

Improving the Public's Health in New Hampshire

Success through partnership,
momentum, and action

November 2007

Public Health Improvement
Services Council



Reporting on Progress
- Improving the
Public's Health in NH

Performance
Based
Contracting

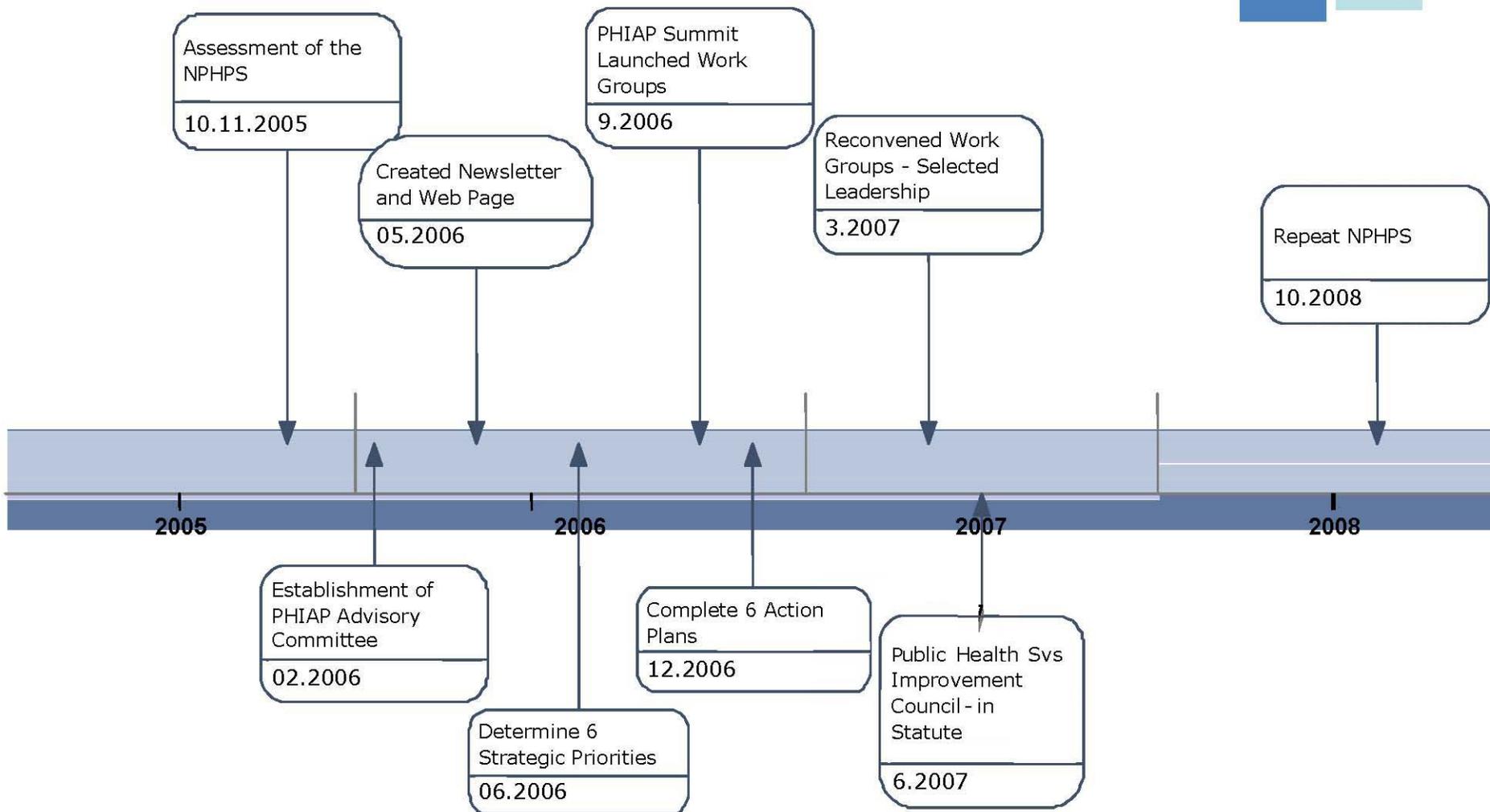
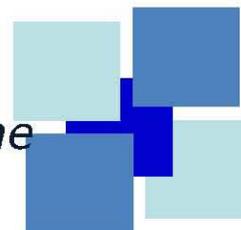
Performance
Improvement

Technical
Assistance to local
networks for
performance
assessment and
improvement

National Public
Health Performance
Standards
Assessment and
Planning

Public Health
Improvement Team

Public Health Improvement Action Plan Initiative (PHIAP) Timeline



NPHPSP

Assessment Instruments

- State public health system
- Local public health system
- Local governance



Partners

- CDC
- APHA
- ASTHO
- NACCHO
- NALBOH
- NNPHI
- PHF

History of the NPHPSP

- Began in 1998
- Practice-driven development by ASTHO, NACCHO and NALBOH Work Groups
- Comprehensive field testing
- Released in July 2002
- Version 2 released 2007



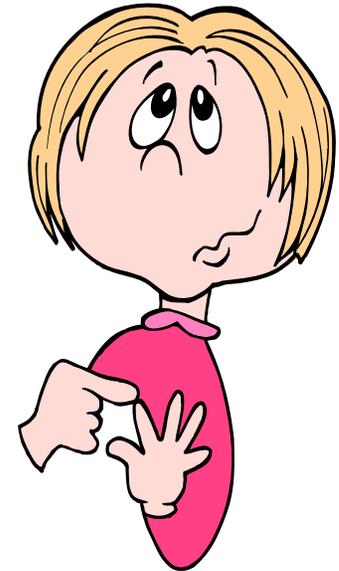
NPHPS Program Vision and Goals

To improve the quality of public health practice and performance of public health systems by:

1. Providing performance standards for public health systems and encouraging their widespread use;
2. Engaging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness;
3. Promoting continuous quality improvement of public health systems; and
4. Strengthening the science base for public health practice improvement.

