



HB 491
Public Health Improvement Services Council
Meeting December 18, 2008
2:00 PM – 4:00PM
Webcast
Minutes

Participating in the call webcast were: Joan Ascheim, Janet Atkins, Bobbie Bagley, Kristina Diamond, Yvonne Goldsberry, Jamie Hoebeke, Mary Vallier-Kaplan, Lisa Morris, Beth Roberts, Jonathan Stewart, Lea Lafave, Rick Rumba, and Nancy Clark.

Welcome and Introductions

Representative Russell

Presentation of communication campaign tag lines - Nancy Clark

Nancy provided some background on the public health communication campaign and the market research, which was reviewed by the communication group to develop the tag lines.

Two tag lines were presented for the Council to react to. Those tag lines were:

- 1) NH Public Health (this can be changed to any agency i.e. Lakes Region Partnership for Public Health) - Improving Health, Preventing Disease, Reducing Costs.....For All.
- 2) NH Public Health - Improving Communities through Better Health and Reduced Costs

Joan suggested perhaps shortening #2 to NH Public Health – Improving Communities, Better Health, Reduced Costs

Lisa Morris liked this adapted version.

Representative Russell didn't like the use of the word cost – sounds unfriendly.

Mary didn't like the use of the word cost either, but said she thought differently hearing that cost was important in the market research.

Bobbie liked #2 but liked the word through.

Yvonne liked the adapted version.

Beth and Janet both liked the second tag line.

Jonathan liked the second one as well but asked why protect wasn't a part of the tag line. Nancy mentioned that it didn't come out high in the research. Joan mentioned that the communication work group had a hard time trying to use the word protect and distinguish public health from police and fire. Rick wasn't keen on the cost language. He thought it sounded like we are trying to do the cheapest thing possible. He prefers the word value.

Lisa asked if she could get feedback on the tag lines in her community. Nancy said all feedback was welcome. Joan mentioned that the tag lines would also be run by DPHS staff and the All Health Hazard Regions Points of Contact in January.

People will also be shown samples of what could be in a tool kit with the tag lines to learn what would be valuable.

Summary of Work Group Progress

Monitoring Health Status work plan review – Karla Armenti

Karla reviewed the work plan for this group. She noted that the group had a new co-chair, Dottie Bazos from Dartmouth who is excited to be connected to the PHIAP initiative. Much has been accomplished by the partners working on the provision of useful health data. The workplan will be distributed with the minutes.

Workforce Development work plan prioritization – Joan Ascheim

Joan reviewed the work plan for this group. She suggested that the group focus on determining competencies and work force needs based on the core staff needed for regionalization. Lisa Morris agreed this makes sense. Jonathan noted that we should look at the workforce at the state level, not just regionally as the state staff needs to be able to provide assistance to the regional public health staff. It was suggested that this work be combined with the health officer certification work.

Update on Regionalization - Joan Ascheim

Joan provided an update on regionalization.

Financial assessments – State staff did a spreadsheet with all state contracts and determined the towns they serve. This information will be broken out by region by the consultant. State staff also provided the consultant with financial data for all state staff that do work regionally. This will be apportioned by region as well. Surveys went out through the AHHRs to send to all municipalities to collect data on municipal funds spent at the local level. Response has been slow but it was decided to wait until after the holidays to remind people. It was also acknowledged that the ice storm demanded resources at the local level, making completion of the survey a lower priority. A reminder will be sent after the new year. DPHS will be working with some agencies to test out data collection on non-municipal funds spent on public health at the local level.

Governance assessment. – Jennifer Wierwille Norton is working on developing the governance tool. It will be pilot tested with the Cheshire region at the end of January. Yvonne noted that they are glad to have done the NACCHO assessment first.

NACCHO assessment – This has been completed in Sullivan County, the North Country and Cheshire. Assessments are scheduled in Nashua and Mascoma. Next on the list are Lakes Region Partnership for Public Health, Caring Communities Network of the Twin Rivers (CCNTR)) and the Plymouth Region. Yvonne stated that it is very important to have the right people at the table. She noted that it took time to get the process down but once they did it went well. She said it was helpful to identify gaps.

Update Multi-State Learning Collaborative – 3 Lea Ayers LaFave

Lea noted that the three learning teams, called QuILTS, which include Mascoma, Lakes Region and CCNTR are all working on quality improvement initiatives around childhood obesity. They are also working on how to build successful local partnerships. The three groups will meet in January and are rotating meeting sites and facilitation. There will be a national meeting of MLC-3 states in March and a site visit from the MLC-3 staff in April.

