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Transformations in public health

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TurningPoint

Preparation Pays off in Virginia

Jeff Lake and Jeff Wilson

Virginia's public health system "bent but did not break." That is the conclusion of a series of Virginia newspaper articles and editorials in January 2002 that focused public attention on how the Virginia Department of Health (VDH) responded to the terrorist attacks on September 11, 2001, and the purposeful contamination of mail with anthrax shortly after. How these articles came to be written and the role played by the Virginia Turning Point initiative is a story of how partners' voices can be effective in raising public awareness of the need to invest in public health infrastructure.

Virginia was directly affected by the terrorist attack on the Pentagon as well as anthrax-contaminated facilities and multiple cases of inhalation anthrax. Until the January articles, the media had not focused attention on the adequacy of the state and local public health response in our state.

After September 11, interest in the capacity of our public health system first surfaced in a newspaper article in early December. This article reported the sudden and unexpected death of a foreign visitor who displayed unusual symptoms. Physicians treating the patient at the hospital were concerned that the death was a sentinel case for a bioterrorist event. Fortunately, an experienced health director who had served for many years as the state epidemiologist worked in the locality in which the death occurred. Laboratory studies confirmed that the visitor died from tuberculosis. The reporter began a dialogue with several local and state officials and members of the medical community about how the public health system generally responded to unusual deaths, how Virginia had responded to the events of September 11 and beyond, and whether we would be prepared to address several simultaneous events.

At roughly the same time, our outgoing governor released the findings and recommendations of his task force, the Virginia Preparedness and Security Panel. One of the major findings of the health and medical sub-panel was that Virginia's public health system was significantly underfunded to carry out its mission. VDH personnel provided staff support to the sub-panel. An influential legislator who chaired the sub-panel publicly emphasized the need to correct the recent neglect of the public

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From the Turning Point National Program Office

Bad News: Good Opportunity

Bobbie Berkowitz, Director

The public often sees a public health threat as "bad news." As I write this, public health systems nationwide are submitting their public health preparedness plans for a share of the appropriation from the Public Health Threats and Emergencies Act. By the time this newsletter is published, the initial appropriation of $5 million per state will have arrived with more on the way. An astounding influx of funds ($1 billion) for investments in public health will build the critical capacities needed to improve and strengthen our response to bioterrorism and other public health emergencies.

One of the critical capacities designated for enhancement is risk communication and health information dissemination. The opportunity to strengthen this capacity will be welcomed throughout the public health system. Anyone faced with the need to communicate in times of crisis will understand why we welcome the emphasis.

The need to communicate during a crisis is something we will all experience at one time or another in public health. It is unavoidable when you consider that the business of public health includes protecting the public from threats to health. The notion of protection assumes that hazards to health are real, that they pose a risk to human health, and that they require ongoing action.

When the need to protect the public from health threats constitutes a crisis, effective risk communication becomes essential. When the crisis is unexpected, as was the case with the anthrax attack, it becomes even more important that the public health system has been planning for threats to health. Using funds from the Public Health Threats and Emergencies Act to prepare now for the unexpected will help us refine our risk communication skills. We saw some good examples of risk communication in the media following the anthrax event, but we also saw significant missteps. This new funding targeted at risk communication gives us an opportunity to gain the trust and cooperation of the public and media during emergencies.

During this past year Turning Point has matured in terms of program outcomes. Our focus at the National Program Office will necessarily turn to strategic communication. Our vision about strategic communication is to focus on the successes of Turning Point related to the core mission of public health (health promotion, protection, and disease prevention) and our success at collaboration. To help us with strategic communication we are adding a communication director to our NPO team. This individual will guide us in our communication strategy and be available for technical assistance to our state and local partners. We look forward to this additional capacity and feel confident that we will be prepared to turn bad news into good opportunities.

[continued from p. 1—Virginia]

health system. The same reporter covered this story and emphasized the cost of funding these and other recommendations of the Virginia Preparedness and Security Panel.

Virginia's Turning Point Initiative and the Virginia Center for Healthy Communities, a 501c3 organization created to carry out Virginia's Turning Point implementation plan, have always counted on our partners to share in the responsibility of improving the public's health. During last fall's anthrax mail contamination, it became clear that our partners counted on the public health system to protect the public and provide accurate and timely information to the private sector and the public. These partnerships grew stronger as we all weathered these events together. The private sector in particular gained a firsthand look at the dedication of public health officials at the local and state levels.

