THE JOHN W. OLVER TRANSIT CENTER
FRIDAY, OCTOBER 18, 2019
11:30 A.M. - 3:30 P.M.

RURAL PUBLIC HEALTH
A PATH FORWARD

Oversight Hearing
Opening Remarks

Welcome

Senator Jo Comerford
Hampshire, Franklin, Worcester district
Senate Chair of the Joint Committee on Public Health

Introduction to the Rural Policy Plan

Linda Dunlavy
Executive Director, Franklin Regional Council of Governments
Chair, Rural Policy Advisory Commission

Phoebe Walker
Director of Community Services,
Franklin Regional Council of Governments
SENATOR JO COMERFORD

@Jo_Comerford

HAMPShIRE, FRANKLIN, WORCESTER DISTRICT
SENATE CHAIR OF THE JOINT COMMITTEE ON PUBLIC HEALTH
Hosted by

Joint Committee on Public Health
Rural Caucus
Franklin Regional Council of Governments
Baystate Health
Cooley Dickinson Health Care
LINDA DUNLAVY

EXECUTIVE DIRECTOR, FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS

CHAIR, RURAL POLICY ADVISORY COMMISSION
Rural Public Health and Healthcare in Massachusetts
This Presentation

- Overviews of:
  - Rural Policy Advisory Commission function and composition
  - Demographic and socio-economic trends in MA
  - Rural Policy Plan goals, process and timeline

- Highlights of the Healthcare and Public Health Recommendations of the Rural Policy Plan
Rural Policy Advisory Commission

- Created by the Legislature in 2015
- Membership of the Commission is:
  - A representative from the House and a representative from the Senate
  - Secretary of EOHED
  - 12 gubernatorial appointments including from RPAs serving rural communities – BRPC, CCC, CMRPC, FRCOG, MVC, MRPC, NPEDD, PVPC and SRPEDD
Rural Towns in Massachusetts

- The definition of “rural” is a municipality with a population density of less than 500 people per sq. mile
- Nearly half of all municipalities are Rural Towns
- Population of Rural Towns is 830,000 (13% of state)
  - Equivalent to the population of Boston + Worcester + Lexington
- 59% of the State’s total land area

Of these 170, 84 are in four western counties, and 86 are in nine eastern counties
Economic & Demographic Trends in Rural Massachusetts
Population is Declining in the Most Rural Areas

2000-2010% Population Change:
- 3% growth Statewide
- 5% growth in Rural Towns only
- More Rural Towns with population decline in west, than in east

Source: US Census Bureau, Decennial Census Program
Median Income is Higher in Urban, Eastern MA

Median Household Income (MHI):
- $68,653 for Massachusetts
- Data not available for aggregate of Rural Towns only
- More Rural Towns above statewide MHI in east, than in west

Housing Costs Are Lower in Most Areas of Rural MA

Average Single Family Home Value:
- Statewide average not available
- Median of the municipalities’ average is about $306,000
- More Rural Towns above municipalities’ median in east, than in west

But the Combination of Housing and Transportation is Often Higher for Rural Households

Percent of income spent on housing and transportation for a median income household in Berkshire County: 54%

Percent of income spent on housing and transportation for a median income household in Suffolk County: 38%
Rural Policy Plan Goals

- Identify rural assets and challenges
- Describe how rural areas differ within the state
- Highlight best practices underway in Massachusetts and beyond
- Identify a series of action-oriented policy, investment and regulatory recommendations prioritized for implementation
# Plan Process and Timeline

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Milestone</th>
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<tbody>
<tr>
<td>Nov. – Dec. 2018</td>
<td>Statewide Listening Sessions to confirm Focus Areas</td>
</tr>
<tr>
<td>Jan. – Mar. 2019</td>
<td>Plan Format Development Consultant Secured Focus Area lead developers identified</td>
</tr>
<tr>
<td>April – June 2019</td>
<td>Focus Area stakeholder meetings to develop policy recommendations and draft Focus Area content for plan</td>
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<tr>
<td>July 2019</td>
<td>Prioritization of Recommendations</td>
</tr>
<tr>
<td>September 2019</td>
<td>Plan completed</td>
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<tr>
<td>October 2019</td>
<td>Public Rollout</td>
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Rural Policy Plan
Highlights
Rural Areas Have Strong Assets

