

A DIALOGUE ON

Improving Public Health in Colorado



CARING *for* COLORADO Foundation

Dialogue Overview

Background

In the summer of 2007, a series of community Dialogues were held across Colorado to identify gaps and barriers in providing the Essential Public Health Services. The participants were asked to envision the ideal public health infrastructure for Colorado, and recommend action to help the state achieve that vision. The meetings were sponsored through a partnership of the Caring for Colorado Foundation, the Colorado Department of Public Health and Environment, and the Public Health Alliance of Colorado. Strong communities depend on a strong public health infrastructure. The Dialogues focused on what is needed in Colorado to assure that high quality public health services are available to all the people of Colorado.

Attendee Summary

More than 200 public health professionals, community leaders, and community members attended “A Dialogue on Improving Public Health in Colorado.” Community meetings were held across Colorado in Pueblo, Ft. Collins, Broomfield, Edwards, and Denver. There was representation from state and local leaders including county commissioners, a mayor, and members of the Colorado Senate, the Colorado House of Representatives, and the State Board of Health.

What is Public Health?

Public health is concerned with protecting the health and environment of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country. Public health incorporates the art and science of protecting and improving community health by methods including preventive medicine, environmental sciences and social science.

Gaps and Issues

Detailed below are gaps and issues identified through the Dialogues. For a more detailed discussion of the gaps identified, please see pages 7–10.

Workforce

Public health education has not been planned for either the emerging or the current workforce in public health.

- » There has been a lack of planning, identification of competencies, and resources to maintain and improve the workforce.
- » The workforce includes many professionals without formal public health training.
- » To date, there has not been an institution prepared or willing to comprehensively address the education and training needs.
- » The public health workforce has been expected to have a high level of education and training, but compensation levels have not matched the experience and education requirements.



- » The experienced workforce is aging.
- » The workforce suffers from a lack of cultural and language competence.

Financing

Public health has been under-funded at both the state and the local level.

- » Per capita funding is an important resource that needs to increase with inflation and population growth.
- » Other funding for public health is designated for program-specific purposes. This does not allow flexibility to meet needs at the state or community level.

Public Awareness

Public health has not been able to present a consistent and well-understood message to the public about the purpose and the value of public health.

- » Policy makers and the public often do not know what public health agencies do.
- » The lack of clear messages limits the ability of public health to provide people with information to make good decisions for their own health.

Structure and Legal Issues

The current legal structure for public health in Colorado has created a fragmented system that does not provide uniformity in services or standards.

Organizational Challenges

- » Public health planning requires community-level information and updated technology to assess needs and develop strategies to improve community health.
- » Public health needs a shared vision of an improved public health system in partnership with local and state leadership.
- » There is a need for public health standards to be determined and met in order to ensure quality of services.
- » There is a lack of understanding or agreement about what activities should be done at the state level and what should be done at the local level. While this will likely differ by domain, an overarching agreement about who has responsibility for what is of critical importance to the future of public health in Colorado.

Recommendations

Based on the recommendations from the participants in the Dialogues, nine action steps were developed. These action steps, combined with 12 targeted “First Steps,” will lay the foundation for a strong and responsive public health system for Colorado. Action steps that may require legislative support and action are noted with a symbol: Ⓞ

ACTION STEP 1:

Put a planning process into place.

Work together to improve the public health system in Colorado through a strategic and comprehensive planning approach.

ACTION STEP 2:

Create a strategy for workforce development.

Address public health recruitment, training, retention, and credentialing challenges by working together to identify needs and create solutions.



Ⓞ ACTION STEP 3:

Develop appropriate policy strategies.

Review current public health law and revise statutes, regulations, and policies to support a strong public health system in Colorado, while encouraging consistency with other states' models and using similar language where appropriate.

ACTION STEP 4:**Create strong public health standards.**

Support quality public health services by adopting public health standards that ensure that all Coloradans have access to the same level and quality of public health services. These standards will demonstrate accountability and raise the public health capacity statewide.

ACTION STEP 5:**Improve state and local partnerships.**

Commit to the creation of a strong and productive state and local partnership to provide quality services and improve public health.

