

Summer 2005

Transformations

in public health

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Turning Point's Legacy Gives Rise to a New Organization

Vincent Lafronza and Natalie Burke

For nearly a decade, Turning Point has stimulated a rich learning experience for improving the public's health through collaborative public health practice. In particular, many of us learned the value of working with a variety of partners, but quickly realized the challenges we would encounter working together across our respective organizations to address weaknesses associated with power struggles among governmental jurisdictions and with conventional silo approaches to population health improvement.

The Turning Point journey was indeed a rare and unique experience. Now we have an important responsibility to apply the valuable lessons learned in order to improve population health status across the US. Applying these lessons to everyday practice to protect and improve health is challenging work. It requires that we transcend our turf issues and work together for the greater cause of improving the public's health. Most importantly, preventing disease and promoting health requires an expanded public and community health collaborative practice capable of addressing the social determinants of health.

Bringing social justice into public health

In July 2004, the authors, together with several Turning Point colleagues, founded CommonHealth *ACTION*, a national, nonprofit organization in the District of Columbia. The new nonprofit's mission is to help people and organizations maximize their potential to improve the health of communities, families, and individuals. We base this mission on the belief that health and well-being are complex productions of society, and their achievement requires action that promotes social justice and equality, healthy multigenerational and race relations, equal access to economic viability, and access to public decision-making processes.

Focusing on the intersection between public and community health practice, we are poised to help organizations enhance community capacity, both inside and outside of

(Continued on p. 6)

From the Turning Point National Program Office

Turning Point Products and Practices Spread Widely


Bobbie Berkowitz, Director



Transformations in Public Health has been sharing news from the Turning Point Initiative since 1998. Over the years we have worked with national partners such as NACCHO, ASTHO, APHA, and CDC, as well as with contacts in states and communities across the nation to keep you informed about current trends in public health. In each issue we try to strike a balance between practice, policy, planning, and academic interests. It is our mission to tell not only Turning Point's story but to shed light on the work of our partners and to make sense of current events, historical contexts, and future problems. In this issue you'll find an issue brief on social justice, which has long been related to our aims at reducing health disparities and increasing community involvement in public health. We are also delighted to share news of a new initiative, CommonHealth ACTION, dedicated to building capacity and increasing community involvement in solving social justice and health challenges.

Where do you go to find the latest products from Turning Point? Hopefully, you are familiar with our Web site (www.turningpointprogram.org), where you can order print copies or download PDFs of our products, such as *The Basics of Social Marketing* and the *Turning Point Guidebook for Performance Measurement*. If you are working on a prevention program and want to incorporate social marketing practices into your program, you can order a copy of CDCynergy—Social Marketing from our site. Interested in updating information technology for your agency or department and unsure how to choose among the many options? Go to the Information Technology Collaborative's site (www.infotech.net) and access the information technology catalog for a sense of what other public health agencies are using. Resources on public health law, performance management, leadership development, information technology, and social marketing are only a few clicks away.

If you want a bird's eye view of Turning Point and its legacy, the *Journal of Public Health Management and Practice's* (JPHMP) March-April 2005 issue was devoted entirely to Turning Point. Included in this, our second issue of JPHMP, are articles on Turning Point's collaborative model, how state partnerships and public health institutes work together, the design of new local public health agencies, and leveraging funds for public health.

We will be at the annual APHA Conference, so please stop by our booth. In addition to our print resources, we will have a new CD-ROM containing all OF Turning Point'S products. Be sure to get your free copy and talk with us about how you can use the tools to improve your systems and programs. We love hearing about your work in the field, whether it is at the local, state, or national level, and welcome the opportunity to talk with you. 

Turning Point and NNPHI Meet in New Orleans

Marleyse Borchard

Since the beginning of Turning Point, the National Program Office has brought grantees together twice a year to share their successes, challenges, and experiences in using the collaborative model to create public health systems change. By the year 2000, Turning Point state grantees were teaching each other about public health systems change by sharing their experiences. Also in 2000, we debuted the five National Excellence Collaboratives, each of which brought public health workers and leaders from Turning Point together with our national partners and experts to create timely and consumer-informed models and tools for public health. With these new developments in Turning Point, our meetings continued to become ever more participant-run.

