

Spring 2003

Transformations in public health

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Catalyzing Meaningful Change Through Adaptive Leadership

David Steffen

The new IOM report, *The Future of the Public's Health in the 21st Century*, states that significant changes are now required in the U.S. public health system. Turning Point and its National Excellence Collaboratives are well positioned to lead the accomplishment of the IOM report's recommendations. Turning Point's partnership-building efforts have already been successful in bringing together major public health system partners in collective action. In addition, the National Excellence Collaboratives have been focusing on the change areas that the IOM report has identified: infrastructure, communication, partnership, multiple determinants of health, and accountability.

These Turning Point working groups have identified many of the essential changes that need to be accomplished, but actually accomplishing them is no easy task. Certainly effective leadership and management is a key to their accomplishment.

Two authors whose books guide the thinking of the National Public Health Leadership Institute, Drath and Heifetz (*see box on page 3*), focus on higher levels of social leadership in order to solve complex challenges or issues. The authors call this type of complex challenge an "adaptive leadership challenge." Heifetz defines adaptive leadership challenges as:

"...challenges for which there are no simple, painless solutions—problems that require us to learn new ways. We have many such problems: uncompetitive industry, drug abuse, poverty, poor public education, environmental hazards.... Making progress on these problems demands not just someone who provides answers on high, but changes in our attitudes, behavior, and values. To meet challenges such as these, we need a different idea of leadership and a new social contract that promotes our adaptive capacities, rather than inappropriate expectations of authority. (*Leadership Without Easy Answers*, Heifetz, 1994, p. 2)"

(continued on p. 3)

Something New and Unusual

Bobbie Berkowitz, Director



When I describe Turning Point, the words *innovative*, *imaginative*, *entrepreneurial*, *creative*, and *engaging* enliven phrases such as public health accountability, model law, system infrastructure, information technology, and workforce development. Do we dare be so bold? Can public health law be *innovative*? Can system infrastructure be *creative*? How is accountability *entrepreneurial*, and what is so *engaging* about information technology? When is the last time we developed the public health workforce with *imagination*?

Adoption of innovation is a prerequisite to transformation. An idea may seem unusual at first, but once people become accustomed to it, it becomes common. Take, for example, a local health department that collaborates with the planning and police departments to improve the safety of the community park. This type of collaboration may be new and highly unusual in a community where joint planning among city departments has not occurred. But success in improving the safety of the park may lead to more joint projects and eventually this type of planning becomes the norm. A local community in Oklahoma has used this strategy to encourage physical activity.

The idea of a state health department hosting a business roundtable on economic development may seem unusual to people who do not

equate health and economic viability. Once the connection between employee health, prevention initiatives, and reduced health care costs is made, partnerships between public health and business will become an expectation. Turning Point in Virginia is promoting just such a relationship.

Turning Point partners don't have to wait in hopes that the public health system will adopt these innovations, however. Based on valuable lessons learned from Turning Point's five National Excellence Collaboratives, we believe that social marketing can be an effective tool for transforming and strengthening public health.

The term *social marketing* refers to using marketing methods to influence individuals to change behavior for the benefit of society as a whole. The goal of the Social Marketing National Excellence Collaborative is to promote the application of social marketing to improve public health. Interestingly enough, the adoption of social marketing, currently new and unusual in public health, will rely on its own techniques for diffusion in order to become standard practice.

As Turning Point partners meet these and other complex public health challenges, I am confident they do so with innovative, imaginative, creative, entrepreneurial, and engaging action. ■■

Public health challenges that require adaptive leadership include shifting from clinical services to a more population focus, increasing access to health care, adopting public health performance standards, credentialing public health workers and accrediting public health agencies, reducing disparity in income levels and health status, becoming culturally competent, and involving new stakeholders in public health decision-making.

Leaders must first differentiate these adaptive challenges, from “technical” problems. Technical problems can be solved by more traditional, authority-driven leadership methods in which personal dominance or influence by a leader can generate needed action. For adaptive problems, where clear definitions and solutions are not apparent, dialogue and learning must be facilitated by leadership.

Adaptive leadership strategies

Heifetz and Linsky discuss essential leadership strategies for successfully leading an adaptive learning process.


Get on the Balcony. Move out of the fray to a position from which the patterns revealed by holistic systems thinking are apparent. Personal reflection on individual and group process must take place, serving as a solid foundation for next steps.

Think Politically. The relationships between leaders and others in the change process is crucial. Supportive partners must be courted, the opposition closely engaged, and most importantly, the undecided actively recruited to your vision of change. Key to this strategy is acknowledging the resistance that change brings, including feelings of loss, uncertainty, disloyalty, and even incompetence.

