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Transformations in public health

In This Issue

Turning Point Shares the Public Health Message

Betty Bekemeier

The past year has had its share of challenges and opportunities in public health. Leaders across the country have had to respond quickly and publicly to overwhelming public health threats, from West Nile Virus and SARS to bioterrorism. With these challenges, however, have come valuable opportunities. In particular, the visibility of these public health crises has opened the door for communicating public health issues to the general public and to our national policy makers.

Convening a summit

As the need and opportunity grew for educating policy makers and the public about the importance of a strong, effective public health system, the Turning Point Initiative and The Robert Wood Johnson Foundation (RWJF) decided to take Turning Point success stories to Congress along with a unified message about the importance of public health. The mission was to educate state senators, representatives, and congressional staffers about public health accomplishments in their states and give them a public health perspective on current and upcoming challenges. From this idea, "Connecting with Policy Makers: The Turning Point Public Health Summit" was born. From May 6 to 8, 2003, representatives of Turning Point partnerships met in Washington, DC, to carry the public health message to the Capitol.

Incorporating the national public health message

In addition to RWJF, Turning Point's national partners—American Public Health Association (APHA), National Association of County and City Health Officials (NACCHO), Association of State and Territorial Health Officials (ASTHO), and Public Health Foundation (PHF)— participated in planning for the visits to "the Hill." On the first day of the Summit, the executive directors of these organizations (Ron Bialek of

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From the Turning Point National Program Office

Partnering with Policy Makers

Bobbie Berkowitz, Director

From the beginning of Turning Point, we have carefully considered the roles that health policy and politics play in public health infrastructure improvement, since the public health core functions and essential services are primarily, although not exclusively, carried out through government organizations such as local and state public health agencies.

Public health leaders view the roles, functions, and programs of public health as much broader than a set of activities such as administering immunizations, inspecting septic tanks, and maintaining vital records. However, public policy initiatives and legislative mandates may narrow the scope of public health programs because of limited knowledge of the breadth of public health. Therefore, we have paid particular attention to the influence of local and state policy makers on the ultimate success of public health strategies for improving health. For example, the way states are spending their tobacco settlement dollars has been of great interest to us, and we have closely followed the effect of state preparedness dollars on local and state public health infrastructure.

In May, at our Public Health Summit in Washington, DC, we turned our attention to national policy makers and to creating opportunities for Turning Point states to partner with their respective congressional delegations. The purpose of these partnerships was to draw policy makers' attention to the expert public health resource that they could tap when developing new public health initiatives.

What kind of responses did we get on Capitol Hill? The news is good! We were given a very positive reception, as Turning Point representatives from 23 states made the rounds to their elected policy makers. The discussions centered on how Turning Point's outcomes have contributed to improvements in state public health information technology, eliminating health disparities, workforce training, local health capacity development, social marketing strategies to influence behavior change, and new structures for delivering public health services.

Each Turning Point team had carefully prepared a particular request (the "ask") for each of their congressional delegates. Many of the requests focused on how the policy maker could personally engage with public health and its partners in health care, education, business, and religious organizations by attending roundtables, establishing important linkages, speaking at conferences, and supporting local initiatives. For some of the Turning Point teams these visits renewed long-term contacts; for others it was their first visit to the Hill.

Perhaps as important as the contacts that were made was the learning derived from interaction with experts from The Robert Wood Johnson Foundation communications team, Connect, and Radiant Communications during a series of workshops on connecting with policy makers. At the end of the day, the Turning Point teams were more equipped to enter into dialogue with policy makers about critical issues facing public health and how to establish that all-important request for help from elected officials.

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PHF, Georges Benjamin of APHA, George Hardy of ASTHO, and Patrick Libbey of NACCHO) participated in a panel on the key issues under debate in the House and Senate. These public health leaders and their staff use current hot topics to frame the public health policy issues they pursue on the Hill. Although Turning Point representatives were not pursuing specific policy changes, the panel advised the representatives on how to use the hot issues of the day to make similar connections with their policy makers.

The panel of executive directors was a rare opportunity for both the Turning Point representatives and the executive directors. Turning Point representatives got to hear the organizational leaders discuss the key public health messages and strategies they shared in common. At the same time, the executive directors were able to give direction to public health leaders who were about to make individual visits with dozens of senate and representative staffers to talk about public health system improvement.

The panel members asked us to engage our congressional delegations as champions for public health through what they viewed as the four current priorities of senators and representatives: security, the economy, health, and re-election.

