

Regional Public Health System in NH -Update

May 21, 2008



Why Regionalization?



The Public Health Networks: The NH Context

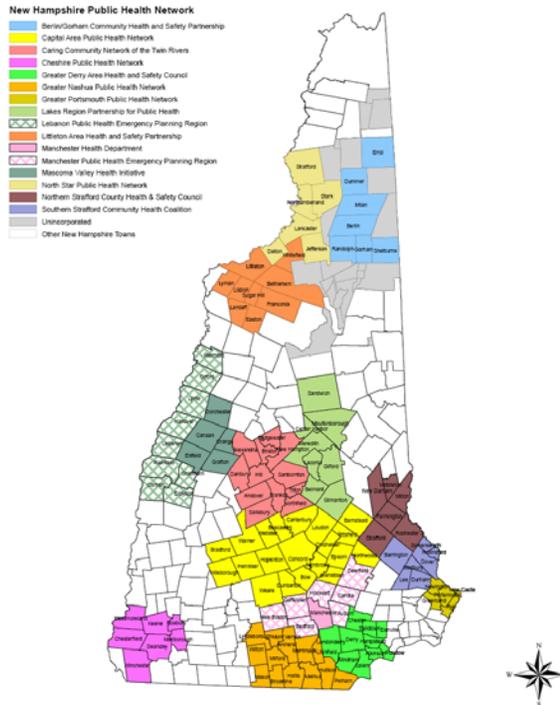


- Each of New Hampshire's 234 cities and towns are statutorily required to have a health officer
- Only four New Hampshire communities maintain public health departments; no county health departments
- In many New Hampshire communities, non-governmental organizations provide a significant sub-set of 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

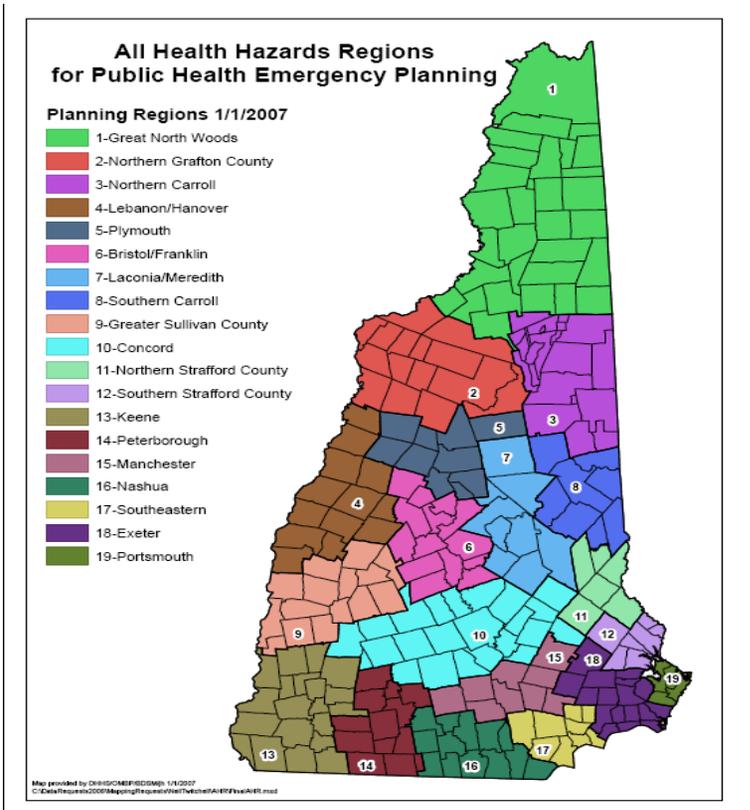
New Hampshire Public Health Network
March 2006



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

- o 14 Coalitions
- o 118 Towns
- o 50% of NH towns
- o 70% of the NH population covered
- o 5-11 communities per coalition

All Health Hazard Regions



- ◆ 19 Regions organized to respond to any public health emergencies statewide



Regionalization Goal

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



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



Approach



- ◆ 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.



Why Link to Governmental Agency?

