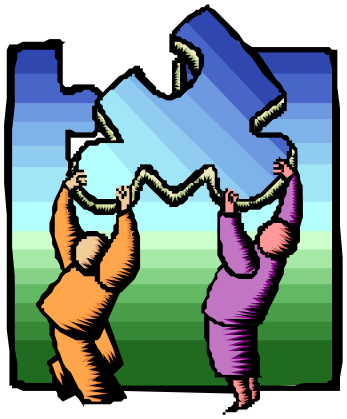
Turning Point: Building Healthy Communities in Oklahoma through

PARTNERSHIPS

Oklahoma Public Health Innovation Plan

Oklahoma Turning Point Advisory Committee
Oklahoma Turning Point Community Partnerships
Office of Public Health Innovation, Oklahoma State Department of Health

December 1999



Oklahoma Public Health Innovation Plan

TABLE OF CONTENTS

PART I: The Big Picture

A healthy community involves more than improving traditional public health status indicators. A healthy community means strong, quality health education and coordinated school health programs. A healthy community means a good economy and a chance for good jobs. A healthy community means recreational opportunities for children and adults. A healthy community means involved citizens who want to make things better.

SECTION 1: Oklahoma's Health—History, Present, and Future

A. Oklahoma's Public Health History and Organizational Structure

History

Oklahoma's public health system began as many others, primarily concerned with sanitation and infectious disease. In 1907, the first Oklahoma State Legislature created the Board of Health, putting it in charge of one Commissioner. In addition to establishing quarantines and isolating any persons or animals infected with contagious disease, the Board of Health was given the responsibility of investigating and enforcing sanitary conditions of schools, prisons, public institutions, mines, railroads, street cars and all public building and places of public resort. Over the years, as Oklahoma's population grew, the Legislature established more responsibilities for protecting the public's health, resulting in the formation of a public health laboratory and a Department of Health that began to collect and maintain the new state's vital statistics.

By 1920, three bureaus had been established including Tuberculosis Control, Venereal Disease Control, and Public Health Education. As the Department of Health entered the 1930s, the federal Social Security Act allowed for a rapid increase in the size of the Maternal and Infancy Health Bureau. By 1938, there were ten full-time county health departments that provided services to county residents, as directed by each of the Department of Health bureaus.

In 1945, the State Legislature created the current structure of Oklahoma's public health system, establishing a nine-member Board of Health with each member serving staggered nine-year terms. The Board of Health is responsible for appointing the Commissioner of Health as well as establishing the state's overall public health policy. By the mid-1960s, with the influx of federal funds, most of the divisions that are in operation today had been established.

Between 1960 and 1980, Oklahoma State Department of Health (OSDH) resources were committed to ongoing monitoring. Between 1980 and 1990, OSDH implemented the Healthy Oklahomans initiative, modeled after the federal Healthy People initiative, and began to monitor key health status indicators. Between 1994 and 1996, the OSDH conducted a mid-course review of the Healthy Oklahomans objectives and identified key objectives to focus on through the remainder of the decade. Also, during this time, the OSDH began to look at Oklahoma by regions to get a better understanding of health indicators and the relationship to community health status. In addition, in 1997, the first *The State of the State's Health* report was issued. That report showed Oklahomans' health status was lower in most areas than that of the US population.

The OSDH Commissioner, State Board of Health members, and health officers wanted to understand why the people of Oklahoma were not experiencing health status improvements similar to those in the rest of the nation. One factor that became clear was the lack of tools to translate raw data collected by the OSDH into a form usable by health officials and health practitioners. Aggregated data was being used to summarize conditions and to develop intervention strategies. But, OSDH staff learned that although county and community health status data were used to develop an intervention, the interventions themselves were designed centrally. Although this made OSDH programs consistent across the state, providing equitable access for all Oklahomans, the centralized approach also limited flexibility and the ability to make local adjustments based on *community-specific needs, conditions and concerns*.

Organizational Structure: A Centralized System

Understanding the history of public health in Oklahoma is important because it helps to characterize today's public health infrastructure. Public health in Oklahoma primarily has evolved into a centralized system. The Central Office of the Oklahoma State Department of Health is located in Oklahoma City, and it has traditionally directed public health decisions for Oklahoma. This centralized system is the result of how the Department of Health was formed through the historical actions of the State Legislature as well as how categorical funding came through federal sources.

This centralized organization has had some positive outcomes. Few states can boast of the kind of "brick and mortar" infrastructure that has been established in Oklahoma. With health departments in 69 of its 77 counties, Oklahoma has one of the best public health infrastructures in the nation. This could not have happened without the foresight of Oklahoma's Legislature and its concern for protecting the health of Oklahoma's citizens. Unfortunately, though, our public health infrastructure has not resulted in a healthier population. Oklahoma still lags behind much of the nation in health status.

Oklahoma's Health Future: A Turning Point

Oklahoma's centralized system laid the foundation for public health in Oklahoma. However, improvement in health status indicators has not been fully realized. We are ready for the next step. We are at the point where communities can and must voice their community health needs and take an active role in making public health decisions as equal partners. Doing this means very significant changes at both the local and state levels. OSDH health officials and staff are increasingly looking for ways to gather community health information from county health department staff because these are the public health personnel who have the most direct contact with each community. This also means that local health department staff and state office based public health personnel are seeking ways to incorporate community-specific needs, conditions and concerns into day-to-day decision-making while preserving the core functions and responsibilities that the state has for protecting the public health. As a result, the centralized system is reorganizing itself to:

- accept recommendations from stakeholder groups and coordinating untapped expertise between physicians and other health professionals, businesses, education,

public health, citizen groups, and the faith community;

- share responsibility for a community's health;
- find ways to share resources among agencies at the state and local level;
- use available public health resources differently with greater flexibility at the local level; and
- accept accountability for the outcomes of public health decisions at both the local and state levels.

B. Current Health Status Indicators

Oklahoma ranks among the worst in terms of infectious diseases, death rates, teenage births and other indicators. From the three published *The State of the State's Health* reports (which may be viewed at <http://www.health.state.ok.us/board/state/index.html>), we know that:

- Oklahoma's death rates for heart disease, cancer, injuries, stroke, and emphysema are higher than the national average.
- Oklahoma has one of the highest rates of smoking in the nation.
- The birth rate for babies born to women under the age of 20 is higher than the national average.
- Oklahoma continues to have high rates of infectious disease due to low immunization rates and lack of education about preventing the spread of infectious disease.

As concluded in the 1997 and 1998 *The State of the State's Health* reports, Oklahoma has the unfortunate distinction of being above national rates for most of the key public health status indicators, and Oklahoma continues to lose ground compared to the rest of the United States. This means that Oklahoma citizens are overburdened with disability and unnecessary death. Oklahoma can no longer afford the many years of productive lives that are being lost.

Poor health outcomes also have a direct impact on the Oklahoma economy. Businesses experience employee absenteeism, health organizations experience greater demand for their limited resources, families experience higher costs for health insurance, and the list goes on to effect every community member in some way.

C. The Economic Importance of a Healthy Community

We opened this report by noting "A healthy community involves more than improving traditional public health status indicators. A healthy community means strong, quality

health education and coordinated school health programs. A healthy community means a good economy and a chance for good jobs. A healthy community means recreational opportunities for children and adults. A healthy community means involved citizens who want to make things better." Our health status, our personal sense of well-being, and our community's ability to thrive socially and economically are tied together. If a community experiences poor health outcomes among its citizens, businesses in that community experience more employee absences, families experience higher costs for health care, and community health organizations experience greater demands on their limited resources.

D. The Changing Face of Community Health and the Need for Community Involvement in Public Health Decisions

The lack of improvement in health status indicators, despite Oklahoma's best efforts to provide a well-trained public health work force and public health facilities statewide, causes great concern among public health leaders. In looking at the possible reasons for lack of improvement in health status among Oklahomans, it became clear that an essential element was missing in how public health was conducted – community-based decision-making. Even with the best data, the best work force, and excellent facilities, health stands little chance for improvement unless the community is actively involved in making decisions about its health future. The 1999 *The State of the State's Health* concluded that the Board of Health and the Oklahoma State Department of Health *cannot improve current health conditions alone*, and interventions will have to be initiated one step at a time—*most often by local communities, neighborhoods, and families.* This is the work that the Turning Point process does.

The key to the success of Turning Point in Oklahoma is the recognition that true, sustainable change in local health systems can only come from the people who represent their communities. Therefore, the Oklahoma Turning Point Initiative has developed into a community-based planning process in which public health change is not only aided by communities input, but *driven* by them.

Thinking Differently about Community Health

In looking at improving community health, we must look beyond traditional public health and explore those areas that may actually be the underlying causes for the problems that are manifested in public health statistics. Without question, a community's health status will not improve by focusing on one disease at a time through standard methods of care. Could Oklahoma's higher than average teen pregnancy rates be reduced at least in part by getting kids more involved in community activities? Could we eventually see a reduction in certain chronic disease if communities viewed economic development as an important part of helping people stay healthy as a result of better jobs and better access to health care? Could certain state laws and policies actually hinder communities from making the best healthy decisions for their citizens?

These are the kinds of questions that the Oklahoma Turning Point Advisory Committee and the Oklahoma Turning Point Community Partnerships are beginning to ask. This Public Health Innovation Plan answers some of these questions by looking at successes

of the three local Turning Point partnerships and by making recommendations on how to improve health through the active participation and involvement of our community partners.

