

# CREATING HEALTHY COMMUNITIES

## TURNING POINT

*"While there is a clear need for careful and accurate collection of information to keep us informed, there is a parallel need to hone the human skills of relationship building, sensitivity to our cultural differences, community leadership, and a willingness to work together for the betterment of our community."*

*-Sitka Turning Point Towards Health Community Health System Improvement Plan, December 1999*

Turning Point communities in Alaska—Sitka, Kenai and Fairbanks—are among the scores nationwide awarded grants in 1996 by the W.K. Kellogg Foundation as part of a project called Turning Point: Collaborating for a New Century in Public Health. Turning Point's goal is "to transform and strengthen public health infrastructure so that states, tribes, communities, and their public health agencies may respond to the challenge to protect and improve the public's health in the 21st century."

The Alaska Division of Public Health partnered with Alaska's Turning Point communities to apply for funds from the Robert Wood Johnson Foundation. In 1997, the foundation awarded funds to Alaska for developing a public health system improvement plan. Among ten goals identified in the Alaska Public Health Improvement Process (1997–1999), one goal was identified as the priority for implementation: development of public health data that would be useful for communities, as well as for state policy makers. Each of the communities has worked with the Division of Public Health to list the data they most wanted to have as "community health indicators." The Division has been working on regional health profiles, on better lists and links to resource materials, and on development of a user-guided system for finding needed data, to fulfill the expectations of the project. In addition, Turning Point community representatives have been part of the Healthy Alaskans Partnership Council, the group that advises the Division of Public Health in developing *Healthy Alaskans 2010: Targets and Strategies for Improved Health*.

In the pages that follow, Sitka, Kenai and Fairbanks tell about their efforts to improve health in their communities. Each community has a different experience with "collaboration" to improve "public health."

## CREATING A HEALTHY COMMUNITY - SITKA TURNING POINT TOWARDS HEALTH

*By Partnership Members*

### How It Began

In September of 1993, the Alaska Pulp Corporation mill, Sitka's largest employer, shut down. The closure raised many concerns relating to our community health. Top on the list was economic recovery. How would Sitka replace the jobs and economic benefits the mill had provided? Significant numbers of displaced workers and their families moved out of town. The decrease in student enrollment in our schools caused decreases in school funding. Local business revenues declined, as did the City and Borough's sales taxes. There was heightened concern about the social impacts related to stress in families affected by the closure. Over the years of the mill's operation, a deep divide

between mill supporters and environmentalists had developed in Sitka. The arguments had pitted citizens against leaders and company officials, neighbors against neighbors. The civic climate was not healthy, and the community was faced with many difficult decisions about its long-term well being.

Shortly after the mill closure, the City of Sitka, with the help of many citizens, revised its Comprehensive Plan. Work on “the Plan” gave Sitkans an opportunity to come together to address some of the difficult decisions facing the community. The new plan included nine main sections, ranging from land use to arts and culture. One section was dedicated to social services and another one was dedicated to health, illustrating the disconnection between these closely related aspects of Sitka’s well being. The health section listed five goal statements: 1) collaboration of services, 2) reducing alcohol, tobacco and other drug abuse, 3) addressing mental health concerns, 4) encouraging healthy lifestyles, and 5) teen pregnancy prevention. But the plan didn’t tell us how to achieve these goals. Despite much time and commitment to a year long process, the Comprehensive Plan turned out not to be a guide. Many people felt discouraged.

This was the backdrop for the development of the Sitka Turning Point Towards Health Partnership. At the time of Sitka’s application for a Turning Point grant, there was interest in furthering the work that had been started in the Comprehensive Plan. The forming partners wanted something that would not sit on a shelf but would be a useful, meaningful guide or health plan for our community.

### **The Turning Point Grant**

In the spring of 1997 we applied for a grant from the W.K. Kellogg Foundation to support planning to improve community health through system change. A group of five health, business and non-profit individuals committed to review the grant and contributed to the grant writing. We saw our work as a community effort—not just as agencies working on a project. And everyone in the community was invited to participate. This early decision to be inclusive and share responsibilities became an unwritten rule of our functioning.

