



HB 491
Public Health Improvement Services Council
January 19, 2012 2:00-4:00 PM
Minutes

In attendance were: Joan Ascheim, Shari Goldberg, Yvonne Goldsberry, Paula Minnehan, Lisa Morris, Kerran Vigroux. (phone), Jo Porter, Neil Twitchell, Kelly Laflamme, Joe Harding, Anne Phillips, Mary Kaplan, Lea Ayers LaFave (phone)

Community Health Assessment Update

Joan summarized the previous meeting of the community health assessment workgroup representing the council and members of the hospital community benefits group. The group came up with the following next steps.

- 1) Hold a webinar in February sharing the regional profiles, hospital service alignment with the public health regions, a review of WISDOM and a review of WRQS. Joan will organize this. A more in depth training will take place in the future.
- 2) Send out the indicators used in the regional profiles, before the profiles are completed. Joan will do this as soon as possible
- 3) We should look at indicators various hospitals use and try get a sense of common indicators. It was suggested that we look at indicators used by the states of Vermont and Maine as this affects regions which border the states. DPHS staff will do this following completion of some of the above tasks. Jo Porter will do a crosswalk between WRQS indicators and the directives of the community benefits legislation.
- 4) Create case studies or standardized interviews about best practices happening now around coordination. The Community Benefits group will do this.
- 5) Create a list of when hospitals are due to complete their community benefits reports according to the federal law. The Community Benefits group will do this.
- 6) There is an opportunity to work towards improved coordination between hospitals and public health networks beyond emergency preparedness. DPHS will consider ways to enhance this.

It was determined that the group would meet again with options for in person and conference or webinar on **March 15, 2012 from 1:00- 2:00** preceding the next Public Health Improvement Services Council meeting.

There was also a brief discussion of how to improve the relationship between the hospitals and the public health networks in some regions. It was thought that this could be part of the regionalization discussion.

Regional Profiles Update

These are undergoing a final data check and reformatting. It is anticipated that they will be available within a month.

State Health Improvement Planning, PHIAP reassessment - discussion – meeting frequency

Joan talked about planning efforts that are happening in the Division of Public Health Services and some plans going forward. Currently, DPHS is working on the GO Plan, this is an important and comprehensive effort to document the goals and objectives of the Division and associated

activities. It also includes a gaps analysis of the work DPHS believes it should be doing but currently is not. At the end of the process DPHS will go through a prioritization process of this work. The priorities will then be used to present to local stakeholders to obtain their input on priorities. NH received funds from the County Health Rankings project to fund CHI to assist in the stakeholder input component. This information will be used to inform the State Health Improvement Plan (SHIP).

Related to this is the reassessment using the National Public Health Performance Standards state instrument tool. This instrument measures capacity of the public health system. It has been revised in an abbreviated fashion. Joan suggested we do the assessment and use the information to contribute to the SHIP.

It was asked what role we saw for council members. Joan asked that they be advisory to the process and facilitators. It was suggested that the council be a sponsor of the assessment which was well received.

Joan will continue to plan for this and keep the council informed. The council agreed to add a meeting in April to advise the planning efforts.

Regionalization Recommendations Review and Priority Setting – Next steps

The group reviewed the brainstorming ideas put forth at the last meeting relative to the regionalization recommendations with the goal of prioritizing these.

Recommendation #1 – seeking and directing funding towards public health regions (abbreviated here)

Next Steps

1) It was agreed that the first step is to create a matrix which spells out by essential service – the states role, the current public health region's role, future aspirations, and what is needed to achieve this. DPHS will work on this.

2) Once this is complete, it can be used as a tool to educate funders.

Kerran Vigroux asked how public health networks can branch out to do more general public health. Yvonne noted that now that public health networks have developed plans and exercised plans, there is not a need for a full-time emergency preparedness coordinator. The question was raised as to if a percentage of funds could go to general public health. Joan mentioned that at a meeting with CDC staff, they stated that they are starting to look at whether a percentage of categorical funds could be used for core public health services. This has not been put into place as of yet.

Recommendation # 2 – Build upon existing infrastructure including aligning with BDAS (abbreviated here)

There was discussion around the similarity of core capacities needed for public health and BDAS services such as needs assessments. Additionally, BDAS is moving closer to using the 10 essential services. Thus the time is really right for moving aligning these services.

