

Navigating the Currents:

Positioning Local Health Departments for the Future

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Change in Local Public Health Agencies Following State Public Health Law Modernization

NACCHO Annual Meeting
July 13, 2012

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Colorado Association of Local Public Health Officials



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Objectives

- Introduce Colorado Public Health Act as a policy intervention
- Share practice-based research methods
- Describe early impacts
- Discuss related work in your state



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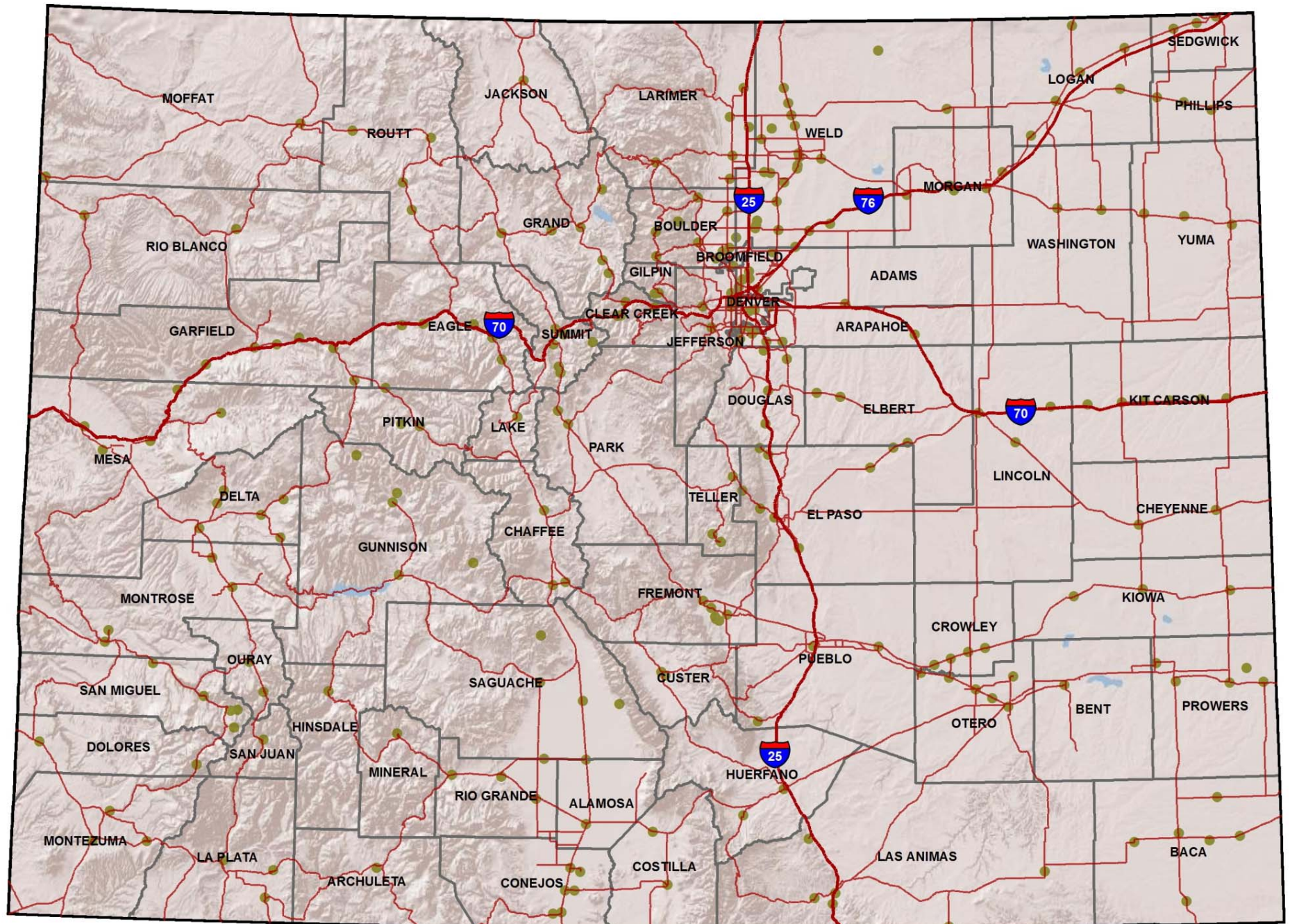
Colorado Public Health Overview