The Turning Point grant was intended to help communities examine the issue of “systems change” in relation to community health or public health. It also provided extensive technical assistance to support communities in the process. Process was considered more important than product. The tension between processing and producing was a struggle for our group.

When notification that the grant had been awarded came in the winter of 1998, the partnership recruited a steering committee and scheduled monthly meetings. Sitka Turning Point Towards Health Partnership was born.

*“Early in our organization’s beginnings, youth and elders cautioned us that if we wanted to be inclusive, we needed to use language everyone understood. We encourage participation from everyone in our community. We work hard to make Partnership meetings jargon free.”*

## Our Vision

Our first effort was to develop a strong, collective vision, mission and framework for the work we intended to pursue. After a year of discussion, we agreed on our vision statement:

*"A weaving is made up of warps and wefts. The warps are the basic structures, the foundation, the resources, and the stability—the principles that are always intact and true. The wefts are the elements that create change and beauty, the people, the dreams and their relationships, building on the basics—a work of art."*

We hoped that this image would help us to appreciate how important each part is to the whole, and that through our diversity is unity.

We saw Sitka's many community health resources, but also saw the separation among agencies. Sitka has a population of nearly 9,000. Sitka has a number of health and social services providers, including two private medical clinics, alternative medicine practitioners, a dozen social service and public health agencies, substance abuse prevention and treatment, mental health, family and youth services, domestic violence, home health care, elder care and two hospitals, Sitka Community Hospital and Southeast Regional Health Consortium, which had a history of operating very separately.

During our first year, our group struggled with trying to understand what constitutes "systems change," and what "public health" means. We were not clear how we could promote "health systems change" when we were not sure we were dealing with a system at all, but a disconnected group of well-meaning organizations, each attempting to do a job to the best of its ability. As we worked to define our health system, we realized it was difficult even for those of us familiar with the many agencies that support health in our community. If it was a challenge for us, then it must be a near impossibility for folks not familiar with what's available. It became clear that this problem of fragmentation needed to be the primary focus of the work of the Partnership.

Defining "public health" was not any easier than defining "health systems change." After much discussion, we concluded that for our purposes, "community health" was a better term than "public health." We saw that our community's health meant healing divisions within the community and creating a climate of trust where people could work together to improve the spiritual, economic, recreational, physical, social, emotional, environmental and intellectual health of our community. Helping to make connections between these seemingly disconnected aspects of community health became another focus for the Partnership.

Unforeseen opportunity helped forward our vision of what we might be able to accomplish. One of our partners, the Island Institute, brought a consultant in to teach collaborative leadership. Several Partnership members, as well as other community members, participated in a two-day workshop. The group brought together for training decided to work on solid waste issues in Sitka. We watched the collaborative process in their work, and the training did a great service in building capacity in our community to convene and facilitate meetings and to learn how to best move issues forward politically. Our Partnership learned from watching the solid waste group work together.

## Our Goals

It was difficult for us to figure out how to organize ourselves to create a healthy community. We have three goals in our Community Health System Improvement Plan:

- Create and sustain a mechanism to inform the community and be informed by the community on issues relating to Sitka's health and well-being.
- Develop the capacity to collect Sitka-specific community health information and improve our access to community health data from state agencies.
- Expand leadership capacity in Sitka.

*The Island Institute (Sitka, Alaska) is a non-profit organization that provides frameworks for people to collaborate and think creatively about how people can best live together in communities and how people can best inhabit the places where they live. The Institute fosters local and regional communication and education. The Island Institute sponsors the summer Sitka Symposium on Human Values and the Written Word and other conferences and workshops and publishes the periodical, Connotations.*

[www.islandinstitutealaska.org](http://www.islandinstitutealaska.org)

We set up three work groups: Engaging the Public, System Assessment, and Health Information and Indicators. Engaging the Public was our means of both communicating to the community what we are about and getting information from the public. System Assessment helped us learn about the missions of agencies, organizations, churches, businesses and other groups; how to document the range of services offered in Sitka; and how to document how money flows into our community for health related programs. The Health Information and Indicators Workgroup allowed us to create a profile of community health and to make it available to the public through the Sitka Community Indicators report.

