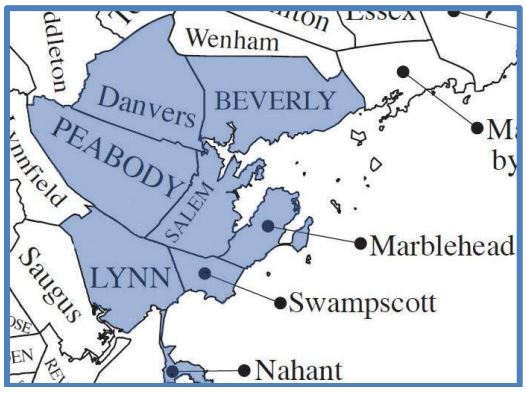
North Shore Shared Public Health Service Program

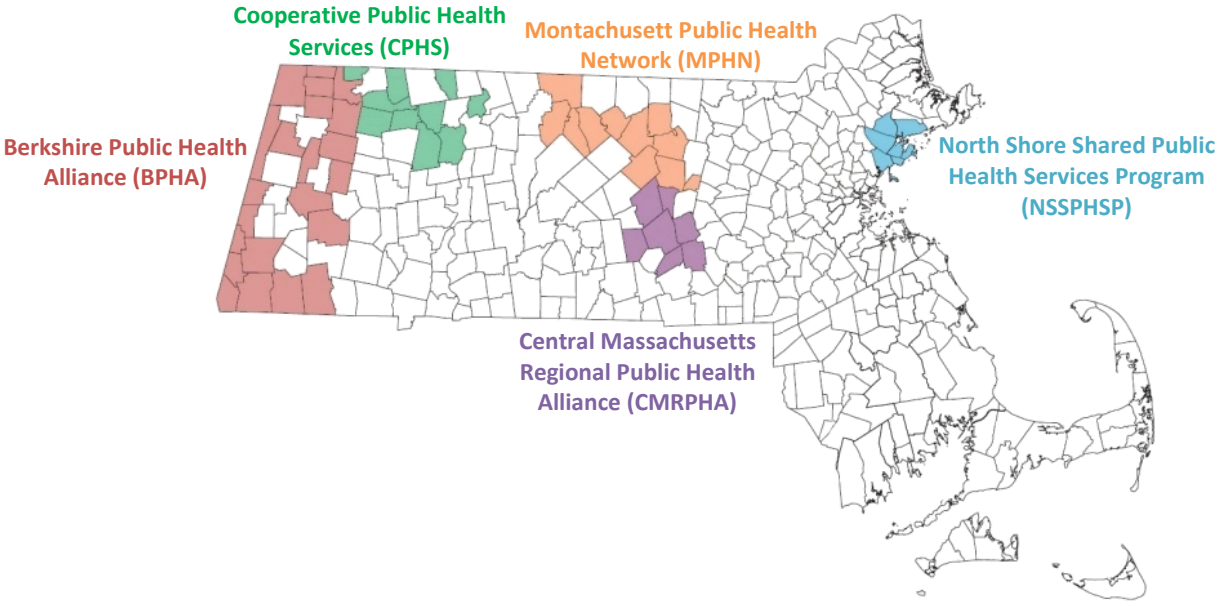
District Incentive Grant Annual Report 2014



Institute for Community Health
Building sustainable community health, together
A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners HealthCare

Contents

The Institute for Community Health (ICH) in collaboration with the Massachusetts Department of Public Health (MA DPH) is evaluating the process and outcomes associated with shared public health services delivery for the Public Health District Incentive Grant (PH DIG). After a planning year, five grantees were selected for further funding:



As part of this evaluation, ICH has compiled a report that summarizes NSSPHSP's progress towards meeting key deliverables for Year 3 of the District Incentive Grant (DIG) initiative. ICH has gathered information from various sources including MA DPH, municipality websites, phone conversations with DIG grantees, and quarterly reports submitted to MA DPH. This annual data dashboard highlights data on food inspection, Board of Health training, communicable disease management, beach inspection, lead screening capacity, sharps disposal, governance, community health assessment progress, district health initiative updates, workforce qualifications and any additional accomplishments and/or collaborative efforts undertaken by NSSPHSP. This report also summarizes the progress NSSPHSP has made in each of these delivery areas over the course of the DIG initiative.

In 2014, NSSPHSP has worked to increase their social media presence as a thought leader on public health issues affecting their communities. The social media effort is maintained by an intern and focuses on promoting the work of NSSPHSP and highlighting a monthly health topic. NSSPHSP has developed a website with a blog, Facebook page, and Twitter account.

KEY HIGHLIGHTS/SUMMARY

FOOD INSPECTION

% of towns in district submitted food inspection reports to DPH:

- **63% of towns** (5/8) in 2010
- **88% of towns** (7/8) in 2011
- **75% of towns** (6/8) in 2012
- **100% of towns** (8/8) in 2013

% of towns* in district meeting state mandate for food inspection – 2 inspections per establishment (based on average inspections completed per establishment):

- **14% of towns** (1/7) in 2010
- **43% of towns** (3/7) in 2011
- **14% of towns** (1/7) in 2012
- **29% of towns** (2/7) in 2012

*excludes 1 town that follows a risk-based inspection schedule

BEACH INSPECTION

75% of towns (6/8) in district have at least one beach

% of beaches in district submitted beach condition field reports to DPH:

- **100% of beaches** (43/43) in 2011
- **100% of beaches** (43/43) in 2012
- **100% of beaches** (43/43) in 2013

% of beaches/% of towns in district met DPH beach sampling requirement :

