



Helping Public Health Institutes Become a Key Player in the “New” Public Health

Strengthening the Nation’s Public Health Institutes

INTRODUCTION

The National Network of Public Health Institutes (NNPHI) launched this project to strengthen the nation’s public health institutes. Public health institutes are nonprofit entities that serve as partners and conveners to improve population-level health outcomes and foster innovations in the public health system. NNPHI provides technical and some financial assistance to institutes, provides networking opportunities and has also strengthened its own capacity and infrastructure during the course of this project.

The Robert Wood Johnson Foundation (RWJF) provided a \$366,399 grant in 2003 and continued supporting the project with three more grants: \$847,106 in November 2006 (ID# 57596), \$700,000 in August 2009 (ID# 66326), \$975,000 in August 2011 (ID# 69077), and \$485,000 in April 2014 (ID# 71689). RWJF funding runs to July 2015.

WHAT IS PUBLIC HEALTH? WHY IS IT IMPORTANT?

Preventing disease and promoting health where we live, work and play is the job of public health. Where medicine focuses on individual patients, public health takes a broader view, targeting population groups and communities. Its work is often invisible, yet it is credited with adding 25 years to the life of the average American.

For example, by helping to build a vaccine-delivery infrastructure and advocating for immunization mandates and guidelines, public health has enabled the widespread use of vaccines that have eliminated smallpox and polio in the United States, made measles rare and greatly reduced the number of people who get H1N1 and seasonal flu.

Promoting behavioral and environmental changes are other core public health functions. Through anti-smoking campaigns and policy changes that restrict or ban smoking, the

tools of public health have been used to protect nonsmokers, reduce the number of smokers and prevent millions of premature, smoking-related deaths.

Investigating patterns of disease also falls under the public health umbrella. Take for example outbreaks of food-borne illnesses, including the 2009 salmonella outbreak in peanut butter and peanut butter products; potential imports of the 2008 melamine-contaminated infant formula and related dairy products in China; the 2008 salmonella outbreak in peppers; and a 2008 salmonella outbreak from imported cantaloupes.

More than 3,000 federal, state and local health agencies and departments form the backbone of governmental public health, working together and with partners from the community, other government agencies, universities and the private sector to prevent disease and promote health. At the federal level, agencies like the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA) and the National Indian Health Board (NIHB) maintain national health statistics, safeguard the food and drug supply and much more.

State and tribal public health departments develop and enforce laws related to health, monitor health status, diagnose and investigate health problems, inform and educate the public, and more. At the local level, public health departments provide programs to control communicable diseases, provide immunizations and health screenings, conduct testing and offer counseling for sexually transmitted diseases, perform community health assessments and provide primary care services.

“The new public health breaks out of its old silos,” says Risa Lavizzo-Mourey, CEO of RWJF. “It works with others; collaborates on prevention, chronic disease, social inequalities and economic disparities.”

Yet, governmental public health has its limits

Assuring the health of the public in the 21st century is too big a job for governmental public health agencies alone. There are many other actors that have a stake and role to play in improving the health of the community—and they are positioned to address the economic, environmental and social determinants of health.

Recognizing this, RWJF and others have begun to speak about a “new public health,” one that emphasizes accountability, evidence-based standards, engagement in the political process and performance improvement.

“The new public health does not for a minute presume that government can do it all on its own,” said Risa Lavizzo-Mourey, president and CEO of RWJF. “The new public health taps into the very best leadership the larger community has to offer ... The new public health breaks out of its old silos; works with others; collaborates on preparedness, prevention, chronic disease, social inequities and economic disparities.”

WHAT ARE PUBLIC HEALTH INSTITUTES? WHY ARE THEY IMPORTANT?

Public health institutes are a key part of the new public health, filling the gap between what communities need to be healthy—places to live, learn, work and play—and the services that are provided by the governmental public health system.

“Public health institutes play a critical role in the broader public health system. They complement the work of governmental public health,” said Sarah Gillen, M.P.H., project director at the National Network of Public Health Institutes, which fosters networking and collaboration among public health institutes and their governmental and other partners.

Among their many roles, the institutes can leverage resources and bring multiple stakeholders—including state and local health departments and academic, community and foundation partners—to the table. They also act as fiscal intermediaries to speed the delivery of services and processes (e.g., hiring staff and buying supplies or equipment), as neutral conveners and as policy advocates.

The Michigan Public Health Institute helped grantees meet federal reporting requirements for a state program. Without the speedy work of the institute, the state would have lost the federal funding.

