



Scholarly Pursuits

NEPHLI

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Northeast Regional Public Health Leadership Institute

Today the need for leaders is too great to leave their emergence to chance.
The Future of Public Health, Institute of Medicine – 1988

In Focus

By Dwight Williams, Director

EXTRA! EXTRA! READ ALL ABOUT NEPHLI!

- THIRTY-FIVE SCHOLARS FROM NINE STATES BEGIN THEIR YEAR-LONG LEADERSHIP DEVELOPMENT TRAINING.
- THIRTY-EIGHT ALUMNI PARTICIPATE IN THE ADVANCED LEADERSHIP DEVELOPMENT INSTITUTE.
- NEPHLI SCHOLARS RECEIVE THE BALDERSON AWARD.
- NEPHLI PARTICIPATES IN TURNING POINT LEADERSHIP NATIONAL EXCELLENCE COLLABORATIVE.
- NEPHLI-ON-THE -ROAD: HARRISBURG, PENNSYLVANIA AND PROVIDENCE, RHODE ISLAND.
- MUST BE FALL - OCTOBER 2003 RETREAT SCHEDULED FOR RHODE ISLAND.

As a result of the ongoing support from our partner states, members of the Advisory Committee, alumni, and current Scholars, NEPHLI continues to move closer to realizing its vision of becoming a focal point for leadership development in the Northeast. Since its inception in 1997, NEPHLI has not only enhanced the curricula to improve the Scholars' leadership skills, but it also acquired a core faculty that is well grounded in specialized fields and contemporary public health topics. With the graduation of the Class of 2004, the number of NEPHLI alumni will exceed 200 and we are looking forward to an expanded Advanced

Leadership Institute. Several graduates have begun planning for the creation of state-based alumni networks. The collaborative effort of six Scholars from the Classes of 2001 and 2002 to improve lead testing rates of children was recognized as runner-up recipient for the Balderson Award sponsored by the National Public

PUBLIC HEALTH ETHICS: IT'S NOT ONLY SOMETHING THAT WE NEED TO TEACH STUDENTS

By David Carpenter, M.D.

The members of the public health community have always prided themselves on placing value on serving the community, often at the expense of personal gain and wealth. In fact, many public health people tend to have a "holier than thou" attitude, particularly in relation to other professions including medicine. But is this attitude justified? Does this attitude represent the best "principles of the ethical practice of public health?." ¹

The teaching of ethics is required in schools of public health, and is also required of individuals and organizations who receive federal grants. This is important, in spite of the frequent belief that ethics is learned during childhood, and shouldn't have to be taught in a graduate program. But it is clear that many students have not learned that dishonesty, cheating on exams and showing prejudice based on human differences are unacceptable behaviors. If these behaviors are allowed

¹ Public Health Leadership Society, 2002

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NEPHLI Scholar Projects Win National Recognition

Two combined NEPHLI Scholar projects have received one of three honorable mentions for the Balderson Award sponsored by the National Public Health Leadership Development Network (NLN). The first project was done by Scholars in the class of 2001. The goal of *Improving Immunization and Lead Screening Rates in North-eastern New York* was to improve testing rates for children under the age of 24 months by educating parents in counties served by the NYS DOH's Capital District Field Office through a joint effort of the Field Office and Blue Shield of NENY. A project from the class of 2002, *Improving Childhood Lead Screening Rates in a Targeted Popu-*

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Making the Media a Partner

By Mary Jo Takach

How can public health assure that the media get the information they want and still avoid promoting panic during an emergency? By including the media as partners in emergency exercises.

Believing that a well-informed media will produce a fair picture of a public health emergency and aid in controlling public anxiety, the Rhode Island Department of Health (HEALTH) invites major media to “sit in on the action”. During a meningitis outbreak several years ago, one reporter even attended response-planning sessions.