Next Steps

1) A suggested next step is to meet with regions where the alignment might work very well and with some where it could be more challenging. DPHS and BDAS will work together on this.

2) It was suggested that a discussion take place with CHI relative the Center for Excellence model to determine if it can be expanded to other public health area. DPHS will have a follow-up conversation with CHI.

Recommendation #3 – time did not allow us to address this.

Recommendation #4 coordination of community health assessments (abbreviated)

Next steps are described above under the agenda item Community Health Assessments.

Upcoming Meeting Dates –

Meetings dates for 2011-12 are below. All are 2:00 – 4:00 PM in various rooms at 29 Hazen Drive in Concord (unless otherwise noted)

January 19, 2012

March 15, 2012

April 19, 2012 – added

May 17, 2012

July 19, 2012

September 20, 2012

November 15, 2012



HB 491

Public Health Improvement Services Council

March 15, 2012, 2:00-4:00PM

In attendance were: Joan Ascheim, Janet Laastch, Cheri White, Shari Goldberg, Jeanie Holt, Lisa Morris, Anne Phillips, Lea Ayers Lafave, Jo Porter, Neil Twitchell, Kelly Laflamme, Joe Harding, Valerie Morgan

Regionalization Recommendations – Progress Report

Recommendation #1

DPHS and public health partners across the state should continue to seek and direct funding and other resources towards the public health regions as appropriate to build local public health infrastructure to meet the identified health priorities in the state and the capacity needs identified through these assessments. DPHS should also advocate that other public and private funders utilize this regional alignment as appropriate when funding public health services.

Recommendation #2

A regional public health system in New Hampshire should be built upon existing public health networks and the infrastructure that has been established, recognizing the unique characteristics and structures of various regions.

- *DPHS and the Bureau of Drug and Alcohol Services should continue to work to align their respective regional initiatives to create efficiencies, eliminate duplication, and build upon the strengths of the two systems.*
- *There should be clear delineations of roles and responsibilities of the DPHS, Public Health Networks, and health officers with respect to their relative contributions to providing the essential services of public health at the regional and municipal level.*

Progress/Activities

Public Health Network Proposals - Neil Twitchell presented a summary of the public health networks recent request for proposals which addresses this recommendation. The proposal included not only funds for emergency preparedness but also for immunization, radiological emergency response, and sun safety. This is a great start to continuing to broaden and build the regional public health infrastructure. The proposal also looks to expand the regional coordinating committees for emergency preparedness that can take on the oversight responsibility for broader public health. Additionally it encourages participation in community health assessment and planning.

Matrix of Essential Services and Roles and Capacity of DPHS, Public Health Networks and Health Officers – Now and Future

Work has been started on this but DPHS needs more time to complete.

Discussion with Funders

A meeting is scheduled on March 26, 2012 with the Endowment of Health, the Charitable Foundation and DPHS and the Bureau of Drug and Alcohol Services (BDAS) to talk about coordinating services.

Coordination with BDAS

Neil Twitchell and Valerie Morgan of BDAS have begun visits with public health networks to discuss some of the challenges and opportunities for BDAS prevention and public health network services to come together in 2014 when a joint RFP will be issued. Interviews have started with agencies where the current alignment is good. Interviews will continue and proceed to those where the alignment will be more challenging. Public health networks noted they appreciate the opportunity to inform the discussion and planning.

Community Health Assessment Webinar Evaluation and Community Health Assessment Training

This work aligns with recommendation #4

Recommendation #4

DPHS and public health partners across the state should facilitate the coordination of community health assessments and community health improvement plans among public health partners and support model practices within the public health regions in accordance with state and federal laws.

Joan noted that the small group of hospital representatives and public health partners meeting scheduled prior to the council meeting was canceled due to few people being able to attend. This will be rescheduled and membership may be expanded.

Joan reviewed the evaluations of the webinar prior to a discussion on community health assessment training. Jo Porter reviewed the draft agenda for a proposed training day. Some suggestions were made to spend less time on the available data and more time on using the data for community health assessments and planning. There was discussion around alignment with Public Health Accreditation Board standards and looking at the National Association of County and City Health Officials best practices in this area. There were questions about how many regions to present the training in and to work with the BDAS staff on collaboration. A small group will follow-up to determine further details.