“The public health institutes can play a unique role educating policy-makers on health issues and can promote policy change,” said Sarah Gillen. Because they are nonprofit organizations in the private sector, “they are independent of political ties that may restrict governmental agencies,” she adds. They can also help to teach and train the public health workforce and health care providers, and provide research and evaluation services.

Strong relationships generally exist between public health institutes and their governmental partners, who are most often state health departments. For example, the Michigan Public Health Institute is a “key ally to all of the departments in the state of Michigan that share the responsibility for the health and well-being of Michigan citizens,” says Janet Olszewski, the head of the Michigan Department of Community Health.

The National Network of Public Health Institutes (NNPHI), established in 2001 with support from RWJF and the CDC, grew out of a national program *Turning Point: Collaborating for a New Century in Public Health* (1996 to 2006). Co-sponsored by RWJF and the W.K. Kellogg Foundation, *Turning Point* contributed to the expansion and growth of public health institutes and engaged stakeholders that had not previously been involved with public health (e.g., businesses, educators, faith communities and community organizations). See [Program Results Report](#) on *Turning Point*.

Fiscal intermediaries

As fiscal intermediaries, public health institutes can pass through money from public sector or foundation funders and hire staff to work alongside government public health workers on specific projects or to manage programs for a local or state health department.

After Hurricane Katrina, for example, the Louisiana Public Health Institute managed a federal grant as the local partner for the Louisiana Department of Health and Hospitals that helped 25 organizations running 91 health care centers rebuild their facilities, buy equipment and hire staff in the greater New Orleans area.

The Michigan Public Health Institute helped grantees meet federal reporting requirements for a state program to educate ethnic and cultural communities about getting vaccinated against H1N1 and to develop a culturally- and ethnically-appropriate immunization program. “We could never have done that quickly,” said Jean Chabut, deputy director of Public Health Administration in the Michigan Department of Community Health. Without the speedy work of the Michigan Public Health Institute, the state would have missed the opportunity to secure federal funding.

Reporting by the Kansas Health Institute’s news service influenced the 2010 passage of a statewide public smoking ban, says RWJF’s Pamela G. Russo, M.D., M.P.H.

Policy advocates and conveners

Public health institutes can also bring together partners and stakeholders in a neutral forum to promote discussion of difficult topics and advocate for policies to improve health. “Institutes—-independent of a governmental party or political leadership structure—have the ability to navigate issues from a neutral perspective rather than from a political perspective,” said Eric Baumgartner, director of policy and programs at the Louisiana Public Health Institute.

For example, the Georgia Youth Fitness Assessment, conducted by the Georgia Health Policy Center, the state’s public health institute, provided baseline data that were used to inform legislative discussions on school policies and programs impacting physical fitness levels in children. The center’s Childhood Obesity Collaborative Modeling Project allowed legislators to see in real time the impact of policies on health outcomes, including student fitness levels. Ultimately, the state passed a law requiring local school systems (K–12) to conduct an annual fitness assessment of each student and of the programs at each school and to meet minimum requirements for physical education beginning in 2011.

Likewise, reporting by the Kansas Health Institute’s news service influenced the 2010 passage of a statewide public smoking ban, says Pamela G. Russo, M.D., M.P.H., a senior program officer at RWJF. Four news service journalists cover smoking and other

health issues, posting reports on the institute’s Web site and providing free reports to other journalists.

The Illinois Public Health Institute acted as a convener to help the state develop health improvement plans in 2007 and 2010. The institute worked on these plans—identifying priorities for improving the health status of residents and reducing disparities in the care received by people of different races and ethnicities—with the state health department and other agencies, local health departments, universities, business people, health care providers and community groups.

Additionally, the Illinois Public Health Institute has managed Illinois’ participation in the *Multistate Learning Collaborative—Lead states in Public Health Quality Improvement* project. In this capacity, the institute has convened the Illinois Accreditation Task Force involving representatives from eight state and local organizations that have worked together to determine Illinois’ approach to participation in national accreditation. The task force has engaged numerous local and state leaders in deliberations about accreditation that have included discussions on the benefits and potential concerns related to accrediting health departments. The neutral forum for deliberation has enabled open discussion on the topic and encouraged local and state buy-in for accreditation.

Strengthening the “collective role public health institutes play in our public health system” is the goal of the series of RWJF grants, says RWJF’s Cofsky, who expects the need for public health institutes—and their role in solving public health problems—to grow.