ACTION STEP 6:**Improve use of data and technology.**

Increase capacity to support the provision of comprehensive public health data, including community profiles, that is available and accessible at the local level.

ACTION STEP 7:**Link public health practice with public health education.**

Form a strong partnership between the practice community and the new School of Public Health through joint planning, shaping the Center for Public Health Practice, and ongoing support for education of the public health workforce.

LI ACTION STEP 8:**Redefine public health funding strategies.**

Develop strategies to fund public health needs in Colorado, including supporting needed services at the state health agency and the local level and providing flexibility for cost recovery at the local level.

ACTION STEP 9:**Develop a strong public health communications strategy.**

Develop a consistent communication and marketing approach to explain public health, build awareness of the importance of public health services, and help the public make healthy choices.

Next Steps:

- » Distribute the full report to public health professionals across Colorado, all Colorado legislators, and other key stakeholders.
- » Generate the support and resources required to implement the First Steps and Recommended Action.
- » Form workgroups to address the recommendations in this report.

Key Points from Discussions

Pueblo, June 28th • Ft. Collins, June 29th • Broomfield, July 16th •
Edwards, July 17th • Denver, August 22nd

Background

The Caring for Colorado Foundation, the Colorado Department of Public Health and Environment, and the Public Health Alliance of Colorado joined forces to convene community meetings across Colorado for the purpose of promoting dialogue among the public health community and other interested stakeholders. The purpose of these Dialogues was to identify gaps in service and recommend actions to ensure that high quality public health services are available to all the people of Colorado.



Attendee Summary

More than 200 public health professionals, community leaders, and community members attended “A Dialogue on Improving Public Health in Colorado.” Community meetings were held across Colorado in Pueblo, Ft. Collins, Broomfield, Edwards, and Denver. There was representation from state and local leaders including county commissioners, a mayor, and members of the Colorado Senate, the Colorado House of Representatives, and the State Board of Health.

Approach Summary

The process used to gather information to understand the opportunities to improve public health in Colorado included:

- » All stakeholders were invited by the Public Health Alliance of Colorado to attend the meetings. Some

communities posted public announcements or newspaper ads to invite community members. Participants included public health professionals (including health department directors, division directors, program managers, and front-line staff); elected officials (including Senators, State Representatives, and county commissioners); and interested stakeholders (including school teachers, community members, and service recipients).

- » Meetings were facilitated by a neutral facilitator, and the meetings were focused on the 10 Essential Public Health Services. All participants were invited to engage in discussions about gaps and barriers in providing public health services in Colorado, to envision the ideal public health infrastructure for the state, and to recommend action that can be taken in the short term to move toward the ideal public health system for Colorado.

- » Written comments were received from individual stakeholders and the Colorado Directors of Environmental Health and incorporated in this summary report.
- » A team from the Caring for Colorado Foundation and the Public Health Alliance of Colorado developed this final summary of the key findings from the community meetings.



Dialogue Differences

Is there a difference in the responses of rural vs. urban Dialogue sites?

For the most part, the gaps identified and the actions recommended are the same at all sites. The two main differences between what we heard in rural vs. urban sites are:

1. In sites with more rural representation, we heard more about recruitment problems and the needs of county nursing services. This included a need for more workforce development activities, and more support services such as technical assistance and continuing education. Another concern is that the larger population areas have disproportionate access to resources.
2. In sites with more urban representation, the content of the discussions was more about access to health care in general, data needs, and the use of technology.

Definition of Public Health

Public health is concerned with protecting the health and environment of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country. Public health incorporates the art and science of protecting and improving community health by methods including preventive medicine, environmental sciences and social science.

Operationally, public health agencies are responsible for activities such as monitoring health status, understanding health issues and interventions to address them, giving people information they need to make healthy choices, enforcing public health laws and regulations, and helping people access needed health services.

This report is about public health in the broadest sense, and while the report does not specifically mention each component of public health (for example, environmental health, preventive medicine, mental health and substance abuse, oral health, etc.), each of these areas, and others, are recognized as integral to a sound public health infrastructure. It should be assumed that the following discussion incorporates all aspects of public health programs and services.