Orchestrate the Process. A safe yet stressful “holding environment” must be created where productive dialogue and conflict can be maintained, while pacing the work in a manageable fashion.

Manage Your Hungers. Personal challenges must be addressed to sustain the stresses of leadership. Leadership can be seductive, and the ready availability of or need for power, control, affirmation, and importance must be tempered.

Anchor Yourself. Leaders must not confuse themselves with their professional role. They must also recognize the need for a truly trustworthy confidant. Allies should not be used as confidants; their interests may be with the leader on some issues but not on others. Confidants, on the other hand, should have no conflicting loyalties and be able to say what a leader needs to hear but may not be able to hear from anyone else. A sanctuary, a place where a leader can retreat to engage in personal reflection, can give necessary rejuvenation during the trying challenges of leadership.

Ultimately leadership is a social process that creates meaning through exploration of relationships, values, aspirations, mutual exchange, gaining understanding, and change. For those in public health in 2003, effective collaborative leadership is a dangerous but potentially fulfilling vocation. Turning Point, the IOM report, and each of our local situations give context and direction for public health changes we must be involved in to catalyze social change that will improve the health and happiness of individuals, families, and communities. 

David Steffen is a member of the Turning Point National Excellence Leadership Collaborative and director of the National Public Health Leadership Institute (PHLI). Find information on PHLI at www.phli.org. Contact David at David_Steffen@unc.edu.

Foundational Texts

The National Public Health Leadership Institute gains guidance in leading change from two books:

- *The Deep Blue Sea: Rethinking the Source of Leadership*, by Wilfred Drath. John Wiley & Sons, 2001.
- *Leadership on the Line: Staying Alive Through the Dangers of Leading*, by Ron Heifetz and Marty Linsky. Belknap Press, 2002. (This text builds on Heifetz’s 1994 book, *Leadership Without Easy Answers*, and adds public health examples and a post 9/11 perspective.)

New Tool Helps Plan, Manage, and Evaluate Social Marketing Programs

Christopher Cooke

In spring 2002, the Turning Point Social Marketing National Excellence Collaborative began working with the Centers for Disease Control and Prevention (CDC) Office of Communication to develop and refine *CDCynergy-SOC*, a practical tool for planning, implementing, and evaluating social marketing programs.

This cooperative effort started with CDC's *CDCynergy-2001*, a CD-ROM-based program for health communication that can be easily used by public health practitioners on their personal computers. *CDCynergy* applies a rigorous planning and evaluation model developed by a team of health communication professionals, instructional designers, and computer programmers. The tool provides not only a tutorial in health communication planning but also a convenient planning template, on-board technical assistance, samples of creative work in a variety of media, related Web links, and a host of other user-friendly features.

The theoretical underpinnings of the original version of *CDCynergy* appeared to be very consistent with established social marketing principles, but to make sure, the Collaborative evaluated the tool in fall 2001. A panel of social marketing academicians, practitioners, and experts was assembled for a one-day review of *CDCynergy* and a structured discussion of how it might be modified to support social marketing applications more directly. This computer-assisted event provided critical information about revisions necessary to ensure that the new version would be as valid and reliable as the original. The Collaborative also contracted for research among potential end-users to develop strategies for promoting the use of *CDCynergy-SOC* in public health settings.

CDCynergy-SOC is based on a logic model, planning template, and tutorial researched and developed by the Academy for Educational Development (AED) under contract to the Collaborative. Representatives of the Collaborative and CDC tested a preliminary version of the tool in Minnesota during early March. *CDCynergy-SOC* will also be presented at the upcoming 2003 Social Marketing in Public Health Conference in Clearwater, Florida.

A field-tested, stand-alone tool for planning and evaluating social marketing programs promises to be useful for the field of social marketing as well as for public health practice. When used correctly, this tool could help ensure that a core set of social marketing best practice principles supports the planning, implementation, and evaluation of public health programs. As with the current version of *CDCynergy*, the final product will reflect expert input, field-testing, and rigorous technical standards. Audiences targeted for use of this new tool include public health professionals in government agencies and community-based organizations who currently use social marketing, as well as potential social marketing practitioners who want to apply a logical planning model to address public health and safety issues. ■

Christopher Cooke is a member of the Social Marketing National Excellence Collaborative and Turning Point project director at the North Carolina Department of Health. CDCynergy-SOC will be ready for distribution in fall 2003. For more information about the Collaborative, contact Sylvia Pirani at sjp03@health.state.ny.us.



