

Table of Contents

Introduction

- The Special Commission on Local and Regional Public Health: Blueprint for Public Health Excellence. Recommendations and Efficiency of Local Public Health Protection 5
- Foundational Public Health Services 6
- Massachusetts Association of Public Health Nurses: Strategic Plan (2018) 8
- ANA (2013) Scope and Standards of Public Health Nurse Practice 9
- Current Mandate to Require Public Health Nursing Services in Massachusetts 10

Overview of Challenges & Opportunities for Massachusetts

Public Health Nurses

- Overview of Challenges for Massachusetts Public Health Nurses 11
- Current Opportunities for Training and Certification for MA Public Health Nurses 12
- Opportunities for Public Health Nurse Training and Certification: Review of the literature 14
- Current Opportunities in Electronic Health Record and Data Collection Systems for MA Public Health Nurses 16
- Opportunities in Electronic Health Record and Data Collection Systems: Review of the Literature 17
- Current Opportunities for Billing for Clinical Services for MA Public Health Nurses 19
- Opportunities for Billing for Clinical Services for MA Public Health Nurses: Review of the Literature 20

Bygone Practices: An Opportunity for the Future of Massachusetts Public Health Nursing

- Current Massachusetts Maternal, Child Home Visit Programs 23
- State Action for Public Health Excellence (SAPHE) Program: SAPHE Act 24
- Massachusetts Maternal, Child Home Visit Programs Opportunities: Review of the Literature 25

Conclusion 27

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Introduction

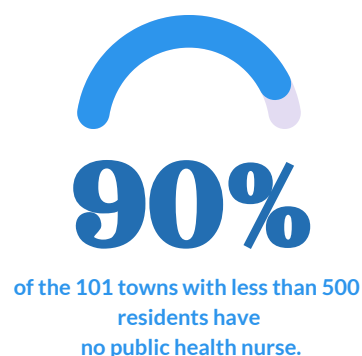
The State Action for Public Health Excellence (SAPHE 2.0) Act promotes the goals of the Office of Local and Regional Public Health (ORLH) and is an opportunity to enhance our current system of public health nursing in The Commonwealth of Massachusetts. Opportunities for foundational training in The American Nurse Association Public Health Nursing: Scope and Standards of Practice, specialty practice certification, development and access to an electronic health record (EHR) and data collection system, the ability to bill for clinical services and updating the current mandate for public health nurses (PHNs) will support the foundational areas and capabilities identified in Foundational Public Health Services and be aligned with the recommendation set forth by The Special Commission on Local and Regional Public Health: *Blueprint for Public Health Excellence. Recommendations and Efficiency of Local Public Health Protection*. With PHNs practicing at different levels in multiple capacities it is difficult to provide services throughout the Commonwealth in an equitable way. The Commonwealths Home-Rule laws and its antiquated mandate for PHNs has local public health departments relying on local property taxes, local public health department allocation or grant opportunities for funding which is unsustainable and leave many health departments without or inadequate public health nursing services. MAPHN believes that every resident across The Commonwealth should have access to PHNs equipped with the necessary training and tools to provide Foundational Public Health Services in an equitable and sustainable way. In the White Paper, a review of the current systems and barriers to public nurse services in Massachusetts will be examined including opportunities for advancing public health nursing now and in the future.

The Special Commission on Local and Regional Public Health: Blueprint for Public Health Excellence.

Recommendations and Efficiency of Local Public Health Protection

Due to the inequalities of public healthcare services throughout Massachusetts, Governor Baker signed legislation in 2016 for a committee to “assess the effectiveness and efficiency of municipal and regional public health systems and to make recommendations regarding how to strengthen the delivery of public health services and preventive measures” (Special Commission Blueprint, 2019). This commission, known as The Special Commission on Local and Regional Public Health, created a final document in 2019 called: *Blueprint for Public Health Excellence: Recommendations and Efficiency of Local Public Health Protection*, that offered specific recommendations and frameworks to improve our local public health systems effectiveness to achieve health equity across the state. This blueprint outlined the inadequacies and inequalities of the Commonwealths current local public health system and identified deficient public health nursing staffing to meet the needs of our communities. Ninety percent (90%) of the 101 towns with fewer than 5,000 residents have no PHN. (Special Commission Blueprint, 2019; see also Massachusetts Public Health Regionalization Project, 2009).

The Special Commission Blueprint highlighted Massachusetts “lacks a comprehensive system to collect local public health data”, as well as having “limited capacity to measure local public health system performance” to plan public health improvements (Special Commission Blueprint, 2019, p. 14). The blueprint also identified that Massachusetts local public health system does not adequately support its workforce with standards and credentials to meet current mandates, therefore unable to meet future standards (Special Commission Blueprint, 2019, p.15). Funding for local public health relies on local property taxes and fees and is inconsistent and inequitable in its ability to meet the current mandates and the needs of a 21st century local public health system (Special Commission Blueprint, 2019, p.15). The blueprint also highlighted the need to reach a minimum level of services through the nationally accepted Foundational Public Health Services (FPHS) to achieve health equity in Massachusetts.



Foundational Public Health Services

The Foundational Public Health Services (FPHS) minimum set of skills, program planning and activities are what health departments must have to invest in health equity. (Special Commission Blueprint, 2019). Within FPHS there are foundational capabilities and foundational areas with key factors for public health systems to reach health equity.

