

NEW HAMPSHIRE'S **PUBLIC HEALTH IMPROVEMENT**

ACTION PLAN 2008



Improving the Public's Health in New Hampshire

NEW HAMPSHIRE'S PUBLIC HEALTH IMPROVEMENT

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New Hampshire Department of Health and Human Services
Division of Public Health Services

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March 2008

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An electronic version of this report is available on the Improving the Public's Health in New Hampshire website,
www.dhhs.nh.gov/DHHS/DPHS/iphnh.htm

Suggested citation:

Ascheim, JH New Hampshire Public Health Improvement Action Plan 2008, New Hampshire Department of Health and Human Services,
Division of Public Health Services, Bureau of Policy and Performance Management 2008

“By bringing in a diverse group of people—including people who are outside the ‘usual suspects’—we moved outside the ‘group think.’ This allowed us to come up with more universally relevant responses and made us think differently.”

Margaret Franckhauser
Community Health and Hospice Inc.

Acknowledgements

This plan, developed to improve the health of the people in New Hampshire, represents the efforts of more than 100 public health partners in the state. These partners worked, not as individuals, but rather as a team focused on a goal. To quote baseball great Babe Ruth:

“The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don’t play together, the club won’t be worth a dime.”

This plan represents countless hours of time volunteered by the partners to develop a thoughtful action plan. Their continued commitment to work together going forward will guarantee the plan’s success. Partners names are listed at the end of the report.

Thank You

This report and the meetings of partners to produce it were generously supported by the Endowment for Health. We greatly appreciate their financial support as well as their leadership and partnership throughout this public health improvement process.

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Our gratitude also goes out to the individuals who took the time to review report drafts and provide us with valuable feedback.



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What is Public Health?

When public health systems and professionals are working well, we hear nothing. When our drinking water is safe, our food is healthy, our children's teeth are without cavities, fewer teens are smoking and fewer people are dying as a result of motor vehicle accidents or tuberculosis, public health has played an instrumental role. Yet defining public health remains a challenge.

For the purpose of this public health improvement effort New Hampshire adopted the Institute of Medicine (IOM) definition of public health, which reads:

“What we as a society do collectively to assure the conditions in which people can be healthy.”¹

What is the Public Health system?

As this definition implies, assuring the health of people is a collective responsibility of society. Much of the work of public health is carried out by public health systems partners. **The IOM defines the public health system as:**

“The public health system...describes a complex network of individuals and organizations that have the potential to play critical roles in creating the conditions for health. They can act individually, but when they work together toward a health goal, they act as a system—a public health system.”²

New Hampshire has a rich and long history of individuals and organizations working together to better the health of its people. The New Hampshire public health system and contributors to this plan include a diverse array of partners including but not limited to: the state and local health departments; community coalitions, health associations; community health centers; community-based health, mental health and social service agencies; health care providers; insurers; philanthropic organizations; public health institutes; academic centers; related state agencies; and hospitals. The collective contributions of these groups is synergistic, and greater than the sum of its parts.

C. Everett Koop, the U.S. Surgeon General from 1981–1989, aptly stated the importance of public health and differentiated it from personal health care:

“Health care matters to some of us some of the time, public health matters to all of us all of the time.”³

The work detailed in this public health improvement action plan matters to New Hampshire's people now and in the future.

¹ IOM (Institute of Medicine) 1988 The Future of Public Health, Washington, DC, National Academy Press.

² IOM (Institute of Medicine) 2003 The Future of Public Health in the 21st Century, Washington, DC, National Academy Press.

³ www.whatispublichealth.org/index.html



THE NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS PROGRAM

A Framework to Strengthen our Public Health System

When you purchase a new vehicle, you likely feel some assurance that it meets motor vehicle safety standards. You may not be aware that it is the National Highway Traffic Safety Administration that sets out these standards, but you probably are aware that new cars are tested for safety and based on those tests, certain features such as seat belts and airbags have become standard. You know when it's time to take your car in for inspection, there are certain criteria it must meet in order for it to be deemed safe for the road.

Experts in the field of public health believe that we should have similar expectations of our public health system. It should meet certain standards and there should be specific criteria by which we can judge its functioning. The National Public Health Performance Standards Program (NPHPSP) is a collaborative effort of seven national public health organizations. The mission of the program is “to improve the quality of public health practice and performance of public health systems” through the development and promotion of national performance standards.

The NPHPSP is a valuable tool to identify areas for system improvement, strengthen state and local partnerships, and assure a strong system that can respond effectively to day-to-day public health issues and to public health emergencies.

Concepts Applied in the NPHPSP

- 1 The standards are designed around the ten Essential Public Health Services.**
- 2 The standards focus on the overall public health system, rather than a single organization.**
- 3 The standards describe an optimal level of performance.**
- 4 The standards are intended to support a process of quality improvement.⁴**

⁴ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Public Health Performance Standards Program, Users' Guide, Fall 2007

PULSE

TAKING THE PULSE OF OUR STATE PUBLIC HEALTH SYSTEM

Before any plan for improvement is set in motion, needs and priorities must be identified. In October 2005, the New Hampshire Department of Health and Human Services, Division of Public Health Services (DHHS, DPHS), convened over 100 health and human service professionals, from both the public and private sectors, to assess the performance of the public health system in New Hampshire. Using the [National Public Health Performance Standards Program \(NPHPSP\) State Public Health System Assessment](#), this diverse array of participants rated New Hampshire's capacity to carry out the Ten Essential Public Health Services. The Essential Public Health Services were developed in 1994 by national public health experts to provide consensus language and definition of the roles of public health.⁵



⁵ IOM (Institute of Medicine) 2003 *The Future of Public Health in the 21st Century*, Washington, DC, National Academy Press



