

# Promoting Public Health Regionalization in Massachusetts

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3<sup>rd</sup> Annual Regionalization Tool Kit Conference  
College of the Holy Cross, Worcester, MA  
September 1, 2011

Geoff Wilkinson, Senior Policy Advisor  
Office of Commissioner, MDPH



# 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

# 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.

# National Public Health Improvement Initiative (NPHII)

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- ❑ CDC Initiative
- ❑ Funded through Affordable Care Act
- ❑ National competition in summer, 2010
- ❑ 5 year award to MDPH (Sept., 2010)
- ❑ Original award: \$1.96M per year (\$9.8 M)
- ❑ Year 2 actual: \$993,662
- ❑ Regionalization budget (CDC funds)
  - Original NPHII year 2--\$595,633
  - Current NPHII year 2 proposal--\$419,222
  - DoN funds to augment CDC--\$295,000



# Public Health District Incentive Grant (PHDIG) 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



# PHDIG Program Funding Plan

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- Year 1: Planning grants
  - 11 groups of municipalities awarded planning grants in March, 2011
  - Total \$276,400
  
- Years 2-5: Implementation grants
  - Separate RFR process
  - Expect to fund 5 districts
    - 3 with CDC funds, 2 with DoN funds
  - Additional funding for technical assistance for each district



# Planning Grants

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## □ Eligible Applicants

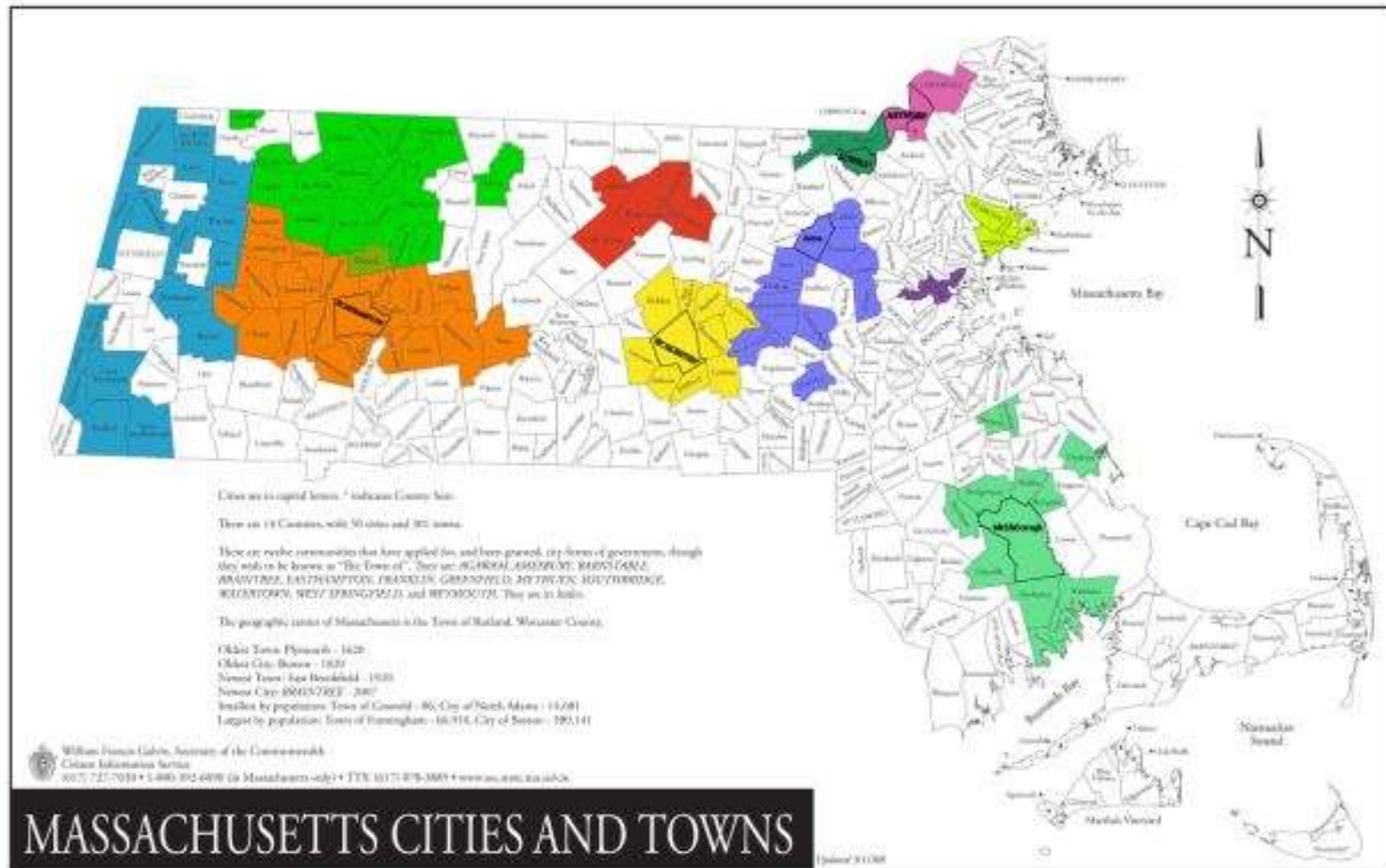
- Groups of municipalities interested in forming districts
- Existing districts that want to expand
- Was not necessary to have all municipalities committed before applying