Key Findings: Gaps

The following is a summary of the key findings from the Public Health Dialogues. Participants were asked to identify the gaps and barriers in delivering the 10 Essential Public Health Services.

Gaps — Workforce

At each of the Dialogues, workforce issues were identified as a barrier to implementing the 10 Essential Public Health Services uniformly across Colorado. All areas of the workforce, including nursing, environmental health, health educators and administrators need specialized skills and training.

- » Small public health agencies are challenged to be experts in a wide range of public health programs, with little or no support or training. For example, many county health nurses are trained in nursing, but do not have formal education in public health. Thus, many small public health agencies lack qualified staff with skills in health statistics, community health assessments and monitoring and evaluation.
- » Incentives are needed to increase the number of qualified professionals in the public health workforce. For example, a registered nurse can earn more money working in a hospital, although this position requires less training than in public health nursing.
- » Public health training in the 10 Essential Public Health Services has not been adequate. This leads to a workforce that does not have the expertise and education to deliver the 10 Essential Public Health Services.
- » There is a nursing shortage, especially of Bachelor of Science of Nursing (BSN) trained nurses, which is a minimal requirement for public health nursing.
- » There is an aging public health workforce. Replacing this experienced workforce will require a pool of trained individuals. Many who enter the public health workforce do not have formal education in public health.
- » To implement the 10 Essential Services will require additional training of the current and future public health workforce.
- » It is difficult to retain the public health workforce because of competitive salaries from other areas of potential employment for those individuals, increasing job expectations and little or no training, support or resources to meet these expectations.
- » It has been difficult to recruit applicants educated in public health. While the University of Colorado offers an MSPH program, Colorado State University offers a masters in Environmental Health, and the University of Northern Colorado offers a masters program in community health education, there is presently no accredited school of public health to build the skills necessary across the public health disciplines to fill jobs in the Rocky Mountain region.
- » There are no competency requirements and standards adopted by Colorado for the public health workforce.
- » Resources are needed to support the training, hiring, and retention of a competent workforce.
- » There is a shortage of bilingual and culturally competent public health staff.

- » Career ladders have not been developed to advance staff with language and cultural competency. There are few resources for training in language and cultural competency.
- » Staff appointments are sometimes based on factors other than public health competence.
- » Governmental personnel systems can be a barrier to maintaining a competent workforce.

Gaps — Resources/Financing

Participants identified resources as a barrier but were reluctant to simply say “we need more money for public health.” At each Dialogue, opportunities to improve public health financing were identified.

- » **PER CAPITA FINANCING:** Participants acknowledge and appreciate per capita financing for public health services. One problem with per capita financing is that smaller communities have the same problems but less money to achieve the same goals. Small communities cannot achieve the economies of scale of large communities, thereby increasing the cost of services per capita. Some communities said that per capita financing, with adjustments for poverty or health indicators could provide the resources needed to meet community needs.
- » **FUNDING LIMITATIONS:** Much of public health funding comes from grants from the federal government. While these funds are important in providing program support, they are tied to a very specific purpose—for example, HIV prevention and screening. If there is an outbreak of West Nile virus in the community, the Health Department cannot shift their resources from HIV to West Nile virus because that is not allowed by the funding agency.

- » **FEE FOR SERVICE:** Public health leaders identified a need to charge fees to recover the full cost of certain public health services. For example, the fees charged to restaurants for inspections do not cover the full cost of this important service.
- » **STATE FUNDING:** Colorado has historically provided very limited resources for state and local public health. For example, only 5.1% of the budget for the Colorado Department of Public Health and Environment comes from state general funds. That means that the rest of the funds are from the federal or local governments, fees or private funding sources.
- » **ADDITIONAL REVENUE IDEAS:** Revenue enhancement suggestions included adding taxes to alcohol or soda to support public health infrastructure. In addition, tobacco tax dollars (from Amendment 35) could support public health.

