

Community Health Priorities: A Resource for Action in Oregon

Lessons Learned from Key Informant Interviews Summary to Date: September 20, 2006

The Community Health Priorities project, led by the Northwest Health Foundation, the Public Health Division of the Oregon Department of Human Services, and the Oregon Health Policy Commission, will engage community members, legislators, business leaders, and health experts to identify the state's public health priorities and inspire a collective and sustained community dialogue that leads to action. The first phase of this effort is to learn from past processes that have intended to assess and improve the public's health through policy or programs.

The Community Health Priorities workgroup has conducted interviews with key leaders who have been involved in health-related community engagement and consensus building efforts in Oregon. We interviewed professionals in public health, business, advocacy, and government, among others. This document summarizes what we learned.

◆ Public Participation and Values

Policy change can occur when groups focus on common values and recognize the reality of allocating limited resources.

Despite a general perception—fostered by the media and others—that the community is polarized in its views, discussions with citizens often identify common ground. The key to a successful consensus-building process is to begin with a values- and principles-based discussion, instead of starting at the detail level. Focusing on common values and concerns is crucial to maintaining a dialogue and developing consensus for action. Further, an understanding that policy change requires making trade-offs with limited resources can help groups achieve a common vision.

Public ownership and collaboration are important for success.

Public health strategies are most effective when they engage those outside the public health arena to set priorities for action. In addition, when people “own” the policy direction, there is an increased likelihood of success.

For public health to resonate with the public and overcome the challenge of limited resources, interviewees mentioned that those in public health need to take creative approaches to their work, which include promoting collaboration and establishing partnerships.

To achieve effective public participation, establish clear goals and objectives for such involvement at the beginning.

In the past, some community involvement efforts involved the public only as an audience, rather than as participants. More successful efforts have incorporated clear goals for the participation process. For example, the key goals for the Oregon Health Decisions process were educating the public about the project; extracting information from the public regarding priorities; and building a constituency for the future.

The influence of special interests should not be underestimated.

Vested interests can impede policy change. Some individuals we interviewed said that these interests are becoming more powerful as politics becomes increasingly partisan and term limit rules drain institutional memory out of the legislature. Developing a strategy for addressing the opposition to policy change raised by special interests is critical.

Public meetings should adapt to changes in demographics and lifestyle.

The days of town meetings are largely over. Given the demands of work and family, people are less likely to come to public meetings, even if they are held in the evenings. Thus, it is often the same people who show up — lobbyists and policy wonks. Finding a way into natural communities, such as schools, business, colleges, and churches, is key for effective public involvement efforts. Community input strategies also must address changing demographics. For example, reaching the Hispanic community may require having a Spanish speaker run a meeting instead of a merely offering a translator.

◆ **Public Health Practice**

Community-based interventions focusing on prevention can be more effective than individual care.

Public health focuses on prevention through population-based approaches that can be more effective than individualized care. However, many in the provider community, as well as the public at large, do not realize that more individual treatment is often not the solution. Many health problems require community-wide, multi-disciplinary approaches to “treat” the broad social and behavioral problems that have individual health consequences.

Improving the health of communities requires monitoring the underlying social, economic, political and environmental factors that impact health.

Research into improving health outcomes must extend beyond individuals to include their social networks (e.g., school, community, church, and work) and the environment (e.g., neighborhood design that promotes physical activity, policies that address air quality, soda sales in schools, and minors’ access to tobacco). While those in public health are adept at measuring disease burden and identifying risk factors for disease, they often lack the tools and financial resources needed to measure the “community conditions that support health.”

Population-based efforts must incorporate health care delivery and health systems into strategies to improve the public’s health.

Those in the public health and medical worlds need to work in partnership. The commitment of the entire health system—both public health and health care—is vital to research, develop, and implement population-based interventions. For example, collaboration is required to successfully integrate electronic data across public health and health care systems to manage vulnerable populations with chronic diseases.

Public health priorities and funding should address the most pressing health issues.

Public health is not adept at prioritizing and planning strategically to address the most significant health problems. Instead, policies and projects are often reactive, driven by the availability of dollars. A large portion of public health funding comes from the federal government in the form of categorical grants—which are often driven by advocates in Congress. These grants result in specific, directed state and county activities rather than flexible funding that allows localities to address pressing needs in their communities. Without a comprehensive, collective prioritization process, federal, state and local public health agencies will fight to keep funding for their own projects at the expense of issues or problems that impact the health of entire communities (for example, a focus on avian bird flu, instead of obesity prevention).

