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# A Regional Public Health System in NH

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## Community Forum

New Hampton

June 9, 2008



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# Purpose of Today's Meeting

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## ◆ Objectives

- ◆ Provide an opportunity for citizens, community and agency leaders, and local government representatives to hear and build understanding about one another's proposals for public health regions.
- ◆ Gain a sense of support and differences regarding the proposed regions.
- ◆ Confirm next steps to consider options and make a determination.



# Why Regionalization?



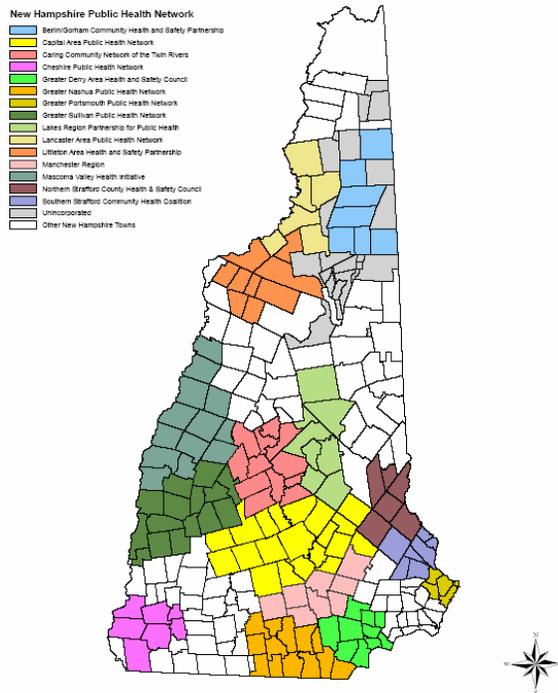
# The Public's Health : The NH Context

- Each of New Hampshire's 234 cities and towns are statutorily required to have a health officer
- Only five New Hampshire communities maintain public health departments; no county health departments
- In many New Hampshire communities, non-governmental organizations provide a significant sub-set of essential public health services
- At the State level, DHHS is the lead public health agency. The Department of Environmental Services, Department of Education, and Department of Safety also play key roles in promoting and protecting the public's health.

# There are many maps

## New Hampshire Public Health Networks

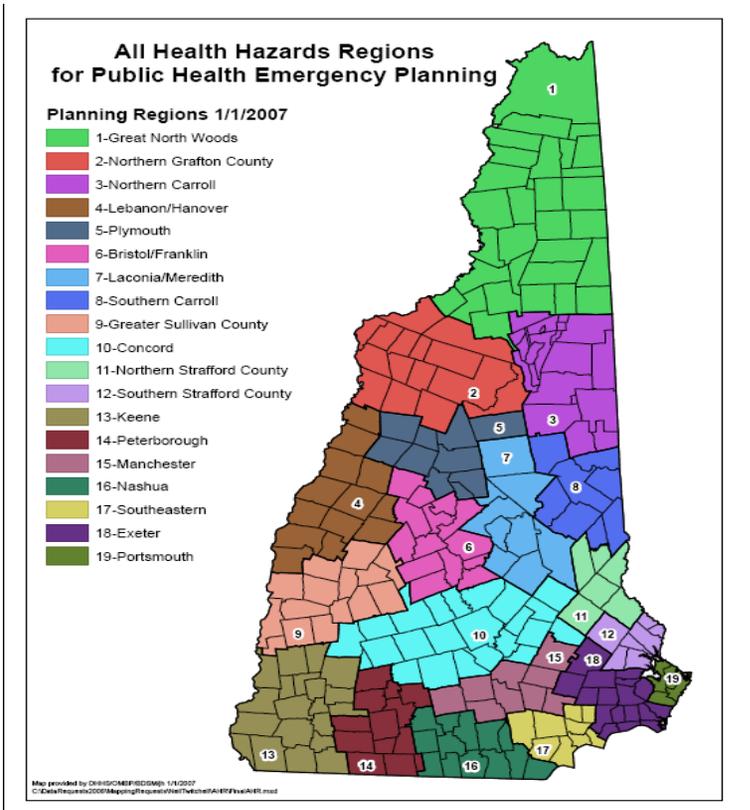
New Hampshire Public Health Network  
December 2007



Ensure that local communities have the capacity to assure continued improvement in the health of individuals, families and communities.

