

Leveraging State Health Official Leadership for Coordinated Chronic Disease Programs

As state health departments have worked to increase their effectiveness at protecting the public's health in an era of tight economic resources, the public health system at all levels has examined coordination and integration strategies across program areas. From 2011-2014, states received funding from CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) to develop coordinated approaches to chronic disease prevention and health promotion. State health official leadership has been instrumental in the strides that have been made toward achieving these goals. On May 1, 2014, ASTHO and the National Association of Chronic Disease Directors (NACDD) hosted a peer-to-peer learning forum as part of NACDD's Coordinated Chronic Disease **NetworkingNow!** series that highlighted lessons from California and Connecticut. This document outlines the main topics addressed by the speakers.

Connecticut

State Health Official: Jewel Mullen, MD, MPH, MPA

Chronic Disease Director: Meहुl Dalal, MD, MSc, MHS

Background

In Connecticut, the state Department of Public Health (CTDPH) is a cabinet-level agency and the state health commissioner reports directly to the governor. CTDPH is currently seeking accreditation from the Public Health Accreditation Board and aims to be accredited in 2015.

Chronic disease accounts for approximately 4.5 percent of CTDPH's state general fund portfolio, with most of the chronic disease funding coming from federal grants. CTDPH receives approximately \$6.6 million through seven different CDC grants, which support the 10 chronic disease program areas: asthma; cancer; genomics; heart disease; diabetes; injury; nutrition, physical activity, and obesity; health equity; tobacco; and multicultural health.

Relationship between the State Health Official and the Chronic Disease Director

When Mullen began as commissioner, prevention was her top priority. Due to the accreditation process and recent natural disasters affecting the state, CTDPH also has an increased focus on performance and preparedness. Connecticut's performance work is closely linked with its chronic disease programs and CTDPH integrates a healthy equity focus throughout its top priority issues. Mullen observed that although excellent work was going on before her arrival, chronic disease programs were not widely noticed. Receiving a Community Transformation Grant in 2011 to focus on preventing chronic disease validated the work that CTDPH was already doing. For Mullen, this served as a reminder how important her support is to reinforce the work that chronic disease staff does.

Framing the Value of Coordinated Chronic Disease Work

In Connecticut, Mullen was already a strong advocate for chronic disease prevention, so she understood the value of coordinated chronic disease programs. As CTDPH designed the state chronic disease plan, it

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determined that it was important to showcase healthy equity more prominently. Creating Connecticut's plan with a strong healthy equity emphasis helped position the chronic disease programs to contribute to the work of the state health agency's priority of health equity as well.

Involving Other Departments in the State Health Agency

The chronic disease department works closely with the CTDPH maternal and child health staff on issues related to infant mortality, breastfeeding promotion through WIC, and the state's baby-friendly hospital initiative. CTDPH's Public Health Systems Improvement section has also been involved in coordinating this maternal and child health work with the chronic disease staff. One focus in CTDPH is to strengthen linkages between chronic disease and the healthcare system while still maintaining the population focus. Part of this work includes working with the state's Medicaid agency, which the state Department of Social Services oversees, as well as private payors. CTDPH is also working within the agency to standardize data collection on race and ethnicity to understand and measure program impact more accurately within CTDPH and in the direct-service programs in the state.

Working with External Partners

Some of CTDPH's strongest partners are from disease interest groups and the healthcare sector. For example, CTDPH partners with the healthcare system on issues related to prescription opioids. The Connecticut Department of Education has also been a partner in chronic disease work because CTDPH administers the contracts for school-based health centers and children's behavioral health. CTDPH also partners with the state Department of Mental Health and Addiction Services due to the disproportionate prevalence of chronic conditions among populations of individuals with mental illness.

The overall response to coordinated chronic disease work from external partners has been positive. Partners see the value in a coordinated plan and putting it in the four-domain framework of coordinated chronic disease with a strong health equity overlay. Coordinated chronic disease helped CTDPH and its partners see their work as a whole.

The Role of the State Health Official in Coordinated Chronic Disease

Mullen provides oversight in aligning the department for coordinated chronic disease, helps shape CTDPH's vision, reminds staff of CTDPH's core values, provides feedback on staff's ideas, and builds support with other parts of state government, the private sector, and philanthropic organizations. Mullen also ensures that the block grant continues to support CTDPH's work and helps with performance improvement and accreditation efforts. Furthermore, Mullen reinforced the connections between the work different departments are doing so efforts are not existing in isolation.

Mullen works to stay engaged with the CDC leadership, including CDC Director Tom Frieden, as well as the OSTLTS director, NCCDPHP director, and director of the Division of Population Health. Mullen reinforces with CDC leadership the importance of funding at the state level and makes sure adequate resources are still going to the local level.

Working with Local Health Departments

Connecticut doesn't have county governments. Instead, there are about 75 separate health districts that cover the state's 169 towns. In this system, the larger towns and cities have their own health departments, many smaller towns share coverage under a local health district, and some localities only

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have part-time local health coverage. Consequently, local-level health capacity, resources, and interest vary greatly in chronic disease efforts. Because the state administers the Community Transformation Grant and coordinated chronic disease funds, CTDPH can coordinate the two funding sources and share state-administered funding at a local level. For Community Transformation Grants, for example, CTDPH was able to distribute more funds to the rural counties in the state.