The Essential Public Health Services

In Plain English

| | |
|---|--|
| 1 Monitor health status to identify health problems | What's going on in our state? Do we know how healthy we are? |
| 2 Diagnose and investigate health problems and health hazards | Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response? |
| 3 Inform, educate and empower people about health issues | How well do we keep all people and segments of our state informed about health issues so they can make healthy choices? |
| 4 Mobilize partnerships to identify and solve health problems | How well do we really get people and organizations engaged in health issues? |
| 5 Develop policies and plans that support individual and statewide health efforts | What policies promote health in our state? How effective are we in planning and in setting health policies? |
| 6 Enforce laws and regulations that protect health and ensure safety | When we enforce health regulations are we up-to-date, technically competent, fair and effective? |
| 7 Link people to needed health services and assure the provision of health care when otherwise unavailable | Are people receiving the health services they need? |
| 8 Assure competent public and personal health care workforce | Do we have a competent public health staff? How can we be sure that our staff stays current? |
| 9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services | Are we doing any good? Are we doing things right? Are we doing the right things? |
| 10 Research for new insights and innovative solutions to health problems | Are we discovering and using new ways to get the job done? |

“Participants had the opportunity to interact with those outside their usual sphere. The process and resulting product were more robust due to this variety of perspectives.”

Elaine Frank
*Injury Prevention Center
at Dartmouth-Hitchcock*

THE NEW HAMPSHIRE PUBLIC HEALTH PERFORMANCE STANDARDS ASSESSMENT & RESULTS

The 110 invited public health partners met over two days, divided into five groups to assess the state's public health system's (SPHS) performance on the Ten Essential Services. They scored responses to a number of questions for each essential service intended to measure performance on that service. A final score was assessed for each essential service after all the data was submitted to the Centers for Disease Control for analysis. A full report on the assessment process and results can be found on our website at:

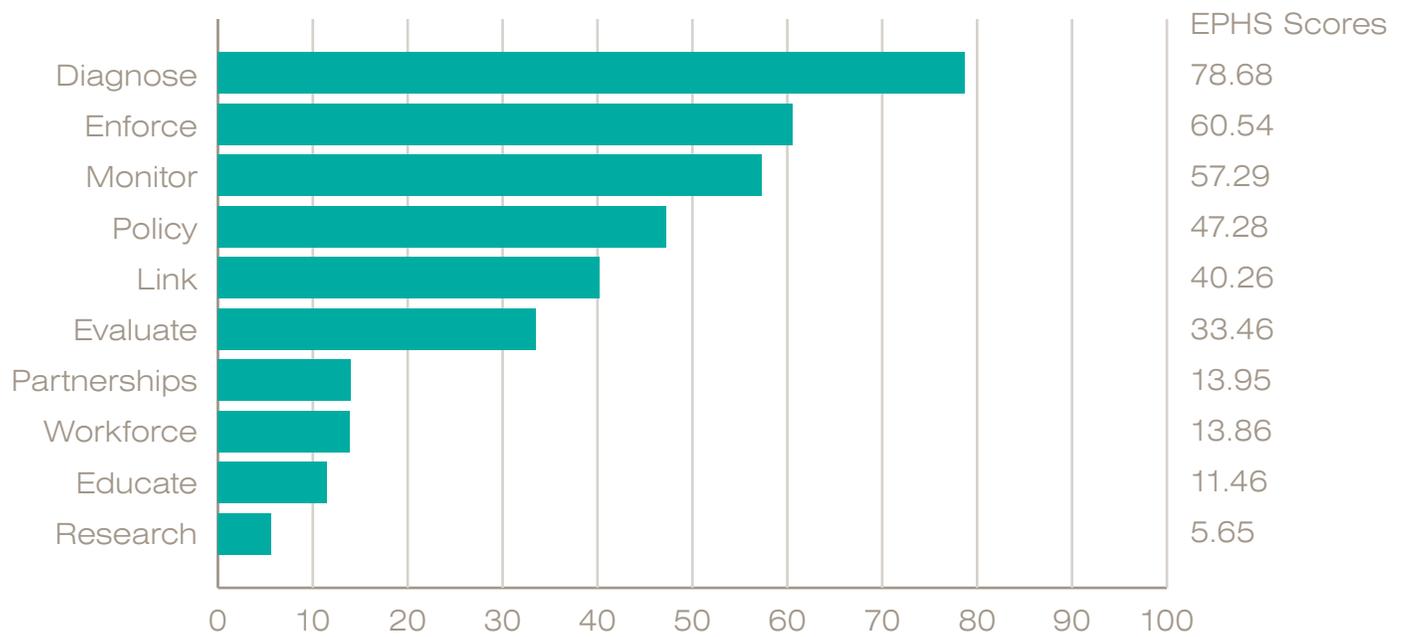
[www.dhhs.state.nh.us/
DHHS/DPHS/LIBRARY/
Data-Statistical+Report/
publichealthassessment.htm](http://www.dhhs.state.nh.us/DHHS/DPHS/LIBRARY/Data-Statistical+Report/publichealthassessment.htm)

New Hampshire's overall score for all the essential services was 36 out of 100, which was the average at that time for the 15 states around the country that had completed the assessment. While this score appears low at first glance, it is important to keep in mind that the standards reflect an optimal level of performance, or goals to strive to reach. Secondly, since the standards are intended to support a process of quality improvement, it is more valuable to focus on the scores on each essential service and, more importantly, how New Hampshire used these results to set priorities for performance improvement.

