“The Project”
Class of 2000

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Blueprint 2010

Vision
To develop a blueprint identifying the major program goals of the Colorado Air Program through the year 2010.

Project Work Breakdown
- Develop Blueprint template consisting of: Rationale, level of detail, standards, utility, feasibility, propriety and accuracy.
- Engage internal stakeholders (Air Division management).
- Recruit team (participants and support).
- Focus on primary program elements: NAAQS, HAPS, visibility, aesthetics (odors), indoor (new), environmental impacts and multimedia issues (new).
- Develop credible bases for goals.
- Develop Blueprint report consisting of program goals and objectives, applicability to other programs, and links to PPA and Colorado Department of Public Health and Environment (CDPHE) strategic goals.
- Develop project presentation: Results, next steps and leadership lessons.

Timeline
- Blueprint team/resource people: Mid December 1999.
- Develop primary goal areas/information needs: December 30, 1999. (Outcome is Blueprint report.)
- Program presentations: April/May 2000.

Resources
- Blueprint 2000.
- Regulatory requirements.
- Time.
- Commitment.
- Air Division personnel.
- Management support.

Risk Analysis and Resource Commitments
- Support of Air Division management.
- Commitment from Institute fellows and/or faculty.

Final Implementation Schedule
Template presented to CDPHE executive management by May 31, 1999.

Internal Communication System
- Community stakeholders.
- CDPHE Air Division.
- Group members.
Coming Home
(Expanded Home Visitation Program in Colorado)

The Office of Juvenile Justice and Delinquency Prevention funds an initiative for the Study and Prevention of Violence at the University of Colorado/Boulder. The office recently named the nurse home visitation program led by Dr. David Olds as one of 10 blueprint programs, based on the program’s effectiveness in preventing violence and its success in replication of access sites.

For 20 years Dr. Olds and his colleagues have been developing prevention programs that help low-income, first-time mothers deliver healthy babies and give them proper care, as well as avoid substance abuse and criminal behavior. The program of prenatal and early childhood visitation also reduces juvenile offending. A major factor in the program’s success, one that distinguishes this model from other similar programs, is the use of trained, experienced nurses.

Vision
A home visitation model, implemented statewide, to provide early interventions for low-income, first-time mothers during pregnancy as well as ongoing visitations until a child is two years old.

Goals:
1. Identify existing programs through a survey of public health departments in Colorado.
2. Identify existing programs through a survey of school based health centers (SBHCs) in Colorado.
3. Educate health professionals and key community stakeholders about home visitation and the Olds model.
4. Conduct outreach to families and assist them with enrollment in physical and mental health programs (i.e., Medicaid, CHP+).
5. Ultimately affect parenting skills through home visitation and reduce child abuse and neglect throughout Colorado.

Project Work Breakdown and Timeline

October:
- Reviewed literature on Olds model.
- Received assessments from Chet.
- Letterheads from RLI.
- Met with Sen. Anderson (School Site).

November:
- Nov. 4: INVEST IN KIDS meeting at Health Department.
- Nov. 15: Communication with home visitation nurse.
- Nov. 16: Meeting with Dr. Carl Larson of the University of Denver.
- Nov. 30: Attend Grand Opening of clinic. (Metropolitan Clinic Providers Network, Sen. Anderson, guest speaker. Clinic will serve low-income families with prenatal services.)

December:
- Dec. 6: Meeting with Bruce Guernsey, director of SBHC’s Making the Grade initiative, related to a survey of the 49 SBHCs in Colorado. Discussed the benefits of home visitation to assist families in accessing physical/mental health care. Mr. Guernsey will assist us in obtaining addresses for SBHC sites.
• Dec. 7: Attended annual conference of SBHC.
• Dec. 20: Meeting with Peggy Hill, associate director of KEMPE Prevention and Research Center for Family and Child Health. She is a resource on home visitation programs and associate of Dr. David Olds.

January:
Surveys to be mailed.
Communitywide Tobacco Initiative

Tobacco use is the single leading cause of premature death and disability in northern Larimer County. Cigarettes, cigars and smokeless tobacco cause health and lung disease as well as cancers of the lung, gum, mouth, esophagus, larynx, pharynx and bladder. Approximately 18 percent of adult residents of northern Larimer County smoke cigarettes, and rates among youth are climbing.