- o 15 Coalitions
- o Appx. 55% of NH towns
- o Appx. 75% of NH population
- o Between 6-23 communities

# All Health Hazard Regions



- ◆ Organized to plan for and respond to any public health emergencies statewide
- ◆ 19 Regions
- ◆ 100% of communities and population
- ◆ Between 6-23 communities



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# Regionalization Goal

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- ◆ **Overall Goal** – A performance-based public health delivery system, which provides all 10 essential public health services throughout New Hampshire

# 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



# Approach

A two-tiered system of public health (primary and comprehensive) regionalization that recognizes varying resources, infrastructure and capacity to carry out core public health functions and the 10 essential services at different levels

Regions will be organized in a way that recognizes geographic features, existing health care infrastructure and population

The Division of Public Health Services envisions one public health agency per region that must be or be associated with a governmental agency that coordinates or is responsible for the 10 essential services. The agency may subcontract or create memoranda of understanding for some essential services



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# Approach

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- ◆ Will be based on standards for agency infrastructure and performance.
- ◆ Will be an evolutionary process – some areas may not meet all components of a primary agency from the beginning but may move there in time.
- ◆ Will require statutory changes.



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# Why Link to Governmental Agency?

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- ◆ The Institute of Medicine landmark report, the Future of Public Health and the succeeding document The Future of Public Health in the 21<sup>st</sup> Century note that states and local subdivisions retain the primary responsibility for health under the US Constitution



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# The Role of Government in Public Health

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- ◆ **Assessment** – taking into account all relevant factors to the extent possible, based on objective factors, without self-interest
- ◆ **Policy Development** – takes place as a result of interactions among public and private organizations
- ◆ **Assurance** – assure that necessary services are provided to reach agreed upon goals by encouraging the private sector, requiring it, or providing services directly



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# A Primary Regional Public Health Agency

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- ◆ Capacity, expertise and leadership to assure a fundamental public health presence
- ◆ Performs some level of each of the 10 essential services
- ◆ Collaborates extensively with systems partners in the region
- ◆ The State DPHS provides complementary core services to these regions and technical assistance

# Proposed Staffing

- ◆ Administrator
- ◆ Support staff
- ◆ Health educator/marketing staff
- ◆ Nurse (?)
- ◆ Environmental health specialist
- ◆ Shared across regions/in-kind
  - Epidemiologist
  - Financial manager
  - Emergency preparedness coordinator
  - IT support
  - Medical consultant
- ◆ Coordinate with local health officers or move towards shared regional health officer

## Essential Service 4 – Mobilize community partnerships to identify and solve health problems

| <b>State</b>  | <b>Region</b>   |
|---|---|
| Participate in/convene statewide partnerships   | Identify potential stakeholders   |
| Develop and maintain inventory of partnerships on the web   | Build and work with existing partnerships   |
| Provide support of broad based partnerships – integrate into RFP's  | Convene new partnerships as needed  |
| Provide technical assistance and evaluation relative to effective broad-based partnerships and coalitions | Communicate with local/regional policymakers/local businesses                                     |
|   | <b>Staff</b> - Administrator, health educator/marketing staff, emergency preparedness coordinator |

## Essential Service 5 - Develop policies and plans that support individual and statewide health efforts

| <b>State</b>   | <b>Region</b>  |
|--|--|
| Systematic statewide health planning based on data, establishes and monitors objectives – helps to guide improvement at state and local levels being done through the Public Health Improvement Services Council | Systematic community/regional planning for public health improvement |
| Coordinate with the Citizens Health Initiative   | Bridge national/state/regional/local plans                           |
| Implement, integrate and monitor DPHS strategic plans such as, Cancer, Oral Health, Diabetes, Asthma, Emergency Preparedness, Alcohol and other drugs, etc   | Coordinate development of health ordinances region wide              |
| May require legislation, rules, codes, ordinances  | Explore models of regional planning councils                         |
|  | <b>Staff</b> – Administrator, epidemiologist                         |