## **Community Health Indicators**

The Island Institute helped us in our effort to develop a set of community health indicators. The Institute came to the Partnership with a community health indicator project already begun. We worked together to expand and complete the project. Our meetings with the community to explain the Community Health Indicators helped people become aware of community health issues in Sitka and to tell the Partners other issues that were important in the community. City officials also learned from the Community Health Indicators Report and assisted us in developing a second report two years later.

For this second Community Health Indicator Report (2001) over 50 citizens worked on the details of indicator selection and determined the areas of interest to be included in the report. The group also assisted in the interpretation of the data and critiqued the draft. We launched publicity for the report and held two public meetings. The City of Sitka donated \$3,000 toward publishing this report and the City now includes the report on the City of Sitka website.

Sitka Turning Point Partnership's accomplishments began with the planning process and adhering to the written plan. This plan, Sitka Turning Point Towards Health Community Health System Improvement Plan, was developed as a guide for all the work we do. We use the plan to make sure that the actions we take are within the mission of our collaborative. With so much focus on process, it is easy to forget all the "work" that is getting done. Recording and celebrating accomplishments is important work for groups that intend to be sustained.

## **Community Health Heroes**

Sitka Turning Point decided to honor our Community Health Heroes. Our most recent group chosen was the Baranof School Playground Coalition—a collaborative project with the Baranof Elementary School principal and staff, Baranof School Parents Advisory Committee, the City and Borough of Sitka, and the Sitka School District. The elementary school had an extensive remodel but there were no funds to upgrade the playground, which was in very poor repair. Through the efforts of these groups, a wonderful safe playground was created. At the dedication and open house of the school Sitka Turning Point presented a commemorative plaque to be installed in a wall on the playground which honors those who pulled together to provide the children of our community a very special gift, the new playground.

Our plan is important, but equally important has been our openness to opportunity. Learning about agencies and developing trusting relationships have created opportunities for system change. For example, a developmental playgroup for pre-school children lost its meeting space. Now it is housed at the Pioneers' Home, giving the children and their elders a chance to visit with each other. When one of our members became ill, partners realized that Sitka needed a hospice program, and the Sitka Community Hospital helped to set one up. One of our members now chairs the City and Borough of Sitka's Commission on Health Needs and Community Services, providing a link between our work and the City's efforts.

## Leadership

Much of the work necessary to affect true community health systems change requires strong and effective community leaders. It also relies on the involvement of people with a variety of perspectives, backgrounds, and connections within the community, including youth. The more we have worked together and come to value the contributions of Sitka's diverse population, the more we began to understand the importance of shared leadership for the Partnership and to see a need to develop new leadership in our group and in our community. We plan to have a Leadership Conference and a series of local workshops in the fall and winter of 2002 on such subjects as:

- The Challenge of Leadership and Creating Change in Communities
- Communication Styles and Differences among Cultures, Genders and Generations
- Principles of Facilitation and Team Building, and Principles of Mediation, Dispute and Conflict Resolution.
- Advanced Principles of Collaborative Approaches to Community Issues.

We see especially that we need to develop leadership among our young people and encourage them to be participants in the life of our community. We will work on this over the coming years.

We are proud of our work in Sitka and proud of the recognition we have been given by the Kellogg Foundation. They have helped us in our commitment to the collaborative process and to consensus decision-making and have given us advice about becoming more diverse by increasing our Leadership Team to include more members and more citizen positions. We have also been encouraged by them to "tell our story." In the January 2002 issue of the Journal of Public Health Management Practices the Sitka Turning Point partnership published an article about our work. The title of the article, "Community Collaboration—A Weaving" was a collaborative effort between the primary authors, Nancy Cavanaugh and Kaats Saa Waa Della Cheney, a local editing team of Partnership members and help from the University of Washington.

