Catalysts of Organizational Change

What sparks and maintains interest in multi-jurisdictional public health service delivery?

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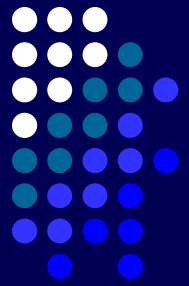
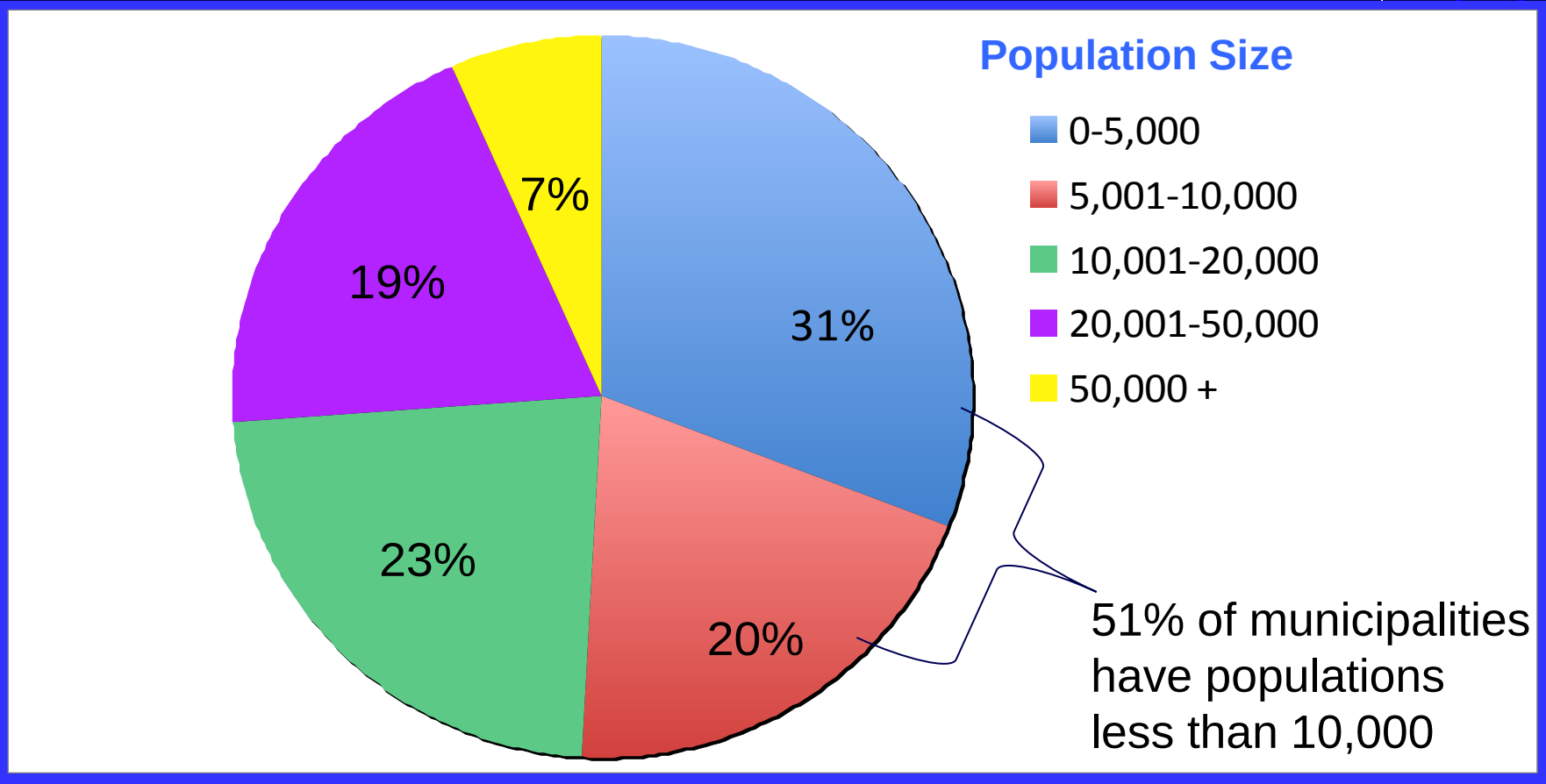
Overview of Presentation



- Description of Public Health District Incentive Grant Program in Massachusetts
- Purpose of study
- Methods
- What we learned
  - Planning Strategies
  - Multi-jurisdictional service sharing models
  - Successes
  - Challenges
- Recommendations & Lessons Learned

Local Public Health in Massachusetts

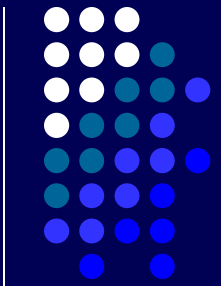


351 Municipalities
351 Local Boards of Health

Local public health context

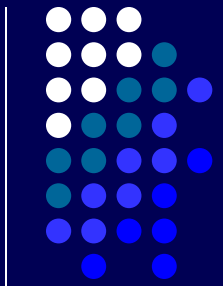
- Local public health services funded primarily though local tax dollars
- Organization of services aligned with state public health mandates
  - Mandates are unfunded
- Vast disparities in local funding for public health services
  - Differences in qualifications of workforce
  - Public health priorities compete with other local issues
- Public health infrastructure impacted by local budget cuts