In the wake of these events, partners rallied around VDH. Ensuring that the public health system had adequate resources to respond to future bioterrorism events became the top legislative priority for the Medical Society of Virginia (MSV). MSV is widely regarded as one of the most potent and respected interest groups in the Commonwealth. The Virginia Hospital and Healthcare Association (VHHA), our primary partner from the beginning of Turning Point and a widely respected and effective voice among our state-level decision-makers, also made it a top priority to ensure that the public health system had adequate funding.

The best time to make a friend is before you need one. Partnerships and shared governance of health improvement pay important dividends for the public health system.

The support of these partners became even more critical as the financial crisis facing our state grew more dire. Shortly after the Virginia General Assembly convened in January 2002 and our new Governor took office, projections of a shortfall in the state budget over the ensuing 30 months approached $4 billion dollars in state general funds. The public and behind-the-scenes support for our public health system was instrumental in the decision by Governor Warner and our legislature to minimize the effect of spending reductions on public health agencies. This was more impressive because of the bipartisan nature of the support.

The acting state health commissioner was invited to testify before the finance committees in both the House of Delegates and the Senate of Virginia. His presentation included a series of slides that documented the relatively flat funding for public health during the last decade at a time when the state's population and needs had grown. He outlined the most pressing needs in the area of bioterrorism preparedness.

The series of newspaper articles that appeared at the end of January only strengthened support for the public health system at a time when the need to reduce spending dominated the legislative session.

On January 27, 2002, the *Richmond Times Dispatch* Sunday edition ran a series of five articles under the banner "Are We Prepared?" One article appeared on the newspaper's front page above the fold. The articles discussed the critical moments in the days following September 11 and explored the activities of the diverse sectors charged with alleviating concerns that the public health and health care systems could be overwhelmed with a biomedical or chemical terrorist attack.

The overall assessment of the capacity within VDH was summed up in a statement by Senator Bill Bolling, chairman of the Joint Commission on Health Care (a legislative oversight panel) and a board member of the Virginia Center for Healthy Communities. "The State Health Department doesn't have the money, staff, equipment, or training to handle a prolonged crisis. Are they equipped to do the things they

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[continued from p. 3 —Virginia]

may be called to do in this brave new world? They're not," Senator Bolling said. "There's no question about it. They're not."

Unfortunately his analysis was correct. But strides had been made in partnership development and working across sectors to enhance the health of all Virginians. The Virginia Turning Point initiative had worked very carefully to explore new roles and responsibilities for the public health system in partnership with diverse sectors that clearly have a stake in community health improvement. The focus of our efforts were not only internal, identifying new ways for Virginia to strengthen its governmental public health infrastructure, but also external, identifying ways for other sectors to have a stake, a clear responsibility, in the health status of Virginians.

In each article, almost every individual who was quoted as an expert outside the public health system or as a decision-maker had participated in either the Virginia Turning Point strategic planning or implementation phase. It was no accident that our partners were so informed about the needs of the public health system. Turning Point has continuously informed our key partners and other decision-makers about the gaps in our state's public health infrastructure. In a February 1, 2002, op-editorial, Dr. William A. Hazel, Jr., president of the Medical Society of Virginia, when asked about priorities stated, "The immediate need is to ensure we have an adequate public health infrastructure to continue surveillance. The most urgent need for health care in the Commonwealth is to strengthen our Department of Health. Every Virginian benefits from the work of our state and local public health departments. Much of their work is invisible to us… . Now that the public recognizes the critical importance of the Virginia Department of Health, it is necessary to take reasonable steps to strengthen the system… . Having an adequate public health infrastructure and organized disaster response plan is a potential matter of life and death for our citizens… . The good news is that if the public health infrastructure is strengthened, it can help accomplish the mission of protecting the public's health—and our tax money will be well spent."

The Virginia Hospital and Healthcare Association's publication *Focus* for December 2001 discussed the response to terrorism, saying in part, "It's not enough, however, to strengthen the response capacity of our hospitals. Virginia's Department of Health has been stretched too thin for too long. During October, when public anxiety about anthrax outbreaks was reaching a crescendo, the agency's e-mail system shut down for several days. Communication systems and public health staff were stretched beyond the breaking point during the peak of the anthrax incidents. The agency is short of funding, staff, infrastructure, and physician leaders. A fully functioning health department is a critical part of getting and keeping Virginia prepared for any public health emergency."

The moral of this story—the best time to make a friend is before you need one. Partnerships and shared governance of health improvement pay important dividends for the public health system. Virginia's Turning Point partners used their influence to protect the public health system from further spending reductions and to argue for a greater investment—specifically with respect to the infrastructure necessary to address bioterrorism preparedness.