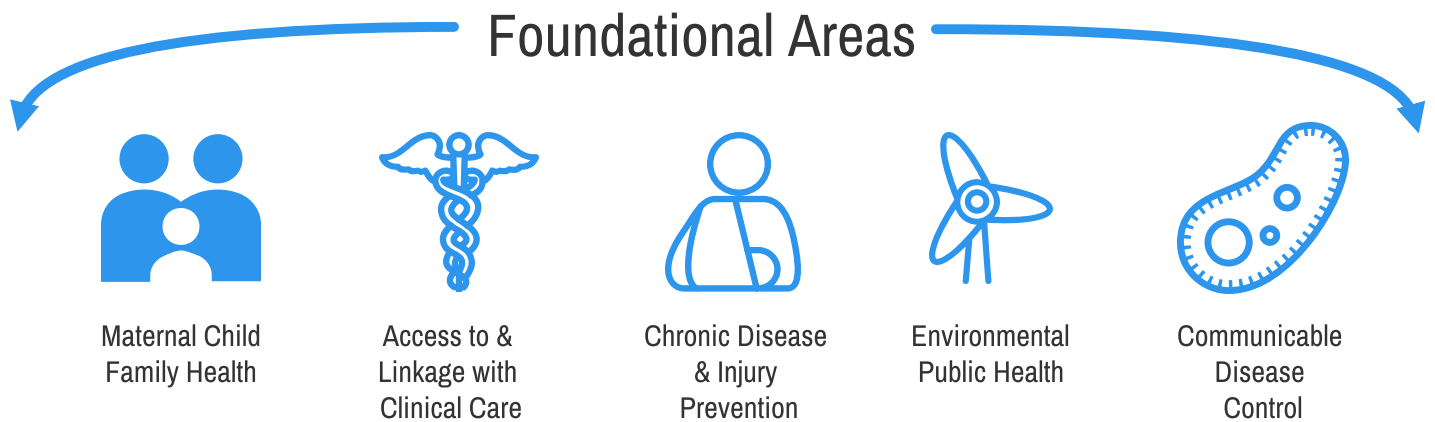
Foundational Capabilities

Foundational capabilities are areas that focus on the skills and capabilities needed for public health protections as well as programs and activities for ensuring the community's health and achieving equitable health outcomes (Public Health National Center for Innovations, 2018, p.1). The seven capabilities needed to provide these protections and fair opportunities for health equity include Assessment/Surveillance, Emergency Preparedness and Response, Policy Development and Support, Communications, Community Partnership Development, Organizational Administrative Competencies and Accountability/Performance Management (Public Health National Center for Innovations, 2018 p.1). These capabilities highlight the need for and ability to collect sufficient foundational data.

Foundational Areas

Foundational areas are public health programs aimed at improving the health of a community including community specific health disparities or public health threats. Minimum foundational areas include, but are not limited to, chronic disease prevention, communicable disease control, environmental public health, and maternal, child, and family health (Public Health National Center for Innovations, 2018). The 2013 American Nurse Association (ANA) Public Health Nursing: Scope and Standards of Practice is the legal standard of practice and provides the clinical competencies to address both Foundational Public Health Services capabilities and areas.

Foundational Public Health Services



Health Equity



Public health must develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. In addition, public health must develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability (Public Health National Center for Innovations, 2018).

Massachusetts Association of Public Health Nurses: Strategic Plan (2019)

Public health nursing is recognized as a respected and integral profession within the public health workforce consisting of well-trained and knowledgeable public health leaders who develop and implement regulations, policies, and programs designed to keep all populations healthy and safe.

MAPHN

Here in Massachusetts a state association was started in an attempt to organize a wide-ranging group of professional PHNs. Incorporated in 1998, Massachusetts Association of Public Health Nurses (MAPHN) is the first official state organization representing PHNs with-in the Commonwealth. Public health nurses work in various settings, including but not limited to, government health departments, schools, homes, visiting nurse associations (VNA's), community health centers, community health clinics, correctional facilities, and worksites, but the majority of MAPHN members work in local health departments (MAPHN Strategic Plan, 2019).

MAPHN: Strategic Plan

On November 20, 2018, members of MAPHN met to vote on a series of high leverage investments for increasing the value of public health nursing with-in the Commonwealth of Massachusetts. This meeting resulted in the completion of the MAPHN Strategic Plan (2019), a living document that listed specific interventions for strengthening the leadership role of PHNs. Some of the goals, objectives and strategies identified to help support this vision align with the Special Commissions Blueprint for improving the local public workforce with standards and credentials such as “identify and leverage educational resources” and “create innovative pathways for professional development” and expand opportunities for PHN education and credentialing (MAPHN Strategic Plan, 2019, p.5). Highlighted in the MAPHN Strategic Plan is a 2018 MAPHN membership survey that indicated that although members believe that MAPHN functions extremely well by offering networking opportunities and information relevant to their PHN practice there is room for improvement in the way of needing to offer more professional development opportunities, advocating for the public’s health and for the PHN workforce (MAPHN Strategic Plan, 2019, p.2).

