

**TURNING POINT: COLLABORATING FOR A
NEW CENTURY IN PUBLIC HEALTH
*A PREMISE PAPER***

GOAL OF PREMISE PAPER

The purpose of this paper is to provide the basis for the Turning Point initiative's guiding principles and philosophy. While this document is not intended as a blueprint for action, it is meant to provide a clear statement of Turning Point's national goals, premises and anticipated outcomes. Further, this paper may provide additional groundwork from which participating Turning Point partnerships can build their respective efforts to improve the public's health.

During the course of the ensuing program years, partnerships will have many opportunities to deliberate and take action on the issues that comprise the important work of this initiative. Findings that emerge from the collective progress of partnerships will generate a diversity of approaches related to developing accountable partnerships with versions of integrated models of public health and other public service systems and agencies, along with strategic integration of disparate disciplines and entities. Attenuating further fragmentation of public health requires strategic actions designed to transform public health as a system, which includes the identification of mechanisms for correcting inadequacies of the current system.

Partnerships are encouraged to share this paper with a wider audience and to develop similar papers and activity tailored to respective locales. Collectively, the work of all involved in this initiative will continue to shape future public health system development.

THE TURNING POINT MISSION

The goal of Turning Point is to transform and strengthen the current public health system so that states, communities, and their public health agencies may respond to the challenge to protect and improve the public's health in the 21st Century. This mission is achieved by the creation of a safe learning environment where local communities, state agencies and their partners can work collaboratively to analyze and address significant challenges pertaining to public health system improvements. Examples of common challenges include but are not limited to multi-disciplinary and -sectoral infrastructure development; coordination of financial support; workforce development and deployment; establishing and sustaining community linkages; eliminating health disparities; assuring access to quality care; and increasing public awareness of and participation in public health activity.

THE NEED FOR TURNING POINT

Significant changes in many aspects of the medical care and public health delivery systems pose both threats and opportunities for maintaining and improving the health of communities. Changes include the privatization of public health services; globalization of the world economy; degradation of the ecosystem, especially global climate change and increased production of toxic substances; the expansion of managed care for Medicaid and privately insured patients; shifting demographics, particularly toward an aging population and a mobile population that travels; increasing health disparity; and financial cutbacks at the federal, state and local levels for medical and public health services.

While public health is appropriately a multi-disciplinary field, the myriad disciplines that comprise public health often remain isolated and non-integrated. What is more, public health suffers from chronic financial neglect. There is a large gulf between funding for the medical services system and public health service system, the latter receiving only one percent of all expenditures. Movements to limit the size of government have often meant losing basic protections in health services.

Critics argue that the public health system is highly fragmented and both inefficient and ineffective at community and state levels. Advocates for public health contend that the fragmentation in service delivery is partly the result of uncoordinated funding streams and the absence of social and political support for assuring population-based health improvements. The Turning Point initiative, therefore, supports working toward integrating all of the entities that play a role in improving health.

Public health problems differentially affect disparate populations/constituencies. Often, the constituencies most adversely affected have little voice in policy making or service delivery. Turning Point seeks to engage the broadest public participation in sharing responsibility for decisions that affect public health, making special efforts to engage those historically excluded from participating in planning and decision making.

Addressing fragmentation through infrastructure development requires a comprehensive approach that integrates multiple processes and functions and coordinates decision making and health planning that reflect communities' perspectives. Turning Point seeks to facilitate this "systems building" by providing public health practitioners and their partners with a learning environment to examine innovative strategies to reshape the future of public and community health practice in the new millennium. Effective partnership approaches should transcend government models that vest sole or primary responsibility for public health within one or a few agencies, and move toward more broadly shared responsibility engaging different institutional sectors as well as all constituencies in communities and states. In the long run, this strategy will make available additional resources as well as build a much larger and diverse constituency actively engaged in supporting public health. Effective transformation will also require new ways of thinking about the roles of and methods and strategies employed by the various entities engaged in the pursuit of a healthier nation.

The formation of new and innovative partnerships is the primary approach for this initiative, where the partnerships are a means to improve public health. This approach is based on the following assumptions: 1) groups with different histories, cultures, missions, authority and jurisdiction, can best coordinate their efforts and investments in public health if they understand each other and can determine the most appropriate contribution for each group; 2) experience working together contributes to increased trust, which is essential to confront inevitable and periodic conflict without undermining working relationships; and 3) identifying and influencing the social determinants of health, such as poverty, demands leveraging many resources across neighborhood, local/jurisdictional, state and national levels.

