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In This Issue

Public Health Partnerships: A New Hampshire Dance

Jonathan Stewart, William Kassler, and Martha McLeod

Perhaps not always with the elegance of a waltz, only occasionally resembling a mosh pit, and often not clear who is in the lead, New Hampshire has a long tradition of promoting local, state, and nongovernmental organization (NGO) partnerships to achieve shared social goals. This tradition is carried on in the New Hampshire Turning Point initiative where the partnership dance is an integral part of the approach for improving the public health infrastructure.

The dance card

A commonly expressed belief in New Hampshire is that public health improvement goals are best achieved at the local level. Local communities can identify health problems, galvanize a community response, and devise local solutions that build on available resources. Yet, in spite of their perceived importance, there is great diversity in public health functions actually carried out at the community level.

Each of New Hampshire's 234 cities and towns are statutorily required to have a health officer. Together with the local administrative body, the health officer constitutes the local health board. Differences in how this charge is carried out result in significant differences in local capacity for public health services. For example, only three New Hampshire communities maintain public health departments that engage in comprehensive public health activities. There are no county health departments. Approximately 25 percent of New Hampshire towns rely on volunteer health officers. The majority of towns employ a full-time town employee with part-time health officer duties. Often the skills for the position are defined by other duties not directly related to public health that are assigned to the employee. Consequently, the public health function performed by local government has historically been limited to responding to reported public health problems such as sanitation and substandard housing.

In many New Hampshire towns and cities, NGOs such as community health centers, hospitals, and social service organizations may fill this vacuum by providing some essential

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From the Turning Point National Program Office

Commitment to Collaboration

Bobbie Berkowitz, Director

One of the highlights of the first two years of Turning Point was the unfolding of strategic development plans in each of the states and communities. The development of these plans required collaboration among partners who may never have thought about working together before. Another hallmark of these strategic plans is that they serve as a collection of environmental and societal scans for nearly 50 percent of our country.

Strategic planning and collaboration are tough to do without a good sense of one's strengths and weaknesses and one's place in the community, society, and nation. The events of September 11, 2001, and the subsequent awakening of the country to public health infrastructure have made many of us rethink not only our place in community, society, and nation, but also our place in the global community. Many Americans experienced the sense that we may not be secure and safe within our own country. We may have imagined as never before, how it feels to be fearful of terrorism every day, as many people in our global environment are. Perhaps we have stopped to think about how important the relationships we have with one another are in times of crisis and how we can strengthen these relationships.

I have thought about all of these things during the past several months since September 11. I have also thought about the extraordinary value of an initiative like Turning Point, with its emphasis on partnerships, collaboration, and a deliberate focus on the structure and underpinnings of our society. Turning Point has brought us together to think through issues such as diversity, health disparities, income inequality, racism, and social justice. We have been leaders in articulating America's favorite new phrase, *public health infrastructure.* Turning Point is adding to the knowledge base on public health infrastructure, with progress on the public health model statute on public health preparedness, the development of public health institutes that bring together public health and the private sector, and a rigorous insistence that community-based problems must be solved through community-based strategies.

The National Program Office is forever in awe of the dedication of the Turning Point partners in their commitment to the collaborative process. With that in mind, we are seeking partners to form an editorial board for *Transformations* and to collaborate with us in continuing to capture in writing the work that is being done in the field by Turning Point partners at the local, state, and national levels. It is our hope that your good ideas will help us showcase the innovations in public health infrastructure that are the basis of Turning Point. We will formalize this request in an upcoming communication with each of our Turning Point states. Meanwhile, we all need to continue to seek ways to strengthen the partnerships we currently have and to build new partnerships. It is often the partner that we have not yet sought that may bring about the greatest change.

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public health services either under contract to the state or on their own initiative. In recent years, many of these provider and community organizations have come together to form networks and coalitions with the mission of improving the health status of the population in a defined service area.

At the state level, the Department of Health and Human Services is the lead public health agency. Other state agencies including the Department of Environmental Services, Department of Education, and Department of Safety, also play key roles in promoting and protecting the public's health. Thus, key ingredients for improving the public health infrastructure in New Hampshire include improving coordination between state agencies, formalizing the role of NGOs, and strengthening the capacity of local government to more fully partner with NGOs and the state.

The music begins

An existing state statute authorizes local governments to unite to form "district [regional] departments of health." Such a structure would enable groups of towns to pool resources for more efficient or expanded provision of public health services, but to date, no regional health departments have been created. The central activity of New Hampshire Turning Point is a community grant program for expanding the local public health infrastructure by forming such regional public health entities. The optimal model or structure for public health may vary from one community to another, depending on local needs, resources, and readiness. However, the overall goal of the initiative is to encourage development of models for local public health that integrate local government and NGO public health capacity with coordinated technical support from existing state-level public health resources and expertise.

