

A Brief History of and Vision for Regional Public Health Networks & Advisory Committees

Neil Twitchell

Community Health Development Section
Bureau of Public Health Systems, Policy, and
Performance Management
NH Division of Public Health Services

In the Beginning...

- 2000 - NH Turning Point Initiative calls for development of regional public health infrastructure
- 2001 - NH Division of Public Health Services (DPHS) funds 4 regional networks using Robert Wood Johnson funds
- 2005 – DPHS initiates funding for regional public health preparedness efforts statewide
- 2007 - NH Bureau of Drug and Alcohol Services (BDAS) initiates regional Strategic Prevention Framework services

The middle of the story...

- 2007 – DPHS initiates Public Health Regionalization Initiative with the goal to *Develop a performance-based public health delivery system, which provides all 10 essential services throughout New Hampshire*
- 2008 – 2010 DPHS in collaboration with the existing networks conducts assessments of current capacity; funding; and governance of public health services

Final Report, Dec. 2011 : Creating a Regional Public Health System in New Hampshire

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.*

Final Report, Dec. 2011 : Creating a Regional Public Health System in New Hampshire

- **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.*

Final Report, Dec. 2011 : Creating a Regional Public Health System in New Hampshire

- **Recommendation #3**
- *DPHS should 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.*
- **Recommendation # 5**
- *The Division of Public Health Services should work with other state level and regional level entities to assist regional partners to strengthen and diversify regional partnerships.*

The final chapter (of book 1)...

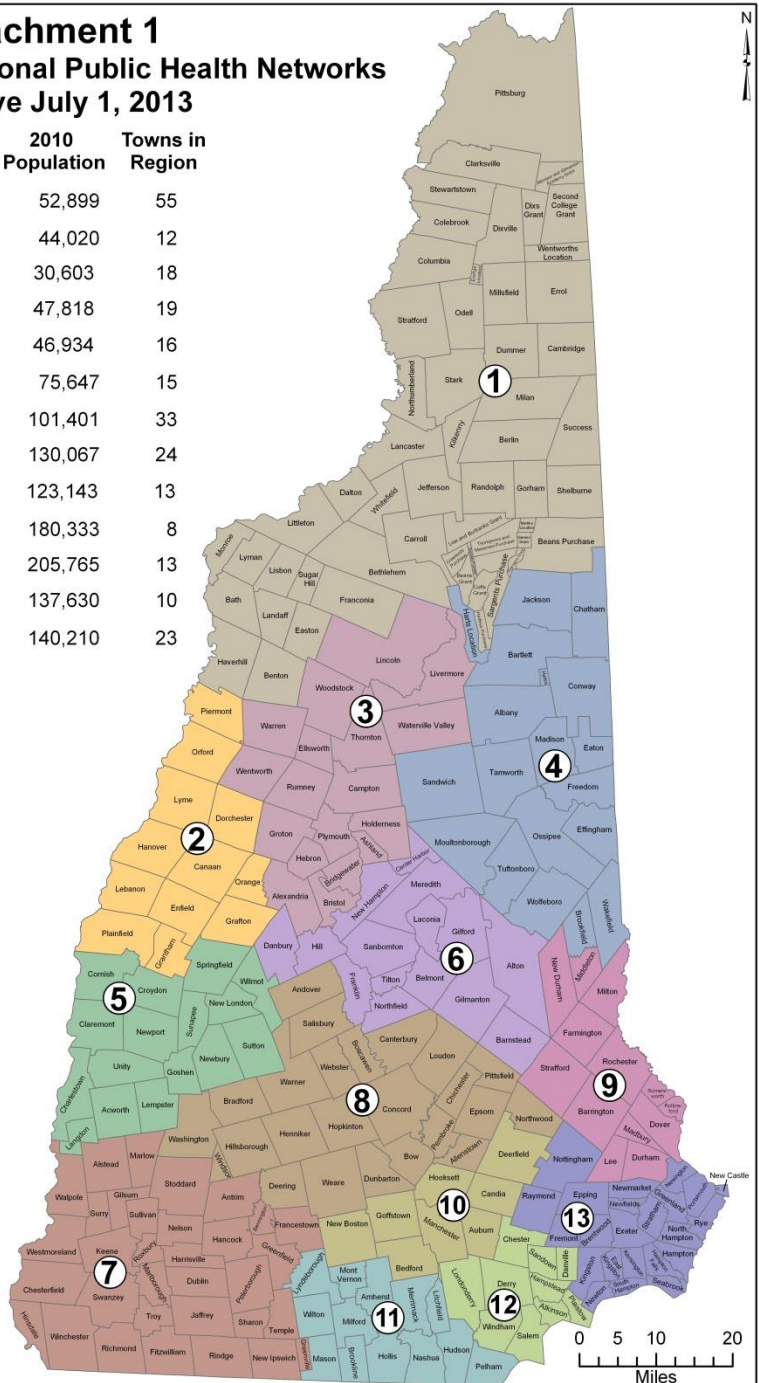
- DPHS and BDAS agree to issue aligned Request for Proposals (RFP) for services beginning on July 1, 2013
 - Also includes funding for school-based influenza vaccination clinics
- Aligned regional “maps” issued as part of RFP
- 13 entities funded to provide services

