Turning Point: Collaborating for a New Century in Public Health

A REPORT ON THE LAST TURNING POINT FORUM
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By Mary Ann Bella

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In March 2001, 160 members of innovative, public health partnerships met at a forum in Washington, D.C., intent on charting the future of their advances in public health reform. They came from 14 states, representing communities as different as Sitka, Alaska and New York City. Their partnerships were funded through *Turning Point: Collaborating for a New Century in Public Health*, a national initiative of the W. K. Kellogg and Robert Wood Johnson Foundations. Each partnership was unique, but they were united in believing that the responsibility for improving community health and well-being does not rest solely with a public health agency. It is a responsibility shared by the community.

For the past two years, the partners had been turning this belief into reality. They improved local health services by involving grassroots citizens in decision-making about the public's health. They created new public health trusts, neighborhood planning teams, community health councils, Web-based public information systems, increased access to health care and much more. During this time, the partners relied on their national affiliation to sustain their vision and keep them connected with one another. They came to this forum knowing it was their last opportunity to meet as a group before their grants came to an end.

The participants reflected the diverse make-up of the partnerships themselves. They included community activists, business and youth leaders, public health administrators, tribal council representatives, nurses, spiritual leaders, hospital administrators, university faculty, elected officials and many others. For two and a half-days, they met in small and large groups to share their experience and build consensus on ways to sustain their progress. This report will capture the dynamics of the forum, events that helped the partners accomplish their objectives, and their decisions about the future.

Background
The W. K. Kellogg and Robert Wood Johnson Foundations inaugurated Turning Point with the intent of strengthening and transforming the nation's 100-year-old public health system. To accomplish this objective, the foundations awarded concurrent, three-year grants to 41 rural, urban and tribal communities and their respective 14 states. The W.K. Kellogg Foundation (WKKF) funded local community and tribal partnerships and the Robert Wood Johnson Foundation (RWJF) funded state entities. The Turning Point focus provided the impetus for the communities and states to develop new, collaborative approaches to public health system improvements. The lessons learned from their work would be shared with the nation.

The foundations engaged the National Association of County and City Health Officials (NACCHO) as the National Program Office (NPO) for the communities and the University of Washington School of Public Health and Community Medicine as the NPO for the states. Annual forums, jointly organized, developed and carried out by the NPOs, provided a major component of the national support. The forums gave all Turning Point partners an opportunity to meet, share ideas and learn from one another.

Laying a Foundation for Public Health Improvements

The opening session of Forum 2001 set the tone for dialogue on the impact of the partnerships and the need to sustain their achievements. Barbara Sabol, Turning Point program director for WKKF, presented the perspective of the foundation, telling the partners that their work confirmed Kellogg's belief that all communities have the history, knowledge and power to define and solve their problems. "Partnerships are the key to accomplishing such success, but building and sustaining partnerships is hard, complex work," she said. "There are as many opportunities to fail as to succeed, yet you have organized and mobilized for success."

The summary message Barbara left with the group was, "The principle that everybody has a stake in public health is now well established and will affect public health and policies in the future." It was a theme that would resonate throughout the forum.

Tom Milne, executive director for NACCHO, supported Barbara's premise by describing changes at NACCHO that were motivated by the partnerships. He told the gathering that NACCHO's board of directors had restructured and adopted a new strategic plan. In addition to increasing the capacity of public health agencies, the new goal includes building community capacity to help agencies get at the root causes of illness. He said the Turning Point philosophy of grassroots involvement is counter to the traditional way of looking at public health, but NACCHO intends to help change that paradigm. He commended the partners for their accomplishments, saying, "You are changing the way communities work and establishing role models for the nation."

Dr. Vincent Lafronza, program director for the local NPO and a forum planner, challenged participants to move Turning Point activities from "best practice" to "this is the way it's done in public health." He said the forum would be a working meeting, with the goal of capturing sustainability ideas and practices, refining policy targets across communities, tribes and states, and leaving with the foundation of a national strategic plan. He expected participants to move from flip charts to action strategies that would have broad implications for public health.

As an example of how grassroots involvement can transform a public health system, Cheryl Boyce, executive director of the Ohio Commission on Minority Health, related the story of her successful experience in Ohio. Cheryl said that in 1986, she headed the governor's task force on minority health. She had a two-person staff, a $90,000 budget and a focus on treating disease. But when the state asked her to determine why there were disparities in the health status of the state's minority and majority populations, she couldn't find the answer in disease statistics. She found it by asking 2,000 grassroots citizens about their community problems and solutions. Her report cited ineffective programs, fragmented healthcare and money allocated without assessing public health needs.