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



The Role of Government in Public Health



- ◆ Assessment – taking into account all relevant factors to the extent possible, based on objective factors, without self-interest
 - Public agencies are obligated to weigh all sides of a question
 - The government should possess a broad range of knowledge and not be constrained by short-range issues



The Role of Government in Public Health

- ◆ **Policy Development** – takes place as a result of interactions among public and private organizations
 - The government has a special obligation to ensure that the public interest is served by whatever measures are adopted
 - The public health agency must pay attention to the quality of the process in addition to decisions made
 - Raise the hard questions, communicate with affected parties, strive for fairness and balance



The Role of Government in Public Health

- ◆ Assurance – assure that necessary services are provided to reach agreed upon goals by encouraging the private sector, requiring it, or providing services directly
 - Involves implementing legislative mandates
 - Regulation of services
 - Assure or provide needed services



Background Work



- ◆ Reviewed potential framework for a tiered system
- ◆ Raised many questions such as – is there a recommendation for public health staffing per capita – No!
- ◆ Gathering information to determine the function of a local health agency versus form



Background Work



- Reviewed the ongoing role of the state at the local level
- Exploring the local/regional perspective
- Examining the role of the health officer
- Learning about the county perspective



A Primary Regional Public Health Agency



- ◆ 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 1 - Monitor health status to identify and solve community health problems

State	Region
Data surveillance and reports relative to statewide health status, threats, needs	Conduct assessment of community health status, local regional analysis of health data and community assets
Provide technical assistance to regions and data users	
Provide timely web based data at the local level	
Integrate public health information systems and assure standardization and compliance with PHIN	Staff needed: Epidemiologist

Essential Service 2 – Diagnose and investigate health problems and health hazards in the community

State	Region
Respond and coordinate statewide disease investigation	Investigate/report from hospital and local entity; report to state
Provide technical assistance to regions/communities	Inter-regional agreements (mutual aid)
Major responsibility for infectious disease investigation stays with the state	Assists in response to public health events and threats
Train regional staff to assist in investigation	
Provide all major lab services – such as rapid screening, high volume testing, clinical and environmental specimens	
Responds to public health events and threats	Staff needed – Regional emergency prep coordinator, epidemiologist

Essential Service 3 – Inform, educate and empower individuals and communities about health issues

State	Region
Health information, education, promotion based on best practices – accessible web based inventory based on key health issues (such as tobacco, alcohol, physical activity and nutrition)	Provide health promotion / disease prevention initiatives
Media advocacy; social marketing	Marketing
Provide education/training on best practices, monitor contractors	Address regional issues based on regional epi profiles
	Staff - Health educator/marketing staff

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

State	Region
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
	Staff - Administrator, health educator/marketing staff, emergency preparedness coordinator

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

State	Region
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
	Staff – Administrator, epidemiologist

Essential Service 6 – Enforce laws and regulations that protect health and ensure safety

State	Region
Review, recommend, and create laws and regulations	Review, recommend, and create local ordinances
Educate partners/public relative to laws and regs	Educate public regarding public health laws/regs
Enforcement relative to public health concerns – such as tobacco, food establishments isolation and quarantine, immunization	Transition food inspections to region – through attrition
State will continue to do all Rad Health responsibilities - SWOT team – special expertise	Coordinate with DES to address environmental issues
Continue lead paint inspections	Local assistance in enforcing laws (ex. lead, environmental regs)
	Work with municipal health officers
	Staff needed - Administrator, - transition of inspectors

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	Staff needed – Epidemiologist, nurse?

Essential Service 8 - Assure a competent public health and personal health care workforce

State	Region
Training – lifelong learning	Coordinate training for partners
Develop and deploy a competency based system	Assess workforce competencies
Develop recruitment and retention strategies	Recruitment and retention
Assess workforce needs	
Develop and implement credentialing systems (health officers)	
	Staff – Administrator, health educator/marketing staff

Essential Service – 9 Evaluate effectiveness, accessibility, and quality of personal and population based health services