ASSESSMENT AND RESULTS

NPHPSP State Public Health System Performance Assessment Instrument

Essential Public Health Service's (EPHS) Summary Scores



THE HIGH AND LOW SCORING ESSENTIAL SERVICES

Highest Ranking Essential Services

Diagnose and investigate health problems

Enforce laws and regulations

Monitor health status

Lowest Ranking Essential Services

Research for new insights and innovation solutions

Inform, educate and empower people about health issues

Assure a competent workforce

Mobilize community partnerships

“The Division of Public Health Services staff is very motivated to keep this moving. One of our top priorities is to continue to improve communication of public health information among public health providers.”

Kimberly Grace
Division of Public Health Service

What was said about New Hampshire's Public Health System?

Those participating in the assessment process were asked to talk about the New Hampshire public health system's strengths and weaknesses and to offer their recommendations for improvement or action.

What makes us strong?

Participants believed that the small size of our state and limited resources in New Hampshire encourage collaboration and creativity. They noted several assets of the public health system including: many committed public health professionals; numerous valuable technical assistance resources in the state at academic centers, state agencies, and in not-for-profit foundations and institutes; and a broad array of public health activities.

Challenges We Face

While attendees note many strengths some in attendance found the public health system in New Hampshire to be fragmented, leading to a dilution of the potential impact of the many public health programs and activities. Other weaknesses described were: limited human capital resources, underutilization of technology for communication, inconsistent cultural competency, and an imbalance of power between state and local partners.

What We Need to Do

There was a call from participants to sustain momentum for planning with broad input from and communication back to public health system partners. Participants articulated a need to educate the public and policy makers relative to the importance and value of public health. Examples of specific recommendations include: increased training of health officers, and using technology for improved communication.

MOVING FROM ASSESSMENT TO IMPROVEMENT PLANNING:

Public Health Improvement Action Plan Process

The Public Health Improvement Action Plan Advisory Committee (PHIAP)

Following the assessment, the Division of Public Health Services convened the Public Health Improvement Action Plan Advisory Committee (PHIAP) in February 2006 with the following stated purpose:

To guide a process to improve the New Hampshire public health system's capacity to provide essential services, with the fundamental purpose to improve the public's health.

PHIAP was co-chaired by James Squires, MD, President of the Endowment for Health and Mary Ann Cooney, Director of the Division of Public Health Services (DPHS). The PHIAP membership included a diverse group of individuals selected to represent the public health community and geographic regions of the state. These individuals and a group of Division of Public Health Services staff worked with dedication and enthusiasm over a six-month period to set public health priorities to improve the public health infrastructure and capacity.

“The Division of Public Health Services has created a well-managed process. They are the reason this process is and will keep moving forward. As a result of their work, I am enlightened.”

James Squires, MD
President of the Endowment for Health, Co-Chair of the Public Health Improvement Action Plan Advisory Committee



The Public Health Improvement Action Plan Advisory Committee

MEMBERS

PUBLIC HEALTH IMPROVEMENT ACTION PLAN ADVISORY COMMITTEE

New Hampshire Department of Health and Human Services
Division of Public Health Services
Public Health Improvement Action Plan Advisory Committee

Co-Chair

Mary Ann Cooney
Division of Public Health Services

Co-Chair

James Squires
Endowment for Health

Peter Batula
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Kate Kokko
Southern Strafford County
Community Health Coalition

Ann LaFlamme
Harvard Pilgrim Health Care

Shawn LaFrance
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Nashua Division of Public Health
and Community Services

Steve Norton
New Hampshire Center for Public
Policy Studies

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New Hampshire Legislature

Fred Rusczek
Manchester Health Department

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Services

Tim Soucy
Manchester Health Department

Jonathan Stewart
Community Health Institute

Mary Vaillier-Kaplan
Endowment for Health

Marilyn Watson
Anthem Blue Cross Blue Shield

Norraine Williams
Ammonoosuc Community
Health Services

Division of Public Health Services Members

Joan Ascheim
Cheryl Storey
Chris Adamski
Christine Bean
Lisa Bujno
Kate Frey
Emmanuel Mdurvwa
Jose Montero
Margaret Murphy
Neil Twitchell



SETTING PHIAP PRIORITIES

PHIAP members agreed at the first meeting that they would use the results from the National Public Health Performance Standards Assessment as the starting point for a data-driven public health improvement process. To move from the assessment scores on the ten essential services to articulating priorities for improving the public health system, PHIAP members followed several steps:

1 Agreed upon criteria to determine the level of importance of the ten essential public health services:

- Will result in improved infrastructure and capacity and improve health outcomes.
- Are achievable given reasonable resources (money, people, time).
- Are measurable and supported by evidenced-based practices.
- Will be undertaken by one or more systems partners.
- Will impact health issues which are important due to one or more of the following: cost, urgency, magnitude, incidence.

2 Examined other New Hampshire public health planning initiatives and information needed to assist in setting priorities:

- The Turning Point Initiative—a collaborative undertaking funded in 1997 by the Robert Wood Johnson Foundation to strengthen public health infrastructure in New Hampshire.
- NH Local Public Health Assessments and Prioritization Processes (comparison of state and local public health assessments can be found in the full report at: www.dhhs.state.nh.us/DHHS/DPHS/LIBRARY/Data-Statistical+Report/publichealthassessment.htm).
- The National Public Health Performance Standards Governance Tool—a tool to assess the public health governing body; the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district, or reservation.
- State Health Profile—identified leading causes of death, behavioral risk factors and changing demographics in the state. Also identified data needs.
- A Review of New Hampshire's Public Health Law.

3 Conducted or reviewed other assessments, including an assessment of strengths and challenges; also known as MAPP (Mobilizing Action through Planning and Partnerships) Assessment.

4 Considering all the above, used a two-tiered voting process to determine strategic public health priorities and their relative importance.