Cheryl's report caused the state to shift its focus from disease treatment to prevention and to create the Ohio Commission on Minority Health. Today the commission has a $3.5 million budget and is the largest community-based agency in Ohio state government. It is governed by a board that includes grassroots representatives and reports directly to the

General Assembly. Cheryl said the commission exists to institutionalize culturally appropriate health promotion and disease prevention programs.

Summarizing the messages of previous speakers, Dr. Bud Nicola, senior consultant for the state NPO, said Barbara clarified the Turning Point vision, Tom described how the initiative changed a national organization, Vincent issued the challenge to sustain the Turning Point philosophy of grassroots involvement and Cheryl demonstrated that it could be done. Bud asked the participants to take the meteoric shower of facts from their own experiences and weave them together in a tapestry for public health system improvement.

To begin their work, the partners were assigned to small groups organized by community size, geography and jurisdiction. This arrangement helped participants identify common components of their collaborations even when the focus of their partnership work was different. The breakouts included metropolitan areas, communities near urban areas, mid-sized cities, multi-jurisdictional rural regions, rural jurisdictions, remote communities with a limited formal public health infrastructure and rural jurisdictions with well-established collaborative organizations. The task was to identify and recommend strategies and practices for sustaining collaborative systems.

Each session was facilitated by a designated partner or a NACCHO staff member. The dialogue focused on communications and other critical partnership functions, the ability to carry out those functions, practices such as building relationships and strategic planning, policies for continuing their work, and groups or entities that should be involved. The partners shared their unique approaches to community involvement. Many of their comments illustrated Barbara's premise that everyone has a stake in public health. Community activists emphasized the importance of keeping their voice in the decision-making process. "Do with us, not for us or to us," one said. "Keep the focus on prevention and involve people who are living the problems," another said.

In the Town Meeting that followed, participants came together to share summary dialogue from the breakouts and reach consensus on which activities to sustain. Kathleen Zurcher, director of organizational learning for WKKF, facilitated their discussion. The group agreed on the primary importance of institutionalizing the Turning Point philosophy of collaboration. They identified key, sustainable practices such as building trusting relationships and leadership; ensuring diverse, broad-based community representation; assessing community health needs; developing standards to guide the work; evaluating progress; and creating clear action plans for partnership work, funding, marketing and communications.

This backdrop laid the groundwork for the next presenter, Terri Wright, program director for health programs at WKKF. Terri outlined a method for developing a policy framework to advance the partnership efforts. She told participants to begin their policy deliberations by clarifying the vision they wanted to achieve. "The policy focus should be a means to an end, measurable and have consequences," she said. "A policy change objective should be a clear statement of a desired change that reflects community values and priorities." Terri advised the partners to consider the influence of existing policies

and politics, as well as the doability, potential impact and possible positive or negative spin-offs of their objectives.

With this added knowledge about policy structure, the partners went back to work. They had the option of joining one of seven breakouts to discuss data systems, community leadership, state/community capacity, financing, or special issues pertaining to youth, faith-based, or American Indian/Native Alaskan tribal partnerships.

Again, a designated partner or a NACCHO staff member facilitated each breakout. The group task was to identify policy targets and objectives on their breakout topic. These would later be refined for recommendation to all of the partners. Participants were asked to look at their topic from three different perspectives: (1) public policies, (2) organizational policies on human resources, training and other internal matters, and (3) policies shared between or among different organizations or sectors such as financing, memoranda of agreement, roles and responsibility and data sharing. The partners began their work.

Concurrently, some participants were invited to join a workshop on sustaining participation in public health activities. The session was held to facilitate the work of nine local partnerships in the New York Academy of Medicine's Public Health Governance Workgroup initiative. Dr. Roz Lasker, director of the academy's Center for the Advancement of Collaborative Strategies, led the discussion on the partners' progress in developing procedures and structures to support their community health improvement efforts.

During this exchange of ideas, the workgroup partners talked about goals, strategies, challenges and results. They offered suggestions for encouraging broad community involvement, such as providing transportation, child care and speaking jargon-free language when discussing public health. Other subjects included funding resources and community needs assessments. The group identified a need for data that is different from the disease-based information collected by state and federal agencies and addresses health issues that local people think and care about. In general, the dialogue highlighted the benefit of the long-term thinking associated with collaborative relationships, as opposed to the short-term thinking in time-limited, project-specific, public health partnerships.

By the end of the first day, a strategy for sustaining the achievements of individual local and state partnerships was beginning to come into focus. However, several participants talked informally about a need to sustain their links to other partnerships and the political clout associated with their national Turning Point affiliation. They wanted to prioritize the importance of resolving these concerns before this last Turning Point forum came to an end. In private conversations, they asked the NACCHO staff for time to raise these issues during a general session.

