

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

# North Carolina Turning Point Working Policy Magic

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

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

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



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

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

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

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

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

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

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# At a Glance: North Carolina

## Aim of North Carolina Turning Point

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



## North Carolina's Public Health Challenges

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

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

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

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

## For More Information

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