Promoting Collaboration Between the Cooperative Extension Service and Public Health

Kentucky Public Health Leadership Institute Scholars:

Amelia Brown; M.S., B.S.
Fayette County Extension Agent for Family & Consumer Sciences;
U.K. Cooperative Extension Service

Renata Farmer; B.A.
Knox County Extension Agent for Family & Consumer Sciences;
U.K. Cooperative Extension Service

Ashley Froman; B.A., R.S.
Senior Health Environmentalist
Gallatin County Health Department/Three Rivers District

Theresa A. Howard; M.S., B.S.
LaRue County Extension Agent for Family & Consumer Sciences;
U.K. Cooperative Extension Service

Janet Johnson; B.S.
Allen County Extension Agent for Family & Consumer Sciences;
U.K. Cooperative Extension Service

Ruth Kingkade; R.N.
Parent Visitor for HANDS Program
Three Rivers District Health Department

Charlotte Sawyers; R.N.
Clinic Nurse
Laurel County Health Department

Debbie C. Temple; B.S.
Ballard County Extension Agent for Family & Consumer Sciences;
U.K. Cooperative Extension Service

EXECUTIVE SUMMARY

The 2006-2007 Kentucky Public Health Leadership Institute provided a unique experience for Public Health staff this year by also incorporating Cooperative Extension Staff to this year's program. As we began formulating ideas for Change Master projects we found that there was great opportunity for the two groups to come together, share ideas, and create a project.

Our team "Common Ground" is comprised of five Cooperative Extension Family and Consumer Sciences Agents and three Public Health employees. Our project focuses on areas where there has been or could be more collaboration between our two agencies and how to share information easily among ourselves. By tracing the evolution process of each organization it became clear that we share a common mission creating a valuable need for shared resources and renewal of shared commitment. We focused on taking a look at behavior over time and the interaction between the two groups.

The 10 Essential Public Health Services, National Public Health Performance Standards and Healthy Kentuckian 2010 goals were valuable resources for this project. The research for this project was done via electronic survey to the Local Health Departments and Extension Offices throughout the State of Kentucky. The goal of the survey was to receive feedback on past and present collaboration between County Extension Agents and Public Health Employees in their communities. We based our survey topics on the "Healthy Kentucky 2010" objectives and received a total of 74 survey responses.9 This included 78.4% from Cooperative Extension Staff and 21.6% response from Local Health Departments.

We found through this survey that our most prevalent barrier to collaboration was lack of knowledge regarding available resources or programs of the other agency. It is the recommendation of our group for the creation of the "Healthy Kentuckians Collaborative Grants Initiative" which will give the organizations an annual program needs assessment. It is our hope that the development of this initiative would increase knowledge and communication and find "Common Ground" between our two agencies.

INTRODUCTION/BACKGROUND:

A long term health crisis threatens Kentucky communities as multi-generational risk factors, such as rising obesity rates, declining physical activity levels, increasing social drug use and poor dietary intake, spiral dramatically out of control. The urgent demand and unprecedented social need for preventive education and health promotion continues to rise beyond the fulfillment capacity of any single profit or non-profit agency. The Cooperative Extension Service and Public Health Districts share tenets of historic mission as tax-based agencies committed to increasing clientele quality of life through multi-faceted, diverse programming, especially in the preventive education arenas. Yet each agency, with changes over time regarding service delivery strategy, shifts in mission and focus as well as dramatic changes in revenue funding streams, now finds collaborative efforts increasingly difficult to maintain. The impending health crisis, coupled with increasing revenue and personnel challenges, mandates a stronger collaborative partnership to overcome the looming health crisis confrontation. Understanding each agency's historic background and commonality of mission provides a first step toward comprehending the dramatic impact mutual collaboration provides for each Kentucky community.

A General History of Public Health

The government's role in protecting public health goes back 200 years in this country. The Marine Hospital Service became the first Federal Public Health Program in July of 1798. It provided for the care of sick and disabled seamen. In July of that year, the Fifth Congress passed, and President John Adams signed the Act for the Relief of the Sick and Disabled Seamen in response to the nation's need to have a healthy Merchant Marine to compete with the British.[2]

In 1855, the first State Board of Health was established. This was in New Orleans and its purpose was to enable the city to reopen its ports and support commerce. In 1869, Massachusetts organized a state board of health and established what many refer to as the first state health department. The earliest boards of health were concerned with the control of communicable disease due to the many diseases prevalent during that time. This included such diseases and epidemics as: smallpox, yellow fever, plague, tuberculosis, and cholera.2

The Kentucky Board of Health was organized in 1879 due to yellow fever outbreaks. The public Health Service Commissioned Corps was set up in 1889 to help prevent the spread of disease.3

In 1912 the Federal Government expanded the responsibilities of the public health service by empowering it to investigate the cause and the spread of diseases and the pollution and sanitation of navigational streams and lakes. The responsibilities of the public health service included the medical inspection of immigrants arriving at Ellis Island, field investigation of endemic rural diseases.2

Different disciplines were incorporated into the public health sector: physicians diagnosed contagious diseases, sanitary engineers built water and sewage systems, epidemiologist traced the sources of disease outbreaks and their modes of transmission, vital statisticians provided quantitative measures of births and deaths, and lawyers wrote sanitary codes and regulations. The public health nurse provided care and advice to the sick in their homes.[4]

In1964 the Surgeon General's report raised awareness about the hazards of smoking. Health departments promote healthy lifestyles through educational materials on smoking and other health risks and are helping to lead aggressive campaigns to stop youths from smoking.[3]

In the late 1980s the Kentucky Health Department Association was incorporated under Kentucky law for the following five purposes: to promote better health services, to obtain and exchange information, to investigate problem areas common to health department administration and suggest solutions, and to promote continuing education for health department directors and employees, and to establish a framework for more effective communication among health departments, state agencies, local agencies and other interested parties.[5]

Also during the late 1980s, the largest public health mailing in history was delivered to 107 million United States households. It was a pamphlet on understanding AIDS. Soon after, many health departments began to offer free HIV testing. Past public health efforts have wiped out or brought under control such deadly diseases as: polio, malaria, yellow fever, smallpox, and tuberculosis. Many health departments provided immunization clinics and other special programs to prevent health problems; these programs included yearly flu shot clinics.[3]

The environmental protection sector focused on protecting the water, air, and other resources from contamination in efforts to protect public health and enforcement of safety codes. Health departments have legal authority to enforce standards for sanitation and safety in housing, businesses and public places.[3]

Nursing in public health began with the efforts of Florence Nightingale. During the early years, the public health nurse went into homes to care for the sick. They mainly worked out in the field, caring for the sick, and helping individual families to learn and to practice the rules of healthful living, due to the tuberculosis and child health movements there was great need for these services.[4]

In 1965, Medicare and Medicaid were established. This contributed to a trend to bring nurses in from the field into clinics where they performed individual, personal, and preventive services.

Today, public health is still about protecting people's health and well-being. They provide many services on the national, state, and local levels tackling social problems, setting health standards, and educating the public. Health departments work with community leaders on ways to address public health issues. Partnerships with health care providers allow them to provide referrals to link individuals to the health-care professionals who can best meet their specific health needs.

