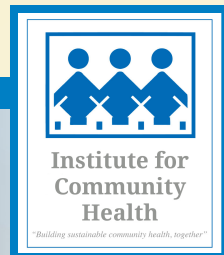




Impact of a District Incentive Grant Program on Regional Cross-Jurisdictional Public Health Services in Massachusetts

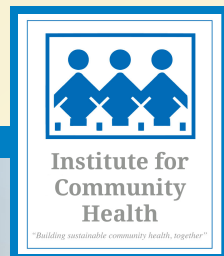
Justeen Hyde, *Nazmim Bhuiya*, Maeve Conlin
Michael Coughlin, Geoffrey Wilkinson

April 9, 2014



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.

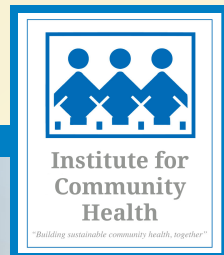
Objectives

- 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



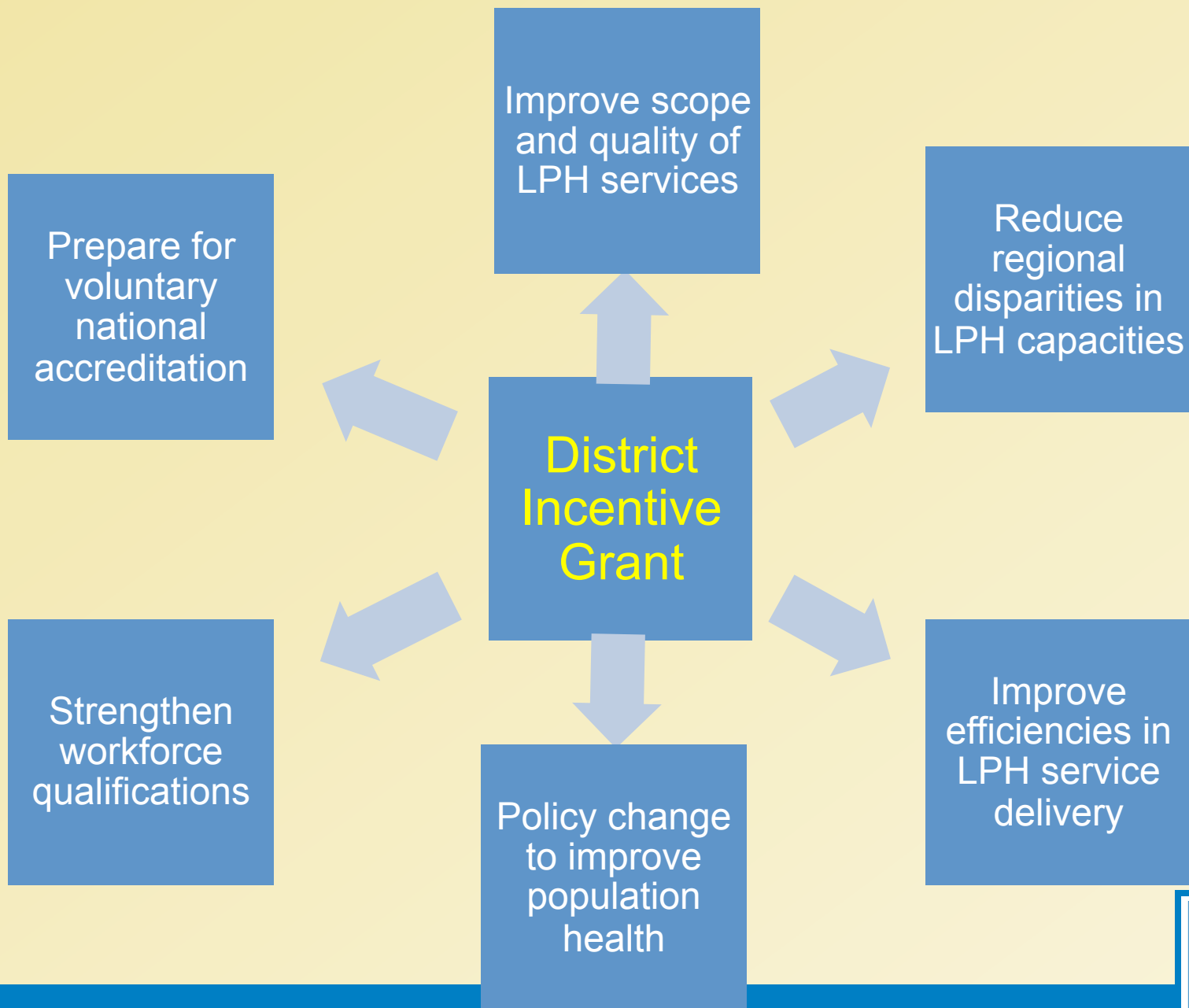
- Population of 6.3 million
- 351 cities and towns
- 351 Local Board of Health
- Home rule state

