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Transformations in public health

In This Issue

Reporting on States of Change

Marleyse Borchard

Against an ever-changing landscape, Turning Point's mission of transforming public health through collaboration is steadfast. In 1998, The Robert Wood Johnson Foundation Initiative funded Turning Point to create a planning environment that would generate improved public health systems. Though the program focused on only twenty-one states, the gains and knowledge from Turning Point were always intended to benefit public health systems in all the states. In May 2004, the initiative hosted a special conference, *States of Change,* to showcase the methods by which Turning Point partnerships are creating dynamic and far-reaching improvements. State and local health officials from nearly all fifty states gathered in Denver to hear the stories of transformation, reflect on their own state's challenges, and come away with ideas, tools, and resources for strengthening public health systems at home.

States of Change opened with an introduction to Turning Point by Bobbie Berkowitz, director. Following Bobbie, the keynote presentation featured a not-so-typical public health communicator. Andy Goodman is not from public health, but he zeroed in on one of our most tenacious challenges: How to communicate the importance of public health in a way that grabs the hearts and minds of the public, including policy makers. Turning Point had worked with Andy on the design of the conference and committed to producing a meeting using storytelling to share public health accomplishments. Andy focused on why communication of data so often fails to change behavior, and why storytelling does a better job of engaging listeners. He showed attendees how effective communication is structured and what elements are essential to create a story rather than a report. Bringing a public health focus to his presentation, Andy used examples from Turning Point to illustrate the elements of an effective story.

A tenet of Turning Point is that quality solutions can be found—whether for health disparities, bioterrorism, or the many other urgent health issues—by bringing together a broad base of interested individuals and organizations invested in a community or state

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From the Turning Point National Program Office

Making Public Health Visible

Bobbie Berkowitz, Director

Bobby Pestronk, Genesee County (Michigan) Health Officer, recognizes government officials, local residents, policy makers, health care providers, business owners, and the media as partners in the process necessary to improve the public's health. He also knows that public health, and especially local governmental public health agencies, are invisible, or "off the radar," for most people.

In a previous job, a co-worker gave Bobby a few of her deceased husband's bow ties. He started to wear them on occasion as a silent tribute to his friend. Before long, Bobby noticed that the ties always drew comments. Complete strangers would recognize him when he was out and about in the community because they recognized the bow tie from a meeting, a TV show, or some other event. As a trademark, the tie had come to represent his department and, more broadly, public health.

At a recent NACCHO meeting, Bobby observed that governmental public health can be made more visible not only through major policy initiatives, large budgets, and program success (or failure), but also through minor, perhaps even superficial, efforts. With his bow tie, Bobby is a little more recognizable and memorable. Although just a small detail, he is remembered as "that public health guy," and in a small but significant way, public health in Genesee County is more visible, too. "Whatever it takes," he says.

At our recent conference, *States of Change,* participants talked about the need to make public health visible. Public health successes often lie in what *doesn't* happen, rather than what *does*. Until the media start to report on the number of people who didn't get sick at restaurants today, many of our accomplishments will be invisible to the general public.

But we *can* create higher visibility. In Arizona, for example, public health information kiosks are now present in libraries. And on the other side of the country, Virginians can look up public health information specific to their geographic area through an interactive online health atlas. New York Turning Point's highly acclaimed satellite monthly series on public health issues, the Third Thursday Breakfast Broadcast (T2B2), now reaches across the country. Oklahoma Turning Point has become adept at focusing media attention on public health programs, such as their public walkathons to bring obesity issues to the forefront of Oklahomans' minds. In Nebraska, new bricks-and-mortar health departments are a physical manifestation of the renewed presence of public health in communities. Throughout all the Turning Point states, reports, new institutions, and policy and statute revisions clearly reflect increased visibility.

So often we put off touting public health until we can make a big splash. But we can make public health visible in large and small ways—using technology and the Web, creating diverse partnerships, and nominating outstanding public health programs for awards. As we search for ways to express public health's value we can also learn from other fields. At the *States of Change* conference, Turning Point members shared their work through personal stories. More than sixty-five stories were shared at the conference; a few are included in this issue of *Transformations*. I encourage you to read the others on our Web site and to consider the multitude of ways you can increase the visibility of public health.