In the past five years, data from several statewide programs have shown that tobacco-control programs can produce significant reductions in tobacco use. There is an extensive body of literature about approaches to tobacco control. In a recent effort, the Centers for Disease Control and Prevention (CDC) developed a set of recommendations for “best practices” in tobacco-control programs based on existing evidence of program effectiveness. The CDC concluded that effective programs must be comprehensive, sustainable and accountable. It recommends developing activities in nine areas: community programs, school programs, cessation programs, chronic disease programs, enforcement, countermarketing, surveillance and evaluation activities, administration, and statewide support programs.

Vision
To reduce tobacco-related mortality and morbidity among residents of northern Larimer County by preventing the initiation of tobacco use among young people, promoting quitting among young people and adults, and eliminating nonsmokers’ exposure to environmental tobacco smoke.

Goal: To create a comprehensive, communitywide plan to reduce the use of tobacco products in northern Larimer County by applying program components recommended by the CDC.

Project Work Breakdown and Timeline

Stage 1: Review existing research on effective tobacco-control efforts.
Timeline: Ongoing. Most of review completed in Fall 1999.

Stage 2: Conduct an assessment of both tobacco use in the community and existing or potential resources to address use, including:
- Collect existing data on tobacco use and existing resources to address issues.
- Conduct key informant interviews with key members of the community to assess perceptions of tobacco use, current and potential resources to address use, attitudes toward tobacco control, and potential interest in collaborating in a tobacco-control effort.

Stage 3: Develop a communitywide planning team:
- Use needs assessment data to identify potential members.
- Invite or recruit participation in team.
Timeline: Team complete by end of February.

Stage 4: Develop communitywide plan for tobacco control:
- With coalition, interpret needs-assessment data.
- Identify potential approaches in schools, enforcement, policy development, cessation, countermarketing, etc.
- Design plan.
- Design evaluation of plan.
Timeline: Plan complete by June 2000 (will be well along by end of Leadership Institute but doubtful that it will be completed).

Stage 5: Implement communitywide plan.
Timeline: Start in Summer/Fall 2000 (after completion of Leadership Institute).

Stage 6: Conduct an ongoing monitoring effort and use the data gathered to plan program improvements.

Resources
In a joint planning effort involving the local hospital, the county health department and the Poudre Health Services District, the three organizations have agreed to work collaboratively to address tobacco use in the community. Adequate resources have been committed from these three groups to initiate a communitywide planning group.

The Poudre Health Services District (PHSD, where I work) has identified tobacco use as a top priority for 2000. The organization has agreed to take a comprehensive, communitywide approach to addressing the issue.

The county health department currently receives ASSIST project money (ASSIST is a CDC-funded tobacco-control program) to fund the development of a communitywide tobacco-control plan.

The local hospital is able to commit resources from its community foundation for planning and implementation efforts.

Risk Analysis and Resource Commitments
Project risks: A potential lack of interest and/or commitment from the community.
Analysis: The county health department, the hospital and the PHSD have agreed to commit resources to the project. The potential to access tobacco funds is a positive factor in encouraging participation.

Personal risks: My role at PHSD is as a program evaluator, which entails communitywide health assessments and planning efforts. Traditionally, an evaluator comes in after the fact to conduct a program assessment. I hope to use a participatory evaluation approach to (1) help team members develop the skills to assess program efforts and (2) develop a “learning” team approach to developing and implementing a communitywide program in tobacco control. It is possible that neither the communitywide team nor the PHSD will be interested in this approach.
Analysis: So far, so good, but it is difficult to predict how this will play out. It is possible that my role in this project will be smaller than I intend.

Internal Communication
The “worst” thing about this project is that I am not collaborating with other Leadership Institute fellows. I hope the other fellows will share with me any ideas or thoughts they may have about this project, through the website or in person during meetings.
Earth Day 2000 (ED 2K)

Vision
The fellows of ED 2K will perform one rural and one urban outreach event that will provide environmental information to specific communities. Community members will gain knowledge about our planet and its health, which they might not otherwise develop.

Timeline: Completion date is April 22, 2000: Earth Day!
Fellows: Antonio, Debbie, Konnie, Sandy, Michelle, Diane, Chris.

Ground Rules
Everyone will be valued. We will create a safe environment. We will be respectful of one another. We will be willing to discuss tough issues, especially intrapersonal ones. We will communicate completely with each individual in the group. We won’t support any “free rides” but will recognize that coordinating calendars can be challenging. Each fellow will maximize his or her involvement in the project. We will complete assignments in time to report back, or we will inform the group ahead of time if we are not able to complete the tasks. We will all communicate openly and honestly.

