CITY OF MELROSE

HEALTH, EDUCATION & WELFARE COMMITTEE

AGENDA● NOVEMBER 7, 2022

Council Chamber, First Floor, Melrose City Hall Committee Meeting **7:45 PM**
562 Main Street, Melrose, MA 02176

The public should take notice that the Melrose City Council may, on certain occasions, have a quorum in attendance due to standing committees of the City Council consisting of both voting and non-voting members. Members attending this duly posted meeting are participating and deliberating only in conjunction with the business of the standing committee.

I. CALL TO ORDER

Jack Eccles	Chair
Manjula Karamcheti	Vice Chair
Shawn M. MacMaster	
Robb Stewart	
Ryan Williams	
Christopher Cinella	President, ex oficio

II. PUBLIC COMMENT

Remote Public Comment Link:
https://cityofmelrose-org.zoom.us/j/99081483447?pwd=Nm1hT3R1Z3l2cWJ3bTZkdVBzbW1Kdz09

III. ORDERS

1. **ORDER-2023-32 :** Health and Human Services Regionalization Project (previously INFO 2023-7, corrected to appropriate legislative file)

   Sponsored by: Health Director Anthony Chui

   From: City Council ASSIGNED TO COMMITTEE

IV. ADJOURNMENT

MELROSE & WAKEFIELD HEALTH AND HUMAN SERVICES PROPOSAL FOR INCLUSION OF THE TOWN OF STONEHAM

Regionalization Efforts to Form Comprehensive Health Districts

OVERVIEW

The purpose of this proposal is to outline a potential partnership opportunity between the City of Melrose, the Town of Wakefield, and the Town of Stoneham. Under the Massachusetts General Laws Chapter 111 Sections 27A and 27B, cities and towns are authorized to share health agents and to form comprehensive health districts. Melrose and Wakefield have been able to successfully utilize a regional approach to public health by coordinating efforts and pooling resources. The three municipalities under consideration for a partnership share similar demographics and some overlapping community health concerns. The opportunity to expand our regional health and human services department to serve the three municipalities would address several public health goals and potentially be the driver of improved community health. The proposed arrangement would be a cost-saving measure for each municipality without sacrificing services. The expanded workforce capacity would help address environmental health and community health and wellness.

The Objective

- Need #1: The opioid epidemic and mental health crisis remain a top priority as the country adjusts to the endemic stage of the COVID-19 pandemic; new funding sources as well as existing programs and infrastructure can be shared to better provide resources to vulnerable populations (ex. schools, seniors).
- Need #2: Health indicators from the Community Health Needs Assessment show that all three communities share common areas of need, providing an opportunity to work collaboratively and address them efficiently.
- Need #3: The Public Health Excellence Grant supports the efforts of regionalization and sharing of resources, falling in line with Massachusetts goals for public health under Governor Baker.

The Opportunity

- Goal #1: We will be able to maximize grant funds such as the Opioid Abatement funds, Shared Services Grant via MA Public Health Excellence, and Drug Free Communities grant to expand existing programs (ex. Stoneham Coalition for a Safe & Healthy Community, Wakefield Unified Prevention Coalition, Melrose Health and Wellness Coalition) by coordinating amongst the three communities and potentially increase training for public safety departments around harm reduction and prevention.

- Goal #2: Adverse health conditions and social determinants of health experienced by our three communities at a rate more than 5% higher than the Massachusetts average overlap quite significantly. Coordinated education and prevention efforts that address community health factors can have a profound positive impact on overall health of the communities, in addition to our relationship with Tufts Medicine (MelroseWakefield).
- Goal #3: The objective of the Public Health Excellence Grant is to help local health jurisdictions address minimum statutory requirements including inspections, nursing, and data analysis capacity. The State intends to accomplish this by encouraging regionalization and resource sharing. By working with the State, we will be in line for grants in the future, some of which require a larger population served.