Discussion regarding chair of council, Review council membership and possible additions for the future - Representative Russell

Representative Russell expressed her desire to have someone else take over the chair of the committee. Members thanked her for her commitment in carrying out this role to date. It was suggested that people bring their nominations for chair to the January 15th meeting.

Joan reviewed vacant seats in the current membership and lead a discussion of potential new members to be added through upcoming legislation.

The following members seats are either vacant or need action.

- Member of Senate, appointed by senate – our senate member has not attended meetings. Representative will explore how we might get a new appointment.
- Comm of HHS or designee – Mary Ann Cooney was in this position and the director of public health position. Joan is currently filling the director’s seat and we need to decide if we want to fill the HHS seat.
- NHPHA –formal appointment needed for Kristina Diamond Joan will find out how this is done..
- Physician – appointed by Gov – this is being taken care of by the Governor’s office. A public health nurse , appointed by Comm HHS – this is vacated by Margaret Franckhauser and we can recommend a replacement.

Joan shared the complete listing of members from the legislation and asked what additional members we might want. The following were suggested:

A public health educator from a university setting
A county representative
A health officer.

Please review this list and we will finalize it at the next meeting.

Mary Kaplan requested that all handouts be distributed with the minutes. Joan will do so.

Upcoming Meeting Dates

Meetings are the 3rd Thursday of the month
From 2:00 – 4:00 PM in Room 312,
29 Hazen Drive in Concord (unless otherwise noted).

January 15, 2009
February 19, 2009
March 19, 2009
April 16, 2009
May 21, 2009
June 18, 2009
July 16, 2009
August 20, 2009
September 17, 2009
October 15, 2009
November 19, 2009
December 17, 2009



HB 491
Public Health Improvement Services Council
Meeting October 16, 2008
29 Hazen Drive, Concord
Via Teleconference

Participating were: Joan Ascheim, Janet Atkins, Lea Ayers LaFave, Judith Fillion, Paul Fanikos (Boehringer Ingelheim), Margaret Franckhauser, Kate Frey, Yvonne Goldsberry, Jamie Hoebeke, Lisa Morris, Rep. Jim Pilliod, Rep. Trinka Russell, Beth Roberts, Mary Vallier-Kaplan

Welcome and Introductions – Roll call was taken via the phone and those in room 312.

Health Officer Credentialing Legislation – Joan/Representative Russell

This bill is to establish voluntary credentialing of health officers at two levels I & II.

Representative Russell is sponsoring and asking Representative Rosenwald to cosponsor. A draft copy of the bill was sent to council members. There is plenty of time for changes as the bill winds its way through the process. People asked for the LSR number which is: 2009-H-0178-R.

Discussion of Council Enabling Legislation

Joan explained that the current legislation calls for a final report for the Council in November 2009. If we waited until next year to extend it, there would be a gap from November until new legislation was in effect sometime in 2010. Language was drafted to amend the current legislation adding in language similar to the Environment and Public Health Study Committee bill. It requires that the council be reviewed by the oversight committee on health and human services every two years.

Representative Pilliod agreed to sponsor following the election.

Joan asked if it made sense to provide an update on the council to the HHS committee prior to the legislation being introduced to update members on our progress. The pros and cons of doing so soon versus when it is introduced were discussed. Representative Russell agreed to contact Representative Rosenwald to arrange.

Summary of Work Group Progress

Inform and Educate – Joan Ascheim

UNH is working with Websolutions to adapt the survey to make it easier to respond to. DPHS has identified someone in the Division as the lead person to coordinate this activity.

Mobilize Community Partnerships –No further updates

Communication Workgroup – Joan Ascheim

Joan shared information from the last work group meeting. Glen Group will develop tag lines based on their market research and that of ASTHO.

The work group is going to run the tag lines by public health stakeholders. Beth Roberts and Lisa Morris both thought that they should be tested on the general public even though they are a secondary audience. Folks did think it was a good idea however to get the messages into the hands of the public health stakeholders to take to the public. Margaret thought the message needed to somehow address the question, “What’s in it for me?” Yvonne noted that we want a message that can be used in the long run for public health in NH.