Timeline: As long as we all shall meet.
Fellows: Antonio, Debbie, Konnie, Sandy, Michelle, Diane, Chris.
Status/Updates: So far, so good.

Project Work Breakdown and Timeline

A. Identify Earth Day Activities in the Metro Denver Area
Colorado Earth Day 2000
Colorado Earth Day 2000 is an Earth Day planning group sponsored by a coalition of partner organizations. CED 2000 is seeking participation from groups at the university/college level. They have asked the ED 2K project group to take the lead in this effort.

We have agreed to assist by sponsoring a Collegiate Environmental Forum on February 16, 2000, at the Colorado Department of Public Health and Environment (CDPHE) to encourage schools to discuss campus Earth Day activities, investigate building collegiate environmental coalitions and publicize achievements.

Fellows: Antonio, Debbie, Konnie, Sandy, Michelle, Diane, Chris.
Status/Updates: Invitations to the Collegiate Environmental Forum will be mailed the week of January 17. The Forum meeting will be held in the Carson Room at CDPHE, 4300 Cherry Creek Drive South; 9:30 a.m. to 1:30 p.m. All are welcome to attend.

CED 2000 has planned many efforts targeting the K-12 grade levels, including some involving the Spaceship Earth Foundation and Earth Force, both of which will be visiting elementary schools in the weeks leading up to Earth Day. Our contact is Kelly Christopher at 303-277-9910. Check out www.coloradoearthday.org for more information.

Because so much effort is already planned for primary and secondary students, we will focus only on the Collegiate Environmental Forum, which targets postsecondary students.

Earth Fair
The City and County of Denver is sponsoring an Earth Day celebration, called Earth Fair, to be held April 14-16, 2000, at Currigan Hall. We will collect additional information regarding the potential for ED 2K fellows to participate in this event.

**Timeline:** Discuss on January 19, 2000.

**Fellows:** Debbie, Sandy.

**Status/Update:** A booth at the Earth Fair has been reserved for ED 2K, free of charge, based on ED 2K’s effort to coordinate the Collegiate Environmental Forum.

We will use the booth to help tell the story of collegiate environmental activities. These success stories will be displayed at the booth and will be published for distribution.

On April 14 of the Earth Fair, there is a special emphasis on schools. We will investigate a way for schools to collaboratively staff the booth to tell their environmental success stories and to increase collegiate attendance at the fair.

**Timeline:** April 14, 2000.

**Fellows:** Debbie, Sandy.

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**Colorado Public Interest Research Group Event**

The Colorado Public Interest Research Group (COPIRG) is sponsoring an Earth Day event on the Auraria Campus on April 21, 2000. Our contact is Phil Winters at the Center for Environmental Citizenship, 303-534-5798.

**Fellows:** Diane, Chris.

**Status/Update:** COPIRG would like to discuss ideas with our group. We will contact COPIRG about the Collegiate Environmental Forum.

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**B. Identify Earth Day Activities in the San Luis Area**

**Healthy Communities Initiative**

The Healthy Communities Initiative is very interested in further discussions about ideas for Earth Day.

**Fellows:** Konnie, Antonio.

**Status/Update:** Konnie and Antonio have many contacts at Adams State College in Alamosa, whom they will encourage to join in the Collegiate Environmental Forum.

**San Luis Valley Conservation Council**

The San Luis Valley Conservation Council is interested in exploring ideas for an Earth Day celebration. The council also would like to re-establish a position for Adams State as a member of the council.

**Fellows:** Konnie, Antonio.

**Status/Update:** We will try to facilitate the contact between the council and Adams State.

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**C. Liaison with Colorado Department of Public Health and Environment Efforts**

Conduct research on CDPHE-sponsored activities that can be tied to Institute goals and objectives. Identify information and resources.

**Fellows:** Michelle, Diane.

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**D. Obtain Marketing Materials with the Institute Logo**
To tie the Earth Fair display and all materials to the Institute, we would like to use the Institute logo. We will research how to obtain the logo art and limitations on the use of that art. Work with Jennifer.

**Timeline:** January 15, 2000.
**Fellows:** Michelle, Sandy.
**Status/Update:** Completed.

### E. Identify Existing Environmental Outreach Materials

The Environmental Protection Agency has an Environmental Education program, and the agency helps to do numerous classroom outreach activities. Materials will be evaluated for this project and resources will be identified.

