

Capital Area Public Health Region



Public Health Capacity Self-Assessment

December 8, 2009 and March 3, 2010

Concord, NH

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Participating Organizations

December 8, 2009	March 3, 2010
Capital Area Public Health Network Capital Region Community Prevention Coalition Community Action Program Belknap-Merrimack Counties Concord Feminist Health Center Concord Fire Department Concord Hospital Concord Police Department Dartmouth Hitchcock Concord Dunbarton Fire Department Granite State Independent Living Merrimack County Savings Bank Merrimack County Sheriff's Department NH Dental Society NH Hospital Pittsfield Fire & Rescue RDVCC Town of Epsom Town of Boscawen Town of Bow Town of Loudon	Capital Area Public Health Network Community Action Program Belknap-Merrimack Concord Fire Department Concord Hospital Dartmouth-Hitchcock, Concord Family Health Center Granite State Independent Living Merrimack County Sheriff's Department New Hampshire Hospital Town of Boscawen Town of Dunbarton Town of Epsom Town of Northwood Town of Warner Town of Washington

The following towns comprise the Capital Area Public Health Region:

Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster and Windsor

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Executive Summary

The Capital Area Public Health Network (CAPHN) and other regional partners comprising New Hampshire's Capital Area Public Health (PH) Region participated in the second phase of regional public health capacity assessments conducted between the Fall 2009 and Spring 2010. The purpose of the assessment was to identify assets in the region and identify gaps that may be addressed through regionalization. This capacity assessment is one component of a three-part assessment process that also includes financial and governance assessments of each public health region. This community partner assessment meeting piloted a process to conduct a joint public health capacity and governance assessment. The governance assessment findings are described in a separate report.

Method

This capacity assessment entailed a two-part process. For part one, the CAPHN completed the revised version of the National County and City Health Organizations Assessment (NACCHO – Rev.1) tool as the lead public health organization. CAPHN scored its capacity as the lead public health entity to meet each operational indicator for each standard of the ten essential services of public health.

During part two of the assessment, regional partners reviewed and concurred with a final CAPHN capacity score for each standard within each essential service. Regional partners then considered whether additional expertise or services existed within the local public health system, and scored regional capacity using the same scoring matrix. Each indicator was scored as having a range of capacity from none to optimal using a detailed methodology.

Lastly, regional partners considered how the State of New Hampshire (DPHS, DES, or other agency) contributed to regional public health capacity. Regional partners determined whether the state contribution to meeting each standard is sufficient, or insufficient, or whether they had insufficient information to decide.

The assessment was completed over two meetings (December 8, 2009 and March 3, 2010) in order to capture diverse perspectives on public health capacity from a wide range of stakeholders.

Results

The region had the **greatest capacity** in the following essential services:

- Diagnose and Investigate
- Inform and Educate
- Mobilize Partnerships

The region had the **least capacity** in the following essential services:

- Enforce Laws
- Link People to Services
- Competent Workforce
- Research

Table 1 summarizes how the region assessed its capacity to deliver the ten essential public health services.

Table 1: CAPHN and Regional Partner Essential Service Capacity Scores

	Essential Service	CAPHN Capacity (Score)	Regional Partners' Capacity (Score)	State Contribution
I	Monitor Health Status	Minimal (0.67)	Minimal (1.1)	Insufficient
II	Diagnose and Investigate	Moderate (1.72)	Moderate (2.14)	Mostly sufficient
III	Inform and Educate	Minimal (1.08)	Moderate (2.25)	Variable
IV	Mobilize Partnerships	Minimal (1.06)	Minimal (1.1)	Variable
V	Develop Policies and Plans	Minimal (0.2)	Minimal (1.2)	Insufficient
VI	Enforce Laws	None	Minimal (0.33)	Variable
VII	Link People to Services	None	Minimal (1.0)	Insufficient
VIII	Competent Workforce	None	Minimal (0.2)	Insufficient
IX	Evaluate and Improve	Minimal (0.4)	Minimal (1.0)	Insufficient
X	Research	None	None	Insufficient

Table 2 compares CAPHN and the regional partners' ranking of essential public health services.

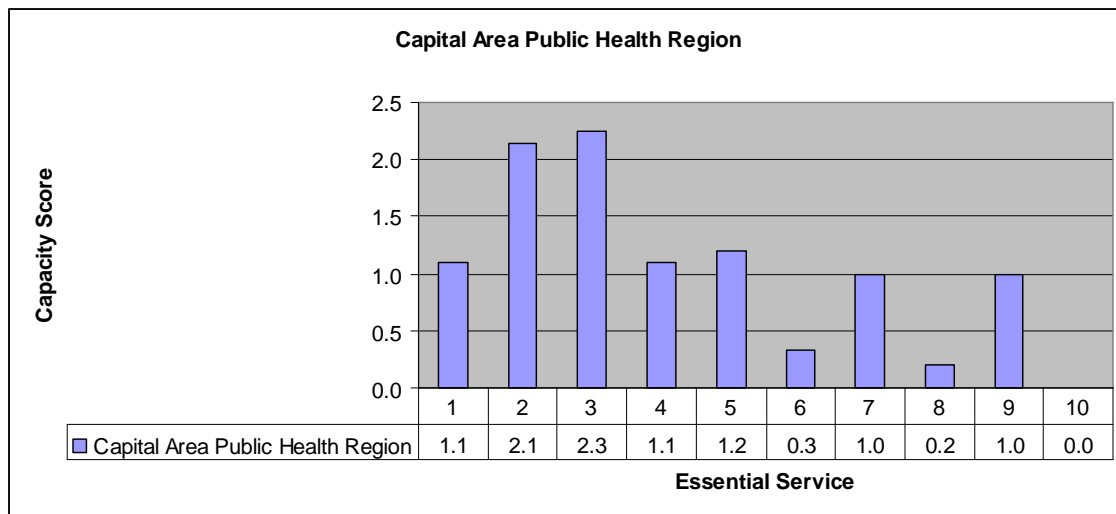
Table 2: Compared Ranking of Essential Public Health Services

CAPHN	Rank	Regional Partners
ES 2 Diagnose and Investigate	1	ES 3 Inform and Educate
ES 3 Inform and Educate	2	ES 2 Diagnose and Investigate
ES 4 Mobilize Partnerships	3	ES 5 Develop Policies and Plans
ES 1 Monitor Health Status	4	ES 4 Mobilize Partnerships
ES 9 Evaluate and Improve	5	ES 1 Monitor Health Status
ES 5 Develop Policies and Plans	6	ES 9 Evaluate and Improve
ES 6 Enforce Laws	7	ES 7 Link People to Services
ES 7 Link People to Services	8	ES 6 Enforce Laws
ES 8 Competent Workforce	9	ES 8 Competent Workforce
ES 10 Research	10	ES 10 Research

Throughout the assessment, regional partners emphasized that capacity existed within individual agencies and organizations, but that the coordination of efforts across the region was lacking. Partners recognized the extraordinary work of the CAPHN, but also recognized the limitations of a small not-for-profit organization that is supported by only one staff person.

Figure 3 depicts the regional aggregate capacity scores for each essential service. The areas of greatest capacity are diagnosing and investigating health hazards (ES 2) and informing and educating (ES 3). The areas of least capacity include public health law enforcement (ES 6), linking people to needed services (ES 7), and assuring a competent workforce (ES 8). Regional partners reported no capacity for public health research (ES 10).

