

It Takes Many Villages to Create a Public Health Improvement Plan

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Public health has gained attention in Colorado over the last four years as a result of a partnership that includes health foundations, the Colorado School of Public Health, the state legislature, and state and local health agencies. The first important accomplishment occurred in 2008 as the nation's newest School of Public Health, which resulted from collaboration among three state universities (University of Colorado, University of Northern Colorado, and Colorado State University), received its inaugural class. Meanwhile, momentum was building through an effort to rethink the state's public health goals and strengthen the infrastructure for public health in Colorado. Many interests aligned and led to legislative action (Senate Bill (SB) 194 or the Public Health Improvement Act) mandating the development and adoption of the state's first Public Health Improvement Plan and also, for the first time, a requirement for the formal designation of a public health agency in each county.

Three Colorado health foundations (Caring for Colorado Foundation, The Colorado Trust, and The Colorado Health Foundation) provided start-up funding for the Colorado School of Public Health. While momentum was building around the opening of the school, Governor Bill Ritter, Jr. was elected in 2006 and immediately convened a statewide panel to explore health care reform options for the state. In addition, when the newly appointed director of the state health department took office in early 2007, he established a personal priority to strengthen the state's public health system.

Colorado's public health system can be described as responsive and willing, but also as fragmented, inefficient, and underfunded. The

Colorado Department of Public Health and Environment (CDPHE) has been delegated much of the public health regulatory authority for the state and is the center point for a system of independent county or multicounty health departments, nursing agencies serving much of rural Colorado, counties served only by an environmental health specialist, and a few counties where the only public health services are provided directly by CDPHE.

TAKING ON THE ROLE OF CONVENER

Although the barriers to an efficient and effective public health system in Colorado were generally known, there was a growing interest, expressed by the new administration, to address them. The commitment to change expressed by the CDPHE director presented the opportunity for the Caring for Colorado Foundation to assume the role of neutral convener, bringing local and state public personnel together to explore the barriers to all Coloradans having access to basic public health services.

The Public Health Dialogue series was conducted during the summer of 2007. The dialogue consisted of a series of town meeting-style discussions. More than 200 public health professionals participated in a process that was designed to identify issues but also resulted in a report that included action steps. The recommendations included areas such as the planning process, workforce development, policy strategies, standards, state and local partnerships, data and technology, partnership with the Colorado School of Public Health, funding strategies, and a communications strategy.

Caring for Colorado followed the dialogue by convening a select group of state and local public health leaders to review the report and recommend a process to move forward and implement action steps from the report. One criterion for advisory committee membership was the selection of

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individuals who were willing to be forward thinking and willing to envision a public health infrastructure for the 21st century. It was also important that the group included senior-level decisionmakers who could implement change. A further objective for convening the advisory group was to begin a process to develop a closer alliance between state and local health department staff.

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Meanwhile, the Public Health Alliance, an umbrella organization of several public health groups in the state, was working with legislative leaders to consider whether legislation to mandate the development of a statewide public health improvement plan was timely for consideration during the upcoming legislative session. Between the energy generated by the Public Health Dialogue and the prospect of new public health legislation, there appeared to be willingness for discussion that kept the public health organizations engaged.

With the passage of SB 194, it was time to rally the public health professionals from Colorado and begin the process of creating a public health improvement plan. Therefore, Caring for Colorado, along with the Public Health Alliance and CDPHE, sponsored a Public Health Summit that was attended by more than 300 individuals from the state and local public health agencies. The advisory group described above helped to design the agenda for the summit. Although Caring for Colorado was the funder for the conference, it was important for the agenda to be developed by state and local public health leaders. In addition, advisory committee members acted as facilitators for the summit breakout sessions, giving further credibility to the conference.

MOVING FORWARD

The discussions at the summit led to a general sense of consensus on many recommendations for action steps to advance the planning process. Importantly, by the end of the meeting there was much interest expressed in moving the agenda for public health improvement forward.

The next important step was for CDPHE to establish itself in a leadership position with regard to implementing SB 194. Through foundation funding the department established the Office of Planning and Partnerships (OPP). That move consolidated some existing programs and provided a focal point for the effort to transform state and local relationships and plan for the future. OPP assumed a leadership role and established an ambitious agenda to meet the deadline for submission of the first Public Health Improvement Plan to the legislature.

OPP made two important strategic moves. First, was the reappointment of the advisory committee that assisted in planning and executing the summit. That group continues to provide leadership and support to the planning and execution

of SB 194. Second, OPP made a substantial effort to encourage the active participation of a broad audience of public health professionals from throughout the state. Those individuals represented their professional disciplines and the public health

agency that employed them in the development of the state's Public Health Improvement Plan, which will also serve as guidance for local plans required in the future. The buy-in achieved with stakeholders has been critical in the continuing success of this effort.

The Public Health Improvement Plan was delivered to the legislature in December 2009. There is presently an active effort to engage a broad group of stakeholders to define a process for performing community assessments by local health departments and identification of relevant health status indicators. The challenge will be to keep the participants motivated in the current economic environment as they

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understand that there is likely to be limited new public funding available in the near future to support the public health infrastructure. However, with the Public Health Improvement Plan in place, there is now a roadmap that outlines the necessary next steps to strengthening public health in Colorado. That roadmap will also be useful in talking with potential foundation funders. The plan provides the context within which to discuss specific projects that may be proposed by health departments, the Colorado School of Public Health, and others.

There are many challenges ahead based on the diversity of need from county to county and community to community. This collaborative effort has succeeded in reviving the discussion about what basic public health services should be available to all Coloradans and how the public health infrastructure needs to change to provide those services. The current challenge is keeping the right people at the table to design the system and then implement change.

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