- Natural beauty and physical landscapes that are conducive for outdoor recreation and tourism
- Full participation in the movement towards small-scale farming, and locally made food and beverage products
- Strong small businesses and economic sectors, albeit different than those inside 128
- Smaller scale that is focused on problem-solving, innovation and collaboration
- Land and housing stock that could ease the Massachusetts housing crisis
- A quality of life that still attracts new residents and visitors

With more dedicated and focused support, rural Massachusetts can be a much stronger contributor to the Massachusetts economy.
But Rural Areas Also Have Serious Challenges

- Demographic trends are the single biggest overall challenge for rural areas
- Rural competitiveness depends on upgrading the infrastructure
- Economic opportunities and workforce needs are different in rural areas
- Rural areas have unique housing needs which are not being met
- Education and healthcare – known as strengths statewide – can be challenges in rural areas
- Municipalities lack the financial resources and staff capacity to invest in rural areas
And Rural Areas Are Not All the Same

- Rural areas vary across the state; three typologies identified:
  - Suburbs / Bedroom Communities
  - Areas of Economic Distress
  - Concentrations of Second Homes
Focus Area Categories

**Infrastructure**
- Broadband & Cell Service
- Transportation
- Mobility
- Transportation Infrastructure
- Water & Sewer

**Economy**
- Economic Development
- Land Use & Working Lands
- Population Trends
- Workforce

**Community**
- Education
- Housing
- Public Health & Healthcare

**Governance**
- Boards & Staffing
- Finance
- Shared Services

**Climate**
- Climate Change
- & Resiliency
Focus Area Recommendations

- **Specific** to address the Focus Area challenges
- **Action Oriented**
- **Varying Scale/Scope** – some large, some small; some low hanging fruit, some more ambitious
- Sometimes **funding** (but not always!), sometimes **policy**, sometimes an **administrative fix**
Rural Policy Advisory Commission
Action Plan

- Establish an Office of Rural Policy
- Pass current legislative proposals in support of rural areas
- Continue the Rural Policy Advisory Commission with a focus on implementation and progress monitoring
- Approve and fund key studies and research to help advance rural issues
PHOEBE WALKER

@FranklinCOG

DIRECTOR OF COMMUNITY SERVICES
FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS
Public Health Challenges and Recommendations
Public Health and Healthcare Challenges for Rural MA

- Shortage of healthcare practitioners
- Rural communities aging more rapidly than urban ones
- Opioid crisis hits rural areas worse than urban ones
- Fragility of rural healthcare infrastructure
- Limited access to rapid and highly qualified EMS and ALS services
- Higher rates of mental health and substance use disorders and sexual violence and assault
## Death Rates in Rural vs Urban New England

% rural death rates exceed urban death rates in New England

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rural Death Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>60%</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>29%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>26%</td>
</tr>
<tr>
<td>Alzheimer's</td>
<td>22%</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>15%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>8%</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>5%</td>
</tr>
</tbody>
</table>

Center for Rural Health, University of North Dakota
https://ruralhealth.und.edu/projects/health-reform-policy-research-center/rural-urban-mortality
Public Health and Healthcare Recommendations: Legislation

1. Pass currently filed state legislation to improve rural health and healthcare.
   - Telehealth Parity Legislation that increases the number of insurers covering telehealth visits.
   - Scope of Practice Legislation that creates additional levels of practice.
   - Legislation to encourage Congress to address the disparity in Suboxone training requirements (H.3194).
   - Legislation allowing rural EMS to run ambulances with one driver and one EMT to reduce response times (H.1857).
   - The State Action for Public Health Excellence (SAPHE) Bill (H1935) to improve public health infrastructure.

GOAL: Residents of rural Massachusetts should have access to the same quality of healthcare services, public health protections, state policies, and support programs as their urban and suburban counterparts.
Public Health and Healthcare Recommendations: Funding

2. Fund initiatives to improve the healthcare infrastructure and public health of rural residents.
   - Creation of a Community Health Center Transformation Fund (H.1165).
   - Funding for broad-based community coalitions using a collective impact model to address complex community problems affecting health.
   - Reinstatement of rural sexual and domestic violence prevention and response funding.
   - Strengthening support for rural residents along the continuum of substance use disorder prevention, treatment and recovery, including comprehensive prevention education, greater access to Medication for Addiction Treatment, and Recovery Coaches.
   - Funding to support equitable provision of rural local public health protections.
Public Health and Healthcare Recommendations, Cont’d.

