Why should we transform public health in Colorado now?

Enormous progress has been made throughout Colorado to improve the health and longevity of our population since the passage of Colorado’s Public Health Act (SB 08 194) in 2008. The Act’s purpose was to ensure that core public health services, which are critical to ensuring the health and safety of Coloradans and preventing public health emergencies, are available with a consistent standard of quality, to every person in Colorado, regardless of where they live.

However, implementation of this Act has also created frustration as it created unfunded service mandates for already underfunded governmental public health authorities. Without significant additional funding, the Colorado governmental public health system cannot fully implement core public health services, increasing the health risks faced by Coloradans. These increased public health risks have placed additional demands on the governmental public health and clinical health care systems, such that our chronically under-resourced public health system is in crisis. Without significant attention the governmental public health system may collapse under the strain of the next wildfire or flood, the opioid epidemic, or rising suicide rates. It is time for Colorado to invest in a strong, resilient public health system, and deliver on the state’s promise to create the healthiest state in the nation.

Who is leading this effort?

Colorado’s governmental public health system is made up of the Colorado Department of Public Health and Environment and 53 local public health authorities, collectively represented by the Colorado Association of Local Public Health Officials (CALPHO). Since funding for public health is a shared responsibility of state and local government, in 2015, state and local public health staff began meeting to explore issues surrounding public health funding in Colorado. The group ultimately recommended focused action on modernizing and funding public health, building on lessons learned from several states pursuing public health system transformation through the nationally-recognized Foundational Public Health Services framework.

Upcoming legislative sessions provide significant opportunities to make progress toward fully funding Colorado’s public health system. As such, Colorado’s governmental public health system is exploring opportunities to align its core services with the national Foundational Public Health Services framework, and pursue public health system transformation through Foundational Public Health Services as a means of obtaining and implementing additional funding.
What does public health system transformation mean for governmental public health in Colorado?

Previous governmental public health fiscal sustainability efforts, in Colorado and elsewhere, have had limited success, in large part because they are too narrowly focused on increasing funding. Foundational public health services as a public health system transformation model is different from those efforts in that it entertains all of the governmental public health system’s opportunities to improve its fiscal balance — not just increasing funding, but also efficiency and effectiveness — through:

- “right-sizing” governmental public health’s role and scope of services;
- optimizing the efficiency and effectiveness in delivery of services;
- defining level of service standards; and,
- increasing funding and aligning funding responsibility to accountability for services throughout the system.

As of January 2017, eight states have adopted and customized this foundational public health services framework to match their state contexts, as a first step to implementing foundational public health services as a public health system transformation model. These states include: Kentucky, North Carolina, North Dakota, Ohio, Oregon, Texas and Washington.

There is great support in aligning Colorado’s core public health services with the foundational public health services framework, and pursuing the foundational public health services public health system transformation model.

As a first step, we have compared the Core Public Health Services framework to the national framework. What we found is that they are very similar. The national framework includes five “foundational areas” that only government provides and six cross-cutting “foundational capabilities” that must be present to support these services; meanwhile, Colorado’s model has seven core public health services that speak to the whole public health system. However, both frameworks speak to the minimum public health services that should be provided to all. It is expected that minimal changes will be needed to fully align the core public health services to foundational public health services.

What’s Next?

CALPHO and CDPHE are working together to identify one-time public and private funding to:

- support aligning the core public health services with the national Foundational Public Health Services model;
- conduct an assessment to identify the gap in funding that exists to support a comprehensive public health system that ensures service equity for all Coloradans;
- identify the most effective and efficient public health service delivery system for Colorado;
- develop and execute a communications strategy and plan to convey the value of public health for all Coloradans;
- increase funding and align funding responsibility to accountability for services throughout the system; and,
- track implementation and evaluate the effectiveness of the new and improved public health system.

For more information, please contact:

Tracy Anselmo, Executive Director
Colorado Association of Local Public Health Officials (CALPHO)
720.398.5520 | theresa@calpho.org
www.calpho.org

Anne-Marie Braga, Director of Local Public Health Partnerships
Colorado Department of Public Health and Environment (CDPHE)
303.692.2361 | anne-marie.braga@state.co.us
www.colorado.gov/cdphe
**Major milestones of transformation:**
- Aligning core services with national model *(done)*
- Cost Assessment *(in progress)*
- Effective/efficient system for Colorado
- Accountability and performance
- Roadmap and strategic plan
- Funding requests
Colorado’s Public Health Transformation October 2018

