States of Change




Stories of Transformation in Public Health

TurningPoint

Acknowledgements

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Seattle, Washington
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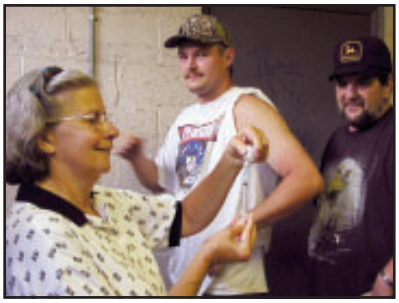


The year 1996 ushered in a public health revolution. Melding their visions of health improvement and community empowerment, The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation heeded the growing call for improved public health infrastructure. Dr. Susan Hassmiller of RWJF and Dr. Barbara Sabol of WKKF, together with Dr. Bobbie Berkowitz of the University of Washington and Dr. Vincent Lafronza of the National Association of County and City Health Officials, designed an initiative to build state and local public health capacity—capacity to ensure the conditions that keep people healthy, capacity to respond to emergencies, and capacity to eliminate health disparities. Turning Point embraced the concept of collaborative partnership between public health and non-public health entities to assess systems and create public health improvement plans. The ultimate vision of the initiative is a public health system responsive to the needs of its communities, devoting resources to areas that can best improve population health.

The Turning Point Initiative
Collaboration Brings Results

Was Turning Point really necessary? Absolutely! Over the past century, health status in the US declined sharply. Even with our technical advantage and our incredible medical research, population health is lagging, and health disparities are rampant. In the 1960s the US was ranked the 10th healthiest nation in the world. Now, in spite of spending nearly half of the world's health care budget, we are 26th. The promise of health insurance from the New Deal era has eroded and left us with millions of under-insured and uninsured men, women, and children. Type 2 diabetes, once called "adult onset" is now on the rise among the young, putting children at risk of a lifetime of chronic disease. Diet and physical activity patterns are now greater contributors to mortality than tobacco use and are increasing in impact. Preventable chronic disease costs our nation millions of dollars each year, yet public health continues to be underfunded. More than ever, prevention and health promotion efforts matter to individual health and the health of our nation.

A federally led taskforce had developed a vision of public health's role—the Ten Essential Services of Public Health, based on the Institute of Medicine's three core functions. The Institute of Medicine documented in black and white the decayed state of public health and prodded public health leaders to seek creative solutions to building infrastructure. Bobbie Berkowitz and Vincent Lafronza designed Turning Point to incorporate the best practices of public health. When nearly all 50 states applied for Turning Point grants and were willing to collaborate with those outside of traditional public health, it was apparent that a turning point was on the horizon. The initiative was developed at the right time.

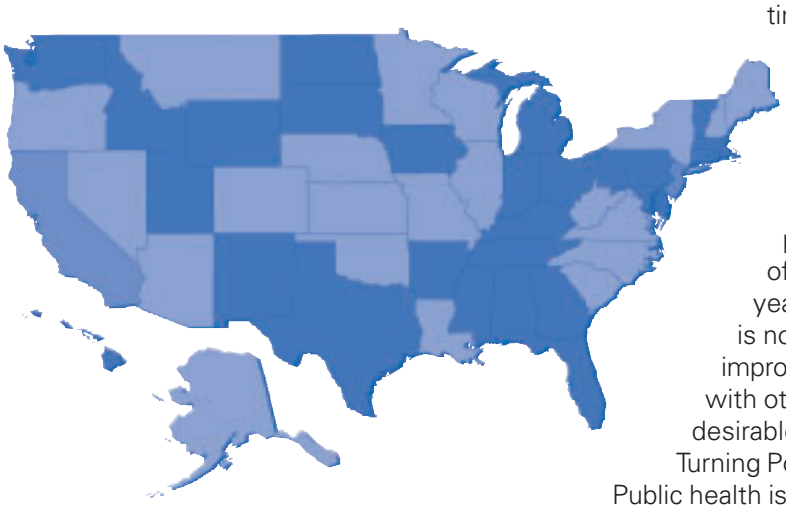
When nearly all 50 states applied for Turning Point grants and were willing to collaborate with those outside of traditional public health, it was apparent that a turning point was on the horizon. The initiative was developed at the right time.

In 1998, 21 states and 41 communities hit the ground running. After two years of coalition building, assessment, and planning, they implemented various tactics for improving public health systems. From the foundations'

RWJF Turning Point National Program Office Staff (left to right): Anita Kamran, Bud Nicola, Betty Bekemeier, Fred Abrahamson, Jennifer Griffin, Bobbie Berkowitz, Judith Yarrow, Marleyse Borchard, and Stephen Padgett

big vision, very concrete state and local improvements have taken place and continue to emerge. Turning Point states have created workforce development innovations, built public health infrastructure, created tools to improve public health practice, developed mechanisms to eliminate health disparities, and leveraged resources for public health. All the while they have proven the value of the collaborative model through the relationships they have fostered between typically disparate entities, and through the achievements they've won together. The value of the collaborative model shone through when, in the spring of 2002, states organized to create plans for bioterrorism funding. Turning Point states already had working coalitions with community partners, emergency responders, and other nontraditional partners such as business. These collaborative partnerships placed Turning Point states ahead of the curve in being able to respond quickly to the need for preparedness plans for public health.

Bobbie Berkowitz's team at Turning Point's National Program Office promotes the achievements of the initiative through technical assistance to the states and their partnerships, dissemination of stories and outcomes, and ongoing communication to create a learning community among the states. The National Program Office mirrors the unique philosophy of the program, with team members working collaboratively to achieve the best results for the program and for public health.



Public health system change takes time, effort, and innovation. Building infrastructure does not immediately translate to improved health outcomes, but change is visible. Public health systems can be improved through collaborative partnerships building on the work of national partners. As recent years have shown us, public health is not alone in the business of improving citizens' health. Partnering with others is not only necessary but desirable. The foundations' investment in Turning Point has paid off exponentially. Public health is indeed a good buy.

With 3 million lakes and more than half a million square miles of pure nature, it's hard to envision Alaska as a place of thriving technology. But it is true. In fact, an economy built on development of Alaska's natural resources has allowed government and industry to invest and become one of the most technologically advanced states in the nation. So when the Alaska Turning Point Initiative was funded, public health stakeholders decided to take advantage of this technological leverage and create a public health information system.

Alaska Turning Point
North to the Future

The Turning Point Initiative started with a general idea that the various components of the public health system in Alaska—state, local, tribal, public sector, private sector, nonprofits—already collected and analyzed a lot of health status information. It seemed feasible to find a way to create a single electronic "door" through which much of it could be made readily available on the state Web site. Add some census demographics and clear instructions on how to interpret and use health statistics and the Public Health Information System would be in business.

It's not as easy as it sounds.

Creating the Public Health Information System probed some sensitive parts of the organizational culture... even questions about why it was necessary or beneficial to make data available to the public.

There were of course technical issues to sort out, design questions to settle, and access concerns to address. The biggest surprise, however, was how difficult it was simply to *obtain* the data. Creating the Public Health Information System probed some sensitive parts of the organizational culture: possessiveness by those who "owned" the various databases, concerns about the public misunderstanding or misinterpreting data, even questions about why it was necessary or beneficial to make data available to the public.

The initiative also had to plow through ways to promote an external focus on the public rather than an internal focus on the agency, and found obstacles when experimenting with approaches to data analysis and presentation. How could they present data on a small village without breaching privacy? These obstacles are expected in any project implementation, but add the additional challenges of a change in political leadership, significant budget cuts, department-wide reorganization, and a high rate of team member turnover, and the initiative's focus went from just implementing a plan to keeping the plan alive as players came and went.

But the initiative endured and what resulted was the long-awaited Alaska Public Health Information System, now live and available to the public on the World Wide Web. The system provides one-stop-shopping for health statistics and data and is available to the public. The Alaska Turning Point Initiative was able not only to pull buried data together in an efficient, categorical, user-friendly portal, but to complete the project amidst chaotic environmental changes.

At a Glance: *Alaska*

Aim of Alaska Turning Point

Alaska Turning Point has focused on developing a strong public health system to protect and improve the health of Alaskans. The two goals of this project are to: 1) provide information to policy makers, public health system partners, and the general public about the health status of Alaskans; and 2) provide community-based organizations with data and information, as well as the technical assistance on how to use it, in order to conduct community assessments and plan health improvement initiatives.

Alaska's Public Health Challenges

The effectiveness of Alaska's public health system is challenged by the emergence of new public health problems and environmental issues and by changes to health systems, health care financing, and government structures. Public health has a mission to protect and improve health.

To carry out this mission effectively and use its resources wisely, the public health system needs up-to-date information about the diseases, conditions, and other health threats affecting population groups. Among the most significant and persistent public health concerns in Alaska today are tobacco use, alcohol consumption, injuries, suicide, nutrition, and chronic diseases. Inadequate access to health status statistics and information was identified in the Alaska Public Health Improvement process as a significant problem in Alaska's public health system.

Alaska Turning Point's Contribution to Improving Public Health

- Displaying public health information in a location accessible to all components of a complex public health system to assist with decision making at all levels
- Making reports, publications, and analyses developed by Turning Point available on the Internet to be used to assess health needs, establish priorities, and develop improvement strategies on a state, regional, or local level
- Identifying and setting goals to be reached among communities throughout Alaska using data to impact key health issues

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Bob Cassa serves his community by developing the conditions that will keep the population healthy. In his case, his community is a nation within a nation, the San Carlos Apache Nation in Arizona. A public health educator with the Indian Health Service, he coordinates, organizes, and implements a variety of health promotion and disease prevention activities in the schools and community. He especially loves working to improve the health of kids because he remembers what it was like to be young and making life-altering decisions. One of those decisions led him to public health and back to the San Carlos Apache Nation.

Arizona Turning Point
Collaborating for Community Health

Twenty-nine years ago, San Carlos tribal leaders saw the future of their nation in a promising kid and encouraged him to pursue higher education. When Bob first started at Arizona State University, his options were wide open, but he soon found himself in pursuit of a BA in Health Services. As a child, Bob recalls being a patient in the local hospital, where he remembers noticing the great number of non-native doctors and nurses. His decision to go into the health field came in part from his awareness of the need to increase the number of native providers. After receiving his bachelor's degree, he followed up with a Master's in Public Health from the University of Hawaii. He started his career with IHS in 1985 in Nevada but soon found his way back home to San Carlos in 1988.

Bob had already been serving in his community for 16 years when he was asked to participate in a training program called the Academy Without Walls. Created by Arizona Turning Point and the Mel and Enid Zuckerman Arizona College of Public Health, the Academy delivers training to frontline public health workers in Arizona. San Carlos was chosen as a pilot site for the Academy's competency based training in basic public health science skills, community dimensions of practice, and cultural competency. Tribal health department employees and the employees of the Indian Health Service Unit planned to participate in the Academy together to strengthen communication and collaboration between the two entities.

For Bob, the experience allowed him to revisit key principles in health education and the underlying purpose of public health. For others, some or all of the information was new. The training sessions prompted Bob to identify how he could improve health education through better collaboration, communication, community assessment, and community participation. Bob recognized that although he and his colleagues valued collaboration, sometimes in the daily activities of doing their jobs, the importance of collaboration was lost.

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The Academy Without Walls provided public health workers who serve the people of San Carlos with tools, resources, ideas, and the opportunity to explore collaboration. Several agencies within San Carlos had been planning programs for kids during spring break. As a result of their participation in the Academy, some IHS departments and the tribal health programs collaborated with other community groups, such as the Boys and Girls Club, to put on a spring break event together. The larger event allowed them all to do more for the kids with the same resources. The spring break event and the lessons learned from the Academy Without Walls are living on in San Carlos. Agencies and community groups now collaborate in other ways to improve health and are moving in a new direction to achieve public health gains—together.

At a Glance: *Arizona*

Aim of Arizona Turning Point

Arizona Turning Point works to make the public health system more responsive to community concerns. Working collaboratively with communities and key partners, Turning Point addresses public health workforce development needs, consumer and public health information dissemination, disparities in health status, and public health advocacy.

Arizona's Public Health Challenges

Arizona's population has nearly doubled in the last 20 years, and yet the public health workforce has not kept pace. Arizona has only 48 public health workers for every 100,000 residents (nationally the rate is 158 public health workers for every 100,000 residents). Arizonans' life expectancy trails the national average by 5 years, and Arizona Native Americans' life expectancy falls short of the national average by more than 20 years. The leading causes of death are largely preventable through access to care, education, and changes in behavior.