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to identify health priorities and focus on the future together. Since 1998, Turning Point has been putting this collaborative model into action.

The twenty-one Turning Point states have proven, each in their own way, that collaboration brings results. They presented those results in a variety of breakout sessions. Conference attendees found themselves in small groups with individuals sharing their experiences with public health challenges and solutions. Through these sessions, attendees learned of ways to build social marketing capacity in public health, methods to improve care of the uninsured, strategies for leveraging tobacco settlement dollars, and the use of Internet-based video conferencing to bring communities together around public health issues. Among the 65-plus presentations were stories of tracking health disparities data, partnering with chambers of commerce, working with policy makers, and developing local infrastructure. The conference breakout sessions were kept short and concise to allow participants to attend several sessions and take home ideas for a variety of system changes.

Networking at the poster session.

Networking was encouraged at the meeting, and attendees had plenty of time to attain more in-depth knowledge about state efforts at a poster session, networking lunches, and an opening-night reception. In the words of one participant, one of the benefits of the conference was "networking and collaborating with the 'not so likely partners' and being able to e-mail others who are in the same boat in other parts of the US."

On the final day of *States of Change*, participants were treated to a rare occurrence—a panel of the leaders from the Centers for Disease Control and Prevention (CDC) Public Health Practice Program Office, the National Association of City and County Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the American Public Health Association (APHA), and the Public Health Foundation (PHF). The camaraderie of the group was evident, and good natured ribbing lent levity to the panel's discussion of the current challenges of public health. Bobbie Berkowitz moderated the discussion, starting off with a question about what has worked well in their experience to engage policy makers. Dr. George E. Hardy, Jr., executive director of ASTHO, reminded us that although we seldom take time to sit back and reflect, there have been many good changes in public health. "Public health has and does and will continue to make a difference," George emphasized and added that we have to make policy makers aware of the difference through stories of the results of coalition building. "While coalition building is hard work and is time consuming, it teaches the art of compromise, and ultimately, outcomes are usually better."

Bobbie steered the conversation to an ongoing problem in public health: health disparities. Ron Bialek, president of PHF, pointed out that we need to find ways to make corporate America understand the effect of health disparities on businesses' financial bottom-line. Pat Libbey, executive director of NACCHO contributed to the discussion with the idea that we need to continue to recognize the role of social justice in health. "Access will not eliminate disparities; we need to work further upstream at the level of social justice. How do we use the information we have, convert data to information, share it, and enable and empower our partners to use that information to eliminate health disparities?"

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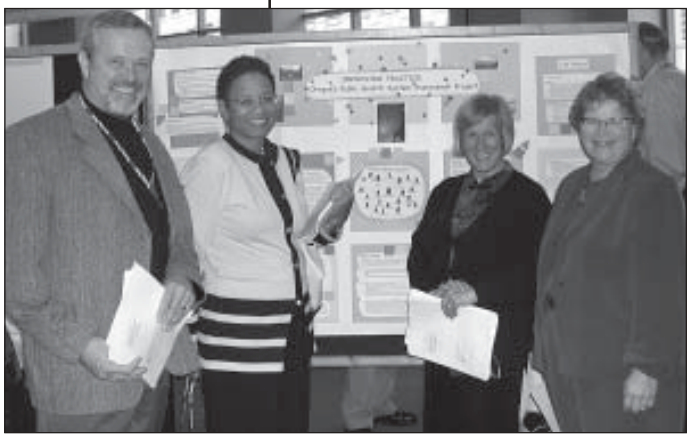
Another hot topic was which parts of broad public health should remain in the hands of government agencies and which should be handled by multi-sector partnerships. Dr. Georges Benjamin, director of APHA, emphatically stated, "Community is not separate from government. Us/them, firewalls, conflicts of interest—these are often false distinctions. The more we collaborate, the more we will move in the same direction." Dr. Hardy concurred but with a qualification. "There is a distinction when it comes to problems. Public health agencies are turned to for accountability. Government is about service. Yet there is almost nothing that government can do alone—bioterrorism, hurricanes, SARS—nothing public health can do alone. We need health care, hospitals, the voluntary sector—yet accountability ultimately comes back to governmental public health."