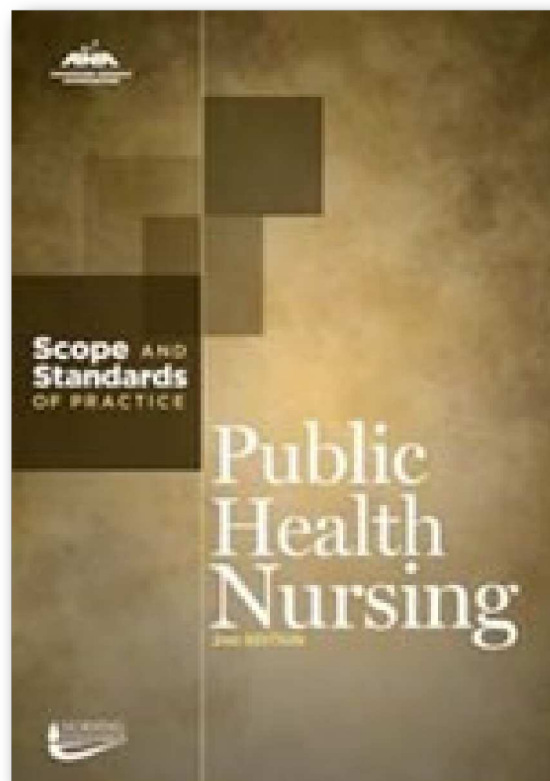
American Nurse Association Public Health Nursing: Scope and Standards of Practice

The American Nurse Association (2013) Public Health Nursing: Scope and Standards of Practice is the legal standard of practice and defines public health nursing as:

The practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nursing is a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention and focusing on attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community applications of theory, evidence, and a commitment to health equity.

(ANA, 2013, pg. 2)

Core competencies for public health nursing are defined and delineate nursing responsibilities into a tiered hierarchy system, each with a skillset required to adequately perform the responsibilities of that level. Tier One core competencies apply to entry-level public health professionals with limited experience working in the public health field (Demarco & Walsh, 2019, p.11). Tier Two core competencies apply to individuals with management and/or supervisory responsibilities and are considered specialists or mid-level practitioners (Demarco & Walsh, 2019, p.11). Tier Three core competencies apply to senior managers and leaders at the executive level who work in a multisystem domain (Demarco & Walsh, 2019, p.11).



Current Mandate to Require Public Health Nursing Services in Massachusetts

One (1) State Mandate for Massachusetts Public Health Nurse: Tuberculosis Management

Public Health Nurses play an important role in the elimination of health inequities and disparities and this rests on a solid foundation of public health nursing science and practice. The role of PHN's in Massachusetts is limited to case management of tuberculosis infections with-in their community. This inhibits the PHN ability to contribute to social justice.

This current mandate allows non-medical public health department personnel or other executive level decision makers in individual cities and towns to hire nurses for PHN positions regardless of the nurse's experience, educational level or background knowledge. Additionally, towns or cities can hire nurses to only conduct tuberculosis case management only when needed. This gives individual cities or towns an option not to staff public health nurses for local health departments and therefore those communities are left without public health nurse services.

**Department of Public Health M.G. L. 105 CMR
365.000: Standards for Management of
Tuberculosis Outside Hospitals section 365.200**

(B)(1) Case Management states:

All persons with confirmed or clinically suspected tuberculosis shall have a nurse case manager designated by the local board of health who will work in consultation and cooperation with the Tuberculosis Program, as necessary. This case management is required regardless of the source of health care (public or private) and the ability to pay for the services or medications. (MDPH 105 CMR 365.000, 2016).

Overview of Challenges for the profession of Massachusetts Public Health Nurses

The current reality is Massachusetts PHNs do not have the infrastructure in place to address Foundational Public Health Services due to antiquated mandates for its PHN workforce, no electronic health record documenting and data collection system, no foundational training on the ANA Public Health Nursing: Scope and Standards of Practice, no standard PHN workforce certification opportunities and the continued reliance on local property tax or grant opportunities are unsustainable for funding. With PHNs practicing at different levels in multiple capacities there is no clear path to collect data on interventions to quantify value and no accountability for municipalities to reach health equity in Massachusetts. The Commonwealth must provide certification which requires foundational training. In addition, facilitate an electronic health record data base capable of linking with Medicare/Medicaid billing services. Lastly, the single current mandate for PHNs for tuberculosis case management needs to be reviewed and updated to reflect the legal standards in which PHNs can practice at to address health equities across the Commonwealth. Every community across The Commonwealth should be accountable for providing the minimum level of care spelled out by the Foundational Public Health Services and PHNs are qualified and licensed to provide these services.

Table 1
Deficiencies in Massachusetts Local Public Health Systems

Special Commission Blueprint	MA PHN Workforce
Lacks a comprehensive system to collect, measure and evaluate local public health data	No EHR System
Workforce standards and credentials does not meet current or future LBOH mandates.	No Standard Training in ANA Public Health Nurse: Scope & Standards of Practice
	No Speciality Practice Certification
LBOH/HD Rely on Property Taxes for Funding	PHN's Unable to Bill for Clinical Services*
LBOH/HD to Meet FPHS for Health Equity	1 State Mandate for PHN in MA: Turberculosis Case Management

Note: This table compares the deficiencies in Massachusetts local public health systems identified in the Special Commission Blueprint to deficiencies of the MA PHN workforce.