Arizona Turning Point's Contribution to Improving Public Health

Arizona Turning Point has provided workforce development opportunities, increased access to information, and increased community capacity by:

- Designing and implementing the Arizona Academy Without Walls, a series of trainings intended to build capacity and competencies of the workforce so that they are better able to address the state's public health concerns. A pilot phase included the development, delivery, and evaluation of competency-based curricula in three areas: basic public health sciences, community dimensions of practice and cultural competency. Trainings were delivered to 326 participants through pilot training sites. The curricula has now been refined and will serve as the basis for ongoing continuing education through the Academy.
- Designing and implementing a Web-based resource to facilitate access to public health and consumer health information for public health professionals and the general public. AZHealthInfo.org is a continuously expanding Web site developed by Turning Point through an innovative partnership with the Arizona Health Sciences Library and other partners.
- Developing a series of training sessions in partnership with community groups, organizations, coalitions, local Turning Point initiatives, and leadership development programs. Trainings are being designed to augment the work the partners are already doing and will cover basic public health topics with the goal of enabling public health to come to the forefront of community issues.

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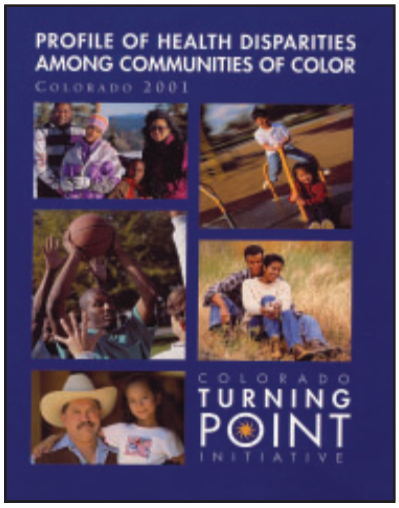
In the middle of a community health meeting in Colorado, one man spoke from the heart. The respected African American leader shared his story publicly. He talked about learning that he had high blood pressure as a young man and his ongoing fears of heart disease, which took the life of his father at a young age. He shared with his neighbors the sorrow of watching his beloved mother and older brother suffer from diabetes and eventually die, far before their time.

Colorado Turning Point
Health Disparities: Silent No Longer

The depth of his personal loss was recently measured when his sister succumbed to breast cancer. In the quiet room he and the others reflected on the toll disease was taking on their families. When he broke the silence and asked his neighbors and friends how many of them had been diagnosed with a chronic disease, the majority of people raised their hands. This symbolically stated what the state's Turning Point Initiative had recently begun tracking: African Americans were carrying more than their share of the burden of disease. Did it have to be that way?



Health disparities has been a silent problem for decades. Community members were aware that their friends and families were getting sick, but only anecdotes hinted at the extent of the problem. Although several programs within Colorado's Department of Public Health and Environment collect data on specific diseases, historically, no one was responsible for tracking racial and ethnicity health indicators collectively. That changed in 2001, when Colorado's Turning Point initiative synthesized the Health Department's data and, for the first time, reported on health status by race and ethnicity. The initiative's director, Jill Hunsaker, discovered from working with the data, what the community leader knew from life experience: in Colorado, African Americans died at a rate up to three times higher than Caucasians, and had an overall life expectancy that is four years less. This started the ball rolling.

The Turning Point partnership began working with communities of color to build awareness of health disparities. Together, they advocated for a more diverse public health workforce, a Citizen's Advisory Commission on Minority Health, and a new Office of Health Disparities at the Colorado Department of Public Health and Environment. These improvements are all now in the development stage.

In Colorado, solving the problem of health disparities could be tackled only when policy makers and public health entities became aware of its pervasiveness. And that story hadn't been told.

Colorado's challenges to improving health systems for diverse cultures are not unlike other states. In Colorado, solving the problem of health disparities could be tackled only when policy makers and public health entities became aware of its pervasiveness. And that story hadn't been told.

Agency resources fueled by the community's knowledge, wisdom, and advocacy seem to be a solid foundation for a future with reduced health disparities. In Colorado, the Department's first stab at tackling the health disparities problem was to document it. As people of color saw the charts and graphs, they exclaimed, "We sensed something all along but now we have proof."

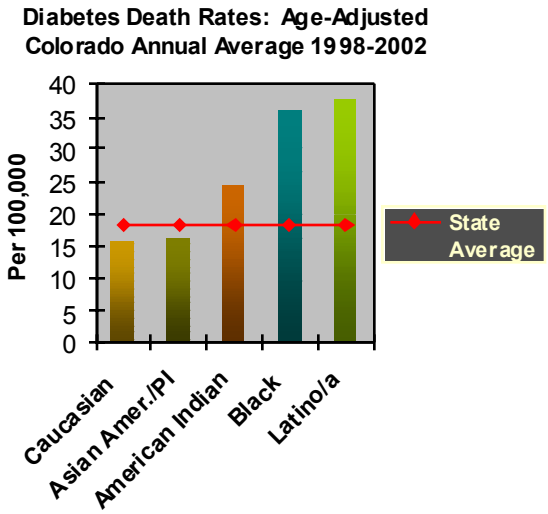
At a Glance: *Colorado*

Aim of Colorado Turning Point

Colorado Turning Point works to ensure that all Coloradans have an equal opportunity to be healthy, regardless of race and ethnicity.

Colorado's Public Health Challenges

Colorado is one of the healthiest states in the country; however, not all demographic groups have equal health status. People of color experience poorer health outcomes in almost every area of health than do the rest of the state's population.



African Americans experience:

- The highest overall rates of death and shortest life expectancies
- The highest rates of death from cancer, stroke, AIDS, heart disease, and infant mortality

Latinos/as experience:

- The highest rates of death from diabetes
- The highest teen fertility (birth) rate
- The highest rates of death from unintentional injuries

American Indians experience:

- The highest rates of death from chronic liver disease
- The highest rates of death from motor vehicle accidents

Colorado Turning Point's Contribution to Improving Public Health

The Colorado Turning Point Initiative is creating systems that work toward the pursuit of health equity and the elimination of health disparities. Examples include:

- Developing a state Office of Health Disparities and a Citizen's Commission on Minority Health
- Developing a minority health surveillance system and publication of regular reports of health disparities data
- Diversifying the public health workforce through recruitment, scholarships, and training programs
- Improving language assistance for people with limited English proficiency
- Building a statewide communication network, including job listings
- Providing education about health disparities and their root causes through media outreach, conferences, and publications

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Although perhaps not as glamorous as an episode of the West Wing, *making effective public policy is critical and ultimately can bring tremendous rewards. In Illinois, determination and strategy are the name of the game. After all, how can you advance health without an agreed upon plan for action?*

Illinois Turning Point

Advancing Public Health in the Policy Arena

Turning Point in Illinois lives within the Illinois Public Health Futures Institute. Led by director Elissa Bassler and with a dynamite steering committee, the Institute built on planning efforts from Illinois Turning Point and drafted legislation for ongoing State Health Improvement Planning. The "SHIP Act" would legislate creation of a task force composed of the governor's office, state agencies, and private sector entities to complete the first Statewide Health Improvement Plan by January 1, 2005. Using National Performance Standards and evaluating Illinoisans' health against Healthy People 2010 goals, the task force's recommendations would be based on evidence and would ensure that looming threats and existing health issues are reflected in new initiatives.

The broad-based partnership responsible for conceiving and drafting the SHIP Act ensured that it was thorough and well prepared. SHIP found unanimous support from a variety of usually contentious groups. When the time came, it was unanimously passed by both chambers of the Illinois General Assembly.

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All indications were that the widely supported bill would be enacted, but the Institute's determination was tested. Governor Rod Blagojevich vetoed the legislation, citing existing initiatives to develop interagency coordination on health and the potential costs involved in creating a task force and a health improvement plan, especially in light of a budget shortfall. For the Institute and the bill's supporters, this was a surprising setback. However, faith in the policy process led the partnership back to examining the Act and strategizing next steps. They were not ready to give up and live with the status quo.

Not to be undone by one defeat, the Institute is moving forward with a new strategy: it is working to implement SHIP by tying together and enhancing a number of existing initiatives. Recently, the bill again passed the Illinois House unanimously and the Institute and the Blagojevich Administration have developed new parameters for the bill which will ensure the Governor's signature once the bill makes its way through the General Assembly process. The partnership engaged new allies, raised the Institute's profile in the legislative arena and with the administration, and demonstrated the capacity of a collaborative effort to generate overwhelming legislative support for public health improvement activities.

Public health's future relies more and more in successful partnering, educating the public, and assisting our governmental representatives to protect the public's health through law. As Illinois demonstrates, health policy setbacks aren't the end of the road. They push us to learn to work within politics to improve health.

At a Glance: *Illinois*

Aim of Illinois Turning Point

In Illinois, Turning Point is known as the Illinois Public Health Futures Institute (IPHFI). IPHFI is a partnership of public, private, and voluntary organizations. It works through partnerships to promote prevention and improve public health systems that maximize health and quality of life for the people of Illinois. Housed within the independent, nonprofit United Way of Illinois, IPHFI is in a position to provide not only training and resources to community-based groups, but also to represent the interests of public health on the policy level.

Illinois's Public Health Challenges

Illinois's ten leading causes of death resulted in more than 84,000 deaths in 2000. Many of those causes, including heart disease, cancer, accidents, diabetes, and liver disease are strongly associated with lifestyle and social factors. As many as half of those deaths could have been prevented. Illinois's efforts to improve health are fragmented among multiple state agencies and across the private and nonprofit sectors. Local partnerships vary greatly in their resources and capabilities.

What does IPHFI's Partnership Look Like?

IPHFI actively engages a variety of partners from a variety of sectors:

- Minority health groups
- Academia
- Rural health
- Hospitals
- Physicians' groups
- Social service
- State and local health departments

IPHFI's Contribution to Improving Public Health

IPHFI is implementing the following strategies to improve public health systems:

- Engaging a broad range of public health interest groups to identify and address gaps and weaknesses in the public health system
- Mobilizing collective action to advocate at the policy level for improved public health policies and expanded resources for the unique needs of the people of Illinois
- Educating the public and policy makers on the complex, primary causes of poor health and strategies to address them
- Supporting the development of local community health partnerships through training, technical assistance, and policy development
- Assembling and disseminating data on the health of the public to promote understanding of Illinois's health status and system challenges and to support planning and policy development

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In 2000, Rosa Molina, director of the Medical Service Bureau, was helping minority Kansans access health services. At the same time, Kim Kimminau and the Kansas Turning Point partnership were collecting racial and ethnic minority data health statistics to identify the depth and seriousness of health disparities. It wasn't inevitable that Kim and Rosa would find each other; it was by design. Kim and her team knew that data improvement begins at the community level, with people rather than with numbers.

Kansas Turning Point
A Little Training Goes a Long Way

Early on, Turning Point approached several leaders of organizations providing health services to minority populations to join their partnership. By simply asking around, they learned of more individuals running innovative organizations to improve the health status of

minorities in Kansas. Kim and her partners met with key people running these health access and health improvement programs. Kim wanted to learn firsthand from their perspectives on the nature and severity of the disparities their organizations confront daily.

Diverse groups came together, trained intensely for two days, and left with skills and an enormous sense of support....

At her first meeting with Rosa, Kim learned about the Medical Service Bureau's success in providing reduced cost access to health services for low-income, minority Kansans. While sharing perspectives on health disparities and discussing the workings of both of their organizations, they found a very concrete way Turning Point could be of assistance to Rosa's organization. Rosa was providing services, but the data she was collecting along the way was inadequate to help her support the need for her organization's existence.

Meeting with other directors and community, social, and public health workers, Turning Point partners heard the same need over and over. Data seemed distant and unapproachable for many experienced public health workers; they could not find the time and didn't have the skills to understand health statistics. Organizations served the community but didn't have the data to support their work. These frontline workers were frustrated that their successes and challenges were less convincing than they could have been with the "right" numbers.

In response, Kim and her team developed a comprehensive, two-day course to bring participants together to address the fear of data. Rosa and others at the training learned about data sources and accessing Internet-based information relevant to their clients, to their issues, and to their community. The results were staggering. Diverse groups came together, trained intensely, and left with skills and an enormous sense of support from Turning Point and their fellow public health workers. Rosa and her classmates have since shared how the training has changed their work. They are crafting better forms, surveys and patient-based data systems. Not only have they been using the information they learned, they have become agents of change. They have found the confidence to advocate for improved data collection of race, ethnicity, and primary language for their own programs and for the state.