Security

The panelists emphasized that messages related to improving public health systems should be framed in terms of how a strong public health system provides security against the large-scale spread of infectious diseases and reduces the negative consequences of public health emergencies. Funding earmarked for public health preparedness, the panelists agreed, should have a "dual use" role. A well-prepared public health system that is ready to respond to *any* public health emergency requires an adequate public health infrastructure, which must now be rebuilt after decades of inattention. Rebuilding a system capable of providing adequate security means taking an "all hazards" approach, rather than focusing narrowly on bioterrorism.

The panelists also identified a trained and competent public health workforce as a particularly critical example of the dual use to which bioterrorism funds should apply. A public health system ready to respond to a bioterrorist event must also be able to train new leaders, recruit professionals, and support the staff that tracks disease and population health issues and communicates with the public.

The participants asked how the current national environment presents opportunities for Congress to understand the contributions public health makes to improving the health of the public. The panelists encouraged Turning Point representatives to make the link for congressional staffers between security and its relationship to strong, responsive public health systems.

The economy

The panelists also encouraged Turning Point representatives to present their public health system change efforts in the context of the economic advantage. They used SARS as an example of a recent event that displayed how a newly bolstered disease-tracking system kept the U.S. from suffering severe economic consequences. At the same time, the tracking system, as well as other systems that track emerging health issues, require an investment in people—a plentiful and well-trained workforce. Economic issues related to improving public health systems could also be framed, panelists said, in the context of expanding health care coverage. Since half of all personal bankruptcies are related to health care costs, the economy is dependent on having a system of broader health coverage and accessibility to preventive services.

A well-prepared public health system that is ready to respond to *any* public health emergency requires an adequate public health infrastructure, which must now be rebuilt after decades of inattention.

In response to questions on a consistent message about public health funding, the panelists encouraged the participants to express gratitude to their congressional delegations for money that public health systems have received for preparedness efforts, and to emphasize the need for sustained investments of flexible funding in the future.

Panelists Georges Benjamin of APHA, Patrick Libbey of NACCHO, Ron Bialek of PHF, and George Hardy of ASTHO, with moderator Bobbie Berkowitz, director of Turning Point.

Health

Preparedness, obesity, and SARS are among the health issues the panelists saw as current threats on the minds of congressional delegates. Connecting these concerns with the messages and requests Turning Point representatives had about public health system development in their state was more likely to resonate with their delegates.

Re-election

Panelists reminded the representatives that re-election is a priority for every congressional delegate. "Remember to describe how what you do can serve *them* well. We can give them successes that *they* can take credit for," urged the panelists.

Helpful hints

The panel ended with some helpful hints for making visits to delegates:

- Do not whine—focus on the positive. Educate policy makers about what committed public health workers have done and what still needs to be done.
- Recognize that some language previously not understood by policy makers is now, in the aftermath of September 11 and the anthrax scare, more broadly understood. The term *prevention*, for example, is better understood now that policy makers have put it in the context of *protection*.
- Never make up information—get back to policy makers with requested details.
- Follow up by e-mail or phone, and check back at least every six months.

Late that morning and the next day, Turning Point representatives visited the offices of 85 senators and representatives. As a result of the panel and the many months of preparation and planning, participants were able to maximize the benefits of their audiences with national policy makers, reinforce the communications of our national public health organizations, and develop new relationships around public health system improvement.

Betty Bekemeier is deputy director of the Turning Point National Program Office.

Turning Point at the APHA Meeting

We are bringing Turning Point's innovations to APHA, Nov. 15-19, 2003.

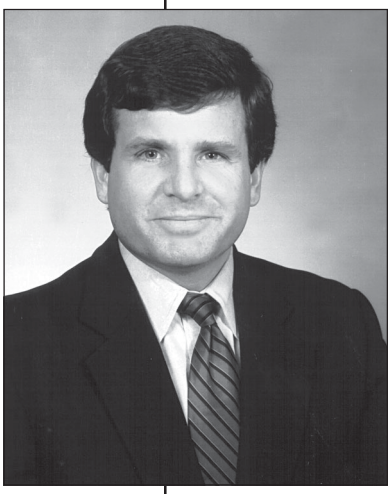
Many sessions are related to Turning Point's state and community work as well as to the Collaborative products. See a complete list of sessions with times on our Web site at www.turningpointprogram.org.

Yes, the rumor is true. We will have an exhibit! **Find us in Booth 1267,** right beside the Cyber Café. We'll be able to show you the Turning Point products and talk with you about how they can be used in your state or community.

Also visit the Public Health Statute Modernization Collaborative's booth, #1473.

Turning Point Member Profile

Christopher S. Bailey



Cutting to the chase and provoking critical discussion are capacities that Chris Bailey has brought to his work with the Virginia Turning Point Initiative and the Virginia Center for Healthy Communities—the not-for-profit organization created to sustain Turning Point in Virginia—as well as the Turning Point Leadership Development National Excellence Collaborative.