Jeff Lake is associate commissioner for Community Health Services at Virginia Department of Health. Jeff Wilson is coordinator of Virginia Turning Point and of Strategic Planning at Virginia Department of Health.

Turning Point Member Profile

Valerie N. Williams

What does a very busy associate dean for a medical college do in her spare time? Transform a state public health system through Turning Point, of course!

Valerie Williams is associate dean for Administrative Affairs and Faculty Development at the College of Medicine, University of Oklahoma Health Sciences Center. She has been with the College of Medicine since 1989. However, her interest in health, and in particular public health, started years before through work as a policy analyst with the Indian Health Service and as the first executive director for the U.S. Public Health Service Task Force on Women's Health Issues. Among the awards she received during her federal career, she was most honored by the recognition of the Department of Health and Human Services for her work on the Secretary's Task Force on Black and Minority Health and her work on Women's Health.

More recently, though, Valerie's "extracurricular" activities have been centered on community health and health policy directed toward underserved populations. Valerie served as the first elected co-chair of the Oklahoma Turning Point Advisory Committee. Through her leadership, the Advisory Committee initiated a successful transformation of Oklahoma's public health system, toward one that focused on community and state partnerships in public health planning and service design. Valerie's vision for a transformed public health system quickly filtered through the state and local partnerships and gained support from the Oklahoma State Board of Health. Soon, Turning Point's partnership approach to public health decision-making was formally endorsed by the Oklahoma State Board of Health as the best method to approach public health and prevention in Oklahoma.

With the Board of Health endorsement, the statewide Oklahoma Turning Point Advisory Committee reorganized into the Oklahoma Turning Point Council. The Council created a plan to expand the reach of Turning Point beyond the initial partner communities. As the Oklahoma Turning Point organization grew large enough to develop and adopt bylaws, it formed an executive committee and created an annual forum for statewide partners in local and organizationally sponsored Turning Point projects to convene each year for information sharing, shared learning, and networking. Valerie served as the executive committee's chair and is currently completing her service on the executive committee as past-chair.

Valerie would be the first person to say that the success of Turning Point in Oklahoma is due entirely to the wonderful, hard-working state and local partners. This is, of course, absolutely true. Without the partners, there would be no Turning Point in Oklahoma. However, transforming a public health system takes leadership, vision, and unselfish dedication. Valerie Williams more than exhibits all these traits. She has been and continues to be instrumental in changing Oklahoma's public health system into one that is driven by the community and state partners and is focused on health improvement for all of Oklahoma's diverse population.

Nominate a Turning Point member to be profiled in a future issue.
Email us at turnpt@u.washington.edu

Opening Space in Scottsdale

State Grantee Meeting Looks at Environmental and Social Factors Affecting Health

Representatives from the Turning Point partnerships gathered in Scottsdale, Arizona, on May 1-3 for the biannual grantee meeting to examine the social and environmental factors affecting health. Set at the Millennium Resort on a small man-made lake with herons stalking the edges and grackles chattering in the palms, the meeting seemed distant from social and environmental problems, but that didn't stop the participants from spending their time searching for and sharing solutions.

Clayton Williams and Michele Jean Pierre of Louisiana Turning Point.

Peggy Shepard, executive director and cofounder of West Harlem Environmental Action, Inc. (WE ACT), opened the grantee meeting with a plenary talk on environmental justice and health disparities. Founded in 1988, WE ACT was New York's first environmental justice organization working to improve environmental health and quality of life in communities of color. Peggy described how research has shown that race is the key predictor for where polluting industries and sites such as garbage transfer stations and bus terminals are located. Income is the secondary predictor. In other words, poor communities of color are frequently targeted for toxic sites. Research also shows the results for these communities to be increased rates of respiratory diseases, such as asthma, increased lead levels in children, and shorter life spans. Community activist organizations and public health professionals can and must work with local communities, Peggy said, to educate them about health hazards and develop in them the capacity to organize to improve their living environments.

Sue Hassmiller, senior program officer for The Robert Wood Johnson Foundation, and Helen Horton, assistant coordinator of Virginia Turning Point.

Dr. Maureen Lichtveld, associate director for workforce development and director of the Office of Workforce Planning and Policy in the Public Health Practice Program Office (PHPPO) at the Centers for Disease Control and Prevention, spoke on lessons public health professionals can learn from environmental health and bioterrorism preparedness, which share many similarities in goals, means, and limitations. In particular, Maureen concluded, Turning Point can make a difference by bolstering state capacity, strengthening

leadership, and capturing and disseminating best practices.