Social Marketing is the application of marketing principles, audience research, and strategic planning to nonprofit and government initiatives to promote the public's health and safety.

Turning Point Member Profile

Kim Kimminau

Enthusiasm, openness, frankness, and commitment are a sampling of the assets Kim Kimminau has brought to the Kansas Turning Point partnership. All have contributed to making her the linchpin of the Minority Health Disparities and Data Project.

With a Ph.D. in physical anthropology and a primary job title of vice president for research at the Kansas Health Institute, Kim might seem an unlikely match with her Turning Point role. But then, anthropologists are professionally trained to evaluate without judging, observe accurately, and link disparate facts and peoples. Observing and understanding the public health culture has helped Kim in her Turning Point role as she works to link the many good things happening across Kansas into a system that fits the health needs, perceptions, and realities of minority Kansans.

Kim grew up in New York as part of a multicultural family. She decided to become an anthropologist in 6th grade, “thanks,” she says, “to a great social studies teacher who showed me a field where women were doing work that was both important and fun.” After graduate work at Ohio State University and exposure to public health during an internship at the Ohio Department of Health, she moved to Wichita, Kansas, where she began an academic career at Wichita State University. She also fell in love with and married the rowing coach. (Leroy still loves rowing but now devotes full time to taking care of Kim, their 6- and 8-year-old boys, and an accounting practice.) Kim later moved to Hawaii for seven years. She first worked with the U.S. Army, to recover and identify the remains of U.S. military personnel lost throughout Southeast Asia and the Pacific, and then with the Pacific Health Research Institute, evaluating medical treatment effectiveness among Asians and Pacific Islanders. Harvard lured her back to the mainland, but the siren song of Kansas was stronger, and she returned to the Sunflower State in 2000.

The Kansas Turning Point project believes data forms the foundation for an effective response to minority health disparities. Kim led the team that conducted a comprehensive review of available data about minority health status in Kansas, creating a critical resource for minority health advocacy and assurance. Because the Kansas project recognizes that many advocates for improved minority health lack the skills needed to use health data effectively, it is sponsoring a series of academies for minority community leaders and health advocates. Kim is playing a key role in organizing this training. Perhaps most importantly, Kim is a key point of contact between the Kansas partnership and Kansas minority communities in building a new era of collaboration to start improving data about minority health in ways that are acceptable and useful to minority communities.

When asked about insights gained during her Turning Point activities, Kim said, “We can’t impose an academic or governmental timeline on partnerships. The challenge is that often, this doesn’t fit a grant cycle. There is a natural pace and rhythm, and if you try to push it, you will fail. You can’t force partnerships—they have to grow like friendships.”



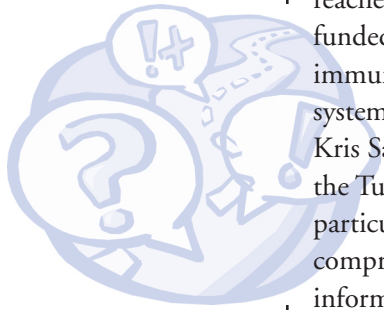
Nominate Turning Point members to be profiled in future issues.

InfoTech and Public Health Informatics Institute Collaborate in Technology Diffusion

Dave Ross, Neil Hann, and Terry Marie Hastings

Turning Point grew from the recognition that collaboration is essential for creating a strong, responsive public health system that includes an information systems infrastructure enabling easy access to timely data sources. Not surprisingly, collaboration is also proving to be an essential dynamic in the diffusion of information technology (IT) innovations in public health.

Turning Point's Information Technology National Excellence Collaborative, known as the InfoTech Collaborative, was funded by The Robert Wood Johnson Foundation (RWJF) to address deficiencies in the nation's public health information technology infrastructure. In the spirit of collaboration, the InfoTech Collaborative reached out for participation by staff of All Kids Count, a national program, also funded by RWJF, that has been instrumental in the development and diffusion of immunization registries and now is investigating the role of integrated information systems in improving child health. Several of the All Kids Count staff—Dave Ross, Kris Saarlal, Terry Hastings, Laverne Snow, and Alan Hinman—have participated in the Turning Point meetings and have been involved in the InfoTech Collaborative. Of particular interest to them has been the Collaborative's effort to develop a comprehensive, Web-based *Public Health Information Systems Catalog* to provide the information necessary to help community health agencies make decisions about which data systems best meet their information needs.



A framework for information tools

The Public Health Information Systems Catalog will answer a key question: “Is there a software tool available to help my health department improve a particular function?” The catalog captures the results of a national survey of public health agencies about the kind of software tools presently in use. The InfoTech Collaborative organized the results of this survey into a database that can be readily searched for contact information to learn more about a specific product, as well as an outline of the characteristics of the product and the purpose it serves.

