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Transformations in public health

In This Issue

Turning Point Influences Educator's Vision for Public Health Nursing

Patricia Butterfield

Teaching public health to nursing students is always a little bit like roping the wind. In contrast with many other nursing courses, which are grounded in fixed scientific principles, public health nursing is nebulous. Even the name is controversial; most schools of nursing use the term *community* versus *public* health nursing to reflect the value that community partnerships have in nursing practice. Students often fret about the content of the course, seeing it as analogous to traveling down a long, winding road and not knowing where they are heading.

And that is exactly what real public health nurses and nursing faculty love about their profession. Because when you listen to the voice of the community, you cannot have an a priori plan of where you will end up. Communities are complex, dynamic, fickle, and full of energy. Their many layers mean that we can place twenty students in the same neighborhood, and they can all have completely different and completely wonderful experiences. That is the absurdity and beauty of community work.

Montana lessons

I moved to Montana the first time as a 21-year-old staff nurse—working nights in a local hospital. At that time I learned important aspects of Montana living, like how to keep the oil in your car in a liquid state on a January morning. And the importance of keeping your dog with you all the time, even at events requiring formal attire—especially at events requiring formal attire. The second time I moved to Montana, I learned to teach nursing from some of the best faculty in the country. Some students were at the public health department, and others were doing blood pressure screening at a local bank. A few of the students were scared of doing home visits and needed constant reassurance; others quickly hit their stride and never looked back.

The last time I moved to Montana, following my post-doctoral work, I thought, "Third time's the charm," and paid extra to have the grand piano moved into the house.

(continued on p. 3)

From the Turning Point National Program Office

Back to School Again

Bobbie Berkowitz, Director

Autumn comes around, and no matter our age, we find ourselves reminded of going back to school. For some, this evokes a deep subconscious need for a new box of sharpened pencils; for others, our thoughts go to how academia is preparing the next generation of public health workers and leaders. In many fields, the academic world is separate and unrelated to practice. Tragically, this has too often been the case with public health, but in Turning Point states we are seeing a change. Colleagues devoting their careers to improving the public's health are finding that a close relationship with academia is part of our success. Practice can benefit from academia, and higher educational programs can undoubtedly be strengthened through consideration of the needs of the world of practice and by teaching the principles we have seen operate well in day-to-day public health.

Public health practice and academic public health have evolved with different missions, but we share a common vision—a healthier population. As we face new challenges, both states and localities are striving to pass the torch to the next generation of leaders and workers. But an increase in sheer numbers isn't enough. Public health's mission of ensuring the conditions in which the population can be most healthy requires a diverse workforce reflective of the diversity of the populations we serve. After all, health disparities continue to lead the list of public health challenges. Developing systems and interventions to tackle such pervasive health issues requires a wide range of competencies and strengths, including training in cultural competency and leadership. And as we are creating a stronger and more scientific framework for the role and function of public health, it makes sense to educate professionals to be well prepared for the actual challenges they will likely find in the field.

Several Turning Point state partnerships have closely collaborated with schools of public health and addressed not only current challenges but also created innovations to ensure a competent workforce for decades to come. New York partners, for example, are expanding opportunities for students to participate in governmental public health internships and practica. Minnesota's Pathways to Public Health is creating a social marketing campaign to increase the number and diversity of students pursuing advanced education in public health. Montana and Missouri partnerships have helped to bring to the attention of academia specific needs for practice, resulting in improved masters degrees in public health programs, some entirely practice oriented. At the University of Washington, a practice-oriented track uses case studies to walk students through real life public health scenarios. Other contributions of Turning Point to academia include curricula from the National Excellence Collaboratives, promotion of the concept of broad-based collaboration, and tools and resources such as the Model State Public Health Law. Indeed, the worlds of practice and academia are pioneering a new relationship, enhancing and developing a stronger public health workforce for the future.

[Nursing—continued from p. 1]

After five plus (OK, six plus) years of doctoral and post-doctoral work, I did find it hard to relearn how to be interrupted by undergraduate students when I was working at my desk. But there they were, knocking on my door and asking me to sign their drop/add slips, picking up an assignment that they'd missed last week, telling me how sick they were, or expressing existential angst about becoming a nurse. Along the way the students taught me a lot, including how to be interrupted for something that at first blush seemed completely trivial, but turned out to be the most important discussion of the day.