2006–2009 NEW HAMPSHIRE PUBLIC HEALTH STRATEGIC PRIORITIES (listed in priority order)

- 1** Inform, educate and empower people about health issues
- 2** Monitor health status to identify and solve community health problems
- 3** Mobilize community partnerships and actions to identify and solve health problems
- 4** Develop policies and plans that support individual and community health efforts
- 5** Develop a communication plan to convey the importance and value of public health
- 6** Develop a plan to assure a competent public health workforce



STRATEGIC ACTION

Creating Strategic Action Plans

In September 2006, the Division of Public Health Services held the New Hampshire Public Health Improvement Summit for the purpose of launching work groups to create action plans for the six strategic priorities. Following the summit, over 150 public health partners met in work groups from October–December 2006 and worked diligently to complete detailed action plans that identified time frames and partners to carry out the work. Names of work group members can be found in Appendix A.



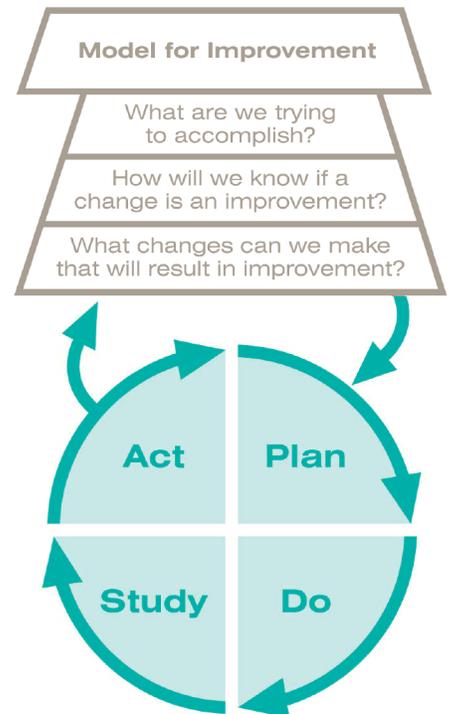
Putting the Action Plans in Motion

In March 2007, work group members reconvened to begin to put their action plans into motion and to select public health partners to lead each group. The Division of Public Health Services determined that it could realistically lead two of the work groups based on available staff resources. Public health partners emerged to lead the other four work groups, demonstrating the true spirit of partnership for this initiative and the widespread commitment to the improvement process.

Strategic Action Plans

Each of the six work groups developed a strategic action plan using the well-known Plan, Do, Study, Act framework for quality improvement. Prior to the development of the action plan, group members undertook a root cause analysis to determine why these public health goals had not previously been achieved. This analysis guided the careful development of a clear problem statement and deliberate selection of effective action steps. A synopsis of each strategic action plan is provided here. The complete plans for each work group can be found on our website at:

www.dhhs.state.nh.us/DHHS/DPHS/iphnh.htm



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STRATEGIC ACTION PLANS

Inform, Educate and Empower People About Health Issues

Leaders

NH Division of Public Health Services
New Hampshire Institute for Health Policy and Practice.

Workgroup Partners—Who is keeping this moving?

Citizens Health Initiative, NH Public Health Association, Breathe New Hampshire, NH Institute for Health Policy and Practice, Anthem Blue Cross Blue Shield, the Injury Prevention Center, NH Department of Education, NH Minority Health Coalition, the Endowment for Health, Mascoma Valley Health Initiative, LRGHealthcare, Chronic Conditions Info Net, Caring Community Network of the Twin Rivers, Community Health Institute, Derry Public Health.

Problem Statement—Why haven't we been successful here before?

New Hampshire needs coordinated information, education and communication to make effective public health messages accessible to all.

Broad Aim—What do we need to do?

Communicate prioritized health promotion messages to the NH population in a coordinated manner based on evidence of effectiveness.

Action Steps—How will we get there?

Step 1: Initiate a collaborative process to assure coordination and consistent delivery of health messages.

Step 2: Create tools/mechanisms to increase awareness/coordination of health promotion initiatives—such as a website inventory.

Step 3: Develop a mechanism to provide training and technical assistance for providers to enable them to deliver effective and accessible health messages.

Step 4: Secure expanded resources to implement this public health education plan.

Accomplishments—What have we done thus far?

Determined that the Citizens Health Initiative would take a leadership role.

Drafted a survey and process to catalogue existing health promotion best practices in the state.

Agreed upon an initial focus on New Hampshire's leading contributors to illness and death: tobacco, alcohol, physical activity and nutrition.

Next Steps

Survey public health partners to inventory health promotion best practices beginning with tobacco, alcohol, physical activity and nutrition.

Create a web portal to provide access to data bases and websites on these health promotion practices.



STRATEGIC ACTION PLANS

Monitor Health Status to Identify and Solve Community Health Problems

Leaders

NH Division of Public Health Services, New Hampshire Institute for Health Policy and Practice.

Workgroup Partners—Who is keeping this moving?

Citizens Health Initiative, NH Public Health Association, Medicaid Health Policy and Research, Community Health Institute, Nashua Division of Public Health and Community Services, Community Health Access Network, Southern Strafford Community Health Coalition, North Country Health Consortium, Manchester Health Department, Dartmouth-Hitchcock Alliance, Ammonoosuc Community Health Services.

Problem Statement—Why haven't we been successful here before?

Relevant data and statistics to prioritize public health problems and evaluate interventions are not available to state and local stakeholders.

Broad Aim—What do we need to do?

To develop a user-driven, web-based, flexible system that can be used to access relevant public health data.

Action Steps—How will we get there?

Step 1: Create a context or framework for selecting key public health indicators to be readily available at the state and local level for decision making and program evaluation.

Step 2: Identify existing data in the state and update data inventory.

Step 3: Determine a way to generate immediate reports and opportunities to improve access to data posted on a website.

