



Metro Denver Partnership for Health Roadmap

2017

Metro Denver Partnership for Health



2017 Activities

Who We Are

The Metro Denver Partnership for Health (Partnership) is a collaboration of public health agencies serving the seven-county Denver metropolitan region. These counties are Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson. The Partnership's work impacts nearly 3 million Coloradans, 60 percent of the state's population, who live in this region.

The Partnership collaborates with regional leaders in health care, human services, behavioral health, environment, philanthropy, education, business, local government and others to achieve its goals of promoting health and well-being across the region.

Our Mission

To improve population health regionally with collective action. We enhance our regional capacity to achieve this goal through partnership.

2017 Activities in Priority Focus Areas

The Partnership identified four priority areas in 2016 — Behavioral Health, Data Sharing, Healthy Eating Active Living and Partner Alignment. These areas were selected based on several factors, including a clear regional strategy, funding opportunities, existing staff collaboration and window for leadership to advance efforts.

The Partnership identified Environmental Health as a fifth priority area in 2017. Directors and staff will identify strategic and operational opportunities for regional collaboration in this area throughout the year.

The Partnership will continue providing leadership and strategic support, as well as dedicated staff collaboration, in the other four priority areas.

Behavioral Health

Promote reduction of stigma and support coordinated systems of care and prevention.

2017 Activities

- Successfully execute State Innovation Model (SIM) grant activities to reduce stigma and improve system coordination.
- Engage Partnership leaders in health system outreach in support of SIM activities.
- Convene Partnership opioid and substance use experts to share information about each members' work and explore whether regional collaboration is needed in certain areas.

Data Sharing

Share information to accomplish goals. An environment in which data is shared and analyzed across jurisdictions is critical to the Partnership's work.

2017 Activities

- Identify and build tools and services needed for regional and collaborative analysis and sharing and displaying of data to support the Partnership's priority areas.
- Use and analyze new data sources, including the Colorado Health Observation Regional Data Service (CHORDS).

Healthy Eating Active Living (HEAL)

Reducing chronic disease requires healthy choices and opportunities for activity to be readily accessible.

2017 Activities

- Successfully execute the goals and objectives of the Metro Healthy Beverage Partnership to reduce sugary-drink consumption across the region and identify new strategies. Secure continued funding for this work.

Partner Alignment

Align efforts with partners to enhance mutual impact.

2017 Activities

- Invest leadership in cultivating relationships with the region's human services agencies in an effort to align, leverage and support existing and new work.
- Explore opportunities for aligning Partnership CHA/CHIP planning activities.

Taking a Collaborative Approach

Partnership staff are collaborating on issues beyond the priority focus areas. Several of these efforts, identified below, may have dedicated grant funding to support the work. These areas are central to the Partnership's mission and goals to improve health, but require less leadership involvement and strategic support.

Early Childhood Partnership

Partnership staff formed the Metro Public Health Early Childhood Partnership to develop and implement specific, actionable local and regional public health strategies to minimize and mitigate toxic stress in early childhood, with a focus on health equity.

Health Equity

Partnership staff are identifying opportunities for shared learning and leveraging resources for advancing health equity regionally through public health practice and policy development.

HPV

Partnership staff formed the Denver Metro Alliance for HPV Prevention to increase HPV vaccination rates across the region. Staff are sharing data, working with clinics and implementing a campaign to increase awareness and demand for the cancer preventing vaccine.

Radon

Partnership staff formed the Public Health Regional Radon Road Map to reduce lung cancer from radon exposure. Staff are creating model policies for real estate transactions and building codes to promote adoption and implementation of consistent, evidence-based methods across the region.



Metro Denver Partnership for Health

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The Partnership collaborates with regional leaders in health care, human services, behavioral health, environment, philanthropy, education, business, local government and others to achieve its goals of advancing health equity across the region.

Why We Work Together

We share responsibility for improving the health and well-being of all people and the environment. This work transcends county boundaries.

Many of our partners are regional entities, already working across county boundaries.

We will make efficient use of resources by collaborating on common and shared priorities. Working together as a region makes public resources go further in achieving our goals.