*Massachusetts PHNs are able to bill for the administration of state supplied vaccine and/or administrative and vaccine reimbursement for privately purchased vaccine

Current Opportunities for Training and Certification for MA Public Health Nurses

A core issue to providing quality care is a properly educated workforce. Currently there is no specialty certification for public health nursing practice in Massachusetts. Unfortunately, The American Nurse Credentialing Center certification for the Advanced Public Health Nursing is obsolete (American Association of Colleges of Nursing, 2020). There were multiple options for graduate level public health nurse specialty programs throughout Massachusetts, but the last program offering PHN specialty is closing in 2022 being replaced with a fully online “Public & Populations Health Nursing.” Graduate level programs within the Commonwealth for the public health nurse typically consist as dual degree program with a masters of nursing combined with a masters of public health. In the Commonwealth of Massachusetts, to be a licensed nurse as a nurse case manager is the only legal requirement for a position as a PHN, but it does not specify which license a nurse must hold (DPH 105 CMR 365.000, 2016).

In Massachusetts there has been no attempt to provide assessments or requirements to determine the core competencies in which PHNs practice at nor are there any standard workforce credentialing requirements much less opportunities for PHNs to obtain certification. This results in PHNs practicing at varying capacities that creates gaps and barriers in essential services for populations in Massachusetts.

In addition to having no standard workforce credentialing or certification, the current state of training and orientation for new PHNs is inconsistent and inadequate. Mentorship through MAPHN members is on a voluntary basis and the use of various online instructions along with individual departmental trainings make a patchwork and sporadic orientation process.

In a move to improve the training environment here in Massachusetts, MAPHN has recently met with representatives from the Coalition for Local Public Health (CLPH), a six-member organization of public health organizations, to begin the development of an in-person and hybrid online orientation program for PHNs (MAPHN Member, personal communication, November 1, 2021).

The six public health organizations are: Massachusetts Association of Health Boards (MAHB), Massachusetts Association of Public Health Nurses (MAPHN), Massachusetts Environmental Health Association (MEHA), Massachusetts Health Officers Association (MHOA), Massachusetts Public Health Association (MPHA) and Western Massachusetts Public Health Association (WMPHA) (MPHA, 2020). This project aims to provide a comprehensive training program for PHNs. Key points would include expanding the MAPHN Mentorship Program, contracting with recently retired PHNs with stipend incentives to mentor new PHNs, new online tools to orient new PHNs as well as the completion of an orientation book for new PHNs. In addition, MAPHN is in the process of renovating and expanding the 2005 Public Health Nursing Leadership Guide and Resource Manual to include new and updated modules (MAPHN Member, personal communication, November 1, 2021).

Cross organizational communication is also being sought to improve the training of PHNs. The Massachusetts Health Officers Association (MHOA) collaborated with MAPHN and The National Association of County Health Officials (NACCHO) to create an online guide for those new to local public health. Topics range from public health officials seeking guidance or anyone interested in learning about local public health and local public health nursing (MHOA, 2021).

Continued support and leadership from the state is imperative for the effectiveness and cohesion of PHN scope of knowledge especially in the context of ensuring that PHNs are trained in the ANA Public Health Nursing: Scope and Standards of Practice including the Massachusetts specific mandate. Having consistent and standardized training opportunities are vital to ensure that PHNs are practicing at the same level and at the same capacity. It is equally important to have a robust and current certification regiment encouraged by the state that clearly recognizes clinical knowledge, experience, and clinical judgment within a nursing specialty. This underscores the commitment to achieve a specialized level of competence in that scope of knowledge, such as sanitarians within the health department achieving Registered Environmental Health Specialist REHS/RS certification (S. Chalupka, personal communication, May 26, 2021).

Opportunities for Public Health Nurse Training and Certification: Review of the Literature

"The process of certification seeks to assure the public that the PHN has achieved the specialized knowledge in that area of expertise." (S. Chalupka, personal communication, May 26, 2021).

Orientation to Public Health Nursing: Training Recommendations & Resources for Nurses Entering the Public Health Practice Arena Guidebook

An example of best practice in addressing public health nursing issues would be The University of Missouri-Columbia Sinclair School of Nursing in partnership with the Missouri Council for Public Health Nursing who developed the Orientation to Public Health Nursing: Training Recommendations & Resources for Nurses Entering the Public Health Practice Arena Guidebook (Fairchild, F., 2018). After conducting nine (9) on-site visits to local public health agencies, twenty (20) interviews with local public health administrators and PHNs as well as evaluating survey data collected at a Missouri Council for Public Health Nursing (MCPHN) meeting, it was concluded that the benefits of affordable face-to-face educational opportunities would be beneficial for new PHNs (Fairchild, F., 2018).

Canadian Public Health Association & Public Health Agency of Canada

This sentiment was echoed in another research study identified through Sibbald et al (2020) national survey of educational and training

preferences and practices for the public health workforce in Canada.

In 2015, the Canadian Public Health Association (CPHA) in collaboration with the Public Health Agency of Canada (PHAC) conducted a national survey for the public health workforce. This 154-question web-based questionnaire was to inform an ongoing evaluation of the PHAC's workforce development. Information gathered from the Canadian public health workforce was to assess capacity, identify gaps in public health service, assist capacity efforts, and help to evaluate the success of workforce development strategies and recruitment/retention efforts (Sibbald et al, 2020). Of the total 2,074 participants responses, 470 respondents (22.7%) identified as PHNs, the largest group of respondents for this survey (Sibbald et al, 2020). Key findings from this study conclude targeted and flexible training opportunities, dedicated funding for training, and a coordinated approach to training and education would provide better opportunities and retention of the public health workforce. By identifying training preferences of the public health workforce, workforce development could be better implemented for the retention of its public health workforce, including PHNs (Sibbald et al, 2020).