Building a Framework for Collaboration

Day Two focused on highlighting the national impact of the partnerships and developing policy targets to advance their improvements in public health systems. Bud opened this

round of general sessions by presenting the perspective of the state NPO. He reported that with additional RWJF support, six new states were added to the Turning Point initiative, bringing the number of participating states to 20.

Bud said that during a two-year planning process, state partnerships identified a variety of public health system infrastructure changes to implement in the coming four years. He said RWJF asked the partnerships to identify, from these Public Health Improvement Plans, a high-priority, implementation strategy that would be funded by the foundation. These state strategies include improving data systems, eliminating health disparities, and developing education, training, and technical assistance programs for the public health workforce. Bud said new policy directions are beginning to emerge as the states identify best practices and their implications for national policy.

In addition to funding these individual state efforts, Bud said RWJF funded five National Excellence Collaboratives and invited each state partnership to apply for membership in up to two collaboratives. The work of the collaboratives focuses on performance management, social marketing, leadership development, information technology and public health statute modernization.

In closing, Bud highlighted the work of the Public Health Statute Modernization Collaborative, saying that the group is working with the National Conference of State Legislators to modernize public health statutes. "The legal basis for public health is at the state level, but many of the laws were written one hundred years ago," Bud said. "The goal is to strengthen the legal framework for the public health system through a collaborative process to develop a model public health law. It's a unique opportunity to present a clear vision of state and local needs, government roles and responsibilities, and to define basic public health functions."

Reporting on Turning Point from the perspective of the local NPO, Vincent told participants that as NACCHO tracked partnership activities and analyzed community health systems improvement plans, the program office learned that partnerships are changing accepted beliefs about the public health infrastructure. "Experts have directed us toward a focus on determinants of health and data delivery practice models, but the public health infrastructure is constantly making adjustments," he said. "Turning Point teaches us that the public health infrastructure transcends bricks and mortar and agencies. It can be viewed as an array of interdependent systems that synergistically protect and improve the public's health and well-being."

Vincent said the partnerships are identifying critical components of the infrastructure that need to be strengthened and beginning to work on these areas, but there's much more to be done. "As public health practitioners, we need to expand the scope of public health practice to address social, economic and environmental determinants of health and quality of life issues," he said. He went on to identify an additional need for building local, tribal and state capacity to assess, monitor and report on community health and well-being.

Expanding on Barbara's premise that everyone has a stake in public health, Vincent said Turning Point has demonstrated that collaboratively-based systems bring together new arrangements of capacities, resources, strategies and performance outcomes that have a greater impact on the public's health and well-being. "We need to create sustainable organizational structures that support collaborative decision-making and action," he said. "To achieve this, it will be necessary to realign policy environments and policy development processes to advance the community's new public health vision."

Addressing the issue of grassroots representation, Vincent told participants that communities must have a voice in policy decision-making, including the identification, investigation, intervention and evaluation of issues that affect the public's health and well-being. He said when partnerships discovered a disconnect between community health, public health and the public's health, they began working to improve the interconnections among statistically-derived and community-identified needs. "You are showing the nation how to go about building the public health systems' capacity to meet these needs," Vincent said, highlighting Turning Point's emerging public health paradigm "community as infrastructure" model as a leading example.

Elaborating on Tom's earlier comments about Turning Point's lessons for NACCHO, Vincent reported that NACCHO has learned the importance of collaboration and intends to establish national partnerships with groups working in American Indian/Native Alaskan affairs, education, law enforcement, community development, economics, labor, faith-based movements, and other sectors/disciplines outside of health-related activity.

Knowing the impact of their individual partnership activities set the stage for partners to learn their collective impact. Midge Barrett, vice president of The Lewin Group, presented highlights from the group's evaluation on the collective organizational and impact patterns of local and state partnerships.

Reporting the group's findings, Midge said most partnerships organized their work well and kept members involved. Partnerships in smaller communities were generally more productive than large city and state partnerships, which had trouble getting through bureaucratic and political barriers. Partnerships controlled by government agencies were also associated with lower productivity, she said. It was harder to get broad participation in government partnerships, people dropped out, and there was less involvement of business. The government agenda dominated and language became an issue due to an insistence on using "public health agency" terminology.

Midge told participants that overall, the most productive partnerships engaged a broad range of expertise outside of health professions on an ongoing basis. They involved non-traditional sectors such as business and faith and brought together educators, hospital administrators and other diverse community representatives. Some partnerships became resource brokers, offering venues for exchange of information across the larger community.