Chris is a senior vice president at the Virginia Hospital and Healthcare Association (VHHA), with overall responsibility for financial policy issues, health data programs, the association's strategic planning efforts, and internal financial affairs. "Chris wears many hats for us, but primary among them is serving as our chief policy wonk," said Larry Sartoris, president of VHHA. "He has a tremendous capacity to really plumb the depths of an issue and allow people time to reflect and respond."

Chris also serves as executive vice president of MultiSource, which develops, offers, and manages an array of products, services, and solutions that are either state-specific or not currently being met by members' existing alliances.

In Virginia, Turning Point was based on a partnership between public health and health care. Chris has more than fulfilled his role as a health care representative. He is quick to point out that addressing the public's health must be a function of the entire community, not just governmental public health or publicly funded health care. With that in mind, the Virginia Center for Healthy Communities works to develop new partnerships involving business, public health, health care, and others to improve the health of employees and their families.

Chris has been an integral part of the Virginia Turning Point Initiative. He participated in the development of the original Letter of Intent, the application, and the initial site visit by the National Advisory Committee. Currently he serves as the co-liaison for the Virginia Turning Point Initiative and is a critical actor along with his counterpart Jeff Lake, of the Virginia Department of Health. Over the course of the Turning Point implementation phase, Chris has helped to keep everyone focused on the goal of strengthening and transforming public health.

As a member of the Leadership Development Collaborative, he constantly challenges the Collaborative to identify how products and services can reach those working on health improvement at the community level, particularly outside of governmental public health agencies.

Prior to joining the Virginia Hospital and Healthcare Association, Chris served 10 years with the Illinois Hospital Association where he developed a health policy reform proposal. He holds a BS and an MA in Health Services Administration from the University of Michigan. His academic honors include the Hospital Administration Alumni Association's Walter J. McNerney Thesis Award.

Chris, his wife Sandee, and daughter Caitlin are adventurers at heart and enjoy pushing the envelope during their vacations. Whether surfing, whitewater rafting, sailing, or competing on the tennis court, Chris approaches life with gusto, much as he tackles his Turning Point involvement. Virginia has benefited from his commitment.

To nominate Turning Point members to be profiled, e-mail borchard@u.washington.edu.

Turning Point Asks … and Policy Makers Answer

Marleyse Borchard

May 6, 2003, found Turning Point partners converging on our nation's capital for the "Turning Point Public Health Summit." This was not a typical Turning Point grantee meeting, but rather an event comprising communications training and then individual meetings between state partnership representatives and their congressional delegates' offices. The goal was to share with policy makers knowledge of public health, stories of the Turning Point Initiative, and the continued interest in improving public health. Although the states emphasized different accomplishments, the common thread was the hope that through developing a relationship with policy makers they can work together to achieve improved public health in the future.

Turning Point was developed with the ambitious aim of transforming the public health system. To a person outside of public health, Turning Point's original goal might have seemed innocent enough: create partnerships to develop a public health improvement plan (PHIP) in each Turning Point state. However, those familiar with public health know all too well what the Institute of Medicine meant when it proclaimed that the U.S. public health system is in disarray. Public health professionals have an uphill battle in creating positive change in an environment centered around block grants, issue-based funding, top-down planning models, and insulated agencies where work is done, more often that not, in a reactive mode.

Communicating system change

After years of work, Turning Point states are reaping the rewards of their efforts to develop broad-based coalitions to assess public health issues, set priorities, and develop plans for long-term system change. Communicating the accomplishments to the public health community is achievable. Communicating the accomplishments to those outside public health can prove far more difficult. Just as many do not see the significance of the shift to collaborative planning, many will not recognize the significance of infrastructure changes for health outcomes in the future.

Strategic communication about public health is challenging in part because our greatest achievements do not translate easily into sound bites or exciting headlines. Of all the audiences we need to reach, perhaps none offers as many opportunities for powerful and lasting change as do our policy makers. Just as system change makes a larger ripple in the pond than do individual issue-based interventions, positive changes in the policy realm offer to improve public health outcomes for a larger number of people over a longer period. But how do we best communicate with policy makers to tell them about Turning Point in their state and get them involved in public health solutions?

Enter the Connect Project. Headed by The Robert Wood Johnson Foundation (RWJF) communications officer, Ann Christiano, Connect is an initiative devoted to bringing RWJF's programs and their accomplishments to the attention of the nation's policy makers. RWJF's unique role in U.S. health and health care is giving people and communities the opportunity to do business in health and health care differently.

Inherent in RWJF's involvement is the expectation that if a program is successful in achieving positive results, its efforts will be sustained by other organizations, or institutionalized in government itself.