Turning Point competitively selected four coalitions covering 37 New Hampshire towns to receive funding and technical support. One of these coalitions is the North Country Health Consortium (NCHC). NCHC is a network of 11 health and human service organizations that came together in 1997 to improve the health of rural northern New Hampshire communities. Collectively, NCHC engages in a variety of activities to promote the public's health, including participatory community health assessments, public and health professional education, development of community-based coalitions for substance abuse prevention, initiatives to assure access to care, and development of shared communication systems including distance-learning facilities. Individually, many of the organizational members also engage in additional public health services, often under contract with the State.

With funding through Turning Point, NCHC is now reaching out to the local governments of area towns to develop more explicit mechanisms for mutual support and integration of public health activities. The initial plan called for the Consortium to begin working with four towns followed by a phase-in of additional towns. However, early interest in the concept of a more formal public-NGO partnership across town boundaries exceeded this initial plan, and nine towns are now involved in the planning and development activities. Early activities included working with town officials, other community representatives, and the New Hampshire Community Health Institute to complete a community health needs assessment and public health improvement plan. The Consortium is gathering input on a concept of employing a public health professional to provide regional technical support to the town-appointed health officers. The Consortium is also now link-

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Partner: A person associated with another or others in some activity of common interest; implies a relationship in which each has equal status and a certain independence, but also implicit or formal obligations to the other or others. For example, either of two persons dancing together.

The American Heritage Dictionary, 2nd College Ed.

[continued from p. 3 —New Hampshire]

ing key town departments to its existing communications network to enable secure access by town officials to the Health Alert Network.

Beginning dance lessons

Promoting a Common Language. Prior to reviewing the opportunity presented by Turning Point, participants in the North Country Health Consortium were more likely to describe their existing population-based activities as "community health" rather than public health. Although this may seem to be a matter of semantics, Turning Point has facilitated a convergence of concepts and language such that there is increasing realization at the local level of their important role in public health. Simultaneously, there is increasing realization at the state level of the existing foundation for local public health in many communities. Each recognizes the potential benefits that can be yielded simply through improved communication and coordination of efforts.

Identifying and Developing Leadership. Expanding local public health capacity involves developing new or stronger organizational capacity for leadership. By starting the public health conversation, existing leaders in governmental and nongovernmental positions are becoming clearer in their respective roles and capabilities for protecting and promoting the public's health. New leaders are also emerging as people become more aware of the resources and opportunities to accomplish good things for their communities.

Building on existing coalitions. Three of the four local entities funded through Turning Point are already existing coalitions with established records of successful collaborative action in their communities. The fourth entity has a history of inter-municipal support of a common school district. Historical success in bringing diverse interests together to achieve a specific set of project goals has provided these entities with sufficient vision and credibility to take on the larger task of addressing broad public health functions.

New leaders are also emerging as people become more aware of the resources and opportunities to accomplish good things for their communities.

Supporting Informed Local Decision-Making. Our ability to improve the public's health depends on our ability to collect, analyze, and report information about health status of the population. An essential role of the state is to provide technical support at a level that empowers local decision-making. Community partners have made it clear that data need to be available for aggregation according to user-defined criteria to reflect the diversity of the local public health service areas.

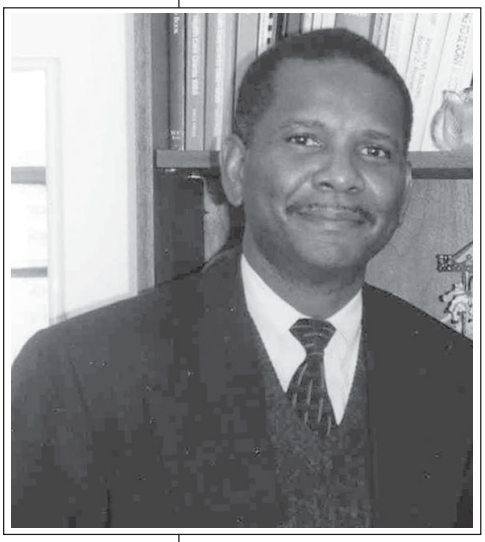
Making the Best of Opportunities. One important way that resources are being coordinated at the state level is through integration of Turning Point with the Health Alert Network. More resources are being made available to support the critical early development stage of local public health entities. The Turning Point communities are also serving as laboratories for developing vital communication relationships within the Health Alert Network. In response to September 11, the Health Alert Network component of the initiative has now become the primary point of engagement for many community partners on the broader goals of Turning Point.