Develop Policies and Plans

The Develop Policies and Plan work group will follow both pieces of legislation discussed.

Discussion of Workgroup Meetings

As a follow-up to last month’s discussion regarding decreased frequency of work group meetings, Joan noted she would contact work group members to ask them to meet over the next month and provide a status report on their work plans.

Update on Regionalization and the Multi-State Learning Collaborative

Financial Assessment – This is proceeding. DPHS staff is beginning to analyze the state contracts component. Joan asked if people had suggestions for students to assist and Lisa suggested CAP job training.

NACCHO Public Health Capacity Assessment

Lea described the tool and the NH adaptations. She is scheduling assessments with the first phase of communities, which include:

Cheshire

Sullivan County – 10/27/08

North Country – November

Strafford County

Mascoma Valley Health Initiative

Caring Communities of the Twin Rivers (CCNTR)

Lakes Region Partnership for Public Health

Multi-State Learning Collaborative

The kick off for this project in NH took place on September 26, 2008 for the community learning collaboratives or QuILTS (Quality Improvement Learning Teams). The keynote speaker from CDC was excellent and well received by participants. The three participating communities, Mascoma, CCNTR and Lakes Region. All three are focusing on childhood obesity and seeking to improve community health planning work. Lisa Morris shared her enthusiasm for participating as a learning community. We will have a site visit from the MLC-3 national consultants on April 20th and 21st.

Repeating the National Public Health Performance Standards Assessment

Joan explained that we were planning on repeating the National Public Health Performance Standards Assessment (NPHPS) in the spring of 2009 and had recently sought funding to do so. The original assessment was done in October 2005 and national partners suggest that a repeat assessment be done approximately 3 years following to determine progress made. We are now questioning if it is too early to see change or if it makes sense to take stock of our progress to date.

The assessment itself and follow-up takes a great investment of time and it was asked if that time right now would be better spent on action.

Janet noted that in doing community needs assessments not that much changes in a short period of time.

Joan agreed to talk to other states that are considering doing so. None to date have done a complete reassessment. No decision was made on how to proceed.

Lisa asked if it made sense to have such assessments done at both the state and local level. Yvonne noted that it is valuable. Joan stated that the two assessments complement one another.

Future Meetings and Meeting Format

Joan asked if people had preferences regarding face-to-face meetings versus teleconference formats. Members suggested alternating between the two. The next meeting will be a face-to-face.

All meetings are from 2:00 – 4:00 in room 312

November 20, 2008

December 18, 2008



HB 491
Public Health Improvement Services Council
Meeting September 18, 2008
29 Hazen Drive, Concord
Via Teleconference

Participating were: Joan Ascheim, Janet Atkins, Nicole Losier, Lea Ayers LaFave, Kate Frey, Yvonne Goldsberry, Shawn LaFrance, Rep. Jim Pilliod, Rep. Trinka Russell, Susan Tenney, Rick Rumba, Cheryl Storey, Jonathan Stewart

Welcome and Introductions – Introductions were made around the room.

Health Officer Credentialing Legislation – Kate Frey

Kate reported on the legislation being put forth to amend RSA 128 and create 2 levels of credentialing of health officers. It will be overseen by the Division of Public Health. Membership is spelled out in the legislation and follows recommendations of the report written by Fred Ruzscek. The legislation gives DPHS the authority to create rules which would spell out the details of the process. Representative Russell agreed to sponsor. Kate will send a draft of the legislation to her.

The Policy and Plan workgroup will convene to support the legislation.

Discussion of Council Enabling Legislation

Joan explained that the current legislation calls for a final report for the Council in November 2009. If we waited until next year to extend it, there would be a gap from November until new legislation was in effect sometime in 2010. Representative Pilliod suggested filing a bill, which would extend the date and indicated his willingness to sponsor such a bill. Rick Rumba suggested looking at the language from the Environment and Public Health Study Committee bill that did just that. Rick agreed to forward the language to Joan. It was discussed that the Policy and Plans workgroup could support this legislation as well.

Summary of Work Group Progress

Inform and Educate – Joan Ascheim

This group piloted a survey to inventory health promotion activities particularly focused on alcohol, tobacco, physical activity and nutrition. DPHS will be looking within the Division for a lead person to coordinate this activity.