Well-designed requests delivered in person

The Connect Project helped Turning Point partners prepare to meet with 85 policy makers in order to share the important public health work happening in their states and to deliver requests designed to create a relationship between the Turning Point partnership and the policy makers. The details of each state's request varied, but they shared common themes:

- Serve on a Turning Point steering committee or a subcommittee
- Use Turning Point's help in the development of the policy maker as a visible public health champion
- Improve awareness of public health issues and solutions
- Speak at a Turning Point function or host a meeting
- Visit a community to learn more about Turning Point and public health issues in the state
- Provide assistance with implementing a particular system change or program goal
- Help increase Turning Point partnership connections to the business community
- Assist in sustaining the work of Turning Point through, for example, the development of a public health institute or support of a grant proposal
- Suggest a board member for the state Turning Point board
- Suggest a Turning Point partnership member for one of the policy maker's advisory councils or committees

Sylvia Pirani of New York and Debra Burns of Minnesota talk public health at a reception on the Hill hosted by Senator Gordon Smith (R-OR). On the right are Sally Patterson, president of Radiant Communications, Inc., and Dr. J. Michael McGinnis, senior vice president and director of the health group at RWJF.

Answers, follow-up, and developments

Meetings with policy makers and their staffs led to many positive outcomes as well as some unexpected opportunities.

Jeff Wilson and Chris Bailey, working on behalf of the Virginia Center for Healthy Communities, met with great success in their discussions with Congressman Randy Forbes's (R-VA) staff. After follow-up by phone and mail, their persistence paid off, and Forbes will host the Hampton Roads Business Roundtable on Health, which is being scheduled for late October. "The roundtable provides business leaders with an opportunity to talk about health issues that affect their bottom line. This event engages businesses as well as the health care sector in finding solutions to problems such as keeping business costs for health care down while improving population health and preserving or increasing quality for the employee," explains Jeff Wilson. Forbes's involvement has helped secure sponsorship for the event, which is being underwritten by Pfizer, Inc., and includes the Hampton Roads Chamber of Commerce, Hampton Roads Health Coalition, and Sentara Health System.

Donna Tighe and Yvonne Goldsberry of New Hampshire designed their request to create an ongoing relationship with the policy makers' offices. Staff from Senator Judd

Gregg's (R-NH) office accepted Tighe and Goldsberry's invitation to come to New Hampshire and visit with representatives from the New Hampshire Public Health Network. Katy French, the senator's health legislative assistant, has since spent time in New Hampshire discussing ways that public health infrastructure development can continue. "The meeting has led to further requests and a continued relationship," says Donna Tighe. "We are currently working out plans to create a public service announcement featuring the senator and shedding light on the benefits of a strong public health infrastructure and the work of the New Hampshire Public Health Network."

According to Grant Higginson, Oregon State health officer, the main goal of building a relationship with Representative Greg Walden (R-OR) is to "help Representative Walden become as committed to public health in rural and frontier areas of the state as he is to rural access to health care." To this end, Jean Cowan and Higginson invited Walden to meet with local health department representatives and county commissioners from eight rural counties to explore ideas for pooling resources and addressing issues and responses to health problems regionally. Staff enthusiastically agreed to the meeting, which is currently being scheduled.

Alaska participants Deb Erickson and Patricia Nault met with staff from the offices of Senators Lisa Murkowski (R-AK) and Ted Stevens (R-AK) to establish ongoing relationships with the senators. Through the connection developed with the senators' offices, Alaska Turning Point participated in designing Secretary of Health Tommy Thompson's tour of Alaska by suggesting facilities and projects for him to see.

Health Summit participants refine their messages in preparation for their congressional visits.

Sometimes the granting of a request spun off into several different achievements. Montana partners Jane Smilie and Stephanie Nelson met with Senator Conrad Burns's (R-MT) staff and requested that he attend and speak at the Summer Public Health Training Institute, held in June 2003 in Montana. They knew that the senator supported distance-learning technology, and given his schedule, they proposed that he appear via video downlink. Melanie Reynolds, Montana Turning Point director, said, "The senator's participation was not only a positive addition to the Institute but also increased publicity for the event. We had a fantastic newspaper story as well as an article in University of Washington School of Public Health journal *Northwest Public Health* (Fall/Winter 2003). Our experiences with the senator and his staff have been positive, and our relationship with the senator's office has been strengthened."

Continuing to work together in the future

Meetings with policy makers are not the end of the process, but the beginning. As Turning Point partners know, pursuing sustainability, institutionalizing system changes, developing public health champions, and increasing awareness of the importance of public health does not take place in one meeting. The policy summit provided extremely important exposure to an audience that can make a tremendous difference in public health outcomes. Continued attention to building relationships with policy makers will undoubtedly lend itself to future successes.

