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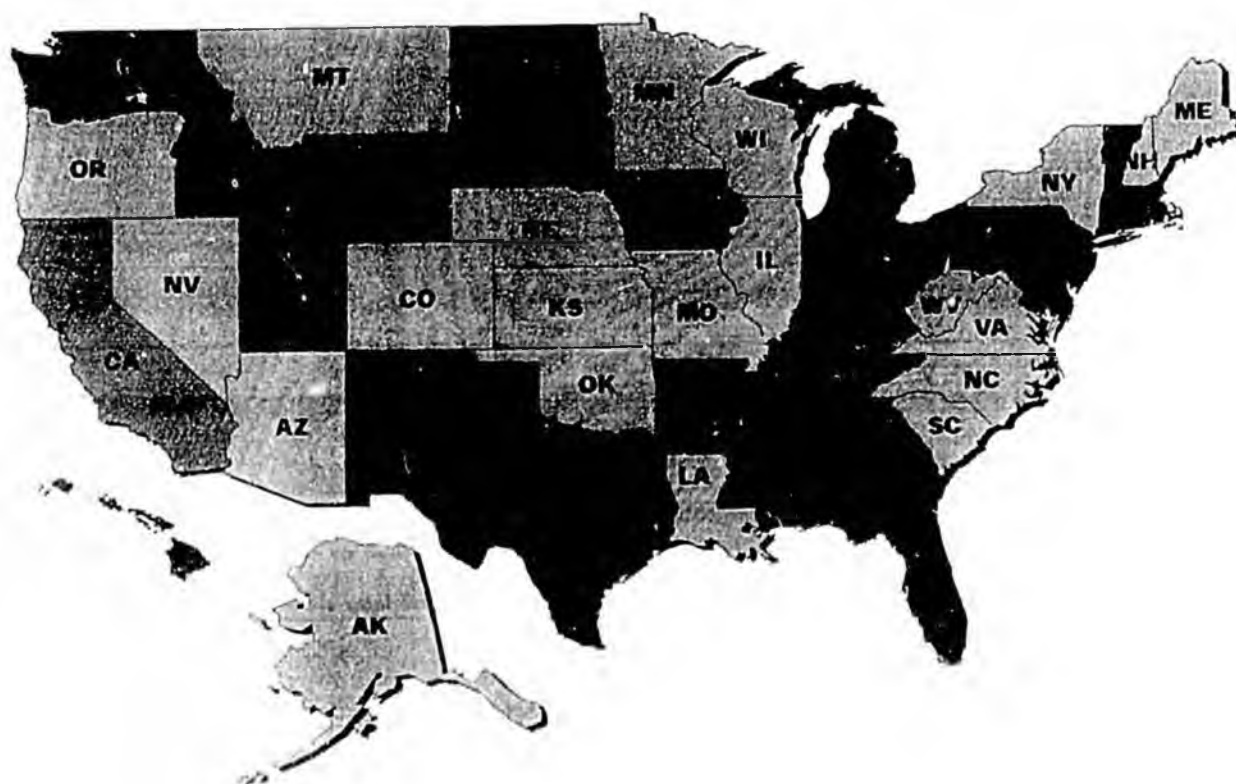
At no time in recent history has the system that supports and protects the health of the American public been as much on the minds of our national policy makers as it is today. Potential and existing public health threats from bioterrorism and emerging infectious diseases have made the public and our national leaders more aware of the role of public health workers, their partners, and their supporting institutions. Public health systems have always functioned to keep populations healthy and to recognize and respond to health threats, but a unique opportunity exists today to communicate more effectively how this is done and what is needed to maximize these systems and invest in those who do this work.

The pages that follow represent the extraordinary accomplishments of those who have made significant improvements in the public health systems in their states and communities through the Turning Point Initiative. With support from The Robert Wood Johnson Foundation, state wide partnerships with representatives from local communities, businesses, hospital corporations, nonprofit groups, minority coalitions, religious organizations, and many others have been working together to create more efficient and effective systems for improving the public's health. This work has recognized and nurtured the interest and investment of multiple sectors in wanting to create a healthy environment for all. The states and communities involved in the Turning Point process have sparked public health innovations by identifying strengths and weaknesses in their public health systems; understanding the scientific, political, and social environments that affect public health systems and the health of their populations; and valuing the participation and contributions of other sectors in establishing new approaches to improving health.

It is with pride that public health partnerships from Turning Point states and the Turning Point National Program Office present these successes in this publication. These fact sheets highlight to national policy makers, what can be and has been achieved through planning, partnerships, and concerted efforts at improving systems for effective health promotion and protection. These fact sheets also outline what Turning Point partnerships and the National Program Office can offer to national policy makers who want to be more responsive to the health needs and public health safety of their constituents.

Bobbie Berkowitz, PhD, RN, Director
Turning Point National Program Office
Seattle, Washington
May 1, 2003

Turning Point State Partners Across the Country



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More About Turning Point

A strong public health system is crucial for protecting and improving the health of Americans.

Make Every Health Dollar Count

Half of the world's health care dollars are spent in the US. But in 2000, the US ranked 28th among all nations in terms of our life expectancy. At the same time, only 1% of federal health dollars are spent on public health efforts that would improve our overall health.

Strengthen Public Health Systems

Now, more than ever, our country needs a vigorous public health response to threats such as bio-terrorism and the growing public health concerns of obesity, violence, and tobacco-related illnesses.

These health concerns cause more than 2 million avoidable deaths in the US, every year.

Budget cuts at all government levels have devastated the public health workforce and capacity to respond at the very time that emerging threats to the public's health require advances in public health science, training, and leadership.

Public health needs sustained support for improving the nation's health and preparedness.

For more information

Turning Point
National Program Office
6 Nickerson St. Suite 300
Seattle, WA 98109
Bobbie Berkowitz, Director
bobbi@u.washington.edu
206 616 8410
www.turningpointprogram.org

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Collaborating for a New Century in Public Health

What is Turning Point?

Individuals and organizations from different sectors in many communities and states have come together to create a public health system that works smarter and better. Transforming public health so that it achieves the goals of preventing disease and injury, protecting the public from threats to health, and promoting healthy behaviors are efforts at the heart of Turning Point.

At the national level, Turning Point collaborates with other public health organizations to help realize the Institute of Medicine's vision of a strong and effective public health system.

How is Turning Point improving public health?

Turning Point has developed specific models for a more effective and responsive public health system. Through 21 state partnerships of state and local public health and community-based agencies and through five national collaboratives we are:

- Improving the accountability of public health efforts
- Developing a model law to update public health statutes
- Increasing the effectiveness of public health information technology
- Motivating changes in behaviors to promote good health outcomes
- Promoting skills and competencies of public health practitioners and leaders

What can Turning Point help you do?

- Identify the most important health needs of residents in states and communities nationwide
- Create effective and accountable structures to deliver public health services to states and communities
- Develop population data that supports decision-making about public health priorities
- Generate strategies to improve the health status of individuals, families, and communities
- Target the best ways of eliminating health disparities among and within populations
- Provide evidence of effective partnerships that have transformed public health systems

Support

The Turning Point Initiative is funded by The Robert Wood Johnson Foundation. The National Program Office is located at the University of Washington School of Public Health and Community Medicine.

A strong public health system is crucial for protecting and improving the health of Americans.

Alaska's Public Health

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

Public health has a mission to protect and improve health. To carry out this mission effectively and use its resources wisely, the public health system needs up-to-date information about the diseases, conditions, and other health threats affecting population groups. Among the most significant and persistent public health concerns in Alaska today are tobacco use, alcohol consumption, injuries, suicide, nutrition, and chronic diseases.

Inadequate access to health status statistics and information was identified in the Alaska Public Health Improvement Process as a significant problem in Alaska's public health system. Addressing this deficiency is essential for making progress toward Alaska's health improvement priorities.

Alaska needs a public health information system accessible to all components of our diverse public health system to assist with decision making at all levels.

For more information

Deborah E. Jackson, Deputy Director

Alaska Division of Public Health
P.O. Box 70000

Juneau, AK 99801-0000

907-465-8000

deborah.jackson@health.alaska.gov

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Alaska

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What is Alaska Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In Alaska, Turning Point is developing a public health information system. The goals of this project are to:

- Provide information to policy makers, public health system partners, and the general public about the health status of Alaskans.
- Provide community-based organizations with the data and information they need, as well as the technical assistance on how to use it, in order to conduct community assessments and plan health improvement initiatives.

How is Turning Point in Alaska improving public health?

- Providing direct access to policy makers, health professionals, and community members needing useful information for their own planning and decision making. Resources developed by Turning Point and now available on the Internet can be used to assess health needs and establish priorities on a state, regional, or local level.
- Establishing a permanent and ongoing capacity for data compilation, analysis, and dissemination of public health information. This capacity is important for:
 - Recognizing trends and monitoring health improvement.
 - Informing policy making, program management, and program evaluation with current, comprehensive information.
 - Identifying and setting goals to be reached among communities throughout Alaska using data to impact key health issues.
- Convening Alaskans from rural and urban communities, Native organizations, state and federal agencies, and private businesses to contribute their knowledge and expertise to public health decision making and to setting health goals. Two publications resulting from one such partnership describe the current health status of Alaskans, set targets for health improvement, and describe strategies that have been used in Alaskan communities to address public health problems.

What can Alaska Turning Point help you do?

- Identify specific health issues and barriers to community health in Alaska
- Access data and information for making decisions regarding allocation of resources and the structuring of systems
- Monitor and protect the health status of Alaska residents

Support

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Arizona's Public Health

Arizona's population has almost doubled in the last 20 years; but the public health workforce has not kept pace. Arizona has only 48 public health workers for every 100,000 residents, nationally the rate is 158 per 100,000. Only 2.3% of health care expenditures in Arizona are spent on public health.

Arizonans' life expectancy is 71 years (55 for Arizona Native Americans), compared to the national average of 76 years. The leading causes of death in Arizona are largely preventable through access to care, education, and changes in behavior.

An estimated 18.4% of Arizonans lack health insurance, compared to 14.5% nationally.

An Arizona public health success story is that fewer Arizonans use tobacco than the national average (18.6% compared to 23.2% nationally). Disease prevention and health promotion programs can improve the public's health, but they happen through broad planning, public involvement, and a strong public health system.

For more information

Catharine Riley, MPH, Director
Carol Lockhart, PhD, Community Steering Committee Chairperson
Arizona Turning Point Project
Maricopa Co. Dept. of Public Health
184E Roosevelt
Phoenix, Arizona 8006
602-86-1748
www.aztpp.com

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Arizona

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What is the Arizona Turning Point Project?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Arizona works collaboratively with communities and key partners to improve the public's health and promote sound public health policies. The project addresses public health workforce development needs, information dissemination, disparities in health status, and public health advocacy and seeks to make the public health system in Arizona more effective and responsive to community concerns and issues.

How is the Arizona Turning Point Project improving public health?

- Providing workforce development for frontline public health workers through training and technical assistance in an "Academy Without Walls" to strengthen the public health workforce
- Increasing direct access to public health information through the creation of Public Health Information Centers in public libraries, local health departments, and tribal service centers, providing access to public health information and building working relationships between libraries and local health departments
- Assessing local county and tribal public health workforce competencies in partnership with the Arizona Local Health Officers' Association by implementing *The Public Health Competency Handbook*, an assessment and evaluation tool for local health departments to improve public health competency of individuals and organizations
- Providing skill building and knowledge to local communities about how to advocate for their own health needs and encourage community participation in statewide public health planning

What can Arizona Turning Point help you do?

- Address public health policies and priorities identified by a planning group of more than 100 individuals representing state and local community partners
- Access opportunities to engage in community dialogue about promoting, protecting, and preserving the public's health
- Provide up-to-date information about emerging public health issues and link individuals, communities, and organizations to public health experts

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

California's Public Health

With 61 public health departments in 58 California counties and 3 municipalities, California has one of the best public health systems in the nation. Yet, existing structures might not be adequate for the types of resources needed to improve health.

The complex issues related to lifestyle, environment, and emerging infectious diseases require comprehensive solutions and a public health system prepared to address the range of factors that most influence community health.

The leading causes of death for Californians are preventable health problems caused by tobacco use, poor diet and lack of exercise, alcohol, infectious agents, and pollutants. Obesity alone currently costs California \$3.2 billion a year in direct medical costs and lost productivity.

Today's public health system must be based on strong health departments working collaboratively with communities to confront the changing social and environmental sources of preventable illnesses.

For more information

Maia Campbell Casey, MEd, MA
Executive Director
Partnership for the Public's Health
500 11th Street, Suite 810
Oakland, CA 94612

Dr. Stewart Nankung, MD, MPH
President

CA Conference of Local Health Officers
Health Officer, City of Berkeley
2411 Sixth Street
Berkeley, CA 94710

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California

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What is Turning Point in California?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In California, Turning Point has a formal linkage with the Partnership for the Public's Health, a statewide initiative funded by The California Endowment and administered by the Public Health Institute. The Partnership for the Public's Health is a five-year initiative that supports collaborative planning for community health improvement among 14 public health departments and 37 community collaborative groups in California.

