

Denver Healthy People 2010 5-Year Strategic Plan December 2003

BACKGROUND

COALITION MISSION

Denver Healthy People 2010 is a community-wide network of partners dedicated to making Denver a healthy place for all by:

- 1. *promoting a better quality of life and***
- 2. *eliminating health inequalities***

through collaborative participation that assesses health promotion need, shares findings and identifies partnership opportunities to implement action for change.

The network reaches these goals by blending health promotion research and best practices with collaborative partnerships to build a healthier Denver community. It is based on the national Healthy People framework, and guided by the principle that creating a healthier community needs to be done through the development of a *collaborative process that engages a range of participants*, from traditional health and health promotion partners to agencies and leaders to community members, in *assessing Denver's health promotion needs, and developing partnerships for action* that address the root causes of poor health.

COALITION HISTORY

Early on, Denver Healthy People 2010 engaged in a collaborative needs assessment process in which Denver Healthy People 2010 members developed a draft document that was then widely distributed for public comment and review. The resulting report has guided the actions of Denver Healthy People 2010. In 2003, building on this needs assessment, the group engaged in a strategic action planning process to focus the long-range effectiveness and actions of Denver Healthy People 2010. This process established a concrete vision, and incorporated new strategies and actions with existing ones into a long-range plan.

Denver Healthy People 2010 has focused on the following key methods to achieve its goals:

- 1. *Providing for Outreach and Coalition Building*** – Denver Healthy People 2010 has established *a network of approximately 100 participants* and members. Ongoing work engages these people in the activities of the collaborative and provides outreach to involve new participants.
- 2. *Conducting Research and Needs Assessment*** – The *collaborative needs assessment* process through which Denver Healthy People 2010 members developed a draft document was finalized with the written input provided by eighty-three additional people.¹ In addition, the Coalition partnered with the Piton Foundation and Denver Benchmarks on a multi-city Urban Institute research grant to analyze geographic health data for implications in future health data collection and analysis. (2001-2002)

¹ McConlogue, Stacey (Fall 2002): *Healthy Denver 2010—What We Know*

3. ***Providing Education on Creating a Healthier Community and Access To Health Promotion Data and Information*** – Two key recommendations from the Denver Healthy People 2010 needs assessment were to educate leaders and the public on ways to improve health and to increase the access to relevant health data and information for those working to improve health.² Based on this Denver Healthy People 2010 has worked to educate community leaders and others who impact health on how to create a healthier Denver, and provide them with data and information on how to achieve this through development of a web site (www.denvergov.org/hp2010), presentations to interested groups and community leaders at local health related conferences, hosting press conferences, participating in related health promotion efforts, such as Denver Benchmarks, to share the findings and expertise of Denver Healthy People 2010 and integrate them into the efforts, partnering with Colorado Minority Health Forum and others to host the 2002 Colorado Health Disparities Conference, partnering with Denver Public Library (DPL) in a grant from the National Network of Libraries of Medicine to enhance electronic access to health information via revisions to DPL and Denver Healthy People 2010 web sites.
4. ***Establishing Partnerships for Additional Health Promotion Arenas*** – Ongoing identification of potential partnerships and establishment of partnerships for joint actions that address needs identified by Denver Healthy People 2010 processes and reports.
 - Cole Child Safety Partnership
 - Denver’s Great Kids Head Start
 - Denver City Employee Wellness
5. ***Conducting Collaborative Planning*** – In 2003, Denver Healthy People 2010 engaged in a collaborative strategic action planning process to focus its long- range effectiveness and actions. This process established a concrete vision, and incorporated new strategies and actions with existing ones into a long-range plan. Members of the Coalition were joined by Head Start parents as resident representatives, particularly from low-income Enterprise Communities. This process included development of an assets scan of groups active in the recommendations of the needs assessment³, a series of parent focus groups⁴, a series of coalition meetings and a planning retreat. It was based on finding actions where the interests of Denver leaders, and community members meshed with health promotion data and best practices. (See Attachment B)

THE PARTICIPATORY PLANNING PROCESS & STAKEHOLDER INVOLVEMENT

Once the HP2010 Coalition was well established and had completed the extensive Needs Assessment summary⁵, preparation began for a strategic plan that would include strong community resident participation. To do this, they turned to coalition member and partner agency, Denver Great Kids Head Start. In four facilitated Focus Groups with Head Start parents and a grandparents & kin group, participants were asked “*What changes would you like to see in the community to make it easier for all of us to be healthier?*” All parents meetings were bilingual. Representatives from the four Focus Groups then met to pull together and validate their results. They were invited to

² Ibid.