**Fellows:** Debbie, Sandy.
**Status/Update:** Environmental education materials have been identified, including pictures that could be used in the booth. The CDPHE “faucet” is being reserved for the booth.

### F. Publicize Collegiate Success Stories

We will tell the story of university and college environmental efforts using information gathered from the Collegiate Environmental Forum and contact with the schools after the Forum.

The information that is collected will be compiled and published as a brochure, which will be accompanied by a press release. The materials will be distributed at the Earth Fair booth and will be provided to the participating schools to use in newsletters, etc.

**Fellows:** Sandy, Michelle, Diane.
**Status/Update:** An invitation to submit stories will be included with the Forum invitation.

### G. Debrief

We may conduct a debriefing to bring together people who participated in the Collegiate Environmental Forum to discuss successes and challenges related to their Earth Day activities. We would like to identify ways to sustain activities beyond the celebration of the thirtieth anniversary of Earth Day.

**Timeline:** May 2000.
**Fellows:** Diane, Chris.

### H. Final Report on the ED 2K Project

A final report will be presented before Institute fellows.

**Timeline:** May 2000.
**Fellows:** Antonio, Debbie, Konnie, Sandy, Michelle, Diane, Chris.

### Internal Communication System

The fellows of ED 2K will rely on a variety of communication tools. Conference calls will be the primary communication channel, supported by conference-room discussions, face-to-face meetings and e-mail check-ins. AOL Instant Messenger may also be used.

**Timeline:** Biweekly communications.
**Fellows:** Antonio, Debbie, Konnie, Sandy, Michelle, Diane, Chris.
**Status/Update:** Next conference call is scheduled for January 19, 2000, 1:30-3:00 p.m. The call-in number will be provided early that week.
Environmental Coalitions (a.k.a. E-Teams)

The Problem: Many governmental agencies play a role in environmental protection. Some, such as state and county health departments, have a direct regulatory role while others, such as municipal fire departments, have an indirect role. Often, when an environmental problem arises in a community, it is not clear which entity should address the issue or what resources are available to address it. In some cases various agencies, with the best of intentions, may work at cross-purposes.

The Opportunity: Create multidisciplinary regional teams that work together to address community-specific environmental issues. The teams will comprise representatives from all agencies that have any kind of role in environmental protection at the state, county or municipal levels.

Vision

Representatives from state, county and municipal agencies that have a role in environmental protection regularly come together to solve community-specific environmental issues or to talk about issues of common concern.

The group provides a network of contacts that goes beyond the regularly scheduled meetings. The network results in improved relationships and communication on an ongoing basis, and it provides participants with a better understanding of the role that each agency and individual plays in environmental protection.

The agenda for team meetings varies. Some meetings focus on solving specific problems; other meetings provide relevant information about topics such as legislative changes, leadership opportunities, funding resources or cutting-edge environmental research.

Each participant feels that each meeting is a good use of time and looks forward to attending the next one. A team web page is developed, and a community bulletin board gathers input from the public. The team provides a model that other communities find worth emulating. End Product: A model that begins to improve relationships in order to efficiently and effectively address local environmental issues on an ongoing basis.

Project Work Breakdown

Nov. 5: Review existing survey results on state and local relationships.
  a. Identify concerns regarding relationships at state/county level:
     - Communication.
     - Training.
     - Funding.
     - Responsibilities.
  b. Identify additional questions for municipal agencies.

Nov. 18 Write first draft of new survey questions and cover letter.

Jan. 24 Finalize survey, identify who should receive the survey and send it out.

Feb. 25 Research similar team or task force models:
  - Pitfalls?
  - Successes?

Feb. 25 Review survey results:
- Identify environmental concerns.
- Decide whether we gathered the information we needed. Should we do any individual telephone interviews?

Feb. 25  Identify team goals and objectives.
Research available resources.
Develop a letter to send to team members.
Decide whether to phone potential team members as well.
Identify possible agenda items, including:
  - Information sharing.
  - Discussion of roles.
  - Identification of environmental issues.
  - Team-building exercises.
  - Discussion of the state of the environment in this region.

March 17  Refine the vision statement and the definition of the end product: Based on the survey results, are we on track? Conduct a midpoint check-in: How are we doing as a team? Are we using our leadership skills? Are any course corrections needed?

March 17  Based on the survey responses, identify potential team members from, for example:
  - State environmental health.
  - County environmental health.
  - Fire (county and municipal).
  - Utilities (water and sewer = municipal; special districts = county).
  - Planning and zoning and building (municipal and county).
  - Environmental enforcement.
  - DRCOG.

