

# 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

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

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- ❑ Coalition for Local Public Health
  - MA Health Officers Assoc.
  - MA Environmental Health Assoc.
  - MA Assoc. of Health Boards
  - MA Assoc. of Public Health Nurses
  - MA Public Health Assoc.
- ❑ State Agencies (MDPH, MDEP, EOHHS)
- ❑ Academics/Researchers
  - Boston University School of Public Health
  - Institute for Community Health
- ❑ Legislators (Public Health and Health Care Financing)
- ❑ National support—NACCHO, RWJF (PBRN)



# The Case for Shared PH Services ("Cross-jurisdictional collaboration")

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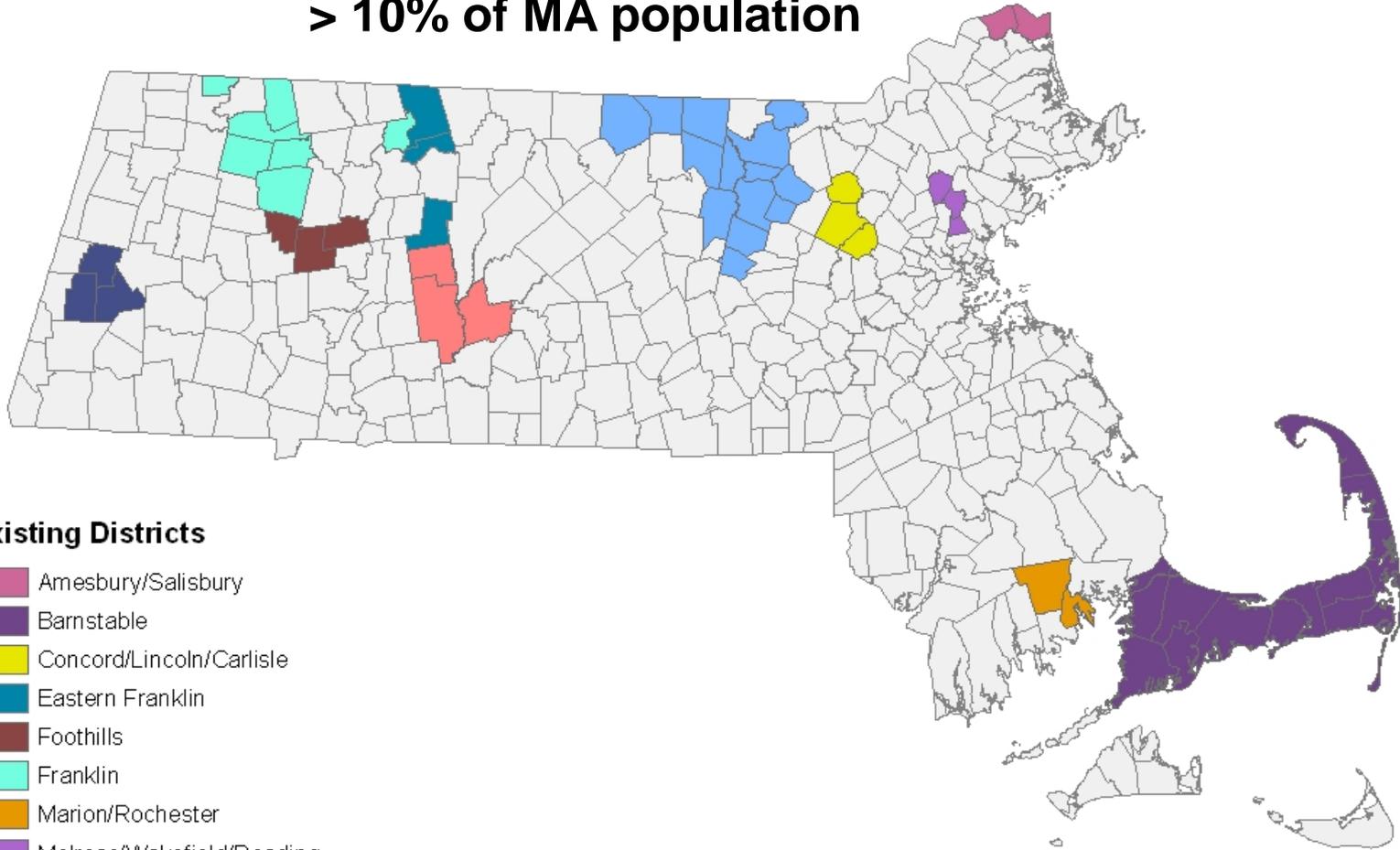


