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)
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
- 13th in nation for population
- 44th in nation for land area
- 1st 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

- Monitor Health
- Diagnose & Investigate
- Inform, Educate, Empower
- Mobilize Community Partnerships
- Develop Policies
- Research
- Enforce Laws
- Assure Competent Workforce
- Link to & Provide Care
- Evaluate

Assurance

Assessment

Policy Development

System Management
Socioeconomic Factors

Changing the Context to make individuals’ default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education

Smallest Impact

Largest Impact

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 “Health Impact Pyramid”

Factors that Affect Health
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 6th 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
  - ≥ 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
- 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

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