WEST VIRGINIA
BUREAU FOR PUBLIC HEALTH
PRESENTATION TO THE
PUBLIC HEALTH IMPACT TASK FORCE

Amy Atkins, MPA, Director
Center For Local Health
West Virginia Bureau for Public Health

December 9, 2015
University of Charleston

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

What changes have brought us here?

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System

- Focus on population health
- Increased expectations in capacity and adoption of technology
- Changing workforce needs

Funding

- Cross-sector coordination
- Reimbursement for services
- Capacity requirements tied to funding
- Shifts in federal funding (CDC to HRSA)

Outcomes

- Social determinants of health must be addressed
- New emerging infectious diseases and prevalence of chronic disease

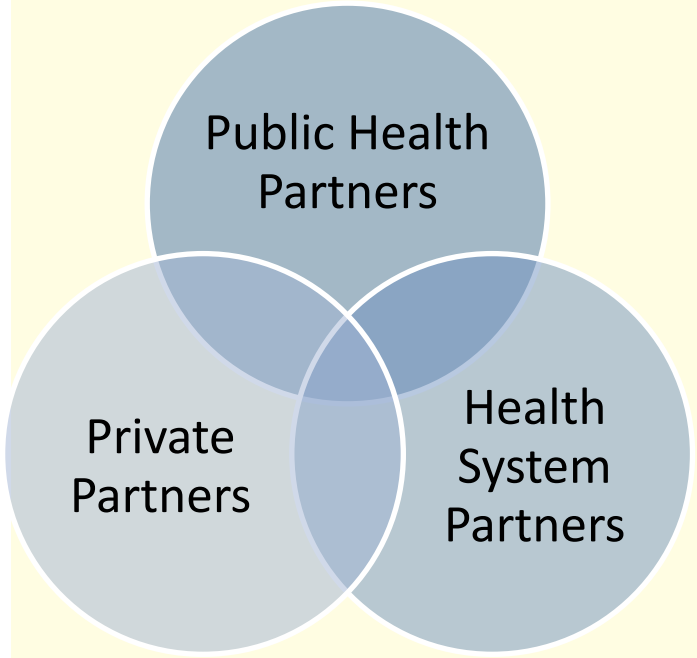
Landscape

- Stakeholder engagement - Health Innovations Collaborative and PHIT
- National movement toward accreditation
- Institute of Medicine recommendations
- State Fiscal Climate

Why Are We Here?

To redefine the mission of Public Health in West Virginia for the 21st Century by…

Engaging partners…



…to present recommendations for change

What have we learned?

Timeline	Accomplishments
April	PHIT Launch and Charge
May	PHIT Presentation: Overview of State and Local Public Health System
June	PHIT Presentation: West Virginia State Auditor's and Value of Standardized Business Processes • PHIT Survey • PHIT Formed four (4) workgroups in alignment with Vital Signs for Core Metrics in Health and Health Care Progress • Expanded PHIT membership
July	PHIT Presentation: Future of Public Health – Population Health, Prevention, Adoption of standard EHR system, Create regional health alliances
August	PHIT Presentation: Public Health Accreditation – It's an Investment and West Virginia Performance Based Standards
September	PHIT Presentation: Lessons learned from Ohio – Accreditation, Consolidation, Minimum Package • Bureau for Public Health charged with development of model (PHIT Approved Motion) • PHIT Survey
October	PHIT Presentations: Explored Regional and District Models and Concepts • Mid-Ohio Valley – A Regional Approach • Virginia Department of Health – District Structure and Funding Framework for a West Virginia Minimum Package of Public Health Services was introduced by the Better Health workgroup
November	WVALHD Key Concepts presented to the Bureau for Public Health
December	• BPH presents key concepts to WVALHD and PHIT Workgroups • PHIT Presentation: Bureau for Public Health Key Concepts

How did we share information?

West Virginia Department of Health & Human Resources
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West Virginia
Center for Local Health

Search Local Health GO

Administration | Finance | Public Health Nursing | WV Code & Administrative Law | Staff Directory

Welcome Find a Health Department

Proposals

The Task Force can receive proposals, concepts and ideas from organizations/agencies/individuals interested in informing the process. To assure proposals, concepts and ideas align with the charge of the Task Force please consider the following guidelines:

1. Should be a statewide systems approach
2. Should be germane to the work of the Task Force
3. Should incorporate current and future expectations of the system

Please include your contact information in case the Task Force would like more information. Please use the following email address to submit all proposals and/or concepts: dhhrbphclh@wv.gov

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Center for Local Health

West Virginia Center for Local Health Newsletter

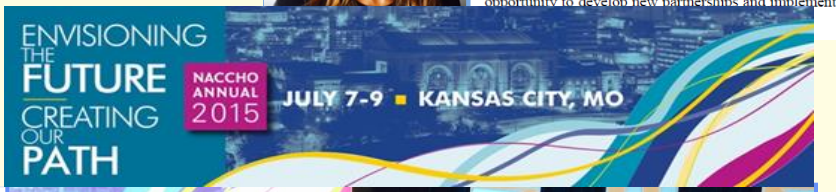
July 2015

Director's Corner

Amy Atkins, MPA, Director

The Center for Local Health is pleased to release the first of many newsletters to bring information and resources to local public health agencies. We, as a unit within the Bureau for Public Health, are committed to working in partnership with stakeholders to strengthen and support the delivery of local public health services in West Virginia.

This year began with new leadership as Dr. Rahul Gupta became our Commissioner and State Health Officer. Throughout the past several months, the Center has had the opportunity to develop new partnerships and implement new initiatives to strengthen



Local Health Department Leadership Lunch and Learn Orientation Webinar Series

Lisa Thompson, Public Health Financial Coordinator

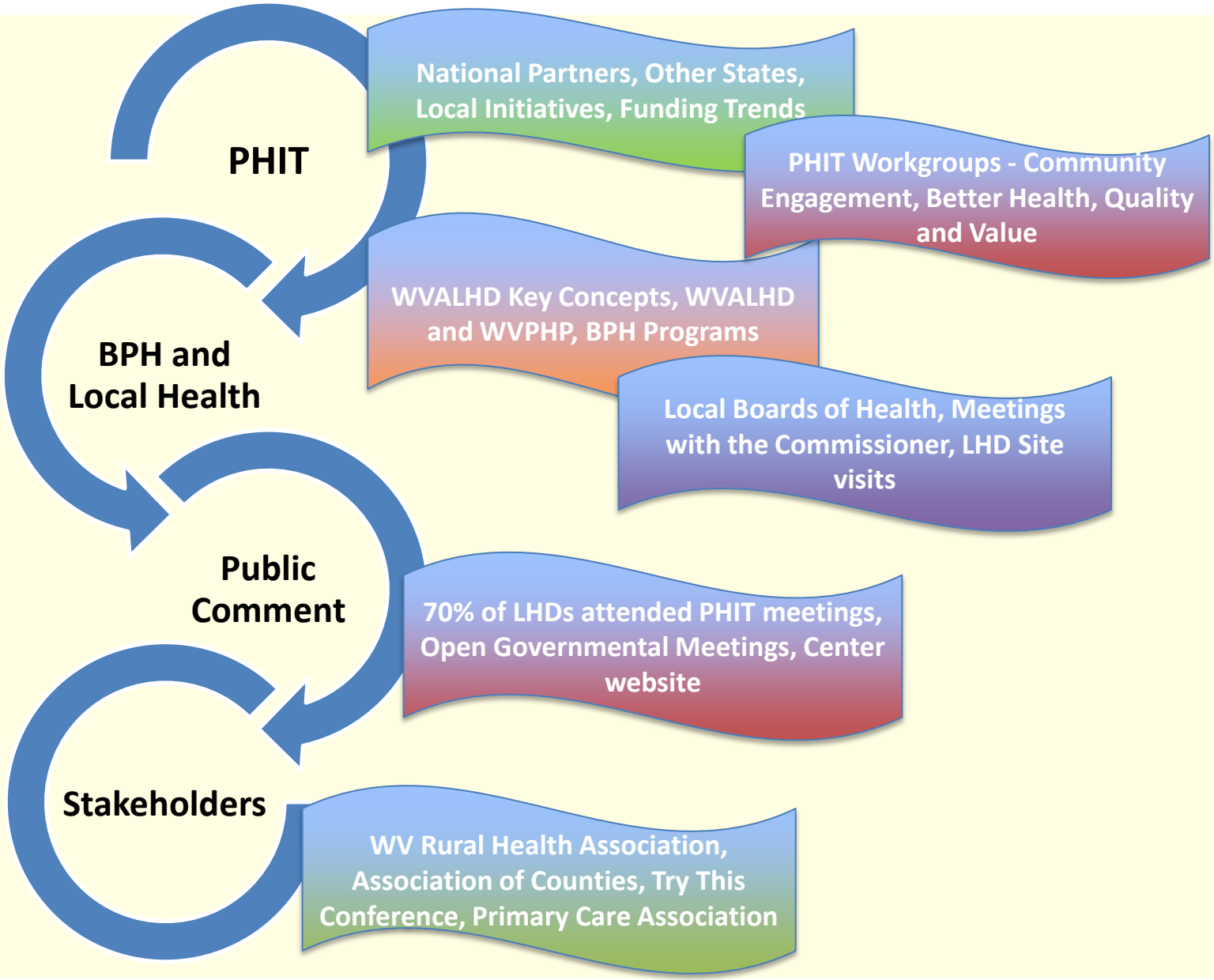
In May 2015, the Center for Local Health launched a program called CHAN Administrators: Networking, Governance and Education). The objective of introduce local health department administrators to national and state partner public health practice and service delivery. As part of the program, the Center local health department leadership lunch and learn orientation webinar series.

The webinars are designed to provide guidance from the Bureau for Public Hea leadership. Participation by all local health department administrators an encouraged. Boards of Health Chairs are also welcome to participate. Web through November.

GOVERNANCE FORUM

A valuable experience for both existing and emerging leaders in any organization. Boards, executives and medical staff teams should be encouraged to attend.

Statewide Stakeholder Engagement



WVALHD Key Concepts for Model Development

1) Authority, autonomy, and control shall be maintained by the Local Board of Health.

2) A physical facility and public health professional should exist in each county fulltime as outlined in the current funding formula to assure the ability to provide quality public health services.

3) Public health methods and best practices, which have been previously demonstrated improvement or may improve health outcomes, should be the foundation for model development.

4) State, local and public health system performance based standards should be developed at the onset with an evaluation component.