We believe in collaboration. In the past, most of the organizations now involved in the Partnership did not think of doing business through collaborative efforts. Encouraging collaborative work within the Partnership and between agencies has been an important part of our work. We see our work as a change agent, facilitating connections between organizations and individuals that go on to improve the health of our community, rather than taking on health issues to solve ourselves.

*"Our collaborative relationships demonstrate that people are the most important resource we have."*

Relationship building takes effort. Nurturing relationships means being patient and learning to trust. Decision making by consensus means no one feels we are moving in the wrong direction. We mentor newcomers to the Partnership so they quickly feel a part of the whole. The relationships we have developed through Partnership meetings and events sustain our participation and make it more enjoyable. For many of us, our work with the Partnership has been an opportunity for personal growth and change.

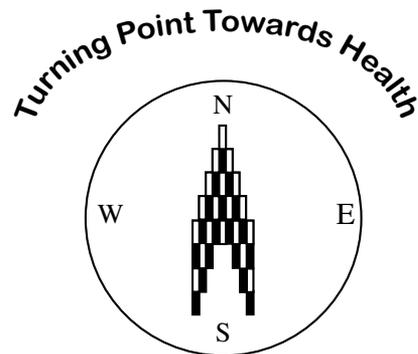
We moved to a “shared leadership model” in our organizational structure. We don’t have officers. Instead, we have a Leadership Team of nine members from different sectors of the community whose terms are staggered. This group rotates the role of team facilitator and the full Partnership meeting facilitator. We share responsibility for taking and distributing minutes and meeting notices. To further assure that our Partnership is not associated with any one agency in town, our meeting place rotates among different locations, helping Partnership members learn more about participating organizations and avoiding the dominance that might come of a single organization hosting the meetings regularly.

The logo for Sitka Turning Point Towards Health is geese flying in the familiar “V” formation. Created and designed by Kake Tlingit weaver, Kaats Saa Waa Della Cheney, this logo was woven into a traditional Tlingit basket.

Like the geese in flight, our partnership is about working together, trusting the process, sharing the leadership, taking needed breaks and lifting those who need a rest, building relationships, and taking time when all is done to stop and talk about what we have learned.

*“Turning Point has been an attempt for our small island community to come together to see if we could develop a plan to transform the health system of our community. The goal seemed as daring as a trip to the moon, and we knew it would take time and the commitment of a large sector of the community working together as completely as possible to be successful. We are happy to say we are making progress. There is excitement in the air when we meet. We have much to learn. We have learned much.”*

*-Sitka Turning Point Towards Health Community Health System Improvement Plan, December 1999*



## **“Healthy Communities, Healthy People” The Central Kenai Peninsula Turning Point Project**

*by Healthy Communities/Healthy People*

*“We are a group of committed members of the community who work together to create opportunities to enhance individual, community, and ecological well-being.”*

*-Healthy Communities/Healthy People*

The Kenai Turning Point project has a history that started before the Turning Point grant. Turning Point’s Healthy Communities/Healthy People (HC/HP) Steering Committee evolved from the Kenai Peninsula Borough Health Care Advisory Council, formed in 1991 to address the borough’s widespread lack of affordable, accessible health insurance.

In 1994, the group collected community input on health issues through a series of Health Forums, during which five major taskforces emerged to address “sustainable economy/environment,” “public transportation strategies,” “strengthening families,” “life skills,” and “kids’ stuff.”

In March 1996, we partnered with the previous Health Fair organizers to host the first annual Village Fair. Since then the Village Fair has become an increasingly well-attended annual event. In addition to 25 standard “health fair” stations, 77 other community groups participate. Master gardeners, pharmacists (checking medications for people), the Watershed Forum, local blood bank, Kenaitze Tribe, and law enforcement officers (taking pictures for the missing children program) are some of the different groups. A charter member of HC/HP has recently taken the Village Fair concept to Russia, through collaboration with the Soldotna Rotary.

In 1997, with funding from the W.K. Kellogg Foundation, Kenai Turning Point developed a public health system improvement plan, “Healthy Communities/Healthy People” (HC/HP). The plan states: “The overall vision of HC/HP is based on a way of looking at health that is inclusive, encompassing and holistic.