The use of the Ten Essential Public Health Services, which were introduced in 1994, guide the sector in how to carry out the basic public health responsibilities at all levels of the national public health system. These essential services include:

1. Monitoring health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and person health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

With the help of these essential services, groundwork is being laid for significant improvement in local public health practice.[4]

The Cooperative Extension Service – Taking the University to the People in Every County of the United States

Three acts signed by President Lincoln in 1862 shaped U.S. Agricultural history: the act authorizing a U.S. Department of Agriculture; the Homestead Act, encouraging settlement of public domain lands; and the Morrill Act establishing land grant colleges in every state and placing instruction in agriculture and home economics in higher education. The Homestead Act caused a stampede for land (which was practically for free) and new problems arose. How could all these new landowners learn about farming and how could it be possible to educate the poor people working on farms now?

The history and formation of the cooperative extension dates back to The Hatch Act of 1887, which established a cooperative bond between USDA and the nation's land grant colleges allocating annual federal funding for research. This was one of the ways to improve the productivity of the farms and by doing this, build up the economy and also help the communities. It was the driving force for the land-grant colleges to meet the agriculture's needs. The second Morrill Act in 1890 expanded access and was the genesis of the historically black colleges and universities. The Smith-Lever Act in 1914 provided funds for cooperative administration of agricultural extension education by USDA and the state land grant colleges.[6]

Milestones in the Development of Cooperative Extension [6,7]

1857 – Sen. Justin Morrill introduced a land bill in 1857. Bill would donate federal land for states to sell to support agriculture and mechanics colleges. The bill was vetoed by President Buchanan for several reasons. South argued it was a states' rights issue

1862 **--** President Lincoln signed three acts significant in shaping U.S. Agricultural history: the act authorizing a U.S. Department of Agriculture; the Homestead Act encouraging settlement of public domain lands; and the **Morrill Act** establishing land grant colleges in each state and placing instruction in agriculture and home economics in American higher education.

1863 -- Kentucky accepted 330,000 acres of public land for a land grant university, 30,000 acres for each member of congress.

1860s -- Various methods used in dissemination of information to farms, including Farmer Institutes, the first of which was held in Kansas in 1868; agricultural fairs; corn schools and shows.

1887 -- The Hatch Experiment Station Act established a cooperative bond between USDA and the nation's land grant colleges by providing annual federal funding for agricultural experiment stations in all the states.

1899 – George Washington Carver at Tuskegee had idea of "moveable schools" using mule-drawn wagons.

1902 – 4-H began as "Boys & Girls Agricultural Clubs" in Ohio by A.B. Graham, superintendent of Springfield Township Schools.

1903 -- Dr. Seaman A. Knapp submits a proposal to establish a demonstration farm under the auspices of the US Department of Agriculture. The success of the first demonstration on the Texas farm of Walter C. Porter led Congress to appropriate $250,000 to combat the boll weevil, $40,000 of which was assigned to Dr. Knapp to establish more demonstrations. Dr. Knapp's philosophy of Extension was:

> *What a man hears, he may doubt. What he sees, he may possibly doubt. But what a man does for himself, he cannot doubt.*

Nov. 12, 1906 -- First county agent in the United States, W.C. Stallings. is appointed to serve Smith County, Texas. Boll Weevil damage was so severe in Texas and Louisiana that businessmen volunteered to help pay a large share of expenses in employing agents.

1909: The 4H Cloverleaf was first used. Kentucky's first 4-H club formed in Fayette County

1909 – Country Life Commission appointed by Teddy Roosevelt. Report said "each state college of agriculture should be organize, as soon as practical, a complete department of college extension, so managed as to reach every person on the land in the state, with both information and inspiration." Set stage for congressional funding of Extension.

1910 -- Dean Scovell recommended Agriculture College be organized into a Department of Research, Department of Teaching, and Department of Extension Department of Teaching also included Home Economics. T.R. Bryant became head of the Department of Extension Work on July 1 and was its sole staff member. Previously Extension was a division of the Experiment Station.

1911 -- Kentucky held its first Farmer's Week, later evolved into Farm and Home Week at UK

1912 -- State legislature makes first annual appropriation to Experiment Station, funds also supported Extension. First Extension Specialists hired in September of 1912 (Hubert Hendricks and J.H. Carmody) First Agents hired later that year (Frank Montgomery and Charles Mahan)

1912 -- Kentucky first used "movable school" idea in 1912; faculty would go to any place that had an "adequate hall and would guarantee attendance of 50 people"

May 8, 1914 -- President Woodrow Wilson signs the Smith-Lever Act authorizing cooperative extension work between the Land-Grant Colleges and USDA. The act makes provisions for extension agents to provide instruction and practical demonstrations in agriculture and home economics to persons not attending college. The system was to be organized at county, state and federal levels. The act bears the names of the two congressmen who introduced it: Senator Hike Smith of Georgia and Representative A.F. Lever of South Carolina. B.A. Calgary becomes the first director of the Division of Extension Work.

The Smith-Lever Act provided funds for cooperative administration of agricultural extension education by USDA and the state land grant colleges, with the twin purposes of increasing farm productivity and improving rural life. Formula funding intended to encourage placement of county agents was distributed on the basis of rural population. Kentucky received Smith-Lever appropriation of $10,000 in 1914

1917 -- The Emergency Food Production Act Stimulated the wartime production of agricultural commodities and greatly increased the number of extension agents throughout the states. There was a great need for food production and preservations as the nation was to provide foods for armed forces and allies. At the time, 49 counties had agricultural agents and 28 had county home demonstration agent. Number increased rapidly due to congressional emergency appropriations.

1919 -- 74 emergency agricultural agents and 63 emergency home demonstration agents had been employed. Agricultural agents sent letters to farm leaders in the county, setting the campaign in motion (to boast food production). “Remember that there can be displayed as much patriotism on the farm as in the trenches, and all of us will be needed. We are counting on you”. (page 150). Extension agents were called upon to conduct programs or assist in the following campaigns: home gardens, increased potato acreage, canning labor, Liberty Loan, Red Cross, Y.M.C.A., War Savings Stamps, increased wheat acreage, food saving pledge cards campaigns.

1921 -- The Family and Consumer Sciences Extension program was introduced with efforts being dedicated to fostering a balance between farm and home. The overall mission of the program was to improve the quality of individual and family life through education, research, and outreach.

1921-- Home demonstrations agents were placed in 23 counties. During this time, project efforts focused on foods, clothing and home management.

1924 -- Home demonstrations and homemaker clubs helped in developing the hot school lunch programs. Efforts were also made to raise money to install running water.

1925 – Efforts of home demonstration agents had expanded to include food, clothing, home improvement, home, health and sanitation, and community activities. This included programs on sanitation, keeping physically fit, control of communicable diseases, home care of the sick, invalid cookery, and control of household pests.

1928 -- Home economics extension got is first food specialist, Miss Ida Hagman.

1928 -- The Capper-Ketcham Act expanded extension work and encouraged agriculture and home economics in 4-H clubs.

1930s -- During the early 1930s, home economics extension emphasized a live-at-home program, home production and preservation of food and clothing for the family.

1933 -- The Agricultural Adjustment Act, the federal government's response to the Great Depression, created "the new USDA." The act provided programs of direct economic assistance to farmers, emphasizing production controls and marking the beginning of government price supports. Extension agents assisted with implementing some of these programs. In 1933, with the depression at its worst, foods programs focused on production of food for home consumption, preservation and storage of food, selecting purchased foods and meal preparation, and problems of nutrition and adequate diet.

1937-- Agents respond to disaster (flood of the Ohio River). Agriculture agents manned boats and rescued man and livestock. Home agents organized and fed vast numbers of refugees and gave efforts in assembling food and clothing.

