Community-Based Public Health and Turning Point: Collaborating for a New Century in Public Health

Putting Communities Back into Public Health and Public Health Back into Communities

Twice in the 20th Century, the Kellogg Foundation took leadership in promoting the full potential of public health to save countless lives, lengthen life span, and improve living conditions and quality of life for the entire population of the United States. The Foundation acted first in 1931, and then again in 1991.

This is a profile of the programming that began in 1991 and continues into the present. To set the stage, let us take a quick look back to three pivotal points in time.

During the *"great sanitary awakening" of the 19th Century,* public health came into its own, saving millions of lives by controlling epidemics, assuring the safety of food and water, serving mothers and babies, and by other means. Protection of health became a social responsibility. The focus switched from quarantines that isolated individuals to collective action to clean up the common environment. Rapidly advancing scientific knowledge combined with governmental action to achieve major improvements in the public's health. This combination became the norm for the 20th Century.

The new Kellogg Foundation acted to bring the benefits of public health practice to seven rural southwestern Michigan counties, spending $6.3 million over 20 years on the *Michigan Community Health Project (1931 – 1951).* The central work was to help counties establish and operate health departments and to create models of rural public health to further spread the benefits throughout the nation. Kellogg helped rural health departments; the Rockefeller Foundation aided urban ones. The project became a field training center for health professions students from all disciplines and U.S. geographic areas. Other centers were then set up in universities.

After World War II, WKKF gradually shifted away from public health. Then, a decline in public health forced its focus to gradually shift back. This return began in the late 1970s and early 1980s when the programming priorities were health promotion/disease prevention and hospital-led community-wide health systems. It became clear that public health was a missing essential ingredient in the work. But, public health departments had become ineffectual. They had to be revitalized before they could make their full contribution. WKKF funded the Institute of Medicine to study the state of public health. The Institute's report, *The Future of Public Health*, published in 1988, documented the dramatic accomplishments of public health, the disarray into which it had fallen, and the possibilities for action to restore its capacity to assure the well-being of all.

W.K. KELLOGG FOUNDATION

THE STORY

The Kellogg Foundation's response was the Community-Based Public Health Initiative (CBPH, 1992-1996), which was preceded by a Leadership and Model Development Year (1991). The intent was to change how public health practitioners are trained and, thereby, bring new forces into public health agencies. The method was to partner higher education with local health departments and community-based organizations – which would both serve as outside levers for change within academic institutions. Further, community-based organizations would also leverage change in local health departments.

Seven consortia – each with academic, agency, and community partners – were located in California, Georgia, Maryland, Massachusetts, Michigan, North Carolina, and Washington. Supported by academic and agency partners, 67 community-based organizations initiated local health improvement projects, such as:

- 600 Community Health Workers from the communities were trained and employed.
- 120 projects, many in career development, reached 10,600 youth.
- One of the youth projects restored canoe-pulling, an ancestral tradition, for tribal youth as a strategy for preventing substance abuse.
- 324 other health efforts reached 34,000 people.
- One community launched three *by Hispanics for Hispanics* health promotion centers.
- One consortium's churches included healthy lifestyle issues in church messages and activities and funded community development, including training for drug educators.
- Two urban neighborhoods gained better student performance, more volunteerism, ongoing housing improvement, drug-free strategies, and other health promotion.
- Strong community advocacy on nonprofit hospital conversions emerged in a CBPH consortium's geographic region, boosted by academic partners' backing.
- Several communities reached beyond the formal community-based organizational structures to empower residents through mini-grants to grassroots groups.

Academic institutions learned how to partner with communities, changing curricula, research methods, and rewards for faculty in the process. Through CBPH, a pastor who had once refused to help a researcher – telling her that the university used neighborhood people as guinea pigs – came to comment: "Hopkins used to come out into the community and *tell* us; now they know the community has something to share." Agencies gained some skills in partnering with communities, developing capacity to provide technical support and involve community members and issues in their work.

CBPH deeply engaged individuals. The initiative evaluator reported that "a significant mass of people in all three sectors now have concrete linkages – ideas and strategies – for working together on community-centered projects that build on the assets (not the deficits) of underserved communities." At the close of the initiative the grantees carried forward the concept by founding the Center for the Advancement of Community-Based Public Health.