Marleyse Borchard is program manager at the Turning Point National Program Office.

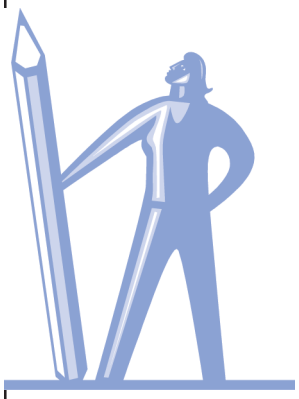
TP Collaboratives Test Their Stuff

Turning Point National Excellence Collaboratives continue to create products for use in public health circles. Currently, as part of a concerted effort to ensure maximum usability, the Collaboratives are engaged in pilot testing their products.

The **Performance Management National Excellence Collaborative** (**PMC**) selected two states, New York and Oklahoma, to serve as pilot sites to implement the four-part performance management model developed by the PMC. The two sites will share what they learned about implementation barriers, successes, tools, and overall effect of the model implementation in their states. The PMC plans to integrate the early experiences of the pilot sites into the Performance Management Implementation Tool Kit, currently under development, and develop case studies of the pilot sites' experiences.

During summer 2003, the **Leadership Development National Excellence Collaborative** (**LDC**) has been testing six collaborative leadership modules, the core curriculum, and the collaborative leadership self-assessment tool, using the National Association of Local Boards of Health, Interfaith Health Program, Illinois Public Health Futures Institute, Vision for Children at Risk, Institute for Economic and Community Development, and the Northeast Regional Public Health Leadership Institute as pilot sites. About 150 individuals will provide feedback on the design of the curriculum and the self-assessment tool. The LDC expects to launch the curriculum modules and self-assessment tool in November at the 2003 APHA meeting in San Francisco, California.

The Web site of the **Information Technology National Excellence Collaborative** (ITC) currently displays a prototype of its product, the Public Health Information Systems Catalogue. The ITC will launch comprehensive pilot tests of the Catalogue at 15 sites in October 2003 and plans a national launch of the Catalogue in spring 2004. The ITC's marketing subcommittee is pursuing opportunities with its partner, the Public Health Informatics Institute, to present the Catalogue and related technology inventories at conferences.



In September 2003, the **Public Health Statute Modernization National Excellence Collaborative** (**PHSMC**) will begin pilot testing a process for using the Model Act as a tool to review existing laws and to provide a model for policy makers and public health officials. Since the PHSMC began tracking the use of the Model Act in April 2003, legislation containing several articles from the Act was introduced in North Carolina, and a resolution was introduced in the Hawaii legislature recommending that the state consider using the Act as a tool to update its public health law. The PHSMC has contracted a communications firm to develop and carry out a release strategy for the Model State Public Health Act to increase the potential for the Act to be widely known and used across the country.

The **Social Marketing National Excellence Collaborative** (**SMC**) has selected two projects to pilot *CDCynergy-SOC,* the Collaborative's flagship product: one to promote adoption of public health careers in Minnesota and the other focused on promotion of effective diabetes management in Virginia. The SMC is also contracting to develop a train-the-trainer curriculum for *CDCynergy-SOC* and plans to hold three multi-day train-the- trainer events at strategic locations and public health conferences. The SMC also plans to distribute its other products at the USF Social Marketing Conference and the annual conferences of SOPHE, NACCHO/ASTHO, and APHA.

Policy Corner

Public health issues draw contradictory viewpoints and heated debate, sometimes between colleagues and partners who are nevertheless committed to working toward common goals. 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

What role should public health play in pursuing policy initiatives to reduce childhood obesity? (The debate about soda vending machines in schools as one example of such policy initiatives.)

Responses

Many teens are drowning in soda pop. It's become their main beverage, providing many with 15-25% of their calories and squeezing out more nutritious foods and beverages from their diets. It's time that parents limited their children's soft-drink consumption and demanded that local schools get rid of their soft-drink vending machines, just as they have banished smoking. The industry promises that it will be doing everything possible to persuade even more Americans to drink even more soda pop even more often. Parents and health officials need to recognize soft drinks for what they are—liquid candy—and do everything possible to return those beverages to their former, reasonable role as an occasional treat. Organizations concerned about women's and children's health, dental and bone health, and heart disease should collaborate on campaigns to reduce soft-drink consumption. Local, state, and federal governments should be as aggressive in providing water fountains in public buildings and spaces as the industry is in placing vending machines everywhere. State and local governments should consider taxing soft drinks, as Arkansas, Tennessee, Washington, and West Virginia already do. Arkansas raised $40 million in fiscal year 1998 from that tax. If all states taxed soft drinks at Arkansas's rate ($.02 per 12 oz. can), they could raise $3 billion annually. Those revenues could fund campaigns to improve diets, build exercise facilities (bike paths, swimming pools, etc.) and support physical-education programs in schools. School systems and other organizations catering to children should stop selling soft drinks, candy, and similar foods in hallways, shops and cafeterias.