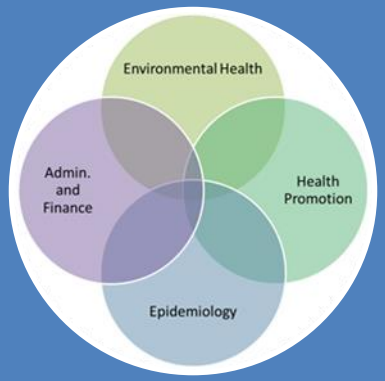
5) Local health should play a key role in the development of the model in determining and executing the implementation process.

6) An effective and working relationship must be developed between state and local health maintained. The focus must be to provide the best public health services.

7) Assessment of the current model from the top down, including state public health, local health and the public health system.

Quality Improvement Aim

Public Health Impact Task Force

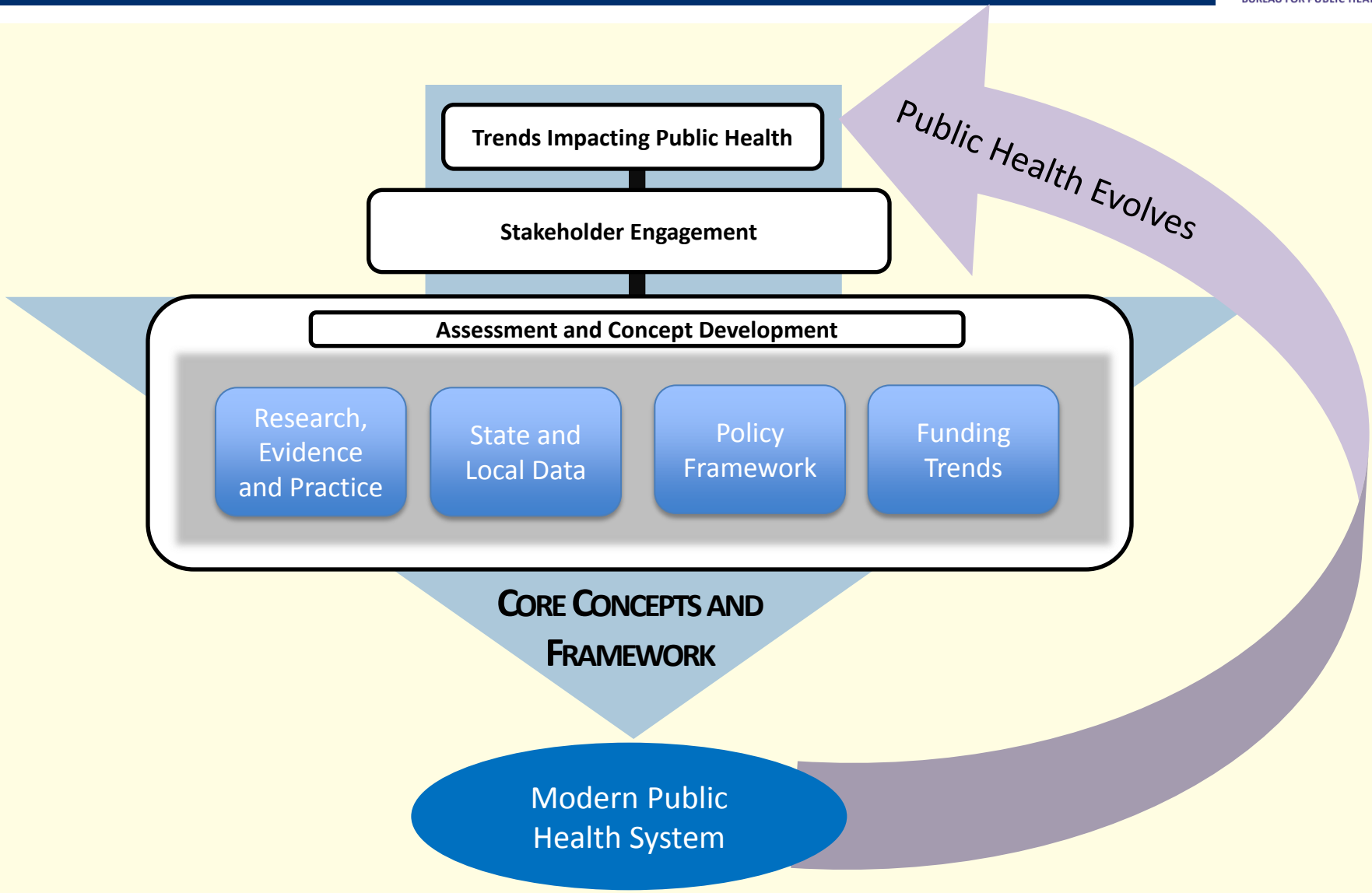


Bureau Basic Public Health Service Program Assessments

Local Health Department Data Analysis and Reporting

Quality Improvement

Approach to Model Development



Core Concept 1

Maintain a Local Health presence and services in every County.

Linked to WV Association of Local Health Departments Key Concepts 1 (local authority), 2 (presence) and 5 (input)

Local Presence and Services

Modern local health departments must "expand their ability to engage communities" to address the complex health issues of today.

Conceptual framework presented by the Community Engagement Workgroup highlights the importance of local public health presence in supporting community engagement for both traditional and emerging public health issues.

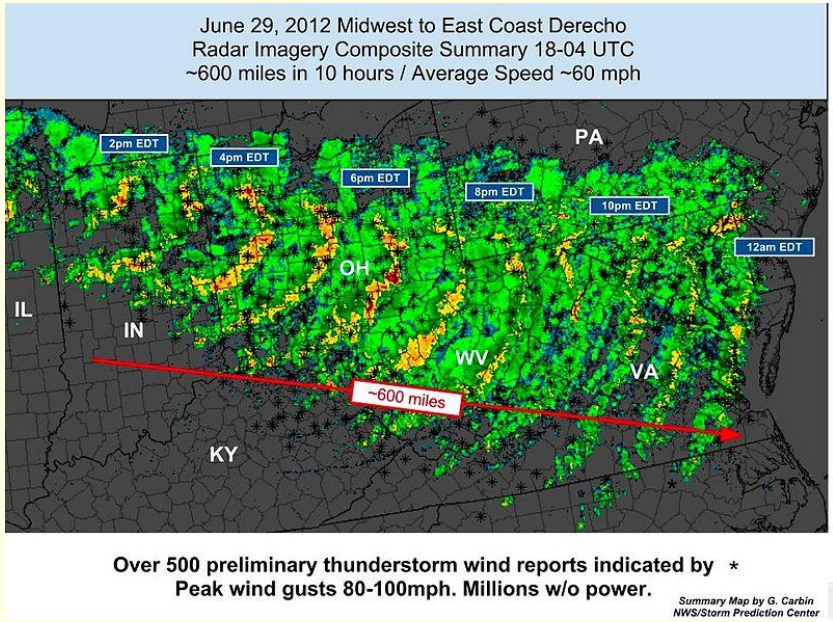
Source: Presented by the PHIT Community Engagement Workgroup http://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf

Local Presence and Services

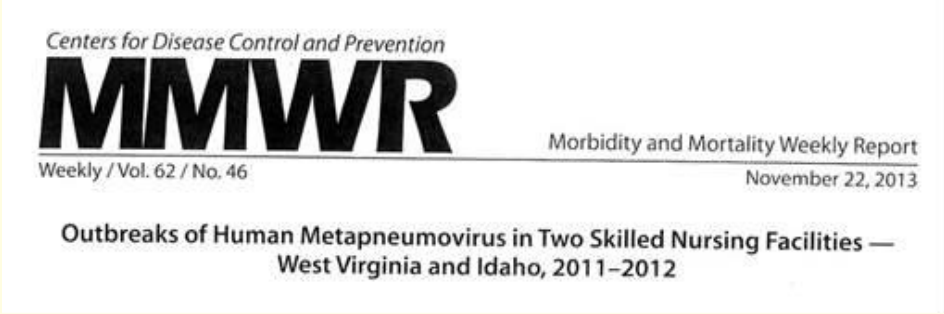
Community Health Assessment and Planning

Regional Health Connect
CABELL COUNTY COMMUNITY HEALTH
ASSESSMENT REPORT
AND IDENTIFICATION OF PRIORITY HEALTH NEEDS

2012 Derecho – Disaster Response



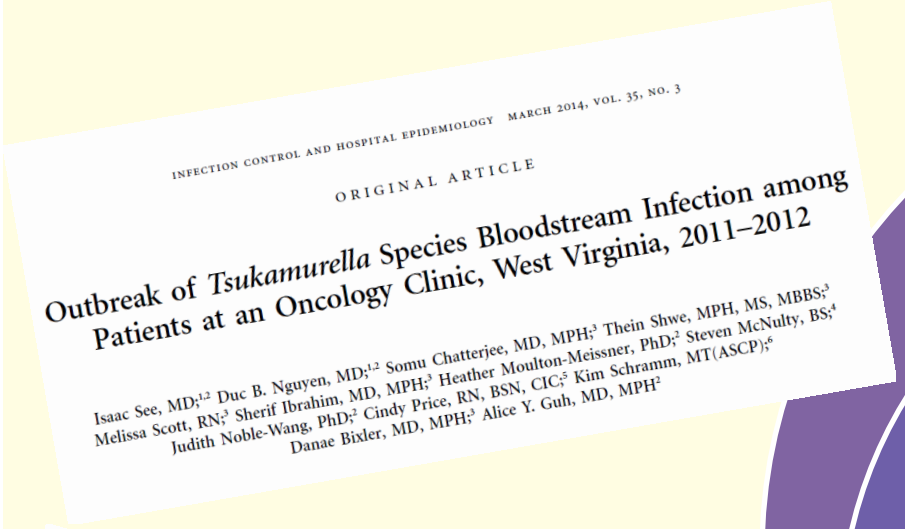
"6-29-2012 Derecho" by NWS/Storm Prediction Center - NWS/Storm Prediction Center. Licensed under Public Domain via Commons


Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 62 / No. 46
November 22, 2013

Outbreaks of Human Metapneumovirus in Two Skilled Nursing Facilities — West Virginia and Idaho, 2011–2012