³ McConlogue, Stacey (April 2003): *Resources and Opportunities for a Healthier Denver: Building an Ideal System for Promoting Health in Denver*

⁴ Walker, Sunny (June 2003): *Consolidated Report on Parent Focus Groups for Denver Healthy People 2010*

⁵ Op cit.

participate in the Action!Summit strategic planning session. These community stakeholders have continued to be involved in planning and on various Action Committees.

In June, 2003, over 40 members of the coalition, including community stakeholders, gathered in an Action!Summit to work further on the Strategic Plan. That group reviewed Environmental Scan data, created a 5-Year Practical Vision, looked at the assisting and resisting forces that make up Current Reality and, at the close of the second day, created Action Plans to launch three Action Committees.

In late August, the coalition met to review the planning to date, test that all Action Plans were related to achieving the vision, and to answer the question of gaps. At that point, a few additional Action Committees were named. Other action arenas, including employee wellness and health information access via Denver Public Library's website, were already underway as a result of former coalition committees or partnerships.

Then, in October, 2003, the Executive Committee of HP 2010, together with other stakeholders (via an open invitation), reviewed the work from June and created six Strategic Intents that grouped naturally into three broad Strategic Directions. Again, the Action Plan arenas were tested and found to fit under one or more of the Strategic Directions that have emerged. (See "Action!Summit Five-Year Strategic Plan" for the brainstorm details underneath the consensus on Vision, Current Reality, and Strategic Intents & Directions.)

Note that while the Action Plans and Committees have emerged out of advantageous opportunities and the passion and commitment of coalition members, they clearly align within the three Strategic Directions and their six Strategic Intents.

THE FIVE-YEAR STRATEGIC PLAN

ENVIRONMENTAL SCAN

The Denver Healthy People 2010 Coalition has found that the factors that lead to good or poor health are often related and act like "domino chains." For example, social or physical environmental factors, such as poverty and stress, may lead to mental health problems that in turn may lead to violence or injury. Research shows that environmental factors can be more important to improving health than individual behavior change or better medical care. In fact, differences in rates of risky health behaviors account for only 10% to 25% of health differences that exist between low and higher income groups. Other factors related to poverty account for most of the remainder of these health differences. In order to prevent disease and early death, health promoters have to better identify and understand these "chains" of underlying social and physical environmental factors that impact health, and work to address them with their local partners and the community. The earlier actions are taken in this chain, the greater the chance for keeping people healthy. (Healthy Denver 2010 – What We Know – Executive Summary⁶)

Most of the underlying reasons for health inequalities - things such as poverty and income differences, poor housing, lack of education, unemployment, discrimination, and unsafe living and working environments - have often been seen as beyond the control and responsibility of public

⁶ McConlogue, Stacey (Fall 2002): *Healthy Denver 2010—What We Know (2002 Executive Summary)*

health. Now, however, HP2010 stresses that those working in public health must become advocates for social change in order to improve these conditions that have such a great impact on health. (Healthy Denver 2010 – What We Know – Executive Summary⁷)

Community residents see a need for surroundings that support a healthy lifestyle, including affordable recreational facilities, and education about nutrition and other lifestyle choices. They point to a loss of community and poor health habits as contributors to an unhealthy lifestyle. Limited access to both health care and healthy choices is another concern, particularly dental health, nutritious school lunches, and assistance for seniors. Additionally, many would prefer better rapport with local health clinics, and having more doctors available at better rates. Key to family health is continual parental involvement (clearly both parents, even in separated families), especially in their children's education. In addition to ways to reduce stress, including various economic stressors, residents also see a need for local neighborhood responsibility coupled with better city responses regarding a few specific issues. (Consolidated Report on Parent Focus Groups for Healthy People 2010⁸)

VISION

While called a 5-Year Practical Vision, the Vision is actually broader and more far-reaching, with key roles required of health care professionals and agencies, community residents, city government, and businesses. It is clear from both the Environmental Scan and the Vision that planning participants understand the complex and comprehensive nature of what it takes to keep a community healthy.

