Impact of a District Incentive Grant Program on Regional Cross-Jurisdictional Public Health Services in Massachusetts

Justeen Hyde, Nazmim Bhuiya, Maeve Conlin
Michael Coughlin, Geoffrey Wilkinson

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Disclosures & Acknowledgements

• I have not had any relevant financial relationships during the past 12 months.
• I do not intend to discuss an off-label use of a product during this presentation.

• Research was subcontracted by MA DPH with funding from the CDC’s National Public Health Improvement Initiative.
Educational Need/Practice Gap

This paper adds to the literature on public health service sharing. It highlights both a state-level strategy for incentivizing cross-jurisdictional service sharing and the impact of such efforts on service delivery at the local level.
Objectives

• To explain a district incentive grant program that was used to fund cross-jurisdictional service sharing
• To describe different cross-jurisdictional service sharing models
• To assess the impact of cross-jurisdictional service sharing among local departments of public health

Expected Outcomes

Participants will have an increased understanding of:

• Elements of a district incentive grant program
• Cross-jurisdictional service sharing models
• Impact on reporting and service delivery as a result of cross-jurisdictional service sharing efforts
• Potential challenges associated with service sharing
Massachusetts

- Population of 6.3 million
- 351 cities and towns
- 351 Local Board of Health
- Home rule state
MA DPH District Incentive Grant

Funded by the Centers for Disease Control, National Public Health Improvement Initiative
District Incentive Grant

- Improve scope and quality of LPH services
- Reduce regional disparities in LPH capacities
- Improve efficiencies in LPH service delivery
- Policy change to improve population health
- Strengthen workforce qualifications
- Prepare for voluntary national accreditation

Institute for Community Health
District Incentive Grant Program

Year 1
Planning grants: $10K - 40K range

Years 2 - 5
Operating grants
Year 2 & 3: 100% funding followed by 2-year step down

2011
2012 - 2015
Participants

5 Implementation Grantees
~ 58 Participating municipalities
Approaches to Service Sharing

Coordinated Service Delivery

Menu-style/Partial Shared Services

Comprehensive Service Delivery

Host agent provides central coordinating function for contracted public health services
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Shared staff positions
Based on core of public health nursing and prevention

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Approaches to Service Sharing

Coordinated Service Delivery:
- Host agent provides central coordinating function for contracted public health services

Menu-style/Partial Shared Services:
- Shared staff positions
  - Based on core of public health nursing and prevention

Comprehensive Service Delivery:
- Hybrid model; one entity offers full range of services if wanted plus a menu option for those not wanting full package
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Requirements of Funding

- Establish a formal governance structure
- Provide/ensure state mandated services
- Obtain training in and utilize electronic communicable disease reporting system
Requirements of Funding

- Meet grant standards for Board of Health training and workforce qualifications
- Complete a regional community health assessment
- Implement a cross jurisdictional initiative, including policy change, to improve community health
Provision of Resources

• Areas of Technical Assistance:
  – Legal
  – Evaluation
  – Community Health Assessment
  – Workforce development
  – Sustainability planning

• Learning Collaborative
Evaluation

• Assessed process and outcomes associated with shared public health service delivery
  – State mandated services
  – Communicable disease management
  – Board of Health member training
  – Community Health Assessment
  – District Health Initiative
  – Governance
  – Workforce qualifications

• Data from MA DPH, grantee documents, and conversations with grantees
Increase in submission of food reports to MA DPH across all districts from baseline year.
Many municipalities have come online on communicable disease management system since initiation of the DIG program.
Increase in completion of routine communicable disease reports across all districts from baseline year.
Improvement in consistency of beach inspections for a majority of the districts from baseline year.
Increase in % of trained local BOH members across all districts from 2012 to 2013.
Community Health Assessment

- 3 of 5 districts completed assessment including sharing data with key community stakeholders
- 2 districts in process of completing assessment
District Health Initiative

• 3 districts focusing on tobacco and 2 focusing on obesity initiatives (all include) a policy component
  – Smoke free multi-housing units to reduce asthma related emergency room visits
  – Healthy weight initiative through promotion of active living
Challenges

- Cultural shifts and differences in values
- Time (or lack thereof)
- Assessing most efficient strategies/models for service delivery
- Some legal challenges with formal agreements
- Private economic interests and/or personal, professional aspirations
- Demonstrating evidence that investment has tangible value to key stakeholders
Contact information

**Justeen Hyde, PhD**
Institute for Community Health
617-499-6684
jhyde@challiance.org

**Nazmim Bhuiya, MPH**
Institute for Community Health
617-499-6679
nbhuiya@challiance.org

**Geoff Wilkinson**
Massachusetts Department of Public Health
617-624-6071
geoff.wilkinson@state.ma.us

**Michael Coughlin**
Massachusetts Department of Public Health
617 624-5091
michael.coughlin@state.ma.us