Outbreak Investigation

Local Presence and Services

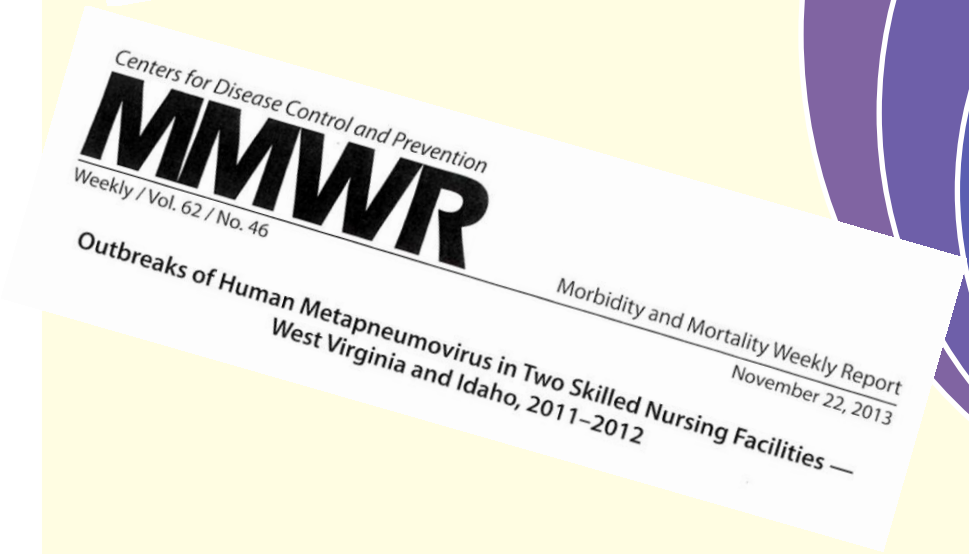


INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY MARCH 2014, VOL. 35, NO. 3

ORIGINAL ARTICLE

Outbreak of *Tsukamurella* Species Bloodstream Infection among Patients at an Oncology Clinic, West Virginia, 2011–2012

Isaac See, MD;[1,2] Duc B. Nguyen, MD;[1,2] Somu Chatterjee, MD, MPH;[3] Thein Shwe, MPH, MS, MBBS;[3] Melissa Scott, RN;[3] Sherif Ibrahim, MD, MPH;[3] Heather Moulton-Meissner, PhD;[2] Steven McNulty, BS;[4] Judith Noble-Wang, PhD;[2] Cindy Price, RN, BSN, CIC;[5] Kim Schramm, MT(ASCP);[6] Danae Bixler, MD, MPH;[3] Alice Y. Guh, MD, MPH[2]



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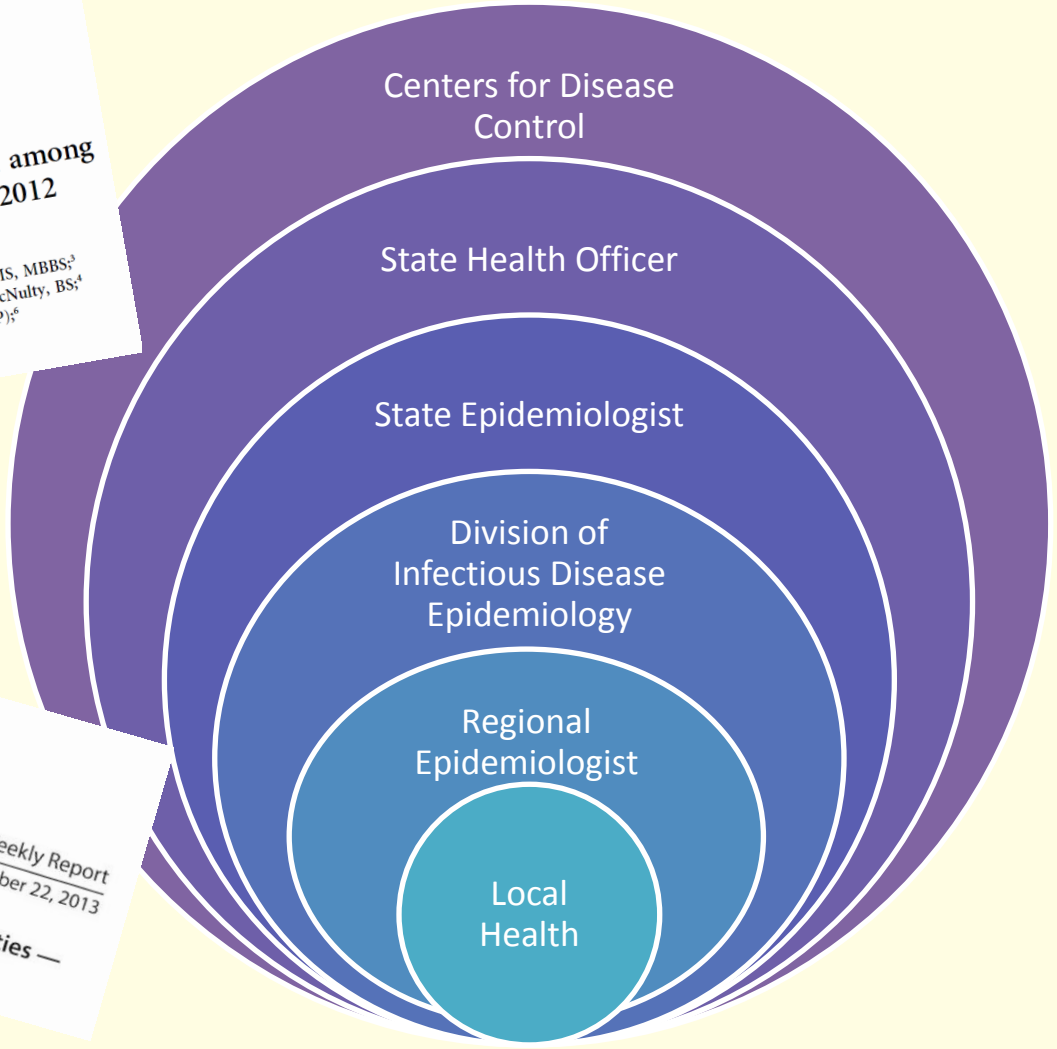


Core Concept 2

Partner with stakeholders to align West Virginia's public health system with national recommendations by developing a minimum package of public health services accessible to all West Virginians.

Linked to WV Association of Local Health Departments Key Concepts 1 (local authority), 3 (evidence-based), 4 (performance-based standards) and 5 (input)

Local boards of health are required by state code

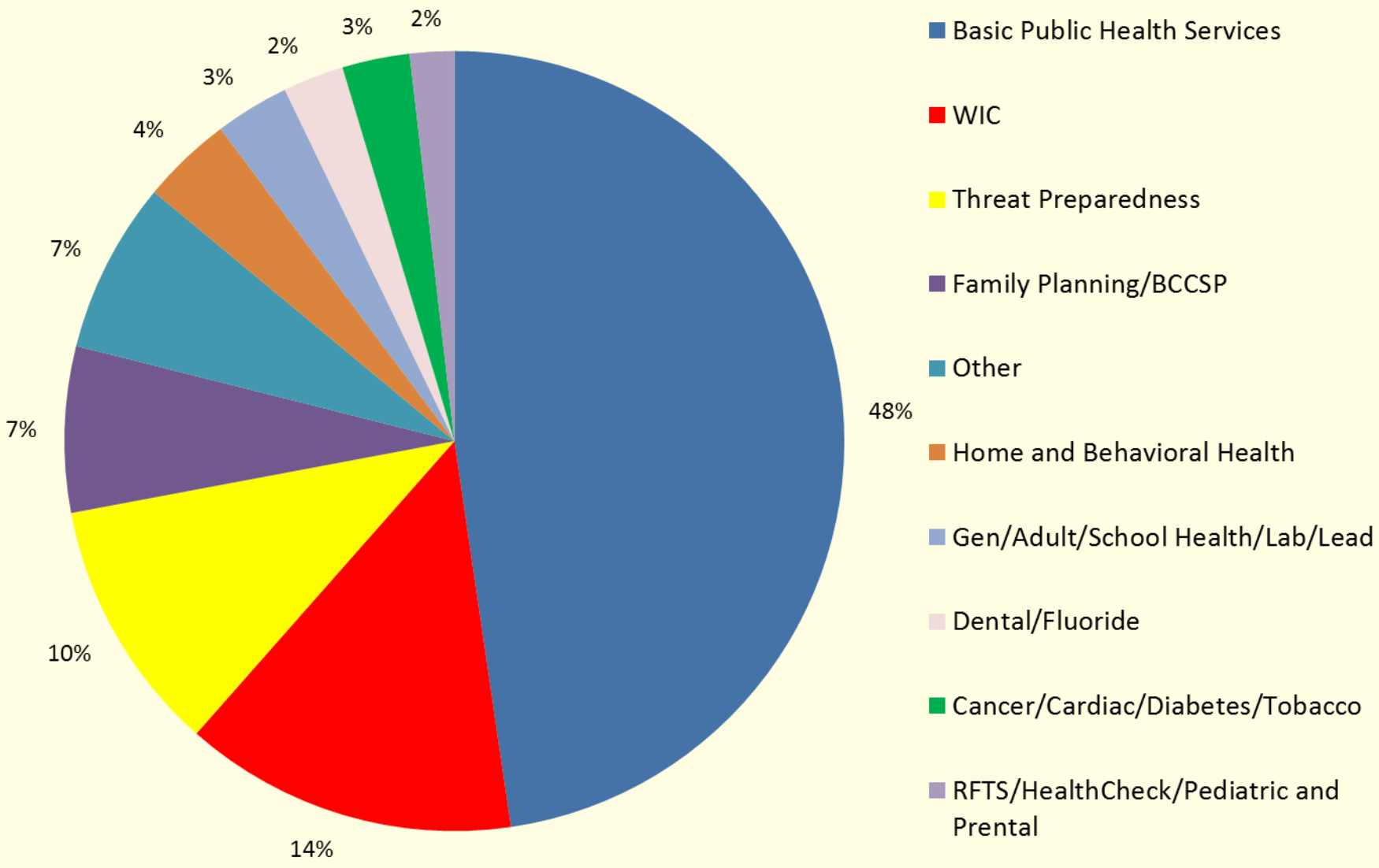
Local boards of health have a **unique mission** which is defined in West Virginia state code:

to direct, supervise and carry out matters relating to the public health of their communities by providing basic public health services.

