



HB 491
Public Health Improvement Services Council
Meeting January 21, 2010
2:00 PM – 4:00PM
Rooms 213 & 214

Welcome and Introductions - Mary Kaplan

Mary welcomed the group and opened the meeting. Joan noted that Beth Roberts of Harvard Pilgrim Healthcare had given her resignation, noting that she simply didn't have the time to devote to the council. Joan suggested to the group that a letter of thanks be sent to Beth and co-signed by Mary and Joan. The group agreed and Joan noted she would draft the letter. Mary stated that she could approach Doug Weners of Anthem as a possible new member.

Update – Regionalization - Joan Ascheim, Lea Lafave

- **Assessments** – Lea stated that capacity assessments were scheduled for Strafford and Carroll Counties in March and Capital Region in April. Joan noted that governance assessments were scheduled for Lakes Region, CCNTR (Franklin) and Mid –State (Plymouth).

No assessments have been done to date in Derry, Exeter and Portsmouth. Manchester and Nashua have done capacity assessments for their departments but not for the region. Joan noted that governance assessments will take a different approach for Manchester and Nashua than other areas without health departments.

Financial assessments are being finalized.

- **RWJ Project Meeting 3/18** – Pat Libbey, a consultant hired by the Robert Wood Johnson Foundation, will be visiting NH on March 18th to discuss public health regionalization. He is gathering information from several states to write a white paper on the subject. This meeting will be in lieu of the council's regular meeting and be combined with the participants of the regionalization advisory group. The meeting will be extended from 11:45 AM– 4 PM

Update on strategic planning for DPHS - Joan Ascheim

Joan informed the group that DPHS was engaging a consultant to conduct strategic planning with the help of generous funds from the Endowment for Health. Joan noted that the consultants were highly recommended and that a strategic map would be produced after the two-day retreat. While this is a DPHS process, Joan noted that there was interest in obtaining external perspectives. It was suggested that Joan send the questions from the consultant that DPHS would be answering to the council members.

State Health Report and County Rankings Report - Joan Ascheim

Joan explained the County Health Rankings report being produced by the University of Wisconsin Population Health Institute with funding from the Robert Wood Johnson Foundation. The report will rank every county in the country in a state-by-state report on a number of indicators. DPHS will do a press release and work with low ranking counties to have talking points for the press. DPHS has talked about using the rankings as a basis for a state health report but had talked about analyzing the data by public health regions. Jaime asked if it might be possible to get the data by city for Manchester for example. Joan said they will explore this. Rich suggested presenting the report to the HHS oversight committee. It was asked if the data could be analyzed by senate district.

Rick asked for the rankings indicators to be sent to him as they contained some environmental measures.

DHHS Regionalization – letter to Commissioner

The council reviewed a letter drafted by Mary Kaplan to Commissioner Toumpas with comments from the council relative to the regionalization efforts of the Department of Health and Human Services. The council approved the letter with minor modifications.

Workgroup Updates

- **Inform & Educate**
- **Monitor Health Status**
- **Mobilize Community Partnerships**
- **Develop Policies and Plans**
- **Communication Plan -**
- **Workforce Development**

The most active committees right now are the Monitoring Health Status Committee and the Communication Committee. Monitoring Health Status has achieved many of their goals, making data more readily available. They are working on improving still on this concept. The Communication Committee is working on evaluating the use of the public health communication materials and examining ways to encourage the use of the tag line and materials. Lisa asked that the materials be resent to public health networks.

Other Business - None

Upcoming Meeting Dates

Meetings are the 3rd Thursday of the month from 2:00 – 4:00 PM in various rooms at 29 Hazen Drive in Concord (unless otherwise noted)

2010 Dates

February 18

March 18 – 11:45 – 4:00 – special Regionalization Meeting

April 15

May 20

June 17 July 15

October 21

August 19

November 18

September 16

December 18



HB 491
Public Health Improvement Services Council
Teleconference Meeting February 18, 2010
Minutes

Present were: Bobbie Bagley, Lea Lafave, Jaime Hobecke, Shari Goldberg, Yvonne Goldsberry, Kristina Diamond, Jo Porter, Lisa Morris, Janet Atkins, Joan Ascheim

Strategic Planning - Joan noted that a team comprised of DPHS staff members from throughout the Division had a successful 2-day retreat to develop a strategic map. Since it is being presented to DPHS staff on Friday February 19th, Joan wanted to pick another time to present to the Council. It was determined that it would be presented to the council via webinar. At a later date it could be presented to public health networks. Joan will schedule the webinar.