Gaps — Public Awareness

There was agreement that the public does not understand what public health is, or how it impacts all of us in our daily lives. This lack of awareness makes it difficult to generate the resources needed to impact public health.

- » The public expects certain public health services, such as clean air and water, and emergency response, yet does not understand the importance of a strong public health infrastructure to deliver these services and support the resources required.
- » Public health is confused with health care for the poor. We need to communicate the value of focusing on the health of the population in order to decrease the need for and cost of health care services.
- » Communities expect environmental services and do not differentiate between the state and local



provision of those services. Funding for these programs is often at the state level, but the state is not able to provide the direct services needed on a statewide basis. Local governments, which lack the resources and technical capacity, are often criticized for their inability to perform these functions.

- » There is a lack of research that helps identify the existing health risks that are environmentally caused. This research is not funded, so it is not done. For example, extensive oil and gas drilling is creating concerns around the state about potential health risks.
- » Public health has not done a good job explaining to policy makers the benefits it can bring to the community.
- » Public health agencies lack continuity from community to community concerning the services that should be available to protect the area they serve.

Gaps — Structure and Legal Issues

- » The laws that govern public health in Colorado are outdated and in need of review and updating.
- » State and federal environmental health rules and laws are focused on regulation and compliance. This limits flexibility in developing local solutions.

- » Public health laws are not uniformly applied from jurisdiction to jurisdiction.
- » It is difficult to identify who creates public health policy in Colorado. For example, the State Board of Health has broad powers, but may not be applying them to the full extent of its authority.
- » Public health science needs to take precedence over political pressure.
- » In rural areas there is a perception that resources and services for public health tend to be directed towards the larger population areas, without taking into consideration the need for public health infrastructure in rural areas.
- » The legal structure for public health agencies, Colorado Revised Statutes 25-1-5, 6 and 7, results in a fragmented public health system. There are no incentives to create a unified public health system in Colorado.
- » The diverse geography and population distribution of the state of Colorado make it difficult to deliver uniform public health service. The needs are different in each community and the diversity in population size means that there is a higher cost per person to deliver service, and fewer resources to hire the expertise required to deliver services in rural areas. For example, in a small community there may not be resources for an epidemiologist to respond to and investigate a disease outbreak.
- » Colorado has a state-of-the-art laboratory. However, there are insufficient funds to meet the need for lab services across the state.
- » Public health service delivery is fragmented. Colorado lacks a systematic approach to delivering public health services.

Gaps — Data and Technology

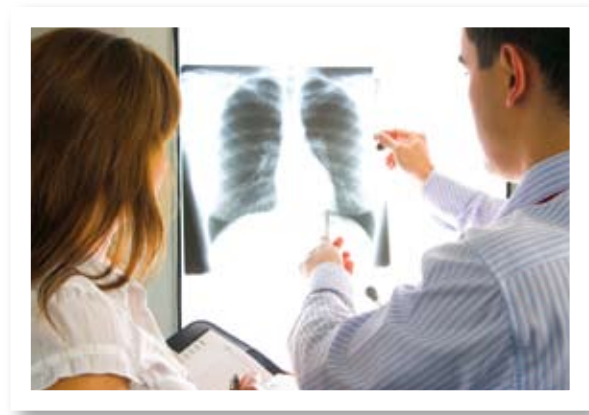
- » Data is crucial to public health planning and practice. Colorado currently lacks coordinated approaches to collecting, interpreting and using public health information and data.
- » Data collection and use is fragmented, making it difficult for communities to access the information they need.
- » There is no coordinated way to evaluate and report on the effectiveness of public health programs or to identify best practices.
- » Colorado needs to strive for continuity with national approaches to public health standards and be aware of best practices in other states.

Gaps — Partnership/Leadership/Vision

- » At each of the Dialogues, there were discussions about a desire for a stronger partnership between the State Health Department and county and local public health agencies.
- » State and local public health have not reached consensus on the mission and vision for public health in Colorado. As a result, public health services and resources are not coordinated on a statewide basis and strategic priorities are not yet established.
- » The participants want the State Health Department to play a broader role in developing a statewide vision for public health in Colorado—including taking an active role in setting and implementing

policy, and developing an overall plan for public health in Colorado.

