

At 8:30 pm on a typical winter eve in February 2004, Donna Tighe received an unexpected phone call at her home. Dr. Jesse Greenblatt, the New Hampshire state epidemiologist, was calling to inform her that the State Health Department had a confirmed report of a hepatitis A case involving a fast-food worker from her area. After consulting throughout the day with the CDC and the national restaurant chain, the department determined that it would be necessary to immunize approximately 2,000 people over the course of the next few days. As the director of the Greater Derry Health and Safety Coalition, Donna would need to mobilize her public health coalition to help make it happen.

New Hampshire Turning Point Roll Up Your Sleeves and Get It Done

The central activity of the New Hampshire Turning Point Initiative has been a community grant program to stimulate expansion of the local public health infrastructure. The Greater Derry Health and Safety Council is one of four initial grantees competitively selected to demonstrate new models for delivering local public health services. Key ingredients for improving the public health infrastructure have included increasing coordination between state agencies, formalizing the traditional role of non-governmental organizations in providing a range of public health services, and strengthening the capacity of local government to partner more fully with non-governmental organizations and the state. The

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contemporary context of bioterrorism and related resources has also served to focus attention and build new partnerships for public health. But on a Thursday evening in February 2004,

the threat that faced one New Hampshire community came not from terrorists, but from tacos.

As events unfolded over the next few days, however, it was clear that the work of the past 30 months was paying off. "We are like a cable," said Donna. "We connect the people who need to be connected to make things happen." As a result of previous planning and relationship building, necessary decisions were quickly made about such things as clinic sites, staffing,

equipment, supplies, public information, and media relations. "In the past, we would have spent the first hour or two just introducing ourselves," Derry Fire Chief and Emergency Management Director George Klauber said.

By the following Tuesday, through a series of clinics, more than 2,500 area residents had received an injection of immune globulin, an



antibody treatment that greatly lessens the chances of acquiring hepatitis A. The response was a true collaboration involving a variety of state and local public health and emergency management partners. And it was enough to convince MaryAnn Cooney, director of the State Office of Community and Public Health, of the need for more local public health network sites. "Derry was all over it. They mobilized, but there are communities in the state that don't have that yet," she said. Dr. Ed Thompson, Deputy Director for Public Health Services at the CDC, also noticed the collaborative response. As quoted by an Associated Press reporter covering the incident, Dr. Thompson said, "There's a great roll-up-your-sleeves-and-get-it-done attitude that we saw there."

At a Glance: New Hampshire



Aim of New Hampshire Turning Point

The central activity of the Turning Point partnership in New Hampshire has been development of the New Hampshire Public Health Network, a system of regional community collaboratives working to create a more effective and responsive local public health system.

New Hampshire's Public Health Challenges

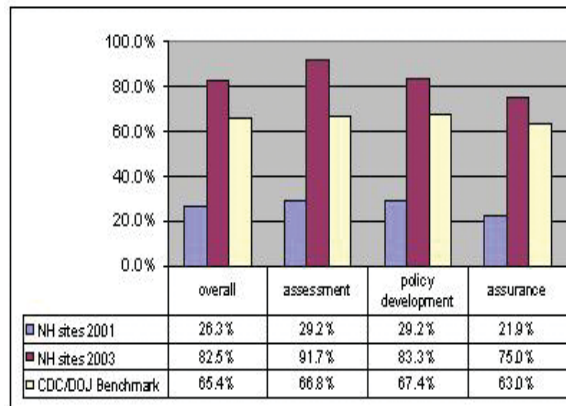
New Hampshire ranks among the healthiest states in the US when measured by child health, and health care access and quality. But disparities exist in the health and quality of life of many residents. New Hampshire has a fragmented local public health system. The 234 appointed health officers, often with limited training in health, represent local governmental public health in most towns. By default, police, fire, school nurses, and nonprofit health and human service providers fulfill roles that are more typically assigned to trained local public health officials. There is a lack of cohesive disease control and surveillance, a limited capacity to identify and maximize statewide assets related to public health, and a shortage of public health resources coming into the state.

New Hampshire Turning Point's Contribution to Improving Public Health

The major development from New Hampshire Turning Point is the Network itself, which through its regional collaboratives, now maximizes resources to improve the health of more than 60% of New Hampshire residents.

- The Network collaboratives work together with state partners to provide the Ten Essential Services of Public Health and unique models tailored to individual regional needs and assets.
- The four original Network collaboratives used the Local Public Health System Performance Surveillance and Assessment Tool (20 Questions), a precursor of the National Public Health Performance Standards, to assess local needs and identify system gaps.
- Local public health capacity was measured at baseline (2001) before Network collaboratives implemented any efforts to increase capacity, then again after each implemented strategies for public health improvement (2003). Significant capacity improvements occurred over the two years, with the mean overall capacity score increasing from a pre-Network score of 26% to 82%.
- The Network has successfully leveraged upwards of \$4 million to support public health in New Hampshire.

**Local Public Health Capacity
Assessment of Core Function-Related Capacity**



For More Information

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