## Essential Service 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable

| State  | Region  |
|--|---|
| Assessment of access to care and services for the state's population | Identify local populations in need  |
| Assure availability within a coordinated system of care              | Consider the role of nursing in helping to link to services- role as case manager |
| Form partnerships  | Link people to needed services  |
| Connect with 211   |   |
| Use web technology to share available services                       | <b>Staff needed</b> – Epidemiologist, nurse?                                      |

# Work to Date

| <b>What We Know/Have General Consensus For</b>  | <b>Questions Remaining</b>   |
|---|--|
| <b>A tiered system with primary and comprehensive public health entities</b>  | <b>Funding –how much, where will it come from</b>                    |
| <b>Core primary staff and shared regional staff</b>   |  |
| <b>Public health regions which recognize existing infrastructure</b>  | <b>Number of regions and their geographic composition</b>            |
| <b>A link to a governmental entity</b>  | <b>Statutory issues related to precisely how that link will work</b> |
| <b>Entities' performance will be based on essential public health services and standards leading to accreditation</b>               |  |
| <b>Will be evolutionary – expand essential public health service delivery over time</b>   |  |
| <b>The state will continue to provide some services to regions (disease investigation, restaurant inspection –though co-locate)</b> |  |
| <b>Statutory changes are needed</b>   | <b>Exact changes not known</b>                                       |
| <b>Widespread input/feedback/consensus sought. State has final decision</b>   |  |



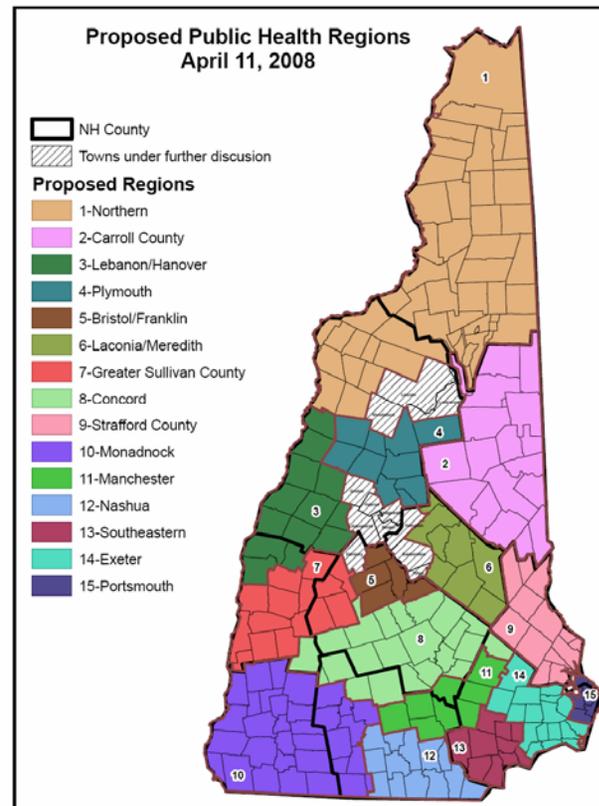
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# Possible Incremental Approach

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- ◆ Begin with a core of essential services with the option to contract for others and possibly expand later
- ◆ Begin with a core staff using existing resources

# Next Steps – Draw the Map





# Next Steps- Assessments



## Assessments

June 2008– March 2009

- ◆ April 11 task force meeting consolidated 19 AHHRs to 15 regions for the purpose of conducting 3 assessments
- ◆ Financial analysis of all public health funding with consideration of efficiencies of regionalization
- ◆ Assessment of local/regional public health entities' capacity to deliver the 10 essential services with gaps analysis
- ◆ Assessment of how regions' links to local government might be structured



# Next Steps - Pilots



## Pilots

June 2008–June 2009

- ◆ Regional partners develop a detailed plan to implement the proposed new model in selected regions