Four Concepts Applied in NPHPSP

1. Based on the ten Essential Public Health Services
2. Focus on the overall public health system
3. Describe an optimal level of performance
4. Support a process of quality improvement





1. The Essential Services as a Framework

- ◆ Provides a foundation for any public health activity
- ◆ Describes public health at both the state and local levels
- ◆ Instruments include sections addressing each ES
- ◆ Helps us assess how prepared we are to carry out our key public health roles



The Essential Public Health Services



1. Monitor health status
2. Diagnose and investigate health problems
3. Inform, educate and empower people
4. Mobilize communities to address health problems
5. Develop policies and plans
6. Enforce laws and regulations
7. Link people to needed health services
8. Assure a competent workforce - public health and personal care
9. Evaluate health services
10. Conduct research for new innovations

How do the ES relate to public health initiatives?

- ◆ Let's look at preventing teenage smoking...



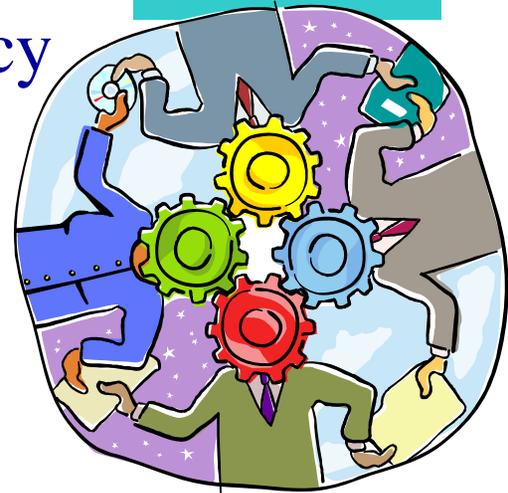
- ◆ ES 3 Informing, Educating, Empowering
- ◆ ES 4 Mobilizing community partnerships
- ◆ ES 6 Enforce Laws and Regulations

2. Focus on the “System”

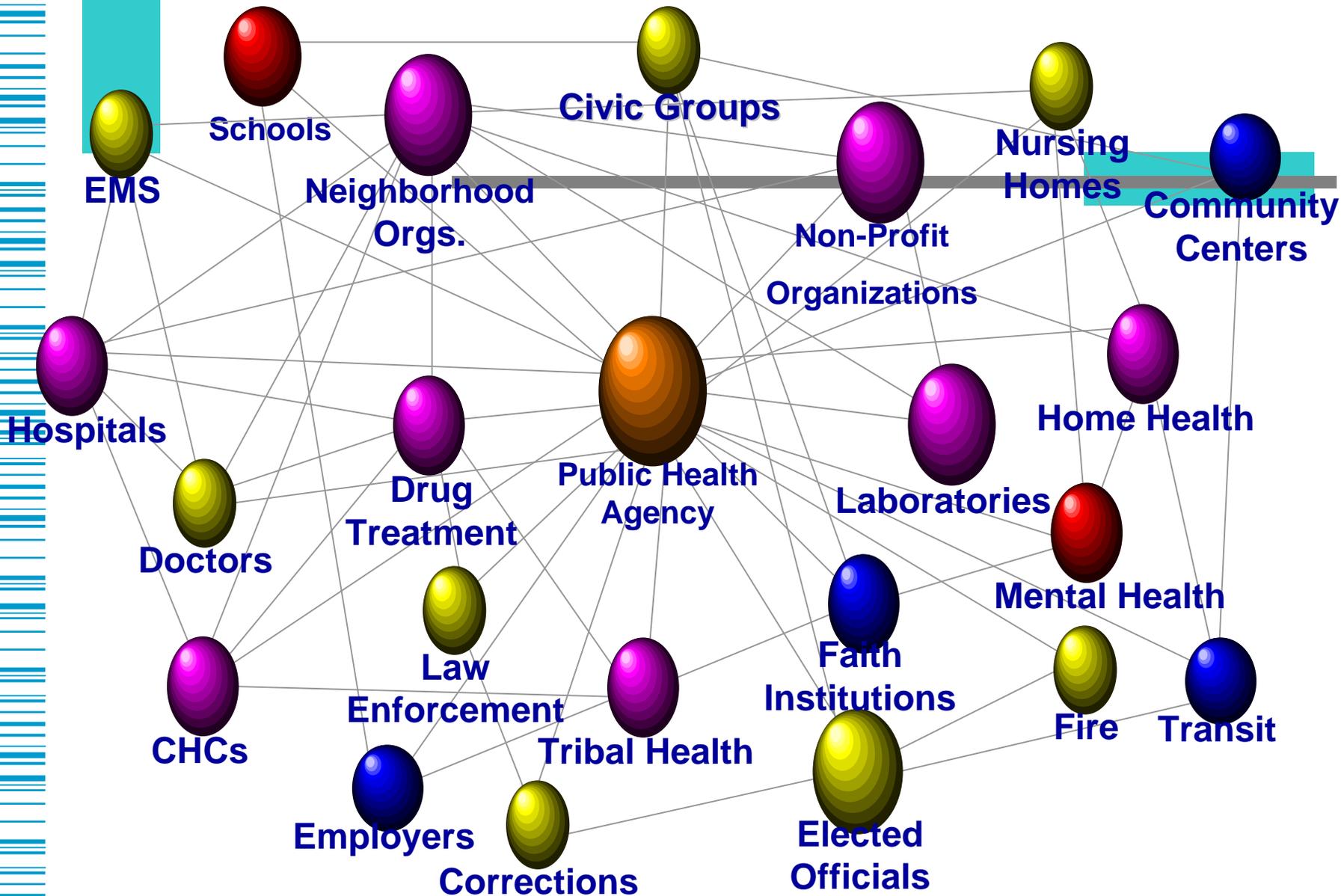
- More than just the public health agency

“Public health system”

- All public, private, and voluntary entities that contribute to public health in a given area.
- A network of entities with differing roles, relationships, and interactions.
- All entities contribute to the health and well-being of the community.