Basic Public Health Services

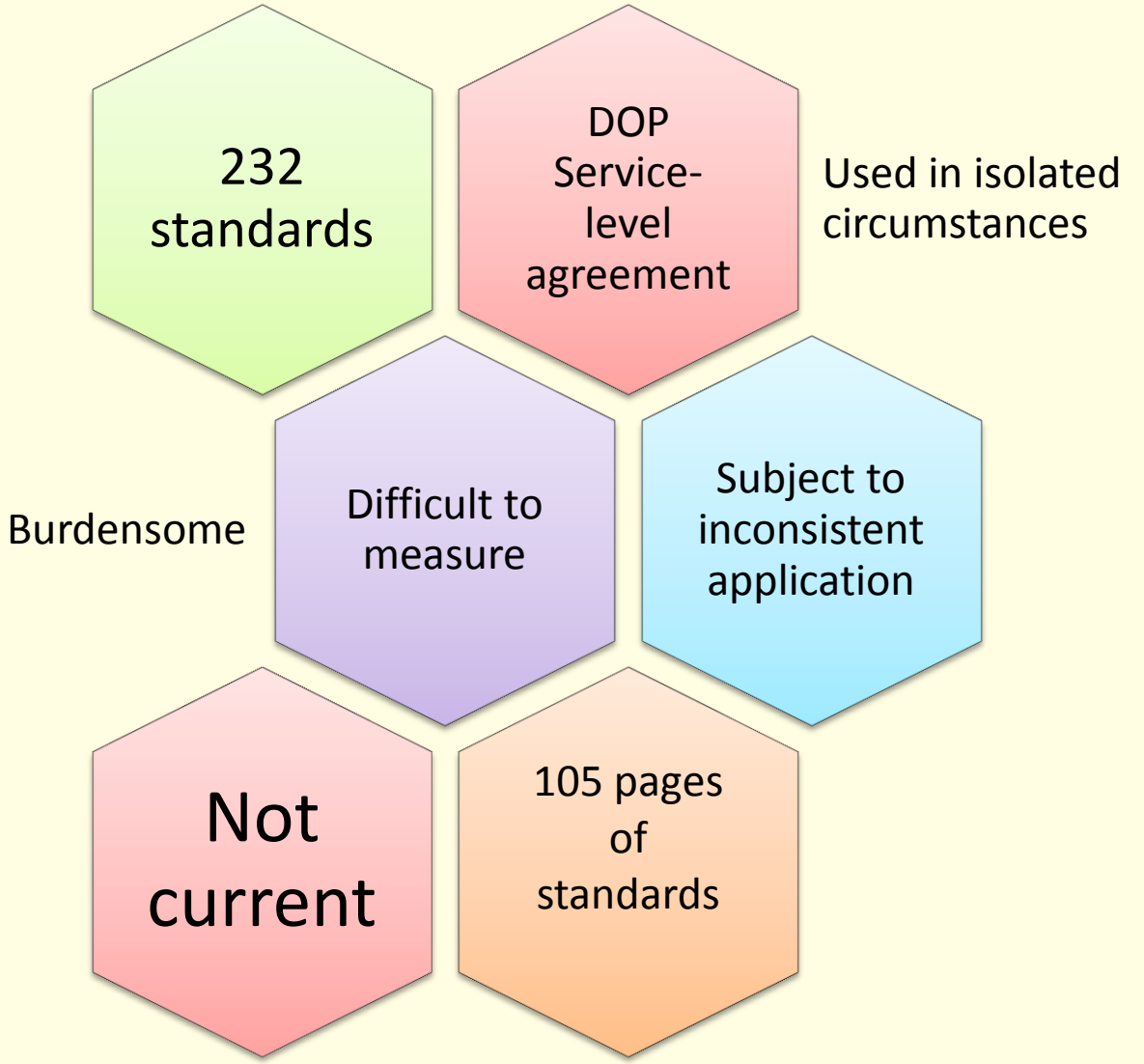
Sources: 1) W.Va. Code § 16-2-1; 2) Charleston Gazette (1/14/2014); 3) Charleston Gazette (11/21/2011); 4) West Virginia State Journal (9/5/2015).

What is a basic public health service?



Source: Self-reported local health data in *2016 Program Plan.*

Finding best way to measure performance?



Challenges not unique to WV

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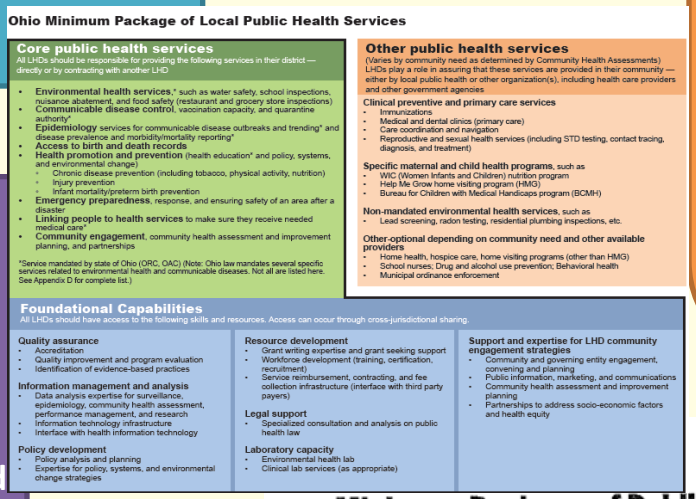
"Public health agencies at all levels should endorse the need for a minimum package of public health services along with a stable long term financial structure."
Institute of Medicine

"Prioritizing is the only way to be able to take on new challenges in a time of declining resources. Public health should focus on ensuring what is being done is being done well and as efficiently as possible."
Transforming Public Health Project, Robert Wood Johnson Foundation



Ohio Minimum Package of Local Public Health Services

Core public health services
All LHDs should be responsible for providing the following services in their district — directly or by contracting with another LHD

- **Environmental health services**,* such as water safety, school inspections, nuisance abatement, and food safety (restaurant and grocery store inspections)
- **Communicable disease control**, vaccination capacity, and quarantine authority*
- **Epidemiology** services for communicable disease outbreaks and trending* and disease prevalence and morbidity/mortality reporting*
- **Access to birth and death records**
- **Health promotion and prevention** (health education* and policy, systems, and environmental change)
  - Chronic disease prevention (including tobacco, physical activity, nutrition)
  - Injury prevention
  - Infant mortality/preterm birth prevention
- **Emergency preparedness**, response, and ensuring safety of an area after a disaster
- **Linking people to health services** to make sure they receive needed medical care*
- **Community engagement**, community health assessment and improvement planning, and partnerships

*Service mandated by state of Ohio (ORC, OAC) (Note: Ohio law mandates several specific services related to environmental health and communicable diseases. Not all are listed here. See Appendix D for complete list.)

Other public health services
(Varies by community need as determined by Community Health Assessments)
LHDs play a role in assuring that these services are provided in their community — either by local public health or other organization(s), including health care providers and other government agencies

Clinical preventive and primary care services
- Immunizations
- Medical and dental clinics (primary care)
- Care coordination and navigation
- Reproductive and sexual health services (including STD testing, contact tracing, diagnosis, and treatment)

Specific maternal and child health programs, such as
- WIC (Women Infants and Children) nutrition program
- Help Me Grow home visiting program (HMG)
- Bureau for Children with Medical Handicaps program (BCMH)

Non-mandated environmental health services, such as
- Lead screening, radon testing, residential plumbing inspections, etc.

Other-optional depending on community need and other available providers
- Home health, hospice care, home visiting programs (other than HMG)
- School nurses; Drug and alcohol use prevention; Behavioral health
- Municipal ordinance enforcement

Foundational Capabilities
All LHDs should have access to the following skills and resources. Access can occur through cross-jurisdictional sharing.

Quality assurance
- Accreditation
- Quality improvement and program evaluation
- Identification of evidence-based practices

Information management and analysis
- Data analysis expertise for surveillance, epidemiology, community health assessment, performance management, and research
- Information technology infrastructure
- Interface with health information technology

Policy development
- Policy analysis and planning
- Expertise for policy, systems, and environmental change strategies

Resource development
- Grant writing expertise and grant seeking support
- Workforce development (training, certification, recruitment)
- Service reimbursement, contracting, and fee collection infrastructure (interface with third party payers)

Legal support
- Specialized consultation and analysis on public health law

Laboratory capacity
- Environmental health lab
- Clinical lab services (as appropriate)

Support and expertise for LHD community engagement strategies
- Community and governing entity engagement, convening and planning
- Public information, marketing, and communications
- Community health assessment and improvement planning
- Partnerships to address socio-economic factors and health equity

A minimum package articulates a vision of where local health departments aim to be in terms of structure and service delivery. With adequate funding, local health departments of the future will be a source of knowledge and analysis on community and population health."
National Association of City and County Health Officials

Minimum Package of Public Health Services: The Adoption of Core Services in Local Public Health Agencies in Colorado

Sarah Lampe, MPH, Adam Atherly, PhD, Lisa VanRaemdonck, MPH, MSW, Kathleen Matthews, MPH, and Julie Marshall, PhD