Mobilize Community Partnerships – Jonathan Stewart

This group completed a second pilot of its survey of community partnerships. Findings were that some groups were concerned that if they requested technical assistance through the survey it would reflect poorly on them and have repercussions. There were questions about which partnerships were to complete the survey (ie one agency participates in 20 coalitions – who completes the survey?) The group will come back together to review the survey. It should take about 5-7 minutes to complete. Representative Russell asked if we were concerned whether or not we would reach all the partnerships we wanted to. Jonathan noted that we would distribute widely and learn through the process if there were any other groups we should send to.

Communication Workgroup – Joan Ascheim

Joan presented a summary of the research conducted by consultants hired by the Association of State and Territorial Health Officials on the public's perceptions of public health. ASTHO conducted extensive interviews around the country. Their work confirmed what we learned in NH that there is little awareness of public health and most commonly people associate it with functions such as giving vaccines and inspection restaurants. The two popular concepts out of the research were minimizing costs to individuals and society by promoting health and preventing disease and preventing disease, promote health and protect communities.

From this information messages will be developed to be tested in New Hampshire.

Representative Pilliod noted that he would like to be on the communication work group. Rick Rumba noted that it would be possible to present information at the town hall meeting for DES (check this with Rick).

Discussion of Workgroup Meetings

Joan discussed the fact that workgroups were not meeting with the frequency they had been due to workgroup leaders being busy and asked for suggestions to keep the momentum.

Yvonne suggested periodic updates for all involved and perhaps bringing everyone back together at some point. If this was done each workgroup could see how their work tied into the larger plan. There was talk about some how doing this with the rollout of the communications plan.

Rick noted that successful groups have goals, task, timelines and reminders. It was noted that these groups do have these but may need to be prompted to revisit them.

Update on Regionalization and the Multi-State Learning Collaborative

Joan described two community meetings where she presented a new regionalization PowerPoint presentation, which describes public health in plain English. The presentation was well-received and good feedback and questions were raised from community participants.

Lea Lafave discussed work being done to adapt the NACCHO tool to be used in NH and the upcoming kick off meeting for the community learning collaboratives or QuILTs.

All meetings are from 2:00 – 4:00 in room 312

October 16, 2008

November 20, 2008

December 18, 2008



HB 491
Public Health Improvement Services Council
Meeting August 21, 2008
2:00 PM – 4:00PM
29 Hazen Drive, Concord
Room 312

Present were: Joan Ascheim, Lea Ayers LaFave, Patricia Crooker for Bobbie Bagley, Kevin Flanagan, Kate Frey, Yvonne Goldsberry, Liz McConnell, Lisa Morris, Rep. Jim Pilliod, Fred Rusczek, Rep. Trinka Russell, Cheryl Storey

Welcome and Introductions – Introductions were made around the room.

Health Officer Credentialing Project – Fred Rusczek

Fred presented on voluntary credentialing for NH local health officers. This was a project funded through the Robert Wood Johnson Foundation Multi-State Learning Collaborative-2 project for which NH was funded. He provided background and history on the statutes and work of health officers in the state.

Fred convened an advisory committee comprised of health officers and other public health stakeholders to work on the health officer credentialing project. The group reviewed the typical duties of health officers throughout the state. These essentially break out into two levels of health officers. The group reviewed these responsibilities in light of the 10 essential services and the National Association of County and City Health Officials Operational Definition of a Local Public Health Department. Other key public health resources relative to credentialing and competencies were reviewed.

The project culminated with recommendations for voluntary credentialing of two levels of health officers: Certified Health Officer I & II. It was recommended that a bill be introduced to establish a credentialing board under the auspices of the NH Department of Health and Human Services.

The Council voted to accept this recommendation and support such legislation.

Jim Pilliod asked how credentialing of health officers connects with hospitals and the medical community. It was stated that health officers have limited responsibilities in communities. It is hoped they will be more connected to the public health community through regionalization efforts.

Lisa Morris asked who would market health officer credentialing once enacted. Kevin Flanagan talked about outreach on this by the Local Government Center. This has already been brought to the health officers association. Kevin noted that funds are available through the MLC project to publicize these efforts.

It was suggested that public health regions get involved in promoting this.

Summary of Work Group Progress

Joan reported on work groups for which there was current activity.

The Inform and Educate work group looked at results of the survey pilot to collect information on health promotion programs in the state. The survey is being redrafted based on feedback from the pilot agencies. It will then be sent out first to agencies that contract with DPHS and then more over time.