In the arena of *direct health promotion and disease prevention*, the participants see a future in which creative avenues are followed to educate the community for making healthier choices with a variety of public supports from the city for an overall healthier environment. They see accessible information as a critical support to community education and are excited about the potential use of the city's extensive library system to accelerate local access to health resources. Many of the participants ideas point to areas of quality, affordable health: an increase in evening and weekend hours at clinics, a healthier focus—without stigma—on mental health prevention and treatment, better dental services for children and adults, access to health promotion programs, and free lead poisoning tests for children and pregnant women.

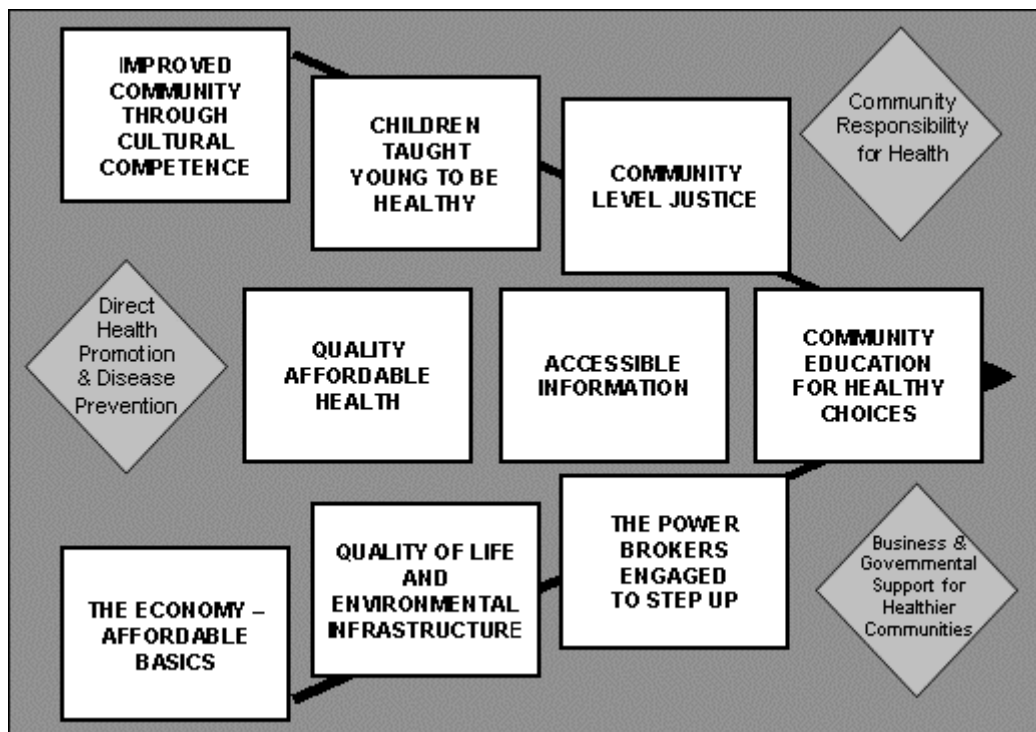
In the area of *community responsibility for health*, there is a focus on community level justice that includes more neighborhood group activities (pot lucks, block parties), neighborhood problem-solving partnerships to address safety and crime issues with a focus on restorative justice, and solutions for the mentally ill other than incarceration. Participants also see the need to teach children to be healthy with parents beginning at a very early age to focus on positive images, and continuing this through healthier school programs such as physical education and sports, healthy lunch choices, and the elimination of sugared soft drinks and unhealthy snacks from school vending machines. The group is also aware of the role that cultural competence plays in a healthy community and are calling for help to create an environment for better communication between different groups of people, to offer Spanish as a second language through employers and schools, and to make personal time for coping with stress.

⁷ Ibid.

⁸ Op. Cit.