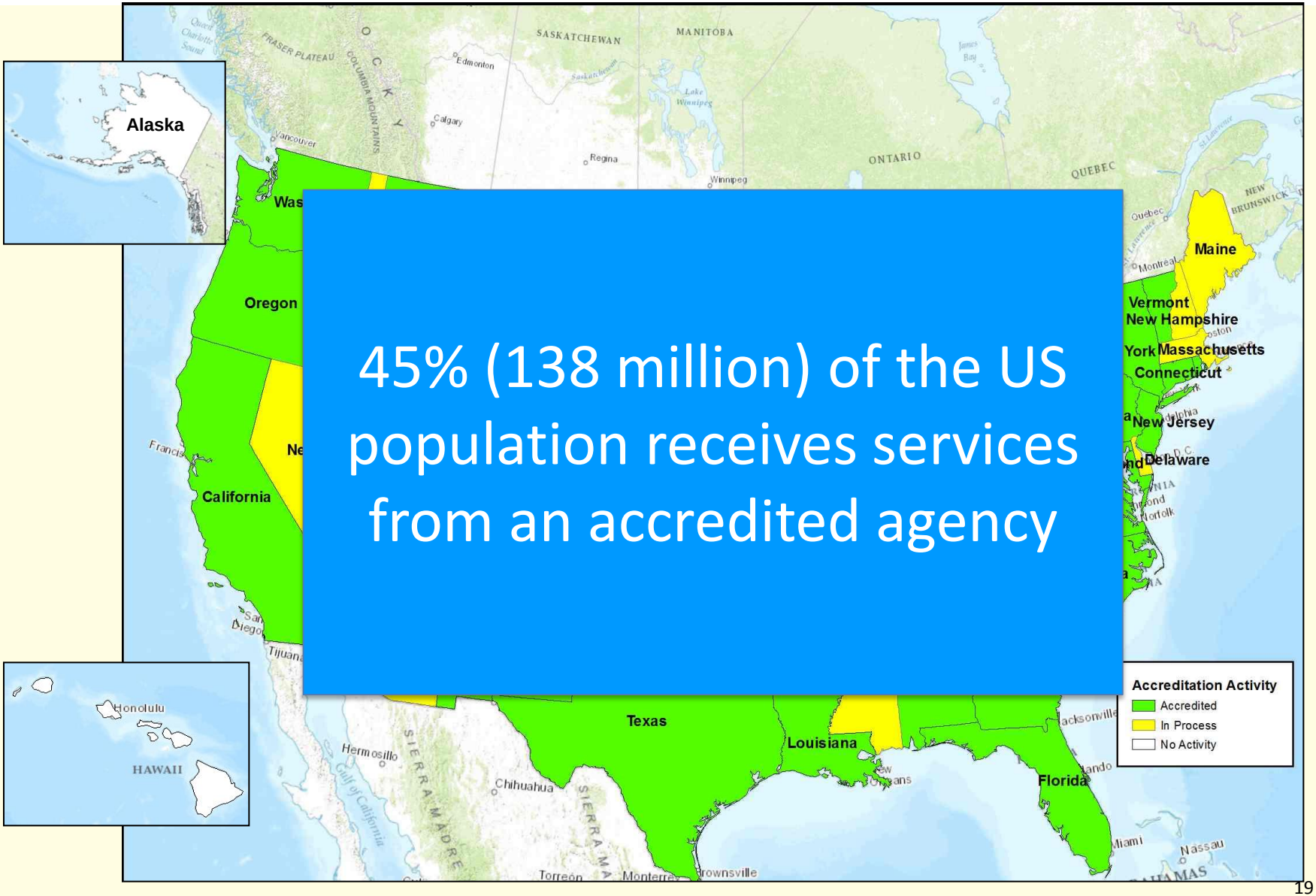
Sources: 1) For the Public's Health: Investing in a Healthier Future (April 10, 2012) http://iom.nationalacademies.org/Reports/2012/For-the-Publics-Health-Investing-in-a-Healthier-Future.aspx 2) Transforming Public Health Project, Robert Wood Johnson Foundation http://www.rwjf.org/content/dam/farm/reports/reports/2012/rwjf400352 (June 2012) 3) NACCHO Statement of Policy (December 2015) http://www.naccho.org/advocacy/positions/upload/12-18-Minimum-Package-of-Benefits.pdf 4) Executive Summary Public Health Futures, Association of Ohio Health Commissioners (June 2012) http://www.healthpolicyohio.org/wp-content/uploads/2013/12/PHF_ExecutiveSummary_FINAL_Revised06262012.ashx_.pdf 5) Minimum Package of Public Health Services: The Adoption of Core Services in Local Public Health Agencies in Colorado. AJPH (2015), Vol 105, No S2, pp 252-259

Core Concept 3

The State's public policy should support a public health system that is accreditation-ready.

Linked to WV Association of Local Health Departments Key Concepts 3 (evidence-based), 4 (performance-based standards), 5 (input) and 6 (effective relationship)

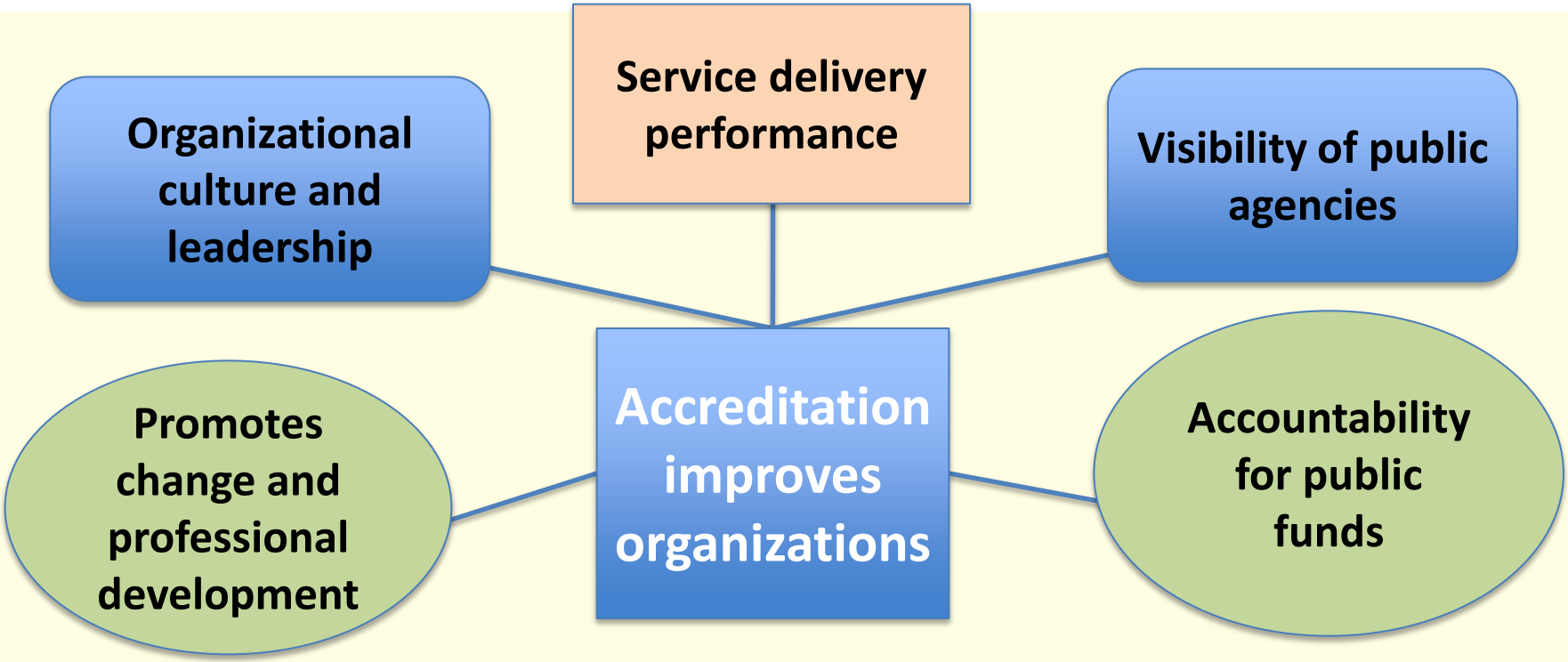
Accreditation Status by State



45% (138 million) of the US population receives services from an accredited agency

Source: http://www.phaboard.org/wp-content/uploads/Print-Map-December-2015.pdf

Accreditation is good for business



RESULTS…..In H1N1, accredited public health agencies responded faster
Improves capacity even when funding declines

Sources: 1) International Journal for Quality in Health Care (2008). Volume 20, Number 3: pp. 172–183. 2) Qual Saf Health Care (2010). 19:14-21 doi:10.1136/qshc.2009.033928. 3) Am J Public Health (2012). February; 102(2): 237–242. UNC Research Brief (2012). https://sph.unc.edu/files/2015/07/nciph-perrc-accred-prep.pdf

Core Concept 4

Conduct an assessment of the current system (state and local) responsible for the provision of statewide basic public health services including funding and revenue sources.

Linked to WV Association of Local Health Departments Key Concepts 5 (input), 6 (effective relationship) and 7 (assessment)

How are these services funded?

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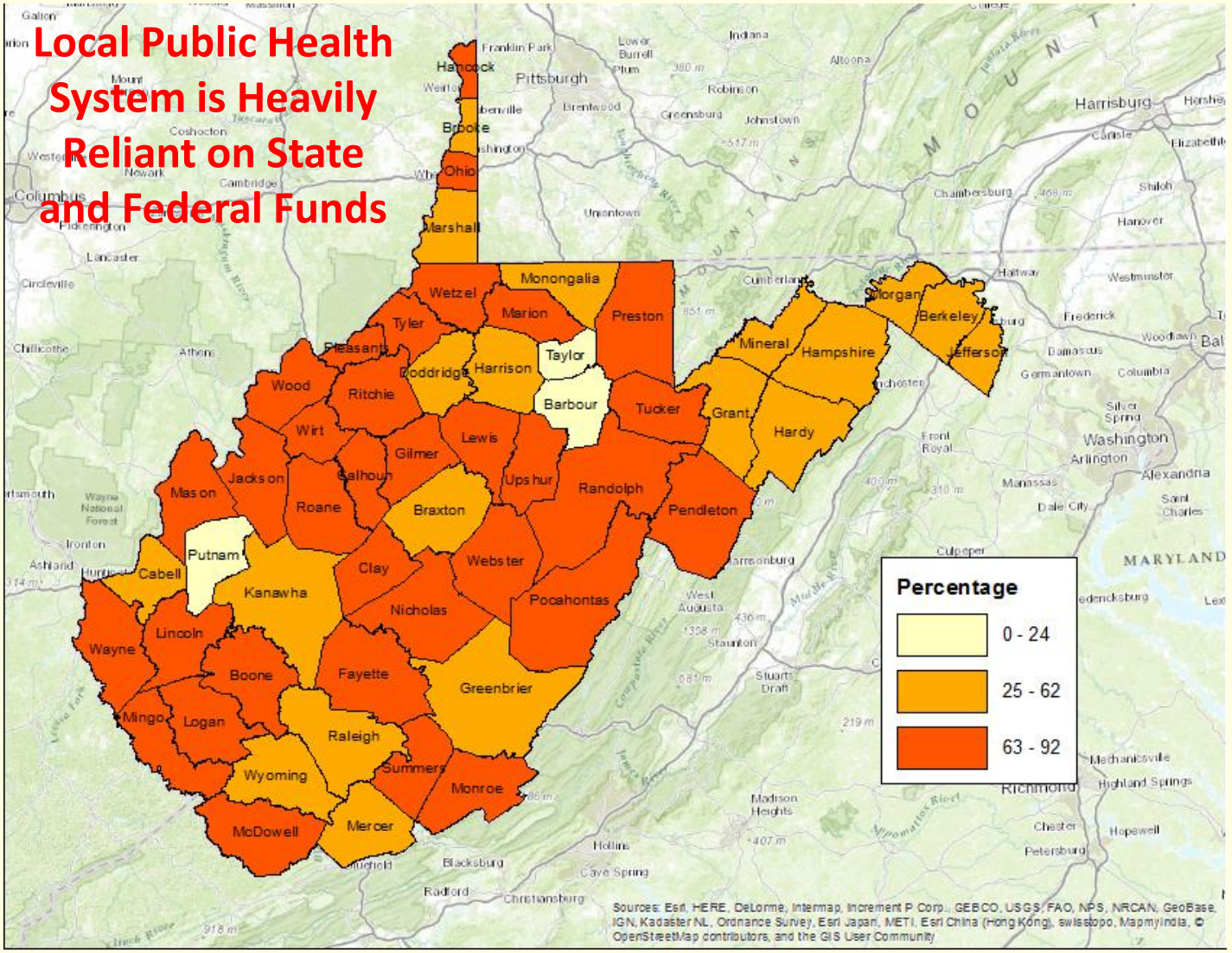
% of State and Federal Funds to Total Funds