When a chance to serve on the Gallatin City-County Board of Health came up, I applied—three times over two years—and became a board member. There was plenty to learn there, too, about variances to replace failed septic systems, for example, or funding for the junk vehicle program. I also learned about grace under fire, maintaining program quality in the face of declining resources, and that honest people can honestly disagree about matters of public health importance. When Gallatin County became a partner in Turning Point, I learned even more. Under the leadership of the health department, new community coalitions were created. At community meetings, it was not uncommon, for example, to see people from the sheriff's department speaking with members of the county planning board. Advocates for public health dentistry had a forum for their concerns, as did advocates for improved mental health services. The local community clinic grew from a few volunteers working two days a week into a federally qualified community health clinic. And yes, the clinic helped fill the service gap for mental health services, dental care, and other evolving needs. Turning Point was transformational for Gallatin County and helped the community build and implement a model of public health based on population health, performance standards, and collaborative leadership.

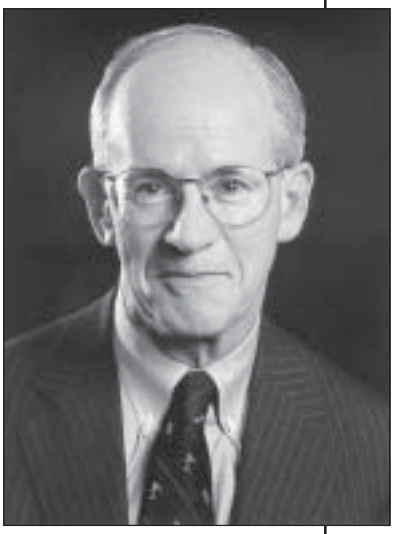
Back to the big city

After nine years in Bozeman, I moved back to the big city. As one would expect, public health is bigger in Seattle than Bozeman, mirroring the needs of a diverse and multifaceted city. We are surrounded with rich opportunities for our nursing students, ranging from environmental justice projects through worksite safety to community-based asthma efforts. The lessons I brought from Turning Point in Montana and those I learned early in my career as an educator and researcher apply in Seattle, as well. But I'm finding a joy in relearning those lessons and in reconnecting once again with a sense of passion for public health. Again, I'm reminded to appreciate the voice of the community and that the power of public health often comes "in between" and among different disciplines, advocates, citizens, and those without titles and credentials. Recently, for example, I watched a skilled and compassionate health officer facilitate discussions addressing complex issues that crossed political and ideological boundaries. Those discussions resulted in novel solutions with new and old partners. This vision of public health is what I will share with our students; a vision I know they will transform and advance to the next level through their knowledge, creativity, and sense of adventure.

Patricia Butterfield, PhD, RN, FAAN, is associate professor and director of the Occupational and Environmental Health Nursing Program at the University of Washington.

Turning Point Member Profile

Steven A. Schroeder, MD



Dr. Schroeder is distinguished professor of health and health care, in the Division of General Internal Medicine, Department of Medicine, University of California, San Francisco, where he also heads the Smoking Cessation Leadership Center. The Center, funded by The Robert Wood Johnson Foundation, works with leaders of American health professional organizations and health care institutions to increase the rate at which patients who smoke are offered help to quit.

What is next on the agenda for Dr. Steven Schroeder? Dr. Bud Nicola catches up with the former president and CEO (1990 – 2002) *of The Robert Wood Johnson Foundation, to learn about his life after the foundation, his passion for tobacco (cessation, that is), and his view on the promise of public health and academia working together for a healthier nation.*

BN: I was encouraged a few years back when The Robert Wood Johnson Foundation (RWJF) created the "health" part of their organization—emphasizing the need to improve the health status of our population rather than focusing solely on the health care system.

SS: Yes, when I interviewed for the Johnson job back in 1989, the trustees asked what program changes I might suggest. Reflecting on their mission of improving health and health care, they had done a splendid job on the health care side but hadn't done much in health. I knew if I were to come to RWJF I would try to add that dimension. From an epidemiological standpoint, I felt the only two areas that would merit the Foundation's help—that have a sufficient scope and reach—would be substance abuse and diet/heart. Others were doing a very good job on diet/heart, but federal agencies were really constrained from getting involved, particularly, in the tobacco and alcohol fields. So that is what I knew I wanted to focus on, and that is what we did.

BN: What focus is the "health" part of the Foundation going to have?

