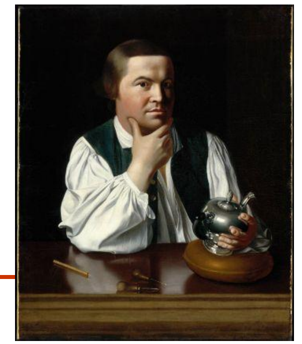
# Strengthening Massachusetts Local Public Health:

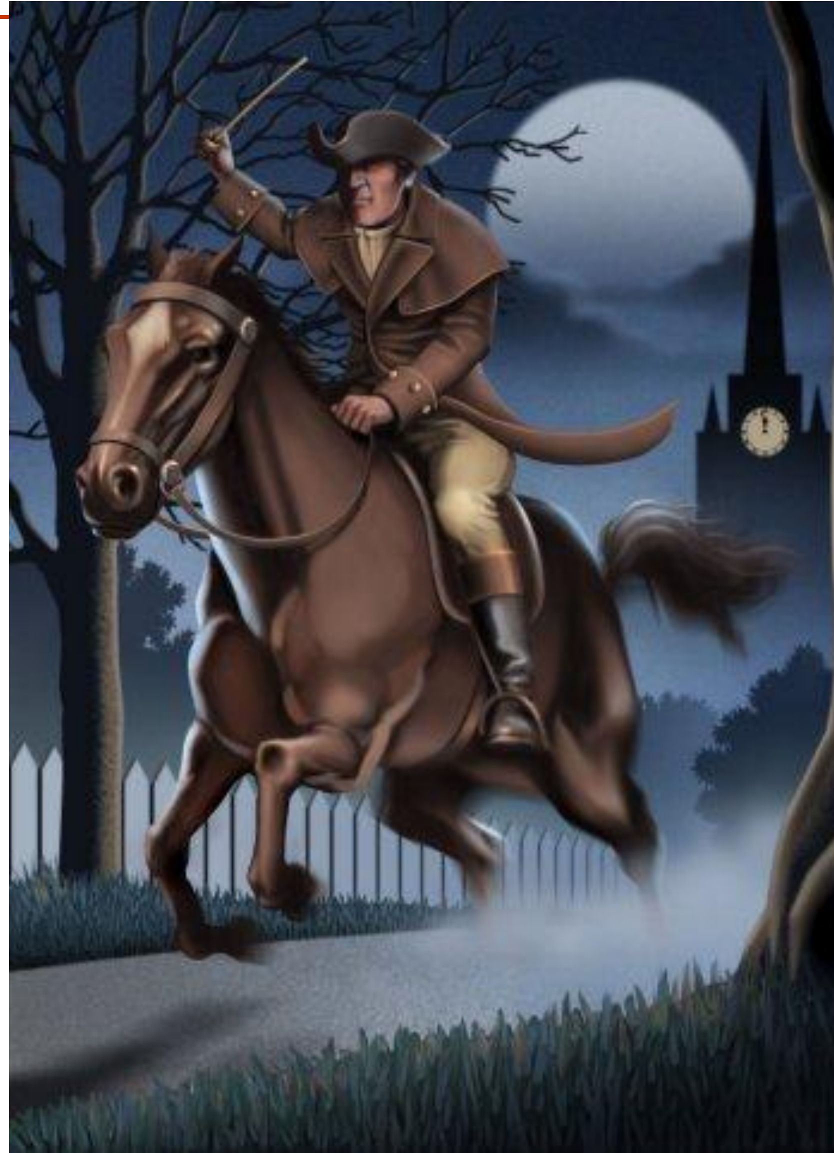
*Moving from 351 to double digits*

APHA, October, 2012

**John Auerbach, Commissioner**
**Massachusetts Department of Public Health**

# Our public health system is old …very old

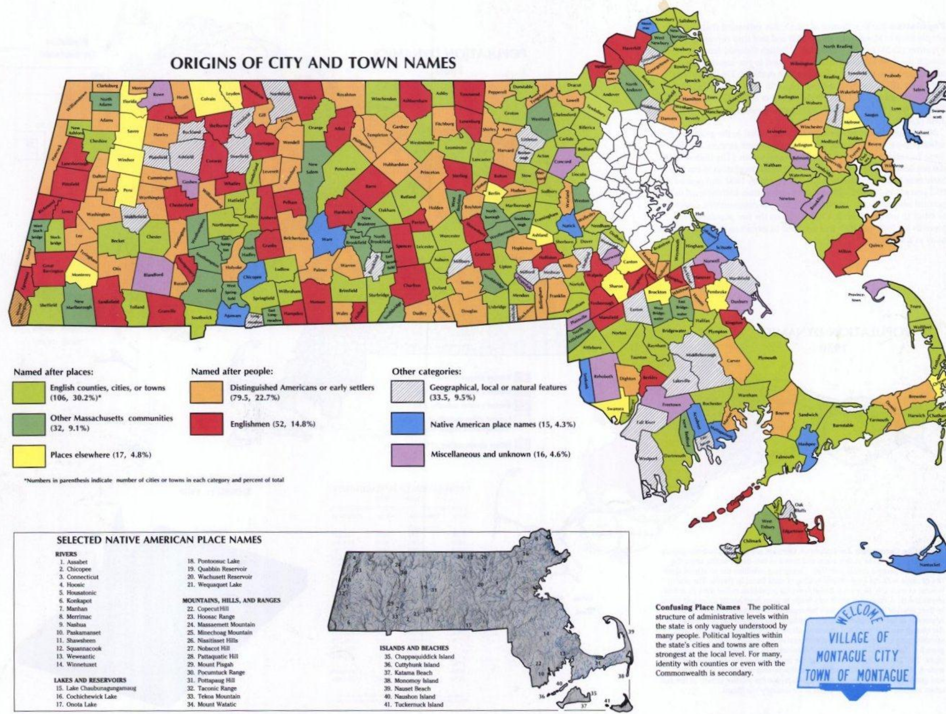




# And it's based on Yankee traditions:

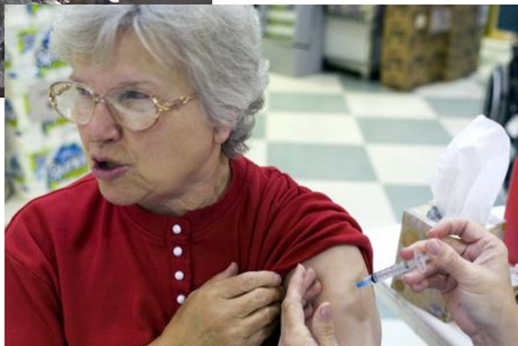
## small town independence & participatory democracy

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