Finally, in the arena of *business and governmental supports for healthier communities*, participants envision a quality of life and environmental infrastructure that will include things like streets, paths, and parks to promote walking and biking; greater recreational resources at the neighborhood level; cleaner air, water, and land; and a change in policies that have a negative health impact (for example, regulations that create waste in free food programs). The plan also calls for a look at the economy and more affordable basics. Some of the arenas for exploration are renter/landlord maintenance agreements, community education about mortgage schemes, sharing resources for food purchasing, healthier yet affordable fast foods, and fair insurance practices. One of the most exciting vision elements is having the city’s “power brokers” step up and be accountable as healthy role models, both personally and in their departments or businesses. Participants imagine the Mayor and City Council walking and biking, quality wellness programs offered to business and government employees, and the inclusion of health impact studies in all policy decisions.

Note that while individuals brainstormed many specific vision elements, these were clustered based on similar accomplishment and obvious synergy. The groups’ final consensus around vision is depicted in the following graphic:



CURRENT REALITY

In order to determine the best or most strategic way to get from where you are (current reality) to where you want to be (vision), an examination of the starting point is a critical piece. Participants looked first at assets (or assisting forces) that could support efforts toward the Vision and then at obstacles (or resisting forces) that would likely hinder those efforts.

On the assisting side, working with a brainstorm of over forty individual pieces of data, participants identified the following seven areas of support:

1. Existing Resources
2. Problem-Solving Partnerships
3. Benchmarking Data
4. Infrastructure
5. Foundation, Beginning Awareness, Positive Attitude, and Knowledge
6. Innovative Programs
7. Current Working Programs

Existing Resources points to projects already on the ground such as “Healthy Homes”, the Community Courts, and various fatherhood and parenting support groups. In addition to the example of Denver Healthy People 2010 coalition as a **Problem-Solving Partnership**, the group noted that collaborative efforts are on the rise. They applauded available **Benchmarking Data**, much of which has been collected at the neighborhood level. Participants found it helpful that Denver is a relatively health-conscious community and are pleased that community residents are helping to drive the planning along with participation from a number of civic leaders.

Within **Infrastructure**, the group recognized the media, schools, libraries and parks, as well as a bus system with bike racks. For **Innovative Programs**, participants pointed to the authority of the Court supporting community-driven public safety initiatives, various community cleanup programs, and the health-conscious planning that went into three recently redeveloped communities – Elitch, Stapleton, and Lowry. Relevant **Current Working Programs** include Head Start, the “Healthy Cities” grant, available training for community workers, and public health education programs such as the State’s focus on the benefits of walking and their giving away of step counters. The **Foundation** asset points to both individual supports like the basic friendliness of Denverites and the variety of support people receive from friends and family and larger collaborations, with Denver Healthy People 2010 being one of the most notable.