One hesitates to consider the tragedy of September 11 as having created an opportunity. Yet it is clear that the broader community now has a greater sense of urgency about improved public health infrastructure in general and emergency preparedness in particular. As we all feel the need to be helpful, new partners have emerged and existing partners have heightened their sense of common interest and mutual obligation to protect and promote the health of our communities.

Jonathan Stewart is director of the New Hampshire Community Health Institute. William Kassler is state medical director of New Hampshire Department of Health and Human Services. Martha McLeod is executive director of the North Country Health Consortium.

Turning Point Member Profile

Michael A. Andry



Michael Andry, CEO of EXCELTH, Inc., a Louisiana-based community health center program, is a key figure in Louisiana State Turning Point and in New Orleans activities to improve the public's health. He is currently serving as chair of the Louisiana Turning Point Partnership Steering Committee and co-chair of Healthy New Orleans: The City that Cares, a local Turning Point initiative funded by the W. K. Kellogg Foundation that continues and expands the visionary spirit of earlier community asset building.

Michael has participated in Turning Point from the ground up. He has attended all of the technical assistance and informational workshops and was an active participant in the inception of the state office as well as the local partnership.

Michael brought his 21 years of experience from the New Orleans Health Department and his credentials and expertise as a senior member of the City of New Orleans' most successful grant-writing teams to the Turning Point Initiative in Louisiana. His efforts with the City of New Orleans generated more than $50 million in new federal and private foundation grants in the New Orleans community. The local Turning Point Coalition was fortunate to have his participation as a key player in the development of the original grant proposal and on the design and writing team for all phases of the local Turning Point Coalition. He also participated in the state and local assessment site visits.

During Michael's second year of affiliation with the Turning Point Program, he was selected as co-leader on the local partnership governing team and elected as local representative on the state steering committee. He chaired different Community Health Systems Improvement Plan workgroups within the local partnership and served on the statewide Access Workgroup for the Public Health Improvement Plan.

During years three through four Michael continued representation on state and local committees. He became a regular representative of the local group as part of the "Turning Point Big Cities Group" (New York City, New Orleans, Chicago, and Portland) focus, as well as of the Community Health Governance Workgroup (CHGW). During year four he was elected chair of the State Partnership Steering Committee and continued as co-leader of the Healthy New Orleans Partnership and representative to the CHGW. He is a founding member, president, and acting chief operating officer of the Center for Empowered Decision-Making, a community health governance-oriented organization created by the Healthy New Orleans Turning Point Partnership.

Michael is a recognized and experienced leader on the engagement of community in the development of health services and on issues of equity and service integration. The success and growth of Turning Point activities in the state of Louisiana have been greatly enhanced by his continued active involvement and support.

Do you know Turning Point members who have made a strong contribution to the initiative? Nominate them to be profiled in future issues.

Turning Point National Excellence Collaboratives

Achieving Public Health Goals Through Social Marketing

Sylvia Pirani

The Social Marketing Collaborative was established in April 2000, as part of the implementation phase of the national Turning Point initiative. The goal of the collaborative is to integrate social marketing research and practice into all aspects of public health practice at state and local levels. The collaborative's mission is to provide national leadership to achieve integration of social marketing as a routine part of public health practice.

Six states actively participate in the collaborative: Illinois, Maine, Minnesota, New York, North Carolina, and Virginia. The Association of State and Territorial Health Officers (ASTHO), represented by Ohio State Health Department staff, and the Centers for Disease Control and Prevention (CDC), represented by staff from the Office of Communications, are also active members.

What is social marketing?

Social marketing is the process of using marketing principles to achieve social change. The Turning Point social marketing collaborative promotes the use of social marketing to achieve public and community health goals. Social marketing uses a program-planning approach based on research to understand the point of view of the target audience, then develops interventions that integrate the audience's needs with the needs of the sponsor. It is based on the concepts of *exchange* and *competition*. In exchange, the program planner considers what the audience perceives as the cost of making a health behavior change (time, money, embarrassment, discomfort), the benefits it associates with making the change (often *not* health-related; for example, ability to travel or attend school, control of the future, freedom from fear), and the benefits to the sponsor (such as improved health status, continued funding, recognition). The planner then develops the proposed intervention so that it meets the needs of both the audience and the sponsor. In considering competition, the planner looks at what else the audience is doing besides the desired behavior change. The planner must make the new health behavior more desirable than these alternative behaviors. (See *the box on page 7 for two public health efforts that have used social marketing.*)

One problem is that many public health practitioners lack knowledge, expertise, and resources, including time and funding, to use social marketing effectively. As a result, they often develop public health programs that try to obtain health objectives without considering the audience's needs, wants, and resources.