MDPH District Incentive Grant Program Goals



- Funded by the Centers for Disease Control, National Public Health Improvement Initiative to:
  - 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

MDPH District Incentive Grant Program



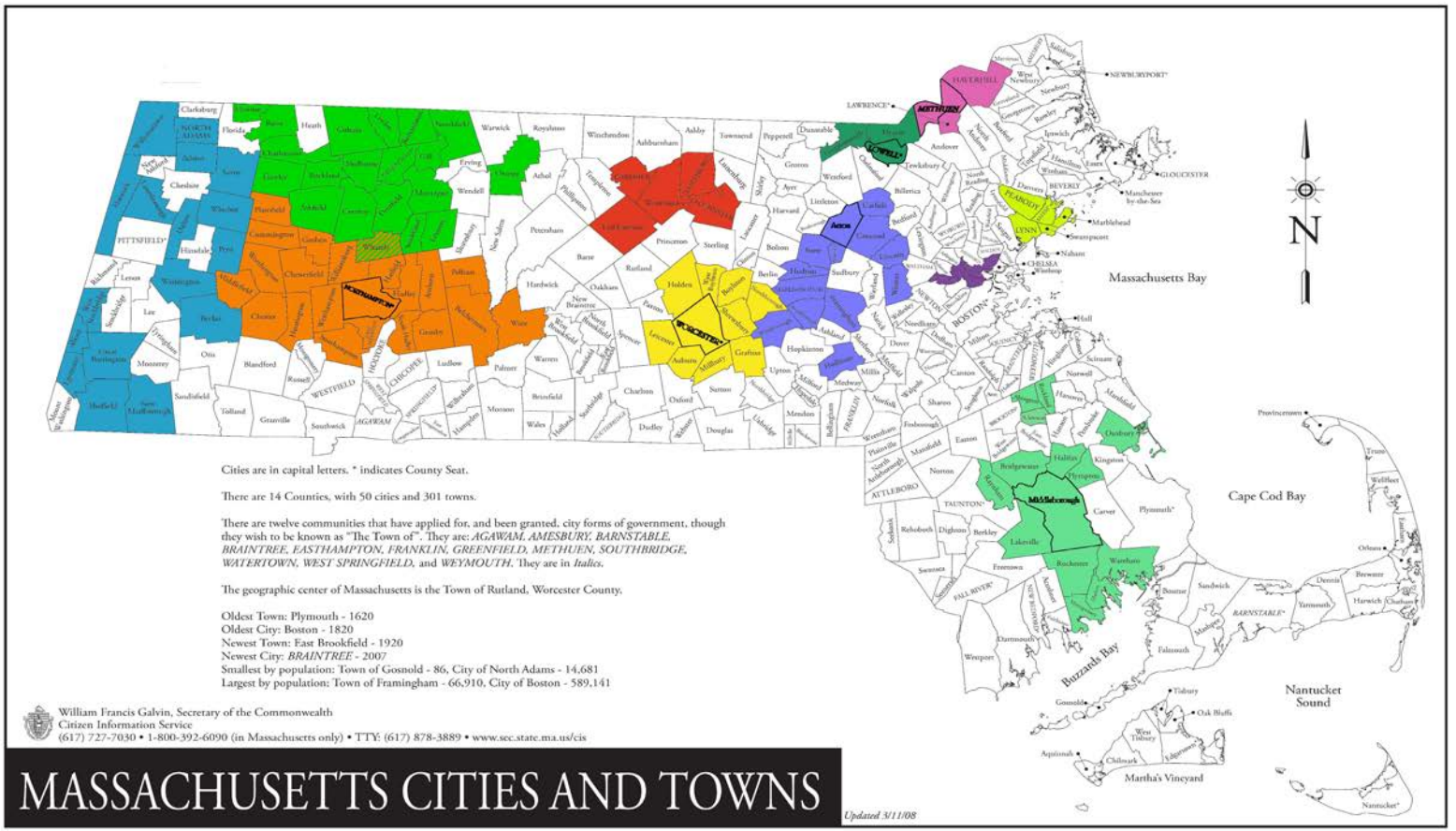
Year 1: Planning grants

- $10K-$40K range
- Deliverable: implementation grant proposal
- Funded 11 groups of municipalities, 113 municipalities

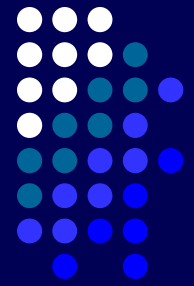
Years 2-5: Operating grants

- Separate RFR process
- Year 2 and 3 at 100% funding, followed by 2 year step-down: 75%, then 50%
- Expect to fund 5 districts out of 11 planning groups
- Additional funding for consulting, training, technical assistance for each district

What can we learn from the planning phase?



