



#HealthierMO

Transforming the Future of Public Health in

Missouri



Phase 1 Summary

December 2018

#HealthierMO

Transforming the Future of Public Health in Missouri

c/o Missouri Public Health Association

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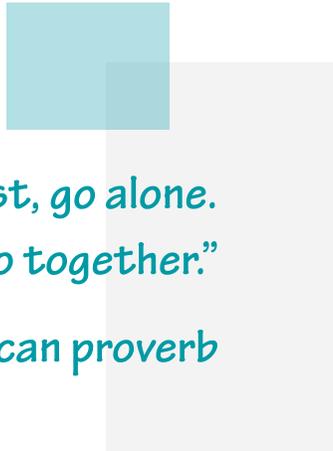




Introduction

In August 2017, under the leadership of Missouri Public Health Association, a small group of public health stakeholders imagined a statewide grassroots initiative that could transform the public health system in Missouri. Their vision was to create a stronger, more sustainable, culturally relevant and responsive health system that could better meet the needs of Missouri's diverse communities. They knew a project of this magnitude would require participation from all aspects of the public health system. Their initial goals were to engage stakeholders, collect input and encourage alignment of Missouri's public health professional organizations. Fueled by financial support from Missouri's foundations and input from hundreds of public health stakeholders, they hired project staff and launched Phase I of a multi-year initiative.

Although the path was not always clear, they continued the journey, drawing on expertise from across Missouri and from other states engaged in transformation efforts. Now, fifteen months later, support has increased, optimism is growing and the course for future phases has become more clear. What began as tentative steps to address the urgent need for transformation has evolved into clear strides down the widening path to a brighter, healthier tomorrow for Missouri's public health system and every Missouri resident.



*“If you want to go fast, go alone.
If you want to go far, go together.”*

African proverb

Acknowledgements

Funding for Phase I of the Transforming the Future of Public Health in Missouri initiative was provided by Missouri Foundation for Health and Health Forward Foundation. Project leadership was provided by the Missouri Public Health Association in partnership with Support KC.



Dear colleagues,

I am happy to announce the successful completion of Phase I of the #HealthierMO initiative. In this document, you will find a synopsis of the great work that has been done so far. It is hard to believe how much has been accomplished since Phase I "officially" started less than a year ago. However, we know the real beginning was in 2014 when stakeholders first came together and determined that transformation of Missouri's public health system was urgently needed. Through a grassroots effort those stakeholders launched this initiative, which was formerly known as the Transforming the Future of Public Health in Missouri project, and it has been going full steam ahead ever since.

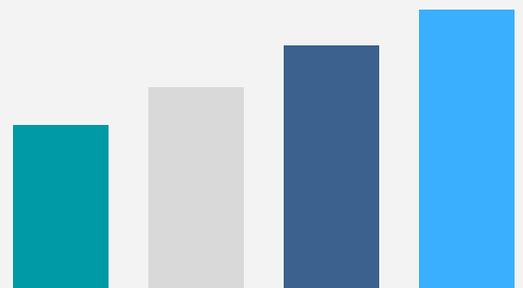
We are currently working on securing funding for Phase II to build on our efforts so far. I want to thank all of our stakeholders who have assisted in helping move this work forward. I want to specifically thank the following organizations who have put their full effort into the initiative: Missouri Association of Local Public Health Agencies (MoALPHA), Missouri Center for Public Health Excellence (MoCPHE), Missouri Public Health Association (MPHA), Missouri Institute for Community Health (MICH), Missouri Environmental Health Association (MEHA), Missouri Council for Public Health Nursing (MCPHN) and the Missouri Department of Health and Senior Services (DHSS).

Without everyone coming together to commit time and energy to this project, we would not have realized such early success. However, we are still in the early stages of this initiative, and we have a long way to go. We look forward to the adventure ahead and to improving Missouri's public health system and increasing every Missourian's health and well-being.

