

The Turning Point Initiative

Responding to Challenges in Public Health

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Rapid changes in the economic, social, and political environments are affecting the ability of public health agencies to protect and improve the health of communities. Moreover, fierce competition and fundamental structural changes in the health sector are challenging the relationship between public health and medical care systems. In response, the Turning Point Initiative created by The Robert Wood Johnson Foundation (RWJF) and The W.K. Kellogg Foundation (WKKF) seeks to prepare public health systems for the challenges of the twenty-first century.

Under the aegis of Turning Point, 21 diverse states (Figure 1) and their even more diverse community partners have engaged in a variety of exciting and challenging activities. Turning Point was initiated in January 1998 with 14 state-level grantees funded by RWJF and 41 community-level grantees funded by WKKF. Seven additional RWJF-funded grantees joined the initiative in June 1999. In phase 1, the funding has supported a strategic planning process designed to improve and transform the public health infrastructure. An implemen-

tation phase will follow.

This article focuses primarily on the planning phase of Turning Point and the following specific aims, which are to:

1. Create an environment where state agencies and organizations and their community partners can plan collaboratively to analyze the issues and challenges related to public health system improvements and link those to health status improvement.

2. Develop a strategic planning document that communicates the state of the public health system and the strategies required to address the gaps in system capacity. The goal is to highlight strategies that will sustain a public health workforce, develop information and communication systems, provide stable financing, formulate and implement health policy, and institutionalize links with communities.

3. Establish a network of public health partners who agree to contribute to an agenda that addresses issues of public health importance such as:

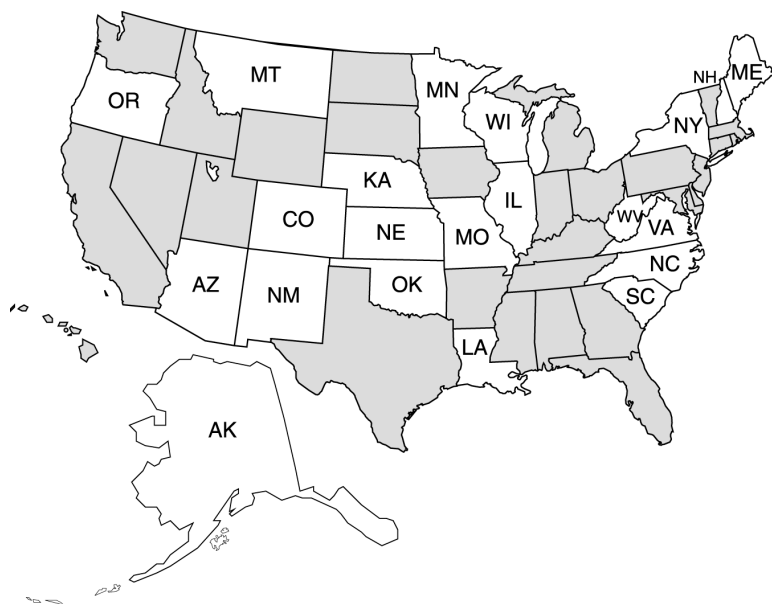
- the elimination of health disparities
- access to quality care
- prevention of infectious disease
- reduction of chronic disease, and
- protection from hazards and toxins in the environment.

Within each state a coalition of statewide partners and coalitions of community partners are working on priorities for system change specific to their own community or state. In addition, the states and community-wide coalitions work together on issues of joint interest.

Collaboration as the Key to Success

Turning Point has sites in states with diverse political and organizational structures. For example, New Hampshire (with 1.2 million residents) has a house of representatives with 400 members. Nebraska (with 1.7 million residents) has a nonpartisan unicam-

Figure 1: The 21 states (white) with Turning Point programs.



eral legislature. Such political structures affect the organization of public health services. Given this diversity, it has been crucial to understand the key elements in developing functioning collaborations.

The literature on collaborative models developed to promote health identifies elements for creating successful partnerships and building the required capacities and infrastructure. *Healthy People 2010* defines infrastructure as “the systems, competencies, relationships, and resources that enable performance of the essential public health services in every community.” (*Healthy People 2010 Objectives*: Conference Edition, 2000). Examples of adequate infrastructure include a skilled and competent workforce, stable financing, information systems, leadership, the capacity to collaborate with communities and strategic partners, and a system for policy development and implementation. Successful collaboration is often community based and influenced by community values and beliefs. Data, narrative, and anecdotes about critical health problems often inform and motivate the collaboration. An essential step is creating a governance structure with clear decision-making processes. In most Turning Point states governance is vested in a representative steering committee.

Turning Point grantees have built these elements into the state and community collaborative models. Focus groups and surveys have revealed how community members think and feel about local health problems and how they would prioritize implementing programs to resolve the problems. A variety of instruments have been used to gather data on the health status of the population, capacity gaps, and infrastructure needs. For example, collaborators in Alaska developed a survey of public health and environmental health staff at the federal, state, and local levels and in tribal health organizations to gather data on the gaps in public health capacity.