Each public health agency brings unique skills, relationships and experiences to the Partnership that can be leveraged and learned from. We aspire to serve as chief community health strategists for our jurisdictions and region.

How We Work Together

We make decisions by consensus.

We prioritize our activities.

We collaborate and act regionally to complement our efforts in addressing local priorities.

We are accountable to one another.

We create a culture of collaboration by empowering our staffs to work together.

We engage public and private allies to join our work.

Our Areas of Priority Focus

- **Data Sharing.** We share information in order to accomplish our goals. An environment in which data is shared and analyzed across jurisdictions is critical to our work.
- **Healthy Eating Active Living (HEAL).** Preventing and reducing chronic disease requires healthy choices to be easy and opportunities for activity to be readily accessible.
- **Behavioral Health.** We promote reduction of stigma and coordinated systems of care and prevention.
- **Partner Alignment.** We seek to align efforts with partners to enhance our mutual impact.

Introduction

Improving health requires a regional approach.

Colorado's health systems reach across the seven counties in the Denver metro region. Colorado's Medicaid Regional Care Collaborative Organizations and mental health providers are looking for local and community partners to support outreach and health promotion efforts. And public health issues such as clean air, tobacco prevention and infectious diseases transcend jurisdictional boundaries.

Residents in the Denver metro region also live, work and play in different locations, contributing to the view that health promotion is a regional issue. As new health care payment models hold providers accountable for the overall health of their patients, regional approaches will be critical for success.

Health directors representing the five local public health agencies (LPHAs) serving the Denver metro region share a history of collaboration on several public health issues. They recently have focused on regionalization to determine when and how a regional approach is most effective and efficient in achieving population health goals.

Engaging health systems and providers, educating specific populations, launching public awareness campaigns, advancing sound public health policies —

these activities call for a regional approach.

Informal commitments, backed by shared resources and collective action, demonstrate the power of regional collaboration. That's one reason why the Denver metro LPHAs have committed to the Denver Metro Partnership for Health (Partnership) as a step toward achieving the goal of improving health regionally with collective action.

The combined expertise in policy, health promotion, data analysis and community engagement from the LPHAs' directors and staff are powerful tools for achieving health equity across the region.

This Roadmap provides a way forward for the Partnership to identify and build opportunities for greater regional collaboration.

Getting From Here to There

Part 1. Structuring the Partnership

The Partnership needs to be built so that it can respond to and lead initiatives that will be best addressed regionally. The LPHAs to date have collaborated on initiatives that are largely topic-based and reactive. Still, they have laid a solid foundation for greater alignment.

By structuring the Partnership, regional action can be taken more effectively and efficiently. Recent public and private funding opportunities require recipients to be more effective by working across county lines.

The timing is right for an intentional, deliberate collaboration.

Staffing

The Partnership will have a Steering Committee, staff workgroups and a Coordinator. A description, responsibilities and action steps for moving forward are described below.

Steering Committee

The Steering Committee (SC) provides vision for the

Partnership. Members shall include the Executive Directors from each public health agency in the Partnership. The SC will meet every two months. Meeting locations will rotate among members and will be chaired by the host member.

A full description of the SC's responsibilities is in the Operating Agreement (see Appendix 1).

Highlights include:

- Provide leadership and high level direction of Partnership activities;
- Guides development of an annual work plan (Plan) in consultation with workgroups and outside partners;
- Direct and guide the shared components of the Plan;
- Engage partners needed to accomplish Plan goals and objectives;
- Establish workgroups, both formal and informal, as needed to address the Plan.

Action steps:

- Sign Partnership summary and operating agreement;
- Develop internal and external communications strategies for announcing the Partnership.