Figure 1: Public Health Capacity Scores by Essential Service



Strengths

Regional partners identified several strengths of the Capital Area Public Health Region. The Lead Public Health Entity of the Future will support and further develop existing efforts in:

- Cross-regional communication and information exchange.
- Emergency preparedness.
- Coordinating notifications of entities that enforce public health laws and regulations.
- Developing and maintaining relationships with media.
- Obtaining and maintaining data that provide information on the health of the community.
- Preventing, minimizing and containing adverse health events and conditions.

Challenges and Opportunities

Gaps in capacity were identified in several areas. Partners recognized capacity of individual agencies or organizations to meet the essential services, but discussion centered on the lack of coordinated, region-wide efforts to address public health issues. Participants mentioned the fact that they had come together to complete this assessment as an indicator of the potential for building capacity within the region. To that end, the Lead Public Health Entity of the Future in the Capital Area PH Region will have an important role in:

- Supporting efforts in collecting, aggregating, and integrating data with health assessments
- Providing laboratory services and biostatistical expertise
- Advocating for region-wide public health policies and plans.
- Conducting enforcement activities.
- Promoting among community members and policy-makers awareness and understanding of policies and activities that will improve the public’s health
- Promoting and supporting the integration of research and adoption of evidence-based practices into public health practice

Table 3 shows how the regional partners scored State contributions to regional capacity. State contributions are sufficient for supporting regional efforts in diagnosing and investigation (ES 2). Regional partners had insufficient information to score the sufficiency of State contributions to support the regions capacity to enforce public health laws (ES 6). For all other essential services, regional partners scored the State contribution to the regions capacity as insufficient.

Table 3: State Contribution to Regional Capacity by Essential Service

Score	Essential Service
Sufficient	ES 2 Diagnose and Investigate
Insufficient	ES 1 Monitor Health Status ES 3 Inform and Educate ES 4 Mobilize Partnerships ES 5 Develop Policies and Plans ES 7 Link People to Services ES 8 Competent Workforce ES 9 Evaluate and Improve ES 10 Research
Insufficient information to score	ES 6 Enforce Laws

The Lead Public Health Entity of the Future will have a significant role in coordinating the public health efforts of the various partner organizations in the Capital Area Public Health Region. It will also serve as a liaison between the State and individual agencies and towns.

Capital Area Public Health Region Public Health Capacity Self-Assessment

The Central New Hampshire Health Partnership (CNHHP) and other regional partners comprising New Hampshire’s Capital Area Public Health (PH) Region participated in the second phase of regional public health capacity assessments conducted between the Fall 2009 and Spring 2010. The purpose of the assessment was to identify assets in the region and identify gaps that may be addressed through regionalization. This capacity assessment is one component of a three-part assessment process that also includes financial and governance assessments of each public health region.

Method

This capacity assessment entailed a two-part process. For part one, the CAPHN completed the revised version of the National County and City Health Organizations Assessment (NACCHO – Rev.1) tool as the lead public health organization. CAPHN scored its capacity as the lead public health entity to meet each operational indicator for each standard of the ten essential services of public health.

For each indicator, the CAPHN considered 1) planning, staffing or resources directed toward meeting the standard, 2) whether activity occurred to meet the standard, when applicable, and/or 3) whether documentation could be produced to support the capacity and/or activity, if needed. A score was assigned using the following matrix:

	No Capacity	Minimal Capacity	Moderate Capacity	Significant Capacity	Optimal Capacity
Score	0	1	2	3	4
Capacity (Planning, Staffing, Resources)	None	Minimal	Moderate	Significant	Significant
Activity (when applicable)	None	None	Minimal	Moderate	Significant
Supporting Documentation	No documentation available		If asked to produce documentation, you could produce it.		

During part two of the assessment, regional partners reviewed and concurred with a final CAPHN capacity score for each standard within each essential service. Regional partners then considered whether additional expertise or services existed within the local public health system, and scored regional capacity using the same scoring matrix. Each indicator was scored as having a range of capacity from none to optimal using a detailed methodology.

Part two of the assessment was completed over two meetings (December 8, 2009 and March 3, 2010) in order to capture diverse perspectives on public health capacity from a wide range of stakeholders. Participants who represented the regional hospital, community health center,

mental health providers, several town health officers, emergency services, municipal representatives and social service agencies (Please see Appendices A and B for lists of participants). During these meetings, regional partners reviewed the CAPHN’s self-assessment scores, and concurred with a final CAPHN capacity score for each standard within each essential service. Regional partners then considered whether additional expertise or services existed within the local public health system, and scored regional capacity using the same scoring matrix.

Lastly, regional partners considered how the State of New Hampshire (DPHS, DES, or other agency) contributed to regional public health capacity. Regional partners assigned one of three scores to the state contribution to meeting each standard, as outlined in the following matrix:

Score	Description
0	Participants have insufficient information to rate the contribution of state resources to meeting this standard at the regional level
1	State planning, staff, or other resources or activities are insufficient to meet this standard at the regional level
2	State planning, staff, or other resources or activities are sufficient to meet this standard at the regional level

The numerical scores reported here were drawn from the March 3, 2010 assessment meeting; comments reported throughout this document were drawn from the discussions that occurred on December 8, 2001 and March 3, 2010.

This report is organized by essential service (ES). Each ES section includes:

- a summary description of assessment scores for each ES;
- a graph depicting CAPHN and regional partner scores for each standard;
- CAPHN and regional partners’ capacity scores for each standard;
- rating of the state level contribution to the regions capacity to meet each standard;
- comments reflecting the discussion pertaining to each standard; and
- a section on implications.

The report closes with a final summary.

ESSENTIAL SERVICE I

Monitor health status and understand health issues facing the community.

Scale 0–4

Overall Score CAPHN: 0.67 - Minimal Capacity

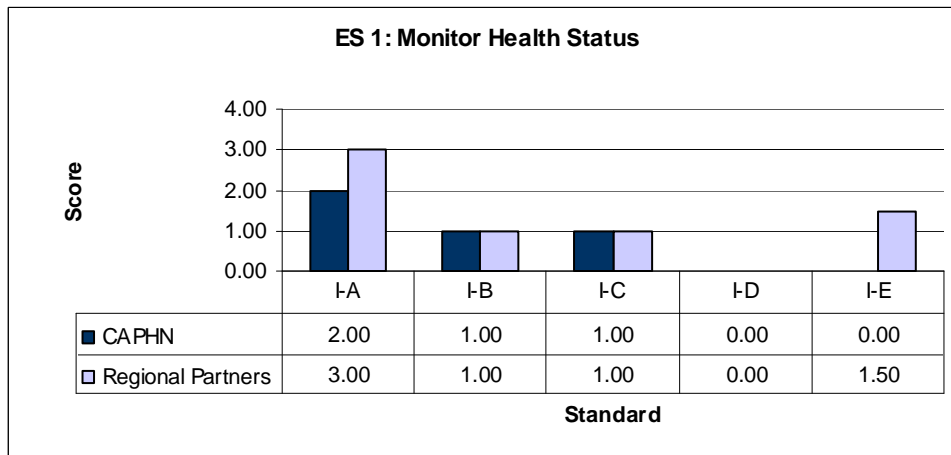
Overall Score Partners: 1.1 - Minimal Capacity

State Contribution: Insufficient

Capacity for monitoring health status and understanding health issues facing the community varied widely by standard.