PREMISES OF THE INITIATIVE

Embedded in the philosophy of Turning Point are several important premises. Undoubtedly, each partnership has premises of its own that are equally important. The premises that follow are an attempt to capture the overarching issues from which partnerships can build additional context.

Premise I

Effective Improvements in Health Require Enhanced Integration of Diverse Fields to Address a Broad Scope of Public Health Activity

By definition, public health is appropriately described broadly, which often includes focusing on improving the quality of life and overall health of communities, rather than merely the absence of disease. However, the practice of “public health” often remains narrowly focused within isolated approaches that target the source of disease instead of discovering the causes of ill health.

Turning Point’s view of an effective public health system is one that actively participates in collaborative decision making with various organizations and institutions about housing, transportation, crime, employment, agriculture and other vital realms of social life that affect the health of communities. This means that improving health transcends the traditional functions performed by public health authorities. In this light, an effective system extends to engaging a broader constituency of diverse fields to take anticipatory action to develop healthy communities, instead of responding to problems as they arise. Such an approach requires states and communities to anticipate and address inequitable distributions of social resources and differential impacts of plans and actions designed to improve health. Effective and sustainable solutions necessitate engaging multiple fields in activities to promote healthy communities, recognizing the health status implications of interlocking determinants of health, including but are not limited to culture, poverty, income, and education.

Premise II

Improving the Health of a Community Necessitates the Collective Voices and Efforts of its Members

A broad range of organizations and organizational resources potentially could be engaged to create more effective strategies to improve public health. Turning Point seeks to involve organizations and communities outside the conventional public health arena that can contribute to the design of more efficient strategies aimed at improving public health policy, decision making and activity.

Critical to this process is a greater emphasis on community dialogue involving constituencies from diverse cultures, educational backgrounds and political affiliations. Participants from education, faith communities, housing and social services, business leaders, insurers, providers, payers, and others sectors must be involved in the integrated planning process for community health improvement.

The anticipated result of these interactions and planning processes is the creation of an efficient public-private system of strategic interventions that improve the health of the public. In this light, Turning Point seeks to create a process that moves beyond individual leaders, relationships and subsequent networks to a “system,” as reflected in operations, policies, practices and values.

Premise III

Sustained Improvements in Health Require Increased Public Awareness and Participation

Public Health has low visibility in society, and few citizens are cognizant of the role of public health activity supported by systems in protecting and improving health. Thus, Turning Point actively seeks to promote awareness in the community/population of the role and value of public health. This includes a focus on the role of institutions and organizations ensuring the equitable health and well being of people in communities.

Premise IV

Sustained Improvements in Health Require Policy Changes

The course of action adopted by partnerships will become Turning Point “policy agendas.” These policy targets will evolve into sustainable interventions that will serve as a basis for outcome evaluations associated with enhancing programs and policies for advancing the public’s health.

Premise V

Planning, Implementation and Evaluation Activities Are Interrelated

Turning Point strongly supports taking time to plan, recognizing the effort involved in inclusive planning processes is substantial. Partnerships are encouraged to integrate planning, implementation and evaluation and engage participants with particular interests to test ideas. In the appropriate absence of a “single method” to accomplish this task, a range of approaches is expected and acceptable.

Premise VI

Turning Point Functions as a National Learning Environment

The Turning Point initiative provides a “safe place” or learning environment in which partnerships are encouraged to develop innovative ideas and strategies to improve the health of the communities. Such innovations are expected to have widespread applicability across communities and states.

The broad nature of Turning Point’s anticipated outcomes will serve as building blocks from which state and communities partners can develop and implement strategic plans to design a stronger public health system that addresses relevant constituent issues. The learning environment is intended to facilitate the creation of reproducible and sustainable processes that will endure long beyond the grant period.

Questions regarding the Turning Point initiative can be directed to:

The National Association of County & City
Health Officials (NACCHO)
Turning Point National Program Office
supporting community partnerships
202/783-5550

The University of Washington School of Public
Health & Community Medicine
Turning Point National Program Office
supporting state partnerships
206/616-8410

*Turning Point is a National Initiative Sponsored by
The Robert Wood Johnson & W.K. Kellogg Foundations*