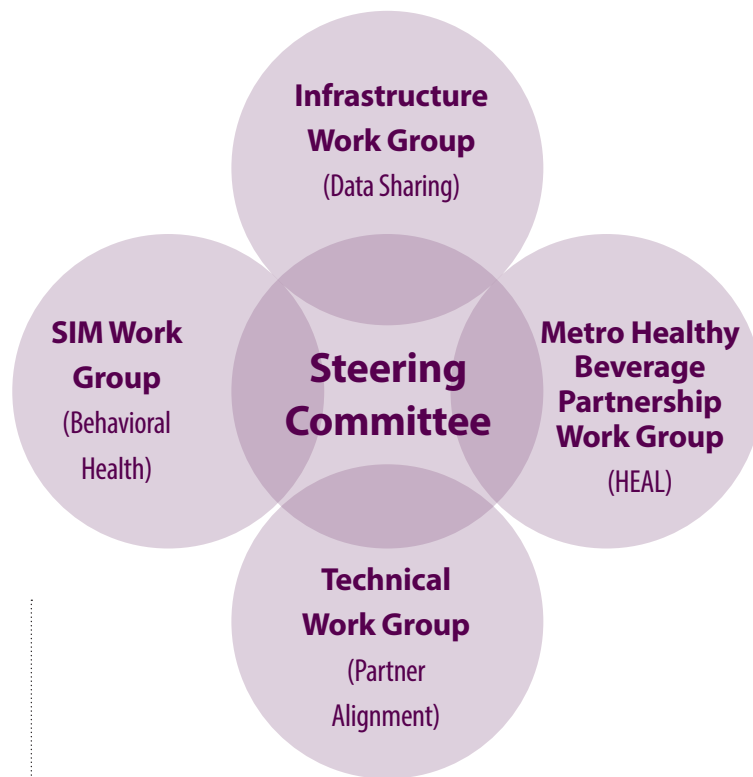
Staff Workgroups

Workgroups will address specific topic areas and objectives as identified by the SC.

Workgroups may be formed for many reasons, including to implement a grant or program, research a specific topic area or create a solution or strategy for addressing specific issues. The SC will support the workgroups by providing clear objectives and a preferred timeline to complete their tasks. Each workgroup will establish an appropriate schedule of meetings and activities in order to meet their objectives.

The SC members will appoint staff to participate in the workgroups. One member of the workgroup, designated by the SC, will serve as the chair. The chair will work closely with the Coordinator on administrative tasks. Each staff will serve as a representative of her or his LPHA.

Figure 1. Partnership Workgroups



Workgroups are already formed for the Partnership's priority areas of focus.

Responsibilities of the staff workgroups include:

- Developing a plan for completing their goals and objectives;
- Identifying new issues, partners, needs and/or opportunities in their topic areas for the SC to consider for regional action;
- Maintaining communication with their respective directors and soliciting support or assistance as needed;
- Providing updates to the SC on their work. Some workgroups may be asked to report quarterly or more frequently, others annually.

Action steps:

- Confirm current workgroups, members and activities;
- Establish new workgroups if needed;

- Create schedule for receiving updates from workgroup members;
- Notify staff in existing workgroups of schedule.

Coordinator

The Coordinator will provide administrative support for the Partnership and will report to the SC. This part-time position may be filled by a staff member of a LPHA in the Partnership, or as a contractor or subcontractor with another organization. The Coordinator will be supported by the LPHAs and/or external resources to work on behalf of all LPHAs in the Partnership.

Responsibilities of the Coordinator include:

- Prepare and distribute meeting materials, agendas and minutes and arrange meetings;
- Support workgroups with administrative activities, including scheduling, minutes and meeting logistics;
- Research issues or topics that emerge from SC meetings;
- Identify potential grant funding for Partnership activities;
- Connect workgroup staffs to align their activities when necessary or appropriate.

Action steps:

- Determine staffing preferences;
- Identify financial resources or opportunities.

Part 2. Structuring the Partnership's Work

The Partnership will build off of early successes and reflect best practices. It will emphasize regional approaches while addressing local concerns and responding quickly to new regional needs and opportunities for collaboration.

The LPHA directors represented on the SC have identified four areas that they will focus their leadership attention. These areas were selected based on several factors including a clear regional strategy, funding opportunities, existing staff collaboration and window for leadership to advance efforts.

Areas of Focus

The SC will provide vision for addressing areas of

Figure 2. Areas of Focus



Data Sharing



Healthy Eating Active Living



Behavioral Health



Partner Alignment

focus and develop strategies with the help of external partners in the following areas:

- Data sharing;
- Healthy eating active living;
- Behavioral health;
- Partner alignment.

