



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

Recognizing that the challenge to protect the nation's health cannot be accomplished in a vacuum, public health practitioners have, over the years, become accustomed to collaborative actions, developing partnership and forming coalitions. Most often county and local health units partner with each other or with state departments of health. Sometimes, such partnerships occur with a vast array of health care providers, community-based organizations and academic communities. In whatever form this collaboration takes place, the public health community must continue to fulfill its commitment to assure conditions in which people can be healthy (*Future of Public Health, 1988*).

However, as we progress further into the 21st Century, the need to connect with non-traditional partners takes on new meaning. Approximately 95 percent of health care expenditures are allocated to medical care and biomedical research. This is in stark contrast to evidence-based knowledge of the critical impact of prevention, behavioral and environmental factors on the health status of individuals (*The Future of Public Health in the 21st Century, 2002*). Nonetheless, public health practitioners continue to urge others to recognize that efforts to improve health outcomes and eliminate disparities cannot be accomplished solely within the field. The enormity of today's public health challenges and emerging issues requires cooperation and coordination with health and human services entities, and in the case of emergency preparedness, with law enforcement and the military as well. As a result, the innate, collaborative abilities of the public health workforce are called to task.

In this regard, we must continue "to sharpen the saw" and commit ourselves to continuous self-learning so that the skills we

(Continued on page 4)

Pennsylvania Takes Public Health On the Road Public Health Week 2004

With a schedule of events that highlighted the accomplishments and goals of public health in Pennsylvania, Health Secretary Dr. Calvin B. Johnson led the Commonwealth in celebrating Public Health Week. The theme, *Eliminating Health Disparities: Communities Moving from Statistics to Solutions*, was the backdrop as Secretary Johnson traveled across the state, in the Governor's motor-coach, to showcase examples of individuals and communities that are leading the way to eliminate disparities and improve public health. "These initiatives are great examples of communities working to create solutions to their health problems," said Secretary Johnson. "Through partnerships, we can reduce preventable health risks and increase access to care for all Pennsylvanians."

To kick off the week, Secretary Johnson led a mile walk around the Capitol and issued a friendly challenge to his fellow cabinet members to see who could average the

(Continued on page 4)

APHA Executive Vice President and NEPHLI Alumnus to be July NEPHLI Keynoter



Walter Tsou, MD, MPH, president-elect of the American Public Health Association, will be the keynote speaker at the opening session of NEPHLI's 8th class on July 19th at the Rensselaerville Institute. Dr. Tsou served as Health Commissioner of Philadelphia from April 2000 to February 2002. Prior to his appointment, he was Deputy Director for Personal Health Services and Medical Director of the Montgomery County Health Department. He is also the former Clinical Director, Division of Ambulatory Health Services, the Philadelphia Department of Public Health. He has extensive experience in public health and currently serves on the national board of Physicians for a National Health Program.

Locally Dr. Tsou serves on the boards of Philadel-

(Continued on page 6)

In This Issue

Talking About Public Health With Your Municipal Board	2
Alumna Initiating New Wellness Initiative	3
NEPHLI 2004 Excellence In Leadership Award	3
Balderson Award Winners	3
Alumni on the Move	5
Clearing the Air	5
Resources of Value	6

TALKING ABOUT PUBLIC HEALTH WITH YOUR MUNICIPAL BOARD

By Fern Walter Goodhart, M.S., CHES
NEPHLI Class of 1999

As the Borough Council President in Highland Park, NJ, a municipality of 14,000 (and as a public health educator by training), I've observed that public health is not on our governmental agenda unless there is a crisis. If residents aren't calling us up about a dead crow on their lawn, brown water coming out of their faucet, or high weeds on their neighbor's property, no one is talking to us about public health.