More recently (August '03), HEALTH invited the only statewide daily (*Providence Journal Bulletin*) to embed one reporter in a three-day, statewide medical distribution exercise (a Strategic National Stockpile drill in bioterrorism preparedness). HEALTH's contingencies were that the reporter had to cover the whole event, not identify the distribution warehouse which was under tight security, not interview federal participants (at their request) and that other participants could ask the reporter to come back if they were busy. The newspaper countered with a request to embed a photographer as well as a reporter — under the same contingencies — and offered to publish the main story the following Sunday. Other media were sent releases on the event and could cover it at the emergency operations center or community clinics. This enabled all the media to have access to the event, but only one was at the warehouse.

Planning for the three-day event took many months; the exercise involved three federal agencies, about 60 evaluators and observers from other states, six state agencies, more than a third of the state's municipalities, many local volunteers, the state Hospital Association, the Red Cross, one helicopter bringing in supplies—and plenty of opportunities for major glitches.

The results? The *Journal Bulletin* ran a page and a half story entitled “Dress Rehearsal for a Nightmare” on page one of the second section of the Sunday paper, with six photos. The story focused on teamwork, planning and an overall emergency perspective. Communications technology provided a few major headaches during the exercise but received only two paragraphs in the story, with the emphasis that all problems were eventually solved.

By the end of the event, the federal officials were so impressed by the reporter's professional language and courtesy, they volunteered to be interviewed.

Mary Jo Takach, a Scholar in the Class of '04, is Communications Coordinator for Bioterrorism Preparedness and Responses at the Rhode Island Department of Health

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tion, built on the earlier project, but focused on increasing physician awareness.

Preliminary data collected by the health plans' one-year post study indicate a statistically significant increase in compliance for childhood lead testing rates. They reported improvements of 12 to 18 % for children tested for lead in the targeted areas. There was also very positive feedback from physicians, many of whom had assumed that they did not need to test if there were no apparent environmental factors.

Participating Scholars from 2001 were Mark Amyot, Linda Freligh, and Elizabeth Berberian from the NYS DOH, and Karlina Roberts, Blue Shield of NENY. Scholars from 2002 were Denise Stasik, Mohawk Valley Physicians' Health Plan, Schenectady, NY, and Lynn Lauzon-Russom, NYS DOH. The projects will be presented at the NLN meeting during the November APHA conference.

Men of Color: Health Care Issues and Concerns, another Scholar project started by Scholars in the class of 2003, was also submitted. The project, to review the health care issues from the community perspective, rather than from the private or governmental statistical point of view, is intended to encourage men to express their concerns and to speak about their present disengagement from the health care system. Participating Scholars, all from the NYS DOH were: Domingo Almonte, Charlie Mae Shipmon and Janet Foster. The project received IRB approval; the data are being analyzed; and recommendations should be available shortly.

Write-ups on both projects will be distributed to all leadership programs by NLN.

From Scholar Project to National Committee

Margaret “Mugsie” Buhmaster's 2000 Scholar project (to develop and implement a survey to define interest and use of Complementary and Alternative Medicine among targeted groups in NYS) was presented to the National Public Health Leadership Network during the 2002 APHA Conference. The resulting paper, *Complementary & Alternative Medicine (CAM): Issues and Use in New York State*, was published in *Leadership in Public Health* (Mid-America Regional Public Health Leadership Institute, Fall 2002). This resulted in her appointment, in January 2003, to the Institute of Medicine's study committee on The Use of Complementary and Alternative Medicine by the American Public. A report and recommendations are expected by June 2004.

“New York”, says Mugsie, “appears to be the only state in the country that has identified a specific office to serve as a resource on CAM policy and issues. I would like to thank NEPHLI's Class of 2000 for the jump start.”

Margaret Buhmaster is the Director of the NYS DOH's Office of Regulatory Reform. Part of its role is the study of CAM. Other Scholars in the Class of 2000 who participated on the project were Paul John, NYS Environmental Conservation, New Paltz, NY; Valerie Anne Farley, Division of Nutrition, NYS DOH; Norma Nelson, Ph.D., Bureau of Health Facility Planning, NYS DOH; Paul Meissner, Department of Family Medicine, Montefiore Medical Center, Bronx, NY; and Megan Vnenchak, formerly of the Philadelphia Health Management Corporation.