Minnesota regulation 6316.0100 Registration as a Public Health Nurse

The Minnesota model for certification could be replicated in Massachusetts. Minnesota regulation 6316.0100 Registration as a Public Health Nurse, is a voluntary certification program that generates revenue of \$20.00 per certification. Possessing the certification validates that the applicant has the appropriate theory and clinical knowledge for practicing at the scope and standards of public health nursing. Included in this regulation are the following subparts applicable to ensuring baseline theoretical and clinical knowledge of public health nursing:

Education. An applicant must have a baccalaureate or higher degree with a major in nursing. The applicant's course work must have included theory and clinical practice in public health nursing. The theory portion of the public health nursing education must have been at least 30 hours in length. The public health nursing content in a hospital diploma or associate degree program does not qualify.

At a minimum, the public health nursing education must have prepared the nurse to:

- identify the incidence, distribution, and control of disease in a population, as well as the risk factors and environmental factors related to communities;*
 - identify populations at high risk of illness, disability, premature death, or poor recovery;*
 - intervene with high-risk populations;*
 - evaluate the effect of interventions on the health status of a population; and*
 - use community services, institutional resources, and other health care providers.*
 - Affidavit of graduation. An applicant must submit an affidavit of graduation from the institution that awarded the baccalaureate or higher degree. The affidavit must be completed by an official of the institution and bear the seal or stamp of the institution. An applicant may submit an official transcript in lieu of the affidavit.*
 - Affidavit of completion of public health nursing education. An applicant must submit an affidavit of completion of public health nursing education. Included with the affidavit must be evidence that the applicant successfully completed public health nursing education which meets the requirements in subpart 4. The affidavit must be completed by an official of the institution that provided public health nursing education which meets the requirements in subpart 4.*
- (Minnesota Legislature, 2013)

To meet the recommendations outline in the Special Commissions Blueprint for education, training and credentialing of local public health workforce, Massachusetts could mirror the Minnesota model for certification. Establishing a PHN certification program would ensure that PHNs are hired and practicing at a standard minimum level and making a definitive way to track credentialing for its PHN workforce. The opportunity for certification would also allow for workforce standardization and uniform training to ensure PHNs demonstrate competency in the ANA Public Health Nursing: Scope and Standards of Practice and practice in compliance with local, state, and federal health regulations.

Current Opportunities in Electronic Health Record (EHR) and Data Collection Systems for MA Public Health Nurses

“Massachusetts lacks a comprehensive system to collect local public health data,” (Special Commission Blueprint, 2019, p. 56). This limits the capacity to measure local public health system performance, conduct community health assessments and to use local data to plan public health improvements (Special Commission Blueprint, 2019).

With no shared electronic health record (EHR) and data collection system to record clinical and preventive health services/interventions in addition to the inability to bill for clinical services, Massachusetts PHNs miss opportunities to identify outcome and trends in population health, quantify the value of public health nursing in the Commonwealth and the inability to generate a sustainable stream of revenue through insurance reimbursements. There are several options for EHR and data collection systems with the ability to bill for clinical services that could be tailored to the needs of Massachusetts PHNs.

“If you find it helps you to note down such things on a bit of paper with pencil, by all means do so”
(Nightingale, 1860, p. 112;
see also Martin, K., 2005)

Opportunities in Electronic Health Record (EHR) and Data Collection Systems: Review of the Literature

The OMAHA System

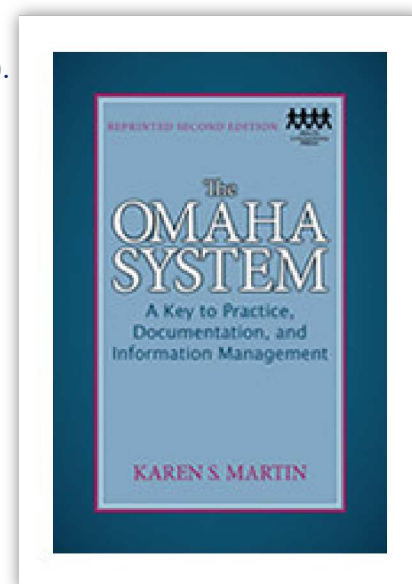
The OMAHA System is an EHR system used by PHNs for clinical documentation across the United States and has been used to collect data and bill for clinical services (Martin, K., 2005). Although the OMAHA System is free, Massachusetts would have to explore and fund software options to utilize this program for practical use. This system uses terms, definitions, and codes that have existed in the public domain since 1975, meets numerous national guidelines and regulations including the ANA, Joint Commission, CHAP, and SNOMED CT® and provides a framework for integrating and sharing clinical data (Martin, K., 2005). The ANA recognized the OMAHA System as a standardized terminology to support nursing practice in 1992 and it meets US Department of Health and Human Services interoperability standards for EHRs. (Martin, K., 2005).

SNAP Health Center

Another option for an electronic health record documentation system is an existing system currently used by many Massachusetts school nurses, SNAP. SNAP Health Center is an (EHR) system that promotes both complete nursing documentation and captures Medicaid billing for Nursing Services (SNAP, 2021). HIPAA compliant billing data is filtered and securely transmitted to Massachusetts Medicaid vendor with integrated ICD-10 codes. SNAP Health Center is a secure, web-based software site used to collect data and the data-driven results are used to inform student population health. SNAP was designed by school nurses and integrated into the culture of school nurse documentation in Massachusetts. This system generates The Comprehensive School Health Services monthly and annual reports required for the Massachusetts Department of Public Health (MDPH) grant. SNAP is currently linked with existing state programs such as MIIS for immunization reports with options for documentation of interactions or visits that are editable and reportable. Personalization in PHN interventions or using existing systems such as the OMAHA System could be tailored to SNAP.