Collaborative activities

The collaborative is identifying what public health practitioners know and want to know about social marketing and is developing job tools to make the use of social marketing more common and more successful. To achieve its vision—social marketing principles used widely to improve community health—the collaborative is working on the following activities:

- Publishing a literature review and case studies that describe effective applications of social marketing principles to public and community health issues, including program development, health promotion, coalition building, and policy change.
- Soliciting a paper by the Berkeley Media Studies on social marketing, media advocacy, and best practices in public health in an effort to understand how media advocacy differs from social marketing and what each offers to the field of public health.
- Producing several PowerPoint presentations on social marketing that can be used to train audiences of public health professionals and a facilitators guide that helps the trainer assist the trainees in conducting audience research to define the first steps of a social marketing campaign to address domestic violence in a fictitious community.
- Assessing the use of social marketing principles and practices among local and state partnerships participating in Turning Point and among public health professionals.
- Examining the competencies needed to conduct social marketing campaigns and identifying and critically assessing existing education and training models. This information could be developed into a product that would assist in the development of additional training materials and curricula for continuing education for the public health work force.
- Considering how the collaborative could adapt the CDC's CDCynergy health communication planning software to use in the social marketing planning process. The collaborative is following a social marketing approach before it develops this training tool. It is surveying the audience of end users to make sure that this project is of use to public health professionals, examining how to make it helpful to this audience, and considering carefully the work involved and the costs associated with its development.

The goal of the national Turning Point initiative is to improve and transform the public health infrastructure through collaborative models. Incorporating social marketing into public health practice at all levels and strengthening the skills of the public health workforce so that their social marketing can be effective would be a major system change for public health.

Sylvia Pirani is director of the New York Turning Point Initiative.

Social Marketing at Work

In the Washington Heights-Inwood neighborhood of New York City, a multifaceted marketing campaign was conducted in the early 1990s to promote the use of low-fat milk. The campaign targeted the community's low-income Latino community. The goal of the campaign was to get children to drink low-fat rather than whole milk in order to reduce the children's fat consumption, a key need identified for this community. To achieve this goal, the campaign persuaded mothers to serve low-fat milk, convinced local stores to stock low-fat milk, and promoted the use of low-fat milk in institutions that served children.

In Australia, a domestic violence prevention program used social marketing to encourage perpetrators of domestic violence to voluntarily seek counseling. The program successfully promoted a Domestic Violence Helpline that offered extensive telephone counseling and referral services.

State Partnership Grantee Meeting

Turning Point Meets in Colorado

October 10-12, 2001, Westminster, Colorado

Bud Nicola

"Eliminating Health Disparities" was the theme of the October biannual Turning Point grantee meeting, which met in Westminster, Colorado. The meeting opened with a plenary session presented by Dr. Susan Hassmiller, senior program officer at The Robert Wood Johnson Foundation, who discussed Turning Point as part of the Foundation's vision. Dr. Hassmiller, after recounting her own experience with the Red Cross at Ground Zero in New York City, opened the session to a lengthy dialogue, drawing on participants' experiences of the public health system response to the terrorist attacks of September 11.

Partnership presentations

Mary Munter at the Turning Point grantee conference in Colorado.

Thursday morning began with presentations on the elimination of health disparities from Colorado and Minnesota. Danie Watson, a Minnesota Turning Point partner who is also a Social Marketing Collaborative member, presented Social Determinants of Health: Developments in Minnesota. Overall Minnesotans enjoy excellent health, but their health varies widely by race and ethnicity. Published research and community dialogues point toward social and economic factors as major determinants of health that warrant more attention and action.

Jill Hunsaker presented the Colorado Turning Point project's focus on health disparities. Turning Point in Colorado started first with data looking at various health indicators by race and ethnicity. They then examined other contributing factors to health that are correlated with race and ethnicity, such as poverty, lack of education, environment, and racism and other systemic biases that prevent optimal health for communities of color. What about individual behavior? Having good options results in making good choices. Solutions focused on inclusion and representation, partnerships, leadership, advocacy, comprehensive approaches to addressing social determinants of health, and community and economic development. Colorado's Turning Point grant helps builds the capacity of leadership entities within communities of color, rural communities, and the gay and lesbian community.

