during this reporting period	Steering committee meeting agenda
Promotion	PVPC, the Town of Ludlow, the public health nurse, and the steering committee will work together to promote the project	Copy of promotion plan and related materials

II. Deliverables

During the second Reporting Period, the PVPC will implement the program. Within 15 days of the close of the Reporting Period, the PVPC will file a Reporting Period report with EOAF. The report will follow the standard form and will include concrete evidence to show that the following deliverables have been met:

- Steering committee meeting agenda
- Evidence of public health education events
- Copy of promotion plan and related materials

III. Reporting

The Reporting Period 2 report must be filed electronically with ANF by Friday, October 12, 2013.

IV. Budget Appropriation

No budget appropriation will be disbursed after Reporting Period 2.

V. Outcomes

The PVPC will develop documentation to show that they are working towards the achievement of the following benchmarks:

- # of communities participating in the program
- # of individuals served through the program
- # of educational materials distributed

PVPC will report on the initial successes of these outcomes in the final report, due on April 1, 2014. Subsequently, PVPC will report on successes related to these outcomes in annual reports, due on April 1, 2015; April 1, 2016; and April 1, 2017.

REPORTING PERIOD 3
OCTOBER 1, 2013- DECEMBER 31, 2013

I. Work Plan

Activity	Detail	Product
Sustainability plan	PVPC will work with the public health nurse, the Town of Ludlow, and the steering committee to create a plan for sustaining the project	Copy of sustainability plan
Steering committee meeting	The steering committee will meet at least once during this reporting period	Steering committee meeting agenda

II. Deliverables

During the third Reporting Period, the PVPC will implement the program. By January 22nd, 2013, the PVPC will file an electronic report with EOAF. The report will follow the standard form and will include concrete evidence to show that the following deliverables have been met:

- Copy of sustainability plan
- Steering committee meeting agenda

III. Reporting

The Reporting Period 3 report shall be filed by January 15, 2014.

The final project report shall be filed by April 1, 2014.

IV. Budget Appropriation

\$4,500 will be disbursed within 15 days upon the filing of the Reporting Period 3 report.

V. Outcomes

The PVPC will develop documentation to show that they are working towards the achievement of the following benchmarks:

- # of communities participating in the program
- # of individuals served through the program
- # of educational materials distributed

PVPC will report on the initial successes of these outcomes in the final report, due on April 1, 2014. Subsequently, PVPC will report on successes related to these outcomes in annual reports, due on April 1, 2015; April 1, 2016; and April 1, 2017.

ATTACHMENT B

Hampden County Public Health Nursing Alliance

May , 2013

A MEMORANDUM OF AGREEMENT (MOA)

By and among

the Cities of Holyoke, Westfield, West Springfield and the Towns of Blandford, East Longmeadow, Granville, Ludlow, Palmer, and Southwick
and the
Pioneer Valley Planning Commission

WHEREAS, the parties to this MOA are partners in the Hampden County Public Health Nursing Alliance (“Alliance”);

WHEREAS, PVPC, on behalf of the Alliance has received a \$45,000.00 Community Innovations Challenge Grant (CIC) from the Massachusetts Executive Office of Administration and Finance (EOAF) to provide public health nursing and related services;

WHEREAS, Alliance members are in need of assistance and support for public health nursing services, including such areas as: MAVEN reporting and public health education and educational materials;

Now, THEREFORE, IT IS HEREBY RESOLVED that the Cities of Holyoke, Westfield, West Springfield and the Towns of Blandford, East Longmeadow, Granville, Ludlow, Palmer, and Southwick and the Pioneer Valley Planning Commission agree to establish the Hampden County Public Health Nursing Alliance;

IT IS FURTHER RESOLVED that the Hampden County Public Health Nursing Alliance will work with other Hampden County cities and towns wishing to do so and as agreed to in writing by the signatories to this MOA;

IT IS FURTHER RESOLVED that the Alliance members agree to work together to promote public health nursing services.

Section 1. Purposes and Role of the Alliance

- a. To assist with the provision of MAVEN reporting services with those Alliance members requesting those services;
- b. To provide networking and shared support services for public nursing and related services;

Section 2. Role of the Communities

The Alliance members, signatory to this agreement, shall have the following roles:

- a. To identify, through their Boards of Health/Health Commissions and Departments of Health, needed public health nursing services;
- b. To work with the Alliance to craft a scope of services.
- c. To participate in the Alliance Steering Committee

Section 3. Role of the Pioneer Valley Planning Commission

- a. To serve as the fiduciary agent for the Alliance, including handling billing, record-keeping and audits.
- b. To contract with communities for services on behalf of the Alliance;
- c. To subcontract with consultants, where needed to provide needed services on behalf of the Alliance.

Section 4. Structure of the Alliance

Community representation: Each signatory to this MOA shall appoint one representative to serve on the Alliance Steering Committee;

Section 5. Amendments

This Memorandum may be amended at any time with the approval of all signatories. Any signatory to this Memorandum may rescind their participation through a majority vote of the signatory's governing body, including the Board of Selectmen for a town and the Mayor for a city.

Section 6. Effective Date/Authorization

This Memorandum will become effective for signatories when it is signed by two or more participating parties.

_____	_____
Pioneer Valley Planning Commission	Date
_____	_____
City of Holyoke	Date
_____	_____
City of Westfield	Date

_____ City of West Springfield	_____ Date
_____ Town of Blandford	_____ Date
_____ Town of East Longmeadow	_____ Date
_____ Town of Granville	_____ Date
_____ Town of Ludlow	_____ Date
_____ Town of Palmer	_____ Date
_____ Town of Southwick	_____ Date

ATTACHMENT C

Hampden County Shared Public Health Nurse Assistance Program

Project Promotion Plan

PVPC, the Public Health Nurse Director, the Shared Public Health Nurse, and the oversight committee has been and will continue to work together to promote the Hampden County Shared Public Health Nurse Assistance program. The promotional tactics planned are as follows:

- Media Relations Campaign
- Marketing Collateral
- Promotional Activities
- Best Practice Regional Conferences & Meetings

- **Media Relations Campaign**

- Press Release promoting the establishment of the program.