Public Health System



3. Optimal Level of Performance

- ◆ Each performance standard represents the “gold standard”
- ◆ Provide benchmarks to which state and local systems can strive to achieve
- ◆ Stimulate higher achievement



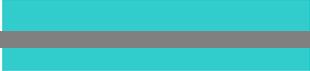
4. Stimulate Quality Improvement (we are here!)

- ◆ Standards should result in identification of areas for improvement
- ◆ Link results to an improvement process
- ◆ NPHPSP Local Instrument - used within the MAPP planning process





Assessment of the National Public Health Performance Standards October 11th and 12th 2005



- ◆ 110 in attendance
- ◆ Highly engaged participants
- ◆ Strong commitment to continued participation
- ◆ Excellent networking opportunity
- ◆ Strong message to keep momentum
- ◆ Need for excellent communication
- ◆ Involve partners outside DPHS



The assessment process



- ◆ Participants divided into 5 groups
- ◆ Each group reviewed the questions related to 2 essential services
- ◆ Scored the questions
- ◆ Listed what is being done for each ES
- ◆ Listed strengths, weaknesses, recommendations for each ES

Voter's Guide to Scoring

Voter's Guide Scoring

Yes 76% - 100 %

of the activity described within the question is met within the state public health system (*in other words, we may not have a 100% optimal system related to the question, but we do have a very high level of system-wide functioning related to the question*)

High Partially: 51% - 75 %

of the activity described within the question is met within the state public health system (*in other words, we have a good system-wide effort going on related to the question, but we still have a way to go to meet the standard*)

Low Partially: 26 % - 50 %

of the activity described within the question is met within the state public health system (*in other words, we have some activities going on related to the question, but not we have a substantial amount of work to do to meet the standard*)

No: \leq 25 %

of the activity described within the question is met within the state public health system (*in other words, we may have a few activities going on related to the question, but they are minimal*)

Need to discuss

Sample Questions

◆ ES 6 – Enforcement

- Does the SPHS assure that enforcement training courses are available to enforcement personnel?

ES 8 – Workforce

Does the SPHS assess workforce needs to deliver population-based and personal health services in the state?

By – defining required qualifications for the workforce



Some Caveats on the Process

- ◆ While a standardized process- results are self-reported
- ◆ Reflect the composition and dynamics of the group
- ◆ All the right players may not have been at the table



But the value remains



- ◆ Provides a standardized means of assessing the public health system
- ◆ Without the assessment the right questions may not be asked
- ◆ There is value in the process itself, discussion, networking, sharing of information
- ◆ It is a tool that can help set priorities

Overall Score NH – 36

(National average 15 states and 1 tribe – 44)

High Performing EPHS

- ◆ ES 2 Diagnose & Investigate
- ◆ ES 6 Enforce Laws & Regs
- ◆ ES 1 Monitor Health Status

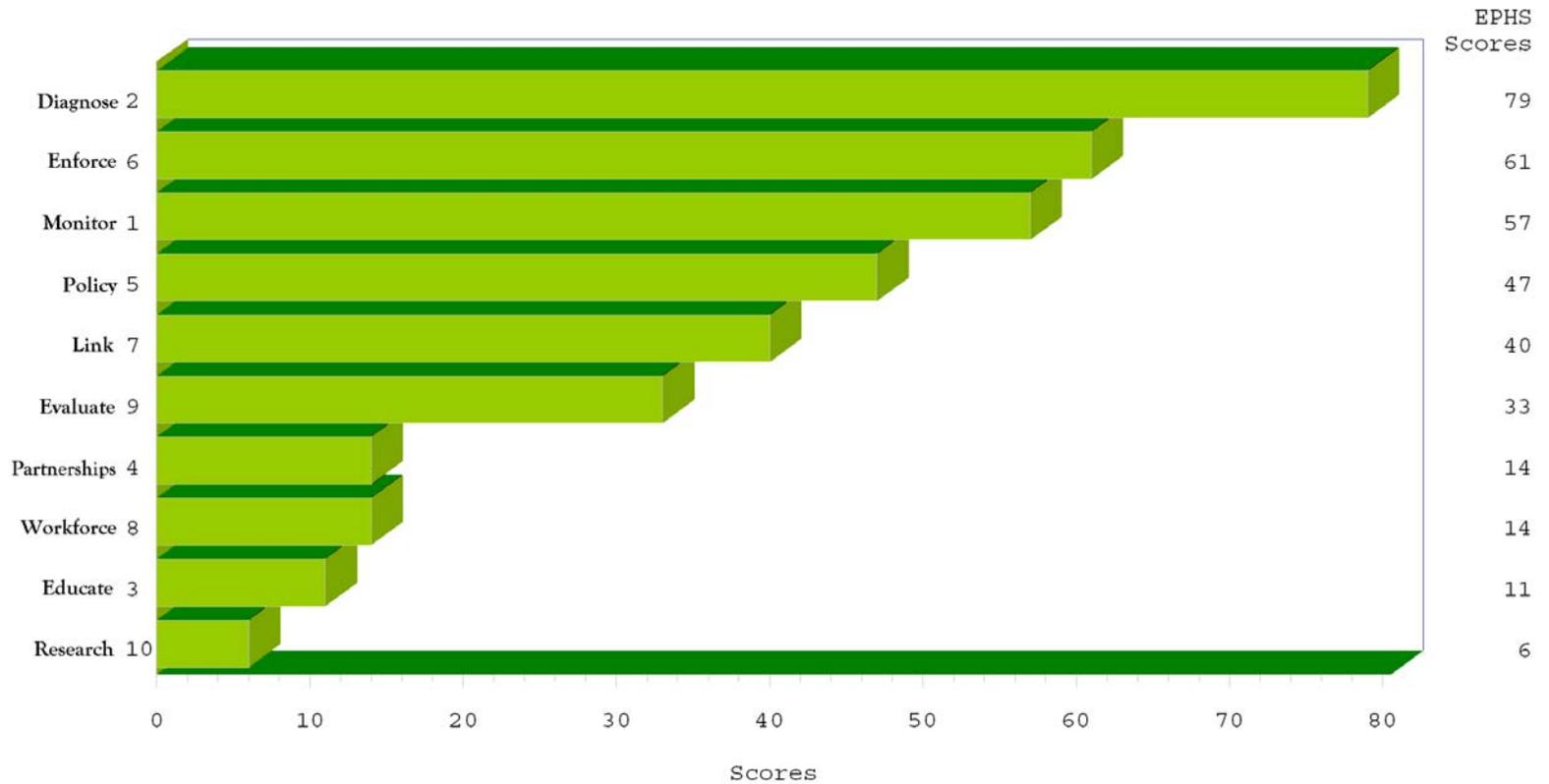
Low Performing EPHS

- ◆ ES 10 Research Insights
- ◆ ES 3 Inform & Educate
- ◆ ES 8 Workforce
- ◆ ES 4 Mobilize Partnerships

