

TURNING POINT INITIATIVE'S PUBLIC HEALTH IMPROVEMENT PLAN



Improving the Health of All
New Hampshire Residents
in the 21st Century



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Robert Wood Johnson and WK Kellogg Foundations.

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...forwarding health improvement in New Hampshire

The members of the Turning Point Steering Committee are committed to the mission of public health – to improve the health and well-being of all New Hampshire residents.



We thank all of you who have contributed to this planning effort and welcome your support in assuring that the recommendations presented in this plan are implemented.

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Improving the Public's Health in the 21st Century

...*What we've learned, where we're going*



A collaboration of public and private agencies, led by the *New Hampshire Public Health Association*, received a grant in 1997 from the Robert Wood Johnson and WK Kellogg Foundations to transform and strengthen the public health infrastructure in New Hampshire so that the state, local communities, and public health agencies could respond to the challenge to protect and improve the public's health in the 21st century. This *Public Health Improvement Plan* details the findings and recommendations of the planning effort and reflects the considered input of hundreds of individuals and organizations committed to improving the public's health in New Hampshire.

The Turning Point Initiative is both very significant and timely. Modern public health problems present multidimensional challenges. A study by the New Hampshire (NH) Department of Health and Human Services of the ten leading causes of death concluded that only ten percent of premature deaths are avoidable through improved access to medical care. The remainder was attributed to personal risk behaviors (52%), environmental risks (20%), and human biology (18%). Thus, public health approaches have the potential to prevent the majority of early deaths by targeting factors that contribute to these deaths.

Additionally, rapid changes are occurring in health care and environmental protection. Growth of managed care, the tension between economic growth and environmental quality, and the federal devolution of power to the states have precipitated questions about the future roles, opportunities, and responsibilities of public health in the evolving system. These changes have implications for the infrastructure needed to ensure the health of communities, and the way public health functions are financed.

The New Hampshire Turning Point Initiative has defined public health as the system – that is the organizations and people, their resources and their methods of operation and communication – which contributes to and supports the health and well-being of New Hampshire resident's. Public health is a collective benefit and responsibility of

the people of New Hampshire. Benefits range from resting assured that drinking water is safe, to knowing that medical services provided to families meet with quality of care standards. Responsibilities range from practicing good personal hygiene and healthy behavior habits (including regular preventive care), to participating in a discussion to identify the health and social needs of your community.

To some degree, everybody has a responsibility for improving the health and well-being of New Hampshire residents. Yet many of us do have an extended impact on the public health system, through our work, our civic activities, our hobbies or interests. There is a significant and unique role for government agencies in public health, but there is also a significant role for businesses, medical and social service providers, environmental groups, educators and civic organizations, to name a few. Our actions within these organizations, and on an individual level, have helped to make New Hampshire one of the healthiest states in the nation.

Turning Point will help New Hampshire respond to the on-going need to protect and promote the public's health in the face of a changing health care environment. A successful transformation of the public health system will require new approaches. It will require new skills for leaders and practitioners in public health and medical care, as well as in other relevant sectors. Without mechanisms for key public, nonprofit and private sector players—including providers, purchasers, payers, and consumers—to come together around a common agenda, our health care, environmental protection, and overall public health systems will fall short of their potential to meet the health needs of the total community.



This *Public Health Improvement Plan* is a blueprint for how we all can begin to take a more coordinated and comprehensive approach to realizing the improved health and well-being of all New Hampshire residents. The plan provides both an overview of what we have learned about public health in New Hampshire, as well as recommendations for how to sustain and improve public health activities in the state.

The plan is divided into six sections:

Engaging the Public in Public Health Improvement

This section describes the strategic planning process which engaged hundreds of individuals and organizations to document the current system and identify opportunities for improving the public health system.

Defining Public Health

This section includes definitions of what we mean by public health including the mission, vision and core functions of a public health system.

Understanding Public Health in New Hampshire

This section documents the strengths and weaknesses of the current public health system in New Hampshire. Recommendations for improving the public health system flow from our understanding of its current limitations.

New Hampshire's Vision for Public Health

This section lays out our vision of the ideal components of the public health system for the 21st Century.

Priorities for Improving the Public Health System

This section explains our recommendations for improving the current public health system including step-by-step actions to be taken to achieve our ultimate goal of optimum health and well-being for all New Hampshire residents.

Public Health in Action

This section reports on a number of activities already underway as a result or with the support of Turning Point. Turning Point has embraced the principle that we should begin implementing recommendations as soon as possible.

Engaging the Public in Public Health Improvement

...How our recommendations were developed



The Turning Point project conducted a two-year strategic planning process involving hundreds of individuals and organizations from throughout New Hampshire. The following principles guided our planning efforts:

Be Visionary

Imagine the most visionary system possible and create innovative solutions for improving health and well-being.

Be Practical

Balance vision against the practical realities of available resources, values and priorities.

Be Inclusive

Include in the process as many individuals and organizations as possible that have an interest in improving the public's health and reach decisions by consensus.

Be Integrative

Identify and collaborate with other statewide and local initiatives to avoid duplication of efforts and to take advantage of opportunities for cross-fertilization.

Be Opportunistic

Exploit any opportunities to act if they emerge during the planning process.

The New Hampshire Public Health Association (NHPHA) led this effort to define the public health system for the 21st Century in New Hampshire. The NHPHA was joined by a coalition of statewide public health stakeholders including state agencies [e.g., NH Department of Health and Human Services (DHHS), NH Department of Environmental Services (DES), and NH Department of Education], businesses, educators, legislators, health care organizations, advocacy organizations, professional organizations, insurers, and local municipalities including Manchester, Nashua and Twin Rivers/Franklin.

A twenty person Steering Committee with representatives from these broad public health interests set the goals for the strategic planning effort and approved final recommendations. The Steering Committee provided direction and served as the primary decision-making body for the project.

Work groups were convened at the direction of the Steering Committee to perform the bulk of the planning work. Twenty-five work groups were convened with over 250 participants representing state public health agencies, hospitals, health centers, networks and coalitions, academic institutions, business, non-profit agencies, legislature, civic organizations, faith organizations and health associations/foundations.

The first round of work groups: 1) achieved consensus on definitions; 2) defined components of the successful public health system for the 21st Century; 3) documented strengths and weaknesses of the public, business, nonprofit and educational sectors in the current public health system; and 4) identified priorities for improving the public health system in New Hampshire.