March 17  Set the dates for the team meetings and finalize the agendas.
Send letter and/or call team members.

April 12  Convene Team 1.

April 21  Group debrief: How did it go? Any course corrections for the next team meeting?

May 3  Convene Team 2.

May 12  Conduct group debrief and evaluation.
Quality Matters

Vision

Improve the health of Colorado residents through the use of clinical practice quality-improvement activities at the individual provider level. Raise awareness of the value of focusing quality-improvement activities on the individual physician level. Efforts should concentrate on developing an efficient, cost-effective quality-monitoring system that educates providers and improves outcomes. This vision will be attained as the Quality Matters Workgroup works closely and collaboratively with many other groups and individuals.

Goal: By May 2000 the Quality Matters Workgroup will work with and provide information to three physician practices about the quality of care provided for three disease states. Quality of care in those practices for those conditions will be measured, and interventions will be designed to improve care. Other physicians and physician organizations will be informed of the findings and will adopt the project to improve it for future measures and interventions. Information about other major quality-improvement activities, coupled with knowledge of the practicing physicians’ priorities, will assist in refining, growing and sustaining the project.

Project Work Breakdown

Phase 1: Quality-improvement activity research and analysis:
- Conduct research on other local and national quality-improvement activities.
- Develop a list of quality-improvement parameters and indicators.
- Develop a physician survey to ascertain physician priorities for quality improvement.
- Identify and research patient priorities for quality improvement.

Phase 2: Clinical process evaluation:
- Mail survey to family physicians.
- Design chart-review tool.
- Collate and analyze survey results.
- Conduct chart reviews in three practices.
- Analyze chart-review findings.

Phase 3: Follow-up:
- Contact participating practices to report findings of the chart review and evaluate their priorities in comparison to other physician priorities as reported in the survey.
- Determine whether any physician and patient priorities overlap.
- Assist in the development of interventions to improve areas that were identified by the chart review and by a literature review as falling below best practice guidelines.
Phase 4: Educate, engage and develop a list of lessons learned:
  - Develop a list of leadership challenges related to project development and implementation.
  - Make presentations to other physician practices and organizations to report the findings of the study. Use these presentations to engage other groups and/or individuals to adopt the project.

Timeline
  Phase 1: Completed by December 17, 1999.
  Phase 2: Completed by March 2000.
  Phase 3: April 2000.

Resources
  Members of the Quality Matters Workgroup will have to expend a fair amount of personal time to research, analyze and document the findings. A physician practice mailing list must be obtained. Funding to cover the cost of postage must also be secured. At least three physician practices must be willing to participate in the chart review. A statistician will be needed to review the validity of the chart review. Computer resources and a database program to analyze the data from both the survey and the chart review will also be necessary.

Risk Analysis and Resource Commitments
  There are many inherent risks. In addition to disillusionment among workgroup members, risks include overcomplicating the chart-review process, not obtaining an appropriate response from the physician survey, and failing to engage other groups in recognizing the value of the project.
  Workgroup members have committed the necessary time to complete the project. A statistician has been contacted to assist in the development of the chart-review tool. The Colorado Academy of Family Physicians has been contacted to assist in conducting the survey, and other research support has been obtained.

Final Implementation Schedule
  See timeline.

Internal Communication System
  Quality Matters Workgroup members will use e-mail and phone communication to coordinate various activities. Regularly scheduled meetings will also be held.
Tele-Medicine

In northeast rural Colorado there are few pediatric specialists. HCP contracts with specialists, usually from Denver, to do quarterly orthopedic and neurology clinics in Greeley, Ft. Collins, Sterling and Haxton. There are long waiting lists for these clinics. If a child has an urgent need between clinics, he or she must go to Denver. Some families will not take their child to Denver. For example, one child in Weld County may lose a leg because his Spanish-speaking family will not take him to Denver.

Possible Solution. A partnership involving a variety of relevant organizations could study issues and then develop and implement a model using tele-health to make specialists in Denver available to rural communities on an ongoing or routine basis. This partnership could involve the state and county health departments, a hospital in the rural area and a hospital in the metropolitan area, the health sciences center, the AHEC, Colorado Access, and other organizations.

This work could have significant impact in the future if some of the sticky issues (such as payment and liability) are solved and if a document (a “cookbook”) is produced for other populations (adults, non-English speaking families, other underserved populations).

