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Arizona: Promising Practices in Coordination of State and Local Public Health

With support from the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC), NORC at the University of Chicago is compiling a series of promising practice reports highlighting successful practices in public health coordination on the state and local levels.

ARIZONA'S PUBLIC HEALTH SYSTEM

The public health system in Arizona has a decentralized governance structure. The Arizona Department of Health Services (ADHS) operates many health programs and provides leadership, integrated public health and behavioral health services, and direct care, among other programs and services, to the people of Arizona. The state health department functions primarily out of the central office in Phoenix. ADHS designates some funds for service provision to the local public health system—the 15 county health departments—which operate independently from the state public health system. While the state delegates responsibility for public health services to the local health departments, counties are responsible for determining the local public health budget for their county health department, may issue public health orders, and may establish taxes and fees for public health. Additional funds for public health are passed down from the federal level to local health departments through ADHS.

OVERVIEW

The Arizona Local Health Officers Association (ALHOA) formed the Collaborative Team, a subgroup of five local health officers, which meets with key staff from the Arizona Department of Health Services (ADHS) to discuss and work through challenging issues around public health governance. The Local Health Liaison, an ADHS employee, works closely with ALHOA, providing coordination for monthly meetings and communication between the state and local entities. Both the Local Health Liaison and the Collaborative Team have served to enhance the relationship between state and local public health entities in Arizona.

THE STATE-LOCAL RELATIONSHIP IN ARIZONA

Representatives from both ADHS and the county health departments characterize their relationship as strong and open. Over the past five years, county health departments and the state worked together to more effectively navigate crucial issues impacting the state-local relationship, including funding allocations and expectations related to specific program areas, such as public health preparedness. The state-local relationship improved through joint initiatives to enhance communication. According to the Local Health Liaison employed by ADHS, the state views itself as a “true partner and part of the local health system” and the two entities work in mutual support of each other.

Prior to the resolution of some contentious issues, the county health departments had limited trust in the state and perceived that the state viewed them as “subcontractors” rather than collaborators. Organizational changes and strategies within the public health system, which included a change in ADHS leadership and a renewed appreciation of the need to work collaboratively with local health departments, increased county health departments’ respect for ADHS. Local health officers reported that the current ADHS Director strives to prioritize the needs of county health departments above the state’s in terms of policy and funding. They report that the Director recognizes that the majority of public health interventions happen at the local level and recognizes the unique partnership that exists between the state health department and local health departments.

Organizational Strategies

Within ADHS, the Local Health Liaison is charged with enhancing collaboration between the state and the local public health agencies. The Local Health Liaison reports directly to the ADHS Director and serves as a point of contact between ADHS leadership and the Arizona Local Health Officers Association (ALHOA). An essential component of this position, according to the individual who currently fills this role, is to work with state staff to ensure that they understand the perspective of county health departments, which enables both entities to more effectively work in partnership to achieve common objectives. As part of her communication efforts, the Local Health Liaison shares programmatic information, such as contractual requirements; changes in policies; and funding information, such as funding allocations or potential cuts. Many of these messages are communicated at the monthly ALHOA meetings, which the Local Health Liaison regularly attends. She works closely with ALHOA by serving as logistical coordinator to arrange meetings, develop agendas, and solicit input for discussion topics from both ADHS and the county health officers. The Local Health Liaison also provides advocacy and consultation on behalf of the county health departments to ADHS.

The Local Health Liaison has been vital in helping strengthen state-local ties. She works internally to provide clarification, follow up on questions from LHDs, and resolve issues. One local health department Director explained that the Liaison’s willingness and skill at advocating on behalf of local health departments has garnered the trust of the counties. This Director also said that local health officers feel comfortable speaking openly with the Liaison, and explained that “she’s one of us, and a state person, so she walks that line very well.”

Comprised of the state’s 15 county health officers, ALHOA is an association that serves as a venue for local health officers to network, discuss, and plan public health activities in Arizona. ALHOA initiated the Collaborative Team, a functional subgroup of health officers, to play a key role in building state-local partnerships. The Collaborative Team is comprised of five local health officers. Maricopa County and Pima County, as the two counties with the largest population, have permanent positions on the Collaborative Team, while the remaining three members serve in rotating terms, so that all health departments are represented over time. The Collaborative Team’s chair, who is also the ALHOA President, coordinates meetings between ADHS and the Collaborative Team, in conjunction with the Local Health Liaison. Having the same individual serve as chair of the Collaborative Team and ALHOA President is advantageous because this individual is responsible for developing ALHOA meeting agendas, and can assure those agendas include key topics of concern to the

Collaborative Team. Meetings of the Collaborative Team are initiated on an ad hoc basis—by ADHS, ALHOA, or the Collaborative Team itself—to discuss public health governance, support decision-making at the state level, or develop recommendations around a particular topic. In this way, the Collaborative Team works on behalf of ALHOA to mediate controversial issues in governmental public health, including those related to policy and funding. The Collaborative Team assists ADHS in decision-making by vetting options and negotiating positions in a small group, and then returning to ALHOA to gain approval from all local health officers in order to make final policy decisions.