- **1st in nation for # of local health depts. (351)**
- No county system
- 13th in nation for population
- 44th in nation for land area
- No direct state funding for LPH operations

# The Local Public Health Issues are Multiple and Complicated



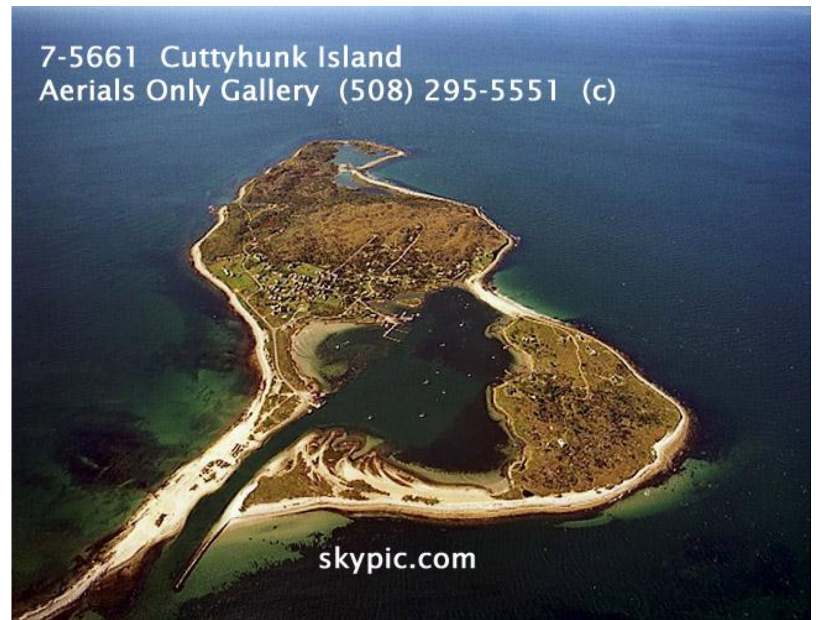
- Infectious disease
- Community sanitation
- Chronic disease
- Health disparities
- Behavioral health
- Tobacco use/control
- Teen pregnancy
- Injuries, Violence
- Assessment
- Policy development

