

**Product Type:** Meeting and Conference Presentation

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• **Presenter Affiliations:** NH PBRN or UNH/JSI

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# Exploring funding sources, infrastructure, and public health service delivery in New Hampshire

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## Background & Research Objective

The NH Public Health Practice Based Research Network is conducting a study that:

- Focuses on financial inputs for both governmental organizations and community-based partners in the delivery of public health services
- Includes four communities with diverse local public health system infrastructures and in geographically and demographically distinct areas
- Explores how infrastructures differences might relate to financial inputs

## Qualitative Data

Qualitative interviews were conducted with each site. Each community was asked:

- About their organizational framework
- Range of tobacco services offered due to funding variability of sources
- How funding flows between organizational partners

Qualitative interview transcripts are being analyzed to identify major themes.

Information from the interviews was used to develop the process for data collection for the quantitative financial information from the sites. Analysis will include a summary of the variation in the types funding used by the sites to deliver services.

## Quotes from Study Partners

*"Isn't it amazing how much service we did for such little money. And it makes us crazy because it [reflects only] how little money the state put into it, but it does not account for all of the money that the locals put in."*

*"We are certainly looking at performance measures... the dollars are shrinking and the funders out there want to know what the impact is of what you're doing."*

*"We have probably thirty something funding sources. Our funding model really is grant based... we are pretty much all soft money."*

*"We're often limited because of the demands of the particular funders. We try not to be driven solely by the dollar- we try to maintain our... mission; but it's at times challenging because we are really often directed by the funds that we receive."*

## Quantitative Data

Detailed financial information from the sites is currently being collected, including:

- Funding sources and types
- Amount of funding
- What service areas are being funded

### Data Collection Template

NCHC Data Collection Tool	Service Area/Topic			
	Workforce Development	Workforce Development	Workforce Development	Workforce Development
Funding Source	Neil and Louise Tillotson Fund of the NH Charitable Foundation	HRSA - AHEC and Public Health Training Center	HRSA - AHEC and Public Health Training Center	HRSA - AHEC and Public Health Training Center
Funding Type	Private Foundation	Federal	Federal	Federal
Funding Amount By Source	\$ 10,926.12	\$ 69,231.21	\$ 139,374.89	\$
Total Funding for Service Area/Topic	\$ 417,736.00	\$ 417,736.00	\$ 417,736.00	\$
Expense Code				
Funding uses	\$ 5,799.79	\$ 47,927.75	\$ 90,379.41	\$
Salary & Wages	5000 \$ 436.59	\$ 3,511.26	\$ 6,553.20	\$
SS & Medicare	5010 \$ 590.09	\$ 5,780.97	\$ 7,965.39	\$
Employee Benefits	5030 \$ 37.74	\$ 359.25	\$ 609.09	\$
Workers Comp	5040 \$ 37.74	\$ 1,607.96	\$ 2,080.40	\$
In-State Travel	6010 \$ -	\$ 69.36	\$ 155.22	\$

Across all sites, programming is principally funded from grants and contracts.

Community Partner	Where Receive Funding Support
Cheshire Medical Center	NH DHHS: 28% Other: 72%
Lakes Region Partnership for Public Health	NH DHHS: 68% Other: 35%
City of Manchester Health Dept.	NH DHHS: 28% Manchester City Budget: 45% Other: 27%
North Country Health Consortium	NH DHHS: 8% Other: 92%

## Findings to Date

Due to lack of centralized, governmental public health infrastructure in NH, funding within the four sites varies drastically.

Thus, each organization has a varied approach to fund and distribute services. This study will further quantify these differences and their implications for service delivery.

Quantifying the inputs for public health funding will be increasingly valuable as governmental resources continue to decrease. Public health practitioners may find themselves with a greater need to understand how partnerships can help expand financial resources for public health practice, and how those financial models can impact the outcomes for public health services.



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