

Public Comment via www.cophip.org August 6, 2009 – September 25, 2009

Subject: Mission Statement

Submitted by John Rodwick on 8/6/2009

Comment: The Mission Statement includes "...the promotion of health in the community...." but usually only refers to the physical and environmental wellness of its citizens to the exclusion of mental/emotional wellness. The latter must be clearly incorporated into the Mission Statement so that mental and emotional wellness is viewed as equal to other components of what it means to be "healthy."

Subject: A More Inclusive Recommendation #1

Submitted by John Rodwick on 8/6/2009

Comment: Recommendation #1 states that the CDOPH will "Adopt the current web based county/regional health profiles as the core health status indicators set for the state." While those health status indicators are reasonably complete for physical/medical and environmental indicators of public health wellness, they completely dismiss the importance of mental health indicators that go beyond the number of suicides in a community. While suicide rate may be important to understand as an approximate measure of community mental health, it is by no means sufficient. Such indicators should also include the number/% of community members who suffer from chronic and acute conditions related to Axis I and II disorders. With this information along with data showing the number of mental health professionals in a given community, the CDOPH can better assess how to address specific needs related to community mental health wellness.

Subject: Core Services

Submitted by John Rodwick on 8/6/2009

Comment: *Recommendation # 1:* Adopt core services to insure that equitable public health services are available across the state, allowing enough flexibility for local public health agencies to prioritize programs and activities based on community needs assessments. Core services, especially for those living in rural areas, must include the availability of licensed mental health therapists. All too often such services are either unavailable or provided by unlicensed or poorly trained practioners. Whether such services are provided through CDOPH agents or through private agencies, it's important to identify who those agents or agencies are and the type of therapies offered. And in some communities where such services may exist, there seems to be little coordination between these services and other health agencies in the community. The CDOPH might want to consider facilitating such a coordination effort.

Subject: Data Source? (in response to A More Inclusive Recommendation #1 by John Rodwick on 8/6/2009)

Submitted by Alyson Shupe on 8/7/2009

Comment: That is a great suggestion. Are you aware of a data source for those indicators you recommend?

Subject: Goal 2 and 4

Submitted by Nick Robles on 9/2/2009

Comment: Goal 2 states: "limitations in access to, utilization of, and quality of health services due to geopolitical, environmental, socioeconomic, and cultural barriers must be avoided."

I think that it is important that Colorado's public health system take a stronger stance than a mere "avoidance" of true barriers. I believe for Colorado to truly work towards ensuring optimal health for Coloradans, our public health system needs to work with our communities to identify, resolve, and/or eliminate these geopolitical, environmental, socioeconomic, and cultural barriers. By being more specific with this language, our public health system will take more responsibility and ownership for resolving these social determinants of health.

Goal 4 states: "**Development and adoption of standards for defining and measuring the performance** of the public health system will demonstrate accountability and raise public health capacity."

In terms of this goal of accountability, I find it imperative that we will not only define and measure the performance of the public health system services, but that we also develop and adopt standards for defining and measuring the barriers mentioned in goal 2 (geopolitical, environmental, socioeconomic, and cultural).

Subject: Goal 1

Submitted by Tanya Rollman 9/21/2009

Comment: In goal #1 the last statement ensures optimal health for every Coloradoan from birth to old age. However, the statement does not encompass ensuring healthcare for those not born yet. One of the goals for Healthy People 2010 set by the U.S. Department of Health and Human Services is "to increase the proportion of pregnant women who receive early and adequate prenatal care." The type of care a child receives before it is born can determine that child's future health care needs.

Subject: Goal 9 and 10

Submitted by Tom J. Butts 9/23/2009

Comment: There may be value in more explicitly recognizing the value and need to include elected officials as participants within these goals

Subject: Groups for emerging technologies and interoperability

Submitted by Brenda Sieger 9/24/2009

Comment: Recommendations #2 and #5 both call for establishing groups: the first group would "develop and adopt a set of infrastructure standards for Colorado that support interoperability for routine and emergency operations"; the second group would discuss/implement "emerging technologies". It seems to me that it might be time-saving and cost-effective to just have one group that could handle both of these issues, as they seem to have overlapping responsibilities.