The annual meetings have been an important venue for dissemination of tools and lessons. We held a showcase meeting, bringing the experiences of Turning Point states to all fifty state health officials through storytelling. We convened in Washington, DC, and prepared Turning Point representatives to meet with their delegates on the importance of public health and the work of Turning Point and its partners. We held meetings focused on the many ways Turning Point is changing public health, from workforce issues to health disparities and social justice. This past May, we continued the tradition of reaching beyond our previous scope and held a joint meeting with the National Network of Public Health Institutes (NNPHI), a former Turning Point grantee. The meeting, held in New Orleans, drew 250 participants and explored public health partnerships in a changing health landscape.

Turning Point partners and Public Health Institute representatives mingled throughout the two-day meeting. Main speakers included Dr. James Marks, senior vice president and director of the Health Group at The Robert Wood Johnson Foundation, and Eileen Salinsky from the National Health Policy Forum. Panels, spanning the interests of nonprofit institutes and governmental public health, covered accreditation, advocacy, and public health systems research. Other presentations showcased best practices, including Virginia Center for Healthy Communities' Atlas of Community Health, Oregon's examination of school district soft drink contracts, Illinois's State Health Improvement Plan Act, and Missouri's voluntary accreditation process. The Social Marketing Collaborative met and the Performance Management Collaborative also held pre-conference trainings.

The opportunity to hold a joint meeting with NNPHI fit perfectly with Turning Point's continuing focus on collaboration. Since 1999 we have been delighted to hear of new outcomes from something that happened at a Turning Point meeting: an innovative idea, a new application of knowledge, a reinvigorated interest in improving public health, and new friends and colleagues in other states. Whether we work in governmental public health, for a public health institute, or for a private sector organization, we have more in common all the time. After all, we are going after the same thing—better systems for better health. ■■



Turning Point director Bobbie Berkowitz moderated a panel on accreditation. Panel members: Patrick Libbey, executive director of NACCHO; Mary Shaffran, principal director, Public Health Systems Programs, ASTHO; Carol Chang, program officer, Resource and Evaluation, RWJF; and Liza Corso, acting team lead, National Public Health Performance Standards Program, CDC.

Marleyse Borchard is manager of public relations and communications in the Turning Point National Program Office.

Public Health Goes Regional in New Hampshire


Jonathan Stewart

Residents of the Town of Derry and nine other communities of southeastern New Hampshire will soon have a new public health unit, thanks to the Turning Point Initiative. “Turning Point started this whole thing,” said Donna Tighe, executive director of Greater Derry Community Health Services (CHS), about this significant development in New Hampshire’s public health system.

The new regional public health resource grew out of the Area Health and Safety Council, started in 2001 by Tighe and other local community partners with funding from the Robert Wood Johnson Foundation. The council began as a demonstration program for improving local public health services through collaborative, systems-based approaches involving the broad public health interests in the region. The council will become a division within the town government, but a Regional Advisory Council of appointed representatives from each of the ten towns, along with representatives from area schools and health and human service agencies, will continue to provide a collaborative approach to addressing regional public health issues.

New Hampshire’s 234 cities and towns reflect substantial variation in the systems and resources to support local public health services. Only three cities, with about fifteen percent of the state’s population, maintain comprehensive health departments. Prior to the Turning Point Initiative, the local public health infrastructure for the remainder of the state consisted of a health officer position in each municipality to meet statutory requirements. In many cases, local health officers receive only small stipends and wear many hats. For example, in Derry, the health officer has also been the building and code enforcement officer.

The term *town* may accurately reflect Derry’s form of government, but it no longer describes its demographics; Derry’s population has nearly doubled in the past 20 years. With more than 35,000 residents, it is now the fourth largest community in New Hampshire. The increasing population in Derry and surrounding communities was one of the motivations for the town to make this move, according Tighe. “Our Town Council is very savvy. They understand that the potential for significant public health issues as a result of this rapid growth. By establishing the public health unit as a regional resource, they are proving to the region that they can see beyond their own local interests and that we can work together on the issues that really affect all of us,” said Donna Tighe.

An additional feature of the new unit will be its close integration with Derry’s Department of Emergency Management. In fact, the dispatch, mutual aid, and Hazmat precedents for a regional approach helped sell a regional approach for public health. “The first responders in our area really get the need for better public health support available to them locally,” said Tighe. “They understand the implications of outbreak and quarantine, and they saw how we could be useful when the community had to deal with a mass prophylaxis situation in 2004.” Derry fire chief and emergency management director, George Klauber, has been a major advocate for the new public health unit. “Public health is to EMS what fire prevention is to fire,” said Klauber. “When I first started here, I couldn’t believe that we didn’t have a health department.” As part of the new structure, emergency management and public health workers will train together to become more familiar with each other, so it will be natural to respond together. 