MA DPH District Incentive Grant



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





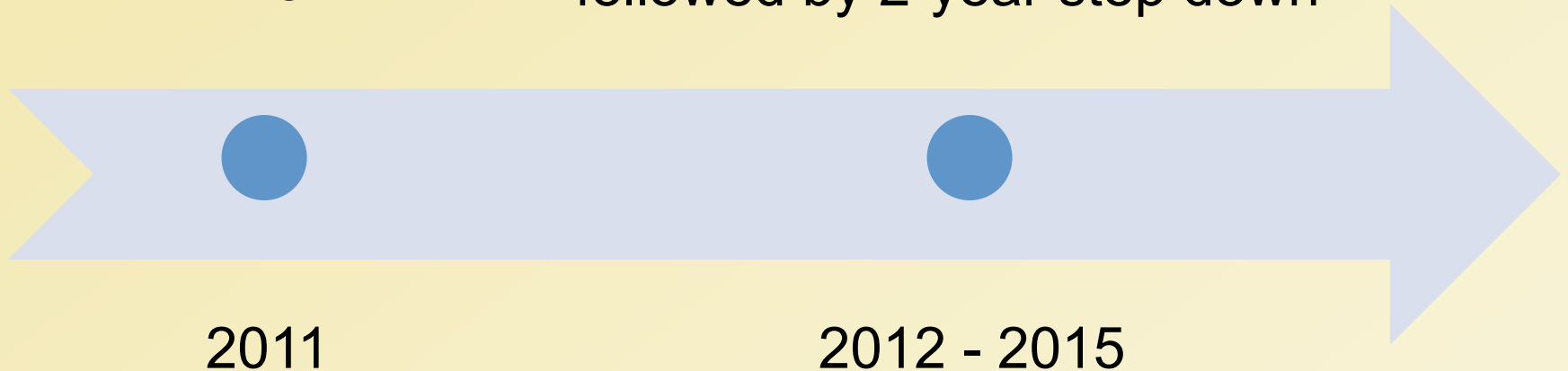
District Incentive Grant Program

Year 1

Planning grants:
\$10K - 40K
range

Years 2 - 5

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



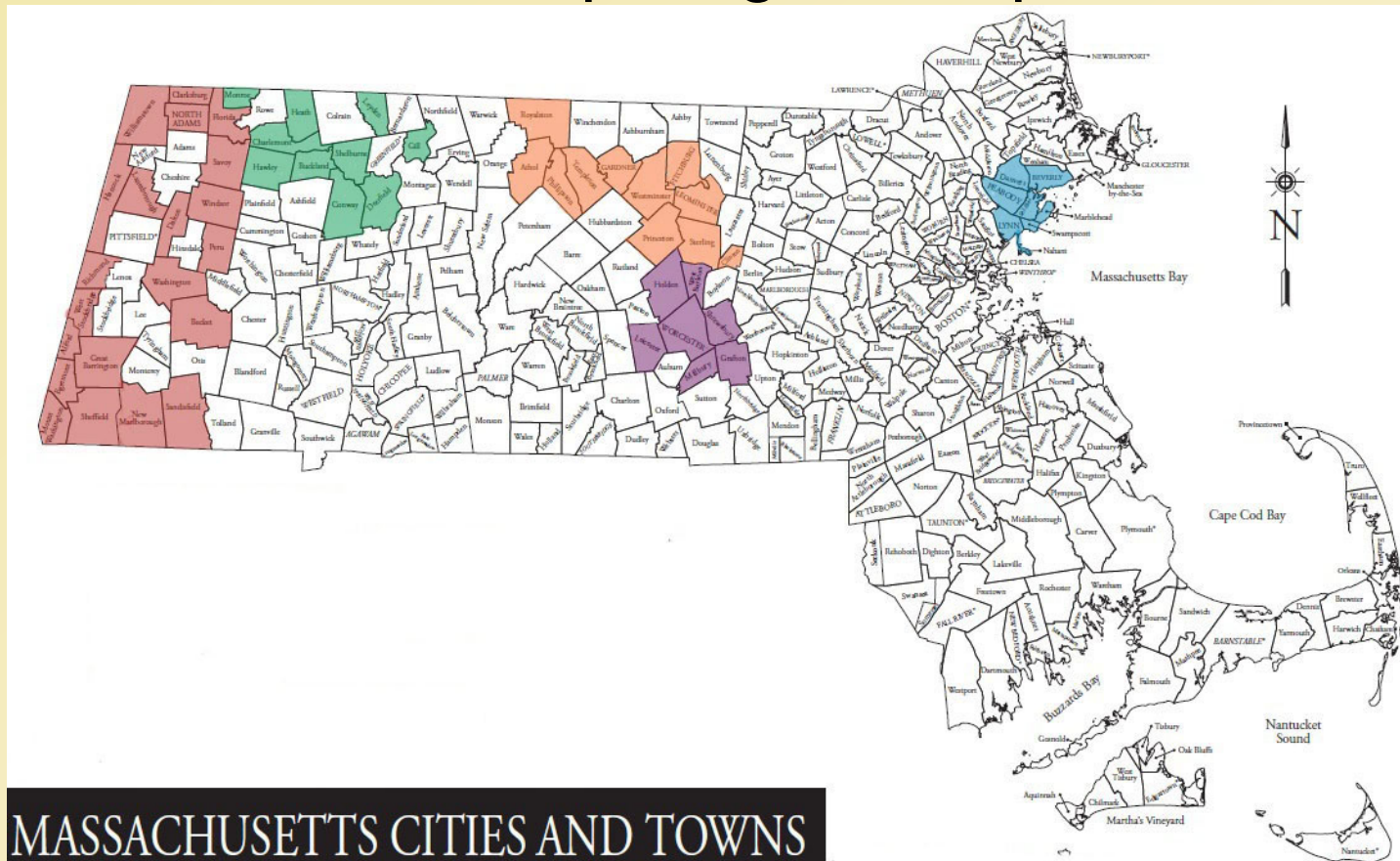
2011

2012 - 2015

Participants

5 Implementation Grantees

~ 58 Participating municipalities



MASSACHUSETTS CITIES AND TOWNS



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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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**Hybrid model;
One entity
offers full
