

# 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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# National Health Care Reform Initiative

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## □ Prevention & Public Health Fund

- \$15 billion over 10 years
- Survived effort to eliminate in FY10
- \$500 million in FY10
- \$750 million in FY11

## □ “Strengthening Public Health Infrastructure for Improved Health Outcomes”

- CDC Initiative
- \$50 million in FY10
- National competition
- Mass. award: \$9.8 million over 5 years



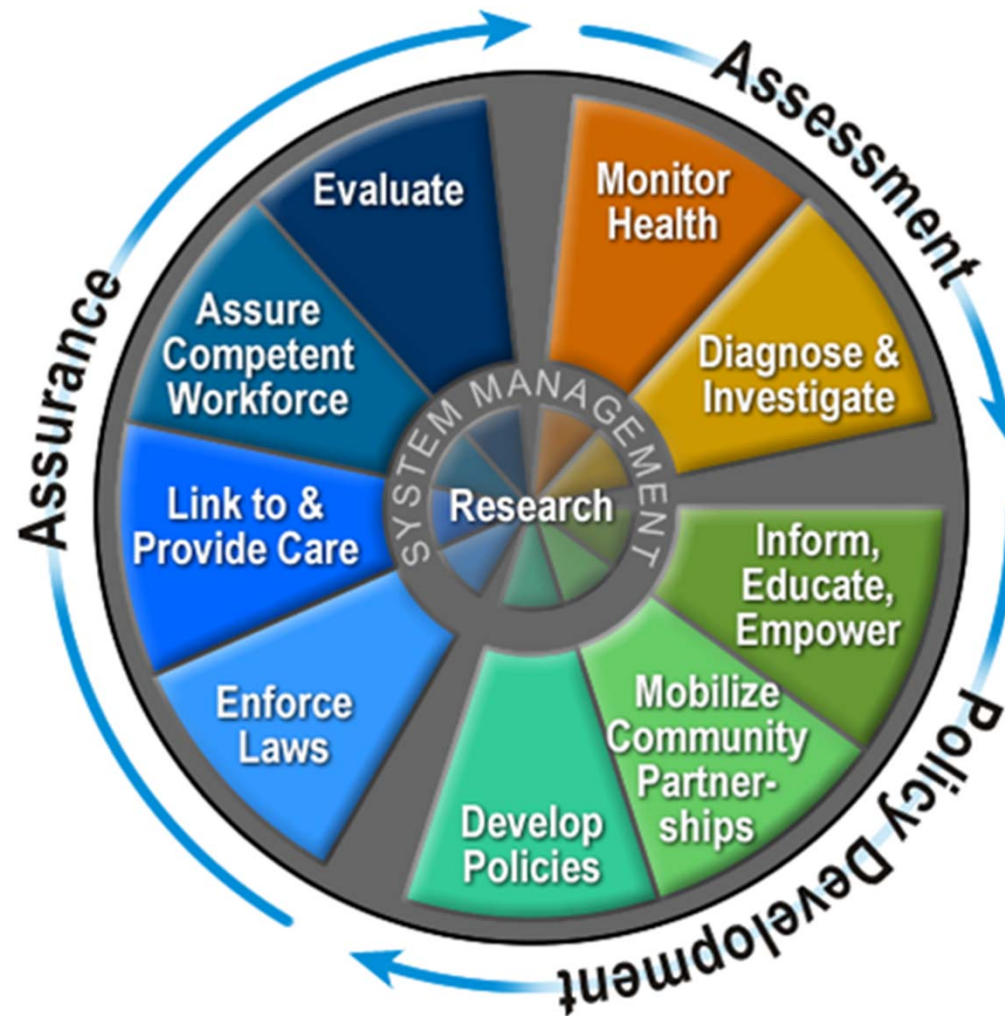
# CDC Goals & Objectives

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- **Strengthen public health infrastructure**
  - Performance Management
  - Cross-jurisdictional cooperation
  - Best & promising practices
  - Workforce development
  - Core systems, e.g., data, surveillance
  - Move system toward accreditation
- **Improve population health outcomes**
  - Policy focus (health impact pyramid)
  - 6 “winnable battles”