Enjoying the poster session are Tom Milne of Oregon Turning Point, Judy McCree Carrington of Colorado Turning Point, Casey Milne, and Mary Selecky, Secretary of Washington State Dept. of Health.

Dr. Suzanne Smith, director of CDC's Public Health Practice Program Office, also took the opportunity to share news of changes at CDC, which affect agency-wide health goals and will sustain analysis to help measure progress. Accountability for progress will rise to the level of the Office of the Director of the CDC.

NACCHO's work in the area of defining local public health department capacities was highlighted in a discussion of whether there is a set of functions that everyone should do at the local level. Pat Libbey explained that their work on creating a definition of a local public health department is in progress and that it is closely tied to the ten essential services of public health.

Panel members: Ron Bialek of PHF, Suzanne Smith of CDC, George E. Hardy, Jr., of ASTHO, Georges Benjamin, of APHA, and Pat Libbey, of NACCHO.

Pat Nault, director of the Alaska Turning Point Partnership, asked a question of the group: "Why doesn't public health have a better image with the public, and how can we get an image like the fire department has?" This sparked a lively discussion about the visibility of public health and the challenges of creating an image. Georges Benjamin offered that part of our problem in creating an image is that we remain disorganized when we are given an opportunity to publicly come together and define ourselves, such as was the case with anthrax. "We need to take opportunities and build on them."

The panel discussion drew to a close, and attendees prepared to depart for home. They exchanged cards and said good-bye to old and new friends tackling similar public health concerns. With them they took up-to-the minute thinking from our national partner organizations, stories from Turning Point states, inspiration to innovate in public health, and numerous tools and resources to share with their colleagues. Turning Point members, too, gained tremendously from the experience of sharing public health challenges and opportunities across the US.

Turning Point Member Profile

Sue Ellen Wagner

Across the nation there is a chasm between health care and public health. It takes consistent work and political savvy to build bridges across the gap that allow us to identify goals together and partner for a healthier society. In New York, one of the best and brightest bridge builders is Sue Ellen Wagner.

Sue Ellen started her career as a candy striper while in high school. Helping people came naturally, but even then she knew she wanted to look after the public's health rather than help patients one-on-one. After earning a BA in health administration from the State University of Technology at Utica/Rome, NY, and an MS in health administration from Russell Sage College in Albany, she found her career. Sue Ellen was going to be a change agent. She interned with the New York Senate and worked as a legislative assistant for the chair of the Senate Health Committee. Drafting health legislation led her to pursue a career at the Healthcare Association of New York State (HANYS), where she has been for the past eleven years. As vice president of Workforce and Community Health, Sue Ellen represents the interests of more than 550 nonprofit and public hospitals, nursing homes, home care agencies, and other health care organizations throughout New York State.

Sue Ellen is an extremely active, long-term member of New York's Turning Point Partnership—the NYS Community Health Partnership—and has been the HANYS representative since the partnership's inception in 1998. Her influence and dedication have helped the New York Partnership deliver a quarterly newsletter, as well as high-quality partnership meetings and conferences. Her main contribution, however, has been focusing time and attention on helping hospitals and local health departments work toward collaborative development of community health assessments and community service plans. Sue Ellen's ability to bridge the gap between health care and public health has been integral to hosting effective forums with hospitals and local health departments to highlight their best practices. Another of her major accomplishments was drafting legislation to encourage continued coordination of assessments between hospitals and local health departments.

Her work building the Partnership has benefited partner organizations; they are able to address not only community health issues but also bioterrorism and emergency preparedness better than ever. Maryjane Wurth, chief operating officer of HANYS, sums up the essence of Sue Ellen Wagner. "She balances being a champion for mission and broader ideals while attending to margin and results. Sue Ellen transports public health principles and the provision of medical services into an integrated community health model. She is a true champion!"

Sue Ellen's dream is to see, within ten years, effective health care reform that would provide for universal health care coverage for all. When she is not building bridges, Sue Ellen spends time with her five-year-old daughter, Brianna, and with her husband enjoying the outdoors, skiing, and bicycling. In ten years' time, with Sue Ellen's drive and know-how guiding New York's health care and public health goals, undoubtedly the system will have changed. And, Brianna might very well volunteer as a candy striper in a system that seamlessly integrates public health and health care.

