

**GREATER PORTSMOUTH
PUBLIC HEALTH NETWORK**

**PUBLIC HEALTH IMPROVEMENT
PLAN**

2006

Greater Portsmouth Public Health Network Public Health Improvement Plan

Foreword:

The City of Portsmouth was awarded grant funding for the Greater Portsmouth Public Health Network in January of 2005. Funding for the public health network is largely provided by the Center's for Disease Control and is managed at the state level by the New Hampshire Department of Safety in coordination with the New Hampshire Department of Health and Human Services. The Public Health Networks receive technical assistance and training support from the Community Health Institute of Health Policy and Practice.

As one of 14 public health network sites around New Hampshire, The Greater Portsmouth Public Health Network provides a vehicle to improve communication and foster joint efforts in the area of community health status assessment, emergency preparedness, prioritization of public health needs, and implementation of action plans to effectively address top priority public health concerns.

The Greater Portsmouth Public Health Network is pleased to offer the first regional *Public Health Improvement Plan* (PHIP) for the towns of Portsmouth, New Castle, Greenland, Rye, and Newington. This *Public Health Improvement Plan* (PHIP) outlines the process and strategies the Greater Portsmouth Public Health Network can undertake to ensure that local public health is strengthened by our collective efforts.

The following is a list of agencies that participated in the Center for Disease Control's *Local Public Health Performance Assessment* in May 2005. We would like to thank the following for their valuable participation:

Town of Greenland
Town of Newington
Town of Rye
Town of New Castle
City of Portsmouth
Alliance for Community Health/Community Resource Network
American Red Cross Great Bay Chapter
Community Council of Senior Citizens
Community Diversion Program
Community Health Institute
Compass Care
Families First Health and Support Center
Foundation for Seacoast Health
InfoLink
NH Partners in Health
Operation Blessing
Planned Parenthood of Northern New England

Portsmouth, Derry, Salem, Home Health & Hospice
Portsmouth Schools
Portsmouth Regional Hospital
Portsmouth Senior Center
Rockingham Community Action
Rockingham VNA & Hospice
RSVP
Rye Junior High School
Seacare
Seacoast Eye Center
Seacoast Hospice
Seacoast Mental Health
ServiceLink
Sexual Assault Support Services
State of NH/Dept. of Health and Human Services
Steppingstones
United Way of the Greater Seacoast

If you have any questions or comments about this Public Health Improvement Plan or the Greater Portsmouth Public Health Network, please contact Mary Cook, Public Health Coordinator, at (603) 610-7302 or at mcook@ch.cityofportsmouth.com.

Greater Portsmouth Public Health Network

Advisory Committee Members

Name	Position	Organization
Cindy Hayden	Deputy City Manager	City of Portsmouth
Christopher LeClaire	Portsmouth Fire Chief	City of Portsmouth
David Moore	Program Manager	City of Portsmouth
Phyllis Eldridge	Director	InfoLink
Helen B. Taft	Executive Director	Families First Health Center
Paige Farmer	Senior Dir. of Community Impact	United Way of the Greater Seacoast
Kim McNamara	Health Inspector	City of Portsmouth
Donovan Albertson, MD	Chief of Medical Staff	Portsmouth Regional Hospital
Nancy Notis	Manager of Public Affairs	Portsmouth Regional Hospital
Martha Webster	Infection Control Clinician	Portsmouth Regional Hospital
Gail Snow, MD	Health Officer	Town of Rye
Priscilla Jenness	Chairperson, Board of Selectmen	Town of Rye
Barbara Pamboukes, RN	School Nurse	Portsmouth Schools
Charles Smart	Health Officer	Town of Newington
Pamela Cullen	Tax Collector	Town of New Castle
Richard DiPentima	Deputy Dir. of Public Health (Ports. Resident)	Manchester Health Department
Kenneth Fernald	Emergency Management Director	Town of Greenland
Mary Cook	Public Health Coordinator	City of Portsmouth

Table of Contents

	Page
I. Executive Summary	5
II. Introduction	6
III. Assessment Process	7
IV. Local Public Health Assessment	7
V. Goals and Strategies	14
VI. Taking Action	16

EXECUTIVE SUMMARY

According to the Institute of Medicine, the Core Functions of Public Health are assessment, policy development, and assurance. The Greater Portsmouth Public Health Network (GPPHN) is utilizing this model in building an action plan for public health.

The first step in developing a public health improvement plan is assessing the current public health infrastructure and health status of the community in order to establish priorities for improvement. The GPPHN started in the spring of 2005 with the assessment function. This process was carved out by completing the Center for Disease Control's *Local Public Health Performance Assessment (LPHA)* Instrument, which aims to measure the effectiveness of the local public health infrastructure in providing the 10 Essential Services of Public Health. The LPHA, over the course of 2 days, involved collaborative efforts of individuals and organizations serving the health and safety needs of residents of our region. The maximum score that can be achieved for a fully functioning, highly effective public health system is 100. The GPPHN rated the overall functioning of the local public health system at 36. According to the participants, the CDC standard was "fully or substantially met" in response to 13% of the questions and the CDC standard was "partially or not met" in response to 87% of the questions. These scores represents the overall delivery and capacity of public health services in the five GPPHN communities and provides a baseline for improvement.

The 10 Essential Services of Public Health define the work of public health for the 21st Century. The National Association of City and County Health Officials recently underscored the key role that local public health agencies play in bringing these stakeholders together and coordinating their efforts to assure the public's health and safety, saying "LPHAs are the natural leaders in the development of a cohesive local public health system, working at times as leader, convener, partner, collaborator, enabler, or evaluator."¹

Selecting and prioritizing 4 of the 10 Essential Services of Public Health brought the GPPHN advisory committee to the development phase of the process. Areas for improvement were ranked according to agreed upon criteria including the likelihood that selected priorities would improve health outcomes, be reasonably achievable, supported by network members, and contribute to a regional approach to public health improvement.