1939 -- Home demonstration agents were in 53 counties.

1930s (late) -- Home demonstration agents served free school lunches, helped needy families to preserve food, advised families on spending habits, managed community canning centers, gave and distributed foods to the needy.

1945 -- The Bankhead-Flanagan Act expanded federal funding of county extension work on the basis of farm population.

1953 -- Congress amended the Smith-Lever Act, consolidating previous legislation, reformulating the federal share of cooperative funding, and specifying separation of extension activities from those of the Farm Bureau. The formula was again changed in 1962.

1961 -- Section 3(d) of the Smith-Lever Amendment was added to allow funding for special programs such as resource and community development, farm safety, urban gardening, pest management and non-point pollution control.

1969 -- The Expanded Food and Nutrition Program (EFNEP) was established under section 3(d), appropriations rising from $10 million in 1969 to $60.5 million in 1975. The goal of the Expanded Food and Nutrition Education Program (EFNEP) is to education limited resource people with young children to acquire knowledge, improve skills and change behavior necessary to achieve health and well-being

1972 -- The federal Rural Development Act authorized expanded extension work in rural communities in nonagricultural as well as agricultural fields.

1973 -- Congress earmarked funds for 4-H work in urban areas and rural community development.

1977 -- The federal Food and Agriculture Act provided for small farm extension programs.

1978 -- The Renewable Resources Extension Act authorized support for extension forestry and other renewable natural resources programs.

1985 -- The Food Security Act amended the Smith-Lever Act to allow a larger role for extension personnel in applied research activities.

Family and Consumer Science Extension Today

Over the years, the vision of Family and Consumer Sciences Extension has remained strong. The multidisciplinary field focuses on building assets of individuals and families to address the perennial problems faced across the lifespan. Family and Consumer Sciences Extension operates within an ecological framework with the basic needs of food, clothing, and shelter at its core. The next level emphasizes well-being with a focus on human development, parenting, resource management, nutrition, health, and aesthetics. At the community level, Family and Consumer Sciences Extension prepare individuals for community and economic development and activity. Professionals in Family and Consumer Sciences Extension enable individuals and families to develop capacity for strengthening families and building community for an ever-changing society.

With each agency's historic shared mission toward increasing quality of life, as well as mutual governmental tax-based funding challenges, it would seem that collaborative partnerships would naturally evolve for efficiency and maximum impact. But increasing misperceptions, spiraling resentment and an "us versus them" mentality with subsequent division, provides a more accurate description of current professional relationships.[8]

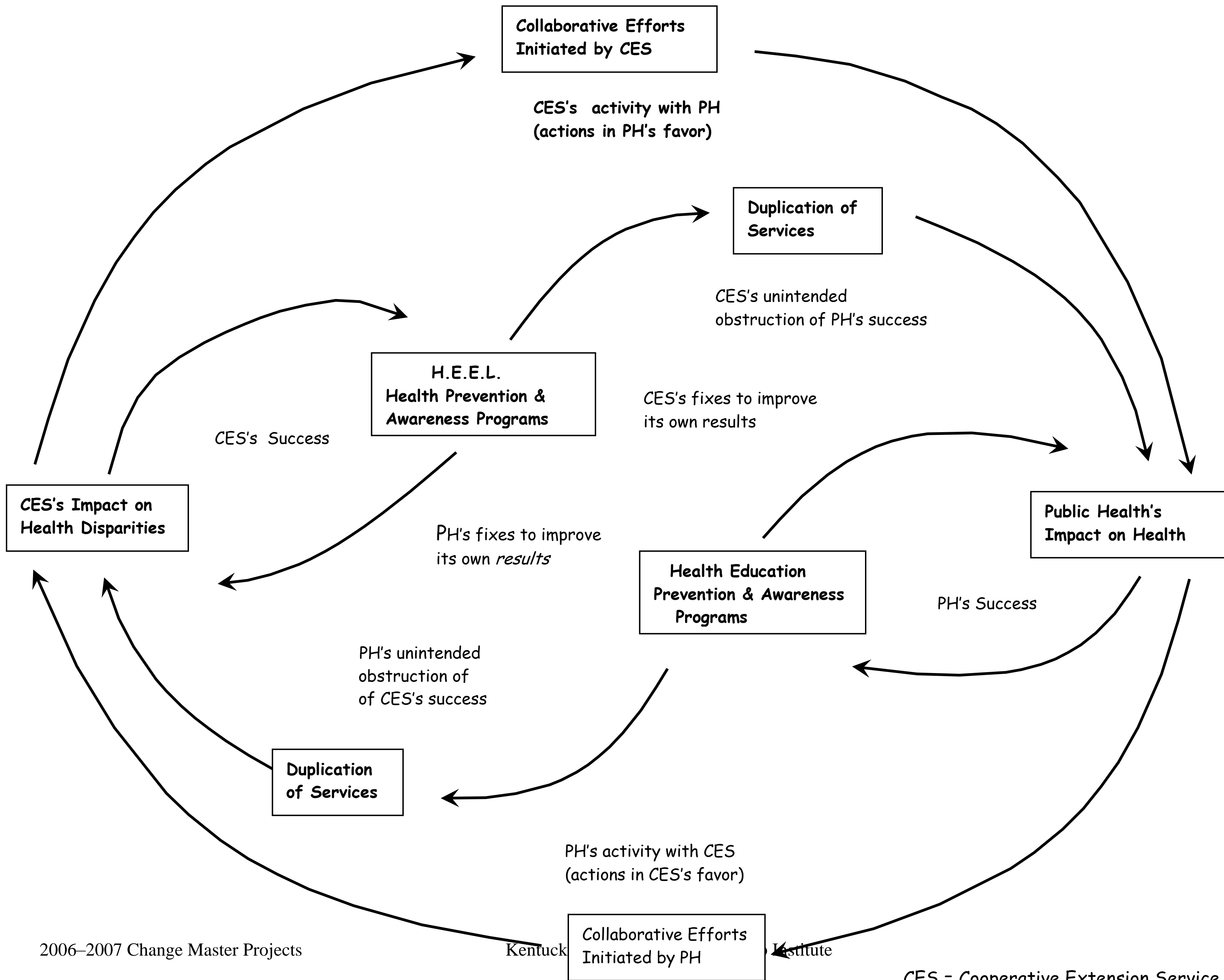
The critical need for renewal of shared vision and partnerships provided the catalyst for the KPHLI Common Ground Change Master Team to initiate research summarized with the following:

Problem Statement

Why are there barriers to collaboration between Cooperative Extension Service and Public Health and how can a model of collaboration be developed?

Behavior Over Time Graphs:

Earliest Beginning (1700 -1900)	1900 - 1960	1960 - Present
1798- First Federal Public Health program was established 1855- First State Board was established 1869 - First state health department established 1879 – KY Board of Health was organized 1887 – Hatch Experiment Station Act provides funding for agricultural experiment station in all states	1906 – First County Extension Agent in United States 1912 – First County Extension agent in Kentucky 1912 – Kentucky first used “moveable school” to teach about agricultural and improve rural life. 1912 - Responsibilities of Public Health expanded Public Health personnel still providing home-based services while providing medical expertise and preventive measures. 1925 - Home economics extension traveled to homes to offer programs on food, clothing, home, health and sanitation.. 1937 – Agents respond to flood of Ohio River	1964 – Surgeon Generals report raised awareness about the hazards of tobacco 1965 – Medicare and Medicaid was established. Public health focus changes from home-based services and targets clinical services. 1969 – Expanded Food and Nutrition Education Program (EFNEP) established 1985 – Extension takes greater role in applied research activities 2002 – Health Education through Extension Leadership (HEEL) was established. 1988 – Largest public health mailing in history (HIV/AIDS) Public health still targets clinical services and focuses on disease prevention.