How is the Partnership for the Public's Health improving health?

- Supporting the development of effective and responsive public health systems
- Mobilizing and developing effective public health leadership in communities through partnerships between local health departments and community organizations to support sustainable community health improvement initiatives
- Increasing cross-cultural understanding among local partners in order to address disparities in health
- Addressing the complex health priorities identified by communities working in partnership with their local health departments
- Promoting policies that improve public health capacity in California to work more effectively with communities

How can the Partnership for the Public's Health help you address these concerns?

- Identify and address policies that are barriers to improved health for California and its communities
- Facilitate partnerships to develop innovative solutions to public health problems and emerging issues
- Communicate reliable health information to the public and policy makers

Support

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Partnership

for the Public's Health

A strong public health system is crucial for protecting and improving the health of Americans.

Colorado's Public Health

In an otherwise healthy state, the magnitude of health disparities among racial and ethnic groups is staggering. African Americans, American Indians, and Latinos/as in Colorado experience higher rates of disease, disability, and death than the general population. These disparities cost health care dollars, productivity, and future contributions to family and community.

With bioterrorism threats and emerging diseases, we collectively must ensure that all Colorado communities are prepared and protected. Public health and community based organizations need sustained support in working together on health promotion, disease prevention, and emergency preparedness.

All people, regardless of race and ethnicity, should have an equal opportunity to be healthy.

For more information

Jill Kusaka, MPH, Director
Colorado Turning Point Initiative
Colorado Dept. of Public Health & Environment
1300 Cherry Creek Drive South
Denver, CO 80246
www.cdphe.state.co.us
(303) 692-2399

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Colorado Turning Point

Collaborating for a New Century in Public Health

What is Colorado Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Toward this goal, Colorado Turning Point is forging new partnerships to ensure that the state's minority communities are not left behind. The elimination of health disparities must be a top priority for health professionals, policy makers, and communities, so that together we may work toward a solution.

How is Colorado Turning Point improving public health for all?

- Tracking health issues and reporting differences in health by race and ethnicity
- Educating affected communities, health systems, and policy makers on the magnitude of health disparities and their root causes
- Convening traditional public health stakeholders and community-based organizations to address complex public health issues
- Making data, information, technical assistance, and other types of support available to community-based organizations and the public
- Building leaders among minority health professionals through direct training and mentoring, and promoting workforce diversity to improve the quality of public health services
- Endorsing the need to promote social justice strategies that will eliminate differences in health

What can Colorado Turning Point help you do?

- Engage minority communities in assessing local public health needs and defining priorities
- Identify barriers to community health including differential access to health care and other health promoting systems
- Educate minority constituencies about their health status and community resources
- Consider policies that will level the playing field for minority communities

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

Illinois' Public Health

Illinois' top leading causes of death result in more than 84,000 deaths in 2000. Many of those causes, including heart disease, cancer, accidents, diabetes, and liver disease, are strongly associated with lifestyle and social factors. As many as one half of those deaths could have been prevented.

The least costly and most effective way to improve health today is to prevent disease and disability before it occurs.

Poor health and early death do not affect all Illinoisans the same. The difference in the rates of premature death between blacks and whites is the largest in the country.

Illinois' efforts to improve health are fragmented among multiple state agencies and across the private and nonprofit sectors. Local level partnerships vary greatly in their resources and capabilities.

The complex issues that underlie preventable health problems in Illinois require a public health system prepared to address the range of issues that most influence community health.

For more information,

Elissa J. Baseler, Executive Director
of Public Health Futures

Public Health Futures
100 W. Randolph Street, 6th Floor
Chicago, IL 60601
Tel: 312.463.1000
Fax: 312.463.1000
www.turningpointprogram.org

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Illinois Turning Point

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What is Illinois Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In Illinois, Turning Point is known as Public Health Futures Illinois, a partnership of over 8 public, private, and voluntary organizations seeking to improve health through prevention by enhancing community and state public health systems serving the people of Illinois.

How is Turning Point improving public health through Public Health Futures Illinois?

- Engaging a broad range of public health interest groups in partnership to identify and address gaps and weaknesses in the public health system. Partners include representatives from the insurance industry, academia, rural health, the hospital association, and the Red Cross who are committing time and resources to improving the health of Illinoisans.
- Mobilizing collective action to advocate for improved public health policies and expanded public health resources that respond to the unique needs of the people of Illinois.
- Educating the public and policy makers on the complex, primary causes of poor health for Illinois residents and promoting strategies to address them.
- Supporting the development of local community health partnerships to identify and address local health status and health systems priorities through training, technical assistance, and policy development.

What can Illinois Turning Point help you do?

- Engage communities in assessing local public health needs, defining priorities, and supporting them in implementing innovative strategies to address community needs
- Mobilize partners in various sectors to develop and advocate for new policies, including promoting and expanding prevention as a critical strategy for saving public and private health care dollars
- Research and provide relevant statistics on the health status of Illinoisans and related health system issues

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Kansas' Public Health

The leading causes of death disproportionately affect racial and ethnic minorities in Kansas. Hispanic/Latino Kansans have an 83% higher death rate from diabetes than the general population. African Americans have twice the rate of low birth weight babies and infant deaths. Understanding the effect of economics, access to health services, geography, and having good data are key factors in improving Kansans' health.

Local public health departments provide important services and protections in the public's interest. In 105 counties, 99 local health departments serve the public, but the public health workforce is strained. In a rural state such as ours, ensuring that we use every available partner in the system is critical.

Using data to make informed decisions in times of limited resources has never been more important. Information is at the core of strengthening Kansas' public health system.

For more information

Dick Morrissey,
Kansas Department of Health and Environment
1000 SW Jackson, Ste. 340
Topeka, KS 66612-1365
785-296-1200
dmorris@kdn.state.ks.us

Kim Kimmigau
Kansas Health Institute
212 SW Eighth Ave. Ste. 300
Topeka, KS 66603-3936
785-233-5413
kkimmigau@khi.org

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What is Kansas Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In Kansas, the Turning Point Initiative facilitated a Public Health Improvement planning process that identified a number of priority areas where attention was needed to ensure optimal public health for Kansas. Turning Point then provided funding to enable the state to take important action steps on some of these priorities.

How is Kansas Turning Point improving public health?

- Improving linkage of health data sources for public health planning and action to address health disparities
- Supporting a new training program for local leaders to improve their ability to use health data to affect public health improvement
- Linking state and community health efforts aimed at eliminating health disparities among Kansas racial and ethnic minority populations
- Catalyzing a Kansas public health workforce initiative that resulted in the Kansas Public Health Certificate program, a model program to improve the skills of local and state public health personnel
- Joining with the Kansas Health Foundation to expand the capacity of the Kansas Integrated Public Health System, an information system for local public health departments
- Facilitating discussion regarding health policy changes necessary to meet public health needs in the future

What can Turning Point help you do?

- Serve as a reliable source of information from around the nation about innovative programs being undertaken to improve the health of the public
- Provide up-to-date, accurate information regarding health status and health disparities among racial and ethnic minorities in Kansas
- Showcase effective partnerships that deliver quality public health and preventive medical services while meeting the needs of those with and without health insurance

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Louisiana's Public Health

Louisiana's public health system suffers from a lack of adequate funding and resources—creating an environment in which it is difficult to set new health policies—and a lack of effective cooperation among organizations that provide health care.

For a decade, Louisiana has consistently ranked among the lowest 10 states for the health of its residents. Louisiana also has some of the highest levels in the US of unemployment, uninsured workers, and people with chronic diseases.

Organizations and individuals invested in the public's health in Louisiana must coordinate efforts to maximize resources and create innovative systems of delivery to improve the health of those who live in our state.

For more information

Joe Kimbrell or Michele Jean-Pierre

Louisiana Public Health Institute
1600 Canal Suite 501
New Orleans, LA 70112
504 539-9481
mjeanpierre@lphi.org
jkimbrell@lphi.org

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Louisiana Turning Point

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What is Louisiana Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. The Louisiana Turning Point Partnership, formed in 1998, helps communities make beneficial partnerships with local sectors to address their public health needs. It is housed at the Louisiana Public Health Institute.

How is Louisiana Turning Point improving public health?

- Creating the Community Capacity Enhancement Center to help communities gain the knowledge and skills necessary to influence public health policy and successfully develop and sustain local health initiatives
- Convening organizations engaged in improving the public's health in forums called the Access to Care Congress, which has allowed for comprehensive problem-solving among local organizations to ensure access to care in the state
- Improving effective policy development in Louisiana by creating the Louisiana Public Health Policy Institute and by facilitating a conference to help communities across the state learn about affecting the development of local and state public health policy
- Conducting the first comprehensive assessment of Louisiana's public health environment, culminating in the Louisiana Public Health Improvement Plan of June 2000
- Providing training and technical support for 29 community health Delta Parishes on effective leadership and successful grant administration

What can Louisiana Turning Point help you do?

- Expand access to health care for the uninsured and under-insured in Louisiana communities
- Increase community leadership development and mobilization for improving local public health systems

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

Maine's Public Health

Heart disease is the leading cause of death, illness, and health care costs for citizens of Maine.

Unlike almost all other states, Maine does not have a systematic, statewide organized public health structure at the local or regional level.

Strong public health systems have the ability to improve the lives of the public, protect the public's health, and ensure the delivery of the essential public health services.

Citizens of Maine should have access to the benefits of public health based in a strong system.

Maine needs a public health infrastructure at the regional level that can complement the state system and local activities.

For more information

Ann Conway, Project Director
Maine Center for Public Health
12 Church Street
Augusta, ME 04330
207-629-9272
bjoly@mcph.org

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Maine Turning Point

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What is Maine Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. The Maine Turning Point project has more than 30 partners working together to build a strong public health system for people in Maine. These partners are convened by the Maine Center for Public Health, a private, nonprofit organization established by the Maine State Legislature in 1996 to improve the health of Maine citizens.

How is Maine Turning Point improving public health?

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

What can Maine Turning Point help you do?

- Provide information to support the development of public health policy
- Understand the issues related to the organization of public health at the sub-state level
- Improve the health of Maine residents through support of a regional structure, based on the configuration of regions for bioterrorism preparedness, to coordinate public health activity in communities

Support

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MAINE



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A strong public health system is crucial for protecting and improving the health of Americans.

Minnesota's Public Health

Minnesota has a comprehensive public health system based on a strong partnership between state and local governments.

Minnesota ranks second in the U.S. in good health and quality of life due to strong policies and partnerships related to safe food and water and healthy pregnancies and births. All Minnesotans have not benefited equally, however, from the systems that promote good health since Minnesota residents also have some of the widest gaps of any state in the country in health status for both white and nonwhite populations.

Many public health problems, such as racial and ethnic health differences, cannot be resolved by a single agency or sector acting alone.

To maximize the effectiveness of the public health system and the health of all Minnesota residents, partnerships must be strengthened with health care systems, communities of color, community-based organizations, educational institutions, and others.

For more information

Doreen Burns or Lee Kingsbury

Minnesota Department of Health
Office of Public Health Practice
121 East 7th Place
St. Paul, MN 55164-0975
Tel: (651) 296-8200 • Fax: (651) 296-9156

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www.mn.gov/health

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Minnesota Turning Point

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What is Minnesota Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Minnesota is exemplified by the Minnesota Health Improvement Partnership, a collaborative of public, private, and nonprofit sector organizations that are committed to improving the health of Minnesotans.

How is Turning Point's Minnesota Health Improvement Partnership improving public health?

- Convening people from many sectors who are collaborating to improve the public's health. As a result, partner organizations are reporting significant changes in the way they do business.
- Engaging private and nonprofit sectors in working with state and local public health agencies on difficult crosscutting policy decisions. Minnesota's Blue Cross Foundation is redesigning its funding guidelines in order to address inequities in health as a result of this Partnership's work in linking social and economic conditions and health.
- Influencing policy direction in addressing health issues. For example, the Greater Twin Cities United Way reports using new strategies to increase community involvement and that the work of the Minnesota Health Improvement Partnership's work influences which key public health policy issues to address.
- Increasing the understanding and commitment to public health work among diverse partners in public health.
- Providing direction to the work of public health partners. The Center for Population Health in Minnesota's seven-county metro area, for example, uses the statewide goals developed by the partnership to develop its annual work plan.

What can Minnesota Turning Point help you do?

- Mobilize partnerships to develop innovative strategies to address high-priority health needs
- Identify strategies that build on the strengths of the public, private, and nonprofit sectors sharing resources and approaches that improve health in complementary ways

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Missouri's Public Health

In 1999, the United Health Foundation State Health Rankings ranked Missouri the 26th healthiest state in the country. By 2002 Missouri had fallen to 32nd in overall key health indicators. Missourians are experiencing a significant increase in the number of deaths due to heart disease, cancer, and infectious disease. Combined with increases in smoking, children living in poverty, and a general lack of health insurance, the health of Missourians is in danger.

A shortage of resources at all levels of government has devastated the public health workforce and its capacity to respond at the very time that emerging threats to the public's health require advances in public health science, training, and leadership.

Sustained, comprehensive attention and support is needed for improving Missouri's health and the ability of its workforce to address priority health issues and be prepared for public health emergencies.