The individual, family, community, and ecology which are at the core or hub of the entire Public Health System drive it. This change from the traditional agency, governmental or organizational approach is a significant departure; and, by itself, when fully understood and implemented, will be the most important aspect and improvement in the Public Health System of the Central Kenai Peninsula.”

We have found a better way to do our business. Since July 1998, Bridges Community Resource Center, Inc. acts as fiscal agent for and collaborates closely with the “virtual organization” called HC/HP. Healthy Communities/Healthy People and Bridges have made a difference. Early discussions about transportation laid the groundwork for another group to establish an innovative and successful community-wide rural transit system, named Central Area Rural Transit System (CARTS).

HC/HP’s Mini-Grant Project supported 36 groups and individuals financially for efforts such as a school breakfast program, snow machine helmets for kids, and grant-writer and leadership scholarships. The mini-grant model was so successful that the City of Soldotna and the Soldotna Tobacco Alliance began a similar program.

HC/HP collaborated with Bridges and the State of Alaska to assess and educate the community about oral health needs of low-income children. The Dental Health Assessment showed that we need a broad approach to the community’s complicated and serious oral health problems. A community-wide Dental Health Coordinator was hired and supported by HC/HP until Central Peninsula General Hospital agreed to pay her salary on a temporary basis. Since then, that position has become well established in the community.

Healthy Communities/Healthy People and Bridges worked with the State of Alaska to access federal community health center funds to provide health care to uninsured or underinsured individuals. A new Board of Directors now operates the busy Cottonwood Clinic and will soon establish a local dental clinic.

We have joined with others in the community to deal with local prescription drug abuse. We now have widespread community education activities, advocacy for changes in Medicaid regulations, and proposed legislation for tracking of prescription narcotics.

Our Indicators Committee, with the Borough Economic Development Office and the Health Service Area Board, is completing a community health assessment. Next, we will develop a “report card” on the health and well-being of the community.

Where do we go from here? Some of Healthy Communities’ next efforts will be in partnership with the Economic Development District to identify and decrease community hazards, such as contaminated well water. Another major thrust for the future is to develop a Community Care Foundation. A task force has begun work with “mentors” to create a financially sound, renewable resource for the community, to be used for continued improvement in community health and well-being.

Over the past eleven years of community development, we have learned a number of key concepts. Several themes and characteristics of our community have promoted our process and progress:

- relationships
- leadership
- partnership/collaboration
- diversity/holistic approach
- trust/shared vision
- commitment
- perseverance
- positive energy/focus on “assets”
- have fun!

### **Fairbanks Community Health Partnership**

Fairbanks’s Turning Point project began with thirty volunteers from twenty-six agencies and the community at large donating more than 3,240 hours to develop and begin implementing a health system plan, A Blueprint for Transformation, for Fairbanks.

The Fairbanks Community Health Partnership used some of their Kellogg Foundation grant funds as mini-grants to groups wanting to do a project or service for the Fairbanks community that supported the concept of community health. The Partnership developed a website ([www.FairbanksInfo.com](http://www.FairbanksInfo.com)) to highlight local health data and a health resources directory. The website encouraged new Partners to share data and decrease duplication in data collection. The Partnership is working with the Youth Asset Building Coalition to improve outcomes for young people in Fairbanks.

Local government officials have been keenly interested in the Partnership’s local data collection and review of local public health related ordinances. The Mayor is concerned about the city’s ability to respond to sudden growth and development and sees the Partnership’s work as essential to that preparation.

## **WHAT NUMBERS CAN TELL US**

Communities can measure what they care about. Health indicators—like the Healthy Alaskans 2010 Indicators, the Sitka Community Indicators, selected indicators on FairbanksInfo.com, and the Healthy Anchorage Indicators—help us measure important issues over time. Good indicators show change over time, are easy to understand, attract media attention, and inspire action. Good indicators can be changed by individual or community action.

You build indicators out of data—the measurements. Health data include information from death certificates and birth certificates, immunization rates, reported cases of certain diseases, and surveys of behaviors (such as smoking or exercising) that affect health. Social and economic factors like education and income are also interesting to track, since they can influence health and are often highly correlated with health status.