NPHPSP State Public Health System Performance Assessment Instrument

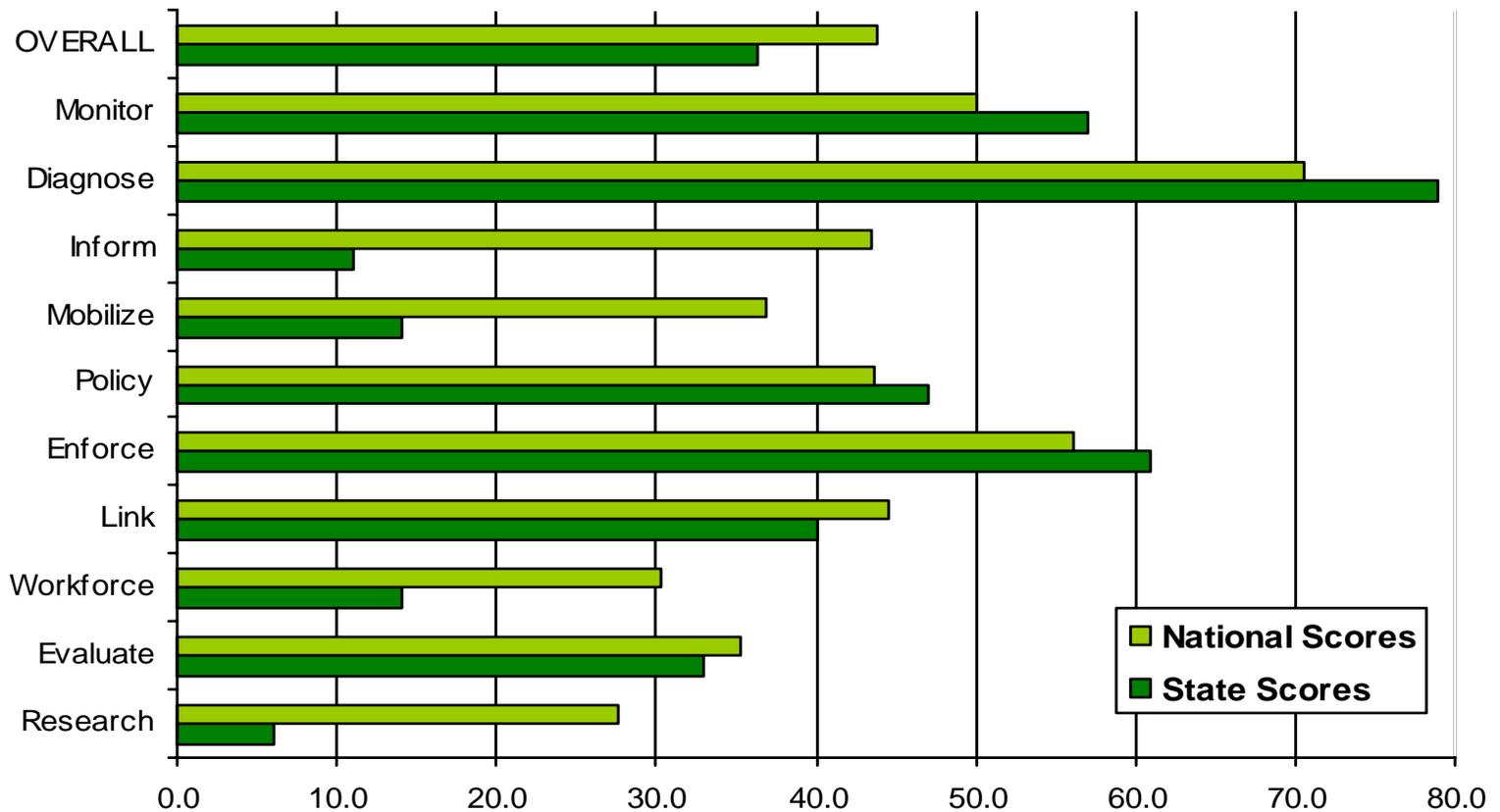
Essential Public Health Service (EPHS) Summary Scores

(Arranged in descending order)