## □ 11 planning grants awarded (18 proposals)

- Grant range: \$15K to \$30K
- Covering >1.8 million people
- 113 cities and towns
- “Game changing” opportunities

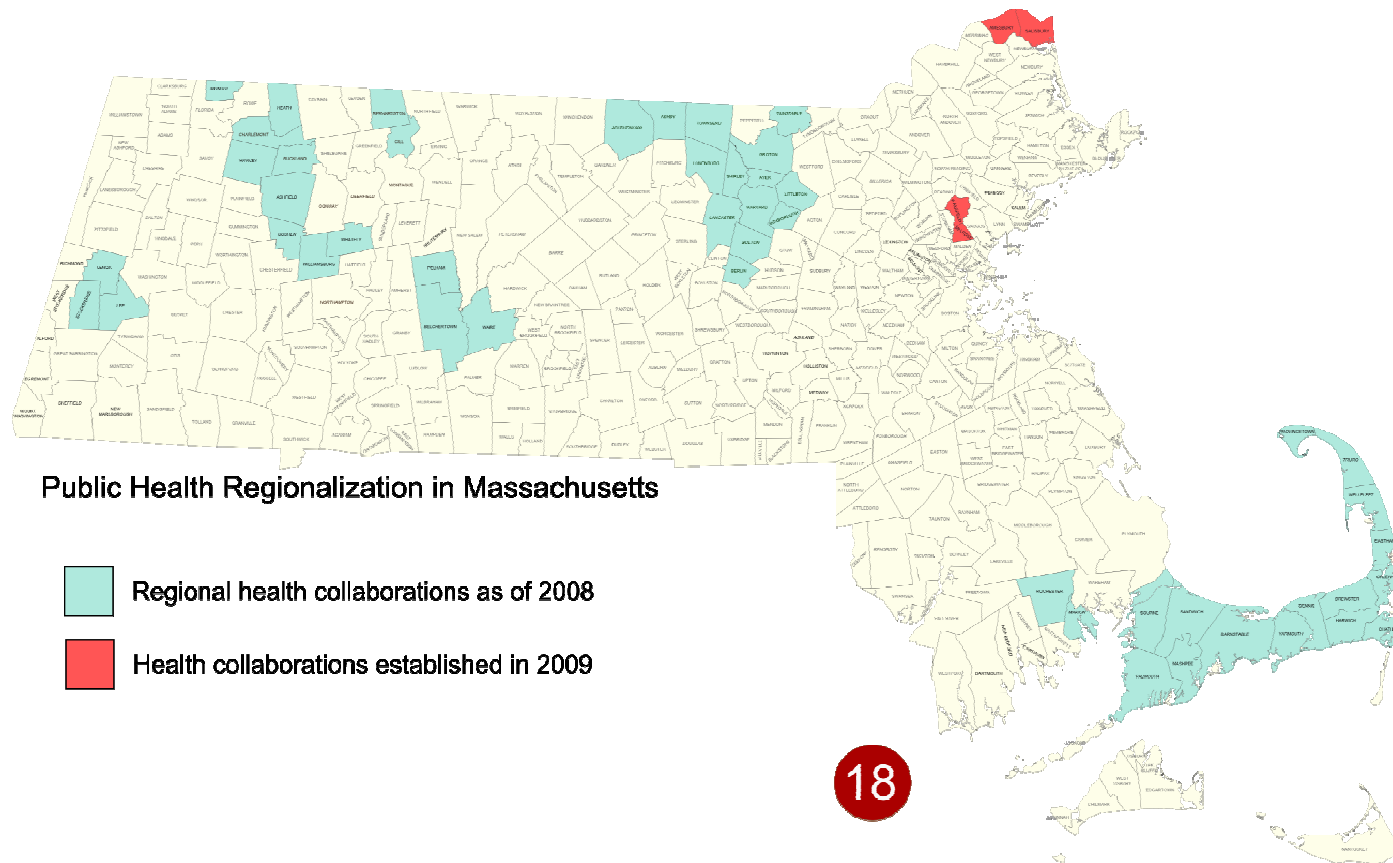


# Planning Grantees



# Current Shared Service Districts

- <10% of population



Public Health Regionalization in Massachusetts

- Regional health collaborations as of 2008
- Health collaborations established in 2009

# Implementation Grants

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- 4 year funding plan:
  - 2 years @ \$100,000
  - 2 year step-down: 75%, then 50% Only 11 planning grantees eligible to apply
  - Designate lead agency or fiscal agent (RPA or COG)
- Local support: required from municipal executive *and* BOH from *each* applicant community
- Allowable costs: staff, fringe, contractors, operating expenses, overhead @ 12%
- Legal structure
  - Prefer MGL 111, Section 27A or 27B
  - Accept MGL 40, Section 4A



# 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, lead, camps, beaches, and skating rinks
  - Community health assessment
  - Join MAVEN
  - Tobacco and/or obesity campaign using policy change
- Local support
  - Cooperating involving municipal officials & BOH
- Collaborations
  - Provider systems
  - Health planning coalitions
  - Schools, universities



# 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
- ❑ 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