Jonathan Stewart is director of New Hampshire’s Community Health Institute and Turning Point’s New Hampshire liaison.

Turning Point Member Profile

Donna Tighe


In the 1980s, Donna Tighe was a labor and delivery nurse at Parkland Medical Center in Derry, New Hampshire. She loved her work as a direct care provider, but all too frequently Donna was disturbed to find that women were coming to the hospital to give birth without having received adequate prenatal care. “I felt compelled to do something about the lack of access to care for low-income women,” said Tighe. Soon Parkland administrators put Tighe in charge of creating a program to address this problem. With support from the hospital and a local foundation, Greater Derry Prenatal Services was born. Rather than opening and staffing a new clinic, Donna’s program worked with area physicians to create a network of practices willing to provide prenatal care to uninsured women.

This approach worked well, but it soon became apparent that much more was needed. “The women we served would contact us again, because they or their children were sick and in need of primary care. We would also get calls from physicians saying things like, ‘I learned that so-and-so is about to be evicted; can you do anything about that?’”

So, with more hospital and foundation support, Donna formed Greater Derry Community Health Services (CHS) in 1995. With more than 110 physicians and 26 dentists under agreement, CHS still operates on the network model. “We are like the safety net for the primary care system,” says Tighe. “We provide the initial assessments, triage, administration, and ongoing case management, so that no one provider worries about being overburdened. It’s a very cost-effective model, and we can all share in being part of the solution.” CHS also sponsors a number of other initiatives, including programs addressing senior pharmacy needs, adolescent health and safety, and a partnership to develop a regional transportation system.

When the Turning Point opportunity came along through New Hampshire’s Community Health Institute, “I felt it was like a natural extension of our agency’s work,” said Tighe. “We were already into so many things affecting community health. The same people we see are the ones most impacted by the growth of our community and the lack of a comprehensive public health system.” In fact, CHS had already revised its mission the year before Turning Point started, to include the concept of being an incubator for systemic strategies that affect health and safety positively. “What we really liked at the beginning of Turning Point was that it was not proscriptive and that it was broad enough to allow us to experiment with what could work for our community partners.”

When asked about her professional journey from clinical nurse to community leader and advocate, Donna replied, “I miss clinical care the most. There is no feeling better than to provide good care to someone, and before I am too old, I will go back to that.” But for now she says, “I couldn’t have asked for a better job than the one I have now. I get to try new things and work with great people. It has been fun. I am a really lucky person.”

With her demonstrated leadership and passion for solving community and public health problems, New Hampshire is also clearly lucky to have Donna Tighe. 



Social justice and equity have been central to the mission and vision of public health because health is a prerequisite for human development. The idea of a basic public responsibility for social health and welfare and the responsibility of those in public health to be advocates for social justice and collective action has been the foundation of public health... and health is a collective public good that is actively produced by institutions and social policies.

—Health Equity and Social Justice: A Guidebook for Local Public Health Agencies. National Association of County and City Health Officials

government, and to increase the collaborative public health practice of organizations within and beyond the traditional health and public safety arena. Through CommonHealth *ACTION*'s services, we plan to help organizations take collaborative action with those most affected by health problems to develop solutions that result in their better health and quality of life.

The power of experiential learning

Through our experience with NACCHO's National Turning Point Program Office in supporting partnership development across 41 local demonstration sites, we learned valuable lessons regarding collaborative public health practice. Highlights include:

- Improving the health and well-being of communities requires diverse people and multiple systems working toward common goals—diversity is not optional; it results in increased efficacy.
- Enhancing collaboration among state and local government, faith-based groups, schools, and other entities can produce a much stronger public health system capacity.
- Collaborative capacity often applies pressure on public programs to overcome turf issues and work with those affected by health and social policies.
- Independent organizations able to serve an intermediary function can significantly enhance collaborative activity across disciplines, sectors, and levels of government where politics and turf issues so often prevent coordinated action.
- Trust and credibility facilitate development of community-generated solutions.
- Community-based organizations play increasingly important roles in service delivery systems.
- Outside support for collaboration can help stimulate a restored sense of hope in participating neighborhoods, towns, tribal communities, and cities.
- Legitimizing the experiences of those most affected by health problems can provide a strong community voice able to inform actions needed to improve service delivery systems.
- Effective collaboration can expand the scope of community health practice and permanently alter the course of action taken to improve population health status.