The InfoTech work has given rise to a basic framework for understanding how public health accomplishes its work through information tools. The framework acknowledges that a public health agency may seek new information tools for a variety of reasons: to replace software built for obsolete hardware, to automate functions previously handled manually, to integrate program information for more powerful policy analysis, or to support electronic linkage with new partners.

Today, public health agencies find themselves under pressure to use technological innovations to improve the efficiency of their processes, accelerate access to and delivery of information, and improve their protection of their populations. The catalog is an important tool for benefiting from the investments in systems made by other public health agencies.

Supporting IT diffusion

The events following 9/11 further underscored the fact that the public health information infrastructure must be strengthened if we are to provide adequate community protection and response against terrorism while also addressing ongoing health concerns. The All Kids Count program, which had focused on information systems and child health, felt this acutely, as did the InfoTech Collaborative. In September 2001, the All Kids Count staff launched the Public Health Informatics Institute to support and enhance technology diffusion within state and local public health organizations.

The Institute supports public health by providing informatics training programs, offering technical assistance to support collaboratively developed requirements for future generations of public health software, assisting in the exchange of software among agencies, and providing objective and informed evaluations of software products and vendors. Currently funded by RWJF, the Institute intends to evolve into an ongoing, self-sustaining organization.

One of the tenets on which the Public Health Informatics Institute is based is that the best innovations made by public health agencies can and must be shared with others. That tenet is supported by the InfoTech Collaborative, and as a result, an agreement has been reached for the *Public Health Information Systems Catalog* to be adopted by the Public Health Informatics Institute to help build its clearinghouse of informatics solutions. The Institute will make information on existing systems accessible by incorporating the Catalog into the Institute's clearinghouse.

Innovations such as information tools are much more likely to be shared if they come from a trusted source of information. The role of the Institute will be to analyze and evaluate information tools from the perspective of public health practitioners and then share the evaluations through the clearinghouse with the public health community.

The Public Health Informatics Institute is excited to be working so closely with the InfoTech Collaborative. The Collaborative's spirit of sharing will not only further the rapid diffusion of public health information tools for the common good of public health but will also leave a permanent legacy in the Public Health Informatics Institute. ■■

Dave Ross, ScD, is director of the Public Health Informatics Institute in Decatur, Georgia. Neil Hann, MPH, CHES, is chief of the Community Development Service, Oklahoma State Department of Health. Terry Marie Hastings is communications director of the Public Health Informatics Institute.

To learn more about the Institute, contact Dave Ross at dross@phii.org or 404-687-5634, or visit www.phii.org.



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 and 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.

The Public Health

Information Systems

Catalog will answer a key question:

"Is there a software tool available to help my health department improve a particular function?"


Policy Corner

Public health issues draw contradictory viewpoints and heated debate, sometimes between colleagues and partners who are nevertheless committed to working toward a common goal. Turning Point's focus on building diverse partnerships to improve public health infrastructure gives us an opportunity to engage in dialogue on important topics. We invite readers to send us their thoughts on the policy statement below or go to our online Policy Corner and add their comments to the online discussion.

Policy Statement

What strategies do you suggest for dedicated, stable funding of state and local public health infrastructures?


Responses

 Public health activities in the U.S. are supported through a patchwork of funding streams that often are fragmented, inflexible, unstable, and unresponsive to the changing public health needs at local, state, and national levels. The categorical nature of many federal funding streams makes it difficult to allocate resources where they are needed most and to support infrastructure that falls outside the narrow scope of most federal programs. At the same time, many communities depend heavily on local tax bases to support public health, leaving the most disadvantaged communities with the largest gaps in infrastructure. Moreover, many agencies fill significant portions of their budgets with nonrecurring or limited-duration funds derived from foundations and other sources, leaving administrators to scramble to find ways of supporting key activities and staff when the funding ends.

To address these difficulties, we must first undertake a systematic effort to identify the minimum costs of providing each of the essential public health activities that every community must have. With this information, policy makers can set predictable, evidence-based public health spending targets at federal, state, and local levels and allocate public funds to jurisdictions based on accurate measures of need. At the state level, the allocation methods can be designed to address differences between the cost of providing essential services and the ability of the local tax base to support this cost. Next, financing vehicles can be established to meet these spending targets while also encouraging quality, efficiency, and accountability in public health delivery.

Categorical funding streams may be necessary for selected services to assure allocation of sufficient resources, but more flexible vehicles such as block grants can be used along with performance measures and incentives to ensure that the goals of quality, efficiency, and accountability are met.