Recommendations:
1. Allow Nurse Practitioners to practice without the oversight of an MD.
2. Fully fund a rural Student Loan Forgiveness and Repayment Discretionary Fund.
3. Provide incentives and reduce barriers to access workforce training for all levels of rural healthcare workers.
4. Designate rural healthcare practices as “Critical Access Providers.”
5. Reduce the cost of DPH Community Paramedicine certification.
6. Encourage towns to increase Age-Friendly Community Planning.
7. Be sensitive to the reality of rural areas when developing grant program and state training opportunities.
Addressing Rural Health Disparities, Part 1

Panel 1

Clare Higgins
Executive Director
Community Action Pioneer Valley

Dr. Kinan Hreib
Chief Medical Officer
Baystate Franklin Medical Center

Heather Bialecki-Canning
Executive Director
North Quabbin Community Coalition

Ilana Steinhauer, FNP- BC
Executive Director
Volunteers In Medicine Berkshires

Cheryl L. Dukes (we, us, ours; she, her, hers)
Director of Healthcare Outreach and Community Engagement
UMass Amherst College of Nursing
CLARE HIGGINS
EXECUTIVE DIRECTOR
COMMUNITY ACTION PIONEER VALLEY
Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

### Table: Population Using Public Transport for Commute to Work

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Suffolk County, MA</td>
<td>414,717</td>
<td>135,716</td>
<td>32.72%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1,454,647</td>
<td>351,153</td>
<td>24.29%</td>
</tr>
<tr>
<td>United States</td>
<td>148,492,042</td>
<td>7,807,367</td>
<td>5.13%</td>
</tr>
</tbody>
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Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey 2013-17. Source geography: Tract — Show more details

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<tbody>
<tr>
<td>Franklin County, MA</td>
<td>36,182</td>
<td>634</td>
<td>17.5%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>3,454,647</td>
<td>351,153</td>
<td>10.2%</td>
</tr>
<tr>
<td>United States</td>
<td>148,492,042</td>
<td>7,807,367</td>
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DR. KINAN HREIB

CHIEF MEDICAL OFFICER

BAYSTATE FRANKLIN MEDICAL CENTER
The Impact of Chronic Disease

- 5% of Americans were responsible for nearly half of the country's medical spending.
- The top 1% of patients accounted for 21.8% of expenditures.
- One Care, MA health care program focused on patients with complex needs on Medicare and other similar programs can save 20-40% after few years and decrease the stress of recurring healthcare issues for patients and families.
- The CHART work done at BFMC demonstrated the benefit of an integrated system and the importance of community health workers resulting in decreasing hospital level visits by 60% for patients with chronic diseases by connecting them with more appropriate community-based supports.
- Community hospitals are at highest risk with healthcare payment reform due to the sole dependence on volume.
- No one organization or agency has the capacity to address population health in isolation. We must work together.
- Payment and reimbursement models undermine innovative strategies.
Health Disparities and Health Inequities

- Nearly 60% of Massachusetts adults are overweight or obese
- Cancer is the leading cause of death in Massachusetts
- Smoking is the leading cause of preventable death in Massachusetts
- Massachusetts spent $30.9 billion on chronic disease in 2010 alone
- Only 1 in 5 Massachusetts adults consume the recommended daily amount of fruit and vegetables
- Those without a high school degree are 5 times more likely to have a myocardial infarction than those with a college degree or higher
- Black non-Hispanics had nearly 5 times the rate of diabetes-related emergency department visits compared to white, non-Hispanics
- Although Black non-Hispanic women are less likely to get breast cancer than their White non-Hispanic counterparts, they are the more likely to die from it
- Prostate cancer mortality among Black non-Hispanic men is nearly two times higher than their White counterparts

The Challenges and Opportunities

**Challenges**
- Access to care
- Shortage of providers will not be solved in the next decade, it is going to get worse, by 2032 projected shortages of 47,000-122,000 physicians
- Rural parts of US will be more impacted by shortages
- Reimbursement
- Several payment models undermine the system
- Economic growth
- Broadband Internet
- Transportation