Panelists from Colorado contributed detailed descriptions of various aspects of the Colorado Turning Point strategy. Panelists included local Turning Point partnership participants from the University of Denver School of Social Work, the Office for Civil Rights with the Department of Health and Human Services from Region VIII, the Office of Local Liaison, Colorado Department of Public Health and Environment, the Air Pollution Division of the Colorado Department of Public Health and Environment, and Colorado Access.

Collaborative presentations

The Information Technology Collaborative, with a flash of light and smoke, demonstrated a vision of future public health information technology. They asked groups of meeting participants to apply information technology principles to many different areas of public health in a brainstorming exercise. The collaborative then presented its work plan and a mock-up of one of its products, a Web site with a database of public health information systems. Finally participants rated various proposed statements about the information technology system of the future by using an "Audience Response" voting system.

Neil Hann demonstrates the future of public health information technology with smoke and lights.

Breakout sessions

There were a number of breakout sessions during the meeting:

1. A training on the background, purpose, and basic uses of the Public Health Improvement Toolbox, as it will be used to document Turning Point system changes (*see related article on page 12*)
2. A session on engaging state and local partners in the elimination of health disparities
3. A discussion of cultural competency standards
4. Success stories from community workshops on health disparities
5. Using data as a foundation for initiatives against disparities in Colorado
6. A state Turning Point director's focus group on the effectiveness of Turning Point

The group was also challenged to several strenuous nature hikes in the foothills of the Rockies (congratulations to all who survived), followed by dinner in downtown Boulder.

Fewer people attended this meeting compared to many previous meetings, due to activation of many state and local emergency response systems. The spirit of attendees, however, remained high, and in the end all of us felt a rededication to strengthening the public health system.

Bud Nicola is senior consultant at the Turning Point National Program Office.

A hike in the Iron Mountains tested the grantee meeting participants' endurance and demonstrated their perseverance in achieving their goals.

Making Public Health Relevant for All

Broad-based collaborative policy development

Sheri Cohen

The Chicago Partnership for Public Health formed in 1998, prompted by the national Turning Point initiative, with a membership of 25 organizations. The Partnership included city agencies, academia, philanthropy, business, provider associations, community-based organizations, and policy research groups. Recently, to focus its work, the Chicago Partnership engaged in strategic planning to assess the status of the local public health infrastructure and develop plans to strengthen it.

The Chicago Partnership's analysis highlighted the importance of policy development as a strategy for making long-term improvements to the public health system. It found that although many organizations conduct policy development, they often do not collaborate in those efforts. As a result, policy makers may receive conflicting information from different organizations advocating for a similar issue, but promoting different solutions. Legislators are less likely to support a policy if public health professionals do not agree on the recommendation. For example, this lack of a coordinated approach to policy development and advocacy contributed to the failure of the tobacco Master Settlement Agreement in Illinois to provide appropriate funding for tobacco prevention and cessation programs.

Public health professionals were surprised to learn that members from organizations with different positions would feel just as strongly about their own policies as public health professionals did about theirs.

Responding to this uncoordinated approach to policy making, the Chicago Partnership developed a coordinated citywide public health policy agenda that would have more influence and reach. Developing the agenda was not as easy as the Partnership originally expected. Many of the traditional public health players thought that other members would agree with their policy stances or be easily converted through education on the science and rationale behind these positions. Public health professionals were surprised to learn that members from organizations with different positions would feel just as strongly about their own policies as public health professionals did about theirs.

Developing the process

Keeping the Chicago Partnership intact—ensuring that no member resigned due to differing views on policies—was a priority. Instead of the Partnership taking a policy position, it coordinated policy development and facilitated collaboration and broad-based advocacy. Members are encouraged to collaborate with others and adopt all or part of the policy agenda, in keeping with the policies and processes of their own organizations. The policy agenda is a product of the Chicago Partnership and is disseminated through Partnership activities, but it clearly states that the policies are "not necessarily the opinions and beliefs of individual member organizations."

The Policy Forum

The Policy Forum, made up of Partnership members and outside policy experts, oversees and coordinates the development of the policy agenda. The agenda addresses medical care, public health infrastructure, reproductive health, substance abuse, oral health, environmental health, and health education. Using guidelines, work groups defined the policy issues, addressed key components, such as populations-in-need and available resources, and proposed policy recommendations consistent with the vision of the Chicago Partner-

ship. More than 60 experts participated on the Policy Forum and the work groups.