# Local Public Health System Realities

- **Legally mandated duties**
  - Food safety
  - Communicable disease
  - Community sanitation
- **Inadequate resources**
  - Competition for municipal funds during cutbacks
  - New required duties added without funding
- **Aging and stressed workforce**
  - No statutory qualifications
  - Chronic understaffing
  - Aging workforce

# And the workload and responsibilities are the same for all – 625,000 vs. 75

Average size dept:
1

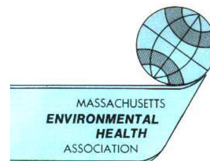


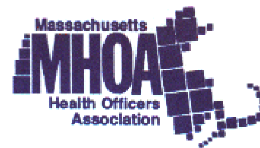
# Mass. DPH Sets Ambitious Modern Day Strategic Priorities

1) Promote wellness and reduce chronic disease
2) Reduce disparities and promote health equity
3) Strengthen local and state public health systems
4) Support the success of health care reform—quality and cost
5) Reduce youth violence

# The Planning Took Time: *Public Health Regionalization Working Group* (began 2005)

- 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)
- Academics/Researchers
  - Boston University School of Public Health
  - Institute for Community Health
- Legislators (Public Health and Health Care Financing)
- National support—NACCHO, RWJF (PBRN)





# It studied experience in Mass. and other states

- Several successful districts in state formed from 1920s forward (covered <10% of population)
- Numerous cities and towns had shared regional DPH tobacco control contracts since the 1990's
- Emergency preparedness regions had been formed after 2001
- Recession-driven municipal budget cuts resulted in consolidations with challenges
- County systems and research elsewhere supported shared public health service models

# Necessary Project Principles Emerged

1) **Equality**: All residents deserve access to public health core services.
2) **Respect**: Legal authority of local Boards of Health should be retained.
3) **Adaptable**: One size doesn't fit all.

# While support grew, cutbacks hit (and reinforced three others)

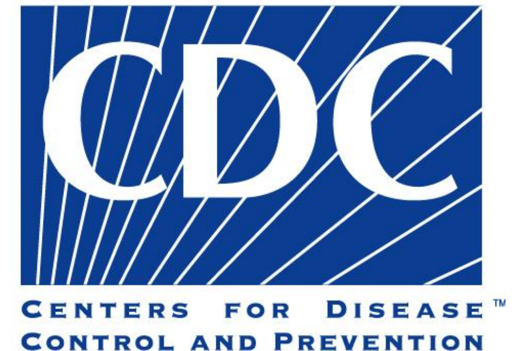
4) **Funded**: Adequate & sustained resources

5) **Staffed**: Workforce requires support & growth in some areas

6) **Voluntary**: Force efforts won’t work; positive incentives needed.

So progress was difficult until…

# The Turning Point: CDC/ACA Support Local Public Health Infrastructure




- 5 year award under "Component II"
- MDPH Component II Design:
  - Public Health District Incentive Grant program
  - Public Health Data systems
- Funding:
  - 50% cut in NPHII Year 2 → reduced scale
  - Supplemental resources (hospital DoN)
  - Additional state funding leveraged