- Decentralized state
- County structure
- Local control is a fundamental value
- Boards of health - primarily elected officials (county commissioners)

- 54 LPHAs serving 64 counties
- Population range from 575 to 1.3 million
- Land size range from 32 sq. miles to 10,000 sq. miles
- Challenging topography



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Colorado Public Health Practice-Based Research Network

Aspects of multiple projects within COPHPBRN

Partners

CSPH, State health

Funding

RWJF, NPHII



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Colorado Public Health Act of 2008

Early attempt at core services



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Remove outdated provisions

– Cholera, Dirty rags, TB



Ira M. and Peryle H. Beck Memorial Archives



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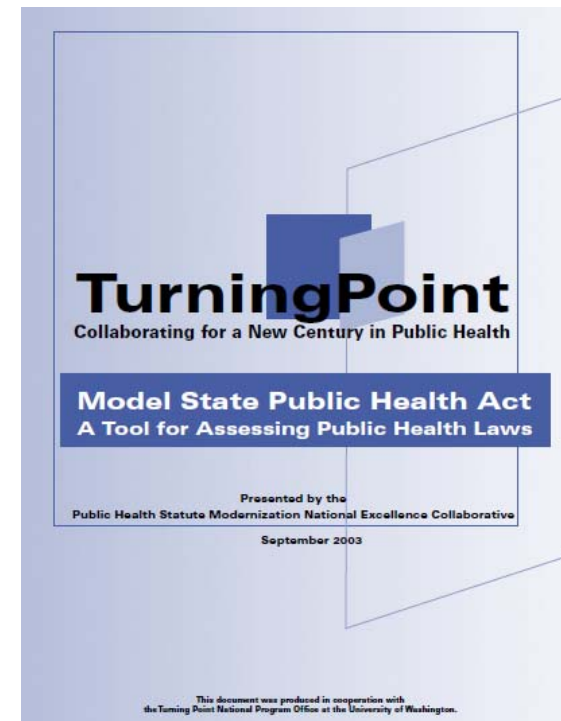
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Use Turning Point Model State
Public Health Act



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Political situation causes
compromises



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Political situation causes
compromises

No time to think through
everything



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Key Provisions

- Nursing service/Health department TO local public health agencies
- Local board of health responsibilities and composition
- Public Health Fund creation
- State board of health responsibilities
- State public health improvement plan
- Local community health assessments
- Local community health improvement plans