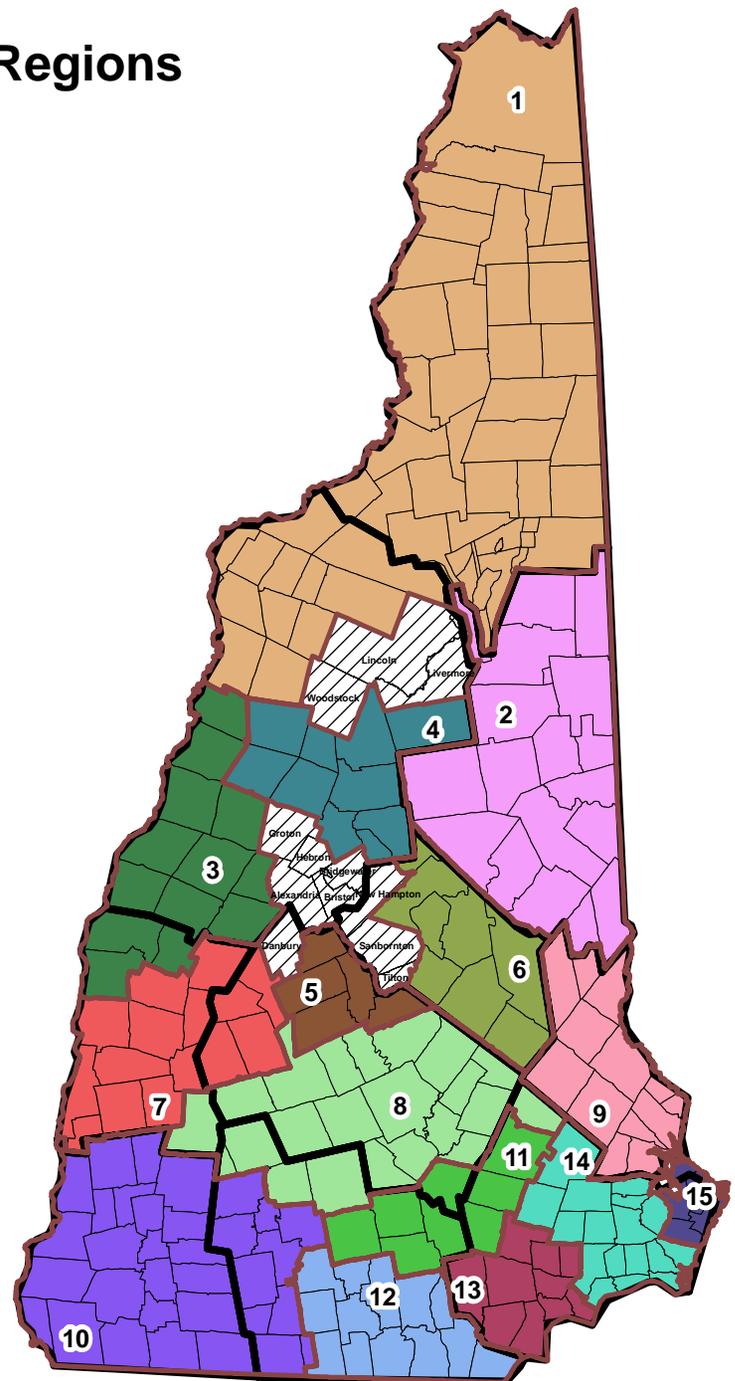
# Proposed Public Health Regions

## April 11, 2008