- **100% of beaches** (43/43); **100% of towns** (6/6) in 2011
- **100% of beaches** (43/43); **100% of towns** (6/6) in 2012
- **93% of beaches** (40/43); **83% of towns** (5/6) in 2013

BOARD OF HEALTH TRAINING

% of towns in district have BOH members participating in formal training:

- **50% of towns** (4/8) have all BOH members trained
- **75% of towns** (6/8) have at least half of BOH members trained

LEAD INSPECTION

- **100% of towns** (8/8) in district have capacity to conduct lead determination in 2014

COMMUNICABLE DISEASE REPORTING

MAVEN Status - IMM/EPI Database:

- **100% of towns** (8/8) **online** as of October 2012
- **100% of towns** (8/8) **online** as of September 2013
- **100% of towns** (8/8) **online** as of September 2014

MAVEN Status - TB Database:

- **25% of towns** (2/8) **online** as of October 2012
- **100% of towns** (8/8) **online** as of September 2013
- **100% of towns** (8/8) **online** as of September 2014

Communicable Disease Reporting:

Please refer to the Communicable Disease Surveillance section for details on communicable disease investigation activities for the district by year

SHARPS DISPOSAL

- **100% of towns** (8/8) in district have access to a regular sharps disposal site in 2014
- **100% of towns** (8/8) in district held hazardous waste day(s) in 2014

Met all category requirements
Met some category requirements
Area for Improvement
Not reported
Information pending / in progress
Not Applicable

GOVERNANCE STATUS
• By-laws/other formal documentation of governance have been **established**
• **10 meetings** held since January 2014
• **6** towns represented at 75% of meetings held since January 2014
• Intermunicipal agreements **in place** in accordance with district by-laws

COMMUNITY HEALTH ASSESSMENT (CHA)
• CHA stage of completion: **Completed in April 2014**
• Sharing of CHA results with key stakeholders: **Completed in April 2014**

DISTRICT HEALTH INITIATIVE
• Type of Health Initiative: **Tobacco**
• Stage of implementation for Health Initiative: Implementation
• Policy change component of Health Initiative: Smoke-free housing and integrated pest management
• Stage of implementation for policy component: In progress

WORKFORCE QUALIFICATIONS
• # of staff positions paid (full & partial) with DIG funds: **4 staff**— Program Director, 2 Food Inspectors, NSSPHSP Coordinator
• Written qualifications for staff employed through DIG funds: **In place**
• **100%** of DIG-funded staff meet workforce qualifications

Met all category requirements
Met some category requirements
Area for Improvement
Not reported
Information pending / in progress
Not Applicable

FOOD INSPECTION

% of Towns Submitting Reports in 2013	
NSSPHSP Average	100%
DIG Average	92%
State Average	61%

According to MA DPH requirements in the sanitary food code 105 CMR 590.010(F), each town must submit a food inspection report to MA DPH annually. According to section 8-401.10(A) of the Food Code, each town must complete a minimum of **two food inspections per licensed food establishment per year**. Note that a selection of towns in the state are approved to use a risk-based inspectional schedule instead of a standard model; for these towns the number of inspections per licensed food establishment varies based on a risk factor point system. **One town in NSSPHSP— Peabody-- does not follow the standard food inspectional service model; this town instead uses a risk-based food inspection schedule.**[1] Additionally, there are a number of food service entities that are only inspected once per year, including seasonal kitchens and temporary food booths and establishments. The table below reflects data on food establishments and inspections completed for 2013, the most recent year of state data available, as per information submitted to MA DPH for each town.[2] If no report was submitted the information is denoted as "not reported."

In 2013, **all 8 towns (100%)** submitted food inspection reports to DPH.[3] Of those using a standard model for food inspections, 29% (2of 7) met the state mandate of an average of 2.0 inspections per establishment.

Town	Submitted Food Inspection Report	# of Licensed Food Establishments[1]	# of Food Inspections Completed	Average # of Food Inspections Per Establishment[2]		Met State Mandate for Food Inspection Completion?[4]
	2013	2013	2013	2010	2013	2013
Beverly	Yes	245	386	1.7	1.6	No
Danvers	Yes	224	163	Not Reported	0.7	No
Lynn	Yes	576	711	1.7	1.2	No
Marblehead	Yes	102	279	Not Reported	2.7	Yes
Nahant	Yes	18	27	1.8	1.5	No
Peabody[5]	Yes	365	605	1.6	1.6	No
Salem	Yes	318	636	1.7	2.0	Yes
Swampscott	Yes	63	48	Not Reported	0.8	No
Total	--	**1689**	**2692**	**1.7**	**1.6**	--

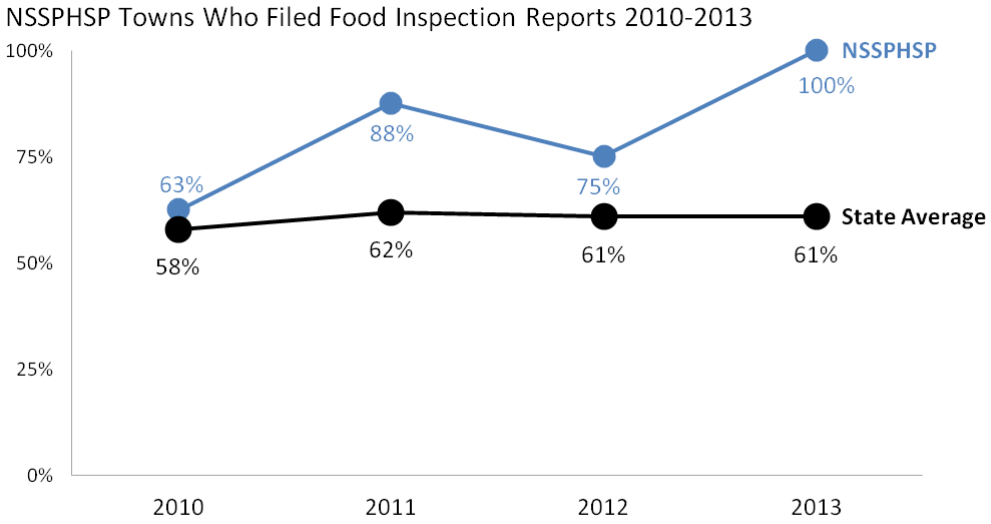
Limitations of food inspection data include:

- The above data only provides the average number of inspections per food establishment per year; individual-level data on number of inspections completed per establishment is not available.

