

## DHSS/DAC Planning Project

**Name:** Outreach

### **Defining the Issues:**

Outreach is the theme that focuses on the issues affecting the ability of governmental public health programs to communicate with policymakers, the public and others about public health issues. Outreach can be very broad such as an educational program that helps people understand the significance and impact of public health on our communities and other times it can be very narrow such as trying to reach a marginalized population group with a specific health need. The outreach group is defining outreach around three key issues: informing policy and legislation, outreach to schools and the general public and little time and funding available to conduct outreach activities.

#### *Informing Policy and Legislation*

There is currently not a governmental public health legislative agenda. The outreach piece of developing a message and providing information and educating legislators about public health is critical to helping them understand the public health issues facing the state and the role that governmental public health agencies play in addressing those issues. A regular process for educating legislators needs to be developed as legislators come and go due to term limits and the health issues shift from one priority to another. Legislators need to be educated and reeducated. The focus should not be solely on the clinical aspects of public health but also include prevention services, and environmental health issues. Legislators currently get packets from agencies. Do freshmen legislators get a packet on public health? If they do, how do we incorporate feedback from a wide array of governmental health providers into the development of the packet on an annual basis and if they are not currently getting a packet, how should governmental public health agencies make that information available. At least part of the focus should be on how public health impacts the economy and quality of life issues as these tend to be important to legislators—linking what they most care about to a public health agenda.

A sub-issue is the way critical issues get politicized in the public health arena particularly around the compliance role that public health agencies play—“the Chili Supper Effect”. This is where policymakers can get drawn into disputes about whether it’s appropriate for health officials to regulate fund raising events such as Chili Suppers without really considering the consequences if they don’t. Regulating some of the environmental health issues can also be politicized and make it difficult to have a constructive dialogue about the issue. The focus often tends to the view that public health is regulatory, sometime over-regulatory and missing the true benefits and positive impacts that result from the efforts of governmental public health agencies. This lack of a big picture regarding the role of public health may

negatively affect funding support. There is a need to link the role of public health to public safety and emergency response, areas that are less polarizing.

### *Outreach to Schools and the General Public*

Public Health is not addressed effectively in the education system. There are not many curricula that introduce young people to public health and its importance to their lives and communities. Students graduate without connecting public health to the important issues of the day or how it can impact economic development and their quality of life. These graduates later constitute the general public that perhaps take public health for granted; not knowing the degree of work, strategies, and skills it takes to ensure it. Furthermore, public health education opportunities at the university level are diminishing along with the corresponding career fields. Some of these issues could be bridged by effective outreach programs but there are few public health educators that can develop and promote curricula, connect schools to important public health issues and provide support to the schools, colleges and universities. With Missouri's low health rankings, it would be of interest to compare health education efforts & funding with higher-ranking states.

### *Little Time and Funding for Outreach*

There's not a specific outreach budget line for outreach in most health programs because most of the time the resources are limited or nonexistent for outreach activities. Most of the funding agencies receive is for reactive services not proactive services such as health outreach and education. This is particularly true for things like chronic disease prevention where outreach and educational activities can have an impact. There are some competitive grants available that support outreach but they have a shorter life cycle and often few resources to sustain the efforts. But they are only able to fund reactive services. Health education is proactive instead of reactive.

Efforts to address communicable diseases are also reactive. It tends to be funded only when it is politicized and tends to overshadow some of the every day chronic disease issues that are often greater issues in some of the communities our agencies serve. For example, there will likely be resources available in the near future to address the Zika virus because it's on the national radar. It's a mosquito control issue and once the threat is gone there is no longer any focus. There are also unrealistic timeframes around reactionary funding because the timeframe necessary to make a difference is often very short and difficult to do effectively unless the infrastructure exists to get resources in the field quickly. The reality is we should have an infrastructure that can respond effectively to issues as they arise. There should be an approach to vector borne diseases so you can respond to what's out there. What seems to be missing are the presence of local health educators. Many health departments don't have them even though they have played important roles in addressing health issues such as smoking cessation.

## **Vision for Outreach**

- Legislators understanding value of public health
- School curriculums in secondary education
- Introduction of the public health field in nursing and related fields
- Public Health being the “go-to” agency
- Public Health is respected by community and peer agencies

## **Project Ideas**

1. Communication
2. Informational meetings with legislators
3. Educate and Inform
4. Package message-consistency
5. Focused PH message
6. Collaborate with partners, schools, and colleges
7. Reach out to surrounding states to see how they work with legislators

## **Future Plans/Next Steps**

1. Developing a set messages for public health.
  - a. Creating draft messages by middle of November.
  - b. Working with the health communications in the journalism school to develop infographics around the key messages.
  - c. Solicit feedback from LPHAs regarding the draft info-graphic.
2. Getting the message out to stakeholders
3. Develop a steering group to establish parameters for creating a consortium to communicate with legislators and developing a legislative agenda. Consider the Department of Mental Health as a potential model and maybe other states. The goal would be to develop a proactive agenda focus on what we would like to see for public health going forward as opposed to reactive agenda that is constantly combatting what we don't want to see.
  - a. Define who the stakeholders would be—organizations like MoALPHA
  - b. Engage people that have the institutional knowledge of previous efforts.
  - c. Recruit