Sincerely,

Andrew Warlen

President, Missouri Public Health Association





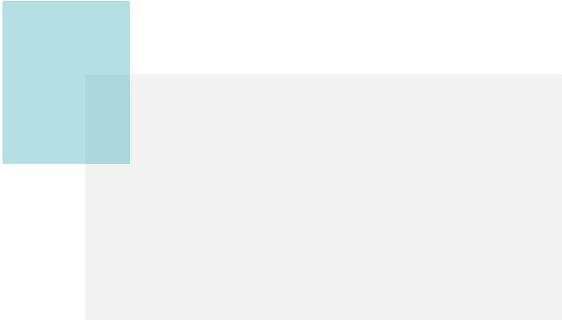
Executive Summary

Missouri's public health system faces a myriad challenges, leading it into a steady slide down the rankings for U.S. states and resulting in poor health outcomes for residents. The system lacks a coordinated approach to its structure, form, scope and funding. Local public health agencies experience great variance in governance, financing and community support. These challenges, coupled with continued federal and state funding cuts, threaten the future of public health in Missouri.

Led by the Missouri Public Health Association, with support from the Missouri Department of Health and Senior Services, Missouri's public health professional organizations and a growing contingent of public health system stakeholders, the #HealthierMO statewide grassroots initiative seeks to change the future for Missouri residents. Its vision to transform the public health system into a stronger, more sustainable, culturally relevant and responsive system that can better meet the needs of Missouri's diverse communities will offer every resident the opportunity for a healthier life. Local public health agencies hope the initiative will improve access to stable funding, increase collaboration, facilitate access to experts, engender a unified voice and deepen respect for the reach and value of public health.

During Phase I of this multi-year effort, the initiative engaged stakeholders from across Missouri in the urgent cause, soliciting input, listening to concerns and encouraging active participation in systems change. A convening of stakeholders from across the state led to the identification of top priorities to be addressed by the initiative: stable and increased funding, unified voice focused on priority issues and higher quality and more consistent operations. Leaders on the initiative's Advisory Council and Executive Committee concurred and emphasized the need to communicate the reach and value of public health among policymakers and the general public.

By June 2018, stakeholders expressed a stable optimism that the #HealthierMO initiative will maintain its promise to unite the public health sector in Missouri. By December 2018, initiative awareness reached nearly a 100% saturation rate among local public health administrators. Ongoing evaluation continues to measure initiative progress, stakeholder perceptions and readiness for change.



Original goals for Phase I were exceeded through a stakeholder convening session, communication efforts and progressive collaboration among Missouri's public health professional organizations. During Phase II the initiative will work to develop a model for foundational public health services in Missouri. It also plans to conduct a capacity assessment of the existing system and develop a Phase III proposal with strategies and action steps to move Missouri toward the FPHS model.

No change process escapes challenges. Missouri's public health system is complex and not well understood. There is an undercurrent of mistrust and hesitancy toward change, but the expanding level of commitment from engaged stakeholders and the burgeoning spirit of trust and collaboration among the Professional Organizations promises to develop into collective impact that will transform the public health system and culminate in a healthier Missouri.

At the end of Phase I a cautious optimism in the initiative's success persists. As one participant encouraged after the Stakeholder Convening Session, "You have momentum. Capitalize on it and keep rolling. Don't let it stall out."



Background

The United Health Foundation's America's Health Rankings report is an annual assessment that gauges how health in each state changes from year-to-year and how it compares with other states and the nation overall. The first year the report was conducted, in 1990, Missouri ranked 24th in the nation. By 2017 Missouri had dropped to 40th. The lower ranking was attributed to indicators such as children in poverty, child and adolescent immunizations, disparity in health status, excessive drinking, a low rate of dentists per population and an increase in drug-related deaths.¹

These statistics reflect the myriad challenges in Missouri's public health system. The complex structure includes a state public health department organized under three program areas with 35 bureaus, offices, sections, and units. Missouri also has 114 autonomous local public health agencies (LPHAs), serving single counties, multi-counties, or city/counties and governed by diverse systems, including local boards of health, city charters and county commissions.