¹ National Association of City and County Health Officials, Operational Definition of a Functional Local Public Health Agency, Draft G4, April 19, 2005. Accessed on October 31, 2005 from http://www.naccho.org/topics/infrastructure/documents/OperationalDefinitionDraft4_000.pdf

The following four Essential Services of Public Health were chosen by the GPPPHN's Advisory Committee as goals for the GPPHN:

- A. Essential Public Health Service #1: Monitor Health Status by compiling a Community Health Profile which describes the health of the 5 communities with the use of health indicators, morbidity/mortality data, environmental factors and other resources.
- B. Essential Public Health Service #2: Diagnose and Investigate Health Hazards and Problems by engaging the public health community and utilizing the public health coordinator's role to assist in emergency planning efforts.
- C. Essential Public Health Service #4: Mobilizing Communities to Solve Health Problems by partnering with existing efforts to identify existing groups and evaluating the need for a central public health website.
- D. Essential Public Health Service #8: Assure a Competent Workforce by coordinating and conducting relevant public health and emergency response training for responders and forums for the public.

Greater Portsmouth Public Health Network (GPPHN):

Introduction:

The Greater Portsmouth Public Health Network seeks to improve the health of the community through the collaborative efforts of its partners. The network provides a vehicle to improve communication and foster joint efforts in the area of community health status assessment, emergency preparedness, prioritization of public health needs, and implementation of action plans to effectively address top priority public health concerns. The GPPHN's goals include organizing, preparing, and implementing an area-wide visioning process. The resulting shared vision and common values will provide a framework for identifying and pursuing long-range regional public health goals.

The New Hampshire Public Health Networks were established in recognition of the fact that today's complex health challenges require the involvement of many diverse partners to meet them. New Hampshire is working to develop regional collaborations of organizations involved in promoting and protecting the health and safety of residents to meet these challenges. The Public Health Network can engage and utilize available public health resources to assure the provision of the 10 Essential Services of Public Health.

Figure 1: The Ten Essential Services of Public Health

1. Monitor Health Status – *data collection and reporting of health information*
2. Diagnose and Investigate Health Problems/Hazards – *ID emerging health problems*
3. Inform, Educate and Empower People – *educate public about health improvement*
4. Mobilize Community Partnerships – *involve stakeholders in health improvement*
5. Develop Policies and Plans – *develop strategies for addressing health problems*
6. Enforce Laws and Regulations
7. Link People to Needed Health Services – *especially vulnerable populations*
8. Assure a Competent Public Health Workforce – *training and licensure*
9. Evaluate Effectiveness – *know if strategies are working*
10. Research solutions – *find innovative solutions*

Each Local Public Health Network is charged with engaging a broad spectrum of public health interests within their communities to work together to develop a local public health system.

The Public Health Networks are a collaboration of state agencies, support agencies and New Hampshire communities. Funding for the public health network is largely provided by the Center's for Disease Control and is managed at the state level by the New Hampshire Department of Safety in coordination with the New Hampshire Department of Health and Human Services. The Public Health Networks receive technical assistance and training support from the Community Health Institute and the New Hampshire Institute of Health Policy and Practice.

Summary of Findings and Priorities Local Public Health Performance Assessment

Purpose:

The Greater Portsmouth Public Health Network (GPPHN) Advisory Committee met on June 27, 2005 to 1) review findings of *the Local Public Health System Performance Assessment* conducted in May 2005, and 2) to agree on priorities for improving the public health system to be incorporated in the regional *Public Health Improvement Plan*.

Assessment Process:

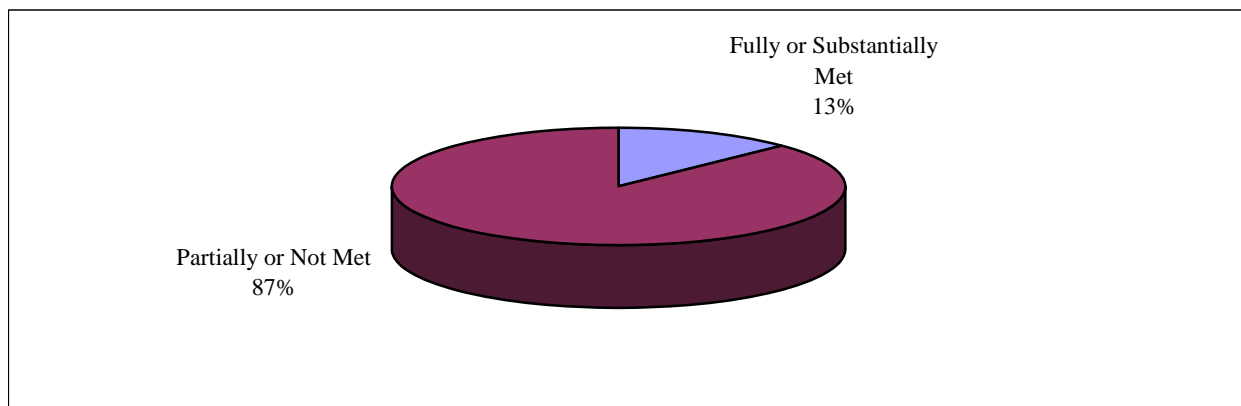
Nine working groups were convened during the month of May 2005 to complete the 10 modules of the CDC's *Local Public Health Performance Assessment* Instrument. Each essential service took 2-3 hours to complete. Forty-six individuals participated in the assessment representing a broad range of health and safety organizations and municipalities. CDC analyzed the results of the assessment, which were reported back to the GPPHN and are the basis for this report.

Summary of Findings:

The *Local Public Health System Performance Assessment* defines the “gold standard” for the local public health system. The assessment uses the 10 Essential Services as the framework for defining the scope of local public health. The ideal local public health system effectively addresses each of the 10 Essential Services. The tool identifies gaps and barriers in the existing public health system and gives a score to each of the essential services. The maximum score that can be achieved for a fully functioning, highly effective public health system is 100.

The Greater Portsmouth Public Health Network rated the overall functioning of the local public health system at 36. According to the participants, the CDC standard was “fully or substantially met” in response to 13% of the questions and the CDC standard was “partially or not met” in response to 87% of the questions.

Figure 2:



This score represents the overall delivery and capacity of public health services in the five GPPHN communities and provides a baseline for improvement. Communities in the region have not had a formal public health infrastructure at the local level so it is not surprising that the initial assessment resulted in a relatively low score.

