A participatory approach to planning for regional public health services in Massachusetts

Justeen Hyde, PhD
Kathleen McVarish, Harold Cox
Practice Based Research Networks

- Funded by the Robert Wood Johnson Foundation in 2008
  - University of Arkansas for Medical Sciences (UAMS), Fay W. Boozman College of Public Health, directed by Dr. Glen Mays.

- Purpose of PBRNs
  - Collaboration between public health practitioners and researchers
  - Identify pressing research questions, design and implement studies, and translate findings into practice
Network comprised of:

- Local and state public health leaders
- Public health association representatives
- Academics/researchers

Leading interests

- Gain better understanding of public health system in Commonwealth
- Equitable delivery of public health services
  - Regionalization as one strategy
Context of our work

- Towns and Cities: 351
- Boards of Health: 351
- Limited coordination among communities
- No consistency in public health services or quality
- No standards for workforce

Local communities severely impacted by budget cuts
Primary Research Question

Will regionalization help to provide essential public health services to citizens?
Planning for Regionalization

• Call for proposals in October 2009
  – $3,000 grants to support planning meetings
  – Requirements to apply
    • Serve a population of 50,000 and/or
    • Serve an area of 150 sq. miles
  – Strongly encouraged 4-6 planning meetings
  – Local decision regarding who to include in discussions (e.g., public health agents, board of health members, town administrators, etc)
Pilot Sites for Regional Planning for Public Health

3 groups selected
20 municipalities
Initial Questions

• What info is needed?

• Which strategies work?

• What are costs?
Approach 1

Goal to expand existing regional district

- PHAB Assessment
- Review findings
- Engaged regional planning agency to support expansion of partners
- Form regional advisory committee
- Started looking into fiscal and governance options
- Will draft template MOAs
- Waiting for new source of funding from CDC to be released
Approach 2

Goal to build regional health district

- Early focus on relationship building
- Visioning exercises
- Identified commonalities in vision
- Identified challenges
- Gathered survey data
  - Funding
  - Staffing
  - Governance
- Presentation of community health data
- Currently reviewing regional options
- Identifying right communities to partner with
Approach 3

Goal to expand regional cooperation in delivery of public health services

- Presentation of local health data
- Emerging public health threats
- Some data on limited capacity
- Strong case made for regional work
- Reiteration of need several times
- Agreement to start small, start now
- Initial group decision was grant-writing for multi-community projects
  - FDA Food Safety grant
- Begin working on governance structure
- Identifying a fiscal agent/lead agency
Observations about process

• Major infrastructure shifts are a lot of work!
  – Difficult to advocate for change voluntarily
  – Local public health leaders are stretched very thin; difficult to plan and vision
  – Need supporting evidence on benefits of regional service delivery

• Multiple people need to be involved in decision-making for each community
  – Different motives (cost savings vs. quality)
  – Difficult to coordinate
  – Concerns with job loss, budget cuts
Common questions & concerns

• Will my LBOH lose authority?
• Will we lose capacity/services/jobs?
• Will it cost my town/city money?
• Will it be too hard to implement?
• Who will do all this work?
• Will there be grant money?
• What happens when we lose the grants?
• How do we start?
What we’ve learned about supporting local partners in planning process

• Agreement about roles and responsibilities of local public health is critical

• Start with “the concrete” - service delivery, finances, governance
  – Performance standards, PHAB assessments are important, but too abstract in the beginning

• Move from concept to concrete as quickly as possible
  – Provide models of regional approaches, case examples describing organization

• Break down decision-making needs into steps

• Figure out who makes decisions for a community and when to bring them into the conversation
Thank you!

For more information about our PBRN or regional work, please contact:

Justeen Hyde
Institute for Community Health
jhyde@challiance.org

Harold Cox
Boston University School of Public Health
Hcox@bu.edu