

Public Health Improvement Services Council
Minutes September 15, 2011

Present were: Joan Ascheim, Janet Laastch, Rep. Dipentima, Shari Goldberg, Yvonne Goldsberry, Jamie Hoebeke, Jeanie Holt, Shawn La France, Susan Laverack, Rep. Pilliod, Jonathan Stewart, Mary Kaplan, Patty Crooker, Jo Porter, Paula Minnehan, Kate Frey, Neil Twitchell, Alisa Druzba, Rep. Jim Pilliod, Laura Holmes, Judy Jervis – Call in

Community Health Assessment Planning and Training

Joan reviewed the response to the recommendation on this subject from the September 1, 2011 meeting. She briefly reviewed NH's statute and the current ACA law relevant components and the Public Health Accreditation guidelines, which speak to public health and hospitals working together to develop assessments and plans. It was pointed out that Schedule H of the 990 tax forms have detailed requirements for assessments and reporting.

One of the major issues is the 3 year requirement of the federal law versus the 5 year requirement for the state law. The NH Hospital Association has met with the NH congressional delegation on this issue. However the rules for the new law need to be promulgated before any changes could be made, complicating the matter.

Shawn confirmed that the hospitals are on different schedules for their assessments.

Mary noted that NH is way ahead of many states on this issue, having had the law on the books for some time.

Jo and Jonathan described some of their discussion on how we might move forward. The UNH Institute on Health Policy & Practices, through its CDC Assessment Initiative grant is looking at building upon the forthcoming Regional Health Profiles. Jonathan and Jo talked about taking the regional profiles out to communities as a tool to talk about community assessments and planning.

Shawn met with the hospitals and raised the issue of hospitals and public health agencies working together, based on the recommendation of the regionalization report. Hospitals raised the following points.

1. Epidemiological analysis would be welcomed
2. They would welcome recommendations about what questions and indicators would be most valid
3. Concerns were raised about needing data at the HSA level versus public health regions

Jonathan pointed out that most of NH's health issues stay the same over time and the key point is to translate them into action. He noted that some communities are looking at a community's readiness to change as important.

Jaime noted that it is important to have local data which is both hospital population based. Representative Dipentima noted the need for local data to measure success. Yvonne expressed the need to determine if minor variations in geography (towns in HSA vs. public health region) make a statistical difference in the data and health needs in a region.

Action Steps –

- 1) Compare public health regions to HSAs as defined by the hospitals community benefits report define service areas. Shawn will send a list to Joan and DPHS will do a comparison
- 2) Jo and Jonathan will draft a description of an educational opportunity relative to community health assessment and planning.

Regionalization Recommendation Review and Prioritization

Joan asked the group to look at the regionalization recommendations as prioritized at the meeting on September first. She asked if there was agreement with the top priorities, if there were some that could be eliminated, and if the remainder could be prioritized.

Shawn shared a letter expressing concerns about the report and recommendations. Some concerns were raised about the disparity among regional capacity and the recommendation to put funding out to regions when they may not have the capacity. There was discussion about using the public health regions as geographic areas to focus services and collaboration and not necessarily funding public health networks. Jonathan noted the networks have high performance in the areas for which they are funded such as emergency preparedness. He described the recommendations as aspirational, to work towards equity of public health services across the state and to reaffirm the goal of a regional public health infrastructure.

Yvonne questioned the fundamental role of the council relative to the report. Is this the Division's report and the council is providing feedback as participants at the meeting did? Yvonne asked who was the intended audience of the report.

It was determined that the role of the council would be advisory in nature relative to the recommendations and that the report will come from the Division.

Some thoughts were suggested in reviewing the recommendations going forward.

Answer the question - do we want to continue with regionalizing public health?

Who are the top 3 audiences for the report?

Would these recommendations be made in the absence of regionalization efforts? In other words are they general public health recommendations or particular to regionalization.

Action Steps

- 1) Set up a meeting as soon as possible to review the recommendations and prioritize.
- 2) Prior to the meeting, Neil, Kate, and Joan will review and look at any language changes or combining of recommendations.
- 3) DPHS staff will propose a set of criteria by which the recommendations will be reviewed.
- 4) The recommendations will be reviewed in detail with the accompanying rationale.