Step 4: Create a data center in the Division of Public Health Services with defined requirements.

Step 5: Establish an ongoing data committee to address state and local data needs and strategic planning.

Step 6: Create a state health profile biennially or as determined by the data advisory committee.

Step 7: Review and refine existing data resources to meet current and changing needs.

Step 8: Develop the capacity to exchange data with systems partners via web.

Accomplishments—What have we done thus far?

Reviewed results of focus groups conducted to determine data needs of community public health partners.

Agreed to begin with the identification of available data indicators relative to New Hampshire's leading contributors to illness and death: tobacco, alcohol, physical activity and nutrition.

Obtained funds from the Centers for Disease Control and Prevention to improve our ability to provide data at the community level.

Next Steps

Identify community health indicators and performance measures relative to tobacco, alcohol, physical activity and nutrition.

Adapt existing web-based technology to make data easily accessible to community partners.

Define a data center.

STRATEGIC ACTION PLANS

Mobilize Community Partnerships and Actions to Identify and Solve Health Problems

Leaders

Community Health Institute, New Futures.

Workgroup Partners—Who is keeping this moving?

Nashua Division of Public Health and Community Services, NAMI New Hampshire, NH AFL-CIO, Cheshire Medical Center, NH Division of Public Health Services, NH Bureau of Special Medical Services, Foundation for Healthy Communities, Jordan Institute, Anthem Blue Cross & Blue Shield, American Heart Association, Belknap County Citizens Council, a Brandeis graduate student, Caring Communities Network of the Twin Rivers, Breathe NH, HNH Foundation.

Problem Statement—Why haven't we been successful here before?

The system's ability to deliver essential services is limited by information gaps about coalition/partnerships, including: numbers, types, geographic distribution, effectiveness, strategies to evaluate effectiveness, and common terminology.

Broad Aim—What do we need to do?

To improve the effectiveness and collaboration of community coalitions/partnerships to deliver essential public health services.

Action Steps—How will we get there?

Step 1: Conduct an inventory of the numbers and types of coalitions and partnerships.

Step 2: Gather information from existing networks and previous plans about partnerships, local community needs and priorities.

Step 3: Issue a call to action to the Public Health Improvement Services Council to facilitate coordination among partnerships.

Step 4: Mobilize local populations to support public health initiatives.

Step 5: Encourage broad-based partnerships that find solutions to multiple public health priorities.

Step 6: Identify best practices of model partnerships: what works nationally and locally.

Step 7: Evaluate coalitions/partnerships.

Accomplishments—What have we done thus far?

Piloted a survey to inventory coalitions and community partnerships.

The document, *A Call to Action* was endorsed by the Public Health Improvement Services Council. *A Call to Action* recommends the support of long-term, broad-based partnerships rather than just single focus coalitions.

Next Steps

Implement survey of existing coalitions and partnerships.

Develop a web portal to share inventory of partnerships.

Develop action steps for A Call to Action to put it into practice.



STRATEGIC ACTION PLANS

Develop Policies and Plans that Support Individual and Community Health Effort

Leaders

NH Division of Public Health Services, the Injury Prevention Center, Dartmouth-Hitchcock Medical Center.

Workgroup Partners—Who is keeping this moving?

Northern Strafford County Health & Safety Council, State Legislators, Bi-State Primary Care Association, NH Institute for Health Policy and Practice, NH Department of Health and Human Services, Office of Alcohol and Drug Policy, Endowment for Health, NH Health Care Association, NH Coalition Against Domestic and Sexual Violence, North Country Health Consortium, Dartmouth-Hitchcock Medical Center, NH Department of Environmental Services, Manchester Health Department, Cheshire Medical Center, Franklin Pierce Law Center.

Problem Statement—Why haven't we been successful here before?

NH lacks a state public health system improvement planning process, which is sensitive to local priorities and strives to improve the health of all people in NH. The development of such a plan must incorporate a means of securing the resources needed for implementation.

Broad Aim—What do we need to do?

To institutionalize a public health improvement planning process.

Action Steps—How will we get there?

Step 1: Research what other states have done to institutionalize public health improvement planning.

Step 2: Identify data to show variability in state communities and to identify disparities in health status.

Step 3: Inventory and/or visually map current local or regional public health planning processes/improvement planning processes.

Step 4: Develop support for legislation for a planning process/council.

Step 5: Explore resources for plan implementation.

Step 6: Sustain the planning process through stakeholder engagement, funding, and coordination with other initiatives.

Step 7: Inform recommendations for public health infrastructure development.

Accomplishments—What have we done thus far?

Supported the successful passage of legislation to establish the Public Health Improvement Services Council to develop and monitor public health improvement plans.

Assisted in the development of this report on the accomplishments of the Public Health Improvement Action Plan Initiative.

Next Steps

Determine the role of the work group going forward.

STRATEGIC ACTION PLANS

Develop a Communication Plan to Convey the Importance and Value of Public Health

Leaders

New Hampshire Public Health Association, the Glen Group.

Workgroup Partners—Who is keeping this moving?

NH Division of Public Health Services, NH Healthy Kids, Breathe NH, Bi-State Primary Care Association, Endowment for Health, NH Public Television, NH Hospital Association, Dartmouth-Hitchcock Medical Center, NH Local Government Center.

Problem Statement—Why haven't we been successful here before?

New Hampshire does not have a communication plan to communicate the relevance, importance, and value of public health to our target audiences.

Broad Aim—What do we need to do?

To communicate the importance of public health to various audiences to improve the public's health.

Action Steps—How will we get there?

Step 1: Identify leadership and authority for the plan.

Step 2: Identify target audiences—business, policy-makers, public, media, and public health stakeholders.

Step 3: Examine research on how people perceive public health—Identify language and motivating factors for audiences.