[1] Please note that that all towns using a risk-based model must obtain approval from MA DPH.
[2] Source: Massachusetts Department of Public Health, Bureau of Environmental Health: Update on Local Health Inspections of Food Establishments and Indoor Air Quality; October 2014
[3] Calculated as the percentage of all towns (with establishments) who submitted food inspections reports. Per MA DPH, towns who do not have food establishments should still submit an annual report.
[4] Information on temporary and seasonal establishments is not reported to MA DPH.

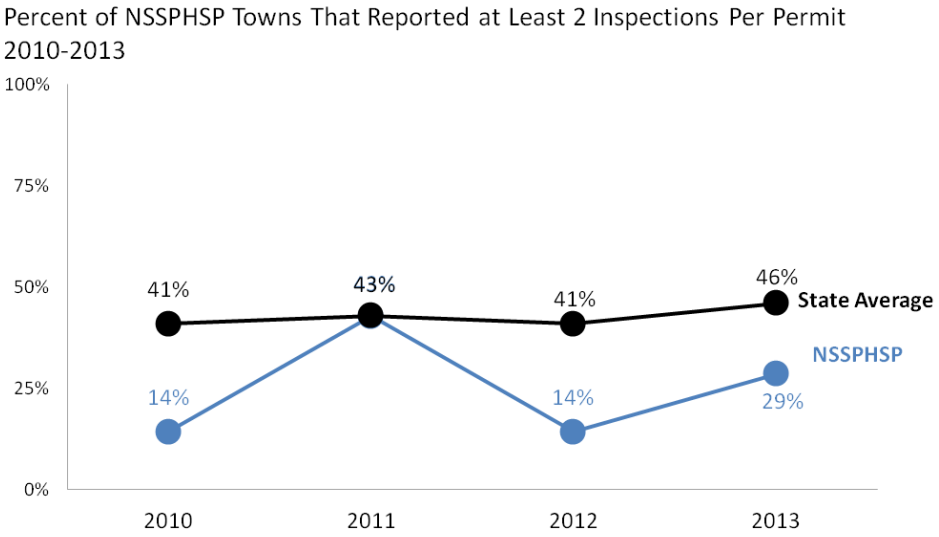
Food Data Trends

Baseline food data (2010) was collected in the Year 1 annual dashboard. Since baseline there has been a **37% increase** in the number of towns submitting food data. At baseline, 63% (n=5) of towns submitted food inspection reports compared with 100% (n=8) in 2013.



Source: Massachusetts Department of Public Health, Bureau of Environmental Health Update on Local Health Inspections of Food Establishments and Indoor Air Quality, October 2014
2013: State n=213; NSSPHSP n=8

The number of towns who have completed an average of at least two inspections per licensed food establishment has increased by 15% since baseline. At baseline, one town met the requirement and in 2013, 2 NSSPHSP towns reported at least 2 inspections per permit in 2013. Note, for each year, the denominator excludes Peabody, which uses a risk-based model.



Source: Massachusetts Department of Public Health, Bureau of Environmental Health Update on Local Health Inspections of Food Establishments and Indoor Air Quality, October 2014
2013: State n=213

BOARD OF HEALTH (BOH) MEMBER TRAINING

MA DPH requires all Board of Health (BOH) members to receive formal training **at least once during the course of their BOH position.** Training must be through an approved curriculum. Trainings are offered through Massachusetts Association of Health Boards (MAHB), the Local Public Health Training Institute, Boston University's online BOH training module, Berkshire County Boards of Health Association, or any other approved entity.

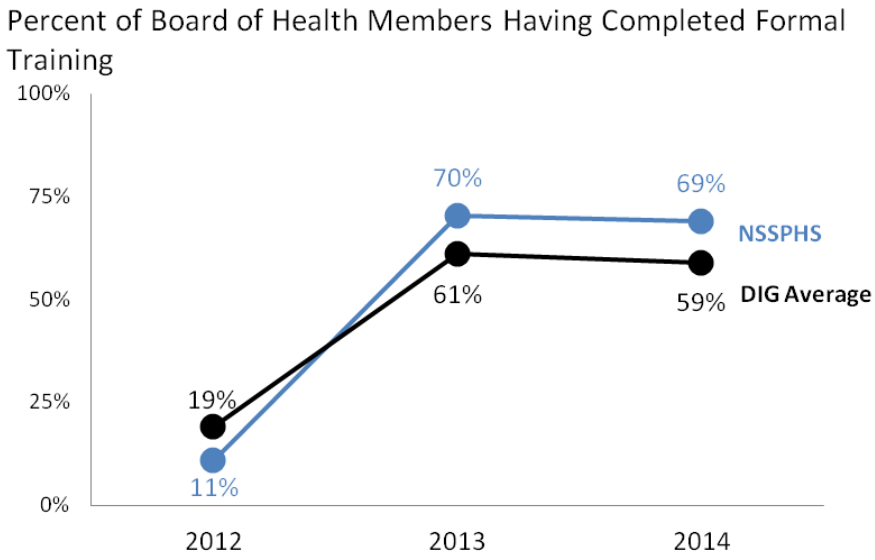
	% of BOH Members Trained in 2014
NSSPHSP Average	69%
DIG Average	59%

The number of BOH members and their training data is provided for all towns in NSSPHSP. BOH training data is updated as of December 2014. Presently, **18 individuals (69%) BOH members** from participating municipalities have completed formal BOH training, with **4 towns** (50%) having met the requirement of all BOH members trained.