Michael F. Jacobson, PhD
Executive Director, Center for Science in the Public Interest

Policy makers who are seeking restrictions on the sale of soft drinks are ignoring the single most important action that could make a real difference—they could demand that their schools implement the surgeon general's recommendation that every school-aged child in grades K-12 receive at least 60 minutes of physical activity every day. Virtually no school system in the country meets this most basic step. Any public policy that does not address increased physical activity will fail in its efforts to reverse rising obesity rates. It's about the couch not the can. It is impossible to pick a "poster child" for the obesity problem as they have attempted to do.

Sean McBride
Director of Communications, National Soft Drink Association

What is your response to today's Policy Statement?
Register your thoughts on this important 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 2003 issue.

Policy Statement: *What strategies do you suggest for dedicated, stable funding of state and local public health infrastructure?*

The strategy needs to start with making public health consistently visible to the public. Public health competes in the budget arena with every other basic government service. In remarks at a meeting this summer, George Hardy, executive director of the Association of State and Territorial Health Officials, cited survey results indicating that 82% of adults do not believe they have benefited from public health. As coordinator of the Turning Point Public Health Statute Modernization national Excellence Collaborative for the past year and half, I've had countless opportunities to talk about public health with people all over the country who are not part of the public health system. It's rare to find an adult who knows what public health does that is of value for all citizens and why it's important to have an effective public health system.

Patricia Nault, Health Program Manager, Alaska Division of Public Health
Coordinator, Turning Point Public Health Statute Modernization National Excellence Collaborative

This decade, more than two million people in this country will die because our nation has neglected our public health infrastructure. Our nation's public health requires an immediate infusion of $10 billion to build the infrastructure we need. Our most pressing infrastructure need is for an additional 30,000 public health workers. This expanded workforce is essential to improve the public's health and to be prepared to respond to bioterrorist threats. Are these little-known public health facts or fiction? Based on news articles, testimony from public health leaders, budget analyses, and other literature, you can conclude that these are facts based on the best available information. To build and sustain the infrastructure this nation needs and deserves, we must become more comfortable with making our case, even when we lack the precise evidence we would like to have. We must agree on consistent numbers to use and the story to tell.

Ron Bialek, Executive Director
Public Health Foundation

Nebraska has been successful in obtaining dedicated state funds for developing local public health infrastructure. Using tobacco settlement funds, 16 new multi-county health departments were established and now cover all but one county in the state. We learned several lessons from this experience. First, it was critical for the public health community and its key partners to identify the highest priority infrastructure needs. Second, it was important to communicate these needs in a written report (the Turning Point Public Health Improvement Plan) to policy makers and the general public. The plan gave us credibility. Finally, during the development of legislation and the legislative process, it was important to identify the benefits of building or expanding public health capacity at the local level; to make a strong commitment to collaborate with providers and nonprofit organizations, as well as schools and faith communities; and to explain how public health agencies will be accountable for the funds spent.

David Palm, Administrator and Turning Point Coordinator
Nebraska Department of Health, Office of Public Health

Turning Meetings into Effective Relationships

Ann Christiano

The Turning Point partnership meetings with policy makers in May, during the Public Health Summit, were tremendously productive. Many partners established themselves as resources to legislative members and their staffs, identified productive new ways to work with them, and gained their delegations' support on issues important to states and communities.

Along the way the partners learned about how to start relationships with policy makers and how to continue building those relationships to best achieve their goals. Here are some of the key points they learned:

- Whenever possible, provide information to policy makers and staff through quantifiable data, especially as related to outcomes. Data can help illustrate the importance of a program strategy in addressing public health issues.
- Use stories to grab attention and bring the importance of system change and infrastructure improvement to an understandable level.
- If requesting that policy makers attend a meeting, give them an important role.
- Connect your request to the policy makers' interests and make that connection clear.
- Consider the likelihood of your request being approved. Is there a way to structure it to make the request easier for the staff to achieve (such as using technology for an appearance at a meeting)?
- Approach requests creatively and be prepared to shift gears if an unexpected offer arises. Look for creative ways to use opportunities presented to further the goals of your program. Use the concepts discussed in Melissa Shepherd's article (*see p. 13*) on keeping to the message to incorporate your aims into what is being offered by the policy maker's office.
- After meeting with a staffer or policy maker, follow up! Send an e-mail reminding them of your work and what you asked of them. Outline the next steps, including those you've already taken.
- If staffs plan to visit your area in the near future, invite them to meet with you and some carefully chosen colleagues.
- Contact your members' district office. If you haven't already met with them, arrange a time to visit with them in their office or invite them to visit you. Often, staff from the district offices will have direct responsibility for working with constituents and can work with you to achieve your follow-up steps.
- Send them a story from your local newspaper about an issue you discussed. This will help you establish yourself as a resource and demonstrate that an issue you raised during your meeting is of ongoing concern to your community.
- Remember that a request rarely is granted without follow-up contact by a state partnership member.