Funding strategies vary widely from county-to-county. Local taxes and other local income make up more than half (58.51%) of local public health funding, with state funding accounting for less than six percent (5.89%) of local public health income.² Per capita funding from local revenue sources ranges from \$8.15 to \$175.60 per person. In FY2015-2016 Missouri allocated only \$5.88 per person out of general revenue to cover public health programs and services, ranking it the second-to-last state in the nation for per capita public health funding.³

Missouri Rankings

40th among states on key public health indicators; in the **bottom 10** on overall health system performance¹

Among the **bottom 10** states for health indicators like adult smoking, violent crime, cancer deaths, cardiovascular deaths, and child and adolescent immunizations¹

Lowest in the nation in disparity: health performance outcomes between the state's low-income population and higher-income populations on 19 indicators, including vaccination rates, pediatric asthma, dental care, smoking rates, poor health outcomes, and drug use⁴

49th in per capita public health funding from state general revenue³

23rd in the nation on health care spending, paying nearly \$7,000 per person in health care costs annually, higher than more than half of the other states⁵

Continued funding cuts, dwindling resources and increasing demand for services have left many of Missouri's local public health agencies struggling to provide core public health services. Overtasked and understaffed, they fight to protect their communities from the latest infectious disease outbreak and address unique local needs, with insufficient time and resources to conduct strategic planning, explore creative solutions or pursue voluntary accreditation.

In September 2014, the Missouri Public Health Association (MPHA) initiated steps to formally document the growing sentiment that Missouri's public health system was in desperate need of transformation. MPHA collected data from 360 Missouri stakeholders through online surveys, key informant interviews, stakeholder system mapping and priority issues identification.

Data revealed the Missouri public health system:

- lacks a systematic, coordinated approach to the structure, form, scope and funding of the public health system,
- has great variance in how local public health agencies in Missouri are governed, financed and supported by the community, and
- continues to face funding cuts, threatening the future of public health in Missouri.

Stakeholders agreed unanimously that Missouri's public health system needs drastic improvement in its coordinated approach to structure, form, scope and funding. Although other attempts had been made in the past, stakeholders expressed the belief that this public health system transformation effort could be successful if it had strong leadership. They urged, "The time for transformation is now!"



"We have gaps in funding, lack a consistent definition of public health, and need universal messaging about the value of public health. We also need training and workforce development, along with public education, if we want to have a public health system that has the ability to adapt to changing community health needs and improve the health of all Missourians."

Paige Behm, Administrator
McDonald County Health Dept.
Pineville, MO

"Missouri's health outcomes are clear indicators of a system in disarray. Now is the time for us to address the challenges facing the system. To paraphrase Bobby Kennedy, 'If not now, when? If not us, who?'"

Bert Malone
Former Steering Committee member

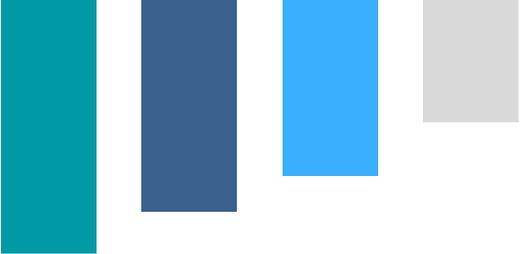
Under the leadership of MPHA, a small band of optimistic public health champions submitted a funding proposal to Missouri Foundation for Health and the Healthcare Foundation of Greater Kansas City, now Health Forward Foundation. The grant application proposed to identify public health system stakeholders, develop leadership for the grassroots initiative and collaborate around a vision for transformation. It also proposed to meet with representatives of Missouri's professional organizations focused on public health to discuss a potential alignment of their organizations.

The funding proposal was approved for Phase I, an initial 12-month period in what was projected to become a multi-year initiative to transform Missouri's public health system.

"There is no doubt that Missouri has the capability to be a leader in developing and implementing a public health system that is effective in preventing disease, promoting health and protecting the well-being of all Missourians."

Dalen Duitsman
Steering Committee Member





Project Overview

The #HealthierMO grassroots initiative seeks to positively impact the health of Missouri residents by transforming the current public health system into a stronger, more sustainable, culturally relevant and responsive system that can meet the challenges of Missouri's diverse communities. The initiative depends on grassroots involvement from every aspect of Missouri's broad public health system.

Phase I engaged stakeholders from across the state who identified issues that must be addressed, and recognized what is working well and where Missouri has opportunity for change. Stakeholders also worked together to identify evidence-informed strategies and designed a multi-year action plan for transformation. The initiative does not propose a quick fix, but rather, advocates for long-term, system-wide change that will transform the future of public health in Missouri and offer every resident the opportunity for a healthier life.