Among the partners, local health departments were most in need of further work. Turning Point: Collaborating for a New Century in Public Health (1997-2002) was the Kellogg Foundation's response. Pursuing the principle that *everyone has a stake in public health*, it funded 41 community partnerships in which the local health agency might not even be the lead. Turning Point is a joint initiative with the Robert Wood Johnson Foundation. The 41 partnerships are in 14 states in which that Foundation funds state health departments. The partnerships involve individuals (including youth and elders), schools, fire and police departments, community-based organizations, neighborhood groups, churches, health agencies, businesses, and other sectors. To build multisectoral "ownership" of public health, the partnerships design and implement community health improvement projects and strategies. In the process, the participants have gained mutual trust and have written action plans for implementing the next phase of work. The National Association of County and City Health Officials (NACCHO) is the Turning Point intermediary.

FACTS

Community-Based Public Health

Turning Point: Collaborating for a New Century in Public Health

WKKF Program Area:
Health

Geographic Scope:
Community-Based Public Health: National, seven consortia, each in a different state

Turning Point: 41 communities in 14 states

Start:
Community-Based Public Health: 1992 (after 1991 Leadership and Model Development year)
Turning Point: 1997

End:
Community-Based Public Health: 1996

Turning Point:
2002

Total WKKF Investment:
Community-Based Public Health: $18.6 million

Turning Point: $14 million

PROGRAM STRATEGIES

Programming strategies for Community-Based Public Health include:

- Building partnerships with three distinct types of partners – academic institutions, public health agencies, and community-based organizations – enabled outside partners to leverage change within universities while also learning new approaches and skills themselves.
- Full-fledged partnership for communities recognized their wisdom in defining problems and solutions. One community had a separate grant to help "balance" university power. Assets-based development principles recognized that communities were not just needy but had human and other assets. The expectation that the academic and agency partners support community organizations' efforts created a new dynamic and a new pathway through which both public health practice and public health professional education could be imbued with new values of respect and appreciation for communities.
- The community-agency-institutional partnership was not only the *means* for achieving reform in health professions education, it was the *object* of reform. Partnership was to remain, post-reform, as a new way of doing business.
- Peer site visits among the projects – dubbed the "frequent flyer" program – promoted synergy and sharing of strategies, struggles, and learning.
- Including one or more other health professions schools (medicine, nursing, social work) along with the school of public health in each site reflected public health's multidisciplinary nature.

Programming strategies in Turning Point include:

- Broadening support and networks for public health so as to reduce the isolation, parochialism, and obscurity of public health agencies.
- Creating opportunities for people from multiple sectors to develop partnerships and find common ground about what their communities need to improve individual and community health and how to solve their common problems.
- Increasing the capacity of National Association of County and City Health Officials, the intermediary, to disseminate and strengthen among its members the practice and philosophy of multisectoral community engagement and action in public health.
- Providing modest grants ($20,000 per year) to start and larger incentive grants later for those partnerships that have developed good action plans.
- Engaging youth in partnership decisionmaking, grantmaking, and community health improvement projects.
- Building capacity and skills in partnerships by providing impact services, such as:
  - feedback on progress on ten dimensions of change from the national evaluation
  - technical assistance and support in technology through a grant for InfoAccess
  - facilitation to help the partnerships democratically determine how best to give voice in decisionmaking to *all* the diverse, multisectoral partners.
- Partnering with the Robert Wood Johnson Foundation so that both states and localities, which have complementary roles, would be included in the initiative.
- Warming the climate for reform by helping the American Public Health Association, the American Medical Association, and the New York Academy of Medicine work on the interface between medicine and public health.

EVALUATION AND RESULTS

The Community-Based Public Health Initiative evaluators found that:

"The CBPH philosophy is extremely durable. [T]his philosophy, and members'… ways of operationalizing it, will be sustained. …CBPH was a terrific experience in capacity-building and partnership for many, many people. Without question, the world will hear from many CBPH participants in the coming years as they continue to work with each other and with new partners in refining the principles and models of community-based public health."