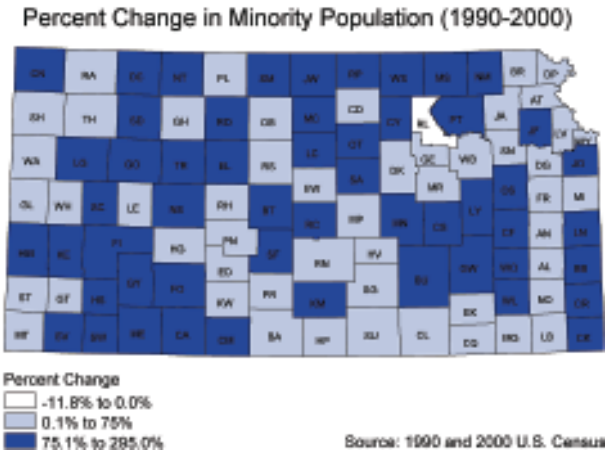
At a Glance: *Kansas*

Aim of Kansas Turning Point

Kansas Turning Point aims to transform public health through partnerships, training, and informatics that focus on the delivery of essential services, with awareness of the growing diversity of Kansans. Their vision is public health system improvement leading to population health improvement in Kansas.

Kansas's Public Health Challenges

The leading causes of death disproportionately affect racial and ethnic minorities in Kansas. Understanding the effect of economics, access to health services, and geography, and having good data are key factors in improving Kansas citizens' health. Local public health departments provide important services and protections in the public's interest. In 105 counties, 99 local health departments serve the public, but the public health workforce is strained. In a rural state such as Kansas, ensuring that every available partner is engaged in the system is critical. Using data to make informed decisions in times of limited resources has never been more important.



Kansas Turning Point's Contribution to Improving Public Health

Following a highly inclusive public health improvement planning process, the Turning Point Partnership has:

- Synthesized health and health-related information on racial and ethnic minorities
- Convened a statewide conference to focus attention on the issue of health disparities
- Disseminated a software product that assists local public health departments' delivery of essential services
- Leveraged training opportunities to involve more individuals in the mission of public health
- Created a Certificate of Public Health program and a Public Health Scholars program
- Trained community leaders in public health, focusing on the use and interpretation of minority health data
- Encouraged the Health Care Data Governing Board to recommend standardization of race and ethnicity data collection
- Communicated to congressional delegates and to state legislators on the issues of public health, disparities, and workforce issues
- Developed a software model for a state data warehouse that will integrate local health department client and outcomes data

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Terri Gremillion had her work cut out for her. Hired by the Heath Resource Services Administration's Better Health for the Delta program, Terri was a brand new "Community Encourager" for Avoyelles Parish, Louisiana. She had been entrusted with developing a rural health network to address health access issues for the parish residents. Avoyelles Parish is her home, and she knows the rural delta community well. The population of 41,481 suffers from a poverty rate of 25.9% and an unemployment rate of 8.3%. Avoyelles is a prime example of a challenged community in a very challenged state, recently ranked as the least healthy state in the US in terms of life expectancy and infant mortality.

Louisiana Turning Point
Encouraging the Encouragers

Terri quickly learned that being a "part time" Community Encourager takes more than 20 hours a week. The challenges of creating a network and addressing deep-rooted problems are huge. For Terri, "it was like being thrown into the deep end. We were several months behind…and I had nothing to go on." Her background in health care was helpful, but she didn't feel confident about the skills required in her new role. Terri was afraid that she might burn out in the face of these challenges, as others had before her.

Just as Terri was starting her work, the Center for Community Capacity, a program of Louisiana Turning Point and the Louisiana Public Health Institute, arranged to provide technical assistance to Community Encouragers. Terri enthusiastically attended trainings focused on leadership, strategic planning, coalition building, meeting facilitation, conflict resolution, advocacy, and lobbying. One training in particular, on collecting and assessing community data, gave her a perfect starting point for her work. Terry decided to conduct a needs assessment in Avoyelles Parish.

Something had to be done to alleviate the stress and anger of the residents if health and quality of life were really going to improve for the community.

Terri had never conducted a needs assessment before, but she knew she had to hear what community members felt their health priorities were. From her community of 41,000, Terri received 2,497 surveys. And a great surprise came out of the survey results—even though health care was important, stress and anger management were a greater concern to residents of Avoyelles Parish.

Community residents had never before expressed that stress and anger management were problems, but then again, before Terri's survey, they didn't have a way to voice their concerns. Something had to be done to alleviate the stress and anger of the residents if health and quality of life were really going to improve for the community. Terri is now leading her network in developing strategic action plans to address stress and anger management, as well as other issues identified in her needs assessment.

Terri is busy but not burned out. With support and training, she has grown into her position as a Community Encourager. Terri has the satisfaction of trying to make the world a better place, starting right in her own community. Her success in Avoyelles Parish is a prime example of how, with a small investment from Better Health for the Delta and technical assistance from Turning Point's Center for Community Capacity, Louisiana communities can mobilize for health improvement.

At a Glance: *Louisiana*

Aim of Louisiana Turning Point

The Louisiana Turning Point Partnership is a statewide, multi-sector coalition dedicated to improving the quality and effectiveness of public health efforts in Louisiana and working to collectively transform our current health system into one that is more effective and responsive to the needs of our communities.

Louisiana's Public Health Challenges

Louisiana's public health system suffers from a lack of adequate funding and resources and a lack of effective cooperation among organizations that provide health care. For a decade, Louisiana has consistently ranked among the lowest 10 states for the health of its residents. Louisiana also has some of the highest levels in the US of unemployment, uninsured workers, and people with chronic diseases.

Louisiana Turning Point's Contribution to Improving Public Health

Louisiana has led a collaborative planning process, developed a dedicated coalition, and instituted dramatic system changes and innovations, including:

- The first comprehensive assessment of Louisiana's public health environment, culminating in the Louisiana Public Health Improvement Plan in June 2000
- Two programs were developed based on needs identified in the comprehensive assessment of the Louisiana public health environment:

  The Access to Care Congress, which convenes organizations engaged in improving the public's health in statewide forums that have allowed for comprehensive problem solving among local organizations to ensure access to care in the state

  The Center for Community Capacity, which helps communities gain the knowledge and skills necessary to successfully develop and sustain local health initiatives
- Training and technical support for 29 Delta Parishes on effective leadership, network development, and successful grant administration
- Strategic partnerships with other statewide organizations to coordinate public health efforts across the state and to increase collaboration and the efficiency of public health services

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On a recent winter day, Maine's State House hosted a bustling reception for the Maine Network of Healthy Communities (MNHC), a Turning Point-funded coalition of community groups who deliver an array of prevention and health promotion services throughout the state. As Governor John Baldacci noted in his remarks, it is members of the Network who "are out there doing what needs to be done" to help Maine people live healthier lives.

Maine Turning Point
Maine Communities Speak

In its three-year history, the coalition has taken important steps to realizing its vision of Maine people who "are healthy, not just because of access to appropriate medical services, but also because of neighborhood vitality, satisfying employment, safe environments, and diverse recreational, educational, and cultural opportunities."

Community coalitions have a rich history in Maine, a state without a structure of local health departments. Instead, organizational partnerships seek to address the conditions that have led to the state's epidemic of chronic disease. The Network stemmed from recognition that coalitions need a statewide voice to advocate for community health issues, as well as a mechanism to share information, ideas, and best practices.

The Network's origin stemmed from recognition that coalitions need a statewide voice to advocate for community health issues in Maine, as well as a mechanism to share information, ideas, and best practices.

"We've come along way since our inception," notes Network president Leah Binder. "Our first years were occupied with recruiting members and defining our vision and mission in a consensual way. It's important for local health activists to feel that they are heard."

In addition to organizational activities such as developing a board and membership requirements, coalition members were actively involved in the statewide Turning Point Project. In a variety of listening sessions, members made it clear that community voices should be heard in planning for public health infrastructure.

"One of our key activities has been mentoring and information sharing," notes Binder. She adds, "in a rural state like Maine, people can feel isolated. The Network helps us share ideas and support community health efforts across the state."

The coalition has created a Web site (www.thehcnetwork.org) and a newsletter to spread the word about member activities and programs. It recently began a Web-based "shareware" project, which will allow showcasing of "best practices" in community health efforts in Maine. The MNHC also has identified common Healthy Community indicators such as sector involvement, civic engagement, community change leadership, community change participation, scope of work, and resources generated.

In its final two years of funding, the Network plans to expand its mentoring focus, with an eye on sustainability. Public health activists recently noted that the value of Turning Point funding is that it has allowed them to be creative and resourceful — to build on their strengths and create capacity for the future. The Maine Network of Healthy Communities exemplifies how this creativity and capacity for innovation can be disseminated throughout the state.

At a Glance: *Maine*

Aim of Maine Turning Point

Maine Turning Point is convened by the Maine Center for Public Health, a private, nonprofit organization established by the Maine State Legislature in 1996 to improve the health of Maine citizens. Maine Turning Point's mission is to develop a strong public health infrastructure that is able to respond to emerging challenges and has the capacity to improve the health status of Maine citizens.

Maine's Public Health Challenges

Heart disease is the leading cause of death, illness, and health care costs for citizens of Maine. Unlike almost all other states, Maine does not have a systematic, statewide public health structure at the local or regional level. Strong public health systems have the ability to improve the lives of the public, protect the public's health, and ensure the delivery of the essential public health services. Citizens of Maine should have access to the benefits of public health based in a strong system. Maine needs to build a public health infrastructure at the regional level that can complement the state system and local activities.

Maine Turning Point's Contribution to Improving Public Health

Maine Turning Point is:

- Promoting access and coordination of public health services throughout Maine communities to better protect the health of local citizens
- Convening community partnerships across the state to ensure the coordination of community-wide public health prevention and response programs
- Creating, through the Maine Network of Healthy Communities, new public health leaders at the local level using a formal mentoring program that matches experienced community health coalition leaders with emerging local leaders
- Providing and expanding education for public health professionals to ensure a skilled and competent workforce
- Working to improve the coordination between state-level authorities and local communities for public health data sharing, training opportunities, emergency response, and other emerging public health issues

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An eleven-year veteran of public health, Kristin was thinking of moving on. The assistant director of a rural county public health department in Minnesota, in the last few years she had grown tired of trying to find ways to do more with less. She was discouraged by the invisibility of public health in the community and, like many of her peers, was becoming overwhelmed by a growing mountain of new challenges. Rather than wanting to lead, Kristin was ready to check out.

Minnesota Turning Point
How Kristin Got Her Groove Back

Like Kristin, the entire field of public health is facing huge leadership challenges. Community needs are growing. Public health issues, such as emergency preparedness, are becoming more complex. Yet many leaders are retiring, as the American workforce ages, and others have realized they neither can nor want to shoulder the burdens of leadership alone.

Late in 2002, Kristin's director encouraged her to apply for a new public health program focused on collaborative leadership. The Emerging Leaders Network (ELN) was developed in support of Minnesota's Turning Point Partnership vision: to strengthen the public health system. "We realized that we could use what we were learning through our involvement in the Turning Point Leadership Development National Excellence Collaborative to identify and mentor future leaders in our state," says Lee Kingsbury, Minnesota's Turning Point Program Coordinator. "We developed the Emerging Leaders Network to provide individuals with the training and confidence they need to step into formal and informal collaborative leadership roles."

For Kristin, participating in the yearlong ELN program was a turning point, both personally and professionally. "The most important moment for me came during a simulation of a public meeting," she says. "I had the opportunity to take on the role of an elected official, and when the situation got overwhelming, I checked out, letting a more assertive person take over. Later, as we all reflected on the experience, I discovered that others had wanted my leadership and that my way of leading would have calmed rather than escalated the situation. They valued my skills and my style in a way that I had not expected. From that realization, I gained a lot of confidence in my ability to lead and have become more willing to trust my instincts in difficult situations."

In another exercise, she was required to introduce herself to other attendees of a statewide conference. Together with an ELN "buddy" they strategized how to get acquainted with new colleagues. "I met many wonderful people that I would not have met otherwise," she says. "It helped me learn how to build a network and also made me appreciate all the different backgrounds, experiences, and perspectives of people in public health."

Kristin is looking ahead with renewed confidence. She has new passion for strengthening the public health system overall and she wants to share it. "These experiences," Kristin says, "forced me out of my comfort zone. By making new connections, meeting new individuals, and hearing different perspectives, I learned I am not alone. Because of the ELN experience I joined the Minnesota Public Health Association and accepted a place on the Governing Council. I never would have thought that possible a year ago! The ELN connected me to the entire public health system in a totally new way. I now know that together we *can* take on tomorrow's challenges."