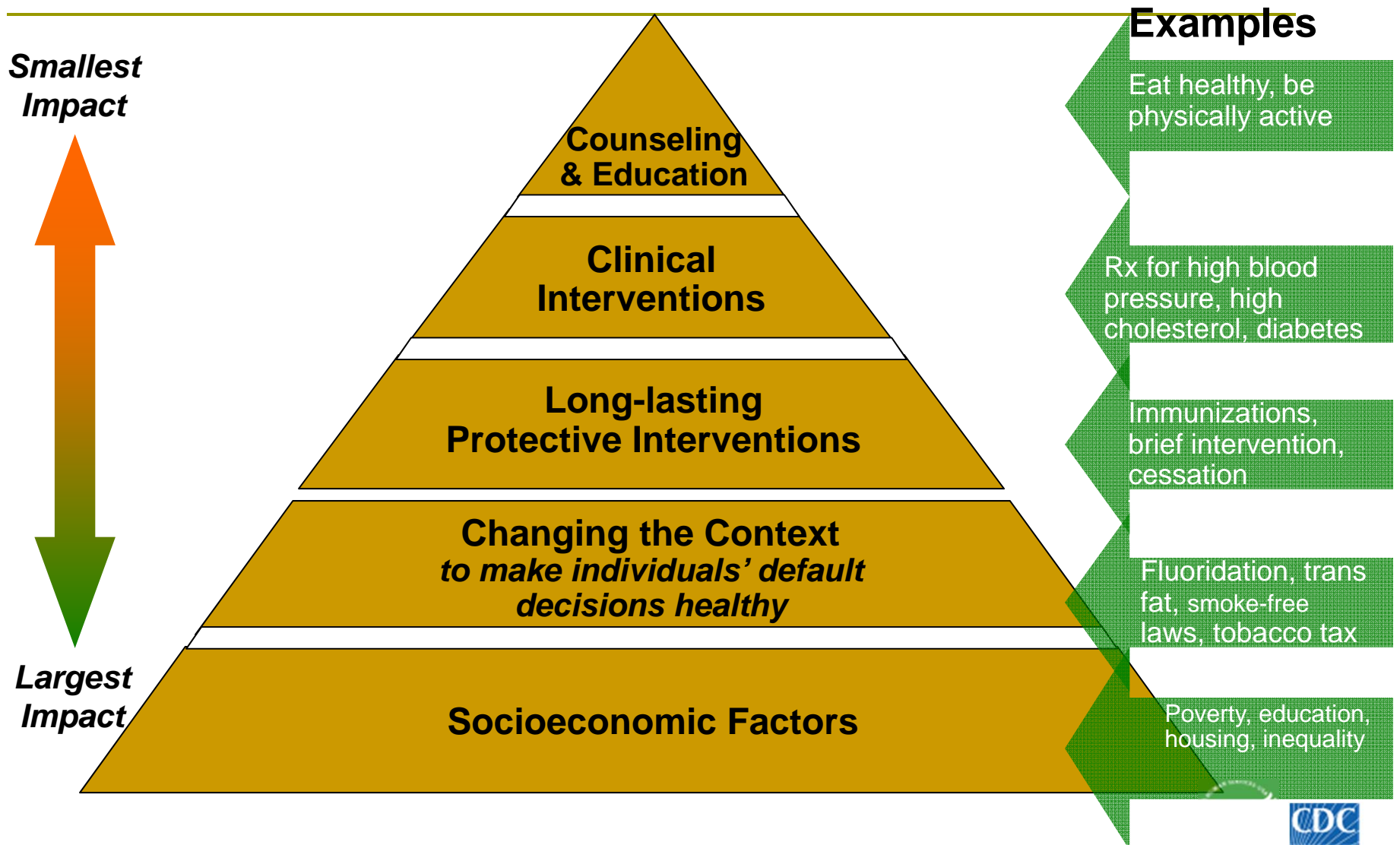
# U.S. Centers for Disease Control “10 Essential Services” for Public Health

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# CDC “Health Impact Pyramid”

## *Factors that Affect Health*



# CDC 6 “Winnable Battles”

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- 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



The background of the slide features a blurred image of a person running on a track on the left, and two women on the right. One woman is wearing a black blazer and glasses, and the other is wearing a maroon scrub top. They are both looking at a smartphone held by the woman in the blazer. The text 'Public Health Accreditation Board' is overlaid in white at the bottom of this image.

## Public Health Accreditation Board

- ❑ National accreditation is coming
- ❑ Partners: CDC, ASTHO, NACCHO, NALBOH, APHA, Robert Wood Johnson Foundation
- ❑ Beta testing underway
- ❑ Implementation: 2011

# MDPH Award

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- \$9.8 million over 5 years
- \$1.96 million per year
  - Component I---\$300,000 (\$1.5M, 5 yrs)
  - Component II---\$1.66 million (\$8.3M, 5 yrs.)
    - (14 states received Component II grants)
- MDPH Plan over 5 years:
  - Regionalization (53% of total)
  - Public Health Data Systems (46% of total)
- Year One Plan
  - Regionalization (33% of total)
  - Public Health Data Systems (66% of total)