SECTION 2: Turning Point Initiative Overview

A. Funding from the Robert Wood Johnson and W. K. Kellogg Foundations

The Oklahoma Turning Point Initiative was funded by the Robert Wood Johnson and W. K. Kellogg foundations. These seed funds were important for Oklahoma, because they allowed the public health community, as well as those wanting to realize improvements in health, the opportunity to "think out of the box" for improving the public health infrastructure. The very nature of the funding mechanism – two foundations partnering together for public health improvement , emphasizing community involvement – spurred innovative thinking from the very beginning and encouraged new relationships with partners who had not traditionally been part of public health decision-making. The commitment shown by these two foundations fostered commitment on the part of those involved in the Oklahoma Turning Point process, and prompted the Commissioner of Health to say, "Regardless of the outcome of our application, we will continue this process: *we **will** change the culture of our public health system to meet the realities of the future*."

The funding process was structured to promote two levels of system change. Funds from the Robert Wood Johnson Foundation were targeted to encourage health improvement system changes at the state level. These funds support the activities of the Oklahoma Turning Point Advisory Committee (OTPAC), which focuses on state-level system changes required to encourage public health infrastructure changes for improving community health. Funds from the W. K. Kellogg Foundation went directly to the three Oklahoma Turning Point communities (Cherokee County, Texas County, and Tulsa County). These funds are being used by communities to look at and develop community health improvement models that create system changes at the local level and result in a *community-based voice for overall state public health policy decisions*. In Oklahoma, the OTPAC, and in particular the staff supporting the OTPAC, have worked hand-in-hand with the community turning point partnerships to ensure that a seamless system change process is developed between community- and state-level partners. This perhaps is unique among Turning Point states in that the very process of partnering between state and community representatives itself has been a major and significant public health system change for Oklahoma because of our history of centralized public health management.

B. Structure of the Oklahoma Turning Point Advisory Committee

During the first year of the Turning Point Initiative, the OTPAC invested time in learning about public health, current system components, and why those components were not working. In particular, the OTPAC found that communities and public health system components did not fit together as puzzle pieces. As a result, after this first year of learning, the OTPAC began to see its purpose as an advisory board for community-based public health action.

An important evolution of the OTPAC has been to bring community and state perspectives into balance and to partner in thinking through next steps, and ultimately designing this plan. The OTPAC is led by two co-chairs — one representing community partners and the other representing state partners. Stakeholder representation includes local community members as well as those not traditionally connected to public health (government, secondary and higher education, health care, voluntary agencies, business, and the faith community).

Working with five components key to systems change, the OTPAC structured itself into work groups to gather information and make recommendations about:

- *Community Education*: which provides the public with access to useful health information;

- *Data*: which gives people a basis for decision-making and priority-setting but also requires some analytic and descriptive tools to use numbers appropriately;

- *Local-State Collaboration*: which takes partnership principles to create shared goals between state and local partners;

- *Legislation and Policy*: which brings decision-makers to the table with program planners and citizens to change existing barriers and facilitate joint action; and

- *Training*: which develops leadership training modules to build leadership capacity at the local level and provide tools communities may use for local health planning.

The input received from these five work groups is reflected in this Oklahoma Public Health Innovation Plan (Part II), which will serve as the primary guidebook to expand the Turning Point models into other Oklahoma counties.

The OTPAC will continue to function as a statewide advisory and planning body as the Turning Point models are expanded across the state. The OTPAC will receive ongoing input from new communities that implement Turning Point-type initiatives and will modify the Public Health Innovation Plan as new recommendations are suggested. The Oklahoma Public Health Innovation Plan will be dynamic, changing and Internet-based so it can most effectively serve as Oklahoma's guide to public health restructuring on a continual basis.

SECTION 3: Community Perspectives and Innovations

A. Overview of Community Health Planning Models from the Cherokee County, Texas County, and Tulsa County Partnerships

Three Oklahoma communities serve as innovative examples of system change models, which may be replicated in other counties as new community partnerships are developed statewide. Cherokee County, Texas County, and Tulsa County are developing these local system change models .

Each model described below is unique. And each is innovative, sharing one important attribute—each model demonstrates system change. These communities are developing models based on foundation principles and their own characteristics and needs. Because of the uniqueness of the community models being developed, this Oklahoma Public Health Innovation Plan serves not as a "recipe" on how to do Turning Point, but is a framework on how to proceed with community collaboration. The Plan recognizes the uniqueness of community models being developed. In the same way a basic recipe serves a good cook as a foundation for developing new and innovative cuisine, this plan is meant to serve a community that knows its own assets and priorities.

B. Highlighted Innovations Developed through Community Partnerships

Cherokee County Health Authority

The Cherokee County Turning Point Initiative is a product of lessons learned during its early days and its selection as a local Turning Point partnership in January 1998. The partnership primarily functioned as an informal group dealing with common health issues among its membership. It also realized the importance of working together to plan for the future and develop strategies, to share resources and implement programs that enhance community health. While the partnership implemented several innovative health initiatives, members realized that to effectively obtain and share resources on a long-term basis, it would have to become a formal entity of both public and private agencies.

As the partnership pursued formalization, it found that public agencies can only share resources with other public agencies under Oklahoma law. Therefore, public monies cannot be given to private organizations. Since a majority of the partnership members represented public agencies, and the sharing of resources is a major cornerstone of the partnership, this meant that any formalization would have to be a public agency. Fortunately, Oklahoma law does not preclude private agencies from sharing resources with a public agency. In addition, Oklahoma law provides for the creation of a not-for-profit public organization that serves the public good on behalf of multiple public entities and can share and receive resources from both public and private agencies as well as permit a multiple entity partnership.

So, the Cherokee County Turning Point partnership created a county health authority, elevating community health to the same importance as other existing authorities dealing with industrial and economic development, utilities, hospitals and airports. This authority provides a horizontal, multiple-agency partnership with the mission to (1) conduct strategic health planning for Cherokee County, (2) gather resources and assist in the implementation of programs and services to address the needs identified in the strategic planning process, and as appropriate, (3) operate health service programs to fill existing gaps in health care.

Texas County Turning Point Partnership

The Texas County Turning Point Partnership has taken a strong system change approach to public health restructuring. Although the partnership is completing the more traditional community health assessment by looking at common health status indicators and community health access, members recognized the need to look deeper into the

system problems that may be creating poor health in Texas County. Rather than developing short-term interventions that essentially "bandage" the symptoms of current problems (teen pregnancy, injury, substance abuse), the partnership is focusing on system change strategies that can be sustained over the long term by engaging not just county health department staff, but representatives from all cross-sections of the community. The ultimate outcome is removing system barriers that are hindering people's ability to adopt behaviors conducive to good health and a high quality of life. System issues currently being reviewed include economic development, housing, recreation, and transportation.

Tulsa County Turning Point Partnership

The Tulsa Turning Point Partnership has taken another approach that actively engages community leaders. Starting with a strong community assessment, the Tulsa partnership identified 85 health status indicators as potential issues on which to focus. Using a nominal group-type process with Tulsa Turning Point partnership members, those 85 indicators were narrowed down to 5 primary issues – maternal and child health, violence, teen sexuality, substance abuse and health care for the elderly. After these five main issues where identified, the Tulsa partnership restructured into a subcommittee system to focus on the issues and engage a diverse cross-section of the Tulsa community to work on solutions.

SECTION 4: Lessons Learned through State-Local Collaboration

A. New Relationships Between State and Local Partners

From the very start, the Oklahoma Turning Point process has been a system change process. We are bringing into focus a shared picture of what is possible, while at the same time pushing into the background the traditional way of doing business. This has involved three fundamental steps to building new relationships between state and local partners:

- stakeholder representation from local community partnerships
- stakeholder representation from those not traditionally connected to public health
- recommendations from community representatives about how public health should be restructured and modeled.

These points may seem small, but it must be emphasized that this is a *huge* system change for Oklahoma. Listening to community concerns and *supporting* their desire to own their public health system problems and play a role in improving them is extremely important for Oklahoma's public health restructuring efforts.

The collaborative relationships that are developing with community partnerships and the OTPAC are essential in developing the capacity to promote health improvement. In particular, the collaborative state and local partnerships are helping to assure that:

- health improvement strategies consider the broad range of health determinants such as economic and social concerns;

- health care in rural areas is addressed as well as the effect of managed care on the delivery of services;

- communities work with local schools to include comprehensive health education;

- planning functions of local or state agencies and community members are fully integrated; and

- opportunities for sustainability are improved.

These steps are a key part of the process of connecting the puzzle pieces—state interest in a healthy population; local interests, priorities and willingness to be involved; and a partnership approach to address specific problems through state-local initiatives. The outcome for Oklahomans will be:

- more locally responsive and appropriate health services;

- community members sharing both the decision-making authority and outcome responsibility with state health officials; and

- coordination of state, local, public and private resources committed to a shared goal to improve specific health interventions and health outcomes.

B. New Organizational Structures that Emphasize State-Local Collaboration

Office of Public Health Innovation

One new organizational system change within the Oklahoma State Department of Health that has occurred as a direct result of the Turning Point Initiative is the formation of the Office of Public Health Innovation. Placed within the Commissioner's Office, the Office of Public Health Innovation is the agency's focal point for reinforcing collaborative relationships between state and local partners. By having the Office of Public Health Innovation officially adopted by the Oklahoma State Board of Health and placed on the agency's organizational chart, the recognition that public health change must occur through community-based participation has been made clear. In light of this action, the OTPAC has recommended that the Office of Public Health Innovation be further supported and include additional staff which would allow for expanding Turning Point partnerships across Oklahoma.

Thinking Differently about Public Health Systems

Usual practice should be, when looking at new state public health initiatives, that community partnerships are considered before anything else. We have begun this process. Examples of integrating the Turning Point concept into statewide public health

system initiatives include: the Robert Wood Johnson Foundation's *Covering Kids Initiative*, the Centers for Disease Control and Prevention's *Arthritis Initiative*, the National Office of Rural Health's *Critical Access Hospital/Rural Flexibility Initiative*, and the Oklahoma State Medical Association's *Campaign for a Healthier Oklahoma Initiative*. The establishment of the Office of Public Health Innovation is an example of how community processes have driven the Oklahoma Turning Point Initiative and have changed the way Oklahoma conducts the business of public health.