Following Maureen's presentation, Carin Upstill, project director for New York Turning Point, set the stage for the rest of the meeting with some remarks on what the meeting theme implied for Turning Point's future activities. Carin emphasized the need to raise awareness and understanding about health determinants and the population approach in connection with environmental health.

The core activity of the meeting was the Open Space Technology (OST), facilitated by Rita Schwartz. Open Space Technology is a meeting format in which participants work together to develop their own meeting agenda for discussion sessions. After proposing topics that most interested them for the sessions, participants spent the rest of the morning, afternoon, and next morning digging into such questions as: environmental health indicator tracking, social marketing for managers, involving racial/ethnic minorities in community-based planning on how to address health disparities, engaging the business community, public health/bioterrorism capacity assessment, environmental consequences of methamphetamine production in rural America, packaging and publicizing public health law, and identifying and supporting emerging public health leaders—a total of 22 meaty topics that sparked hours of dialogue on issues and solutions.

On Friday, after the morning discussion session, the meeting concluded with a closing circle in which participants shared observations on the results of their discussions and the use of Open Space Technology. The general consensus was that OST offers an excellent participatory tool for bringing people together around problems and issues they find of most concern and generating a sense of control and capacity to find solutions for those problems.

Notes from the speakers' presentations and the breakout sessions are available on the Turning Point Web site (www.turningpointprogram.org/scottsdale.html).

At the beginning of the Open Space Technology sessions, people checked out the discussion topics and decided which they wanted to attend.

Arizona Turning Point hosted the grantee meeting. Nancy Thomann, director of Arizona Turning Point Project, Maricopa County Department of Public Health, took the opportunity to announce her plans to retire this summer.

Health Disparities Report Creates Firestorm of Press Coverage

With the release of its report "Health Disparities Among Communities of Color: Colorado 2001," the Colorado Turning Point Initiative documented for the first time the magnitude of disparity in health outcomes for African Americans, Latinos, and American Indians as compared to the general population of Colorado.

Shocking statistics revealed that African Americans have the highest overall death rate and a life expectancy that is almost five years shorter than the Caucasian population of Colorado. Hispanics and American Indians have statistically higher rates of diabetes, sexually transmitted disease, homicide, automobile accidents, and teen births than the state's average rates. With statistics like these, it is not surprising that a press release about the report resulted in a firestorm of media coverage. With headlines such as "Health Study: Minorities fare worse," "The health gap," and "Health department study shows minorities suffer more problems," more than 20 newspapers, radio shows, and TV news covered the Colorado Turning Point Initiative's report.

According to Jill Hunsaker, Colorado Turning Point director and author of the report, "This is the first time that Colorado statistics have been documented in this manner. They illustrate the fact that health disparities are a very complex problem that we, as a society, must begin to solve. The statistics are unacceptable as they now stand."

The Communications Office for the Colorado Department of Public Health and Environment (CDPHE) sent the press release to all TV and radio stations and newspapers throughout Colorado. The press release was translated into Spanish as one strategy to target minority media. The report was released publicly on September 13, 2001. However, the press release was intentionally delayed several months while the media were preoccupied with the terrorist events of September 11 and the subsequent anthrax scare.

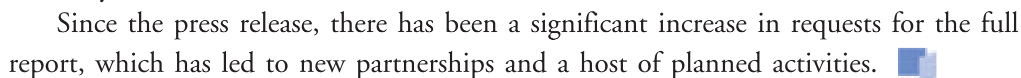
As a result of the press release, Denver's two largest newspapers ran stories and listed the 14 most evident health disparities, which were laid out in the press release (*see box on page 9*). In addition, the story was covered by many local newspapers from around the state, including the *Cortez Journal*, *Douglas County News Press, La Sierra News,* and *Summit Daily News*. The Kaiser Family Foundation picked up the story from *The Denver Post* and posted it on their national list serve "Kaiser Daily Health Policy Report." Hunsaker was interviewed for several radio shows including *Colorado Matters,* a program of Colorado Public Radio. The CDPHE Communications Office reported that this press release received above average media coverage.

According to Hunsaker, most people initially believe that health disparities are caused by one of three things: a low income, personal behavior, or lack of health insurance. The press coverage reiterated Turning Point's message that health disparities are a complex problem that have many root causes, such as inequities in the leading predictors of

health: income, education, access to health care, and a safe living environment. In part, these inequities are the result of historical injustices that have created systemic biases and discrimination that affect communities of color on a daily basis.