State	Region
Consistent with DPHS vision to deliver science based services	Use the Strategic Prevention Framework evaluation framework as a model
Monitor and evaluate services at all levels, DPHS and contracts	Conduct regional evaluation and assessments of quality and effectiveness of services
Utilize Guide to Preventive Health Services	
Utilize/enhance IT capacity, databases	
Evaluation used to allocating resources and reshaping programs for quality, efficiency and effectiveness	Staff – Administrator, epidemiologist

Essential Service - 10 Research for new insights and innovative solutions to health problems

State	Region
Collaborate with CHI, UNH, Dartmouth	Collaborate with CHI, UNH, Dartmouth
CDC grants – to use behavioral survey (BRFSS), medical claims and performance measure data to evaluate services	Utilize best practices appropriate to region
Create an IRB for public health	Implement and evaluate pilot projects
Lack staff for this purpose	
Publish/share finding	Staff – Epidemiologist, program staff

Work to Date

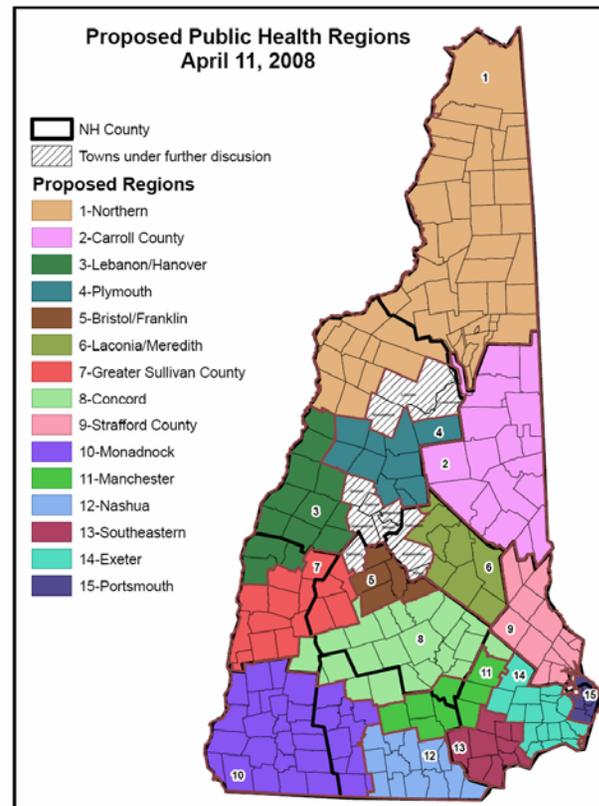
What We Know/Have General Consensus For	Questions Remaining
A tiered system with primary and comprehensive public health entities	Funding –how much, where will it come from
Core primary staff and shared regional staff	
Public health regions which recognize existing infrastructure	Number of regions and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



Possible Incremental Approach

- ◆ 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

- ◆ Financial analysis of all public health funding with consideration of efficiencies of regionalization – Web conference next meeting
- ◆ Assessment of local/regional public health entities' capacity to deliver the 10 essential services with gaps analysis
- ◆ Assessment of what a local link to government might look like



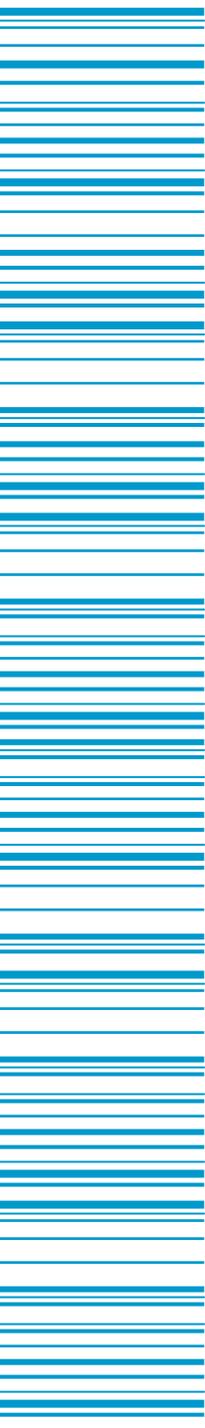
Next Steps - Pilots



Pilots

June 2008–June 2009

- ◆ Develop a plan to implement the proposed new model in selected regions



Questions, Suggestions ?

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