- The area of **greatest capacity** is obtaining and maintaining data that provide information on the community’s health.
- **Moderate capacity** exists for developing disease-reporting relationships with providers and others in the communities who have information related to public health interest, conducting or contributing to periodic community health assessments, and conducting data analysis related to identifying trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public’s health.
- **No capacity** exists for integrating data with health assessment and data collection efforts conducted by others in the public health system.

Regional partners rated the State’s contribution to the region’s capacity to meet ES 1 as **insufficient** across all standards.



STANDARD I-A

Obtain and maintain data that provide information on the community’s health (e.g., provider immunization rates, hospital discharge data, environmental health hazard, risk and exposure data, community-specific data, number of uninsured, and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).

CAPHN Capacity	Regional Partners' Contribution	State Contribution
2.0 (moderate)	3.0 (significant)	Insufficient

Comments

- The Public Health Network is a one-person organization.
- Capacity to deal with data is very limited.
- Fire department has large capacity in using electronic records, and is a great resource to the region.
- A cancer registry and other registries exist through the hospital and link to other databases available locally. The hospital looks at its data, and the other agencies look at county and state data. Each agency taps into the State level data they need to function.
- There is no mechanism to share the information and data that currently exist “goes into one big cart”.
- “It is not integrated – there is no sense of the “big picture’.”

STANDARD I-B

Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.0 (minimal)	1.0 (minimal)	Insufficient

Comments

- Leigh is always available; however, the network is not 24/7.
- CAPHN scored low because of lack of documentation for many routine processes. CAPHN has the capacity, but not the infrastructure.
- Many in region receive health alerts through the Health Alert Network
- The State provides good data – but not enough money.
- The State does not have enough money to support the region’s data needs.
- Members get lots of information from the State.
- Information from CAPHN is better than the State information.
- Many times the law prevents planning partners from sharing information (eg, hospital employee who was identified with H1N1 in the early stages).

STANDARD I-C

Conduct or contribute expertise to periodic community health assessments.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.0 (minimal)	1.0 (moderate)	Insufficient

Comments

- Not all organizations do assessments.
- The hospital does an assessment every five years.
- CAPHN does not get into the other health issues- they focus on emergency planning.

STANDARD I-D

Integrate data with health assessment and data collection efforts conducted by others in the public health system.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
one	None	Insufficient

Comments

- Some linkages have been made.

STANDARD I-E

Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.5 (minimal to moderate)	Insufficient

Comments

- Agencies have some ability to gather and use data but they cannot share it with region.

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will have a critical role in integrating data with health assessments and data collection efforts conducted by others. It will support and enhance existing capacity to obtain and maintain data that provide information on the community's health, and support existing relationships between regional providers to facilitate information exchange. It will facilitate and contribute expertise to community assessment, and will have a key role in providing analysis of public health-related data. It will ensure consistently high quality data across topic areas, geographic region, and time, and facilitate benchmarking capabilities.

ESSENTIAL SERVICE II

Protect people from health problems and health hazards.

Scale 0–4

Overall Score CAPHN: 1.72 – Minimal to Moderate Capacity

Overall Score Partners: – 2.14 Moderate to Capacity

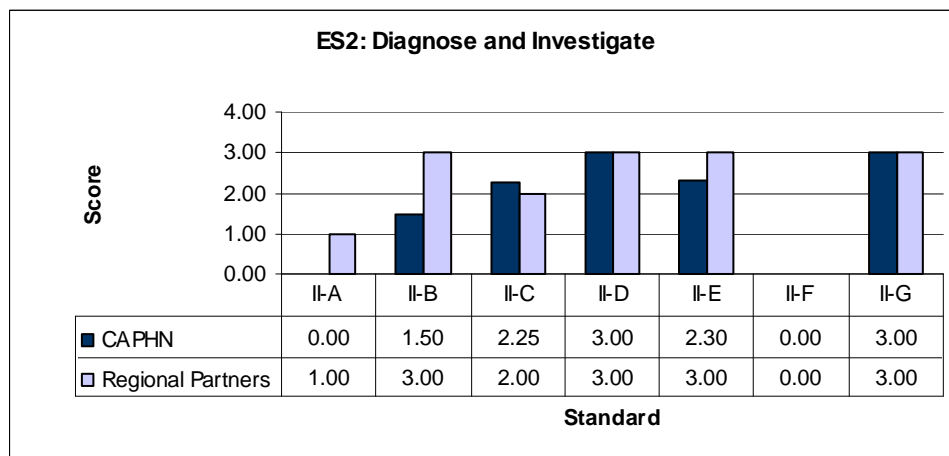
State Contribution: Mostly Sufficient

Regional capacity for protecting people from health problems and health hazards ranged from none to significant. Overall, this essential service is an area of strength for this region.

- Within this region, the **greatest capacity** exists for leading and participating in emergency planning, exercises and response activities, and maintaining policies and technology required for urgent communications and data exchange.
- **Moderate capacity** exists for preventing, minimizing and containing adverse health events and conditions, and coordinating with governmental agencies that investigate and respond to health problems.
- Regional partners reported the **least capacity** for investigating health problems and environmental health hazards.
- **No capacity** exists to maintain access to laboratory and biostatistical expertise.

Regional capacity for investigating health problems and health hazards depends heavily upon state contributions. The state has an integral role in providing regional capacity for providing ES II.

- State level contribution to regional capacity for protecting people from health problems and health hazards is **sufficient** across all standards except for one. The State level contribution is insufficient in supporting regional capacity to maintain policies and technology required for urgent communications and electronic data exchange. Better integration is needed with regard to the Emergency Operations and Incident Command Centers, and better after action information from the state is required to work on improvements.



STANDARD II-A

Investigate health problems and environmental health hazards.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1 (minimal)	Sufficient

Comments

- Typically this is a state function.
- Regions are not expected to carry out disease investigation.
- Surveillance systems are in place that help the state monitor, e.g., ILI (Influenza-Like Illness) data, fire data.
- State sends public health alert information through the Health Alert Network (HAN).

STANDARD II-B

Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.5 (minimal to moderate)	3.0 (significant)	Sufficient

Comments

- A seasonal flu advertising strategy is in place.
- Talent and resources exist within the region.
- Community partners collaborate to address seasonal flu needs.

STANDARD II-C

Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
2.25 (moderate)	2.0 (moderate)	Sufficient

Comments

- There is no vehicle to communicate with the towns or the county.
- The region does a great job during an emergency, but there are lots of disease outbreaks in the area that CAPHN does not get involved with.
- The State needs to introduce legislation that requires credentialing for health officers. Health officers need to understand the public health and Incident Command System structure. The former legislation that failed to pass called for voluntary certification of health offices- this is too important to only have voluntary certification.

STANDARD II- D

Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state and federal agencies.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
3.0 (significant)	3.0 (significant)	Sufficient

Comments

- CAPHN identifies and trains volunteers.
- There are many resources across the region.
- The region partners with CAPHN in this area. All towns have plans that get exercised.
- CAPHN is the lead agency in this capacity.

STANDARD II-E

Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
2.3 (moderate to significant)	3 (significant)	Sufficient

- We have a long way to go. We have a lot to learn. We need more people cross-trained.
- Communities are getting used to calling CAPHN for emergency response support.

STANDARD II- F

Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Sufficient

Comments

- The State typically does this.