For more information

Janet Canavese
Project Coordinator

Missouri Institute
for Community Health
416A East State Street
Jefferson City, Missouri 65101
660-343-3627

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FOUNDATION

Missouri

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What is Missouri Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Missouri has created the Missouri Institute for Community Health (MICH) a multi-sector organization that facilitates planning and decision making among health care providers, the private sector, community colleges, universities, health and human service associations, and state and local government.

How is Turning Point improving the lives of Missourians through MICH?

- Encouraging and supporting comprehensive community efforts to promote health and target the root causes of preventable disease—efforts such as county-wide health assessment, planning, and community prioritizing
- Supporting efforts to increase the skills and capacity of Missouri's public health workforce
- Fostering the use of standards of practice in the performance of essential public health activities at the community level so that communities are guaranteed their right to comprehensive public health service and protection
- Supporting approaches that improve public health at the level of more efficient systems
- Utilizing diverse partnerships to maximize shared resources and decision making

What can Turning Point's MICH help you do?

- Communicate new and emerging public health issues to the public health workforce and the people of Missouri
- Showcase Missouri as a model state for voluntary standardization of local public health agencies
- Convene community health systems together with local residents to improve public health responsiveness at the local level

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

Montana's Public Health

Montanans do not have access to a consistent set of public health services across the state.

Only half of the state's local public health departments are meeting at least 50% of the standard community services expected of public health systems.

In 2000, Montana had one of the highest percentages of residents without health care coverage and had the lowest average annual day of any state in the country. At the same time, obesity is on the rise, bringing increases in diabetes, heart disease, disabilities and health care costs throughout the state.

Montana residents face serious public health challenges, including the need for protection from emerging public health concerns, such as West Nile virus and bioterrorism threats.

For more information

Jane Smiley, MPH

Director, Office of Public Health
System Improvement
Department of Public Health &
Human Services
406 441 9020
PO Box 202951, Helena, 59620
jsmiley@state.mt.gov

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Montana Turning Point

Collaborating for a New Century in Public Health

What is Montana Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Montana's Turning Point Initiative has defined the public health system to include traditional state and local public health agencies and a wide variety of community partners. These partners are currently engaged in implementing a strategic plan to improve our public health system and the health of our citizens.

How is Montana's Turning Point Initiative improving public health?

- Implementing *A Strategic Plan for Public Health System Improvement in Montana* in collaboration with local public health agencies and other community partners to ensure that citizens across the state have access to a consistent set of public health services and expertise
- Promoting local partnerships with public health agencies working in coordination with hospitals, health care workers, nonprofit agencies, county governments, business, faith communities, and others to protect and promote the public's health
- Providing training and education for public health workers through the Montana Public Health Training Institute in order to supply local health settings with staff trained to respond to new and emerging public health issues and emergencies
- Facilitating communication among public health system partners, including building capacity in telecommunications and computer technology for increased efficiency and effectiveness throughout the public health system.
- Developing a performance management system for quality improvement and system accountability

What can Montana Turning Point help you do?

- Work to ensure Public Health Emergency Preparedness and Response efforts address all types of emergencies to better serve the public on a daily basis
- Assist in the evaluation and improvement of public health services to ensure funding is used appropriately
- Improve communication among local public health agencies to assure public health concerns are addressed with a coordinated statewide approach
- Serve as a reliable source of information on the status of the public's health in Montana

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

Nebraska's Public Health

In 2000, Nebraska's public health system was weak, fragmented, uncoordinated, and under-funded. It had 16 local health departments that covered 22 of the state's 93 counties. With state funding from the Tobacco Settlement Fund, 16 new regional local public health departments were created and now cover all but one county.

Despite this expanded capacity, the public health system faces many challenges, such as major differences between the health of Nebraska's general population and its racial/ethnic minority populations, as well as obesity among all Nebraskans.

Nebraska high school students are twice as likely to drink and drive as their counterparts nationwide. Many Nebraskans are uninsured or under-insured, limiting their access to timely preventive and medical services.

Dealing with these complex challenges requires local public health departments that collaborate with diverse community partners to develop innovative solutions.

For more information

Dave Palm or Mary Munter

Office of Public Health
Department of Health and Human
Services

PO Box 95044

Lincoln, NE 68509-5044

402-471-0116 or 402-471-0157

dave.palm@dhss.state.ne.us

mary.munter@dhss.state.ne.us

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Nebraska

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What is Nebraska Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Nebraska provided the stimulus for building and funding Nebraska's first comprehensive public health system at the community level.

How is Nebraska Turning Point improving public health?

- Supporting the development of 16 new regional public health departments that have adopted a broad definition of health extending beyond medical care
- Encouraging collaborative partnerships at the local and state levels that include hospitals, physicians, nonprofit agencies, county governments, businesses, schools, faith communities, and environmental health organizations and are:
 - Developing strategic community plans that address local problems such as teenage smoking, obesity, diabetes, and injuries
 - Modifying outdated and fragmented laws that protect the public's health
 - Addressing the health disparities of racial/ethnic minorities
- Protecting the public from and planning for bioterrorism, infectious disease, contaminated food, and other emergency events
- Providing training opportunities to improve the skills and abilities of the public health work force

What can Nebraska Turning Point help you do?

- Organize coalitions that identify priority health issues, recognize health threats, assess health service needs, and are accountable to local communities.
- Mobilize community partnerships to develop new policies and innovative strategies to address high priority health needs.
- Work with community coalitions to develop plans for bioterrorism events and other emergency conditions.
- Assist in the evaluation of programs and policies to determine the effectiveness and quality of health programs and services.

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

Nevada's Public Health

The population of Nevada increased more than 66 percent between 1990 and 2000, but Nevada has seen an increase in state spending for health promotion and disease prevention since 1992.

Nevada's smoking rates and health problems from tobacco are among the highest in the nation. Yet Nevada is one of the few states that does not allow local governments to regulate tobacco.

At double the national rate, Nevada has the highest proportion of suicides in the nation.

Nevadans report poorer health than the rest of the nation and engage in more risk behaviors that contribute to poor health.

Of Nevada's 17 counties, 15 have no local health department. Nevada has no school of public health to educate new and existing public health workers.

Nevada needs an improved public health system that promotes health and prevents disease.

For more information

Cynthia J. Gagnier, Administrator
Nevada Public Health Foundation
600 Fairview Drive, Suite G
Carson City, NV 89701
cpl@sbci.global.net
775-884-0392
nphf.org

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Nevada

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What is Nevada Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Nevada Turning Point listens to, educates, and mobilizes Nevadans to improve the health of their communities and strengthen the public health system so it can respond to the emerging public health challenges.

How is Nevada Turning Point improving public health?

- Developing a Citizens' Public Health Network to establish connections among Nevadans and their organizations to increase collaboration and success in achieving community improvements
- Joining with the Utah Department of Health to create the Great Basin Public Health Leadership Institute to develop Nevada's workforce and build leadership among public health professionals and community leaders
- Improving policy and programming related to tobacco use and suicide prevention as priority public health issues
- Collaborating with communities and civic organizations to assess local needs and to develop local public health systems in Nevada's rural counties that will address local health priorities and emerging public health issues
- Offering community education on public health issues and the political process to give Nevadans the information and skills they need to improve their communities' health
- Educating elected officials and government managers about public health issues so they can make decisions that protect the health of their constituents and put scarce resources to best use

What can Nevada Turning Point help you do?

- Mobilize a network of public health organizations and partners throughout the state in order to convey information on health issues and respond to emerging problems
- Engage communities around their unique high priority health issues
- Improve the health of Nevadans through effective health promotion and disease prevention programs and policies
- Strengthen Nevada's state and local public health organizations to improve emergency readiness and accountability

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

New Hampshire's Public Health

New Hampshire consistently rates as one of the healthiest states in the country when measured by such factors as child health, health care access, and health care quality.

Statewide average statistics, however, mask disparities in the health and quality of life of some of New Hampshire residents.

New Hampshire has a very fragmented local public health system. The 234 appointed health officers, often employed as building inspectors and with no training in health, represent the health department in most New Hampshire towns.

By default, police, fire, school nurses and nonprofit health and human service providers fulfill roles more typically assigned to local public health officials.

There is a lack of cohesive disease control and surveillance at the local level, a failure to identify and maximize statewide assets related to public health, and a shortage of public health resources coming into the state.

For more information

Lyons Goldsberry,

Community Health Development
NH Department of Health and
Human Services
Office of Community & Public Health
1 Hazen Drive
Concord, NH 03301
603 271 5133

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New Hampshire Turning Point

Collaborating for a New Century in Public Health

What is New Hampshire Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In New Hampshire, the Turning Point partnership consists of the New Hampshire Public Health Network. The Network originated as four regional community collaboratives and two city health departments working to make a more effective and responsive local public health system. Building on these successes the Public Health Network has continued to expand and will be made up of 10 regional collaboratives by spring 2003, representing 60% of New Hampshire residents.

How is New Hampshire Turning Point improving public health?

The New Hampshire Public Health Network has created effective community collaboratives to maximize limited resources to improve public health. Together, the Network collaboratives are:

- Assessing local needs and identifying local public health system gaps for which regional stakeholders are working with state partners to provide disease monitoring, technical assistance, training in bioterrorism response, and installing unique regional models tailored to local needs
- Mobilizing public health leaders and existing resources at the community level to develop coordinated responses to community and regional public health needs
- Developing strategic linkages with businesses, schools, hospitals, human service providers and faith communities to assess and plan for improvement of overall health status
- Sharing resources to create economies of scale, reduce potential for redundancy, and improve overall public health system effectiveness

What can New Hampshire Turning Point help you do?

- Create a New Hampshire Public Health Resource Team as a link between elected officials and the providers and collaborative partners in local communities
- Increase direct contact with constituents regarding priority public health issues in their communities
- Identify barriers to community health, including lack of health care coverage and services, poverty, attitudes and belief systems, and environmental factors
- Strengthen regional partnerships that share in planning, building, and maintaining healthy communities.

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

New Jersey's Public Health

New Jersey's 523 boards of health and 115 local health agencies serve more than 500 municipalities. More than 80% of the local health agencies are municipal with about 5% of these structured as regional health commissions, and 12% as county agencies.

New Jersey faces many public health challenges. Our state has intolerably high numbers of HIV/AIDS cases, high rates of infant deaths particularly among African Americans, and increasing cases of asthma. In addition, New Jersey is facing an epidemic of childhood obesity and inadequate access to mental health services.

An essential element missing in the New Jersey public health system is a structure to link community needs to existing public health services. New Jersey's most vulnerable communities must have access to and involvement in developing solutions for the priority health problems.

For more information

Larry D'Amico

Project Director

Public Health & Medical Accreditation
Medical Society of New Jersey
100 Broad St.
Princeton, NJ 08540
609-961-2666 ext. 2288
dov@smj.org

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New Jersey

Turning Point

Collaborating for a New Century in Public Health

What is Public Health: C.A.R.E. in New Jersey?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In New Jersey, the national Turning Point Initiative is affiliated with Public Health: C.A.R.E.—Crafting A Restructured Environment. C.A.R.E. aims to transform and strengthen New Jersey's public health system by making it more consistent, efficient, and accessible to the community.

How is Public Health: C.A.R.E. improving public health?

- Developing public-private partnerships to bring both community and governmental resources to bear on public health problems and health policy outcomes that improve health status
- Convening the Pediatric State-wide Leadership Council in 2003 by bringing physicians, nurses, public health professionals, mental health professionals, and school-based health practitioners together to focus on improving systems that can prevent childhood obesity, increase mental health services for children & adolescents, and improve New Jersey's immunization practice
- Building a new constituency for health promotion and disease prevention by linking community agencies, professional organizations, local health departments, and medical professionals

What can Public Health: C.A.R.E. help you do?

- Identify the public health priorities and needs facing New Jersey communities
- Generate practical solutions to public health problems by applying scientific expertise to health policy development
- Build partnerships among business, public health, medical, and community-based organizations to solve public health priority issues
- Create efficiency and accountability in public health systems, programs, and services by leveraging private sector support

Support

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Public Health: CARE
"Crafting A Restructured Environment"

A strong public health system is crucial for protecting and improving the health of Americans.

New York's Public Health

New York's 14,000 public health workers, within the state health department and 58 local health departments are at the front lines to prevent epidemics and the spread of disease. They also protect against environmental hazards, promote and encourage healthy lifestyles, assure high-quality accessible health services, and respond to community disasters and aid in recovery.

The nearly 19 million people who live in New York State urgently need a public health workforce trained in emerging public health issues including biological, chemical, and radiological emergency preparedness.

New Yorkers include 12% who are not citizen residents and a diverse mix of racial and ethnic groups. Disease prevention and health promotion for New Yorkers requires communicating effectively across cultures and among diverse populations.

Local health departments need resources and training to strengthen their capacities to prepare for public health emergencies among diverse populations throughout the state.