Based on the information obtained during this phase, priority was given to three topics: 1) the assessment function, 2) public and private public health infrastructures at the state and local levels, and 3) prevention. Criteria for selecting these topics included: 1) the impact the topic would have on the public health system in New Hampshire, 2) the impact on the health and well-being of New Hampshire residents, 3) the potential of the Turning Point Initiative to address the issue with concrete and viable actions, and 4) lack of existing efforts to address the issue. Recommendations for improving these priority areas serve as the basis for step-by-step actions detailed in this plan.



The goal of public health is to maintain and improve the health and well-being of all New Hampshire residents.

Public health succeeds when the span of healthy life and the quality of life is increased.

We understand individual health resulting from a dynamic and ongoing interaction among a person's genes, lifestyle factors, family and extended social relationships, belief system, quality of work and home environment, paid and volunteer work, and opportunities for learning and growing. There is no part of daily life that doesn't contribute to an individual's general health and well-being.

By extension, public health is society's collective means of supporting individual community members' unique needs for health maintenance. We define public health as the system – that is the organizations and people, their resources and their methods of operation and communication – which contributes to and supports the health and well-being of New Hampshire residents.

Public health is a collective benefit and responsibility of the people of New Hampshire. Since the health and well-being of New Hampshire residents is in the interest of us all, it is critically important that the public health system recognizes and values different partners in achieving the public health mission. Our partners include public, nonprofit, and private organizations at both the state and local levels.

The state and federal government are ultimately responsible for promoting and protecting the public's health and, therefore, play a central and unique role in the public health system. Public agencies with responsibility for promoting and protecting our health, environment, safety, and development all contribute to our health and well-being.

There is also a significant role for businesses, medical and social service providers, environmental groups, educational and civic organizations, to name a few. Businesses support the public's health when they provide a living wage, good health benefits, and a family friendly, safe

work environment. Businesses also produce goods and services which support our health and well-being.

The educational system at all levels provides residents with the skills to be productive and contributing members of our communities and educates us about healthy and safe behaviors. Community-service and advocacy groups promote the interests of our communities and individuals, and provide opportunities for personal growth and satisfaction. Community providers and faith organizations provide a safety net to assist those of us who need additional support.

Public health seeks to continuously improve health and well-being by a process which starts with the identification and prioritization of health problems in the community (*assessment*). Information about the health status of the population is used to analyze the health issue to understand the contributing factors and how they operate in the community, assess resources available for health improvement efforts, define priorities and develop effective policies and plans to improve health status (*policy development*). In response to identified problems, the community develops evidenced-based strategies to address problems, establishes a collaborative approach, and implements improvement strategies (*assurance*). Ongoing monitoring of health status information enables us to assess trends and evaluate the effectiveness of programs and interventions in improving our health status.

Mission:

To maintain and improve the health and well-being of New Hampshire residents.

Vision:

The health and well-being of New Hampshire residents is the collective and shared responsibility of a partnership of public, nonprofit and private organizations.

Definition:

Public health is the system of proactive and coordinated population-based actions and programs targeted at the community and individual levels that strive to assure the health and well-being of New Hampshire residents.

These actions:

- may be directed at influencing an individual's health and behavior in acknowledgment that the aggregate actions of individuals constitute the total population's health and behavior;
- can be developed, coordinated, implemented and evaluated by a wide variety of entities including public/governmental agencies, private organizations, and collaborations;
- advocate for improving the health and well-being of all New Hampshire residents;
- include technologies and interventions designed to protect, promote and improve physical (medical and dental), mental (emotional, spiritual and behavior health) and environmental (personal and natural environment) health and prevent disease, injury and disability; and
- are successful when health disparities are reduced between individuals, within communities and among populations by raising health to the highest standard, and when the span of a healthy life and the quality of life is increased on average for all New Hampshire residents.

Core Functions of Public Health:

Assessment: Regular collection, analysis, evaluation and dissemination of information about risks and assets in a community.

- Collect, analyze, disseminate, and monitor health status information to identify physical, mental, and environmental health problems;
- Identify barriers and needs (e.g., gaps in service) to be addressed to achieve public health mission; and

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Policy Development: Define priorities and develop effective policies and plans to enable public health goals to be met.

- Define priorities for a public health response to identified problems, barriers, needs;
- Research effective methods for promoting, protecting and improving physical, mental, and environmental health and well-being;
- Develop evidenced-based policies and plans to assure physical, mental and environmental health and well-being designed to meet needs; and Advocate on behalf of the public's health.

Assurance: Make certain – by encouragement, regulation or direct action - that programs and interventions that maintain and improve community health are carried out.

- Promote and protect physical, mental and environmental health and safety;
- Prevent disease, injury and disability;
- Diagnose and investigate physical, mental and environmental health problems and hazards using laboratory science and the science of epidemiology;
- Educate the public to be more informed decision-makers and to lead safer and healthier lives;
- Mobilize community partnerships to identify, solve and prevent problems;
- Enforce rules, laws and regulations that protect physical, mental and environmental health and ensure safety;
- Provide assurance that people have access to personal health services; and
- Ensure the availability of a competent public health and personal health care work force.

Understanding Public Health in New Hampshire

...What the current public health system looks like



At the time of the initiation of the Turning Point planning process in 1997, there were significant problems with the current public health system. As a result or with the support of the Turning Point Initiative, significant progress has been made in improving selected aspects of the current public health system. Despite these improvements, there is a long way to go before all New Hampshire residents achieve their optimum health and well-being. By addressing the key problems that continue, New Hampshire is better able to achieve the public health mission – to maintain and improve the health and well-being of all New Hampshire residents.

A comprehensive assessment of the public health system identified the following primary concerns:

- there is no statewide vehicle for developing and promoting a coordinated direction or vision for public health;
- local public health capacity and quality varies across New Hampshire's communities and does not adequately support public health improvement at the local level;
- the assessment function – the collection, analysis and dissemination of health status information and its determinants – does not adequately support data driven decision-making at the state and local levels;
- commitment to prevention strategies for health improvement is limited; and
- limited resources exist within the state to support public health professional capacity building.

Background for each of these issues follows:

State Level Coordination:

At the state level, there is no formal vehicle for promoting the public health mission across the diverse public and private organizations interested in and committed to promoting and protecting the public's health. As a result, there is no consistent

understanding of the state's priorities for health improvement and no coordinated approach to addressing these priority concerns.