Community Health Survey Results To Be Added to NYCDOHMH's Web

Jessica Morris (NEPHLI Class of 2002), Director of Community Relations, New York City Department of Health and Mental Hygiene told us that the NYC DH&MH will soon release a public use data set of its recently conducted Community Health Survey (CHS), as well as a web-based customized query system. The CHS is modeled after the Behavioral Risk Factor Surveillance System and includes interviews of about 10,000 New Yorkers. The CHS is a tool to provide both neighborhood and citywide estimates on a broad range of chronic and behavioral risk factors.

The web-based query system will allow users to custom-design data tables for a range of variables from the CHS. The data set and web address will be released soon. More information will be available at www.nyc.gov/health.



The Burlington County New Jersey Health Department celebrated Public Health Week with a proclamation from the mayor. In the front row, second and third from the right are Robert Gogats, Public Health Coordinator for the Burlington County Health Department (NEPHLI Class of 2002) and Barbara Gibson, M.D., Public Health Epidemiologist (Class of 2004).

Communications Black Out

By Mary Jo Takach

Maybe the power outage at the Rensselaerville Institute the first night of this year's NEPHLI July training was a warning. Maybe the Scholars dared Electra and the other power gods when someone mentioned she had never been in a blackout before. Because about a month later, most of New York State, and a large part of the rest of the NEPHLI network as well as other states and parts of Canada went very dark. Even those of us who had power spent time wondering how we would handle our jobs and care for our clients without cell phones, e-mail, fax, elevators, and air conditioning.

This question was posed to National Public Health Information Coalition members (public information officers from state and country health departments) in their bi-weekly teleconference in early September. The answers included:

- Satellite phone
- Analog phones—those old-fashioned, low-tech kind that don't need to be plugged into an electrical outlet
- Radio broadcasts from a cooperative station to battery-powered radios (and public health campaigns for every household and office to have portable radios and lots of batteries)
- Cell phones and wireless computers—as long as the batteries last
- Police/fire radio
- VHF radio
- Reactivated old Civil Defense systems
- Ham radio
- Bull horns and multi-language taped messages for densely populated public areas
- And pigeons—lots of carrier pigeons.

It would be interesting to hear from scholars who survived/worked the blackout. How did you communicate with other offices, clients, patients, family? Those who had power, did you think about emergency plans? What communications methods did you create for what audiences? What didn't work? If you couldn't work at all, what were the consequences? Send your information to nephli@health.state.ny.us for our next issue. Meanwhile....

Maybe those WITH power saw the office worker interviewed on NBC the first night of the blackout as she came out of her high-rise office building. She had walked down about 40 floors and the reporter asked if she had been scared. "Not really," she answered. "After 9/11 they told us to have water, a portable radio and flashlight," she replied as she pulled each out of her monster handbag. "I did. There was no reason to worry." Some folks DO listen!!!

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by a public health graduate student, the urge to cheat and discriminate will continue in one's professional life. Beyond those students whose personal ethics is lacking, we have found that many of the international students, in particular, have never been instructed in some things that are expected in America, especially in such areas as what constitutes plagiarism, and how to acknowledge information sources and give references in written papers. While great advances have been made, sexism and discrimination on the basis of ethnicity or sexual preference are ethical problems that remain pervasive in all parts of our society, including the public health community, and it is essential for public health leaders to practice and teach that these are wrong and cannot be tolerated.

Research is a major part of public health, especially in an academic setting, and research ethics is something to be taught to our students and practiced by our faculty. Recently two distinguished faculty at our University (fortunately not in the School of Public Health) and a senior administrator in the New York State Department of Health were found to have plagiarized materials and listed books they did not write and doctoral degrees they did not have on their curricula vitae. Lack of ethical behavior is thus not limited to student cheating. But in research, each of us must constantly be alert to the issues of honesty in research, giving credit to others where it is due, practicing ethical use of human subjects and use of experimental animals. Ethics must be more than just avoiding being caught. As a public health leader, ethics should be a life value, practiced at every level in both personal and professional activities. It is often not appreciated that an important part of ethical research is to constantly keep a critical and open mind on subjects on which one has taken a strong position. It is always better to prove yourself wrong than to have someone else do so. This is the ethical and intellectually honest way to approach the acquisition of new knowledge.