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Key Provisions

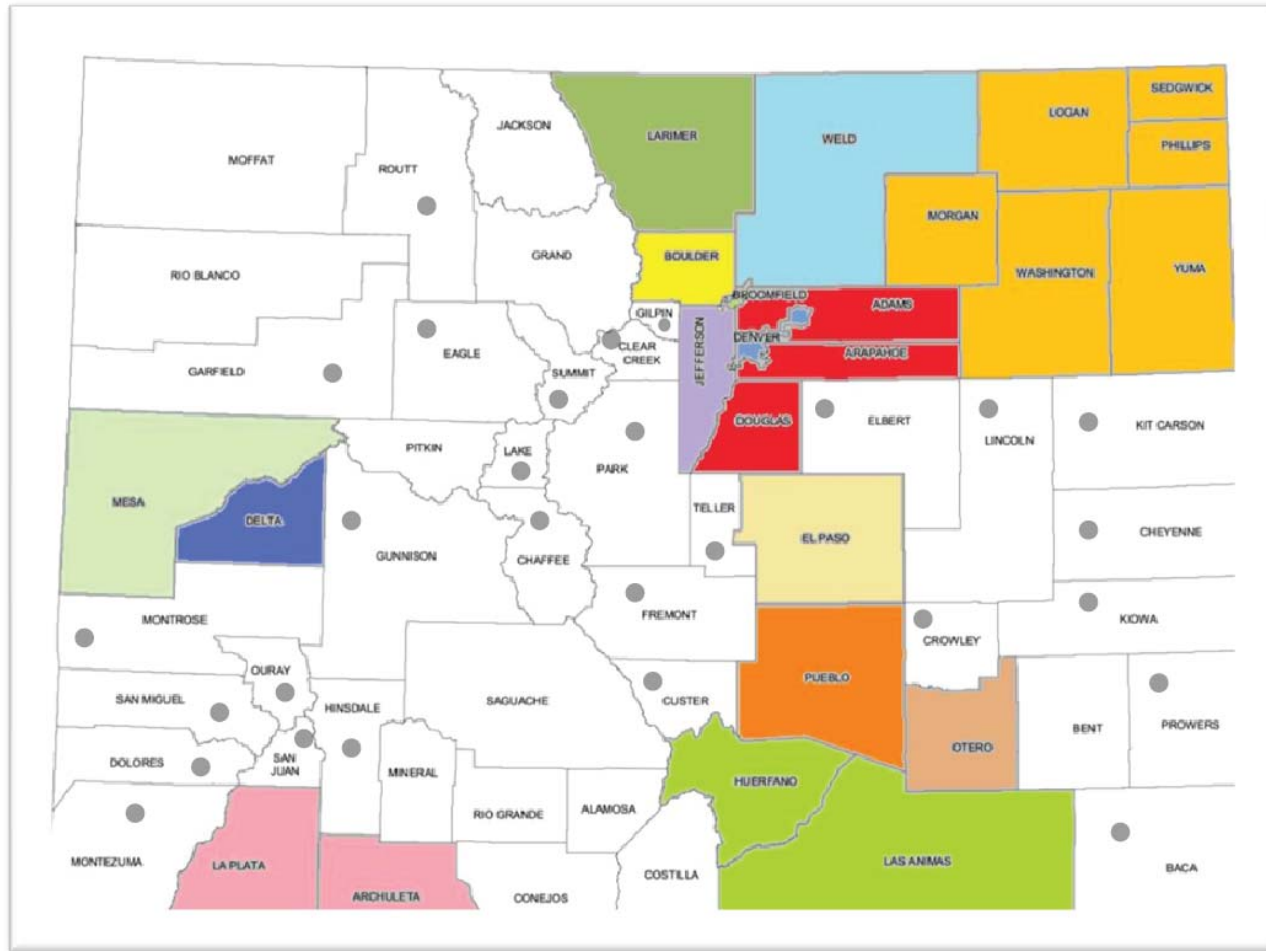
Rule Promulgation

- Minimum qualifications for a public health director
- Core services
- Standards
- Funding formula for general fund/tobacco settlement dollars



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Colorado's structure in 2008, prior to the Act...



Colors: Organized Health Departments White: Nursing Services ● : Environmental Services

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Old Authority/Responsibility

Health Departments

- Broad public health services including EH

Nursing Services

- Nursing focused services
- Community health assessment (varied)

Anticipated Changes: Structural, services and activities, staffing, etc.