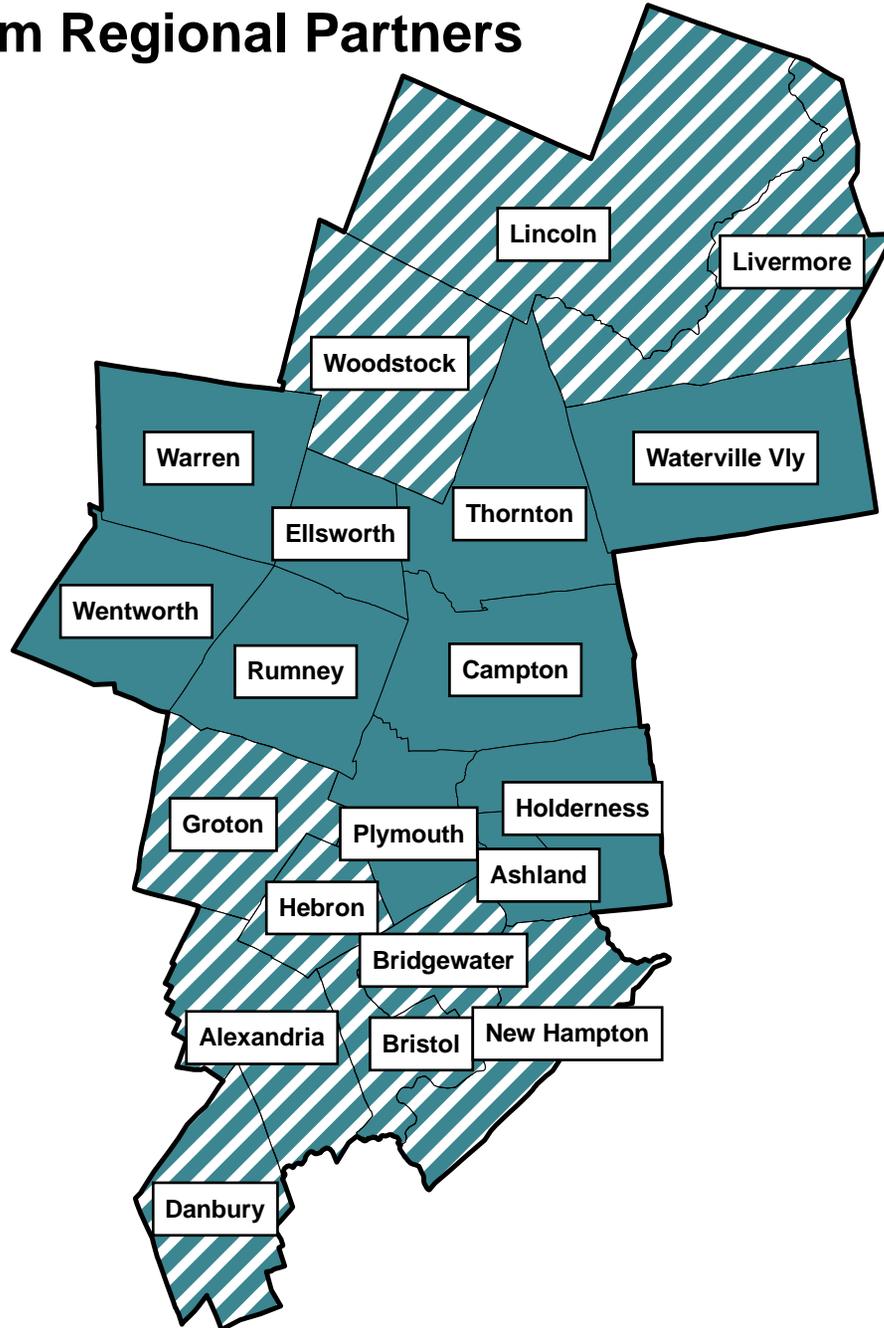
-  NH County
-  Towns under further discussion

