

Community Health Priorities: A Resource for Action in Oregon Lessons Learned from Key Informant Interviews August 21, 2006

The Community Health Priorities project, led by Northwest Health Foundation, the Public Health Section 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.

The Community Health Priorities workgroup has conducted interviews with key leaders who have been involved in past health-related community engagement and consensus building efforts in Oregon. Those interviewed have included professionals in public health, business, advocacy, and government. This document is a summary of the points made during these interviews that resonated strongly with the workgroup, have broad applicability to this project, and in most cases were suggested by more than one interviewee.

Themes of Interviews:

- ◆ Public Participation and Citizen Values
- ◆ Public Health Practice
- ◆ Ensuring Project Sustainability and Results

◆ Public Participation and Values

Progress on policy can be achieved when groups focus on common values and realize the reality of allocating limited resources.

Despite a general perception—fostered by the media and others—that the community is generally polarized in its views, it is feasible for community-based discussions to identify commonalities. 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 the common values and concerns is crucial to maintaining a dialogue and consequently developing the consensus for policies. 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 can engage those outside the public health arena to set priorities for creating action. In addition, when people “own” the policy direction, there is an increased chance for success.

To achieve effective public participation, clear goals and objectives for the effort and process must be established at the beginning.

Public participation efforts have been conducted in the past where the goal was little more than demonstrating that the public is an audience. However, more successful efforts incorporate clear goals for the participation process. The key goals for the Oregon Health Decisions process, for example, have been identified as educating the public about the project or effort; extracting information from the public regarding priorities; and building a constituency for the future.

The influence of special interests cannot be underestimated.

While there are many important voices in the health arena, vested interests often get in the way of progressive public policy. Some said that these interests are only becoming more powerful as politics becomes increasingly partisan. Term limit rules drain institutional memory out of the legislatures, thus giving power to industry-controlled lobbyists. Developing a strategy for dealing with these interests is critical if the initiative is to succeed in overcoming opposition.

Public meetings must adapt to changes in demographics and lifestyle.

The days of the town meetings are largely over. Given the demands of work and family, people are less likely to come to public meetings, even if held in the evenings. Thus, it is often the same people who show up — the lobbyists and the policy wonks. It is important to find a way into natural communities by going where people are— to schools, business, colleges, and churches — in order to reach them effectively. Demographic changes are also important; 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**

Improving the health of communities requires more efforts that address 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 get out of their silos and work with each other. The entire health system—both public health and health care—is required for successful implementation of population-based strategies. Improved collaboration between public health and the health care delivery systems is vital to research, develop, and implement population-based interventions. One example of this is integrating electronic data across public health and health care systems to manage vulnerable populations with chronic diseases.

Public health priorities should also be the most pressing health issues, and funding should commensurate with the seriousness of the problem.

Public health is not adept at prioritizing and planning strategically to act upon the most important health problems, and instead often “follow the money” in a more reactive approach. A large

portion of public health funding comes from the federal government in the form categorical grants—which are often driven by advocates in Congress. These result in specific, directed state and county activities instead of allowing public health to receive funds that provide flexibility for addressing the most pressing local issues. Without a comprehensive prioritization process, federal, state, and local public health agencies will fight to keep funding for their own projects at the expense of other issues that impact more people (for example, a focus on avian flu instead of obesity prevention).

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 problems require community-wide, multi-disciplinary approaches to “treat” the broad social and behavioral problems that have individual health consequences.

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 “messenger” can make the difference between a project’s success and failure. Too often the reality of our legislators is that politics, fueled by special interest groups, have trumped good policymaking that affects the health of all in our state.

A key element of leadership is genuine collaboration. The failures of some efforts have been attributed to a reluctance to share leadership, and to share credit for success among parties (i.e. governor, legislature, commissions, division staff, etc.).

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 includes promoting collaboration and establishing partnerships.

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. Most 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, such as creating

sustainable partnerships and working toward policy change, that do not require excessive financial resources.

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.” Promoting 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.

People will see the value in public health, but first they 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 huge 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
Billy Dalto, Representative, Oregon State Legislature
Ralph Crawshaw, Director Emeritus, Oregon Health Decisions
Gordon Empey, Dental Health Consultant, Oral Health Program, Oregon Public Health Division
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
Mitch Greenlick, Commissioner, Oregon Health Policy Commission
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
Casey & Tom Milne, Consultants, Milne Associates
Lisa Millet, Program Manager, Injury Prevention, OPHD
Jane Moore, Manager, Health Promotion and Chronic Disease Prevention, OPHD
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Rick Wopat, VP/Chief Quality Officer, **Samaritan Health Services**