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Local Boards of Health

- At least 5 members, appointed
- Less than 100,000 jurisdiction = 3 members and can be commissioners only
- Must meet at least quarterly as board of health
- Administrative, Financial and Policy duties outlined in Act

Anticipated Changes: Increased meeting consistency, changed perception of role and responsibility



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Local CHAs and CHIPs

- All LPHAs must create a community health assessment and community health improvement plan

Anticipated Changes: Every agency leads a CHA



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Minimum Qualifications for Public Health Directors

- Master's degree
 - MPH, MPA or related degree recommended
- 5 years of public health experience
- 2 years of supervisory experience
- Waivers and Substitutions

Anticipated Changes: Increase in Master's prepared directors



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Core Services

More specific than 10 Essential Services

More broad than programmatic list

- Assessment, Planning, and Communication
- Vital Records and Statistics
- Communicable Disease Prevention, Investigation, and Control
- Prevention and Population Health Promotion
- Emergency Preparedness and Response
- Environmental Health
- Administration and Governance

Anticipated Changes: Change in service and activities mix



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Standards

PHAB Standards

Stakeholder process in progress



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Funding Formula

General Fund and Tobacco Settlement

~ \$8,100,000

Previous formula was based on NS or HD

New formula based

- Base for all
- Tiers determined by core services provided
 - Measures need improvement
- Baseline to ask for more funding



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METHODS



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Practice-Focused Methods

CALPHO monthly meetings

PBRN philosophy

Project Advisory Committees

Communication/Dissemination plans

– Inform, Recruit, Disseminate

Active Participation



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Data Sources

NACCHO Profile

– 2008, 2010

Annual Report

– 2009

Baseline Review (core services rule prep)

– 2009/2010



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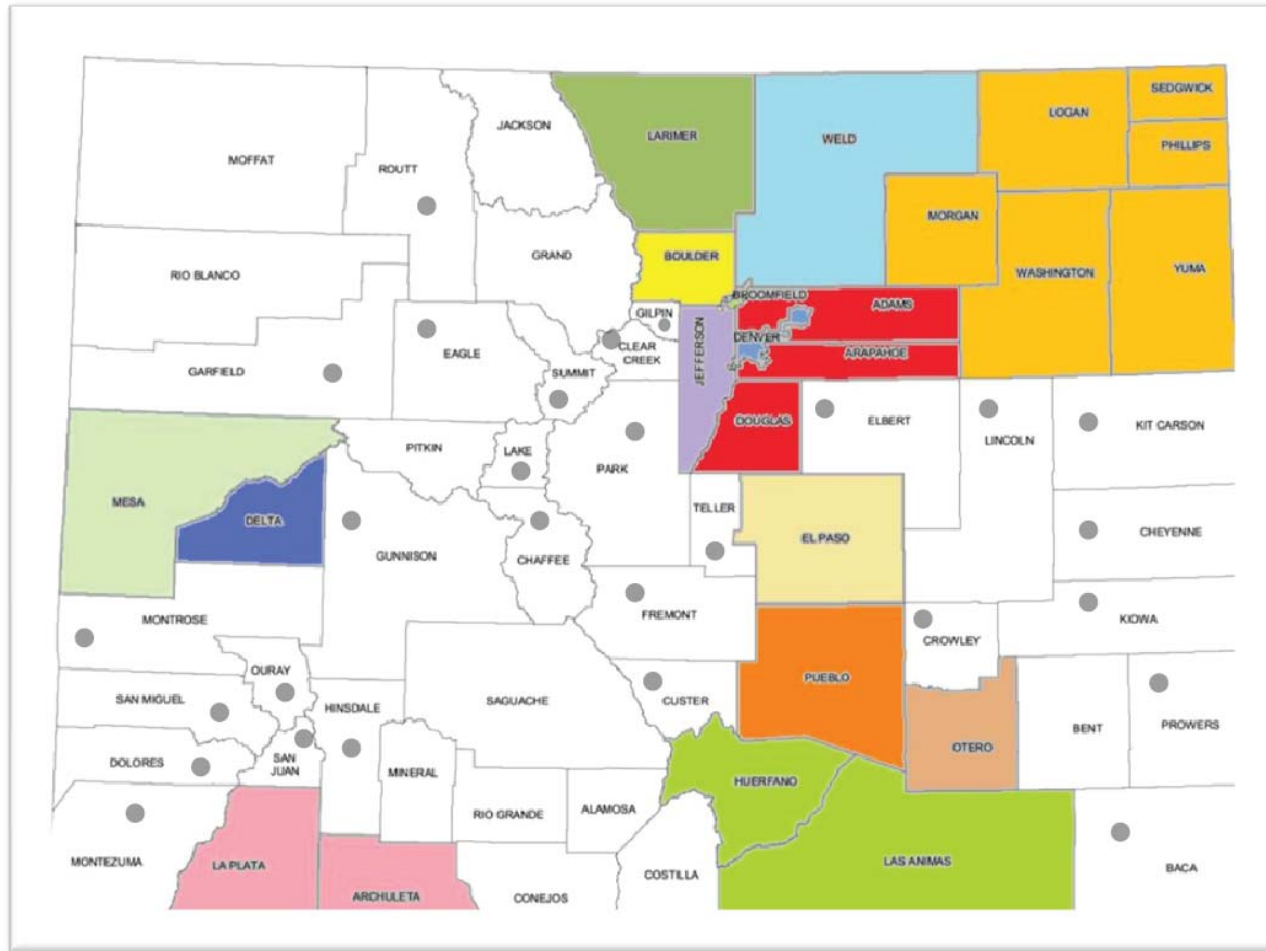
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OBSERVED IMPACTS



