

## Community Health Priorities — A Resource for Action Summary of Projects and Processes

### Executive Summary

#### Introduction

On September 29, 2005, two dozen public health leaders in Oregon gathered in Portland at the Northwest Health Foundation to “brainstorm” ideas for improving the awareness, and the performance, of public health in Oregon. Participants discussed different ways of reaching the ultimate goals of improving citizen action in public health, and a stronger understanding of the connection between public health to civic well-being.

The meeting’s summary report declared that “Oregon has a strong history of community involvement in high profile issues but less of a track record of following through with implementation, which has bred some cynicism.” Participants concluded that “previous community involvement efforts should be reviewed for learnings” (in particular, Oregon Health Decisions, the Oregon Health Plan, Death with Dignity, Oregon Shines, etc).

The research presented here was funded by the Northwest Health Foundation and is a synthesis of that review process. In addition to this research, the companion piece of “lessons learned from the key informant interviews” explores key learnings from individuals involved in some of the most important and well-known public engagement efforts in Oregon, many of which are presented in this report.

This review of past efforts provides a context for recognizing, and building on, some of the health-related public engagement work conducted over the past two decades. Each of these projects reflects the efforts of various individuals, most of whom continue to work in the healthcare and public health fields. While many of these projects received widespread fame, others were doomed to a more obscure fate. Some were recognized as successes, while others were not so well regarded. Some of the efforts received long-term funding and deep institutional commitment, and others were evidently abandoned before they could reach their fruition.

Why were some projects successful, while others were not? What were the models for success and the models for failure? Was public engagement a real and important component to a successful effort, or simply a method to avoid public criticism later on? These are some of the questions this research sought to answer.

#### Methodology

The organizing categories for the research focused on the following:

##### *Data Sources / Collection Methods / Public Engagement Processes:*

Documenting data sources and methods identified common sources and helped indicate which data may be obsolete. Public engagement processes and methods are also included in this collection area since collecting qualitative information from participants was often a central goal for such public processes.

##### *Data-driven assumptions / Metrics used to define the burden:*

As these projects were largely centered on social change, it was determined that a proper analysis requires an understanding of the specific problem being addressed. This category identifies that problem, as it is articulated from the collected data, if possible.

##### *Recommendations / Activities:*

Each of these projects and efforts resulted in some form of recommendation for action. This column briefly summarizes those recommendations or activities.

##### *Results / Community Impact:*

Although many of the efforts documented in this report have been widely publicized, little is often known about what actually happened to the project and its focus area. Did the project lose its funding or political will? Did cultural or economic obstacles get in the way? What kind of change did actually occur for the community, if any?

##### *Conclusions / Lessons Learned:*

Based on extensive interviews with project participants, this research has catalogued many of the lessons related to success and failure. While some comments are listed here, a more thorough exploration of these lessons and recommendations is included in a separate document. Many of our interviewees were quite candid about their conclusions, which truly helped us catalog our learnings to be able to connect public health programs more meaningfully with the Oregon community.

### **Overall Themes / Key Findings**

Several common themes emerged from this study. Among them is a recurring commitment to the values of prevention and early intervention. The Governor's Healthy Kids Initiative, the two Mental Health Task Forces, Healthy Kids Learn Better, and Keeping Oregonians Healthy, to name a few, focus on early interventions in order to improve the public's health. This core citizen value of prevention emerges over and over, and is one that policymakers can count on to resonate with Oregonians. Receiving financial commitment for prevention from policymakers, however, is a more difficult issue, as the results of preventive investment are often not realized in the short term.

Belief in positive social change is another theme recurring throughout these projects. A strong sense of vision, optimism and ambitiousness is necessary in order to build momentum on these projects. Nevertheless, the lack of a careful and long-term approach to implementation too often obviates the initial enthusiasm and vision. More on these challenges can be found in the document of lessons learned.

Another finding from the research is that the reputation of certain efforts are not always consistent with the data and candid interviews with participants. For example, the Oregon Health Plan is often cited for its innovation and effectiveness in achieving public policy goals. However, while there was significant innovation in the area of public engagement, the policy goals were largely a failure. As one detailed analysis put it "the process of setting priorities and drawing a 'line,' which attracted external attention, was never implemented as a formulaic mechanism for denying previously available care and cutting costs," for example (Jacobs et. al, 1999).

### **Reliance on Data**

As mentioned above, most of these projects address a specific social problem, and do so through the presentation of clear data. In fact, one of the projects studied, The Oregon Progress Board's *Oregon Shines*, focuses exclusively on gathering and presenting data on important social issues, and using that data to convey important areas for improvement. As Leichter and Tyrens conclude, public health in Oregon is better off simply due to the establishment of the benchmarks. "The increased visibility that the benchmarks have brought to public health issues is universally recognized as beneficial."

### **Social and Political Mobilization**

As the September 2005 public health brainstorming meeting acknowledged, several of these important projects did not reach their intended goals. While many of the key participants discussed some of the political causes for the lack of follow through (i.e. administration turnover, lack of resources, reluctance of leaders to fight corporate interests), it was more difficult to identify clear rallying points and values that galvanized

entire communities to take action. Consequently, identifying and articulating these values will be an important element of the public polling process, and will be critical to help connect policy goals to the public's willingness to support these goals.

Nevertheless, this research did help to identify many of the constituencies that will need to be less fragmented and more cooperative if important social change is to be achieved.

### **Connecting Future to Past Work**

In the February 2002 edition of *Oregon's Future*, Michael Garland presents an article entitled "Public Health: What's the Public got to do with it?" Dr. Garland outlines three tasks of public involvement that should be considered in order to improve our public health system: 1) articulating our values so we may openly find a balance among them, 2) learning the facts about the public's health so we can relate them to our values and determine which social problems to address, and 3) mobilizing political social forces to success and preventing those same social forces from sabotaging well-intentioned efforts. Fittingly, Dr. Garland's model for determining public engagement success is consistent with many of the findings of the research conducted here, as well as the lessons learned from the key informant interviews.

In fact, a key element of success for the Community Health Priorities project will be to ensure that the effort not only understands and acknowledges the work of the past, but that it connects individuals and constituencies who should be more closely bonded with the common goals of achieving positive social change and improved community health.

After all, while a great deal of positive work has been successfully completed in Oregon over the past twenty years, too much great work has been ignored or misunderstood. It is hoped that this research will serve as one of many efforts that encourages greater interconnection among the many individuals and institutions that seeking a healthier community for all Oregonians.

### **References**

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- Leichter, H. and Tyrens, J. (2002) "Achieving Better Health Outcomes: The Oregon Benchmark Experience," Milbank Memorial Fund Report, 2002.
- "Public Health Brainstorming Meeting," September 29, 2005. Beverly Stein, Faciliator.