Crosscutting issues within the policy agenda

As the Policy Forum reviewed the 37 policy recommendations proposed by the work groups, several shared issues emerged: access, prevention, regulation, and training/workforce development.

Access. A strong public health infrastructure ensures access to care for all populations, for all health issues. Policy recommendations focused on strengthening the community health centers, providing more services for substance abuse prevention and treatment, and increasing funding for family planning programming for women and men. Since access is dependent on providers, one recommendation proposed increasing Medicaid reimbursement for oral health care. In addition, although policies are proposed to increase health insurance coverage of specific at-risk populations, the ultimate goal in this area is to have universal coverage for everyone, with guaranteed access to all medical and health facilities.

Prevention. To strengthen the public health department's emphasis on prevention, one recommendation proposed the creation of a health education and information program that would serve as a clearinghouse for organizations and would facilitate health education activities to populations-at-risk.

Prevention of public health problems requires that information be available on an ongoing and timely basis to better understand problems, track trends, and monitor changes. Therefore, several policy recommendations called for the development and maintenance of tracking systems, including areas of chronic diseases and environmentally related health issues.

Regulation. Making changes in complex systems (such as the insurance industry) often requires new state regulation. Regulation is often the only effective means to facilitate improvement throughout the industry. Therefore, several policy recommendations focused on requiring insurance parity for substance abuse treatment, all methods of contraception, and oral health care.

Training/Workforce Development. Without a skilled workforce, changes in policies in the areas of access, prevention, and regulation will fall short of their intended effects. Policy recommendations focused on improving the skills of providers at all levels of training (school, residency, continuing education) in areas of substance abuse prevention and intervention and environmentally related illness. Recognizing the importance of an interdisciplinary approach, another recommendation called for providers to integrate oral health screening and referral into their practice.

Next steps

The Partnership will seek funding for resources to disseminate the agenda to organizations throughout Chicago and to facilitate collaborative policy advocacy. We hope that the result of this work will not only be improved health policy, but also a larger public health constituency and an increased awareness of the importance of broad-based public health issues.

The Partnership is stronger and more cohesive as a result of this process. It learned not only how to resolve differences, but also why resolving these differences and maintaining a diverse partnership will ultimately improve its success in working toward its vision.

Sheri Cohen, MPH, is a health planning specialist and staff member with the Chicago Partnership for Public Health.

The Partnership is stronger and more cohesive as a result of this process.

Public Health Improvement Tool Box

An online system for supporting, documenting, and learning in the national Turning Point initiative

Jerry A. Schultz, Stephen B. Fawcett, and Vincent T. Francisco

Throughout this country, state and local groups are working together to improve the public health infrastructure. We share a common vision: that the health of individuals in communities across the country will be supported by a public health system that is adequate to maintain their health. This work demands an array of coalition-building skills such as leading, planning, reaching diverse populations, working with the media, and evaluating and funding the work. In addition, partnerships doing the work of improving public health require information that can be used to assess the progress and effect of their efforts. Information for understanding and improvement is a prerequisite for state initiatives to improve the public health infrastructure. Finally, it is important that those doing the work can connect with each other to share information and support the work.

Successful work on infrastructure change requires widespread and easy access to tools for developing system-changing skills and to information that helps direct the initiative and allows for sharing across initiatives. To this end, in collaboration with the National Turning Point Office, we developed an Internet-based support system known as the Public Health Improvement Tool Box (http://ctb.ku.edu/services/TurningPoint/).

Some features of the on-line system

The Public Health Improvement (PHI) Tool Box has three primary components: 1. tools for building capacity for the work—tailored links to how-to information for a variety of relevant skills (such as assessment, leadership, and evaluation); 2. an online documentation system—by which state initiatives can enter, retrieve, and make sense of data on systems changes (such as new or modified programs, policies, and practices); and 3. an online learning community—for exchange among peers and experts to guide and support state public health improvement initiatives.

Supporting public health improvement

The Public Health Improvement Tool Box's support features and tools help build capacity, for example, by linking users to how-to information about such core competencies as collaborative planning, community action, and intervention, evaluation of process and intermediate outcomes, leadership development, resource generation, and celebration and renewal. Tailored links lead to online support tools related to public health improvement in the Community Tool Box (*see box on next page for more information about the Community Tool Box*). In addition, the PHI Tool Box helps contribute to workforce development by linking to skill-building tools for the ten essential public health services.

The PHI Tool Box support system connects users to the National Turning Point initiative's Web site, where they can seek personal support and technical assistance. Users with questions specific to public health and the Turning Point initiative go directly there for answers. In addition, users can document success stories and lessons learned that connect state initiatives in a common community of learners and doers.