Addressing impact patterns, Midge said the research showed that partnership productivity stimulated system change that increased over time as members created relationships that

spread to the community. However, integrating community capacity to increase the ability of the system to function was hard, she said. "Partnerships need new ways to describe their work and must communicate their messages consistently."

The researchers learned that none of the partnerships have closed the gap between community self-improvement and policy-makers, Midge said. "This requires sustained, ongoing dialogue, two-way communication, mutual benefit, a constant place at the table, and proactive partnership involvement."

Midge concluded by saying the next step is to sustain the integrated capacity created by the partnerships, which requires institutionalizing their results, establishing policies and resources to support the new capacity, communicating value, and building a shared way of describing results. She reassured participants that The Lewin Group will continue to collect data for NACCHO and use the information to help partners develop a protocol for partnership self-evaluation.

With a new awareness of the national perspective, state and local partners could see their individual partnership achievements as part of the global Turning Point picture and decide which policies were necessary to ensure that national - as well as local - achievements could be sustained. The partners considered this new information in the discussions that followed.

This was the second session on policy development. Participants had the option of joining any one of the seven breakouts, just as they had on the previous day. However, the forum planners encouraged partners to join a breakout on a topic than was different than their choice on Day One. The intent was to involve as many partners as possible in developing objectives for each topic.

The breakouts were again facilitated by a designated partner or a NACCHO staff member. The new task was to refine the policies identified on Day One and develop recommendations for consideration by all partners. Participants deliberated the policy objectives - rewording, adding or deleting as they deemed appropriate. Concurrently, the New York Academy workshop met to continue their dialogue.

When all of the partners reconvened in a general session, leaders from each breakout brought large sheets of paper with lists of policy objectives for their breakout topic. They taped the sheets to the wall and stood nearby to answer questions about their group's recommendations. Participants moved from one sheet to another, placing adhesive dots next to policy targets and objectives they considered most important. In this way, the participants established policy priorities to advance their work. The objectives and the rationale for their decisions are summarized below. *(See Appendix A for a full listing of the priority Policy Targets and Objectives.)*

In the four general category policy areas, "financing" was the top priority of the partners, closely followed by "improving data systems." "Community leadership" was third, and "state/ community capacity and competency" was fourth. American Indian/Native Alaskan, youth and faith-based partnerships established their own priorities.

Money to address community needs had been the dominant issue in the breakout discussions on "financing." Participants said public health systems should be responsive to the community. They agreed that funding should be a "bottoms up" process, yet existing categorical funding policies often prevent the use of money for community-identified needs. Their policy objectives honed in on these areas. They want (1) simplified financing based on community-identified needs and outcomes, (2) flexible use of state and federal funds, and (3) development of collaborative policies and procedures for state, local and regional groups to use for prioritizing public health needs and focusing limited resources.

Data to identify community needs had been the primary concern in breakouts on "improving data systems." The partners identified two major deterrents to their work: inconsistent local, state and federal policies and practices for data collection, methods, use and management, and the lack of qualitative data to identify health issues of importance to communities.

To resolve these issues, the partners want organizations such as NACCHO, the Association of State and Territorial Health Officials (ASTHO), Centers for Disease Control and Prevention (CDC) and the Health Resources and Service Administration (HRSA) to collaborate in establishing policies that define the use of non-health and commercially available data for designing population-based public health initiatives. The partners further want NACCHO, ASTHO and other national organizations to advance and promote policy and legislative initiatives that will result in linked data sets at the federal, local and state level. The partners' goal is to use this information for health planning and evaluation at the local level.

Building partnership strength through business involvement was a key element in the breakouts on "community leadership." The partners said business leaders have resources and influence to affect policy change, yet many don't participate because they don't see a connection between "public health" and business or economic development. To encourage business involvement, the partners intend to show the link between public health and business success. They intend to keep business actively involved and leverage their influence to the community. To help in this effort, partners want the Turning Point philosophy recognized as an effective tool for improving public health, along with state funding for their work. At the national level, they want Turning Point to provide leadership in securing local, state and national support to improve health and community wellness and facilitate Turning Point sustainability.

Training to expand the capability of existing partners and encourage new partnerships was the dominant concern in breakouts on "enhancing state/community capacity and competency." The participants identified a need for resources to train community and business leaders, local government officials, healthcare providers and others involved in partnerships and coalitions. To advance this effort, the partners again turned to Turning Point. They want Turning Point to identify partnership models that work and to hold a consortium of training institutes to synthesize collaborative models. Additionally, the partners want development of a simple system that matches collaboratives with

appropriate funders, with the goal of encouraging new collaboratives and sustaining existing ones. To improve community decision-making, the partners want easy access to information through "one-stop" shopping that makes up-to-date, local data at the state level available to local users.