County Health Rankings – The County Health Rankings report was released yesterday February 17th (check this). Joan presented an overview. Jaime asked if the rankings could be done for cities like Manchester. Janet similarly wanted to know if Strafford County could be broken down any further. Yvonne noted the need to talk further about small area analysis. Joan asked if people would be using the rankings. Lisa noted that they would use the report in the Lakes Region to enhance their needs assessment and to review priorities. It was asked how often the report would be repeated. Yvonne noted that they would use the report in Cheshire County. It was suggested that a link be put on the DHHS website and the NPHA website.

State Health Report – Joan gave a brief update on the discussions to date on for an upcoming state health report. The report will look at using indicators from the County Health Rankings report and see what can be analyzed at the regional level. DPHS will use the social determinants of health approach and provide both state and regional data. There will be some kind of rating system but not rankings like the County Health Rankings report. The rating system will help the state and regions determine what are priorities for their regions with some sort of rating looking at trends and some comparison to a benchmark or target.

Regionalization – Upcoming assessments are scheduled for Carroll County on March 22, Concord on March 3rd, and Strafford on March 23rd.

Joan noted that in lieu of the next meeting the council and public health networks are invited to share their thoughts on regionalization with consultant Pat Libbey who is gathering information on regionalization efforts from several states for a Robert Wood Johnson Foundation project. The meeting is March 18th.

An MLC site visit is scheduled for April 12th. Council members will receive an invitation.



HB 491
Public Health Improvement Services Council
Minutes
Meeting April 15, 2010
2:00 PM – 4:00PM
Rooms 110 & 111

Present or on the phone were: Joan Ascheim, Bobbie Bagley, Shari Goldberg, Jaime Hoebeke, Lisa Morris, Rick Rumba, Mary Kaplan, Mike Devlin, Jo Porter, Lisa Mure and Joe Harding

Welcome and Introductions

Mary Kaplan

Transformation in Substance Abuse Prevention Services

Joe Harding
Lisa Mure

Joe reviewed his role as director of the Bureau of Drug and Alcohol Services (BDAS) overseeing all publicly funded substance abuse and treatment services. Joe also serves as the executive director of the Governor's Commission on Alcohol and Drug Prevention, which has a diverse make-up and a focus to coordinate alcohol and drug policy across state agencies. The Commission oversees the drug and alcohol fund that comes from liquor sales. Historically it has funded approximately 45 prevention programs. Many are targeted towards youth prevention and some intervention programs. Over the years it has been difficult to demonstrate effectiveness, not unlike programs across the nation. So SAMSHA put funds out for the Strategic Prevention Framework (SPF) grant so communities could implement data-driven, evidenced-based, and a public health approach to substance abuse prevention services.

This was an \$11 million grant over five years. The federal block grant has a set aside of 20% for prevention services and BDAS puts some fund from the Governor's Commission into prevention. With the new funds BDAS funded 10 prevention coalitions and this was done when BDAS was in public health using a public health approach. The grant ends 9/30/2010 so some decisions needed to be made regarding funding going forward. BDAS is using the SPF model and reallocating funds going forward. They are using block grant funds for coalitions and will change the name to regional networks. Local prevention programs will have to be in line with regional plans. BDAS issued an RFP for prevention services recently and are about to award these contracts subject to G&C approval. In a week or two they are releasing regional network RFPs which will begin on October 1, 2010. Prevention contracts will be integrated into the regional networks after they are in place. They are using a continuous quality improvement model for the networks. The networks will collect and analyze data, identify resources available in the region (other stakeholders), and address sustainability and operational improvement. Regional networks will be asked to look for operational efficiencies such as working with public health networks or other like-minded organizations. One limitation is that the federal agency states funds must be used solely for substance abuse prevention.