The SC will provide direction and support to staff workgroups already in place to work on these areas of focus and establish new or additional groups as needed.

LPHA staff are already collaborating regionally on other public health issues and topics. The levels and types of collaboration in these areas range from informal,



ongoing communications between LPHAs to integrated regional programs.

Appendix 2 includes a list of several areas where collaborative efforts are already underway or that have potential for a regional approach. The SC will continue supporting staff already working together and encourage all staff to look for opportunities for collaboration. The SC also will continue soliciting feedback from staff on new and emerging or existing public health issues that may require focused leadership attention.

Part 3. Building the Work Plan

Achieving the Partnership's vision in its areas of focus requires a work plan that reflects shared goals, objectives and tactics. It should also articulate strategies

for bringing partners into the work. When possible, the plan will align with and build off of existing collaborative efforts. The plan should also be nimble to allow for mid-course corrections and responding to new opportunities.

The work plan will detail the following in each of the four priorities:

- Vision;
- Goals for 12 months;
- Activities and responsible entities;
- Funding and sustainability strategies;
- External partners and strategy for engagement.

The SC, in consultation with staff work groups, should complete or update work plans annually. The SC may

also invite outside partners to provide input on select priority areas, especially on issues they are already working on with the LPHAs, or to inform the overall plan.

The annual review should also include an evaluation of the previous year's efforts, identifying areas of success and need for improvement as well as new opportunities that may have emerged throughout the year.

The work plans will follow a phased approach, building off of existing work plans, grant activities and evidence-based strategies when possible. The SC will identify and engage key external partners and recruit additional partners in subsequent months and years. Guiding principles for work planning in Year One include making existing efforts successful and engaging with external partners.

A brief summary of an initial work plan for each priority area is included below.

Data Sharing

Vision

- Have a broad range of social, economic, health and demographic data available to the public at varying geographic levels to be used for community mobilization, program and policy evaluation and to drive policy changes that promote equity across the region.

Goals for 12 months

- Gain access to the Colorado Health Observation Regional Data Service (CHORDS);
- Add a community mental health center as a new CHORDS data partner;
- Identify tools for displaying data for public use;
- Adopt policies and procedures governing data use.

Activities and responsible entities

- Implement CHORDS work plan (Workgroup);
- Support the Infrastructure workgroup (SC);

External partners and strategy for engagement in Year One

- Community Mental Health Centers;

- Centura Health;
- Denver Regional Council of Governments.

Healthy Eating Active Living

Vision

- Reduce the rate of childhood obesity and develop regional plans and partnerships to promote prevention and active living.

Goals for 12 months

- Reduce consumption of sugar-sweetened beverages;
- Support each LPHA to have uniform, actionable, reportable data on HEAL;
- Establish meaningful partnerships with nonprofit hospitals to address HEAL;
- Identify data sources that can provide feedback on and inform programmatic efforts, including sales data.

Activities and responsible entities

- Implement Metro Healthy Beverage Partnership work plan (Workgroup);
- Establish an active living workgroup (SC).

External partners and strategy for engagement in Year One

- School districts;
- Children and family-oriented institutions including museums, recreational facilities and zoos;
- Nonprofit hospitals and health systems (Centura Health, SCL and Kaiser Permanente Colorado).

Behavioral Health

Vision

- Promote reduction of stigma and coordinated systems of care and prevention throughout the region.