- Population: 6.3 million
- 351 towns and cities
- 13<sup>th</sup> in nation for population
- 44<sup>th</sup> in nation for land area
- 1<sup>st</sup> in nation for # of local health depts. (351)
- No county system
- No direct state funding for LPH operations



# Existing Districts

> 10% of MA population



## Existing Districts

- Amesbury/Salisbury
- Barnstable
- Concord/Lincoln/Carlisle
- Eastern Franklin
- Foothills
- Franklin
- Marion/Rochester
- Melrose/Wakefield/Reading
- Nashoba
- Quabbin
- Tri-town

# Local Public Health System Challenges

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## ❑ **Triaging Mandated Duties**

- Food safety
- Communicable disease
- Community sanitation

## ❑ **Inadequate resources**

- Competition for municipal funds
- Regional funding disparities
- Disparate budgets and capacities

## ❑ **Workforce**

- No statutory qualifications (except TB nurses)
- Chronic understaffing exacerbated by recession
- Aging workforce, hiring challenges



# Local Public Health System Challenges

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## □ **Capacity Gaps**

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

## □ **Increased responsibilities**



# Project Principles

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- 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.



# MDPH National Public Health Improvement Initiative (NPHII) Award – five year grant

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- \$1.96 million first year
  - Component I---\$300,000
  - Component II---\$1.66 million
  
- Year 2 and 3: \$993,662 (based on reduced funding)
  
- MDPH Plan over 5 years:
  - Regionalization (53% of total; 33% of total in year one)
  - Public Health Data Systems (46% of total)
    - MAVEN
    - MassCHIP
    - Electronic death records



# Public Health District Incentive Grant Program

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## □ **Goals**

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

## ➤ **Historic Opportunity**

- Cover largest possible % of state population, land area, number of communities
- Encourage max. possible sharing of staff & services



# District Performance Goals & Requirements

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- 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

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## □ 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

- Provider systems
- Health planning coalitions
- Schools, universities



# District Incentive Funding Plan

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- Year 1: Planning grants -- 11 regions
  
- Years 2-5 : Implementation grants –5 regions
  - Separate RFR process
  - 3 years at 100%, ranging from \$75K-\$150K per year
  - 2 year step-down: 75%, then 50%
  - Expected to fund at least 3 districts in Year 2
  - Additional funding for consulting, training, technical assistance for each district
  - Supplemental funding through DoN