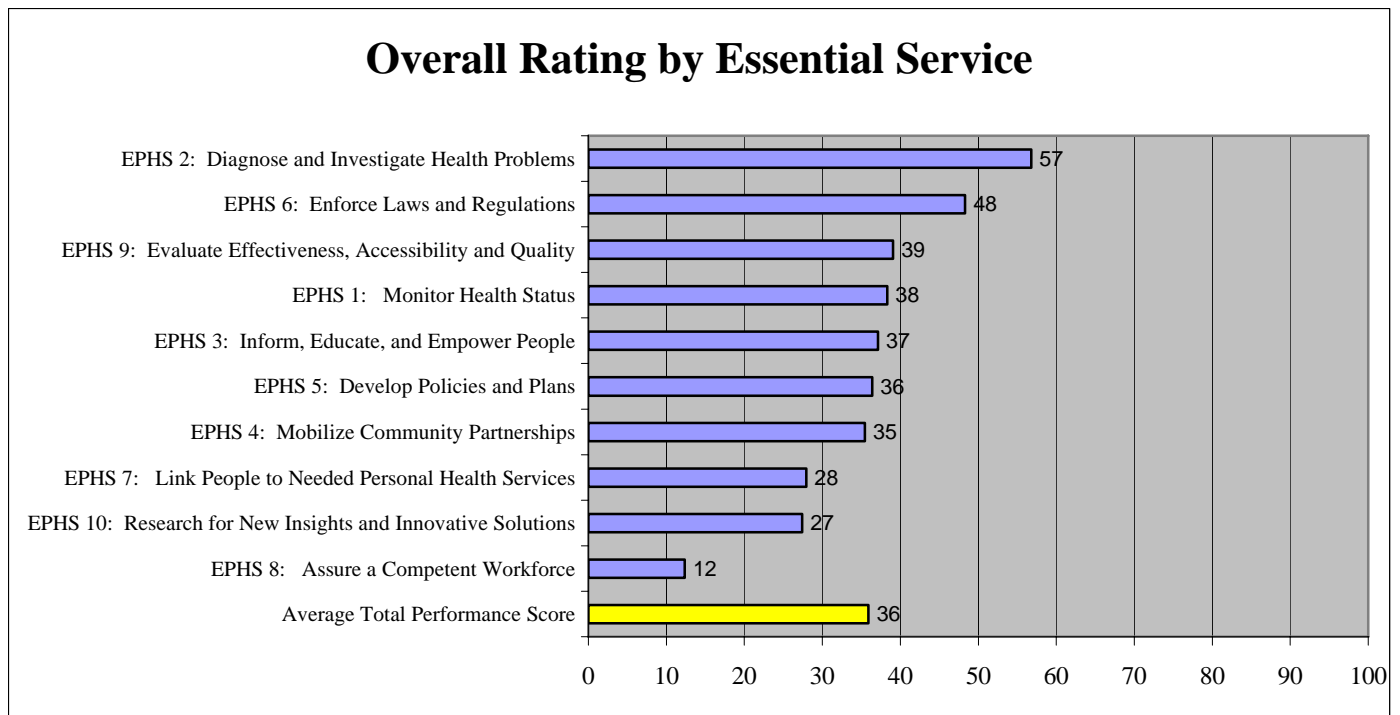
The GPPHN reported an overall score that is comparable with other regional public health start-up initiatives that have completed the CDC instrument, including the State of New Hampshire. Recently, in the fall of 2005, the State of New Hampshire completed the CDC's National Public Health System Performance Assessment and also scored a "36". This demonstrates that the current local public health infrastructure is in line with the State of New Hampshire and demonstrates how the two systems can move forward together to achieve progress in terms of the 10 Essential Public Health Services.

The local public health assessment tool also provided an individual score for each of the 10 Essential Public Health Services. These scores appear in the graph below. Based on a scale of 0-100, this score indicates how well area agencies and community partners are delivering each essential service as a system. In the graph below, the essential services are displayed in rank order. For purposes of identifying system "weaknesses", the Healthy People 2010 goal for public health infrastructure is 60. Thus any indicator or essential service receiving a score of less than 60 has not received the 2010 objective and should be targeted for improvement.²

² Performance Standards for essential public health services #23-11. Available at <http://www.healthypeople.gov/document/html>

The following is a summary of the ratings of each essential service in order from the best to the worst. The overall score (out of 100) for the essential service is reported in parentheses. For each essential service, the strengths and weaknesses are reported based on the consensus of the working group completing the CDC assessment module. Highlighted yellow columns indicate priority areas chosen by workgroups.

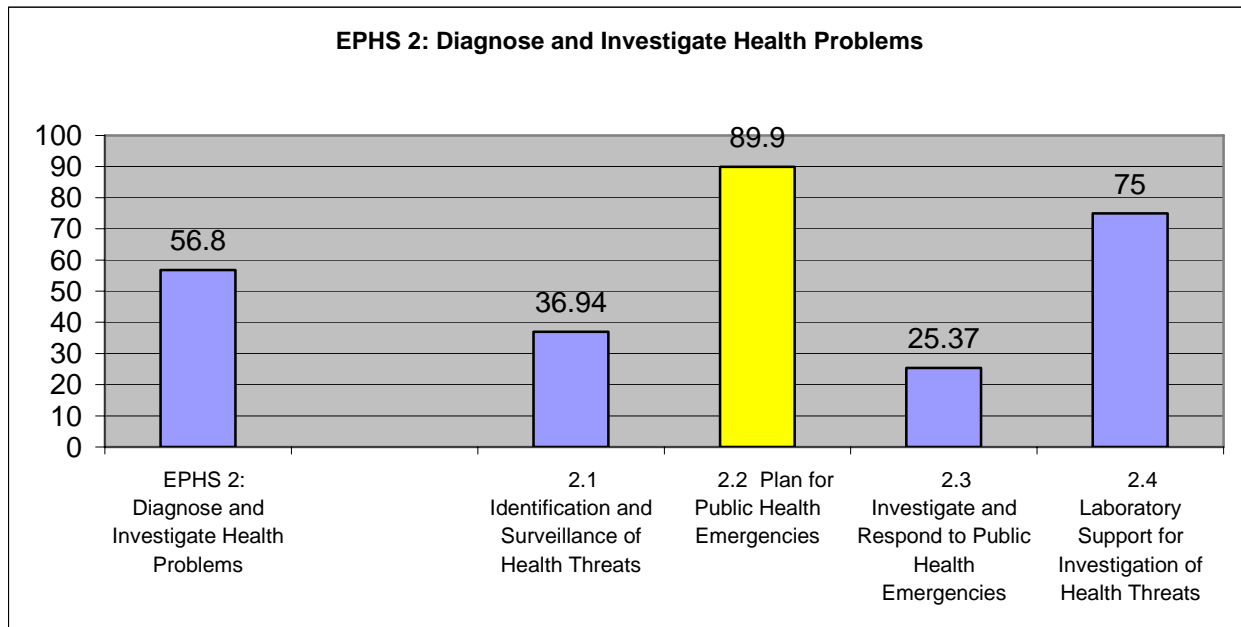
Figure 3:



Essential Public Health Service #2 – Investigate health problems and hazards (Figure 4):

Due to the recent emphasis on emergency preparedness, this essential service was well rated. Strengths included the public health laboratory and effective emergency preparedness planning efforts. Participants agreed that the region would benefit from more practice responding to local and statewide drills. Essential Service #2 received the highest rating of the 10 Essential Services and, thus, considered it to be a “strength” of the local public health system.

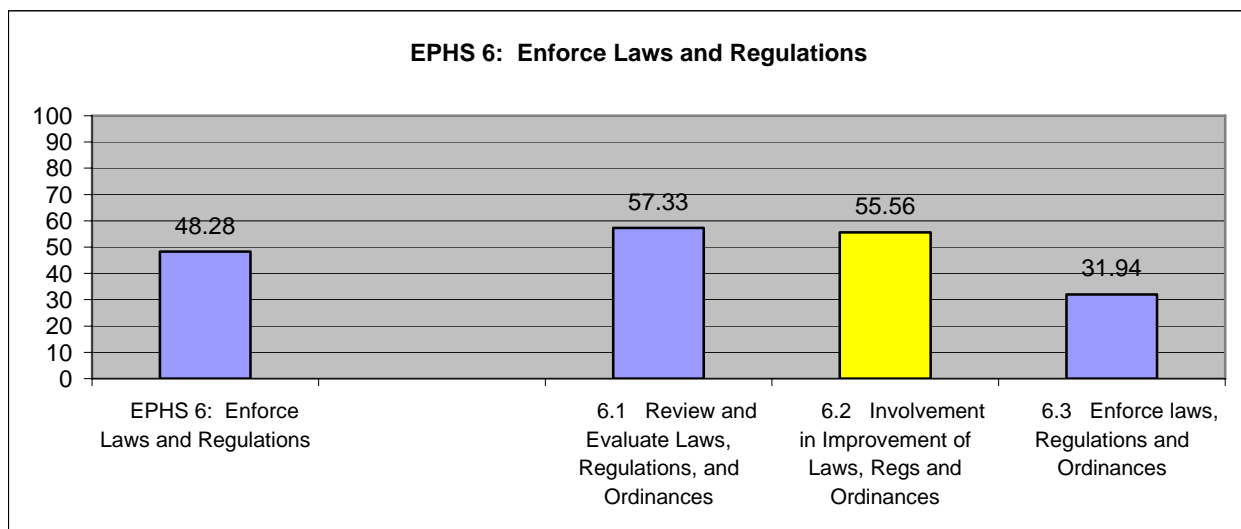
Figure 4:



Essential Public Health Service #6 – Enforce laws, regulations and ordinances to protect and ensure safety (Figure 5):

Participants were confident that laws and regulations were being enforced and that local emergency plans were being updated on a regular basis to meet federal and state recommendations with emergency support functions. Participants recommended establishing a rapport with legislators and community leaders to promote regional public health interests, while supporting enforcement efforts.

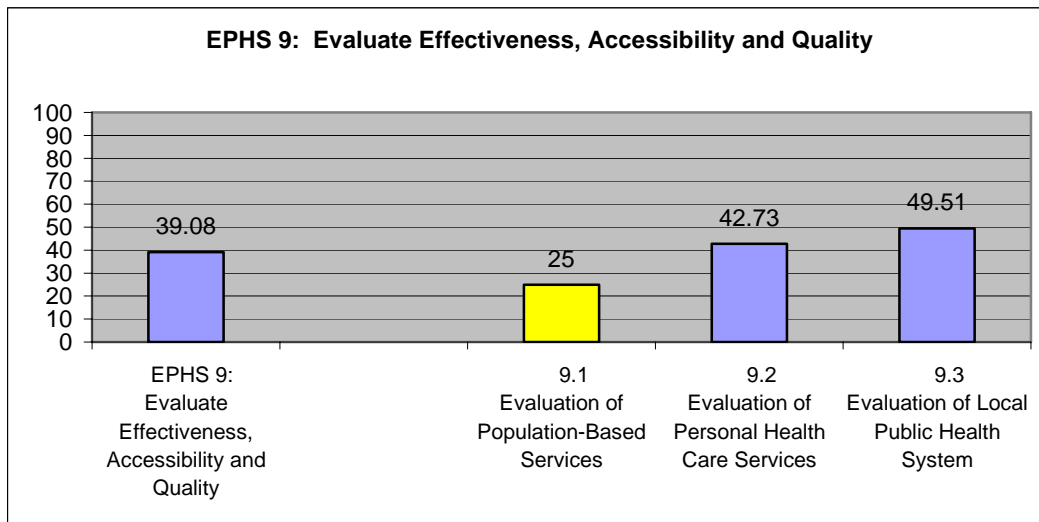
Figure 5:



Essential Public Health Service #9 – Evaluate effectiveness, access and quality (Figure 6):

Participants acknowledge that many community-based agencies are engaged in evaluating the effectiveness, accessibility, and quality of their own services and programs. By contrast, participants were concerned that no coordinated effort exists to evaluate the success of community-wide interventions and there has been virtually no evaluation of the public health system. It was recognized that the local public health assessment process being undertaken by the Greater Portsmouth Public Health Network was the first step in this evaluation effort.