# Public Health District Incentive Grant Program (PHDIG)

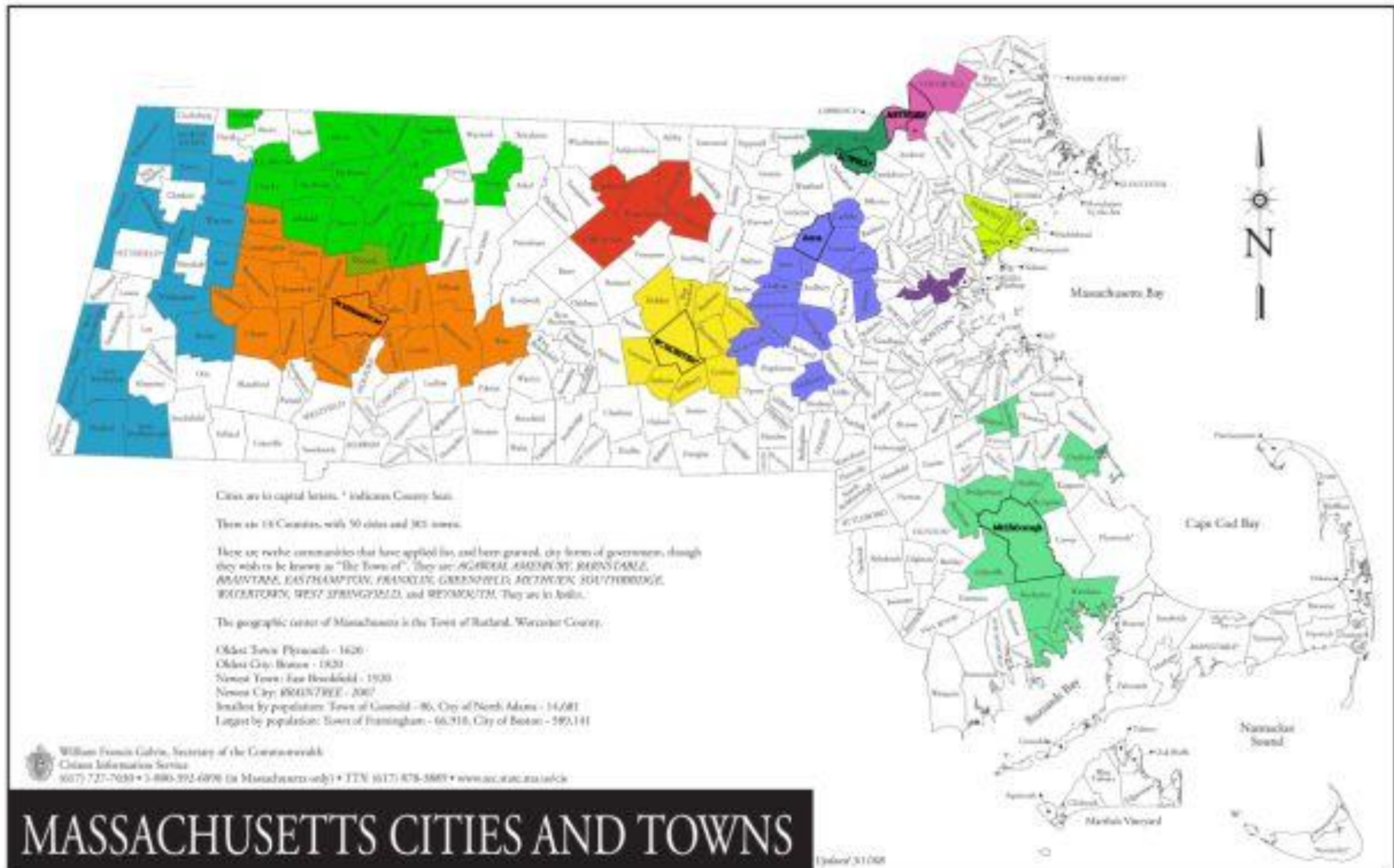
- **Goals**
  - Improve scope and quality of LPH services
  - Promote policy change to improve population health
  - Achieve optimal results with available resources