Turning Point grantees have formed multiple task forces and work groups to assess the status of public health systems. They have examined the traditional roles and responsibilities of government public health agencies and evaluated how these roles could be strengthened or changed to address core functions and essential services. They have formulated new ideas about what public health activities may be better suited for implementation by other partners. Grantees have analyzed their public health statutes and financing structures to identify gaps. A review of how policy is developed and adopted has led to the involvement of elected officials at every level of government within the Turning Point states. As planning activities have progressed, Turning Point grantees in each state have kept a critical eye on the health status of their population.

The first two years of the grant were spent assessing and building capacities in the system including leadership, commitment of stakeholders, communication systems, planning processes, and plans for sustainability. In the current environment characterized by both fiscal constraints and limited public awareness of the role of public health, the Turning Point grantees will be challenged to sustain these capacities.

The planning process for an improved public health system

will be a long-term effort. At the end of 1999, the first cohort of states completed their strategic plans with recommendations that move Turning Point from planning to active change in how public health systems are funded, designed, constructed, linked with communities, and fueled with an expert workforce. Several strategies will be tested during implementation of the Turning Point strategic plans.

Priority Areas for Implementation

Three major themes have emerged through the strategic planning process as priority areas for implementation: public health law reform, performance measurement, and leadership development. Turning Point states in our Northwest region provide examples of these implementation strategies.

Public Health Law Reform

Many states have identified the central importance of basing public health initiatives on modern public health statutes. In many states, the legal basis for the public health system is founded on diverse laws and ordinances without a general statement of principles regarding the purpose of public health. Many states have identified the need for a comprehensive analysis of the structure, financing, and appropriateness of current statutes. Alaska, for example, commissioned an extensive report that reviewed the laws supporting its public health system and recommended reforms to improve the relationships among federal, state, local, and tribal public health agencies and organizations. The next step in the implementation phase of Turning Point will be the development of a model public health statute that could be used to further national, state, and local reform activities.

Performance Measurement

The need to develop basic standards for accountability in public health has emerged as a second priority area in the strategic plans. Montana, for example, recommends the development of “accepted standards for system capacity and performance to enable improved quality of services and system accountability.” Alaska proposes to “develop public health performance measurement systems” and to “create a statewide entity responsible for reviewing performance and ensuring accountability in the system.” Such efforts will be critical to secure and expand resources for community work in an environment in which accountability is a key to credibility. The Turning Point implementation phase will focus this energy on developing a performance measurement system. This work will be coordinated with other national efforts such as the National Public Health Performance Standards Program of the CDC and APEXCPH (Assessment and Planning Excellence through Community Partners for Health).

Leadership Development

The importance of a trained and engaged public health workforce has emerged as a third key area. Nearly all states reflect the need for workforce development in their prelimi-

nary strategic plans. Alaska, for example, has a major strategy to “ensure a well-trained, competent public health workforce” and develop “a public health training network with an emphasis on building distance learning capacity.”

Similarly, Montana has identified workforce development as a core strategy, including the establishment of a Montana Public Health Institute, a project in which the University of Washington School of Public Health and Community Medicine is providing assistance. The important element is to ensure that the public health workforce develops skills in both leadership and basic areas of public health such as epidemiology and communications. The focus is on current and future public health leaders. The Turning Point implementation phase will coordinate efforts in partner states to develop institutes for best practices and leadership development.

In addition to public health law reform, performance measurement, and leadership, substantial change is expected in these areas:

- Formalize communication links among cabinet-level state agencies related to a health agenda.
- Establish health information systems and technology that track the determinants of health.
- Create social marketing strategies that enhance the awareness and value of using public health strategies to improve the health of the public.
- Develop a stable and performance-based mechanism for financing public health programs.
- Develop systems that effectively link population-based prevention, health promotion, and health protection programs with health care delivery.
- Implement a formal and sustainable process for ongoing health improvement planning at the state level.
- Develop new incentives in the health care delivery system that would reduce the reliance on local or state public health departments for acute care services and would improve access to care for those who are under- or uninsured.

A National Movement for the Twenty-first Century

Turning Point is a new idea for a new age in public health. As our public health problems change, so too must our solutions. The implementation phase of this initiative will provide an exciting opportunity to coordinate the energy of the Turning Point states and their strategic planning processes into a national movement. By harnessing the creativity of 21 states and their local partners, Turning Point will work to influence public health policy at the national level through the creativity and coalition-building that only works at the national and local level. This true definition of partnership will help direct the course of public health practice.

Recommended Reading & Information Resources

Berkowitz B: Collaboration for health improvement: models for state, community, and academic partnerships. *J Public Health Manage Pract* 2000; 6(1):67–72.

U.S. Department of Health and Human Services, Office of Public Health and Science: *Healthy People 2010 Objectives*. Conference Edition, 2000.

National Association of County and City Health Officials: <http://www.naccho.org/project30.htm>

Turning Point Program: <http://www.turningpointprogram.org>

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