Phase I Objectives

The Phase I funding proposal included two major goals, to identify public health system stakeholders, develop initiative leadership and build support for a collaborative vision for transformation, and to align Missouri's professional organizations.

These two goals were supported by six objectives.

Goal 1: Identify Public Health System Stakeholders, Leaders, and Vision

Objective 1.1: Convene a Transformation of the Public Health System in Missouri Stakeholders meeting to identify sectors to include in the TFPH Advisory Council membership.

Objective 1.2: Conduct two sessions with the TFPH Advisory Council and three meetings with the TFPH Executive Committee to develop the vision for action planning for the project.

Objective 1.3: Establish a plan for a Phase II comprehensive system review.

Objective 1.4: Develop a proposal for "Phase II: Design and Prepare for Implementation".

Objective 1.5: Develop and implement a communication strategy for the TFPH project.

Goal 2: Public Health Professional Organization Alignment

Objective 2.1: Develop a plan of action for the reorganization of Missouri's professional public health organizations.

Phase I began September 1, 2017 and ran through August 31, 2018. An extension was granted through December 31, 2018 in order to continue initiative momentum and allow for continued progress and planning for future phases.

Accomplishments

Stakeholder Convening Session

Public health system stakeholders from across Missouri, representing a wide variety of sectors and backgrounds, attended a convening session in March 2018. Facilitator Dr. Eric Armbricht led approximately 120 participants through several interactive exercises and lively discussions. The main objectives of the session were to reach consensus on a process for forming an Advisory Council, its structure and public health issues the Advisory Council should consider as priorities.

In advance of the session, stakeholders were asked what challenges Missouri's public health system faces and which priority health issues the initiative should address. Three of the top challenges identified in advance surveys were funding, leadership and workforce development.

During the convening session participants identified the following issues as top priorities: *stable and increased funding* (76% of the vote) and *unified voice focused on priority issues* (51% of the vote). An additional vote led to 46% of respondents adding *higher quality and more consistent operations* as a top issue.

"The health of Missouri's communities is tied to our educational, business and personal health. Public health is in a unique role to convene stakeholders to change the trajectory of health outcomes from a negative to positive direction for our state and local communities. I believe Transforming the Future of Public Health in Missouri can be a force of critical thinking to re-envision public health for Missouri."

Jo Anderson
Former Steering Committee Member



Convening attendees also provided recommendations on the structure of the Advisory Council and the process for forming the Council. They asked for a diverse group of people with fresh perspectives and a commitment to improve public health in Missouri.

Evaluation data from the convening session showed participants were largely engaged, enthusiastic and optimistic, generally believing that the #HealthierMO initiative held promise for transforming Missouri’s public health system. About half of attendees (56) completed a post-event survey and universally agreed that the benefits of participating in the initiative exceeded or greatly exceeded the drawbacks (90%), or that the benefits and drawbacks were equal (10%). Most respondents (85%) said they were completely or mostly satisfied with how well partners were working together on the initiative.

Three months after the convening session, stakeholders were surveyed about their ongoing perceptions of the initiative. Thirty-four people responded to the survey. Lead evaluator Todd Daniel, PhD said respondents’ immediate enthusiasm following the convening had settled into a stable optimism that the #HealthierMO initiative will maintain its promise to unite the public health sector in Missouri. Dr. Daniel’s comparative analysis of the two surveys led to his recommendation that communication and engagement efforts be expanded and enhanced to help everyone find an active role to play in the grassroots transformation effort.

“Good experience.”

“A very positive day!”

“The Convening Session was enlightening, positive and helped me understand the future of Public Health needs to be examined.”

“Great session!”

“Great day collaborating and discussing the issues.”



Advisory Council

Based on recommendations from the convening session and open nominations, the Steering Committee seated a 35-member Advisory Council by the end of April 2018. The council included ten local public health agency representatives from both rural and urban communities, representatives from state and local government, public and private universities, professional organizations, oral health, veterinary health, nursing, special needs, aging and other public health system stakeholders.