State Vs. National Scores

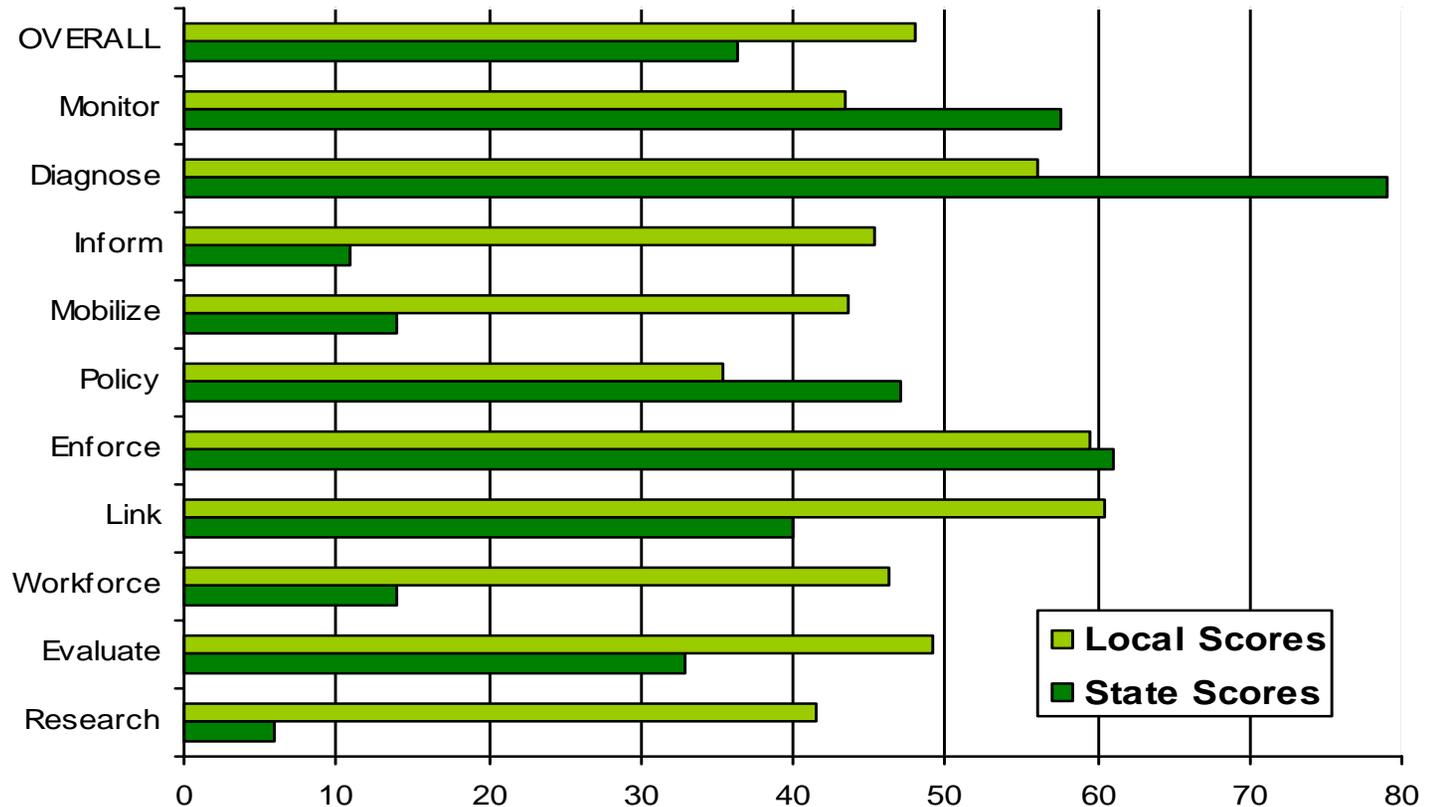
State Summary Scores vs. National Scores



State Vs Local Scores

State and Local Scores Public Health System Scores:

Summary (SPHS) and Average (12 LPHS)
Ten Essential Service Performance Scores





What have we done since then?



- ◆ Establishment of the Public Health Improvement Action Plan Advisory Committee (PHIAP) 02/06
- ◆ Created a newsletter to share progress – monthly 04/06
- ◆ Created a website for this initiative 05/06
- ◆ Determined 6 strategic priorities 06/06

What have we done since then?

- ◆ Held a summit 9/26/06, established 6 work groups –
Keynote Hugh Tilson
 - Comprised of 120 partners
- ◆ Created 6 action plans 12/06
- ◆ Reconvened partners upon their request to share
action plans 03/07
- ◆ Asked for leadership/participation to implement
action plans 03/07
- ◆ Work groups working! 03/07- present

Division of
Public Health ServicesImproving the Public's
Health in NH

Visit Related Sites

[Alcohol, Tobacco and
Other Drug Services](#)[Community Health
Services](#)[Disease Control &
Laboratory Sciences](#)[Health Services Planning
& Review](#)[Prevention Services](#)

Improving the Public's Health in New Hampshire

The New Hampshire Department of Health and Human Services, Division of Public Health Services is working with partners throughout the state on a number of performance improvement initiatives. The fundamental purpose and cumulative anticipated results of these efforts is to improve the public's health in New Hampshire. This web page will provide periodic updates on these efforts and links to related initiatives past and present. We welcome your questions, comments and feedback relative to the web page and its contents. They can be sent to: IPHNH@dhs.state.nh.us

Key Publications:

[New Hampshire's Assessment of the National Public Health Performance Standards: Report 2006](#)

- Describes the state's capacity to deliver the [ten essential public health services](#) based on an assessment process utilizing a nationally developed assessment tool, the National Public Health Performance Standards.
- Provides summary state assessment results, and instructions for accessing complete results
- An executive summary is available

[Improving the Public's Health in NH Report](#) looks at 11 measures such as youth smoking and diabetes management, demonstrates DPHS' adoption of a performance management model that includes analyzing data in selected programs and populations and then using the information to make changes to improve services and outcomes. The report also showcases the important work carried out by partners in the public health system to improve the health of New Hampshire citizens, as well as the health and economic consequences of not meeting these performance measures.

[Improving the Public's Health in
New Hampshire Newsletter](#)

Provides updates on public health planning activities

[Public Health Improvement
Action Plan Advisory
Committee](#)

- Membership
- Agendas & Minutes
- Meeting Dates/Places
- Presentations

[NH Related Initiatives](#)[National Related Resources](#)

For additional information



Improving the Public's Health in New Hampshire

July 2006 Newsletter
Keeping You Informed!

Please send inquiries or feedback to Joan Aschelm:

JPHNH@dhs.state.nh.us

A Statewide Effort organized by
the New Hampshire Department
of Health and Human Services,
Division of Public Health Services

About Our Newsletter

Improving the Public's Health in New Hampshire! Our newsletter is intended to keep stakeholders informed on key public health planning and performance improvement initiatives in New Hampshire

News from the Public Health Improvement Action Plan Advisory Committee (PHIAP)

Chaired by James Squires, MD, President of the Endowment for Health and Mary Ann Cooney, Director of the Division of Public Health Services (DPHS), this committee met for the first time on February 3, 2006 to launch a performance improvement plan based on the results of the October 2005 New Hampshire assessment of the National Public Health Performance Standards (NPHPS).