At a Glance: *Minnesota*

Aim of Minnesota Turning Point

The Minnesota Turning Point partnership aims to improve the health of all residents by strengthening Minnesota's governmental public health system and expanding public health partnerships.

Minnesota's Public Health Challenges

Minnesota consistently ranks as one of the healthiest states in the US, due in large part to strong public health policies and partnerships. Broad averages, however, often mask significant differences in health status, and Minnesota has some of the widest gaps, of any state, in the health of various populations.

Minnesota Turning Point's Contribution to Improving Public Health

Minnesota Turning Point has achieved numerous system changes both within and outside of the traditional public health system through their expanded partnership. Outcomes include:

- A process to established minimum standards for local public health services and activities.
- Local planning requirements have been refocused on outcomes, local priorities and strategies.
- Civic engagement strategies have been incorporated throughout Minnesota Public Health.
- A major foundation and partner is redesigning funding guidelines to reflect the link between health status and social and economic conditions.
- "A Call to Action," a multi-disciplinary report, was written, focusing on social and economic change as a strategy for health improvement.
- Grants to local public health departments were consolidated, simplified, and new funding formulas were developed.
- Private and nonprofit sector partners worked together with public health to set statewide goals.
- A multi-disciplinary effort focused on social and economic change as a strategy for alleviating health disparities.
- An innovative program develops and supports emerging public health leaders.
- Redesign of public health reporting systems has begun.
- Work is underway to define what every Minnesotan should be able to expect from their local governmental public health agency.
- A workforce development project aims to increase the number and diversity of Minnesotans choosing careers in public health.

For More Information

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Melanie Glaus has thrived in the past 12 years as director of the Mississippi County Health Department in Missouri, in part because she is receptive to change. Her commitment to public health shows as she and her staff improve health for this agricultural community of 14,000. Melanie is walking the talk of meeting public health standards and getting ready to prove her department's excellence. Mississippi County has signed on to be one of the first health departments to go through Missouri's new Voluntary Accreditation program.

Missouri Turning Point
Nothing to Lose, Everything to Gain

Accreditation is a hot topic in public health. As a nation, we are debating the costs and benefits, logistics and feasibility of implementing a national accreditation program. Fear is a factor, as health departments wonder how accreditation will affect funding and staffing.

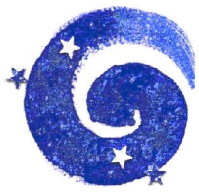
Although national accreditation is in debate, in 2000, the Missouri Turning Point partnership decided to move forward and create their own accreditation system to improve public health and ensure quality. The coalition of local and state public health, private entities, and academia knew that an independent party's stamp of quality and a sense of professional legitimacy would reap benefits for public health as they continue to work with diverse partners, the public, and political leaders. As they developed the system, they sought feedback along the way from every level of the health system. Most importantly, an independent 501(c)3, the Missouri Institute for Community Health (MICH), was created to administer accreditation. All along the way the process was kept 100% transparent to the public. As contentious issues arose, subcommittees were developed to come up with solutions. And they did. For example, academic partners and the state health department responded to concerns about making workforce credentials required by developing training programs so it is possible for the workforce to get the needed training. Resources such as distance-learning programs and short courses were developed alongside the standards.

The coalition...knew that an independent party's stamp of quality and a sense of professional legitimacy would reap benefits for public health as they continue to work with diverse partners, the public, and political leaders.

After pilot testing and refining, the system was ready to be rolled out. In September 2003, Melanie attended a meeting of Missouri local health departments, devoted entirely to reviewing the accreditation manual and answering questions about the process of applying for accreditation. Melanie was motivated to get her department accredited because the lack of formal accreditation had been an obstacle to arranging for nursing student rotations. Walking into the room, Melanie was confident that her department was performing the core functions of assessment, assurance, and policy development. She also knew that they were providing the Ten Essential Services to their community. Still, a tinge of fear remained as she wondered if requiring explicit qualifications for her nurses would make them even harder to hire. In rural areas nurses with bachelor's degrees are hard to find.

As she went through the day and discovered that the workforce requirements were reasonable and that training opportunities to help meet the standards were available, she relaxed. Over the course of the day Melanie could feel the tension seeping out of the room. Melanie and many of her colleagues came to the realization that accreditation would offer benefits, and that at this time, they had nothing to lose, and everything to gain. This voluntary accreditation system was of their own making and served their needs. Fear has been replaced by optimism as Missourians take ownership and responsibility for meeting the standards of public health.

At a Glance: *Missouri*



Missouri Institute for Community Health

Aim of Missouri Turning Point

In Missouri, the Turning Point Partnership created the Missouri Institute for Community Health (MICH), an independent 501(c)3 to facilitate planning and decision making among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government. Missouri Turning Point aims to improve the ability of its public health workforce to address priority health issues and be prepared for public health emergencies thereby improving the health and safety of all Missourians.

Missouri's Public Health Challenges

In recent years Missouri has fallen in the United Health Foundation's State Health Rankings from its place as the 26th healthiest state to the 32nd healthiest in overall key health indicators. Missourians are experiencing a significant increase in the number of deaths due to heart disease, cancer, and infectious disease. Combined with increases in smoking, children living in poverty, and a general lack of health insurance, the health of Missourians is in danger. A shortage of governmental resources has devastated the public health system and its capacity to respond to emerging threats.

Missouri's local public health departments vary in the level of service they provide and how closely they perform the core functions and essential services. Departments lacking accreditation from a designated neutral body sometimes experience a barrier to establishing credibility when working in coalitions with partners from accredited organizations.

Missouri Turning Point's Contribution to Improving Public Health

Missouri Institute for Community Health has:

- Developed and implemented a voluntary accreditation system for local public health departments. MICH promotes the benefits of voluntary accreditation: public recognition, enhancement of potential for increased local support and grant funding, a climate for ongoing self-study, and identification of areas of best practice or where improvement is needed.
- Encouraged and supported county-wide health assessment, planning, and prioritization of community health problems.
- Developed, with partners, ways to increase the skills and capacity of the public health workforce.
- Fostered the use of standards of practice in the performance of essential public health activities.

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Kathy Jensen is a farmer's wife and a public health nurse. At dawn, when her husband is already out tilling the fields, she drives 25 miles to open the doors of the only public health office in Sheridan County, population 4,000. Kathy—with some help from a WIC specialist, a roaming sanitarian, and a part-time nurse—embodies the entire county health staff. When an emergency hits, Kathy Jensen is the responder. When public health efforts are launched, she is the initiator. For Kathy, obtaining the skills and knowledge necessary to deal with the challenges of contemporary public health is vital to the health and safety of the community. But how can she get adequate training out in rural Sheridan County?

Montana Turning Point
Brick by Brick

Attending public health conferences and seminars in Helena means a 10-hour road trip or two commuter planes — and that's just to get there. While she's gone, the Sheridan County office closes. In the rural communities of Montana, the public health system is only as strong as its workers, and in Sheridan County, Kathy Jensen is the public health system.

When Montana first set out to improve its public health system in the mid-1990s, it was not with workforce training in mind; the focus was initially outward. Montana's public health reformers wanted policy makers and citizens to recognize the value and role of the public health system, in hopes of obtaining some funding. Through unsuccessful attempts to reach the public, a more immediate problem was discovered that demanded a more inward focus: consistent, high-quality training.

Through the support of the Turning Point Initiative, Montana established a Public Health Training Institute. The institute provides Internet-based and satellite training programs which are especially beneficial for rural communities that don't have university resources or public health colleges. The institute also developed a Summer Institute that, although sometimes held in Bozeman or Helena, provides unbeatable training and education in a few days versus traveling out-of-state several weeks a year.

Now, Kathy has options for enhancing her public health skills. Last June, she attended the Summer Institute for Public Health, where she learned new techniques in communicating the public health message and tracking communicable diseases. The county sanitarian participated in a public health practice module offered through distance learning and was able to network with other public health professionals without leaving town. County Health staff can enroll in computer courses designed specifically for public health professionals just a few miles from their homes. Today, training opportunities are marketed through the Institute's Web site and soon a new feature will allow Kathy and others to track their learning by using the Institute's new learning management system. The Institute's courses are continuing to evolve and are meeting the needs of Montana's public health workforce. "Almost everyday in this office, Turning Point has affected this community" says Kathy, "and will continue to impact our community forever. It's for real!"

In the rural communities of Montana, Kathy Jensens are everywhere. Increasing the capacity of the worker increases the capacity of the state's public health system, community by community.

In the rural communities of Montana, Kathy Jensens are everywhere. Increasing the capacity of the worker increases the capacity of the state's public health system, community by community. Together, they build a healthier Montana, brick by brick.

At a Glance: *Montana*

Aim of Montana Turning Point

Montana's Turning Point Initiative has defined the public health system to include traditional state and local public health agencies and a wide variety of community partners. These partners are engaged in implementing a strategic plan to improve Montana's public health system and the health of Montana residents.

Montana's Public Health Challenges

In 2000 Montana had one of the highest percentages of residents without health care coverage and had the lowest average annual pay of any state in the country. At the same time, obesity is on the rise, bringing increases in diabetes, heart disease, disabilities, and rising health care costs throughout the state. Montanans do not have access to a consistent set of public health services across the state. Fifty percent of Montana's local health departments reported they were meeting half or fewer of their communities needs related to the ten essential public health services.

Montana Turning Point's Contribution to Improving Public Health

The Montana Turning Point Partnership developed a strategic plan that guides its work. Accomplishments and areas of major focus include:

- Establishing the Bureau of Public Health System Improvement (assessment, health planning, training, preparedness, and informatics) to provide a focal point for public health system improvement and coordination, and to be a resource on public health system issues
- Implementing the Montana Public Health Training Institute, which is a career-long learning center for public health workers
- Enhancing communication and coordination among statewide and local public health programs
- Ensuring that public health emergency preparedness activities are consistent and coordinated with the Strategic Plan for Public Health System Improvement
- Coordinating health planning efforts such as county health profiles and the Montana Health Agenda
- Reviewing Montana's public health statutes with the Turning Point Model Statute and the Model Emergency Powers Act
- Completing a state assessment using the CDC National Public Health Performance Standards

For More Information

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How do you advance health when your public health system lacks basic local services? Back in 1988, the Institute of Medicine proclaimed that public health was in disarray. They could have pointed to Nebraska as a prime example. In 2000 only 22 of the state's 93 counties were served by local public health departments. Perhaps worse, fewer than one-quarter of these departments assessed citizen's health status, developed policy around health issues, or ensured care of the citizenry.

Nebraska Turning Point

Now and Then

David Palm and Mary Munter of the State Department of Health decided to be proactive in creating change. Beginning with a broad-based partnership, including the Nebraska Public Health Association and all its key partners, they developed a comprehensive, written public health improvement plan. As anyone who has been in Nebraska during a football game knows, when Nebraskans want something, the entire state gets behind the effort. This time the goal was to gain lasting support for public health. A new era was about to begin.

The written plan and broad support gave the State Department of Health credibility with policy makers. When the legislature passed the Nebraska Health Care Funding Act in May 2001, it provided an annual appropriation of $5.7 million from the Tobacco Settlement Fund to build public health infrastructure across the state. Here was their golden opportunity, and they were ready for it. In the words of Dave Palm, "You have to be prepared to take advantage of opportunities when they arise. We were lucky to have the tobacco settlement money, but we only gained access to it because of a terrific coalition and a solid plan. When the legislature asked if we had a plan, we didn't just say yes; we showed it to them."

"When the legislature asked if we had a plan, we didn't just say yes; we showed it to them."

The legislation promoted formation of multi-county health departments and required each to provide the Ten Essential Services. Turning Point worked with communities and partnerships to translate the law into bricks and mortar, health directors, and skilled staff. Dave and Mary supported the effort, driving in the heat of summer and bitter cold of winter to each county to help build bridges. By June 2002, local health departments provided public health coverage for all but one of the 93 counties in the state; by 2004 all were included.

In 2004, Nebraska public health looks much different than in 2001. All communities are actively engaged in improving the health of their citizens. Local health departments have identified and tracked disease outbreaks, such as West Nile virus. They have partnered with local emergency management coalitions to develop plans for a bioterrorism event or a natural disaster. Health departments are battling obesity and chronic disease with a variety of health promotion and disease prevention programs to change health behaviors.