Collaborative Efforts Initiated by CES
CES's activity with PH (actions in PH's favor)
Duplication of Services
CES's unintended obstruction of PH's success
H.E.E.L. Health Prevention & Awareness Programs
CES's fixes to improve its own results
CES's Success
CES's Impact on Health Disparities
Public Health's Impact on Health
PH's fixes to improve its own results
Health Education Prevention & Awareness Programs
PH's Success
PH's unintended obstruction of of CES's success
Duplication of Services
PH's activity with CES (actions in CES's favor)
Collaborative Efforts Initiated by PH
CES = Cooperative Extension Service
PH = Public Health

Essential Public Health Services/National Goals Supported:

Our Change Master Project supports the following goals:

Essential Public Health Services Goals:

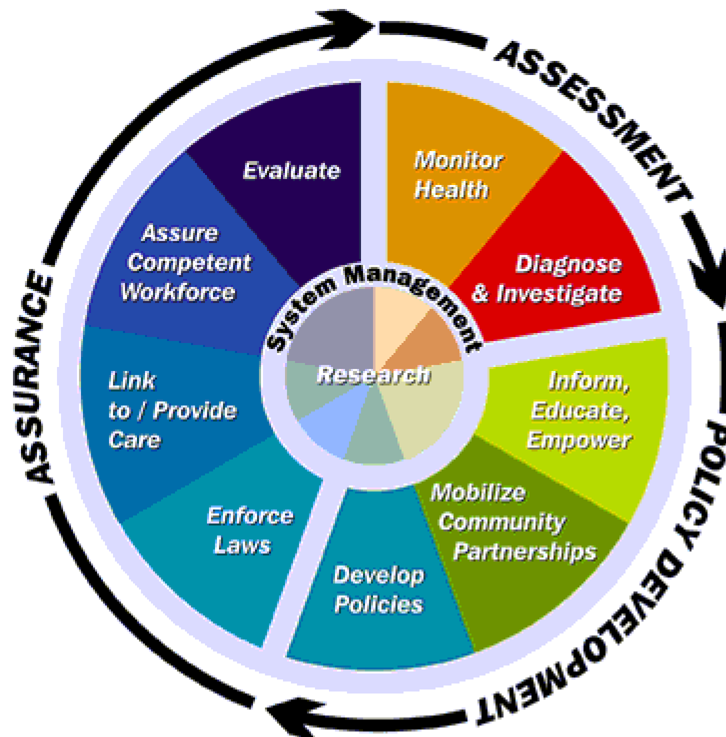
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems

National Public Health Performance Standards Program

Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness

Healthy People 2010

7. Educational and Community-Based Programs
Goal: Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.



PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Through our Change Master Project we hoped to do the following:

1. provide an increased understanding regarding local health department directors and county extension agent perceptions regarding barriers to partnership collaborations
2. develop awareness of successful Public Health/Cooperative Extension partnership impacts towards Healthy Kentuckians 2010 goals for improved health quality

Our team decided to work on promoting collaboration between the Cooperative Extension Service and Public Health in Kentucky. We decided to create a web survey http://www.ca.uky.edu/heel/KPHLI_Survey/, where county extension agents and public health employees could give us feedback on past and present collaboration efforts being done in their communities. 1

To show collaboration over time, we asked for a time range in the feedback to report efforts from as far back as 21 years or more ago, up to the last 3 years. In our survey, we used the Healthy Kentuckians 2010 topics as general headings to get feedback on. With the survey we hoped to get a snapshot look at what was being done presently and in the recent past, across the state, between the Cooperative Extension Service and Public Health.

We thought this feedback might show increased collaboration in the last decade due to the addition of county community health educators by Public Health and health education resources established with the University of Kentucky HEEL (Health Education through Extension Leadership) program in Cooperative Extension. We also were interested in seeing if there was much difference in collaborative efforts across the different geographic regions in the state.

With the survey, we immediately experienced an example of a barrier or slow down to collaboration because we had to navigate the internal review board (IRB) channels of the two overall institutions: University of Kentucky and Kentucky Public Health, to get approval to ask for data feedback with this simple survey.

We also found that it was hard logistically to ask for employees to participate in this survey. Just requesting via email for participation doesn't get us a high percentage of returns. We needed time to get administration to buy in and promote giving feedback. We found we got more survey participation when we were able to ask co-workers, in a face-to-face setting, to participate. With Cooperative Extension, this gave us the opportunity to try and explain what KPHLI was and why this was being done and that we had agents involved.

Our experience shows that there needs to be a simpler way for the two groups (CES & PH) to share information, resources and ideas. This may be done already on a county level between extension agents and local Public Health staff, but there is no easy way to share successful program ideas, helpful resources, etc. across regions or the state. Cooperative Extension & Public Health administration may want to look at using some type of web based or electronic communications, such as a shared internal message board, to allow for easier communication across the state.

We all need to work 'Smarter not Harder' and not have to reinvent the wheel each time. If a Health or Wellness program is a success in one county or district, we need an easy and timely way to promote and share that statewide. It would be wonderful if this kind of shared information could be easily posted by all participants, archived and be searchable.

Deliverables:

-Web Survey and Survey Summary
-Common Ground power point document showing collaboration examples from across the state, shared by team members
-List of Health, Nutrition & Wellness resources available from CES
-List of Health, Nutrition & Wellness resources available from PH

METHODOLOGY

The Common Ground group consisted of individuals from both Public Health and Cooperative Extension. It was quickly decided that we must work together to achieve optimal success by meeting at least four times during the year. Our first main goal was to develop a survey that could be utilized to determine the amount of collaboration that already exists between the two entities.

As a group, we developed the instrument that represented work in both areas. After the development of the survey, the instrument was sent to the proper individuals for IRB approval at the University level. This took much time and effort by our entire team. After several drafts, the University of Kentucky approved our study. Next, we contacted the IRB for Public Health and again went through a very long process to receive approval. After approval from both organizations, our survey was sent to all extension agents across the state and to public health directors.

This study was a descriptive research study and examined collaboration between the Cooperative Extension Service and Public Health. The target population, those to whom the researcher wishes to generalize and the accessible population, those sampling units available for the study were employees of both organizations. The sample was a non-probabilistic sample, which is non-random and can not specify the odds that a subject will be selected. This type of non- probabilistic sampling is considered a convenience sample. A convenience sample involves using available subjects for the study and is regarded as the weakest of all sampling techniques.

In this study, employees of Cooperative Extension and Public Health were considered as the sample. The accepting sample was those individuals who responded and chose to participate by completing the questionnaire. The nominal scale for variables simply categorizes without. In this study, the amount of time as an employee is considered nominal. These aspects were analyzed to assist us in determining the background and overall description of the population used.