Nominate Turning Point a member to be profiled in future issues.

States of Change: West Virginia Turning Point

Watching a System Grow

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. 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 Partnerships 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 were needed beyond what had been given to the local health departments.

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

The States of Change stories in this issue of *Transformations* are from Turning Point's *States of Change* booklet, which can be found on the Turning Point Web site (under Publications).

States of Change: Missouri Turning Point

Nothing to Lose, Everything to Gain

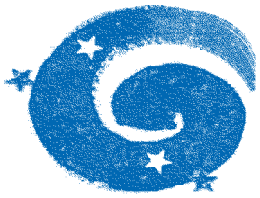
Melanie Glaus has thrived in the past 12 years as director of the Mississippi County Health Department in Missouri, in part because she is receptive to change. Her commitment to public health shows as she and her staff improve health for this agricultural community of 14,000. Melanie is walking the talk 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.

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

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

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.



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.

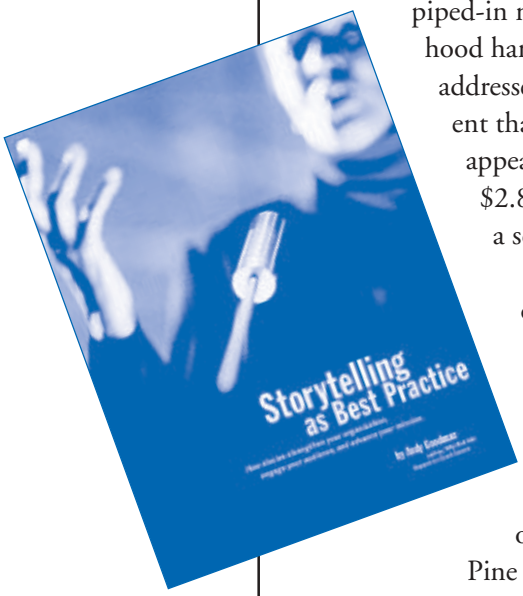
What Stories Have to Offer that Facts Alone Don't

Andy Goodman

The Experience Economy, by B. Joseph Pine and James H. Gilmore, is like most bestselling business books: essentially, its purpose is to help companies make more money from the products and services they sell. The basic insight this book offers, however, has value for public interest communicators, too, especially those who are already using storytelling to advance their mission.

First, let's consider the business message of the book, best understood by following a familiar product, coffee, along various routes to caffeine-craving consumers. When you purchase coffee beans at a supermarket, you are buying this product in its most basic form. Consequently, the cost of the cup you brew in your own home is relatively low – somewhere between 5 to 25 cents a cup. When you buy a cup of coffee at the average diner, the product (according to the book's coauthors) has morphed into a service for which you pay a little more – probably somewhere between 50 to 99 cents a cup.

When you walk into a Starbucks, on the other hand, something entirely new is happening. Now you're entering an environment where the lighting, furniture, and piped-in music are all designed to create the feeling of a comfortable neighborhood hangout. If you're a regular, the barista who custom-brews your drink addresses you by name. And custom-brewing is another not-so-secret ingredient that caters to (and reinforces) your individuality, adding to the place's appeal. By the time you leave, you will have forked over somewhere around $2.80 to $3.50 for a cup of coffee because you got more than a product or a service – you had an experience.



The Walt Disney Company reinvented amusement parks when they created the experience-laden Disneyland, and that's what Nike is hoping to do for shoppers who visit Niketown. People will almost always pay more for an experience than a mere product or service, Pine and Gilmore conclude, so the authors encourage their readers to find ways to transform their offerings into profit-pumping experiences. Thus endeth the business lesson (even if the book runs on for another 200 pages).

Pine and Gilmore's three-tiered model (advancing from product to service to experience) suggests an interesting analogy for the field of public interest communications. To illustrate, let's set aside our tall soy latté with extra foam for a moment and concentrate on a serious issue: gun control. According to the Bureau of Alcohol, Tobacco and Firearms, there were 81,325 federally licensed firearms dealers and pawnbrokers operating in the United States in 2000. That's a fact, certified by the U.S. Department of the Treasury. Since 81,325 is a large number, with a recognizable federal agency standing behind it, this fact commands a certain amount of your attention. You also might forget it ten minutes from now. That's one problem with facts: they aren't very memorable on their own.