STANDARD II- G

Maintain policies and technology required for urgent communications and electronic data exchange.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
3.0 (significant)	3.0 (significant)	Insufficient

Comments

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- Region needs better “After Action” information from the State to work on improvements.
 - The Emergency Operations and Incident Command Centers need better integration for a public health emergency event.
 - There are issues and confusion with the Multi-Agency Coordinating Entities (MACE).

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will have a key role in investigating health problems and environmental hazards and providing laboratory and biostatistical expertise. It will support existing capacity for emergency preparedness and, preventing, minimizing and containing adverse health events. Lead Public Health Entity of the Future will need resources to coordinate and integrate existing efforts, which will require resources to develop and maintain capacity for communications and data sharing among organizations within the region and between the region and the State. The Lead Agency of the Future will support the professional development of health officers.

ESSENTIAL SERVICE III

Give people the information they need to make healthy choices.

Scale 0–4

Overall Score CAPHN: 1.08 - Minimal Capacity

Overall Score Partners: 2.25 - Moderate Capacity

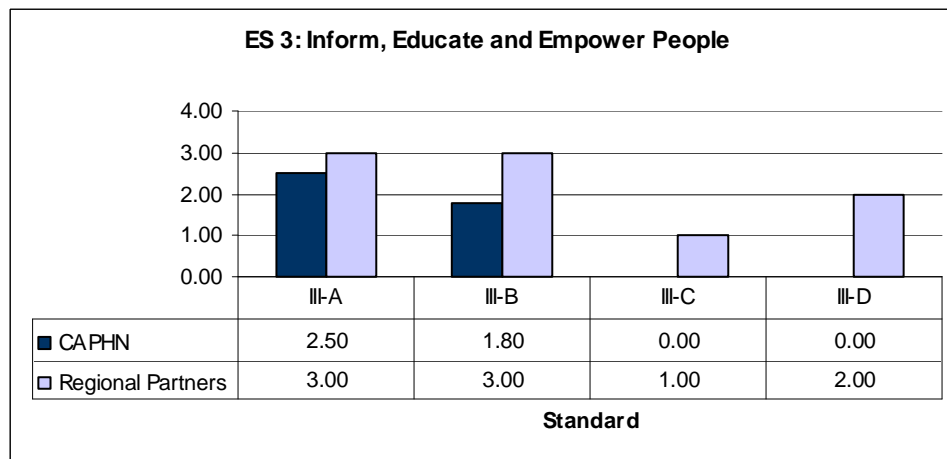
State Contribution: Varies by Standard

Capacity for providing people with the information they need to make healthy choices ranges from minimal to significant, with regional partners reporting most of the capacity.

- Within this region, the **greatest capacity** exists for developing relationships with the media and exchanging information and data with individuals, community groups, other agencies and the general public about issues affecting the public’s health.
- **Moderate capacity** exists for providing health promotional programs to address identified health issues.
- Regional partners reported the **least capacity** for providing targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.

The adequacy of the State’s contribution to the regional capacity to provide ES III varies by standard.

- The State’s contribution is **sufficient** in supporting the region to develop relationships with the media to convey information about issues affecting the public’s health.
- The State contribution is **insufficient** for all other standards: information and data exchange (with the exception of Dr. Montero, who does a good job in terms of emergency situations), providing targeted culturally-appropriate information to the public, and providing health promotional programs.



Standard III-A

Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
2.5 (moderate to significant)	3.0 (significant)	Sufficient

▪

Standard III-B

Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.8 (moderate)	3.0 (significant to optimal)	Insufficient

Comments

- Dr Montero does a great job in emergency situations.
- Regarding other health issues, the State's response is not sufficient.

Standard III-C

Provide targeted, culturally-appropriate information to help individuals understand what decisions they can make to be healthy.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- Individual regional partners have strengths addressing different groups, but there is no regional approach.
- Members need cultural competency training.
- There are other groups in the community that the region is not prepared to provide services for.
- Other communities have more diverse members and have more organizations that assist groups.

Standard III-D

Provide health promotional programs to address identified health problems.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	2.0 (moderate)	Insufficient

Implications for the Future Capital Area Lead PH Entity

The Capital Area PH Region has strong capacity for developing relationships with the media and providing information for informed healthy choices. Efforts would be strengthened if they were more integrated, with improved coordination in the wide range and diverse public health messaging across the region. The Lead Public Health Entity of the Future in the Capital Area PH Region will continue to support and integrate the efforts of regional partners to ensure that services reach the wide range of existing and emerging needs.

ESSENTIAL SERVICE IV

Engage the community to identify and solve health problems.

Scale 0–4

Overall Score CAPHN: 1.06 – Minimal Capacity

Overall Score Partners: 1.1 – Minimal Capacity

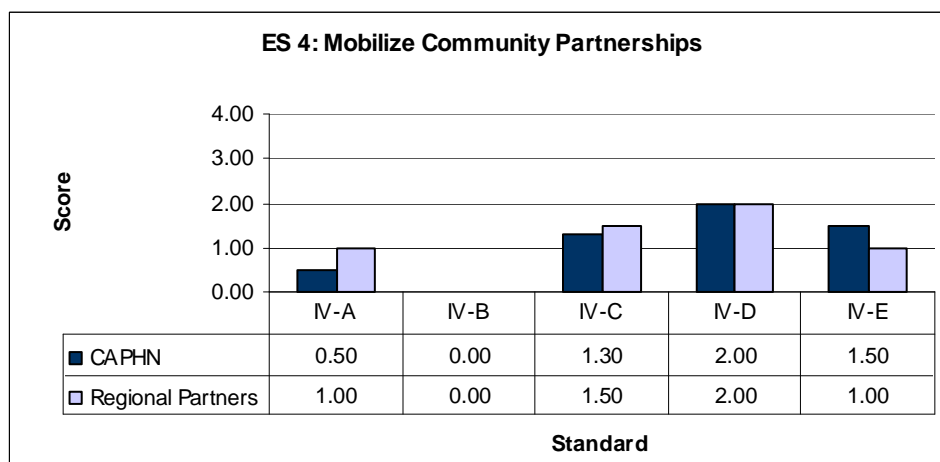
State Contribution: Varies by Standard

Partners recognized the activities of individual organizations, but consistently noted the lack of a unified regional voice or efforts in addressing this standard.

- Within this region, **greatest capacity** exists for developing partnerships to generate interest in and support for community health status.
- **Moderate capacity** exists for supporting, implementing, and evaluating strategies that address public health goals in partnership with public and private organizations; and informing the community, governing bodies, and elected officials about governmental health services.
- Regional partners reported the **least capacity** for engaging the local public health system in an ongoing, strategic, community-driven, comprehensive planning process, although it was noted that conducting this assessment indicated some capacity to engage the community to identify and solve problems.
- **No capacity** exists for promoting the community’s understanding of and adequacy for policies and activities that will improve the public’s health.

Adequacy of the state’s contributions to regional capacity to provide ES IV varies by standard.

- State contributions are **sufficient** in supporting regional efforts to support, implement, and evaluate collaborative strategies that address public health goals.
- State contributions are **insufficient** in supporting regional efforts to engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process, to promote the community’s understanding of and advocacy for policies and activities that will improve the public’s health, and to inform the community, governing bodies and elected officials about public health services.
- Partners felt that they had **insufficient information** to rate the State’s contribution to regional capacity to develop partnerships to generate interest in and support for community health status.