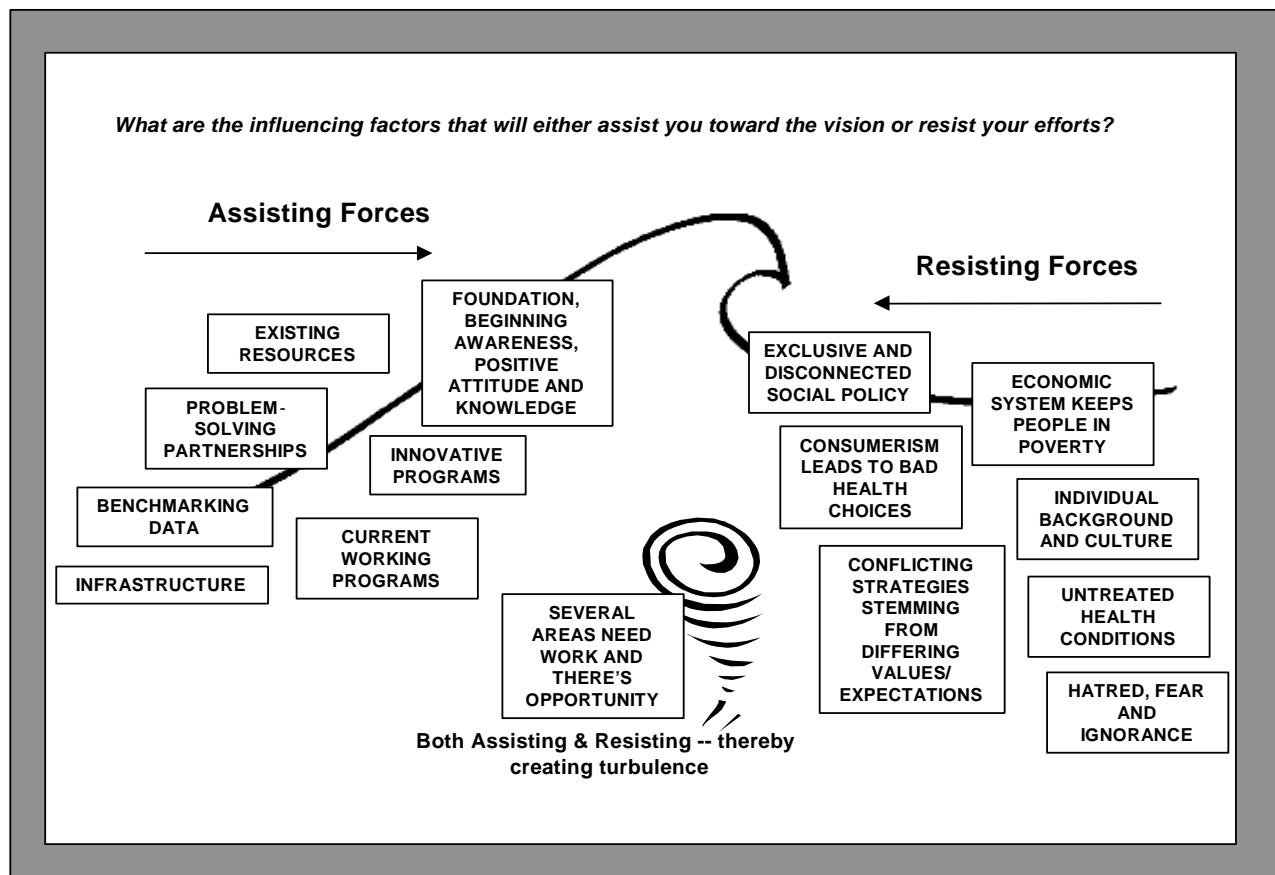
On the resisting side, with nearly 70 pieces of data, the group again identified seven areas that would hinder efforts:

1. Exclusive and Disconnected Social Policy
2. Consumerism, Leading to Bad Health Choices
3. Economic System Keeping People in Poverty
4. Individual Background and Culture
5. Untreated Health Conditions
6. Conflicting Strategies Stemming from Differing Values/Expectations
7. Hatred, Fear, and Ignorance

By far the largest number of resisting items are related to **Exclusive and Disconnected Social Policy**. Among these are cumbersome or unhelpful regulations, withdrawal of government funding for the poor, a loss of affordable housing, services that don't fit individual needs, unfunded government mandates, and corporate scandals. Some of the issues within **Consumerism** are dependence on cars, personal negativity and the good taste/low cost of fatty foods, while **Untreated Health Conditions** include mental illness, depression, addictions and, in general, not enough focus on prevention. The group found that a work week of over 40 hours combined with information overload leads to people who are busy, tired, and feeling overwhelmed. It was their assessment that these aspects of the economic system contribute to keeping many people in poverty. While the category of **Individual Background and Culture** doesn't in and of itself indicate problems, the group sees things such as egoism, greed or selfishness, staying uninvolved, and not realizing that individuals can affect their reality as often linked to background and culture. The **Hatred, Fear & Ignorance** arena groups together negative attitudes and behaviors such as prejudice, discrimination, exclusionary practices, and stigmatizing social programs.

Finally, there are several items that, due to political factors, appear to be BOTH assisting and resisting—or areas of both issue and opportunity—which will need further exploration. These are Denver's celebration of diversity, a sympathetic city government (currently an unknown, in that the Mayor and most of the City Council are newly elected), the strong sense of neighborhood, and democracy in general.

Categories of consensus around Current Reality are summarized in the following graphic:



The strategies for Denver Healthy People 2010 have been drawn from more than the Action!Summit work. They include the recommendations of the health professionals and related agencies after careful examination of the Needs Assessment data and also the action items from the community resident focus groups.

