The nation relies on the public health system to keep our population safe from harm, prevent disease, and promote health. To carry out this mission, public health practitioners may provide clinical services, such as care for the uninsured, when such services are unavailable from other providers. Public health systems also provide immunizations, treatment of communicable diseases, and programs targeted at improving nutrition and maternal/child health. Public health has significant expertise in surveillance and monitoring infectious disease. They also conduct public education campaigns; enforce health regulations; run outreach programs for people at risk for disease, violence, and abuse; and train health care providers to be “first responders.” Federal public health agencies include the Public Health Service, the Centers for Disease Control and Prevention, the U.S. Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. There are also local public health agencies, organized at the city, county, state, and regional levels.

The History of Public Health

Early public health efforts focused on promoting hygiene and developing sanitation guidelines. At the start of the 20th century, public health priorities shifted to preventing infectious diseases such as polio and tuberculosis. Later, public health practitioners began to focus on health care system transformation by working to expand access and control costs. The traditional definition of health was broadened to include issues like violence prevention and community building, and chronic diseases emerged as a new concern as prevention efforts turned to smoking-related illnesses, asthma, obesity, and diabetes.

For many years, the public health system functioned under the radar of most Americans. That changed in the wake of the terrorist attacks on September 11, 2001. What used to be a system that focused primarily on health promotion and disease prevention became a system dealing with very real bioterrorist threats when anthrax was released throughout the U.S. postal system. The nation’s response to the anthrax attacks and other health threats, such as the SARS outbreak and concerns about the West Nile Virus, highlighted the need to strengthen an underfunded and neglected public health system.

Public Health’s Biggest Challenge

Despite the evolution of public health over the years, the system remains challenged by economic and policy constraints. The nation is facing health challenges that require strong systems that are capable of working quickly and collaboratively to respond to increasingly complex issues. At a time when a flexible public health system is most needed, the nation has found itself struggling to solve current problems with rigid and atrophied systems. Further, the effects of system neglect are now vividly being manifested by way of the nation’s health status. The U.S. desperately needs improved systems to turn the tide on emerging infectious and chronic diseases, increasing ranks of the uninsured and underinsured, and worsening health disparities that are widespread throughout the country.

Transforming the System Through Partnerships

Philanthropic organizations and others involved in supporting public health have begun to focus on ways to improve an ailing system so that it protects the people it serves. The Robert Wood Johnson Foundation (RWJF) and the W.K. Kellogg Foundation, for example, partnered to launch the national Turning Point Initiative in 1997. The initiative was launched in response to the Institute of Medicine’s call for a strengthened public health system. An innovative partnership between two of the largest philanthropic foundations in the U.S., the Turning Point Initiative represents a community-based and collaborative approach to health status improvement. The initiative devoted funding and technical assistance to helping 21
The foundations’ investment in the Turning Point Initiative has paid off. In Nebraska, for example, only 22 of the state’s 96 counties had health departments. The rest of the counties did not have a governmental entity to ensure that the appropriate conditions were in place to promote health. Through the Turning Point partnership in Nebraska, the coalition created a plan to develop multi-county health departments, and when tobacco settlement funds became available, these departments were equipped with the knowledge of how to use these resources to strengthen their system. The Turning Point Initiative’s partnership united community needs, broad-based support, and RWJF funding to build a new system that provides all Nebraskans with public health services. Nebraska’s public health system has gone from being unprepared to being capable of mobilizing to vaccinate for smallpox, as was demonstrated when Nebraska’s system was cited among the most efficient systems in the nation in implementing a smallpox vaccination plan.

INNOVATIVE RESOURCES FOR PUBLIC HEALTH

Innovative resources have been created in support of transforming the public health system. The Turning Point Initiative’s mission of transforming the public health system includes creating tools and resources to share with other states and communities. To that end, five multistate National Excellence Collaboratives, coalitions formed by Turning Point partners, have created numerous products that provide assistance with:

- performance management,
- information technology,
- social marketing,
- public health statute modernization, and
- leadership development.

These products include an on-line information technology catalog; literature reviews; models for practice, such as the Model State Public Health Law; a social marketing CD-ROM; a performance management model; and curricula on collaborative leadership.

EVEN KEY IMPROVEMENTS TAKE TIME

Although demonstrating the impact of infrastructure changes on health status outcomes is a daunting task, the effects of a neglected infrastructure are clear. A strengthened public health system is critical to improving the public’s health status. Without prepared frontline workers, critical training, and efficient systems, epidemiology and health promotion slow to a crawl.

The Turning Point Initiative continues to innovate and harvest the fruits of its partnerships. Beyond specific changes in states, the key outcome from the Turning Point Initiative is really very simple: Collaboration and investment in public health pay off. Today’s public health challenges must be owned by all of us, not just the government. It will take talents and resources from public health, the private sector, and other partners to ensure a healthier tomorrow for the nation’s children and generations to come.

For more information on the Turning Point Initiative, please visit the initiative’s Web site at www.turningpointprogram.org, or call 206.616.8410. Turning Point products are available to all those interested in improving public health.

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Anne Schwartz, GIH’s vice president, at 202.452.8331 or aschwartz@gih.org.