SS: It looks like the relatively new aspect, that is, health as a complement to health care, is going to stay. The Foundation now has two equal grant-making efforts—health and health care—with relatively equal budget amounts. I think under the current president, Risa Lavizzo-Mourey, they are moving more into the obesity issue, while continuing to fund substance abuse programs, but at a lower level of funding.

BN: One of the principal values Turning Point supports is that population health needs to be approached in a collaborative fashion, with all the sectors of society working together. From your current vantage point in an academic institution, do you have any thoughts about the responsibility of academic systems to participate as partners in ventures such as Turning Point?

SS: When academic organizations get involved with efforts of this sort, it adds a dimension of rigor. But there are some hazards. In smoking, for example, much of the federal support that comes out is for research, and that is very important, but we already know so much, and money to take the application, the advocacy, and the translational steps often isn't as plentiful.

The hazard is not putting enough emphasis on execution.

BN: And leadership is a key component of execution. What can we do in public health to improve leadership at all levels?

SS: Leadership programs can single out young promising leaders and then give them the tools, the networks, and the contacts to help them be stronger leaders. When selections of leaders are underway, it is important to make sure there is a good linkage between the mission and values of the organization and the values and mission of the candidate. It's not just a glittering ré sumé but it's someone who really shares the vision and the mission.

BN: One of the Turning Point National Excellence Collaboratives focuses on social marketing. You've had considerable experience particularly in the area of smoking with social marketing ideas and activities. How do you see your work in social marketing influencing the next generation of health professionals?

SS: To make social change of the kind that public health is so interested in, whether it's better eating practices, more exercise, safe sex, staying away from drugs—all the different things that are so central to public health—social marketing is a huge issue. I would hope that people working in leadership, both senior and middle level areas, understand the power of social marketing and advocacy and how to use them under the constraints that many face, particularly those who are working in organizations that are funded by tax money and are therefore subject to all the political pressures.

In my current work at the Smoking Cessation Leadership Center, I'm impressed how many leaders of organizations would like to do the right thing and just find that there are obstacles in their path that keep them from doing so, such as funding, being distracted by other things, and a sense of pessimism that we can really help smokers quit. When we offer a bit of help, many of them are very eager to take us up on it. I think it ought to start with the kinds of curricula that people going into public health get exposure to. We need to acquaint them with the power and the issues that underlie social marketing. I would learn from what some of the industries do. I think the tobacco archival papers are a real treasure trove of insights as to how that industry has been able to market and try to position itself. And then there are lessons from Mothers Against Drunk Driving, Americans for Nonsmokers' Rights, and also a number of real success stories in public health.

BN: What should governmental public health at the state and local level be doing to decrease smoking rates?

SS: I'd go back to epidemiology. A lot of people think the tobacco wars are over, but it's still the number one killer, and it's preventable. There are all these opportunities to stop young people from starting smoking and to help smokers quit, and we are not capitalizing on those. The trends are going in the right direction but exquisitely slowly and that's a real tragedy. I think it's a real mistake to say that you've got to pick either working on tobacco or working on the obesity epidemic. They are both very important. I'm a little critical of the way the CDC has been casting tobacco as old news; it's not.

BN: What changes have you experienced in moving back to academic life?

SS: I loved my work at Robert Wood Johnson, and it was hard leaving. What a privilege it was to have a supportive Board and a wonderfully talented staff. On the other hand, I came back home, and RWJF and the Board have given me this opportunity to apply my experience, expertise, and contacts to new work on smoking cessation. I loved where I was, and I love where I am.

Connecting Practice and Academia: Turning Point's Experience

Glen P. Mays and Paul K. Halverson

Public health has moved to the forefront of public attention in the United States due to a confluence of recent events that include ongoing concerns about bioterrorism threats, emerging infectious diseases such as SARS and West Nile virus, and the rapidly advancing obesity epidemic and related chronic disease risks. This heightened public awareness has created a unique window of opportunity for mobilizing policy makers, health professionals, businesses, and the public at large to make meaningful improvements to the nation's public health infrastructure. The challenge lies in identifying and applying the most promising innovations while the window of opportunity for change remains open—a challenge that requires strong and coordinated action from both the practice and academic communities.