Educators, trainers, researchers and evaluators

Public health institutes also help to advance public health through education, training, research and evaluation. In 2009, for example, the Michigan Public Health Institute provided immunization training to health care providers via a webcast. “This has produced efficiency of the kind that state government could not afford on its own,” said Chabut.

When about 300,000 people left southern Louisiana after Hurricanes Katrina and Rita, the Louisiana Public Health Institute conducted rapid surveys, for the Louisiana Department of Health and Hospitals and the Louisiana Recovery Authority. The results gave decision-makers timely, accurate population estimates so that they could allocate funds and plan recovery efforts, including establishing a crisis-counseling program to help hurricane survivors.

WHAT IS THIS PROJECT DOING? WHY IS IT IMPORTANT?

Strengthening the “collective role public health institutes play in our public health system” is the goal of the series of RWJF grants described here, says RWJF’s program

officer Abbey Cofsky, who expects need for public health institutes—and their role in solving public health problems—to grow.

Many states and regions do not have an institute and existing institutes have generally worked without connecting to other institutes. Launching a new institute is challenging; it takes leadership, strong support from partners, core funding, a base of programming and a strong vision, and can be delayed if any of those components are missing. “It’s been much more difficult than we thought to start quality institutes that the state governments have a stake in,” said Jeff Taylor, executive director of the Michigan Public Health Institute and a former member of the NNPHI board.

NNPHI is helping some public health institutes get started and others continue their work, and it is promoting collaboration among all of the institutes. The network is linking emerging institutes with mentors from established institutes and giving them other technical assistance and small grants. Established institutes also get technical assistance and more opportunities to network.

For example, during the 2010 NNPHI Annual Conference, leaders from the emerging institutes, with support from mentors and partners at the CDC and RWJF, identified health impact assessments (HIAs) as an area of strategic opportunity and high potential for multi-institute collaboration. The participants at the conference formed an HIA workgroup that is now developing a concept paper for RWJF’s Health Impact Project being managed by the Pew Charitable Trusts; the paper asks for support for an in-person training for staff at several public health institutes as well as demonstration projects that will grow the institutes’ capacity to conduct HIAs as well as providing training and technical assistance to state and local health departments and other partners in conducting HIAs.

“We are fostering a learning community among existing and emerging institutes,” says NNPHI’s Gillen. “Even our strong members can expand their work when they have the ability to share information and build their work off of each other.”

Another example of networking is the Accreditation and Quality Improvement Advisory Group, a group of nine institutes that NNPHI is working with to develop strategies for ongoing support that NNPHI and the institutes can offer to public health departments on accreditation and continuous quality improvement activities. Institutes involved in this group are sharing information about their skills and expertise with one another and working together to map needs, capacities and resources for technical assistance.

With its RWJF grant, NNPHI is also working on ways to nourish the entire network by building its capacity and infrastructure. Through increasing its communications and data collection capacity, NNPHI expects to learn about best practices around the country, and to build better information systems to share those practices.

“Our approach has been to define what works in terms of establishing an institute and to help share that information with prospective organizations, as well as with funders that might invest in an institute. We are working to build and refine a strong model of technical assistance that helps prospective institutes learn from the experiences of those that have struggled and succeeded,” said Gillen.

WHAT HAS THE PROJECT ACHIEVED SO FAR?

When NNPHI started this project in April 2003, it had 20 members. As of April 2010, NNPHI had 35 members, including 25 public health institutes, four provisional/emerging members and six affiliate members. Two of the 25 members—the Florida Public Health Institute and the South Carolina Public Health Institute—are emerging institute grantees that experienced great organizational growth through multiple phases of the work funded by RWJF. Two others—Healthy Appalachia Institute and Institute for Public Health Innovation—are recent applicants to the network and also are emerging institutes grantees. In addition, NNPHI is supporting conversations in New Jersey, Indiana, Connecticut and Alabama to create a public health institute in each of these states. “We have a lot of diversity in our membership, however we are much better able to define their common attributes and lines of work than we were in the past,” says Gillen.

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Fostering emerging institutes

The South Carolina Public Health Institute, launched in fall 2007, owes its existence to this project, says director Lee Pearson M.S., Dr.P.H. Access to a mentor from the more established public health institute in Georgia was “essential” to strategic planning, as was support from NNPHI staff. Through monthly conference calls, Pearson and his colleagues were also able to learn from other emerging institutes around the country.