- » There are topic-specific plans to implement public health policy. However, there is no overall strategic plan that links the individual plans together.
- » Public health and private medical providers need to work together to support an effective public health system.



Gaps — Accreditation/Credentialing and Standards:

- » At each of the Dialogues, concern was expressed regarding the need for a set of basic public health services that should be available to all Coloradans. A community may choose to provide additional services beyond the basic set in order to meet the community's unique needs.
- » Consistency of services must include quality assurance and quality control of those services.

Key Findings: Vision

Participants were asked to describe the ideal public health delivery infrastructure, and to recommend short-term actions that would move Colorado toward the ideal.

VISION: Each and every person in Colorado will have access to the same basic set of public health services, no matter where that person lives.

The vision for Colorado's Public Health infrastructure is presented below by the 10 Essential Public Health Services.

ESSENTIAL PUBLIC HEALTH SERVICE 1: Monitor health status to identify and solve community health problems.

- » Actively monitor health indicators and provide a user-friendly system for local data.
- » Ensure that the State Health Department Health Statistics Section has adequate resources to provide data at the community level to local public health agencies and monitor community health status.

ESSENTIAL PUBLIC HEALTH SERVICE 2: Diagnose and investigate health problems and health hazards in the community.

- » Develop a statewide process for data gathering.
- » Consider a regional approach for some direct public health services (such as nursing, environmental health, nutrition, health education, etc), which are provided at the local level.

ESSENTIAL PUBLIC HEALTH SERVICE 3: Inform, educate and empower people about health issues.

- » Implement a high-quality and engaging media campaign to teach the public what public health means to them.

- » Ask every member of the public health team to be a communicator for promoting and enhancing public health.

ESSENTIAL PUBLIC HEALTH SERVICE 4: Mobilize community partnerships and action to identify and solve health problems.

- » Implement an integrated public health system that provides centralized expertise that every community needs, as well as the capacity to deliver services locally. For example, there is expertise in data collection that is available at the state, regional, and local levels that could be shared across the state.
- » Where appropriate, develop regional public health delivery systems, and identify the services that can be delivered at the regional level to support local communities. Functional regional services can improve the capacity of the local agency to protect its community. There is a core set of services that should be delivered to every citizen, but there are also specific needs in each separate county. These counties need funding (non-categorical) to address specific needs.
- » Encourage local public health agencies to take action collaboratively. For example, a collaborative approach is needed for such threats as West Nile virus. The State Board of Health, working in partnership with the State Health Department, should support such collaborative action.
- » Learn from other states regarding how to move forward and take action on public infrastructure to deliver the 10 Essential Services.

ESSENTIAL PUBLIC HEALTH SERVICE 5:

Develop policies and plans that support individual and community health efforts.

- » Develop a specific, shared vision for public health in Colorado—which includes agreed-upon priorities and strategies to achieve them.
- » Involve local public health in planning at the state level, including providing input and concurrence with the distribution of state funds for public health in the state budget request.
- » Require local and state public health agencies to meet with the State Board of Health in at least one planning meeting each year to set strategic priorities.
- » Adequately fund the state laboratory.
- » Re-examine Amendment 35 funding, keeping in consideration the original intent of the amendment. Assess whether there are additional opportunities to support public health with these funds.
- » Fully integrate the two aspects of public health, environmental health and human health, at the state and local level. Public health funding and legislation should support this integration, and maintain both in a single public health and environmental health agency.
- » Re-examine and perhaps reintroduce previous legislation that supported a comprehensive public health system in Colorado, for example, HB 95-1343.

Re-examine the allocation of resources for public health. Revenue limitations in the statutes and the Constitution limit the resources that can be directed to public health or any other important governmental service.

ESSENTIAL PUBLIC HEALTH SERVICE 6:

Enforce laws and regulations that protect health and ensure safety.

- » Update the current public health laws and regulations and incorporate flexibility in their implementation that includes compliance assistance along with enforcement.
- » Determine what statutory authority is needed and ask the State Board of Health to work to revise the statutes accordingly.