Regional Profiles Feedback

Feedback on the profiles was positive.

State Health Improvement Planning, PHIAP

People needed more information on how all the planning pieces fit together which Joan will present at the next meeting.

Next Steps

- 1) CHI asked to present at the next meeting on best practices in stakeholder engagement in the state health planning process
- 2) Center for Excellence asked to present at the next meeting
- 3) Small group to reconvene to plan the community health assessment training
- 4) Joan to present on the various pieces of the planning process for input from the council

Upcoming Meeting Dates –

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April 19, 2012 – added

May 17, 2012

July 19, 2012

September 20, 2012

November 15, 2012



HB 491
Public Health Improvement Services Council
April 19, 2012 2:00-4:00 PM

Present were: Joan Ascheim, Janet Laastch, Yvonne Goldsberry, Laura Holmes, Jeanie Holt, José Montero, Lisa Morris, Anne Phillips, Jonathan Stewart, Mary Vaillier-Kaplan, Kerran Vigroux, Jo Porter, Joe Harding

Center for Excellence – Overview - Lisa Mure, CHI

Lisa presented an overview of the services provided by the Center for Excellence. Services are primarily for the substance abuse prevention and treatment field. The Center provides an array of services including; technical assistance, fostering a collaborative learning model, assisting in translating research into practice, writing grant applications, and conducting literature reviews. They have worked on a strategic plan relative to prescription drug medication misuse. There was discussion about the potential value of expanding the work they do into the broader public health arena. Lisa Morris and Yvonne Goldsberry both spoke of the value of the Center. More discussion is needed to determine how the scope of the Center could expand.

State Health Improvement Planning, Best practices in community engagement – Paddy Dipadova

Paddy presented a review of the literature on best practices relative to community engagement for the state health improvement process. It was an excellent review. A robust discussion followed on what the community engagement process should be in NH. Joan shared that the thinking was to have community forums and a survey to obtain feedback on the priorities developed by the state using a data driven process. The group recommended instead bringing the established priorities out to communities and asking why these health issues are occurring in their community. It was suggested that a root cause analysis be conducted around the priorities. It was mentioned that it would be important to do in both urban and rural settings to obtain information about regional variations. The group enthusiastically supported this approach.

State Health Improvement Planning – How the pieces all fit together – Joan Ascheim

Joan presented a slide showing how the various planning processes fit together and where DPHS is in the process. Currently, DPHS is determining priorities for the state public health improvement plan using a data driven approach and criteria. Once these are set there will be a public input process, now re-defined as stated above. The council, with added members from the DPHS strategic planning team and chronic disease stakeholders, will participate in a MAPP (Mobilizing Action through Planning and Partnerships) like process. This includes looking at state strengths and themes and challenges. The next process will be to convene groups around the priorities to develop strategies for the state public health plan for the system. The role of partners will be identified through this process. DPHS' role will be as well and then this becomes the state's strategic plan. Later, probably in the fall, DPHS would repeat the National Public Health Performance Standards to determine the areas in need of improvement in capacity to address the health priorities. The council was in favor of this approach.

Upcoming Meeting Dates –

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May 17, 2012

July 19, 2012

September 20, 2012

November 15, 2012



HB 491
Public Health Improvement Services Council
Teleconference
June 21, 2012 2:00-4:00 PM
29 Hazen Drive Concord NH
Minutes

On the conference call were: Joan Ascheim, Janet Laatsch, Yvonne Goldsberry, Jaime Hoebeke, Laura Holmes, Jeanie Holt, Shawn Lafrance, Lisa Morris, Lea Lafave, Jonathan Stewart, Mary Vaillier-Kaplan, Kerran Vigroux, Jo Porter, Neil Twitchell, Joe Harding, Valerie Morgan, Paddy Dipadova, Kelly Laflamme,

State Public Health Improvement Planning, update and next steps in the public input process – Joan Ascheim

Joan provided an update on the State Public Health Improvement Planning Process. DPHS strategic planning team met to determine priorities which will then be shared with staff. When these are finalized they will be brought out to several regional stakeholder input groups. The Council asked that the priorities be shared with them as well as the types of questions for stakeholder sessions. It was also suggested that we hold a meeting in Strafford County.

Community Transformation Grants- Shawn Lafrance

Shawn discussed the focus areas of the grant application which include; tobacco, healthy eating and active living, clinical prevention and healthy and safe community environments.