*Glen P. Mays
Mathematica Policy Research
Washington, DC*

 There is a lesson and an illustration of strategies for dedicated stable funding of state and local public health infrastructure in the state of Nebraska. With tobacco dollars, they politically and deliberately created a public health system of local departments in areas of the vast state where there were none. Recognizing the need that every citizen should be served by the essential services of public health, they made the funding for infrastructure a part of the basic allocation dollars.

*Stephanie Bailey, Director of Health
Metro Public Health Department
Nashville, TN*

More Responses to the Policy Corner Statement in the Winter 2003 issue.

Policy Statement: The nation's focus on bioterrorism and bioterrorism prevention funding is undermining the broad mission of public health.

🔄 All public health agencies need to be prepared for the next event, whether it is a huge outbreak traceable to sewage contaminating a drinking water system, a chemical exposure from an industrial explosion, or (we hope not) a terrorist trying to disrupt our lives.

Kristine Gebbie

Columbia University, School of Nursing

🔄 Ask the wrong question, and you'll get the wrong answer every time! First, we need infrastructure money, not bioterrorism money. Second, it needs to go to federal, state, and local levels. Third, it needs not just to "go" but to be sustainable. And fourth, it needs to build a system, not just an agency ... and needs to go where the needs are and not be based on some sort of arbitrary formula.

Hugh Tilson

University of North Carolina at Chapel Hill, School of Public Health

🔄 Preparation for and response to threats from bioterrorism are only the most recent demand on a public health system whose resources are already fully committed elsewhere and yet that is called upon to rise to new challenges. Participants in the public health system will individually and collaboratively "rebalance" competing demands. There will be both gain and loss as a result.

Robert M. Pestronk

Health Officer, Genesee County Health Department, Flint, MI

🔄 Jeff Koplan's response focuses on ends, and Victor Sidel and Barry Levy reflect on means. There is no question that bioterrorism preparedness, as an end, is consistent with public health's broad mission. Yet there are strong concerns that the public's health is ill served by resource deployments that leave long-standing problems unaddressed and raise new threats to individual rights. The two positions may appear to be at odds, but they are hardly contradictory.

Barney Turnock

UIC School of Public Health, Chicago, IL

🔄 Governors and legislators undermine the broad mission of public health when they use dollars such as these, and those previously intended for tobacco usage prevention efforts, to balance state budgets or supplant dollars allocated for public health's work. Public health officials are doing what they have always done with categorical funding—using it for the broader enhancement of public health infrastructure.

Stephanie Bailey

Metro Nashville/Davidson County Health Department, TN

🔄 On the contrary, I see the focus on bioterrorism as an opportunity, one that will strengthen the mission of public health. Therefore, I will stand tall and be proud of the public health community on the day I say to my community, "Public health is prepared to protect."

Teresa Wall

Gila River Indian Community, AZ

The comments above have been edited for length. To read the full comments, go to the online Policy Corner at www.turningpointprogram.org/web_log/weblog_index.html.

Participate in the Policy Corner.

We encourage readers to contribute to this discussion by visiting our Web site and submitting your comments.

In each subsequent issue of *Transformations*, we will summarize the Web discussion on the previous topic.

Deadline for responses to this issue's topic: June 1, 2003.

www.turningpointprogram.org

Third Thursday Breakfast Broadcasts Provide Training

T2B2 Advisory Committee

On the third Thursday of every month except August, public health practitioners across the country can tune into a one-hour satellite broadcast on current public health issues. In 1999 when the series began, no one foresaw that this program would become nationally recognized and take on a life of its own. At that time, several New York State-based organizations were struggling with how to address the need for continuing education for public health practitioners. More than 8,000 local public health workers were located in 1 city health department and 57 county health departments from Long Island north to the Canadian border and west to Buffalo. The state's own public health workforce was similarly spread throughout the state. These practitioners and their community partners were eager to stay abreast of current public health issues, but they had very limited time or resources to travel for professional development.

T2B2, as the series became known, operates as a partnership of the New York State Department of Health, the New York State Association of County Health Officials (NYSACHO), and the University at Albany School of Public Health's Northeast Public Health Leadership Institute (NEPHLI) and Continuing Education Program. The initial partners pooled their contacts and expertise to scare up enough money to start.

The New York State Turning Point Initiative provided critical seed money because the project helped address one of the Initiative's goals: strengthening the skills of the public health work force. The New York State Department of Health (NYSDOH) also provided funding. NYSACHO administered the project, and both NYSACHO and the School of Public Health provided a significant amount of in-kind staff time to support the project in its initial year. The state Office of Children and Family Services also donated in-kind support for broadcast production and provided invaluable technical assistance.