The press release also documented Colorado Turning Point's plan in working toward the elimination of health disparities. The plan includes mobilizing the state around the issue, developing a nonprofit organization into a culturally competent state leader on minority health, partnering with communities, recommending policies and systems change to promote the improvement of minority health, and continuing to research the root causes of minority health disparities and the capacity of public health systems to deal with the issue.

Since the press release, there has been a significant increase in requests for the full report, which has led to new partnerships and a host of planned activities.



Written by members of the Colorado Turning Point Initiative.

Health Disparities in Communities of Color

African Americans in Colorado have:

- The state's highest overall death rate and the shortest life expectancy, 4.7 years less than Colorado's general population
- The state's highest death rate of cancer overall and of cancers of the lung, breast, and prostate
- The state's highest death rate of strokes; up to 2.3 times higher than other racial and ethnic groups
- The state's highest rate of infant mortality; up to 5.3 times higher than other racial and ethnic groups
- The state's highest rate of gonorrhea; up to 35 times higher than other racial and ethnic groups
- The state's highest rate of HIV; up to 3.0 times higher than other racial and ethnic groups
- The state's highest rate of homicide; up to 6.6 times higher than other racial and ethnic groups
- Higher rates of diabetes, teen births, and tuberculosis than the general population of Colorado

Hispanics in Colorado have:

- The state's highest death rate of cervical cancer; up to 2.2 times higher than other racial and ethnic groups
- The state's highest death rate of diabetes; up to 2.3 times higher than other racial and ethnic groups
- The state's highest death rate of unintentional injuries; up to 1.7 times higher than other racial and ethnic groups
- The state's highest death rate (shared with American Indians) of automobile accidents; up to 1.9 times higher than other racial and ethnic groups
- The state's highest teen birth rate; up to 6.0 times higher than other racial and ethnic groups
- Higher rates of diabetes, homicide, gonorrhea, tuberculosis, and HIV than the general population of Colorado

American Indians in Colorado have:

- The state's highest rate of chronic liver disease; up to 3.4 times higher than other racial and ethnic groups
- The state's highest death rate of automobile accidents (shared with Hispanics); up to 1.9 times higher than other racial and ethnic groups
- Higher rates of diabetes, homicide, gonorrhea, teen births, and deaths from HIV/AIDS than the general population of Colorado

These statistics were included in the Colorado health disparities press release.

Public Health and Libraries Model Unique Partnership

Nancy Thomann

When a state elects to participate in the national Turning Point initiative, unbelievable changes can take place. In Arizona, a set of new partners has been working closely with the public health folks, and an exciting outcome is being planned.

In 1999, while looking at how technology could be more fully utilized in support of public health activities, a small group from the Turning Point Technology Committee met with the deputy director of the Arizona Department of Library, Archives, and Public Records (DLAPR). During the discussion we learned that the library had worked, a few years before, with the business community in the state to create economic development centers in all the local libraries. The glare from the light bulbs turning on in our heads was almost blinding! Why not, we said, post public health information centers in the public libraries?

This became one of the pieces of the Arizona Turning Point Project Steering Committee's proposal to The Robert Wood Johnson Foundation, specifically, to establish centers for public health in public libraries, public health departments, and tribal service centers throughout the state.

Our final accomplishment will be the establishment of public health information centers in our county and tribal libraries.

After a few starts and stops, a subcommittee was established in August of 2001 to begin the process of making this objective a reality. The subcommittee's library representation includes (in addition to the new deputy director of DLAPR) the Navajo County Library District, the Libraries for the Future Foundation, the Arizona Health Sciences Library at the University of Arizona, Arizona Department of Health Services Library, the Arizona School of Health Sciences Learning Resource Center, and the National Network of Libraries of Medicine (Pacific Southwest Region).

Once we had the libraries interested in working with us, we gradually got a number of public health folks involved. We began meeting to consider how we would meet this objective. As could be expected, there were both challenges and learning opportunities as we moved forward.

Public health is what?

It became evident after a few meetings that we were all speaking in "different tongues." Our first glimmer that something was amiss came when the librarians began talking about such existing sites as MEDLINEplus, STAT!Ref, the NN/LM PSRML Consumer Health Information Services page, and so on. It was confusing enough that each group had acronyms that were foreign to the others. But more importantly, we realized that there were differences in what each group perceived as the kinds of information we were envisioning for the information centers.