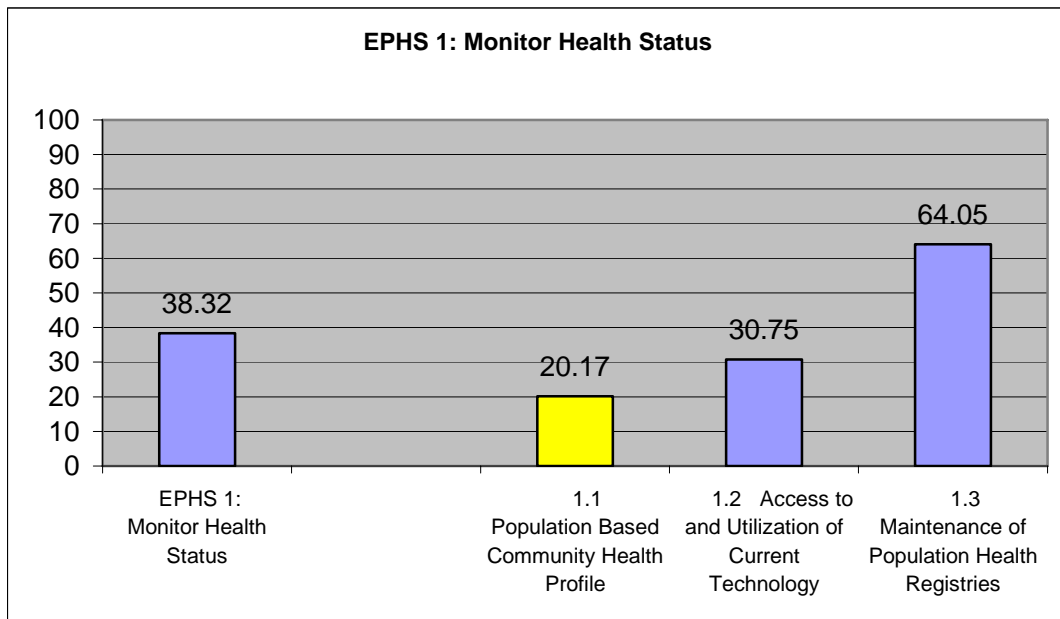
Figure 6:



Essential Public Health Service #1 – Monitor health status (Figure 7):

At present, the only needs assessments available to the region for planning have been in the form of hospital and agency community benefits reports, United Way’s 2001 Community Health Profile and United Way’s 2004 Community Survey of Priorities, Assets and Needs (SPAN). However, these assessments have not recently been updated. The group felt there was broad public health interest for an updated community health profile that could be readily assessable to the public.

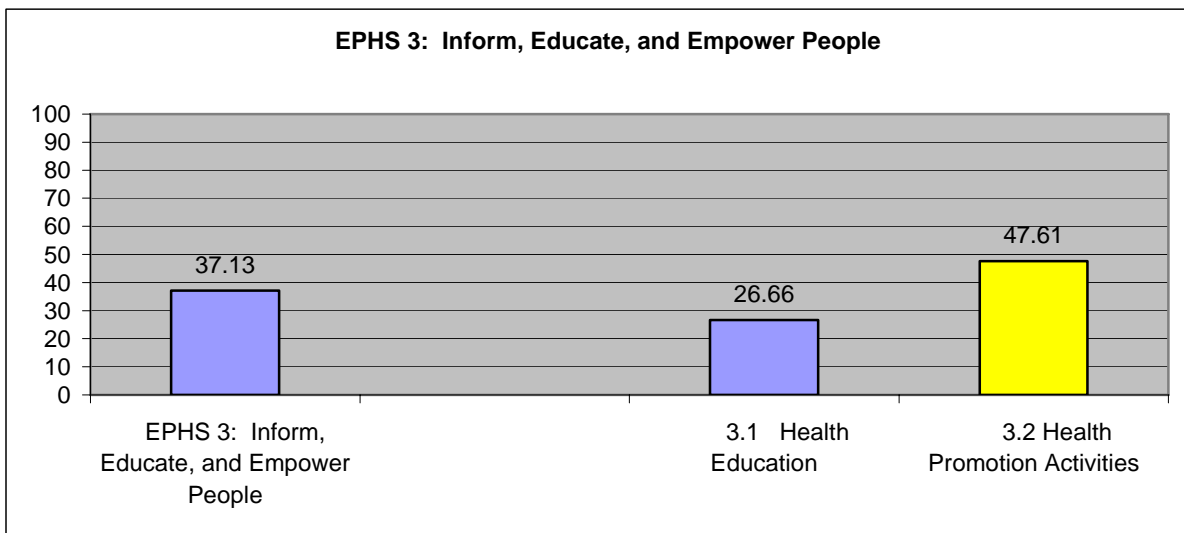
Figure 7:



Essential Public Health Service #3 - Inform, educate and empower people about health (Figure 8):

The absence of a formal public health department has created several coalitions and partnerships in the Greater Portsmouth area to address gaps in service, community health education and health promotion activities. Participants emphasized the need to build awareness and demand for existing programs and services collaboratively. High priorities include prevention of childhood obesity and the needs of the elderly population.

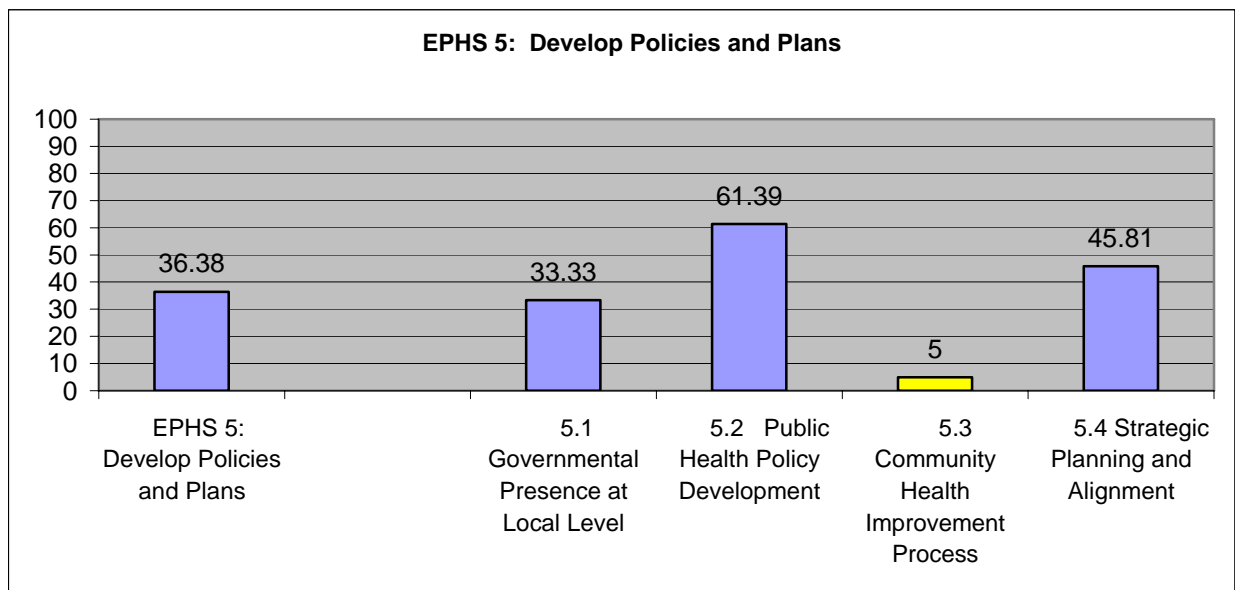
Figure 8:



Essential Public Health Service #5 – Develop policies and plans (Figure 9):

Participants recognized the need to formalize a community improvement process that clearly identifies health objectives and engages stakeholders in a strategic planning process. Participants acknowledged that the efforts currently underway to assess the local public health system, as well as to identify areas for improvement and to draft a *Public Health Improvement Plan (PHIP)*, are the first steps in developing policies and plans. After the development of the PHIP, it will be critical to engage stakeholders in its implementation, and align institutional planning efforts with the regional community improvement plan.

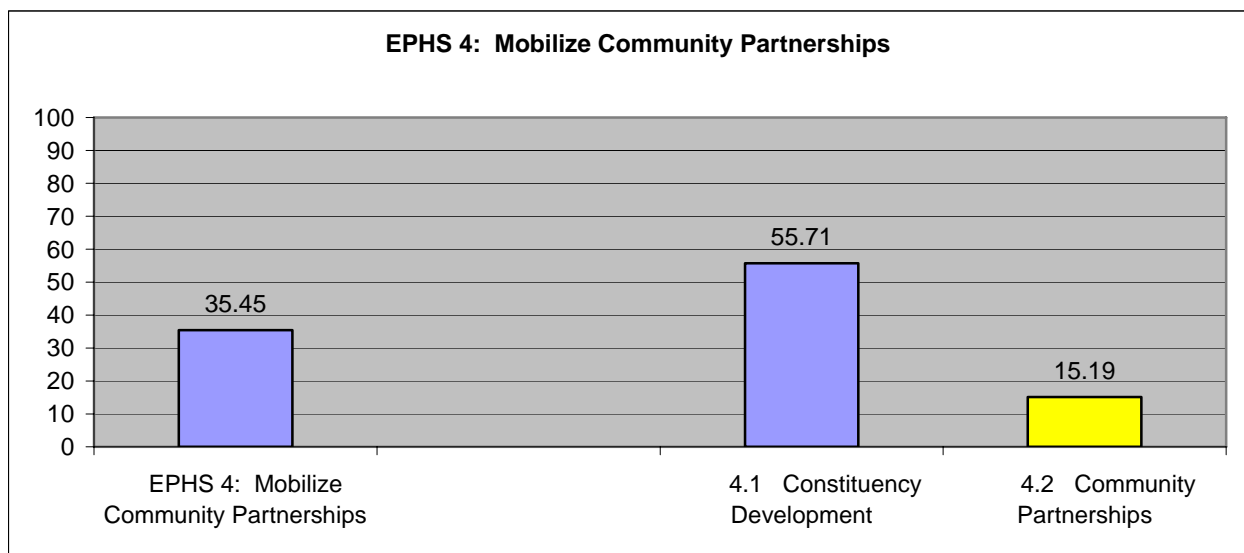
Figure 9:



Essential Public Health Service #4 – Mobilize partnerships to identify and solve problems (Figure 10)

Without a formal public health infrastructure in the service area, public health delivery, education, and enforcement during emergencies falls to a variety of organizations, municipalities, and individuals. By strengthening existing partnerships and collaborations through identification of needs, resources, and linkages, a greater awareness of available services and resources for the general public will emerge.

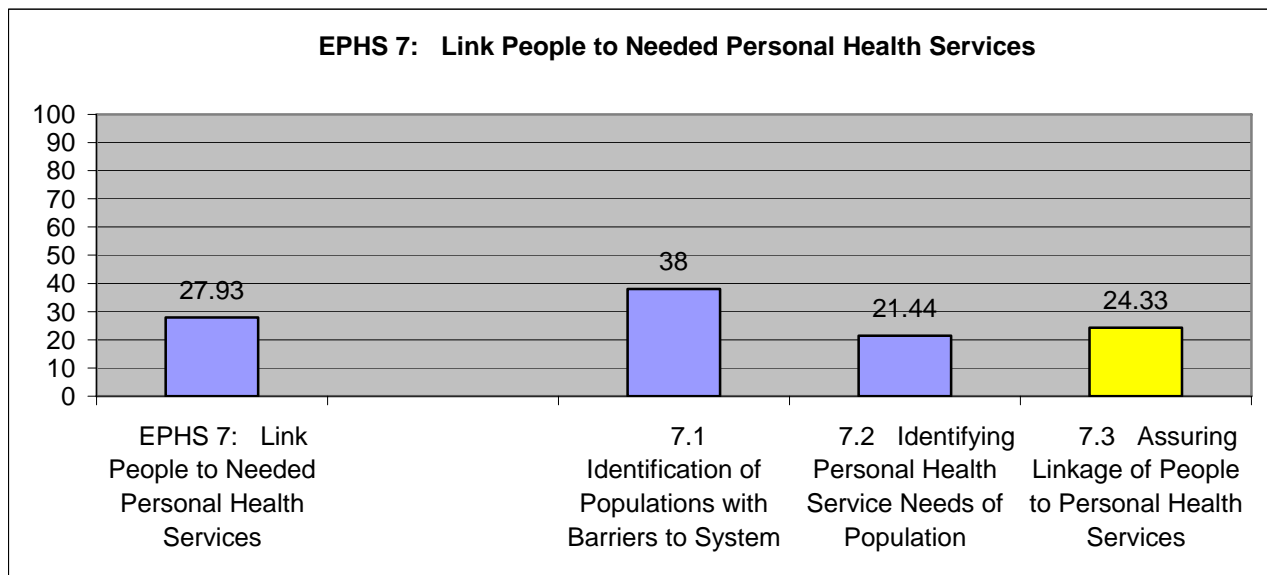
Figure 10:



Essential Public Health Service #7 – Link people to needed health services (Figure 11):

Participants are agreed that many at-risk populations are well understood and services are targeted to their needs. However, persons with physical disabilities, mental illness, lack of transportation services, low literacy, and language barriers often encounter obstacles to needed services. Participants emphasized the need for case management, coordinated outreach, and access to information and services.