The Office of Children and Family Services pulled out after the first year, but the partnership expanded when the New York Turning Point Initiative brought in the New York State Community Health Partnership. The assistant director of Continuing Education at the School of Public Health served as producer for the programs, which were broadcast from the professional studios of the State University of New York, New York Network. These new partners have been crucial in reaching beyond government-employed public health professionals to the broader community health workforce.

Now, almost four years later, the same key partners continue to be indispensable for T2B2's ongoing success. Every month the partners meet to plan upcoming programs, identify speakers, review evaluations, and address concerns. The director of NEPHLI serves as convener. NYSACHO publicizes T2B2 and provides an active lending library of T2B2 videotapes. The New York State Nurses Association contributes to planning and publicity. The NYSDOH coordinates funding. The School of Public Health Continuing Education office manages the project and production. This office recently hired a professional television producer to become the new producer.

T2B2 still runs on a shoestring, but its finances stabilized with three-year funding provided by the NYS DOH as part of a memorandum of understanding with the University at Albany School of Public Health to support continuing education for the state and local public health workforce.



On April 17, 2003,

Bobbie Berkowitz and

Tina Gerardi, coordinator

of NY's Turning Point

partnership, presented

a T2B2 program on

Turning Point successes.

To download the slides or

obtain information on ordering

a tape, visit [http://albany.edu/](http://albany.edu/sph/coned/t2b2.html)

[sph/coned/t2b2.html](http://albany.edu/sph/coned/t2b2.html).


Although financed and organized in New York State, satellite technology and the Web have made it possible to distribute the program nationally. By listing the program on the Public Health Training Network calendar of events, T2B2 began attracting a national audience of public health practitioners. (To become a downlink site, organizations must register a site coordinator who is responsible for making local arrangements and publicity, copying handout materials, and registering participants.) T2B2 is now featured regularly through organizations such as the California Learning Network, the Johns Hopkins Public Health Training Center, and Vermont and New Jersey distance-learning systems.

The broadcasts reach a live audience of 300-800 each month. The audience varies by topic, although a loyal cadre of participants attend every month. Broadcasts have been used not only to educate the workforce but also to bring together local health departments and community organizations. For example, several communities used a program on Walkable Communities to bring together local health departments and local planning agencies. The Northeast New York Public Health Association schedules at least one meeting a year with T2B2 as the program.

In addition to live broadcasts, the series has now produced more than 40 videotapes. NYSACHO has an active lending library for local health departments to use tapes for in-service training and informal brown bag get-togethers. In New York State the tapes are distributed via several public access cable television networks. Two programs on epidemiology, *A Bug's Life I* and *II*, are now used in statewide training for new public health personnel. The videos are also used by faculty in classes. In 2002, the Public Health Foundation (PHF) agreed to distribute nationally the T2B2 program on Public Health Emergency Competencies with Dr. Kristine Gebbie of Columbia University. Since that time PHF has added three more programs to its national catalog and Web site: *Lyme Disease: Who Let the Ticks Out?*, *Promoting Lead Poisoning Prevention*, and *Ethics in Public Health*. This collaboration with PHF provides a national distribution network for the greater public health community.

T2B2's simple format includes a professional moderator interviewing a public health expert. Participants may phone or fax questions during the last ten minutes of the program. The one-hour format makes it possible for busy practitioners to participate. It also makes the tapes more practical for reuse in other settings. Each month a different representative from one of the sponsoring organizations introduces the program in a 30-second, pre-taped segment. As a result, many of New York's state and local health officers have been included.

Goals for T2B2's future include Web-based evaluation for CMEs and CEUs, making it administratively possible to award these credits beyond New York State. Now that the audience has expanded nationally, the project would also like to tap into national funding resources. Additional funding could support streaming Web delivery and distribution of tapes or DVDs for educators' use in classes.

The seed money Turning Point contributed and the New York State Community Health Partnership that Turning Point helped create were both essential forces in getting T2B2 under way. 



Dr. Kristine Gebbie, of Columbia University, and Joel Ray-Alexander, moderator of T2B2, recording a T2B2 broadcast.

For more information about T2B2, visit <http://albany.edu/sph/coned/t2b2.html>.

Turning Point Grantees Learn to Communicate Strategically

Strategic communications have infiltrated much of Turning Point work across the country, giving increased attention to public health system improvements. How has this happened? Two representatives from each of the state Turning Point initiatives took part in a strategic communications training sponsored by The Robert Wood Johnson Foundation (RWJF) and conducted by Radiant Communications to help grantees develop and implement communications plans.