Studies using the OMAHA System have collected data on various population health problems, populations at risk and developed interventions to address them. One example includes a 2014 study of at-risk minority Latina mothers with and without mental health problems to evaluate outcomes of public health nursing family home visiting interventions. The purpose of this study was to examine home visiting outcomes for Latina mothers with mental health problems to their comparison group by age group (adolescent, adult) using PHN documented clinical data, The OMAHA System. Latina adolescents and adults report high levels of mental health stressors, and problems, including depressive symptoms, anxiety, suicidal ideation, and suicide attempts and are disproportionately more likely to be living in poverty, crowded living conditions, unemployed and without health insurance (Garcia, C. et. al., 2013; see also Baumann, Kuhlberg, & Zayas, 2010; Garcia & Lindgren, 2009; Department of Health and Human Services, 2001; Zayas, Hausmann-Stabile, & Kuhlberg, 2011, National Poverty Center, 2012; Burr, Mutchler, & Gerst, 2010; Bureau of Labor Statistics, 2012; DeNavas-Walt, Proctor, & Smith, 2011).

Findings from this study concluded that PHN home visiting intervention for all mothers improved health knowledge and behavior. The study also identified those with existing mental health problem behaviors were risk factors for both mother and child(ren) for lifelong problems (Garcia, C. et. al., 2013). Identifying Latina mothers with mental health problems could create opportunities for targeted approaches for resources and or policies to address the needs of this population. This study further demonstrated the need for health care providers, including PHNs, to identify at-risk mothers and be trained in evidence -based interventions (Garcia, C. et. al., 2013). The OMAHA System is a tool that PHN's in Massachusetts could use to perform similar clinical interventions, improving quality of life of our at-risk residents.



Current Opportunities for Billing for Clinical Services for MA Public Health Nurses

The most logical added enhancement to EHR and data collection systems would be the ability to bill for the expertise and quality care and services provided by the PHN. Massachusetts is a Commonwealth made up of 351 distinct cities and towns with their own independent body politic or “home-rule” local control. Individual cities or towns have their own governing body to make local decisions for their communities. Funding for local public health relies heavily on property taxes and fees (Special Commission Blueprint, 2019). Individual communities decide how tax dollars will be spent and how many dollars will be expended on public health. There is no specific numeric calculation or minimum dollar amount allocated to health departments. This unequal distribution of money leaves communities with inadequate resources to fulfill necessary mandates.

The ability to bill would allow PHN’s to create a funding stream. Aside from billing for immunization services, state and local PHNs in Massachusetts have no option for generating revenue for their clinical services. While there may be grant funding opportunities, grant procurement is labor intensive and resource consuming and competitive leaving those communities not awarded without services or sporadic programming.

Opportunities for Billing for Clinical Services for MA Public Health Nurses: Review of the Literature

Heath Force Report: Welcome Family Program

An example of the need for billing access is the MDPH: Welcome Family Program. The program is grant funded and is exploring billing options for clinical services to build a more sustainable business model. Described in their document, Health Force Report (2019), Medicare and the five of the main health insurance payees from Massachusetts: Mass Health, Blue Cross & Blue Shield of MA, Fallon Community Health Plan, Harvard Pilgrim Health Care and Tufts Health Plan were reviewed for payment and coverage policies.

They determined that preventative counseling CPT codes (CPT 99401-99404) could be used for billing if Massachusetts Medicare recognized preventive medical counseling as a medical necessity. Medical necessity services are defined as one that is reasonable and necessary to treat or diagnoses an illness or injury (Health Force Report, 2019; see also Social Security Act, SEC. 1862.[42 U.S.C. 1395] (a) (1)(A).

NACCHO

The National Association of County and City Health Officials (NACCHO) had developed a toolkit for local public health departments to bill third party payers for clinical and preventive services. They concluded registered nurses (RNs) can bill for their time with certain restrictions. A RN can only bill for their time for an established patient, and only with one particular code based on the American Medical Association CPT2, Evaluation and Management (E/M) code 99211. CPT defines this code as an “office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. performing or supervising these services,” (NACCHO, 2014, p.1).

Billing for well visit services and routine blood pressure checks could be a stream of revenue to a local health department. However, in the Health Force Report for the MDPH Welcome Family Program, they found that RN's are not recognized billing providers and must bill under a supervising physician making these services unable to be reimbursed due to lack of a supervising physician. They did note that Medicare does recognize Services Incident to a Physician's Service to Homebound Patients Under General Physician Supervision for medically underserved areas in a situation where the supervising physician need only be available by phone (Healthforce Report,2019, see also: Medicare Benefit Policy Manual, Chapter 15, Section 60.4).

In order to bill for reimbursement, the state would need to add a set of defined public health nursing services to the state plan with Medicaid. Regardless of the ability to bill for PHN services, local health departments must meet a minimum capacity to ensure those underserved and uninsured are being provided with the same level of care and attention as with those who have adequate access to healthcare.

Bygone Practices: An Opportunity for the Future of Massachusetts Public Health Nursing



Current Massachusetts Maternal, Child Home Visit Programs

It's been noted the many obstacles to bring the local health departments into current and pertinent standards but now we have a window of opportunity to bring attention to the vital resource our community needs, the PHN.