ESSENTIAL PUBLIC HEALTH SERVICE 7:

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

- » Provide leadership in working with other community organizations and agencies to assure health services are available for the uninsured and underserved.
- » Recognize that oral health and mental health are public health problems that deserve to receive the same priority as other public health issues.

ESSENTIAL PUBLIC HEALTH SERVICE 8:

Assure a competent public and personal health care workforce.

- » Develop competencies and certification for public health professionals. As a state we should work to have a workforce, including state and local health department directors, with public health competencies and qualifications.
- » Create incentives for academic training for the public health workforce, such as loan repayment or forgiveness programs.

- » The State Health Department is a source for technical assistance to local agencies in such areas as grant writing, technology, epidemiology, and financial systems.
- » Align the planned Colorado School of Public Health with the people in the workforce so the school can adequately prepare students to join the workforce and support the existing workforce as well. The newly formed School can work closely with local and state public health through teaching, mentoring, student field experiences and service learning projects. The emerging workforce will be strengthened through improved academic resources from the new Colorado School of Public Health.
- » Increase public health awareness and coursework in nursing schools particularly for the BSN Programs. There is a joint responsibility for academia to support public health training rotations and for local communities to provide training opportunities.
- » Create and implement a career track to develop culture and language competence in the public health workforce. These programs must be community-based to allow people to support their families while in school.

which were published in 1990 have not been fully implemented or reviewed for current relevance. Some programmatic reports, such as a report on oral health, have been developed and published but not shared broadly.

- » Develop a statewide accreditation process for state and local public health agencies.
- » Provide periodic orientation and discussion with the State Board of Health to promote continuity of public health policy from the past to the present and address the practitioner’s perspective and/or position with regard to contemporary public health issues.



**ESSENTIAL PUBLIC HEALTH SERVICE 9:
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**

- » Develop consensus about the expected results from public health services and implement a uniform system for measuring outcomes.
- » Consider past recommendations and studies. Review what has been studied and explore recommended actions that have already been developed. For example, the Governor’s Blue Ribbon Panel for Public Health recommendations

**ESSENTIAL PUBLIC HEALTH SERVICE 10:
Research for new insights and innovative solutions to health problems.**

- » Ensure a comprehensive statewide health data system that is accessible to all communities across the state.
- » Use technology that already exists. (i.e. telemedicine) Update technology to current state-of-the-art systems. This could help with health status monitoring, public health literacy, communication, meetings, information sharing, planning, accreditation, data collection, and data sharing.

Summary of Recommendations

Based on the community Dialogues, the following recommended action steps can be taken to move public health in Colorado toward the ideal infrastructure for implementing the 10 Essential Public Health Services.

ACTION STEP 1:

A Planning Process to Improve Public Health in Colorado

State and local partners and other stakeholders will work together to improve the public health system in Colorado through a strategic and comprehensive planning approach.

- » Use the information collected from the Dialogues to inform the state strategic planning process.
- » Use the 10 Essential Public Health Services as the framework for setting strategic direction for public health in Colorado.
- » Review the most effective practices of other states in such areas as Public Health Improvement Plans, standards, and preparation for accreditation.
- » Revisit previous policy documents that were intended to improve public health in Colorado.
- » Encourage a regular and ongoing dialogue between the State Board of Health, health officers, and Local Boards of Health to discuss relevant health policy issues.
- » Identify services currently provided at the local level and then look at opportunities for regional services to enhance the local public health agency's ability to protect their community.

ACTION STEP 2:

Workforce Development

Address public health recruitment, training, retention, and certification challenges by working together to identify needs and create solutions.

