



# Massachusetts Public Health Regionalization Project

*Regionalization Toolkit Conference*

*September 3, 2009*

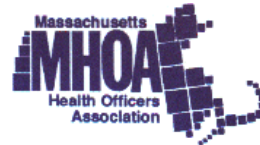
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Massachusetts Department of Public Health



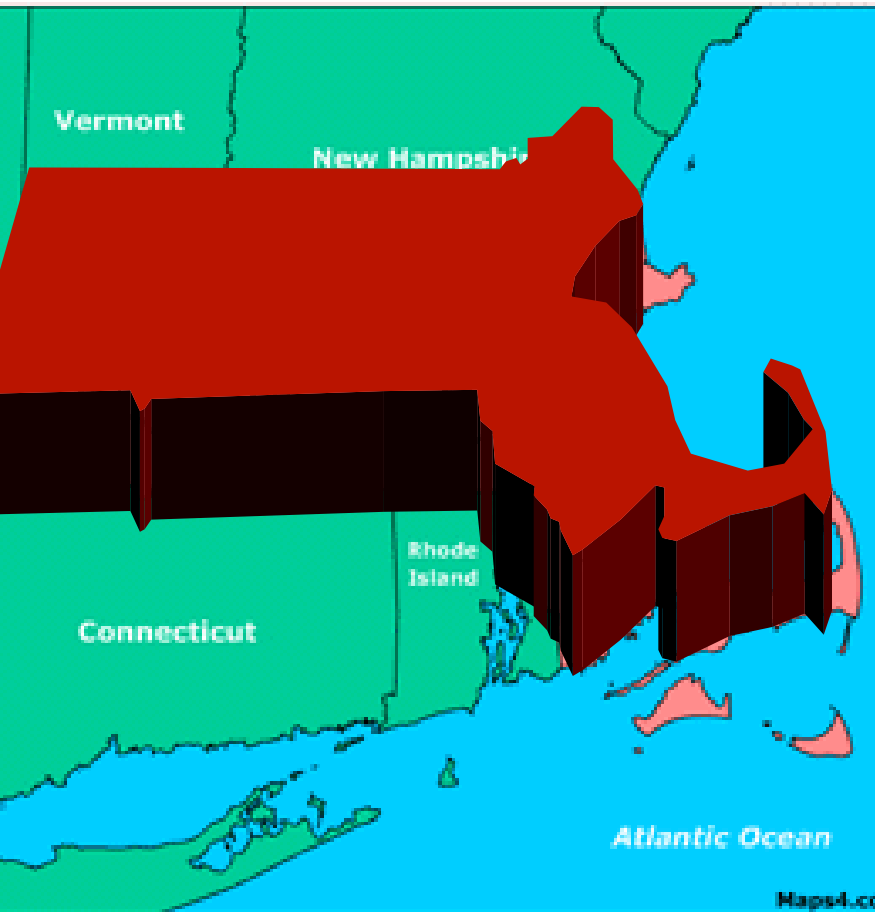
# Public Health Regionalization Project

## 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)



# The Case for Regionalization: Massachusetts



- 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 number of local public health depts. (351)
- No county system
- No statewide public health mutual aid system
- No state funding of LPH

# Local Health Responsibilities (State law and regulation)

- Health care and disease control
- Food protection
- Housing and dwellings
- Hazardous and solid waste; septic systems (Title V)
- Pools and Beaches
- Camps, motels, mobile home parks
- Nuisances, pesticides, smoking, tattoo parlors, etc.
- Record keeping and reporting

# Programmatic Challenges



- Pandemic Influenza
- Emergency Preparedness
- Chronic Disease
- Obesity
- Oral health
- Racial & Ethnic Health Disparities
- Substance Abuse
- Environmental Health
- Changing Demographics

# Most local health departments do not have adequate staffing.

Over 70 percent of local health officials report that they do not have enough staff to consistently fulfill their responsibilities to the public. --*CLPH Study, 2006*



67% of reporting cities & towns failed to meet food inspection requirements in 2006. –MDPH



# Budgets Don't Match Needs

- Budgets vary dramatically
- Limited municipal resources
- No direct state support
- Regional disparities