Documenting public health improvement

The documentation feature of the Public Health Improvement Tool Box is a Web-based database that allows for online documentation of the implementation of state initiatives. The documentation system is currently used by a variety of initiatives in many states. Users can record efforts taken to bring about systems change—new and modified programs, policies, and practices related to public health improvement. They can also summarize their information online, using a variety of graphing and reporting options. State-based initiatives can now have quick access to their own evaluation data; funding agents and partner organizations will also have real-time access to the same information.

The flexible documentation system can meet the needs of multiple audiences for evaluation data and support information. It allows the state Turning Point initiatives to have direct access to their evaluation information, which they can use to improve their efforts, rather than as data only for summative judgments. The system does real-time data collection and reporting, which improves accountability by reducing reporting time to funders, such as the National Turning Point Office or The Robert Wood Johnson Foundation.

Real-time data collection and evaluation create opportunities to celebrate successes. The reports the system generates, when data show progress, should encourage celebration and renewal. The data and information on accomplishments can also be used to help secure funds and resources.

The Community Tool Box

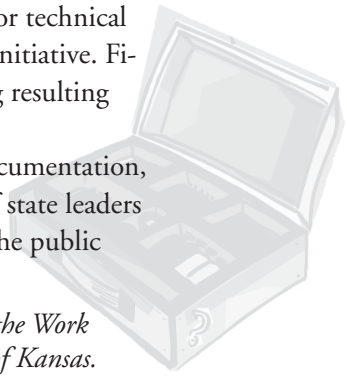
The Community Tool Box (CTB) is a database of information about community health and development. Several traditional entry points, or gateways, provide access to CTB information. The table of contents, for example, contains broad parts, chapters, and sections (the core learning modules). These how-to sections within the CTB are each organized in a similar manner, they include background information about the specific skill or tool (what it is, why do it), a task analysis of the skill (list of how-to-steps), examples of how state groups have successfully used the skill or tool, references and Web links to other tools, and overheads that can be used to conduct workshops within community groups.

Find the CTB online at http://ctb.ku.edu/

Learning about public health improvement

The system serves as a foundation for communication and co-learning with other initiatives. The skills supported by the PHI Tool Box are not universally held skills, nor are they commonly taught. Those doing this work could also benefit by connecting with other ideas, people, and resources. The learning community feature offers a forum for online exchanges among those doing the work of public health improvement. Thematic discussions can support focused dialogue about different aspects of the work, such as assessment or leadership. Questions posted to the online forums or requests for technical assistance may be addressed by a consultant of the National Turning Point initiative. Finally, the learning community can archive the record of cumulative learning resulting from exchanges among those doing the work.

The Public Health Improvement Tool Box provides online support, documentation, and learning for state efforts to bring about systems change. In the hands of state leaders the system can do much to enhance capacity to do the work of improving the public health infrastructure.



Jerry A. Schultz, Stephen B. Fawcett, and Vincent T. Francisco are members of the Work Group on Health Promotion and Community Development, at the University of Kansas.

Grant writing

Six Tips for Writing Effective Objectives

Judith Yarrow

What's the difference between a goal and an objective? A goal is where you're going. Objectives are the steps you take to get there. By their nature, goals tend to be general. In contrast objectives must be specific. To tell if you've accomplished an objective, you need to know the details: doing what, with whom, by when, how much, and how often. When you write objectives for a grant application, be sure to give the grantor a clear sense of what you plan to do and how you, and the grantor, will know if you did it.

❒ **The objectives relate to the project goals.** Let's say your goal is to build capacity to create healthy communities. To help achieve that goal, you want to give community groups some useful community development tools. Here's an example of how you might state an objective for this goal:

Identify, pilot test, and publish tools for community engagement and asset-based community development.

❒ **The objectives are stated clearly and directly.** Avoid vagueness. In the objective above, notice the clearly stated actions (identify, test, publish) and the words that directly relate the objective to the goal of community capacity building (community engagement and community development).

❒ **The objectives are specific.** Here's an objective that could use some fine-tuning:

Local public health officials will be able to use data effectively in presenting community health problems to various stakeholders.

We can start to improve the objective above by making its components more specific. For example who are the stakeholders? Perhaps they include community groups, business owners, legislators, health care providers, and so on. Already we can see that each of these groups may need a different style for presenting health data. A revised objective might focus on using customized formats in presenting health data to specific categories of stakeholders:

Local health officials will use customized presentation formats demonstrated to be effective in communicating health data to community groups, business owners, legislators, and health care providers.