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

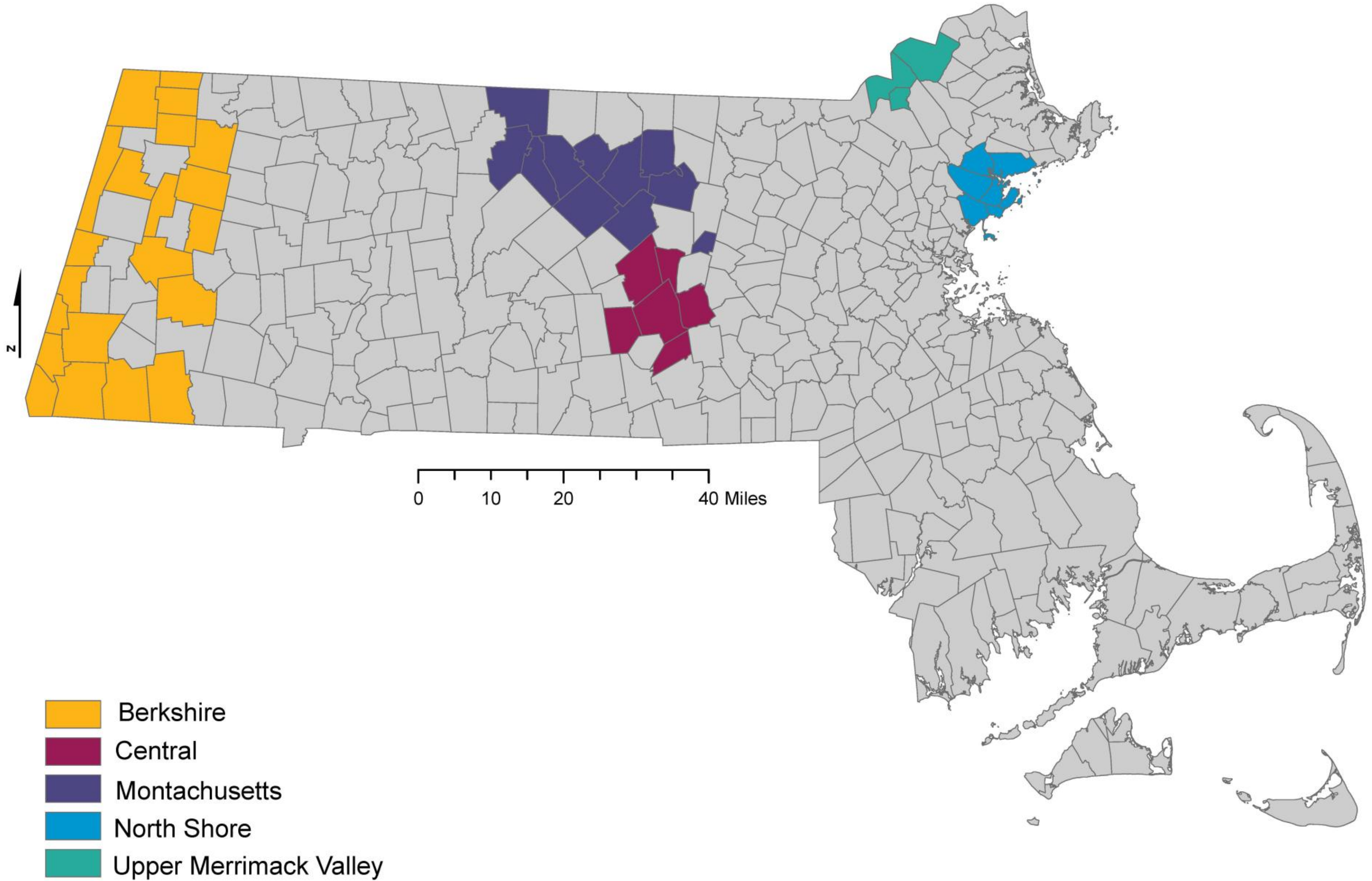
# PHDIG Program Design

- PHASE 1 (Year 1): **Planning grants**
  - Competitive RFR; 18 groups of cities & towns applied
  - 11 planning grants awarded in March, 2011
  - 113 cities and towns, >1.8 million residents
  - Grant range: $15K to $30K
- PHASE 2 (Years 2-5): **Implementation grants**
  - Separate RFR process for planning grantees only
  - 5 districts funded; contracts executed Feb., 2012
  - 48 cities and towns, > 940,000 residents
  - Grants: 2 years @ $100,000, then 2 year step-down @ 75% and 50%
  - Contracted technical assistance for each district
  - Professional evaluation for project & each district

# Planning Grantees



# District Incentive Grant Implementation



# District Performance Requirements

- Boundaries, Coverage
  - 50,000 combined population and/or
  - 150 sq. miles, and/or
  - ≥ 5 municipalities
- Governance structure
- Workforce qualifications
  - Director, PH nurse, Environmental Health
  - Grandfathering
- Board of Health training

# District Performance Requirements

- Services and Activities
  - BOH responsibilities—food safety, infectious disease, community sanitation
  - Community health assessment
  - Join MAVEN
  - Tobacco and/or obesity campaign using policy change
- Local support
  - Cooperation involving municipal officials & BOH
- Collaborations
  - Provider systems
  - Health planning coalitions
  - Schools, universities