Points of intersection with academia

Turning Point's engagement with academia is a less-visible but critically important avenue through which the initiative achieves its public health impact. Turning Point has engaged academic institutions in public health system improvement through a variety of mechanisms. First, academic institutions have been partners in ***problem identification*** activities conducted by Turning Point collaboratives to better understand the current condition of the nation's public health infrastructure and the specific needs facing state and local public health organizations. These activities include surveys of information technology capacities within state and local public health agencies, assessments of state public health laws and statutes, and inventories of performance management practices used by public health organizations at state and community levels. These activities have been used to directly inform the improvement activities undertaken by the Turning Point collaboratives, but they have also provided opportunities for academic institutions to gain a much clearer understanding of the resources and limitations faced by public health organizations in carrying out their work. In turn, these activities have provided an impetus for academic institutions to better tailor their education and research activities to address real-world public health problems and needs.

Academic institutions have also engaged in ***knowledge synthesis and translation*** activities conducted by Turning Point collaboratives to compile information about best practices and successful models for improving the delivery of essential public health services. These activities have included systematic reviews of the literature on collaborative leadership, case studies of successful social marketing campaigns in public health, and the development of model state public health statutes. The primary purpose of these activities is to assemble information and evidence about successful public health strategies that can be most readily adopted and applied by the practice community. At the same time, these activities generate valuable knowledge and content that academic institutions can integrate directly into their education and training programs for current and future public health professionals, helping these programs to keep pace with advances in the field of practice. In this way, the synthesis and translation products produced through

Turning Point reach a wide audience of both current and future adopters within the public health system. (*See page 13 for some examples of the results of Turning Point's academic partnerships.*)

The Turning Point initiative has begun to generate important ***practice-based research and evaluation*** opportunities that promise to expand and enhance the public health research activities currently underway within the academic and research communities. For example, the initiative has provided a venue for studying the formation and structure of public health partnerships and for examining the frequency and nature of change in public health system infrastructure. Many other valuable research opportunities are only now beginning to emerge from the Turning Point experience. By serving as the catalyst for innovations in areas such as public health law, leadership, and management, Turning Point provides opportunities for identifying the forces that affect the adoption and diffusion of public health innovations across states and communities. Moreover, opportunities may emerge for investigating how the broad-based improvements in public health infrastructure initiated through Turning Point ultimately influence population health. These types of opportunities promise to enhance the ability of academic institutions to engage in scientific investigations that have direct and immediate relevance for public health professionals and policy makers. All of these opportunities promise to advance the field's progress toward evidence-based public health practice.

Outlook for the future

A critically important by-product of Turning Point's work in public health system improvement has been the enhanced linkages between academic institutions and the public health practice community. These linkages may very well prove to be one of the most enduring elements of the Turning Point experience because they serve to strengthen and enhance the nation's long-term capacity for public health education, training, and practice-based research. This capacity promises to benefit the public health system for years to come by preparing current and future professionals to initiate and sustain improvements within the system and by building the evidence base that provides direction for such improvements.

Many academic institutions have already begun to incorporate findings and lessons from the Turning Point experience into their education and training programs in areas such as public health leadership, informatics, law, administration, and marketing and communications. Consequently, the reach of the Turning Point initiative already extends far beyond the individual states and communities that have participated directly in Turning Point collaboratives and state partnerships. Turning Point's impact will continue to grow as its findings diffuse within the academic and practice communities and as new knowledge is gleaned from current and future research and evaluation activities.

Glen P. Mays, PhD, MPH, and Paul K. Halverson, DrPH, MHSA, are faculty members in the Department of Health Policy and Management, College of Public Health, University of Arkansas for Medical Sciences.

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Improving Education in Public Health Law Through the Turning Point Model State Public Health Act

James G. Hodge, Jr., JD, LLM, and Lawrence O. Gostin, JD, LLD (Hon)

Public health law has been revitalized in recent years, particularly among academics in schools of law and public health, and public health practitioners in federal, state, tribal, and local government, and the private sector. Renewed focus on public health law is based in part on fundamental changes in the conception and prioritization of public health practice in the United States and internationally, as well as emerging challenges, such as bioterrorism, West Nile virus, and SARS. State and local governments, where public health powers largely reside, have strengthened their resolve and commitment to protect, promote, and preserve communal health. In combination, these and other trends in public health practice are helping to rebuild a national public health infrastructure that was crumbling after decades of public apathy and funding neglect.

