

# **Public Health District Incentive Grant Program**

An Initiative of the Massachusetts Department of Public Health  
Supported by the US Centers for Disease Control and Prevention

**Geoff Wilkinson, Senior Policy Advisor**

Office of the Commissioner

Massachusetts Department of Public Health

NPHII Grantee Meeting

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Atlanta, GA



# MDPH Award—\$9.8 million

## □ \$1.96 million per year

- Component I---\$300,000 (\$1.5M, 5 yrs)
- Component II---\$1.66 million (\$8.3M, 5 yrs.)

## □ MDPH Plan over 5 years:

- Regionalization (53% of total)
- Public Health Data Systems (46% of total)

## □ Year One Plan

- Regionalization (33% of total)
- Planning grants, plus T/A funds



# Data Systems

- 1) **MAVEN: Web-based disease surveillance and case management system**
- 2) **Electronic death records**
- 3) **MassCHIP: Integrates 39 data bases online, including MDPH and other state agencies**



# Public Health District Incentive Grant Program

## □ Goals

- Improve scope and quality of LPH services
- Reduce regional disparities in LPH capacities
- Promote policy change to improve population health
- Optimal results with available resources
- Strengthen workforce qualifications
- Prepare for voluntary national accreditation

## □ Historic Opportunity

- Redress capacity and performance gaps
- Cover largest possible % of state population, land area, # communities
- Encourage max. possible sharing of staff & services

# Public Health Regionalization Project Working Group (began Fall 2005)

- Local Public Health Officials
- Coalition for Local Public Health (Professional & Advocacy Organizations):
  - MA Health Officers Assoc.
  - MA Environmental Health Assoc.
  - MA Assoc. of Health Boards
  - MA Assoc. of Public Health Nurses
  - MA Public Health Assoc.
- Legislators (Public Health and Health Care Financing)
- State Agencies (EOHHS, MDPH, MDEP)
- Academics (led by Boston University School of Public Health)



## **Project Principles**

- 1) All residents of the Commonwealth deserve equal access to public health services regardless of where they live.**
- 2) Respect existing legal authority of local Boards of Health.**
- 3) Voluntary initiative: communities need incentives to participate.**
- 4) One size doesn't fit all: different models provide flexibility for communities to meet their needs.**
- 5) New system requires adequate and sustained funding.**
- 6) New system will improve quality and augment existing LPH workforce.**

# The Case for Regionalization



- **Population: 6.3 million**
- **351 towns and cities**
- **13<sup>th</sup> in nation for population**
- **44<sup>th</sup> in nation for land area**
- **1<sup>st</sup> in nation for # of local health depts. (351)**
- **No county system**
- **No direct state funding for LPH operations**

# Local Public Health System Challenges

## □ Triaging Mandated Duties

### – Food safety

- **67% of *reporting* cities & towns failed to meet food inspection requirements**

### – Communicable disease

- **17% of western MA towns kept no records of reportable diseases**

### – Community sanitation



# Local Public Health System Challenges

## □ Capacity Gaps

- Chronic disease
- Health disparities
- Underage drinking
- Opiate abuse
- Tobacco control
- Mental health, hoarding
- Teen pregnancy
- Injuries
- Violence
- Assessment & policy development



# Local Public Health System Challenges

## □ Inadequate resources

- No direct state funding for LPH operations
- Competition for municipal funds
- 70% lack adequate staff to fulfill core responsibilities
  - 36% of BOHs lost staff in 2009
- Regional funding disparities
- Disparate budgets, even among towns with similar populations



# Local Public Health System Challenges

- ❑ **Increased responsibilities**
  - **Emergency preparedness**
  - **H1N1 “crowded out” of other work**
  - **Title V septic inspections doubled**
  - **WNV/EEE, Lyme disease**
  - **New enforcement responsibilities**
    - **Body art (tattoos)**
    - **Medical waste**
    - **Beaver control**
    - **Solid waste**
  