Standard IV-A

Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals, and evaluate success in meeting the goals.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
0.5 (minimal)	1.0 (minimal)	Insufficient

Comments

- “CAPHN scored low on this standard because even though we engage in these activities, we lack supporting documentation.”
- The structure is there for emergency planning, but not for other health issues.
- CAPHN focuses on emergencies.
- We are working on the structure (i.e. Multi-agency Coordinating Entity [MACE], which could work in other situations).
- Community members complete surveys and participate in planning activities, but it is not region-wide.
- For infectious disease and bioterrorism there is community involvement – but it has not been region-wide for other issues.
- State helps with infectious disease outbreaks and emergency response.
- The region “piece-meals” the services together, same with the needs assessment.
- The hospital has done a needs assessment.

Standard IV-B

Promote the community’s understanding of and advocacy for policies and activities that will improve the public’s health.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Comments

- Individual organizations do this, but it does not happen as a region.

Standard IV-C

Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.3 (minimal)	1.5 (minimal to moderate)	Sufficient

Comments

- The State created the Public Health Network, but more funding is needed.

Standard IV-D

Develop partnerships to generate interest in and support for community health status, including new and emerging public health issues.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
2.0 (moderate)	2.0 (moderate)	Insufficient information

Comments

Standard IV-E

Inform the community, governing bodies and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.5 (minimal to moderate)	1.0 (minimal)	Insufficient

Comments

- "There is no unified regional voice."
- Individual agencies do advocacy.

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will serve as a hub of communication between towns, region, and state agencies. A main function of the Lead Public Health Entity of the Future in this region will be to promote the community's understanding of and advocacy for policies and activities that promote and improve public health, and to engage the local public health system in a coordinated, ongoing strategic planning process that includes public and private organizations and addresses the public health needs of the entire region.

ESSENTIAL SERVICE V

Develop public health policies and plans.

Scale 0–4

Overall Score CAPHN: 0.2 – Minimal Capacity

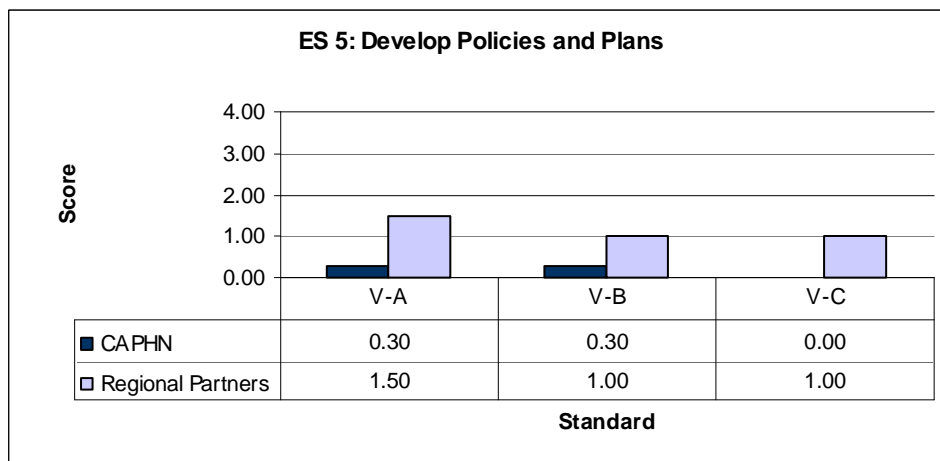
Overall Score Partners: 1.2 – Minimal Capacity

State Contribution: Insufficient

There is minimal to moderate capacity, at most, for developing public health policies and plans within the Capital Area region, and most of the existing capacity lies with the regional partners rather than the PHN.

- In this region, the **greatest capacity** exists to serve as a primary resource for governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices, and to advocate for policies that lessen health disparities and improve environmental, social, and economic conditions that affect the public’s health.
- Regional partners reported **the least capacity** for engaging in strategic planning, including prioritization of services and programs.

The adequacy of the state’s contribution to regional capacity was insufficient across standards for ES V.



Standard V-A

Serve as a primary resource for governing bodies and policymakers to establish and maintain public health policies, practices, and capacity base on current science and best practices.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
0.3 (minimal)	1.5 (minimal to moderate)	Insufficient

Comments

- CAPHN is staffed by only one person. She is involved with day-to-day things, and cannot be expected to respond to emergencies and also deal with policy issues.
- Leigh Cheney [CAPHN] communicates with governing bodies (i.e. planning partners, select people), and informs those at the State who communicate with legislators.
- Members are connected and could influence policy within the region.
- As a region, this group does not speak as one voice, but individual agencies do.
- The State is not proactive.

Standard V-B

Advocate for policies that lessen health disparities and improve physical, behavioral, environment, social and economic conditions in the community that affect the public’s health.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
0.3 (minimal)	1.0 (minimal)	Insufficient

Comments

- The region is reactive.
- The region has potential and the members are connected to community, but the region does not approach it this way.

Standard V-C

Engage in local health systems strategic planning to develop a vision, mission, and guiding principles that reflect the community’s public health needs, and to prioritize services and programs.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- “There is some capacity given that members are here today.”

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will serve a critical role in supporting existing efforts to bring various regional community organizations together to coordinate strategic planning, policy development and advocacy efforts. It will also have an important role in establishing unified regional advocacy efforts to lessen health disparities and improve community conditions that affect the public’s health.

ESSENTIAL SERVICE VI

Enforce public health laws and regulations.

Scale 0–4

Overall Score CAPHN: 0.0 – No Capacity

Overall Score Partners: 0.33 – Minimal Capacity

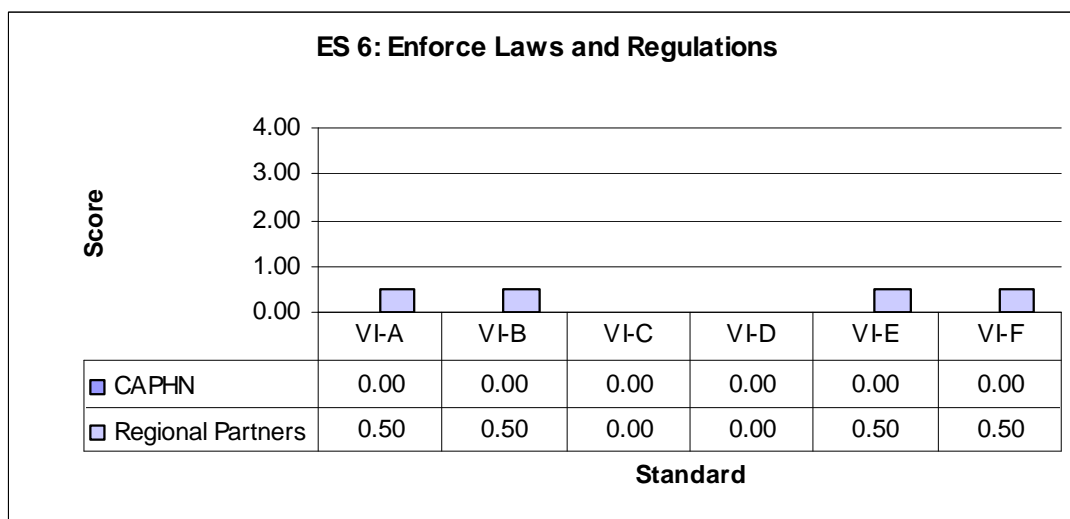
State Contribution: Varies by Standard

The Capital Area public health region has minimal capacity to enforce public health laws and regulations. The minimal capacity that exists lies with the local health officers.