In many situations, the more successful the public health practitioner, the more opportunities arise for compromise on personal and professional ethics. For successful people, there will always be opportunities for consultantships, and while these may provide additional income, the potential to compromise one's integrity and public health judgment must be kept in check. The more acclaimed the public health leader, the more the possibility of important decisions being made on the basis of circumstances that should not be a part of the consideration, such as who is perceived to be owed a favor, or who will provide a favor in return. While most persons in senior and leadership positions are basically ethical, none of us can avoid facing decisions in which we have a personal (or even financial) interest that should not be allowed to influence the outcome.

So we need to teach ethics, but we also need to practice ethical behavior. Each of us will be faced repeatedly with ethical issues, small and large. Public health

ethics is more than just not stealing, lying or harming others. It is making decisions based on facts, tolerance of and respect for others and putting the good of the greater community ahead of personal gain.

For additional information on the Principles of the Ethical Practice of Public Health, visit the website at: www.phls.org.

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Health Leadership Development Network. The award is given in memory of Tom Balderson, a former CDC employee, who was instrumental in creating the National Public Health Leadership Institute as well as the state and regional institutes. Today, state and regional leadership institutes exist in 43 states, the District of Columbia and Puerto Rico. There are also two international institutes, one in England and one in Ireland.

Earlier this year, the National Turning Point Program created five National Excellence Collaboratives: Public Health Statute Modernization, Performance Management, Information Technology, Social Marketing and Leadership Development. NEPHLI was one of six national organizations selected to participate in the collaborative leadership curriculum development process. During September, NEPHLI and representatives from the National Collaborative piloted the Developing People curriculum before a group comprised of alumni, New York State and School of Public Health employees. Later, in Chicago, the National Collaborative piloted the Sharing Power and Influence curriculum. Feedback from these pilots will be assessed to refine the curriculum, identify appropriate target audiences and market the curriculum to the public health workforce. The final products will be presented in San Francisco at APHA.

NEPHLI is also working with the National Public Health Leadership Development Network to draft competencies for crisis leadership.

The Institute conducted its first of two "NEPHLI-on-the-Road" sessions. On October 16, representatives from NEPHLI, the Pennsylvania Preparedness Leadership Institute and the Pennsylvania Department of Health participated in a panel on "Leadership in Public Health and Preparedness" at the Pennsylvania Public Health Association. Later, on October 23, NEPHLI presented a leadership seminar for the Rhode Island Public Health Association.

The Fall Retreat was held on October 20-22 at the Whispering Pines Conference Center, University of Rhode Island. The theme was "Effective Leadership Through Communication." Presenters included: Patricia Nolan, M.D., M.P.H., Director, Rhode Island Department of Health (*Organizational Change and the Aging Workforce*); Donna Euben, J.D., Associate Counsel, American Association of University Professors (*Policy Advocacy and Lobbying*); Deoshore Haig, M.S.W., Prin-

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Alumni On the Move

Publications and Awards . . .

Sue Lachenmayr ('00), NJ DOH&SS, and **Fern Walter Goodhart, ('99)**, Rutgers University, are among the authors of *The Health Educator's Role in Advocacy and Policy: Principles, Process, Programs, and Partnerships in Health Promotion Practice*, July 2003.

Kathy Cullinen ('00) received the 2003 American Dietetic Association's "RI Emerging Dietetic Leader" award presented in August at the RI Dietetic Association's Leadership meeting.

Karline Roberts ('01), Blue Shield of Northeastern New York, received the "Golden Pen" award from the National Association of Healthcare Quality for her article on her agency's depression program. *An Innovative Approach to Managing Depression: Focus on HEDIS Standards* was published in the Nov./Dec. 2002 issue of the Journal for Healthcare Quality.

Dianne Champion, ('04), VT DOH, contributed to an article on *Vermont's Distribution Program for Potassium Iodide*, published in Journal of Public Health Management, Sept-Oct 2003. Diane also helped develop the plan.

On the Move . . .