“We gained a solid foundation for our institute by having a structured strategic plan. The project also afforded us the legitimacy to represent the institute as not just something born in South Carolina but something born as part of a national network,” said Pearson. That made it possible to tap other funding streams. RWJF’s investment has enabled the institute to raise funds from the state health department, the University of South Carolina and the Duke Endowment.

Creating a learning community

Best practices in starting and sustaining a public health institute are being shared through technical assistance, mentoring and the NNPHI Web site. A series of [webinars](#) (at the Web site, scroll down to sustainability curriculum) and a *Guide for Developing Public*

Health Institutes (available through the e-catalog, under the Fostering Emerging Institutes Project), as well as other products developed during the project, are available to all institutes. NNPHI also developed a public health institute assessment tool to help institutes assess organizational development and sustainability through 28 indicators focusing on entrepreneurial leadership, core and project funding, vision, key partnership development and core capacities.

“We are trying to foster a learning community among existing and emerging institutes,” says Gillen. “Even our strong members can expand their work when they have the ability to share information and build their work off of each other.” For example, the Public Health Management Corporation in Philadelphia, a long-time NNPHI member, used work by Public Health Solutions in New York to develop its own emergency preparedness program.

“We’ve seen NNPHI emerge as a national presence in the public health conversation. That’s been very exciting,” says RWJF’s Cofsky.

Participating in RWJF’s work

Public health institutes are also playing a key role in RWJF’s public health and overall strategy. Eight institutes are participating in RWJF’s work on quality improvement and accreditation for public health departments, a key focus of RWJF’s public health funding. Accreditation of public health departments is set to begin in 2011.

Many institutes have taken leading roles in discussing the recently released [county-by-county health rankings](#) within their states. RWJF funded the development of the health rankings and CDC funded the institutes to participate in their release. NNPHI brought this opportunity, and many others, to the institutes, says Cindy Cameron, director of corporate planning at the Michigan Public Health Institute, which participated in this project.

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WHAT HAVE WE LEARNED? ARE WE DOING ANYTHING DIFFERENTLY AS A RESULT?

One key lesson from this work is the importance of giving some funding to participating public health institutes. Under the first grant, NNPHI provided technical assistance, but no funding. Starting with the second grant, institutes got small grants. Having funding connected to NNPHI and RWJF gave the institutes credibility and helped some of them leverage more funding.

“We learned from them the importance of this. It adds to their credibility and the credibility of this type of organization,” says Gillen.

This project initially focused only on emerging public health institutes. Over time, NNPHI and RWJF staff realized that existing institutes could also benefit and expanded the project to include them.

NNPHI has also begun providing more focused technical assistance, encouraging emerging public health institutes to concentrate on developing core infrastructure and marketable competencies “to address public health gaps in their state,” says Gillen. For example, recognizing that health impact assessments, a tool to assess program or policy decisions made in nonhealth sectors are useful to governmental public health, the Rhode Island Public Health Institute assessed environmental structures in Providence neighborhoods that influence health behaviors, such as sidewalks and traffic conditions, for the state’s Department of Health.

NNPHI staff has also learned that it needs to better define, or brand, public health institutes so that government partners see their role as complementary, not competitive. “The three grants have contributed enormously to our understanding of how to define and describe what a public health institute is and who it works with,” said Gillen. NNPHI plans to engage a communications firm to develop a brand identity for the organization and its materials.

“Public health institutes play a pivotal role in the public health system,” says RWJF’s Cofsky.

WHAT DOES THE FUTURE HOLD?

The need for—and role of—public health institutes will grow, especially given funding constraints on governmental public health. NNPHI expects to help more states and regions establish public health institutes, and to foster active collaborations among all institutes.

“Public health institutes play a pivotal role in the public health system,” says Cofsky, who adds that solving many of the big health challenges of today requires partners from outside governmental public health. “Public health institutes are very well positioned to bring partners to the table and help drive those conversations.”

Going forward, all of the Foundation’s public health initiatives will benefit from NNPHI and its network of public health institutes. In addition to strengthening the public health system broadly, the team views the institutes as critical strategic partners. “When we make a grant to one institute to work on one specific issue, they have this channel—NNPHI—to share what they learn with other institutes,” says Cofsky. “There is enormous value for us in making sure the institutes are part of this larger network.”

[Learn more](#) about this project and access its resources.

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World Wide Web Sites

www.nnphi.org/ecatalog and www.nnphi.org/feip. eCatalog is a specialized search tool for emerging institutes to access resources from established institutes and products of the project. The FEIP webpage provides basic updates about the project, resources available and contact information. New Orleans, LA: NNPHI.