Respect, acceptance and inclusion were underlying themes in the policy objectives of American Indian/Native Alaskan, youth, and faith-based partnerships.

The tribal partnerships' priorities are to ensure that no decisions for tribes will be made without involving tribes and that trust responsibilities between states and tribes will be honored. They further want tribal data used only in planning that involves the tribes. The partners also want to advance the integration of public health and environmental health. Overall, their objective is for broad, blanket policies that consider economic, social, regional and cultural differences but avoid judgmental elements.

The "youth leadership" priority is to include youth in community decision-making. The objective is to make the adult community aware of teen accomplishments and teens' ability to serve as decision-makers. The partners want communities to identify and address teen issues, fund youth groups, and use community involvement to develop teen leadership.

The faith-based partners affirmed that Turning Point convenes, facilitates and supports the inclusion and participation of faith-based communities in Turning Point partnerships. They also affirmed their support for the Turning Point philosophy that links communities, state, tribal city, community-based organizations, residents, organizations, businesses and other stakeholders to improve the health and well-being of the community. The faith-based partnerships advocate, adopt and foster an inclusive process that accepts, acknowledges and celebrates many faiths.

After prioritizing their objectives, the partners moved to the final activity of the day. Participants from each state met in state breakouts to coordinate policies for promoting sustainability within their state. The breakouts involved local and state partners from Alaska, Arizona, Illinois, Kansas, Louisiana, Montana, Nebraska, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Oregon and Virginia. Participants from the six states funded by RWJF after the initial grants were awarded did not have local contingents and were invited to join other state meetings.

By the end of Day Two, participants had made great strides toward achieving the objectives Vincent outlined in the opening session of the forum. They knew which components of their partnerships to sustain and had identified policy objectives to help them reach their goals. Informally, an increasing number of participants were voicing concern about sustaining partnership connections in the future. Some thought this was enough of a concern to merit discussion in a general session. They asked NACCHO for time on the last day's agenda to discuss the prospect of a national collaboration and the conference planners accommodated their request.

Advancing Toward a New Picture of Public Health

Day Three was structured to bring it all together - the ideas, suggestions and approaches that had evolved over the previous two days. Kathleen had planned group exercises to facilitate the process of weaving it into a cohesive national plan. However, with only a half-day left in the forum, some of the time was used to facilitate the partners' request to discuss the development of a national collaborative.

Kathleen facilitated an enthusiastic dialogue as the partners considered the merit of a collaborative, the issues involved, the form of the organization, guiding principles, and partnership contributions. The dominant theme in the deliberations was the partners' determination to continue learning from one another. "It's important to get linked nationally so this doesn't disappear," one partner said. "We need to know concrete actions that have worked in other communities - successes and failures," said another.

The partners agreed that a collaborative would connect people who share a common vision and give national identity to the Turning Point philosophy. They said a national affiliation would also encourage community participation by large employers and others who want more than local involvement.

The organization would be goal-directed, action-oriented, and could provide expertise the partnerships can't provide for themselves, they said. It could establish a national policy agenda and marketing effort, provide leadership, coordination and resources, handle media relations and plan projects of national significance to help pull the partnerships together. Some partners suggested perhaps NACCHO could be involved in the collaborative, assuming no expense but keeping the organization's name out front. Others agreed, saying NACCHO already has the infrastructure and might be able to find a place for the new organization.

Discussing principles to guide a collaborative, the partners returned to the importance of their link to other partnerships. They emphasized an ongoing need for forums, pointing to the value of sharing information and the emphasis on continuous, out-of-the-box thinking about how to go about their work. "Systems change is for the long haul," one partner said. "It would keep the focus on systems change."

The partners described active involvement as their major contribution, but said they would consider paying dues and contribute information on a regular basis, openly sharing their struggles and success. They also offered to assume periodic responsibility for getting partnership stories in the news. At the end of the discussion, several participants volunteered to serve on a Convening Team for the collaborative.

To give the team enough time to plan their next step, yet provide meaningful dialogue for other partners, Kathleen introduced an Open Space exercise. This allowed any participant to write a discussion topic of personal interest on the board. The partners suggested eight topics for small group dialogue. In addition to the national collaborative, the topics included rural partnerships, a national agenda, city partnerships, bringing local issues to the national level, youth leadership and local funding. Each participant chose a discussion group, but they were free to move from group to group throughout the room.