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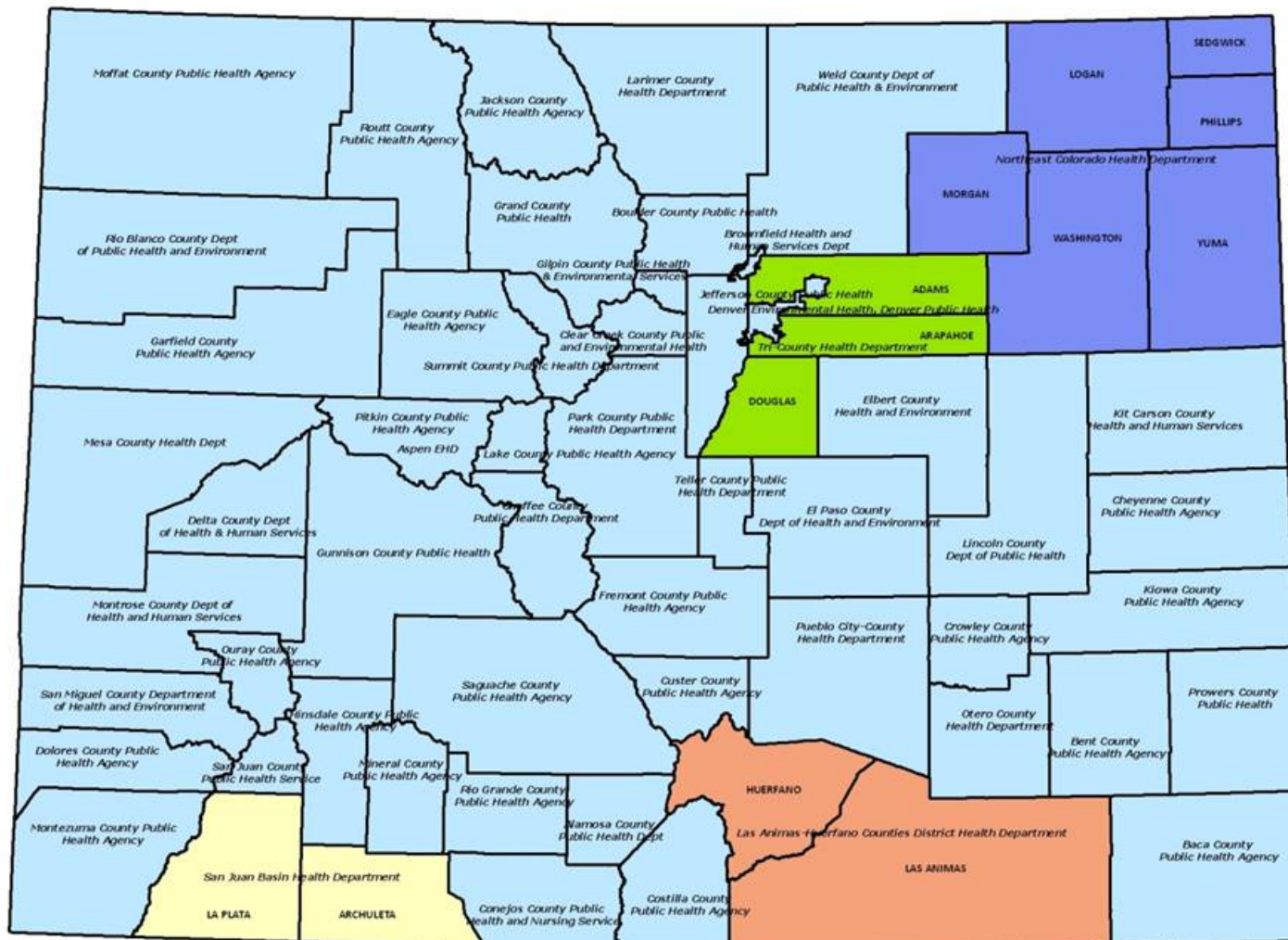
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Structure Changes: LPHAs