**Opportunities**
- Partnerships across all available community resources and services.
- Eliminate Silos and stop competition for patients
- Integrate EHRs
- Start early-Middle School. Healthy diets, lifestyle, safety etc..
- Outreach into the community to provide continuity of care
- Reengineer practices to increase access
- Mobile solutions, Hot Spots, Telehealth
- Broadband in rural US, including western MA, significant barrier.
- Consider changes in scope of practice for nurses
- Reimbursement for non-traditional interventions
- Reimbursement for Telehealth
HEATHER BIALECKI-CANNING

EXECUTIVE DIRECTOR

NORTH QUABBIN COMMUNITY COALITION
CHERYL L. DUKES
(we, us, ours; she, her, hers)

@UMASSWalker

DIRECTOR OF COMMUNITY SERVICES
FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS
"By the sword we seek peace, but peace only under liberty."

The arms, which form the central part of the Great Seal...shall consist of a shield, whereof the field or surface is blue, and thereon an Indian dressed in his shirt and moccasins, holding in his right hand a bow, and in his left hand an arrow, point downward, all of gold; and in the upper corner above his right arm, a silver star with five points. The crest shall be a wreath of blue and gold, whereon is a right arm, bent at the elbow, and clothed and ruffled, the hand grasping a broadsword, all of gold. The motto shall be "Ense petit placidam sub libertate quietem."

Source: https://www.sec.state.ma.us/pre/presea/sealhis.htm
“History is not the past. It is the present. We carry our history with us. We are our history. If we pretend otherwise, we are literally criminals.

I attest to this: the world is not white; it never was white, cannot be white. White is a metaphor for power, and that is simply a way of describing Chase Manhattan Bank.” – James Baldwin
For me, forgiveness and compassion are always linked: how do we hold people accountable for wrongdoing and yet at the same time remain in touch with their humanity enough to believe in their capacity to be transformed.

bell hooks
Kat Allen  
Co-Coordinator  
Communities that Care Coalition  

Debra McLaughlin  
Coordinator  
Opioid Task Force of Franklin County and the North Quabbin Region  

Ed Sayer  
Chief Executive Officer  
Community Health Center of Franklin County  

Peg McDonough  
Planner  
Berkshire Regional Planning Commission  

Linda Sarage  
Director  
Westfield State University Recovery Coach Program

Panel 2  
Addressing Rural Health Disparities, Part 2
KAT ALLEN

CO-COORDINATOR

COMMUNITIES THAT CARE COALITION
Communities that Care
Prevention Works. It's working Here.
DEBRA MCLAUGHLIN
COORDINATOR
OPIOID TASK FORCE OF FRANKLIN COUNTY AND THE NORTH QUABBIN REGION
Franklin County and the North Quabbin Region

Total Population: 87,130
Franklin County: 71,372
Worcester County: 15,758*

*Four towns that are part of the North Quabbin Region

30 Communities Spanning Nearly 1,000 Square Miles
Why We Are Here

- 20.1 million people struggle with a substance use disorder in the United States, with approximately 11% receiving treatment (SAMHSA, 2016).
- 23.25 million report a resolved alcohol or other drug problem (Dr. John Kelly, 2019).
- 72,306 people died of drug overdoses in the United States, exceeding gun violence and car crashes combined. Of those, 49,068 were opioid-related overdoses (Provisional data, CDC, 2017).
- 456,000 individuals in Massachusetts reported either a dependence on alcohol and/or illicit substances (2013-2014 data).
- 2,032 people lost their lives to fatal opioid overdoses in Massachusetts (DPH, 2018).
Multi-Dimensions of Health and Relationship to Recovery

- Stages of Change
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance
- Relapse
- Recovery Re-Building Materials = Recovery Capital
  - Housing
  - Meaningful employment
  - Other supports that build community and connection
- Granting Re-Building Permits
  - Can lead to creating an environment where relapse reduced

Dr. John Kelly, Recovery Research Institute
ED SAYER

CHIEF EXECUTIVE OFFICER

COMMUNITY HEALTH CENTER OF FRANKLIN COUNTY
PEG MCDONOUGH

PLANNER

BERKSHIRE REGIONAL PLANNING COMMISSION
We are a coalition movement implementing a regional Action Plan “to create a more livable Berkshire County for people of all ages, with a focus on the needs of an aging population.” We are working to ensure that our 128,000 residents are healthy, active, safe and supported, across their lifetimes! (50% over age 50 by 2030)
Implementation Challenges