Town	# of BOH Members	# BOH Members Ever Trained	% BOH Members Trained in 2014	BOH Member Names	Most Recent Training
Beverly	3	3	100%	Frank S. Carbone	2013
				William Alpine, Jr.	2013
				Susan Higgins	2013
Danvers	3	2	67%	Edmund Kowalski	2014
				Martha Swindell	2014
				Thomas J. McLaughlin	
Lynn	3	0	0%	Ron Dupuis	
				Michael Dewan	
				John Steriti	
Marblehead	3	2	67%	Todd Belf-Becker	2014
				Helaine Hazlett	2014
				Michelle B. Gottlieb	
Nahant	3	0	0%	Michael Manning	
				Richard Lombard	
				Perry Barrasso	
Peabody	3	3	100%	Bernard Horowitz	2014
				Stephen Kalivas	Trained
				Leigh Ann Mansberger	2012
Salem	5	5	100%	Shama Alam	2013
				Paul Kirby	2014
				Danielle Ledoux	2013
				Barbara Poremba	2012
				Janet Greene	2014
Swampscott	3	3	100%	Lawrence S. Block	2004
				Martha Dansdill	2013
				Deborah Shelkan Remis	2013

BOH Training Trends

Board of Health information has been collected in three years of DIG annual dashboards. Over the three years of the DIG project, the reported number of trained BOH members has **increased by 58%.** In 2012, 11% (n=3) of Board of Health members had completed a formal training on the roles and responsibilities of Boards of Health. In 2014, 69% (n=18) had completed training.



Source: BU Training records, MAHB Training records, and MPHN staff
Note: This is the % of BOH members ever trained

Limitations of Board of Health Training:

- Note that baseline data (2012) was largely incomplete for all districts.
- Due to scheduling of on-site BOH trainings, new BOH members cannot always be trained immediately.

COMMUNICABLE DISEASE

All DIG participating municipalities are required to implement MAVEN, a web-based disease surveillance and case management system. Additionally, communicable disease surveillance requires local BOH, state public health officials, and healthcare providers to work collectively to monitor the occurrence of notifiable diseases, as required by Massachusetts law.

	% of Towns on MAVEN
NSSPHSP Average	100%
DIG Average	93%
State Average	94%

MAVEN Status

DIG Municipalities are required to be on MAVEN IMM/EPI Database and the MAVEN TB Database is optional. A municipality is "online" if they have someone trained and set up to use the MAVEN online database system for communicable disease reporting. All **8 (100%) of NSSPHSP towns are currently on MAVEN**. Since the initiation of the DIG grant, 4 of the 8 NSSPHSP municipalities (50%) have come online to the MAVEN Database. For the TB database, all 11 municipalities have come online to the database since the initiation of DIG. MAVEN online dates are from MA DPH as of October 2014.

Town	MAVEN IMM/EPI Database		MAVEN TB Database	
	Town on Database?	*If online:* Database Online Date[1]	Town on Database?	*If online:* Database Online Date
Beverly	Yes	4/14/2010	Yes	2/14/2013
Danvers	Yes	5/13/2009	Yes	3/14/2013
Lynn	Yes	8/11/2011	Yes	3/14/2013
Marblehead	Yes	5/21/2008	Yes	2/14/2012
Nahant	Yes	9/12/2012; 9/18/2014	Yes	3/14/2013; 9/18/2014
Peabody	Yes	7/7/2008	Yes	3/14/2013
Salem	Yes	4/14/2010; 9/13/2012	Yes	2/14/2012; 2/14/2013
Swampscott	Yes	6/14/2012	Yes	3/14/2013

Communicable Disease Surveillance Summary

In late 2011, the MA DPH Bureau of Infectious Disease (BID) began a long-term project to evaluate the state's infectious disease surveillance system. To improve quality, disease-specific indicators were developed based on essential programmatic components of an investigation and CDC mandates. The additional column, "completeness of key indicators" was created by MA DPH BID to reflect important indicators for each notifiable disease.

2013 Completeness of Indicators—Immediate (I) and Routine (R)	
NSSPHSP Average	54% (I); 43% (R)
DIG Average	68% (I); 50% (R)
State Average	64% (I); 56% (R)

In 2013, NSSPHSP had 24 events involving diseases that required immediate reporting. Of the immediate events, **13 (54%) had all key indicators completed**. For communicable disease events requiring routine follow up, NSSPHSP towns had 283 cases in 2013, of which **123 (43%) had all key indicators completed**. There were 58 cases (20%) across NSSPHSP towns where a patient was lost to follow up.