Goal	Action
PVPC’s Manager of Communication has sent a press release on behalf of the oversight committee	63 Media Reporters received a Press Release promoting the establishment of the Hampden County Shared Public Health Nurse Assistance program

- Broadcast advertising on radio, newspaper, and PVPC website

Goal	Action
Reach out to media reporters to talk about the establishment of the program and for the Shared Public Health Nurse to talk more about her role and what she has accomplished participating in this program to reporters.	The press release is step one. Step two would be to reach out to individual news reporters for possible interview within the next weeks or so.
Reach out to local radio stations as a way to get the word out about the program.	Identify and contact local radio stations willing to interview and/or report about the program.
To display the establishment of the program on	This is up and running under the

PVPC website.	“Publications” link on <u>PVPC’s website</u> .
Quarterly Public Health Awareness and Education reports on local newspaper within the region.	Certain public health issues are recognized during MAVEN reporting. We are to connect with the media and ask about possibly having a section to do quarterly Public Health Awareness and education on behalf of the steering committee.

- **Marketing Collateral**

- Publishing program on newsletters in the region.

Goal	Action
Publication on PVPC’s Regional Reporter Newsletter.	The program has been printed on the PVPC Regional Reporter Newsletter.
Ma. Learning Collaborative Newsletter	The program has been published on the Ma. Learning Collaborative Newsletter.
To reach out to other local newsletters including health related newsletters and community development agency newsletters.	Program has been posted on the HCHC Newsletter and was posted on their Facebook page. We are to identify local hospitals, health centers, and community development agencies that have their own newsletters to ask about publishing the program.

- **Promotional Activities**

Goal	Action
To promote program at Health Fairs, Health Clinics, Board of Health Meetings and Select Board Meetings.	To expand the Shared Nurse program to allow the shared nurse time to attend Board of Health meetings. Lastly, program is currently being promoted at health clinics and health fairs that the Shared Nurse provides assistance at.
Publication of the program on bulletins at Town/City Halls.	To print materials and have it available for oversight committee members to bring back to municipalities and post accordingly.

- **Conferences**

- Sharing program information at any conferences occurring in the state that invite the conversation on best practices of regional programs.

Goal	Action
To share project with at the Ma. 5 th Annual Regionalization Conference.	Conference took place on Sept. 16, 2013. Project was talked about at “Good Governance for Regional Program” workshop. Other best practices were presented and the experiences of PVPC developing this program were shared.
To share project at the Learning Collaborative meeting that was attended by other representatives who are building a shared public health program.	Learning Collaborative meeting took place on September 12, 2013. Best practices were presented and the experiences of PVPC developing this program were shared.

The tactics listed are promotional opportunities that will continue to support on-going marketing objectives. These opportunities will allow the oversight committee to expand the presence of this program within the region. The tactics listed above are all means of increasing the visibility of the Hampden County Shared Public Health Nurse Assistance program to the general public and to municipal leaders in the Commonwealth. We hope that the oversight committee experiences with growing this program can be used as a model for other RPA’s and municipalities that are looking to develop and/or expand a Shared Public Health Nurse Assistance program with the goal of enhancing the level of public health service where limited capacity exists.

ATTACHMENT D

Hampden County Shared Public Health Nurse Assistance SUSTAINABILITY Work Plan

The Hampden County Shared Public Health Nurse Assistance Program is a public health service delivery effort available for municipalities within the Hampden County to address dire local public health needs and health workforce shortage in Western Massachusetts. This initiative is being developed as a cafeteria-model for shared public health services which is being designed to assist with improving efficiencies and achieve economies of scale.

Below is a sustainability work-plan for the oversight committee to continue to focus its efforts on to further sustain and grow this shared service effort:

Activity	Detail	Product(s)
Promotion of Public Health services	The PVPC, the Town of Ludlow’s Health Department, the SPHN, the oversight committee, along with members of the HCHC will work together to promote this project.	Promotion plan, promotional flyers, newsletters, press releases, media articles, etc.
Community-wide health assessment	The oversight committee and members of the HCHC will work with the Principal Investigator consultant to develop and implement and community-wide health assessment.	Summary and analysis of findings with comprehensive supporting data
Development of bylaws, policies, and procedures	The oversight committee and the PVPC will work together to develop bylaws that clearly define the governance structure and procedures of the overall shared public health nurse assistance program.	Formal documentation that clearly states the structure and procedures of the program.
Open Enrollment Period	Outreach to non-participating municipalities in the region to join the oversight committee.	An increased enrollment of municipalities participating in the Shared Public Health Nurse Assistance program.
Pre-post evaluation of the overall program	Complete program evaluation using theory of action, and state requirements as standards.	A completed analysis on how members feel about the overall success, and shortcomings of the program.

Annual evaluation of staff	The Nurse Director, with guidance from the oversight committee, will work together to perform a performance evaluation of hired staff.	A completed analysis that summarizes how the shared staff performed.
Fee Schedule	Oversight Committee to work together to determine fee schedule/structure from participating communities	The establishment and formal documentation of a fee schedule/structure
Performance communication in the Hampden County	Communication results of program evaluation to Boards of Health Commissioners, Select Boards, and officials.	Assurance of transparency and involvement from everyone in the Hampden County.