Step 4: Identify effective tools and methods.

Step 5: Identify other stakeholders who are communicators that may have an interest.

Step 6: Develop core messages, logo brand and tools.

Step 7: Evaluate the plan.

Accomplishments—What have we done thus far?

Obtained funding for a communication campaign.

Contracted with the Glen Group marketing firm.

Reviewed research on public health perceptions and communication campaigns including that conducted by the Association of State and Territorial Health Officials.

Conducted eight focus groups across the state to assess perceptions of public health in New Hampshire.

Next Steps

Develop public health messages drawing from the work of the Association of State and Territorial Health Officials.

Test messages in focus groups of public health stakeholders.

Develop a public health communication tool kit.



STRATEGIC ACTION PLANS

Develop a Plan to Assure a Competent Public Health Workforce

Leaders

University of New Hampshire, Dartmouth College, New Hampshire Division of Public Health Services.

Workgroup Partners—Who is keeping this moving?

New Hampshire Division of Public Health Services, Community Health & Hospice, Manchester Health Department, University of New Hampshire, Capital Area Public Health Network, New Hampshire Board of Nursing, New Hampshire Department of Health & Human Services, US Health Resources & Services Administration, Endowment for Health, Southern New Hampshire Area Health Education Center, Bi-State Primary Care Association, Northern Area Health Education Center, Department of Employment Security.

Problem Statement—Why haven't we been successful here before?

NH does not have a coordinated workforce development plan that addresses recruitment and retention of public health professionals, communication of educational opportunities and coordination of life-long learning to assure a competent workforce.

Broad Aim—What do we need to do?

To develop a public health workforce development plan to assure a competent workforce to address public health needs.

Action Steps—How will we get there?

Step 1: Define the public health workforce—who is included?

Step 2: Conduct an assessment of the public health workforce.

Step 3: Identify a potential entity to oversee workforce development.

Step 4: Create a workforce development information portal/website/clearinghouse.

Step 5: Develop a system for a competency-based public health workforce.

Step 6: Seek technical assistance to predict public health workforce needs.

Step 7: Coordinate public health training.

Step 8: Recruitment and retention.

Accomplishments—What have we done thus far?

Agreed to use TRAIN, a web-based learning management tool to advertise and coordinate public health training offerings.

Have begun defining competencies for health officers.

Next Steps

Market TRAIN to training providers to increase its use.

Seek an intern to assist in researching workforce development initiatives in other states.

THE POWER OF PARTNERSHIPS

From the very beginning of this performance improvement process, it was clear that solid partnerships with public health stakeholders from around the state were key to its success. Thus the Division of Public Health Services made a commitment to ensure that this be a collaborative process and one with open and frequent communication. To accomplish this, we created a website, Improving the Public's Health in New Hampshire and a newsletter to keep people informed on the process. The website and archived newsletters can be found at www.dhhs.state.nh.us/DHHS/DPHS/iphnh.htm.

It was also clear that our partners wanted this initiative to succeed and maintain the momentum begun with

the assessment in October 2005. We have kept the process moving with frequent work group meetings and ambitious delivery dates. Our partners believe, to a large degree, we have met these goals. In a survey conducted in March 2007 with all participants in the process we were told that:

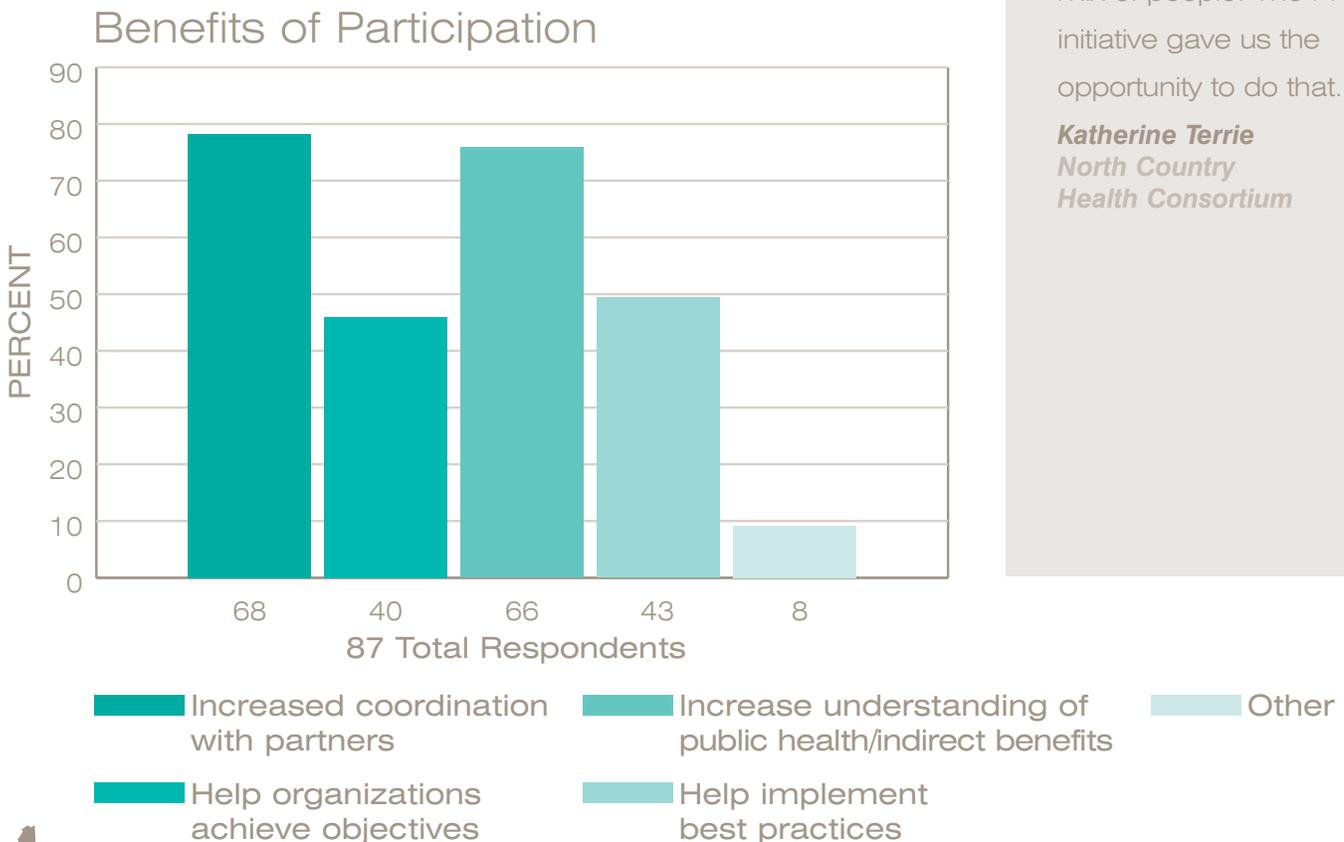
- 58% said we were very successful in integrating public health partners in the process.
- 66% said we were very successful in keeping momentum.
- 51% thought the work groups were very successful in developing an action plan.
- 76% thought we were very successful in making this a collaborative process.
- 93% are very optimistic or somewhat optimistic that the plan will result in action.