Source: Self-reported local health data in *2016 Program Plan*

It ***does*** matter where you live

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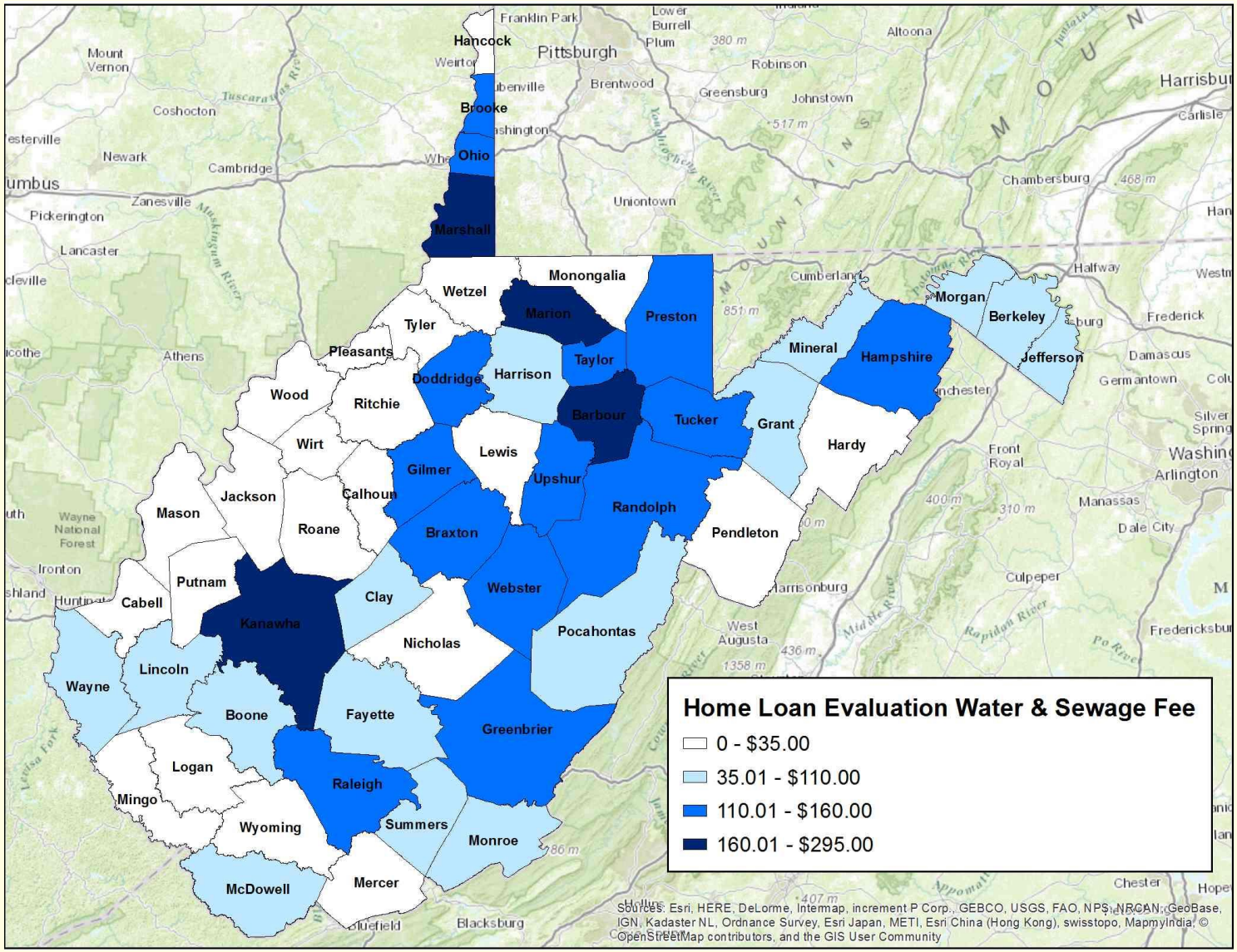
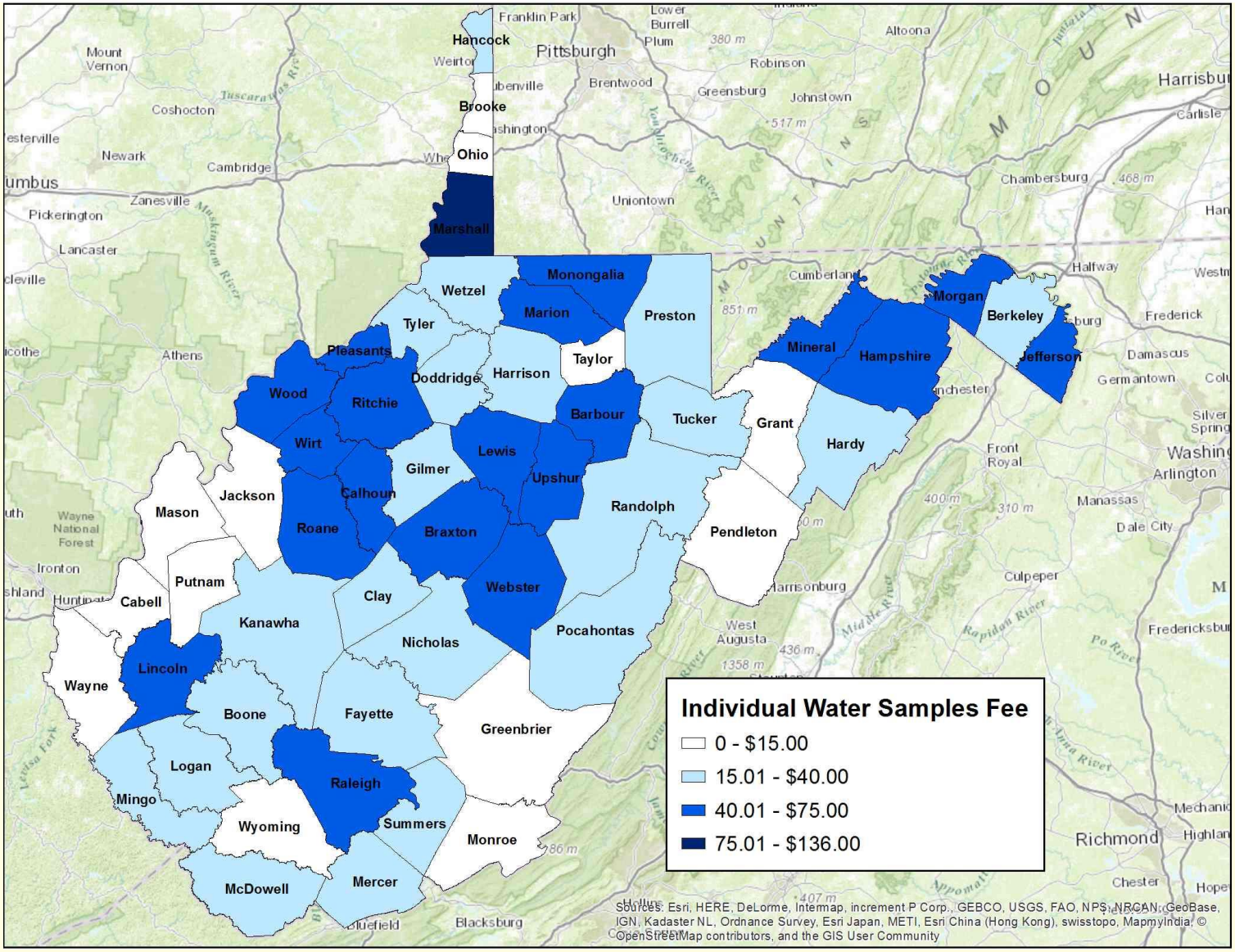


Source: Self-reported local health data in *2016 Program Plan*

It ***does*** matter where you live



Source: Self-reported local health data in *2016 Program Plan*

What would help assure capacity is everywhere?

84% (41 out of 49) of administrators report serving as primary contact for 2 to 6 additional roles that require distinct set of competencies including:

- Primary Nurse
- Information Technology
- Finance
- Environmental Health
- Health Promotion
- Epidemiology
- Threat Preparedness Coordinator

What do we mean when we say “region?”