- **No capacity** exists for educating individuals and organizations on the meaning, purpose and benefit of public health laws and regulations and how to comply with them, or for monitoring and analyzing compliance of regulated entities.

The adequacy of the State’s contribution to the region’s capacity to provide ES VI varies by standard.

- The State’s contribution is **sufficient** in reviewing existing laws and regulations.
- The State’s contribution is **insufficient** in supporting the region’s capacity to understand existing laws and regulations, and the regions capacity to educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply. The regional partners cited confusion regarding enforcement of quarantine as an example.
- Regional partners had **insufficient information** to score the State’s contribution to regional capacity to monitor and analyze compliance with public health laws, conduct enforcement activities, and coordinate notification of violations among other governmental agencies that enforce public health laws and regulations.



Standard VI-A

Review existing laws and regulations and work with governing bodies and policymakers to update them as needed.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	0.5 (minimal)	Sufficient

Comments

- Health officers have local authority. CAPHN does not have authority.
- The region has a public health emergency response model that works well.
- “Not sure the region has the ability to enforce public health laws. The police can – but the region cannot. “
- The laws are local or state level.
- Health officers have limited authority based on prevalence data, which makes it reactionary.
- “The State’s response is sufficient – they make laws.”

Standard VI-B

Understand existing laws, ordinances, and regulations that protect the public’s health.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	0.5 (minimal)	Insufficient

Standard VI-C

Educate individuals and organization on the meaning, purpose, and benefit of public health laws, regulations, and ordinances, and how to comply.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Comments

- This region does not have a coordinated effort to enforce laws and regulations, although many of the planning partners have some capacity.
- “The quarantine situation is an example of the state being insufficient. There is lots of confusion around quarantine enforcement.”

Standard VI-D

Monitor and analyze over time the compliance of regulated organizations, entities and individuals.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient information

Comments

- “Unsure about the State’s role.”

Standard VI-E

Conduct enforcement activities.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	0.5 (minimal)	Insufficient information

- Health officers look at minimum standards – but the State uses different standards, which creates conflicts, especially around child welfare cases.
- Statute and practice from the State inconsistent.
- Organizations have their own guidance they must follow.
- The public health system is not set up to do this in NH.
- “Local or regional capacity exists, but the state may trump in this area. What is clear in statute is less clear in practice.”

Standard VI-F

Coordinate notification of violations among other governmental agencies that enforce law and regulations that protect the public’s health.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
one	0.5 (minimal)	Insufficient information

Implications for the Future Capital Area Lead PH Entity

There will be a significant role for the Lead Public Health Entity of the Future in the Capital Area PH Region in enforcing public health laws and regulations. Specifically, the Lead Public Health Entity of the Future will have a critical role in reviewing, understanding, monitoring, and analyzing existing laws and regulations as well as compliance patterns. The Lead Public Health Entity will collaborate with governing bodies and policymakers to update existing public health laws as needed. There will be a role in tracking compliance with public health regulations, conducting enforcement activities, and coordinating with other governmental agencies. It will support the work of public health officers at the town level, and provide a link between town and state enforcement entities.

ESSENTIAL SERVICE VII

Help people receive health services.

Scale 0–4

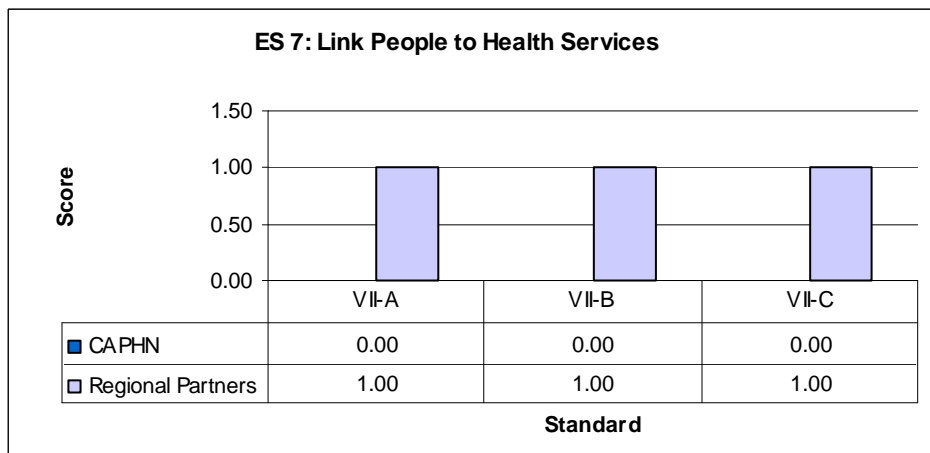
Overall Score CAPHN: 0.00 – No Capacity

Overall Score Partners: 1.0 - Minimal Capacity

State Contribution: Insufficient

The Capital Area region reports **minimal capacity** to link people to needed services. Partners reported that some capacity exists within agencies, but it is not organized across the region, although there is some activity across the region in promoting access to care.

The State’s contribution to regional capacity to meet ES VII is **insufficient** across all standards.



Standard VII-A

Engage the community to identify gaps in culturally competent, appropriate, and equitable **personal health services**, including preventive and health promotion services, and develop strategies to close gaps.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- Capacity exists within agencies.
- Schools help provide care and towns provide assistance too.
- It is not organized.

Standard VII-B

Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services in partnership with the community.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- There is a lot of activity across the region to promote access to care.
- Concord Hospital does a great deal and individual agencies have capacity. Schools and town welfare also assist.

Standard VII-C

Link individuals to available, accessible personal health care providers (i.e., medical home).

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- Again, capacity exists within organizations, but not across the region.

Implications for the Future Capital Area Lead PH Entity

There will be a significant role for the Lead Public Health Entity of the Future in the Capital Area PH Region to support regional planning for providing personal care services for its residents. There will be a key role in supporting and extending existing capacity.

ESSENTIAL SERVICE VIII

Maintain a competent public health workforce.

Scale 0–4

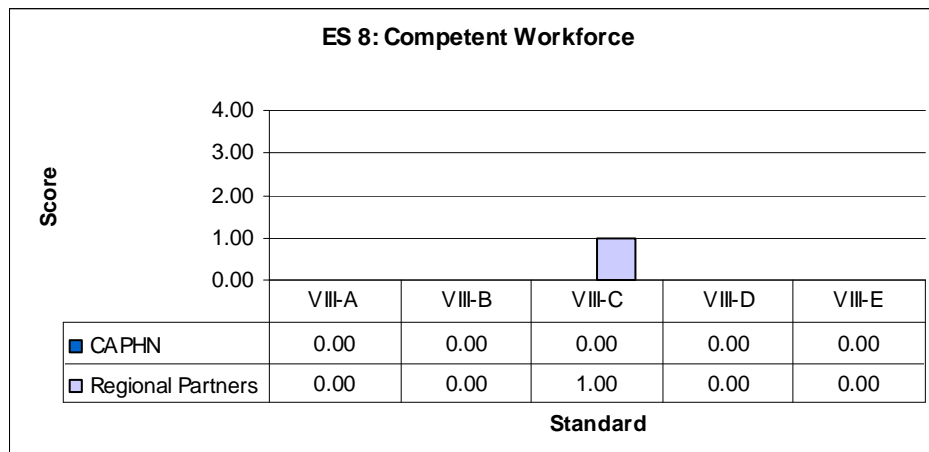
Overall Score CAPHN: 0.0 – No Capacity

Overall Score Partners: 0.2 – Minimal Capacity

State Contribution: Insufficient

This region reports **no capacity** for this essential service, with the exception of minimal involvement in providing practice and competency-based education experiences for the future public health workforce. Partners noted that universities and smaller colleges have improved their offerings around public health and emergency management.