The Advisory Council was tasked with recommending strategies to transform Missouri's public health system into a stronger, more sustainable, culturally relevant and responsive system that can better meet the needs of Missouri's diverse communities. The Council met in May and June 2018. They reviewed input provided by stakeholders during the convening session and heard presentations about transformation efforts ongoing in Kansas and Washington state.

Their consensus was that every Missouri resident should have access to foundational public health services. The Council agreed to recommend defining those public health services as the first step in transforming the state's public health system. They believe this approach will move the statewide grassroots initiative toward its vision of creating

"Now Missouri has this amazing opportunity to continue our long tradition of gathering public health professionals, academicians, legislators, businesses and people from all over the state to define what public health should look and how it can work better to offer every resident a healthier and happier future."

Janet Canavese, Executive Director
Missouri Institute for Community
Health



a stronger, more culturally relevant and responsive public health system that can better meet the needs of Missouri's diverse communities.

The Advisory Council also identified *public health system financing analysis* and *public health impact analysis and policy-maker education* as additional top issues the initiative should prioritize in Phase II. In July 2018, their recommendations were submitted to the Executive Committee for consideration as part of the Phase II funding proposal.

Executive Committee

The initiative was originally launched in September 2017 under the leadership of a Steering Committee comprised of representatives from the Missouri Public Health Association (MPHA), the Missouri Institute for Community Health (MICH), the Missouri Association of Local Public Health Agencies (MoALPHA) and the Missouri Department of Health and Senior Services (DHSS).

In July 2018 the Steering Committee dissolved and transitioned leadership of the initiative to a newly formed Executive Committee, which included representatives from Missouri's state and local public health agencies and statewide professional organizations focused on public health. The Executive Committee reviewed recommendations from the Advisory Council and approved the plan and funding proposal for Phase II.





Phase II Plan and Funding Proposal

Based on recommendations from stakeholders, the Advisory Council and the Executive Committee, the initiative's Phase II proposal seeks to identify foundational public health services (FPHS), a minimum set of services that should be available to all Missouri residents. It proposes the development and voluntary adoption of a Missouri-specific FPHS model, a capacity assessment of the existing public health system and development of a Phase III proposal that contains strategies and action steps to move Missouri from the current public health system to the FPHS model.

The Professional Organizations group will continue their work during Phase II, formalizing their structure, uniting around priority public health legislation, enhancing communication and expanding workforce recruiting, training and enrichment opportunities.

Phase II will also include robust communication strategies designed to educate key stakeholders about the urgent need for public health system transformation, engage them in active participation and empower them to become champions for change and ambassadors for public health in their own communities.

Phase II evaluation metrics will include a case study, change management, stakeholder perceptions, audience engagement and in-kind contributions. Data will guide Phase II planning and activities on an ongoing basis, as well as inform Phase III planning.

Evaluation

Evaluators Paul Thomlinson, PhD and Todd Daniel, PhD joined the initiative in January 2018 and began conducting data collection. Using both qualitative and quantitative data, they developed a case study of the initiative's progress, challenges and outcomes during Phase I. They drafted an evaluation plan for Phase II, including new and revised measurement models.

A team from the Missouri Public Health Practice-Based Research Network (MOPBRN) supported the evaluation team in an advisory capacity. MOPBRN was established by the Missouri Institute for Community Health (MICH) as a sustainable network to connect researchers in public and private academic settings and public health practice partners, including local public health agencies, in order to design, conduct and disseminate evidence-based public health systems and services research. Members of the team include representatives from local public health, Washington University, Truman State University, University of Missouri, Missouri State University, Southeast Missouri State University and Saint Louis University. Their contribution to the transformation process by reviewing evaluation practices is a key component to the initiative's success. Data collection and analysis facilitates critical measurement of progress toward goals and informs programming and process decisions.

Communications

The communication strategy for Phase I centered on increasing awareness of the need for public health system transformation and the initiative's vision and encouraging active engagement from public health system stakeholders across Missouri.