At the conclusion of the exercise, the partners came together for optional summary reports from the groups. Member of the Convening Team said they planned to continue their discussions after returning home, with the intent of developing a national action plan to create the collaborative. Other partners volunteered to assist. (*See Appendix B for members of the Convening Team.)*

In other summaries, the youth group said their dialogue reaffirmed the value of teen contributions when adults listen to them and ask for their ideas. In a report on local partnerships, one participant said the way to sustain involvement is to start with leadership from the community and give them help and guidance for them to grow. A community activist partner elaborated, saying "You don't have to do it for them. You just have to show them how to do it." The finance group said they had six pages of possible projects but needed NACCHO as a partner. Vincent suggested contacting NACCHO's board of directors to express their interest.

Moving to a new exercise, Kathleen introduced the Knowledge Cafe. Participants could meet with any group of four to five people, share information, then move to another group if they wanted. She reminded participants that national policy opportunities come from lessons and acquired wisdom, asking them to consider: "What is the most important wisdom or learning you would share with your community about the Turning Point Work? What would you share today? What would you share two years from now?"

In the reporting session that followed, participants described a broad range of personal lessons, but a new understanding of the Turning Point philosophy, change, and collaboration were the most common themes. "Turning Point isn't a project. It's a philosophy and development of a culture," said Michael Andry, a partner in *Healthy New Orleans, The City That Cares.* "It transcends the project for a broader impact on community and community life." Another partner said, "It's important to integrate this philosophy within ourselves in order to share it with the community."

The participants said they learned that change takes time, energy, and patience. "Systems change is generational," said Barbara. "People have found their voices, now it's important to keep the faith in the process." The partners attributed their success to building trusting relationships and networks among people from diverse backgrounds, but realized these relationships must be nurtured. They said it's important to keep people involved with focus and reach out to new partners.

Many of their comments reinforced Barbara's premise that everyone has a stake in public health. The partners talked about the value of bringing the community hierarchy and community voices together to work toward change. Several mentioned the importance of listening and being open to different methods and ways of thinking about issues. They said they learned to be aware of possible barriers among people but not to fear conflict. Rather, to build on the strengths of the members of the group, teaching each other.

Adults in partnerships with teens said they discovered that teens can work through school rivalries to achieve a common goal. In turn, teen partners said they found their voice when they were in the majority and could feel comfortable "talking back to adults."

Looking two years out, participants said they believe the Turning Point philosophy will be institutionalized in their communities. They foresee local funding for broad-based partnerships and local coordinators, with a new community structure to deal with community health. They envision diverse participation in partnerships that have clear, formalized links to state and national levels. They see regular regional public health dialogue, with agreements for meaningful data exchange between community, state and national levels.

The partners painted a picture of public health partnerships that include schools, hospitals, nursing homes, city officials, county commissioners, public health nurses, grassroots citizens and others - all collectively contributing to the well-being of their community. They see adult leadership institutes, more diversity in youth-led partnerships, more grassroots and tribal agency involvement. Different groups integrating, networking. Communities celebrating their diversities. A national initiative with the same process seen in local communities. Overall, they expressed a broad vision of seamless health service system, with greater grassroots access to health care.

In the final minutes of the meeting, Kathleen asked participants what success they wanted to celebrate as they closed their last Turning Point forum. One by one, around the room, each participant shared a personal view of Turning Point success. Some spoke of personal growth, some addressed the growth of their community, and some lauded their partnership colleagues. The answers reflected their pride in being part of an effort that in combination with other partnerships, forms a powerful, national force that gives voice to the community and has the potential to strengthen and transform the nation's public health system. Their feelings can be summarized by the partner who said: "The faith of the people who began this journey will sustain it."

A Vision of the Future

From the outset, the forum focused on vision. A collective vision of the Turning Point philosophy institutionalized in communities and states. Each activity took participants one step further toward crystallizing this picture in their minds. They thought about, verbalized and clarified essential components of their work, then leapt mentally into the future as they decided which policy changes were necessary to help them achieve their goal. Their picture of the future was reinforced during the Knowledge Cafe, when they described their communities in two years, changed as a result of Turning Point.

The forum was a microcosm of the Turning Point initiative itself. It brought together people from diverse backgrounds who shared their collective wisdom to achieve a common goal. In the same way that local collaboration promotes action on public health concerns, the collaborative process allowed forum participants to recognize the primary importance of their ability to learn from one another. The result was their proposal for a national collaborative. The same process was at work throughout the forum as knowledge shared in small group discussions was reported in general sessions, only to

trigger new thoughts and consensus. In less than three days, the collective experiences of 160 people from 41 partnerships coalesced into strategic policy objectives for action and the stirrings of a new, national organization.