Most health data in Alaska is available at the borough or census area level. Social and economic data may be available by school district, labor market region, or community.

Tribal health statistics represent the beneficiary population rather than a specific place. Some communities may create their own data—by counting the number of people using a walking trail, tracking pop sales from school vending machines, or recording the number of serious snow machine injuries in a season.

## THINGS TO CONSIDER

### **What does public health mean for your community?**

Alaska’s three Turning Point communities are among the scores in the nation funded by the Kellogg Foundation to improve health systems through collaboration. Each of our communities struggled to find definitions for the basic concepts of “public health,” “health systems change” and “community health” and to develop a definition of collaboration that worked in each community.

### **In your community where are the opportunities for collaboration among organizations and individuals?**

The Turning Point groups learned that forming partnerships and working collaboratively goes “against the grain” of the way many agencies work. Some of the tools they used to foster collaboration, for example, mini-grants, may have had only short-term benefit. The relationships they built may have longer lasting impacts.

### **What are the issues in your community that people feel strongly enough about to work on? What keeps them from working on those issues? Would better data help?**

Each of the Turning Point projects tried to expand residents’ understanding of “public health” and tried to get residents involved in the health planning process. Each has struggled with how to devise strategies that will work, especially when state and local agencies share responsibility for implementation. Data collection about local health conditions was often problematic. But community health indicators did serve an important role in focusing attention on those health conditions communities wanted to change.

### **Does your community have people to lead an effort to change the community’s public health system? How can you develop leaders? Do leaders and community members share a common vision?**

Leadership was an issue for all three communities—both leadership for the project and expanding the community’s pool of leaders, especially young people. Sitka, especially, focused on developing a new organization that reflected the values in their vision statement—diversity and unity—and adopted a defined collaborative process and collaborative leadership. Their commitment to Sitka and to “hanging in for the long haul” is notable. Similarly, Kenai’s Partnership is well rooted in the Central Kenai Peninsula.

### **Alaska Health Profiles Online**

[www.hss.state.ak.us/dph/profiles](http://www.hss.state.ak.us/dph/profiles)

*Start the search for health data here. Population, death rates, births, and health risk factors are all available by borough or census area. Some areas with low populations, such as the Southeast boroughs, are combined to provide bigger base numbers and more meaningful rates. The “important links” for each region and the “resources” list provide links to other sources of health, economic, and social data for Alaska.*

## **What are the conditions that favor continuing effort to improve community health?**

The experiences of the three communities call into question what happens when outside funds are used for local projects. Is the community's goal the same as the funder's goal? Will the effort extend beyond the end of funding? What are the conditions that favor continuing commitment to community health? Alaska's three projects show that funds can be helpful, especially to finance staff for such efforts as data collection. But funds can't substitute for local commitment to doing things in new ways. The commitment of local people to the community and its future is crucial in sustaining efforts to improve community health. As in Kenai's Turning Point project, which pre-dated the grant, success may come more from efforts that were not solely dependent on grant funds but were more firmly rooted in the community's history.

## **TO FIND OUT MORE**

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National Turning Point Website  
[www.turningpointprogram.org](http://www.turningpointprogram.org)

National Association of County and City Health Officials  
[www.naccho.org](http://www.naccho.org)

Healthy Anchorage Indicators  
Anchorage Department of Health and Human Services  
Community Health Promotion Program  
[www.indicators.ak.org/](http://www.indicators.ak.org/)  
(907) 343-4655

The Community Indicators Handbook  
Tyler Norris and Alan Atkisson  
Redefining Progress, 1997  
(510) 444-3041  
[www.redefiningprogress.org](http://www.redefiningprogress.org)

Coalition for Healthier Cities and Communities  
[www.healthycommunities.org](http://www.healthycommunities.org)

The Community Toolbox  
[Ctb.ukans.edu](http://Ctb.ukans.edu)

## **REFERENCE CHAPTERS IN HEALTHY ALASKANS 2010, VOLUME I**

Chapter 6. Educational and Community-Based Programs