### Proposed Regions

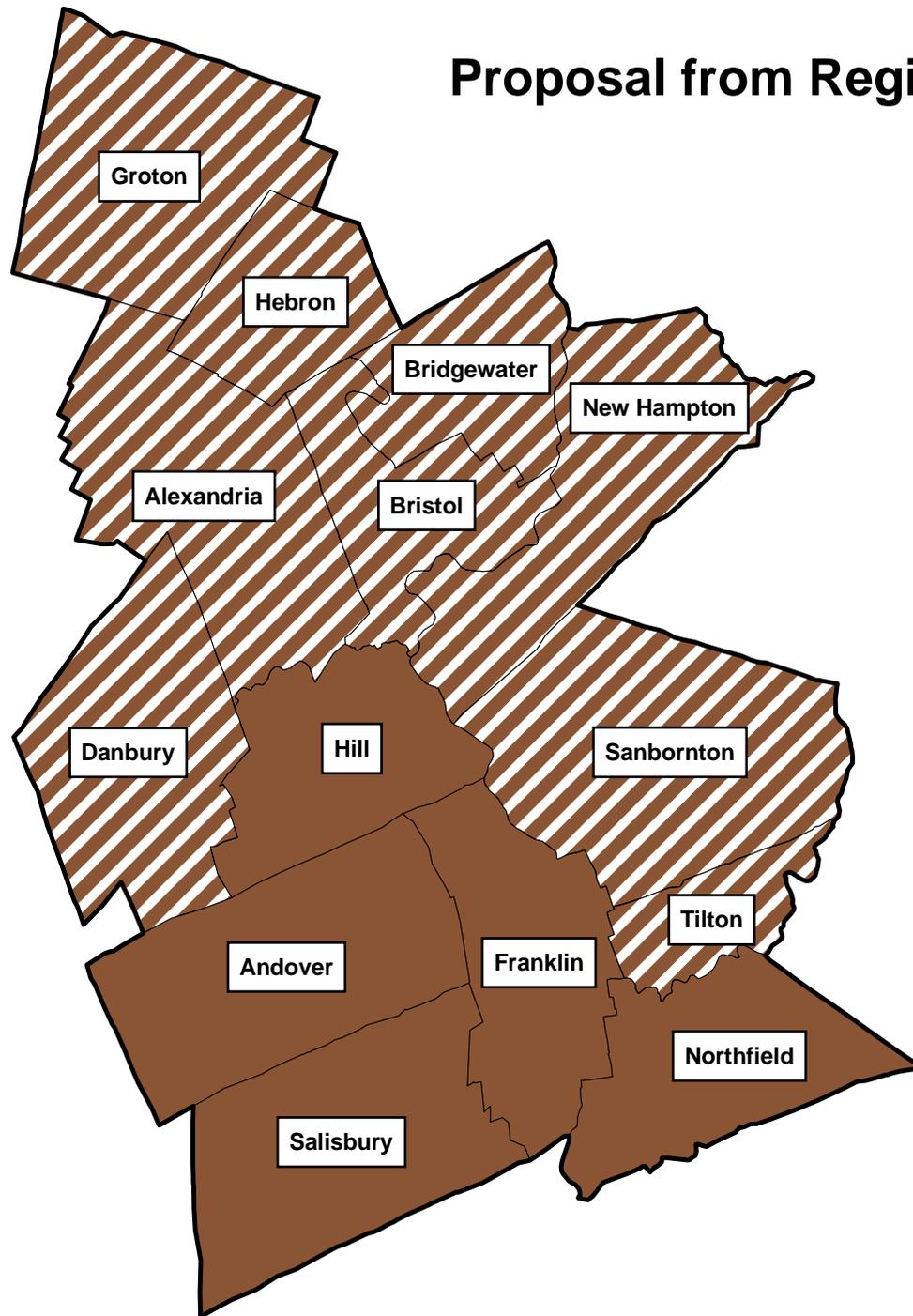
-  1-Northern
-  2-Carroll County
-  3-Lebanon/Hanover
-  4-Plymouth
-  5-Bristol/Franklin
-  6-Laconia/Meredith
-  7-Greater Sullivan County
-  8-Concord
-  9-Strafford County
-  10-Monadnock
-  11-Manchester
-  12-Nashua
-  13-Southeastern
-  14-Exeter
-  15-Portsmouth