# Technical Assistance

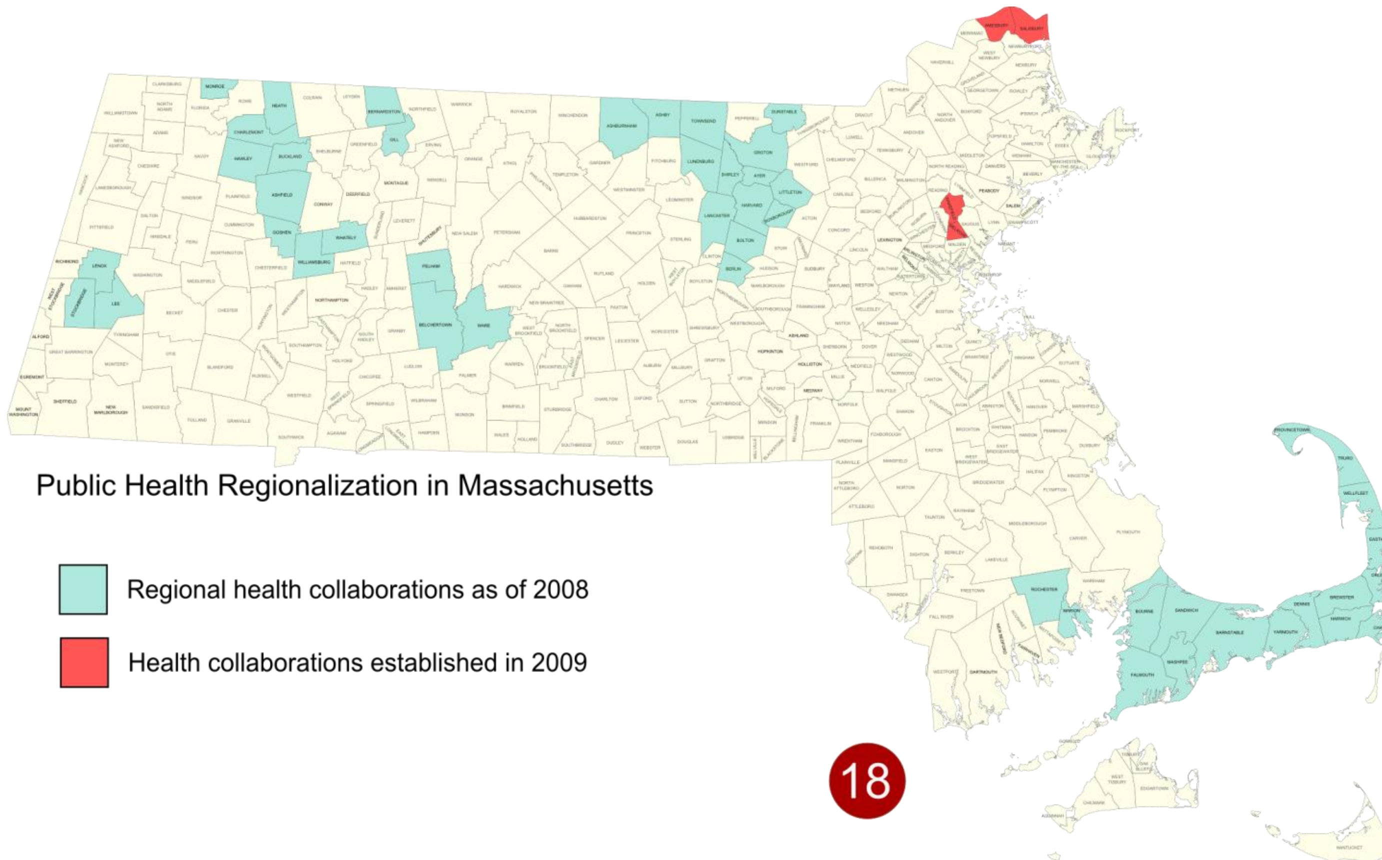
- Training and technical assistance available to all planning grantees
  - Legal
  - Financial
  - Evaluation
  - Community health assessment
  - Workforce development
  - Learning Collaborative
  - Tool Kit