Future actions will be driven by three broad Strategic Directions, each with two clear Strategic Intents:

I. Gaining Political Support for Healthy People and Communities

- A. Provide for the Long-term Sustainability of Healthy People 2010
- B. Promote Healthful Policies

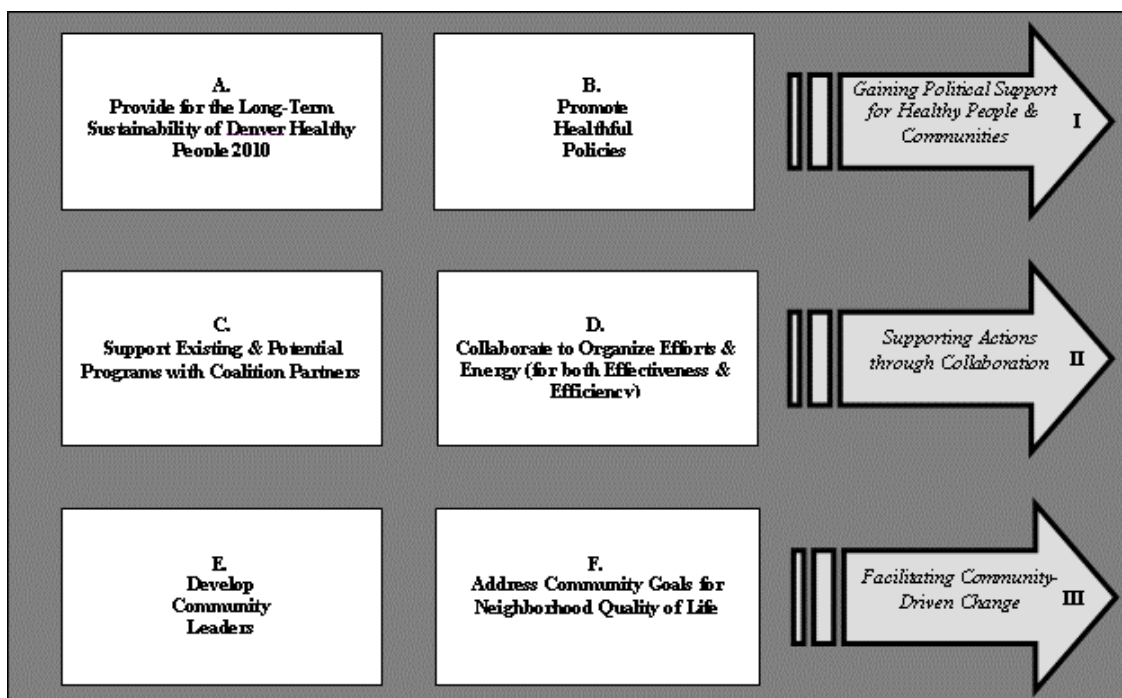
II. Supporting Actions through Collaboration

- C. Support Existing and Potential Programs with Coalition Partners
- D. Collaborate to Organize Energy and Efforts (for Effectiveness & Efficiency)

III. Facilitating Community-Driven Change

- E. Develop Community Leaders
- F. Address Community Goals for Neighborhood Quality of Life

Given the continual rise in health care costs as well as the increase in the medically uninsured, it is a critical time for focusing on health promotion and disease prevention. The three-tiered strategy of Denver Healthy People 2010 is well balanced between a bottom-up engagement of the community, a top-down enlistment of the community’s leadership, and a strong collaborative network health professionals and related agencies in the middle. The coalition will continue to update the Needs Assessment by looking at health indicators on a regular basis and adjust strategies and actions appropriately. Strategic Directions and Intents are depicted in the following graphic:



CURRENT ACTION COMMITTEES

The following actions, which were launched before the strategies were completed, are a powerful indication of the integrated thinking that has been built over the past few years through Denver Healthy People 2010's efforts. They are organized below according to the strategies they are supporting (note that some relate to more than one strategy). For a list of current Action Committee members, see attachments.

I. Gaining Political Support for Healthy People and Communities

- A. Provide for the Long-term Sustainability of Healthy People 2010
- B. Promote Healthful Policies

Engaging Leaders

Originally formed at the Action!Summit, this committee's first two actions were 1) to work on a handout piece for orienting city leadership to the extensive HP2010 background, goals, and plans and 2) to work to enlist one of the newly elected city officials in support of HP2010. As they met and struggled with what to include in a small brochure, they realized the enormity of their task. Meanwhile, city appointments were slower in coming than had been projected. The committee is now regrouping to integrate a longer-term strategy with the shorter-term actions to get there. The handout brochure is in its final revision.