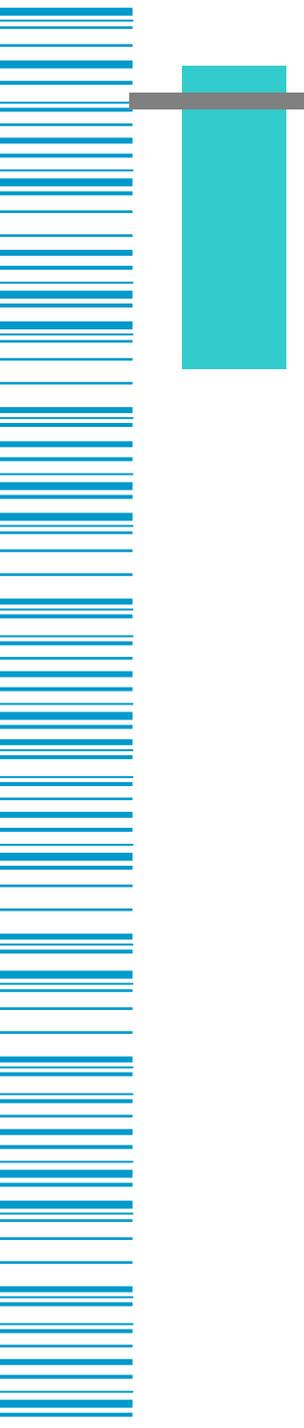
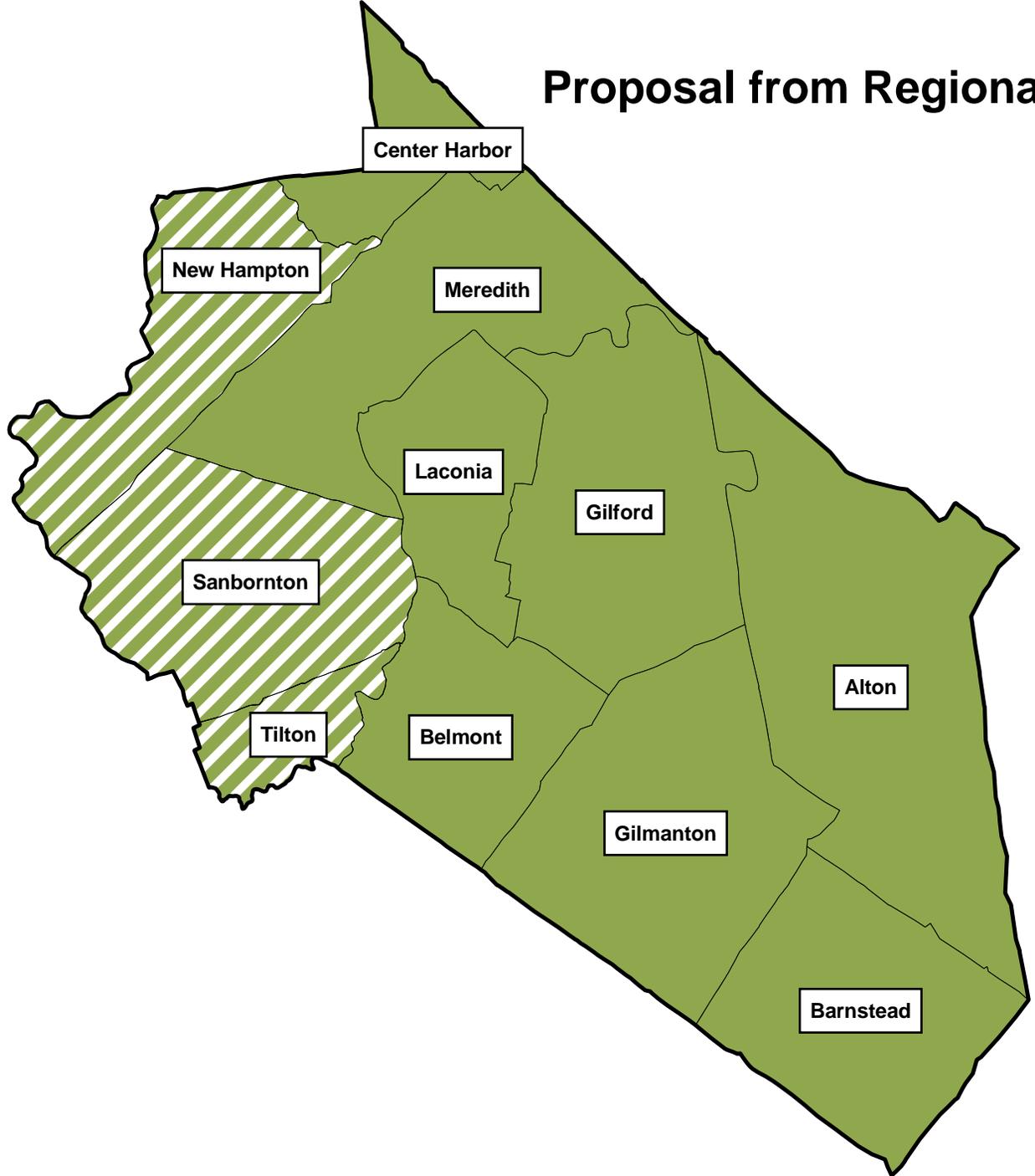
# Proposal from Regional Partners



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