CommonHealth *ACTION* views health as a social phenomenon. This approach differs from a medical and disease-based approach, which defines health merely as the absence of disease. Therefore, a social justice approach is central to CommonHealth *ACTION*'s mission, guides its values, and informs its methodologies. Many health-related organizations around the world adopt similar approaches, and research conducted by the World Health Organization demonstrates their effectiveness.

Turning Point's lessons can be applied to many health issues. To achieve our mission, we will provide consulting services to help health departments and other partners apply Turning Point's lessons, expand the scope of public health practice, and collaborate with other organizations and affected individuals in the areas of emergency preparedness, health disparities, obesity, access to health care, community and public health, community building and engagement, violence prevention, HIV/AIDS, and aging/gerontology.

As one illustration of CommonHealth *ACTION*'s work, we are focusing our attention on the growing aging population. We plan to work with health departments and other organizations to strengthen existing relationships with affected communities

and to advance systems that increase performance outcomes focused on prevention of injury, disability, and premature loss of years of productive life. As our first step, we are soliciting opinions of interested Americans over eighteen years of age. Survey results will inform policy and program development in population aging preparedness. Toward this end, we invite readers to visit our Web site (www.commonhealthaction.org) and participate in our national survey, *Aging in America: How Prepared Are You?* We also invite participants to forward the survey link to as many interested constituency groups and individuals as possible.

Sustaining a collaborative public health practice

The Turning Point experience demonstrates that public health practice in the US is much more than mere service delivery. It is a social enterprise that weaves together art and science and requires leadership, commitment, flexibility, and perseverance. The power of collaboration truly enables groups to achieve goals and realize visions that transcend achievements within the reach of an individual organization.

Partnerships can provide critical linkages to community residents and to larger service delivery systems that influence individual and population health outcomes. These two focuses—community residents and delivery systems—are not necessarily mutually exclusive, but a partnership must spend time together planning how individual entities can best contribute to the larger vision that a collaborative effort is bound to create. Collaboration is challenging work. It takes time, leadership, and commitment. The 2003 IOM report, *The Future of the Public's Health in the 21st Century*, supports this direction and strongly encourages multi-sector, collaborative approaches that involve all public health system participants in order to improve the public's health and well-being.

Finally, partnerships can play an intermediary role for issues that may present challenging political situations for state or local governments. Partnerships can bring credibility to policy agendas and garner additional and critical support beyond the traditional purview of community health programming. Partnerships can provide a unique catalyst function to promote the changes needed to produce a healthier society, because genuine change requires moving beyond services that address disease to taking actions that measure and produce health. ■■

Vincent Lafronza, EdD, MS, and Natalie Burke are principals and cofounders of CommonHealth ACTION. Dr. Lafronza was formerly program director for NACCHO's Turning Point National Program Office. He also holds a part-time appointment as senior advisor for Public Health Practice at NACCHO and is on contract through CommonHealth ACTION with the National Indian Health Board. Ms. Burke was formerly a senior advisor with NACCHO and is providing technical support related to research, program management, housing, and public health for one of the nation's largest nonprofit organizations and to national trade organizations.

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National Association of County and City Health Officials. *Health Equity and Social Justice: A Guidebook for Local Public Health Agencies*. Ingham County Health Department, Lansing MI, 2005.

To learn more about CommonHealth ACTION's services, visit www.commonhealthaction.org or request information at info@commonhealthaction.org.



CommonHealth ACTION

Catalyst for health

...there is a growing recognition that individuals, communities, and varied social institutions can form powerful collaborative relationships to improve health that government cannot replicate.

—*The Future of the Public's Health in the 21st Century*.
IOM

Collaboration and Social Justice: A Natural Relationship

Betty Bekemeier

Although the public health community has made tremendous contributions in improving overall health status in the US, we have also watched as health disparities around the country continue to widen. Health benefits and information have not been equally distributed, fostering increasing disparities even as we improve overall health. Ensuring the conditions in which all people can be healthy assumes that we must, as the IOM said in its 2003 report, move beyond focusing on the health status of individuals and take a population health approach. Improving a population's health requires that public health professionals tackle complex social determinants such as policies, economics, natural and built environments, housing, and sanitation. Public health action in these areas, however, becomes most effective when we engage

communities, nonprofit agencies, businesses, faith-based organizations, and many other new partners in non-traditional ways that spark commitment, innovation, and broad-based transformation.