Colorado Local and District Public Health Agencies, July 2009



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Influence of “Nursing Services”

Staffing across state (aggregate)

- % of nurses
2008 = 17%; 2010 = 16%
- PH Director - nurses
2008 = 68%; 2010 = 64%
- PH Director - masters prepared
2008 = 46%; 2010 = 44%



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Local Boards of Health

	2008	2010	Difference
One or more LBOH	97%	100%	3%
Hire or Fire Agency Head	50%	84%	34%
Approve the LPHA Budget	51%	82%	31%
Adopt public health regulations	64%	94%	30%
Set and impose fees	52%	86%	34%
Impose taxes for public health	22%	34%	12%

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Observed Impacts: Community Health Assessments

All agencies will have led a CHA by the end of 2012

- State-level process and timeline

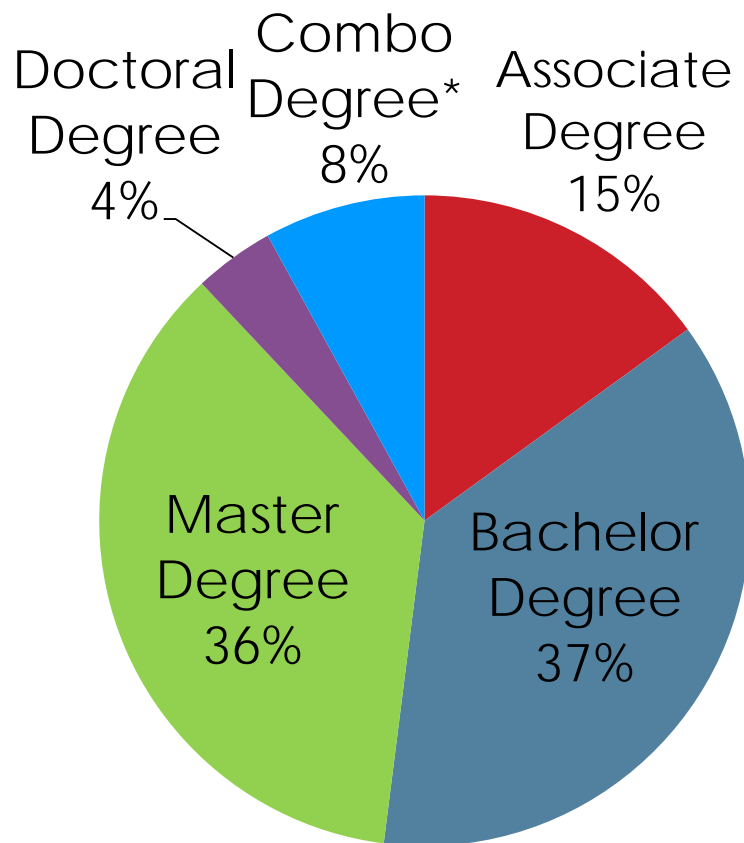
Between 2008 and 2011 more LPHAs led a CHA, as expected