For more information

Tom Gerardi, Coordinator
New York State Community Health Partnership
100 NYSDA 17 Cornell Road
Latham, NY 12110

JoAnn Bennington, Executive Director
NYSACHU
One United Way Pine West Plaza
Albany, NY 12205
518.463.7011

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New York Turning Point

Collaborating for a New Century in Public Health

What is New York Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. New York's Turning Point Initiative is strengthening the capacity of the public health workforce and community health coalitions by increasing public health knowledge, skills and program effectiveness. The timely successes of Turning Point's collaborative partnerships and development of a skilled workforce in New York are substantially improving the state's public health responsiveness to bioterrorism and other emerging public health threats.

How is the New York State Turning Point Initiative strengthening public health?

- Enhancing partnerships with local public health agencies, schools of public health, professional health care and community-based organizations to identify and address the training and continuing education needs of the public health workforce and community health coalitions.
- Co-sponsoring the *Third Thursday Breakfast Broadcasts (T2B2)*, a nationally recognized, monthly one-hour satellite broadcast series featuring experts on current public health issues. These broadcasts strengthen skills and provide essential information to communities for addressing emerging public health issues such as emergency preparedness, bioterrorism, and West Nile virus.
- Developing an online course providing training for public health nurses and an orientation course for new local health commissioners and directors.
- Improving knowledge, skills and access to community health data and information needed to assess and address priority health issues in communities.
- Strengthening collaboration between local hospitals and public health agencies, which is necessary to assess and address community health issues and to prepare for potential public health emergencies.

How can the New York State Turning Point Initiative help you?

- Identify high priority public health needs and resources in your communities
- Assess and address the ongoing training needs of New York's public health workforce
- Provide access to high quality training and material on emerging public health issues such as emergency preparedness and bioterrorism
- Assure that your public health workers are prepared and relate effectively to important partners such as hospitals and first responders

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

North Carolina's Public Health

North Carolina ranks among the country's bottom third in overall health of its residents. Chronic diseases, which are largely preventable, consume 75% of North Carolina's health care dollars.

Tobacco use alone costs North Carolinians \$1.8 billion annually in both direct and indirect costs.

At the same time less than 1% a year of the state's total health care dollars goes to support health promotion and disease prevention.

Preventing illness and disability associated with preventable risks requires complex solutions and the commitment and investment of people and organizations from many sectors.

North Carolina needs a consistent investment in community and statewide activities such as community assessment, the monitoring of health trends, and local response to priority health issues in order to fully promote and protect the health of its residents.

For more information

Christy Cook

Project Director

100 Avenue of Public Health

1915 Main Service Center

Raleigh, NC 27609-7015

919-734-0188 phone

919-735-3111 fax

Send us your e-mail at turningpoint@ncdhhs.org

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North Carolina

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What is North Carolina Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. North Carolina's Turning Point is expanding and enhancing existing state and local partner organizations working to transform the overall system for meeting North Carolinians' health needs. Turning Point contributes to public health improvement through its support of Healthy Carolinians, North Carolina's network of locally based, public-private partnerships to improve and protect the public's health.

How is North Carolina's Turning Point improving public health?

- Fostering the use of standards of practice in the performance of essential public health activities at the community level so that communities are guaranteed their right to comprehensive public health service and protection
- Providing crisis, emergency, and risk communication training and infrastructure development for the state's Office of Public Health Preparedness
- Providing state and local training to apply techniques of social marketing in public health programs in efforts to change health risk behaviors
- Creating educational programs and identifying best practices for public health partnerships to eliminate health disparities in North Carolina communities

What can North Carolina's Turning Point help you do?

- Engage communities in assessing local public health needs, defining priorities, and mobilizing resources
- Identify barriers to community health, including access to affordable health care
- Link community-based health assessment with state-level planning and resource allocation
- Improve responsiveness for public health emergencies
- Facilitate private sector involvement and commitment in the public's health

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HEALTHY CAROLINIANS

A strong public health system is crucial for protecting and improving the health of Americans.

Oklahoma's Public Health

With health departments in 69 of its 77 counties, Oklahoma has one of the best public health infrastructures in the nation.

Unfortunately, our public health infrastructure has not resulted in a healthier population. Oklahoma ranks 46th in the United Health Foundation 2002 State Health Rankings. Oklahoma ranks among the worst in infectious diseases, death rates, and teenage births. Oklahoma's death rates for heart disease, cancer, injuries, stroke, and emphysema are higher than the national average.

Oklahoma citizens are overburdened with more than their share of disability and unnecessary death.

An essential element missing in how public health deals with these problems in Oklahoma is community-based decision making.

Oklahoma's communities can and must voice their community health needs and take an active role in making public health decisions as equal partners.

For more information

Larry Ulmstead or Neil Harsh

Community Development Service
Oklahoma State Dept. of Health
1000 N.E. 10th St.
Oklahoma City, OK 73117-1299
405-271-6177

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Oklahoma

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What is Oklahoma Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Oklahoma has more than 40 partnerships across the state working to strengthen Oklahoma's public health infrastructure through community based action in order to respond to the challenge of protecting and improving the public's health in the 21st century.

How is Oklahoma Turning Point improving public health?

- Promoting a community-based approach in public health decision-making through 40 local partnerships
- Increased cooperation of key state and local partners that successfully addressed secondhand smoke through legislation
- Developing partnerships with the state, county agencies, and communities to *assess local public health needs and develop local solutions*
- Local partnerships developing Community Health Improvement Plans
- Established a resource center for data collection and analysis that will help communities implement population-wide services at the local level

What can Oklahoma Turning Point help you do?

- Assist communities in assessing local public health needs and setting priorities
- Identify barriers to community health, including lack of health care coverage and services, poverty, attitudes and belief systems, and environmental factors
- Strengthen partnerships that share in planning, building, and maintaining healthy communities
- Improve the public's health through health promotion and disease prevention initiatives and policy change

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A strong public health system is crucial for protecting and improving the health of Americans.

Oregon's Public Health

Investments of Oregon's public health system in 2000 and 2002 showed substantial gains, particularly in the prevention of infectious disease. Despite new funding for bioterrorism responsiveness, gaps exist in public health services. Other vital public health functions needed by the public still remain, but without adequate resources.

Oregon's public health system provides important services and protections in the public interest. Coalitions, networks, and clinics have demonstrated that they can come together in partnership with state and other agencies to share information.

Safeguarding the public's health by using information to make informed decisions in times of limited resources has never been more important. Tobacco use was identified as the leading cause of preventable deaths in Oregon and a voter-approved initiative provided funding over the past five years that led to a dramatic decrease in tobacco use by adults and teenagers. Obesity and cancer are the next leading causes of preventable Oregon deaths. Investments in public health can prevent these deaths.

For more information

Grant Higginson, MD, MPH
State Public Health Officer

Oregon Dept. of Human Services
800 Washington St., Suite 110
Portland, OR 97232
503.734.3000
<http://www.ohs.state.or.us>

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What is Oregon Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Turning Point in Oregon facilitated the creation of the Oregon Public Health Improvement Plan, which identified priority areas needing public health attention. Turning Point now enables the state to take important action steps on recommendations from the plan that will improve the health of Oregonians.

How is Oregon Turning Point improving public health?

- Supporting collaborative partnerships at local and state levels that include hospitals, physicians, nonprofit agencies, county governments, businesses, schools, faith communities, and environmental health organizations
- Modifying outdated and fragmented laws that protect the public's health
- Developing standards for local and state public health systems to ensure adequate public health services to all Oregonians
- Convening health-related organizations to identify health policy changes necessary to meet public health demands in Oregon for the future health and safety of Oregonians

What can Turning Point help you do?

- Mobilize community partnerships to develop new policies and innovative strategies to address high-priority health needs
- Work with public safety agencies and community coalitions to develop plans for bioterrorism events and other emergency conditions
- Showcase effective partnerships that deliver quality public health and preventive services based on assessment and specific needs identified by local communities
- Ensure an effective, well-prepared public health workforce to promote and protect the health of Oregonians
- Provide important data and information to members of Congress

Support

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A strong public health system is crucial for protecting and improving the health of Americans.

South Carolina's Public Health

South Carolina leads the nation in many health indicators, from cardiovascular death rates to HIV/AIDS. Particularly troubling are the persistent health disparities between white and African American residents. These indicators and disparities relate to complex community problems associated with lifestyles, the environment, economics, and access to care.

Improving community health requires local public health leadership to support community planned health initiatives.

State budget cuts, categorical federal funding, and new demands for emergency preparedness are stressing the existing structure of state, district, and county public health offices and limiting their ability to respond to local communities' unique needs.

Community partnerships are a critical ingredient for improving community health. We must link community wisdom and professional expertise with the political will to make the necessary changes.

For more information

Pam Gillam or Dave Munday

**SC Center for Health Services & Policy Research
Arnold School of Public Health
Columbia, SC 29208
803-730-
gillam@sc.edu**

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South Carolina

Turning Point

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What is South Carolina Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In South Carolina, Turning Point is a collaborative process that strengthens the state's capacity to protect and improve the public's health by merging professional expertise and community wisdom with political will. Partners representing a diverse group of public, private, state, and local organizations guide this process.

How is South Carolina Turning Point improving public health?

- Supporting community-driven health planning that uses data effectively, engages ethnic and minority communities, incorporates environmental factors, and builds community and local health department capacity in areas such as Horry, Georgetown, Hampton, and Orangeburg
- Improving working relationships and building effective partnerships among agencies and organizations working with and within communities to promote health
- Providing critical training for public health professionals and lay leaders to equip them with appropriate leadership skills and the knowledge to improve and protect health in their communities
- Identifying health and environmental data that communities need to inform community action for health improvement and protection
- Creating and sustaining state level commitments to innovation related to improving public health involvement at the local level, despite the state's worst financial crisis in decades

What can South Carolina Turning Point help you do?

- Access communities that have assessed and prioritized their local public health needs through a nationally recognized, inclusive strategic planning process
- Improve the health of South Carolinians through the support and leadership development of professionals and lay community partners invested in developing a stronger public health system
- Engage professional and lay community leaders from across the state, who can share first hand their successes and challenges with merging professional expertise, community wisdom, and political will to improve their community's health

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Turning Point

A strong public health system is crucial for protecting and improving the health of Americans.

Virginia's Public Health

Virginia is reported as a safe and healthy place to live, but troubling signs are ahead.

Virginia spends \$300 million per year to cover inpatient treatment for preventable injuries.

The state loses \$2.8 billion annually in direct medical and indirect costs related to diabetes.

More than one million Virginians are without basic health insurance.

Millions more are suffering from or on the path toward chronic health problems that could be prevented or lessened through voluntary efforts or medical intervention.

In just the past six years, Virginia's overall health status has fallen from 10th in the nation to 19th.

The Commonwealth and its citizens need and deserve a healthy, productive future.

Effective public-private partnerships that reflect diverse sectors from the community are a positive step we can take to ensure Virginia's future.

For more information

Virginia Center for Healthy Communities
www.vahealthycommunities.com

Jeff Wilson, Turning Point and Strategic Planning Coordinator

Virginia Department of Health
801-786-5511

jwilson@doh.state.va.us

Cliff Barry, Senior Vice President
Virginia Hospital & Healthcare Assn.

801-965-2728

cliffb@vhaa.com

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What is Virginia Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Virginia Turning Point, known as the Virginia Center for Healthy Communities, emphasizes developing tools to help public and private sectors work together to identify needs and implement solutions to community health problems.

How is Turning Point improving community health through the Virginia Center for Healthy Communities?

The health of Virginians improves and the health care costs for the public drops when preventable illnesses are reduced. The Virginia Center for Healthy Communities helps businesses and communities know how to make this happen by:

- Pinpointing the most urgent health issues for a specific population and providing direction on establishing related community health improvement programs
- Linking businesses, communities, and others with partners that will help their programs get started more quickly and work more effectively

The Virginia Center for Healthy Communities promotes collaboration among the business, health care, insurer, civic, education, and public health communities, helping them work together to develop and implement effective community health improvement activities. Among the many ways the Center helps are:

- Community Health Incentives: technical assistance to stimulate partnerships and community health intervention programs
- The Virginia Atlas of Community Health: an in-depth tool that identifies health issues of communities with 80 health status indicators, including local rates for key health conditions each of which can be examined for specific demographic groups within a zip code
- Advice for Community Health: a reliable resource for those establishing health improvement programs and for public policy makers designing programs

What can the Virginia Center for Healthy Communities help you do?

- Provide in-depth information on the specific health needs of your constituents
- Serve as a reliable resource of information on health issues and community health needs
- Improve community health through expanded investment and participation by local businesses and other sectors committed to community health development
- Provide the facts and figures needed to weigh the merits of proposed legislative action on health issues.

Support

The Turning Point Initiative is funded by The Robert Wood Johnson Foundation. The National Program Office is located at the University of Washington School of Public Health and Community Medicine. Contact the National Program Office at 206-616-8410 or visit www.turningpointprogram.org.



Virginia Center for
Healthy Communities

West Virginia Turning Point

Collaborating for a New Century in Public Health

A strong public health system is crucial for protecting and improving the health of Americans.

West Virginia's Public Health

West Virginia is the second most rural state in the nation, which increases the importance of strong and coordinated local partnerships.