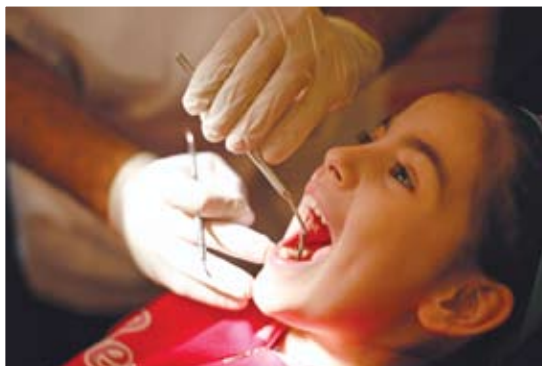
- » Create and implement a workforce development initiative for public health that attracts support from multiple funding sources (foundations, government, business, and private philanthropy).
- » Convene a workforce development committee that includes the new School of Public Health and schools of nursing to address public health recruitment, training, retention and certification.
- » Develop and implement an online, user-friendly course about public health practice for nurses to complete either public health or BSN education for a unified education/accreditation program. (Note: this is a quick fix, and should not supplant efforts to develop comprehensive, sustainable public health and nursing education programs for Colorado).
- » Develop regional, ongoing best practice workshops to educate the workforce.
- » Develop an entry level certification program for public health nursing.
- » Define expected workforce competencies, get feedback from stakeholders about their workforce needs, and use this information to implement a development process.

ACTION STEP 3:

Policy Strategies

Review current public health law and revise statutes, regulations, and policies to support a strong public health system in Colorado, including incorporating model public health statute language where appropriate for Colorado.

- » Analyze, update, and consolidate public health law in Colorado. Specific concerns were raised about parts 5, 6, and 7 of the Colorado Revised Statutes public health law, which define 3 different types of health departments.
- » Review and revise other statutes that were not originally written as public health law but have unintended consequences that limit the ability to protect public health. For example, HB 06-1023 creates undue barriers to Colorado citizens and legal immigrants to obtain the public benefits for which they are eligible. This and other statutes should be examined to remove the unintended negative public health consequences.
- » Coordinate the legislative agendas of the Public Health Alliance of Colorado and their nine affiliated public health organizations, the Colorado Department of Public Health and Environment, and Colorado Counties, Inc.



- » Include organizations that are working for public health, including the State Board of Health, as key players in health care reform.
- » Encourage the Colorado Department of Public Health and Environment to actively pursue the proactive role of advocating for sound public health policy and to provide leadership to all public health agencies in pursuit of needed public health policy change.

ACTION STEPS 4:

Public Health Standards

Support quality public health services by adopting public health standards that ensure that all Coloradoans have the same level of public health services. These standards will demonstrate accountability and raise the public health capacity statewide.

- » Establish continuity and uniformity across the state for all public health services provided. Dialogue participants want a system that assures quality services for every person in Colorado without consideration of the size of the population of the county of residence.
- » Achieve a recognized level of standardization. Modify national programs that are already being implemented to fit our state and our local situations. Incorporate best practices and adapt for our readiness level.
- » Investigate tiered accreditation for varying levels of service as an option.



ACTION STEP 5:

State and Local Partnerships

All parties commit to a strong and productive state and local partnership to provide quality services and improve public health.

- » Develop a specific, shared vision for public health in Colorado—which includes agreed-upon priorities and strategies to achieve them.
- » Use the resources of organizations such as the Public Health Alliance to support open communication between state and local public health to enhance the decision making process.
- » Include local public health agencies as partners, not stakeholders.
- » Provide needed expertise by providing technical assistance from the state health department to enhance or assist local health capacity.
- » Explore ways to improve the organizational structure of local public health service delivery to achieve more efficiency, greater economies of scale, and leveraging of resources.
- » Analyze existing models of state and local partnership that are already working (emergency preparedness, for example) and borrow strategies or best practices to improve the partnership between the state and local health departments.

ACTION STEP 6:

Data and Technology

Increase capacity to support the provision of comprehensive public health data that is available and accessible at the local level, including community profiles and advancing technology.

- » Develop a statewide community health profile, using www.floridacharts.com as an example.
- » Increase the capacity of the health statistics section at the state health department to support the statewide provision of comprehensive public health data that is available and accessible at the local level.
- » Integrate technology and telemedicine in standard practices for greater efficiency and effectiveness.
- » Support the development of an electronic medical records system at the community level which would include community health centers, public health departments and links to private providers.