Accomplishments

The Collaborative Team was established to address issues related to public health preparedness. One of the concerns the group tackled early on was the perception from ADHS that local health departments were not performing public health preparedness activities at a uniform and high level across all counties in the state. Together, the Collaborative Team and ADHS explored potential solutions to this issue and frameworks for coordinating public health preparedness activities in the state. Jointly, ADHS and the Collaborative Team recommended to ALHOA that all county health departments participate in Project Public Health Ready (PPHR), a program that assesses preparedness of local health departments, assists them in responding to emergencies, and recognizes achievements in public health preparedness. By engaging in PPHR, adherence to a common set of standards within this program area would be ensured by all local health departments. Additionally, an outside entity would be responsible for providing programmatic feedback to local health departments. All local health departments have been recognized by PPHR and continue to work together collaboratively.

Related to the decision to engage in PPHR, ADHS also worked closely with the Collaborative Team to determine funding redistribution for preparedness dollars. The state redesigned its original funding formula to establish a base dollar amount for each county, with remaining funds distributed to each county based on population.

The Collaborative Team has also successfully navigated other challenging issues related to public health governance in Arizona. For example, when new federal WIC guidelines required shifts in WIC workforce competencies and standards for hiring and pay at the state level, ADHS consulted with the Collaborative Team to see how the changes would impact the county health departments. Together, ADHS and the Collaborative Team explored strategies for implementing those changes. A number of proposed solutions were vetted with ALHOA and, ultimately, a joint decision was reached to hire an outside consultant to explore evidence around appropriate classification schema for WIC workers in Arizona. The open discussion between the Collaborative Team and ADHS reduced the potential for conflict, and the approach was welcomed by ADHS and local public health.

Another potential challenge arose in Arizona when ADHS decided to implement changes to the state's tobacco program—an evidence-based decision had been made to shift towards broader tobacco policy reform. The state would no longer fund direct tobacco services, such as cessation classes and school-based education, and would instead focus on rejuvenating a social media campaign and tobacco policies such as the development of smoke-free housing. Realizing that such a change would most significantly impact the health departments who implement the tobacco programs, ADHS worked with local health officers to review the evidence behind the decision, to vet the available options, and to arrive at a mutually agreeable decision that benefitted the public health system as a whole. While some health departments lost staff as a result of this policy change, the decision-making process that ADHS engaged in led to a less contentious implementation effort because it was inclusive of the local health departments in the state.

CHALLENGES, LESSONS, AND OPPORTUNITIES

Through the Collaborative Team, local health departments recognized the need for, and took action to develop, a representative subgroup of health officers to participate in meaningful and direct discussion and collaboration with ADHS. In turn, ADHS's willingness to seek feedback and direct input from the Collaborative Team, and in turn, ALHOA, has garnered the respect of local health departments. Because the Collaborative Team was initiated to address public health preparedness program issues—and those issues have been, for the most part, resolved—it has not been meeting as regularly as it once did. One local health officer suggested that those routine meetings be reinstated to ensure that potentially controversial issues are addressed promptly. He went on to suggest that the Collaborative Team might also have a role to play in responding to federal requests for proposals to obtain funding for both the state and local health departments.

While the Collaborative Team engages in ad hoc discussions with ADHS, there are also instances where they engage in informal discussion with individual local health officers prior to ALHOA or ADHS meetings. These informal discussions allow the Collaborative Team to understand the viewpoints of certain members, in particular, if there are specific issues or concerns that should be addressed prior to the group call or issues that should be added to the agenda. When issues are raised, the chair of the Collaborative Team may choose to also gather feedback from the remaining health officers so as to have a better grasp of concerns prior to the call. (It is important to note, however, that the ability to engage individualized conversations with local health officers may be more feasible in a state like Arizona where there are only 15 local health departments.)

The successful collaboration between state and local governmental public health in Arizona was achieved through deliberate initiatives that targeted a partnership approach and increased communication between both systems. This evolution in relationship began as a shift in the state's philosophy regarding local public health entities, which could not have been achieved without the continual support and direction from ADHS leadership. The current ADHS Director recognizes that local health departments are vitally important to the health of the state's population. This was most evident in the Director's willingness to protect local health department infrastructure by making initial budget cuts to the state health department only, which has been appreciated by the local health officers. One local health officer explained that "any prior director...would have kept more resources in house...[Instead, the current director] cut as many resources as he could rather than pass those cuts down to the locals."

FOR MORE INFORMATION

About the Arizona Department of Health Services (ADHS):

- www.azdhs.gov/index.htm

About Arizona Health Matters:

- www.arizonahealthmatters.org

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