In 1997, 34 of the 49 local health departments in West Virginia were experiencing severe reduction in services and workforce due to a dramatic decrease in revenue and support.

West Virginia's communicable diseases were being under-reported and the need to strengthen surveillance capacity was identified.

Historically, state and local planning efforts have lacked a formal process for setting joint short and long-term priorities.

For more information

Amy Aron

Public Health Planning & Administration
West Virginia Dept. of Health and
Human Resources
Room 415, 450 Capitol Street
Charleston, WV 25301-2700
304 558 8870

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What is West Virginia Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. In West Virginia, the Turning Point Initiative focuses on improving the performance of and working relationship between state and local governmental public health agencies in order to more effectively address health issues. West Virginia, working with Turning Point partners, is creating processes that measure the performance and effectiveness of public health activities throughout the state.

How is West Virginia Turning Point improving public health?

- Regularly assessing the performance of local public health services through a new accountability structure. This new structure assures West Virginians of standardized care and ongoing improvements to services that protect their health. New performance standards, for example, have already reduced the time it takes to recognize a new infectious disease outbreak in West Virginia.
- Convening active partnerships of representatives from a variety of sectors that have a stake in public health at the local level to share resources and decision making based on local health priorities.
- Supporting community partnerships in developing local policies and revising outdated public health codes. As a result, communities have the legal tools and authority needed to respond quickly in a public health emergency.
- Strengthening the relationship between state and local public health structures through formal working agreements and joint planning and assessment with activities such as the Annual Invitational Roundtable on Public Health.
- Increasing the capability of the public health workforce through the development of standardized job descriptions, orientation programs, and structured job training tools for public health nurses.
- Improving ability to track emerging infectious diseases by developing performance standards, increasing regional and state staff, strengthening laboratory capacity, and providing quarterly trainings.

What can West Virginia Turning Point help you do?

- Monitor the effectiveness and efficiency of public health systems and programs through performance management
- Assess the health of state and community populations to establish priority areas for investment and health improvement

Support

The Turning Point Initiative is funded by The Robert Wood Johnson Foundation. The National Program Office is located at the University of Washington School of Public Health and Community Medicine. Contact the National Program Office at 206-616-8419 or visit www.turningpointprogram.org.

A strong public health system is crucial for protecting and improving the health of Americans.

Wisconsin's Transformed Public Health System – A Good Investment

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the State was developed through the Wisconsin Turning Point Initiative and changes the way we view public health in the state. With a focus on health promotion and disease prevention and the development of new collaborative partners, this strategic health plan is a comprehensive analysis of what causes the most death and disease in Wisconsin.

Poor access to health services, inadequate nutrition, exposure to environmental hazards, emerging infectious disease, and other issues are priority areas for intervention if we are to improve the health of Wisconsins.

Wisconsin's public health system must be restructured to eliminate health disparities and protect and promote the health of all. No one sector can maximize improvements in the health of Wisconsin residents; multi-sector partnerships, focused on health promotion and disease prevention, are key to our success.

For more information

Erin O'Connell, RN, MS

Office of Public Health Improvement
Division of Public Health
Office of Health and Family Services
1 West Wilson Street, Room 200
Madison, WI 53703-2000

608-261-0977

Erin.O'Connell@dhfs.wisconsin.gov

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Wisconsin Turning Point

Collaborating for a New Century in Public Health

What is Wisconsin Turning Point?

The national Turning Point Initiative aims to transform and strengthen the public health system in the United States by making it more community based and collaborative. Wisconsin's Turning Point Initiative reflects a transformation in the way Wisconsin operates its public health system and addresses its priorities. Maintaining the health of the public was once solely identified as a governmental responsibility, but Turning Point in Wisconsin is helping define more broadly the roles and responsibilities for improving the health of our communities.

How is Wisconsin's Turning Point Initiative improving public health?

- Developing policy recommendations to improve public health laws that provide legal support for the protection of Wisconsins
- Ensuring good management of resources through quality assurance activities with public health partners
- Creating model practices resulting in achievements, such as countywide coalitions that exceeded national early childhood immunization goals and were awarded the first annual federal Protect Award from the Centers for Disease Control and Prevention
- Facilitating innovative state, federal, private partnerships such as the partnership that has made regional dental resources accessible to entire communities
- Expanding academic community partnerships to advance health throughout the state through the formalization of strong public health partnerships with the University of Wisconsin Medical School and the Medical College of Wisconsin

What can Wisconsin Turning Point help you do?

- Focus policies and resources on the health and system priorities identified in *Healthiest Wisconsin 2010*
- Monitor health improvement in Wisconsin through the evaluation efforts of *Healthiest Wisconsin 2010*
- Showcase and support the replication of effective partnerships in Wisconsin that have received national attention for their achievements
- Mobilize community partnerships to develop new policies and innovative strategies to address high priority health needs

Support

The Turning Point Initiative is funded by The Robert Wood Johnson Foundation. The National Program Office is located at the University of Washington School of Public Health and Community Medicine. Contact the National Program Office at 206-616-8410 or visit www.turningpointprogram.org.



More About Turning Point

Turning Point also sponsors five National Excellence Collaboratives, in addition to supporting the work of the states described in this publication. The National Excellence Collaboratives are made up of participating Turning Point state members who work in local and state public health settings and also includes representatives from national organizations and federal agencies. The Collaboratives provide an integrated approach to public health system change and have developed tools and resources for practice.

The National Excellence Collaboratives and some of their products

Statute Modernization—providing direction for improving laws that protect the health of the public

- Selected Products: *The Model State Public Health Act*, and *The State Public Health Law Assessment Report*

Information Technology—providing resources for effective communication and access to information

- Selected Products: A national survey on the information technology used by state and local health departments and the *Web-based Public Health Information Systems Catalog*

Social Marketing—providing tools for effective public health communication

- Selected Products: CDCynergy-SOC, a social marketing version of CDC's CDCynergy, *The Social Marketing Resource Guide*, *Social Marketing 101*, and *Lessons from the Field*

Leadership Development—providing skills for working collaboratively in public health

- Selected Products: *Collaborative Leadership and Health: A Review of the Literature* and a curriculum for collaborative leadership

Performance Management—providing a way to measure and improve public health systems

- Selected Products: *Performance Management in Public Health: A Literature Review*; *From Silos to Systems: Performance Management in Public Health*; *From Silos to Systems: A Performance Management Toolkit and Implementation Guide*

The National Excellence Collaboratives are also joined in this work by many national public health partners—the Centers for Disease Control and Prevention, the National Association of County and City Health Officials, the American Public Health Association, the Association of State and Territorial Health Officials, the National Association of Local Boards of Health, the National Network of Public Health Institutes, the National Public Health Leadership Development Network, the National Council of State Legislators, the National Governors Association, the Public Health Foundation, and others.

Information, publications, and further descriptions of the National Excellence Collaboratives and other Turning Point projects can be found at www.turningpointprogram.org.

Turning Point National Program Office

Bobbie Berkowitz, Director

6 Nickerson Street, Suite 300

Seattle, WA 98109

206-616-8410 Phone

206-616-8466 Fax

www.turningpointprogram.org

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Collaborating for a New Century in Public Health

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States of Change



Stories of Transformation in Public Health

Acknowledgements

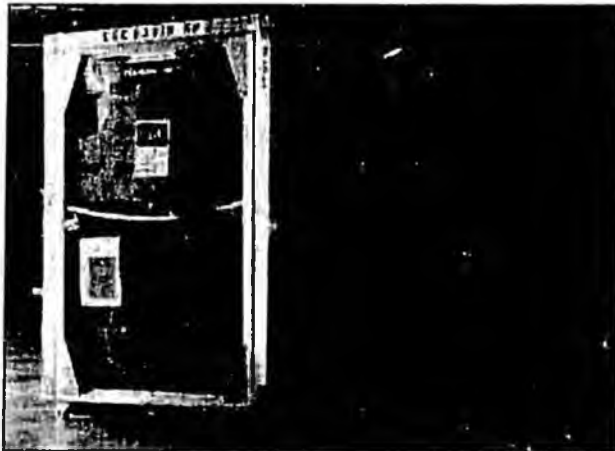
States of Change was written and produced through a collaborative effort reflecting the spirit of the Turning Point Initiative. This publication is a product of the creativity of the following individuals:

Patricia Nault, Alaska Division of Public Health
Catharine Riley, Maricopa County Department of Public Health, Arizona
Jill Hunsaker, Colorado Department of Public Health and Environment
Elissa Bassler and Diana Derige, Illinois Public Health Futures Institute
Kim Kimminau, Kansas Health Institute and Richard Morrissey, Kansas Department of Health and Environment
Michele Jean Pierre and Maggie Merrill, Louisiana Public Health Institute
Ann Conway, Maine Center for Public Health and Natalie Morse, MaineGeneral Health
Lee Kingsbury and Dorothy Bliss, Minnesota Department of Health
Mahree Skala, Shirley Rutz, and Kathleen Wojciehowski, Missouri Department of Health
Melanie Reynolds, Montana Department of Health and Human Services
David Palm and Mary Munter, Nebraska Department of Health
Rocky Polito, Nevada Public Health Foundation
Jonathan Stewart, New Hampshire Community Health Institute
Sylvia Pirani, Tom Reizes, and Christina Dye-Drobnack, New York State Community Health Partnership
Christopher Cooke, North Carolina Division of Public Health
Larry Olmstead, Neil Hann, and Brandie O'Connor, Oklahoma State Department of Health
Casey Milne and Tom Milne, Milne & Associates, LLC, Oregon; and Tom Engle, Grant Higginson, and Kathryn Broderick, Oregon Department of Human Services
Jerry Dell Gimarc, Pamela Gillam, and Morris Govan, South Carolina Turning Point
Jeff Wilson and Stephanie Kellner, Virginia Department of Health
Amy Atkins, West Virginia Department of Health
Margaret Schmelzer, Wisconsin Department of Health and Family Services
Turning Point National Program Office staff:
Bobbie Berkowitz, Director
Betty Bekemeier, Deputy Director
Marleyse Bordard, Public Relations and Communications Manager
Jennifer Griffin, Program Coordinator
Judith Yarrow, Editor

We are grateful for Andy Goodman's expertise as we honed the stories for *States of Change*. Numerous individuals give their time in interviews for these stories, and our thanks goes to each of them for their participation in Turning Point and for sharing their experiences. Finally, we thank The Robert Wood Johnson Foundation for their support and funding of this unique public health initiative. Without RWJF's efforts in public health system improvement through the Turning Point Initiative, the stories that follow may not have occurred.

Seattle, Washington
April 2004

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

The Turning Point Initiative Collaboration Brings Results

Was Turning Point really necessary? Absolutely! Over the past century, health status in the US declined sharply. Even with our technical advantage and our incredible medical research, population health is lagging, and health disparities are rampant. In the 1960s the US was ranked the 10th healthiest nation in the world. Now, in spite of spending nearly half of the world's health care budget, we are 26th. The

millions of dollars each year, yet public health continues to be underfunded. More than ever, prevention and health promotion efforts matter to individual health and the health of our nation.

A federally led taskforce had developed a vision of public health's role—the Ten Essential Services of Public Health, based on the Institute of Medicine's three core functions. The Institute of Medicine documented in black and white the

decayed state of public health and prodded public health leaders to seek creative solutions to building infrastructure. Bobbie Berkowitz and Vincent Lafronza designed Turning Point to incorporate the best practices of public health. When nearly all 50

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

promise of health insurance from the New Deal era has eroded and left us with millions of under-insured and uninsured men, women, and children. Type 2 diabetes, once called "adult onset" is now on the rise among the young, putting children at risk of a lifetime of chronic disease. Diet and physical activity patterns are now greater contributors to mortality than tobacco use and are increasing in impact. Preventable chronic disease costs our nation

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

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



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

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

emergency responders, and other nontraditional partners such as business. These collaborative partnerships placed Turning Point states ahead of the curve in being able to respond quickly to the need for preparedness plans for public health.

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

Public health system change takes time, effort, and innovation.

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



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

Alaska Turning Point North to the Future

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

It's not as easy as it sounds.

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

surprise, however, was how difficult it was simply to *obtain* the data. Creating the Public Health Information System probed some

sensitive parts of the organizational culture: possessiveness by those who “owned” the various databases, concerns about the public misunderstanding or misinterpreting data, even questions about why it was necessary or beneficial to make data available to the public.

The initiative also had to plow through ways to promote an external focus on the public rather than an internal focus on the agency, and found obstacles when experimenting with approaches to data analysis and presentation. How could they present data on a small village without breaching

privacy? These obstacles are expected in any project implementation, but add the additional challenges of a change in political leadership, significant budget cuts, department-wide reorganization, and a high rate of team member turnover, and the initiative's focus went from just implementing a plan to keeping the plan alive as players came and went.