Probably the most important survey finding is that 66% of those surveyed are very interested in being part of the implementation of the plan. This is apparent by the ongoing participation in the work groups and voluntary leadership of four of the work groups by public health partners external to the Division of Public Health Services.

Partners are committed to ongoing participation as they see a gain for their organization as indicated in the chart below.

“To improve the health of New Hampshire’s citizens, we must look at issues regionally and involve a mix of people. The PHIAP initiative gave us the opportunity to do that.”

Katherine Terrie
North Country
Health Consortium



LINKING WITH THE CITIZENS HEALTH INITIATIVE TO ADDRESS NEW HAMPSHIRE'S LEADING CAUSES OF ILLNESS AND DEATH

While the PHIAP workgroups were developing action plans and setting priorities to improve the public health system's infrastructure and capacity, the New Hampshire Citizen's Health Initiative (CHI), a collaborative effort to improve the health of our state's residents, was conducting research to articulate the leading causes of preventable illness and death in the state. The Health Promotion Disease Prevention Policy Team of the CHI published *A Pound of Prevention* in February 2007. See www.steppingupnh.org/secure/docs/032207%20Pound%20of%20Prevention.pdf.

The report identified the leading underlying causes of death in New Hampshire and proposed that if we focused on just a few of these, we could improve health and decrease death rates.

The leading underlying causes of death cited in the report were:

- tobacco
- poor diet and physical inactivity
- alcohol consumption

It became obvious to several of the PHIAP work groups that it made sense to prioritize public health capacity improvements around these health challenges to make the greatest impact on our public's health. For example, when the Inform and Educate work group decided its first action would be to inventory health promotion best practices and make them available through a web portal, they determined they should start with these leading contributors to death. Similarly, the Monitoring Health Status work group decided they would aim to improve the availability of health data at the community level for these health issues. It is anticipated that through such efforts, communities would have the information they need to assess the health problems, carry out best practices and evaluate their effectiveness. The CHI and PHIAP are committed to working collaboratively and believe the two initiatives can truly complement one another.

“**Pound of Prevention** identified the most important health issues in New Hampshire. To initiate change, we needed to bring these health issues into sharp focus. Pound of Prevention was able to ensure that PHIAP effectively focuses on those areas that will most positively affect the health of New Hampshire citizens.”

Ned Helms
*NH Institute for Health Policy and Practice,
The Citizens Health Initiative*

CHARTING OUR PROGRESS—

Accomplishments to Date

From the beginning of this initiative, maintaining momentum and action has been key. Measures were developed for each action step so that progress in achieving them can be tracked. This report is not a final report, rather an interim report of a dynamic process. A number of tangible gains have been made since the plans were developed in the fall of 2006:

- The Public Health Improvement Services Council was established through legislation via House Bill 491 to monitor the implementation of a public health improvement plan. The council replaces the Public Health Improvement Action Plan (PHIAP) advisory committee and since it is legislatively based, it assures the sustainability of the public health improvement process begun under PHIAP. The Council will continuously monitor the progress of the public health improvement planning process.
- The Mobilizing Community Partnerships Workgroup issued A Call to Action. This document calls for funders and policy makers to discontinue the practice of requiring single-issue coalitions as a condition of grant funding. Rather, the paper suggests supporting broad-based partnerships that can be sustained over time and address ongoing community needs as well as emerging issues.
- A survey is being drafted to collect information about existing partnerships in the state to post on a web portal to foster collaboration among public health providers. Another survey will collect information on health promotion activities in the state that will also be available electronically.
- Funding has been secured to retain a marketing firm to develop a public health communication plan to convey the value of public health to a broad range of stakeholders.
- The Monitoring Health Status Workgroup co-leader, the University of New Hampshire Institute for Health Policy and Practices received funds from the Centers for Disease Control and Prevention to improve our ability to provide health data at the community level.
- The Workforce Development Workgroup agreed to use and promote TRAIN, a web-based learning management application to advertise and coordinate public health training offerings.
- The Inform and Educate Workgroup members are collaborating with the Citizens Health Initiative to develop strategies to address the leading contributors to illness and death in New Hampshire; tobacco, alcohol, physical activity and nutrition.