But what if we put this fact into a context? When you compare the number of gun dealers and pawnbrokers with the number of McDonald's franchises operating that same year, you discover that there were three times as many gun dealers as McDonald's. Given that driving by a McDonald's is practically guaranteed in most parts of America, it's a safe bet you will be reminded of this startling comparison sometime in the near future. Just as a ser-

vice commands a higher price than a product, context can bring more attention and mind-share to the easily forgotten fact.

Now move one step higher on the ladder and listen to Marlys Nunneri tell her story, one that begins with her getting married in June 1954 at the ripe old age of fifteen. Despite verbal and physical abuse from her husband, Marlys stayed with him for forty years. The couple finally divorced in 1995, but Marlys kept visiting her ex-husband at his house in Sylmar, California, "thinking he was going to change," as she puts it. During one visit, her ex-husband took out a .38 caliber handgun, yelling, "You're making me mad! I'm going to kill you!" as Marlys sat on the couch, trying to calm him down.

"He had pulled the gun on me before," Marlys recalls, "but this time I knew he was going to do something." Standing at point blank range, Marlys's ex-husband fired a single shot into her chest. Marlys didn't black out immediately, but her memory of the next several minutes is understandably blurry. She recalls hearing police sirens. She remembers talking to paramedics and being lifted into an ambulance. And she remembers hearing her ex-husband say, "God, forgive me."

By sheer coincidence, a heart surgeon was leaving the hospital as an emergency room team worked frantically to save Marlys's life. She was rushed into surgery where doctors discovered that the bullet had penetrated her heart, collapsed a lung, and lodged in the diaphragm, paralyzing it. Despite such severe internal damage and a tremendous loss of blood, her condition was stabilized. Later, Marlys's children would tell her that the surgeon who operated on her told them, "Everything's working. We don't know how. It must be God."

Marlys spent eighteen days in critical care, remained in the hospital for five weeks after that, and was confined to bed in her home for two months. Five years later, she still suffers from physical disabilities due to the gunshot and its aftermath. The handgun that nearly killed her was purchased legally at San Fernando Sporting Goods, one of 81,325 places you can buy guns in America. And while you still may forget that number, it's unlikely you'll forget what happened to Marlys Nunneri, or, more importantly, how her story makes you feel.

And therein lies the distinguishing power of story. Not only does it make facts more memorable, it arouses the emotions and engages the listener in ways numbers do not. A particularly dramatic story such as Marlys's may even increase your heart rate, quicken your breathing, and cause your body temperature to rise. In other words, for the listener, a good story *is* an experience, and your ability to remember is heightened because both your mind and body have been affected.

"Experience is the best teacher," they say. Used well, storytelling can give your audience experiences they will never forget.

And therein lies the distinguishing power of story. Not only does it make facts more memorable, it arouses the emotions and engages the listener in ways numbers do not.

Andy Goodman is owner of a goodman communications*, located in Los Angeles. Andy's book,* Storytelling as Best Practice, *was integral to the development of the Turning Point stories in this issue. The book is available through his Web site: www.agoodmanonline.com.*

Policy Corner

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

Policy Statement

Many public health programs and services are closely related to activities routinely located in other agencies of state or local government. Many child health services overlap with programs managed by state child welfare or Medicaid agencies, and others with departments of education. One of the largest maternal/child health services, WIC, is an agricultural program at the national level. Should public health agencies continue to run substantial child health programs or should they spin them off to others?

Responses

There is some merit to the argument for spinning off child health programs to other agencies. The supporters of such moves make their case in the following way. Children's health services are part of a comprehensive support system that can help every child achieve the highest level of development possible. Keeping well-child growth and development, nutrition, injury prevention, or immunization in a separate organizational box from full-scope medical services, early childhood readiness for education, licensing of child care institutions such as day care, prevention of substance abuse, or overall education is a mistake. Only when communities see all that might be needed by children, especially children at risk, as a comprehensive whole, can those communities really appreciate what needs to be done and think creatively of ways to ensure that every child achieves what is possible. This does not mean that public health loses all interest in children: birth records, documentation of reportable conditions, education of the workforce on health matters related to children, and so on, would all continue to be important. What would be moved would be day-to-day management.