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



At a Glance: *Alaska*



Aim of Alaska Turning Point

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

Alaska's Public Health Challenges

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



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

Alaska Turning Point's Contribution to Improving Public Health

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

For More Information

Deborah L. Erickson, Manager
Alaska Division of Public Health
P.O. Box 110610, Juneau, AK 99811-0610
tel (907) 465-8615 e-mail: deb_erickson@health.state.ak.us

Patricia Nault, Alaska Turning Point Coordinator
Alaska Division of Public Health
P.O. Box 110610, Juneau, AK 99811-0610
tel (907) 465-8617 e-mail: patricia_nault@health.state.ak.us

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

Arizona Turning Point Collaborating for Community Health

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

Master's in Public Health from the University of Hawaii. He started his career with IHS in 1985 in Nevada but soon found his way back home to San Carlos in 1988.

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

Academy together to strengthen communication and collaboration between the two entities.

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

The training sessions prompted Bob to identify how he could improve health education through better collaboration, communication, community assessment, and community participation.

The Academy Without Walls provided public health workers who serve the people of San

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

At a Glance: Arizona



Aim of Arizona Turning Point

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

Arizona's Public Health Challenges

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

Arizona Turning Point's Contribution to Improving Public Health

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

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



For More Information

Catharine Riley, Project Director
Maricopa County Department of Public Health
1815 E. Roosevelt, Phoenix, AZ 85006
www.aztp.com
tel: (602) 506-1248 e-mail: catharineriley@mail.maricopa.gov

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

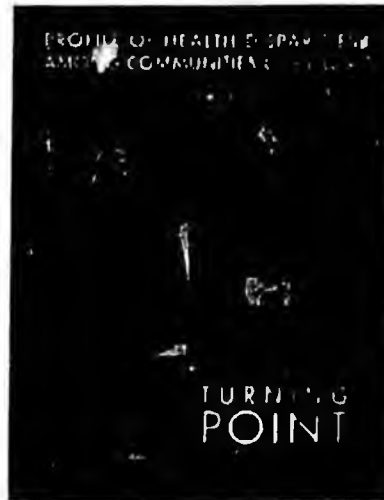
Colorado Turning Point Health Disparities: Silent No Longer

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

Health disparities has been a silent problem for decades. Community members were aware that their friends and families were getting sick, but only anecdotes hinted at the extent of the

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

problem. Although several programs within Colorado's Department of Public Health and Environment collect data on specific diseases, historically, no one was responsible for tracking racial and ethnicity health indicators collectively. That changed in 2001, when Colorado's Turning Point initiative synthesized the Health



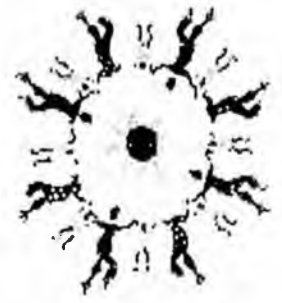
Department's data and, for the first time, reported on health status by race and ethnicity. The initiative's director, Jill Hunsaker, discovered from working with the data, what the community leader knew from life experience: in Colorado, African Americans died at a rate up to three times higher than Caucasians, and had an overall life expectancy that is four years less. This started the ball rolling.

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

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

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

At a Glance: Colorado



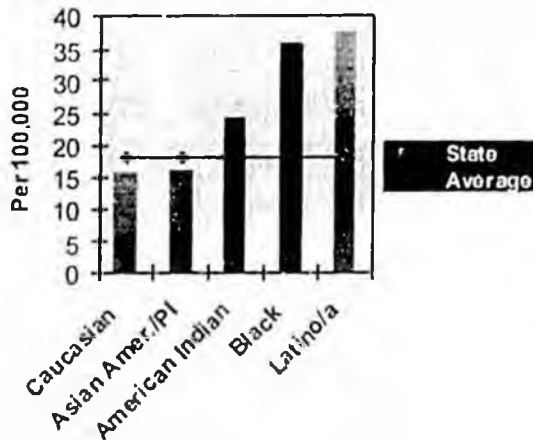
Aim of Colorado Turning Point

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

Colorado's Public Health Challenges

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

Diabetes Death Rates: Age-Adjusted
Colorado Annual Average 1998-2002



African Americans experience:

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

Latinos/as experience:

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

American Indians experience:

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

Colorado Turning Point's Contribution to Improving Public Health

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

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

For More Information

Jill Hunsaker, Director, Colorado Turning Point
Colorado Department of Health and Environment
4300 Cherry Creek Drive South, Denver, Colorado 80246
tel. (303) 692-2329 e-mail: jill.hunsaker@state.co.us
www.cdphe.state.co.us/tpi

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

Illinois Turning Point Advancing Public Health in the Policy Arena

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

The broad-based partnership responsible for conceiving and drafting the SHIP Act ensured

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

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All indications were that the widely supported bill would be enacted, but the Institute's determination was tested. Governor Rod Blagojevich vetoed the legislation, citing existing initiatives to develop interagency coordination on health and the potential costs involved in creating a task force and a health improvement plan, especially in light of a budget shortfall. For the Institute and the bill's supporters, this was a surprising setback.

However, faith in the policy process led the partnership back to examining the Act and strategizing next steps. They were not ready to give up and live with the status quo.

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

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

At a Glance: *Illinois*

Illinois Public Health Futures



Aim of Illinois Turning Point

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

Illinois's Public Health Challenges

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

What does IPHFI's Partnership Look Like?

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

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

IPHFI's Contribution to Improving Public Health

IPHFI is implementing the following strategies to improve public health systems

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

For More Information

Elissa Bassler, Executive Director
Illinois Public Health Futures Institute
100 W. Randolph, Suite 6600, Chicago, IL 60601
tel: (312) 743-0851 e-mail: ebassler@dph.state.il.us

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

Kansas Turning Point A Little Training Goes a Long Way

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



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

organizations confront daily.

At her first meeting with Rosa, Kim learned about the Medical Service Bureau's success in providing reduced cost access to

health services for low-income, minority Kansans. While sharing perspectives on health disparities and discussing the workings of both of their organizations, they found a very concrete way Turning Point could be of assistance

to Rosa's organization. Rosa was providing services, but the data she was collecting along the way was inadequate to help her support the need for her organization's existence.

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

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

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

At a Glance: Kansas



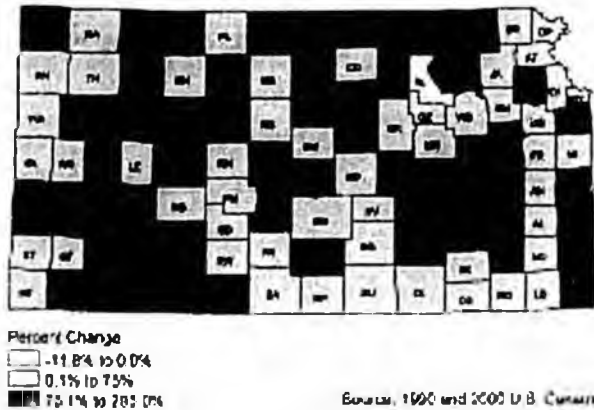
Aim of Kansas Turning Point

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

Kansas's Public Health Challenges

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

Percent Change in Minority Population (1990-2000)



Kansas Turning Point's Contribution to Improving Public Health

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

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

For More Information

Richard Morrissey, Director of Health
Kansas Department of Health and Environment
1000 SW Jackson Suite 340, Topeka, KS 66612
tel: (785) 296-1200 e-mail: rmmorris@kdhe.state.ks.us

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

Louisiana Turning Point Encouraging the Encouragers

Terri quickly learned that being a "part time" Community Encourager takes more than 20 hours a week. The challenges of creating a network and addressing deep-rooted problems are huge. For Terri, "it was like being thrown into the deep end. We were several months behind...and I had nothing

to go on." Her background in health care was helpful, but she didn't feel confident about the skills required in her new role. Terri was afraid that she might burn out in the face of these challenges, as others had before her.

Just as Terri was starting her work, the Center for Community Capacity, a program of Louisiana Turning Point and the Louisiana Public



Health Institute, arranged to provide technical assistance to Community Encouragers. Terri enthusiastically attended trainings focused on leadership, strategic planning, coalition building, meeting facilitation, conflict

resolution, advocacy, and lobbying. One training in particular, on collecting and assessing community data, gave her a perfect starting point for her work. Terri decided to conduct a needs assessment in Avoyelles Parish

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

and anger management were a greater concern to residents of Avoyelles Parish.

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

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

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

At a Glance: *Louisiana*

Aim of Louisiana Turning Point

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

Louisiana's Public Health Challenges

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

Louisiana Turning Point's Contribution to Improving Public Health

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

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

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

The Center for Community Capacity, which helps communities gain the knowledge and skills necessary to successfully develop and sustain local health initiatives

- Training and technical support for 29 Delta Parishes on effective leadership, network development, and successful grant administration
- Strategic partnerships with other statewide organizations to coordinate public health efforts across the state and to increase collaboration and the efficiency of public health services

For More Information

Michele Jean-Pierre, Program Director, Louisiana Turning Point
Louisiana Public Health Institute
1600 Canal Suite 501, New Orleans, LA 70112
tel: (504) 539-9481 e-mail: mjeanpierre@lphi.org

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

Maine Turning Point Maine Communities Speak

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

Community coalitions have a rich history in Maine, a state without a structure of local health departments. Instead, organizational partnerships seek to address the conditions that have led to the state's epidemic of chronic



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

"One of our key activities has been

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

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

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

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

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

In addition to organizational activities such

At a Glance: *Maine*

MAINE



Aim of Maine Turning Point

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

Maine's Public Health Challenges

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

MaineTurning Point's Contribution to Improving Public Health

MaineTurning Point is:

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

For More Information

Ann Conway, Project Director
Maine Center for Public Health
12 Church Street, Augusta, ME 04330
tel: (207) 629-9272 e-mail: aconway@mcph.org

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

Minnesota Turning Point How Kristin Got Her Groove Back

Like Kristin, the entire field of public health is facing huge leadership challenges. Community needs are growing. Public health issues, such as emergency preparedness, are becoming more complex. Yet many leaders are retiring as the American workforce ages, and others have

realized they neither can nor want to shoulder the burdens of leadership alone.

Late in 2002, Kristin's director encouraged her to apply for a new public health program focused on collaborative leadership. The Emerging Leaders Network (ELN) was developed in

support of Minnesota's Turning Point Partnership vision: to strengthen the public health system. "We realized that we could use what we were learning through our involvement in the Turning Point Leadership Development National Excellence Collaborative to identify and mentor future leaders in our state," says Lee Kingsbury, Minnesota's Turning Point Program Coordinator. "We developed the Emerging Leaders Network to provide individuals with the training and confidence they need to step into formal and informal collaborative leadership roles."

For Kristin, participating in the yearlong ELN program was a turning point, both personally and professionally. "The most important

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

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

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



At a Glance: *Minnesota*



Aim of Minnesota Turning Point

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

Minnesota's Public Health Challenges

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

Minnesota Turning Point's Contribution to Improving Public Health

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

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

For More Information

Debra Burns, Director, Office of Public Health Practice
or Lee Kingsbury, Supervisor, Standards and Practice
Minnesota Department of Health
Office of Public Health Practice, 121 East 7th Place
St. Paul, MN 55164-0975
tel: (651) 296-9162 e-mail: debra.burns@health.state.mn.us
or lee.kingsbury@health.state.mn.us

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

Missouri Turning Point Nothing to Lose, Everything to Gain

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

Although national accreditation is in debate, in 2000, the Missouri Turning Point partnership decided to move forward and create their own accreditation system to improve public health and ensure quality. The coalition of local and state public health, private entities, and academia know that an independent party's stamp of quality and a sense of professional legitimacy would reap benefits for public health as they continue to work with diverse partners, the public, and political leaders. As they developed the system, they sought feedback along the way from every level of the health

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

system. Most importantly, an independent 501(c)3, the Missouri Institute for Community Health (MICHI), was created to administer accreditation. All along the way the process was kept 100% transparent to the public. As contentious issues arose, subcommittees were developed to come up with solutions. And they did. For example, academic partners and the state health department responded to concerns about making workforce credentials required by

developing training programs so it is possible for the workforce to get the needed training. Resources such as distance-learning programs and short courses were developed alongside the standards.

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

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

At a Glance: Missouri



Missouri Institute for Community Health

Aim of Missouri Turning Point

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

Missouri's Public Health Challenges

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

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

Missouri Turning Point's Contribution to Improving Public Health

Missouri Institute for Community Health has:

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

For More Information

Kathleen Wojciechowski, Project Manager
Missouri Department of Health, Center for Local Public Health Services
920 Wildwood Dr. CLPHS, Jefferson City, MO 65102
tel: (573) 751-6170 e-mail: wojcik@dhs.mo.gov

Janet Canavese, Project Coordinator
Missouri Institute for Community Health
PO Box 212, 416A East State Street, Jefferson City, MO 65102
tel: (660) 343-3627

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

Montana Turning Point Brick by Brick

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

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

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

few days versus traveling out-of-state several weeks a year.

Now, Kathy has options for enhancing her public health skills. Last June, she attended the Summer Institute for Public Health, where she learned new techniques in communicating the public health message and tracking communicable diseases. The county sanitarian participated in a public health practice module offered through distance learning and was able to

network with other public health professionals without leaving town. County Health staff can enroll in computer courses designed specifically for public health professionals just a few miles from their homes. Today, training opportunities are

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

marketed through the Institute's Web site and soon a new feature will allow Kathy and others to track their learning by using the Institute's new learning management system. The Institute's courses are continuing to evolve and are meeting the needs of Montana's public health workforce. "Almost everyday in this office, Turning Point has affected this community" says Kathy, "and will continue to impact our community forever. It's for real!"