Rick asked for clarification of direct prevention services – Joe stated this means particular services directed at particular populations. BDAS is excited about funding the Center for Excellence with Department and the Charitable Foundation funds. The role of the Center is to centralize some work such as data collection through a web-based system. The Center is also looking at issues relative to fidelity to evidenced-based programs and data collection using core indicators across programs. These core indicators are around knowledge and attitudes. With this new system of regional networks, all parts of the states are covered and data can be gathered by region and see if programs are working. The Center is using a learning collaborative approach and quality improvement. This represents a complete systems change for BDAS. A stakeholders meeting was held in March to look at the best kind of system for NH. There was recognition of the value of SPF to date and discussion of how to move forward with less money. The Center will be able to provide a grant writing function to try to bring in more funding and to provide technical assistance to the regions.

Mike asked if 10 localities were funded. Joe clarified that there are 10 regional entities that theoretically reach the entire state. The Center and the Bureau uses a plan created in April 2007 to guide their work in prevention and believes now they are better positioned to implement the plan with the existing structure.

Lisa Morris asked if there is a plan to look at where public health aligns with SPF regions and where we can leverage some funds. Where is there overlap and where could we leverage funds? Joe said he hopes this will happen and confirmed that the RFP encourages this. Mary noted that there is opportunity at this time with the RFP and it would be good if there were incentive to do so.

Lisa Mure

Lisa Mure stated that brief interventions are a place that there could be overlap. There are opportunities with the Department of Education to collaborate on safe and drug-free schools. Rick mentioned there is a coordinated school health council and could be place to work together. Mary noted that health care reform funds provide significant incentive for CHCs and schools to do substance abuse prevention.

It was suggested that Joe and Lisa come periodically come to the council meeting.

UNH MPH Students PHIAP Report Update

Joan explained the project UNH MPH students are going to write a progress report on the PHIAP report. Joan discussed format and recommended shortening the report by summarizing the background sections and expanding the results piece on the action steps on the strategic action plans. It was asked if we could show some additional accomplishments on the timeline? Mary and Rick agreed to review the report in its draft format.

Regionalization Update

Capacity and Assessment Update – Joan presented a summary of assessments accomplished to date and some preliminary aggregate findings. It was agreed that a more detailed presentation should be provided at the next meeting.

Financial Assessment Update – Joan presented a brief summary of a preliminary analysis of the regionalization financial assessment. A brief analysis shows that more state funds and state resources go to rural areas of the state on a per capita basis. Conversely, more municipal funds are spent per capita in urban areas. There is more analysis to be done but this will be shared widely when complete and in more detail at an upcoming PHISC meeting.

Next meeting

Mary will call Senator Gilmour and Representative Dipentima to come to the meeting.
More detailed information on the regionalization.

Other Business

It was suggested that health care reform be an agenda item for June and Joan will see if José can attend that meeting. It was asked that Joan send out the TFAH analysis on health care reform and public health.

2010 Dates

Meetings held at Hazen Drive, Room 312

May 20 – Laura Davie CHI
UNH MPH Student Presentation
June 17 - Health care reform
July 15

August 19
September 16
October 21
November 18
December 18

Selected Workforce Provisions

National Health Care Workforce Commission (Sec. 5101) – Establishes a commission to serve as a national resource for Congress, the President, States and Localities, determine whether the demand for health care workers is being met, identify barriers to coordination and encourage innovation. It shall disseminate information on retention practices for health care professionals and shall review current and projected health care workforce supply and demand and make recommendations regarding healthcare workforce priorities, goals and policies. The Commission shall communicate and coordinate with a variety of federal agencies and departments. Specific topics to be reviewed include health care workforce supply and distribution, health care workforce education and training capacity; existing education loan and grant programs, the implications of federal policies; the healthcare workforce needs of specific populations, and recommendations creating or revising loan repayment and scholarship programs. Public health professionals are included in the definition of health care workforce and the definition of health professionals. Public health workforce capacity is also included in the high priority areas list.

State Health Care Workforce Development Grants (Sec. 5102) – Establishes a competitive healthcare workforce development grant program to enable State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels. Authorizes \$8 million for planning grants and \$150 million for implementation grants for FY 2010 and such sums for each subsequent year.

Health Care Workforce Program Assessment (Sec. 5103) – Codifies the existing National Center for Health Care Workforce Analysis to provide for the development of information describing the health care workforce and the analysis of related issues and collect, analyze and report data related to programs under this title. The National Center and relevant regional and State centers and agencies shall collect labor and workforce information and provide analyses and reports to the Commission.