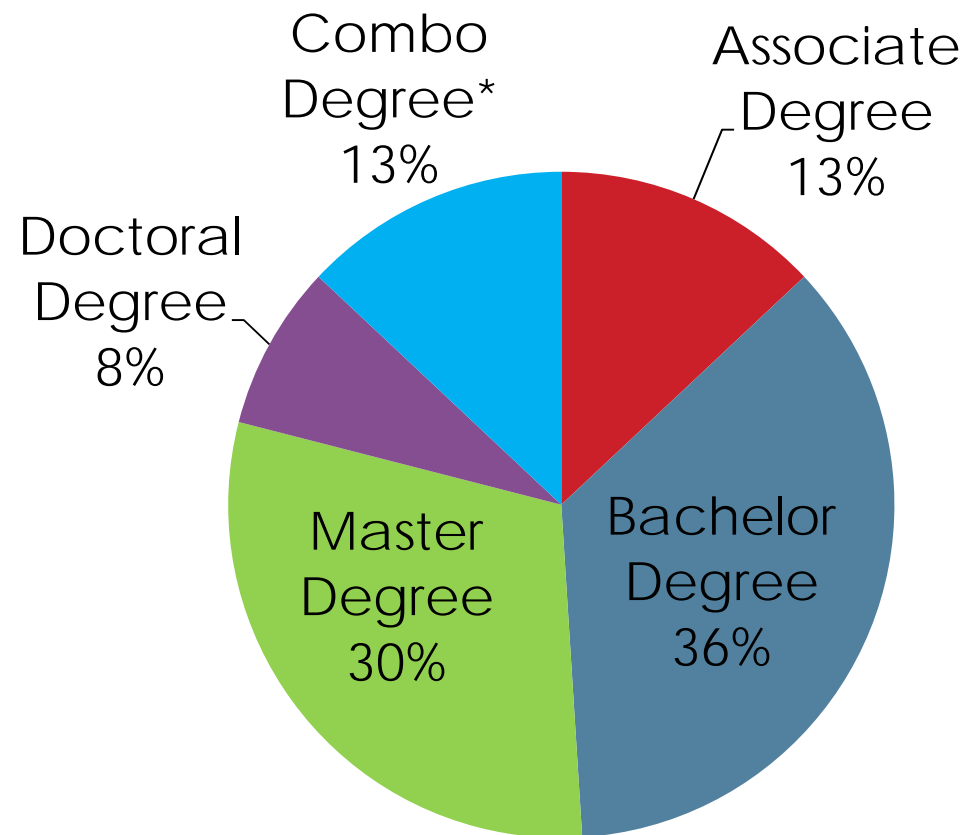
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Director Minimum Qualifications: Education