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

At a Glance: *Montana*



Aim of Montana Turning Point

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

Montana's Public Health Challenges

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

Montana Turning Point's Contribution to Improving Public Health

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

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

For More Information

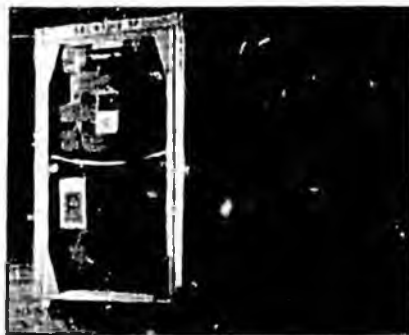
Melanie Reynolds, Montana Turning Point Coordinator
Department of Public Health and Human Services
1400 Broadway, Cogswell Bldg C305
Helena, MT 59620-2951
tel: (406) 444-4471 e-mail: mreynolds@state.mt.us

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

Nebraska Turning Point Now and Then

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

The written plan and broad support gave the State Department of Health credibility with policy makers. When the legislature passed the Nebraska Health Care Funding Act in May 2001, it provided an annual appropriation of \$5.7 million from the Tobacco Settlement Fund to build public health infrastructure across the state. Here was their golden opportunity, and they were ready for it. In the words of Dave Palm, "You have to be prepared to take advantage of opportunities when they arise. We were



lucky to have the tobacco settlement money, but we only gained access to it because of a terrific coalition and a solid plan.

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

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

The legislation promoted formation of multi-county health departments and required each to provide the Ten Essential Services. Turning Point

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

In 2004, Nebraska public health looks much different than in 2001. All communities are actively engaged in improving the health of their citizens. Local health departments have identified and tracked disease outbreaks, such as West Nile virus. They have partnered with local emergency management coalitions to develop plans for

a bioterrorism event or a natural disaster. Health departments are battling obesity and chronic disease with a variety of health promotion and disease prevention programs to change health behaviors.

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

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

At a Glance: Nebraska

Aim of Nebraska Turning Point

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

Nebraska's Public Health Challenges

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



Nebraska Local Health Districts prior to 2000

Nebraska Turning Point's Contribution to Improving Public Health

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



Nebraska Local Health Districts 2002

For More Information

David Palm, Project Director and Administrator
or Mary Munter, Health System Administrator
Office of Public Health
Department of Health and Human Services
PO Box 95044, Lincoln, NE 68509-5044
tel. (402) 471-0146, e-mail: david.palm@hhs.state.ne.us
or mary.munter@hhs.state.ne.us

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

Nevada Turning Point Is Anybody Out There?

Nevada has two full-service local health departments, in urban Clark and Washoe counties, and a third developing in Carson City. Clark County Health District, located in the nation's fastest growing county, serves 1.5 million residents in the area surrounding Las Vegas. Washoe County Health Department's jurisdiction extends 6,600 square miles from Lake Tahoe to the Idaho border. Carson City, located 33 miles west of Reno, recently appointed a County Board of Health and is expanding its range of public health services. Nevada State Health Division provides public health services

throughout the remaining 95,884 square miles of the state. Local and state health officers who participated in Turning Point's formative stages asked Nevada Public Health Foundation to help get the prevention message out and to build a statewide constituency to support public health.

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

and the Citizens' Public Health Network was born.

The new program works as a high-powered database that categorizes and quickly sorts contacts by groups and regions, allowing the Foundation to disseminate information quickly and efficiently. It allows for bulk e-mailing and provides Internet capabilities the Foundation

didn't previously have. Using the Network, the Foundation now has a technological connection with public health officials, federal and state legislators, schools, community organizations, faith communities, and other commu-

nity members who can both use the information and distribute it to their own constituencies.

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

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

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

At a Glance: Nevada



Aim of Nevada Turning Point

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

Nevada's Public Health Challenges

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

Nevada Turning Point's Contribution to Improving Public Health

Nevada Turning Point has:

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

For More Information

Lynn Carrigan, Administrator
or Rocky Polito, Project Manager
Nevada Public Health Foundation
305 N. Carson Street, Suite 200, Carson City, NV 89701
tel (775) 884-0392 e-mail lynn@nphf.org or rocky@nphf.org

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

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

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

As a result of previous planning and relationship building, necessary decisions were quickly made about such things as clinic sites, staffing, equipment, supplies, public information, and media relations.

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

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

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

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

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



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

At a Glance: New Hampshire



Aim of New Hampshire Turning Point

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

New Hampshire's Public Health Challenges

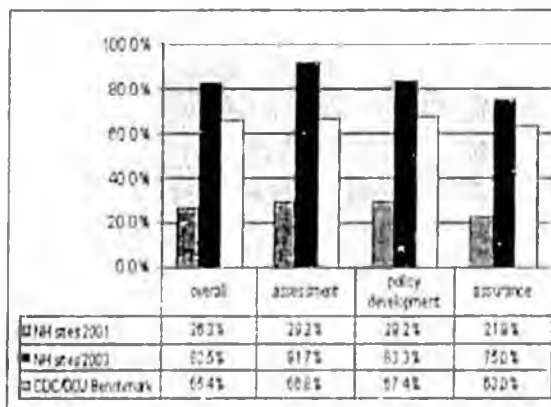
New Hampshire ranks among the healthiest states in the US when measured by child health, and health care access and quality. But disparities exist in the health and quality of life of many residents. New Hampshire has a fragmented local public health system. The 234 appointed health officers, often with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

New Hampshire Turning Point's Contribution to Improving Public Health

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

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

Local Public Health Capacity
Assessment of Core Function-Related Capacity



For More Information

Jonathan Stewart, Project Director
New Hampshire Community Health Institute
501 South Street, Bow, NH 03304
tel: (603) 573-3303 e-mail: jstewart@jci.com
or Yvonne Goldsberry, Administrator
New Hampshire Department of Health and Human Services
tel: (603) 271-5133 e-mail: ygoldsberry@dhhs.state.nh.us

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

New York Turning Point Local Solutions Used Nationally

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

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

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

Since its start in May 1999, T2B2 has delivered upwards of 60 broadcasts on such topics as "Emergency Preparedness: What is Your Competency?"; "West Nile Virus: What

Have We Learned Since 1999?" and the runaway hit "A Bug's Life: Basic Epidemiology." Reaching anywhere from 300 to 800 public health professionals at each live broadcast, the show's interview format leaves time for the guest expert to field questions submitted by participants by fax, e-mail, or phone. T2B2 has taken on a life of its own as people from outside New York have learned of it through listservs

and from organizations such as the Public Health Foundation.

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



they were able to begin awarding CEU credits to participating professionals.

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

At a Glance: New York



Aim of New York Turning Point

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

New York's Public Health Challenges

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

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

New York Turning Point's Contribution to Improving Public Health

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

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

For More Information

Sylvia Pirani, Director, Office of Local Health Services
New York State Department of Health
Local Health Services, Corning Tower, Rm 821 ESP
Albany, NY 12237
tel: (518) 473-4223 e-mail: sjp03@health.state.ny.us

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

North Carolina Turning Point Working Policy Magic

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

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

Senator Hartsell, Linda, and John were interested in addressing public health's chronic infrastructure needs. For their class project, the

team decided to draft legislation to strengthen public health infrastructure and, hopefully, improve the health status of North Carolinians. The director of North

Carolina's Turning Point, Christopher Cooke, had sent Linda a preliminary draft of the Turning Point Model Public Health Act along with the recommendations from the North Carolina Public Health Improvement Plan. The tools were

ready and waiting to be used. With these resources and a looming deadline, our three champions developed a draft statute to address the rapidly developing needs of North Carolina's public health system.

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

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

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



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

At a Glance: North Carolina

Aim of North Carolina Turning Point

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



North Carolina's Public Health Challenges

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

North Carolina Turning Point's Contribution to Improving Public Health

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

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

For More Information

Christopher Cooke, Project Director
North Carolina Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699-1915
tel: (919) 733-4038 e-mail: christopher.cooke@ncmail.net

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

Oklahoma Turning Point Saving Lives in Oklahoma

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

On February 10th, 2003, 13 members of the Turning Point partnership brought the seatbelt issue to the Altus City Council meeting.

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

dom, and they weren't interested in giving up any freedoms tonight.

As things were looking grim, a final member stood to speak. John Redelsperger, Jim Bob's father and a friend of Dr. Sheets, was a re-

spected member of the community. Shortly before the city council meeting, Dr. Sheets had spoken to John about attending the meeting and telling his personal story advocating seatbelt use. John spoke of his 20-year-old son who also once enjoyed personal freedom. He wasn't wearing his seatbelt when he collided with the car that ran the stop sign and was killed



instantly. John told the council that by not wearing his seatbelt, his son "paid the highest price." The other driver walked away from the accident. She was wearing her seatbelt.

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

At a Glance: Oklahoma



Aim of Oklahoma Turning Point

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

Oklahoma's Public Health Challenges

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

Oklahoma Turning Point's Contribution to Improving Public Health

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

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

COMMUNITY PARTNERSHIPS
Building Healthy Communities In Oklahoma Through Partnerships



For More Information

Neil Hann, Chief, Community Development
Larry Olmstead, Project Director, Turning Point
Oklahoma State Department of Health
10000 NE 10th St., Oklahoma City, OK 73117
tel: (405) 271-6127
e-mail: neil@health.state.ok.us
e-mail: larry@health.state.ok.us

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

Oregon Turning Point From Standards to Practice

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

Dr. Grant Higginson, Oregon's state health officer, has been an active participant in the Turning Point Public Health Statute Modernization National Excellence Collaborative. When the collaborative developed the

Model Emergency Health Powers Act in 2001, Oregon's Turning Point partnership, then directed by Kathryn Broderick, seized the opportunity to use this tool to assess Oregon's emergency health powers. The process began in 2001 and brought together state and local public health leaders, legislators, and other partners to compare Oregon's existing laws with the model act, and to identify improvements needed to make the laws effective in modern crises and emergencies. As a direct result of this effort, the Oregon legislature passed a number of provisions to provide public health the powers needed.

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

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

Since 2003, Oregon Turning Point has been working with public health consultants, Milne & Associates, LLC, to lead the Oregon Public Health System Assessment project. The consultants convened a broad-based committee to provide

oversight for the project. Then the consultants facilitated assessments of system performance in nine representative Oregon counties, using a national public health standards assessment tool. The assessments provided information

to each of the nine communities on both strengths and areas to be strengthened through community collaboration. They also generated a great deal of interest in public health among partner organizations. The combined assessment results paint a picture of local public health capacity across the state.

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

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

At a Glance: Oregon



Aim of Oregon Turning Point

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

Oregon's Public Health Challenges

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

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

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

Oregon Turning Point's Contribution to Improving Public Health

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

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

For More Information

Grant Higginson, State Public Health Officer
Oregon Department of Human Services
800 NE Oregon Street, Suite 930
Portland, OR 97232
tel: (503) 731-4000 e-mail: grant.higginson@state.or.us

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

South Carolina Turning Point Leading Through Change

South Carolina's public health system has long been the picture of organizational clarity. Their unified health system means that even local public health workers are state employees, in one hierarchical structure, ultimately

answering to one leader. The upside? Throughout the state, personnel and resources can be coordinated efficiently whether for planning or in a crisis. But Morris came around to asking himself and others—is this one-size-fits-all approach to public health serving the needs of various

communities? Are we aware of the needs of communities and answering these needs? Morris wanted to try a new way of working that involved grassroots community engagement. When his health district received their Turning Point grant, they had an opportunity to learn what happens when you adopt community engagement processes in public health.

Between 2001 and 2003, the then budding coalition used "Mobilizing for Action Through Planning and Partnership (MAPP)," a NACCHO-developed tool to establish partnerships, identify community themes, and priorities, and develop forces of change. With department staff, Morris developed a broad-based coalition, which then carried out a local public health system assessment to identify weaknesses in the essential services. They gathered data on health and behaviors in Orangeburg, conducting surveys to understand community concerns at PTA meetings, health fairs, schools, grocery stores, gas stations, and in the flu vaccine mobile van. Once the surveys were in, partners analyzed

the results and conducted key informant interviews and a satisfaction survey to gain community perspectives of the local health department. The analysis is being used to prioritize areas needing immediate attention. For

South Carolina this process of grassroots planning and the resulting priorities and projects are nothing sort of revolutionary. For example, as a result of the use of MAPP, the district incorporated and strengthened a new local diabetes coalition to address

this chronic disease in the community.