Public Health Workforce Recruitment and Retention Programs (Sec. 5204) – Establishes a public health workforce loan repayment program to eliminate critical public health workforce shortages in Federal, State, local and tribal public health agencies. Individuals receiving assistance must work at least three years in these agencies. In FY 2010, \$195 million is authorized to be appropriated for this program, and such sums as necessary for FY 2011-2015. Sec. 5205 creates allied health workforce recruitment and retention programs.

Training for Mid-Career Public and Allied Health Professionals (Sec. 5206) - Authorizes the Secretary to make grants or enter into contracts to award scholarships to mid-career public health and allied health professionals to enroll in degree or professional training programs. Authorizes \$60 million for these programs in FY 2010 and such sums as necessary for FY 2011-2015.

Elimination of cap on Commissioned Corps (Sec. 5209) This section strikes the required cap of 2,800 for members of the Regular Corps.

Establishing a Ready Reserve Corps (Sec. 5210) - Assimilates active duty Ready Reserve Officers into the Regular Corps & establishes a Ready Reserve to participate in training exercises, be available and ready for involuntary calls to active duty during national emergencies and public health crises, be available for deployment and for backfilling positions left vacant during deployment of active duty Corps members, and be available for service in isolated, hardship & medically underserved communities. This section authorizes \$5 million for FY 2010 – FY 2014 for carrying out the duties and responsibilities of the Commissioned Corps under this section and for recruitment and training; and \$12.5 million for the Ready Reserve Corps for FY 2010 – FY 2014.

Grants to Promote the Community Health Workforce (Sec. 5313) – Directs the Director of CDC to award grants to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.

Epidemiology-Laboratory Capacity Grants (Sec. 4304) Directs the Secretary (subject to the availability of appropriations) to establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for and response to infectious diseases and other conditions of public health importance. Authorizes \$190 million for each year of fiscal years 2010-2013 to carry out this section.

Fellowship Training in Public Health (Sec. 5314) – Authorizes funding for fellowship training in applied public health epidemiology, public health laboratory science, public health informatics, and expansion of the epidemic intelligence service in order to address documented workforce shortages in State and local health departments. Authorizes, for each of fiscal years 2010 through 2013, \$5 million for epidemiology fellowship training programs, \$5 million for laboratory fellowship training programs; \$5 million for the Public Health Informatics Fellowship Program; and \$24,500,000 for expanding the Epidemic Intelligence Service.

Training in General, Pediatric and Public Health Dentistry (Sec. 5303) – Authorizes the Secretary to make grants to, or enter into contracts with, a school of dentistry, public or nonprofit private hospital or a public or private nonprofit entity to plan, develop and operate or participate in an approved professional dentistry program; to provide financial assistance to dental students, residents, practicing dentists and dental hygiene students, and for other purposes.

United States Public Health Sciences Track (Sec. 5315) Authorizes the establishment of a United States Public Health Sciences Track with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team based service, public health, epidemiology, and emergency preparedness and response. Students receive tuition remission and a stipend and are accepted as Commissioned Corps officers with a 2-year service commitment for each year of school covered. Included among the graduates shall be 100 public health students annually. Includes a provision that would develop elite federal disaster teams.

Preventive Medicine & Public Health Training Grant Program - Directs the Secretary to award grants to or enter into contracts with eligible entities to provide training to graduate medical residents in preventive medicine specialties.



HB 491
Public Health Improvement Services Council
Meeting May 20, 2010
2:00 PM – 4:00PM
Room 312

Present were: Joan Ascheim, Kevin Flanagan, Shari Goldsberry, Yvonne Goldsberry, Representative Jim Pilliod, Lea Ayers LaFave, Mike Devlin, Laura Davie, Laura Holmes, Jo Porter, John Seavey, Emily, Blazek, Melissa Gagnon, Jeanie Holt, Jamie Morrill, Ashley Peters.

Welcome and Introductions

Mary Kaplan was unable to attend so Joan Ascheim chaired the meeting and began with introductions. Mike Devlin was welcomed as a new member of the council, officially appointed by the Governor.