Voter Registration Focus

The idea for working with voters first arose during a strategy session at the Colorado Health Disparities Conference cosponsored by the Colorado Health Minorities Forum, the Colorado Turning Point Initiative, Denver Healthy People 2010, and the U.S. Department of Health and Human Services. There, one of the recommended strategies was to "educate all Coloradans to know how to impact the political system." Aligned with two Vision elements ("Improved Community through Cultural Competence" and "Quality of Life and Environmental Infrastructure"), this committee has yet to meet and develop concrete action plans. For now, voter information will be incorporated into the Healthy Dinners program.

II. Supporting Actions through Collaboration

- C. Support Existing and Potential Programs with Coalition Partners
- D. Collaborate to Organize Energy and Efforts (for Effectiveness & Efficiency)

Community Access to Electronic Health Information

With the aid of a grant from National Network of Libraries of Medicine, a partnership between the Denver Public Library system and Denver Healthy People 2010 is developing electronic health & health promotion information access for low-income/minority residents and community leaders via the DPL and Denver Healthy People 2010 web sites. The group is meeting as an advisory committee for the project from November 2003 through August 2004. The grant pays for the Denver Healthy People 2010 program administrator to work on this grant at .25FTE from December 2003- June 2004.

Employee Wellness Pilot -- City & County of Denver

This committee started in 2003 as a result of the Denver Healthy People 2010 needs assessment ("Healthy Denver 2010—What We Know" fall 2002), an assets scan produced as a part of Denver Healthy People 2010's strategic planning ("Resources and Opportunities for a Healthier Denver")

winter 2003), and a partnership within the City of Denver between the Denver Healthy People 2010 program and the Denver City Wellness Program that presented an opportunity to impact the quality and quantity of Employee Wellness programming for Denver. The purpose of this committee is to facilitate the development of a model Denver City Employee Wellness Program that can be used to promote model employee wellness programs among all of Denver's employers.

The primary partner is the Denver City Employee Wellness program. At present, the group is providing research and technical assistance to the development of the city's wellness program. City Wellness staff have begun an internal city planning process for expanded, model programming.

Community Justice -- Pilot Partnership with Cole Neighborhood

See details under Strategic Direction III. Supports both Strategic Directions.

Environmental Education -- Lead Poisoning Prevention & Information to Head Start Parents

A late entry into the actions, the Environmental Education Committee already involves three partners from the coalition: Northeast Denver Housing, Denver Dept. of Environmental Health, and Head Start. The initial focus of the group is to inform as many parents as possible of the health dangers of lead, help them with how to get testing and what to do to mitigate levels of lead that may be found in their children. Although presentations to Head Start parents are already in process, the committee has not met to formalize their action plans and appoint a chair.

III. Facilitating Community-Driven Change

E. Develop Community Leaders

F. Address Community Goals for Neighborhood Quality of Life

Head Start Parent Leadership & Health Promotion Partnership Program

The Head Start Parent Leadership and Health Promotion Initiatives is working with Head Start parents to create healthy lifestyle programs for their families and to involve them in collaborative planning for a healthier community through active participation in Denver Healthy People 2010. This partnership was set up in 2002 and evolved from the Denver Healthy People 2010 Community Involvement and Executive committees design of the Denver Healthy People 2010 strategic planning process and funded in 2003 by the Enterprise Community. In collaboration with Denver's Great Kids Head Start Health Advisory Committee, a plan for Head Start parent healthy lifestyle programs was developed. A critical component of that plan is leadership development and continued involvement in Denver Healthy People 2010 activities.

Healthy Neighborhood Dinners at Schools

Conceived at the June 2001 Denver Healthy People 2010 Planning for Action! Summit planning retreat, this committee's original objective was to identify first school sites and to research and develop meals and content for the program. It's broader context has been to develop Healthy Neighborhood Dinners at School programs which will enhance healthy lifestyle choices and neighborhood cohesiveness. The committee has been quite active and is currently working closely with the Denver's Great Kids Head Start Health Advisory Committee. The group quickly developed a program plan and submitted one proposal (Denver Health STEPS-not funded). It then looked at Denver's demographics and established criteria for schools, and has begun to gather available resources for presentations/information as part of the dinners. There are now three particular schools working to set up the program. The committee, which began meeting in a parent's home

and sharing childcare, will soon begin meetings with childcare & food provided by Denver's Great Kids Head Start.