'98 **Walter Tsou**, has been nominated as President of APHA . The election will be held in San Francisco in November APHA meeting. He currently is a public health consultant in Philadelphia working on health care reform issues and served as the city's Health Commissioner.

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cial, Haig and Associates Consulting (*Skills to Value and Understand How to Work with Diverse Populations and Organizations*); Mark Lipton, Ph.D. (*Leadership Practices Inventory*); and panelists: Scott Allen, Editor, Science and Health, *Boston Globe*; Elaine Moy-Gederman, Director, Programming and Research, NBC Affiliate, WJAR 10; Humberto Baquerizo, Accounts Executive, Univision and TV 66; and Robert Marshall, Jr., Ph.D., Director of Public Relations, Rhode Island Department of Health (*Understanding the Media During Routine and Crisis Situations*).

WHEW!!

'00 **Kathy Cullinen** has become the Comprehensive Cancer Control Program Manager in the RI DOH. She also has started her Ph.D. in nutrition at the University of RI.

Valerie Anne Farley, NYS DOH, gave birth to a baby girl, Ciara Grace, on July 21. All including brother Connor and dad, Brian, are doing well.

Chuck Vukotich, Allegheny County PA DOH, will be teaching a graduate course of his own design, *Managing in the Real World of Public Health*, at the SPH, University of Pittsburgh starting in January.

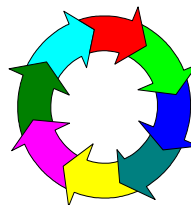
'02 **Diane Brady**, RI DOH, has finished her MSN.

'03 **Charlie Mae Shipmon** is the new Capital District Regional Office Supervisor for the STD Control Program at the NYS DOH.

'04 **Nancy Brault** has become the Supervisor of Environmental Health Services. Northeast District DOH, CT.

Advisory Group Scoops. . .

Guthrie S. Birkhead and **Wilma Waithe**, members of the NPHLI Advisory Committee and the NYS DOH, have been recognized by the Association of State and Territorial Health Officials (ASTHO) for their excellent work in public health. Dr. Birkhead, Director of the Center for Community Health and the AIDS Institute, received the 2003 Local Excellence in Public Health Award, in recognition of his outstanding public health service nationally and in New York. Ms. Waithe, Director of the Office of Minority Health, received second place award in the Vision Awards for innovative program initiatives in recognition of her program, State-Community Partnerships for Healthy Communities.



Stay Connected to NPHLI

Per Your Request

Many of you have requested lists of resources on leadership and public health. There are so many internet sites, books, articles on leadership development and other topics of interest to public health professions that the *Scholarly Pursuits* team would like to start publishing your favorites. Please send your “finds” to nephli@health.state.ny.us and *Scholarly Pursuits* will publish them. The following were compiled by 2004 Scholar Carmelita Blake*.

INTERNET RESOURCES

Did you know that you could get weekly updates on health care issues without doing any research? Sign up at the following websites and start receiving information by e-mail today.

American Public Health Association : csn@doody.com

Provides Weekly E-Bulletin with a review of new books in area of interest/specialization (Membership in APHA is required. Log in is through the APHA website)

Commonwealth Fund: <http://www.cmwf.org>

Private fund which provides three programs:

- National programs focused on improving health insurance coverage and access to health care.
- Grants to improve health care and enhance public spaces and services in New York City Also provides funding for fellowships and other grants
- International program in health policy designed to stimulate innovative policies in and practices in the US and industrialized countries

Families USA: HealthAction@familiesusa.org

This organization is “The Voice for Health Care Consumers”. Collects information on several new reports and other resources available on the web.

Kaiser Family Foundation: <http://www.Kaisernetwork.org>

Provides the following:

- Kaiser Daily Health Report
Latest news highlighting legislative, political, and legal issues
- Kaiser First Edition
Daily headlines on the days top stories at 8:30am
- Customized weekly reports on health policy, reproductive health, HIV/AIDS
- Healthcast Emails
Announcement on upcoming webcasts

The Pew Charitable Trusts: <http://www.pewtrusts.com>

Supports non-profit activities in the areas of culture, education, the environment, health and human services, public policy and religion.

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