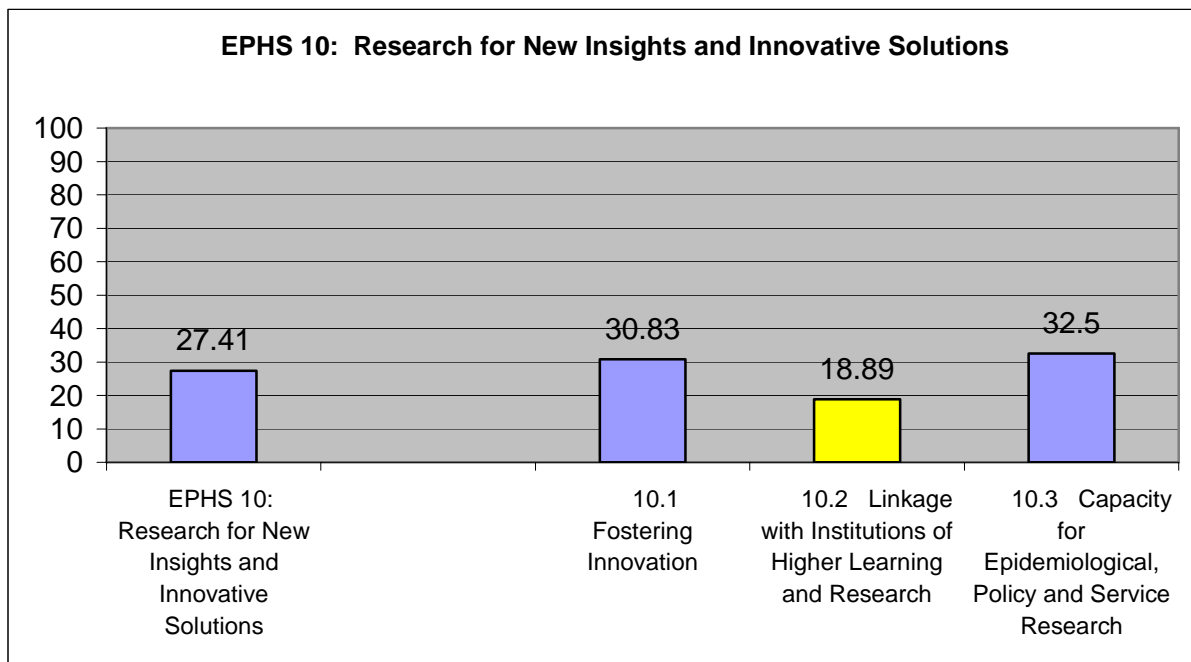
Figure 11:



Essential Public Health Service #10 – Research (Figure 12):

Participants noted that strong academic partners exist in the region with whom to collaborate. While preliminary efforts have been made to foster partnerships between the public health community and researchers, opportunities exist to promote a research agenda to benefit public health interests.

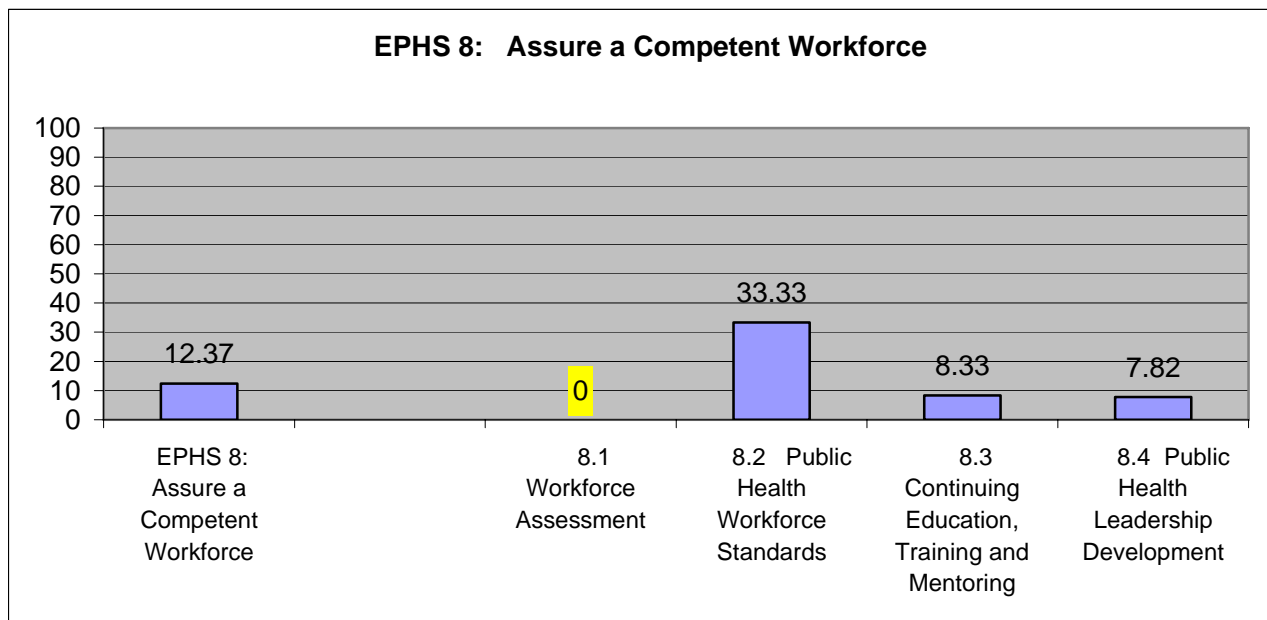
Figure 12:



Essential Public Health Service #8 – Assure a competent workforce (Figure 13):

This essential service received the lowest rating of all 10 essential services. The greatest weakness of the local public health system was identified as a lack of knowledge on how individual agencies assessed their workforce needs. Training, continuing education and leadership development were identified as needs of the system.