The following are key ways in which the prediction has so far been borne out:

- Because they had sustained CBPH approaches in teaching, research, and service – including their partnerships with communities – three universities in CBPH became the training sites for the Kellogg Foundation's new Community Health Scholars Program, which is preparing 30 emerging faculty in community-based research and approaches. The University of Michigan, for example, has remained connected with Detroit's CBPH follow-on activities, and an established faculty member is using "participatory" research (community members participate) to evaluate these activities.
- At the close of CBPH, the grantees founded the Center for the Advancement of Community-Based Public Health. It consults with agencies and community-based organizations seeking to partner with each other. It is gaining recognition as a player in national networks. For example, it field tested and retooled the framework for evaluating community-based programs of the federal Centers for Disease Control.

The Turning Point Initiative is in mid-course, but the partnerships have already brought about a number of changes in their communities. Some of the achievements of the Machan School Turning Point Partnership – organized around an elementary school in Arizona – illustrate the range of work done by a partnership:

- A graduate of leadership training for parents was offered a full-time job by a group that assists community coalitions because she so successfully bridged the gap between neighborhood residents and formal organizations.
- The partnership was instrumental in creation of a new class for 6th and 7th graders in which they perform community service.
- An untapped resource was mobilized when members of a church across the street from the school became volunteers working with the students and the school. The church's members were once neighborhood residents, but had all moved out of the neighborhood and only returned for worship. They wanted to find a way to reconnect with the neighborhood, and Turning Point provided them with the opportunity.
- Students who called themselves the Energizer Bunnies conducted a school safety audit and persuaded the authorities to install stop signs.
- The partnership reached out into the neighborhood, meeting in residents' homes, and learned that an established gang that had begun to move into the area wanted residents to stay at home and not get involved in community improvement.

POLICY CHANGE

The Kellogg Foundation introduced work on policy change late in the Community-Based Public Health Initiative. After initial resistance, grantees formed a Policy Task Force to develop their own approach on issues, now carried forward by their Center for the Advancement of Community-Based Public Health.

Academic institutions' policy changes included adding new courses, revising course content to add community experiences, and giving recognition to faculty for community-based research. Schools hired new staff and faculty of color and revised tenure/promotion criteria.

Agencies' policy changes included the restructuring of one local health department, after 23 focus groups helped redefine mission and organization. The discussions then continued to help movement away from the "command and control" model.

Community organizations had some notable impact on policy. For example, one city's team secured tough regulation of public smoking.

Turning Point's launching alone stimulated policy change. The partnership idea was so compelling that non-WKKF-funded Turning Point sites were established. West Virginia did not win grants at the beginning, but used the plans developed for the grant competition to establish Turning Point community partnerships in the state. New Mexico set up more than the three WKKF-

funded community partnerships.

The Turning Point partnerships have brought about a number of policy changes. As a direct result of Turning Point, the Caring Community Network of the Twin Rivers (New Hampshire) decided to address the lack of public health oversight in its region by becoming officially recognized as an advisory board for public health in the 12-town region. The partnership met with local officials in the 12 towns, which have worked together to sign mutual service agreements with the organization to serve as a regional advisory board.

One partnership won a municipal ban on leaf-burning, which was contributing to asthma problems. Another partnership petitioned the city council when it discovered that a store was selling alcohol to minors. As a result, the council did not renew the store's permit for alcoholic beverages until the store presented a plan to stop selling to minors.

The Turning Point intermediary – the National Association of County and City Health Officials (NACCHO) – itself changed policy as a result of the partnership work. Native Americans in Turning Point saw that they had no official voice in NACCHO's leadership structure, despite the extensive responsibilities of tribes as health authorities. NACCHO changed its policy to give tribes representation on its board.

DISSEMINATION

Dissemination occurs in several ways:

- With funding from the Kellogg Foundation, the American Public Health Association has just published the book, *Community-Based Public Health: A Partnership Model*, with chapters authored by CBPH participants, the initiative evaluator, Kellogg Foundation program officers, and national leaders.
- The Center for the Advancement of Community-Based Public Health founded by grantees disseminates concepts and best practices by providing technical assistance to health agencies, community organizations, and universities.
- The Community Health Scholars Program funded by the Kellogg Foundation is training emerging faculty in community-based approaches to research, teaching, and service, which they will disseminate in their careers.
- University partners in CBPH are using CBPH practices in research, evaluation methods, and ongoing collaborations with communities are developing and disseminating learning and best practices.
- Turning Point translates concepts and lessons from CBPH into action. The intermediary publishes a Turning Point newsletter featuring work, accomplishments, and issues.
- The Decatur, Illinois, Turning Point partnership is developing information on the activities of its race relations workgroup to take " on the road" to other communities and to disseminate on the Internet.