- ❑ **Usually without resources**



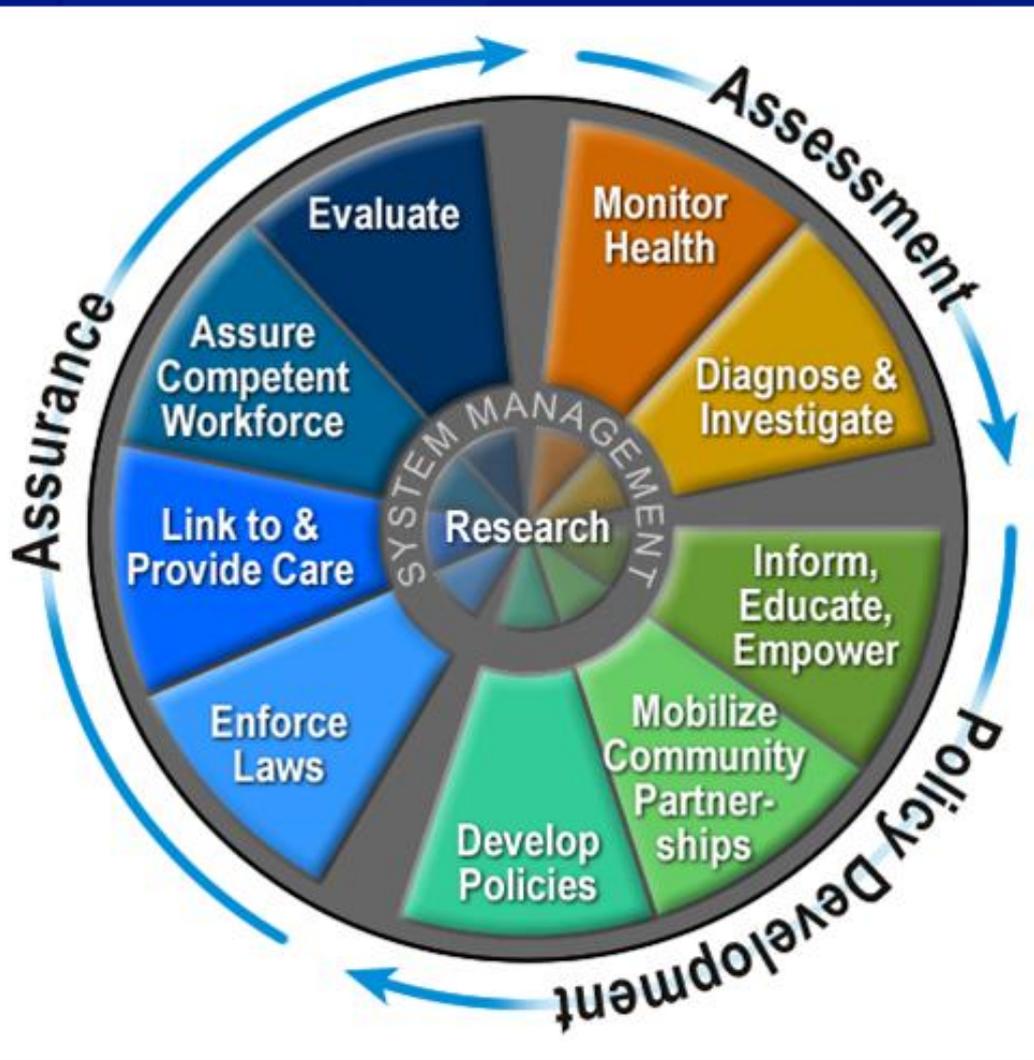
# Local Public Health System Challenges

## □ Workforce

- No statutory qualifications
  - except TB nurses
- Aging workforce
  - 18% eligible to retire within 2 years
- Excess management capacity *in system*