Participants learned to prioritize whom they most needed to persuade about what and why. They identified values they held in common with their media and political and community audiences. And they thought carefully about why their particular audiences would care about making improvements to the public health system in their states. The end result? They gained the tools and skills to make sure their work was better understood, received broad-based support, gained momentum, and increased awareness of public health system issues and opportunities.

Communications skills for public health

The strategic communications program is designed for program executives who don't have a communications background. "The program supports grantees in fulfilling their missions, advancing program objectives, and maximizing existing resources through a six-month communications planning process," said Sally Patterson, president of Radiant Communications. "Using a multidisciplinary training team, we harness RWJF grantees' expertise to build a plan that addresses the projects' communications challenges. Focusing on a few priority audiences allows the projects to achieve real results."

Turning Point representatives had the opportunity to work directly with and receive consultation from trainers on market research, media and public relations, and new communications technologies. At their first session, participants learned general communications principles and received one-on-one advice while beginning their communications plans. They then set communications goals, identified their highest priority audiences, began developing effective messages, and mapped out a six-month plan of action.

By fall 2002, when the follow-up session was held, many participants could describe new communications strategies they were applying to their work. Others had used strategic communications techniques to educate their policy makers or stakeholders more effectively.

Turning Point grantees, in some instances, reported that the Radiant Communications training helped them realize that they could improve the effectiveness of their communication with their own internal audiences. As a result, they used the model to work with their advisory boards, develop consensus, and recruit new partners for their work. Radiant Communications staff learned lessons in the process as well. Sally Patterson, stated, "One of our lessons is that the internal audiences are often the most important to a program's success and the most often overlooked."



Participants from the Turning Point National Program Office became even more aware of those involved in the 21 state Turning Point initiatives as specific priority audiences for the National Program Office itself.

A variety of applications

The ways in which participants applied strategic communications principles were as varied as the Turning Point states themselves. Although not all Turning Point states developed comprehensive communications plans and some did not launch a specific communications campaign, almost all described knowledge and skills that had positively influenced their work in a variety of ways.

Nebraska's Turning Point participants, for example, used what they had learned in the initial workshop to provide similar mini-workshops for recently hired health directors in each of their newly formed local public health departments. Following these mini-workshops, Nebraska Health and Human Services offered health directors some funds for communications plans for their local sites. "The health districts did some unique, creative things to communicate a public health message at the local level," said Mary Munter of Nebraska. "Even though they received only a small amount of money, it got the local sites thinking in terms of marketing to the community." Mary and her Nebraska colleague Rita Parris learned from the Radiant Communications workshop that you "don't have to have something horribly complicated to get your message across."

Melanie Reynolds and Judy LaPan, from Turning Point in Montana, integrated strategic communications into their entire Turning Point work plan and

public health improvement efforts, following their participation in the workshop. "We used the question 'How can strategic communications move our public health improvement efforts forward more effectively?' to guide our application of strategic communications principles," Melanie said. As part of the process, they analyzed current projects for their intended target audiences and for persuasive framing of the issue or activity. Out of the analysis came improved communications objectives for their report, "Montana's Local Public Health System in a Post 9-11 World: Mobilizing Public Health Officials," and their Montana Public Health Summer Institute.

In the months following the workshop, Jill Hunsaker of Colorado Turning Point found herself frequently noticing things she was reading and asking how they could be made more "punchy and interesting" for people. Communications strategies have infiltrated Jill and her colleagues' day-to-day work. Now they frequently ask, "What is our message here and why is it taking us two pages to get our message across?" As a result, their communications materials, such as bulletins and newsletters, are shorter, more to the point, and written in more fun or interesting ways.

The strategic communications process is also being reflected in the preparation for the Turning Point Policy Summit in Washington, DC, in May 2003. Turning Point representatives are focusing on policy makers as priority audiences and crafting specific messages to highlight the significant contributions and improvements occurring in the public health systems in their states. ■

Diffusing Innovations Across Multiple Organizations

Joe Kimbrell, Lee Thielen, and Chris Kinabrew


A new movement in the public health community is the creation and development of multi-sector partnerships, often referred to as *public health institutes*. The National Network of Public Health Institutes (NNPHI) formed in 2001 to recognize and enhance the work being done in public health by these independent, nonprofit, collaborative entities. It currently has 23 member institutes. NNPHI's mission is to promote multi-sector activities that will result in measurable improvements in public health structures, systems, and outcomes in the United States.