- Fragmented transportation network, 32 municipalities
- Limited housing spectrum especially for middle/low income residents
- Health specialties dispersed, in and out of county
- Limited tax bases, few professional staff
- Incomplete broadband coverage - “tech lag”
- Sustained leadership and funding, or risk “mission creep”
- Partnership driven - competition for ltd. Grant funds
- Community Compact stretched thin
- MA Housing, CPA, Affordable Housing Trusts, MHP – limited use in smaller communities
- No regional government, volunteer boards, regional agencies stretched
Areas for Legislative and Agency Assistance

- Change in reimbursement to allow more home-care services
- Increase personal care workers min. wage
- Help communities install broadband and cell towers
- Education, outreach and capacity-building for municipal boards, commissions
- Inter-municipal resource sharing, planning and economic development

- Tax credits and tuition assistance for health professions, trades
- Support intergenerational housing and Villages in Age friendly communities
- Help to overcome silos in transit
- Housing for those in the middle
- Better communication on pending legislation
LINDA SARAGE
DIRECTOR
WESTFIELD STATE UNIVERSITY RECOVERY COACH PROGRAM
# Recovery Coach - Role Clarity

## Goals of a Recovery Coach

- LINK TO RECOVERY COMMUNITY OF PERSON’S CHOICE
- HELP IDENTIFY and REMOVE BARRIERS
- CONNECT with SUPPORT RESOURCES
- ENCOURAGE HOPE, OPTIMISM, WELLNESS

## A Recovery Coach is not

- CLINICIAN
- CLERGY
- MEDICAL PRACTITIONER
- SPONSOR
- CASE MANAGER
- PERSONAL DRIVER

Other peer support roles: Recovery specialist, peer navigator, certified peer specialist, community health worker...
Context of Recovery Coaching

- Police and Public Health Dept. DART
- Harm Reduction TAPESTRY
- Pregnant & Parenting EMPOWER
- Hospitals Emergency Department
- Primary Care
- Outpatient Treatment
  - CHD SERVICENET CSO BRIEN CENTER BHN
- Community Health Centers
- Community colleges
- Peer Recovery Centers
  - RECOVER PROJECT NORTH QUABBIN RC ALYSSA'S PLACE BRCC -NORTH ADAMS NRC WARE
- DCF
- Families
- Courts
- Juvenile
- Diversion
- Criminal Justice Franklin County House of Correction
- Re-entry
- Elders
- Faith Based
- Veterans
- Youth
- Communities of Comfort
Recovery Coaching and Recovery Capital
Eliza Lake
Chief Executive Officer
Hilltown Community Health Center

Dr. Estevan Garcia
Chief Medical Officer
Cooley Dickinson Health Care

Dr. Sarah Perez McAdoo
Population Health Clerkship Director
University of Massachusetts Medical School at Baystate

Ruth Blodgett
Bureau Director of Community Health and Prevention
Department of Public Health

Kirby Lecy
Program Coordinator
State Office of Rural Health

Panel 3
Improving Health Care Access and Infrastructure
ELIZA LAKE

CHIEF EXECUTIVE OFFICER

HILLTOWN COMMUNITY HEALTH CENTER
DR. ESTEVAN GARCIA

CHIEF MEDICAL OFFICER

COOLEY DICKINSON HEALTH CARE
DR. SARAH PEREZ MCADOO

@PerezMcAdoo

POPULATION HEALTH CLERKSHIP DIRECTOR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL AT BAYSTATE
KIRBY LECY

PROGRAM COORDINATOR

STATE OFFICE OF RURAL HEALTH
Local Public Health Structure

Phoebe Walker
Director of Community Services
Franklin Regional Council of Governments

Laura Kittross
Public Health Program Manager
Berkshire Regional Planning Commission

Betsy Kovacs
Chair
Heath Board of Health
PHOEBE WALKER

@FranklinCOG

DIRECTOR OF COMMUNITY SERVICES

FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS
Why Special Commission?

- Inconsistency across communities
- Small towns struggle
- Variability in board and staff credentials
- Limited ability to meet accreditation standards.
- Shared services proceeding slowly

From Strengthening the Local and Regional Public Health System. Massachusetts Public Health Association (2016)
Commission Members

- Executive branch agencies
- Legislators
- Appointments by the Governor
- Named organizations
Interlocking Recommendations

- Establish Workforce Credentials
- Collect and Share More Data
- Ensure Continuity and Sustainability
- Allocate Appropriate Resources
- Set Higher Standard
- Encourage Shared Services
Data Reporting and Analysis

Commission Finding
Limited capacity to measure local public health system performance and to use local data to plan public health improvements.