OSDH staff at the Oklahoma City headquarters office and at county health department offices across the state are working on ways to build better and more effective relationships with communities such as including local health information in state health policies and procedures. Local health department staff are also working to expand and build new community relationships that can identify and engage key community stakeholders in an ongoing health roundtable that will serve as a local resource for information collection and dissemination, problem solving, intervention and evaluation. There are no doubt many ways to form such roundtables—the Turning Point local partnerships in Cherokee, Texas and Tulsa counties are three fine examples of this work.

C. Challenges That Still Need to be Overcome

Although very significant changes in the systems that drive Oklahoma's public health practices have already been realized through the Turning Point Initiative, several challenges still exist. Thinking differently about conducting the business of public health is happening at multiple system levels. *However, old management practices that inhibit the role of local communities in public health policy decisions still exist. These management practices must change and will change over time, as state and local partners learn from each other and learn to take risks for the advancement of healthy communities*.

We know from experience, and from the writings on how people and groups adopt new practices, that most of the time the people who develop and implement a pilot project are the first to see the benefits of changing from the traditional approach to strategies and work styles that address the pilot project goal. These people, called "early adopters," are the ones designing innovative practices on a day-to-day basis as they problem solve together. As more people become involved with the pilot group, the practices that work to improve the targeted problem are shared. As new groups adopt their own pilot projects to address specific problems, they too will discover effective working approaches and new strategies. Their learning is then added to the original group. You might picture this by thinking about the ripple of concentric circles resulting when you drop a pebble into a pond. In a way, the ripples are the waves of change created by new practices. Two important caveats affect this picture when applied to people in almost any organization. First, the further out a person in the organization is from the "ripples" or the experience of creating and using the innovation, the less likely they are to feel any sense of urgency about the change that is taking place. Second, the "waves" or changes in practice that accompany an innovation are not always pleasant for the organization—they typically disrupt the normal routine, and for a while, especially in large organizations, the old practices and the new must exist side by side. The more complex the change, or the more skills required to adopt the new practices, the longer

the time frame for completely adopting the change and getting it imbedded in the day-to-day routines of work. The tools to facilitate this transition from old to new include staff development and training, opportunities to practice new strategies, and opportunities to talk about what is being learned and how to apply new information to improve outcomes.

Increasing the diversity of the stakeholders actively involved in the state and local partnerships will increase the pace of change. A good start has been made, but more individuals who represent interests other than traditional health systems need to become involved. Finally, the biggest challenge is expanding the lessons learned and models developed from the Turning Point Initiative to a broader community network. That is what this Oklahoma Public Health Innovation Plan aims to do.

SECTION 5: Tools for Building a New Public Health Paradigm

A. Expanding the Turning Point Models into Each of Oklahoma's Counties

The lessons learned from the Oklahoma Turning Point Advisory Committee and the local Turning Point partnerships will be key to implementing system change strategies across the state of Oklahoma. Models that are currently in development in these partnerships and described in this Oklahoma Public Health Innovation Plan will be used to help other communities form partnerships for restructuring public health at the local level. A summary of implementation strategies for Turning Point follows:

Statewide Turning Point Planning Process

The Oklahoma Turning Point Advisory Committee will continue to function as a planning and advisory body to assist in expanding Turning Point models across the state and to insure that community-based input continues to drive public health decisions. The Oklahoma Public Health Innovation Plan will be the primary vehicle the OTPAC uses to communicate community-based Turning Point system change concepts and will change as community needs change.

Development of Community Partnerships

Key to implementing Turning Point system change strategies will be the development of additional community partnerships on a statewide basis. The Oklahoma State Department of Health sees its role as supporting these community partnerships in their efforts to effect change at the local level, enhance information access capabilities, and share resources for community health support among diverse community representatives. Consequently, Turning Point implementation funds that are received will be used to help support the development of community partnerships. As new community partnerships are developed, their designated representatives will become part of the OTPAC to ensure their input is included in ongoing public health system changes.

Key contacts for the development of new partnerships are the county health department offices. These local representatives of the OSDH are major resources for information about public health, local health status indicators and data and local initiatives already in place to improve and sustain the health of a community and its residents. Another important contact is the Office of Public Health Innovation based in the OSDH

headquarters office. By contacting either office, the director can help a regional group, local organization or group of interested individuals get the ball rolling and connect with the Oklahoma Turning Point Resource Network members. Contact numbers can be found at <http;//www.health.state.ok.us/partners/>.

However, the most important player in the development of community partnerships is the community itself. As we have said, without diverse partners actively involved in decisions about their community's health, improvements in health status will be difficult to achieve. The OSDH and local county health departments cannot impact a community's health without the support and involvement of the people they serve.

Information Access

Another area of success for the Oklahoma Turning Point Initiative has been in information access technology. The Oklahoma Turning Point web site at <http://www.health.state.ok.us/partners/> has developed into a rich resource center for communities seeking data and other sources of information for their partnerships. In addition to county-level data, the Oklahoma Turning Point web site has a number of online resources to assist with community-based planning processes. During the implementation phase of the Oklahoma Turning Point Initiative, this site will be enhanced and expanded to better assist community partnerships as well as state-level policy-makers.

In addition to the Oklahoma Turning Point web site, implementation funds will be used to develop interactive, web-based compressed video transmissions, which will be used to provide training to community partnerships. This technology is possible because the Oklahoma State Department of Health has recently completed the installation of T-1 Internet lines to each of its county health departments and will be available for use by new community partnerships as they are formed.

B. The Power of Community-Based Partnerships

Identifying the expansion of community partnerships into each of Oklahoma's counties as the key Oklahoma Public Health Innovation Plan strategy is the solidification of months of discussion and interchange among state and local partners. Although many states in the Turning Point Initiative may be pursuing other broad system change issues such as public health laws and infrastructure/workforce concerns, the OTPAC and community partnerships felt the most fundamental system change needed in Oklahoma was *community-based engagement in public health decisions through a formal process*. With communities actively engaged in partnering with state policy-makers, Oklahoma's public health laws, infrastructure, and workforce can be more effectively addressed to impact desired health outcomes.

Traditional public health practices can deal with the standard problems of public health such as infectious disease, sanitation, and regulatory enforcement. But it is the community that is best suited to tackle the economic and social issues that influence health status and health behaviors, create opportunities for kids that may reduce teen pregnancy or injury rates, and influence joint planning of long-term disease prevention and health promotion strategies. Community partnerships have the power to deal with underlying conditions that are manifested as public health problems.

SECTION 6: Key Recommendations of the Oklahoma Turning Point Advisory Committee

OTPAC and community partners completed the planning and preliminary demonstration work described here between December 1997 and November 1999. Following are three key recommendations followed by action steps for sustaining and expanding public health innovation in Oklahoma.

I. Establish a Formal Process for a Partnership Approach to Public Health Decision-Making
II. Expand the Turning Point Initiative across Oklahoma
III. Develop New Mechanisms for the Flexible Use of Public Health Resources

I. Establish a Formal Process for a Partnership Approach to Public Health Decision-Making

Action steps to implement this recommendation:

- Facilitate community partners' access to technical assistance that will ensure participation from public, private and voluntary agencies; and business and faith leaders in making decisions about strategies for public health improvement.

- Receive recommendations from community partnerships that could improve specific community health outcomes and the effectiveness of community-based health interventions.

- Develop a formal mechanism to forward recommendations and lessons learned to other interested organizations for consideration, implementation and/or involvement.

- Identify community organization objectives that can be linked with public health objectives to ensure shared commitment to adopting effective public health innovations.

II. Expand the Turning Point Initiative Across Oklahoma

Action steps to implement this recommendation:

- Assist other communities to develop Turning Point partnerships across Oklahoma using models developed from the Cherokee, Texas and Tulsa County Turning Point partnerships.

- Develop a financing and staffing plan to support development, adoption and evaluation of public health innovations.

- Identify and designate technical resource contacts within OSDH that community partners may use to help solve problems that inhibit community-based health improvements.

III. Develop New Mechanisms for the Flexible Use of Public Health Resources

Action steps to implement this recommendation:

- Investigate federally funded and state funded components of the state's health budget to identify current funding priorities and resource commitments.
- Link community partnership health priorities to state-funding.
- Link state health objectives and community partnership priorities to current federally funded programs to achieve comprehensive health outcomes.
- Develop accountability measures for the use of public health resources, sharing the responsibility at the state and local level for community health outcomes.

PART II: Expanding Oklahoma's Capacity for State-Local Collaboration

SECTION 1: Past Snapshots

Numerous attempts have been made in the past to accomplish one or more of the goals of the Turning Point Initiative. In some initiatives, state-level "strategic planning teams" have worked with communities in an attempt to spark local planning activities. In many cases the local efforts fell apart after the departure of the team from the community. Factors contributing to the breakdown may have been:

- a lack of sustained technical assistance to the communities in terms of plan implementation;

- lack of diversity and insufficient time and effort spent on building relationships among committee members; and/or

- inadequate "investment" and commitment from community members, resulting from the team having provided all of the technical assessment work and report writing.

Several attempts have been made to informally bring together agency leaders from across the state to share and learn from each other. Lacking committed staff or financial support from any of the involved agencies, the initiatives invariably succumbed to tight funding and inadequate staffing as "official" priorities prevailed.

One of the key complaints from communities across the state are the number of "outside" surveys and assessments which are done on their community, and for which they get little or no feedback. They express a feeling of being a "guinea pig" for state agency study, getting no visible local benefit and no input into programmatic planning that may result from their participation. Another complaint has been the lack of coordination of these "assessment" efforts by various agencies who "target" the same or very similar groups in the community, in a very short period of time.