Methods – Phase 1 Planning Process



- One-on-one interviews with 21 active participants in planning process
  - 2 individuals selected from each planning group
    - 1 lead agency, 1 randomly selected municipality
- Interviews conducted over the telephone
  - Audio-recorded and notes
- Interview guide focused on planning phase
  - Motivation, Approach, Successes, Challenges, Lessons Learned
- Interviews lasted 30-60 minutes

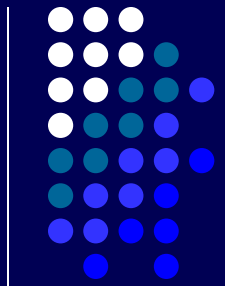
Participant Motivations

- Recognized lack of capacity to provide state mandated services
- Desire to expand public health services offered to public
- Opportunity to expand existing regional partnerships
- Perceived strength in numbers

"We knew that [many] of the communities we work with in [region] didn't have nursing services. We felt we could assist them, work together…"

"If we want to improve population health, we need to include a broader focus on chronic disease prevention, health education, etc."

Planning Strategies



- Most utilized outside consultant to facilitate strategic planning
  - Perceived of as neutral party
  - Difficult to find one with skills and LPH knowledge
- Frequent meetings with local public health
- Initial visioning activities: What do we want to create?
- Data collection to examine budgets, volume of services, staffing, salaries
- Examination of models most appropriate to address service gaps & political realities
- Joint meetings with BOH and elected officials

What Worked

- Supportive group dynamics
  - Ability to come to agreement, breaking down barriers, open to discussion
- Existing relationships in place between communities
  - Positive history with collaboration/ partnership
  - Trust, bonding
- Planning meetings structured with strong facilitation
  - Consistent attendance, regular meeting dates, sub-committees
  - Transparency, action-driven

Challenges

Small municipalities concerned with being "swallowed up" by larger ones

- Heterogeneous municipalities with respect to size, demographics, governance, SES
  - Belief that municipalities have different needs
- Differential investment in local public health across municipalities
  - Difference in roles and responsibilities
  - Difference in opinion about what multi-jurisdictional service sharing should look like
- Requirements of grant did not match group interests or sense of what could be accomplished

Larger municipalities concerned with resources being "sucked up" by smaller ones

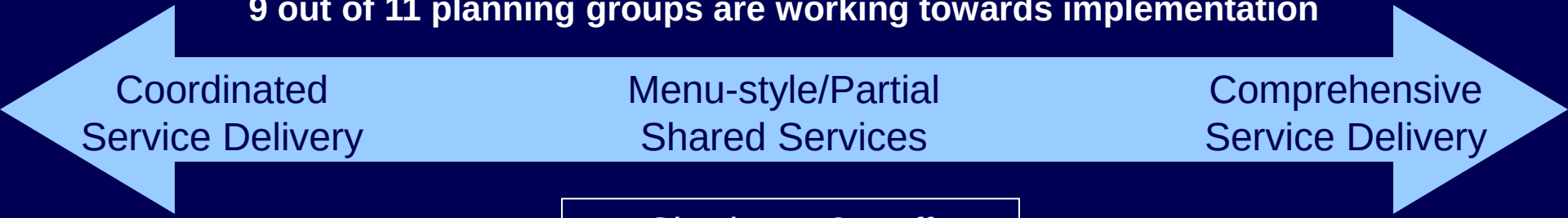
Models

Planning groups worked to address issues of:

- governance
- staffing
- identification of host agent for implementation
- overall model for service delivery

Different planning groups have resolved these issues in different orders, depending on priorities

9 out of 11 planning groups are working towards implementation



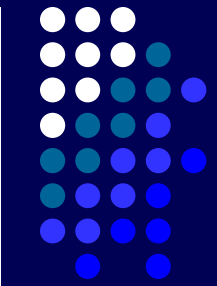
Host agent provides central coordinating function for contracted public health services

Sharing 1-2 staff positions

Based on core of public health nursing and prevention

Hybrid model – comprehensive with a menu option

Recommendations & Lessons Learned



- Clarify your municipality's goals first and then find like-minded partners
- Planning for infrastructure change is time intensive
  - Requires investment in relationship building & trust
- Identify a lead agency who is respected and demonstrates leadership throughout process
- Involve diverse representatives from interested municipalities early in the planning process
- Participants have to be flexible and open-minded

Recommendations for State DPH

- Provide guidance earlier on what will be expected of grantees
- Technical assistance around legal issues was valuable
- Refine tools that people developed for planning purposes and make them available to others
  - Creating tools to help figure out the logistics of service sharing was more difficult than anticipated
- Allow for communities to create service sharing models that will work for them

Questions?

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Institute for Community Health
Building sustainable community health, together
A collaboration of the Cambridge Health Alliance, Mount Auburn Hospital, and Partners Healthcare