The Solution

- Recommendation #1: Establish one regional Melrose, Wakefield, and Stoneham Health and Human Services Department.
- Recommendation #2: Establish one regional Board of Health to account for the needs of all three communities while also streamlining the process.
- Recommendation #3: Establish a leadership team with the Town Administrators, Mayor, Director of Health and Human Services, and Public Safety Directors.

OUR PROPOSAL

Melrose and Wakefield Health and Human Services has a well-established structure and vision for how local public health can positively impact residents of the community. We are an extension of the Massachusetts Department of Public Health, allowing us to address specific issues with more targeted interventions. We are proposing a regional health and human services department to address common areas of need.

Rationale

- Demographic similarities: Compared to the state of Massachusetts as a whole, all three municipalities are predominantly White residents, a smaller foreign-born population, relatively high large percentage of residents with bachelor’s degrees, higher median income, and lower unemployment rates.
- Shared health conditions and social determinants of health: Compared to the state of Massachusetts as a whole, all three municipalities have a higher rate of cancer mortality and higher rate of underutilized social services. Other health conditions shared between two communities include higher rates of chronic disease, substance use, and adverse maternal and child health outcomes.

- Shared top 3 causes of death: All three municipalities have the same top 3 causes of death (dementia, lung cancer, and chronic ischemic heart disease).
- Cost-effectiveness and cost-sharing: Each municipality would have access to shared resources, prevent duplication, and staff development funding.

Execution Strategy

To make the transition from two separate public health entities to a regional health and human services department, multiple steps will be necessary to ensure success for each municipality. The experience of having worked closely with City Council and Town Council in Melrose and Wakefield respectively, as well as the two Boards of Health would translate well in this merging of departments and expansion of service coverage.

Technical/Project Approach

The first step in the process would be to perform a needs assessment of the Town of Stoneham as well as the current iteration of the Stoneham Health Department. We would first assess the permits issued by the Town, including food, animals, pools, camps, tobacco, body art, bodywork, temporary food, lodgings, mobile food, septic, wells, and farmers markets. Our next step would be to evaluate the current personnel and appropriate FTEs to gauge if the current resources can fulfill the minimum statutory requirements. Based on the results, we would make a recommendation of potential changes required to move towards meeting our goal.

Instituting a complaint tracking system is paramount to tracking progress and promoting accountability. By establishing a strategic plan and metrics for success, we will be able to determine where the areas of improvement are and how to address them. Program evaluation is a large part of the regional health department philosophy.

Resource mapping and community relationship building are two key areas of interest. Building strong relationships with community groups and organizations that provide services is key to collaboration and potential efforts in pursuing funding opportunities. Resource mapping allows the community to leverage existing resources within the Town as well as surrounding areas.

A detailed analysis of the MelroseWakefield Community Health Needs Assessment as well as the Youth Risk Behavior Survey results will provide us with a starting point for addressing community health concerns.

Resources

Key resources will include Town leadership, including the Town Administrator, Police Chief, Fire Chief, Emergency Management Director, Stoneham Board of Health, and School Administration. Buy-in from Town leadership, schools, and public safety sectors would facilitate a successful transition to a regional approach. The current regional health and human services model works well due in part to the close working relationship we have with the public safety departments in each municipality, as much of the work that we perform is most successful from

a cross-disciplinary approach. Existing personnel and allotted budget are also important resources.

CONCLUSION

From previous experience, the three levels of successful local public health consist of uniform policymaking, education/outreach, and enforcement. The local Boards of Health are crucial in evidence-based policymaking and fair enforcement. Education is dual-pronged; the Boards of Health and the public require tailored approaches to conveying information, which will ultimately affect the final outcomes.

Overall, an opportunity to regionalize public health efforts at the local level is a chance to share resources more effectively, improve quality of service, and streamline processes. We anticipate long term benefits from a partnership between three communities that share similar challenges. With our combined resources and existing programs, we can expand our scope and reach in the community.