The NH Department of Health and Human Services is the lead public health agency in the state. However, other state agencies including the NH Department of Environmental Services, NH Department of Education, and NH Department of Safety play key roles in promoting and protecting the public's health. Indeed, it is argued that all state agencies are engaged in promoting and protecting the public's health in some capacity. Improved coordination and collaboration across state agencies tasked with the public's health will enhance the overall effectiveness of the state's response as well as assure state resources are used efficiently.

New Hampshire has a long tradition of promoting public-private partnerships to achieve state goals. Improving the public's health depends upon a strong public-private partnership to achieve health improvement. Indeed, the private sector has a role in all core functions of public health. Private organizations both provide and use health status information to identify and respond to local health problems. They are actively involved in policy development through advocacy efforts and public policy debate. Private organizations are largely responsible for providing many public health services either under contract to the state, or directly. Unfortunately, there is little understanding of the potential of this partnership, and no coordinated approach to furthering collaboration for health improvement.

Community Level Capacity:

We acknowledge that health improvement is best achieved at the local level. Local communities can identify health problems, galvanize a community response and devise local solutions which build on available resources. Despite the importance of a local public health capacity to respond to local needs, there is great diversity in public health functions carried out at the community level in the state.

Although every town is mandated to have a public health officer, a board of health, and health department, there is significant variation among towns and cities in how they respond to this mandate. The only state requirement for employment as a health officer is that he be a resident of New Hampshire.¹ Only six towns employ full-time health officers; the rest depend on part-time or volunteer workers who often do not have the time, the knowledge, or the resources, to act. Approximately 25% of New Hampshire towns rely on volunteer health officers. Often times, there is no health officer and then, by law, the board of selectman takes on the responsibility of health officer. The majority (64%) of towns employ a full-time town employee with part-time health officer duties. Often the skills for the position are defined by other duties assigned to the employee.

By law in towns, the local Board of Health is comprised of the health officer and the selectmen. The role of the board is to take cognizance of the public health of the town.² Cities may have their own health codes; city councils have the power to make their own laws. These laws may be more stringent than those of the state, but not more lenient. This includes establishing a board of health with defined membership and duties.

By law, a health officer and a Board of Health equal a Health Department. By that definition, every town in New Hampshire has a Health Department. There is a large variation in capacity and comprehensive services offered. There are three health departments in the state which offer more comprehensive public health services - Concord, Nashua, and Manchester.

With few exceptions, most New Hampshire towns do not proactively promote health and well-being. Instead, the local public health function is limited to responding to reported public health risks and problems. The absence of a functioning public health capacity at the local level makes it difficult for public and private sector organizations at the local level to collaborate on local public health improvement initiatives.

Health Assessment:

Health assessment – the collection, analysis, reporting and dissemination of information about health status in the population -is a core function of public health. Policy-makers and community providers need timely, accurate and relevant information at both the state and local levels to identify health problems, evaluate effective strategies for addressing problems and monitor impact over time. Information is essential to support evidence-based planning and decision-making. Despite the importance of information for decision-making, New Hampshire has not consistently produced timely and comprehensive information. Furthermore, this information is often fragmented and difficult to obtain from multiple public and private sources.

Health is a function of many factors. These broad determinants of health include: quality education, safe housing, work place and communities, health care, community and social supports, and a healthy environment. To support effective planning and decision-making health status information must, therefore, incorporate the broad socio-economic determinants of health. Some public and private organizations are working to improve their data collection and reporting capabilities. While these efforts are important, insufficient effort is being directed at developing a strong, integrated health assessment function which supports identification of threats to health and determination of health service needs for all residents across the broad determinants of health.

At present, no statewide inventory exists which characterizes available data sets. Even within a single state agency there is not a comprehensive inventory of existing data sets maintained by that state agency. Nor has any comprehensive assessment been performed on existing data sets to evaluate their accuracy, appropriateness and usefulness. The fragmented nature of the health assessment function is a significant barrier to integrating data sets across the broad determinants of health.

¹RSA 128:2

²RSA 128:3



Health status information is needed at both the state and local levels to support decision-making. State level information is critical to identify statewide health problems and trends. It is also useful to compare with local health status information to target local problems. At the same time, communities need access to timely information which reflects the geographic region served to support local decision-making. Historically, health status information has been reported at the county level or by hospital service area, an approach which fails to accurately reflect the service areas or needs of many providers and communities.

Promoting Prevention Strategies:

Prevention of disease and disability is a cornerstone of public health. Public health aims to keep the public healthy by promoting behaviors and a lifestyle which contribute to a long and healthy life. Regrettably, New Hampshire devotes minimal public funds to prevention efforts for both health and the environment. In general, the health care system and public health are focused on treatments and not on health promotion and disease and disability prevention. This, despite the fact that if we can prevent someone from becoming ill through effective prevention programs it is more cost-effective and produces a better quality of life than if we treat the illness.

To ensure that our prevention efforts are effective, we must prioritize and target risk taking behaviors which lead to health problems. New Hampshire constitutes one of only two states in the nation that failed to develop a set of state-specific public health objectives for CDC's Healthy People 2000 initiative. Healthy People 2000 serves as the national prevention agenda and provides a statistical monitoring of the state's progress toward desired and/or targeted public health goals. This weakness is being addressed by the current leadership of the state's Department of Health and Human Services, with assistance from the New Hampshire Turning Point Initiative, as it is preparing state-specific objectives for the Healthy People 2010.

With the information provided from Healthy People 2010, the state can promote a consistent and coordinated prevention agenda in partnership with state and local public health providers. Public and private organizations can focus their prevention efforts to address priority health risks.

Health Professions:

New Hampshire lacks comprehensive and accessible training programs for a number of important public health professions. New Hampshire must address the need for educating and training the future public health workforce if we hope to have the capacity to fill state and local public health positions with trained professionals.

In part, the lack of training programs can be attributed to the fact that there are few training requirements for public health professionals in New Hampshire. For example, the only current requirement for Health Officers is state residence. Thus, the demand for specific types of public health training programs is unclear.

Public health professions will be strengthened, provided minimum requirements for public health professionals are articulated; certification and licensure standards for public health professionals are established; and professional associations promote high standards for public health professionals. Public health professions include local health officers, community and school health nurses, sanitarians, environmental and occupational health professionals, emergency medical technicians, health educators, physicians, etc.