The State’s level of contribution to the region’s capacity to meet ES VIII is **insufficient** across standards.



Standard VIII-A

Recruit, train, develop, and retain a diverse staff.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Standard VIII-B

Evaluate local health system’s staff members’ public health competencies and address deficiencies through continuing education.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Standard VIII-C

Provide practice and competency-based educational experiences for the future public health workforce and local health system staff expertise in developing and teaching public health practice curricula, through partnerships with academia.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- The Region has several established partnerships.
- The health center trains professionals, but no formal agreement exists.
- Many agencies provide opportunities to train professionals.
- Universities and smaller colleges have improved their offerings around public health and emergency management.

Standard VIII-D

Promote the use of effective public health practices among other practitioners or agencies engaged in public health interventions.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Standard VIII-E

Provide the public health workforce with adequate resources to do their jobs.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will have a significant role in developing systems of sharing best practices, increasing access to resources to support public health practitioners in their work, and ensuring that health officers are adequately trained. It will have a key role in establishing or expanding and maintaining partnerships with academic institutions to support and ensure the availability of practice and competency-based educational experiences for future public health workers.

ESSENTIAL SERVICE IX

Evaluate and improve programs

Scale 0–4

Overall Score CAPHN: 0.4 - Minimal Capacity

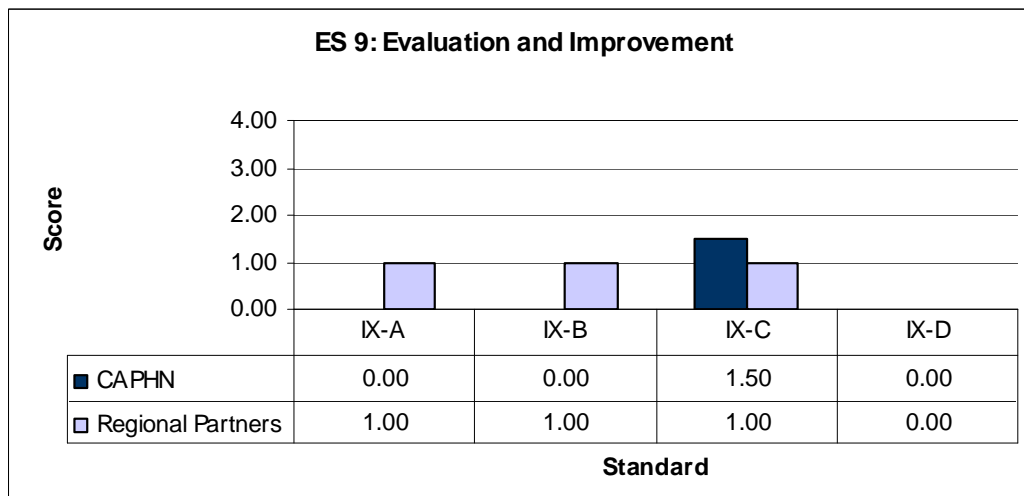
Overall Score Partners: 1.0 - Minimal Capacity

State Contribution: Insufficient

Regional capacity for evaluating and improving programs is minimal.

- Within this region, **greatest capacity** exists in evaluating effectiveness and quality of programs and activities.
- Regional partners reported the **least capacity** in developing evidence-based evaluation efforts to assess health outcomes.
- **No capacity** exists for reviewing the effectiveness of public health interventions provided by other providers and agencies.

The State’s contribution to support regional capacity to meet ES IX is **insufficient** across all standards.



Standard IX-A

Develop evaluation efforts to assess health outcomes to the extent possible.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Comments

- Local agencies have processes in place for improvement.

Standard IX-B

Apply evidence-based criteria to evaluation activities where possible.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	1.0 (minimal)	Insufficient

Standard IX-C

Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
1.5 (minimal to moderate)	1.0 (minimal)	Insufficient

Standard IX-D

Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provides expertise to those interventions that need improvement.

CAPHN Capacity	Regional Partners' Contribution	State Contribution
None	None	Insufficient

Implications for the Future Capital Area Lead PH Entity

The Lead Public Health Entity of the Future in the Capital Area PH Region will have an important role in supporting evaluation of community-based public health programs by providing access to community-level data. There will be a role in coordinating current and future evaluation activities with data collected at the state level, and ensuring alignment with and interoperability between regional and state-level databases. There will also be a role for the Lead Public Health Entity of the Future in reviewing the effectiveness of public health interventions provided by other practitioners, collaborating with them to ensure alignment with existing public health efforts, and assisting with improvement efforts as indicated. Little to no capacity exists in the region for meeting this essential service; this will be a key role of Lead Public Health Entity of the Future.

ESSENTIAL SERVICE X

Contribute to and apply the evidence base of public health.

Scale 0–4

Overall Score CAPHN: 0.00 - No Capacity

Overall Score Partners: 0.00 - No Capacity

State Contribution: Insufficient

Regional partners reported that they have **no capacity** to contribute and apply the evidence base of public health, and that the State’s contribution to their capacity to meet this essential service is **insufficient**.

Standard X-A

When researchers approach the LHD to **engage in research activities** that benefit the health of the community:

- i. identify appropriate populations, geographic areas, and partners;
- ii. work with them to actively involve the community in all phases of research;
- iii. provide data and expertise to support research; and
- iv. facilitate their efforts to share research findings with the community, governing bodies, and policymakers.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	None	Insufficient

Standard X-B

Share results of research, program evaluations and best practices with other public health practitioners and academics.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	None	Insufficient

Standard X-C

Apply evidence-based programs and best practices where possible.

CAPHN Capacity	Regional Partners’ Contribution	State Contribution
None	None	Insufficient

Implications for the Future Capital Area Lead PH Entity

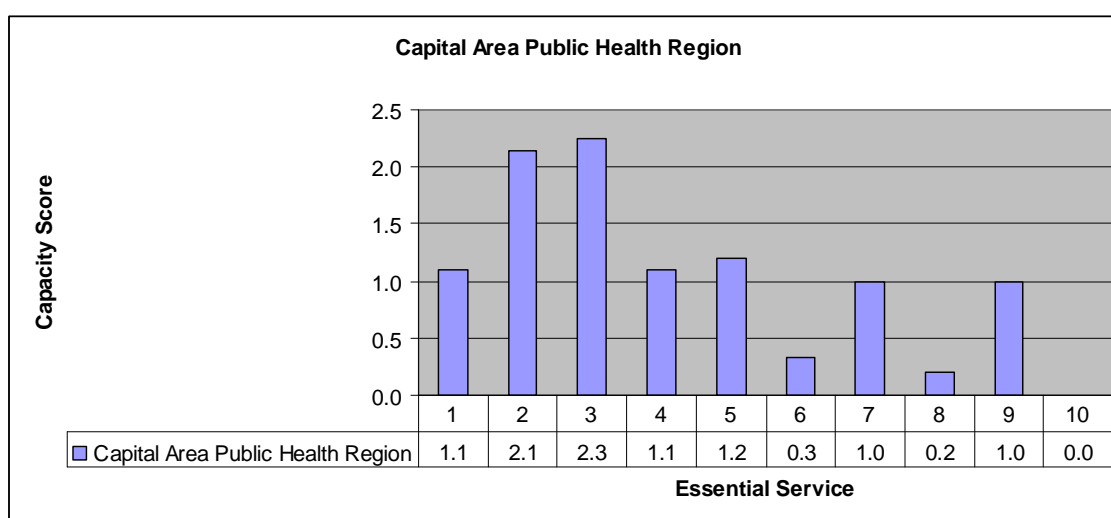
The Lead Public Health Entity of the Future in the Capital Area PH Region will have a role in developing opportunities for and supporting future efforts in contributing to and applying the evidence base of public health. This function will be closely aligned with fostering existing and ongoing relationships with academic institutes, and supporting evaluation and improvement of public health practices across the region.