California

State Health Official: Ron Chapman, MD, MPH

Chronic Disease Control Branch Chief: Caroline Peck, MD, MPH

Background

The California Department of Public Health (CADPH) is one of 13 departments under the California Health and Human Services Agency. CADPH Director Ron Chapman reports directly to Diana Dooley, the secretary of the state Health and Human Services Agency. The Office of Quality Performance and Accreditation is under CADPH. The Department of Health Care Services administers the state's Medicaid program, Medi-Cal, so it works closely with CADPH. CADPH has an annual budget of approximately \$3.5 billion, and the California Center for Chronic Disease Prevention and Health Promotion (CACCDPHP) has a budget of approximately \$250 million. CACCDPHP oversees the Prevention First grant, which is the basic and enhanced 1305 funding (including cardiovascular disease, diabetes, obesity, and school health), and the Preventive Health Block Grant (which supports cardiovascular disease, emergency management services, oral health, injury, rape prevention, active transportation, health equity, and preventive medicine/epidemiology training programs). Other programs that fall under CACCDPHP's portfolio include tobacco, SNAP-Ed, comprehensive cancer, state cancer registry, colorectal cancer, asthma, arthritis, the WISEWOMAN program, biomonitoring, and autism.

Relationship between the State Health Official and the Chronic Disease Director

Caroline Peck, the California chronic disease director, was surprised at how accessible the state health official was to her department. Chapman has an open door policy and is interested in chronic disease, so he has supported Peck's work. To combat the idea that the SHO is inaccessible, Chapman has reached out to staff to communicate that he's interested in getting emails from them and speaking at their conferences.

Framing the Value of Coordinated Chronic Disease

Peck went to a CDC meeting led by Ursula Bauer, NCCDPHP director, and Wayne Giles, NCCDPHP Division of Population Health director, about the benefits of a coordination effort. At a time when federal funding was decreasing, better coordination made sense. Peck has worked as a physician and is interested in taking care of the entire patient, so this idea appealed to her as well. She presented material from the CDC meeting to Chapman and his deputy director. By describing the larger context, Peck was able to get buy-in and support from Chapman from the beginning. From there, Peck was able to make sure that CACCDPHP was aligned with agency efforts.

Another factor that helped show the value of coordinated chronic disease was the existing "[Let's Get Healthy California Task Force](#)." This task force, created in 2012 by Gov. Edmund Brown's executive order and led by Dooley, was as a collaboration between healthcare, public health, and other sectors to create a set of indicators and targets to make California the healthiest state in the nation. The awareness of

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this task force, in addition to a recently released report about the burden of chronic disease in California, helped showcase the importance of coordinated chronic disease. The burden of chronic disease report included modeling of aspects related to social determinants of health and health equity, and set the stage for the state wellness plan.

Involving Other Departments in the State Health Agency

Many other CADPH program centers have been involved with coordinated chronic disease work, including maternal and child health, the Center for Health Statistics and Informatics, the Licensing and Certification Division, the HIV and hepatitis B programs, the Office of Health Equity, and the Infectious Diseases Branch. Other departments under the state Health and Human Services Agency are also involved, including the Department of Health Care Services, the Department of Managed Health Care, the Department of Aging, and the Department of Education.

California also received a Center for Medicare and Medicaid Innovation grant. Through this project, CADPH interacts with Medi-Cal. One focus of this partnership is increasing access to usable data across agencies.

Working with External Partners

CADPH has great support from the local health departments, non-governmental organizations, and academic institutions. CADPH built these strong partnerships by including external partners in the planning process and allowing to give input. By engaging partners early on in the process, they feel more a part of the product. Chapman also brought in many partners through his contacts from previous experiences before becoming the CADPH director.

The Role of the State Health Official in Coordinated Chronic Disease

Chapman chaired a committee in the Let's Get Healthy California Task Force that did data support and helped choose the 39 indicators the task force focused on. He also participated in the recent Advancing Prevention in the 21st Century Conference to roll out California's new wellness plan and engage partners from across the state.

Chapman provided oversight for the state's chronic disease plan. Throughout the process, it was important that the chronic disease director kept Chapman informed of roadblocks and made sure plans accurately reflected his thoughts about chronic disease prevention. Chapman depended on the chronic disease director to provide briefings on issues about which the state needed more information.

Working with Local Health Departments

CADPH does not have jurisdiction over the county health departments, so it does not dictate their priorities. Thus, the California counties vary in their capacities, interests, and politics. As a result, some are focused on systems change while others work on other areas of the prevention spectrum. As a former director of a local health department in California, Chapman was aware that the state chronic disease infrastructure's strengths and weaknesses, as well as the local health directors' interests, vary between counties. CADPH funds every local health department in the areas of nutrition and tobacco, and are using new funds to support locals in advancing infrastructure. California also acknowledges that local public health nurses are well-positioned to provide chronic disease prevention services, which presents an area of huge potential for the future work of local health departments in chronic disease.

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