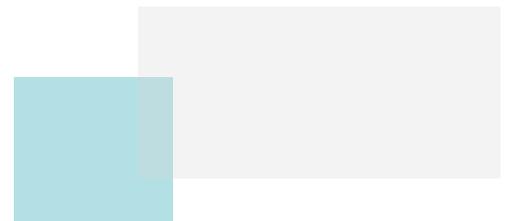
In November 2017, the communications team launched *#HealthierMO – transforming the future of public health in Missouri* as an initial identity with a new website and social media channels. Weekly articles and content in partner publications told a running story of Missouri's current public health system crisis and the urgent need for transformation. Communication pieces detailed Missouri's slide in state rankings, poor health outcomes, funding cuts and other challenges. Pieces also offered ideas for potential solutions, describing the Public Health 3.0 model and the role of a Chief Health Strategist and introducing the concept of foundational public health services. Communication pieces also celebrated public health success stories from across Missouri, featuring local communities where innovative thinking and strong partnerships have led to creative solutions to public health issues.

From the beginning, the initiative has been committed to transparent, two-way communication that keeps stakeholders informed and solicits their input. The communication team developed a subscription-based e-mail update to share information on a regular basis. It provides fresh content on the initiative's website and dialogues with followers on its social media channels. Initiative staff have also attended local, regional and state meetings to share information about the initiative and listen to stakeholders.

In order to ensure the highest quality communication strategies, the initiative solicited nominations for public health stakeholders with communications, marketing and education experience willing to serve on a Communications Committee. Beginning in April 2018, the seven-member committee has met monthly to provide feedback on Phase I communication efforts and refine recommendations for Phase II communication strategies.

The committee developed an e-learning module for university students pursuing graduate or undergraduate degrees in public health or health-related fields. The e-module tells the story of Missouri's public health system and describes the vision for public health system transformation. A second e-module with the similar content was created as an overview piece for state and local public health workers.

The Communications Committee was expanded in August 2018 to eleven members in order to enhance the level of expertise in marketing, education, social media management and digital storytelling.



Professional Organizations

While much of Phase I activity centered on informing and engaging stakeholders, the initiative's goal to convene representatives from Missouri's public health professional organizations was actively pursued. The group expressed a collaborative spirit and desire to build relationships and unite their voices in order to have the most robust, recognized and trusted impact under their vision "United for public health." Each member is fully committed to the mission statement "Leading public health collective impact through advocacy, collaboration, communication and workforce development."

March 2018

The group demonstrated their commitment to collaboration by uniting their voices on a position paper that emphasized the responsibility of local public health officials to maintain confidentiality of medical records under the Health Insurance Portability and Accountability Act (HIPAA) and Missouri statute 192.067. The paper was in response to legislative reaction to the refusal of DHSS to release private health information on individuals involved in a disease outbreak.

April 2018

An increasing spirit of trust and collaboration prompted members to initiate a dialogue about opportunities to maximize Missouri's CHIP funding reimbursements. These initial conversations indirectly influenced additional efforts to educate and train LPHAs on how to maximize CHIP funding. Reimbursement requests had increased by the end of 2018, according to DHSS, and were expected to climb in 2019.

August 2018

The group identified ten goals for the coming year and established four workgroups around their mission areas.



October 2018

The group demonstrated their support for the #HealthierMO initiative with a letter to the health foundations.

November 2018

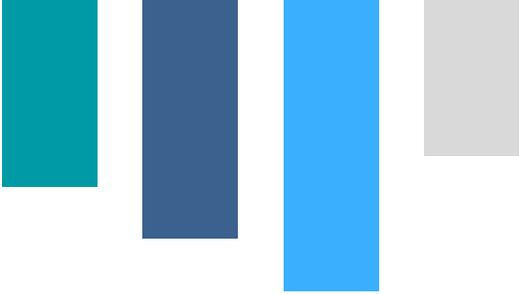
The four workgroups met for the first time to identify purpose statements, develop charters and build membership.

December 2018

The Professional Organizations group continued their vigorous pace, identifying five public health priorities for the 2019 legislative session and discussing advocacy and action strategies around these issues.

The group remains committed to meet bi-monthly in person in order to continue their forward momentum.