Disease Priority: Immediate[1]					
Event Year	Total Events	Completeness of Key Indicators		Loss to Follow Up[3]	
		#	%	#	%
2010	27	17	63%	4	15%
2011	22	17	77%	2	9%
2012	43	33	77%	1	2%
2013	24	13	54%	1	4%
Total	**116**	**80**	**69**	**8**	**7%**

Disease Priority: Routine[2]					
Event Year	Total Events	Completeness of Key Indicators		Loss to Follow Up[3]	
		#	%	#	%
2010	245	75	31%	30	12%
2011	240	93	39%	58	24%
2012	273	125	46%	82	30%
2013	283	123	43%	58	20%
Total	**1041**	**416**	**40%**	**228**	**22%**

[1] Immediate Diseases include: GAS, HEPA, LIST, MEAS, MUMPS, NMEN, RUB, TB_ACTIVE, TUL

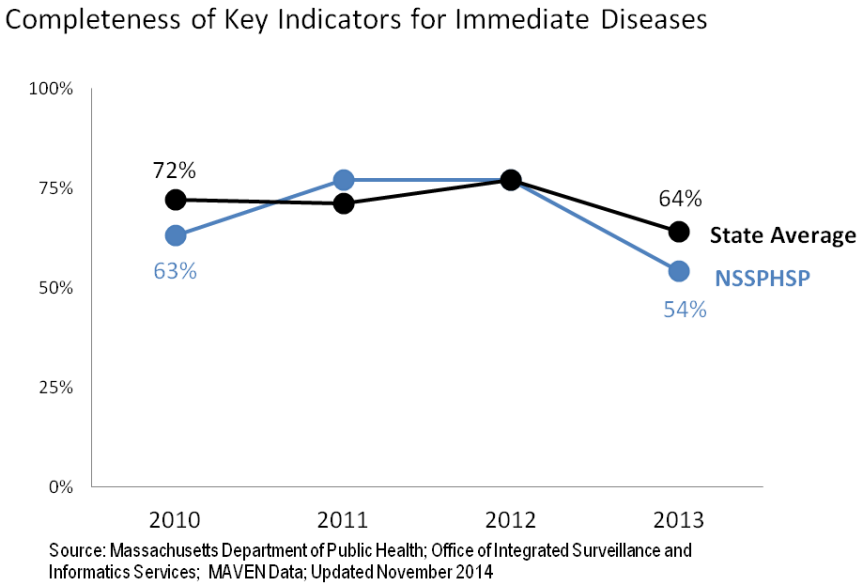
[2] Route Diseases include: AMEB, BAB, CALI, CAMP, CHOL, CRYPT, CYCLO, EEE, EHR, ENCEP, ENTRO, GIAR, HFLU, HGA, HUS, LEG, LEP, MAL, PERT, RMSF, SAL, SHIG, SP, STEC, TRICH, WNI, YER

[3] Lost to Follow-Up (LTFU): if outreach has been attempted to either doctor or patient for event/cases, the LBOH representative fills out the variable "lost to follow-up" as "Yes."

[4] Table excludes revoked events

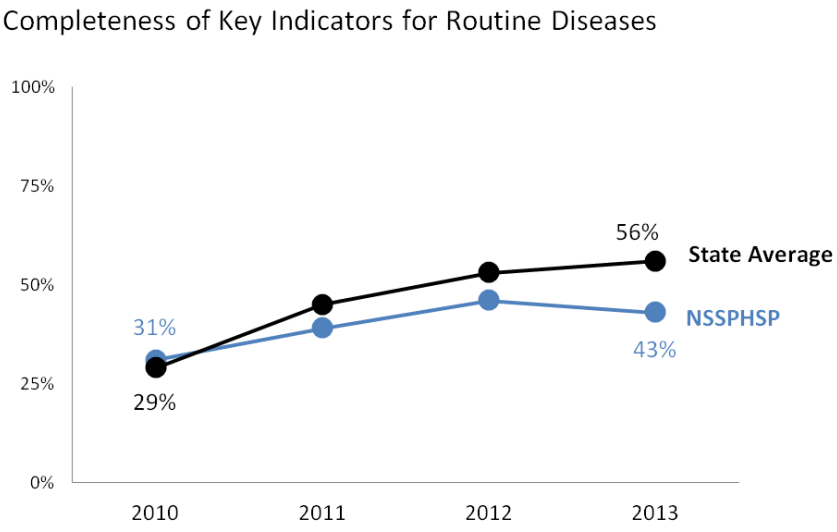
Communicable Disease Surveillance Trends

Over the course of the DIG initiative, NSSPHSP has seen a slight decrease in the percent of immediate events that have all key indicators completed. In 2010, 63% were completed compared with 54% in 2013**.** In 2013, the state average was 64% for immediate events.



Source: Massachusetts Department of Public Health; Office of Integrated Surveillance and Informatics Services; MAVEN Data; Updated November 2014

For communicable disease events requiring routine follow up, NSSPHSP has **improved the completeness of key indicators by 12% since baseline in 2010**. In 2013, NSSPHSP is slightly below the state average for completeness of indicators for routine events.



Source: Massachusetts Department of Public Health; Office of Integrated Surveillance and Informatics Services; MAVEN Data; Updated November 2014

Limitations of communicable disease data include:

- Communicable disease data relies on individuals to complete electronic data entry forms (e.g. check each box) for each case, and thus might not be reflective of the actual work done.

BEACH DATA

% of Beaches Sampled at the Appropriate Frequency in 2013	
NSSPHSP Average	100%
DIG Average	89%

In accordance with the Massachusetts Beaches Act, MA DPH requires that all beaches (except for Tier 3 beaches) be **sampled at least weekly during the beach season** (defined as late May/early June through late August/early September). Towns are listed as having met MA DPH beach sampling requirements if all beaches were sampled at least weekly in 2013, according to the MA DPH database. Additionally, when a water sample from a beach exceeds bacterial standards, state law requires that the beach be closed, that the local BOH notifies MA DPH within 24 hours of the exceedance, and provide a copy of the closure notice. The table below lists only those beaches (public and semi-public) for which the Boards of Health are responsible, according to MA DPH records. It does not include private beaches or those that are operated by the MA Department of Conservation and Recreation (DCR).