2008

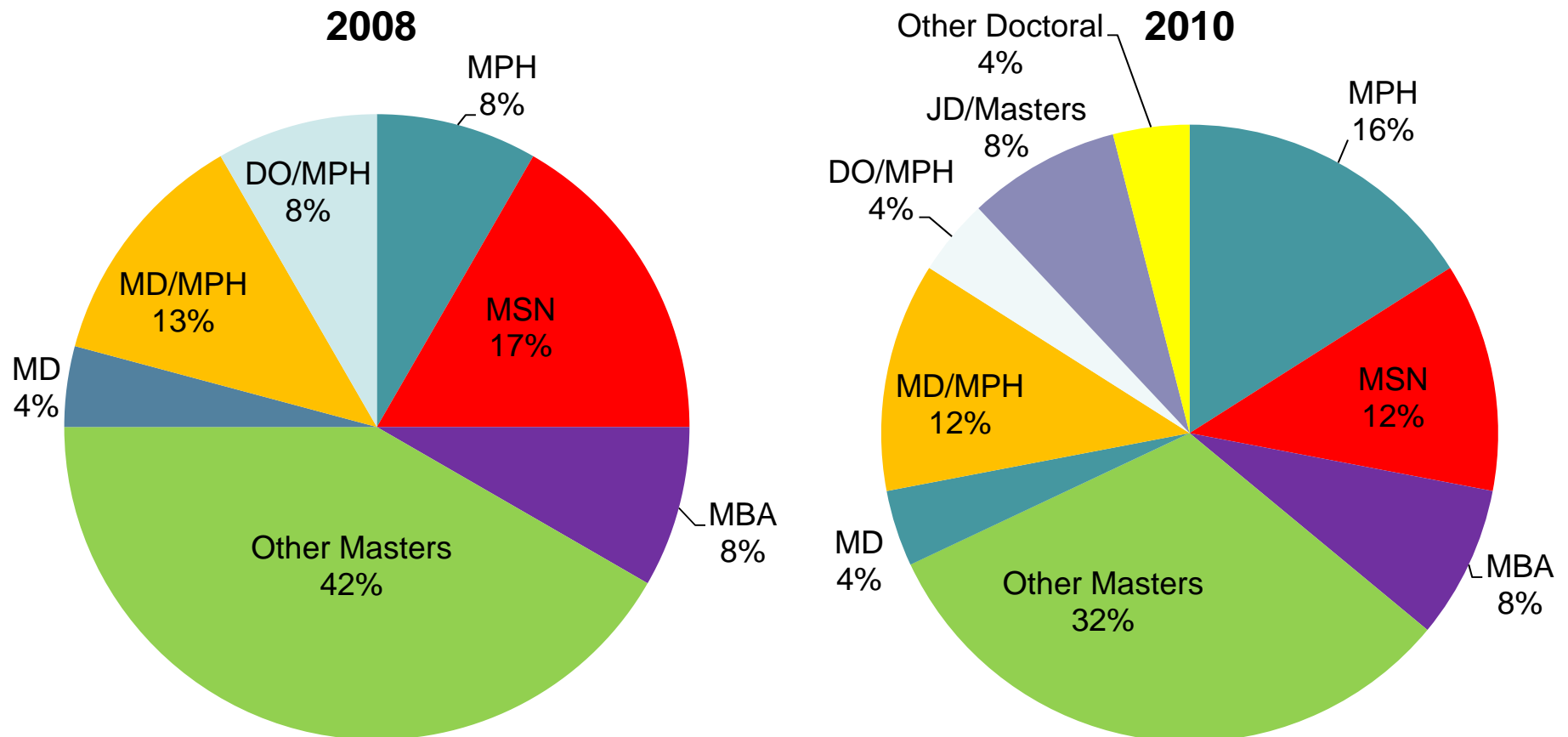


2010



*Combo Degree: Combination of Master/Doctoral Degree

Director Minimum Qualifications: Degree Type



*Refers to Master's Degrees other than an MPH, MSN, or MBA

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Long Term Tracking

Annual Report

PHSSR Core Services Project

MPROVE Project

PHSSR Research Agenda



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Future Directions

Improving/Developing core services measures

Tracking core services and standards(?)

Ongoing research



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Structure Changes: Stories

“New” public health agency

Shared Services

Association merger

EH Services

Health and Human Services



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How can our experience help you?

Where do you see your agency/state in this work?

What information can we provide that would help you?

What nationally relevant items should we be tracking?



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