The communities to be included are the counties of Coos, Grafton, Sullivan, Cheshire, Belknap, Merrimack and the cities of Manchester and Nashua. This is about 400,000 people getting us close the under 500,000 people considered to be a small community.

Shawn talked about the need to have shovel ready projects which can be adapted and replicated. He discussed the clinical prevention component that will focus on cardiovascular, hypertension and cholesterol

Community Health Assessment Training – Jo Porter

There was discussion of a regional approach to training. Additionally members discussed the various levels of expertise among public health partners and suggested perhaps training modules might meet the training needs. Joan will send out the outline so people can look at it and think about what the modules might be.

Summary of Substance Abuse Prevention and Public Health Interviews – Neil Twitchell/Valerie Morgan

Neil and Valerie summarized the interviews they did with 15 agencies including public health networks and regional prevention networks to get feedback on issues related to a joint RFP between the two entities.

There was general support for the concept. Regions noted varying levels of coordination between the two entities regardless of if the contracts were held by the same or different agencies. There was general support for a coordinated regional oversight body but also a clear need to maintain topic specific workgroups or subcommittees.

People recognize there will be some changes to have consistent boundaries. Concern was expressed about expanding grouping of towns beyond natural groupings and the impact changes would have on relationships.

Various regions had specific concerns about alignments with geographies and partners.

Contract management was not a large concern. There was broad support for integrated technical assistance and training. Questions were raised about what was being consolidated.

The question was raised as to whether or not there could be funding to some regions for strategic planning to get ready to consolidate, if there could be pilots and/or a phase in.

RWJ Regionalization Grant Opportunity – Joan Ascheim

Joan discussed the funding opportunity from RWJ relative to cross- jurisdictional sharing. The grant is \$150,000 over 2 years to support sharing across public health jurisdictions. She thought that New Hampshire was well positioned to apply due to the work to date accomplished through the regionalization work. Some ideas shared were supporting the BDAS/PHN collaboration, working more in-depth on community health assessment collaboration, and working on the priorities identified in the state health plan.

Upcoming Meeting Dates –

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September 20, 2012

November 15, 2012



HB 491
Public Health Improvement Services Council
July 19, 2012 2:00-4:00 PM

Attending in phone or person were: Joan Ascheim, Janet Laatsch, Jeanie Holt, Lisa Morris, Lea Lafave, Paddy Dipadova, Jo Porter, Joe Harding, Kelly Laflamme, Neil Twitchell

State Public Health Improvement Planning, priorities, update and next steps in the public input process -

Joan, Paddy Dipadova

Joan shared the priorities developed by the Division of Public Health Services and described the process for development. It was suggested that the priority cardiovascular disease be changed to heart disease. Kelly asked if we should be including mental health and mentioned the issue of co-occurring disorders. Joan stated that mental health had been discussed as a priority but that the public health plan was not ready to take it on as a separate public health priority. It is definitely represented under injury prevention with the suicide objective. Further it is clearly a part of excessive alcohol and substance use. Certainly disparities related to mental health and chronic disease will be considered when strategies are discussed. The question was asked "How do we represent public health issues when public health is not the driver?" Joan mentioned that if it was a stated priority – then it would be in the plan with the responsibility attributed to the appropriate leadership organization.

Paddy shared the plans for the public health input process.

She shared the agenda for the proposed 3 hour meeting. Participants will get to chose 2 priorities to discuss and one assigned so that each of the ten are discussed over the course of the public meetings. There will be break out groups for each priorities and discussion around the root cause of the problem and the larger emphasis on strategies and how the state and communities can best address them.

The proposed communities were- Sullivan County, Strafford County, Manchester, Franklin/Laconia, and Monadnock. It was suggested that we may not need to visit Laconia as they have recently had a similar local process. There will also be a forum in Concord for state level stakeholders.

It was suggested that there be subject matter experts at the meetings relative to the priorities.

It was also asked that dates for the session be sent out as they are sent.