New Hampshire's Vision for Public Health

...What are the components of the successful public health system

Our recommendations for improving the public health system for the 21st Century are guided by the following principles.



Health is influenced by a complex array of factors – social and cultural environment, physical environment, genetic endowment, an individual's behavior and biologic responses, diseases, health care, economic well-being and prosperity. The successful public health system encompasses and addresses the broad socio-economic determinants of health.

The public health system:

Promotes a Collaborative Response

Multi-dimensional problems require a broad-based response. The successful public health system must engage stakeholders that share responsibility for maintaining and enhancing health in a community. Public and private organizations at the state and local levels who are committed to or interested in promoting and protecting the public's health can best achieve health improvement in collaboration.

Establishes a Statewide Public Health Vision

To coordinate the response of multiple stakeholders in health improvement, there must be consensus about our public health priorities and vision. By establishing a statewide vision for public health improvement, all public and private organizations, entities and agencies with an interest in the public's health and well-being can target their resources to address our priority health problems. Health improvement is best achieved with a concerted and consistent agenda.

Promotes Health Improvement at the Community Level

Fundamental to our vision of the public health system is our understanding that improvement in the public's health is achieved with a targeted response by local communities to address local health problems. Thus, the design and implementation of the successful public health system is driven by the needs of New Hampshire's

communities. New Hampshire's communities are different in terms of their health problems and available resources. The successful public health system must respect local diversity and permit flexibility and innovation at the community level.

Supports Data Driven Decision Making

Our ability to improve the public's health depends on our ability to collect, analyze, report and disseminate information about health status of the population. Policy-makers and community providers need timely, accurate and relevant information at both the state and local levels to identify health problems, evaluate effective strategies for addressing problems and monitor impact over time. Information is essential to support evidence-based planning and decision-making.

Engages the Public in Health Improvement

Everybody has a responsibility for improving the health and well-being of New Hampshire residents. We all have a responsibility for the choices we make to maintain our health and to prevent disease and injury. In addition, many of us have an impact on the public's health through our work, civic activities, hobbies and interests. To promote the public's health, all must be active participants in the public health system. A statewide constituency for public health starts with us.

Priorities for Improving the Public Health System

...What improvements are we recommending



Recommendations for improving the public health system for the 21st Century in New Hampshire address system limitations which are barriers to optimal health improvement. Proposed improvements include both policy and operational changes which are designed to assure that our vision for the public health system is achieved. Key recommendations are as follows:

- Establish a State Level Public Health Advisory Function
- Implement a Community Level Public Health Capacity which Protects and Promotes the Public's Health
- Strengthen the State's Health Assessment Function

The rationale supporting these key recommendations has been provided in previous sections of this plan. The following is a summary of major objectives for each recommendation. A work plan detailing action steps, responsible persons and time frames is included at the end of this section.

Establish a State Level Public Health Advisory Function:

Turning Point supports an ongoing process to explore the establishment of a state level, public health body to improve the health of New Hampshire residents by assuring that public health goals are met through delivery of the essential services of public health. While there are a number of positive outcomes that could be achieved by such a body, full support is contingent on the specifics of the plan. Such a public health body would be composed of individuals and organizations representing broad public health interests who are committed to improving the public's health. The body may build on existing groups but will not duplicate the work of any group. The primary objectives for developing a local public health capacity might include one or more of the following functions:

1. Provide visibility and advocacy for public health in New Hampshire.

A statewide public health body would promote a greater emphasis on public health and would focus attention on public health issues. The public health body would help to educate the public about the importance of public health. The body would serve as a linkage to the body politic.

2. Advocate for and promote public health priorities.

A key role of the public health body is as an advocate for public health. The public health body may assist with the development of priorities but will certainly be involved with promoting public health priorities.

3. Promote evidence-based public health practice.

The public health body can play a critical role in promoting evidence-based public health practice.

4. Facilitate coordination among state agencies responsible for improving the public's health.

Multiple state agencies are responsible for promoting and protecting the public's health. The public health body can play an important role in assuring that the priorities and activities of these agencies are integrated and coordinated.

5. Facilitate coordination among state and local public health roles and activities.

The public health body can assist in assuring the priorities and activities of state and local agencies are integrated and coordinated. The public health body could bridge different state agencies to clarify direction for local implementation of programs.

6. Facilitate coordination among public and private organizations committed to protecting and promoting the public's health activities.

Public health is the shared responsibility of public, non-profit and private organizations. The public health body has an important role in coordinating public health interests at the state and local levels to promote and protect the public's health.

Implement a Community Level Public Health Capacity which Protects and Promotes the Public's Health:

Turning Point encourages the formation of community health departments and non-governmental local public health advisory boards which work in partnership with each other to form local public health systems. The primary objectives for developing a local public health capacity include:

1. Strengthen and clarify local government's public health role and responsibility.

Local government has a responsibility for assuring the health and well-being of its residents. Therefore, the capacity of local government and its public health officials to assure the public's health must be strengthened, and local government must play a leadership role in the further development of the public health function at the local level. A critical component of strengthening local government's role and responsibility is to develop credentialing standards for local public health professionals.

2. Formalize the role of the private sector and the community at-large in public health activities.

In many New Hampshire towns and cities private sector organizations, including publicly funded health centers, private physicians, and hospitals already provide a significant amount of public health services, in addition to personal medical services. In addition, many of these providers and community organizations have come together to form networks and coalitions which see it as their mission to work to improve the health status of their populations. It is from this base of private sector collaboration which the Turning Point Initiative plans to build upon to further formalize the role of the private sector and the community at-large in public health activities.

3. Assure collaboration among local government and private sector.

Currently, the private sector and its health and social service coalitions rarely work

collaboratively with local governments to address public health needs. This results in little government oversight of private sector public health activities, little private sector input into government public health activities, and little coordination of the range of public health services at the local level. The creation of local public health councils and district health departments will require much increased collaboration among all participants.

4. Assure integration of public health and environmental health services.

At the local level, environmental health activities (e.g., sanitation, water quality, air quality, restaurant inspection, septic system inspections, waste disposal, etc.) are often viewed as distinct from public health services. In fact, environmental health services are a component of public health services, and environmental health issues can be found in the majority of public health essential services. In addition, local government often takes primary responsibility for monitoring environmental public health services. There needs to be an explicit focus on bringing environmental health within the public health umbrella at the local level and close collaboration between state level agencies.