Attachment 1

New Hampshire Regional Public Health Networks

Effective July 1, 2013

Region	2010 Population	Towns in Region
1	52,899	55
2	44,020	12
3	30,603	18
4	47,818	19
5	46,934	16
6	75,647	15
7	101,401	33
8	130,067	24
9	123,143	13
10	180,333	8
11	205,765	13
12	137,630	10
13	140,210	23



RPHN Contractors

- 2 County Govts – Cheshire and Sullivan
- 3 City Health Depts – Derry, Manchester and Nashua
- 1 Town - Exeter
- 3 Health Care Entities – Mary Hitchcock Hospital; Mid-State Health Center; Goodwin Community Health
- 4 Not-for Profits – North Country Health Consortium; Carroll County Coalition for Public Health; Lakes Region Partnership for Public Health; Granite United Way

Public Health System



Aligned Regional Public Health Networks

- Four primary initiatives for July 2013 to June 2015
 - Planning, training and response for public health emergencies
 - Implement the regional strategic plan for substance misuse prevention and related health promotion activities
 - Expand delivery of public health services through school-based immunization clinics
 - **Establish a Regional Public Health Advisory Council (PHAC)**

Peering into the Future...



The PHAC Role

- Facilitate improvements in the delivery of the 10 Essential Public Health Services ... **as appropriate to the region**
- **Establish regional public health priorities** that are based on assessments of community health
- **Advocate for the implementation of programs, practices and policies** that are evidence-based to meet improved health outcomes
- **Advance the coordination of services** among partners

Initial Membership Priorities from NH DHHS

- Municipal and County Governments
- Concord Hospital
- School Administrative Units
- Capital Region Family Health Center
- Riverbend Community Mental Health
- At least one representative from each of the following community sectors: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.

The Goal for PHAC Membership

- “The Advisory Committee should strive to ensure its membership is **inclusive of all local agencies that provide public health services** beyond those funded under this agreement.”

So What's Next ?

- *Immediate Responsibility* –
 - Develop an organizational structure
 - Serve in advisory capacity to Granite United Way for the services funded under the contract
- *Through June 2015* - Engage other public health partners based on regional priorities
- *Long-term Goal* – Serve in an advisory capacity for all public health services in the region

Sound Promising?

- Expanded use of a single map for service delivery = 13 Public Health Regions
- Recognized “go-to” entities to coordinate similar efforts across multiple public health issues = Public Health Advisory Councils
- Recognized “go to” entities for those interested in a single issue or function = PHAC committees/workgroups/strike teams, etc.

Sound Promising?

- More coordinated priority-setting and effective programs based on evidence of effectiveness and data
- Leveraging strengths and resources across partners
- Reduced competition for scarce funds
- Stronger infrastructure and capacity to apply for funding

DHHS Support to Regional Public Health Networks

- Provide support for training and technical assistance to awardee agencies on how to approach developing a PHAC
 - Being done through the Community Health Institute and the Center for Excellence
- Make other partners and awardees aware of PHACs being developed and encourage them to engage early in their region !

Within DHHS

- Integrate PHAC participation into contracts for other services
- Ensure PHAC requests for information, training, access to subject matter experts, etc. are filled
- Look for coordination with and letters of support from the PHAC when agencies are submitting bids to provide services



So Let's Get At It !

Valerie Morgan, Administrator of Prevention Services
Bureau of Drug and Alcohol Services

Valerie.Morgan@dhhs.state.nh.us

(603) 271-6819

Neil Twitchell, Administrator, Community Health
Development Section

Division of Public Health Services

Ntwitchell@dhhs.state.nh.us

(603) 271-5194

Essential Public Health Services	In Plain English
1. Monitor health status to identify health problems	<i>What's going on in our state/region? Do we know how healthy we are?</i>
2. Diagnose and investigate health problems and health hazards	<i>Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?</i>
3. Inform, educate, and empower people about health issues	<i>How well do we keep all people and segments of our state informed about health issues so they can make healthy choices?</i>
4. Mobilize partnerships to identify and solve health problems	<i>How well do we really get people and organizations engaged in health issues?</i>
5. Develop policies and plans that support individual and statewide health efforts	<i>What policies promote health in our state/region? How effective are we in planning and in setting health policies?</i>
6. Enforce laws and regulations that protect health and ensure safety	<i>When we enforce health regulations are we up-to-date, technically competent, fair and effective?</i>
7. Link people to needed health services and assure the provision of health care when otherwise unavailable	<i>Are people receiving the health services they need?</i>
8. Assure competent public and personal health care workforce	<i>Do we have a competent public health staff? How can we be sure that our staff stays current?</i>
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services	<i>Are we doing any good? Are we doing things right? Are we doing the right things?</i>
10. Research for new insights and innovative solutions to health problems	<i>Are we discovering and using new ways to get the job done?</i>