State Maternal, Child Health Home Visit Programs

The Commonwealth does provide state maternal, child and family health programs into communities, but the available programs are not equitable. The State of Massachusetts offers families few options for in-home family intervention programs. The programs offered include the Early Intervention Parenting Partnerships, Follow-Up Outreach Referral (F.O.R.) Families, Massachusetts Home Visiting Initiative (MHVI), Massachusetts Pregnant and Parenting Teen Initiative (MPPTI), and Welcome Family. Welcome Family is a grant funded program that offers a one-time nurse home visit to assess mother and newborn health (Mass.gov, 2022). This service provides education, support, and referrals to services as needed if they are eligible but is specific in its area of coverage. The geographical locations are for residents of Boston, Fall River, Lowell and Springfield or mothers giving birth at Charlton Memorial Hospital, Holyoke Medical Center, Lowell General Hospital or Mercy Medical Center. Another program, The Early Intervention Parenting Partnerships provides family support with certain criteria for families with newborns through year one in Lowell, Cambridge, Somerville or Fall River (Mass.gov, 2022). The F.O.R. Families program is a home visiting program that focusses on families transitioning from homelessness to stable housing who are eligible for receiving Division of Housing Stabilization at the Department of Housing and Community Development Emergency Assistance due to homelessness or living in a shelter (Mass.gov, 2022). Massachusetts Home Visiting Initiative (MHVI) provides evidence-based home visiting services to families across the state through local service agencies. MHVI is part of the national Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that offers support to families with children up to kindergarten who live in communities deemed to have poor maternal and child outcomes (Mass.gov, 2022).

State Action for Public Health Excellence (SAPHE) Program: SAPHE Act

Office of Local and Regional Health (OLRH): Public Health Excellence Grant Program for Shared Services

Due to the inefficiencies in response to COVID-19 pandemic within the Commonwealth, Senator Lewis and Representatives Garlick and Kane have pushed for public health reform in Massachusetts by putting forth the State Action for Public Health Excellence (SAPHE 2.0) Act. The SAPHE 2.0 Act promotes the goals of the Special Commission on Local and Regional Public Health by increasing access to trainings and requires MDPH to provide the Foundations of Public Health Course free of charge. In addition, there are grant opportunities to incentivize local health departments to adopt best practices including workforce standards, data reporting, cross-jurisdictional sharing and provide funding to create stronger sustained public health systems in Massachusetts (MPHA, 2020). The Office of Local and Regional Health (OLRH) of the MDPH manages Public Health Excellence Grant Program for Shared Services aimed at implementing the recommendations of the Special Commission Blueprint.

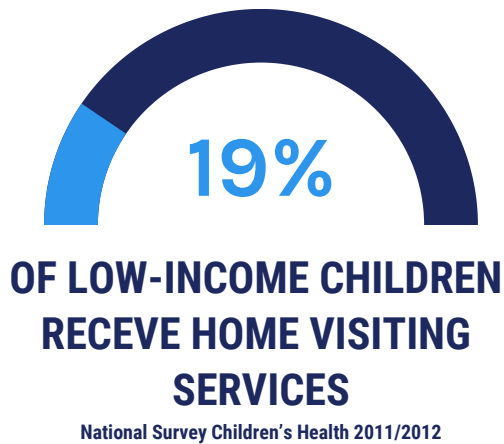
Applicants able to apply for these funds include municipalities, federally recognized tribes, or regional planning agencies/regional government councils representing local boards of health and must fall into one of three categories: expand shared services arrangements to include more municipalities; expand shared services arrangements to provide a more comprehensive and equitable set of public health services and/or sustainable business model; support new cross-jurisdictional sharing arrangements. (MDPH, personal communication, May 26, 2021)

Massachusetts Maternal, Child Home Visit Programs Opportunities: Review of the Literature

Condon (2019) reviewed current Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs in the United States to determine the accessibility of these services with opportunities to increase Maternal Child Health (MCH) services in regions not traditionally covered. In the United States, early home visiting services are generally targeted toward families at high risk for adversity and with limited resources, however only 19% of low-income children receive home visiting services (Condon, E.M., 2019; see also Adirim & Supplee, 2013). Condon (2019) reports the following:

Mothers under 20 years of age are 83% more likely to receive home visiting services than older mothers, children without health insurance are 25% less likely to receive home visiting services than children with public health insurance, and families with four or more children are 41% less likely to receive home visiting services than families with one child. (see also Lanier, Maguire-Jack, & Welch, 2015)

By providing MCH visiting services, Massachusetts can reach more diverse and underserved populations not traditionally targeted for these programs. Investing in MCH and early childhood home visit results in “increased earnings, higher educational achievement, and improved physical and mental health, which in turn benefits society through reduced crime, increased tax revenues, and reduced public expenditures” (Condon E. M. 2019; see also Campbell et al., 2014; Doyle et al., 2009).



The Nurse–Family Partnership (NFP) model is one option as an evidence based home visiting standard that has demonstrated improved maternal and child outcomes for over 30 years (Condon E. M. 2019). Through SAPHE Act funds and by shared services arraignments, Massachusetts can fund and pilot an EHR and data collection system to be used by PHNs providing MCH home visits in underserved areas of Massachusetts in an equitable way while meeting The Special Commissions recommendations. Additionally, there is potential opportunity through a shared services agreement to do administrative claiming for this clinical service. RN's are the professionals working in Massachusetts health departments clinically prepared and educated to perform comprehensive case management. Since nurses are the number one trusted profession, they are the most logical stewards of implementing and safeguarding such a program (Gallup, 2020).