In 2013, **6 NSSPHSP municipalities** had town owned or operated beaches, with 40 beaches across the district all of which are marine beaches. Lynn and Peabody do not have beaches the BOH is responsible for and thus are excluded from the table. There were **40 beaches (100%) that submitted field reports, of which 40 (100%) met the weekly water sampling requirements set by MA DPH.** The three beaches located on Children's Island are sampled by the beaches' operator, not by the BOH, and thus were excluded from these calculations. There were 40 reported single sample bacterial exceedances in 2013 (21 beaches had exceedances), which all (100%) had closure posting forms submitted.

Town	# of Beaches	Beach Name	Submission of Field Reports in 2013 (Y/N)	Met DPH Sampling Requirement in 2013	# of Single Sample Bacterial Exceedances[5]	Submission of Closure Posting Form[6]
Beverly	11	Brackenbury	Yes	Yes	0	N/A
		Dane Street	Yes	Yes	2	Yes
		Goat Hill	Yes	Yes	1	Yes
		Independence Park	Yes	Yes	2	Yes
		Lynch Park	Yes	Yes	0	N/A
		Mingo	Yes	Yes	4	Yes
		Obear Park	Yes	Yes	0	N/A
		Rice's	Yes	Yes	0	N/A
		Sandy Point	Yes	Yes	1	Yes
		West	Yes	Yes	0	N/A
		Woodbury	Yes	Yes	2	Yes
Danvers	1	Sandy Beach- West	Yes	Yes	2	Yes
Marblehead	5	Crocker Park	Yes	Yes	0	N/A
		Devereux	Yes	Yes	0	N/A
		Gas House	Yes	Yes	3	Yes
		Grace Oliver	Yes	Yes	4	Yes
		Stramski	Yes	Yes	2	Yes
Nahant	5	Black Rock	Yes	Yes	1	Yes
		Canoe	Yes	Yes	3	Yes
		Forty Steps Beach	Yes	Yes	1	Yes
		Short	Yes	Yes	0	N/A
		Tudor	Yes	Yes	0	N/A

[5] Beach data on single sample bacterial exceedances for 2012 from MA DPH "Marine and Freshwater Beach Testing in Massachusetts" Annual Report: 2012 Season, produced by MA DPH, the MA Bureau of Environmental Health, and the MA Environmental Toxicology Program in May 2012. A beach is listed as having a bacterial exceedance for 2012 in any instance where sampled bacterial levels exceeded bacterial standards for the corresponding beach type (marine or freshwater). Note that the bacterial standards for marine beaches are 104 enterococcus and a geometric mean of 35, and the bacterial standards for freshwater beaches are 235 e. coli or a geometric mean of 126 and 61 enterococcus or a geometric mean of 33. Also note that bacterial exceedances can be impacted by environmental factors such as high rainfall, tides, and greater bather usage.

[6] Beach data on closure postings from MA DPH. Note that in some cases a single beach closure posting could cover several exceedances, for example if a beach closure had already been posted because of a prior exceedance and a follow-up sample also shows bacterial exceedance.

Town	# of Beaches	Beach Name	Submission of Field Reports in 2013 (Y/N)	Met DPH Sampling Requirement in 2013	# of Single Sample Bacterial Exceedances[5]	Submission of Closure Posting Form[6]
Salem	15	Camp Naumkeag	Yes	Yes	1	Yes
		Children's Island - Back	Yes	No	0	N/A
		Children's Island - Dock	Yes	No	0	N/A
		Children's Island - Wally	Yes	No	0	N/A
		Collins Cove	Yes	Yes	0	N/A
		Dead Horse	Yes	Yes	0	N/A
		Forest River - Pioneer	Yes	Yes	2	Yes
		Forest River - Point	Yes	Yes	0	N/A
		Juniper Point	Yes	Yes	1	Yes
		Ocean Avenue	Yes	Yes	3	Yes
		Osgood	Yes	Yes	0	N/A
		Steps	Yes	Yes	0	N/A
		Waikiki Beach (Winter Island)	Yes	Yes	0	N/A
		Willow Avenue	Yes	Yes	1	Yes
		Willows Pier	Yes	Yes	0	N/A
Swampscott	6	Eisman's	Yes	Yes	0	N/A
		Fisherman's	Yes	Yes	2	Yes
		Kings	Yes	Yes	1	Yes
		Phillips	Yes	Yes	0	N/A
		Preston	Yes	Yes	0	N/A
		Whales	Yes	Yes	1	Yes