RESULTS:

Survey of Collaborative Efforts Summary

- 74 total surveys
- 78.4% were employees of Cooperative Extension Service; 21.6% were Public Health employees
- 13.5% employed less than 3 years; 13.5% employed 3-5 years; 18.9% employed 5-10 years; 5.4% employed 11-15 years; 16.2% employed 16-20 years and 32.4% employed 21 years or more.
- 10.8% work in Western part of the state; 37.8% in Central; 10.8% in Northern; and 37.8% in Eastern

Barriers preventing stronger partnership between Public Health and CES from most prevalent to least prevalent are:

1. 39.2% said lack of knowledge regarding available resources or programs of the other agency.
2. 32.4% said lack of awareness of program driven initiatives
3. 32.4% said lack of funding
4. 25.75 said turf issues regarding program leadership
5. 24.3% said turf issues regarding funding
6. 21.6% said lack of interest in building partnerships
7. 20.35 said lack of administrative support to develop collaboration
8. 16.25 said personality conflicts between agency personnel

In the Western part of the state the most prevalent barriers were 1, 2 and 3 as indicated above.
In the Central part of the state the most prevalent barriers were 1, 2, and 3 as indicated above.
In the Northern part of the state the most prevalent barriers were 4, 6, and 7 as indicated above.
In the Eastern part of the state the most prevalent barriers were 1, 3, and 5 as indicated above.

Physical Activity and Fitness
79.75% have done programming in this area with 48.7% having offered the program for less than 3 years and 21.65% for 3-5 years.

Nutrition
81.1% have done programming in this area with 27.2% having offered the program for less than 3 years and 29.75 for 3-5 years.

Tobacco Use
33.8% have done programming in this area with 10.8% having offered the program for less than 3 years and 14.95 for 3-5 years.

Education and Community Based Programs
48.7% have done programming in this area with 16.25% having offered the program for 3-5 years and 13.5% for 5-10 years.

Environmental Health
24.3% have done programming in this area with 8.1% having offered the program for less than 3 years and 5.4% for 3-10 years.

Food Safety
46% have done programming in this area with 12.2% having offered the program for less than 3 years and 8.1% for both 5-10 and 21years or more.

Injury/Violence Prevention
28.4% have done programming in this area with 8.1% having offered the program for 3-5 years and 6.8% for both less than 3 years and 5-10 years.

Occupational Safety and Health
8.1% have done programming in this area with 2.7% having offered the program for less than 3 years and 1.4% for 5-15 years.

Oral Health
36.5% have done programming in this area with 17.6% having offered the program for 3-5 years and 12.2% for less than 3 years.

Access to Quality Health Services
17.6% have done programming in this area with 5.4% having offered the program for 3-10 years and 4.1% for less than 3 years.

Family Planning
16.2% have done programming in this area with 5.4% having offered the program for 3-5 years and 4.1% for 21 years or more

Maternal, Infant, and Child Health
37.8% have done programming in this area with 13.5% having offered the program for 3-5 years and 9.5% for 21 years or more.

Medical Product Safety
6.8% have done programming in this area with 6.8% having offered the program for less than 3 years.

Public Health Infrastructure
4.1% have done programming in this area with 2.7 % having offered the program for 11-15 years and 1.4% for 5-10 years.

Health Communication
12.2% have done programming in this area with 4.1% having offered the program for 0-5 years.

Arthritis, Osteoporosis, and Chronic Back Conditions
13.5% have done programming in this area with 6.8% having offered the program for less than 3 years and 4.1% for 3-5 years.

Cancer
47.3% have done programming in this area with 17.6% having offered the program for less than 3 years and 8.1% for 3-10 years.

Diabetes
58.1% have done programming in this area with 18.9% having offered the program for less than 3 years and 16.2% for 3-5 years.

Disability and Secondary conditions
1.4% have done programming in this area with 1.4% having offered the program for 21 years or more.

Heart Disease and Stroke
37.8% have done programming in this area with 24.3% having offered the program for less than 3 years and 4.1% for 3-5 years.

HIV
8.1% have done programming in this area with 2.7% having offered the program for less than 3 years and 1.4% for 3-5 and 11-20 years.

Immunization and Infectious Diseases
18.9% have done programming in this area with 6.8% having offered the program for 3-5 years and 5.4% for less than 3 years.

Mental Health
5.4% have done programming in this area with 2.7% having offered the program for less than 3 years and 5-10 years.

Respiratory Diseases
1.2% have done programming in this area with 1.4% having offered the program for 21 years or more.

Sexually Transmitted Diseases
13.5% have done programming in this area with 2.7% having offered the program for 0-10 years and 21 years or more.

Substance Abuse
16.2% have done programming in this area with 6.8% having offered the program for 0-5 years.

Programs offered:

Physical Activity and Fitness
Dancing and Prancing
Longest Day of Play
Get Moving Kentucky
Walk Away the Pounds
VERB
Get up Get out Get Fit
Step into Spring
Lighten up
Walk for your health
Weight off Wisely
Weight Down
Dining with Diabetes
The Big Loser
After school health and fitness programs
Weight: the Reality Series
Walkable communities seminar
Active Aging
Senior Citizens Olympics
Obesity Coalition
Boone county Wildcat Walkers
4-H Bicycle Safety Rodeo
Body Recall
Get Walking
4-H Health Jam (Camp)
Physical Activity Coalition
Walking Program using pedometers
Take 10
Media Smart
Physical Activity and Recipe Cards for 4, 5, 6th graders each month
Youth Fitness Program
Active For Life
Let's Get Physical
PACE
Worksite Wellness Program
Wellness Coalition
Physical activity programs with schools
Walk for your heart
Family Fitness Day
Elementary school walking clubs
Yoga
Step Aerobics
Jump into Fitness
Walk through the
Walk Across Kentucky
Step Into Shape
Walking Buddies
Physical Education Bootcamp
REACT
Take Twenty
Family Week
Family Fun and Fitness Class
Hoop Fest
Arthritis Self help

Nutrition
Weight: the Reality Series
Diabetes Management
My Pyramid
Commodity Distribution educational programs
Diabetes Cooking School
Health Fair
Living Well
Healthy Plate
Lighten up
Healthy Habits to Lighten up
Melt Down
Kindergarten 5 a day nutrition program
Nutrition lessons for parent groups
Food prep cooking schools for parents
Building Blocks for a Healthy Start
Educational Baby Shower
Diabetes Support Group
Youth Wellness Program
Healthy Holiday Foods
Tasty Snacks for the Food Pyramid Guide
FCS Programs

Food Stamp Nutrition Education Program
Expanded Food Nutrition Education Program (EFNEP)
4-H Food Demonstrations and 4-H Afterschool Programs
Mr. Produce Man
Healthy Eating/Weight Loss
Slow Cooking
Snack Smart
Living Well with Chronic Disease
LEAP
Food Safety
Basic Nutrition
Going with the Grain (Eating Whole Grains)
Fabulous Fish
Winter Grilling Workshop
Hale and Hearty Diabetes Support
Cooking with Pressure
New Kentucky Foods
Media demonstrations
Homemaker lessons
Super Star Chef
Cooking Schools in Spring and Fall
Youth Nutrition Fair
Adult Nutrition Fair
Toolkit
Senior Nutrition
The Skinny on Fat
Color is the Key
Nutrition Lessons
Breastfeeding Coalition
Group nutrition for teenagers
Tickle Your Appetite
Trim Down
Caring About Nutrition Program
Individual Nutrition Counseling