Conclusion

"No More Band-Aids"

On June 9, 2021, more than 130 local public health professionals, 10 State Legislative Officials & offices and more than 5 major news outlets rallied in front of the Boston State House with “No More Band-Aids,” signs and banners (MPHA, personal communication, June 10, 2021). Local public health professionals, including PHNs, health directors, sanitarians and health inspectors participated within this rally to advocate for the use of the federal dollars from the American Rescue Plan Act (ARPA of 2021) to invest in local public health systems (MPHA, 2022, personal communication, June 10, 2021). This rally helped to demonstrate the significant role that PHNs provide within their communities and that all residents within the Commonwealth should have equal access to a PHN. This is an important statement as it is not part of the current local public health landscape within Massachusetts. The Coalition for Local Public Health (CLPH) dedicated to advocating for the resources needed to promote healthy communities in Massachusetts is now in full agreement with the importance of having local PHNs available to all residents within the Commonwealth (MAPHN member, personal communication, March 15, 2022; see also MPHA, 2020).



June 9, 2021, more than 130 local public health professionals, 10 State Legislative Officials & offices and more than 5 major news outlets rallied in front of the Boston State House to advocate for the use of the federal dollars from the American Rescue Plan Act (ARPA of 2021) to invest in local public health systems.

"[PHN's] stand in solidarity for public health nurses, training and credentialing."

(R. Mori, personal communication, January 26, 2022)

In 2018, pre-pandemic, there was discussion within the MAPHN Executive Committee that worked to educate and gather support of CLPH and other members on the Workforce and Credential Subcommittee for the Governors Appointed Special Commission for Local and Regional Public Health to withdraw benchmarks and staffing ratios as part of the Special Commission's Blueprint for Public Health Excellence (MAPHN member, personal communication, December 21, 2018). The Subcommittee was considering a recommendation of all positions within a health department to follow NACCHO benchmark recommendations for the number of public health professionals needed per 100,000 population of residents. However, the committee suggested the recommendation of 2-3 PHN's per 100,000 population as compared to NACCHO recommendations of 14 PHN per 100,000 population median for full time PHN (NACCHO, 2011, pg. 13). The former Association of State and Territorial Directors of Nursing (ASTDN) which is now known as the Association of Public Health Nurses (APHN) had also advocated for a national population-based recommendation of 1 PHN to every 5,000 in a 2008 document titled the Report on a Public Health Nurse to Population Ratio (ASTDN, 2008).

MAPHN conducted a survey data collection project to analyze trends in the Massachusetts PHN workforce between 2006-2010. This survey reported that Massachusetts PHN staff ratio was already below national recommendations with only 1 PHN per 38,600 residents (0.13 /5000) (Chaulk, D. 2010). Through MAPHN education and advocacy, there was agreement reached by the Special Commission Workforce and Credentialing Subcommittee to withdraw a specific recommendation of public health professionals per population. This may allow communities to strive for the necessary number of public health professionals to address the identified FPHS needs within their community. The current President of MAPHN continues to represent PHNs throughout the Commonwealth at the CLPH meetings and cites the clear collaboration from each of the six organizations to work together to now increase the number of PHNs around the State (MAPHN member, personal communication, March 14, 2022). PHNs must continue to advocate for health equity of residents that includes ensuring the population within the Commonwealth have equal access to PHNs who are trained and even credentialed (MAPHN member, personal communication, March 14, 2022).

The Future of Massachusetts Public Health Nursing is Now

The world has been struggling in the on-going pandemic since 2020. This event has been such a traumatic experience felt by millions and many communities will be affected by it for many years to come. The loss, hardships and burden we all experienced has left the inevitable question of how could we have done things differently? How can we prepare ourselves, globally, nationally and locally to be better served by our institutions during times of crisis? Disease outbreaks are not a question of if they will happen but when they will happen. Would outcomes have been different if the recommendations of The Special Commission established with systems in place for training its public health workforce and the use of cross-jurisdictional sharing made a better impact on COVID-19 response? There can be no doubt that if Massachusetts invests in public health, we would be poised to be effective leaders in crisis management rather than a disjointed response across the Commonwealth. As of April 2022, 339 of the 351 cities and towns in Massachusetts have at least one (1) local PHN online using MAVEN (MDPH, personal communication, April 7, 2022). It is unknown whether PHNs were hired or contracted for full or part time positions, however it validates the vital need and role for PHN services in our local health departments. The COVID-19 pandemic has been terrible in the present but the ability to be invaluable for the future is now. We cannot waste opportunities to spotlight how crucial public health departments are in the face of public health disasters and that an educated, adequately trained PHN workforce with the tools to track data and be departmentally financially stable are basic steps to best serve their community and prepare for future disease outbreak and the impacts of climate change. The recommendations will lay the groundwork for PHNs to elevate the profession and positively influence their community. A preventable disease, like diabetes or asthma, are just as debilitating to that individual as COVID-19 pandemic has been to our global population. In both scenarios, PHNs can be the leaders best suited to guide their communities back to stability and health. Expanding state public health nursing mandates, creating opportunities for training in ANA Public Health Nursing: Scope and Standards of Practice, having access to EHR capable of billing for clinical services will elevate the profession of public health nursing in the Commonwealth creating health equity now and in the future.

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