* All exceedances accounted for in 3 closure posting forms

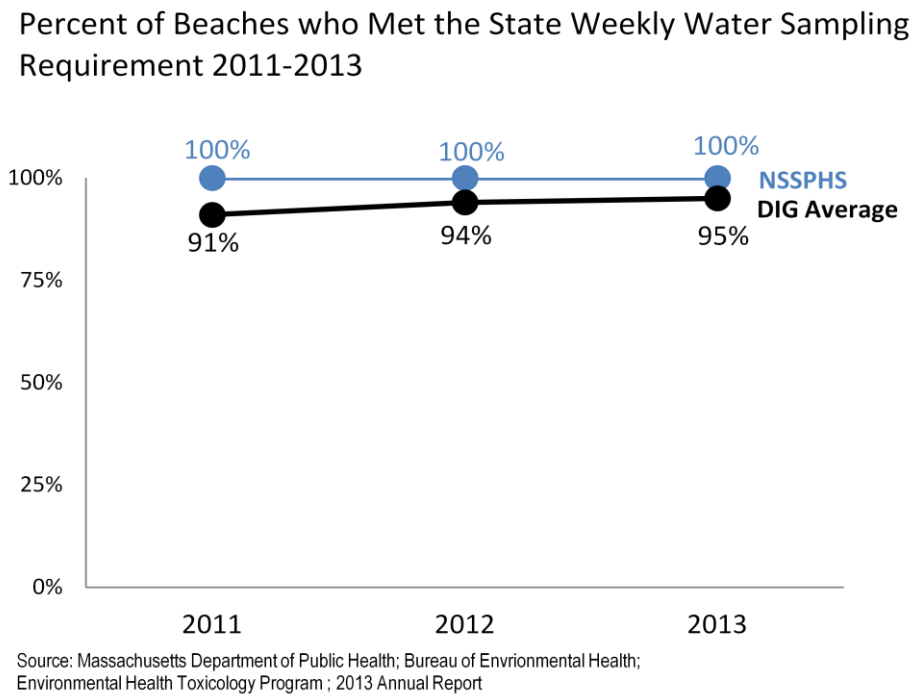
** Closure posting form N/A for this exceedance

† Beach had some weeks skipped

Beach Data Trends

Since 2011, 100% of beaches in NSSPHSP have met the state weekly water sampling requirement. At baseline all beaches (n=43; 100%) across NSSPHSP met the requirement and, in 2013, all 40 beaches met the requirement as well.

The three Children's Island Beaches missed two weeks of sampling. The beach operator, YMCA, missed sampling the beach and the Salem BOH contacted Children's Island to inform them that they had to close because the beaches were not sampled during those weeks. Salem BOH followed protocol monitoring sampling, enforcing regulations, and notifying DPH of the closures. These beaches were not included in calculating the percentage of beaches meeting the state weekly water sampling requirement in 2013.



Source: Massachusetts Department of Public Health; Bureau of Envrionmental Health; Environmental Health Toxicology Program ; 2013 Annual Report

Limitations of beach inspection data include:

- Analysis done by ICH regarding weekly water sampling is more rigorious than analyses done by MA DPH. Since the analysis is not equivalent, no state comparsion is available.

LEAD INSPECTION AND DETERMINATION

MA DPH has a Lead Program through the Department of Labor Standard's (DLS). The purpose of the program is to reduce the incidence of lead exposures for workers and the general public. The program enforces standards for home renovation and repair, coordinates deleading operations, provides outreach and education, and runs the Occupational Blood Lead Registry which is a data system used to track blood lead levels.

In 2014, **all towns (100%)** had capacity to conduct lead determination. All towns except Marblehead use a lead determinator on staff at the town level. Marblehead does not have a town lead determinator, but may reach out to any NSSPHSP member town for this service.

Town	Have Capacity to Conduct Lead Determination in 2014?	When is lead determination conducted? (e.g. regularly, complaint based)	Are lead determination conducted by a regional inspector or by individual towns?	How are lead determination services funded?
Beverly	Yes	Complaint-based	Town	Town
Danvers	Yes			Town
Lynn	Yes			Town
Marblehead	Yes		Access to NSSPHSP member town inspectors*	Town
Nahant	Yes		Town	Town
Peabody	Yes			Town
Salem	Yes			Town
Swampscott	Yes			Town

*Marblehead utilizes lead determinators from other member towns.

SHARPS

MA DPH's Sanitary Code (M.G.L. chapter 111, section 127A) outlines the proper disposal of infectious of physically dangerous medical or biological waste. The Sanitary Code stipulates that a town has access to a sharps disposal site. A town is considered to have met this requirement if they have access **to a sharps disposal site within the town, access to a regional sharps facility, or if a town holds a Hazardous Waste Day that accepts sharps each year**.

Across NSSPHSP, **8 of 8 towns (100%)** have access to regular sharps disposal sites. Additionally, all 8 communities (100%) held hazardous waste days in 2014, though they did not accept sharps. NSSPHSP received a DPH-funded sharps mini-grant to increase marketing around safe sharps disposal. Through this grant, NSSPHSP created postcards which were distributed at locations such as pharmacies, clinics, and veterinary offices to be handed out to anyone who got hypodermic needles. The postcards included information about sharps disposal safety and locations.

Town	Town Access to Regular Sharps Disposal Site in 2014?	Town Held Hazardous Waste Days in 2014?
Beverly	Yes	Yes
Danvers	Yes	Yes
Lynn	Yes	Yes
Marblehead	Yes	Yes
Nahant	Yes	Yes
Peabody	Yes	Yes
Salem	Yes	Yes
Swampscott	Yes	Yes

GOVERNANCE

DPH requires DIG grantees have an established governance structure established with by-laws or other formal documentation of governance established in place, a governance board that meets regularly and appropriate inter-municipal agreements (IMA) in place.

Governing Structure

NSSPHSP holds monthly Steering Committee meetings and Executive Committee meetings as needed. NSSPHSP has by-laws and IMAs in place.

Meetings

Since January 2014, NSSPHSP has **met 10 times**. On average, there was 70% attendance at the 10 meetings. Six towns were represented at one half of the meetings held since January 2014.

In 2014, there have been no changes to the municipalities involved in the NSSPHSP.

Meeting Dates Since January 2014	# of Towns Represented	% of Towns Represented
1/2014	7	87%
2/2014	5	62%
3/2014	6	75%
4/2014	7	87%
5/2014	5	62%
6/2014	4	50%
7/2014	5	62%
9/2014	5	62%
10/2014	6	75%
11/2014	6	75%
Average for 2014	--	**70%**

COMMUNITY HEALTH ASSESSMENT (CHA)

DIG performance evaluation requirements put forth by DPH require each DIG district to complete a community health assessment, which should include multiple sources and types of data, diverse stakeholder representation, analysis of assets and needs, and dissemination/sharing of results back to communities. The establishment of a Community Health Improvement Plan (CHIP) for how the data will be utilized is optional but encouraged.