Tobacco Use

Cooper Clayton Tobacco Cessation Classes
No If's And's or Butt's
Heart and Soul
Let's Clean the Air
Tobacco Prevention Coalition
Health Coalition
DARE/Community Anti-Drug Coalition
Smoke Free Partnership
Champions for a Tobacco and Drug Free
Tobacco Education Groups (TEP) curriculum
Teg/Tap
School Presentation on Preventing Initiation
TNT (Towards No Tobacco Use)
TATU(Teens Against Tobacco Use)
Asthma Camp
Quit and Win
Power Team Motivational Speakers in Schools Champions coaliton
Here's Looking at You
ASCENT
Tobacco and You
Tobacco Free Sports
Get Real About Tobacco
Teen Tobacco Cessation and Education Program
Do Right, Don't Smoke
Tobacco Education
Smoking Cessation and Stop Smoking Campaign

Education and Community Based Programs

Leadership Tomorrow
Cancer Coalition
Diabetes Coalition
Community education network
HANDS
Women's Wellness Forum
CPR/First Aid programs for Daycare Providers
Senior Commodity Distribution
MAPP Magoffin Avian influenza summitt
EMS county groups
Pandemic Flu Preparedness
Extension and Health
Women's Health Forum
Health and Extension
Community Education Breast Cancer Awareness
Cancer Education
Health Advisory Council
Health Fair
4-H Farm and Home Safety Program
4-H Summer Day Camp
4-H Camp
Diabetes Education
Get Healthy Carroll county
Literacy-Health Effort
LEAP-Literacy, Education, and Physical Activity
Backpack program
Educational Baby Shower
Radon Program
Assisted Living
Safety Camp
Life skills
VERB
Choose To Move
Veggie Friends
SOAR
President Challenge
Sister-Together
Five-A-Day
Food Guide Pyramid
Abstinence
Drunk Driving Simulation Program
Handwashing Techniques
Sunscreen Awareness
School Health Education
Postponing Sexual Involvement
Puberty Teas
Food Service Schools

Environmental Health

Youth Water System Program
Shelter in place program
Rat Eradication
Walk Your Land
Allergies and other Pesty Critters
Solid Waste management/recycling campaigns
Second Hand Smoke
Radon Detection
Radon Awareness.
Lead Prevention
Sun Safety
Environmental Health Services
Pool School
Sewage system installers classes
Food Service Schools
Well Water Testing
Water Pollution

Food Safety

Glow germ
Passion for Poultry
Food Preparation for Hispanics
Correct food safety methods for a temporary food service setup at fairs and festivals
Fight Bac and GloGerm
Holiday Road Show
Safe Grilling and Serving
Mountain Cattleman Association meeting on meat processing and proper storage
FSNEP
EFNEP
Cooking for Crowds: Don't Make Them Sick
Thrill of the Grill
Master Food Volunteer Series
Hands on Food Preservation Clinic
Cattlemen's Association Food Safety Training
Reducing the Risk of Food Borne Illness with At Risk Clientele
Sanitation and Food Safety for Food Service Workers
Seniors and Food Safety
Food Safety First
Food Preservation programs; classroom programs community presentations
Holiday Food Safety
Food Preservation Safety
General Food Safety throughout year
Handwashing lesson
Food Handlers Permit Classes
Safety Camp
E. Coli Education
Environmental Health Services
Food Managers training for restaurants
Food Safety curriculum for high schools

Injury/Violence Prevention

Farm Safety Day Camp
Domestic Violence Education
Domestic task force formed
Lighten Up, Life's Not that Serious
Storm Preparedness
On Your Own
Preventing Back Injury in Day Care Employees
Child Fatality Committee
Domestic violence Month
Bike-A-Thon Helmet Program
Health Start in Childcare
Child Fatality Review Team/Safe Kids Coalition
Safe Kids Car Seat Program
Sparks in the Park
Car Seat Safety Checks
Child Passenger Safety
Child Restraints
Helmet and Safety Belt Use
ATV Safety
Never Shake a Baby
Pre-Prom Health Fair
Helmet Safety
Second Step
Steps to Respect

Occupational Safety and Health

OSHA Program
Meth Education
Industry Health Fairs

Oral Health

Make a Healthy Difference Day
World's Greatest Baby Shower
Dental Health
Oral Health Wellness Program
Tooth Fairy
HEEL Oral Health
Preschool Programs
Oral Health Curriculum
Healthy Snacks
Get Healthy
Smile KY
Distribution of toothbrushes and toothpaste in Backpack Hunger Program
Brushing teeth (elementary school)
Colgate Bright Smiles
Doogan/Dental Varnishing
Oral Health Education
UK Dental Outreach Program
Dental Health
Basic Oral health education
Dental Health Month
Dental Hygiene
Dental Sealant
Dental Screening
Brushing your Teeth
Elementary Dental Education

Access to Quality Health Services

Medicare Prescription Drug fact sheets
Medicare D Program
Migrant Coalition
Women's Health Fair
Community health council and health coalition
SAPO Program
Local advertising for programs offered at health dept
Referrals to the Mobile Health Clinic
Healthcare for the Homeless Advisory Committee
Women's Cancer Program
EPSDT outreach
Work with area partners to find ways to increase access to care

Family Planning

Family Fun Nights
Teen Parenting and Pregnant Teen programs
Parenting classes
Brown Bag Program
Family Planning Clinic
I and E committee
School Health Grant Committee
Choosing the Best
Family Planning
Postponing sexual involvement and reducing the risk
Sexually Transmitted Disease Program

Maternal, Infant, and Child Health

Parenting Express Newsletter
Food Stamp Education
EFNEP program
UK Parenting Program
LEAP (Literacy Eating and Activity for Pre-schoolers)
Building Blocks For a Healthy Start
Educational Baby Shower
WIC
Healthy Snacks for KIDS
Day Care providers training
Two-County Baby Shower
Parent Express
4-H Babysitting
WIC Farmers Market Program
General Nutrition

Growing Healthy Kids
Backpack Program
Breastfeeding coalition
EPSDT Program
HANDS program
Healthy Start Program
Early Childhood Council
School physicals
Immunizations
well child exams
Baby Expo
Prenatal Class
Health Access Nurturing Folic Acid Program
Nutrition Program
Provided in clinics

Medical Product Safety

Educate before you medicate (CES HEEL curriculum)
Pill Look Alike

Public Health Infrastructure

Service Providers Meetings
Need New Facility
Community Planning
Creation of a 10 year master health plan
internal assessments and planning

Health Communication

Educate Before you Medicate
Health Education Newsletter
Celebrating the Memories of our lives, funeral planning and living wills
Monthly Family and Consumer Sciences Newsletters
Just Between Friends
Weekly newspaper column
Chooser Your Cover
Puberty
First Aid
CPR
Bioterrorism
Emergencies
TB
Radon
West Nile Virus

Arthritis, Osteoporosis, and Chronic Back Conditions

Get Moving Kentucky
Food Guide Pyramid Lessons
Women's Health Forum
Bone Health
PACE
Program for osteoporosis
Chronic Disease Self-Management
Arthritis Self-Help Course

Cancer

Screen Savers
Cancer Coalition
Diabetes and Cancer Prevention Health Fair
Prostate Cancer screening
Colorectal Cancer Awareness
Annual Mobile Mammogram Unit in county
I Can Cope
Ovarian Cancer Screening
Health Fairs
Early detection prevention
Cancer Awareness Coalition
Cooking for the Cancer Survivor
Relay for Life
Cervical Cancer screening programs
Colon Cancer Screening
Breast Cancer Awareness

Healthy Eating to Help Prevent Cancer
Women's Health Forum
Women's Cancer Coalition
Colorectal Cancer Campaign
CAB
Cancer Survivor Support Group
Live Smart
Women's Health Day
Pink Ribbon Day
Pretty in Pink Party
Cooper Clayton