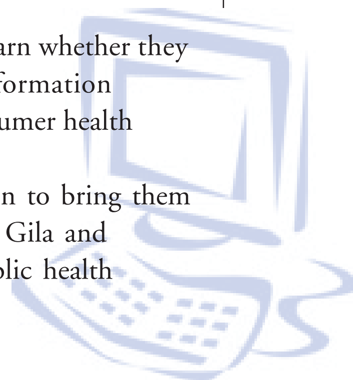
For example, the Arizona Health Sciences Library demonstrated its CHILE project (Consumer Health Information Links for Everyone), which has a Web site linked to the library system in Pima County. When asked if the Pima County public health department was involved, we learned it was not. These revelations were followed by a short session in Public Health 101 for the subcommittee, in order to explain not only what public health is but how its information differs from consumer

health information. We wanted to see Web sites that have public health services referrals, emergency information, data for community-level research, wellness and health promotion information, and so on, available in our communities.

What else is going on?

We learned of the active assistance provided by the Arlington County Libraries in Virginia following the September 11 terrorist attacks. They became a core center for information for the public, sending out twice-daily police and fire department briefings that were also posted on the Web, continuously updating local traffic information, sending special information postings to firefighters, and distributing a roster of potential volunteers to organizations in need (*from "The Public Library as Community Crisis Center" on the Cahners Library Journal's Web site*). This provided our committee with a kind of "stamp of approval" that assured us we were on the right path.

We learned to our surprise that the Bill and Melinda Gates Foundation had provided all the necessary electronic equipment to the public libraries throughout Arizona and were beginning to do the same for the tribal libraries. We had originally thought this would be one of our expenses!



The committee is now conducting a survey of our local libraries to learn whether they provide consumer or public health information, the most common information requests they receive, what training the librarians have in public and consumer health databases, and so on.

We met recently with the Arizona Local Health Officers Association to bring them up to speed and were surprised to learn that two county departments, Gila and Mohave, were already working with their local libraries to provide public health information.

Moving ahead

We are now in the process of reviewing all the information we have accumulated. Next we will select a model that we feel can work. Then will come the hard part—putting the pieces together.

We are currently considering two models. One model, CHILE, has demonstrated that it can add public health information to its existing site and is interested in becoming a statewide resource. The other model, the economic development model, would use the state health department library as the Web base for information, with connections to the county libraries.

It is exciting for us to see our objective begin to emerge as a tangible possibility. Our final accomplishment will be the establishment of public health information centers in our county and tribal libraries. However, a major achievement will have been the collaboration with and shared commitment of our new and nontraditional partners to provide a much-needed resource to the local communities in Arizona.

Nancy Thomann was project director (now retired) of the Arizona Turning Point Project, Maricopa County Department of Public Health.

Assessing the Perceived Value of Public Health

The 2001 North Carolina Public Health Awareness Survey

Christopher Cooke, MA, MS

In an effort to better understand how North Carolinians think (or don't think) about public health, North Carolina Turning Point conducted a statewide survey of perceptions of public health, community health, and quality of life in fall 2001. The findings of this survey are being used to inform public health marketing and communication strategies.

We conducted the survey between October 29 and December 8, 2001, with a sample of about 800 respondents. The survey had four content areas: public health (including boards of health), community health, bioterrorism, and selected public health issues (teen smoking and overweight children).

Findings

About half (45.9%) of the respondents reported having gone at some time to a local health department for services of some kind, but almost two-thirds (66.8%) indicated knowing "very little" or "nothing at all" about public health services. Women were twice as likely to report knowing something about public health than men. Almost all the respondents (98%) knew that there was a local health department in their county. Of those respondents who reported receiving services at a local health department, 81.1% rated their experience as good or excellent.

In spite of the presence of local boards of health in almost every county in North Carolina, the vast majority of North Carolina adults (88.7%) reported knowing "very little" or "nothing at all" about local boards of health. A similar number (86.0%), ironically, believed that the authority of local boards to adopt policies and regulations that protect the public's health was "very important."

Perceived Value of Public Health Services

Service/Benefit	A lot	Some	None at all
Clean Air & Water	34.7%	26.1%	39.2%
Sanitation	26.6%	23.7%	49.7%
Animal Control	24.5%	27.1%	48.4%
Injury Prevention	19.8%	24.8%	55.4%
Disease Prevention	12.0%	23.6%	64.4%
Health Education	9.1%	21.5%	69.3%
Health Care for Poor	5.6%	9.9%	84.0%

Survey respondents' ratings of the value of public health services and benefits.