CHA Stage of Completion	
Data Collection & Analysis	✓
Interpretation and prioritization	✓
Development of CHA Report	✓

NSSPHSP completed their CHA in April 2014. In partnership with HRiA, NSSPHSP collected both qualitative and quantitative data, and the data has been analyzed in order to set priorities and establish community needs. This information was collected from a variety of sources, including:

- Quantitative data sources
  - Secondary data review from U.S. Census, Massachusetts Department of Public Health, and the Federal Bureau of Investigation.
  - A document review of other health assessments conducted by area hospitals including North Shore Medical Center, Lahey Clinic Hospital, and Beverly Hospital.
- Qualitative data sources
  - Data extracted from North Shore Medical Center's existing 2012 health assessment done in the region to gain information on residents' knowledge, attitudes, and behaviors.
  - NSSPHSP conducted **two additional focus groups** (March 2014) with low-income community residents of Lynn, Peabody, and Salem to delve deeper into the experiences and concerns with more traditionally underserved populations. Participants were specifically recruited to represent diverse racial and ethnic groups, low-income, and public housing tenants. Nineteen individuals participated in the two focus groups.

Based on the secondary data analysis and focus groups, key community health issues were identified. These included:

- Obesity, physical activity, and healthy eating
- Diabetes
- Asthma
- Substance Use and Abuse including tobacco, alcohol, and illicit drug use
- Access to health services and health information
- Sexual, maternal, and child health (through secondary data review only)

Strategy for Dissemination

- The CHA has been shared via email with focus group participants, local clinics, and the Health Directors of each NSSPHSP community.

List of Collaborating Partners

- HRiA

Community Health Improvement Plan (CHIP)

- NSSPHS does not have plans to complete a CHIP.

DISTRICT HEALTH INITAITIVE

Each DIG Grantee is required to implement a health initiative around either tobacco or obesity with a policy change component. NSSPHSP is focusing on **tobacco**.

District Health Initiative Stages of Completion	
Initiative Focus	Tobacco
Stage of Implementation	Ongoing Implementation
Stage of implementation for policy components	In progress

NSSPHSP has focused their work on a two-pronged asthma reduction project include work on smoke-free housing and integrated pest management (IPM).

Smoke Free Housing

Both Marblehead and Danvers have become smoke-free communities. In Marblehead, 223 units have gone smoke free and 170 units in Danvers. Salem and Lynn are in the process of becoming smoke-free and have been focusing their recent efforts on buy-in from BOH members, Health Directors, and staff. The City of Lynn is a Prevention and Wellness Trust Fund recipient, and the smoke-free housing work has been incorporated into this work as well.

Integrated Pest Management (IPM)

As part of NSSPHSP's IPM work, there have been three different educational components that have been conducted. NSSPHSP has held educational meets with Housing Authority Directors (both public and private) where the importance of IPM was discussed. Secondly, educational sessions were held with maintenance staff about the use of IPM versus other pest control measures. Finally, IPM education was done with tenants on ways to eliminate pests.

List of Collaborating Partners

- The Housing Authority in each NSSPHSP community (smoke-free housing)
- Public Health Advocacy Institute (legal expert for smoke-free housing)
- Yankee Pest Control/ NE Project Pest Control Association (IPM education)

WORKFORCE QUALIFICATIONS

There are **four NSSPHSP staff** that are either fully or partially funded through DIG. For positions with workforce qualifications, all (100%) meet the Commonwealth of Massachusetts workforce recommendations. The Food Inspectors both hold CP-FS certified by NEHA. The NSSPHSP Coordinator also serves as a health educator under the Asthma Reduction Grant. There are no DIG workforce requirements for the Program Director.

Staff Position	New Staff or Existing Staff	Are There Written Qualifications in Place for Staff Employed through DIG Funds?	Does Each DIG-Funded Staff Member Meet Workforce Recommendations?
Food Inspectors [2 inspectors, both contracted as needed]	New staff	Yes	Yes
Program Director	Existing staff	No	N/A
NSSPHSP Coordinator	New staff	Yes	N/A

*Full or partial DIG funding only

OTHER COLLABORATIVE EFFORTS/ACCOMPLISHMENTS

This table lists any additional collaborative efforts undertaken by NSSPHSP or any accomplishments they have achieved.

Additional Work	Description	Collaborating Partners	If other than DIG funding, what is the funding source?
Tobacco	Salem has passed legislation prohibiting tobacco under the age of 21.	--	
Vector Control Action Plan	As a region, NSSPHSP developed an action plan for vector control which was rolled it out in April 2014. The vector control action plan focused on Lyme Disease and mosquito control. NSSPHS developed a press release that focused on mosquito control by spraying. This was disseminated to local news stations including Salem News, which is a widely read publication.	--	
Sharps	DPH-funded sharps mini-grant to increase marketing around safe sharps disposal. Through this grant, NSSPHSP created postcards which were distributed at locations such as pharmacies, clinics, and veterinary offices to be handed out to anyone who got hypodermic needles. The postcards included information about sharps disposal safety and locations.	--	DPH
Community – Specific Projects	• Danvers: The BOH passed a regulation to ban anyone 18 years and under from utilizing tanning beds. • Marblehead: The BOH has banned plastic bags and styrofoam food and beverage containers. • Salem: They will be installing cigarette recycle containers throughout the town to reduce the amount of cigarettes in the storm drains.	--	