Mobilizing community partnerships is also doing a survey and hopes to have the pilot complete in the next month or so.

Members of the communication plan work group were attending a meeting in Washington on August 20, 2008 at the Association of State and Territorial Health Officials (ASTHO). ASTHO is also conducting market research and developing messages on the value of public health. NH will bring those messages back to test in the state with focus groups. This work should begin in the fall.

Update on Regionalization and the MultiState Learning Collaborative

Joan gave an update on work that has taken place during the summer on regionalization. A subcommittee met to work on what NH would like to include in a financial assessment of public health resources. These resources include: state funds to regions, state personnel resources to regions, and local municipal and non- municipal funding. The committee is ready to meet with the consultant to present their recommendations.

Joan described the goals of the governance assessment. They are to:

- Educate communities about the role government plays in local public health.
- Gain an understanding of what the governing structure will look like as the state develops public health regions.
- Use what we've learned from assessments to propose necessary statute changes to support efforts.

Jen Wierwille Norton will be conducting the assessments beginning in the late fall. Jen was at the meeting and introduced to the group. She will develop a tool to use to hold a facilitated discussion in each region with the lead public health agency and representatives of the municipalities.

Lea LaFave is the new Multi-State Learning Collaborative (MLC) – 3 coordinator hired by the Community Health Institute (CHI).

Lea described the NACCHO (National Association for County and City Health Officials) capacity assessment, which helps agencies assess their capacity to function as a local health department. Lea explained that since we do not have local health departments we are adapting the tool and methodology. The lead public health agency will first go through the instrument and conduct a self-assessment using the scale provided. Then they will convene local public health partners to verify the assessment and assess the region's ability to carry out each standard in the tool. A mean score will be provided for each standard. The state's contribution for each standard will also be assessed. Gaps will be identified as well as potential areas to regionalize for efficiency.

A first phase of agencies will participate in the assessment. These agencies responded to a request for applications through the CHI. They are being funded by some carry over funds from the MLC-2. Those agencies include: Sullivan County, Greater Monadnock Region, Strafford County, Coos County and Mascoma Health Initiative. Lea and other CHI and DPHS staff will assist in facilitating the assessments.

Two additional agencies will be in an early group to conduct the NACCHO assessment under their funding as MLC-3 learning collaboratives. These include: Caring Communities Network of the Twin Rivers and Lakes Region Partnership for Public Health. Mascoma Valley Health Initiative was funded as an MLC-3 site and is also included in the first group noted above.

All other regions will do the assessment throughout the year.

Lea described the MLC-3 and how it relates to the work of regionalization. The MLC-3 is a Robert Wood Johnson funded grant to 16 states to advance states to prepare for voluntary national public health accreditation and to work on quality improvement in public health. In NH we are getting ready for accreditation through the NACCHO assessments. Relative to quality improvement the 3 agencies noted above will participate in learning collaboratives that examine links between public health infrastructure and capacity and health outcomes. NH agencies will be working on quality improvement relative to community health planning and reducing chronic illness. A kick off meeting will be held on September 26, 2008 with a nationally recognized speaker on quality improvement.

All meetings are from 2:00 – 4:00 in room 312

It was noted that the dates for the upcoming meetings were incorrect. They should be:

September 18, 2008

October 16, 2008

November 20, 2008

December 18, 2008



Public Health Improvement Services Council
Meeting Minutes
March 20, 2008

In Attendance: Joan Ascheim, Janet Atkins, Bobbie Bagley, Mary Ann Cooney, Judith Fillion, Kevin Flanagan, Tracy Gay, Jamie Hoebeke, Lisa Morris, Representative Jim Pilliod, Beth Roberts, Rick Rumba, Representative Trinkia Russell, Cheryl Storey

Welcome: Representative Trinkia Russell,

Update on Regionalization – Joan Ascheim

Joan shared the progress made by the Regionalization Task Force to date since it began in July 2007. She summarized using a table depicting what we have answers for thus far and what questions remain. The table is shown below.

