



**Contemplating a Long-Term Vision of Public
Health Advisory Councils
PHAC Leadership Meeting
September 10, 2014**

In the Beginning

- ▣ Response to Recommendations from the Regionalization Initiative
 - *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*
 - *Advocate that other public and private funders utilize this regional alignment as appropriate when funding public health services*

In the Beginning

- *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*
- *Work with other state level and regional level entities to assist regional partners to strengthen and diversify regional partnerships*
- *Explore alternatives to the concept of regional public health councils as a link to government for regional public health networks and more fully explore the structure and attributes of existing, successful regional oversight collaboratives that mimic the public health council model.*

After a Single Year

- ▣ *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*

Aligned contracts among DHHS Divisions and private funder

Single technical assistance provider

Demonstrated mechanism as “sole source” entities for related services

Demonstrated mechanism as only “eligible entities” for competitive RFPs

After a Single Year

- ▣ *Advocate that other public and private funders utilize this regional alignment as appropriate when funding public health services*

RPHNs assessed as options for placement of oral health hygienists

Private health foundations awareness of RPHNs and public health regions as defined service areas

After a Single Year

- ▣ *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*
 - ▣ *RPHN vis a vis PHAC established in RFP guidance*
 - ▣ *Increased awareness within DPHS of RPHNs and public health regions as defined service areas*
 - ▣ *Implementing more consistent roles between contract administration, finance, and program areas*
 - ▣ *Anecdotal info that some health officers engaging in broader public health through the PHAC*

After a Single Year

- ▣ *Work with other state level and regional level entities to assist regional partners to strengthen and diversify regional partnerships*
 - ▣ *Increase in sectors and number of agencies engaged in PHACs*
 - ▣ *Collaboration with NH Public Health Association*
 - ▣ *Outreach to Regional Planning Commissions*
 - ▣ *Ongoing messaging & support by senior DHHS/DPHS leaders*

After a Single Year

- *Explore alternatives to the concept of regional public health councils as a link to government for regional public health networks and more fully explore the structure and attributes of existing, successful regional oversight collaboratives that mimic the public health council model.*
 - *PHAC guidance set “framework” for PHAC role/responsibilities with RPHNs*
 - *Allowing for variable models of PHACs, RPHNs, and contracted entities developed based on regional structures, history and assets*

And Boldly into the Future . . .



- ▣ *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*
- ▣ *Role envisioned under State Innovative Model proposal submitted to CMS*
- ▣ *Envisioned as “home” for RROSC efforts*
- ▣ *Increase perception as “first option” to consider by DPHS/BDAS and other funders*
- ▣ *Ensure state experts, technical assistance and training are available on ongoing basis*

And Boldly into the Future . . .



- ▣ *Advocate that other public and private funders utilize this regional alignment as appropriate when funding public health services*
- ▣ *Disseminate “success stories” from RPHNs and PHACs*
- ▣ *Encourage PHAC statement of support as part of funding decisions*
- ▣ *“Normalize” PHAC role with federal funders*
- ▣ *Seek out opportunities across other state agencies*

And Boldly into the Future . . .



- ▣ *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*
 - ▣ *Based on needs and experience, standardize consistent set of roles/responsibilities across DPHS/BDAS and with PHNs*
 - ▣ *Re-engage health officers through health officer liaison unit at DPHS*
 - ▣ *Develop informational materials for dissemination to partners*

And Boldly into the Future . . .

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- ▣ *Work with other state level and regional level entities to assist regional partners to strengthen and diversify regional partnerships*
- ▣ *Continue outreach to stakeholder groups*
- ▣ *Engage in efforts to integrate health care/ public health efforts*
- ▣ *Continue to build perception of PHAC as the “go-to” table*

And Boldly into the Future . . .

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- ▣ *Explore alternatives to the concept of regional public health councils as a link to government for regional public health networks and more fully explore the structure and attributes of existing, successful regional oversight collaboratives that mimic the public health council model.*
- ▣ *Continually assess functioning of PHACs based on existing guidance*
- ▣ *Annual review of PHAC operating principles*
- ▣ *Ongoing discussions of capabilities and needs based on existing PHAC structures*

