GEAR Groups
Case Study

Communicating the Value of Public Health Through GEAR Groups

2017
Introduction and Background

The National Association of Chronic Disease Directors (NACDD) supports advanced leadership and management development, capacity building, and peer mentoring for more than 6,500 members to advance the field of chronic disease prevention and health promotion. In 2017, NACDD implemented a community of practice (CoP) as one methodology to support this advanced learning. Referred to as Generate, Educate, Activate, and Respond (GEAR) Groups, these CoPs supported the theme of “Communicating the Value of Public Health” among four different Centers for Disease Control and Prevention (CDC) chronic disease domains (see below) and health equity.

Each of the CDC chronic disease domains encompasses program direction and collaboration that supports national priorities across United States public health system, and through state health department chronic disease leadership, unifies stakeholders to reduce the burden of these diseases and to promote healthy living. The domains include: 1) epidemiology and surveillance; 2) environmental, systems and policy approaches; 3) healthcare systems interventions; and 4) community programs linked to clinical services. The 2017 GEAR Groups used the domains, along with the focus area of health equity, to discuss “Communicating the Value of Public Health” from each specific perspective. This document provides a summary of the collective GEAR Group findings.

GEAR Group Membership and Process

With funding from CDC, NACDD created a modified version of the traditional CoP approach to create the GEAR Group Model. The purpose of GEAR Groups is to serve as learning incubators on various cross-cutting topics of interest to further leadership development and to increase networking among state public health professionals. Differing from the traditional CoP model, each GEAR Group also was responsible for developing a final product (i.e., a white paper, a toolkit, success stories, or a case study) to be used to support additional state public health agency practitioners in their implementation activities, and to advance knowledge in the specific topic area beyond the GEAR Group members.

GEAR Group Membership

GEAR Group membership and participation is coordinated through a competitive, invitational process. Specific eligibility criteria are included, such as the ability and willingness to participate in calls (peer mentoring), and plan and lead the discussions (leadership), and improve knowledge (capacity). Following the review of applications and selection of participants, an orientation webinar was held prior to the start of the first topic. The webinar was a call to action to ensure that roles and responsibilities were outlined, and all selected members agreed to them.

GEAR Group membership was limited to the first 11 applicants who met the criteria in the application process. Applicants did not need to be the experts in the identified GEAR Group topic areas to participate. Members agreed to participate fully in all six hours of in-depth discussion during a six-month period using teleconferencing and a videoconference platform; lead one of the sessions or assist with leading a discussion; facilitating deeper problem solving on the topic; completing delegated work between calls; and participating in GEAR Group evaluations. A final group product was a condition of participation to share and disseminate this educational opportunity with others. Additionally, selected GEAR Group members were offered an opportunity to participate in the coordinated GEAR Group Fireside Chat panel and GEAR:Shift poster sessions during the 2017 NACDD Chronic Disease Academy in St. Louis, Missouri, in September 2017.
A GEAR Group Coordinating Committee was established as a new part of this process for 2017. One member of each GEAR Group made up the committee. The purpose was to ensure continuity and uniformity, as well as collaboration among and between the GEAR Groups since each group was supporting the focus of “Communicating the Value of Public Health” in a specified area. The committee met prior to each of the six GEAR Group calls and shared their decisions and information with their peers during each call.

**GEAR Group Process**

A step-by-step format for the GEAR Group process is below:

- National announcement and application period convened
- Applications scored by NACDD consultant representatives
- Applicants placed in one out of five community of practice groups per their self-ranking of interest
- Orientation call for all GEAR Group members held in February 2017
- GEAR Group Coordinating Committee convened and meets beginning in March 2017
- Participants asked to volunteer role of call facilitator or note taker
- Calls took place and participants asked to be willing to listen, learn and share experiences within the topic content
- Groups begin to develop a final product to be disseminated to states and communities, as well as partners
- GEAR Group members participate in an evaluation of GEAR Group process
- Selected group members participate in the National Chronic Disease Academy
- GEAR Group products finalized and disseminated in September 2017

The GEAR Group evaluation queried participants on a number of variables including:

- Facilitating deeper problem solving
- Gaining additional useful knowledge
- Increasing strong network ties with colleagues

**Overview of CDC Chronic Disease Domains**

The CDC recommends coordinating chronic disease prevention and health promotion efforts in four key domains. NACDD adopted a new form of technical assistance and support focusing on the four domain areas and health equity as a fifth area of focus. The five focus areas are described as follows:

1. Epidemiology and surveillance to monitor trends and track progress
2. Environmental, systems, and policy approaches to promote health and support healthy behaviors
3. Healthcare system interventions to improve the effective delivery and use of clinical and other high-value preventive services
4. Community programs linked to clinical services to prevent or improve the management of chronic disease conditions
5. Health equity, in health, implies the ability of an individual to attain their full health potential

**Epidemiology and Surveillance**

Systems used to provide information for action and to inform program efforts in other domains, and efforts to address health inequities. Public health surveillance activities yield important information for improving population health and are necessary for: program planning and implementation; and
for monitoring chronic diseases and their risk factors: evaluating outcomes; and for addressing health disparities. Epidemiology and surveillance are an integral part of an evidence-based approach to public health. In the program planning phase, this approach typically starts with assessments like community health assessments or needs assessments. These activities generate information that help us quantify the public health burden of a chronic disease or condition, describe the distribution of chronic disease risk factors, and identify priority populations and geographic areas to serve. In an environment where assets are limited, D1 activities like this help effectively allocate resources, determine where we can get the most value, or ensure that program efforts address health inequities.

Environmental Approaches

According to CDC, approaches that change the environment reach more people, are more cost efficient, and are more likely to have a lasting effect on population health. Promoting lifelong health and preventing chronic disease can be accomplished through individual behavior, family practices, community norms, and structures and organizational frameworks. Policy, systems and environmental approaches, commonly referred to as PSEs, can shape the community and community norms, helping to make the healthy choice the easy choice. Even more importantly, they can make the healthy choice available to many people, even an entire population at once are cost efficient and can have a lasting effect on population health.

Health Systems

Healthcare system interventions increase the use of and improve the quality of clinical and other preventive services. These services prevent or enable early detection of disease, reduce risk factors, and manage complications. Public health can help to support health systems by sharing evidence-based practices with health system partners that improve outcomes.
Community-Clinical Linkages

Community-clinical linkages involve creating sustainable connections between healthcare providers, community organizations, and public health agencies with the common goal of improving patient access to preventative programs, chronic care management, and social services. Public health can serve as the bridge between two or all three parties within a community to enhance the effectiveness of any given health service.

Health Equity

Health inequity is the difference in health status and death rates across population groups that is systematic, avoidable, unfair, and unjust. Health equity exists when all people have the opportunity to attain their full health potential. No one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

2017 GEAR Group Findings: The Value of Public Health Through the Lens of the CDC Domains and Health Equity

Epidemiology and Surveillance (GEAR Group 1)

Epidemiology and surveillance are an integral part of an evidence-based approach to public health. Domain 1 provides information for action and informs program efforts in other domains and efforts to address health inequities.

- Surveillance and evaluation brings value in ability to use information to identify and overcome barriers to program implementation or to bring previously unknown issues to light.
- Data can be used to prioritize interventions and to help ensure public health professionals use evidence-based and effective programs.
- Environmental approaches include: community design that addresses walkability; comprehensive smoke-free air laws; access to healthy foods and beverages; and more.
- Through multi-sector collaboration, state health departments and public health practitioners can not only increase their reach when communicating the value of environmental approaches, but they also can identify challenges, address barriers, and share lessons learned to better inform and educate the public.
- Environmental approaches cut across all areas of public health including: counseling and education (asthma control); clinical interventions (providing inhalers to people with asthma); and implementing long-lasting/sustainable interventions (promoting inclusive communities for all people through installing curb cuts and mobility supports in a community).

Health Systems (GEAR Group 3)

Public health can support the work of health systems in these key areas:

- Public health can provide and promote the use of population-level data, as well as evaluate and present data on health behaviors.
Health systems benefit from public health’s understanding of the social determinants of health that influence a system’s patient population, and can provide technical assistance regarding individual and community wellness activities.

Public health can assist health systems in understanding and meeting value-based payment metrics.

By working with public health to address complex issues including health literacy, systemic inequity, and social barriers that exist in high-need communities, health systems can improve health outcomes for populations that are at high risk.

**Community-Clinical Linkages (GEAR Group 4)**

The benefits of partnering with public health agencies to strengthen community-clinical linkages include:

- Public health agencies develop sustainable referral systems to ensure healthcare providers refer patients to evidence-based community interventions and resources that manage and/or prevent chronic diseases.
- By partnering with public health, there is an opportunity to improve patient access to effective preventive and chronic care community interventions, such as chronic disease self-management programs, the National Diabetes Prevention Program (NDPP), and smoking cessation services.
- Through public health partnerships, there are opportunities to seek public and private insurance coverage for effective community interventions to help ensure all patients have access to prevention and management services where they live, work, and play.
- Public health agencies have established partnerships with diverse stakeholders to identify gaps in community services and resources, and to develop priorities and plans with stakeholders to address the gaps.
Health Equity (GEAR Group 5)