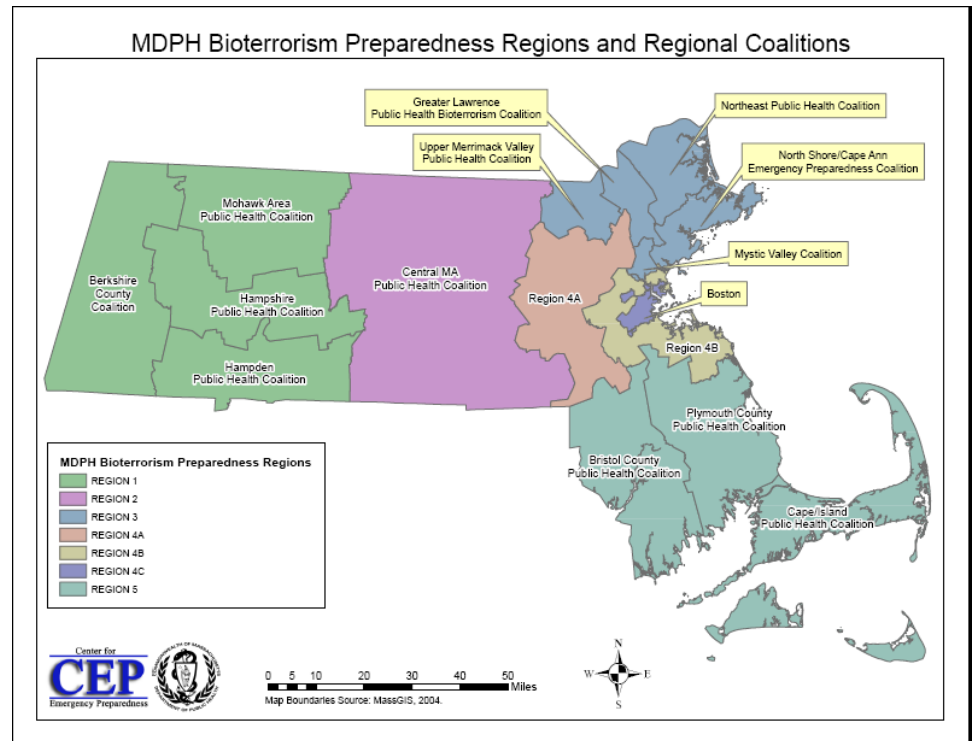
# Workforce Challenges

- No education, certification or experience requirements for local public health directors in MA.
- 18% eligible to retire within 2 years. (CLPH/ICH study, 2006)



# Experience Supports Regionalization of LPH

- Emergency Preparedness
- Shared public health nursing & epidemiology
- Hepatitis A vaccine
- Regional flu clinics
- Animal control



# Benefits of Regionalization

- Increases capacity to provide for the equitable delivery of public health services across state
- Allows communities to combine expertise and resources
- Clarifies roles and responsibilities at local, regional, and state levels through an integrated system
- Establishes standards of performance for agencies and staff
- More efficient use of limited resources

# 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. Build on existing legislation.
- 3) Voluntary initiative: communities need incentives to participate, not mandates.

# Project Principles

- 4) One size doesn't fit all: different models will 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.

# Two Basic Models

- 1) **Comprehensive Services**—participating communities share all services with a common staff.
- 2) **Shared Services**—communities share certain services or district provides menu of options from which communities may choose

# Project Benchmarks

- 1) Winter, 2006: convening conference
- 2) Spring, 2007: 30+ stakeholder meetings across state used to refine principles
- 3) February, 2008: interim report released; statewide conference endorsed principles and models
- 4) December, 2008: Robert Wood Johnson funding for Practice Based Research Network (PBRN)
- 5) January, 2009: revisions to Chapter 111, Sections 27A-C signed into law (Chapter 529 of Acts of 2008)
- 6) This week: Status report released: PBRN RFR released

# New Report Highlights

- Incentive payment formula
- District minimum size (pop. & land area)
- Workforce credentials
- District by-laws template
- Legal review of matching requirements
- Updated case statement
- Revised models
- Status report on regionalization efforts

# Practice Based Research Network

- Goal: develop & test decision making processes and tools to help communities consider public health regionalization
- 3 planning grants @ \$3,000 to be awarded
- Qualified “pilot groups” of communities apply
- Applications due 9/30/09
- Funding available 11/1/09 (projects end 9/30/10)
- RFR available at <http://sph.bu.edu/regionalization>

# DPH Regionalization Agenda

- Strengthen public health infrastructure
- Promote public health districts
- Encourage municipal planning with Boards of Health, regardless of legal mechanism (MGL Chap. 40 §4A, or Chap. 111 §27A-C)
- Focus on improving services
- Promote system integration and partnerships

# Resources & Contact Info.

- Regionalization Project (including PBRN):  
<http://sph.bu.edu/regionalization>
- Coalition for Local Public Health:  
<http://www.mhoa.com/clph/>
- Geoff Wilkinson, (617) 624-5200  
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