5. Assure linkages between local public health and state public health systems.

There needs to be a formal relationship between local and state public health systems. To accomplish this, Turning Point proposes that selected state public health employees from both Department of Health and Human Services (DHHS) and Department of Environmental Services (DES) form an Interagency Public Health Support Team to provide ongoing guidance to local public health systems. The purpose of the Support Team will be to provide technical assistance and to clarify the respective roles of state and local public health professionals. It is anticipated that in the future each district health department formed will continue to develop and maintain a formal linkage with DHHS and DES via the local support team.



6. Work towards achieving Centers for Disease Control (CDC) Model Standards at the local level.

While it may not be appropriate or feasible for most New Hampshire communities to develop capacity to carry out each of the ten essential services of public health, the model standards will provide a vision and a framework for local infrastructure development. The model standards will also be used, in conjunction with an assessment of current functions carried out at the local level, to help communities plan for where they would like to target their resources.

Strengthen the State's Health Assessment Function:

Turning Point advocates for the development of a health assessment function which is integrated across the broad determinants of health and supports state and local decision-making. The primary objectives for strengthening the health assessment function include:

1. Identify data sets which are necessary to monitor health status at the state and local levels.

The old adage applies: garbage in, garbage out. We need to understand what data is available and what data is needed for decision-making. Numerous data sets exist. These data sets need to be inventoried and evaluated for acceptability, sensitivity, predictability, representativeness and timeliness. Priority needs to be given to those data sets that contribute to our understanding of health status at the state and local levels. Critical information which is not currently available needs to be identified and strategies devised for obtaining needed information. Complementary initiatives such as Healthy People 2010 and the Quality of Life Objectives need to be incorporated into the health assessment function to ensure that data sets reflect these new reporting needs and requirements.

2. Make data available at the lowest geographic unit feasible to support state and local decision-making.

Data must be collected, analyzed, reported and disseminated at a level which supports local decision-making. Specifically, data needs to be available at the lowest geographic level feasible and appropriate. Second, data should be aggregated according to user-defined criteria to reflect the diversity of geographic regions constituting local delivery systems. Finally, appropriate safeguards to protect individual privacy and confidentiality need to be established and assured.

3. Develop continuous quality assurance process for the collection, analysis, and dissemination of data sets.

To assure that the health assessment function continues to meet state and local reporting needs, it is essential that users and sources of information be involved in continuously evaluating and improving the health assessment function. The Turning Point Initiative proposes the creation of a working group to guide this process. The group is responsible for evaluating the effectiveness and usefulness of data sets and recommending improvements. This group maintains the inventory of existing data sets and prioritizes future data needs.

4. Integrate and/or link data sets across state agencies, private sector and local level to support assessment of the broad determinants of health.

The Turning Point Initiative promotes strategies to integrate and/or link data sets across state agencies, private sector and local level while adequately protecting privacy and confidentiality. Strategies include fostering coordination among all owners of data sets, promoting a single point of contact for public health data and establishing an on-line portal for access to data sets. Owners of data sets need to be committed to data integration and pursue technologies which will support this objective. Owners of data should establish a single point of contact to facilitate access to public health information by policy-makers and local communities. By centralizing the health assessment function across agencies, access to information is improved and efforts to integrate data sets enhanced.



An explicit goal of the Turning Point Initiative was to exploit opportunities which presented themselves throughout the planning phase of the project to incrementally actualize recommendations. To that end, a number of activities were undertaken during the past two years. Key activities include:

- Restructuring and renaming of the Office of Community and Public Health
- Public Health Law Review
- Graduate training in Public Health
- Reporting health status information at the local level
- Quality of Life and Health People 2010 Objectives

The following is a summary of these activities and accomplishments to date.

Restructuring and Renaming the Office of Community and Public Health

Turning Point provided technical assistance to the former Office of Health Management to restructure the office. The existing DHHS organizational structure established seven administrative Offices including the Office of Health Management (OHM). The Office of Health Management consolidated the non long-term care Medicaid functions and traditional public health functions into one unit.

As initially defined, the Office of Health Management was composed of two units: the Division of Health Care Services and the Division of Public Health Services. As conceived, the Division of Health Care Services included programs which provide direct services to individuals; the Division of Public Health Services provided population-based services.

Given the magnitude and scope of services performed by the Office of Health Management, two units which incorporated the activities of seventeen bureaus was unwieldy. Furthermore, the structure did not readily support a community-based, customer-focused, prevention-oriented approach to service delivery.

Smaller administrative units were needed to effectively promote collaboration and coordination among programs. Additional weaknesses of the structure included:

- Absence of a strong assessment function which integrated data collection, analysis and reporting activities;
- Limited focus on essential public health services such as health promotion and disease prevention;
- Lack of a strong program monitoring and evaluation function to ensure quality service delivery and program effectiveness;
- Decentralized and duplicative approach to program functions resulting in inefficiencies and lack of standardization of policies and procedures; and
- Arbitrary segregation of individual and population-based services.

To address these issues, Turning Point facilitated a process with staff to restructure the Office. The new structure established units designed to facilitate collaboration and coordination among programs and to support Department goals. These new units gave priority attention to fundamental functions within the office (e.g., assessment, health promotion, and quality improvement) and facilitated collaboration among programs which supported the Department's goals (i.e., by combining programs which offer direct services, customer-service can be improved by standardizing policies and procedures).

They are:

- *Quality Improvement*: Program evaluation and monitoring activities.
- *Medicaid*
- *Division of Family and Community Health*: All functions that purchase categorical health care services for NH residents (e.g., STDs/HIV, MCH, WIC, etc.).
- *Community Support*: All functions that support agencies and communities.

- *Disease Prevention and Health Promotion:* Educational and training activities and Materials production which promote the public's health.
- *Epidemiology and Vital Statistics:* Data collection and analysis in support of OCPH activities including producing population-based reports on health status. The unit will be closely integrated with the activities of the Office of Planning and Research. The Unit will be staffed by data analysts and individuals who can prepare user-friendly population-based reports.

As part of the restructuring effort, the Office of Health Management was officially renamed the Office of Community and Public Health to more accurately reflect the services performed.