Impact

Increased Awareness

By November 2018, awareness of the #HealthierMO initiative had reached nearly a 100% saturation rate among Missouri's LPHA administrators. The majority reported hearing about the initiative from professional organizations they belong to. A few became aware of the initiative through contact with colleagues, through social media or through the DHSS publication *Friday Facts*. However, all LPHA administrators do not yet fully understand the initiative's goals or the importance of participating in this grassroots effort. Some wariness exists as to the intent of the initiative to regionalize or otherwise force change to local public health. The initiative recognizes that non-engagement can be a result of fear of change or can occur for a number of other reasons, but does not necessarily indicate opposition. The initiative will assume goodwill, address concerns and communicate through a variety of pathways in order to raise awareness and encourage stakeholders to understand and become active participants in the transformation effort.

"To have a stronger, more sustainable public health system, it will take local agencies working collaboratively together in ways that we have not thought of before – sharing resources and funding streams so that we all have a strong agency to provide services in our communities."

Michelle Morris, Administrator
Polk County Health Center
Bolivar, MO

Recognized Value

During Phase I, LPHA administrators defined what they see as key benefits to public health system transformation. Their answers that were grouped into the following main themes:

- Access to experts
- Stable, equitable and increased funding
- Increased capacity/workforce recruitment and development
- Consistency/standardization
- Unity/unified voice
- Collaboration/partnering/networking
- Respect for public health and its reach and value

"We are stronger together than we are individually."

Clay Goddard, Director
Springfield-Greene County Health Dept.
Springfield, MO

Improved Relationships

Throughout Phase I, stakeholders demonstrated a high level of professionalism and respect. Open-mindedness, candid discussions and a willingness to compromise for the greater good have laid a strong foundation of trust and collaboration that are the bedrock of a successful grassroots initiative. Robust attendance at meetings also led to the development of new professional networks and aided in a shared level of commitment to the project.

“I am looking forward to how HealthierMO re-shapes public health in Missouri and learning how I can become part of the movement.”

Kayla Klein, BSN, RN

Expanded Engagement

This grassroots initiative depends on active participation from all levels of the public health system in Missouri. The majority of stakeholders introduced to the #HealthierMO initiative express an eagerness to support its mission and participate actively. The initiative received 26 nominations and self-nominations for service on the Advisory Council. Nearly everyone who was invited to participate on the Advisory Council, Executive Committee, Communications Committee or Professional Organizations’ workgroups agreed to serve.

The initiative developed specific roles for individuals who wanted to participate actively, but were unable to serve on a formal committee. These roles allow stakeholders to choose a level of participation that best matches their interests, skills and availability.

Social Media Superhero: Share information on social media

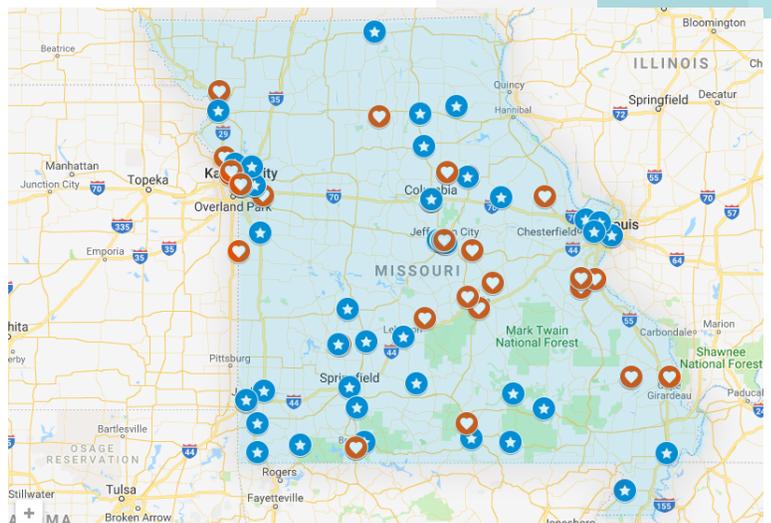
Recruiter: Expand the #HealthierMO network

Best Friend: Ensure each voice is heard and common concerns are addressed

Matchmaker: Link organizations and individuals into unique partnerships

Champion: Advocate for change

In May 2018, the initiative launched an interactive map and asked individuals and organizations across Missouri to show support for the initiative by requesting to be added to the map. By December 2018, the map displayed 89 partners and supporters, including 38 individuals and 39 local public health agencies (34% of all Missouri LPHAs).