UNH MPH Students PHIAP Report Update

UNH MPH students Emily, Blazek, Melissa Gagnon, Jeanie Holt, Jamie Morrill, and Ashley Peters were introduced and presented their report, which updated the PHIAP plan. The students interviewed chairs of the PHIAP work groups to obtain feedback on progress made for each strategic priority and the recommended next steps for each group. They summarized feedback from the work group leaders in a PowerPoint and a final report. Further they posed some questions to the council, particularly regarding the ongoing role of the council and how it will continue after it sunsets in November 2010. Council members will review the report and make recommendations for its dissemination and presentation to the legislature. The students were commended for their excellent work.

Update on the Citizen's Health Initiative Health Promotion Disease Prevention Initiative

Laura Davie noted that she was invited to present an update on the work of the Citizen's Health Initiative, Health Promotion Disease Prevention Initiative (CHI HPDP) by Mary Kaplan. She provided a brief history of the CHI and described the three pillar projects: Health Promotion Disease Prevention; Medical Home Pilot Project and the Accountable Care Organization Pilot Project.

The HPDP has been working on public health and personal health systems integration. They have been researching best practices to help define and describe what integration looks like. A report is forthcoming.

Discussion on the Sunsetting of the Public Health Improvement Services Council – November 2010

Kate Frey, legislative liaison for DPHS joined the meeting to inform a discussion on the sunsetting of the council. HB 491 was enacted in 2007 and was slated to end in November of 2009. In 2008, legislation was introduced to extend the end date to November 2010. Kate discussed the study committee on committees, which met during this legislative session and determined that some committees would cease meeting. The council naturally ends in November 2010. However it was clear that there is a desire on the legislature's part to discourage the creation of or sustaining study committees or councils.

The group discussed several options for the council: allowing it to lapse and meeting on an ad hoc basis, seeking legislation to continue as currently defined, or seeking broader authority in the form of a board of health. An initial discussion on the pros and cons of the various options were discussed. However it was decided that a more informed, detailed discussion should take place at the next meeting.

Discussion on the Sunsetting of the Public Health Improvement Services Council – November 2010 – cont.

Jo Porter offered to contact the Robert Wood Johnson Foundation practice research group to ask if they know of any study of the pros and cons of a statewide board of health. It was also discussed that we could contact some of the states after which we modeled the council legislation and ask this question. It was decided that for the upcoming meeting people would review the current legislation and discuss the pros and cons of the options for the future of the council. It was also suggested we discuss how the council differs in structure and purpose from other groups (CHI, NHPHA)

It was decided that the regionalization update be held for the upcoming meeting with the hopes that more members can be in attendance.

Upcoming Meeting Dates

Meetings are the 3rd Thursday of the month from 2:00 – 4:00 PM in various rooms at 29 Hazen Drive in Concord (unless otherwise noted)

2010 Dates

June 17	Room 312	September 16
July 15	Room 312	October 21
August 19	Room 312	November 18
		December 18



HB 491
Public Health Improvement Services Council
Meeting June 17, 2010
2:00 PM – 4:00PM
Room 312

Minutes

Present were: Joan Ascheim, Janet Atkins, Bobbie Bagley, Mike Devlin, Kristina Diamond, Rep. Rich Dipentima, Shari Goldberg, Yvonne Goldsberry, Shawn LaFrance, Lea Ayers LaFave, Lisa Morris, Rep. Jim Pilliod, Jo Porter, Rick Rumba, Mary Vaillier-Kaplan, Lisa Mure called in

Welcome and Introductions

Regionalization Update

- **NACCHO Capacity Assessment**
- **Governance**
- **Financial**

Lea LaFave presented an overview of the capacity assessments of 12/15 regions and discussed the common findings, strengths and gaps. The powerpoint is available to council members. Questions were asked about the methodology. The limitations of a self-assessment were discussed and the limitations of the scores. The value of the findings is the consistencies across regions and some of the gaps identified in the public health system. In particular the need for a hub to coordinate public health services within a region was clear.

Joan Ascheim presented the governance assessment result for the 12 regions. Many questions were raised in this assessment related to the potential roles of various public health entities (county, municipal, not for profit) and how they relate to a governing body and some of the legal and logistical questions raised.