In 2003, staff from the health departments called upon their recently developed smallpox vaccination plans and implemented the pre-event smallpox vaccination initiative. Public health workers surprised even themselves when they discovered that they had mobilized to vaccinate more people for smallpox than any other state during the initial stages of the campaign.

Nebraska now has a public health system that is on its way to being among the most responsive public health systems in the country. As the changed system proves itself, public health grows in importance to Nebraskans. Nebraska's success shows us that it is never too late to start mobilizing for change.

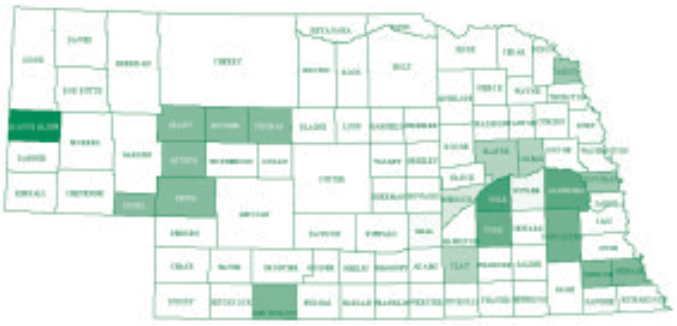
At a Glance: *Nebraska*

Aim of Nebraska Turning Point

Nebraska Turning Point's goal is to build the local public health infrastructure so that all people in Nebraska are covered by a local health department.

Nebraska's Public Health Challenges

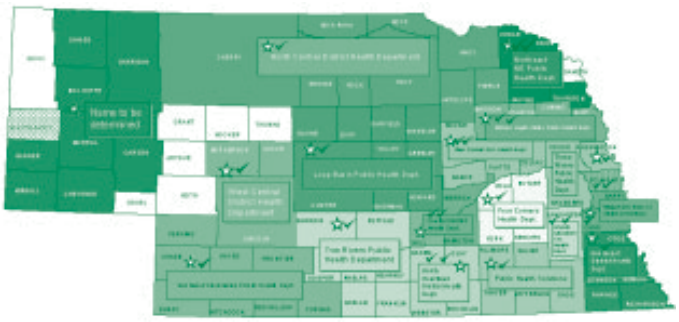
Obesity is on the rise in Nebraska. Nebraska high school students are twice as likely to drink and drive as their counterparts nationwide. Many Nebraskans are uninsured or under-insured, limiting their access to timely preventive and medical services. Major differences exist between the health of Nebraska's general population and its racial/ethnic minority populations. In 2000, Nebraska had limited organizational capacity, limited staff, and no dedicated state funds for local public health. Only 16 local health departments covered 22 of the state's 93 counties.



Nebraska Local Health Districts prior to 2000

Nebraska Turning Point's Contribution to Improving Public Health

- The Turning Point Project allowed a broad and diverse coalition to set the future direction for public health in the state.
- New legislation was passed in 2001 that used Tobacco Settlement Funds to fund 16 new multi-county local public health departments.
- The local public health departments must consist of at least three contiguous counties and have 30,000 people.
- Annual funding levels range from $160,000 to more than $800,000.
- Key accomplishments include: comprehensive needs assessments, implementation of many health promotion programs, organized surveillance programs, and local bioterrorism and emergency preparedness plans.



Nebraska Local Health Districts 2002

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In Nevada, getting the "prevention" message out to the public is tough. The layout of the land—miles of sparse desert scattered with small communities—complicates advertisement of health promotion campaigns. Citizens seldom seek out education on disease prevention and improving community health. Nevada's suicide rate ranks fourth in the nation, and the state stands high in its rate of alcohol- and tobacco-related illnesses. Nevada has yet to ban smoking in daycare centers and grocery stores. It's safe to assume prevention isn't getting its fair share of water-cooler talk.

Nevada Turning Point
Is Anybody Out There?

Nevada has two full-service local health departments, in urban Clark and Washoe counties, and a third developing in Carson City. Clark County Health District, located in the nation's fastest growing county, serves 1.5 million residents in the area surrounding Las Vegas. Washoe County Health Department's jurisdiction extends 6,600 square miles from Lake Tahoe to the Idaho border. Carson City, located 33 miles west of Reno, recently appointed a County Board of Health and is expanding its range of public health services. Nevada State Health Division provides public health services throughout the remaining 95,884 square miles of the state. Local and state health officers who participated in Turning Point's formative stages asked Nevada Public Health Foundation to help get the prevention message out and to build a statewide constituency to support public health.

To build a statewide constituency, Nevada Turning Point sought to put the public in public heath—getting information out to Nevada's citizenry, but also getting information back about how they think public health can improve their lives.

To build a statewide constituency, Nevada Turning Point sought to put the public in public health—getting information out to Nevada's citizenry, but also getting information back about how they think public health can improve their lives. The challenge was reaching the public in a comprehensive way. Technology answered the need. However, the Foundation lacked the funds to create an electronic communication system. With direction and funding from the Turning Point Initiative, the Foundation developed a system, and the Citizens' Public Health Network was born.

The new program works as a high-powered database that categorizes and quickly sorts contacts by groups and regions, allowing the Foundation to disseminate information quickly and efficiently. It allows for bulk e-mailing and provides Internet capabilities the Foundation didn't previously have. Using the Network, the Foundation now has a technological connection with public health officials, federal and state legislators, schools, community organizations, faith communities, and other community members who can both use the information and distribute it to their own constituencies.

The Network provides Nevada communities with public health contacts and resources they can reach with a click of the mouse or a dial of the phone. Public health agencies and community-based organizations can, if they choose, use the Network as a conduit for informing people of the state, a particular region, or an interest group about prevention strategies, public health events, training opportunities, or public health policy issues.

The Citizens' Public Health Network gives Nevada a broadcast medium to get the prevention message beyond the public health community to the public itself and to hear what the public has to say in return.

At a Glance: *Nevada*

Aim of Nevada Turning Point

Nevada Turning Point's goal is an improved public health system that promotes health and prevents disease. Nevada Turning Point listens to, educates, and mobilizes Nevadans to improve the health of their communities and strengthen the public health system so it can respond to emerging public health challenges.

Nevada's Public Health Challenges

Nevada's smoking rates and health problems from tobacco are among the highest in the nation. Yet Nevada is one of the few states that does not allow local governments to regulate tobacco. Nevada has the highest proportion of suicides in the nation, double the national rate. Nevadans report poorer health than the rest of the nation and engage in more risk behaviors that contribute to poor health. Despite these facts and a dramatic increase in population in the past decade (over a 66% increase over ten years), there has not been an increase in state spending for health promotion and disease prevention since 1992. Only two of Nevada's seventeen counties have a local health department, and the lack of any school of public health translates to fewer educational opportunities for new and existing public health workers.

Nevada Turning Point's Contribution to Improving Public Health

Nevada Turning Point has:

- Developed a Citizens' Public Health Network to establish connections among Nevadans and their organizations to increase collaboration and success in achieving community improvements
- Joined with the Utah Department of Health to create the Great Basin Public Health Leadership Institute
- Improved policy and programming related to tobacco use and suicide prevention
- Collaborated with communities to develop local public health systems in Nevada's rural communities
- Offered community education on public health issues and the political process
- Educated elected officials and government managers about public health issues

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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 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 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.

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

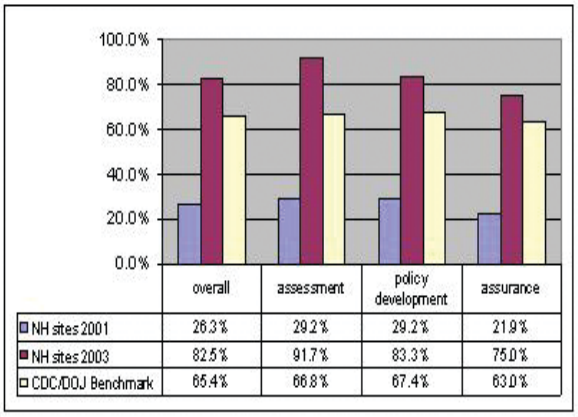
New Hampshire ranks among the healthiest states in the US when measured by child health, and health care access and quality. But disparities exist in the health and quality of life of many residents. New Hampshire has a fragmented local public health system. The 234 appointed health officers, often with 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%.

Local Public Health Capacity
Assessment of Core Function-Related Capacity



- The Network has successfully leveraged upwards of $4 million to support public health in New Hampshire.

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Turning Point believes that public health partnerships can create solutions to difficult public health problems. Solutions that are elusive to individual organizations working alone suddenly are in reach when organizations recognize common goals and pool their financial and technical resources.

New York Turning Point
Local Solutions Used Nationally

Back in 1998, two now retired local public health officials from different New York counties were frustrated with the lack of appropriate training opportunities for their staff. Dyan Campbell and Jack Andrus called a meeting with New York State Association of County Health Officials director, Jo Ann Bennison, and the dean and the director of Continuing Education at the State University at Albany's School of Public Health.

Dyan and Jack shared the problems they encountered providing continuing education for their staffs — cost, staff time taken away from work, and the difficulty of traveling to far-away trainings. While recognizing that resources system-wide were slim, they still hoped for a solution.

Faced with a concrete request for help, Jo Ann Bennison and her team brought in other partners, among them, the State Department of Health and the Turning Point Initiative. After considering different options, they settled upon creating a monthly satellite broadcast because they knew every county had access to satellite equipment, even if only through sister agencies. Before long the Third Thursday Breakfast Broadcast Series (T2B2) was born—a free, continuing education opportunity, requiring only one hour a month and virtually no travel time or trouble for public health workers.

Since its start in May 1999, T2B2 has delivered upwards of 60 broadcasts on such topics as "Emergency Preparedness: What is Your Competency?", "West Nile Virus: What Have We Learned Since 1999?" and the runaway hit "A Bug's Life: Basic Epidemiology." Reaching anywhere from 300 to 800 public health professionals at each live broadcast, the show's interview format leaves time for the guest expert to field questions submitted by participants by fax, e-mail, or phone. T2B2 has taken on a life of its own as people from outside New York have learned of it through listservs and from organizations such as the Public Health Foundation.

Begun with a great deal of creativity, seed money from Turning Point, and a tenuous shoestring budget, T2B2 has now found its stride. With stable funding and continued program direction from the partners, T2B2 conscientiously responds to the changing needs of New York public health professionals. Recently they were able to begin awarding CEU credits to participating professionals.

Perhaps the greatest benefit of T2B2 is summed up in the words of Jan Chytilo, director of Health Education in Broome County, NY, and site coordinator of T2B2 in her county. "Before T2B2 we had virtually nothing. Now, I sit at my desk and look across at the bookshelf of taped episodes of T2B2. We lend them to our partners and watch episodes during our 'Learning Lunches.' Public health can be so silo-driven, T2B2 helps us gain both technical skills and also a broader picture of what is being done in public health." Though viewers might not know the origins of T2B2, they have Dyan and Jack to thank, as well as a partnership that was, indeed, greater than the sum of its parts.

At a Glance: *New York*

Aim of New York Turning Point

New York Turning Point has focused their efforts on building public health capacity through sustained training opportunities for a strong public health workforce.

New York's Public Health Challenges

New York State faces capacity challenges in the areas of recruitment, retention, and training of the public health workforce. In addition, the state has challenging workforce demographics, as well as ethnic, economic, cultural, and geographic diversity in the general population of the state which they serve. A recent survey found:

- NYSDOH has approximately 5,350 employees; New York LHDs have approximately 7,270 full-time equivalent public health workers.
- Difficulties recruiting qualified candidates for public health nurse, sanitarian, and health educator positions (especially in rural areas).
- Good retention but future losses due to aging workforce retirement.
- Substantial need for continuing education.
- Emerging public health issues is an area of great need.
- Access to training constrained by limited resources, inaccessible times and locations, competing priorities, and poorly designed training.

New York Turning Point's Contribution to Improving Public Health

Through development of a partnership between health departments, academic institutions, professional organizations, and others, New York Turning Point has developed and delivered coordinated training to state and local public health workers across the state. In addition, it has been successful in identifying and addressing long-term system changes necessary to strengthen the public health system. Initiatives include:

- Third Thursday Breakfast Broadcasts (T2B2)
  - Established in 1999, this innovative monthly broadcast airs to local public health and community coalitions as well as across the nation by satellite.
  - Broadcasts are also available by Web-archived streaming video and through a video lending library.
- Public Health skills development courses and curriculum
  - Public Health 101 course
  - Basic Environmental Health course (8 modules over 14 days, mandated by Sanitary Code)
  - Annual New Local Public Health Director/Commissioner Orientation
  - Public Health Nursing Continuing Education (online course, 4 modules, CEUs)
  - Confidentiality Training (2-hour course)
  - Online Cross-Cultural Communication Training (in development)
  - SARS for Hospitals (3 Modules)
- Establishment of statewide public health training task force

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No single set of steps will bring about a better public health system. The mystery and beauty behind change, however, is that it can originate just about anywhere. And when the opportunity for change comes knocking, luck favors the prepared mind.