Kristine Gebbie, PhD
Columbia University, School of Nursing

A recent movement in public service involves the building of new bureaucracies by "cherry picking" a range of services that might fit some newly important theme. For public health the trend has particularly struck home in the case of the services public health provides to children. The logic is: "If it involves a child, the program should be moved with all other children's services." The rhetoric is seductive: create a one-stop shop; integrate with other services; reduce duplication; focus on the child.

Nonsense. Children's health requires the unique competencies, expertise, and perspectives of public health professionals. Clinical care is best provided by a mainstream medical care system, not some other government agency. The remaining public health role entails quality assurance; advocacy for distribution, finance, and access; and population-based services such as health education, school health, empowerment, surveillance, and protection; and provision of personal services otherwise not available. These essential services require the modern public health professional and form an inseparable component of all of public health. It's about being sure that healthy children are ready to take advantage of the services of all other public and private providers.

Hugh Tilson, MD, DrPH, FACPM
University of North Carolina, Chapel Hill, School of Public Health

What is your response to today's Policy Statement?

Deadline: Oct. 1

Register your thoughts on this issue at the Turning Point Web site:
www.turningpointprogram.org/web_log/weblog_index.html

More responses to the Policy Corner statement in the Spring 2004 issue.

Policy Statement: *With enactment of a new Medicare law in December 2003, progress was made toward addressing one aspect of the current health care crisis in the United States—the lack of prescription drug coverage for Medicare beneficiaries.*

The focus should stay on the "health care crisis" rather than "prescription drug needs." The latter shifts the approach for solving this escalating dilemma away from the multiple etiologies: pharmaceutical industry, prescribing practices, and lack of a prevention agenda to include personal responsibility for health. The attempt of this Medicare Bill to do "something" in the form of relief is not expected to nor should it be the total solution.
Stephanie Bailey, MD, MPH
Metro Public Health Department, Nashville, Tennessee

Assuring access for all members of the community to a comprehensive program of acceptable, affordable medical care is a fundamental part of the assurance function of public health. And yet, we seem also to miss a point so fundamental that it continues to amaze me ... that medications (and biologics, diagnostics, and devices) are an inseparable component of the access package. How mindless and penny wise we are to split out this, of all components. And so, Congress has been very wise to declare, finally, that drugs are a basic part of Medicare. I'll leave it to others to fight over how we're going to contain the costs of drugs, but hope they'll join the fight to control ALL health care costs while not punishing those we need most to be enfranchising. And, in the last analysis, it will be up to public health leadership to see whether we have the mettle to show leadership in ensuring access for those for whom only we may be the remaining effective advocates.
Hugh Tilson, MD, Dr.PH, FACPM
University of North Carolina, Chapel Hill

The new Medicare law gets us another step closer to improved access to health care services for seniors and the disabled. However, simply providing coverage for pharmaceutical products will not guarantee improved health outcomes for Medicare beneficiaries. Systems and processes are needed to ensure that patients receive appropriate, cost-effective drug therapies that are tightly coordinated with other needed interventions and continually updated to reflect changes in health care needs. Moreover, drug therapies should be delivered in conjunction with education and support interventions that enable patients to adhere to therapeutic recommendations and play active roles in the management of their own health conditions. For chronic diseases such as diabetes and cardiovascular disease, drug therapies should be delivered as part of a continuum of disease prevention and management interventions that include nutrition and physical activity components as well as regular screening and diagnostic services. Fortunately, the new Medicare law includes, for the first time, coverage for medication therapy management services that will allow pharmacists and other health professionals to begin to provide these wraparound services. This provision, along with the new Medicare demonstration programs involving disease management and care coordination interventions, may help to create the capacity within Medicare for population-based health management and improvement.
Glen Mays, PhD, MPH
College of Public Health, University of Arkansas for Medical Sciences

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

States of Change: Minnesota Turning Point

How Kristin Got Her Groove Back

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.

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.

Emerging Leaders Network 2003 class.

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

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

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

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

State Partners Recognized

Third Thursday Breakfast Broadcast Wins the Telly Award.