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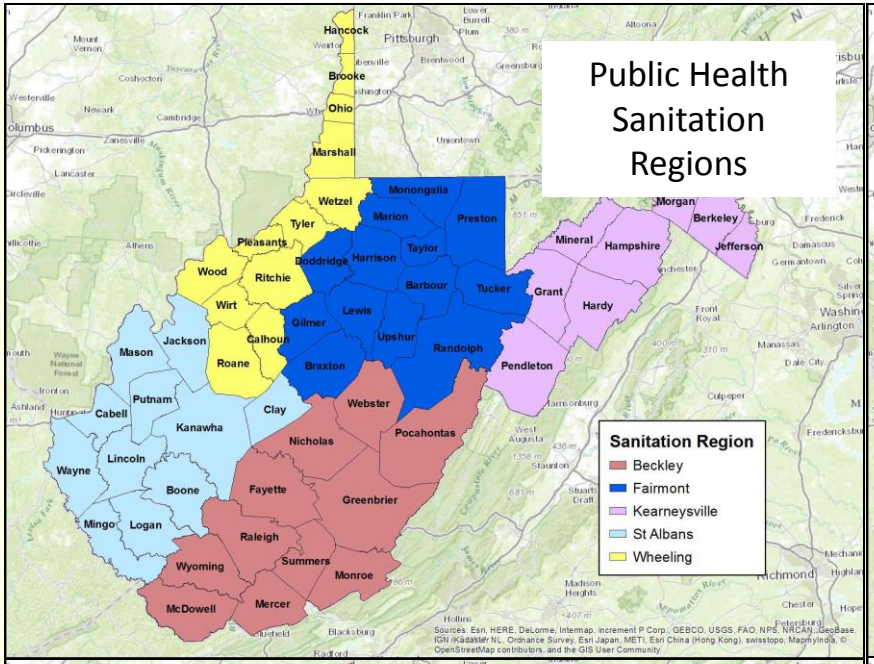
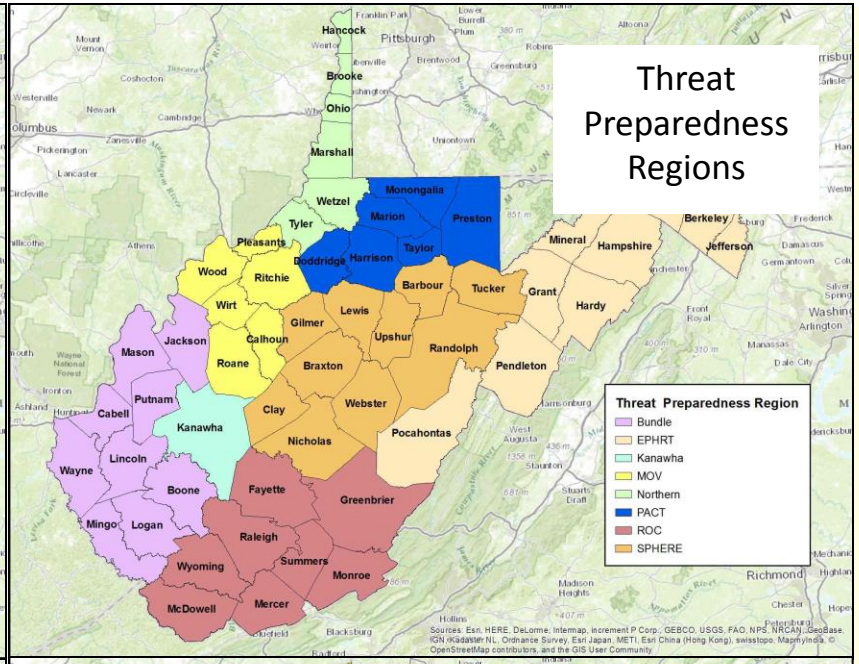
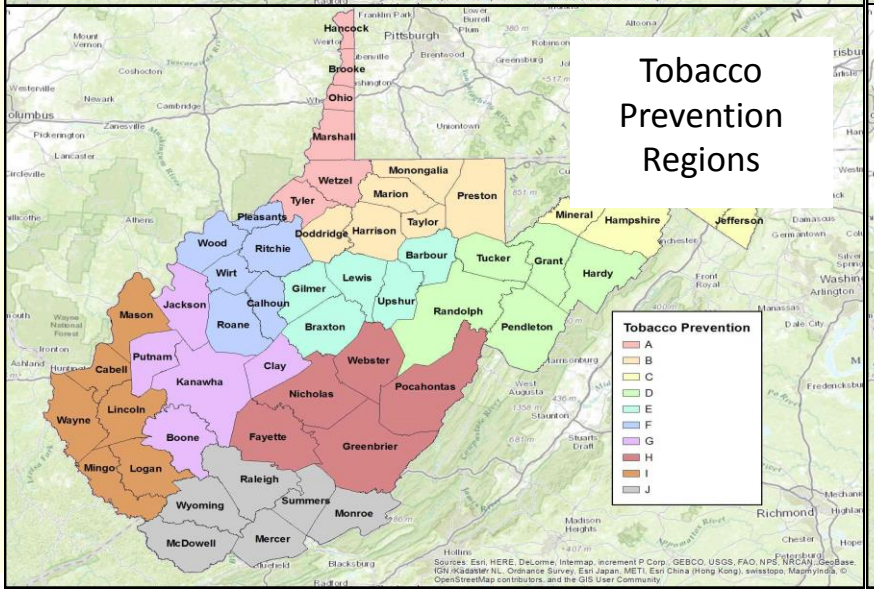
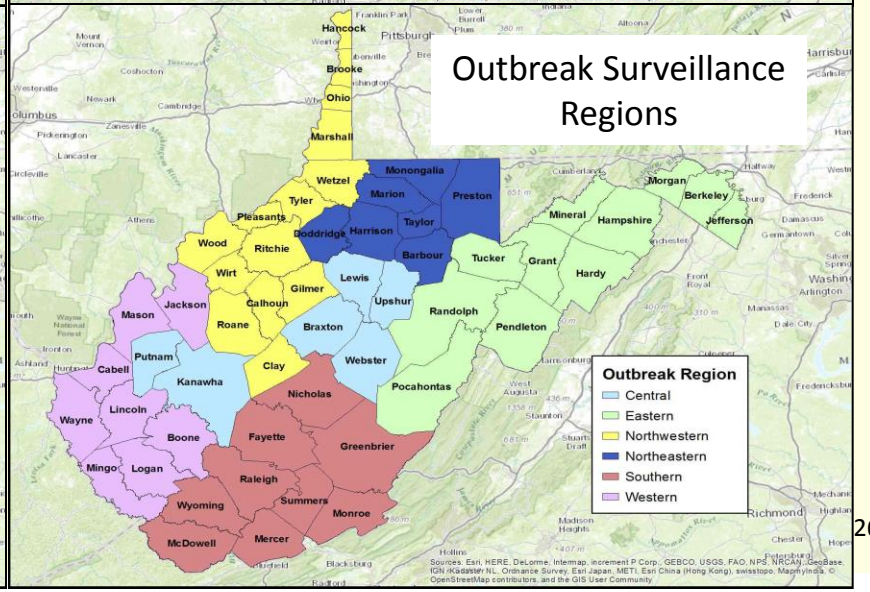








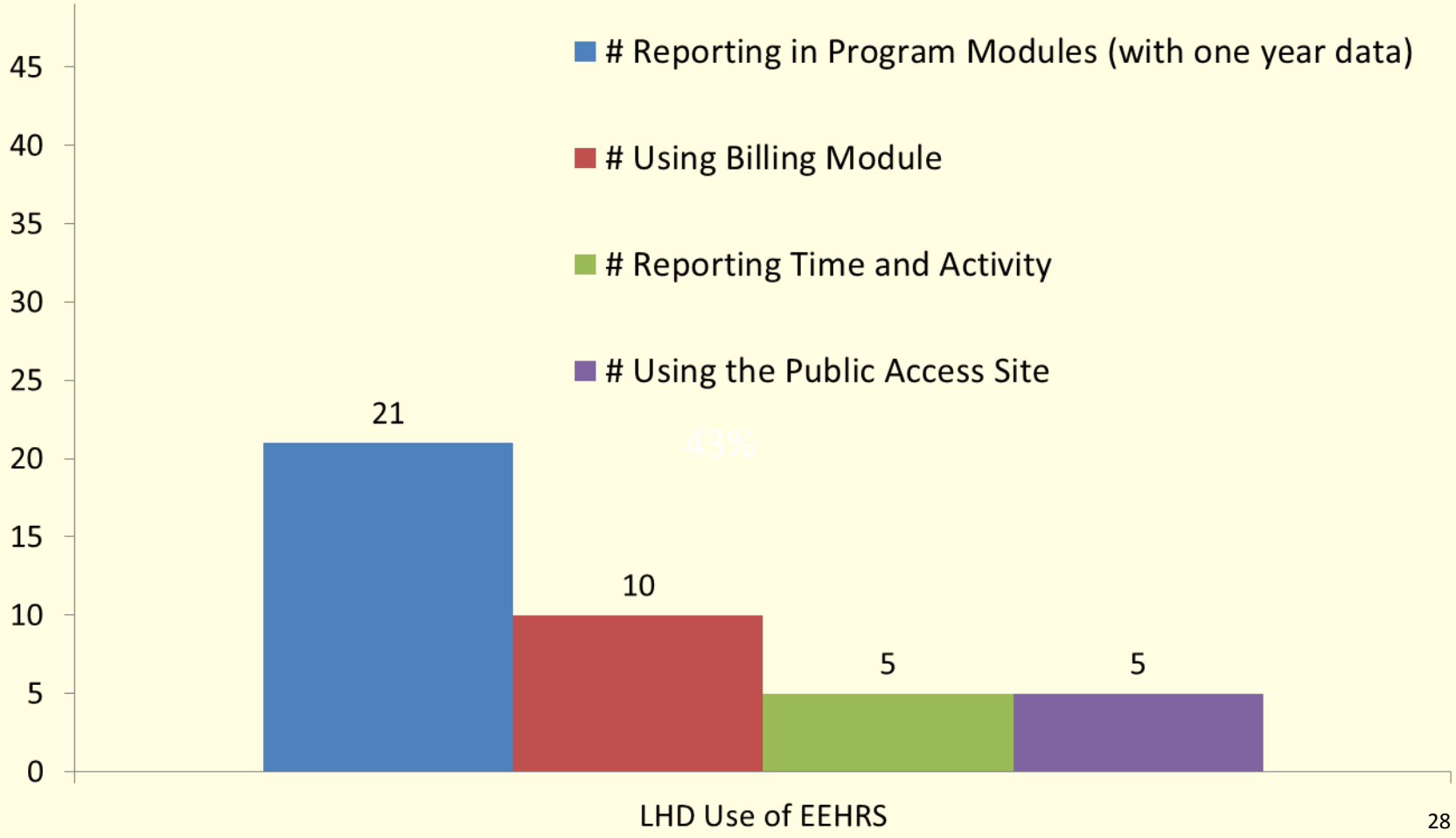
Core Concept 5

The State's public policy should encourage the efficient and effective use of public resources that support statewide public health services.