Other states do this. The technology exists, but to put it to use, public/private partners and leaders are needed.

Vision

A. Implement by May 1, 2000, a pilot project to demonstrate how pediatric specialists in Denver can be available in Greeley via tele-medicine. Using public health nurses from the Weld County Department of Health, which currently runs outreach clinics for HCP, organize a clinic of at least five children (one on CHP+, one on Medicaid through Colorado Access, one on Medicaid fee-for-service, one on HCP, and one with private insurance).

B. Through the leadership of the workgroup members, pull together public and private resources to plan, implement and fund a pilot project.

C. Discuss and deal with issues relating to (1) provider reimbursement; (2) credentialing and licensing; (3) liability; (4) access to records and confidentiality; and (5) other funding issues, such as payment for equipment, bridging costs, and facility fees.

D. Develop a plan for achieving Medicaid reimbursement.

E. Develop a “cookbook” that explains how to replicate this project in other rural areas.

Project Work Breakdown, Timeline and Resources:

A. Investigate other models by February 15, 2000. (This includes other states that have funded tele-medicine projects, Denver Prison Tele-Medicine system, other states that get Medicaid reimbursement for tele-medicine contacts, CoPic, Centura Rural Health Transition for grants.)

B. Find resources. Engage partners and hold a stakeholders meeting by March 15, 2000. This includes representatives from Medicaid and Colorado Access; outreach clinic coordinators and tele-health coordinators at both PSL and Children’s Hospital; Northern Colorado Family Medical Center; hospital in Greeley; physicians who do HCP neurology and orthopedic/rehabilitation clinics in Greeley; public health nurses at the Weld County Department of Health.

C. Define specifics by March 30, 2000:
   - Sites: What are the two sites? Clinic site? Specialist site?
   - Providers: Who are the providers at both ends?
   - Children: What children and families will take part in the pilot?
• Helpers: What personnel resources are needed at both ends before, during and after the event?
• Technology: What is needed to make this happen?
• Costs: What are the costs involved and who will pay for the pilot? What resources are needed to keep this going beyond the pilot?
• Communications systems before and after: How do we handle the referral, the dictation, the chart?

E. Implement “clinic” by May 1, 2000.
VISION

To create, by the end of May 2000, a system that will enable all citizens of Wyoming, including public health employees, to develop enhanced knowledge and understanding of, and appreciation for, the role of public health.

Performance measure: Creation of the system.

PROJECT WORK BREAKDOWN

Step 1: By December 31, 1999, team members will identify internal Wyoming Department of Health (WDH) partners and local public health agencies with which to collaborate on this project.

Performance measure: Identification of WDH individuals and local public health agencies and their anticipated roles associated with this project.

Step 2: By February 28, 2000, research will be conducted and presented to the Director of the WDH, and subsequently the WDH Management Council, which identifies current gaps and overall shortfalls that exist due to the lack of a communication specialist in the WDH.

Performance measures:
- Research conducted.
- Presentation to the WDH Management Council.
- Feedback from the WDH Management Council.

Step 3: By March 31, 2000, the team will network with Alaska, Colorado and Kansas, as well as other Rocky Mountain states, to review marketing efforts, lessons learned, innovative tools and techniques, and “personal best” results as these states developed their public health awareness campaigns.

Performance measures:
- Networking with referenced states.
- Results and analysis of data from other states and projected utilization/implementation in Wyoming.

Step 4: By March 31, 2000, the team will identify, engage and educate applicable outside organizations with which to partner. Potential partners may include, but are not limited to, national and state associations, various advocacy groups, civic organizations, and religious organizations.

Performance measures:
- Identification of outside partners.
- Articulation of projected partnership responsibilities to prospective partners.

Step 5: By April 30, 2000, the team will create a cost estimate for implementation of the WDH Public Health Awareness Campaign.

Performance measures:
- Collaborate with other states that have conducted similar efforts.
- Create cost estimate.

Step 6: By May 31, 2000, the team will explore funding and grant-writing opportunities to support implementation of the project.
Performance measures:

- Identification of potential WDH resources.
- Identification of potential grant resources.
- Presentation of research to WDH Management Council for support and potential funding approval.

Step 7: By July 1, 2000, the WDH will acquire the services of a Communication Specialist who will heighten awareness of public health statewide and will also act as an interface with the media on behalf of the WDH.

Performance measures:

- Identify elements of, and create a job description for, the Communication Specialist.
- Recruiting process.
- Interview process.
- Selection process.