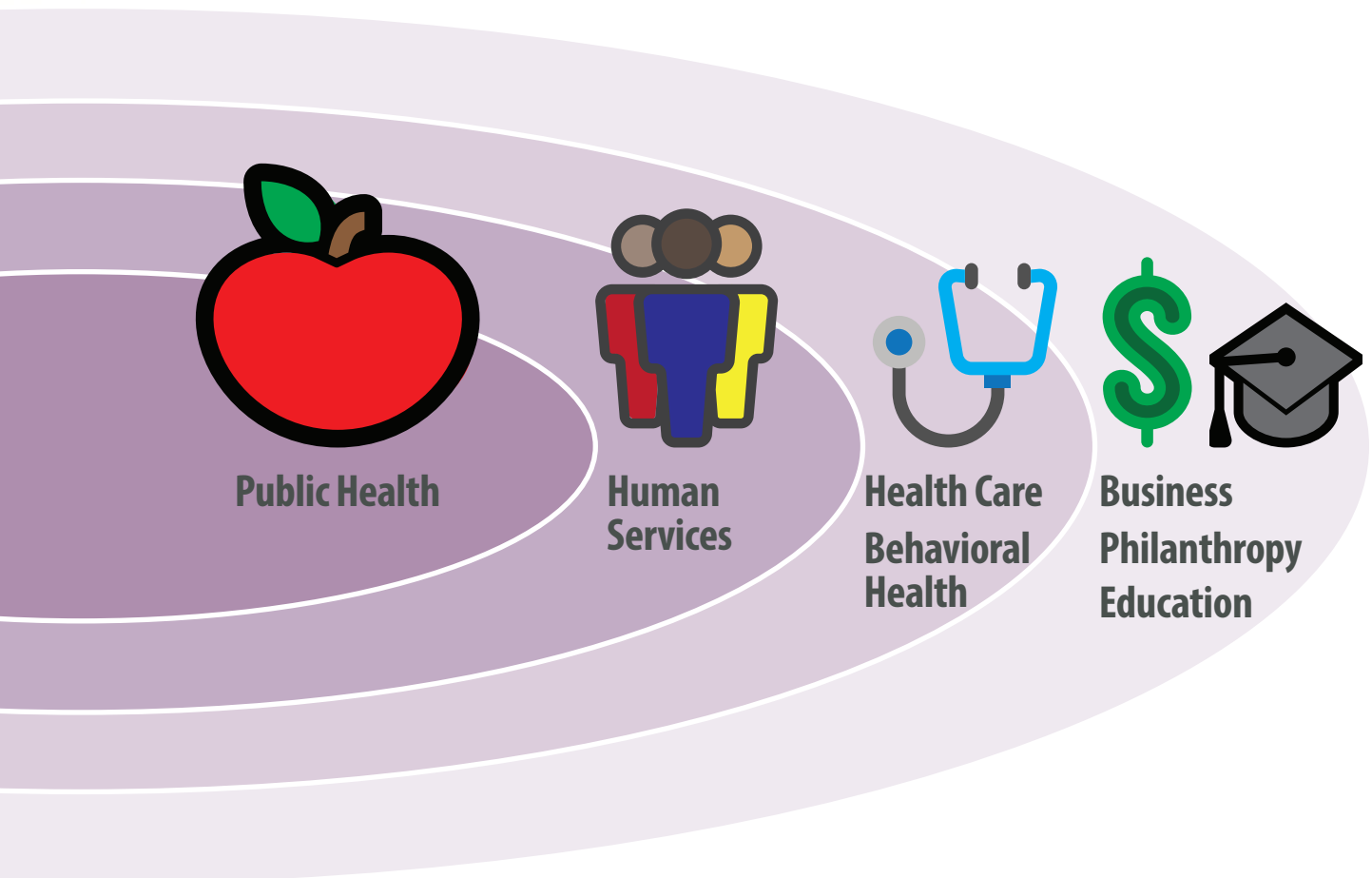
Goals for 12 months

- Successfully execute the SIM grant activities.

Activities and responsible entities

- Implement SIM work plan (Steering Committee and Operations Workgroup);

Figure 3. Partners and Collaborators



- Engage with early childhood workgroup and Regional Health Connectors (Steering Committee and Workgroup).

External partners and strategy for engagement in Year One

- Community Mental Health Centers;
- Community Health Centers.

Partner Alignment

Vision

- Create a regional strategy for health improvement based on public-private-community partnership.

Goals for 12 months

- Provide meaningful input into the community health needs assessment (CHNA) processes of UC Health, Kaiser Permanente Colorado and Children's Hospital Colorado;
- Establish a partnership with Centura Health on health improvement;
- Build a foundation for a combined CHNA and CHIP across all hospitals, health care systems and local public health agencies in 2018.

Activities and responsible entities

- Support and expand the efforts of the Technical workgroup supporting the hospital CHNAs (SC);

- Align CHNA intervention plans with other public health improvement plans;
- Convene hospital and health care systems partners (SC).