Diabetes

Diabetes Self Management
Diabetes and Cancer Prevention Health Fair
Diabetes Coalition
Dining with Diabetes
Diabetes Support Group
Diabetic Cooking School
County Agricultural Field Day
Diabetes Day Camp
Diabetes Awareness
Healthy Holidays Workshop
Diabetes up-date
Education on the Go
Healthy Eating and Choices
Hale and Hearty Diabetes Support group
Health Jam
Women's Health Forum
Diabetes expo
Comprehensive Diabetes Classes
You're too Sweet Already
Diabetes Support Group
Comprehensive Group for Diabetes
Comprehensive Diabetes Self Management program
Diabetes Education and Screening

Disability and Secondary conditions

NONE

Heart Disease and Stroke

Heart and Soul
Shades of Red
Cardiovascular health classes
Heart Health
County Agricultural Field Day
Heart Health Eating
Go Red
Healthy Eating for a Healthy Heart
Womens Health Forum
Bless Your Heart
Red Dress Day
Senior Center Education
Sister-Together Program
Signs of Heart Disease & Stroke
Health for your Heart
Nutrition and Heart Safety
Blood Pressure Screening
Nutrition Counseling and Physical Activities Programs

HIV

Choosing the Best
Case management services for those infected
Community mobilization, testing, prevention education, professional education, etc

Immunization and Infectious Diseases

Flu Shot Clinics
Mass Flu Vaccination clinic
Pandemic Flu Preparations for Business
Emergency Preparation for Seniors and those with disabilities

Flu and Pneumonia vaccination
Diabetes expo
Communicable Disease among school students
E. Coli Education
STD treatment
Screening and Counseling
Well Child Exams
Immunizations
Be Wise Immunize
Get your Flu Shot
Have Diabetes? A Flu Shot Can Save your Life
TB Awareness and Smallpox
Immunization Survey

Mental Health
Drug Court Therapy Group
Depression
Grief Counseling
Youth development and developmental assets

Respiratory Diseases
NONE

Sexually Transmitted Diseases
STD's Prevention
STD Class
I and E committee
Signs
Symptoms and Transmission of STD's
Youth Fest
Treatment in clinics, investigations of contacts, education

Substance Abuse
Walk Your Land
Drug Abuse council
Champions Coalition
Defensive Action Against Drugs
KY-ASAP
Health Council
Substance Abuse and Misuse
Meth Trainings for the Community
Project Alert
Local ASAP (KY Agency for Alcohol and Substance Abuse Policy)
Life skills

CONCLUSIONS:

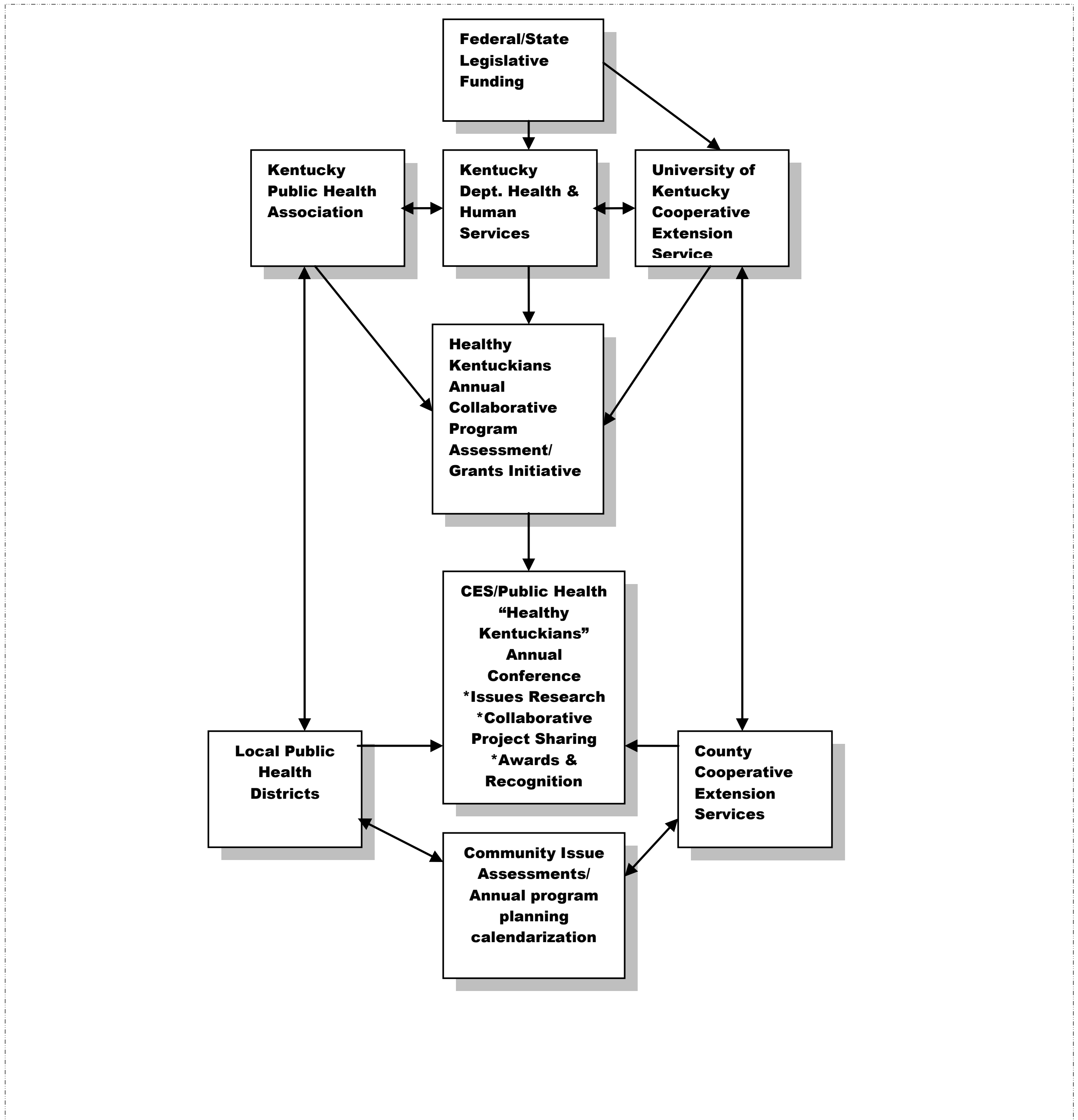
Conflict may be defined as an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resource and interference from others in achieving their goals. The findings of the KPHLI Common Ground Change Master Survey confirm both subtle and dramatic interpersonal as well as intergroup conflict existence between the UK Cooperative Extension Service and Public Health agency personnel.[9]

The relationship exemplifies Senge's definition of the 'Accidental Adversary' archetype, which has become a governing force of both systems, and threatens the combined capacity for maximum effectiveness.[10] Why would two groups, with much to gain from working together, repetitively harbor resentment and deliberately act in self-serving ways (often unconscious of the effect on the other) that continually damage the impact of community health prevention, promotion and education efforts?

The conclusive answer seems to be a lack of constructive communication with consistent interaction, loss of subsequent relationships, and the lack of a systems model designed to provide interaction for overcoming identified barriers toward collaboration. Realization of such a collaboration system begins with the need for changed individual mental models and attitudes, recognizing the value of partnership development, from the top down in each organization's hierarchy.