NEXT STEPS— Keeping the Momentum

Equally important to charting our progress to date is to keep in mind our next steps to assure forward movement. Some key next steps include:

- 1** Creating a web portal to provide access to health data at the community level, health promotion best practices and an inventory of public health community partnerships.
- 2** Identifying key health indicators that can be used to measure our effectiveness in preventing public health problems associated with tobacco, alcohol, lack of physical activity and poor nutrition.
- 3** Developing action steps for our Call to Action to support and sustain broad-based community partnerships rather than single focus coalitions.
- 4** Developing messages to convey the value and importance of public health to a broad target audience.

5 Marketing TRAIN, a web-based learning management tool to providers of continuing education for the public health workforce.

6 Monitoring progress of work group action plans at each meeting.

In Closing

The New Hampshire Division of Public Health Services is indebted to the many public health partners who have participated in every step of this process from assessment to planning to action. Division staff is committed to continuing to spearhead this improvement process to assure its success. The Public Health Improvement Services Council, by statute has the authority and responsibility to monitor this public health improvement process, and brings objectivity and accountability to the process. In addition, we intend to reassess our performance as a public health system in 2009 by repeating the implementation of the National Public Health Performance Standards Assessment state instrument to determine our progress in meeting the ten essential public health services.

It is an exciting time for public health in New Hampshire and we look forward to this continued partnership to improve the public's health.

“Several key factors that will keep the process moving are already in place. Smaller work groups were formed and each took a different essential service. It is also important to continue to share our progress/achievements with the larger group and community.

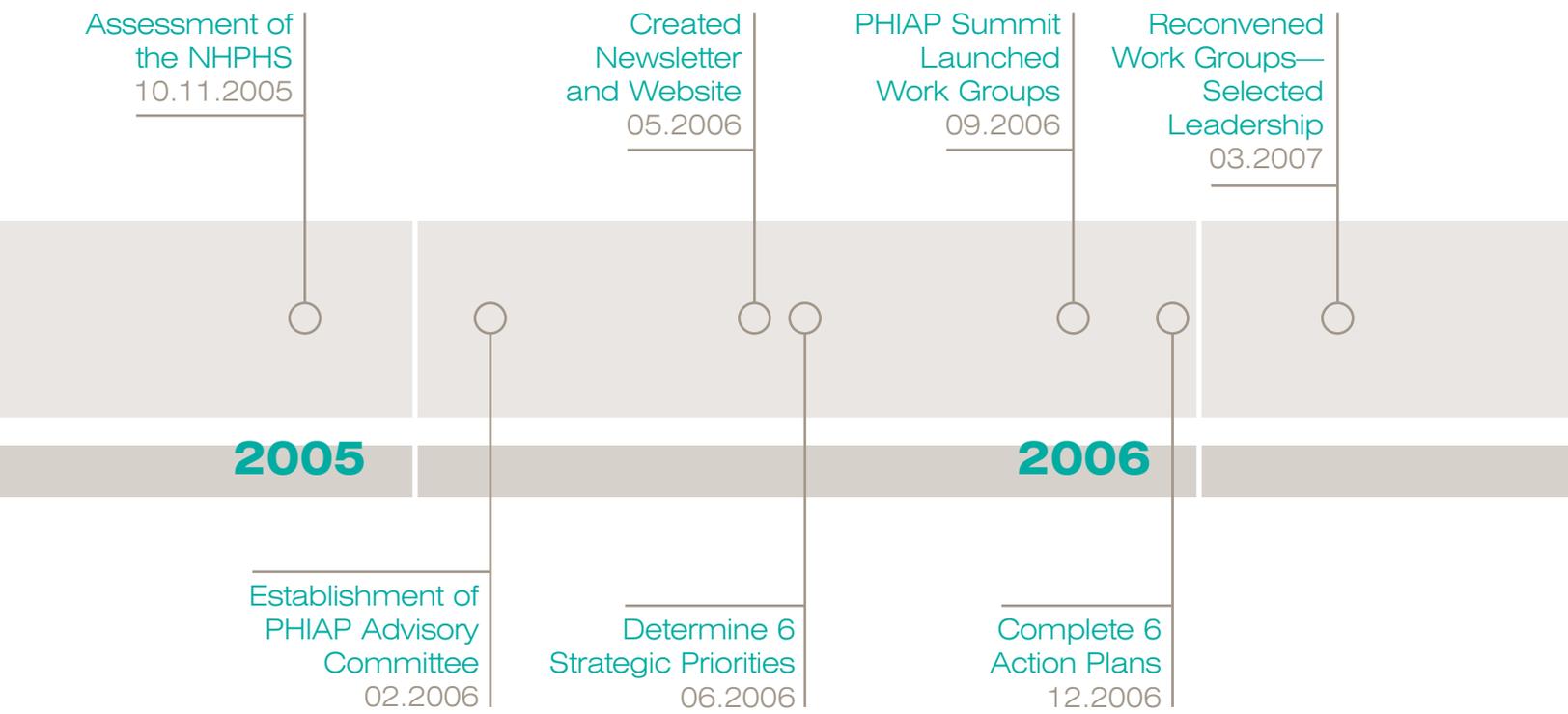
I believe it is vital to maintain these channels of communication.

Moving forward we appreciate the interest and support from our government leaders.”

Mary Lee Greaves
*New Hampshire Division
of Public Health Services*

TIMELINE

PUBLIC HEALTH IMPROVEMENT ACTION PLAN (PHIAP) INITIATIVE



CDC Funding to Improve Community Level Data
07.2007

Release of PHIAP Report
03.2008

2007

2008

Public Health Improvement Council—
in Statue
06.2007

Public Health Communication Campaign Funded
09.2007

Repeat NPHPS
Sprmg 2009

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