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wanted plus a
menu option
for those not
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package**



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**All public
health
services are
provided by a
single entity
to multiple
municipalities**



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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

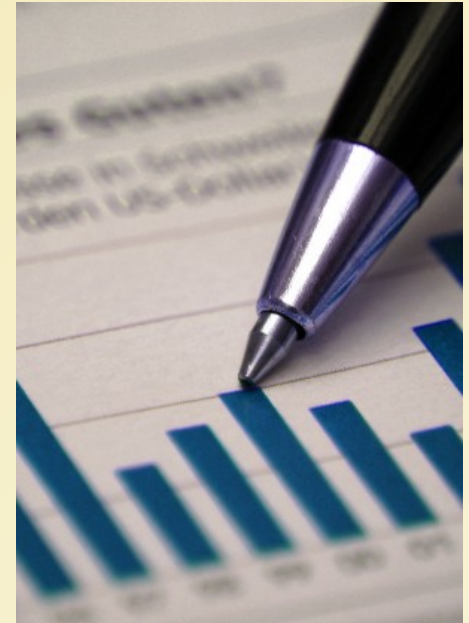
Provision of Resources

- Areas of Technical Assistance:
 - Legal
 - Evaluation
 - Community Health Assessment
 - Workforce development
 - Sustainability planning
- Learning Collaborative