With such willingness demonstrated, a model of consistent collaboration system change is proposed with innovative motivators for barrier removal outlined. See the Collaborative Systems Model on next page.

Collaborative Systems Model
UK Cooperative Extension Service & Public Health



The "Healthy Kentucky" Collaborative System represents an internal organizational systems model for developing annual consistent local communications between the Public Health districts and represented county Cooperative Extension Services. Components would include ongoing communication and strategic planning operating at both the state and local levels. State administration with the University of Kentucky Cooperative Extension Service, Kentucky Department of Health and Human Services, as well as the Kentucky Public Health Association, would conduct annual program needs assessment (using issues and data identified from local Public Health and Cooperative Extension strategic planning) with the development of the "Healthy Kentuckians Collaborative Grants Initiative".

Funding acquisition from state, federal tax-support as well as private foundation sources, would provide the basis for a competitive CES/PH grant program, designed for design and implementation of local educational programming. These programs would be specifically designed to reduce eminent health risk factors and would be delivered by local health department and county extension personnel.

An annual conference would also provide opportunity for showcasing successful programming with accountable impact, awards and recognition. Additionally, it would provide professional development, through current research training, programming delivery methodology, and on-going leadership development, for relationship building.

Local Public Health Districts and County Extension Services would conduct annual applicable needs assessments and program planning with calenderization, avoiding service duplication and allowing for efficient application of resources. Critical needs of local entities for program delivery would be communicated directly through each agency's administrative channels, but specifically through the Kentucky Public Health Association. This would require aggregated representation of each Public Health service sector, increasing internal awareness and understanding of the entity as a whole.

The increased quality and quantity of communication at all levels, specifically through a systematic model, provides consistent opportunity to build trust, shared vision and mission. In addition, it would provide long term funding foundations designed to strengthen the position of each agency, to meet critical societal public health needs. Stated simply -- together, each accomplishes more.

In conclusion, the renewal of shared focus, with unprecedented collaboration, would allow the development of explosive creative force. Each agency would evolve as a more effective catalyst for community health lifespan change.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Amelia Brown

At the beginning of my KPHLI experience, I would have stated that it was simply a "good" opportunity. Never in my mind, did I expect to emerge as an individual who painted the world as black or white but now in shades in gray. I have grown as a leader from this experience. I have seen that everyone has an opportunity in his or her life to step out of their box or comfort zone and invest their talents into new experiences. KPHLI has given me a clearer view of who I am as a professional! I have truly enjoyed interacting with other KPHLI participants who are compassionate about learning, interested in getting involved, and most of all have concern for others! I highly recommend the KPHLI program to anyone who wants to increase their leadership potential.

Renata Farmer

KPHLI provided me the opportunity to go beyond my personal comfort zone and look at myself in an entirely new perspective. The assessments conducted on leadership styles and abilities were most beneficial. Participation in the program has led to a personal evaluation of leadership skills and personal/professional goals. The program has enhanced my leadership ability by enabling me to set goals and address challenges.

Most importantly, the KPHLI experience has allowed an in-depth look into the workings of public health. As an Extension Agent, interactions with members of the public health sector were a learning experience. Within our change master teams, we were able to both learn about the goals and programs of public health and also share the vision and programs of Extension. After each meeting, our team members were able to leave with newly discovered facts about each organization. Personally, I found a new respect and deeper understanding of public health. KPHLI has been a true asset in fostering my personal leadership abilities.

Ashley Froman

What a difference a year makes! The Kentucky Public Health Leadership Institute has given me great opportunity for growth and development over the past year. This institute has enhanced my leadership skills as well as public health knowledge. I have found the assessments such as 360 Degree and emotional Intelligence to be very beneficial. It has given me great insight for my own personal development. I feel privileged to be a part of a pioneer Change Master Group that includes Public Health as well as Cooperative Extension Services staff. We have worked together to help bridge the gap of collaboration between our offices as well as ourselves. I have enjoyed the friendships and look forward to the on going effort between our two agencies.

Theresa A. Howard

Participation in KPHLI has been a definite learning experience. It has allowed me a greater view of Kentucky Public Health beyond my county or district level. And it also expanded my experience with UK resources outside of the College of Agriculture and the Cooperative Extension Service. I am glad I had the opportunity to experience and use a (new for me) electronic teaching and communication tool- (Blackboard). I hope our team's efforts will go beyond KPHLI and perhaps encourage administration in CES & PH to work on a simpler way for educators in both organizations to share successful ideas and programs in the future. It would be good to see these ideas go beyond a theory/discussion level and have administration apply them to something that would work in a real life situation at the county level.

Janet H. Johnson

The Kentucky Public Health Leadership Institute has provided unique and exciting learning experiences for professional leadership development and personal growth. A new perspective and appreciation of the public health mission as well as value and opportunities of Cooperative Extension/Public Health partnerships have been gained through group discussions, project work and the personal relationships developed with public health professionals across the state. The personal evaluation tools, including the 360 surveys, provided new insight in potential growth areas and aided in more introspective thinking toward long term goals. The 'creative tension' produced in mastering the Blackboard technology system, the challenging exposure to new speakers and authors with refreshing and enlightening ideas, or simply the accepted charge to slow down and 'think' with emphatic listening, have all combined to make KPHLI a rewarding and certainly unforgettable opportunity.

Ruth Kingkade

"No man is an island" This has certainly been true this year during my KPHLI experience. I could never have accomplished what our group did as a whole. The concept of teamwork was reality to all of us. It was fun and interesting to observe our varying perspectives and work through our differences. Our group, Common Ground, has been a living example of openness and collaboration. To state here what I have learned during the past year would be too lengthy. Suffice it to say, I will never be the same. My mind has been opened, my intellect stimulated, and my heart warmed by the people I have had the privilege to encounter this year. It is my goal to allow these lessons to impact my job and interpersonal skills throughout the rest of my life in a positive way. I am forever grateful for the opportunity to be a part of KPHLI and am proud to be part of this wonderful team of people.

Charlotte Sawyers

I have enjoyed participating in the Kentucky Public Health Leadership Institute Program this year. KPHLI has been a beneficial experience for me. I have enjoyed the Summits. They were informative and created a learning environment which broaden leadership skills. I feel I am more aware of my leadership skills due to the social profile, the emotional intelligence and the Personal Development Plan. They have helped in both aspects, personally and professionally.

I appreciate all the KPHLI staff. They have helped make this a truly eventful learning experience and a fun year. It has been very enlightening and a pleasure to work with the Cooperative Extension Services and my fellow Public Health personnel. I have enjoyed working and getting to know everyone on our team and also other KPHLI teammates. I've gained knowledge and understanding of the many services that are being offered through Cooperative Extension Services and also how we together can better serve our communities.

Debbie C. Temple

The KPHLI Institute has been a rewarding experience in leadership and self-discovery that I will never forget. The various assessment tools that were provided proved very useful to me. They helped me to discover some things about myself; some good and some that let me know I need to work on some things. This experience has helped me to look deeper into myself and to think about how I could be better at my job and even my personal relationships. It really helped me to see that some things were noticed by my peers and/or co-workers. Once those things have been revealed, you are faced with doing something about them. It has also been a real eye opener for me regarding Public Health. It has helped me to see that they are dealing with some big issues themselves. I am glad we chose the project that we did. It has helped me to see what some of the barriers have been which have prevented us from working together, in some parts of the state. I am also very appreciative of all of the wonderful resources provided to us. I know I will use the information working with Public Health and others in our efforts to be change masters for the health of the Commonwealth.

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