Turning Point's Model Act

Law has often been misconstrued as an obstacle or barrier to accomplishing important public health objectives. A new generation of public health practitioners, law and policy makers, scholars, and students, however, are being educated to think of laws not as an impediment to public health practice, but as essential tools to improving public health outcomes. Public health laws define the jurisdiction of public health officials and specify how they may exercise their authority, establish norms for healthy behavior, and create conditions in which people can be healthy.

These qualities of modern public health law are uniquely incorporated into the Turning Point Model State Public Health Act (Model Act). Funded by The Robert Wood Johnson Foundation, the Model Act is the product of the Public Health Statute Modernization National Collaborative, a four-year partnership of public health practitioners from federal, tribal, state, and local agencies, several national public health organizations, and faculty from the Center for Law and the Public's Health at Johns Hopkins Bloomberg School of Public Health and the Center for Law and the Public's Health at Georgetown University Law Center.

The Model Act is the most comprehensive model public health law ever produced in the United States. In response to assessments of state public health laws as antiquated, fragmented, and inconsistent, the Act's provisions provide a constitutionally- and ethically-sound foundation for state and local public health practice within a modern public health infrastructure.

The Model Act is not intended as a mandate to state or local governments nor do its provisions reflect the only acceptable policy choices for public health practice. The foundations, assumptions, and drafting choices made in producing the Act are regularly challenged and debated. (Many public health practitioners, for example, express concern over the choice of the collaborative to not systematically address environmental health services within the Act.) Rather, the Act is an assessment and educational tool for state public health practitioners and policy makers considering

public health reform. Its provisions provide substantive language for some key, sensitive legal issues in public health law, including quarantine and isolation, surveillance, and reporting methods, due process protections, and public health emergencies. Many states (including Colorado, Delaware, Kansas, Michigan, Montana, Nebraska, New Jersey, Oregon, Tennessee, and Wisconsin) are using or considering using the Turning Point Act for purposes of reforming their laws. Other states (Alaska and North Carolina) have introduced legislative bills or administrative regulations based on portions of the Act. In each of these and other jurisdictions, analysis of the Model Act opens communication channels, facilitates reviews of key law and policy issues, and provides structure to scholarly and practice-based discussions. The Act has also been featured in media and scholarly articles, and is increasingly used in academic classrooms and policy discussions.

Model Act as educational tool

As a tool for public health law reform, the Model Act is a preeminent example of public health law in action. Through legal reformation processes in state and local settings, it will serve as a primary educational bridge between legal, public health, and academic communities. The Act provides a key element missing from prior scholarship and practice settings by moving past the common question of whether public health law reform is needed (nearly everyone agrees that it is) to address how to accomplish these reforms. By filling this void in public health law practice and scholarship, the Model Act contributes to the public health law education for current and future generations of public health law practitioners and academics. The legacy of the Act may not be in the timelessness of its provisions (advances in public health science, practice, and law will undoubtedly require new assessments in years to come), but in its broad contribution to the education of practitioners and academics on the modern roles of public health law.

James G. Hodge, Jr., JD, LLM, is associate professor and executive director of the Center for Law and the Public's Health at the Johns Hopkins Bloomberg School of Public Health. Lawrence O. Gostin, JD, LLD (Hon), is professor of law and director of the Center for Law and the Public's Health at Georgetown University Law Center. Together with the Turning Point Collaborative, James G. Hodge, Jr., and Lawrence O. Gostin drafted the Turning Point Act.

Policy Corner

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

Policy Statement

Are courses whose intent is to train future governmental public health practitioners best taught by those with experience in that field of practice?

Responses

It is not a matter of whether practitioners are the best teachers. Some are excellent while others, as they say, "need improvement." The same holds for instructors without practice experience. Some are good and some not so good. The focus should not be on the teaching but on the learning and the learner. Learning opportunities can be optimized by instructors with or without practice experience when they facilitate interactions with and among learners around ideas, questions, and implications of topics relevant in public health practice. It would be a mistake to assume that either group (those with experience in governmental public health or those without practice experience teaching future practitioners) has mastered this skill. The ability to stimulate and facilitate learning in others is not a skill widely prevalent on either side of the academic-practice border.