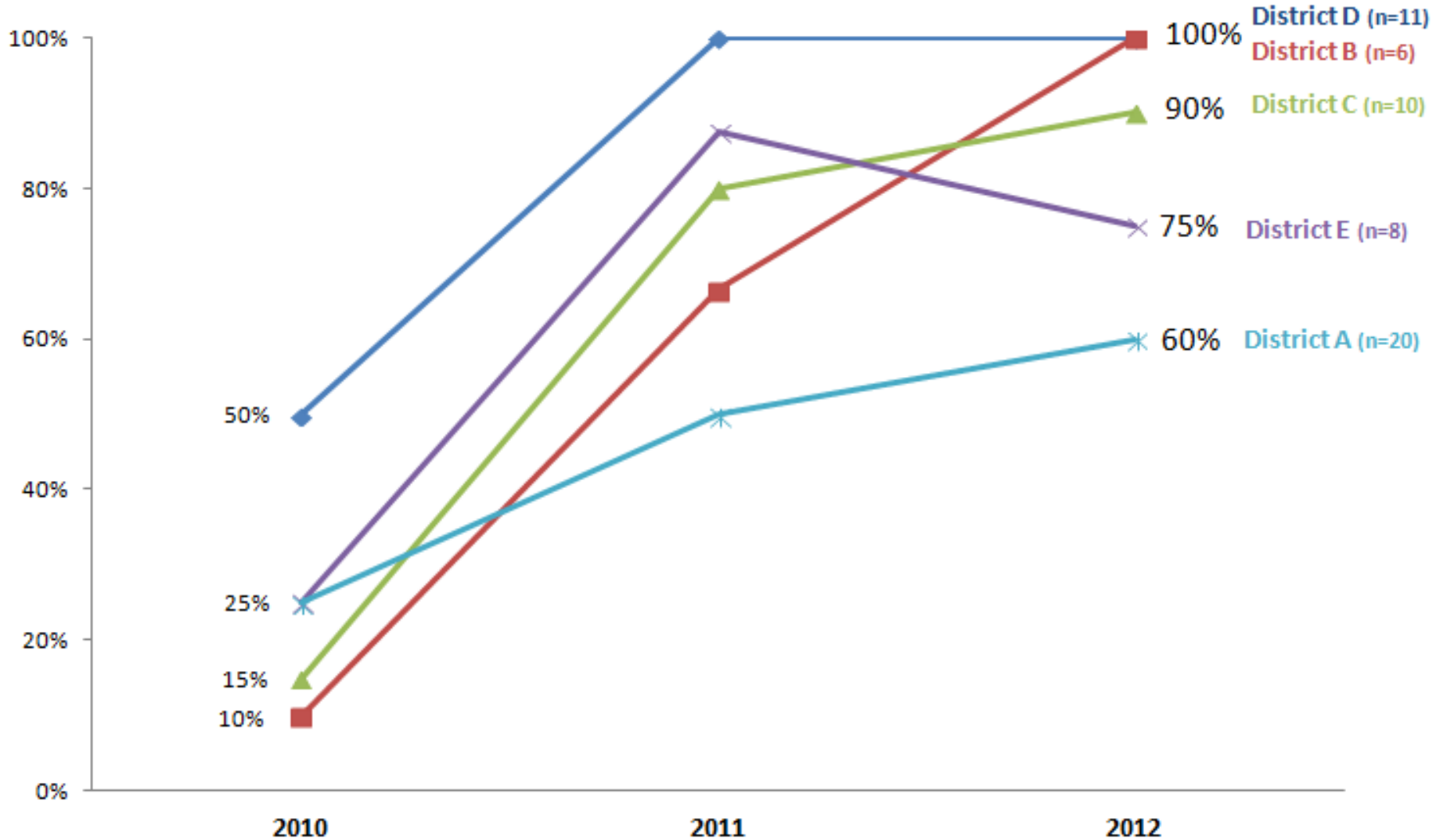


Evaluation

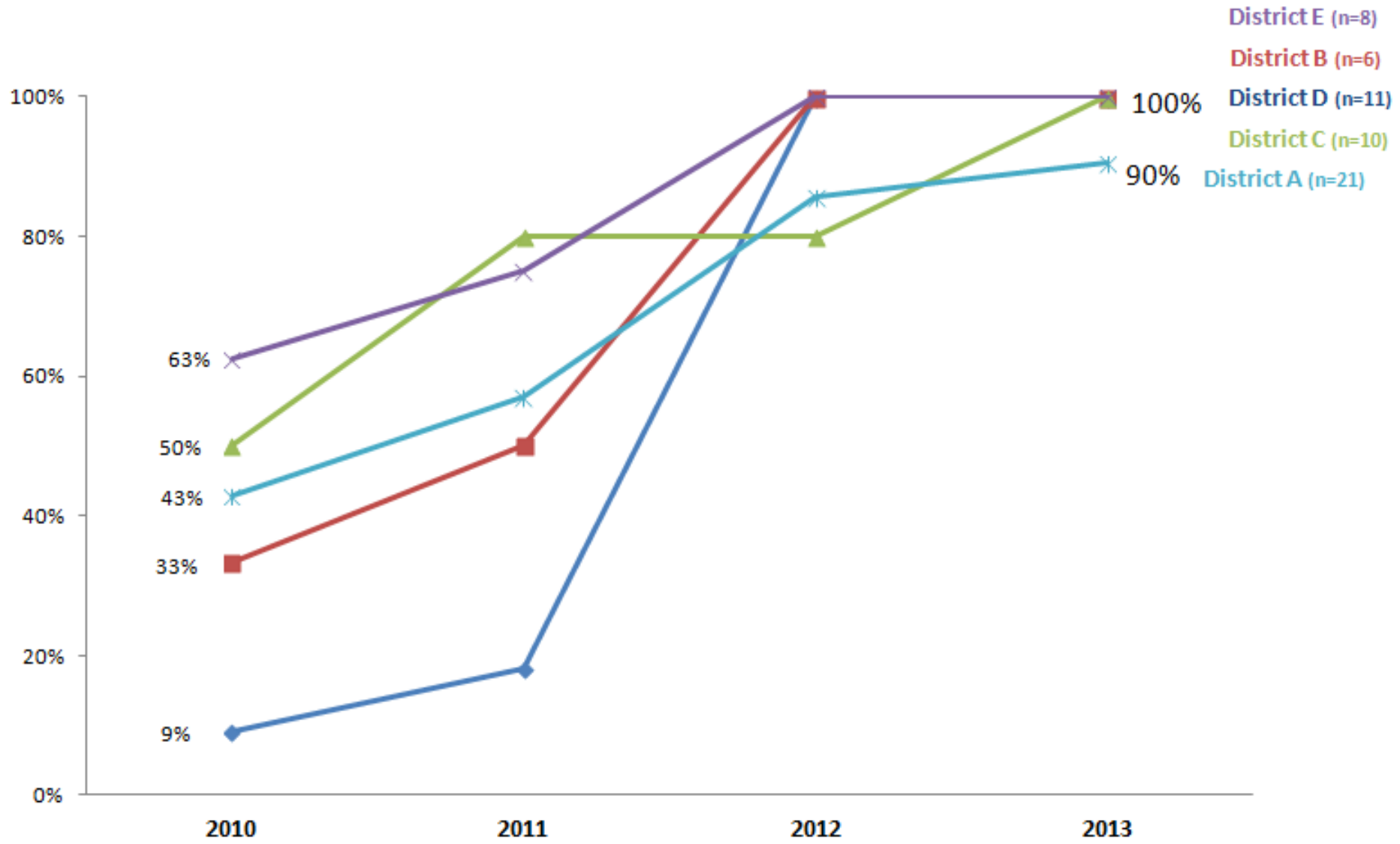
- Assessed process and outcomes associated with shared public health service delivery
 - State mandated services
 - Communicable disease management
 - Board of Health member training
 - Community Health Assessment
 - District Health Initiative
 - Governance
 - Workforce qualifications
- Data from MA DPH, grantee documents, and conversations with grantees