Many statewide and local Turning Point partnerships have worked on ways to address the social conditions that perpetuate (and exacerbate) disparities in health. The partnerships gave state and local health departments access to the breadth of support, the depth of understanding of the issues, the trust of the community, the resources, and the determination necessary to look expansively at their health and social systems, understanding the nature of the flaws as well as recognizing their strengths. Today many of these collaborative partnerships are institutionalized in one form or another, which ensures that they are not undertaken, or disbanded, merely at the whim of an existing administrator or a charismatic leader.

Collaboration that seeks to act on the social and political contradictions that burden vulnerable communities is a socially just activity—particularly when it is undertaken in full and equal partnership with those who are most negatively affected by an environment and social system that perpetuates illness and poor health. Efforts to reduce health disparities, for example, must include representation of minority groups and vulnerable populations, sharing with them access to power, information, and decision-making in setting state and local priorities. Turning Point grantees did this when they created or used statewide and community partnerships to assess, prioritize, and address the public health infrastructure needs in their states.

Building public awareness

Kansas, for example, is generally thought to be a largely homogeneous population in terms of racial and ethnic groups and, therefore, not affected by health disparities based on race and ethnicity. The magnitude of the issue was largely unrecognized before Turning Point leaders in Kansas began engaging communities around the state in gathering and understanding sensitive and hard-to-find data. Recently Kansas Turning Point partners published a comprehensive report on minority health in Kansas that not only exposed formerly invisible inequities, but offered opportunities for community members themselves to contribute to and use this data for planning and advocacy as a way to make the inequities visible and more likely to be addressed (see www.khi.org/).



Building collaborative skills

The products and curricula developed by Turning Point's Leadership Development Collaborative have been eagerly taken up by public health officials, practitioners, and their partners. In particular, Turning Point's Collaborative Leadership curriculum examines traditional hierarchical leadership and advocates for a collaborative approach to creating change. This collaborative approach uses shared power, building trust, establishing mutual goals, assessing the environment for change, developing people, and continuous self reflection (see www.collaborativeleadership.org).

Changing public health systems


Colorado Turning Point took on the challenge of addressing health disparities in the state by developing a minority health surveillance system, creating a more diverse public health workforce, and making change happen through the enhancement of a statewide partnership committed to reducing health disparities. Colorado Turning Point staff compiled and analyzed state health data that revealed significant health disparities and made this information widely available throughout the state, through active participation with and support of the state's Minority Health Forum. The state's new Office of Health Disparities (nurtured by Turning Point efforts and partnerships) is a testament to the state's growing commitment to reducing inequalities.

Establishing community priorities

What was formerly a traditional top-down relationship between state government and local public health agencies in Oklahoma is now a growing network of local partnerships that establish community priorities for health improvement and drive local processes. Oklahoma Turning Point began with three local community collaborations and now has fifty partnerships, with more in development. Regional representatives from the state health department have been deployed to assist these partnerships in identifying and implementing their own strategies for health improvement and securing resources to sustain their efforts. This philosophy of creating health improvement through collaborative state and local efforts has taken root in Oklahoma and is now built into the organizational fabric of the Oklahoma State Department of Health. The transformation of the public health systems is thought by many to have influenced recent improvements in Oklahoma's health status indicators.

Creating a collective consciousness

Wisconsin used a statewide process with hundreds of participants to develop its state public health improvement plan. These partnerships include governmental public health staff and representatives from the public, private, nonprofit, and voluntary sectors who are active participants in implementing programs and social change in response to the plan. As a result, commitment to public health system improvement and social reform is now widespread in Wisconsin. In the state's collective consciousness, leadership for improving health is now seen as a responsibility shared with community partners.

Collaboration with communities around underlying injustices and social conditions that determine health outcomes can leverage resources, engage non-traditional partners, influence political structures, and build social capital that ultimately improves health in more far-reaching and sustainable ways than what public health practitioners can do alone. In supporting a system of practice that collaborates with vulnerable populations, we can respond to the complex problems of social inequities through the collective action that these problems require. 

Further Reading

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Betty Bekemeier is deputy director of the Turning Point National Program Office.

What's New at Turning Point?

Social Marketing Collaborative

The Turning Point Social Marketing National Excellence Collaborative has signed a contract to develop and implement social marketing training for quality improvement organizations (QIOs). The Collaborative will use the experience it has garnered and the tools it has created to develop and implement training for quality improvement organization staff focusing on changing health care provider behavior (especially physicians, nursing homes, and hospitals) to improve health outcomes. The project will include development of a case study similar to the ones in the publication, *Lessons from the Field*, to show how social marketing has or can be used to change physician behavior to achieve specific quality-of-care outcomes. Additionally, the project will develop and test a two-and-a-half-day curriculum and materials specifically geared to QIO staff. The training will incorporate features from *Social Marketing 101*, the *Social Marketing, A Resource Guide*, and the *End User Training for CDCynergy-Social Marketing Edition*. After testing, training will be conducted for QIO staff working in thirty regional office communication departments in eight regional locations during August, September, and October.