Commission Recommendation
- Create a standardized, integrated, and unified public health reporting system.
- Strengthen DPH and local public health capacity to collect, analyze, and share data.
Cross-Jurisdictional Sharing

Commission Finding
Massachusetts has more local public health jurisdictions than any other state (351)—one for each city and town—and cross-jurisdictional sharing of services is limited despite evidence that it improves effectiveness and efficiency.

Commission Recommendation
• Increase the number and scope of comprehensive public health districts, formal shared services agreements, and other arrangements for sharing public health services.
LAURA KITTROSS
PUBLIC HEALTH PROGRAM MANAGER
BERKSHIRE REGIONAL PLANNING COMMISSION
Local Public Health Workforce

- No standards for experience, training or credentials.
- Inconsistent ability of LBOH to adequately provide public health services.
- LBOH staff range from trained and experienced to volunteer BOH members with no experience or credentials.
- The workforce pool and pipeline is inadequate.
- Large number of experienced LPH workers are retiring.
- Particularly acute in rural areas.
Workforce Credentials Recommended by the Special Commission for:

- Health Directors
- Health Agents
- Public Health Nurses
- Inspectors
- Clerks
- Board of Health members
Workforce Credentials

Commission Finding
The Massachusetts local public health system does not adequately support its workforce with standards and credentials that align with the capacity to meet current mandates and future standards.

Commission Recommendation
Set education and training standards for local public health officials and staff and expand access to professional development:
• Implementing the local public health workforce credentialing standards adopted by the Commission,
• Making training available and accessible to local public health departments, and
• Developing a system to track and monitor workforce credentialing.

BETSY KOVACS
CHAIR
HEATH BOARD OF HEALTH
Town of Heath, Pop: 700
Local Board of Health Responsibilities

**Food Safety**: Inspect Restaurants, Fairs, Schools, Food Trucks

**Housing Safety**: Inspect for Mold, Lead Paint, Unsafe Wiring, Lack of Heat or Hot Water, Hoarding, and more.

**Children’s Camps**: Check for staff criminal records, camper immunization records, safe food handling, safe water, pool/beach safety, discipline policies, medical procedures, and more.

**Communicable Disease**: Follow up on 70+ diseases to prevent spread, offer vaccination clinics, issue quarantines, provide public information

**Water Safety**: Inspect septic systems when being built or transferring ownership, license private wells

**Hotels, Motels, Campgrounds, Bed and Breakfasts, Short Term Rentals**: Enforce safety standards

**Emergency Preparedness**: Create and practice plans for mass vaccination, flood, power outage, etc., inspect shelters, serve as part of local emergency team.

**Policy-Setting**: create local regulations to address health issues like vaping, cannabis, etc..
CPHS Regional Health District

- Founded in 2011
- Serves 13 towns
- Population sharing nurse: 19,000
- Population sharing agents: 10,000
- 250+ Road miles
- One fee structure
- Online permitting
- 12+ annual flu clinics
Stuart Beckley  
Town Manager, Town of Ware  
Quaboag Connector

Dave Christopolis  
Executive Director  
Hilltown Community Development

Dr. Leo Hwang  
Dean of Humanities Engineering, Math, and Science  
Greenfield Community College

Patricia Crosby  
Executive Director  
MassHire Franklin Hampshire Workforce Board

Panel 5
Addressing Rural Social Determinants of Health
STUART BECKLEY
TOWN MANAGER, TOWN OF WARE
QUABOAG CONNECTOR
DAVE CHRISTOPOLIS
EXECUTIVE DIRECTOR
HILLCITY COMMUNITY DEVELOPMENT
Housing Challenges

- Mismatch between current housing stock and current needs
- Lack of housing production
- Old housing stock
- Changing demographics (smaller households and an aging population)
- Competition with short-term rentals and second homes in some areas

Difficult to rehabilitate property without triggering requirements to bring the structure fully up to code (further increasing costs)
- Investment cannot be justified under current rent and sale prices
- Leads to downward trend in housing conditions and feeding into the loss of population in rural areas
- Community Development Block Grants (CDBG), one of the only sources of funding for housing rehabilitation in rural areas, cannot resolve all the issues of older housing