The identification of health problems, as well as public health interventions, must be supported by the best data available.

Too often, well-meaning groups tackle problems that have been highlighted in the media, or they promote interventions that are popular or politically acceptable, even though scientific research has shown the problems are inconsequential or the interventions are ineffective. Further, health messages must be based on data, and health programs need to be built on data-driven, evidence-based strategies.

◆ **Ensuring Project Sustainability and Results**

Leadership is essential in articulating the path to change.

Many of those interviewed mentioned that a credible and visible leader or messenger can make the difference between a project’s success and failure. A key element of leadership is genuine collaboration. The failures of some efforts have been attributed to a reluctance to share leadership and credit for success among parties (i.e., the governor, legislature, commissions, division staff, etc.). Too often the reality of our legislature is that politics, fueled by special interest groups, have trumped good policymaking that affects the health of all in our state.

Follow-through and sustainability must be built into any process from the beginning.

Once a process has begun, expectations increase about the impact of the project and the subsequent action to be taken. Often, projects end with a report and recommendations, but the necessary follow-through is neglected due to inadequate resources or planning to implement recommendations. It is important to develop implementation strategies that do not require excessive financial resources and can create lasting impacts, such as creating sustainable partnerships and working toward policy change.

When developing public health programs, it is most effective to select among a few priorities to highlight and communicate to the public.

As one informant stated, “public health is a mile wide and an inch deep.” Doing too many things without focusing on clear public communication dilutes the effectiveness of public health initiatives. Another individual suggested that policymakers select five or fewer high-impact areas that have solid public support, and direct the public health approach and bold, creative communications around that small number of initiatives.

For people to see the value in public health, they first need to realize what public health is and how it benefits them.

For people to understand the widespread importance and potential impact of public health, the field needs to embark upon a significant education effort. To do so, public health needs to develop a new language to talk about itself and a new context for this discussion. The term “public health” in its current incarnation has too much “baggage” and limited associations.

As an antidote to the “premature death syndrome” among policy projects, an advocacy toolkit would be beneficial.

A toolkit for community organizers was cited as an important asset for any social change effort. Common feedback among those interviewed is that they are in support of the goals of the Community Health Priorities Project, and would like to be able to use the findings of the project to further their own advocacy efforts.

Key Informants: Phase One (ongoing)

Thomas Aschenbrener, President, Northwest Health Foundation
Jonathan Ater, Vice-Chair, Oregon Health Policy Commission
Kerry Barnett, Chair, Oregon Health Policy Commission
Bill Bouska, Team Leader, Office Mental Health & Addiction Services (OMHAS)
Tina Castañares, Govt. Relations, La Clinica del Carino
Nancy Clarke, Executive Director, Oregon Health Care Quality Corporation
Ralph Crawshaw, Director Emeritus, Oregon Health Decisions
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Tom Engle, Manager, Community Liaison Office, OPHD
Scott Ekbald, Director, Office of Rural Health
Michael Garland, Member, Medicaid Advisory Committee
Vickie Gates, Member, Oregon Health Policy Commission
Bruce Goldberg, Director, Department of Human Services
Avel Gordly, Senator, Oregon State Legislature
Katrina Hedberg, Medical Epidemiologist, Communicable Disease Prevention, OPHD
Michael Heumann, Manager, Environmental & Occupational Epidemiology, OPHD
Grant Higginson, Deputy Administrator, Oregon Public Health Division (OPHD)
John Kitzhaber, Former Governor, State of Oregon / Archimedes Movement
Mel Kohn, State Epidemiologist, Oregon Public Health Division (OPHD)
Veda Latin, Manager, Oregon Public Health Division, HIV/STD/TB Program
Mike Leahy, Executive Director, Oregon Community Health Info. Network (OCHIN)
Ellen Lowe, Member, Oregon Health Services Commission
Mark Loveless, (former) Medical Epidemiologist, HIV/STD/TB Program, OPHD
Shanie Mason, Program Manager, Oral Health Program, OPHD
James Mason, Director, Office of Multicultural Health, OPHD
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