Many initiatives, driven by categorical funding streams, attempt to organize communities as an interconnected whole. At the community level, this results in fragmentation and diffusion of community members' efforts.

Other efforts have attempted community inclusion in a statewide planning process. Local priorities, as identified by communities across the state, are used to synthesize a comprehensive state plan. Again, these efforts are generally "targeted" to specific populations. The receptiveness of the initiating agency to local input (how well they "listen" to local concerns), and the establishment of an ongoing "link" between community and agency, seems to be the key in sustaining such efforts.

SECTION 2: Present Demonstrations and Lessons Learned

Many lessons have been learned by communities, state partners, and service providers in Oklahoma while reaching for the common goal of improving the health and quality of life of its citizens. To be the most effective, community-based coalitions and partnerships need the following key elements:

Coming Together

- Seeking community buy-in.
- Developing and conducting community needs assessment.
- Developing and securing effective and committed leadership.
- Planning for sustainability.

Shaping the Vision and Goals

- Setting clear goals and outcomes that are developed locally.
- Negotiating ongoing technical assistance and support.
- Creating formal linkages to state-level decisions and services.
- Identifying and linking shared goals with other initiatives.

Connecting to Others

- Identifying and seeking participation from stakeholders and representatives.
- Marketing the vision and goals.
- Soliciting involvement of all sectors of the community including faith, business, private citizens, service providers, government, environmental, law enforcement, and tribal entities.

Developing a Product

- Use of a collaboration model with flexibility to adapt to each community.
- Adequate resources and flexibility to utilize resources in a flexible manner.

In addition to the items listed, the most successful community-based coalitions continually engage new partners in the very beginning of a project as well as throughout their work together. Coalition members are sustained by identifying and addressing goals in the early stages that can provide a quick success. Coalitions develop through stages of getting together, building trust, developing a plan, taking action and broadening their work. Each coalition and partnership is unique and requires constant adaptation.

However, many of these elements have been shown to be necessary for a successful collaboration.

Recommendations from the OTPAC Training Work Group

- The Oklahoma Public Health Leadership Institute should be expanded and made available to a broader community audience.
- Special training should be developed to help new members who join established Turning Point partnerships. Such training would bring new members "up to speed" and allow the existing partnership to capture the expertise of new members quicker and more efficiently.
- The rich resources that already exist for community partnerships should be made readily available and easily accessible. An example of one such resource is the Community Toolbox at < http://ctb.lsi.ukans.edu/>.

Another lesson learned by local coalitions is that obtaining relevant and specific health data has often been a challenge. Knowing exactly who has what information is one part of the challenge, and receiving current data in a timely manner after the initial request has been made another part. Merging conflicting and/or confusing statistical information is a great challenge at the local partnership level. It is recommended that Center for Health Statistics be strengthened within the Oklahoma State Department of Health. Ideally, the Center for Health Statistics could provide to local coalitions or other interested entities extremely current data that is accurate, contains demographic and status variables, and is easy to access through electronic means such as the Internet. Technical assistance in interpreting the data and making the data meaningful on a local perspective would also be extremely helpful.

Recommendations from the OTPAC Data Work Group

- There are significant gaps in the data needed for completely confident decisions on the local level. These gaps must be addressed as part of the growth of Turning Point into other statewide locations. Both availability and appropriateness cause these gaps in data.
- A detailed plan for training potential users of data and an accompanying process for technical consultation in the ongoing appropriate use of data is needed.
- The process for collection and processing data on the state level is far too slow. The Oklahoma State Department of Health must make this a high

priority if the program is to be expanded. The data must be as timely as possible.

- There are significant problems with a lack of compatibility in data sources. Of course, this is a huge problem in all data venues statewide, but somehow we must get a handle on this.
- There is no significant small area analysis, which really hampers the metropolitan areas.
- Decision-makers need to be trained in the whole issue of data and their use. Otherwise, we will continue to experience problems with information begin twisted to fit the answer desired.
- We must continue to deal with the question of how data can be aggregated to form powerful messages.
- We must somehow make the leap to link health and social services issues to economic development. Without business partners who demand changes in the overall health of the population, we cannot make lasting progress.
- We must continue the difficult, but critical efforts to correlate health data with data from other sources.

Another lesson learned is the challenge of communicating the Turning Point process to the general public in language that is easily read and understood. Much of the written information received from national and state documents/publications is full of jargon, and almost incomprehensible to the average citizen. Local projects are then challenged to find a simple and meaningful way to pass on information.

Recommendations from the OTPAC Community Education Group

To be useful, your communications campaign must be based on understanding the needs and perceptions of your target audience(s). There are six stages in planning a communications campaign (some steps may overlap the process for developing a marketing plan):

✓ Planning and Strategy Selection

✓ Selecting Channels and Materials

✓ Developing Materials and Pretesting

✓ Implementation

✓ Assessing Effectiveness

✓ Feedback to Refine Program

Framing Your Message
What are the key messages you want to convey to your audience? How do you go about articulating the mission of public health and the need for community involvement in public health decisions? First, revisit your marketing plan and read the problem statement and analysis, and goal(s) and objectives you developed. Then, anticipate what you might be asked by a reporter and prepare short talking points that you can use anytime. Remember that your key messages are those statements that will link your problem to the public health issue, intervention, or project you are promoting. You are more likely to excite the media and the general public about your issue if you localize this message. *Think global, act local…*and follow these tips:

✓ Keep your message simple and concise.

✓ Keep the message relevant to the problem.

✓ Do not use jargon or acronyms.

✓ Consider the medium.
- If you are conducting an interview with a print reporter, you'll have some opportunity to expand on your message.
- If you are conducting an interview with a broadcast reporter, think in terms of providing "bullet" or sound bite answers, usually no more than 20 seconds.

✓ Provide your audience with a "call to action."

✓ What can they do with the information you provided?

(For addition information on Community Education, see Appendix A)

The existence of barriers in state law concerning the co-mingling of public-private funds in collaborative efforts has been another demonstration of challenges facing local and state partnerships. The Cherokee County partnership chose to directly address this challenge, and in the first year focused on the development of a formal, public authority for health planning and program development. Utilizing the Oklahoma State Inter-local Act, the Cherokee County Health Services Council was formed from the partnering of

city government, county government, the Cherokee Nation, and Northeastern State University. To our knowledge, this is the first public health authority in existence in the U.S.

Recommendations from the OTPAC Legislation-Policy Work Group

The Legislation and Policy Work Group identified the following priority issues:

- The Central Purchasing Act's limitations on sub-contractors, and provisions relating to antitrust, conflict of interest, and collusion.
- State preemption of local government's authority, particularly with respect to tobacco ordinances.
- Limitations on adequate funding through millages, including millage caps that are not appropriate to the needs of localities.
- Legislation providing for the tobacco settlement to be used for health issues, including prevention and control, as well as treating tobacco-induced disease, relying in part on the work done by the Tulsa County Turning Point Project.
- The need to develop a plan for educating legislators and other leaders on the need for better health in Oklahoma.
- "Age of consent" needs to be standardized regardless of the issue or care.

(For additional information on Legislation-Policy, see Appendix B)

SECTION 3: Future Action Planning

The basic elements of successful local-state collaboration will be identified and incorporated into the developing community health system improvement plans as well as updated versions of this Oklahoma Public Health Innovation Plan. Elements that have already been identified include:

- leadership development at all levels
- community capacity building
- identification of a representative group of stakeholders
- community ownership and investment
- community-based solutions with clear goals
- early planning for project sustainability

The need for formalized and reciprocal local-state communication linkages is of utmost importance. The sharing of information between the state and local levels will optimize the utilization of technical assistance from state-level agencies and organizations, assist in planning for current and future needs, and provide a mechanism for matching needs and resources at both levels.

SECTION 4: Applying and Advancing Innovative Practices

The Local-State Collaboration Work Group of the OTPAC determined an availability of "community friendly" planning tools. These tools describe and address needs assessment, development of a community coalition, baseline understanding of the collaborative process, a compendium of "models that work" and a variety of community resource surveys that help to identify initiative and resources already present in communities that would be valuable for outcome-based community planning. Ready availability of these tools would prevent unnecessary duplication of effort and would promote rapid, effective replication in new communities.

Other innovative practices that are beginning to occur are meetings between the three Turning Point county partnerships to share ideas and common concerns, and regional networking conferences for individuals who work with a number of different counties and communities as resources in their health-related educational and planning activities.

The development of congregational nursing programs also is occurring, and will be able to provide a very broad-based connection between health services, health education and health planning activities in conjunction with the faith communities statewide.

The accessibility of Internet web sites also is increasing. The Local-State Collaboration Work Group identified a number of sites that may be of benefit in local-state collaboration efforts. These web sites include: the National Turning Point Project, the Oklahoma Commission on Children and Youth, the Oklahoma State Department of Health, the State Department of Education, Oklahoma Department of Mental Health and Substance Abuse Prevention, the Oklahoma Department of Commerce, and the Oklahoma Department of Transportation. Various state and local law enforcement agencies as well as the State District Attorney's Council also have Internet access.

A final word concerning sustainability for local coalitions relates to the practice of "pledging" staff and funding from both the state and local levels. Without the direct commitment of this type of support by the various partnership entities, very few coalitions will be able to function effectively and sustain themselves past their initial efforts.

PART III: Stakeholders' Frequently Asked Questions

SECTION 1: What Everyone Needs to Know about Building a Healthy Community

"The Nation has within its power the ability to save many lives lost prematurely and needlessly… The health of a people is measured by more than death rates. Good health comes from reducing unnecessary suffering, illness, and disability. It comes from an improved quality of life. Health is this best measured by citizens' sense of well-being."