Summary

Throughout the assessment, regional partners emphasized that capacity existed within individual agencies and organizations, but that coordination of efforts across the region was lacking. Partners recognized the extraordinary work of the CAPHN, but also recognized the limitations of a small not-for-profit organization that is supported by only one staff person.

Figure 3 depicts the regional aggregate capacity scores for each essential service. The areas of greatest capacity are diagnosing and investigating health hazards (ES 2) and informing and educating the public (ES 3). The areas of least capacity include public health law enforcement (ES 6), linking people to needed services (ES 7), and assuring a competent workforce (ES 8). Regional partners reported no capacity for public health research (ES 10).

Figure 3: Public Health Capacity Scores by Essential Service



Strengths

Regional partners identified several strengths of the Capital Area Public Health Region. The Lead Public Health Entity of the Future will support and further develop existing efforts in:

- Supporting cross-regional communication and information exchange.
- Maintaining emergency preparedness.
- Coordinating notifications of entities that enforce public health laws and regulations.
- Developing and maintaining relationships with media.
- Obtaining and maintaining data that provide information on the health of the community.
- Preventing, minimizing and containing adverse health events and conditions.

Challenges and Opportunities

Gaps in capacity were identified in several areas. Partners recognized capacity of individual agencies or organizations to meet the essential services, but discussion centered on the lack of coordinated, region-wide efforts to address public health issues. Participants mentioned the fact that they had come together to complete this assessment as an indicator of the potential for building capacity within the region. To that end, the Lead Public Health Entity of the Future in the Capital Area PH Region will have an important role in:

- Supporting collection efforts, aggregating, and integrating data with health assessments .
- Providing laboratory services and biostatistical expertise.
- Advocating for region-wide public health policies and plans.
- Conducting enforcement activities.
- Promoting among community members and policy-makers awareness and understanding of policies and activities that will improve the public’s health.
- Promoting and supporting the integration of research and adoption of evidence-based practices into public health practice.

Table 4 shows how the regional partners scored State contributions to regional capacity. State contributions are sufficient for supporting regional efforts in diagnosing and investigation of health hazards (ES 2). Regional partners had insufficient information to score the sufficiency of State contributions to support the regions capacity to enforce public health laws (ES 6). For all other essential services, regional partners scored the State contribution to regional capacity as insufficient.

Table 4: State Contribution to Regional Capacity by Essential Service

Score	Essential Service
Sufficient	ES 2 Diagnose and Investigate
Insufficient	ES 1 Monitor Health Status ES 3 Inform and Educate ES 4 Mobilize Partnerships ES 5 Develop Policies and Plans ES 7 Link People to Services ES 8 Competent Workforce ES 9 Evaluate and Improve ES 10 Research
Insufficient information to score	ES 6 Enforce Laws

The Lead Public Health Entity of the Future will have a significant role in coordinating the public health efforts of the various partner organizations in the Capital Area Public Health Region. It will also serve as a liaison between the State and individual agencies and towns.

Appendix A: December 8, 2009 Regional Partners Meeting Attendance List

Joan	Aschier, MSN	Bureau Chief	NH Division of Public Health Services - Bureau of Policy & Performance Management
Lea	Ayers LaFave	Consultant	Community Health Institute
Jim	Berry	Health Officer	Town of Washington
Bette	Bogdan, RN		Granite State Independent Living
Tammy	Bowne		Dunbarton Fire Department
Martha	Bradley	Project Manager	Community Health Institute
Jeffrey	Burr Sr.	Fire Chief/Co EMD	Town of Loudon
Miriam	Cahill-Yeaton	RN/APRN	Volunteer - Epsom
Leigh	Cheney	Public Health Emergency Preparedness Coordinator	Capital Area Public Health Network
Andrea	Goldberg	Director of Planning	NH Hospital
Alan	Hardy	Health Officer	Town of Boscawen
Elizabeth	James	Office Coordinator	RDVCC
Gary	Johnson	Fire Chief	Pittsfield Fire & Rescue
Kudra	MacCaillech	Dir., Outreach & Development	Concord Feminist Health Center
Tim	McGinley	Deputy Fire Chief	Concord Fire Department
Mike	Melody		Concord Hospital
Sally	Michel, RN	Project Specialist	Dartmouth Hitchcock Concord
Kathy	Newcomb, RN		Granite State Independent Living
Lt. Scott	Nichols		Concord Police Department
Kimberly	Perron, PHR	Vice President, Human Resources	Merrimack County Savings Bank
Dick	Pistey	Assistant Fire Chief/Health Officer	Town of Bow
Donna	Raycraft	Executive Director	RDVCC
Joe	Riley	CAPHN Web Manager	Capital Region Public Health Network
Craig	Saltmarsh	Director of Operations	Merrimack County Sheriff's Department
Shannon	Swett, MSW, CPS	Coalition Director	Capital Region Community Prevention Coalition
Diane	Viger	Manager of Infection Prevention & Control and Emergency	NH Hospital
Jonathan	Wiggin	Fire Chief/Emergency Management Director	Dunbarton Fire Department
Jim	Williamson	Executive Director	NH Dental Society
Susan	Wnuk	Dir., Community Health & Nutrition	Community Action Program Belknap- Merrimack Counties

Appendix B: March 3, 2010 Regional Partners Meeting Attendance List

March 3, 2010 Concord, NH

First Name	Last Name	Title	Organization
Dan	Andrus	Fire Chief	Concord Fire Department
James	Berry	Health Officer	Town of Washington
Bette	Bogdan, RN		Granite State Independent Living
Laura	Buono	Town Administrator	Town of Warner
Chris	Connelly	Police Chief	Town of Dunbarton
Mary	Frambach	Former Selectperson	Town of Epsom
Andrea	Goldberg	Director of Planning	NH Hospital
Alan	Hardy	Health Officer	Town of Boscawen
Tim	McGinley	Deputy Fire Chief	Concord Fire Department
Sally	Michel, RN		Dartmouth Hitchcock Concord
Kathy	Newcomb, RN		Granite State Independent Living
Mary	Reed		Concord Hospital
Craig	Saltmarsh		Merrimack County Sheriff's Department
Diane	Viger	Manager of Infection Prevention and Control	NH Hospital
Marie	Wawrzyniak	Director	Family Health Center
Susan	Wnuk	Director of Community Health and Nutrition	Belknap-Merrimack County Community Action Program
Robert	Young	EM/School Teacher	Town of Northwood