Bernard J. Turnock, MD, MPH
Clinical Professor of Community Health Sciences
Director, Center for Public Health Practice
UIC School of Public Health

As has been said, experience is the best teacher. The challenge seems to be to learn from experience and then to be able to facilitate learning in others. In that regard, in order to learn from experience, one must be able to distill from those experiences what has been called "usable truth." Listening (at multiple levels) is central to this distillation process. The best teachers are, in my view, reflective practitioners who can facilitate learning by fostering dialogue and creating a climate of meaningful engagement. In this context, a central task is providing the right questions, not the right answers. Experience also provides a sense of authenticity to the discussion, which, if coupled with humility and humor, can greatly contribute to learning.

Edward L. Baker, MD, MPH
Director, North Carolina Institute for Public Health
Research Professor of Health Policy and Administration
UNC School of Public Health
Chapel Hill, NC

What is your response to today's Policy Statement? Deadline: 12/1/04

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

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

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

Though the WIC Program is operated at the national level by the US Dept. of Agriculture, states usually locate the Program in their public health or social and health services agencies, rather than in state agriculture agencies. The logic of this seems clear: WIC at its core is a public health nutrition program and benefits greatly from its placement in a public health agency. Advances in identifying and implementing core functions and performance standards in public health inform new ways of thinking about, organizing, and providing WIC services at the state and local levels. Public health science and policy, in turn, inform and benefit USDA nutrition programs, at least in theory. It's a productive partnership that will eventually result in even better services to the WIC population.

Karen Valenzuela
Washington State Dept. of Health

New Social Marketing Products Rolled Out

Social marketing refers to the use of marketing principles to influence human behavior in order to improve health or benefit society. A classic example of social marketing is an anti-smoking campaign. But all campaigns to change health behavior are not equal. Some are vastly more effective than others. What makes the difference is often the conscious application of social marketing principles: knowing your audience, promoting action, and using appropriate motivators for change.

In the past two years Turning Point's Social Marketing Collaborative has produced a range of products that describe social marketing principles and offer case studies on how they have been applied. Those who, by now, have been sold on social marketing will find the Collaborative's newest products especially appealing.

The Basics of Social Marketing: How to Use Marketing to Change Behavior offers a self-guided tutorial on the fundamentals of social marketing. This 22-page booklet is a useful introduction to or refresher on key aspects of social marketing.

The Manager's Guide to Social Marketing: Using Marketing to Improve Health Outcomes offers a more in-depth look at social marketing, from a manager's point of view. The 38-page booklet covers such useful topics as determining budgets and finding funds, working with advertising or public relations firms, and the six phases of the social marketing process. It also includes a model job description, planning tools, and other resources.

For the full range of social marketing resources, however, the *CDCynergy – Social Marketing Edition*, a CD-ROM based on the Centers for Disease Control and Prevention's CDCynergy, is ideal.

The booklets can be downloaded for free through the Web site: http://turningpointprogram.org/Pages/socialmkt.html, and *CDCynergy – Social Marketing Edition* can be ordered through the same Web page.

Turning Point and Academia Build a Brighter Public Health Future

Marleyse Borchard

Improving public health, a key aim for Turning Point, can be achieved in numerous ways. One method is to enhance the skills of the next generation of public health professionals through improved academic programs in public health. In various ways Turning Point partnerships are redefining the relationship between practice and academia and reaping benefits for both. Improving the quality and quantity of student internships, providing practice input on academic curricula, programs, and degree planning, involving students in community trainings, and teaching cultural competency—in these and other ways Turning Point is preparing future public health leaders.

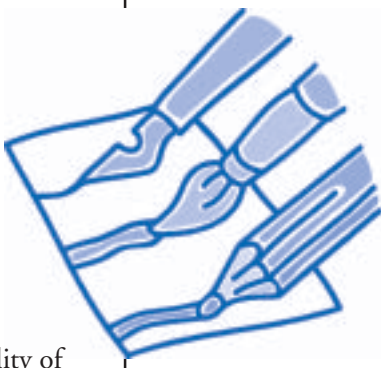
A prime example of Turning Point's successful academic partnerships is the Montana Public Health Institute. In 1999, the **Montana Turning Point Partnership** created this innovative solution to the state's desperate need for high-quality training for Montana's largely rural public health workforce. While developing the Institute, state department of health employees partnered with the Northwest Center for Public Health Practice at the University of Washington, forging a collaboration that would lead to a thriving institute, as well as improved programs for the UW School of Public Health. Melanie Reynolds, Montana Turning Point director, said, "The University of Washington has brought academic resources to the Institute by providing faculty members to co-teach courses with members of the practice community for the Summer Public Health Institute. We have a learning environment providing the best of both worlds." And the relationship goes both ways. Montana Turning Point partners participate on several advisory committees for the Northwest Center and the UW, informing academic planners of current practice concerns and actual skills public health leaders need today. In 2003, the UW's Department of Health Services introduced a public health practice program track in its MPH program, using problem-based curricula and case studies as the main teaching mechanism.