Public Health Law Review:

Turning Point contracted with the Georgetown/Johns Hopkins Program on Law and Public Health to assist with an assessment of the State's public health laws. The focus of the review was greater understanding of the current constitutional and legal structure of public health powers in New Hampshire, with a view toward improving the legal infrastructure at the state and local levels of government. A review of state constitutional and statutory laws was prepared and potential areas for statutory reform identified. The report summarizes recommendations for updating New Hampshire's public health code. In addition, a review of current public health law supports proposed recommendations for strengthening the local public health capacity.

Master's in Public Health Program:

Turning Point was asked to convene a work group to evaluate the feasibility of a masters level Public Health Program at the University of New Hampshire (UNH). Based on the findings of the planning process and work group discussions, Turning Point supported UNH's proposal to introduce a graduate level public health program in New Hampshire.

While not offering the expanded opportunities afforded by a School of Public Health, a program would provide a solid, nationally-recognized

generalist program in core public health areas including behavioral health, epidemiology, occupational and environmental health, health services administration, and biostatistics. The University is considering an accreditable MPH program because the capacity to establish a program exists with a relatively smaller financial investment than would be required to establish a School of Public Health.

Turning Point supports the development of a program which promotes strong skills in both the clinical, policy, management and analytical fields. It is also recommended that the program target both currently practicing health professionals and college seniors and that the program accommodates schedules for working people.

While plans continue to evolve, current plans call for a two-year program. The program's design and curriculum are being developed to meet CEPH accreditation review. Upon implementation, it is anticipated that the program faculty will also develop and offer a range of public health training and development opportunities aimed toward strengthening the New Hampshire public health workforce. Plans are proceeding toward enrollment of an initial class in Fall 2001.

Reporting Health Status Information:

Turning Point facilitated monthly meetings of a Data Work Group. A number of initiatives were conducted with the direction of the Data Work Group. The Data Work Group is a broad based coalition of users and suppliers of public health information. Initiatives included:

- draft privacy legislation
- draft release of information guidelines
- an assessment of interagency data integration capabilities

The Data Work Group drafted model legislation to provide clearer guidance regarding the collection, use and dissemination of personally identifiable, health-related information held by public health agencies. The purpose of the legislation is to ensure that all personally identifiable, health related information held by public



health agencies be administered in a consistent manner which affords individuals adequate protections while facilitating legitimate public health purposes. The legislation **does not** address non-identifiable health information because this information does not implicate privacy and security concerns, nor does this legislation address information held by an individual's physician or other provider.

The proposed legislation:

- Addresses privacy and security issues arising from the acquisition, use, disclosure, and storage of protected health information by public health agencies at the State and local levels;
- Protects health-related information in the possession of public health agencies against unauthorized disclosures without significantly limiting the ability of agencies to use such information for legitimate public health purposes;
- Requires the acquisition and uses of protected health information to be consistent with legitimate public health purposes;
- Prohibits most disclosures of protected health information without the informed consent of the individual who is the subject of the information, with specified, narrow exceptions;
- Imposes the duty on public health agencies to hold and use protected health information securely; and
- Prescribes various criminal penalties and civil enforcement mechanisms to protect individuals who are harmed by violations of the Act by public health agencies, public health officials, and other persons.

The Data Work Group is drafting release of information guidelines to support release of health status information at the community level.

Third, Turning Point contracted for a technical consultant to identify and interview representative members of a variety of state agencies and

organizations, in an effort to understand the data and information which may be available to support the ongoing Initiative. Interviews were performed with eleven members of various state agencies and organizations. (See Attachment 1 for listing of interviews conducted.) The purpose of the interviews was to understand more about the kinds of data collected, the use of the data, and the means and format for dissemination of data and information that might be pertinent to local communities in their efforts to initiate appropriate public health efforts. The original expectation of the interviews was that specific listings of data sets collected and reported on would be catalogued, along with recommendations for possible opportunities for integration of data across agencies for community use in strategic public health planning and monitoring.

The primary findings of the interviews indicate that while much data exists, there is a broad range of technical sophistication with regard to collection, storage, access, and use of the data, often due to fiscal constraints within the agency. Additionally, since the data is often collected at the client level for purposes of reporting service utilization and/or management of each individual agency's business operations, there is usually not any assessment of how the data might be used outside of the agency.

There are also associated complexities of both data confidentiality and incompatibility of technical platforms and applications. Interviewing a cross section of staff provided insight into the kinds of information potentially accessible, while also demonstrating the multitude of programs creating and using data, often in isolation from other programs. Simultaneously, it also served to underscore the need for formal direction and interest in this activity at the state or policy-making level, since the majority of interviewees expressed an inability to make decisions or set priorities with regard to data use. Despite this, interviewees generally expressed support for the goals of the Turning Point Initiative, and some may be willing to participate more regularly in Turning Point in the future.

Quality of Life Indicators:

Turning Point convened a series of work groups to develop Quality of Life and Healthy People 2010 objectives. Indicators were proposed to reflect the broad determinants of health and were organized according to New Hampshire's five health care planning goals:

- NH residents will live with independence and satisfaction as contributing members of their communities.
- NH residents will live with a minimum of disease and disability.
- NH residents will live in safe and supportive homes and communities.
- NH residents will live free of environmental hazards.
- NH residents will have the educational and economic opportunities they need to realize their full potential.
- NH residents will choose behaviors which contribute to health and well-being.

These public health objectives were provided to the New Hampshire Leadership Council for Healthy People 2010 which is charged with finalizing a set of health status objectives for New Hampshire.

Managed Care and Public Health Collaborative

New Hampshire Department of Health, Office of Community and Public Health joined the New England Managed Care and Public Health Collaborative. The New England Managed Care and Public Health Collaborative brings together all six public health departments and the major managed care organizations in the New England region to achieve population-based advances in public health. The collaboration provides a unique forum for uniting medical care and traditional public health services for the purposes of improving health in the region.

The New Hampshire Department of Health and Human Services, Office of Community and Public Health is a member of the Steering Committee of the Collaborative. The role of the Steering Committee is to provide overall direction to the Collaborative in the following three areas: identification of mutual areas of interest between public health and managed care; development of policies and programs which support improved collaboration between managed care and public health; and evaluation of the effectiveness of such collaboration activities.

The Collaborative has established four work groups on diabetes, pediatric asthma, tobacco cessation among pregnant and post-partum women, and adult immunization. The work groups are focusing on:

- Agreeing on effective public health and clinical practices.
- Promoting health messages which are consistent with these practices.
- Implementing strategies which support recommended public health and clinical practices.