The benefits of partnering with public health agencies to advance health equity include:

- Serving the diverse communities within states, and helping to ensure that all people have the opportunity to attain the highest level of health
- Supporting the core mission of state health departments
- Public health supports and participates in research and development of strategies to prevent long-term and costly impacts of inequity.
- Collecting and stratifying data, as well as social determinants of health data, to identifying inequities and disparate populations, and to target resources
- Incorporating health equity language and resources into existing agency service directors, funding and contracts, and/or programs
- Engaging non-traditional decision makers from business, legal, architect, and advocacy communities, who can serve as champions and promote best practices
- Encouraging collection of data on social determinants of health and identifying ways to improve health outcomes for the most vulnerable populations
- Endorsing and promoting cultural competence, health literacy, and healthcare in the context of age, culture, religion, sex, sexual orientation, and gender identity
- Promoting an increase in the diversity of the workforce to better match the composition of the state’s population and/or to reflect any disparate populations affected

How GEAR Group Members Communicate the Value of Public Health

Although each state health department is structured to communicate value in its own way, members identified common themes throughout the peer learning opportunity. Group members learned that to communicate the value of public health, the following information is helpful:

- It is necessary to define value. This includes value to state health departments, value to stakeholders and partners, and value to the public. All sectors have different priorities, but it is important in every capacity to come together to identify what it would take to elicit behavior change. We must communicate through best practices, multi-sector collaboration, and innovation aids to reach our goal of communicating the value of public health and improving the health of the public.
- Know your audience. As state health departments, it is important to consistently communicate with your primary audience in mind. The message should speak directly to the values held by the audience, helping them to understand that they are a part of the public health picture, and the role that they can play in enhancing their individual and their community’s health.
- Avoid public health jargon and use the language of state health department audiences. This is especially important when communicating with non-public health stakeholders.
- Make messages memorable. Key partners and audience members should be able to remember and share the message to other audiences with ease. Storytelling and short, catchy phrases can help make a message more memorable.
- When crafting messages, they need to be at the table and share ownership in the message. Partners should always feel like they are doing something with us, not for us.

Specific Ideas from the GEAR Groups for Public Health Practitioners

- Frame the importance of data and surveillance in communications using the CDC chronic disease domains and respond to the question, “what if we didn’t have data and surveillance?”
• Inform approaches in preparing to work with other federally-qualified health centers to implement evidence-based intervention to increase screenings.
• Continue to disseminate key information/data products in support of policy, systems, and environmental changes to continue to build support for these types of initiatives.
• Respecting partners, both internal and external, to each domain and health equity is a critical factor in collaboration to advance public health practice.
• Include collaborators from various sectors when developing your message. Cross-sectoral partners are instrumental in spreading clear, consistent messages to non-traditional partners.
• Assess what the health system already is working on, with whom they are already working, and make sure goals align.
• Explore opportunities to build the capacity of fellow public health colleagues to advocate for equity within public health work with traditional and cross-sector partners.

Implications for Future Public Health Practice

There are a number of key variables and barriers addressed by each GEAR Group that discusses what “Communicating the Value of Public Health” will have on the future of public health practice. Barriers that are impacting public health practice today include: budget cuts, a shrinking workforce, competing priorities, and advanced technologies that impact one’s health (social media, wearables, healthcare reform, etc.). If public health practitioners are going to be effective change agents for community health, we must first be able to identify and inspire key decision makers who can serve as champions. We will continue to work collaboratively in efforts to craft messaging that will speak to a variety of non-traditional audiences, and make messaging easily accessible to those who will carry the message.

Specific Ideas from the GEAR Groups for Public Health Practitioners

• Look at opportunities to leverage big data including payers (insurers), healthcare, and the individual (wearable devices, etc.), and develop new approaches to adapt to changing health data sources and increased information technology capacity.
• Understand the value of data when speaking with policy and decision makers, and the need to support sustainability.
• Be more mindful when interacting with partners.
• Increase collaboration and networking with national partners and associations.
• Communicate the value of data and surveillance to multiple stakeholders, and the need to support sustainability.
• Increase and inform outreach to partners.
• Continue to seek collaborations to address the question of public health communications.
• Enhance efforts to engage providers in referring their patients to community resources and to disease self-management programs.
• Ensure that the value of equity work is communicated in ways that resonate both with experienced public health professionals and new partners.

2017 GEAR Group Products

Each GEAR Group produced a final product that encapsulates the discussions and findings of each domain and health equity. These can be found at https://chronicdisease.site-ym.com/general/custom.asp?page=GGProducts.