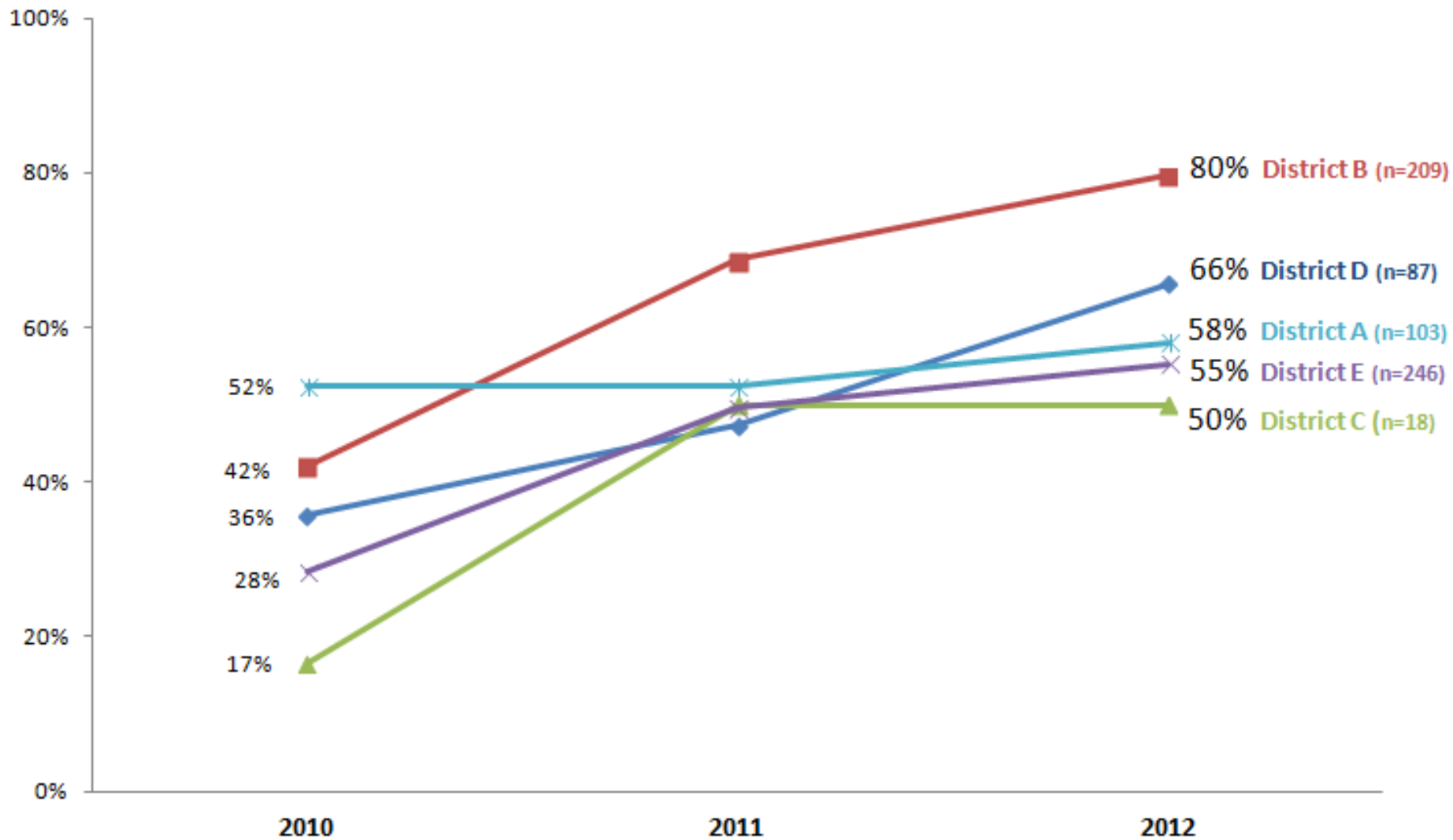
Increase in submission of food reports to MA DPH across all districts from baseline year.