Turning Point has long been based on the idea of building partnerships over time through understanding how we can work together to improve the public's health. Working with policy makers incorporates the same skills of providing information, listening for opportunities, and faithfully continuing efforts to promote dialogue and action.

Ann Christiano is communications officer for The Robert Wood Johnson Foundation.

Developing and Delivering Effective Messages

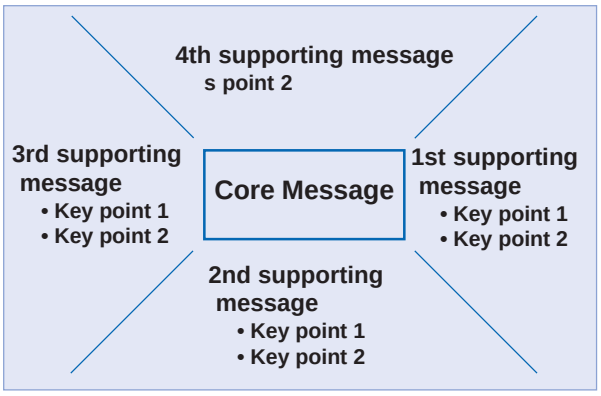
Melissa Shepherd

Most of us in public health would not think of giving a speech at a conference, leading a workshop, or even briefing our bosses without proper preparation. We focus on the content of our presentation, the visual aspect, and the delivery. This focus is critical to ensuring that our messages are well received.

Oftentimes, however, we don't give the same level of concentration and attention to preparing for media interviews, which is surprising to me as a communications professional because of what is at stake when we deal with the media. The same is sometimes true of our preparation for meetings with constituency groups or elected officials. Perhaps we don't adequately prepare because in some ways we think of these interviews and meetings as conversations rather than presentations.

Wrong. If you go into these situations thinking that you can just improvise responses to questions, the chances are pretty good that you will be disappointed with the outcome. You need a game plan for successful communication. And it needs to be strategic.

One method that I have used for years to help scientists and public health officials organize their thoughts and direct their media or meeting presentations is called a *message box*. I didn't invent the concept of the message box. I was initially introduced to the concept about a decade ago by Michael Sheehan, a brilliant media consultant in Washington, DC. Since then I have used it or seen it used effectively hundreds of times for a broad array of public health issues.



The message box itself is simple. It should fit on a single sheet of paper that can easily be referred to during your presentation. At the center of the box is your core message. To the right of the core message is your first supporting message, under the core message is your second supporting message, to the left of the core message is your third supporting message, and on top of the core message is your fourth and final supporting message.

Organizing your messages this way ensures that you limit your presentation to five messages, one core and four supporting. You could include additional talking point under each of the core or supporting messages, but limit them to just a few key points.

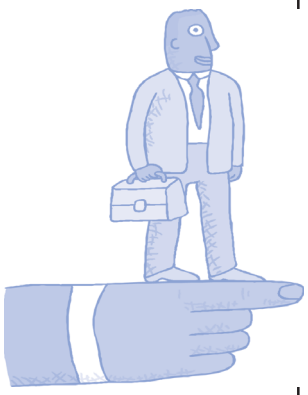
A simple rule of thumb is that if a potential response is not on this sheet of paper, you should not dwell on it. Ideally, you want to answer each question directly with your core or supporting messages. If that is not possible, simply answer the question and then bridge back to your core message. Bridge statements include such sentence openers as: "However, the real issue here is…", "And as I said before, …", and "This is an important point because…" (For more bridge statements, see "The 33 Most Frequently Used Bridging Statements Employed by Communication Professionals in Media Interviews," Vincent T. Covello. www.state.in.us/isdh/bioterrorism/bridging_statements.htm.)

With practice, you'll find that you are in total control of a presentation while still being responsive to the interviewer or meeting participants.

Melissa Shepherd is senior health communication specialist at the Emory University Rollins School of Public Health.