Our June 15th Meeting

This was a vitally important meeting for PHIAP members as they used all the information reviewed at previous meetings to set strategic priorities to serve as the basis of a public health improvement plan and formation of work groups.

The six strategic priorities endorsed by PHIAP were:

- 1) Inform, educate and empower people about health issues
- 2) Monitor health status to identify and solve community health problems
 - o These two groups will be asked to integrate improved use of technology into their strategic action plans.
- 3) Mobilize community partnerships and actions to identify and solve health problems
- 4) Develop policies and plans that support individual and community

PHIAP Meetings are generally held on the Third Thursdays of the month
9:00 am – 12 noon

Next Meeting:
September 21, 2006
At the
Local Government Center,
Concord, NH

Future Meetings

October 19
November 16
December 21



PHIAP

Public Health Improvement Action Plan Advisory Committee



◆ 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.
- ◆ Monthly meetings for 1 year
- ◆ Staffed by DPHS

◆ Membership

Co-chaired – DPHS, Foundation

- ◆ Legislators
- ◆ Insurers
- ◆ Hospitals
- ◆ Public Health Networks
- ◆ Community Health Centers/organizations
- ◆ Academic centers
- ◆ Public Health Institute
- ◆ Health Departments
- ◆ Coalitions
- ◆ DES, DOE



PHIAP Activities



- ◆ Agreed upon criteria to determine importance of 10 essential services
- ◆ Learned about other planning initiatives
- ◆ Reviewed other assessments such as local PHN assessments,
- ◆ Reviewed health status report for NH
- ◆ Conducted other assessments

The MAPP Model





Forces of Change Analysis

- ◆ Examined external forces and trends such as decreasing federal funds
- ◆ Opportunities – such as our ability to work together in crisis situations
- ◆ Challenges – such as the need to recruit and train our public health workforce



Reviewed Assets in NH



- ◆ Committed workforce
- ◆ Many resources such as academic centers, institutes, non-profits foundations
- ◆ Two strong local health departments
- ◆ Support from insurance companies
- ◆ Healthy state with high insurance coverage



Prioritization



- ◆ Agreed to start with 10 essential services and their scores and associated priorities identified in Oct.
- ◆ Used the following criteria to determine importance



Used the following criteria to determine importance

- Will result in improved infrastructure and health outcomes
- Are achievable given reasonable resources
- Measurable and supported by evidence based practices
- Will be undertaken by one or more partners
- Will impact health issues –cost, urgency, magnitude and incidence



Two tiered voting process

- ◆ Essential services prioritized
- ◆ Other emerging themes and priorities considered



Final Strategic Priorities

- 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) Communication plan**
- 6) Workforce development**

Summit 9/26/06

◆ Purpose

- To share strategic priorities from PHIAP
- To cheerlead
- To launch work groups





Charge to the 6 work groups at September 2006 Summit



- 6 strategic work groups of 20- 30 people
 - ◆ Identify action steps
 - ◆ Identify possible partners
 - ◆ Determine time frames for completion
 - ◆ Identify potential funding sources



Charge to the work groups



- ◆ Select priorities - reflecting PHIAP work
- ◆ Define the problem statement
- ◆ Determine root causes - why have we not accomplished this previously
- ◆ Complete PDSA work plans in 3 months



Common Themes Among Work Groups



- ◆ Explore the use of categorical federal funding for public health system issues
- ◆ Enhance use of existing and emerging technology
- ◆ Need continued leadership support for planning and work group activities
- ◆ Increase awareness of the value of public health and prevention
- ◆ Need readily accessible and timely state and local data
- ◆ Focus on leading contributors to death

Mobilize Community Partnerships
May 9, 2007

**New Hampshire Division of Public Health
 Performance Improvement Workplan**

Broad Aim of the Project or Performance Measure:
 To improve the effectiveness and collaboration of community coalitions/partnerships to deliver essential public health services
 Baseline: No coordinated effort to improve coalition effectiveness exists

1. Plan - the Change Based on problem identification, analysis and root causes	2. Do – Try the Change on a Small Scale Action Steps - What, Where, How?	Who? Potential partners to carry out the action or change	When? Target completion date
*Note – these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.			

<p>Problem statement defined:</p> <p>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</p> <p>Performance measure(s) with baseline data:</p>	<p>1) Identify what coalitions currently exist</p> <ul style="list-style-type: none"> Define common terminology for coalitions and other partnerships <ul style="list-style-type: none"> Taxonomy should not be exclusive #2. Conduct an inventory of the numbers and types of coalitions and partnerships <ul style="list-style-type: none"> Use existing maps and lists Determine the capacities/resources of coalitions/partnerships to carry out essential services 	<p>DPHS, New Futures, NH National Guard, Public Health Networks, NH Hospital Association, NH Public Health Association, Bi-State Primary Care Assoc, United Ways, UNH Cooperative Extension, Community Coalitions</p>	<p>April 2007</p> <p>June 2007</p> <p>September 2007</p>
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Mobilize Community Partnerships
May 9, 2007

New Hampshire Division of Public Health
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1. Plan - the Change Based on problem identification, analysis and root causes	2. Do – Try the Change on a Small Scale Action Steps - What, Where, How?	Who? Potential partners to carry out the action or change	When? Target completion date	Study
	<p>2) Gather from existing networks and previous plans info about partnerships, local community needs and priorities: #6</p> <ul style="list-style-type: none"> • PHNs • HP2010→ action steps • Turning Point→ Advisory group 	Policy and Planning Work Group CHI, DPHS Public Health Networks Community Coalitions	March 2007	2. Local needs and priorities documented from existing public health improvement plans
<p>Too many different required "partnerships" with different "districts"</p>	<p>3) Create infrastructure that supports community partnerships.</p> <ul style="list-style-type: none"> • Build policy agenda to maintain consistent focus over time not subject funding shifts, media influence <p>#1 Issue call to action to the public health improvement services council to facilitate coordination among partnerships by:</p> <ul style="list-style-type: none"> • Encouraging concordance between RFP's from DPHS that call for partnerships 	Department of Education, PHIAP/Council, Public Health Networks, DPHS, Dept of Safety, EMS, Community Coalitions, Advocacy Org, Citizens health Initiative DPHS, EMS,	June 2007 November 2007 December 2007	Policy agenda defined Call to action issued. RFPs from funders encourage building

