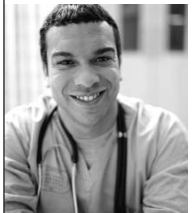


limitless
opportunities



the importance of partnership in the public health system

The public health system is like a complex multidimensional puzzle — all the pieces must fit together to make a sensible whole. To achieve successful outcomes, professionals and organizations in the public and private sectors, the interlocking components of the puzzle, must work together. While cooperation among the sectors has always been a cornerstone to advancing the health of the public as the world and health issues become more complex and resources scarcer, the need for creative strategic partnerships in all aspects of public health has never been greater.



Bobbie Berkowitz, PhD, RN, FAAN

The health of a nation's citizens has long depended on the willingness of professionals in disparate fields to share information. Bringing together professionals whose particular focus has given them different ways of thinking, methods and strategies builds a smarter and more knowledgeable health care constituency. Since the range of factors that influences people's health can seldom be

addressed adequately by only one organization or program, a multidisciplinary approach to providing public health services has grown in importance. Collaboration and cooperation are also imperative in an era when funding is tight even in developed countries, and when all jurisdictions are being asked to do more with the resources available. The main goal of public health partnerships, therefore, is to creatively bring together organizations, agencies, people and themes to implement strategies for change to improve the health of our people, and to strengthen our prevention abilities.

Partnering among public health professionals yields many benefits including advances in disease prevention, and a stronger public health infrastructure.

Disease prevention

To prevent disease, we professionals must base our judgments on good data. We must use scientific studies supported by methodical and meticulous data collection and evaluation. Currently, we are all too often relegated to the use of data collected in institutional isolation, using multiple methods and multiple standards for which each institution has its own set of variables.



By Bobbie Berkowitz, PhD, RN, FAAN, Professor and Chair, Department of Psychosocial and Community Health, University of Washington School of Nursing, Director, Turning Point National Program Office, Robert Wood Johnson Foundation

Hospitals, health departments and academic institutions can collect data simultaneously, but without a cooperative, uniform system these data cannot be used to form valid conclusions. Much laboriously collected data is wasted because the research is based on different standards, and so the opportunity to examine a larger, more significant population is missed. Bringing together scientists and researchers in a partnership would allow them to set uniform standards for data collection.

A strong public health infrastructure

Public health infrastructure is composed primarily of information systems, the public health workforce, and organizational structures. These components work together to form the base of our public health system. We have many examples of how partnerships can improve the functioning of the public health infrastructure. Information system capacity is particularly important. Providers within the system need to collaborate rapidly around the collection, analysis, and reporting of data related to communicable disease control. Suppose, for example, a community physician sees a patient with a high fever and symptoms suggesting encephalitis. The physician would then send a blood sample to a laboratorian. Once the specimen is identified, the laboratory professional would quickly report that information not only back to the physician, but also to the appropriate public health agencies, on the theory that there might be an impending outbreak. This day-to-day practice, taken in the context of a cooperative public health environment can — and often does — result in saving many lives in communities throughout the country. In fact, Illinois recently experienced such an event. Several private laboratories began reporting an outbreak of salmonella. Astute contact between public health professionals at the Centers for Disease Control and Prevention in Atlanta and public health personnel in neighboring midwestern states revealed that the source of contamination was commercially prepared toasted oat cereal. The simultaneous gathering of information in Illinois and a number of other states led to a speedy identification of this public health threat. Further, this threat was followed by close collaboration with businesses to coordinate a broad recall of the product.¹ Clearly the day-to-day collaboration between private practice professionals, private industry and government public health personnel saved the lives of many citizens.

A skilled workforce is another essential component of the public health infrastructure. Public health professionals are scattered throughout the country, working in agencies, institutions, businesses and the field at the local, state and national levels. This wonderful diversity of public health



expertise provides our country with a rich network of knowledge, skills, talent and perspective. It is imperative for all levels to work together to define the skills and competencies expected from our public health workforce so the public can be assured, at least in part, that the members of this workforce, no matter where they are, exhibit the highest level of proficiency. One of the innovative ways that this might be accomplished is through uniform

credentialing, which Dr. Kristine Gebbie addresses in the next chapter. The need for other innovative approaches to focus the energy and skills of our diverse public health resources will be a key strategy to advancing the public health agenda in this country, and an enabling strategy for reaching out to others less advantaged in needy regions of the world.

Organizational structures must be designed to improve the efficiency and quality of the system. This requires partnering not only among professionals, but also among various organizations and agencies. For example, a concerned community, a local hospital, a state health department and the federal government might cooperate to create a new public health clinic. For years, uninsured citizens without access to care for even the most basic medical needs have used the hospital emergency room in place of a primary care physician. A state public health department can alleviate such costly overutilization by partnering with that hospital — and perhaps even the local chamber of commerce or private industry — to secure a federal grant that would enable the development of a low-income clinic under the hospital's administrative auspices. Such a setup would provide access to quality medical care for those in need, while fulfilling the mission of the hospital and the local public health department. It would also serve private sector

partners well by helping them keep their workforce productive while utilizing health benefit programs more cost effectively.

The Turning Point Initiative, a program I direct, is an example of a national effort to strengthen and improve the public health infrastructure so it is able to focus on health promotion, disease prevention, and the protection of the public from threats and hazards to health. The program, funded by The Robert Wood Johnson Foundation, is a national public health initiative comprising 23 states, and promises to have a potent impact on the future of public health care. This important initiative addresses the need to improve effective interaction among many components of the public health system. Collaborative models bring together these partners to plan and develop strategies for



system change. Through this program, we expect a transformation and strengthening of the public health infrastructure so that states, local communities and their public health agencies can be more responsive to health threats and challenges. The goal of Turning Point is ambitious, but crucial. Such a strategically driven process will form one possible model for other states and communities to use. Restructuring public health outreach in a strategic and cost-efficient manner must be done in a way that addresses emerging public health needs and corrects longstanding health deficiencies.

The effectiveness of our future public health system depends largely on the ability of organizations and professionals to form strong collaborative relationships, both public and private. Today more than ever, through initiatives such as Turning Point and the willingness of entities within the system to work together, we are in an ideal position to see the formation of distinct and useful partnerships. I can only hope that these unions will continue to grow and flourish throughout the next ten years.

Bobbie Berkowitz, PhD, RN, FAAN is professor and chair of the Department of Psychosocial and Community Health at the University of Washington School of Nursing. Dr. Berkowitz is currently Director of the Robert Wood Johnson Foundation's Turning Point National Program Office.

Dr. Berkowitz was Deputy Secretary of the Washington State Department of Health from 1993 to 1996, and was Chief of Nursing Services for the Seattle-King County Department of Public Health from 1986 to 1993. She has served on the Washington State Board of Health, the Washington Health Care Commission, the American Nurses' Association Committee on Community-Based Indicators, and as co-Chair of the Institute of Medicine's National Committee on Monitoring and Improving the Health of Communities. She currently serves on the boards of the Hanford Environmental Health Foundation, Qualis Health, and the Public Health Foundation.

Dr. Berkowitz is a fellow in the American Academy of Nursing, a member of the Institute of Medicine and served on the Cabinet on Nursing Administration of the Washington State Nurses Association, and on the Governing Council of the Public Health Nursing Section for the American Public Health Association.

Berkowitz holds bachelor's and master's degrees in nursing from the University of Washington and a PhD in nursing from Case Western Reserve University in Ohio.

¹ <http://www.idph.state.il.us/public/press98/salm.htm>