

## **BUILDING HEALTH COMMUNITITES IN OKLAHOMA THROUGH PARTNERSHIPS**

The Oklahoma Turning Point Initiative has been an amazing journey. When the original proposal came from the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation, it spoke of “transforming” public health through community-based partnerships. This simple idea hit a chord with the Oklahoma State Department of Health. Although the public health system in Oklahoma had one of the best infrastructures in the nation, with 69 county health departments and a well-trained work force of 2,400 employees, progress was not being made on Oklahoma’s health status indicators. Worse yet, Oklahoma’s age-adjusted death rates were actually getting worse since the mid-1980s compared to the rest of the nation—the only state with such a dubious distinction. So, what was wrong?

The answer was in our approach to public health. The same centralized public health system that allowed development of an excellent infrastructure also inhibited input from local communities. Decisions about public health were made at the Central Office in Oklahoma, and public health services were implemented in a “cookie-cutter” fashion in each community. Of course, the flaw with this system is that each community is unique in its make-up and the same public health approach for one community likely will not work for another.

This is why the Turning Point Initiative has been so important to Oklahoma. It has changed how we do the business of public health. Simply, unless communities are actively engaged in not only determining their own public health needs, but also developing and implementing solutions, improvement in community health will not be realized. Therefore, as a result of the Oklahoma Turning Point Initiative, the centralized system is reorganizing itself to:

- Accept recommendations from stakeholder groups and coordinating untapped expertise between physicians and other health professionals, businesses, education, public health, citizen groups and the faith community;
  - Share responsibility for a community’s health;
  - Find ways to share resources among agencies at the state and local level;
  - Use available public health resources differently with great flexibility at the local level;
- and
- Accept accountability for the outcomes of public health decisions at both the local and state levels.

These fundamental steps, while looking basic to many, represent extraordinary system change for Oklahoma. For the first time, communities have an equal voice in public health decisions. For the first time, public health workers within the Oklahoma State Department of Health see their role as supportive to community-based decisions and initiatives. And for the first time, community members see the important role they play in assuring a healthier state for future generations. What are the results of these system changes? Some amazing things:

- Community partnerships over the entire state working on local health improvement activities;

- Additional communities that have requested technical assistance to start new partnerships;
- A shift toward population-based public health activities;
- A formal recommendation from the State Board of Health to use Oklahoma’s Turning Point *Public Health Innovation Plan* as a guide for restructuring public health in Oklahoma;
- The transformation of the state Oklahoma Turning Point Advisory Committee into the Oklahoma Turning Point Council that supports community Turning Point partnerships and advocates for statewide policy changes for health improvement;
- New community health services developed and implemented by local communities;
- Communities organizing to adopt healthy behaviors and encourage hundreds of citizens to exercise and eat healthy;
- New local policies such as local seat belt ordinances, removing sugar drinks and unhealthy snacks from school vending machines, and the adoption of local smoke-free environments;
- And many, many more system changes that are helping improve the health of all Oklahomans.

Of course these system changes did not just happen on their own. It took people who were not afraid to redefine their relationships with one another. Key leaders in Oklahoma’s counties and at the Oklahoma State Department of Health were committed to spend the time necessary to build a relationship, and think differently about how to approach public health. Many trips were taken from Oklahoma City to the Panhandle, to each corner of the state, and back again. Many things were discussed and some arguments occurred. But in the end, what mattered was the fact that we all began to realize—at the local and state levels—we simply wanted to help the people of Oklahoma. What we had been doing wasn’t working. And we committed ourselves to turning things around by committing to each other, and redefining our relationships as true partners.

Now, it’s not about the “state” people or the “local” people. It’s about *us*, working together to build healthy communities. We simply work together as partners to improve health. If a community needs assistance in finding data, we figure out how to find the data. If someone from a community has a better idea on how to impact the health of their citizens, we work together to make that idea happen.

Have our health status indicators turned around as a result? Well, not quite yet, and true, measurable improvement in our health status indicators may be years into the future. But we are confident that the future is indeed bright and that these new relationships and our roles as public health partners will impact our state’s health in a lasting, positive way.