External partners and strategy for engagement in Year One

- Centura Health;
- Health Alliances throughout the region;
- Kaiser Permanente Colorado;
- SCL;
- UC Health.

Action steps:

- Refine, revise and adopt work plans;
- Determine whether additional plans are needed for any Support categories.

Part 4. Expanding the Partnership

The Partnership can yield broad, multisector regional health planning and improvement efforts. This roadmap provides structure for collaboration among public health agencies on priority issues. It builds a foundation upon which the number of partners, strategies and activities can be incrementally expanded over time.

Conclusion

Improving health across the metro region for all residents requires vision and leadership. The LPHAs are leading efforts to make this vision reality.

This work is about collaborating to achieve common goals in public health, health care, human services, education, philanthropy, health alliances and more. Establishing the Partnership is an important step in building a community of public health professionals who take action together.

Figure 3 identifies the partners and collaborators who can contribute to and inform the Partnership's efforts. The LPHAs form the Partnership's core, setting the vision and strategy for regional health improvement.

This growth and expansion may impact and change the Partnership's current governance, leadership and financing.

The Partnership is currently structured with informal governance and public health leadership. As additional partners join efforts, the Partnership may become a more formal organization with public-private sector leadership and nonprofit status.

Financing for Partnership efforts depends on grants and in-kind support from each LPHA. New resources such as partner dues or community benefit support from nonprofit hospitals may be available as its work, and those contributing to it, expands.

The Partnership may also take on different priorities and use different tools to identify future opportunities. CHORDS provides data-driven insights on strategies for improving health in the region today. Models such as ReThink Health may support broader, longer-term health planning among diverse partners and identify new priorities and strategies for action.

Appendix 1

Metro Denver Partnership for Health Operating Agreement

Steering Committee

The Steering Committee provides vision for the Partnership. Members shall include the Executive Directors from each public health agency in the Partnership. The Steering Committee will meet every other month. Meeting locations will rotate among members and will be chaired by the host member.

Responsibilities of the Steering Committee include:

- Provide management and oversight of Partnership activities;
- Develop an annual work plan (Plan);
- Review and approve a Plan budget to address shared priorities;
- Identify and seek funding to support Plan activities;
- Direct and guide the shared components of the Plan;
- Engage partners as needed to accomplish Plan goals and objectives;
- Establish workgroups, both formal and informal, as needed to address the Plan;
- Appoint staff members to participate in workgroups; and,
- Solicit and consider the feedback from the workgroups, organizations and key staff.

Joint Planning

The Steering Committee will identify common and shared public health and infrastructure priorities across

members' jurisdictions and strategies to address them. Members will support resource development to carry out these strategies. Planning will occur annually or as needed.

Staffing

The Steering Committee may select an employee or a contractor to act as the Metro Partnership for Health Coordinator (Coordinator). The Coordinator shall be responsible for Plan management and administration activities for the Partnership. The Coordinator will prepare and distribute meeting materials, agendas and minutes and arrange meeting logistics. The Coordinator will support workgroups with administrative activities and will be responsible for aligning their activities when necessary or appropriate. The Coordinator shall be paid from Metro Denver Partnership for Health funds in accordance with the adopted budget.

Contracting/Fiscal Agent

A Contracting/Fiscal Agent shall be selected, if necessary, by the Steering Committee. The Contracting/Fiscal Agent, in accordance with generally accepted accounting procedures, shall keep the Plan funds segregated from any other funds administered by the Contracting/Fiscal Agent so that Plan money can be tracked. The Contracting/Fiscal Agent shall not expend any funds except in accordance with the annual Plan Budget approved or otherwise directed by the Steering Committee.

Appendix 2

Areas for Collaboration

This list includes public health issues where one or more Partnership members are already collaborating regionally or that may be an opportunity for future collaboration. This list is not comprehensive but highlights several areas for consideration.

- Air Quality
- Early Childhood
- Emergency Preparedness & Response
- Family Planning
- HIV
- Immunizations
- Maternal Child Health
- Quality Improvement
- Radon
- Retail Food Standardization
- Surveillance
- TB Control
- Tobacco
- Vital Records & Statistics
- Water Quality
- Workforce Development



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