In the opening session of the forum, Barbara said, "The principle that everybody has a stake in public health is now well established and will affect public health and policies in the future." The Turning Point partners are forging this path to the future. Their expressed need for a national collaborative is an important lesson from the forum. It acknowledges the importance of opportunities for Turning Point pioneers to sustain their personal vision of the future in order to sustain their work.

The partners leave no doubt about their courage, energy and commitment to improve the public health system. But that is not enough. If the Turning Point initiative is to expand throughout the public health infrastructure, partnerships will need funding from philanthropy and other sources. They will need to understand their collective national impact. New local and state partnerships - and perhaps national agencies - will need training and technical support. They will need a central hub for guidance and information on Turning Point lessons. Ultimately, the opportunity to share the Turning Point vision, as the partners did during this forum, will be a vital link to Turning Point's success.

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Mary Ann Bella is a writer and communications consultant for Bella International Productions, Inc., Chapel Hill, North Carolina.

APPENDIX A

Policy Targets and Objectives

Policy Target	Objectives
Financing collaboratively-based public health systems	Simplify financing based upon community-identified needs and outcomes. Foster flexibility in use of state and federal funds. Develop a collaborative policy and procedure for state, local, and regional groups to prioritize needs in order to focus limited resources.
Improving collaboratively-based disease, health and well-being information and data systems	NACCHO, the Association of State and Territorial Health Officials (ASTHO) (Puerto Rico - state health level), Centers for Disease Control and Prevention (CDC), Health Resources and Service Administration (HRSA) need to work cooperatively to establish a policy that defines the use of non-health and commercially available data to be used in health systems for designing population-based public health initiatives. NACCHO, ASTHO and other organizations should advance and promote policy and legislative initiatives that will result in linked data sets at the federal, local and state level. This information can be used for health planning and evaluation at the local level.
Advancing community leadership development in public health activities	Achieve recognition of the Turning Point partnership philosophy as a tool to improve community health and give a voice back to the people the partnership serves. This process will be continued with assistance from NACCHO after Kellogg funding ceases. Inter-organizational policy: Create a framework to keep the avenues of communication open in order to increase leadership from the business sector, which is needed to support Turning Point. Keep business active at the table by reframing how public health affects their business success and leveraging their influence to the community. State agencies should fund partnerships that include usual and unusual (people who are impacted) voices in their decision-making process. Turning Point will exercise leadership to secure local, state and national support to improve health and community wellness to facilitate sustainability.
Enhancing state and community capacity and competency	Propose to Turning Point a consortium of training institutes to synthesize collaborative models in order to assist new and existing partnerships and coalitions. Establish a simplified system to match collaboratives with appropriate funders in order to encourage new collaboratives and help sustain existing ones. Easy access to information through "one-stop" shopping to make up-to-date local data at the state level available to local users.
Advancing collaboration	Data. Don't use it to plan for us without us.

among and between tribal communities and surrounding jurisdictions *(Note: Elders are our policy. They provide direction and avoid direction.)* These policy principles are available on NACCHO's Web site at http://www.naccho.org/ files/documents/policy_ principles.pdf	Advance integration of public health and environmental health. Blanket policies need to be very broad; they need to consider economic, social, regional, cultural differences, and should avoid judgmental elements. No policies will be made for tribes without involving tribes. "Trust" responsibilities between states and tribes will be respected and honored.
Sustaining youth leadership development efforts to advance participation in public health activities	Have community involvement to develop teen leaders. Make the adult community aware of the positive aspects of teen accomplishments and our ability to serve as decision-makers instead of focusing on the negative behavior and choices. Have communities identify and address teen issues. Sustain costs of the group while inspiring productive visions for the future.
To involve faith-based communities in partnerships For interaction between and among faith communities and the community at-large For individual faith communities themselves	Turning Point convenes, facilitates and supports the inclusion and participation of faith-based communities in the Turning Point process of improving the well-being of the community. Faith-based communities support the linkage of communities, state, tribal city, community-based organizations, residents, organizations, businesses and other stakeholders to improve the health and well-being of the community. The faith-based community advocates adopt and foster an inclusive process that accepts, acknowledges, and celebrates many faiths to improve the health and well-being of the community.