Yvonne Goldsberry spoke of the work in Cheshire County to begin the process towards creating a county health department in the region. There is strong support for this. There are questions about the provision of services beyond the county boundaries as the public health network services towns in Hillsborough County. There has been discussion of an existing coalition assuming the public health council role. Local town health officers support a regional approach to health officer responsibilities.

Representative Dipentima expressed his concern that the proposed layers of public health and governance can become confusing. This would all need to be spelled out in legislation.

Lisa Morris stated that her regional partners thought the county would be a likely structure to take on the delivery of public health theoretically but in reality, the county is not set up or poised to do this.

Joan briefly presented the preliminary findings of the financial assessment, which looks at public health financial resources by public health region. Work continues to finalize some of the categories

for analysis and assignment of towns to proper regions.

Joan noted that she had a discussion with Manchester about how to conduct the NACCHO and governance assessments with the municipal health departments. She and DPHS staff will develop an adapted assessment tool to use, which will help frame these discussions in Manchester, Nashua and Portsmouth.

Discussion – future of the council and role going forward

The group discussed options for continuing the council. It was thought that a statutory body holds value in the state particularly if it wants to bring legislation forward. Additionally it was seen as a benefit for the state in applying for federal grants.

It was decided that the council would seek to extend the end date of the council through legislation and add language in the statute relative to overseeing the regionalization initiative. Representative Dipentima will try to get the council on the agenda for the Health and Human Service Oversight Committee in October.

Group

PHIAP Report – format

Joan asked for an ad hoc subcommittee to review the MPH students' work on the PHIAP Report and determine the final content and format. Bobbie, Rick, Yvonne, Shari and Jo Porter volunteered. Joan will set up a meeting.

Upcoming Meeting Dates

Meetings are the 3rd Thursday of the month from 2:00 – 4:00 PM in various rooms at 29 Hazen Drive in Concord (unless otherwise noted). The July meeting was canceled.

2010 Dates

July 15 - Canceled

August 19 - Room 312

September 16

October 21

November 18

December 18



Public Health Improvement Services Council

August 19, 2010, 2010

2:00 PM – 4:00PM

Minutes

Present were: Joan Ascheim, Janet Atkins, Bobbie Bagley (phone), Kevin Flanagan, Shari Goldberg, Yvonne Goldsberry (phone), Jaime Hoebeke, Shawn LaFrance, José Montero, Lea Ayers LaFave, Lisa Morris, Jo Porter (phone), Rick Rumba, Mary Vaillier-Kaplan, Jonathan Stewart

Public Health Infrastructure Grants

The Division of Public Health Services applied for two grants under this CDC announcement of health reform funds for public health infrastructure. Component I will fund a full-time performance improvement officer to lead performance improvement initiatives. This is 5 year funding which begins September 30, 2010. The grant is non-competitive so NH is pretty much assured of this funding. Component II is competitive with 10-27 grants being funded at the level of \$1- 2.7 million. For this component, NH applied to do the following: pay for training on performance improvement and develop or procure a performance management IT application. It proposes to fund 5 epis to be shared among the public health networks and one at the state level to serve as a mentor. It funds a contract specialist at the state to manage the associated grants and contracts. It funds 10% of a public health network coordinator's time to allow them to work on public health issues beyond emergency preparedness and a public health prevention specialist to work on tobacco and obesity prevention. Funds will also be spent on an IT application that will allow data from various sources to be brought together to have real-time public health data. Notification of successful grants will be September 30, 2010.

PHISC Legislation 2010

The DPHS is considering submission of legislation to continue the council until 2014 and add responsibilities to oversee regionalization and public health infrastructure development. There was discussion around why at this time DPHS is not proposing a governance structure based the public health regional councils proposed. Joan stated that lacking the final results from all the assessments the DPHS thought it premature to proposed any more detailed legislation relative to regionalization.

PHIAP Report

A small group of council members (Yvonne, Rick, Bobbie, Jo) met to review the PHIAP progress report produced by the UNH MPH students and to determine the format and content of the report. The group firmed up a strong outline and recommended that we seek funds to print the report using a similar format and look as previously done.