This quote from *Healthy People 2000* tells us two things. One, our health care, scientific and technological skills and abilities are remarkable, but these capabilities alone are insufficient to change health outcomes in meaningful ways. Two, to make best use of what the health professions and sciences offer, citizens must be involved in determining what investments will most improve quality of life. Within Oklahoma communities, this means finding, creating and investing in ways for citizens to be involved in health system and health project design, development, implementation and evaluation. It also means that we need to expand our notion of what makes a healthy community. Citizens' sense of well being may be enhanced by quality health education and coordinated school health programs; a good economy and a chance for good jobs; recreational opportunities for children and adults; good transportation systems; and decent, safe, and affordable housing.

SECTION 2: Business Community Leadership

Business leaders know that without healthy employees who can provide a *day's work for a day's pay,* business profits would suffer. Oklahoma's business community includes a few large employers, many small employers with fewer than 50 employees, and a large number of very small companies or self-employed people (including farmers, ranchers, and independent service providers).

For those business settings where health insurance is offered, the owner quickly realizes how the cost of health care (health insurance and workers compensation for example) affects his or her company profits. Conditions in the community that promote good health, or detract from it, have a direct effect on employees, and an indirect effect on them through the impact on their families and neighborhoods. When a situation in the community affects an employee's ability to provide a *day's work for a day's pay,* that situation is also having a clear impact on the employer's bottom line. To the extent any employer has the capacity to positively influence situations that affect community health, the pay-off on that investment also accrues to the business through fewer absentee days.

Those businesses that do not offer insurance are to an even greater extent dependent on the health care and health services infrastructure of the community where the business is located and where employees live (and work).

A healthy community is also important for the economic stability of the community. What a business owner wants to see is a healthy workforce, a clean environment, good

access to health care services, a good public safety system, educational opportunities for community members—including health education programs that help community members take charge of their health (like quitting smoking, maintaining a balanced diet, or exercising). Each of these factors contribute to a solid economic base where a business can thrive based on the demand for its products and services in the marketplace.

If workers, and their family members, do not have access to timely, convenient, reasonably priced health services that are focused on prevention, detection, appropriate intervention and follow-up, then employees may experience a higher number of "out-sick" days to care for themselves or family members. For example, the minimum-wage typical worker with a spouse and two children will probably use the public health system to secure immunizations for children returning to school. That same worker, however, may neglect to get the appropriate adult immunizations. In the case of flu vaccines, a person exposed to a flu virus may be out sick for seven to ten days. Before developing recognizable symptoms, the person may inadvertently expose other employees to the virus and several may develop the flu. The result for the company: a snowball effect of absent employees. It does not take many days for a business to lose revenue when employees are out sick. This is but one example—the assorted health and medical problems faced by Oklahoma communities are well-outlined in *The State of the State's Health* reports, <http://www.health.state.ok.us/board/state/index.html>. Business leaders are needed at the table so that their concerns and interests can be addressed within any initiative to improve community health.

What business owners can contribute to developing a community quality of life that includes good access and availability of health services are questions similar to those that drive good business practice:

- What community health services are available to my employees to keep them and their families healthy and to assist them promptly when health-related help is needed?
- What materials are available that can be distributed through my business to my employees?
- Are the materials available in easily understood language?
- If there is a cost to the employee, is the information provided ahead of time?
- What are the costs to provide these services and how can business owners have input into the development of programs that assist our workers?
- What portion of the business taxes we pay are allocated to creating and sustaining an effective public health infrastructure in this community?
- What information are business owners given about health outcomes and health problems in our community so that we can direct appropriate discretionary resources toward deserving projects?

Business leaders have a very important role to play in supporting the quality of life in a community. That role extends beyond the specific products or services provided by the business. Business owners are stewards of a critical segment of the Oklahoma economy— the relationship between work and the "sense of well-being" noted in the *Healthy People 2000* report. The health sector and the business sector can be much more effective partners. The questions business leaders want addressed must be considered in the development of any initiative to create a healthier community.

SECTION 3: Charitable, Philanthropic Organizations and Volunteer Sector Leadership

Oklahoma is blessed to be home to a wonderful group of foundations and philanthropic organizations. We can also be thankful that Oklahomans, as a people, give of their time to work in service for others as volunteers. The leaders of charitable, philanthropic and volunteer sector organizations usually have a core purpose or mission established by their founders or boards. As such, we know currently that a large number of Oklahoma organizations have interests in health and science related purposes. We also know, however, that the Foundation decisions to support individual, organization or community grant applications may occur only within the context of what an applicant has included in the proposal and how well that connects to the Foundation's current goals or interests.

In the health arena, the lack of good information, available to Oklahoma's charitable organizations in a form and time frame that is user-friendly, may contribute to duplicative funding in some situations, and huge gaps in other areas (of interest to the foundation and the community).

Our nation and our state depend on a strong, charitable, philanthropic, and voluntary organization community. In Oklahoma, with our strong public interest in keeping taxes low and using economic development to strengthen and sustain communities, it is especially critical that our philanthropic organizations have access to excellent information about community quality of life. When a donor organization, small or large, commits resources to a health-related project in Oklahoma, they should expect to see tangible outcomes of that project within the recipient community over many years.

What philanthropic organization leaders can contribute to developing a community quality of life that includes good access and availability of health services are questions similar to those that drive the good proposal review:

- How does this project address our interests and the needs that we know exist within the community where these funds will be used?

- What are the connections between this applicant and the existing service network? If a new service is being proposed, how will it connect itself and its constituents to the existing network?

- If no network exists, how will this applicant create a meaningful connection?

- Do the members of the population who could benefit from this project want this project?

On a different level, philanthropic organizations whose leaders participate in various events and organizations should also have access to information about the community itself (that individual applicants may or may not have as general citizens). Requests for access to community health status information might include the following questions:

- What are the major health problems in this community? What is known about the underlying contributors to those problems?

- Which, if any, volunteer sector organizations are working on these problems? How satisfied are the organizations with progress to date?

On a national scale, the Robert Wood Johnson and Kellogg Foundations have demonstrated the benefits of collaboration by developing the Turning Point initiatives. On a statewide and local basis, conversations among philanthropic groups that lead to understanding the problems behind symptoms that show up as poor health status indicators can lead to significant initiatives. With inter-group cross-talk about community health issues, a philanthropic group may identify goals that complement those of another charitable organization. In these situations a jointly supported activity with potential for broader impact than either single group might accomplish alone becomes possible.

SECTION 4: Citizen Advocates and Grass Roots Group Leadership

In every community, citizen advocates are important players who mobilize community action to address specific issues. Citizen advocates are often close to issues; many have personal experiences that cause them to invest their time and energy in efforts to resolve specific problems. Citizen advocates represent community voices and because of their personal commitment to an issue, they may serve as volunteers in areas that are unrelated to their vocation. The Mothers Against Drunk Driving organization is a typical example of individual people touched by an event who organized themselves to make a difference in their community. Grass roots organizations may also include social and political networking groups who adopt a project to further advance the general community interests of the group members.

Leaders of grass roots groups usually have great access to individual community members and the potential to rally volunteers or participation for community events. Some grass roots organizations sponsor regular fundraising activities for community based projects.

Key questions that can help a grass roots organization leader hold follow-up discussions with group members and/or get feedback to others interested in a health project include:

- How will our group's involvement potentially benefit the community members I deal with every day?

- If our group cannot be involved, how will the community members I deal with every day get access to this (information, event, service, etc.)?

SECTION 5: Education Community Leadership

Oklahoma educators have a unique and two-fold role in developing and sustaining healthy communities. At the pre-school and primary school level, educators provide the beginnings of personal health education to children and youth through classes in health and hygiene. Our Oklahoma schools also strive to provide a healthy environment for learning and attention to child health through the presence of a school nurse who handles the bumps, bruises and day-to-day health problems youngsters typically experience. Between high school and college, students make a transition into more or less focused interests in health related matters by their selection of a career. For those who select non-health related fields, their health education continues less formally with on-the-job or day-to-day learning about managing personal health risks, developing and sustaining good health habits and tools at their disposal to pay for personal or family health-related needs. For those who select a health career, the vocational-technical, college and/or graduate school will provide content-specific material for the student to master in advance of graduation.

A role more unique to college and graduate-level education is that of educating future citizens and future health professionals and scientists about population and community health and how to improve health outcomes for individuals and groups (such as community-level populations).

Education leaders will want to know:

- How can health-related information from our community be used to enliven classroom and hands-on learning opportunities for students?

- What assistance from the education community will be most helpful in promoting community health education programming to interested community members?

SECTION 6: Faith Community Leadership

Oklahoma's faith community is a strong backbone of community outreach and service. In every town and city across the state the presence of churches, synagogues and places of worship offers community members constant reassurance, in good times and bad, through the spiritual connections between families, neighbors and friends.

In addition to the personal security the church offers its membership, church members also offer their support to the community through personal and charitable investment in community projects, assistance to needy individuals and families, and missionary work (locally and abroad). Many individual congregations organize church sponsored activities based on their membership in other identifiable groups. For example, senior citizens may generally participate in worship services at the same time that many of their age-peers are attending. Sunday school for children and youth and other events

designed for family participation may include mostly married couples with young (grade school age) children; youth activities for teenagers; young adults and single adults of any age may be organized. For church leaders, the opportunity to access information about the types of health issues that may be facing children, youth, and adults of all ages can help create or complement church or synagogue sponsored activities for these members; or inform members about other community events that may help them improve or sustain their personal health and sense of well-being. Faith community leaders may have congregation members with specific interests in helping to promote appropriate health related activities and there are also likely to be health professionals within the congregation who may be interested or willing to assist with health related projects. Because the places we worship are individually unique, only the minister, priest or rabbi is likely to have information about the backgrounds and interests of congregation members. Faith community involvement in community health improvement must always come from the faith leader and his or her congregation members.

Questions that can help an interested congregation get started are straightforward:

- Within our membership, are there groups of people who are likely to be affected by specific health concerns?