# Final RFR for Implementation Grants

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- ❑ Released today by Lt. Governor Murray
- ❑ Proposals due Nov. 18, 2011
- ❑ Awards announced by Dec. 31, 2011
- ❑ Bidders Conferences on Sept. 20
  - 11:00 a.m., Northampton
  - 2:30 p.m., Westborough
- ❑ Significant differences from draft RFR
  - Based on RFI process, including 8/12 meetings
  - Refer to Comm-Pass as definitive information source



# Differences from Draft RFR

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- ❑ Workforce qualifications detailed for employees & contractors supported in whole or in part by PHDIG funds
- ❑ Evaluation section added and district evaluation plan required
- ❑ Clarity on meeting BOH responsibilities, including performance management plan
- ❑ Details added on Community Health Assessment
- ❑ More detail in narrative requirements
- ❑ New resources in Appendix A



# Funding issues

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- Congressional support for NPHII is not reliable
- Advocacy needed to sustain program
- New state regionalization incentive fund *may* be additional source of support
  - Created in FY12 budget
  - \$4 million
  - Stay tuned for details



# Discussion

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- **Comm-Pass is the definitive information source**
- Address questions to:  
Geoff Wilkinson  
[geoff.wilkinson@state.ma.us](mailto:geoff.wilkinson@state.ma.us)