❒ **The objectives are measurable.** One of the most important aspects of a good objective is that it is measurable. Don't say, *Increase statewide consensus of essential public health functions and capacities.* This sounds like a goal. An objective says when, how, how many.

By May 2003, publish and broadly disseminate two issue briefs that focus on interventions to address specific social and economic determinants of health.

This objective might be improved with a more specific focus for "broadly disseminate," addressing for example, to whom to disseminate the briefs.

❒ **The objectives are achievable in a specified time.** Don't let that objective drag on and on. Use specific dates: *by May 2003, by the end of 2002, during March of 2002.*

❒ **The objectives are written in plain English.** Finally, here's an objective to make you weep:

The State will conduct a full Medicaid eligibility determination to determine whether the child is Medicaid eligible.

This might mean the state will decide if the child is Medicaid eligible. But perhaps it means the state will use a complete determination process. Because of the way it's written, we can't tell. Avoid jargon and bureaucratic language. Say what you mean in plain language. Here's an example of a well-written objective:

By May 2002, identify, pilot test, and publish on the Internet and in print five to ten tools for community engagement and asset-based community development in Minnesota communities.

Remember, for effective objectives, say what you mean as simply, directly, and specifically as possible. Make your objectives measurable, and specify a target date.

Judith Yarrow is the editor at the Turning Point National Program Office.

More Information

- Community Toolbox section on grant writing: http://ctb.ukans.edu/tools/EN/chapter_1042.htm
- Partners in Information Access for Public Health Professionals: Grants and Grant writing http://nnlm.gov/partners/tools.html
- Partners in Information Access for Public Health Professionals: Toolkit: National Library of Medicine Internet Connections for Health Institutions Grant Application http://nnlm.gov/partners/toolkit.html

Site Visit

National Network of Public Health Institutes
(www.nnphi.org)

Public health institutes represent a new model in public health practice, serving as facilitators and collaborators within their states to further the public health agenda. These organizations are committed to improving the public's health through state-of-the-art research, demonstrations, collaborations, evaluations, and training. Turning Point and CDC have established and funded a national network of these innovative structures. Currently 14 Turning Point states are involved in this developing network. The network's new Web page describes the attributes of the 22 participating institutes, with links to each one, as well as a description of the network's purpose, goals, services, and products. The site also offers guidance for those interested in establishing a new institute.

RWJF Update

RWJF Supports Physical Activity in Many Ways

To highlight a national initiative to improve physical activity, the Turning Point National Program Office sponsored "Walking to Denver" at its grantee meeting in Colorado and then encouraged meeting participants to climb in the Iron Mountains once we arrived there. The Robert Wood Johnson Foundation has also made the promotion of physical activity a priority. In support of this priority, RWJF invested in *Healthy Places, Healthy People: Promoting Public Health and Physical Activity Through Community Design*, a national Expert's Meeting. Twenty-six experts exchanged information, identified barriers, and formulated strategies for reintegrating physical activity into community design. The meeting resulted in a white paper, *Active Living Through Community Design.* The proceedings from the meeting and the white paper are available in the Publications & Links section of the RWJF Web site (www.rwjf.org) for communities and states wanting to develop public policies to support physical activity.

Dates to Note

February 27-March 1, 2002. 16th National Conference on Chronic Disease Prevention and Control: Cultivating Healthier Communities Through Research, Policy and Practice. Atlanta (www.cdc.gov/nccdphp/conference)

March 14-15, 2002. Third Annual National Summit on Performance-Based Partnerships, Contracts, and Grants for Public Health Programs. Atlanta (www.performanceweb.org)

May 1-3, 2002. Turning Point State Partnership Grantee Meeting. Scottsdale (www.turningpointprogram.org)

May 4-7, 2002. Community-Campus Partnerships for Health's 6th Annual Conference: The Partnership as the Leverage Point for Change. Miami (contact: ccph@itsa.ucsf.edu)

July 10-13, 2002. NACCHO Annual Meeting. New Orleans (www.naccho.org)

September 9-13, 2002. ASTHO Annual Meeting. Nashville (www.astho.org)

October 1-3, 2002. Turning Point State Partnership Grantee Meeting. Oklahoma City (www.turningpointprogram.org)

November 9-13, 2002. American Public Health Association Annual Meeting: Putting the Public Back into Public Health. Philadelphia (www.apha.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 may respond to the challenge to protect and improve the public's health in the 21st century. The National Association of County and City Health Officials (NACCHO) and the University of Washington School of Public Health and Community Medicine (UW) serve as National Program Offices for the initiative.

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