Arizona Turning Point Partnership, too, has forged a closer working relationship between practice and academia through a joint endeavor with the Mel and Enid Zuckerman Arizona College of Public Health. The resulting Academy Without Walls, a series of competency-based trainings delivered in the field to public health workers in county and tribal health departments, was a perfect medium for introducing MPH and Epidemiology Ph.D. students to day-to-day functions and complexities of the current workforce. Students assisted in coordination and facilitation of breakout groups and activities, adding to the success of the trainings. Conversely, the trainings in basic public health sciences, community dimensions of practice, and cultural competency reinforced students' knowledge and skills, while exposing them to a broader perspective of public health. By working in rural and tribal communities, students learned firsthand about the uniqueness of each community and the importance of cultural competency in public health.

From the beginning of **Missouri Turning Point**, academic community members partnered with public health practice. An earlier issue of *Transformations* highlighted the voluntary accreditation system for local public health developed by the Missouri Institute for Community Health (MICH)—Missouri's Turning Point. This core

accomplishment of MICH has a spin-off benefit for public health students and workers. Through discussions among partners from public health departments and academia about developing an accreditation system, academic partners gleaned valuable information about the needs of the public health workforce and are factoring these into their academic planning and curriculum development. For example, in response to the need for higher training standards for public health workers and for alternative formats for use in rural settings, St. Louis University and its Heartland Public Health Education and Training Center created videos and CD-ROMs on the principles of public health and an introduction to epidemiology. Southwestern Missouri State University developed a new curriculum in public health and now prepares future and current public health workers through courses on the campus and at its Ozark Institute for Public Health. Others, such as the Kirksville College of Osteopathic Medicine, the University of Missouri-Columbia, St. Louis Community College District, and the Logan College of Chiropractic Medicine participated in developing and evaluating the accreditation system and are partners in public health improvement.

With an aging public health workforce and changing statewide demographics, Minnesota has found itself in critical need of an influx of public health professionals in the near future. Questions such as: "Why do students choose to pursue advanced education in public health over other fields?" "How can we increase the number and diversity of undergraduate students who decide to pursue advanced education in public health?" led to a partnership between **Minnesota Turning Point** and the University of Minnesota, Twin Cities, School of Public Health. The Pathways to Public Health program, an outgrowth of this partnership, uses *CDCynergy - Social Marketing Edition* to research, create, and implement a social marketing campaign aimed at improving the quantity and quality of the future public health workforce through an intervention at the college level. A statewide enumeration and profile showed the current public health workforce to be largely Caucasian and female, and not reflective of the demographics of the community they serve. Through focus groups and surveys with students of public health and students who chose other career paths, the program is developing key messages and methods that will be tested among students before being incorporated into recruitment efforts and materials. For example, one finding of the research is that one-on-one exposure to a public health professional is a key factor in the decision to go into the field of public health. This finding will likely bolster plans for expansion of the School of Public Health's mentorship program, which uses graduate public health students to reach out to undergraduates to develop interest in the field.



New York Turning Point has focused attention on bolstering the public health workforce and has been part of a collaborative effort among state and local public health, the New York and New Jersey Public Health Training Center, SUNY and Columbia Schools of Public Health, and all accredited schools and programs in New York state. This group has completed a survey of each school's requirements for student practica and the available and potential opportunities for practica in local and state governmental public health. This collaborative relationship is blossoming into a win-win situation, in which academic institutions and students will have expanded practica opportunities, and governmental public health will be in a position to become better known as a career path for public health students. As in Arizona, Missouri, Minnesota, and Montana, New York Turning Point is working closely with academia to promote a stronger future public health workforce to meet tomorrow's public health challenges.

Marleyse Borchard is manager of public relations and communications in the Turning Point National Program Office.

Analyzing Turning Point's Contribution to System Change

Stephen B. Fawcett and Jerry Schultz

Turning Point aims to improve the public's health through an investment in strengthening and transforming public health infrastructure. But to document its successes, Turning Point needed to answer a few key questions: What will "success" look like? How will we know it? How can we make sense of this effort?