Develop Policies and Plans that support individual and community health efforts

December 21, 2006

**New Hampshire Division of Public Health
Performance Improvement Work plan**

Broad Aim of the Project or Performance Measure:

To institutionalize a public health improvement planning process
Current baseline: Current planning process tied to existing staff, not required

<p>1. Plan - the Change Based on problem identification, analysis and root causes</p>	<p>2. Do – Try the Change on a Small Scale Action Steps - What, Where, How?</p>	<p>Who? Potential partners to carry out the action or change</p>	<p>When? Target completion date</p>
<p>*Note –these are the first 2 steps in the PDSA cycle. A follow-up work plan with the Study and Act components should be completed to evaluate the step taken.</p>			

<p>Problem statement defined: 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</p> <p>Performance measure(s) with baseline data:</p>	<p>Information Gathering</p> <p>1) Research what other states have done. Washington state and Illinois have improvement plans Explore:</p> <ul style="list-style-type: none"> • Are these processes in statute? • Do they have a planning committee • How is the plan related to the Governor's office/DHHS administration • What level of detail is there? • What kind of resources is available for planning and implementation? • How do they address sustainability/support of the process? <p>2) Identify data to show variability in state communities and to identify disparities in health status</p> <p>3) Inventory and/or visual map current local or regional public health planning processes/improvement planning processes</p> <ul style="list-style-type: none"> • Identify priorities and time tables 	<p>DPHS</p> <p>Data Group/DPHS, UNH, EFH</p> <p>CHI, Local Planning partners</p>	<p>Done</p> <p>March 2007</p>
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Feedback from Partners



- ◆ 58% said we were very successful in integrating public health partners in the process
- ◆ 76% said we were very successful in making it a collaborative process
- ◆ 2/3 said we were very successful in keeping momentum

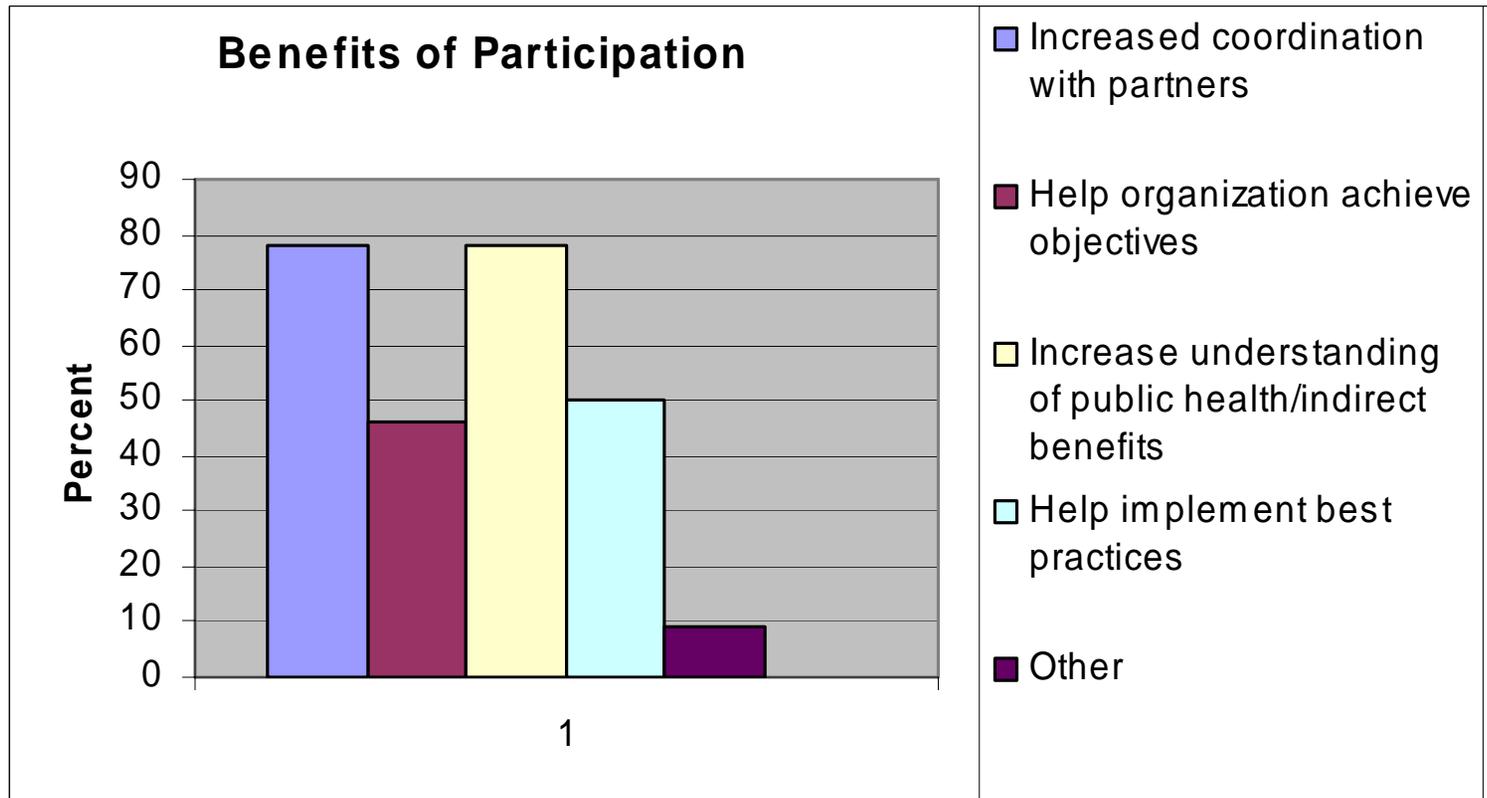


Feedback from Partners



- ◆ 24 % very optimistic that plan will result in action, 69% somewhat
- ◆ 66% very interested in being part of the implementation plan

Benefits of Participation



Currently.....