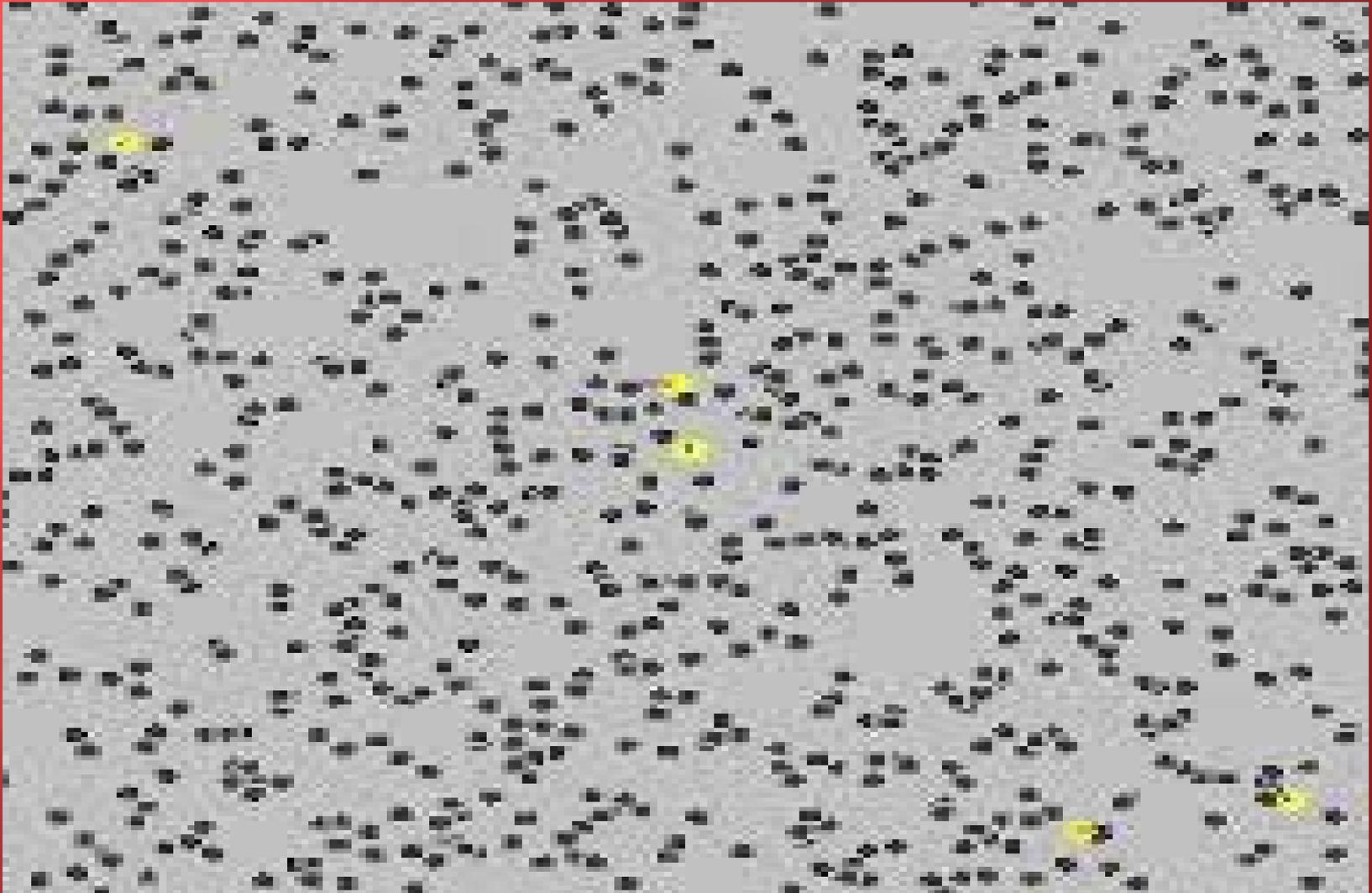
▣ “The power to attract – to get others to want what you want, to frame the issues, to set the agenda – has its roots in thousands of years of human experience. Skillful leaders have always understood that *attractiveness stems from credibility and legitimacy.*”

▣ Joseph Nye: Soft Power and Leadership," **Compass: A Journal of Leadership**, Spring 2004. Compass is published by the Center for Public Leadership, John F. Kennedy School of Government, Harvard University.

PHACs in the Future



In the Beginning



After a Single Year



And Boldly into the Future . . .

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For More Information

- ▣ Regional Public Health Advisory Councils
 - <http://www.dhhs.nh.gov/dphs/rphn/index.htm>

- NH Dept. of Health & Human Services
 - ▣ Neil Twitchell, Division of Public Health Services
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