- Are there congregation members who are knowledgeable about health promotion and disease prevention (in specific age groups or broadly)?

- Are there congregation members who are interested in learning more about any specific health issues in our community and ways we can be of service?

The responses to these questions will give the faith leader a sense of the level and nature of interests within the congregation.

Many church leaders also seek out ways to assist congregation members by sharing information about community needs and about community events which members may find helpful. A number of Oklahoma congregations participate in church sponsored blood drives, community-wide charitable events like “pancake breakfasts” or “spaghetti dinners,” and many have programs to visit people who cannot leave their homes or those who are hospitalized.

As a congregation considers how to sustain current projects or invest in new community activities, the faith leader can support the membership by having access to good information about community-wide needs related to health.

Questions faith leaders who are involved in sponsoring community projects should ask include:

- How quickly can congregation members access information about “X” (such as finding a source of in-home assistance for an older member of the community) through the community health network?

- How quickly can resources be provided when a community member needs assistance?

- If the need is urgent and immediate assistance from an agency or organization is not available, what happens to the person or family?

A faith community leader should have access to good information about known community needs when asking congregation members to consider or take on a community project.

SECTION 7: Health and Social Services Sector Leadership

A wide array of public, private and voluntary organizations are involved in the health and social sector and provide a very important base of support for community members. A major problem confronting these groups is that they compete for similar types of resources that are available from relatively few sources— mostly government and a few large foundations. Restrictions from the organizations that provide funding to these groups typically limit the agency's discretion to use those funds. This means most available funding is provided in a category and must be spent to address that category. In addition, services provided by these groups may, to some degree, be overlapping.

SECTION 8: Media and Communication Leadership

The demands on our print and electronic media today are immense. We rely on the media to let us know about anything that might be important to our lives. Newscasters on television and radio, newspaper editors, and writers for journals and other print media have increasingly tight deadlines and a growing need to "market" their stories to an audience with a huge set of choices from which to select. Although a media-stakeholder may have general interest in information about creating and sustaining healthy communities, general interest reports do not "sell" as well in today's media market as reports that expose problems.

Media stakeholders can be excellent resources who understand how to capture the key points of a message and refine that message so that the key points are supported. The readership (or listening) audience for a particular media outlet is usually well known to the media group by certain demographic characteristics (such as level of education, age, and perhaps general income level). This information can be vital to disseminating critical health news or reports within a community.

The media stakeholder will usually want to know:

- What is the "hook" for the story? Does it relate to other local or national news events?

- Why will my target audience be interested in this information?

- What will my audience members be able to do with the information after it is shared with them?

SECTION 9: Political Leadership

All politics is local. This once famous quote from former Speaker of the U.S. House of Representatives Tip O'Neill is a phrase now considered common knowledge. Our political leaders strive to advance and promote policy and law that serves the interests of their constituents and communities. However, individual constituents are not always actively engaged in the American democratic process. We know from various national polls, and local information, that voter turnout is often low. Aside from the environmental or social factors that may be in play, the result for our elected and appointed political leaders is lack of breadth in the information available to them from constituents.

Political leaders are expected to understand a very broad array of issues. They are typically supported by a small staff and have limited time to invest in issues that are not of interest to their constituents or where they have no direct knowledge. Health issues are frequently on the agenda because basic health indicators and the population's health status affect nearly every other economic, social, and financial issue. Access to reliable information about the health status within a constituent community is vital for our political leaders.

What political leaders often need to know is:

- Exactly how does this issue affect my constituents?
- Is the proposed strategy fiscally sound?
- Who else supports this approach and why?
- Who opposes this approach and why?

SECTION 10: Sports, Recreation and Fitness Community Leadership

Exercise! One simple answer to personal health status improvement that seems so complicated for most of us to maintain in our lives. Physical fitness is important to young and old, rich and poor, and people of all races living in urban and rural environments.

Community recreation opportunities such as walking trails, fitness stations in parks, and sports leagues provide an opportunity to involve people and potentially educate them about ways to add fitness activities to the day.

Keeping in mind that the purpose of most recreational activity is "to have fun (safely)," the type of information leaders in the recreation community may need includes:

- What are the sources of information people can seek out on their own to learn more about this health issue?
- Is the information about an issue available in a form suited to youngsters or their parents? Teens? Adults? Seniors?

APPENDIX A: Using Community Education

Community Health Education Work Group

Introduction

Turning Point activities need to be flexible enough to accommodate a particular community's needs. Consider the *Oklahoma Public Health Innovation Plan* a blueprint, or starting point, and recognize that things will not always go according to plan…especially time frame expectations. That's OK! Keep focusing on the process and keep your folks motivated and informed as progress and changes are made.

How to Design a Plan to Market Community Health

The purpose of a community health marketing plan is to systematically develop ideas into action steps in an orderly, logical written plan that will address a community's targeted or identified public health needs. All the steps outlined in the plan should be completed in order to achieve a successful outcome. Before you begin this process, make certain your group (committee, organization) has evaluated if this role is appropriate for your group to take on. Do you have the right people and resources needed? Is the project relevant to your group's mission? Do you need to bring other folks on board? Marketing may need to take place at two levels: first, marketing the Turning Point process to the community to get interested stakeholders to participate, then, marketing the community health project or message your group plans to implement in the community. If you are assured you have the right people and appropriate resources for the project, then observe the following seven steps toward developing a marketing plan:

(1) Problem Definition and Description
(2) Problem Analysis and Research
(3) Goals Description
(4) Target Objectives and Evaluation Measures
(5) Strategies to Meet Objectives
(6) Program Implementation
(7) Program Evaluation and Modification

Problem Definition and Description

✓ Develop a problem statement.

- What *is* occurring vs. what *should be* occurring?
- What is the problem's relevance to your group? (Explain rationale for why you are addressing the problem.)
- What are the factors that affect your ability to respond?

Problem Analysis and Research

- ✓ Analyze the problem and determine contributing factors to the problem.
  - Who is the most affected by the problem?
  - Where is the problem occurring?
  - Are there any trends? (Consider local/regional/state or national trends as well.)
  - What are the contributing factors to the problem?
  - How likely is it that your group can alter the factors contributing to the problem?
  - Who might be the potential target population groups to be addressed?

- ✓ Remember the value that multiple solutions and viewpoints can provide when problem solving. The nature of the problem, the people impacted and the implications of Turning Point actions all will change over time.

Hint: See Data Section of the Public Health Innovation Plan for suggestions on how to make use of existing data resources.

Goal(s) Description

- ✓ What specifically does your group want to accomplish?
  - Why are you intervening? (Create action statements such as "To eliminate… *or* To reduce…" followed by brief subjective sentence.)
  - Describe time frame in which to accomplish the goal(s).
  - Make certain the goal(s) are within the parameter of your group's role and actually address the problem you've identified.
  - Is your goal measurable? How will you measure it? What would success look like?

Target Objectives

- ✓ What are the steps that will lead to accomplishing your goal(s)?
  - What resources are needed?
  - How will you access resources? Consider now what equipment, people, time, and funding will be needed to meet your goals.
  - What partners are needed?
  - Will you need help from outside your community?
  - What structure should be in place to carry out strategies and interventions?

  - Describe time frame in which to accomplish the objectives.
  - Make specific enough so you and others will know what to expect.
  - List objectives in chronological order (first things first).

Strategies to Meet Objectives

- ✓ Identify who does what and when they do it.
  - What strategies or combination of strategies will influence the problem?
  - What population groups will be targeted?

- What community partners will be utilized?*
  *Guidelines for marketing your public health plan:
  To enlist support for public health initiatives, consider the business, faith and civic communities as the most direct avenues to reach the general population. It is vital for the public health system to act as partners with business, as the cost of prevention is a wise and prudent investment. Faith communities have a long history of social and health policy involvement, with congregations providing at-the-ready opportunities for enlistment. Civic groups exist to promote and advance public-spirited initiatives and are well positioned to help raise awareness of public health. To this mix add in health providers who, through patient education, can be strong advocates for your health initiative. Finally, don't overlook government officials and other policymakers and enlist their political support.
- What messages are to be communicated?
  (Hint: See following section,"How to Design a Communications Campaign.")

Program Implementation

✓ Disseminate plan and begin project.
- Who needs to know the information you have to share?

Program Evaluation and Modification

✓ Evaluate each objective as it is accomplished.
- Was objective accomplished in a timely manner with desired outcome?
- What impact did objectives have on each other?
- What impact did objectives have on your goal?

✓ Once all objectives are complete, evaluate overall plan.
- Was the plan written clearly and concisely?
- Were the goals and objectives feasible?
- Were your outcomes measurable?
- Was the way you tried to measure outcomes (measurement methodology) appropriate?
- Did you accomplish what you set out to do? If not, why not?

- Were you able to make changes to accommodate new problems/information as you encountered them/it?
- Did you entertain multiple solutions throughout your process?
- What modifications are needed should this project be replicated by other groups?

Local Perspective…

Cherokee County Community Health Coalition

Members of the Cherokee County Community Health Coalition can certainly attest to the benefit of research and planning. As they took a look at the health problems in their

county — cardiovascular disease, diabetes, the usual suspects – they determined that what was really needed was first, a pool of health educators to work in the schools, churches, youth organizations, and nontraditional settings to provide education that would alter and improve individual health behaviors. Secondly, the group determined that an improvement in health care in the county could be achieved if there were more providers of health care.

Before embarking on methods to address these challenges, however, they wisely brought in a facilitator who conducted six focus group meetings with a broad representation of the county's population. And overwhelmingly, these focus groups said: *We will establish an optimal "state of health" as long as it does not interfere with our quality of life.* Whoa Nellie! And if that was not enough to make the group pause and reconsider, the focus groups also suggested that the *number* of health care providers in the county was not the problem, rather, it was access to those providers. "No health insurance" was cited as a major obstacle to health care, and many voiced the opinion that the "working poor" were likely to receive a lesser quality of health care.