Figure13:



Goals and Strategies:

The members of the Greater Portsmouth Public Health Network reviewed and prioritized areas for improvement based on the findings of the assessment process. Areas for improvement were ranked according to agreed upon criteria including the likelihood that selected priorities would improve health outcomes, be reasonably achievable, supported by network members, and contribute to a regional approach to public health improvement.

Specific priorities for action were agreed upon by network members that would strengthen the delivery of public health services and promote improved health outcomes for each of the 10 Essential Public Health Services (See Figure 1). After discussing the results of the assessment and coming to a consensus, the Greater Portsmouth Public Health Network targeted the following four Essential Services for improvement:

- Monitor Health Status (#1)
- Diagnose and Investigate Health Problems (#2)
- Mobilize Community Partnerships (#4)
- Assure a Competent Public Health Workforce (#8)

The GPPHN Advisory Committee facilitated a process to identify specific actions to be taken to address the priority areas listed above. Three working groups were established: 1) Monitor Health Status; 2) Mobilizing Community Partnerships; and 3) Assure a Competent Public Health Workforce. The Portsmouth Area Emergency Planning Team with input from the Public Health Network will take a lead role in planning and implementing efforts to strengthen a regional emergency response.

**Essential Public Health Service #1:
Monitor Health Status to identify and solve health problems**

Essential Public Health Service #1, Monitor Health Status was one of the highly rated essential services. According to the Local Public Health Assessment Tool, Essential Service #1 received an overall score of 38 out of a maximum score of 100 (see page 6 for a graph of local public health assessment results), for a rank of 4th out of 10. The GPPHN Advisory Committee felt that individual agencies did a good job of assessing their health needs. However, an overall profile has not been completed since The United Way of the Greater Seacoast's 2001 Community Needs Profile.

Problem Statement:

In order to define high priority health problems in the community, an inventory of health indicators, risk factors, and health status needs to be collected and interpreted.

Goals:

1. Identify health indicators to measure health status, i.e. risk factors/behaviors, causes of illness and death, environmental factors, and access to care.
2. Collect and interpret health data from available data sets.
3. Agree on the most important health problems to be addressed.
4. Set benchmarks or measurable goals for improving the health of residents in the GPPHN.

Lead Agency:

Greater Portsmouth Public Health Network

A collective data agreement was requested from the State of New Hampshire's Health Information Center (NHHIC) from all regional networks in the state. A working group of GPPHN Advisory Committee members will collect and interpret data, review existing profile models, and develop a Community Health Profile before reporting back to the GPPHN Advisory Committee.

**Essential Public Health Service #2:
Diagnose and Investigate Health Hazards and Problems**

Essential Public Health Service #2, Investigate Health Hazards and Problems was the highest rated Essential Service. According to the Local Public Health Assessment Tool, Essential Service #2 received an overall score of 57 out of a maximum score of 100 (See page 6 for a graph of local public health assessment results), for a rank of 1st out of 10. This is an ongoing area of priority for public health planning.

Problem Statement:

Ongoing compliance with state and federal compliance activities.

Goals:

1. Engage public health community and Public Health coordinator's role in emergency preparedness planning. Assist in providing technical assistance in the interpretation of required public health services.
2. Add public health directory to Emergency Operations Plan.
3. Practice local emergency response drills, such as the Emergency Vaccination Exercise.
4. Meet National Incident Management System (NIMS) training by October 1, 2006.

Lead Agency:

Portsmouth Area Emergency Planning Team

**Essential Public Health Service #4:
Mobilizing Communities to Solve Health Problems**

Essential Public Health Service #4, Mobilizing Communities to Solve Health Problems was one of the lowest rated Essential Services. According to the Local Public Health Assessment Tool, Essential Service #4 received an overall score of 35 out of a maximum of score of 100 (See page 6 for a graph of local public assessment results). The workgroup will report back to the Advisory Committee on progress and the development of a webpage.

Problem Statement:

Lack of knowledge of existing collaborative efforts in the system.

Goals:

1. Partner with existing efforts to identify existing groups and their training and resource needs by applying/conducting asset mapping techniques.
2. Evaluate the need for a central public health website or other mechanism to promote connections or relationships between individuals, between individuals and organizations, and between organizations and organizations.
3. Support & explore existing intra-agency communication and collaborations.

Lead Agency:

Greater Portsmouth Public Health Network

**Essential Public Health Service #8:
Assure a Competent Workforce**

Essential Public Health Service #8 Assure a competent public health and personal care workforce: This was the lowest rated Essential Service. According to the Local Public Health Assessment Tool, Essential Service #8 received an overall score of 12 out of a maximum of score of 100 (See page 6 for a graph of local public assessment results). The workgroup will report back to the Advisory Committee the progress on the goals below.

Problem Statement:

Education and Training for personnel to meet the needs for public and personal health services.

Goals:

1. Convene health officers in the GPPHN's five towns to discuss municipal operations, develop partnerships, and assess training opportunities.
2. Discuss training topics such as first response readiness to food borne illness, lead, and complaint investigations.
3. Coordinate and conduct Safety Awareness in the Food Environment training for food service employees' w/in the GPPHN's network.
4. Coordinate and conduct Eastern Equine Encephalitis (EEE) and West Nile Virus presentation offered by the State of New Hampshire's Arboviral Surveillance Coordinator.
5. Host Avian Flu Public Health Forum.

Lead Agency:

Greater Portsmouth Public Health Network

Taking Action:

The workgroups started convening in September 2005 and are working to complete tasks relevant to the Essential Public Health Services identified for improvement in the *Local Public Health Needs Assessment* and the *Public Health Improvement Plan*. The State of New Hampshire grant for the Public Health Network expires in June 2006 at that time continued participation in the grant program will be evaluated.

Conclusion:

The role of public health continues to evolve on both a national and state level. The Centers for Disease Control and Prevention and the Department of Homeland Security have synchronized their efforts in strengthening emergency preparedness and response. It will be important at the local level for public health resources to participate in the development of local emergency operations plans and collaborate with state and local stakeholders in forming a public health system that responds quickly and comprehensively in public health emergencies.

Where opportunities exist the Greater Portsmouth Public Health Network plans to pursue actions and programs aimed at improving emergency response preparedness and public health in the region.