Wages have not kept up with the cost of housing and transportation, placing a significant burden on many rural residents

State and federal housing programs out of reach and out of scale
- Rural housing development is less competitive
- Lack of infrastructure = high development costs
- State and Federal funding skews towards larger scale
- The majority of State affordable housing funds go to supporting larger-scale Low Income Housing Tax Credit (LIHTC) projects (20+ units).
- Less municipal and developer capacity and experience with affordable housing

Leads to downward trend in housing conditions and feeding into the loss of population in rural areas
Housing

Recommendations:
1. Support rehabilitation of underutilized, vacant, distressed, or deteriorated properties in rural areas.
2. Revise the Community Scale Housing Initiative (CSHI) so that it is more useable in small towns.
3. Facilitate and reward regional solutions to local challenges.
4. Build capacity in rural areas to develop and manage housing.
5. Support year-round homeownership in rural towns.
6. Create flexibility in State programs to meet the needs of rural communities.
7. **GOAL**: Formulate policies and programs to help rural communities overcome barriers to creating decent, affordable housing for its residents.
DR. LEO HWANG

DEAN OF HUMANITIES, ENGINEERING, MATH, AND SCIENCE

GREENFIELD COMMUNITY COLLEGE
Communities Matter!

- Communities matter! Perhaps more than any outside influence other than the parents we are born to, the community we grow up in influences our economic [and health] prospects.
- Communities get trapped in vicious cycles where economic decline fuels social decline, which fuels further economic decline....

Raghuram Rajan,
The Third Pillar: How Markets and the State Leave the Community Behind
What do we know about students?

- 12% of the GCC student body reported some degree of homelessness
- 35% reported low or very low food security
- 48% reported housing insecurity
- 6.5% reported that they experienced all three problems in the past year
- 58% have experienced basic needs insecurity in the last year
How are we responding?

Education changes lives!
• An associate’s degree represents an additional $400,000 potential earnings over an individual’s lifetime (Census Bureau).
• Bridges to Success
• College and Career Compass Program
• Early Transitions Program
• Addiction Studies Program
• Recovery Coach Academy
• Learn to Earn MAC Program Courses at the House of Corrections

Additional programs at GCC
• Growth and Recovery Through Learning
• College success class for students in recovery
• Changing Lives Through Literature
• Womanhood Course
• Learning to Cope
• Food Pantry
• Veteran’s Center
• Women’s Resource Center
• Inclusion and Diversity Center
PATRICIA CROSBY
EXECUTIVE DIRECTOR
MASSHIRE FRANKLIN HAMPShIRE WORKFORCE BOARD
MassHire Franklin Hampshire Workforce Region

- Largest workforce region in the state geographically (1400 sq. miles)
- 47 of 50 communities fit the definition of rural
- Only 125 employers with more than 100 employees
- Wages 65% of the statewide average

- 70% of residents don’t—in many cases can’t—travel out of the region for work
- Approx. 20-25% of job seekers state no access to a reliable means of transportation to education or work
- Highly limited public transportation
- Only 125 employers with more than 100 employees
Barriers to Addressing These Issues Effectively

- 35% cut in funding in recent years
- Now only one full-service Career Center
- Federal allocations tied to population size/concentration
- State funding too little, and without consideration of the need for multiple full-service access points in rural areas
- Hampshire County becoming a social service desert

Success Through Partnership & Collaboration

- Adult Education Providers – building bridges to training for low-literacy job seekers
- Satellite services: Forbes Library – Hampshire co. residents can access some basic services 15 hrs. a week; North Quabbin at
- The Literacy Project site.
- Industry Sector Projects – Healthcare, Green Jobs, Manufacturing
  - Business-Driven
  - Community College, Voc-Tech School, Career Center & Board Working Together
  - e.g. over 85% of 150 un/under-employed workers graduating from short-term manufacturing training placed in jobs – currently $18.30/hr
The Way Forward

- Transportation – not only to work, but to services and education for advancement – all shifts, all days per week
- Stable and sufficient funding for core Career Center Services, at multiple access points
- Continuing to reward partnership as a way of maximizing resources
- Allocations and RFPS with a “rurality factor” that ensures our low population, small training cohorts, and sometimes higher costs (e.g. for transportation) don’t work against us.