# Toolkit (available on line)

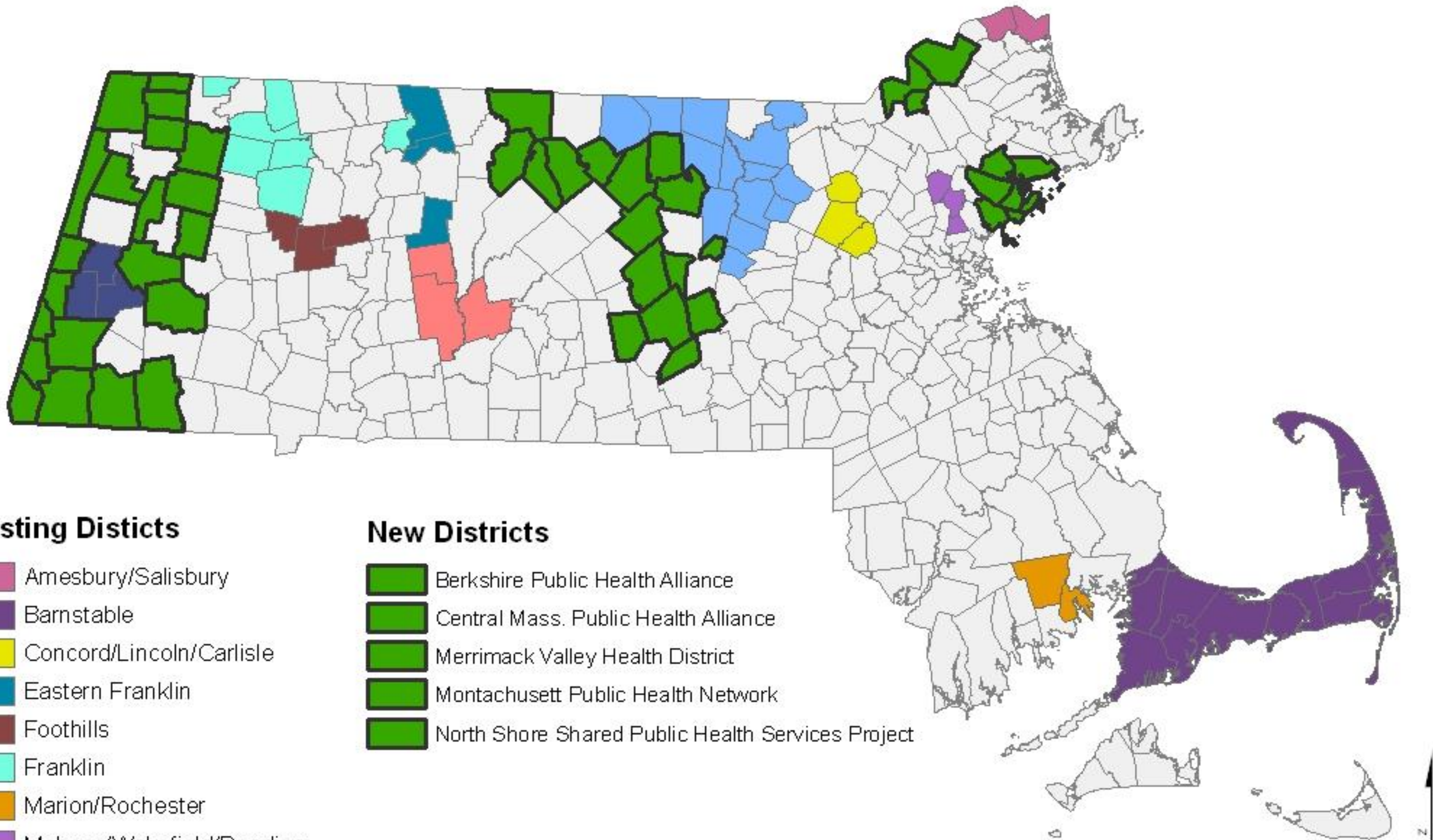
- Web-based
- Contents:
  - District planning "road map" (step-by-step)
  - Comparison spreadsheets with user guide
    - Current services and staffing
    - Finances and fees
    - Municipal characteristics & demographics
  - Manual of BOH laws and regulations
  - District case studies
  - Governance templates—by-laws, IMAs
  - Logic Model & other information
- Available at: http://sph.bu.edu/Regionalization/resources/menu-id-617695.html

# Shared Service Districts, 2010

- <10% of population



# New and Existing Districts

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Massachusetts Department of Public Health

# Additional Information:

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Toolkit available at:
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