North Carolina Turning Point
Working Policy Magic

By 2003, the North CarolinaTurning Point partnership had considered a number of remedies to reverse the steady decline in the state's public health infrastructure. A team of talented and experienced professionals had assessed critical needs and created a strategic plan. To strengthen public health infrastructure, however, they needed one more crucial ingredient—a legislative champion.

From a completely unexpected quarter, they found not one champion, but three. Each year teams of working professionals gather at the University of North Carolina School of Public Health for the learning experience of a lifetime. The Public Health Leadership Program of 2002 included an unlikely team: State Senator Fletcher Hartsell, Linda Attarian, a graduate of UNC School of Public Health and an attorney to the North Carolina Speaker of the House, and John Shaw, former North Carolina local health director and 20-year veteran of public health.

Senator Hartsell, Linda, and John were interested in addressing public health's chronic infrastructure needs. For their class project, the team decided to draft legislation to strengthen public health infrastructure and, hopefully, improve the health status of North Carolinians. The director of North Carolina's Turning Point, Christopher Cooke, had sent Linda a preliminary draft of the Turning Point Model Public Health Act along with the recommendations from the North Carolina Public Health Improvement Plan. The tools were ready and waiting to be used. With these resources and a looming deadline, our three champions developed a draft statute to address the rapidly developing needs of North Carolina's public health system.

What started as a class project turned into the introduction of highly innovative legislation.

What started as a class project turned into the introduction of highly innovative legislation. Taking their "out of the box" thinking from the classroom to the real world, Senator Hartsell introduced Senate Bill 672, "A Bill to Strengthen the Public Health Infrastructure," to the North Carolina General Assembly in April 2003.

We learn our greatest lessons from our best attempts that fail. The bill spoke to real needs such as accreditation of public health agencies and integrated planning. Unfortunately, it did not pass both chambers. Policy makers and public health needed to learn to work together to build a better system, taking time to gather comments and build broad support. Senator Hartsell and his team's innovative efforts were not wasted, however. The immediate outcome of the introduction of Senate Bill 672 was that it brought policy makers and public health to the table around the need to strengthen the state's public health system.

Senator Hartsell, Linda Attarian, and John Shaw graduated from the Public Health Leadership Program in 2003. In response to their work, the North Carolina Public HealthTask Force 2004 was initiated by the North Carolina Secretary of Health and Human Services. Crafting recommendations and redrafting the bill to reintroduce to the General Assembly in May 2004 is only part of their work. Perfecting the dance of public health and policy is the other part.

At a Glance: *North Carolina*

Aim of North Carolina Turning Point

North Carolina Turning Point aims to expand and enhance existing state and local partnerships working to meet North Carolinians' health needs. Turning Point contributes to public health improvement through its support of Healthy Carolinians, North Carolina's network of locally based, public-private partnerships to improve and protect the public's health.

North Carolina's Public Health Challenges

North Carolina ranks among the country's bottom third in overall health of its residents. Chronic diseases, which are largely preventable, consume 75% of North Carolina's health care dollars. Tobacco use alone costs North Carolinians $4.8 billion annually in both direct and indirect dollars. At the same time less than 1% a year of the state's total health care dollars goes to support health promotion and disease prevention.

North Carolina Turning Point's Contribution to Improving Public Health

North Carolina Turning Point and Healthy Carolinians have improved public health through policy and planning, preparedness and response assistance, workforce development and training innovations, institutionalization of health improvement, and strategic communication and marketing. Examples include:

- Provided information that contributed to the development of NC Senate Bill 672, a bill to strengthen public health infrastructure
- Guided the development of North Carolina's 2010 State Health Objectives (Healthy Carolinians)
- Integrated community-based partnerships, community assessment, and public health planning for North Carolina's public health system (Healthy Carolinians)
- Provided staff to the North Carolina Public Health Task Force 2004 to develop recommendations for strengthening public health infrastructure in North Carolina
- Assisted with the development of North Carolina's network of Public Health Regional Surveillance Teams
- Developed a Web-based course in Public Health Marketing for the Leadership Program at the UNC-CH School of Public Health
- Established the Social Marketing Matrix Team within the Division of Public Health to advance the use of social marketing in public health programs
- Helped to establish Healthy Carolinians, Inc., a not-for-profit arm of Healthy Carolinians, to leverage private sector support for the NC 2010 Health Objectives
- Contracted for the development of a marketing campaign for North Carolina's public health system using data from a statewide survey

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The US Department of Transportation estimates that the typical driver will experience a near collision two to three times a month and will be in some type of accident, on average, every six years. For one resident of Altus, Oklahoma, his six years came up. Twenty-year-old Jim Bob Redelsperger lost his life to a driver who failed to stop at a stop sign. He wasn't wearing a seat belt.

Oklahoma Turning Point

Saving Lives in Oklahoma

In Altus, there is no seatbelt law. For three years, the Altus City Council had voted down the ordinance that would require the citizens to buckle up or pay up. The Jackson County Turning Point partnership in Oklahoma decided to bring the matter to the council again, this time armed with the voices of the community in hopes the plight would be better received.

On February 10th, 2003, 13 members of the Turning Point partnership brought the seatbelt issue to the Altus City Council meeting. Six council members listened as Henry Hartsell, chairman of the partnership, reported the increasing traumatic brain injury rate, lost revenue due to low compliance, and shared survey results that declared lack of seatbelt use as one of the riskiest behaviors in the community. Brandie O'Conner, Turning Point representative, spoke about how adopting this simple habit could increase the community's health and safety. Dr. Randy Sheets, a former ER Medical Examiner and member of the partnership, has seen too many kids in his ER from not buckling up. He told the council members, "Kids think they are invincible, and something as simple as a ticket will get them wearing their seatbelt." But nothing seemed to be working. Pencils were tapping, mouths were yawning—the council had heard it all before. Several council members believed that wearing a seat belt was a choice, an issue of personal freedom, and they weren't interested in giving up any freedoms tonight.

As things were looking grim, a final member stood to speak. John Redelsperger, Jim Bob's father and a friend of Dr. Sheets, was a respected member of the community. Shortly before the city council meeting, Dr. Sheets had spoken to John about attending the meeting and telling his personal story advocating seatbelt use. John spoke of his 20-year-old son who also once enjoyed personal freedom. He wasn't wearing his seatbelt when he collided with the car that ran the stop sign and was killed instantly. John told the council that by not wearing his seatbelt, his son "paid the highest price." The other driver walked away from the accident. She *was* wearing her seatbelt.

On February 18, 2003, the Altus City seat belt ordinance was approved and one month later was officially in effect. Five of the six council members said that after they heard John Redelsperger's story, they changed their minds. His story convinced them to rethink their definition of personal freedom. The Turning Point partnership was successful in their efforts to bring not only community partnerships together, but also community members that are affected by health and safety laws daily. Since the ordinance passed, the rate of motor vehicle fatalities in Jackson County has decreased by 80%, and the personal injury rate has decreased by 15%.

At a Glance: *Oklahoma*

Aim of Oklahoma Turning Point

Oklahoma Turning Point is working to strengthen Oklahoma's public health infrastructure through community-based action in order to respond to the challenge of protecting and improving the public's health in the twenty-first century.

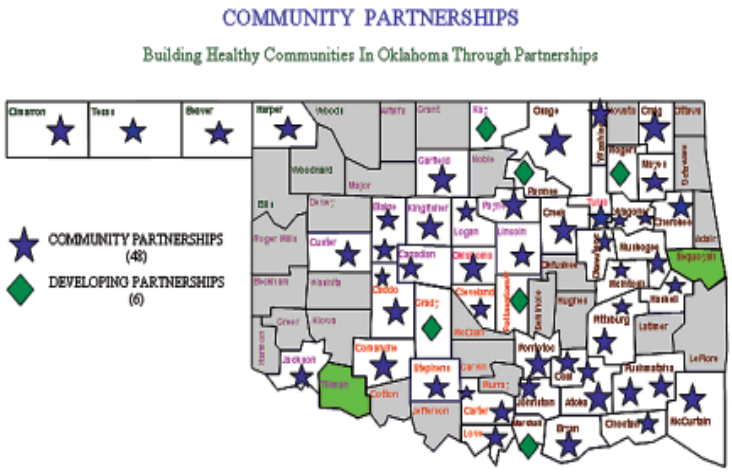
Oklahoma's Public Health Challenges

With health departments in 69 of its 77 counties, Oklahoma has one of the best public health infrastructures in the nation. Unfortunately, Oklahoma's public health infrastructure has not resulted in a healthier population. Oklahoma ranks 45th in the United Health Foundation 2003 State Health Rankings. Oklahoma ranks among the worst in infectious diseases, death rates, and teenage births. Oklahoma's death rate for heart disease is 21.43%, for cancer 3.33%, for injuries 28.73%, for stroke 14.75%, and for COPD 25.26% higher than the national average. Oklahoma citizens are overburdened with more than their share of disability and unnecessary death. An essential element missing in how public health deals with these problems in Oklahoma is community-based decision making.

Oklahoma Turning Point's Contribution to Improving Public Health

Turning Point is using innovative means to craft an improved public health system by:

- Using a community-based approach in public health decision making.
- Developing more than 48 local partnerships and working with state partners.
- Increasing cooperation of key state and local partners working toward healthy communities.
- Developing a network of local and state partners to address health-related smoke legislation. Several bills have been passed.
- Developing partnerships with state, county agencies, and communities to assess local public health needs and develop local solutions.
- Working with local partnerships to develop and implement Community Health Improvement Plans.
- Developing resources that will help communities implement population-wide services at the local level, including data access, Internet-based video conferencing, and e-mail policy alerts.



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Oregon's Turning Point Initiative began in 1998 with development of a broad-based partnership, an analysis of the public health system, and development of a public health improvement plan to lead Oregon toward a brighter public health future. Among the many priorities the partnership identified in the plan, two stood out. First, was to review Oregon's public health laws for their ability to protect the population against health threats, an activity that had not been done in 30 years. Increased threats of infectious disease gave public health leaders the incentive to examine and update public health laws.

Oregon Turning Point
From Standards to Practice

The second priority was to develop standards for local and state public health that would be consistent with the nationally recognized Ten Essential Services of Public Health and build on Oregon's existing standards. These two priorities determined Oregon Turning Point's work over the past six years.

Dr. Grant Higginson, Oregon's state health officer, has been an active participant in the Turning Point Public Health Statute Modernization National Excellence Collaborative. When the collaborative developed the Model Emergency Health Powers Act in 2001, Oregon's Turning Point partnership, then directed by Kathryn Broderick, seized the opportunity to use this tool to assess Oregon's emergency health powers. The process began in 2001 and brought together state and local public health leaders, legislators, and other partners to compare Oregon's existing laws with the model act, and to identify improvements needed to make the laws effective in modern crises and emergencies. As a direct result of this effort, the Oregon legislature passed a number of provisions to provide public health the powers needed.

When the Public Health Statute Modernization National Excellence Collaborative developed the Model Emergency Health Powers Act in 2001, Oregon's Turning Point partnership... seized the opportunity to use this tool to assess Oregon's emergency health powers.

Between 2001 and 2003, the Oregon partnership also conducted a joint state/local process to revise the Oregon Minimum Public Health Standards, incorporating standards also based on the Ten Essential Services of Public Health.

Since 2003, Oregon Turning Point has been working with public health consultants, Milne & Associates, LLC, to lead the Oregon Public Health System Assessment project. The consultants convened a broad-based committee to provide oversight for the project. Then the consultants facilitated assessments of system performance in nine representative Oregon counties, using a national public health standards assessment tool. The assessments provided information to each of the nine communities on both strengths and areas to be strengthened through community collaboration. They also generated a great deal of interest in public health among partner organizations. The combined assessment results paint a picture of local public health capacity across the state.

In a follow-up to the 2001-02 work of Turning Point, the second project element consisted of a comprehensive review of all of Oregon's public health statutes and regulations using the Turning Point Model Act for comparison. As a result, legislation may be introduced in the next state legislative session to address areas where problems were found.