It isn't as familiar to most of us as an Emmy or a Tony, but in the world of broadcast and video production, winning a Telly is a great honor. This national award of excellence in the category of Educational Documentary was won by the University of Albany School of Public Health on behalf of the program sponsors (the School of Public Health, the NYS Department of Health, and the NYS Community Health Partnership, New York's Turning Point partnership) for an innovative Third Thursday Breakfast Broadcast (T2B2). The winning program, ***Think Fresh! Partnerships for the Promotion of Vegetables and Fruits in Low-Income Communities,*** aims to increase awareness and use of fresh fruit and vegetables, as well as demonstrate how low-cost, innovative programs and initiatives can be designed to improve the distribution and preparation of fresh vegetables and fruits in the emergency food system. This particular session incorporated not only tips for program design, but also illustrated the disparity of access to fresh produce through a powerful video juxtapositioning the bountiful fresh produce offered in a middle-class supermarket compared to the meager supply of wilting lettuce and spongy potatoes offered in an inner-city market. This T2B2 program was sponsored by the New York Department of Health's "Eat Well Play Hard" program and is one of several dozen broadcasts produced by T2B2 since its start in 1999. T2B2 was designed to provide accessible continuing education to rank and file public health employees statewide. Through satellite downlink sites, T2B2 now reaches all 50 states in the US, and many of the programs can be accessed through libraries or from the School of Public Health's Web site (www.albany.edu/sph/coned/t2b2.html).

Kudos to Arizona Turning Point!

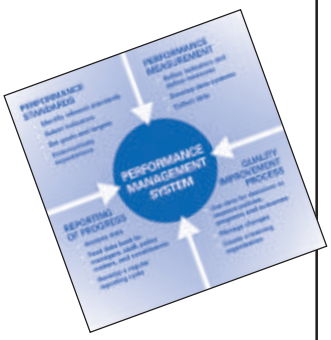
The Linkages Awards, presented annually by the Council on Linkages Between Academia and Public Health Practice, recognizes exemplary community-based collaborative activities between public health practice agencies and academic institutions of higher learning. This year the Arizona Turning Point Project and the Mel and Enid Zuckerman Arizona College of Public Health were awarded third place for their collaboration on establishing an Academy Without Walls: a pilot project to develop and evaluate public health curricula in the three domains and deliver it to Arizona's frontline public health professionals. The goal of this collaboration was to establish the first phase of a workforce development strategy in Arizona to build capacity and competencies of frontline public health professionals so that they are better able to address the state's public health concerns. A total of 137 individuals attended one or more of the trainings. Workforce development was found to strengthen organizational capacity to address local public health concerns. The curricula developed are now available for continuing education and broader workforce development activities throughout Arizona and the Southwest. The Academy Without Walls also succeeded in strengthening the relationship between Academia and public health practitioners.

In addition to this national recognition, Aleena Hernandez, an MPH student completing her internship project, was recognized with the 2004 ASPH/HRSA/COL Student Award for Excellence in Public Health Practice. Every year this group honors a public health student for his or her comprehension of, application to, and growth in public health practice. Ms. Hernandez was responsible for developing and implementing the evaluation component of the Academy Without Walls and is well deserving of this honor. We congratulate Ms. Hernandez and all those who contributed to the success of this project!

National Excellence Collaboratives Update

Turning Point's five National Excellence Collaboratives have created a spectrum of innovative tools and resources for public health professionals who are working to build better public health systems and programs.

Leadership Development and Performance Management National Excellence Collaboratives. On November 6, 2004, 9 am – 5 pm, the Leadership Development Collaborative and the Performance Management Collaborative will jointly conduct an APHA Continuing Education Institute at APHA's Annual Meeting in Washington, DC. The session, "Strengthening the Public Health System through Performance Management and Collaborative Leadership" (1010.1), will provide strategies and resources. Preregistration and a separate registration fee are required (see www.apha.org to register). The Leadership Development Collaborative has also recently released several new publications: *Collaborative Leadership Learning Modules: A Comprehensive Series; Collaborative Leadership: Fundamental Learning Module;* a set of *Collaborative Leadership Self-Assessment Questionnaires* (all available, online, in print, or on CD); and the *Emerging Leaders Program Development Handbook* (available online only at www.collaborativeleadership.org).



