

DHSS/DAC Planning Project DAC Update

Theme Name: Foundations for Healthy Communities

Defining the Issues:

There are three principle groups of issues: They include the capacity and ability to respond to a health event, establishment of key systems for interacting between the state and local staff on possible collaborations, and defining the key services and capabilities that each health department needs to have, given its size and structure. These issues are complex, somewhat inter-related but important to address in order to develop an effective foundation for healthy communities.

The Foundational Health Services Project, <http://www.resolv.org/site-foundational-ph-services/> funded by the Robert Wood Johnson Foundation developed a set of foundational capabilities and foundational areas that they believe no health department can be without. The challenge for Missouri is that local health departments may vary greatly in terms of size, structure, budget and ability to provide services and develop capabilities; nor is there much understanding in terms of understanding the extent to which these capabilities should be provided locally, by the state or through some form of collaboration.

Capacity and Ability to Respond to a Health Event

How can governmental health agencies effectively respond to a health event? How are agencies getting their services out in the community? What are the capabilities health departments need in order to effectively respond to health events? What kind of collaborations and partnerships need to be formed in order to be ready to respond? How can services be organized such that it is possible to provide services to communities in a timely manner? This could be LPHAs contracting for increased ability to do restaurant or lodging inspections or for nutritionist services to provide timely WIC services or a multi-county collaboration to address obesity through increasing physical activity and healthy eating venues in schools, senior centers and other community activities. These are all important questions to answer in order to be able to more effectively respond to a health event.

One place to start is to try to determine what capabilities exist and who should have those capabilities. Measures developed from the foundational capabilities section of the Health Services Project¹ were used to survey LPHA directors and leaders from the State Department of Health and Senior Services (DHSS) to determine the extent to which perspectives vary about the capacities they believe they have or should have based on their size, structure and budget. Many of the foundational capabilities focus on the ability of health departments to respond to health events. Results will help create a typology of

¹ <http://www.resolv.org/site-foundational-ph-services/files/2014/04/V-1-Foundational-Capabilities-and-Areas-and-Addendum.pdf>

health agencies in Missouri that can be used to identify differences in perspective based on population size and that information will be used to explore possible approaches to ensure that the most important capabilities are in place and/or accessible. A subset of this is defining those health capabilities that need to be provided that no one except for a governmental public health agency can provide. These capabilities can vary by location and size of department. In cases where the local health department may be the only resource able to respond do they have the capabilities to do so? If not, how can those capabilities be accessed or developed? Do the LPHAs have the capabilities to respond in a timely manner? In addition, there can be issues with how the State gets service out to communities. Often, this is done through funding provided to the LPHA to provide that service. However, if the capabilities are not available (such as trained manpower) to provide that service it can be very difficult to provide the services in a timely manner—particularly when there is a need to respond quickly to a health event.

How can services be organized such that it is possible to provide services to communities in a timely manner?

What services do health departments need to provide that are unique to governmental public health? What are services that would not be provided in some communities if it were not for governmental public health agencies? For example in some communities there are multiple ways to access immunizations. In others the local health department may be the only resource able to effectively respond. How can public health agencies effectively organize themselves to provide the most services possible at a high quality? This issue is closely related to the first issue but is focused more generally on the services that are provided and how those services are provided rather than core capabilities. The information from the foundational services survey will provide some insight on how certain capabilities are provided or shared across agencies. This effort will need to be followed up with another instrument that rates the importance of certain services across the state in order to make it possible to focus first on those services that are considered most important to the agencies where they are, based on the resources they can access and the relative need in their communities. A survey will be conducted later this spring focusing more on the types of services provided rather than the capabilities necessary to respond to an event. The relative value of the foundational areas identified as part of the Foundational Health Services Project² will then be evaluated.

Staffing is an additional component of this issue area. How do we know how much staffing is enough to provide the necessary level of service? Are there established staffing standards to meet the need locally and can we track those over time? For example, what is the standard for how many FTEs are needed per 100 food inspections or the number of communicable disease cases per year? There is a need to develop agreements around what those standards should be in Missouri and consider different alternatives to ensure that an appropriate amount of service is available.

² <http://www.resolv.org/site-foundational-ph-services/files/2014/04/V-1-Foundational-Capabilities-and-Areas-and-Addendum.pdf>

Establishment of Key Systems for Interacting Between State and Local Staff

There are often situations in which collaboration and interaction are necessary to ensure that appropriate capabilities are in place to respond to a health event and to ensure that an appropriate level of services is provided. These can be local to local health department arrangements for staff sharing, grant management and other kinds of services or they can be state to local collaborations necessary for collecting data, pushing out services or collaborating on grants. There are many ways to form these collaborations and often they develop organically based on need and the quality of relationships. There is also a need to think ahead and look at how we can build on these collaborative arrangements so that we are better prepared to address emerging issues and to take advantage of funding opportunities as they arise. Some key issues that arise include:

1. The need to document the kinds of collaborations that currently exist and identify the extent to which current practices can serve as models that could be shared more broadly.
2. Identifying the types of relationships that should be cultivated that could better position both the State Department of Health Senior Services and the Local Public Health Agencies.
3. Development of networks (formal and informal) that can facilitate the types of relationships necessary for effective collaboration.
4. Defining a set of principles for collaboration that make it easier for agencies to approach how they negotiate collaborative arrangements.
5. Trust is a key ingredient for facilitating collaboration. What types of structures and interactions facilitate the development of trust among potential collaborators?

Vision for Healthy Communities

- There is a statewide plan for the delivery of foundational public health services based on statewide standards adapted from federally supported program and recognized by other funders (RWJ, MFH, GKC, CDC)
- The plan is supported by
 - Informed and educated key decision makers (local and state governance, PH administrators)
 - Adequate funding and implemented by trained professionals

Project Ideas

- 1 Start communications between DHSS and LPHAs on steps to develop statewide plan for standards or guidelines
- 2 Establish workgroup to facilitate process
- 3 Develop packet of materials and training for legislature, new government members, Local Boards of Health, County Commissions, etc...
- 4 LPHAs begin self-assessment for needs for standardized process
- 5 Templates for MOUs between LPHAs so they can collaborate and work together

- 6 Identify technical assistance needed and develop a plan to provide (DHSS and LPHAs) others
- 7 Develop standards and input of multiple levels assuring vetting and approval
- 8 Train and educate about the standards and requirements for leaders, staff, public, association of counties, urban league, MOALPHA, MALBOH. MPHA, MICH
- 9 Advocate for and locate funding
- 10 Identify opportunities and facilitate additional collaborations among LPHAs to achieve standards.
- 11 Train on FPHS
- 12 Collaborate with MICH and others (DHSS & LPHAs) on development of standards
- 13 Develop train the trainer materials on standards used by DHSS programs, LPHAs, MOALPHA
- 14 DHSS programs integrate capacity building about/to the standards into program contracts

Project Accomplishments

1. We have collected data about public health foundational services around both capabilities and program areas. These data sets provide baseline data that can be used as indicators and benchmarks going forward.
2. Development of the issues around creating healthy communities.
3. Development of a range of project ideas that can increase capabilities and improve capacities around program areas.

Future Plans/Next Steps

1. Engaging with the LPHAs to explore their perspectives around how to address some of the issues raised in the program areas survey.
2. Developing a toolkit for LPHA administrators that they can use to facilitate discussions with their staff around issues raised in the survey and what they would like to see happen.
3. Facilitate a discussion at the Public Health Conference in March among LPHAs to determine priorities going forward.
4. Engage additional LPHA representatives in the work of the group.