What We Know/Have General Consensus For	Questions Remaining
A tiered system with primary and comprehensive public health entities	Funding – how much, where will it come from
Core primary staff and shared regional staff (who may be contract staff)	
Public health regions which recognize existing infrastructure	Number of regions and their geographic composition
<i>A link to a governmental entity</i>	<i>Statutory issues related to precisely how that link will work</i>
Entities’ performance will be based on essential public health services and standards leading to accreditation	
Will be evolutionary – expand essential public health service assurance or delivery over time	
<i>The state will continue to provide some services to regions (disease investigation, restaurant inspection – though co-locate)</i>	
<i>Statutory changes are needed</i>	<i>Exact changes not known</i>
<i>Widespread input/feedback needed</i>	Process and authority for final decision making

Joan discussed the decision making process and stated that the Division would seek widespread input from key stakeholders and work towards consensus on decisions going forward.

Lisa Morris asked: whose consensus? Joan stated that the model would be brought out to regions for feedback and then to the Task Force. The Division would make any final decisions but strive to get the most consensus possible. There will not be any voting as this is not a legislatively based task force.

Beth Roberts asked about statutory changes and what that means? Statutory changes may be needed primarily for the governance authority component.

It was decided to draw maps as next step. Joan sent out AHHR map and SPF map. 14 out of the 19 regions are part of Public Health Network

Beth Roberts asked: How will hospital service areas compare?

Hospital service map was just redone.

Is there a goal as to how many regions? No we don't know that as of yet.

Lisa Morris asked if maybe looking at how Regional Planning Committee come up with their models. If they have any merit relative to what we are looking at doing.

Joan described different assessments that will be conducted.

Assessments

NACCHO Accreditation Readiness Tool

It was suggested that all regions conduct the NACCHO accreditation readiness tool. This tool assesses an agencies capacity as a local health department and how they are positioned for national voluntary accreditation. Some regions can likely do this without additional funds, while others may need some support.

Jamie Hoebeke stated that the Manchester Health Department tested the NACCHO tool already.

Some modifications may need to be made. Jaime offered to share Manchester's experience with others.

Rick Rumba asked if we made a list of what responsibilities would be.

Are there 4 or 5 things you want them doing at the same time?

We discussed starting possibly starting with a few essential services.

It was noted that it would be beneficial to have some one helping the regions conduct the assessments so that all are using the same definitions.

Bobbie Bagley suggested using 1 or 2 services to assess capacity.

Financial Assessment

Patrick Bernet from Florida Atlantic University is drafting a proposal for us to assess public health dollars spent in the state at the regional level. We have funds from the National Association of County and City Health Officials for this.

Clarification is needed as to what will be included in the assessment (municipal funds, grants to local agencies etc.).

Governance Assessment

It was suggested that we have a consultant conduct a governance assessment in each region to determine what governmental link would work best in each region. While we may consider several governance models, it is unclear if it would make sense to go forward with several models or settle on one.

Pilots

It was suggested that we implement pilots to test the implementation of the proposed model for a primary health entity in several regions. This might involve trying to establish the core and regional staff, the link to government and the delivery of the essential public health services. It may be beneficial to conduct the pilots in existing public health network regions and in regions where they do not currently exist. Funding for the pilots and the RFP selection process would need to be determined.

Work Group Updates/Priority Setting: Joan Ascheim Setting

Joan talked about some of the items that cannot be accomplished without additional resources. It was the intention to ask the Council to help prioritize where the workgroups should put their efforts and what resources are needed. Council members are being asked to help prioritize and brainstorm potential resources.

Workforce Development was determined to be the first priority

Joan discussed the fact that we can expect larger reductions in workforce in the next five years due to the age of current public health workers. Recruitment and retention and workforce competency are key issues. One person is needed to focus attention solely on the public health workforce yet coordinate with other health workforce efforts in the state.

The development of a web portal was selected at the second priority.

Because several of the workgroups noted the need for a web presence to share public health information, this was determined to be the second priority to concentrate on.

Beth Roberts talked about Silver Tech a new web company that may do some work for free but maybe have their logo or tag line for doing the work or have supporting organizations help. Web Solutions is working with UNH and could be a possible resource for this effort.

Next Meeting Agenda Items:

Have workforce development group come to meeting and discuss developing strategies there are other states that have strategies

Have Jamie do presentation – New England Group Alliance for Public Health Workforce.

Joan will look resources for the web portal.

Future Meeting Dates:

All meetings are from 2:00 – 4:00 in room 110 & 111

April 17, 2008

May 15, 2008

June 19, 2008

July 17, 2008

August 21, 2008



In Attendance: Joan Ascheim, Janet Atkins, Mary Ann Cooney, Kevin Flanagan, Tracy Gay, Jamie Hoebeke, Shawn LaFrance, Lisa Morris, Representative Jim Pilliod by phone, Cheryl Storey, Mary Vaillier-Kaplan

In the absence of Representative Russell, Joan Ascheim led the meeting.

