

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

## South Carolina Turning Point Leading Through Change

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

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

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

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

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

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

this chronic disease in the community.

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

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



# At a Glance: South Carolina



## Aim of South Carolina Turning Point

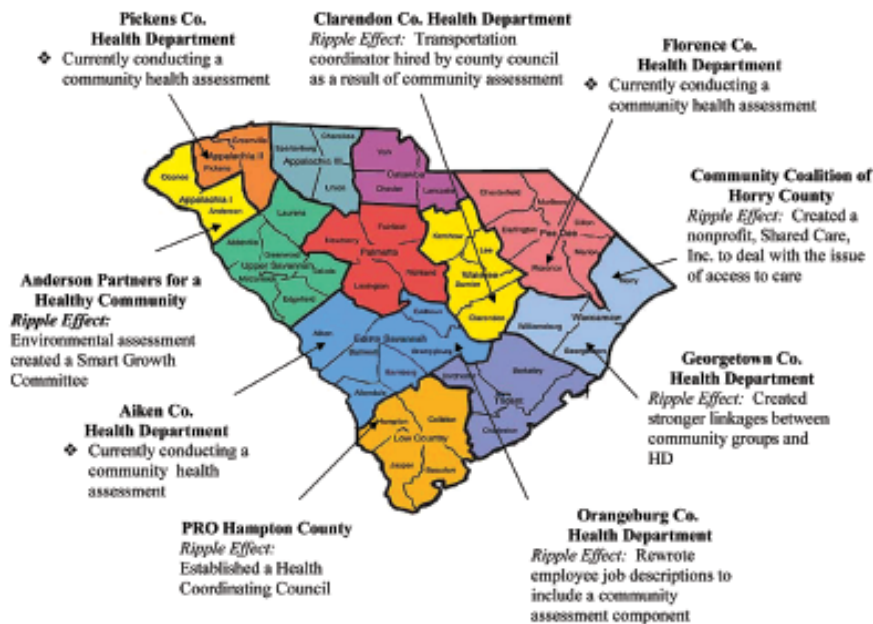
In South Carolina, Turning Point is the institutional embodiment of a new way of doing business in public health, incorporating a diverse group of public, private, state, and local organizations. By using a collaborative process that merges professional expertise, community wisdom, and political will,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

## South Carolina's Public Health Challenges

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

## South Carolina Turning Point's Contribution to Improving Public Health

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



## For More Information

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