Challenges

System Complexity

Missouri's public health system is complex, with multiple players, varying governance structures, diverse funding mechanisms, ambiguous laws and policies and inconsistencies at nearly every level. This complexity is not well understood, even by those who work within the system and is therefore difficult to explain. The system relies on private and nongovernmental agencies, which means successful system transformation will require participation and contribution from all stakeholders.

Change Management

Underlying the strong sense of urgency to undertake this necessary transformation process, there remains an undercurrent of hesitation. The initiative continues to solicit and understand what the exact sentiments are that drive fear of the unknown, negative experiences with past initiatives and unwillingness to commit resources. The communications and evaluation teams actively monitored stakeholder perceptions throughout Phase I. They included risk management strategies in planning and communication processes, yet the challenge may continue to be convincing stakeholders that system-wide transformation will supersede any risk – real or perceived.

Communication

The broad scope of this communication effort created multiple challenges. The first challenge was to narrow the audiences to a manageable number. The communication team worked to maintain transparency and engage in two-way communication with multiple audiences. Yet, bottlenecks occurred within some communication pathways, resulting in some public health stakeholders at the field level feeling they hadn't been kept informed and weren't valued participants in the initiative. Another challenge was communicating through the bombardment of daily noise that just inundates life. A fourth communication challenge was finding the balance in sharing information about potential transformation solutions without influencing audiences. A final communication challenge was message pacing, developing new and interesting content that would keep audiences engaged and excited without racing ahead of the planning work underway at a slower speed.

Trust

Feedback from a few stakeholders indicated mistrust that the initiative was being led by an “elite” group. Other comments included the perception that the initiative was a veiled attempt to regionalize public health in Missouri or would be a systems change that would be pushed on LPHAs by the state. Without trust, even the best-laid plans will not be successful. An all-encompassing level of support is needed to effect large system change, and that can only happen by promoting involvement and trust among those who will be affected by changes that will improve the public health system.

Momentum

Substantial system-wide change is extremely challenging, and part of its success depends on understanding the pace at which change can realistically occur. Leaders need to ensure that all of the necessary steps are taken and that all participants are brought along through the process. The initiative will not be a quick fix for Missouri’s complex public health system. It will require long term commitment from stakeholders. While the multi-year change process is underway, stakeholders must recognize their own role, step up as Chief Health Strategists in their communities and make strides to improve the system, rather than waiting for increased funding or a system savior.

Positive change in public health is often slow, deliberate, and requires many community sectors. I am moved by the larger partnership net that wants to be involved with transforming public health in Missouri. This is a huge process that will benefit ALL Missourians, and I feel privileged to be involved."

Linda Cooperstock
Executive Committee member



Summary

The past 15 months have seen the idea of public health system transformation move from a verbal “now is the time” to active engagement in organized implementation of a multi-year, systems change process. More than 1 in 3 local public health agencies in Missouri have expressed support for the initiative by signing on to the Partners and Supporters map. An increasing number of stakeholders are actively engaging through voluntary service on the initiative’s committees and workgroups. Others have selected roles based on their skills and expertise. The transformation effort depends on a growing grassroots groundswell committed to improving Missouri’s public health system in order to offer every resident the opportunity for a healthier life.

As the initiative anticipates moving into Phase II in 2019, it must continue trust building, collaboration, relentless communication and forward momentum. Lessons learned in Phase I must guide development of the plan for Phase II and future phases. Shared experiences from model states should inform development of a foundational public health services model specific to Missouri. Coupled with a public health system capacity assessment, financial assessment and evidence-based strategies, the FPHS model will lay the groundwork for strategic development of a multi-year action plan to transform Missouri’s public health system and create a healthier Missouri for future generations.

“Jean Watson’s Theory of Human Caring/Caring Science includes the core concepts that caring is inclusive, circular, and expansive, and caring changes self, others, and the culture of groups/environments.

The Transforming the Future of Public Health in Missouri initiative gives all stakeholders in the health of Missourians an opportunity to collectively engage in the process of ensuring public health in Missouri is inclusive, circular, and expansive and changes self, others, and the culture of groups/environments for the better. In the words of Helen Keller, 'Alone we can do so little; together we can do so much.'”

Martha Smith
Interim Director, Center for Local
Public Health Services
Missouri Department of Health and
Senior Services

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