# Massachusetts Virtual Epidemiologic Network (MAVEN)

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- ❑ Web-based disease surveillance and case management system
- ❑ DPH and LPH share disease reports, lab results, clinical data
- ❑ TB, vaccine-preventable, foodborne, zoonotic diseases
- ❑ Grant goals
  - 95% of communities on line by 2012 (53% now)
  - Add HIV/AIDS to MAVEN by 2013



# Electronic Death Records

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- Paper-based system now
- Involves funeral directors, BOHs, municipal clerks, MDPH
- 6-9 mos. to aggregate and report data
- Grant goals:
  - Web-based Vitals Information Partnership (VIP) system
  - Real-time availability of data
  - 2 year implementation



# Massachusetts Community Health Information Profiles (MassCHIP)

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- ❑ Integrates 39 data bases online, including MDPH and other state agencies
- ❑ Critical resource for health assessments, planning, research, grant applications
- ❑ Obsolete software, not web-based, not compatible with Mac software; vulnerable system
- ❑ Grant goals:
  - Web-based platform
  - Enhanced user options, statistical functions
  - 2 year implementation



# The Case for Regionalization

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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 Challenges

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- **Increasing demands**
  - Chronic disease
  - Disparities
  - Substance abuse, mental health
  - Policy development
- **Inadequate resources**
  - Competition for municipal funds
  - 70% lack adequate staff
  - Regional funding disparities
- **Workforce**
  - No qualifications
  - Aging workforce
  - Excess mgt. capacity in system

# District Incentive Grant Program Goals

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- 1) Improve scope and quality of LPH services
- 2) Optimal results with available resources—BOH responsibilities for injury & disease prevention, health promotion
- 3) Reduce regional disparities in LPH capacities
- 4) Policy change to improve population health
- 5) Strengthen workforce qualifications
- 6) Prepare for voluntary national accreditation



# 5 Year Funding Plan

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- Year 1: Planning grants
  - Federal fiscal year ends 9/30/11
  - \$10K-\$40K range
  - Deliverable: operating grant proposal
  - Expect to fund 8+ groups of municipalities
  
- Years 2-5 (plus 6<sup>th</sup> year): Operating grants
  - Separate RFR process
  - 3 years at 100%, ranging from \$75K-\$150K per year for each district
  - 2 year step-down: 75%, then 50%
  - Expect to fund 6 districts
  - Additional funding for consulting, training, technical assistance for each district



# DPH Support for Districts

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- 1 + 5 ≠ 5
- Augment CDC funding with DoN funds
  - Allow 5 year operating grants
  - Wrap-around design
  - Insurance for implementation
- New Office of Local Health
  - 2 federally funded positions
  - Technical assistance and program management
  - Merge with Office of Healthy Communities



# Eligible Applicants

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- ❑ Groups of municipalities interested in forming districts
- ❑ Existing districts that want to expand
- ❑ Lead municipalities or district sponsors
  - COGs
  - RPAs
- ❑ Not necessary to have all municipalities committed



# Planning Grants

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- Flexible use of funds
  - Consultants (**may include COGs, RPAs**)
  - Dedicated time by current staff
  - Training
  - Meetings, materials, communication costs
  - Reasonable accommodations
  - **NOT** to offset current municipal operations unrelated to planning grant activities
- Planning grants expected to lead to submission of implementation grants



# Planning Activities

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- 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 Requirements

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- ❑ Historic Opportunity
- ❑ Based on Regionalization Working Group principles
  - Flexible design
  - Voluntary, Incentive-driven
  - Respect for local BOH authority
- ❑ Overarching MDPH Objectives
  - Cover largest possible land area, # communities, % of state population
  - Encourage max. possible sharing of staff & services
  - Reduce administrative duplication



# District Performance 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
- Workforce qualifications
  - Director, PH nurse, Environmental Health
  - Grandfathering
- Board of Health certification



# District Performance Requirements

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## □ Services and Activities

- BOH responsibilities—food safety, communicable disease, sanitary code
- 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



# Evaluation Criteria

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- Additional points for:
  - Redressing current inability to meet basic BOH responsibilities
  - Broad coverage of state, population
  - Comprehensive designs (or multiple shared services)
  - Overlay existing regional structures and Mass in Motion
  - In-kind commitments



# DRAFT Timetable—input welcome

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- ❑ RFI period ends: December 16, 5:00 pm
- ❑ Final RFR: ASAP (before end December, 2010)
- ❑ Bidder's conferences: 3 in week of Jan. 10, 2011
  - Tentatively scheduled for Pittsfield, Worcester, and Canton
- ❑ Answers to questions about RFR posted on Comm-Pass until: Jan. 28
- ❑ Planning Grant proposals due: Feb. 25
- ❑ Planning Grant awards: mid to late March
- ❑ Implementation proposals due: Sept. 30, 2011



# Discussion

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*For more information:*

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