Update on Regionalization - Mary Ann Cooney

Mary Ann shared the progress made by the Regionalization Task Force to date. She summarized using a table depicting what we have answers for thus far and what questions remain. The table is shown below.

What We Know/Have General Consensus For	Questions Remaining
A tiered system with primary and comprehensive public health entities	Funding –how much, where will it come from
Core primary staff and shared regional staff	
Public health regions which recognize existing infrastructure	Number of regions and their geographic composition
A link to a governmental entity	Statutory issues related to precisely how that link will work
Entities' performance will be based on essential public health services and standards leading to accreditation	
Will be evolutionary – expand essential public health service delivery over time	
The state will continue to provide some services to regions (disease investigation, restaurant inspection –though co-locate)	
Statutory changes are needed	Exact changes not known
Widespread input/feedback needed	Process and authority for final decision making

Lisa Morris asked: Do you have a time frame of when some of these decisions are made? Mary Ann stated that we would like it to be prior to 10/11 budget.

Lisa mentioned that people are wondering if this effort would lead to a whole new set of players or agencies. Mary Ann stated that this will be an evolutionary process and the transition will take time.

Joan mentioned that the National Association of City and County Health Officials (NACCHO) has offered us funds for a consultant (\$16,000) to assist us in this process.

Shawn LaFrance asked: Once there is consensus on a model we would still have time to sell this?

Create scenarios, vignettes as to “What does this mean”. For example Shawn could take the information to the Concord community.

Mary Ann noted that the Council can play a role in getting the word out about regionalization and improving the public health system. Further DPHS intends to get widespread feedback.

Work Group Updates: Joan Ascheim Priorities and Next Steps

Joan reviewed a section of the forthcoming PHIAP report, which summarizes each of the work group’s problem statement, broad aim, action steps, accomplishments, and next steps. She talked about some of the items that cannot be accomplished without additional resources. It was the intention to ask the Council to help prioritize where the workgroups should put their efforts and what resources are needed. Since several Council members were unable to attend, this was postponed until the next meeting.

For the next meeting, Joan will format a document with the priorities, resources available, resources needed and key timeframes. Council members will be asked to help prioritize and brainstorm potential resources.

Members also asked to review the original criteria used by PHIAP to set the current strategic priorities. These will be sent prior to the next meeting.

Kevin Flanagan noted that he is working with Nancy Clark on the communication plan as part of his MPH. Mary noted that Karen Horsch can help Kevin with evaluation. Some suggestions were made to Kevin on how he might want to elicit information from legislators on their perceptions of public health.

These included:

Put something in their boxes

Health Fair April 24 LOB

Health Cards What is Public Health?

Next Meeting Agenda Items:

Regionalization

Prioritizing/identifying resources for public health strategic priorities.

Future Meeting Dates:

March 20, 2007 from 2:00 – 4:00 room 110 & 111



Public Health Improvement Services Council
Meeting Minutes
January 17, 2008

In Attendance: Karen Ager, Janet Atkins, Nanc Clark, Mary Ann Cooney, Marilyn Watson, Kevin Flanagan, Margaret Franckhauser, Tracy Gay, Yvonne Goldsberry, Jamie Hoebeke, Karen Horsch, Lisa Morris, Representative Jim Pilliod, Beth Roberts, Richard Rumba, Representative Trinka Russell, Cheryl Storey, Mary Vaillier-Kaplan, Nicole Losier, (filled in for Bobbie Bagley)

Welcome and Introductions:

Representative Trinka Russell thanked everyone for being a part of this important council and began roundtable introductions.

We took a vote on the cover of the PHIAP Report.

A Call to Action: Yvonne Goldsberry

Yvonne reviewed via telephone the Recommendations and Action Steps for Promoting and Sustaining Community Health Partnerships: A call to Action to the Public Health Council that was handed out at the meeting.

Mobilizing Community Partnerships would like to request that certain recommendations become integrated into the council's anticipated plan. We propose that the Council take specific actions to support the Mobilization of community health partnerships to identify and solve health problems.

Mobilizing Community Partnerships suggest using a consistent definition of partnership across the board.