SUSTAINABILITY

- The Foundation's investment of $14 million in CBPH leveraged $25 million more raised by the consortia.
- The Center for the Advancement of Community-Based Public Health is continuing to establish itself. The grantees created it on their own initiative, although the Kellogg Foundation funded their proposal for seed money.
- The Foundation established the Community Health Scholars Program in 1997 because it had learned through CBPH that some faculty were ready and willing to embrace community-based approaches but needed structure and opportunity to do so. These faculty then contributed to the important changes in their institutions. The Community Health Scholars Program provides structure and opportunity for individuals who have new doctorates and are prospective or junior faculty. The training sites are universities that participated in CBPH and sustained their partnerships with communities. The 30 Scholars who will be supported during the life of the program can spread the CBPH approach to more universities.
- A funding stream for Community Health Workers is important to sustaining community-based health improvement. After CBPH was over, the Baltimore community partner helped to inform the devel-

opment of a new state law that recognizes Community Health Workers for purposes of payment for services by managed care organizations. The community leaders involved were also sustaining the public policy skills they had developed.

- The design of the Turning Point Initiative was intended to foster sustainability. As partnership members began work together in the early phases of the grant period, they built cooperation and trust in the process of planning and carrying out concrete community health improvement activities. Based on their growing work, experience, and relationships, they then added implementation action planning to their efforts. They developed proposals for incentive grants to build on and sustain their early successes and relationships.

CROSS-CUTTING THEMES

- *Leadership development* was integrated into the work of the CBPH partnerships through the opportunities given faculty and the nurturing of community leaders, some of whom, the initiative evaluator found, became real players in public policy discussions. Youth engagement in Turning Point includes leadership development strategies, such as positions for youth as members of a partnership. Leadership development training for grassroots individuals is also found in some Turning Point partnerships.
- *Capitalizing on diversity* was pursued in CBPH through its emphasis on multicultural competency among students, faculty, agency personnel, and community members; broader participation of people of color in issues of the public's health; and promotion of health careers in minority populations. One Turning Point partnership has a race relations workgroup that served as mediator in negotations between two opposing churches that led to an unprecedented joint congregational service. This partnership has also fostered interracial participation in community health improvement projects.
- *Social and economic community development* is supported by the community capacity-building in both CBPH and Turning Point. For example, in CBPH Community Health Workers were recruited from communities and trained and employed within communities.
- The *Information and Communications Technology Cross-Cutting Theme* allocation has provided partial funding for the InfoAccess technical assistance for Turning Point grantees.

LESSONS LEARNED

The fact that CBPH was complex and innovative made it difficult to manage at both the Foundation and project levels. The theory and its application do not appear to have been the problem. The theory, in short, was that academic institutions could be influenced by outside partners to build new models of community-based teaching, research, and service that would, over time, have far-reaching effects on public health practice.

CBPH was difficult to manage because the problems it addressed were complex and required complex solutions. The Foundation bravely took the plunge and, despite the messiness of the process, actually demonstrated that complex initiatives to bridge community-institutional divides could succeed. Besides coping with the inherent difficulties in managing complex solutions, the Foundation, overall, faced mistakes, unresolved ambiguity, and discoveries:

- The Foundation did not introduce policy work at the outset and, far too late in the initiative, announced to grantees an expectation that they formulate Integrated Action Plans (to bring together policy, evaluation, and communications).
- CBPH was under-funded because program staff did not correctly anticipate the resources needed for such a complex undertaking.
- There was an unresolved ambiguity in that CBPH was still a health professions education initiative, despite the tremendous activation of communities that, ultimately, required attention.
- A discovery was that some faculty were ready and willing to pursue community-based approaches to teaching, research, and service and needed only the support and structure CBPH provided. The Community Health Scholars follow-on project applies this finding by supporting emerging faculty for more institutions.
- Another discovery was that local health departments needed more opportunities and support to become community-responsive. Turning Point responds to this need with partnerships of stakeholders, including activated communities, to support and take responsibility for public health.