Frequently the public health institutes are closely linked to universities and state health agencies. All of them offer a bridge between traditional public health governmental agencies and important partners in the private and nonprofit sectors. A majority are involved with Turning Point in some way.

NNPHI members must be not-for-profit, have a multi-sector governance

structure, share an aligned public health mission at the governance and programmatic levels, subscribe to the NNPHI mission, and have links with an official public health agency by governance or programming. Some NNPHI members have been funded through their state agency, some with tobacco settlement funds, and others through partnerships with the private sector.

Programs of the member institutes include providing objective analytical information to the state legislature, developing statewide or community-specific training programs, conducting major research, developing bioterrorism programs and products, and credentialing local health agencies. The institutes allow a greater flexibility to launch and administer initiatives than can be found in either governmental agencies or for-profit organizations.

NNPHI helps leverage the resources of its members through educational teleconferences, Web-based information sharing, and in-person meetings. NNPHI is funded through member dues and a cooperative agreement with the Centers for Disease Control and Prevention. NNPHI staff also works on the development of new institutes. 

For more information about NNPHI membership or NNPHI's member institutes, visit www.nnphi.org or contact Chris Kinabrew at ckinabrew@nnphi.org or 504-539-9493.

Work done by NNPHI members

- The Maine Center for Public Health established a partnership with the Harvard Prevention Research Center, then obtained funding from the Maine Bureau of Health and CDC in order to conduct applied public health research in Maine.
- The Arkansas Center for Health Improvement's white paper on "Spending the Tobacco Settlement Funds in Arkansas" catalyzed the development of the Coalition for a Healthy Arkansas Today (CHART). Recently the governor of Arkansas asked the Center to apply to HRSA for a proposal to study health insurance coverage in the state.
- The Michigan Public Health Institute (MPHI) provides a management role for the Michigan Local Public Health Accreditation Program—a collaborative effort of MPHI, the Michigan Department of Community Health, the Michigan Department of Agriculture, and the Michigan Department of Environmental Quality.

The National Council of State Legislatures

The National Council of State Legislatures (NCSL) supports elected state officials and those interested in their national debates. This forum on state government includes research on political issues as well as opportunities to exchange ideas and learn about the work of each state's legislative committees. The NCSL Web site offers current, timely updates on legislators, as well as session calendars and meeting activities. Regular articles cover a variety of topics including health and human services. The Web site's Press Room provides news coverage from each of the state capital newspapers, as well as stories on national events, press releases, and forecasts of state issues for upcoming sessions. Research conducted by the NCSL is available on this site in the form of publications and databases that provide data on complex state issues. A searchable database on all state legislators is also available through an online subscription. William T. Pound, NCSL's executive director, describes his organization as "a source for comprehensive information, research on critical state issues, informative publications, provocative meetings, and seminars."

RWJF Update

Dr. Hassmiller Receives Red Cross Nursing Award

Susan B. Hassmiller, PhD, RN, the RWJF project officer for the National Turning Point Initiative, was recently awarded the highest nursing honor of the American Red Cross. The prestigious Ann Magnussen Award comes on top of Dr. Hassmiller's receipt of the annual Clara Barton Award given by the American Red Cross. During her 27 years of volunteering with the Red Cross, she has taught CPR, provided home nursing, and responded to disasters, as well as working on local, state, and national boards. During the crisis that followed the September 11 disaster, Dr. Hassmiller provided hands-on services at Ground Zero and assistance to families and other volunteers. In the many months that have followed this crisis, she has worked on a national taskforce to improve the efficiency of disaster services provided by the Red Cross. She now chairs the Disaster Services Committee of the American Red Cross Board of Governors. Sue Franson, of the Central New Jersey Red Cross Chapter of which Dr. Hassmiller is a member, praised her spirit and commitment. "Whenever we face a challenging time, whether locally or nationally, she always gets us through. She's a true leader, and her compassion rings true in everything she does." Those who know Dr. Hassmiller are not surprised by this recognition of her overwhelming dedication to community service and health improvement.

Dates to Note

May 6-8, 2003. Turning Point Policy Summit. Washington, DC (www.turningpointprogram.org)

August 4-8, 2003. Summer Institute for Public Health Practice. Seattle, WA (<http://nwcphp.org/niphp>)

September 9-13, 2003. ASTHO-NACCHO Joint Annual Meeting. Phoenix, AZ (www.astho.org or www.naccho.org)

October 10-12, 2003. Turning Point State Partnership Grantee Meeting. San Diego, CA (www.turningpointprogram.org)

November 15-19, 2003. American Public Health Association Annual Meeting: Behavior, Lifestyle and Social Determinants of Health. San Francisco, CA (www.apha.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.

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