Performance Management National Excellence Collaborative. Ensuring its sustainability, the Performance Management Collaborative has formalized its partnership with the Public Health Foundation. All Performance Management publications are now available for purchase through PHF's Learning Resource Center (www.phf.org). The latest publication, *Performance Management in Action: Tools and Resources*, a toolkit providing users with sample documents, assessment tools, job descriptions, and other targeted resources, is available online at www.phf.org/infrastructure/resources/PMCToolkit/Toolkit0304.pdf.

Social Marketing National Excellence Collaborative. The Social Marketing Collaborative will also be holding an institute at APHA's Annual Meeting on November 6 (for details visit www.apha.org). "Using Social Marketing Planning Tools to Address Public Health Issues" (Session 1008.0) will feature skills and strategies to improve public health by influencing behavior change and will also offer training on how to use the CD-ROM planning tool *CDCynergy-Social Marketing Edition*. (Preregistration and a separate registration fee are required.) Can't make it to APHA? The collaborative has two new products, *Social Marketing Basics*, a self-guided tutorial, and *Social Marketing for Managers*, a guide that presents budgeting tips, a sample job description, and other resources to assist managers. Both are available through the National Program Office (www.turningpointprogram.org).

Information Technology National Excellence Collaborative. The Information Technology Collaborative is moving forward with its Public Health Information Systems Catalog. Currently in beta testing, the Catalog will be a resource to local and state health departments seeking information on information technology systems for particular public health functions. The Catalog will be launched nationwide this fall, and will be accessible at www.infotechnet.org.

Public Health Statute Modernization National Excellence Collaborative. The Public Health Statute Modernization Collaborative received the 2004 Distinguished Achievement in Public Health Law Award at this year's Public Health Law Conference. The annual award is given by the Public Health Law Association to an individual, organization, or group to acknowledge outstanding achievement in the development, use, or application of law as a means to promote healthy people in healthy communities. A copy of the collaborative's definitive work, the *Model State Public Health Act,* is available at www.turningpointprogram.org.

Site Visit

Edward Tufte—www.edwardtufte.com

The New York Times calls Edward Tufte the "Leonardo Da Vinci of data." His Web site is a portfolio of his work as a pioneer in the arena of visual display of data. As public health professionals, we collect data to track health status and investment of public money in the health of our citizenry. You may have strong data to back up the need for public health services, but if you don't connect with your audience – your great data doesn't have a great impact. If you've ever wondered how to make data less boring, check out Edward Tufte's Web site for inspiration and ideas.

Andy Goodman—www.agoodmanonline.com

Did the stories in this issue inspire you to dust off your creative side and take a stab at reworking your public health communication pieces? Andy Goodman's Web site contains a monthly newsletter, *Free Range Thinking,* designed to keep us developing communication skills and improving our messages to important audiences. His latest newsletter, available online, focuses on communicating to an aging audience. Among archived issues you'll find such topics as presenting with PowerPoint, use of radio media, and successfully pitching stories to the media.

RWJF Update

Working to Combat Obesity

In June, The Robert Wood Johnson Foundation sponsored the TIME/ABC News Summit on Obesity, in Williamsburg, Virginia. Webcasts of many of the main summit sessions and several breakout clinics are available at www.rwjf.org/news/eventDetail.jsp?id=1083787982803&contentGroup=webcast.

Risa Lavizzo-Mourey, MD, MBA, RWJF president and CEO, spoke at the opening session, setting the stage for the days to follow. The Summit wove together a multitude of strategies necessary to combat the growing obesity epidemic in the US. Discussion during the Summit touched on the shift toward prevention, public/private partnerships, marketing to kids, the shaping and making of policy, and solutions for communities of color, among other areas of concern in the battle against obesity.

Dates to Note

September 28, 2004 - October 1, 2004. ASTHO 2004 Annual Meeting: Communication, Cooperation, Coordination – Building Bridges in Public Health. St. Paul, Minnesota (www.astho.org)

November 6-10, 2004. American Public Health Association 132nd Annual Meeting and Exposition: Public Health and the Environment. Washington, DC (www.apha.org)

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

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