These focus groups provided extremely useful feedback to the coalition, and initiated a whole new focus for the coalition to address.

Take A Look!

Social Determinants in Health
www.ahsr.aa.psiweb.com/rwjf/abstracts/social.htm

Community Tool Box
The University of Kansas
Work Group on Health Promotion and Community Development
http://ctb.lsi.ukans.edu

An Ounce of Prevention: What Are the Returns?
Second Edition, 1999
Centers for Disease Control and Prevention
http://www.cdc.gov/epo/prevent.htm

How to Design a Communications Campaign

To be useful, your communications campaign must be based on understanding the needs and perceptions of your target audience(s). There are six stages in planning a communications campaign (some steps may overlap the process for developing a marketing plan):
(1) Planning and Strategy Selection
(2) Selecting Channels and Materials
(3) Developing Materials and Pretesting
(4) Implementation
(5) Assessing Effectiveness
(6) Feedback to Refine Program

Planning and Strategy Selection

✓ What is already known about the problem (existing data)?
✓ What new information is needed?
✓ What is already known about the target audience?
✓ What does the audience need to know?
✓ What changes are needed (goals) to solve the problem?

Selecting Channels and Materials

✓ Which media are most appropriate for reaching target audience?
✓ What materials and formats are most suitable for use with selected media?

Developing Materials and Pretesting

✓ Use focus groups from target audiences to react to message concepts.
✓ How do they respond (understand/recall/accept/agree) to message?
✓ Based on pretesting, what changes need to be implemented?

Implementation

✓ Is the message making it through intended channels of communication?
✓ Is the target audience reacting?

Assessing Effectiveness

✓ Were the program objectives met?
✓ Did expected change take place?

Feedback to Refine Program

✓ Why did the program work/not work?
✓ Are there improvements that could be made to increase likelihood of success?
✓ Are there lessons to be learned for future health communication?

Take A Look!

National Public Health Week
"Healthy People in Healthy Communities" (1999 theme)
Planners Guide
American Public Health Association
800 I St., N.W.
Washington, D.C. 20001-3710
Phone: 202/777-2742
http://www.apha.org/news/press/nphw.htm

Designing Materials for a Communications Campaign

Considerations

Considering what you are going to communicate and how you will communicate will depend on *why* you are communicating: to persuade, inform, change behavior, encourage participation, provide new facts, or alter attitudes. Some of these purposes may overlap, but ultimately you want your audience to receive the information, understand the information, and then act upon the information. First, however, you must get their attention. Consider the information clutter we all face every day. To get through the clutter, remember to give your audience information they perceive to be important to them or what they want to know, not what is most important for you.

Have you:

- ✓ Identified your target audience?
  - ¸ Identified their demographics: sex/race/beliefs/behaviors/education/literacy levels
- ✓ Determined the health problem or health issue?
- ✓ Determined the key messages?
  - ¸ Identified how best to communicate those messages?
- ✓ Developed a communications/distribution plan for messages?
- ✓ Pre-tested your message?

To make sure your audience will understand, remember and act on your message:

- ✓ Limit the number of messages.
  - ¸ Provide no more than three to four main ideas per document or document section.
  - ¸ Omit details. Tell readers only what they need to know.
  - ¸ Avoid lengthy lists.
- ✓ Tell readers what you want them to do.
  - ¸ Provide readers with an action statement. Tell them what they should do; not what they should NOT do.
- ✓ Tell readers what they'll learn from reading the material.
  - ¸ How will it benefit the reader?
- ✓ Choose words carefully.
  - ¸ Keep it short.
  - ¸ Use conversational style.
  - ¸ Keep use of jargon, acronyms and abbreviations to a minimum.
- ✓ Be aware of and sensitive to cultural differences.
  - ¸ Use terms your readers are familiar with.
  - ¸ Design messages for cultural or ethnic groups and subgroups.
  - ¸ Pre-test these messages with a sample of the target audience.

Quick Design Tips:

- ✓ Use font sizes between 12 and 14 points for text. Use a larger font size for headings. Remember that older persons and people who have trouble reading may need larger print.
  - ¸ Examples of font sizes:
    This is 10 point.
    This is 12 point.
    This is 14 point.
    This is 16 point.
    This is 18 point.
- ✓ Limit the number of fonts used to no more than 3 or 4.
- ✓ Use serif typeface for your text copy. A serif typeface has a stroke added to the beginning or end of the letter that guides the reader's eye to the next letter. Examples of serif typefaces are Bookman Old Style or Times New Roman, A sans serif typeface is without this stroke. Sans serif fonts are effective in headlines. Examples of sans serif typefaces are Arial or Univers.
- ✓ ALL CAPS are hard to read. Mix upper and lower case letters.
- ✓ Use **bold** and *italics* for emphasis. Omit use when possible of underlining. Descending letters are cut off.
- ✓ Use visuals to enhance your message.
  - ¸ Photographs are best for showing real life events.
  - ¸ Illustrations or line drawings are best for depicting procedures, socially sensitive issues or hard-to-see situations.
  - ¸ A variety of "clip art" or "canned" artwork are available via computer software on CD-ROM or off the Internet. These visuals can be a real time saver
  - ¸ Use caution with cartoons. They may be misunderstood.
  - ¸ Use images and symbols familiar to your audience.
  - ¸ Make sure any people in visuals are of the same race or ethnic group as your target audience.
  - ¸ Place visual near text to which it refers.
- ✓ Design an effective cover.
  - ¸ Show main message and target audience on the cover.
- ✓ Organize messages so that they are easy to read and recall.
  - ¸ Organize ideas in the order readers will use them.
  - ¸ Use headings and sub-headings.
  - ¸ Use bullets to break up text.
- ✓ Use white space.
  - ¸ Limit the amount of text and visuals on a page.
- ✓ Do not justify the right margin.
- ✓ Use columns with line lengths of 40 to 50 characters for ease of reading.

Translation

Translating materials from English to another language requires more than finding a translator to provide a literal translation. Check with community organizations that represent the

target audience. They may have suggestions on translators who know the dialect, expressions, phrases, and terms used by the target audience. They may be able to recruit participants for focus group testing of the translated materials as well.

Readability

Reading tests can give you a general idea of your message's level of reading difficulty. There are several software programs that test readability and numerous other methods to test "by hand." Readability tests will not tell you if your audience will understand your message. Pretesting and focus group discussion are better ways to determine if your message will be communicated effectively.

Local Perspective…
INSERT HERE: Local anecdotal information from Turning Point partners or other local health agencies on their experiences in designing communications materials.

Mass Media

The purpose of mass media is to inform and entertain, not educate. Keep in mind that the media can rapidly transmit information to a wide audience but use of the media alone cannot be expected to change behavior.

Characteristics of Mass Media

Television

- ✓ Television has the largest audience.
- ✓ Public Service Announcements (PSAs) are not likely to be broadcast during prime audience time.
- ✓ Television does provide other opportunities to get your message out through newscasts, interview shows, or following up (piggyback) on dramatic shows with a similar theme.

Radio

- ✓ Radio has numerous programming formats that will target specific audiences.
- ✓ Like TV, radio provides opportunities to get your message out through news and call-in interview shows.
- ✓ Public Service Announcements (PSAs) may be used if they meet station format.

Magazines/Circulars

- ✓ Can target audiences even more specifically than TV or radio.
- ✓ Can explain complex issues through factual message delivery.
- ✓ Audience has a chance to reread material at their convenience.
- ✓ Less traditional forms of news magazines (like Tulsa Parent or Oklahoma Gazette) or local shoppers, may have a wide readership.

Newspapers

- ✓ Small newspapers may provide more extensive coverage of your message.
- ✓ Newspapers can provide more thorough coverage of issue than broadcast media and faster than other print media.
- ✓ Op/Ed pieces are a good strategy for delivering key messages and raising the visibility of public health issues.
- ✓ *Letters to the Editor*, if personalized, are useful for your health message promotion.

Internet

- ✓ Although growing rapidly, the Internet is not yet the chief source of obtaining news information for most people. A presence on the Internet in the form of a Web site, can, however, be a valuable tool in augmenting issues you want the media to take up and in providing additional information for the audience that they may not have received via traditional news media sources.

When Choosing Media:

- ✓ Consider which media is most appropriate for communicating your health problem/ message.
- ✓ Consider which media will be most accessible to your target audience.
- ✓ Consider which media is most feasible for your time investment and budget.

The Ten Commandments of Talking to the Media

1. You don't have to answer every question directed to you.
2. Stick to your message and repeat it. Repetition is good!
3. Remember: you are doing the right thing. Don't get defensive.
4. Admit it when you don't know the answer to a question. Always, however, offer to get the answer and call back.
5. Don't speak "off the cuff."
6. Don't interrupt when others are effectively conveying your message.

7. Speak concisely and clearly so you will be quoted – and quoted accurately.
8. Treat reporters with respect. Acknowledge that they are only doing their job and help them to understand your story.
9. Remember that you will never win a reporter's heart and mind. Column inches or airtime is their goal.
10. Recognize your contacts with the media as messengers who can tell your story to a broader audience.

Source: *Turning Point Action Guide, Raising Awareness about Public Health with the Release of A Civil Action.* December 1998.

Framing Your Message

What are the key messages you want to convey to your audience? How do you go about articulating the mission of public health and the need for community involvement in public health decisions? First, revisit your marketing plan and read the problem statement and analysis, and goal(s) and objectives you developed. Then, anticipate what you might be asked by a reporter and prepare short talking points that you can use anytime. Remember that your key messages are those statements that will link your problem to the public health issue, intervention, or project you are promoting. You are more likely to excite the media and the general public about your issue if you localize this message. *Think global, act local…*and follow these tips:

✓ Keep your message simple and concise.
✓ Keep the message relevant to the problem.
✓ Do not use jargon or acronyms.
✓ Consider the medium.
  - If you are conducting an interview with a print reporter, you'll have some opportunity to expand on your message.
  - If you are conducting an interview with a broadcast reporter, think in terms of providing "bullet" or sound bite answers, usually no more than 20 seconds.