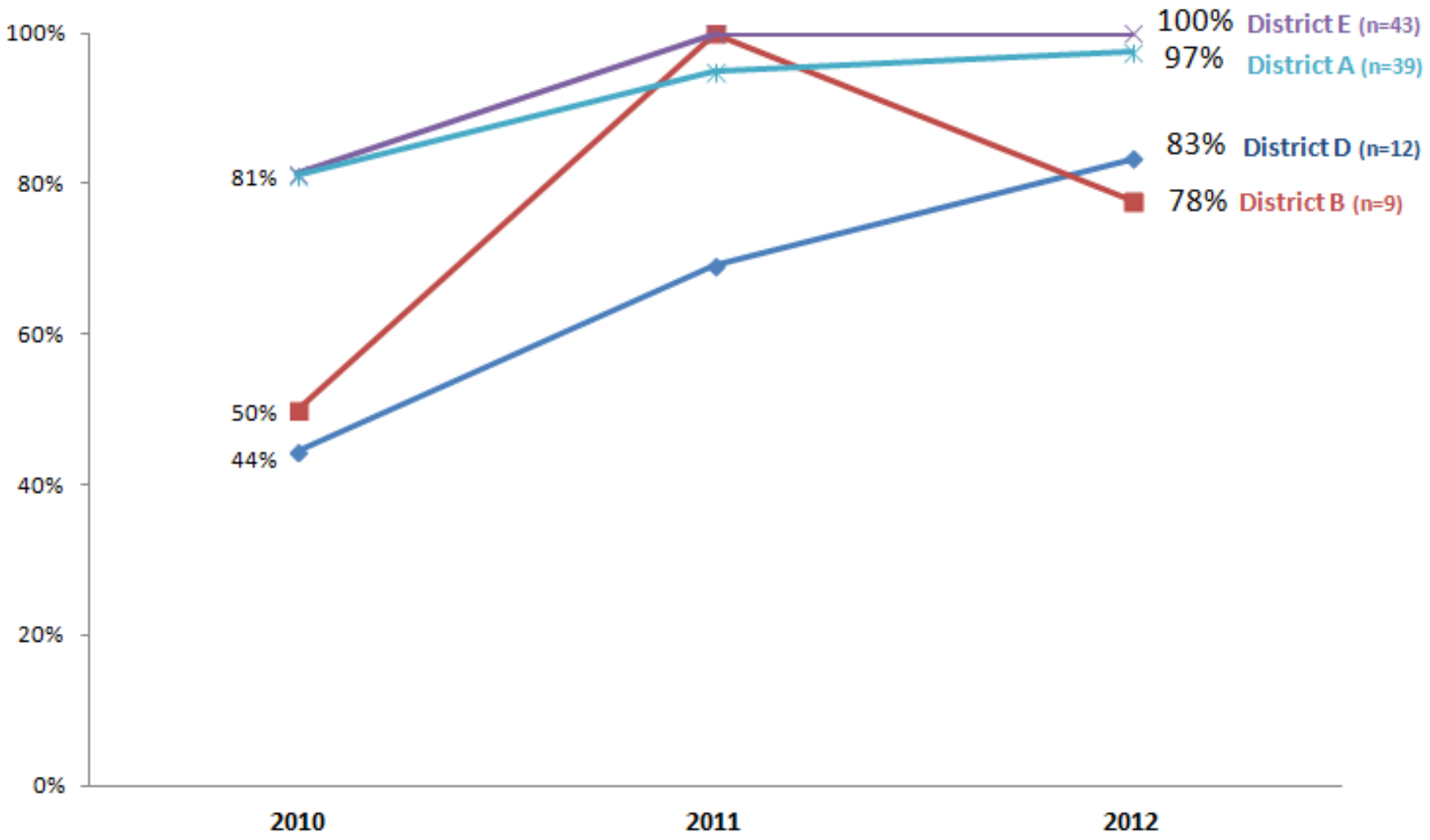
Many municipalities have come online on communicable disease management system since initiation of the DIG program.



