

On July 10, 2001, West Virginia Turning Point Director, Amy Atkins, was preparing for the next day's First Invitational Roundtable on Public Health Partnerships, dedicated to strengthening the working relationship between state and local public health. As rain lashed the windows and flood waters rose, Amy realized that the Roundtable would have to be cancelled.

West Virginia Turning Point Watching a System Grow

State and local public health departments, each with their own disaster response procedures, responded to the mounting flood conditions. As part of the Division of Public Health Nursing and Administration at the State Department of Health, Amy and her colleagues were to maintain contact with each local health department (LHD) in the affected areas, assess their needs, and provide assistance. Immediately things started to go wrong.

First, Amy found herself without emergency numbers for some of the LHD staff. In some cases she had to reach them through their neighbors! Then, there was a struggle for tetanus vaccine. Local staff faced crowds of people at their doors demanding tetanus shots and requested additional vaccine. For many it was not medically indicated and state supplies were low. Working relationships between state and local public health were strained. Roles and responsibilities were not clearly defined, efforts were duplicated, and in some cases, no one was assigned to critical tasks.

As the flood waters subsided and the immediate crisis passed, there were many repairs to do, not the least of which was in the public health system. To start with, state and local officials found the rescheduled Invitational Roundtable on Public Health a great opportunity to plan how to improve their emergency response systems while they focused on improving their work relationship in general.

Did their work to improve their relationships and coordinate procedures pay off? Success was crystal clear two years later as Hurricane Isabelle threatened the eastern panhandle of West Virginia. Isabelle's arrival meant potential mass power

outages, flooding, and heavy winds. Unlike in the 2001 flood, state and local public health handled the 2003 emergency far more effectively. The disaster network was activated with clear messages for community partners. State Department of Health staff began calling and e-mailing their

assigned LHD agencies about specific preparations. The night before Isabelle arrived, the local health departments distributed communications materials to the press, moved vaccines to facilities with backup generator power, and conducted local emergency planning meetings with their partner agencies. Besides the



change in communication procedures and strategy, distrust had been replaced with confidence and support. Instead of a state health department and local health departments, a public health system had emerged. Locals had tetanus vaccine available and knew where additional doses could be found. The state had arranged for even more doses to be shipped in from out of state if more was needed beyond what had been given to the local health departments.

The Invitational Roundtable on Public Health Partnerships is now part of a formal planning process between the state and local public health agencies. The principles established through this process serve as the framework for how the parts of the West Virginia public health system work together. These principles do not just live on a shelf. They provide guidance to the organizations as they continue to improve the way public health agencies work together, not just in the area of disaster response but in everyday public health functions.

At a Glance: West Virginia

Aim of West Virginia Turning Point

West Virginia Turning Point focuses on improving the performance of and working relationship between state and local governmental public health agencies in order to more effectively address health issues. In addition, they are creating processes that measure the performance and effectiveness of public health activities throughout the state.

West Virginia's Public Health Challenges

West Virginia is the second most rural state in the nation, which increases the importance of strong and coordinated local partnerships. In 1997, 34 of the 49 local health departments in West Virginia were experiencing severe reduction in services and workforce due to a dramatic decrease in revenue and support. In addition, West Virginia's communicable diseases were being underreported and the need to strengthen surveillance capacity had been identified. Perhaps most essential, public health planning efforts have historically lacked a formal process for setting joint short- and long-term priorities.

West Virginia Turning Point's Contribution to Improving Public Health

West Virginia Turning Point has:

- Regularly assessed the performance of local public health services through a new accountability structure that ensures West Virginians receive standardized care and ongoing improvements to services that protect their health. A prime example is the use of performance standards and surveillance indicators to reduce the time it takes to recognize a new infectious disease outbreak in West Virginia.
- Convened active partnerships of representatives from a variety of sectors that have a stake in public health at the local level to share resources and decision making based on local priorities.
- Supported community partnerships in developing local policies and revising outdated public health codes.
- Strengthened the relationship between state and local public health through formal working agreements and joint planning and assessment.
- Increased the capability of the public health workforce through the development of standardized job descriptions, orientation programs, and structured training tools for public health staff.
- Improved public health's ability to track emerging infectious diseases by developing performance standards, increasing regional and state staff, strengthening laboratory capacity, and providing quarterly trainings.

For More Information

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