PHIAP Workgroups –Keeping the Momentum

The group had an excellent discussion about maintaining the PHIAP workgroups going forward. Joan noted that the Monitoring Health Status group remained active, except for a hiatus while many members work on the state health assessment. Additionally, she stated that she had a discussion with the NH Public Health Association about their Communication Committee taking on the active chairmanship of the PHIAP communication committee. Jonathan noted that while the Mobilizing Community Partnerships group is not meeting, there has been an organic increase in community partnerships working together or meeting the goals of the original work group. For example the SPF groups are looking at tools that help partnerships work together. It was suggested that we contact the BDAS and look for opportunities to collaborate in this area. In some communities this is happening, but in all.

Jaime suggested we look at how we can weave some of the goals of the work from the work groups into other efforts and initiatives. For example, there are workforce initiatives in health reform that might be pertinent to the work plan developed in the workforce workgroup.

Health Reform and Public Health – José Montero, MD

Dr. Montero reported NH's activities related to health reform. The Department of HHS leadership team is meeting with the Department of Insurance to work on the health insurance exchange. In brief there will be a web-based application where people will be able to determine their eligibility for an array of insurance products. NH is anticipating expanding insurance coverage for 60,000 people. The goal is not just access to insurance but to make people healthier. NH is looking at integrating all services upfront such as Medicaid, food stamps etc. The Endowment for Health will be conducting a communication initiative relative to health reform.

Dr. Montero discussed the fact that increased access to health care and preventive services will impact public health and we need to determine exactly how.

Dr. Montero talked about several grants the DPHS has or is applying for including: abstinence, home visiting, personal responsibility, electronic laboratory communications, and primary care work force.

Johann's Amendment

The Johann's Amendment, named for Senator Mike Johanns (R-Nebraska) will virtually eliminate the Prevention and Public Health Fund, which would put billions of dollars into public health. Members discussed drafting a letter to the NH delegation letting them know about this amendment and its ramifications.

Regionalization in Brief

Joan noted that assessments have been completed in all regions excepting the municipalities of Manchester, Nashua and Portsmouth. Joan is working with Tim Soucy to develop an assessment that could be used in the municipal setting.

The financial assessment is being finalized with data cleaning being done now. The plan is to have a final report completed in the fall.

Upcoming Meeting Dates

Group

Meetings are the 3rd Thursday of the month from 2:00 – 4:00 PM in various rooms at 29 Hazen Drive in Concord (unless otherwise noted)

2010 Dates

Joan is away for both the September and October dates so an alternate date will be explored

September 16- Joan away

October 21 – Joan away

November 18

December 18



HB 491
Public Health Improvement Services Council
November 18, 2010
2:00 PM – 4:00PM
Room 312

Present via phone or in person were: Joan Ascheim, Janet Atkins, Bobbie Bagley, Kristina Diamond, Representative Rich Dipentima Yvonne Goldsberry, Jamie Hoebeke, Shawn LaFrance, Jo Porter, and Rick Rumba

PHIAP work group goals – being met in new settings?

The group discussed each of the PHIAP strategic priority areas to determine if there are other efforts which are aligned with the priority and could take on the work of the workgroup

Inform, Educate, and Empower

Joan mentioned that DPHS wrote into one of their grants to have the staff person take on the work of the PHIAP health promotion inventory website. Joan noted that this involves solidifying the process for maintaining the website before marketing it further. She will follow-up internally with staff on this.

The original work plan looked to establish a process to deliver consistent health messaging but this is an area that was not explored through the work group. Joan noted that through the DPHS strategic planning process, a group is convening to look at how DPHS does health messaging and the types of messaging. It was thought that they could come report to the Council.

We can also ask Council members to discuss how we are doing messaging from a process standpoint. Bobbie noted that Nashua has a regional media advisory group, doing PSAs, and has a facebook page. Members thought we could look at processes for sending health messages first and content second. Yvonne noted that it is much easier to adapt state messages for local use than to create one from scratch.

Monitoring Health Status

The Council agreed that using the state health report as the basis of a health data system and jumping off point for regional health profiles made sense. The group working on the state health report is essentially the Monitoring Health Status Workgroup.

Mobilizing Community Partnerships

The group noted that we need a report out from the survey conducted by this group. The group also agreed that there is a lot of work being done relative to building community partnerships through the public health networks and the strategic prevention framework partnership. It was agreed that a meeting of these two groups to plan makes sense. Joan noted that she would set up a meeting with Joe Harding and staff to discuss.