Walking School Bus – Pilot in Cole Neighborhood

Tremendous in-kind support (over \$10,000) has been raised for the Walking School Bus whose Committee started in the summer of 2002 to promote child safety in the Cole Neighborhood through promoting Parent Watch, Walking School Bus and other model programs. Original partners were Cole Neighborhood Association & Maria Mitchell Elementary school.

In late 2002 the group facilitated the establishment of the Denver Police Department's Parent Watch program at Maria Mitchell Elementary School. This program is currently being implemented as a joint project with Cole Middle School, which shares some grounds with Maria Mitchell Elementary School. This committee recently started submitting proposals (approx. \$5,000) for jump-starting a Walking School Bus at Maria Mitchell by funding a bilingual outreach coordinator. In the meantime, with donations from Starbucks, Maria Mitchell Principal Reginald Robinson has declared a "Walking Wednesday," aligning with the statewide program, that will gather parents and other interested parties to walk children to school and then join staff for coffee and snacks.

Community Justice -- Pilot Partnership with Cole Neighborhood

While this focus exhibited energy and enthusiastic involvement during the Action! Summit, little has happened out of the partnership. The original action plans were simply to explore a partnership. HP2010 representatives presented their program to the Cole Community Justice group early in the summer, but no direct actions have emerged since. The current decision of HP 2010 members is to have a liaison who would attend meetings of the Cole group and report back, so that when the time is right for support from HP2010, the coalition will be ready to lend a hand.

Environmental Education -- Lead Poisoning Prevention & Information to Head Start Parents

See details under Strategic Direction II. Supports both strategic directions.

ONGOING LEADERSHIP AND STAFFING FOR IMPLEMENTATION OF THE STRATEGIC PLAN

Ongoing Action Plans, Evaluation, Re-planning and Strategy Review

Action Committees and staff will meet quarterly to report to each other, evaluate their progress and refine plans for the coming quarter. With oversight from the Executive Committee, the overall plan and strategies in particular will be reviewed, celebrated, and updated at an annual coalition meeting.

Executive Committee

Throughout its history, Denver Healthy People 2010 has maintained an Executive Committee. In 2002, it joined with the Community Involvement Committee to develop a plan for the above collaborative strategic action planning process that engaged community members with the existing network of professionals. This effort was funded during 2003 and this group oversaw the strategic planning, guiding the involvement of the larger Denver Healthy People 2010 and others in its implementation. The committee gathered input from Dr. Carl Larson, Regional Institute for Health & Environmental Leadership, University of Denver, on how it is functioning as a collaborative, and is beginning to draft some Denver Healthy People 2010 guiding principles/by-laws to support our actions as a collaborative.

The Executive Committee will continue oversight of the original overarching methods that launched Denver Healthy People 2010, seeing that these are woven in as other time-sensitive strategies come and go. Much of the ongoing work falls to the administrative staff.

Administrative Staff

Support of the plan depends on full-time administrative staff. Many critical pieces need work on an ongoing basis:

1. Outreach to new participants, encourage involvement into the Denver Healthy People 2010 actions, and manage partners' participation in workgroups and actions of the coalition.
2. Educate leaders and the community at large via presentations, public relations activities, responding to queries, and maintenance of Denver Healthy People 2010 information on the web site.
3. Explore potential partnerships, develop new partnerships (criteria – partnership plan fits with Denver Healthy People 2010 mission, goals and strategies; partner(s) brings resources to the effort; potential for securing new funding for the partnership plan; partnership plan approved via HP2010 committee or action group).
4. Develop resources – fundraising, etc.
5. Maintain and nurture primary partnership with Denver's Great Kids Head Start.
6. Provide specific support as needed by all Action Committees.
7. Handle logistics and facilitation (staff or outside consultant/s) for quarterly coalition meetings and annual strategy reviews.
8. Work with Executive Committee to monitor and evaluate progress and effectiveness.