Performance Management Collaborative


Wondering how well your public health organization or partnership manages performance within its jurisdiction? You can now take a test to find out if you have the necessary systems in place to achieve results and continually improve performance. Find the Performance Management self assessment tool at: www.phf.org/infrastructure/resources/FandRPM/PM_Self_Assess_Tool.pdf.

If you want to improve your performance management know-how, you can order resources, such as *Silos to Systems* and *Guidebook to Performance Measurement*, through the Public Health Foundation's Learning Resource Center. If you are interested in scheduling a workshop for your state public health association or your staff, contact Stacy Baker at the Public Health Foundation, sbaker@phf.org.

Information Technology Collaborative

The Collaborative's Web site, www.InfoTech.org, is up and connecting public health leaders and workers to technology information relevant to public health. The site features the *Public Health Information Systems Catalog*, a growing database of public health information technology (IT) in use in state and local health departments across the nation. Visitors to the site can view the catalog and learn what IT programs and systems have worked for particular public health purposes. Perhaps even more importantly, however, you can contribute your own agency's firsthand experience of IT software and systems to this public database and help others in public health make more informed choices about technology.

All of Turning Point's Experience in the Palm of Your Hand

Turning Point's large body of resources can now fit on your desk and be shared with your entire office. Coming in August, Turning Point's compilation CD-ROM will be available. Included on the CD-ROM will be Turning Point's most popular products. You can pick one up at our booth (#527) at the APHA meeting, or order one from us through our Web site, www.turningpointprogram.org. 

Site Visit

State Health Facts Online

<http://healthyamericans.org/>

Trust for America's Health (TFAH) is a nonprofit, non-partisan organization dedicated to saving lives by protecting the health of the public and to making disease prevention a national priority. Funded in part by The Robert Wood Johnson Foundation, TFAH focuses on prevention, protection, and communities and is vocal in advocating that a priority be placed on prevention-focused strategies from "Capitol Hill to Main Street." Their Web site provides information on public health policies under consideration by Congress, policy recommendations supported by TFAH, discussion forums, state tracking information, and publications. Their March 2005 report, *Shortchanging America's Health A State-by-State Look at How Federal Public Health Dollars Are Spent*, provides an important snapshot of key health statistics, public health programs, and the related funding that Congress has allocated to each state. In this fascinating report Trust for America's Health examines the federal funding allocations and finds that progress toward achieving the goals of Healthy People 2010 is falling short, with insufficient funding and inadequate strategies to bring about the broad changes that are needed.

RWJF Update

Robert Wood Johnson Foundation Launches Focus on Health E-letter

The Robert Wood Johnson Foundation recently launched *Focus on Health*, a new periodic e-letter on health issues. The newsletter will highlight recent news and resources from RWJF about health topics and information on upcoming events and activities. The inaugural e-letter highlights recent reports on childhood obesity and tobacco cessation, with links to additional information on the RWJF Web site. To join the mailing list, contact Jessica Siehl at jsiehl@rwjf.org.

Dates to Note

November 5-9, 2005. American Public Health Association 133rd Annual Meeting and Exposition. New Orleans, LA.

Stop by the Turning Point Exhibit, Booth #527, to pick up the latest Turning Point resources. We look forward to seeing you there or at one of our sessions:

3016.0, Monday, November 7 at 9:30 am—Combining Quantitative and Qualitative Techniques to Evaluate the Central Oklahoma Turning Point Collaborative Planning Process.

3108.0, Monday, November 7 at 10:30 am-12 pm—Eliminating Health Disparities Through Collaborative Leadership.

3283.0, Monday, November 7 at 3:30 pm—Emerging Leaders Network: A New Leadership Development Model.

4031.0, Tuesday, November 8 at 9:15 am—Performance Management: Steps to Managing Effective Public Health Organizations.

Transformations in Public Health is a publication of *Turning Point: Collaborating for a New Century in Public Health*. The goal of this initiative is to transform and strengthen the public health infrastructure in the United States so that states, local communities, and their public health agencies can respond to the challenge to protect and improve the public's health in the 21st century. The University of Washington School of Public Health and Community Medicine serves as National Program Office for the initiative.

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