- ◆ Work groups meeting to implement work plans
- ◆ DPHS leading 2 priority areas –with UNH
 - Inform and educate
 - Monitor health status
- ◆ External partners to lead others
 - UNH/Dartmouth- Workforce
 - Public Health Institute/New Futures – Partnerships
 - NHPHA- Communications
 - Injury Prevention Center – Develop policies
- ◆ Evaluate through standards and measures –MLC-2



Real Progress to Date

- ◆ HB 491 –establishing a public health improvement services council enacted
- ◆ A call to action issued to better coordinate and support community partnerships
- ◆ Survey drafted to create a data base on community partnerships



Real Progress to Date



- ◆ *Develop a Communication Plan* - Grant obtained to retain a marketing firm develop a public health communication plan
- ◆ *Workforce Development* - Agreement to use TRAIN learning management system broadly
- ◆ *Inform and Educate* - Work groups convening with other initiatives on leading contributors to m&m – tobacco, alcohol, physical activity and nutrition



Charting our Progress



- ◆ Oversight by new Public Health Services Improvement Council
- ◆ Study cycle of PDSA
- ◆ Report to be published early 2008
- ◆ Reassess via NPHPS Fall 2008

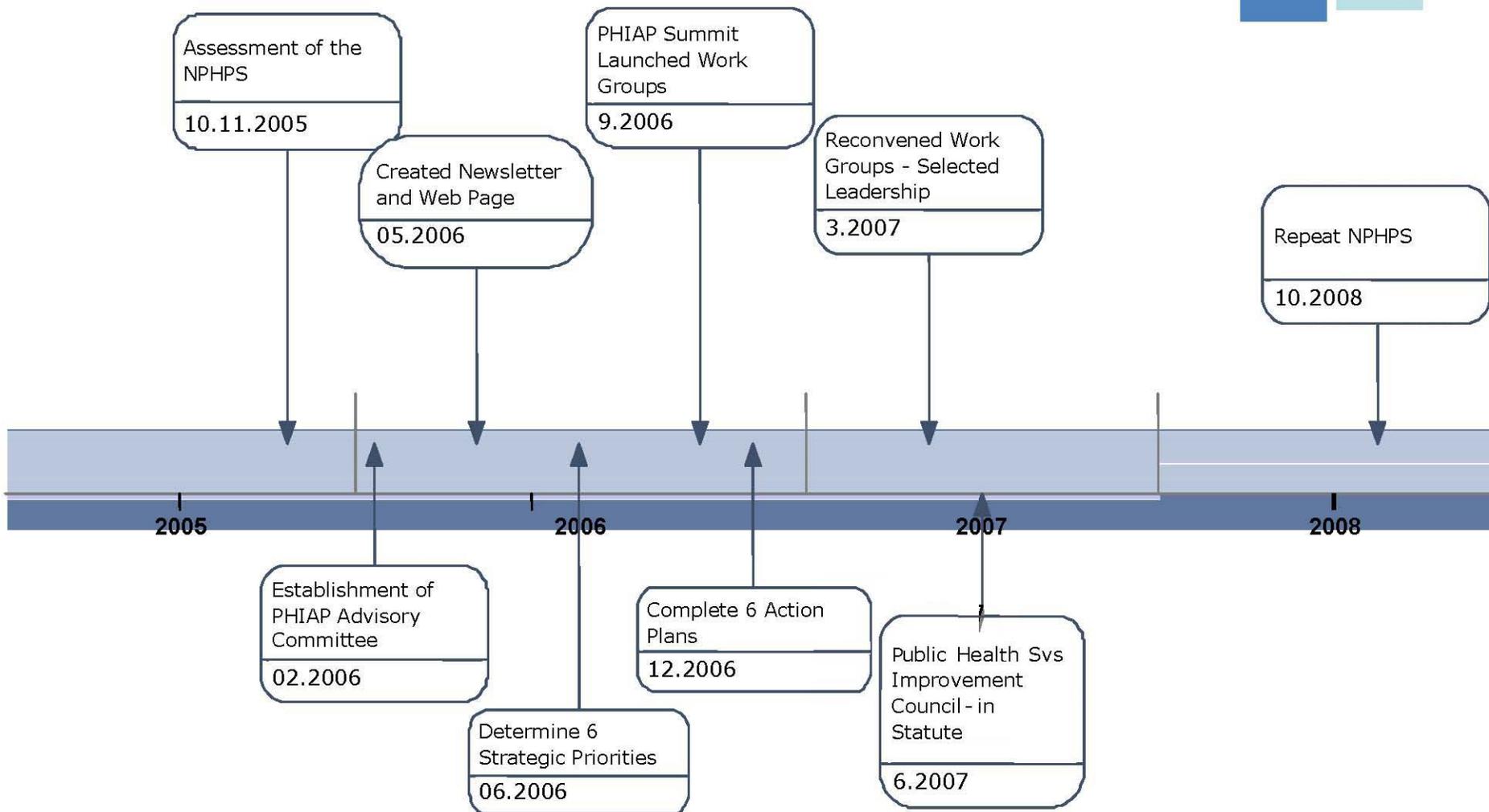
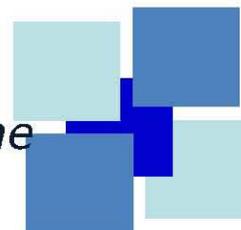


Aligning of the Stars



- ◆ Financial and policy gains in the legislature/budget – indoor smoking bill, \$6million cancer screening and prevention-\$4 tobacco
- ◆ Connecting public health infrastructure with health priorities
- ◆ Citizens Health Initiative/ Healthy Eating Active Living
- ◆ Discussions of regionalizing public health
- ◆ Roll out of the Division of Public Health Vision
- ◆ MLC-2, measure, IT, explore credentialing and accreditation

Public Health Improvement Action Plan Initiative (PHIAP) Timeline





Questions

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<http://www.dhhs.state.nh.us/DHHS/DPHS/iphnh.htm>