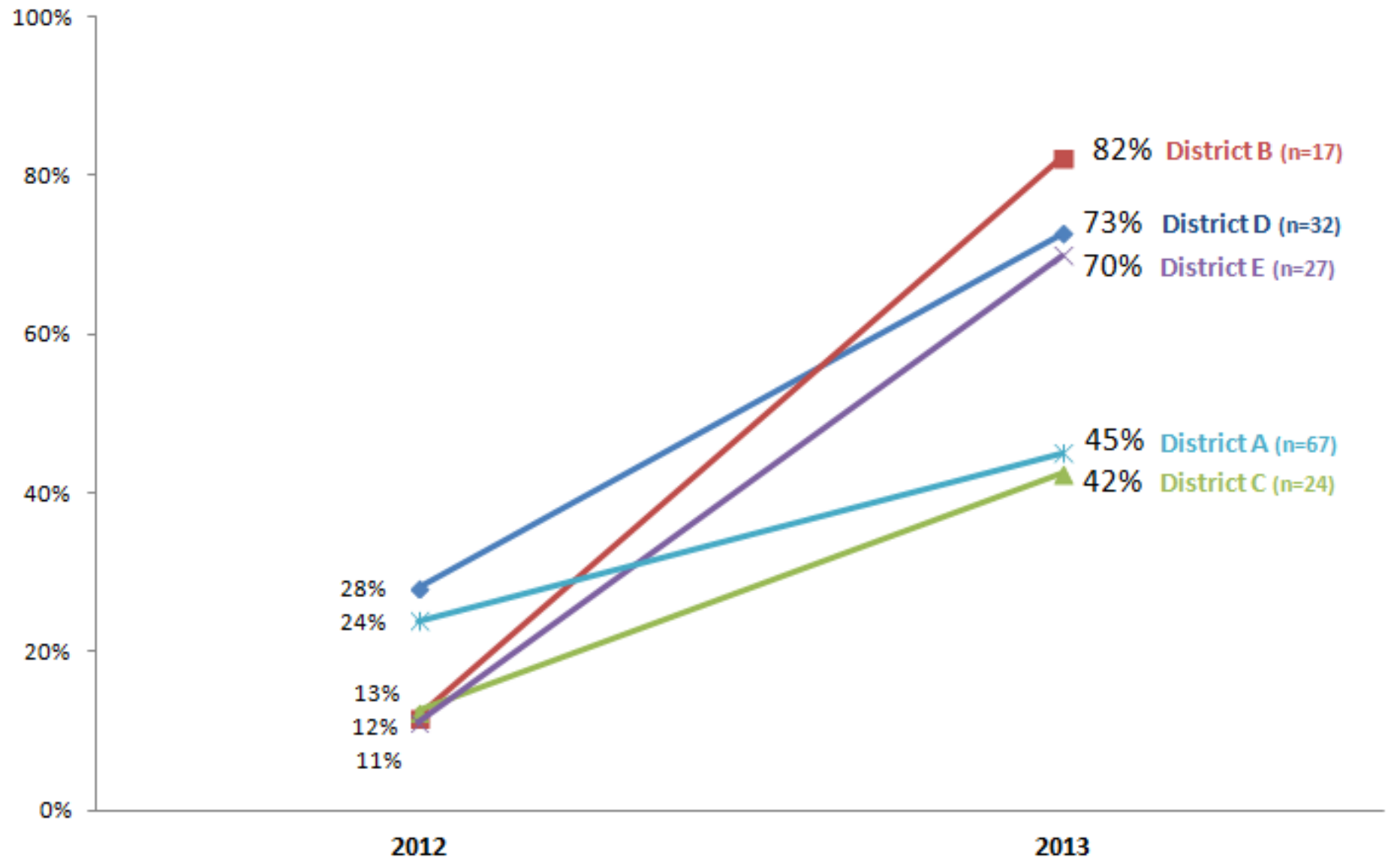
Increase in completion of routine communicable disease reports across all districts from baseline year.



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

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