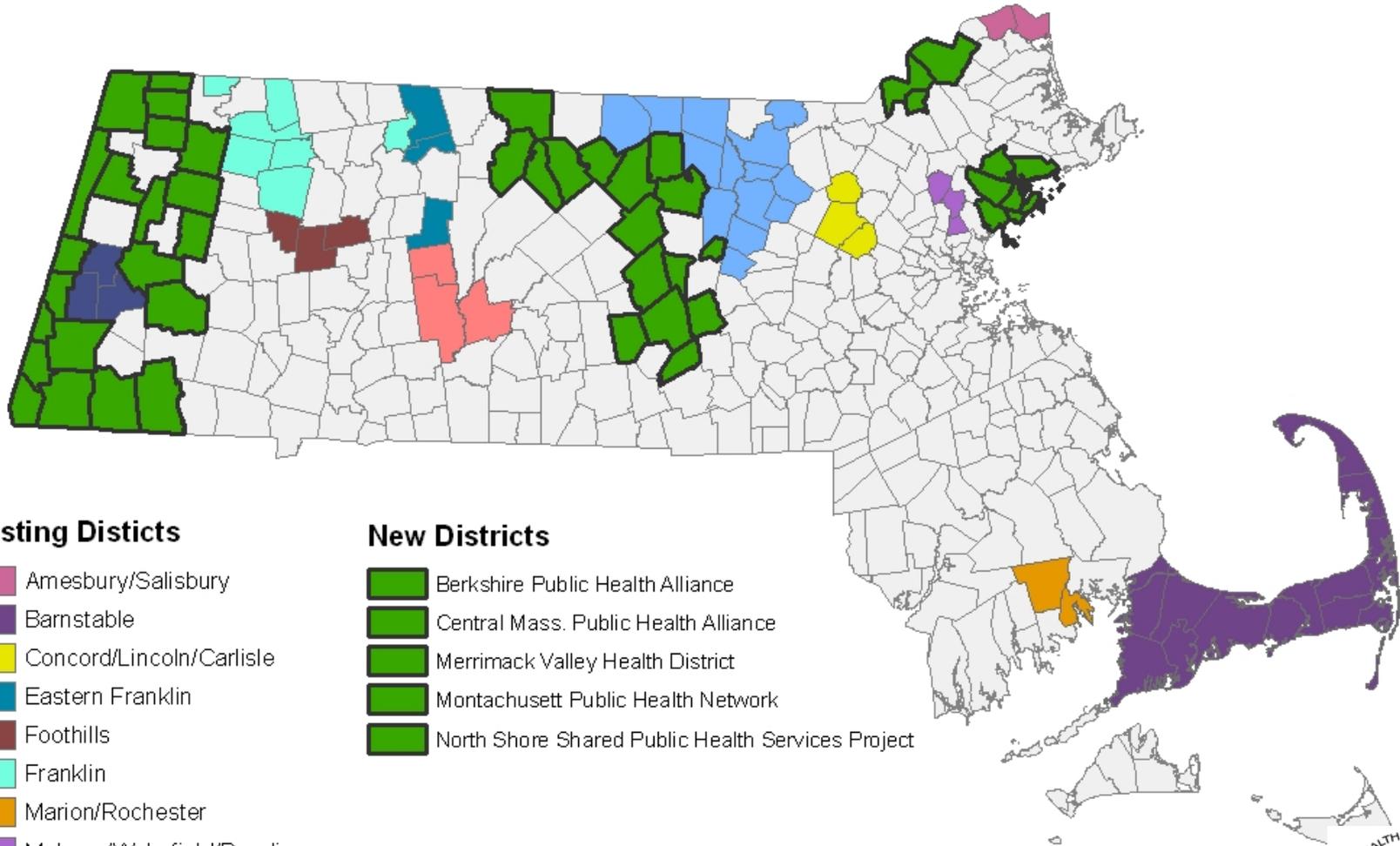
# Implementation Grants

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- ❑ Eligible Applicants
  - 11 Groups of municipalities funded through the planning grants
- ❑ 9 proposals received
  - Statewide distribution
  - Shared service models
  - Mixed rural, suburban, urban
- ❑ 5 implementation grants awarded
  - Grant amount: \$100,000 first year
  - Covering approx. 1 million people
  - 49 cities and towns
  - “Game changing” opportunities



# New and Existing Districts



## Existing Disticts

- Amesbury/Salisbury
- Barnstable
- Concord/Lincoln/Carlisle
- Eastern Franklin
- Foothills
- Franklin
- Marion/Rochester
- Melrose/Wakefield/Reading
- Nashoba
- Quabbin
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## New Districts

- Berkshire Public Health Alliance
- Central Mass. Public Health Alliance
- Merrimack Valley Health District
- Montachusett Public Health Network
- North Shore Shared Public Health Services Project



# Implementation Grant Activities

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- ❑ Establish a governing structure for the District
- ❑ Conduct a district-wide Community Health Assessment
- ❑ All communities meet/improve performance regarding statutory requirements --i.e. inspectional services mandates, Title V, sharps disposal
- ❑ All communities in the District sign on to MAVEN
- ❑ Conduct a District-wide health improvement initiative on healthy weight or reducing tobacco
- ❑ Meet workforce requirements
- ❑ Provide training to Board of Health members
- ❑ Evaluate performance



# Technical Assistance

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- Training and technical assistance available to all planning grantees
  - Legal
  - Financial
  - Evaluation
  - Community health assessment
  - Workforce development and BOH training
  - Tool Kit
  - MDPH field-based consultants (2)



# Toolkit

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- ❑ Web-based <http://sph.bu.edu/Regionalization/resources/menu-id-617695.html>
- ❑ Developed with project partners
- ❑ Contents:
  - District planning “road map” (step-by-step)
  - Comparison spreadsheets with user guide
    - ❑ Current services and staffing
    - ❑ Finances and fees
    - ❑ Municipal characteristics & demographics
  - Manual of BOH laws and regulations
  - District case studies
  - Governance templates—by-laws, IMAs



# Contact Information

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