✓ Provide your audience with a "call to action."

What can they do with the information you provided?

Take A Look!

Sample Public Health Messages

Public Service Campaigns from US Department of Health and Human Services:
- ✓ *Pregnancy and HIV…What You Ought to Know*
- ✓ *Smoke-Free Kids and Soccer*
- ✓ *Girl Power!* (pre-teen and adolescent health empowerment)
- ✓ *Back to Sleep…Help Reduce the Risk of SIDS*
- ✓ *Don't Put Your Baby's Health On the Line* (prenatal care hotlines, inc. Spanish)

Check out these and other health messages at DHHS Internet site: http://www.os.dhhs.gov/

Healthy People Living Together in Healthy Communities.
The National Association of County and City Health Officials (NACCHO) has a variety of materials concerning community involvement in public health issues. Contact NACCHO at 1100 17th Street, NW,Second Floor, Washington, D.C. 20036, phone 202/783-5550, or visit Internet site at http://www.naccho.org/.

National Public Health Week
Healthy People in Healthy Communities. (1999 theme)
Planners Guide
American Public Health Association, 800 I St., N.W., Washington, D.C. 20001-3710, phone 202/777-2742, or http://www.apha.org/news/press/nphw.htm

An Ounce of Prevention Keeps the Germs Away.
Many infectious diseases can be prevented by following seven simple and inexpensive steps: wash hands often, routinely clean and disinfect kitchen and bathroom surfaces, avoid contact with wild animals, keep pets healthy, get immunized, use antibiotics appropriately, and handle and prepare food safely. Poster, brochure and videotape available by calling 1-800-995-9765, or contact the National Center for Infectious Diseases at the Centers for Disease Control and Prevention, 1600 Clifton Road, MSC14, Atlanta, GA 30333, or by e-mail at ncid@cdc.gov, or visit Internet at http://www.cdc.gov/ncidod/ncid.htm.

Public Health and Me
Lather Up for Good Health
Coloring book and poster for children from the American Public Health Association and Colgate-Palmolive Company. For free copies call 1-800-432-8226.

Resource Organizations

National

Department of Health and Human Services (HHS)
http://www.os.dhhs.gov/

Office of Disease Prevention and Health Promotion
http://odphp.oash.dhhs.gov/

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/

National Center for Chronic Disease Prevention and Health Promotion
http://www.cdc.gov/nccdphp/nccdhome.htm

National Health Information Center
http://nhic-nt.health.org/

National Health Observances Calendar
http://nhic-nt.health.org/Pubs/99hfinders/index.html

Consumer Product Safety Commission
Kid Safety Site
www.cpsc.gov/kids/kids.html

Food and Drug Administration (FDA)
http://www.fda.gov/default.htm

National Institutes of Health (NIH)
http://www.nih.gov/

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/

Health Care Financing Administration (HCFA)
http://www.hcfa.gov/

American Public Health Association
http://www.apha.org/

World Health Organization (WHO)
http://www.who.int/

National Association of County and City Health Officials
http://www.naccho.org/

Violence Against Women

American College of Obstetricians and Gynecologists
www.acog.org

State

State of Oklahoma Web Site
http://www.state.ok.us.

Oklahoma State Department of Health
http://www.health.state.ok.us.

Oklahoma State Department of Education
http://www.sde.state.ok.us/

Oklahoma Commission on Children and Youth
http://www.okkids.org

Oklahoma State Department of Public Safety
http://www.dps.state.ok.us/

State PTA Association
Web site under construction
Phone: 405/681-0750

Oklahoma State Medical Association
http://osmaonline.org

Oklahoma Osteopathic Association
No Web site
Phone: 405/528-4848

Oklahoma Hospital Association
http://okoha.com

Oklahoma SAFE KIDS Coalition
http://connections.connectok.com/safekids

Resource Tools

Healthy People 2000: National Health Promotion and Disease Prevention Objectives
http://odphp.osophs.dhhs.gov/pubs/hp2000

Healthy People 2010
http://odphp.osophs.dhhs.gov/pubs/hp2000/2010.htm

Healthfinder
hot topics, latest government health news, prevention and self care information, online health publications
http://www.healthfinder.gov

An Ounce of Prevention: What are the Returns?
Second Edition, 1999
Centers for Disease Control and Prevention
http://www.cdc.gov/epo/prevent.htm
(See also April 1999 issue of *American Journal of Preventive Medicine*)
Community Tool Box
The University of Kansas
Work Group on Health Promotion and Community Development
http://ctb.lsi.ukans.edu

Up to Your Armpits in Alligators? How to sort out what risks are worth worrying about!
Video, reference materials, public speakers
John Paling & Co., Ltd.
5822 N.W. 91st Blvd.
Gainesville, FL 32653

The State of the State's Health:
A Report from the Oklahoma State Board of Health (1997, 1998, 1999)
Oklahoma State Department of Health
http://www.health.state.ok.us.

Priority Academic Student Skills (PASS)
Health and Safety Education
Oklahoma State Department of Education
http://www.sde.state.ok.us/

Turning Point

National Turning Point Project
http://www.naaccho.org/projects/tp/index.html

Oklahoma Turning Point Project
http://www.state.health.ok.us/partners/index.html

References

Office of Communication, Centers for Disease Control and Prevention. *Scientific and Technical Information: Simply Put*, October 1998.

Department of Health and Human Services, Public Health Service and National Institutes of Health. *Making Health Communications Work – A Planner's Guide*, April 1992.

Department of Health and Human Services, Centers for Disease Control and Agency for Toxic Substances and Disease Registry. *CDCynergy: Your Tool to Plan and Evaluate Effective Health Communication*, December 1998.

Pyramid Communications. *Turning Point Action Guide*, December 1998.

APPENDIX B: Using Legislation and Policy

A. Past Snapshots

Legislation and policy changes in Oklahoma ultimately involve the Oklahoma State Legislature. This is true whether the need is for enabling laws, appropriations, authority to hire state personnel, or rules for program implementation.

Ideas for new policies become law through the process diagrammed in Figure 1. Descriptions of the legislative environment and suggestions for presenting ideas to legislators are included in Appendix A.

New state laws affecting public health policy have been plentiful in recent years; at least 50 such measures were passed in 1999 alone. Among the statutory changes in 1999 were the following:

- HB1184, creating an Oklahoma Hospital Advisory Council, updating the hospital license law, and consolidating and updating laws on emergency and trauma care;
- HB1188, creating an uncompensated care, to be paid into by new hospitals and surgery centers that do not provide Medicare, Medicare and charity care equivalent to at least 30% of gross revenues;
- HB1190, providing certain immunity from liability for providing emergency medical treatment;
- HB 1210, requiring health care plans to cover prostate cancer screening;
- HB1368, the Genetic Research Studies Nondisclosure Act;
- HB1443, regarding discovery of information relating to a hospital's peer review process;
- HB1767, authorizing the State Board of Health to award competitive grants for delivery of health care services through a telemedicine program, contingent upon appropriation of funds;
- HB1826, the Oklahoma Managed Care External Review Act, providing for independent reviews of the denial of coverage for health care services;
- SB290, creating a Trauma Care Assistance Revolving Fund, to be funded through certain driver and vehicle license fees;
- SB330, the Osteoporosis Prevention and Treatment Education Act;
- SB365, regarding leases of county hospitals;
- SB380, directing the State Health Department to license Behavioral Practitioners;
- SB452, relating to taxation of cigarettes and tobacco products, prohibiting the affixing of Oklahoma tax stamps to tobacco products designated for export;
- SB661, creating the Oklahoma Continuum of Care Task Force, to study and make recommendations on the state's long-term care policy;
- SB622, phasing out the 4-month training period for nurse aides, and requiring all nurse aides to be certified by November 2004;
- SB694, modifying Public Competitive Bidding Act of 1974.

B. Present: Demonstrations and Lessons Learned

The Legislation and Policy Work Group identified the following priority issues:

✓ The Central Purchasing Act's limitations on sub-contractors, and provisions relating to antitrust, conflict of interest, and collusion.

✓ State preemption of local government's authority, particularly with respect to tobacco ordinances.

- ✓ Limitations on adequate funding through millages, including millage caps that are not appropriate to the needs of localities.
- ✓ Legislation providing for the tobacco settlement to be used for health issues, including prevention and control, as well as treating tobacco-induced disease, relying in part on the work done by the Tulsa County Turning Point Project.
- ✓ The need to develop a plan for educating legislators and other leaders on the need for better health in Oklahoma.
- ✓ "Age of consent" needs to be standardized regardless of the issue or care.

C. Future: Action Planning and Implementation

The Oklahoma State Board of Health has taken bold steps to educate Oklahomans on the importance of population-based and outcomes-based public health. The 1999 The *State of the State's Health* identifies key health indicators for Oklahoma, compares Oklahoma with the nation, and makes suggestions for community involvement in improved health for Oklahomans. A copy of the report may be viewed at <http://www.health.state.ok.us/board/state/index.html>.

The Legislation and Policy Work Group recommends that the Turning Point Advisory Committee should request legislation or interim studies to address the policy issues noted above.

The Oklahoma State Department of Health should be a key player in ensuring that communities have the support and resources necessary to pursue desired legislation and policy changes. State office and county health department staff work to create a state of health in Oklahoma by ensuring conditions under which citizens can be healthy. The Department has a broad range, not just geographically, but in terms of public health expertise as well. The Department's capacity to support community needs should be utilized to enhance the success of public health legislation and policy initiatives.