Transformation Group Descriptions

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<th>Transformation Group Description</th>
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| Public Health Stakeholders      | - Informal groups that may be engaged throughout the process and are updated regularly  
                                | - Members may be asked to offer expertise and share regional / other experiences |
| Steering Committee              | - Comprised of 7-11 diverse stakeholders, by application for specific terms and defined Charter  
                                | - This group will meet monthly  
                                | - This group would help align all voices and efforts in Transformation process  
                                | - This group approves the final plan  
                                | - This group will have decision making capacity |
| Public Health Transformation Committee | - Comprised of all PH Directors, CDPHE, LPHA representatives and / or appointees with decision making capacity  
                                      | - This group will define relevant definitions of Foundational Services and Capabilities as presented via Workgroups  
                                      | - This group will meet monthly  
                                      | - This groups will serve as liaison to Public Health Department and community partners to inform regarding Transformation  
                                      | - This group make recommendations to the Steering Committee  
                                      | - This group will implement Transformation locally. |
| Project Management Team “The Doers” | - Comprised of CALPHO ED, CDPHE Director of Local Public Health Partnerships, Hired consultants  
                                         | - This group will serve as Project Managers to keep work within timeline and budget |
| Time-Limited Focus Group         | - These are ad hoc teams formed based on specific Foundational Services and Capabilities  
                                         | - Meeting timelines are as needed |
Colorado’s governmental public health system is made up of CDPHE and 53 local public health authorities (LPHAs). Colorado’s Public Health Act (SB 08 1 94) took effect in 2008, calling for major reforms to the state’s governmental public health system, made up of CDPHE and 53 local public health authorities. The Act’s purpose was to ensure that core public health services were available with a consistent standard of quality, to every person in Colorado regardless of where they live. Over the decade since this Act was passed, Colorado has seen many achievements and advancements in public health.

However, public health in Colorado, and around the nation, still faces dramatic changes and challenges. CALPHO and CDPHE have identified that these changes will require them to think differently and creatively about the governmental public health system’s work, and are choosing to embrace that need to develop a comprehensive strategy for transforming the public health system to best serve its mission: to protect and improve the health of Colorado’s people and the quality of its environment. CALPHO and CDPHE have identified that the foundational public health system transformation (FPHS) model is the best model for their public health system transformation efforts and are following the example of other states engaged in similar public health system transformation efforts.

The 2020 and beyond legislative sessions provide significant opportunities to make progress in funding Colorado’s public health system, because there will be significant capacity within constitutional Taxpayer Bill of Rights (TABOR) limits for investment in new or additional governmental services and significant resources from rapidly increasing marijuana sales taxes. To increase the chances of success in these future legislative sessions, the system needs to estimate and communicate the cost of fully funding governmental public health.

Core Public Health Services Assessment Purpose and Key Outcomes

In response to the need to estimate and communicate the cost of fully funding governmental public health in Colorado, CALPHO and CDPHE have contracted with Habile Consulting LLC to implement a robust Core Public Health Services Assessment to:

1. Understand current statewide implementation and spending on core public health services.
2. Estimate the cost to fully deliver core public health services statewide based on the current service delivery paradigm.

To do that, the will need to:

+ Engage CDPHE and all 53 LPHAs in the data collection process to collect as much primary data as possible.
+ Build a shared understanding of the refined core public health services model and definitions.
+ Support discussion around alignment of funding sources to core public health services priorities, governance, and services delivery, and funding options.
+ Validate collected data and, if necessary, fill information gaps where the generation of additional estimates of the costs to implement Core Public Health Services, including the cost to local public health agencies and the state, based on potential future funding, governance, and service delivery paradigms.
+ Connects to Colorado’s broader public health system transformation efforts and leverages the data collection process to assist with other ongoing project components. Additionally, this process should be designed to naturally connect to and support the robust planning process already being undertaken in Colorado. Based on the time and budget available, this process will:
  + Support expected follow-on policy analysis and decision making around optimizing the efficiency and effectiveness of the service delivery system, to ensure seamless transitions between project components and maintain project momentum.
  + Identify performance measures related to implementation of core public health services.
  + Support discussion around alignment of funding sources to core public health governance, and services delivery, and funding options.
  + Support service delivery conversations.
  + Be responsive to changes in the project context and overall project efforts.

**Anticipated Challenges**

Governmental public health services in Colorado are delivered through a bifurcated services delivery system that includes both CDPHE and 53 LPHA’s. This decentralized system presents a number of significant challenges to the task of developing a statewide estimate of the programmatic and financial implications of fully implementing core public health services. The project approach needs to address the following challenges:

+ Developing a shared understanding of the policy intent and operational requirements of implementing Core Public Health Services among all of the state’s LPHA’s.
+ Create a process and targeted assessment tools to achieve a high participation rate and ensure consistency in the assessment of current capacity and future needs to effectively and efficiently implement Core Public Health Services in all communities in Colorado.
+ Testing and validation of the completed assessments for consistency and general reasonableness.
+ With overall governmental public health system buy-in, project the cost of fully implementing Core Public Health Services statewide to support policy and budget deliberations that will advance its implementation.

Beyond the expected challenges of the Core Public Health Services Assessment, it’s expected that there will be ongoing challenges related to building buy-in and achieving consensus on this work, as transformative change is always a challenge. This proposal assumes that a representative project management and leadership body will be engaged on behalf of the governmental public health system, to facilitate broad buy-in and decision making.

For more information, please contact:

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www.calpho.org

Anne-Marie Braga, Director of Local Public Health Partnerships
Colorado Department of Public Health and Environment (CDPHE)
303.692.2361 | anne-marie.braga@state.co.us
www.colorado.gov/cdphe

Annie Sieger, Project Manager
Habile Consulting LLC
425.390.4289 | annie@habileconsultingllc.com