Report of the Subcommittee on Credentialing, Regionalization Working Group

April 22, 2009

COMMITTEE MEMBERS
Donna Moultrup/ MHOA, Chair, Epi Bodhi/MPHA, Kerry Dunnell/Advanced Practice Center, Kathleen MacVarish/BU School of Public Health, Sandra Martin/Berkshire County Boards of Health Association, Charlotte Stepanian/MAPHN, Phoebe Walker/Franklin Regional Council of Governments, Geoff Wilkinson/DPH, and Jim White/MEHA.

MISSION STATEMENT
The mission of this subcommittee was to establish the educational background and professional credentials that we recommend for the staff positions when a regional health district is formed.

IMPORTANT CAVEATS
1) While we would like to see these credentials required, we understand that one of the primary goals of the Regionalization Working Group is to not “demote” anyone currently working in the field.

2) These suggested credentials are goals for the future of the field of public health; they are not to be used as an excuse for eliminating current staff.

3) There is no good way to compare length of experience and educational background. Neither experience nor a certain level of education is any guarantee of performance on the job. This is the dilemma of every employer and no list of credentials is going to substitute for the interview process to determine which candidate is going to fit the best in any particular position.

4) There was strong belief by several committee members that there should be experience requirements that could REPLACE the educational requirements listed. While this may be ideal, the committee ultimately could not agree on what the balance could be. It is, again, up to the employer to judge the experience and educational background of the candidate.

5) These educational criteria are listed as minimum educational preparation for these positions; they in no way indicate that an individual is prepared to take on a particular position.

6) The intention of listing credentials is to provide everyone with a roadmap towards what we believe will be better delivery of public health services. Students will have a clear idea of the educational background that will be required and will give them the skills to attain public health jobs. Educational institutions will have a more clear idea
of what is needed to fill positions in local public health. Those forming districts will have guidelines for creating their staffing patterns.

REQUIRED STAFF POSITIONS NOT BEING RECOMMENDED:
The subcommittee discussed at length creating a list of “required” staff for a health district. That seemed like the first step in creating a list of credentials. Two equally important things, however, determined the ultimate decision to NOT create a list of staff.

1) The Regionalization Working Group wants to support every effort to regionalize services. We do not want to prescribe what we believe will be the “perfect” health district. We are determined to have communities work together and be as creative as possible to provide all of the needed public health services to all of the citizens of the Commonwealth.

2) There are ongoing discussions elsewhere, including the National Association of County and City Health Officials (NACCHO), as to the required services of local public health. Everyone uses the term Ten Essential Services, but what that exactly means is the source of great discussion. In Massachusetts, there is total agreement on food establishment inspections, Title 5 work, day camp and swimming pool inspections. There is no conformity, however, between communities on domestic violence, animal control, obesity projects, etc.

Local public health across the country is currently being asked to comment on a document produced by the Public Health Accreditation Board describing voluntary accreditation of health departments which goes into great detail on the standards required. This document can be found at www.phaboard.org. The final document of that Board will undoubtedly influence how MA outlines its essential services in the future.

In discussing workforce credentials, this subcommittee made just a few changes to the draft document that has been several years in the making by the subcommittee of the Local Public Health Institute of Massachusetts’ Advisory Council. That group described credentials for the following staff (in alphabetical order):

1. **Environmental Health Professionals** (defined as health inspectors, sanitarians, code enforcement officers, compliance officers, and environmental health specialists)
2. **Governing Bodies** (defined as elected and appointed Board of Health members, health commissioners, or legally designated health authorities)
3. **Heads of Local Health Agencies** (defined as heads of local health agencies, directors, health agents, health officers, or other administrative heads designated by the governing body)
4. **Public Health Nurses** (defined as a nursing professional with educational preparation in public health and nursing science with a focus on population-level outcomes).
Due to the work of the Regionalization Working Group, one additional position has been added to the Institute’s list: Head of the Regional Health District. Obviously, when the Institute originally started its work, the regional health district was not being discussed. At the same time, the Institute’s “Head of the Local Health Agency” will not be discussed here because it does not pertain to the creation of a regional health district.

There are many other positions that will be required in a regional health district such as a Health Educator, an Emergency Preparedness Coordinator, and Animal Control Officer, just to name a few. Once again, however, the Regionalization Working Group does not want to be prescriptive in how some of these services are provided to residents. The regional health district itself might provide specific services to several towns and then “purchase” other services from other towns or districts. In that way, the regional health district would not “require” a specific list of staff that we might create.