ACTION STEP 7:

Public Health and the School of Public Health Partnership

Form a strong partnership between the practice community and the new School of Public Health through joint planning, shaping the Center for Public Health Practice, and ongoing support for education of the public health workforce. Assure that the faculty has experience in and knowledge of public health practice.

- » Involve public health practitioners in curricula development.
- » Work with public health practitioners to support public health academia by providing internships that support teaching.

- » Develop ongoing communication forums (such as regular community dialogues and involvement of local and regional public health agencies) in strategic planning as a norm and an expectation.

ACTION STEP 8:

Public Health Funding Strategies

Develop strategies to fund public health needs in Colorado, including supporting needed services and infrastructure at the state health agency and the local level and providing flexibility for cost recovery at the local level.

- » Consider the pros and cons of an interim committee on public health finance of the Colorado General Assembly as a potential option.
- » Involve local public health in planning at the state level, including providing input and concurrence with the distribution of state funds for public health in the state budget request.
- » Assure that public health funding supports the public health infrastructure (more flexible vs. categorical)—the goal should be to build sustainable capacity.
- » Provide local public health with the ability to charge fees to recover the full cost of services where it does not hinder the ability of public health to protect the community.
- » Assure that the Colorado Department of Public Health and Environment’s state laboratory has sufficient resources to provide services throughout the state.
- » Maintain, and adjust for inflation, per capita funding for public health.

- » In a partnership with Department of Health Care Policy and Finance, explore opportunities for services and funding that can expand the resources for public health.

ACTION STEP 9:

Develop a Strong Public Health Communications Strategy

Public health will develop a consistent communication and marketing approach to explain public health and help the public make healthy choices.

- » Implement a statewide, coordinated public health media campaign.
- » Work with key partners, such as the Public Health Alliance and its constituents and partners, to help shape the message.



First Steps for Improving Public Health in Colorado

Following are several high leverage, short term action steps that will set the stage for implementing all of the recommendations above.

- » Develop a specific, shared vision for public health in Colorado—which includes agreed-upon priorities and strategies to achieve them.
- » Have a summit to understand what other states are doing with alternative models for public health delivery and bring in information about best practices from other states. For example, learn about how other rural states provide technical expertise and develop regional functional services.
- » Support enhanced capacity of the Colorado Department of Public Health and Environment Health Statistics Section to provide data at the community level to local public health.
- » Enhance the capacity of the state laboratory to make services available statewide.
- » As part of its strategic planning process, the Colorado Department of Public Health and Environment will involve local and regional public health agency officials in finding common ground and a shared vision for public health in Colorado.
- » Work with the State Board of Health to host a planning meeting with state, local, and regional public health agencies to set strategic priorities and establish a process for annual meetings.



- » Develop a map of existing resources that includes local and state agencies and services, identify specific technical assistance needs in small health departments, and develop a plan to address these needs. A successful example of an outcome for this kind of strategy is the establishment of an on-site waste water technical expert staff position at the state health department to support local public health agencies.
- » Conduct a meeting with the Colorado Department of Public Health and Environment program staff and local public health agencies to identify where the state can give locals more flexibility in areas such as funding and reporting requirements. The goal is to assure that there are adequate resources with the fewest administrative requirements possible.

- » Work with local public health agencies to increase fees to cover the cost of providing public health services in their communities.
- » Support the work of the Statewide Workforce Development Lifelong Learning Committee, which is currently being convened by the Office of Local Liaison of the Colorado Department and Public Health and Environment to address public health recruitment, training, retention and certification.
- » Facilitate state and local public health leadership in working closely in the design and implementation of the new School of Public Health, including the Center for Public Health Practice.
- » Identify state and local partnerships that have been successful, determine the basis for that success and lessons learned, and identify opportunities to apply successful models in other areas. An example of a successful partnership exists with the Emergency Preparedness and Response Division.

Achieving the action steps listed above will generate important changes for public health in Colorado, and will set the stage to engage in a process to review and improve the entire public health system including laws, structure, workforce, and policies.

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THE ESSENTIAL PUBLIC HEALTH SERVICES

The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



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