A second initiative of the Collaborative is the development of regional Healthy People 2010 objectives.

UNH Institute of Health Policy and Practice

An Institute of Health Policy and Practice has been legislatively established to promote health research activities in New Hampshire. Turning Point has worked closely with members of the Institute's planning staff to ensure a public health focus for the Institute. Turning Point has proposed that a member of the Institute's advisory board include at least one public health expert and that public health research be a priority of the Institute.

State and local Level Public Sector Agencies included in the Public Health System



Level	General Area	Agency
State	General Government	Executive Office – Governor
		Legislative Branch – Legislature
		Administrative Services
		Revenue Administration
		Commissions: Planning
	Justice and Public Protection	Attorney General
		Corrections
		Justice
		Judicial Branch
		Agriculture
		Emergency Management
		Employment Security
		Insurance Department
		Labor
		Safety
		Commissions: Public Utilities & Liquor
	Resource Protection and Development	Environmental Services (including Septic Designers and Installers and Plumbing Board)
		Fish and Game
		Resource and Economic Development
	Transportation	Transportation and Highway Safety
	Health and Social Services	Health and Human Services
Veterans		
Commissions: Medicine, Podiatry, Nurses, Pharmacy, Chiropractic, Cosmetology and Barbers, Dental, Psychologist		
Education	Education	
	University System of New Hampshire	
Regional		Water Precincts
		Planning Commissions
		Courts
Local/ Municipal	General Government	Selectman/Town Government
		Boards and Commissions: Planning
	Justice and Public Protection	Public works
		Fire/Rescue Squad
		Police
		Emergency Medical Services
		Code Enforcement
		Courts
		Housing Authority
	Town welfare	
	Resource Protection and Development	Parks and Recreation, Conservation Commission
		Land Trust Organizations
		Libraries
	Health and Social Services	Boards of Health
		Health Officers
		Local Health Departments
	Education	SAUs
School Boards		
School Nurses		

I. Public Health Infrastructure

Objectives	Action Steps	Person(s) / Organizations Responsible	Time Frame for Implementation
I. Design and pilot local public health departments.	Develop draft RFP for creating regional Health Departments and local Public Health Advisory Boards.	Project Director Steering Committee	Sept 2000
	Disseminate draft Request for Proposals (RFP) for creating regional Health Departments and Public Health Advisory Boards to the following: local health departments and boards of health, community-based coalitions, health officers, municipalities, district health nurses, and district councils.	Project Director	Oct–Nov 2000
	Conduct regional meetings at the community level with the above mentioned stakeholders to assess response to guidelines and pilot program.	CHI	November – Dec 2000
	Based on feed back from focus groups, finalize and release RFP for demonstration program.	Project Director Steering Committee	Jan 2001
	Create a Public Health Support Team to provide on-going technical support and local-state role clarification to newly forming regional health departments and local advisory boards.	Project Director DHHS & DES Management	March 2001
	Provide training for Public Health Support Team.	Region I Training Centers, CDC, NACCHO, AHEC	April 2001–ongoing
	Award grants to demonstration sites. (2 year award)	Project Director Steering Committee	April 2001–March–2003
	Provide technical assistance (TA) to sites. TA to include assistance in: <ul style="list-style-type: none"> • The Community Health Improvement Process (CHIP) • Information Systems Development • Performance Measurement • Development of Community Health Profiles • Job Descriptions and Performance Evaluation for Health Dept. • Disease Investigation • Environmental Health • Prevention Best Practices • Public Health Law 	DHHS-DES Team CHI Region I Training Centers CDC, NACCHO, AHEC	April 2001–ongoing
	Track capacity and costs of service provision of pilot sites with the intention of arriving at varying levels of public health service provision and their corresponding funding needs.	Project Director	April 2001–ongoing
	Evaluate political, economic and programmatic implications of replicating the local public health models as proposed.	Project Director Steering Committee	April 2002–Sept 2003
	Assess requirements for legislation/regulation to support local public health structures. Develop response as appropriate.	Project Director Steering Committee	Sept 2003–April 2004
Develop strategies for expanding the development of regional health departments and local public health advisory boards beyond the demonstration sites. Strategies to include on-going funding pursued via the legislature or other vehicle, as well formalizing the relationships between state and local health departments, assessing the continuation of the Public Health Support Team, and assuring ongoing access to state supported technical assistance.	Project Director Steering Committee	Sept 2003–April 2004	

Public Health Infrastructure Continued



Objectives	Action Steps	Person(s) / Organizations Responsible	Time Frame for Implementation
2. Build state level public health organizational collaboration.	Steering Committee to develop strategies for increased state level collaboration among all public health stakeholders.	Project Director Consultant Steering Committee	Sept 2000 – Jun 2001
	Track the process and progress of key statewide public health planning bodies such as the New Hampshire Leadership Council for Healthy People 2010, Rural Health plan, Health Care Planning process and the New Hampshire Kids Cabinet as a means to assess the viability of state level planning bodies.	Project Director Steering Committee	Sept 2000 – ongoing
	Convene an ad hoc advisory group to develop strategies for increased state agency coordination. Members will include DHHS, DES, Dept. of Education, Dept. of Safety, Local Public Health, Legislature, Kid's Cabinet, Dartmouth/University of New Hampshire (UNH) Institute on Health Policy and Practice, NH Public Health Association.	Project Director Steering Committee	Sept 2000 – Jan 2001
3. Promote public health training and education opportunities throughout the state.	Inventory all health related educational opportunities and make available on web.	Project Director AHEC	May 2002
	Develop strategies for furthering coordination of existing training and educational programs.	Project Director AHEC	May 2002
	Provide public health practicums for local public health professionals to work at the state level and vice-versa.	DHHS AHEC	May 2002 – ongoing
	Partner with Leadership New Hampshire to strengthen their health curriculum.	Project Director LNH	Sept 2000 – ongoing
	Support the implementation of the MPH program at UNH.	Project Director Steering Committee	May 2000 – ongoing
	Develop curriculum and provide on-going and accessible training for public health professionals.	Project Director AHEC, DES, DHHS	Sept. 2002 – ongoing
	Assure opportunities for state public health professionals to attend national conferences and trainings. (APHA, CDC, ASTHO, etc)	DHHS	May 2000 – ongoing
4. Promote translation of public health research into practice at the state and local levels.	Identify research priorities for New Hampshire on an annual basis.	Project Director Steering Committee	Annually– begins Sept. 2001
	Strengthen public health priorities by seeking public health grants and routing funding to key public health educational institutions and private organizations, including University of New Hampshire Institute, Foundation for Healthy Communities, New England Managed Care and Public Health Collaborative.	Project Director Steering Committee	Annually beginning January 2002
	Share prevention best practices with local public health initiatives to ensure decision-making is evidenced-based.	Project Director OCPH	April 2002 – ongoing
	Use the Health Care Fund to support research initiatives based on public health priorities.	OPR	funding cycle after April 2002
	Link local communities with statewide research initiatives.	Project Director Steering Committee	April 2002 – ongoing