**RECOMMENDED CREDENTIALS**

1) Environmental Health Professional
   - Bachelor’s degree with a science concentration AND
   - Registered Sanitarian/Registered Environmental Health Specialist (RS/REHS) credential
   OR
   - Associate’s or Bachelor’s degree with science concentration AND
   - Registered Environmental Health Technician (REHT) credential

   Note: Additional certifications and/or credentials may be required based on job responsibilities and regulations (Certified Food Safety Professional (CFSP), Certified Food Manager, Certified Pool Operator (CPO), Healthy Homes Specialist (HHS), Lead Determinator, Lead Inspector, Septic System Inspector, Soil Evaluator).

2) Governing Body (Also check City or Town Charter)
   - Two – three years relevant work experience AND
   - Training in legal issues and roles & responsibilities (such as MAHB Certification classes or Foundations for Local Public Health course)
   - College degree with a science, environmental or public health concentration preferred

   Note: Other advanced degrees (i.e. DVM, MD, MPH, MS, MSN) could be substituted for relevant work experience.

3) Head of the Regional Health District
   - Advanced degree in public health or a related field AND
   - Five years of public health or other relevant experience AND
   - Professional Certification in leadership, management, or administration (such as MA Certified Health Officer (CHO),
national Certified Public Health Administrator, graduation from a Public/ Environmental Health Leadership Institute)

Note: A paper done by Craig Andrade, a DrPH student at the BU School of Public Health, discusses credentials required around the country for the head of a regional health district and was used in determining these credentials.

Note: If Head of Regional Health District also conducts environmental health professional activities, the appropriate pre-requisites listed above would also apply.

4) Public Health Nurse
- Graduation from an accredited school of nursing; BSN preferred AND
- Current Registered Nursing License active and in good standing AND
- Three – five years public health and /or community health experience

Note: ANCC certificate or other certification in public health encouraged.

The first reaction to this list may be one of dismay. Where are we going to find enough people with these educational and experiential credentials to fill the positions across the State? The answer is that we are going to encourage these credentials, but hire the best candidates available when a position opens. That is the current practice and will not change in the future. To repeat, the creation of this list of credentials will inspire both educational institutions and students to prepare themselves so that a greater pool of candidates will emerge over the next five to ten years.

GRANDFATHERING
The subcommittee also discussed at some length the need to grandfather the current workforce. Basically, since at this moment, there are no “required” credentials by legislation or regulation, the subcommittee decided to not address any requirements for grandfathering at this time. If grandfathering does become an issue in the future, it is this subcommittee’s recommendation that staff members in their current positions not have additional requirements for them to keep that position. If they desire to move to a new position, whether in a local health agency or a regional health district, they would be required to meet the new standards. Again, the whole concept of grandfathering will be discussed if, and when, actual requirements are promulgated.

CHAPTER 529
The new legislation on regionalization of public health, passed in the 2008 legislative session, is now being referred to as Chapter 529. It is extremely important to understand
that this was not a totally new concept. The changes actually clarified and made more flexible legislation that has existed for a long time allowing regional health districts. That misunderstanding has fueled quite a large backlash from local public health because local government and State legislators seem to be touting this legislation as the cure for many financial issues in the cities and towns. The promulgation of this legislation has been very unfortunate timing. The Regionalization Working Group is trying extremely hard to separate what we believe is great work for the future of local public health from the assault on local public health in these difficult economic times. Neither the previous, nor this current version of legislation regarding regionalization, has included funding, which is essential for any overhaul of public health service delivery. Our best hope currently is that some communities with some resources can start to explore the possibility of regionalizing, using one of the models described by the Regionalization Working Group, or a model they create on their own. When funding is hopefully more available in the future, these pilot programs can provide models and advice for additional communities to regionalize.

One very important piece of Chapter 529 does mandate that the Department of Public Health create regulations regarding regionalization. The Department has worked closely with the Regionalization Working Group, the Local Public Health Institute and the Coalition for Local Public Health in all of the work involved in competencies, staffing and credentials and we have been assured that the work that has already been done will be the centerpiece of regulations in the future.

Resources:

Draft Report of the Local Public Health Workforce Competency Subcommittee of the Local Public Health Institute’s Advisory Council

Public Health Workforce Credentialing for Massachusetts: Analysis and Recommendations by Craig S. Andrade, December 2008

This report of the Regionalization Working Group’s subcommittee on credentialing was sent to the subcommittee on March 9, 2009, for review and revision. That draft report was presented at the March 15th meeting of the Regionalization Working Group. A revised draft was presented to the Regionalization Working Group at its meeting on April 17, 2009. Revisions as a result of that meeting were made and this final report is being sent to Kathleen MacVarish on April 22nd to be used to draft a new updated report to all of Massachusetts local public health by the Regionalization Working Group within the next couple of months.

Report prepared by the Subcommittee Chair, Donna Moultrup, a MHOA Representative