Oregon Turning Point's continuing legacy can be seen in updated public health laws, revised Oregon standards, and local public health systems working toward improved practice.

At a Glance: *Oregon*

Aim of Oregon Turning Point

Oregon Turning Point aims to safeguard the public's health by using information to make informed decisions in times of limited resources.

Oregon's Public Health Challenges

Assessments of Oregon's public health system in 2000 and 2002 showed substantial gaps, particularly in the prevention of infectious disease. Despite new funding for bioterrorism responsiveness, gaps continue to exist in public health services. Among vital public health functions, most are performed without adequate resources.

Tobacco use was identified as the leading cause of preventable deaths in Oregon and a voter-approved initiative provided funding over the past five years that led to a dramatic decrease in tobacco use by adults and teenagers. Obesity and cancer are the next leading causes of preventable Oregon deaths.

An assessment of nine local public health systems performed in 2004 identified relative strengths in work related to diagnosis and investigation of health problems, emergency preparedness, and enforcement of public health laws. However, significant shortcomings were found in monitoring health status (particularly regarding information technology capacity) collaboration with community partners, and evaluation of health services.

Oregon Turning Point's Contribution to Improving Public Health

Oregon's public health system provides important services and protections. Coalitions, networks, and clinics have demonstrated that they can come together in partnership with state and other agencies to share information. Oregon Turning Point is helping to improve public health by:

- Supporting collaborative partnerships at local and state levels that include hospitals, physicians, nonprofit agencies, county governments, businesses, schools, faith communities, and environmental health organizations
- Completing a review of Oregon's public health statutes and administrative rules, using the Turning Point Model State Public Health Act as a standard
- Developing standards for local and state public health systems to ensure adequate services to all Oregonians
- Convening health-related organizations to identify health policy changes necessary to meet public health demands in Oregon for the future health and safety of Oregonians
- Conducting assessments in nine communities leading to greater awareness of essential service areas that need improvement as well as essential services that are most consistently being provided

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Back in 2001, Morris Govan was a district health officer for six counties in South Carolina looking to improve the public health system. His partnership, the Orangeburg County Health Improvement Coalition, was one of the first community public health coalitions to be developed using Turning Point support. Morris's belief in community engagement and his willingness to be a change agent by applying new tools and processes to the practice of public health, is leading to a genuinely stronger public health system.

South Carolina Turning Point
Leading Through Change

South Carolina's public health system has long been the picture of organizational clarity. Their unified health system means that even local public health workers are state employees, in one hierarchical structure, ultimately answering to one leader. The upside? Throughout the state, personnel and resources can be coordinated efficiently whether for planning or in a crisis. But Morris came around to asking himself and others—is this one-size-fits-all approach to public health serving the needs of various communities? Are we aware of the needs of communities and answering these needs? Morris wanted to try a new way of working that involved grassroots community engagement. When his health district received their Turning Point grant, they had an opportunity to learn what happens when you adopt community engagement processes in public health.

Between 2001 and 2003, the then budding coalition used "Mobilizing for Action Through Planning and Partnership (MAPP)," a NACCHO-developed tool to establish partnerships, identify community themes, and priorities, and develop forces of change. With department staff, Morris developed a broad-based coalition, which then carried out a local public health system assessment to identify weaknesses in the essential services. They gathered data on health and behaviors in Orangeburg, conducting surveys to understand community concerns at PTA meetings, health fairs, schools, grocery stores, gas stations, and in the flu vaccine mobile van. Once the surveys were in, partners analyzed the results and conducted key informant interviews and a satisfaction survey to gain community perspectives of the local health department. The analysis is being used to prioritize areas needing immediate attention. For South Carolina this process of grassroots planning and the resulting priorities and projects are nothing short of revolutionary. For example, as a result of the use of MAPP, the district incorporated and strengthened a new local diabetes coalition to address this chronic disease in the community.

The demonstration project has undoubtedly led to increased attention to *local* public health concerns and improved community involvement in public health, both of which are positive results. Morris and others discovered that community involvement does make the public health system more responsive to the local communities' needs.

Morris is now assistant deputy commissioner of Health Services for SC Department of Health and Environmental Control. He continues in his role as a change agent in public health, encouraging other health directors to use this process to improve community health in their geographic areas. As a critical mass of counties discover its benefits, community engagement is moving from a demonstration project to a policy change. Morris is honing his skills for the next improvement process—studying *Silos to Systems* and instituting a performance management system for South Carolina.

At a Glance: *South Carolina*

Aim of South Carolina Turning Point

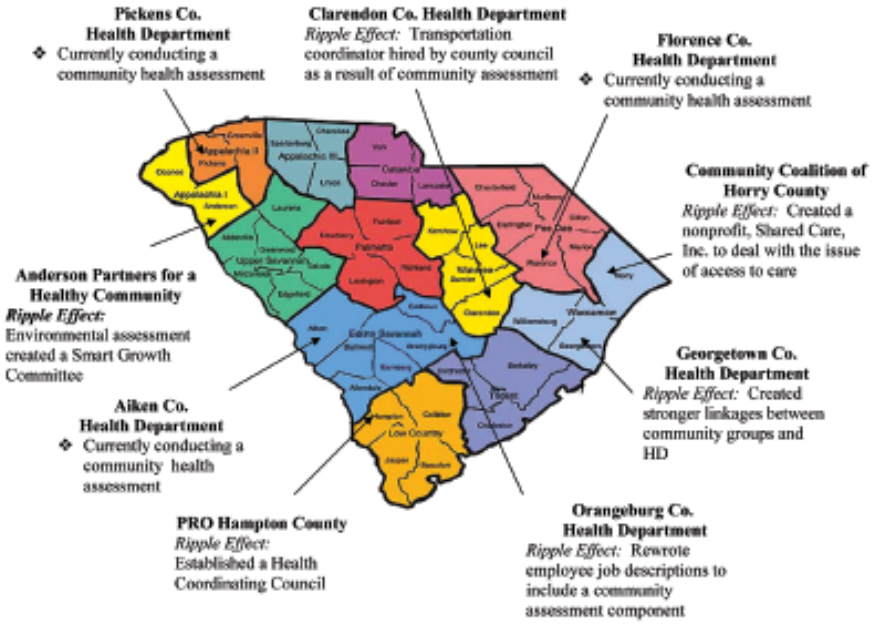
In South Carolina, Turning Point is the institutional embodiment of a new way of doing business in public health, incorporating a diverse group of public, private, state, and local organizations. By using a collaborative process that merges professional expertise, community wisdom, and political will, Turning Point aims to strengthen the state's capacity to protect and improve the public's health.

South Carolina's Public Health Challenges

South Carolina leads the nation in many health indicators from cardiovascular deaths to HIV/AIDS. Particularly troubling are the persistent health disparities between white and African American residents. These indicators and disparities relate to complex community problems associated with lifestyles, the environment, economics, and access to care. State budget cuts, categorical federal funding, and new demands for emergency preparedness are stressing the existing structure of state, district, and county public health offices and limiting their ability to respond to local communities' unique needs.

South Carolina Turning Point's Contribution to Improving Public Health

On the state level, South Carolina Turning Point has led a community-engaged planning and action process, funding three community-based organizations and six local health departments to conduct community health assessments using MAPP. In addition, Turning Point is implementing workforce training programs and encouraging public health leadership in several counties in the state.



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Andy is twelve, and his parents lovingly call him "sturdy," but he is carrying an extra 45 lbs., which makes him clinically obese. Although they live in the beautiful mountains of Appalachia in Wythe County, Virginia, the family doesn't get much exercise, and mom and dad are also overweight. The family doesn't realize they are courting an often preventable disease, type 2 diabetes. Diabetes means a lifetime of constant management of insulin levels, and even when "managed," diabetes carries a high risk of blindness, amputation, and premature death. If Andy's parents knew this, they might make lifestyle changes that could prevent this disease.

Virginia Turning Point

Natural Allies

In Wythe County, the age-adjusted mortality rate of diabetes as primary cause of death is more than twice that of the state rate. As researchers look for reasons for the discrepancy, public health workers are trying to save lives with screening and education. For those at high risk, like Andy and his family, reasons are not as important as outreach and education.

Health department nurses screen for diabetes at health fairs, and the local hospital provides classes for newly diagnosed diabetics referred by physicians. Unfortunately, you won't find Andy's family, or many others who are at risk, at a health fair. In 2001, hospital and health department staff were increasingly frustrated that despite their efforts diabetes hospitalizations and mortality remained high. They needed a new outreach strategy.

...center staff recognized an untapped resource and ally in Wythe County: the business community. Diabetes can mean many work hours lost to illness...diabetes affects a business's bottom line.

In the meantime, the Virginia Center for Healthy Communities in Richmond, an outgrowth of the Virginia Turning Point Initiative, was exploring roles that non-public health partners could play in improving the health of their communities. Constantly on the lookout for natural allies, the Center staff recognized an untapped resource and ally in Wythe County: the business community. Diabetes can mean many work hours lost to illness. Because insurance companies pass the higher costs of caring for the chronically ill on to the group purchasers, diabetes affects a business's bottom line.

In January 2002, the Center's Turning Point director, Jeff Wilson, spoke to the Wytheville–Wythe–Bland Chamber of Commerce. The Chamber's executive board members and executive director Jennifer Jones quickly saw the relationship between preventive health and their interests. The Chamber enthusiastically formed an alliance with public health. Business owners would help reach people by opening their workplaces to health interventions. With the local health department and hospital on point for service delivery, and the Center providing technical assistance, the Chamber is leading a social marketing intervention complete with screenings at worksites, education about lowering diabetes risk, and materials about preventing and managing diabetes. The Chamber's new Health Task Force is considering expanding the program with a physical activity or nutrition intervention.

The Wytheville–Wythe–Bland Chamber of Commerce's Health Task Force brings together business leaders, health educators from the local health department, and nurses from the community hospital. Their combined vision and expertise generates creative solutions to health problems. The Virginia Center for Healthy Communities links sectors and helps each see their distinct role in improving the public's health. By taking the lead and lending their tremendous assets to public health, business leaders in this part of Appalachian Virginia are making a difference for business and Andy's family – a winning outcome for all.

At A Glance: *Virginia*

Aim of Virginia Turning Point

Turning Point's Virginia Center for Healthy Communities is an independent, nonprofit organization dedicated to improving the health of Virginia's communities. The Center bridges the gap between the public health, health care, and business sectors; demonstrates the strong relationship between improved health and economic prosperity; and supports collaborative efforts to improve health. The Center's mission is to support public/private partnerships that improve the health of local communities by conducting research on community health, sharing information with organizations and individuals interested in community health, and providing technical assistance for local community health improvement efforts. The ultimate aim of the Center is a Virginia where each community strives to optimize the health and quality of life for its citizens.

Virginia's Public Health Challenges

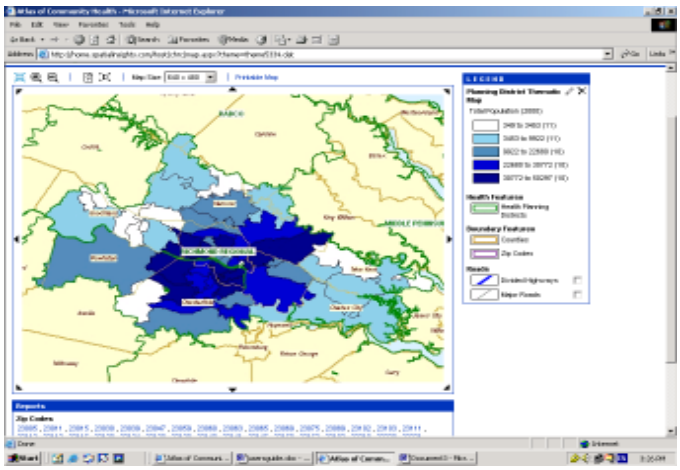
Virginia is respected as a safe and healthy place to live, but troubling signs are ahead. Virginia spends $300 million per year to cover inpatient treatment for preventable injuries. The state loses $2.8 billion annually in direct medical and indirect costs related to diabetes. More than one million Virginians are without basic health insurance. In just the past six years, Virginia's overall health status has fallen from 10th in the nation to 19th.