Yvonne noted that the health promotion disease prevention committee of the Citizens Health Initiative published a report on the bridging of medical and public health. The community partnership piece of this is important. Shawn noted that relative to the HEAL funded coalitions, three of the four are strongly linked to public health networks.

Develop Policies and Plans

The group discussed the original main goal for this workgroup, which was, to develop the Council that could oversee public health planning happening in the state. It was noted that substantial public health planning has been done around public health regionalization and infrastructure, emergency preparedness and climate change

as it relates to public health.

Joan noted that DPHS will be working on a state health plan following the state health report.

Jo noted that through the CDC Assessment Initiative, the Institute for Health Policy and Practice will be developing community health profiles following the state health report, which would give communities a basis for developing community health plans.

Yvonne talked about the need to help communities go beyond community assessments to community planning. People need help prioritizing the information they receive.

The group talked about the Council providing a template to do health assessments.

Since there were several members in the room who have done or are working on assessments and moving to the prioritization and planning phase, the council discussed the possibility of providing training and technical assistance to communities. This will be explored further.

Develop a Communication Plan

Joan shared a brief summary of the evaluation of the public health communication campaign. In sum, not very many people saw the ads in the paper. A few are using the materials with the poster being the most popular item. The campaign was co-chaired by the NH Public Health Association and the Glen Group. The NPHPA Communications Committee discussed using the existing campaign materials but adding a message relative to the public health component of health reform. Rick mentioned that the communications committee talked about using social media and other means beyond newspaper to get the word out.

Develop a Competent Workforce

Jaime described the Dartmouth public health training grant, which will work to get more physicians into public health practice experiences.

She also described the Boston University Alliance For Public Health Workforce, which is focused on web-based learning.

The Office of Minority Health received a large grant intended to assist minority populations to enter the health workforce through training and support in areas such as nursing, medical assistants, allied professionals etc. Public health is not currently one of their target areas though Bobbie Bagley noted she would continue to discuss.

The Manchester Health Department is still doing its 5 institute courses. Additionally they do health officer training and are testing media site capacity to record training so people can do it on-line

PHIAP Report

Joan is finalizing the report and may ask for some editors.

Regionalization Update- Municipal Assessments

Assessments have been completed in Manchester, Nashua, and Portsmouth. Manchester and Nashua would consider providing public health services outside city limits were resources available. Legal constraints affect the ability to provide enforcement activities outside the city. Portsmouth has less capacity to deliver services beyond environmental health and outside the city limits. Joan mentioned that DPHS would be having a conversation with the Berlin Health Department about their capacity as well.

Once these discussions are complete and the financial assessment report is complete (mid-December) a final report on regionalization can be finalized. This report will be brought to the Council. The report will be utilized to make recommendations going forward.

DPHS Strategic Planning Performance Management Work Group

Joan noted that DPHS is getting closer to hiring a performance management officer to oversee all performance improvement efforts in the Division. The performance management officer will work on training DPHS on performance improvement and in the second year of the grant, move on to training community partners on performance improvement. Additionally, DPHS is reviewing performance management software to track performance of DPHS programs.

State Health Report – Update – APHA presentation

The state health report is being finalized and is slated for a December release. The first release will be a state level report with some regional data. Regional profiles will be released later with through an on-line report. The Institute on Health Policy and Practice is working with DPHS on the regional and web component. Joan presented work to date on the state health report at the American Public Health Institute.

State Health Improvement Plan

Joan noted that this would follow the completion of the state health report. It may however be part of a broader state health planning initiative than just the division.

Accreditation Update-

Joan noted that DPHS would have a student intern working on a readiness assessment for the Division. While the Public Health Accreditation Board will begin accrediting health departments in 2011, DPHS will likely not seek accreditation before 2012.

Both Manchester and Nashua noted they are working on the prerequisites for accreditation including the community health assessment and community health plan.

Upcoming Meeting Dates – set future meetings?

Members decided that as we are meeting unofficially now, we will skip the December 18th meeting and continue to meet every other month. Meeting dates for 2011 are below. All meetings are 2-4PM in Room 312.

January 20, 2011

March 17, 2011

May 19, 2011

July 21, 2011

September 15, 2011

November 17, 2011