There are 8 recommendations offered to Public Health System partners, with specific action steps for the Public Health Council

Several Questions were raised around the survey being designed

Debate how much detail

What is a coalition? Not a strict definition of what a coalition is.

Did committee have working definitions?

Need good instruction of who would be filling out the survey

Would like to have survey ready by next meeting so it can be reviewed by the council.

Support and actively pursue local public health authorities as provided in RSA 127 and 128A, and amend to include new sections that incentivize towns to form regional public-private collaborative partnerships.

- o Monitor regionalization efforts to ensure inclusion of broad-based public-private community partnerships.
- o Review legislation regarding regional/local public health entities/districts and propose amendments as appropriate to incorporate the lessons learned from the Turning Point Initiative regarding local public health governance.

It was noted that this recommendation is why it is important to monitor regionalization.

Update on Regionalization - Mary Ann Cooney
Moving Towards a Regional Public Health System in NH Presentation:

Mary Ann briefly reviewed the last regionalization meeting and stated it was a good one with lots of questions and logged what will be good base line.

Will inform what we mean is a governmental entity.

Governmental Entity:

Entity created by statute

Accountability to regional partners and Coalitions

Maintains regional council with officials

Addition entities could be added

Authorized to activate response plans

Possible incremental approach:

Begin with core staff

Essential core services

Monitoring Health Status

Diagnose and Investigate Health Problems and Hazards in the Community

Mobilize Community Partnerships

Develop Policies and Plans

Enforce Laws and Regulations

Planning Commission - Have them tell us how they work

How do you bring in someone from private sector as a member of a Government Entity?

Funding stream:

How will monies be disbursed and handled?

Could use fiscal agent

Manchester Residents are paying into the system

Additional Manchester – Nashua Health depts. Who would get funds? Concerns about wages etc.

Could get supplement funds

Political side of explaining it

Getting to the core of discussion people getting uncomfortable

We have all these questions and no answers.

There has to be 1 model we have so many maps that could be incorporated. Whatever decisions are made need feedback

County does represent town – 9 towns in region to 1 rep. need to reflect

Recommendation – Maybe this body should way in on what they see as Public Health system

Impact study in Nebraska able to measure public health. What were their goals and structure?

NACCHO & ASTRO – Tech assistance

Staff - how would that fit in? They would report to the council.

**Workgroup 5 Develop a Public Health Communication Plan Presentation of 8 Focus groups:
Nancy Clark from Glen Group**

Nancy presented the result and findings to the 8 focus groups:

They learned that Public Health is invisible.

The goal: Convey the relevance, importance and value of public health to policy makers, public health partners, business and the general public.

The outcome: Increased recognition of the significance of public health leading to increased resources, supportive policies, collaboration and participation in the public health system.

Phase 1 Information Gathering:

How they went about it was to gather people to join 8 focus group discussions around the State. Review other state public health plans and forums.

Reviewing ASTHO public health branding process and results

Asked several important questions about public health and discussed them.

What are current perceptions?

What word or phrases comes to mind

What programs come to mind?

What are the most important programs to you and your community?

Misconceptions - Governmental intervention

Red Cross or Salvation Army

What messages will resonate?

Create a brand. Need to make it personal

Modernize public health

Communicate trust

Create need

Demonstrate the cost of doing nothing

Use real and timely facts, local facts

Tie self to community, tie self to pocketbook

Self reliant flip the services

Empower people

Suggested tactics

One website - One site that has all resources

Who can help me?

Where do I go for?

Easy to navigate and understand with timely and accurate information

Suggested Tactics:

Printed pieces with website and resource phone #'s

On utility bills and paychecks

In schools and on grocery bags

Media: TV, radio, newspapers

Next steps January – March

Review ASTHO final findings and messaging
Create additional messaging, specific to NH
General public focus groups
Legislative discussion

General public awareness what are we expecting? “Moving to a healthier state”

Rep Russell would like to present this to the legislation with Nancy Clark, Joan and Mary Ann.

Work Group Updates:

Just a few updates were provided.

Workforce Development - UNH Manchester - Putting out request for Public Health Intern recruitment

Next Meeting Agenda Items:

Updates from the workgroups
Update from Regionalization Group

Future Meeting Dates: _____

February 21, 2007 from 2:00 – 4:00 room 110 & 111
March 20, 2007 from 2:00 – 4:00 room 110 & 111