Turning Point collaborated with the Work Group for Community Health and Development at the University of Kansas to develop a way to begin to answer these questions. Using the KU Work Group's online documentation and support system (based on the Community Tool Box at http://ctb.ku.edu/), we built a Public Health Improvement Workstation to make the work of documenting systems change easier and more rewarding. The documentation effort involved three core tasks.

Providing training and support for those documenting system changes in the participating state health departments. The online listing, a database of unfolding system changes, made it easier to report and review accomplishments at multiple levels (national, state, and community). The transparency of the reports—each state could see the system changes reported by other states—made it possible for change agents in different states to see others' innovations.

Structuring the analysis of the contribution of system change. The online system also allowed for real-time analyses and graphs that addressed two core questions:

1. Is Turning Point serving as a catalyst for system change? We reviewed time series graphs of the cumulative number of system changes over months and years for the overall initiative and for selected states. NPO staff and state partners paid particular attention to discontinuities (accelerations or decelerations) in the rate of change. When critical events were associated with discontinuities, such as strategic planning associated with increased system change, the online system helped detect factors that contributed to success.

2. How are the system changes contributing to public health improvement? To examine this critical question, each documenter indicated the primary ways in which a system change contributed to the effort. For instance, a pie chart might show the distribution of system changes among the ten essential public health services (for example, the proportion of the changes addressing "monitor health status to identify community health problems").

Using the information to communicate accomplishments. Turning Point and its state partners used the data from the online system to present the accomplishments of the initiative and to analyze its contributions.

Turning Point's work offers a model for how to document and analyze system change efforts. For instance, we applied that model in two subsequent efforts in Kansas: planning for system changes related to improving child outcomes, and a Kansas Department of Health and Environment effort to plan system changes for primary prevention of diabetes. Turning Point has demonstrated that geographically distant public health departments can join in facilitating and documenting changes in the public health infrastructure. System change facilitated over time and across situations—is there a clearer definition of the capacity of the public health system for transformation?

Stephen B. Fawcett, PhD and Jerry Schultz, PhD, are with the Work Group for Community Health and Development at the University of Kansas. Find more information at http://ctb.ku.edu/wg/.

Site Visit

State Health Facts Online

www.statehealthfacts.kff.org

The Henry J. Kaiser Family Foundation's State Health Facts Online is a free resource that provides quick access to health topics totaling nearly 400 indicators covering state and national data on health, heath care, and health policy. Updated state data include smoking, obesity, and death rates for cancer, stroke, diabetes, heart disease, and firearms, based on information from the Centers for Disease Control and Prevention. Data are broken down by gender and race/ethnicity for each topic. The site now includes the latest available data on prescription drug use and spending for all 50 states. The new 2003 data include the number of retail prescriptions filled per capita, average price, and total spending on retail prescriptions for each state. Data can be accessed in easy-to-use ranked tables and color-coded maps.

Public Health Practice and Academia

CDC has funded a network of national Academic Centers for Public Health Preparedness. These centers are focused on building the capacity of public health and health care professionals to prepare for and respond to terrorism and other emerging public health threats through education and training.

The centers were established to train the public health workforce to respond to threats to our nation's health from bioterrorism, infectious disease outbreaks such as SARS, and other health emergencies. They meet this objective by developing training materials including courses, fact sheets, and other resources. Training is delivered either on-site or through distance learning and is competency based. Three types of centers exist, each with a different role.

Academic Centers for Public Health Preparedness (21) are based in schools of public health. They provide training for areas in which they are located and support national training by producing distance-learning materials. **Specialty Centers for Public Health Preparedness** (13) focus on specific areas such as public health law, zoonotic disease, research, or mental health. **Advanced Practice Centers for Public Health Preparedness** (5) focus on operational readiness, communications and information technology, and training applications. The CDC Web site provides profiles of these Academic Centers at www.phppo.cdc.gov/owpp/cphpAcademic.asp.

Dates to Note

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

March 1-3, 2005. The 19th National Conference on Chronic Disease Prevention and Control; Health Disparities: Progress, Challenges and Opportunities. Atlanta, GA (www.cdc.gov/nccdphp/conference)

June 13-15, 2005. The Public's Health and the Law in the 21st Century: Fourth Annual Conference on Public Health Law. Atlanta, GA (Contact: Tonya Roberts 770-488-2886)

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

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