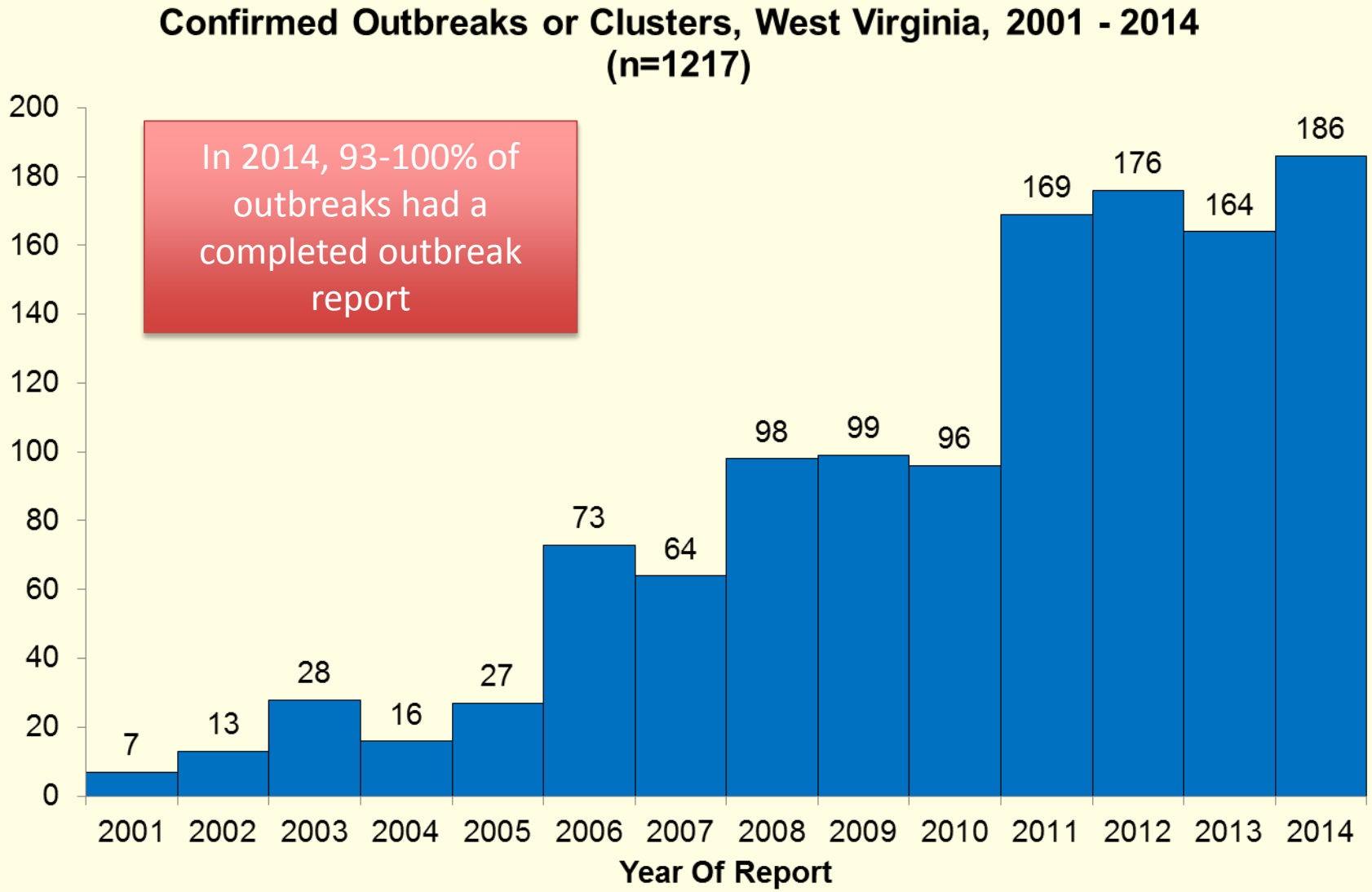
Linked to WV Association of Local Health Departments Key Concepts 3 (evidence-based), 4 (performance-based standards), 5 (input) and 6 (effective relationship)

Everyone wants to work SMARTER

Efforts are underway to expand the use of the Electronic Environmental Health Reporting System (EEHRS)



When all these factors are in place, it works!



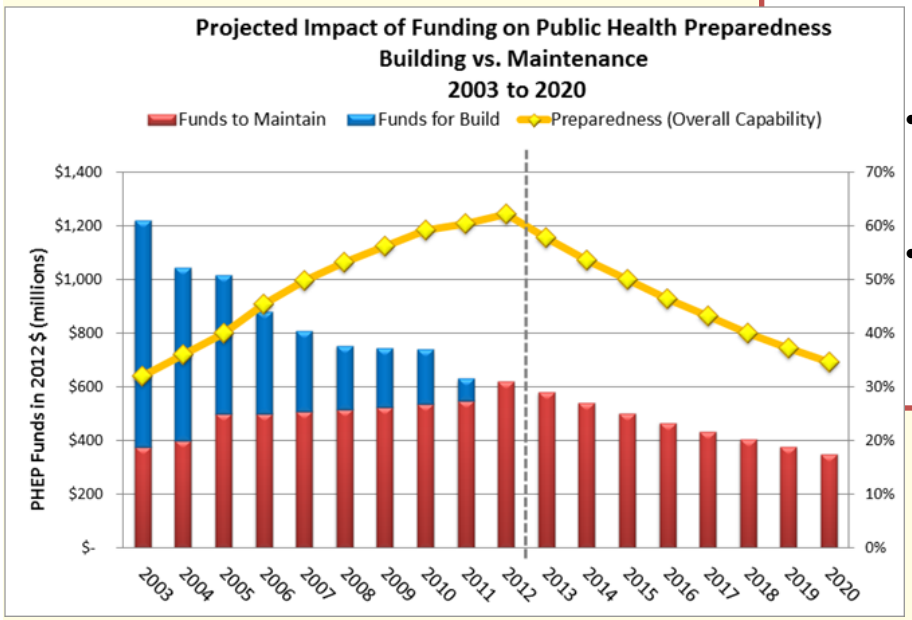
Source: West Virginia Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (2001-2014). *Annual Outbreak Reports*.

Core Concept 6

A Public Health Advisory Board should be established to improve transparency, accountability, and efficiency and promote a statewide culture of health.

Linked to WV Association of Local Health Departments Key Concepts 3 (evidence-based), 4 (performance-based), 5 (input) and 6 (effective relationship)

Have we adjusted to our environment?



Current Trends

- The Family Planning and Breast and Cervical Cancer Screening Programs (BCCSP) estimate a 57% reduction in utilization of cervical cancer screening services from 2013.
- BCCSP is estimated to screen 4,700 women this year, compared to 14,000 women two years ago. This is an estimated 67% reduction.
- Home Visitation program funding has increased dramatically from $1 Million in 2010 to $17 Million in 2015.

Current Trends and Expectations

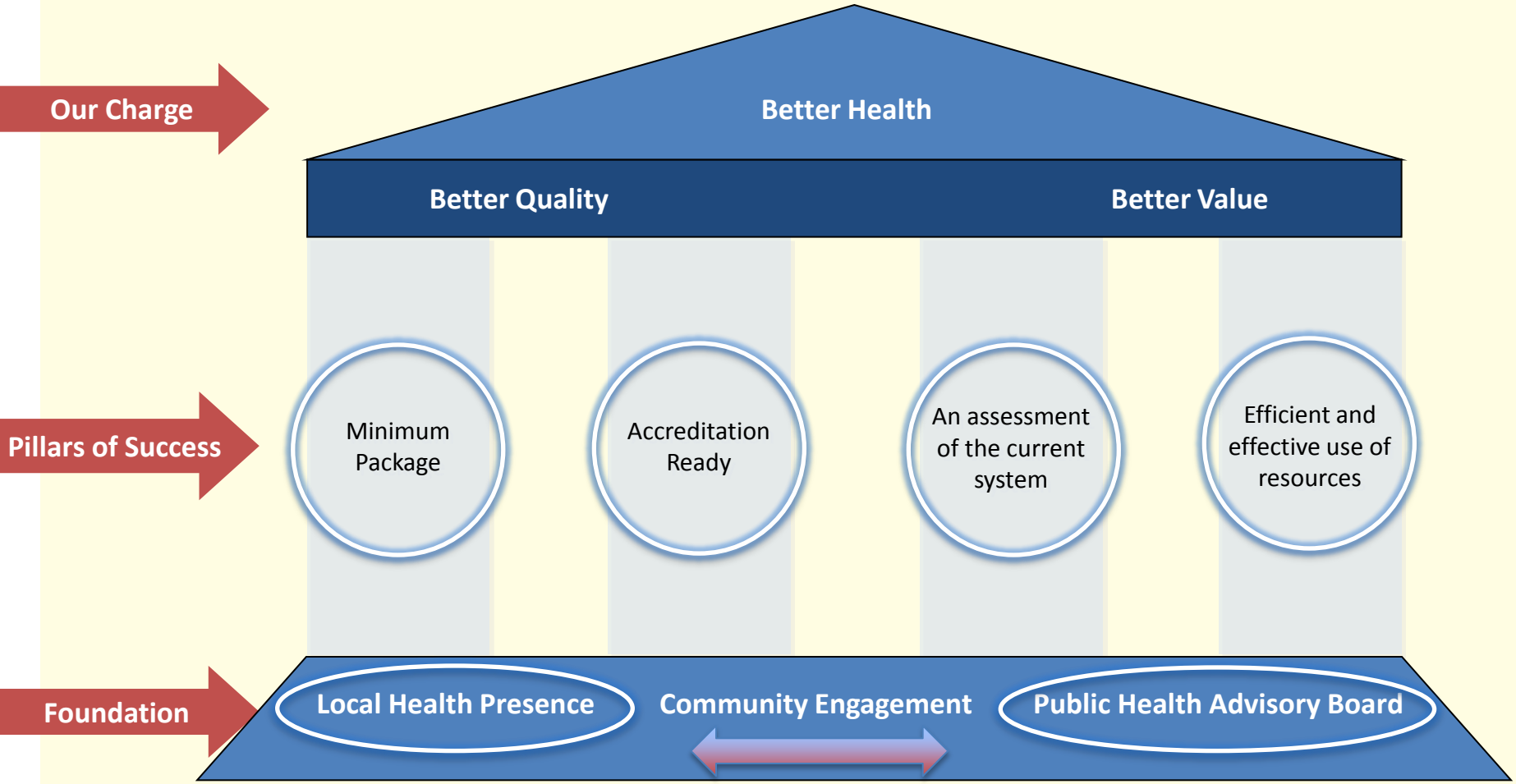
- Declining federal and state public health funds.
- Changes in funding priorities.
- ACA and Medicaid expansion.
- Payment reform - Value and Performance Based Reimbursement.

Public Health must partner

All public, private, and voluntary entities that contribute to the public's health in a community. A network of entities among community partners with differing roles, relationships, and interactions. All contribute to health and well-being.

CDC. (2015) National Public Health Performance Standards. Retrieved from http://www.cdc.gov/stltpublichealth/.

Modern Public Health System in West Virginia



Modern Public Health System in West Virginia

1. Maintain a Local Health presence and services in every County.

2. Partner with stakeholders to align West Virginia's public health system with national recommendations by developing a minimum package of public health services accessible to all West Virginians.

3. The State's public policy should support a public health system that is accreditation-ready.

4. Conduct an assessment of the current system (state and local) responsible for the provision of statewide basic public health services including funding and revenue sources.

5. The State's public policy should encourage the efficient and effective use of public resources that support statewide public health services.

6. A Public Health Advisory Board should be established to improve transparency, accountability, and efficiency and promote a statewide culture of health.

Thank You!

West Virginia Bureau for Public Health

Center for Local Health

350 Capitol Street, Room 515

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