II. Public Health Assessment

Objectives	Action Steps	Person(s) / Organizations Responsible	Time Frame for Implementation
1. Make data on the broad determinants of health available and accessible at the state and local levels for public health planning and program development.	Complete an inventory of public health data sets. The inventory should include: <ul style="list-style-type: none"> • population surveyed • period of time covered • data elements collected • lowest geographic level of data • source of data • method of obtaining data • method of storage of data • method of analyzing data • frequency of analysis of data • method and frequency of dissemination • use and users of data-OPR 	OCPH CHI DATA Group (reporting to the Steering Committee)	Sept 2000 – March 2001
	Work with the owners of the data to evaluate data sets for acceptability, sensitivity, predictability, representativeness, and timeliness.	OPR, OCPH, CHI	April 2001 – August 2002
	Work with the owners of the data sets to create a process for continuous quality assurance to assure acceptability, sensitivity, predictability, representativeness and timeliness. Estimate costs for improving quality of and effectiveness of data sets.	OPR, OCPH, DES, etc., CHI & DATA Group	April 2001 – August 2002
	Prioritize data quality needs, develop short-term and long-term strategies for meeting data needs.	OPR, CHI & DATA Group	Sept 2002 – Dec 2002
	Work with the owners of the data sets to promote and pursue strategies for establishing a single point of contact for public health data inquiries. Estimate costs for establishing a single point of contact.	OPR, OCPH, DES, etc., CHI & DATA Group	Jan 2002 – ongoing
	Pursue development of an on-line portal for access to the data sets which links all data sets and allows users to manipulate data and analyze for their community. Project costs for developing and maintaining on-line portal for access to data sets.	OPR, DES, DEd, etc., CHI & DATA Group	Jan 2002 – ongoing
	Develop short-term and long-term strategies for improved integration of data sets.	OPR, DES, DEd, etc. & DATA Group	April 2001 – August 2002
2. Monitor the provision of state funded personal and population based services via performance standards.	Develop statewide Performance Standards for all State funded personal and population based public health contracts.	OCPH Steering Committee	Sept 2000 – Sept 2001
	Align state and local expectations for performance measurement.	OCPH	Sept 2001– ongoing
	Assess technical assistance and information systems needs of communities to measure performance standards.	CHI	Sept 2001 – June 2002
	Implement performance standards in conjunction with technical assistance to communities. (Target technical assistance to district health department pilot sites)	OCPH CHI	Sept 2001 – ongoing
	Test the CDC's Local Public Health Performance Assessment Tool in selected local communities (Target technical assistance to district health department pilot sites.)	OCPH CDC Consultants	April 2001– May 2003

III. Prevention



Objectives	Action Steps	Person(s) / Organizations Responsible	Time Frame for Implementation
1. Assure local utilization of data sets in planning and program monitoring	Provide technical assistance to local communities in the Community Health Improvement Process (CHIP). (Target technical assistance to regional health department pilot sites and non- demonstration sites.)	OPR CHI	April 2001 – March 2003
	Provide assistance to local decision-makers in the analysis and interpretation of available data sets and the development of local Community Health Profiles. (Target technical assistance to regional health department pilot sites and non- demonstration sites.)	OPR CHI	April 2001 – March 2003
2. Assure state utilization of data sets in planning and policy development.	Choose indicators which are inclusive of the broad determinants of health as part of the Healthy People 2010 plan to monitor state health status and quality of life.	Healthy People 2010 Leadership Council District Councils	January 2000 – January 2001
	Develop a regularly scheduled report on state health status and quality of life, using state, regional and local level data.	Healthy People 2010 Leadership Council District Councils	January 2001 – ongoing
	Review the health status and quality of life report to identify public health priorities and make recommendations for meeting public health program and policy development needs.	Healthy People 2010 Leadership Council District Councils	January 2001– ongoing
	Link state funding to priority needs identified in the Community Health Profiles and the state health status report.	Steering Committee Member Organizations	June 2000 – ongoing
3. Partner with MCOs, Hospitals and health care providers to assure effectiveness, accessibility and quality of private medical care services.	Partner with New Hampshire Healthy Communities and the New England Managed Care and Public Health Collaborative to develop performance standards for private medical services.	OCPH Steering Committee	Sept 2000 – ongoing
	Partner with New Hampshire Healthy Communities and the New England Managed Care and Public Health Collaborative to test implementation of performance standards for private medical care services.	OCPH Steering Committee	April 2000 – ongoing
	Review findings of partnerships and make recommendations as to how to improve public - private partnerships surrounding performance measurements.	OCPH Steering Committee	April 2000 – ongoing
4. Provide support to the NHPHA in increasing its capacity to promote healthy living through public health education and advocacy.	Conduct annual legislative briefing for legislators and policy makers inclusive of all public health related legislation.	NHPHA	Annually at start of legislative session
	Track and advocate for public health related legislation.	NHPHA	Annually at start of legislative session
	Assure NHPHA participation in public health related legislative study groups.	NHPHA	Annually
	Assess priority public health issues facing the state which could be impacted through the provision of educational materials.	NHPHA	September 2000– ongoing
	Provide and endorse educational materials for priority public health issues.	NHPHA	September 2000– ongoing
	Assist in the development and dissemination of a statewide public health awareness campaign centered on the release of a New Hampshire Healthy People 2010 Plan.	NHPHA, Healthy People 2010 Leadership Council	Jan 2001 – ongoing
Highlight public health issues via newsletter and annual meeting.	NHPHA	Fall meeting and quarterly newsletter	