Virginia Turning Point's Contribution to Improving Public Health

Virginia Turning Point has successfully:

- Engaged the business community within the Commonwealth of Virginia in community health improvement activities, such as workplace diabetes screenings and interventions.
- Developed the Virginia Atlas of Community Health, an online publicly available resource providing zip-code level data and maps depicting up to two indicators and capable of running reports on health status in specific areas of the state.
- Conducted three Business Roundtables on Health, opportunities for business leaders to dialogue with public health officials, health care providers, elected officials, and local government personnel about health issues facing their communities.
- Established an independent 501(c)3 called the Virginia Center for Healthy Communities, a self-sustaining organization dedicated to developing effective public-private partnerships reflecting diverse sectors to improve health for Virginians.

Virginia Atlas of Community Health



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On July 10, 2001, West Virginia Turning Point Director, Amy Atkins, was preparing for the next day's First Invitational Roundtable on Public Health Partnerships, dedicated to strengthening the working relationship between state and local public health. As rain lashed the windows and flood waters rose, Amy realized that the Roundtable would have to be cancelled.

West Virginia Turning Point
Watching a System Grow

State and local public health departments, each with their own disaster response procedures, responded to the mounting flood conditions. As part of the Division of Public Health Nursing and Administration at the State Department of Health, Amy and her colleagues were to maintain contact with each local health department (LHD) in the affected areas, assess their needs, and provide assistance. Immediately things started to go wrong.

First, Amy found herself without emergency numbers for some of the LHD staff. In some cases she had to reach them through their neighbors! Then, there was a struggle for tetanus vaccine. Local staff faced crowds of people at their doors demanding tetanus shots and requested additional vaccine. For many it was not medically indicated and state supplies were low. Working relationships between state and local public health were strained. Roles and responsibilities were not clearly defined, efforts were duplicated, and in some cases, no one was assigned to critical tasks.

As the flood waters subsided and the immediate crisis passed, there were many repairs to do, not the least of which was in the public health system. To start with, state and local officials found the rescheduled Invitational Roundtable on Public Health a great opportunity to plan how to improve their emergency response systems while they focused on improving their work relationship in general.

Did their work to improve their relationships and coordinate procedures pay off? Success was crystal clear two years later as Hurricane Isabelle threatened the eastern panhandle of West Virginia. Isabelle's arrival meant potential mass power outages, flooding, and heavy winds. Unlike in the 2001 flood, state and local public health handled the 2003 emergency far more effectively. The disaster network was activated with clear messages for community partners. State Department of Health staff began calling and e-mailing their assigned LHD agencies about specific preparations. The night before Isabelle arrived, the local health departments distributed communications materials to the press, moved vaccines to facilities with backup generator power, and conducted local emergency planning meetings with their partner agencies. Besides the change in communication procedures and strategy, distrust had been replaced with confidence and support. Instead of a state health department and local health departments, a public health system had emerged. Locals had tetanus vaccine available and knew where additional doses could be found. The state had arranged for even more doses to be shipped in from out of state if more was needed beyond what had been given to the local health departments.

The Invitational Roundtable on Public Health Partnerships is now part of a formal planning process between the state and local public health agencies. The principles established through this process serve as the framework for how the parts of the West Virginia public health system work together. These principles do not just live on a shelf. They provide guidance to the organizations as they continue to improve the way public health agencies work together, not just in the area of disaster response but in everyday public health functions.

At a Glance: *West Virginia*

Aim of West Virginia Turning Point

West Virginia Turning Point focuses on improving the performance of and working relationship between state and local governmental public health agencies in order to more effectively address health issues. In addition, they are creating processes that measure the performance and effectiveness of public health activities throughout the state.

West Virginia's Public Health Challenges

West Virginia is the second most rural state in the nation, which increases the importance of strong and coordinated local partnerships. In 1997, 34 of the 49 local health departments in West Virginia were experiencing severe reduction in services and workforce due to a dramatic decrease in revenue and support. In addition, West Virginia's communicable diseases were being underreported and the need to strengthen surveillance capacity had been identified. Perhaps most essential, public health planning efforts have historically lacked a formal process for setting joint short- and long-term priorities.

West Virginia Turning Point's Contribution to Improving Public Health

West Virginia Turning Point has:

- Regularly assessed the performance of local public health services through a new accountability structure that ensures West Virginians receive standardized care and ongoing improvements to services that protect their health. A prime example is the use of performance standards and surveillance indicators to reduce the time it takes to recognize a new infectious disease outbreak in West Virginia.
- Convened active partnerships of representatives from a variety of sectors that have a stake in public health at the local level to share resources and decision making based on local priorities.
- Supported community partnerships in developing local policies and revising outdated public health codes.
- Strengthened the relationship between state and local public health through formal working agreements and joint planning and assessment.
- Increased the capability of the public health workforce through the development of standardized job descriptions, orientation programs, and structured training tools for public health staff.
- Improved public health's ability to track emerging infectious diseases by developing performance standards, increasing regional and state staff, strengthening laboratory capacity, and providing quarterly trainings.

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Consider: "There is nothing more difficult to take in hand, more serious to conduct, or more uncertain in success than to take the lead in the introduction of a new order of things, because the innovator has for enemies all who did well under the old conditions, and only lukewarm defenders of those who may do well in the new" (Machiavelli, 1505)

Wisconsin Turning Point
Social Change in Action

This fear —*lukewarm defenders of those who may do well in the new*— was one of several transformation obstacles identified by a small group of innovators in 1998. They were told they were "overtaken by madness" and instead of transforming the public health system they were on a course to destroy it. Consider some of the obstacles they faced. Although people cared about "public health," they lacked common agreement on basic definitions. They lacked a compelling set of statewide priorities. Policies, programs, and ways of thinking impeded change. Partnerships were needed yet trust was lacking. The focus was on programs rather than on the system.

The public health system was viewed as the "country cousin" to health care. No matter how hard and how effective they were, the label stuck. Policy leaders viewed public health as a program— not as a system. They viewed its priorities as "everything but the kitchen sink." "Balkanized information systems" impeded health status evaluation. Tall order of challenges? You bet! But they had hope, idealism, courage, and opportunity. They didn't have a model so they built one with their partners.

The Turning Point Initiative is Wisconsin's statewide policy process for change. It has produced a legislatively mandated state health plan (and implementation plan), *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. The Initiative's work is grounded in science, strategic planning, quality assurance, and collaborative partnerships. It inspires a collective consciousness that it takes the work of many to improve the health for all.

The Initiative has brought policy, data, partners, process, and measurement into alignment. It directly links *Healthiest Wisconsin 2010* to the department's Strategic Plan. It created a framework— a transformational pathway— that depicts the vision, core functions, essential services, goals, priorities, and desired outcomes (1) improve the health of the public, and (2) improve public health system capacity.

And the results? Now the department and its partners align their work and federal grants to the framework's essential services, goals, and priorities. Many of the partners own *Healthiest Wisconsin 2010* as their own plan. Local health departments have linked local priorities to the statewide priorities. An external community governance structure was formed to monitor implementation and champion transformation. And finally, Wisconsin's two conversion foundations have formally gone on record to award 35 percent of the total resources to communities who link their grant applications to the priorities of *Healthiest Wisconsin 2010*.

At a Glance: *Wisconsin*

Aim of Wisconsin Turning Point

Wisconsin Turning Point reflects a transformation in the way Wisconsin operates its public health system and addresses its priorities. Maintaining the health of the public was once solely identified as a governmental responsibility, but Turning Point in Wisconsin aims to define more broadly the roles and responsibilities for improving the health of Wisconsin communities and its 5.4 million residents.

Wisconsin's Public Health Challenges

Poor access to health services, inadequate nutrition, exposure to environmental hazards, emerging infectious diseases, and other issues are priority areas for intervention if Wisconsin's public health leaders are to improve the health of Wisconsin residents. Wisconsin's public health system must be restructured to eliminate health disparities and protect and promote the health of all. No one sector can maximize improvements in the health of Wisconsin residents; multi-sector partnerships focused on health promotion and disease prevention are crucial for success.

Wisconsin Turning Point's Contribution to Improving Public Health

Wisconsin Turning Point led the development of *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*. This strategic health plan focuses on health promotion, disease prevention, and building a strong public health system with the partners. Wisconsin Turning Point is also:

- Developing policy recommendations to improve public health laws that provide legal support for the protection of Wisconsin residents
- Ensuring good management of resources through quality assurance activities with public health partners
- Creating model practices, such as award-winning, countywide coalitions for early childhood immunization
- Facilitating innovative state, federal, and private partnerships to solve access issues and other public health challenges
- Expanding academic/community partnerships to advance health throughout the state

Wisconsin Turning Point's Unique Transformational Framework Includes

- A shared vision of Wisconsin's public health system (shared by all partners)
- Core principles and values (social justice, common good, and creating positive futures for all)
- Establishing five infrastructure priorities as the "engine" for collective action by the partners
- Overarching goals of eliminating health disparities, promoting and protecting health for all, and transforming Wisconsin's public health system

For More Information

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Page 6: Alaskan children, photo by Elfrieda Nord

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Page 18: Governor John Baldacci of Maine at Maine Network of Healthy Communities event at the State Capitol Hall of Flags.

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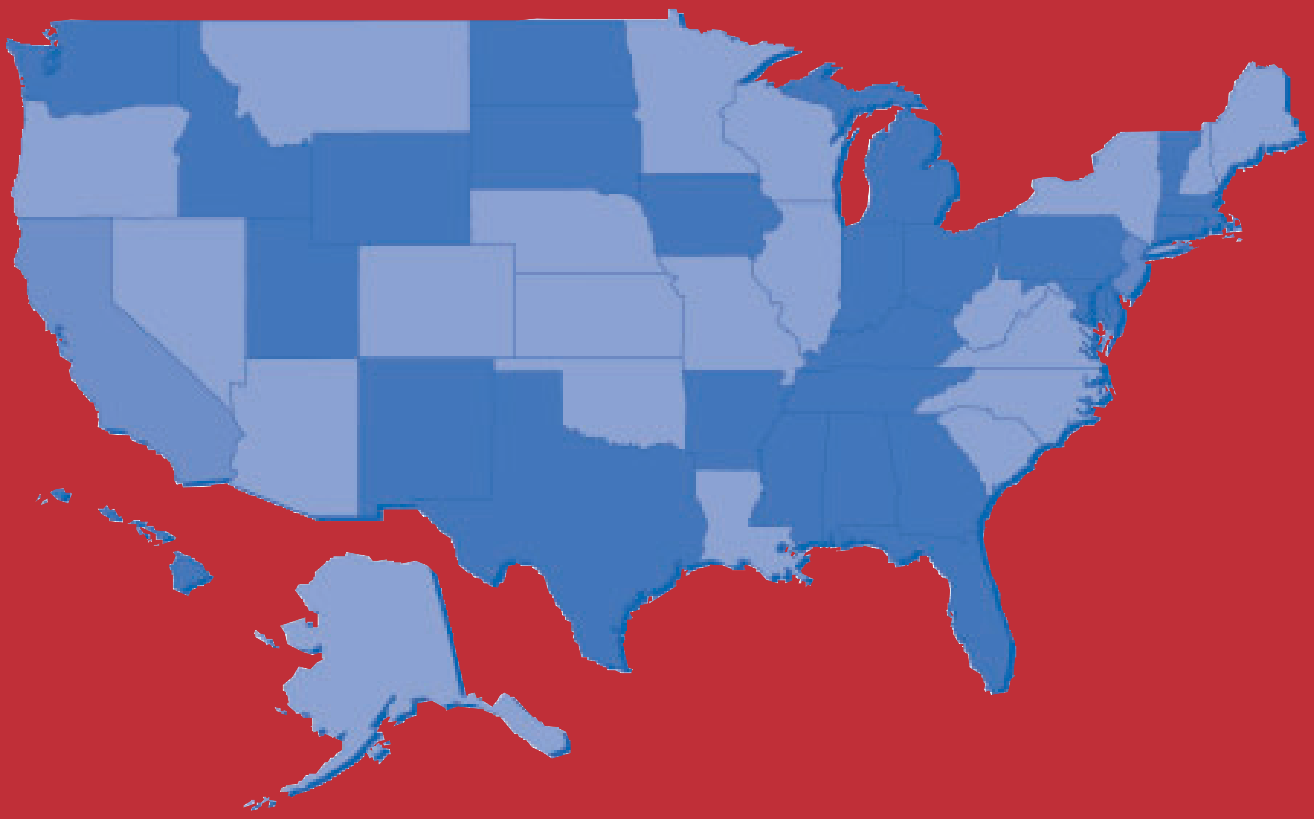
Page 44: Public health nurse administering tetanus vaccine in West Virginia, photo by Kay Shamblin

Page 46: Wisconsin Turning Point partners share their innovative public health framework with 25 physician representatives from five Russian-speaking countries.



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