Community Transformation Grants

Shawn was not in attendance to report

Community Health Assessment Training -Discussion of modular training

The council reviewed the draft training agenda It was suggested that it could be divided into three modules. 1) Reviewing existing data and learning how to interpret data, 2) Community assessment processes and qualitative approaches to obtaining community input; and 3) Moving from assessment to planning – model practices

There was discussion about whether or not the modules could be repeated in various regions or if the would be held centrally and regions would be encouraged to attend. The possibility of piloting in a region was discussed. Joan and Jo will follow-up with Jonathan Stewart and Rosemary Orgren at the Public Health Training Center.

RWJ Regionalization Grant Opportunity

Joan discussed the grant opportunity from the Robert Wood Johnson Foundation relative to shared services across public health jurisdictions. At the last meeting Joan thought it might support some activities like working through the collaboration between the public health networks and the regional prevention networks. After listening to the technical assistance call it was clear this was not what the funders were looking for. They are looking specifically for collaboration and sharing across two public health jurisdiction. Joan noted that this could include state to local sharing or collaboration. She suggested that we apply to test out and demonstrate the effectiveness and efficiency of the state DPHS and partners assisting local entities in conducting community health needs assessments and preparing for community health planning. There was lots of discussion and appeared to be support for the idea. Joan is working with Neil and the Community Health Institute to apply.

Membership – suggestions for additions

Joan mentioned that she thought it would be beneficial to have the HNH Foundation on the council. Members agreed and also suggested the Planning Commission, Businesses for Social Responsibility and Bi-State Primary Care. Joan will send out the legislation with the charge for the council and list of members for people to suggest additional members.

Upcoming Meeting Dates –

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September 20, 2012

November 15, 2012

The next meeting will be September 20, 2012. Should there be a need to discuss any planning issues with the council in the meantime a conference call will be held.



HB 491
Public Health Improvement Services Council
October 18, 2012 2:00-4:00 PM
Room 213 - 214
29 Hazen Drive Concord NH

In attendance were: Joan Ascheim, Lea Ayers LaFave, Lisa Guertin, Joe Harding, Kelly Laflamme, Shawn LaFrance, Valerie Morgan, Lisa Morris, Lisa Mure, Jonathan Stewart, Alex Thorngren, Neil Twitchell, Mary Vallier-Kaplan, Patti Baum, and Lisa Bujno

Welcome and Introductions to new members

Patti Baum of the HNH Foundation and Lisa Guertin of Anthem were welcomed to the committee. Joan provided an orientation for them prior to the meeting. There was discussion about having someone from the Local Government Center. Lisa Guertin agreed to reach out to Maura Carroll. Joan mentioned that Judy Jervis from the Health Officer's association was asked if she wanted to continue as she had not attended any meetings. Joan could not remember her response. (Judy did respond via email that she would like to keep getting emails. She would ask at the health officer's board meeting if we wanted someone else to attend. This could be a follow-up item). We will wait until after the election to reach out to legislators to join the council.

State Public Health Improvement Planning, priorities, update and next steps

▪ **Who reviews the plan? PHISC?**

Joan summarized where the planning process is currently. A final public input session will be held with state level leadership groups that cross population such as AARP, Children's Alliance, Parks and Rec Association etc. This was a recommendation at the last meeting. This will be October 30th from 9:30 - 12:00 at the Concord Audubon. Invitations will be sent to the council.

Joan reviewed the proposed format for the plan. She shared the strategy forms to be used during the next step of the process. This is to meet with stakeholder groups around the priorities. During these meetings DPHS will share – what we are doing to address the priority, elicit what partners are doing and discuss what evidenced based strategies are not being employed but should be.

It was agreed that council members should review the completed plan in its draft form.

Assessing the Public Health System's strengths, challenges and opportunities to address the public health priorities

The group worked together to identify state strengths, challenges and opportunities which will be used to provide contextual background for the planning process going forward.

Review PHIAP Workforce Development Plan

Members reviewed briefly the PHIAP workforce development plan to determine if it held any relevance for the Public Health Training Center at Dartmouth. Alex Thorngren noted the PHTC could look at the action items in the plan to see what is relevant.

A discussion was held to determine frequency of future meetings. It was decided that the December

meeting would be omitted. Dates for monthly meetings will be kept but canceled if there are not agenda items. Dates are provided below.

November 15, 2012
January 18, 2013
February 15, 2013
March 15, 2013
April 19, 2013
May 17, 2013
June 21, 2013
July 19, 2013
August 16, 2013
September 20, 2013
October 18, 2013
November 15, 2013
December 20, 2013