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

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



At a Glance: South Carolina



Aim of South Carolina Turning Point

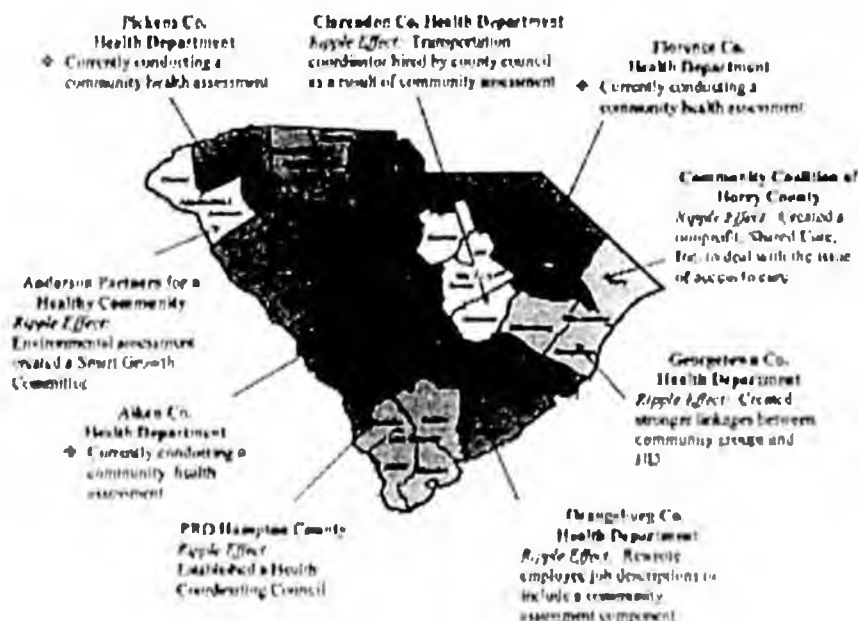
In South Carolina, Turning Point is the institutional embodiment of a new way of doing business in public health, incorporating a diverse group of public, private, state, and local organizations. By using a collaborative process that merges professional expertise, community wisdom, and political will,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

South Carolina's Public Health Challenges

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

South Carolina Turning Point's Contribution to Improving Public Health

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



For More Information

Jerry Dell Gimarc, Project Director
 or Pam Gillam, Project Manager
 USC Center for Health Services and Policy Research
 Arnold School of Public Health, Columbia, SC 29208
 tel: (803) 777-0350 e-mail: gimarc@usc.edu or
gillamps@usc.edu

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

Virginia Turning Point Natural Allies

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

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

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

In the meantime, the Virginia Center for Healthy Communities in Richmond, an outgrowth of the Virginia Turning Point

Initiative, was exploring roles that non-public health partners could play in improving the health of their communities. Constantly on the lookout for natural allies, the Center staff recognized an untapped resource and ally in Wythe County—the business community. Diabetes can mean many work hours lost to

illness. Because insurance companies pass the higher costs of caring for the chronically ill on to the group purchasers, diabetes affects a business's bottom line.

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

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

At A Glance: Virginia



Aim of Virginia Turning Point

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

Virginia's Public Health Challenges

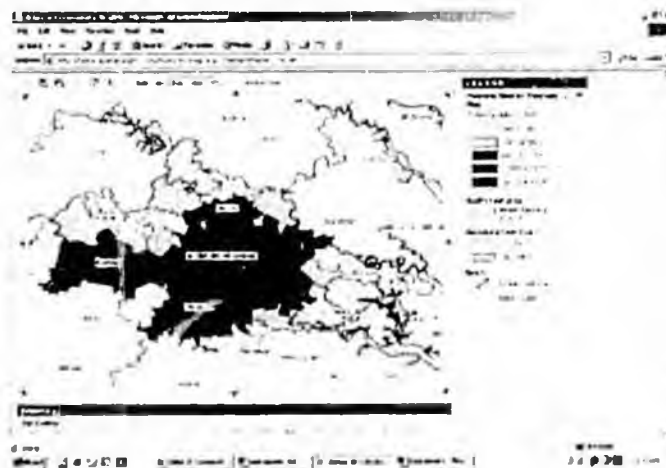
Virginia is respected as a safe and healthy place to live, but troubling signs are ahead. Virginia spends \$300 million per year to cover inpatient treatment for preventable injuries. The state loses \$2.8 billion annually in direct medical and indirect costs related to diabetes. More than one million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

Virginia Turning Point's Contribution to Improving Public Health

Virginia Turning Point has successfully

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

Virginia Atlas of Community Health



For More Information

Jeff Wilson, Turning Point Strategic Planning Coordinator
Virginia Department of Health
109 Governor Street, 13th Floor
Richmond, VA 23219
tel: (804) 864-7019 e-mail: jwilson@vdh.virginia.gov

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

West Virginia Turning Point Watching a System Grow

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

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

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

Did their work to improve their relationships and coordinate procedures pay off? Success was crystal clear two years later as Hurricane Isabelle threatened the eastern panhandle of West Virginia. Isabelle's arrival meant potential mass power

outages, flooding, and heavy winds. Unlike in the 2001 flood, state and local public health handled the 2003 emergency far more effectively. The disaster network was activated with clear messages for community partners. State Department of Health staff began calling and e-mailing their

assigned LHD agencies about specific preparations. The night before Isabelle arrived, the local health departments distributed communications materials to the press, moved vaccines to facilities with backup generator power, and conducted local emergency planning meetings with their partner agencies. Besides the



change in communication procedures and strategy, distrust had been replaced with confidence and support. Instead of a state health department and local health departments, a public health system had emerged. Locals had tetanus vaccine available and knew where additional doses could be found. The state had arranged for even more doses to be shipped in from out of state if more was needed beyond what had been given to the local health departments.

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

At a Glance: *West Virginia*

Aim of West Virginia Turning Point

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

West Virginia's Public Health Challenges

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

West Virginia Turning Point's Contribution to improving Public Health

West Virginia Turning Point has:

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

For More Information

Amy Atkins, Transitions Coordinator
Division of Public Health Nursing and Administration
West Virginia Department of Health and Human Services
Room 515, 350 Capitol Street, Charleston, WV 25301-3716
tel: (304) 558-8870 e-mail: amy.atkins@wvdhhr.org

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

Wisconsin Turning Point Social Change in Action

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

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

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

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



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

At a Glance: *Wisconsin*



Aim of Wisconsin Turning Point

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

Wisconsin's Public Health Challenges

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

Wisconsin Turning Point's Contribution to Improving Public Health

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

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

Wisconsin Turning Point's Unique Transformational Framework

Includes

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

For More Information Margaret Schmelzer, State Health Plan and Public Health Policy Officer
Bureau of Public Health Information and Planning
Division of Public Health, Department of Health and Family Services
1 West Wilson Street, Room 250, Madison, WI 53701-2659
tel: (608) 266-0877 e-mail: schmemo@dhs.state.wi.us

Photographs and References

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Page 4: Statement on rising obesity problem, from McGinnis JM and Foege WH. (2004) The immediate vs. the important. *JAMA* 29:10;1264.

Page 6: Alaskan children, photo by Elfrieda Nord

Page 9: AZHealthInfo.org Web site

Page 11: Diabetes statistics, from Profile of Health Disparities among Communities of Color, Colorado Turning Point, 2001

Page 12: Illinois State Capitol

Page 14: Kim Kimminau, of Kansas Turning Point, teaching a data class to community health program representatives.

Page 16: Terri Gremillion, Community Encourager for Avoyelles Parish, Louisiana, giving a community presentation.

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

Page 20: Kristin with Minnesota Turning Point's Emerging Leaders Network Class of 2003.

Page 26: Nebraska public health worker, Barb Packert participating in the NIHSS Disaster Response Command and Control Drill at the Receiving, Staging and Storing Site

Page 30: New Hampshire public health nurses during hepatitis A outbreak

Page 32: Studio picture during filming of Dr. Kristine Gebbie, T2B2 guest, and moderator Joel Ray-Alexander, on New York Turning Point's Third Thursday Breakfast Broadcast.

Page 34: North Carolina Senator Fletcher Hartsell and Linda Attarian reviewing North Carolina public health law

Page 36: Oklahoma police enforcing seatbelt ordinance

Page 40: Morris Govan, of South Carolina Turning Point, with district health officers Harvey Kayman and Becky Campbell.

Page 42: Virginia Atlas of Community Health Web site

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

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



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HB

338

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FILE

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 338
 () Publish Date: _____

Identifier (file name): HB338-CED-AEA-02-26-08 Dept. Affected: DCCED
 Title: Power Project Fund/Bulk Fuel Loan Fund RDU: AEA (453)
 Component: AEA Rural Energy Operations
 Sponsor: Nelson et al
 Requester: House Finance Component Number: 2600

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| | Appropriation Required | Information | | | | | | |
|-------------------------------|---------------------------|-------------|------------|------------|------------|------------|------------|------------|
| | | FY 2009 | FY 2009 | FY 2010 | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
| OPERATING EXPENDITURES | | | | | | | | |
| Personal Services | | | | | | | | |
| Travel | | | | | | | | |
| Contractual | | | | | | | | |
| Supplies | | | | | | | | |
| Equipment | | | | | | | | |
| Land & Structures | | | | | | | | |
| Grants & Claims | | | | | | | | |
| Miscellaneous | | | | | | | | |
| TOTAL OPERATING | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

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| CAPITAL EXPENDITURES | | | | | | | | |
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| CHANGE IN REVENUES () | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | | | |
|----------------------------|--|------------|------------|------------|------------|------------|------------|------------|
| 1002 Federal Receipts | | | | | | | | |
| 1003 GF Match | | | | | | | | |
| 1004 GF | | | | | | | | |
| 1005 GF/Program Receipts | | | | | | | | |
| 1037 GF/Mental Health | | | | | | | | |
| Other Interagency Receipts | | | | | | | | |
| TOTAL | | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

| | | | | | | | | |
|-----------|--|--|--|--|--|--|--|--|
| Full-time | | | | | | | | |
| Part-time | | | | | | | | |
| Temporary | | | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

This legislation authorizes the Alaska Energy Authority (AEA) to loan money from the Power Project Fund (PPF) to the Bulk Fuel Revolving Loan Fund (BFRLF) at terms that AEA determines are appropriate to maintain the viability of both funds. Currently, AEA is able to commit funds for a bulk fuel loan only if there is sufficient cash available in the BFRLF. This results in a potential underutilization of the BFRLF and increases the likelihood of declining loan requests until payments on receivables replenish the fund.

This bill also makes minor technical changes to the PPF and deletes unnecessary provisions. This bill has no fiscal impact on AEA operations.

Prepared by: Sara Fisher-Goad, Acting Executive Director
 Division: Alaska Energy Authority
 Approved by: Emil R. Notti, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone: (907) 771-3012
 Date/Time: 2/26/08 4:29 PM
 Date: 2/26/2008

FISCAL NOTE

2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: Draft: CS HB338(FIN)
 () Publish Date: _____

Identifier (file name): HB338CS(FIN)-CED-CRA-03-11-08 Dept. Affected: DCCED
 Title: Power Project Fund/Bulk Fuel Loan Fund RDU: Comm Asst & Ec Dev (405)
 Component: Community & Regional Affairs
 Sponsor: Nelson et al
 Requester: House Finance Component Number: 2879

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

| | Appropriation Required | Information | | | | | | |
|-------------------------------|---------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | FY 2009 | FY 2009 | FY 2010 | FY 2011 | FY 2012 | FY 2013 | FY 2014 |
| OPERATING EXPENDITURES | | | | | | | | |
| Personal Services | | | | | | | | |
| Travel | | | | | | | | |
| Contractual | 0.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 |
| Supplies | | | | | | | | |
| Equipment | | | | | | | | |
| Land & Structures | | | | | | | | |
| Grants & Claims | | | | | | | | |
| Miscellaneous | | | | | | | | |
| TOTAL OPERATING | 0.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 |

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| CAPITAL EXPENDITURES | | | | | | | | |
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| CHANGE IN REVENUES () | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|--|

FUND SOURCE (Thousands of Dollars)

| | | | | | | | | |
|--------------------------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1002 Federal Receipts | | | | | | | | |
| 1003 GF Match | | | | | | | | |
| 1004 GF | | | | | | | | |
| 1005 GF/Program Receipts | | | | | | | | |
| 1037 GF/Mental Health | | | | | | | | |
| New Bulk Fuel Bridge Loan Fund | 0.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 |
| TOTAL | 0.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 | 108.0 |

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

| | | | | | | | |
|-----------|--|--|--|--|--|--|--|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

ANALYSIS: (Attach a separate page if necessary)

Section 1 of this legislation would establish the bulk fuel bridge revolving loan fund and provide the legal authority for the department to administer and develop regulations for the bulk fuel bridge loan program. Need for this authority was identified in the Statewide Single Audit prepared by the Division of Legislative Audit. This legislation would provide the department authority to continue making loans to communities unable to qualify for credit under conventional financing or under the Alaska Energy Authority Revolving Fuel Loan Program. Loans from this fund would not exceed \$500.0 and must be repaid within one year after the date of the award. Interest may not be charged and repayments of the principal must be paid into the fund. Amounts in the fund may be appropriated for expenses directly related to fund administration. (continued)

Prepared by: Tara Jollie, Director
 Division: Community and Regional Affairs
 Approved by: Emil R. Notti, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone 907-269-7959
 Date/Time 3/12/08 1:34 PM
 Date 3/12/2008