APPENDIX B

Convening Team Members

Michael Andry
Chief Executive Officer
EXCELth, Inc.
1515 Poydras Street, Suite 1070
New Orleans, LA 70112
Phone: (504) 524-1210
Fax: (504) 524-1491
Email: maandry@concentric.net
Healthy New Orleans, The City That Cares

Robert Berke
Commissioner of Health
Chautauqua County Health Department
Hall Clothier Building
Mayville, NY 14757
Phone: (716) 753-4314
Fax: (716) 753-4794
Email: drberke@hotmail.com
Chautauqua Kids First Alliance

Kathryn Broderick
Turning Point Coordinator
Oregon Turning Point
800 NE Oregon Street, Suite 930
Portland, OR 97232
Phone: (503) 731-4017
Email: kathryn.broderick@state.or.us
Oregon State Turning Point Partnership

Eve Cagan
Director of Planning
NYC Department of Health
Community Healthworks
125 Worth Street, Room 1047, CN 36A
New York, NY 10013
Phone: (212) 341-9812
Fax: (212) 341-9818
Email: ecagan@health.nyc.gov
New York City Public Health Partnership

Gary Cox, Director
Tulsa City-County Health Dept.
5051 S. 129th E. Avenue
Tulsa, OK 74134
Phone: (918) 595-4361
Fax: (918) 595-4377
Email: garycox@tulsa-health.org
Tulsa Turning Point

Charles N. Davis, Jr.
Assistant Professor/Director of Clinical Research
Northeastern State University
Rural Health Institute/College of Optometry
1001 North Grand Avenue
Tahlequah, OK 74464-7017
Phone: (918) 456-5511
Fax: (918) 458-2104
Email: daviscn@nsuok.edu
Cherokee County Project Re-Direction

JoAnn Hagen
Public Health Nurse Manager
Section of Public Health Nursing
State of Alaska
215 Fidalgo, Room 203
Kenai, AK 99611
Phone: (907) 283-0677
Fax: (907) 283-5705
Email: jhagen@alaska.net
Healthy Communities/Healthy People

Tamara Hubinsky, Coordinator
NYC Department of Health
Community Healthworks
125 Worth Street, Rm 1047, CN 36A
New York, NY 10014
Phone: (212) 442-3542
Fax: (212) 341-9818
Email: thubinsk@health.nyc.gov
New York City Public Health Partnership

Janet Jones, Administrator
Texas County Health Department
1410 N. East Street
Guymon, OK 73942
Phone: (580) 338-8544
Fax: (580) 338-0858
Email: janetsj@health.state.ok.us
Texas County Turning Point Partnership

Linda Kehart, Director
Decatur Community Partnership
2208 N. College
Decatur, IL 62526
Phone: (217) 872-1204
Fax: (217) 872-1320
Email: lkehart@midwest.net
Decatur/Macon County Community Partnership

Joseph Pofit, Director
Roman Catholic Diocese of Albany
40 North Main Avenue
Albany, NY 12203
Phone: (518) 453-6650
Fax: (518) 453-6792
Email: Joseph.Pofit@rcda.org
Healthy Capital District Initiative

Lisa K. Sadleir-Hart, Director
Health Promotion
Southeast Alaska Regional Health Consortium
222 Tongass Drive
Sitka, AK 99835
Phone: (907) 966-8736
Fax: (907) 966-2489
Email: lisa.sadleir-hart@searhc.org
Sitka Turning Point Towards Health

Judith Ann Seltzer
Director, Health Officer
Reno County Health Department
209 West 2nd
Hutchinson, KS 67501
Phone: (620) 694-2900
Fax: (620) 694-2901
Email: judy@renocohd.reno.ks.us
Reno County Community Health Coalition

Jeannie Severson
GWI Coordinator
Glenwood, Inc.
518 E. 1st Avenue
Plentywood, MT 59254
Phone: (406) 765-2040
Fax: (406) 765-1777
Email: lesjeane@nemontel.net
Sheridan County Turning Point Partnership

Richard Silverberg
Executive Director
Health First Family Care Center
841 Central Street
Franklin, NH 03235
Phone: (603) 934-0177
Fax: (603) 934-2805
Email: rsilverberg@healthfirstfamily.org
Caring Community Network of the Twin Rivers

Gail Waring
St. Peter's Health Care Services
315 South Manning Boulevard
Albany, NY 12208
Phone: (518) 525-1640
Fax: (515) 525-1520
Email: gwaring@stpetershealthcare.org
Healthy Capital District Initiative

David Walker
Facilitator, Sierra Vista Turning Point
LifeCare of Sierra Vista
2305 E. Wilcox Drive
Sierra Vista, AZ 85635-2744
Phone: (520) 458-1050
Fax: (520) 458-6378
Email: bisbeeblue@msn.com
Cochise County Turning Point

Shelia Webb
Director of Health
City of New Orleans Health Dept.
1300 Perdido Street, City Hall
Room 8E18
New Orleans, LA 70112
Phone: (504) 565-6906
Fax: (504) 565-6916
Email: sheliaw@mail.city.new-orleans.la.us
Healthy New Orleans, The City That Cares