# U.S. Centers for Disease Control "10 Essential Services" for Public Health



# CDC “Health Impact Pyramid”

## Factors that Affect Health

Smallest  
Impact



Largest  
Impact

Counseling  
& Education

Clinical  
Interventions

Long-lasting  
Protective Interventions

Changing the Context  
*to make individuals' default  
decisions healthy*

Socioeconomic Factors

### Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, trans fat, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

## **CDC 6 “Winnable Battles”**

- 1) Smoking**
- 2) Food Protection and Obesity**
  - **Healthy Eating**
  - **Physical Activity**
- 3) Teen Pregnancy**
- 4) HIV/AIDS**
- 5) Healthcare Acquired Infections**
- 6) Motor Vehicle Accidents**

# Regionalization Funding Plan

## □ Year 1: Planning grants

- Up to \$40K
- Deliverable: implementation grant proposal
- Expect to fund 8-10 groups of municipalities

## □ Years 2-5 (plus 6<sup>th</sup> year): Implementation grants

- Separate RFR process
- 3 years at 100%, ranging from \$75K-\$150K per year
- 2 year step-down: 75%, then 50%
- Expect to fund 6 districts
- Additional funding for consulting, training, technical assistance for each district
- Supplemental funding through DoN



# Technical Assistance

- ❑ **Office of Local Public Health at MDPH**
  
- ❑ **Additional training and technical assistance available to planning grantees**
  - **Legal**
  - **Evaluation**
  - **Community health assessment**
  - **Learning community**



## Eligible Applicants

- ❑ **Groups of municipalities interested in forming districts**
- ❑ **Existing districts that want to expand**
- ❑ **Lead municipalities or district sponsors**
  - **Councils of Governments**
  - **Regional Planning Agencies**
- ❑ ***Not* necessary to have all municipalities committed before applying**



# Planning Grant Activities

- **Flexible use of funds**
- **Engage appropriate stakeholders**
- **Recruit additional municipal partners**
- **Assess needs and opportunities for shared staff & services**
- **Develop operational plans**
- **Negotiate partner roles**
- **Develop plans to meet district performance requirements**
- **Write implementation grant proposals**



# District Performance Goals & Requirements

- ❑ **Boundaries, Coverage**
  - 50,000 combined population and/or
  - 150 sq. miles, and/or
  - $\geq 5$  municipalities, and/or
  - single county
  
- ❑ **Governance structure**
  
- ❑ **Workforce qualifications**
  - Director, PH nurse, Environmental Health
  - Grandfathering
  
- ❑ **Board of Health training**



# District Performance Goals & Requirements

## ☐ Services and Activities

- BOH responsibilities—food safety, communicable disease, community sanitation
- Community health assessment
- Join MAVEN
- Tobacco and/or obesity campaign using policy change

## ☐ Local support

- Cooperating involving municipal officials & BOH
- Planning application—less rigorous requirements than operating grant

## ☐ Collaborations



## **Proposals rewarded that:**

- 1) Redress current inabilities to reliably meet mandated BOH responsibilities**
  - Food safety
  - Community sanitation
  - Communicable disease
  
- 2) Redress regional disparities**
  
- 3) Help achieve goals of largest % of population, # of communities, land area**
  
- 3) Provide comprehensive services under shared mgt. or demonstrate maximum effectiveness & efficiency through shared service models**



## **Implementation Schedule**

- **RFI meetings (6) mid-December, 2010**
- **RFR issued December 28, 2010**
- **Bidder's conferences (4): mid-January, 2011**
- **Letters of Intent: Jan. 24 (not required)**
- **Proposals submitted: February 28**
- **Proposals Reviewed: March 14-16, March 23-24**
- **Awards announced: week of March 25**
- **Planning period: through Sept. 30**



# Proposals & Awards

- ❑ **18 proposals received**
  - **Statewide distribution**
  - **Shared service models**
  - **Mixed rural, suburban, urban**
  
- ❑ **11 planning grants awarded**
  - **Covering >1.8 million people**
  - **114 cities and towns**
  - **“Game changing” opportunities**



# Discussion

Address questions to:

**Geoff Wilkinson**

[geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us)