Training New Health Officials Pays

Christopher G. Atchison



In each of the 50 states and 7 territories, chief state health officials (SHO) carry out vital responsibilities ranging from bioterrorism preparedness to ensuring access to health services. They oversee budgets amounting to more than $68 billion. Yet these positions of leadership are in constant flux; in the last five years, leadership change has occurred in 46 of these jurisdictions. Some estimates put the average tenure of an SHO at approximately two years.

This interface of vital responsibility with the reality of high turnover led The Robert Wood Johnson Foundation, in partnership with the National Governors Association and the Association of State and Territorial Health Officials (ASTHO), to establish the State Health Leadership Initiative (SHLI). Created in 1998, the SHLI helps new SHOs get up to speed as rapidly as possible. Enrollment in the State Health Leadership Initiative is limited to individuals identified by a governor as the chief state health official.

SHLI provides a range of services to help new SHOs meet the professional, political, and personal challenges they face in public office. Examples of these services include a week-long program at the Kennedy School of Government and a state health agency networking meeting with their SHO colleagues and others with whom they will deal in their official capacities. The meeting includes discussions with experts in health policy from both the legislative and executive branch perspectives.

In addition, new SHOs are offered the services of an experienced current or former state health official as a confidential advisor/mentor and funding for personalized training or services to help them meet specific challenges in their state. Through this kind of support during their first year in office, the new SHOs are better able to understand the multidimensional challenges they face, anticipate issues, and maximize their leadership opportunities.

Participants in the SHLI believe strongly that the program has helped them succeed during their time in office. The current president of ASTHO, Washington State's Mary Selecky, often describes how the SHLI helped her transition from local to state leadership. She cites the powerful collegiality she developed with the 12 SHOs who assumed office at the time she did, expressing "awe at the depth of feeling" these colleagues have for each other, which helps them promote greater collaboration and continuity across the nation.

Turnover among the SHOs will undoubtedly continue to be an aspect of health policy development and implementation. But an investment in leadership training such as that offered by the SHLI is not wasted. Those who serve as SHOs today will continue to provide leadership even after their tenure ends, applying their experience through leadership positions in state and national government as well as in the academic and private sectors.

For more information about the program, contact Michael Fierro at the SHLI national program office, housed at the National Governor's Association (mfierro@nga.org).

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In Print

Brochure Offers Advice on Community-Based Participatory Research

The Agency for Healthcare Research and Quality (AHRQ) has a new brochure offering advice to community leaders and health care researchers interested in community-based participatory research (CBPR). Although CBPR in disadvantaged communities has been used successfully in social science research, it is under-used in health care. The brochure's suggestions, which resulted from a conference supported by AHRQ, include having researchers involve influential community-based organizations and other grassroots groups in the design and conduct of their studies, as well as in the grant-making process, and urging community leaders to serve on institutional review boards.

For a free copy of *Creating Partnerships, Improving Health: The Role of Community-Based Participatory Research*, call 1-800-358-9295 or e-mail ahrqpubs@ahrq.gov.

RWJF Update

John R. Lumpkin to Join RWJF as Senior Vice President for Health Care

John R. Lumpkin, MD, MPH, has been named the new senior vice president and director of the Health Care group of The Robert Wood Johnson Foundation. Prior to taking on this role at the Foundation, Dr. Lumpkin served since 1991 as director of the Illinois Department of Public Health. As Illinois's chief health officer , Dr. Lumpkin oversaw improvements to programs dealing with women's and men's health, information and technology, emergency medicine, infectious disease prevention and control, immunizations, local health department coverage, and the state's laboratory services. He was also co-chair of the Public Health Futures Illinois (now the Illinois Public Health Futures Institute) steering committee, which serves as the home for Turning Point in Illinois.

Prior to his public health career, Dr. Lumpkin taught emergency medicine at the University of Chicago and was an emergency physician at several Chicago hospitals. Under Dr. Lumpkin's direction, the Health Care group will focus on promoting access to quality health care for the more than 41 million uninsured Americans and improving the delivery of quality health care services. His fields of responsibility will include programs to improve coverage for the uninsured, reduce racial and ethnic disparities in health care, improve care for the millions of Americans with chronic health conditions, and enhance and promote the practice of nursing.

Dates to Note

October 8-10, 2003. Turning Point State Partnership Grantee and National Excellence Collaborative Meeting. La Jolla, California (www.turningpointprogram.org).

November 15-19, 2003. American Public Health Association Annual Meeting: Behavior, Lifestyle, and Social Determinants of Health. San Francisco, California (www.apha.org).

May 11-13, 2004. Turning Point State Partnership Grantee and National Excellence Collaborative Meeting. Denver, Colorado (www.turningpointprogram.org).

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

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