Respondents were asked to rate the value of a series of public health services and benefits (*see table for results*). These data underscore a fundamental problem for North Carolina's public health ystem. Even in areas such as environmental health (e.g., clean air and water), only about one-third (34.7%) of the respondents indicated valuing public health services in this area "a lot." Traditional public health services, such as health education and disease prevention, were seen as having no value at all by about two-thirds of the respondents (69.3% and 64.4% respectively).

When asked "What comes to mind when you hear the phrase *healthy community*?, respondents included "clean air and water" (31.5%), "good health for all" (22.4%),

"freedom from crime and drugs" (10.7%), and "other" (26.6%). More than nine out of ten respondents (95.4%) believed their community was a healthy place to live and raise a family. Three quarters (75.2%) of those polled thought that their community had "a great deal" or "some" influence on their personal health.

An overwhelming majority (95%) indicated that it was "very important" or "somewhat important" for tax dollars to be used to help make communities healthy places to live. Fewer than half (46.4%) believed that a specific agency or organization was responsible for ensuring their community's health. Of this respondent group, 40.2% identified the local health department as the agency with this responsibility. The bottom line identified was that four out of five people believe that community health is the responsibility of someone other than the public health system. (Full response tables and the complete survey instrument are available online at: www.schs.state.nc.us/SCHSdev/healthstats/phs/).

Summary

Although this survey does provide some insight into the public's thinking about public health, much is still to be learned. Another Turning Point state, Virginia, also conducted a survey of this type. If a number of Turning Point states implement an identical survey on these issues, valuable comparisons across public health systems could be made.

Christopher Cooke, MA, MS, is project director with North Carolina's Turning Point.

This May Be Your Last Issue of *Transformations*!

Yes, It's True!

We recently sent out a postcard asking if you wanted to continue to receive *Transformations* and in what form you would prefer to receive it (electronically or in print). If you didn't receive a postcard or received one but didn't return it to us, it is safe to assume you will be removed from our mailing list.

If you want to continue to receive* Transformations *in print or to receive a quarterly e-mail notifying you that it is on our Web site, we need to hear from you. Please send us the postcard or e-mail us at turnpt@u.washington.edu (be sure to let us know your name, current mailing address, telephone, and e-mail address).

Our next issue will be out at the end of October. Don't miss it!

NACCHO is the national organization representing local public health agencies (including city, county, metro, district, and tribal agencies). NACCHO works to support efforts which protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, and supporting effective local public health practice and systems.

University of Washington School of Public Health & Community Medicine

The mission of the University of Washington School of Public Health and Community Medicine is to promote better health, prevent illness and injury, and ensure more efficient and cost-effective health care and public health services, through training, research, service, and evaluation programs.

Building Better Communication:

The New *Transformations* Editorial Board

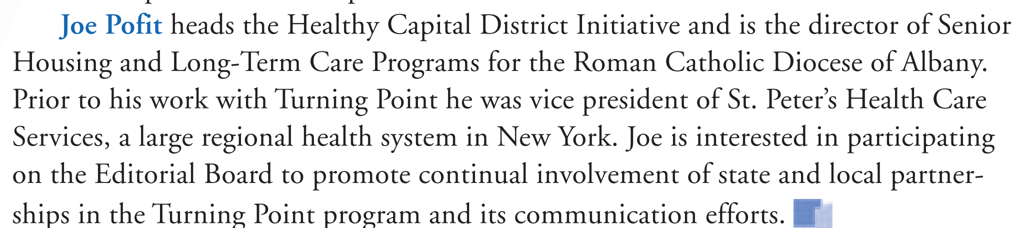
The *Transformations* Editorial Board was created to bring collaboration to our most regular and widespread communication tool, our national program newsletter. We are proud to present the members of the 2002-2003 editorial board, who will be essential in shaping each issue.

Tamara Hubinsky is assistant director of Planning for the Division of Community HealthWorks at the New York City Department of Health. She has worked in the arena of health reform and social policy, and Turning Point bridged her interest in social justice and health system change. Tamara coordinates the New York City Public Health Partnership and participates on the Social Marketing National Excellence Collaborative. Tamara's main interest is in neighborhood-based issues in the context of larger cities, and she hopes to bring this perspective to future issues of *Transformations.*

Sue Ellen Wagner is director of Community Health for the Healthcare Association of New York State (HANYS), a principal advocate for more than 550 nonprofit and public hospitals, nursing homes, home care agencies, and other health care organizations throughout New York State. Sue Ellen spearheads community health activities for HANYS, including advocacy, information, education, and building partnerships to improve the health of communities across the state. Prior to joining HANYS, Sue Ellen worked as a legislative health liaison for the late Senator Michael J. Tully of New York. She looks forward to making *Transformations* a vehicle for sharing lessons learned and stories that others can use to replicate successful programs.

Judy Alexiou is a public health nurse and has worked in public health at the state and local level for the past 25 years. Her professional experience has included field nursing, state and local administration, and consulting in maternal and child health. Currently Judy is the standards coordinator for the Department of Health and Senior Services within the Center for Local Public Health Services. In addition to her work with the Missouri Turning Point implementation grant, Judy participates as a member of the Performance Management National Excellence Collaborative. Judy joined the Editorial Board to experience another aspect of the Turning Point program.

Melanie Reynolds originally moved to Montana to work as a VISTA volunteer on the Blackfeet Indian Reservation. For the past 21 years she has worked primarily as a health educator and administrator for local and state health programs, with an emphasis in women's health. In 1998 she began her work with Turning Point as the Montana State Turning Point Partnership coordinator. Melanie's interest in working on the Editorial Board is to improve *Transformations* as an information dissemination vehicle for partners and the public.



Joe Pofit heads the Healthy Capital District Initiative and is the director of Senior Housing and Long-Term Care Programs for the Roman Catholic Diocese of Albany. Prior to his work with Turning Point he was vice president of St. Peter's Health Care Services, a large regional health system in New York. Joe is interested in participating on the Editorial Board to promote continual involvement of state and local partnerships in the Turning Point program and its communication efforts.

Site Visit: www.lifp.org

The Local Initiative Funding Partners Program

The Local Initiative Funding Partners (LIFP) program supports innovation in health and health care for underserved and at-risk populations. The Robert Wood Johnson Foundation provides matching dollars to selected community-based projects nominated by their local funders. The intent of the LIFP program is to enable private funders to partner with The Robert Wood Johnson Foundation to implement new ideas and strategies that reflect community priorities. Applicants may be public entities or nonprofit organizations. Local grantmakers supplying matching funds during the grant period include corporate or private foundations, local charitable organizations, religious groups, special fund-raising entities, or individual benefactors.

LIFP is an annual grantmaking program. The application cycle takes a year from submission of an initial concept paper to the award of matching grants. Find the 2003 application process, timeline, and further information on the Web site.

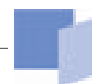
RWJF Update

New Report on Bias in Health Care

Bias in Healthcare, a special report by Dr. Risa Lavizzo-Mourey, RWJF senior vice president, was recently published in the *Star-Ledger* of Newark, NJ. In the report Dr. Lavizzo-Mourey responds to the recent Institute of Medicine report documenting how African Americans, Hispanics, and other minorities receive lower-quality health care than whites. She offers the following recommendations to address bias in health care: increase the representation of minorities in the health professions, provide interpreters where needed, and continue supporting research to increase our understanding of racial disparities in health care. She concluded that health professionals must "think harder about what they do and don't do, say and don't say with patients of color. We must wake up to racial bias in health care."

The entire article is available at www.rwjf.org/newsEvents/bias.jhtm. The article has links to the original Institute of Medicine report: *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (2002).*

Dates to Note



July 10-13, 2002. NACCHO Annual Meeting. New Orleans (www.naccho.org)

September 10-13, 2002. ASTHO Annual Meeting. Nashville (www.astho.org)

October 1-3, 2002. Turning Point State Partnership Grantee Meeting. Oklahoma City (www.turningpointprogram.org)

November 9-13, 2002. American Public Health Association Annual Meeting: Putting the Public Back into Public Health. Philadelphia (www.apha.org)

November 14-17, 2002. 4th Annual Conference: Bridging Boundaries and Borders in Leadership. Seattle (www.academy.umd.edu/ila/meeting.htm)

May 6-8, 2003. Turning Point State Partnership Grantee Meeting. Washington, DC (www.turningpointprogram.org)

October 7-9, 2003. Turning Point State Partnership Grantee Meeting. Location TBA (www.turningpointprogram.org)

Transformations In Public Health is a publication of the *Turning Point: Collaborating for a New Century in Public Health* initiative. The goal of this initiative is to transform and strengthen the public health infrastructure in the United States so that states, local communities, and their public health agencies may respond to the challenge to protect and improve the public's health in the 21st century. The University of Washington School of Public Health and Community Medicine serves as National Program Office for the initiative.

National Program Office

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This may be your last issue of Transformations!

(see page 13 for details.)

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