So how does public health get addressed in my borough? Highland Park has an autonomous board of health, and the borough contracts for its public health services (public health nuisance abatement, retail food establishment and swimming pool inspections) with our county health department. As an autonomous body, our board of health serves as the main policy-making body on all public health matters and has the authority to pass its own ordinances, e.g., to make public spaces smoke free and eliminate cigarette vending machines, as well as to inform the public about key issues (vaccine clinics, reducing pesticide use) and to host educational sessions and health fairs.

But what if you don't live in Highland Park and want to bring forth an important public health issue? Here's what I've learned about politicians by being one. We want to do the right thing, we want to stay in office, and we want people to like what we do. These three statements are often mutually exclusive, but you can advance public health causes/issues by understanding us better.

1. We hold public office to help others. Tell us what's needed, and in a clear and concise way.
2. We like to be asked. Rather than scolding us for not doing something right, ask our support from the beginning, and tell us why it's a good thing - in an objective way. Put a face on the story that we can use to explain the issue to others. We may not know of a problem unless you tell us.
3. We are good learners. However, we do not know everything—share your expertise with us. We often rely on the expertise of others.
4. Build a collaborative relationship with us, so we'll know to turn to you for credible public health expertise. Offer to serve as an expert on issues you know—and send us current, reliable, local information (whenever possible, as a one-page fact sheet with the problem, the solution, and resources needed). It's even better if you're able to find those resources through grants or donations.

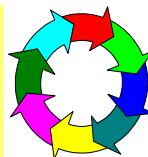
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5. We have many demands on our time. Please respect it, use it to our mutual best advantage.
6. We do not have sufficient resources and we want to control citizens' taxes. Our budgets are always stretched to meet the demands placed on us by residents and businesses, regulations and employees. Remember that you won't always get what you want. Rather than fight with us, choose your battles carefully, and prioritize needed public health resources, and government's time and attention on your issues.
7. We are always running for office. Help us look good by anticipating problems and helping us solve them before they become a crisis, and before the media and community get upset about them.
8. We look for opportunities for positive publicity (see #7). Invite us to your successful programs and services—it helps us understand them better, puts faces and stories behind numbers and problems, and strengthens our relationship to you and your issue.
9. Reward us when we do something right. Send a thank-you letter, a positive letter-to-the-editor of our local newspaper, or provide some other recognition or acknowledgement.

I think it comes down to this: the power of relationships. Get to know your elected officials—what they care about, and what responsibilities they have in the local government, such as the committees they're on. For example, I cannot help you directly with your trash pick-up in town, but I'm your contact person for Americans with Disabilities Act violations. Speak to elected officials privately about ideas and concerns before addressing us in a public forum—we respond better when we're prepared and informed, not caught off-guard. In my borough, our mayor, attorney, administrator, and two council members smoke cigarettes—they are not going to initiate any policies on reducing smoking (unfortunately). But if you present the issue for eliminating smoking in bars and restaurants in a coherent, objective way that clearly shows that the benefit far outweighs any political risk, I'll be the first to introduce the legislation. Just make sure that you've got my back.

Written by Fern Walter Goodhart, M.S., CHES, Health Education Manager at Rutgers University Student Health Service (with thanks to Donna Crane,

**Stay Connected to
NPHLI**



NEPHLI Alumna Implementing New Wellness Initiative.

Mim Seidel, '01, is the new Manager for the Diabetes Wellness Initiative located at the University of Pittsburgh Medical Center Braddock and coordinated through the University of Pittsburgh's Diabetes Institute. Her role is to "translate" and manage a new diabetes prevention program (DPP) in a low income area of Pittsburgh.

Mim says, "The Diabetes Prevention Program is based on the findings of a recently completed national study* that demonstrated that people at risk for diabetes can prevent becoming diabetic if they lose 7% of their body weight (if needed) and exercise (walking is okay) 150 minutes a week. This modest weight loss and exercise was found to be more effective than taking a medication designed to prevent diabetes in high risk people! The challenge is to make this happen in a very poor, urban, minority setting in Pittsburgh. The original study population was racially and ethnically diverse, but had a higher socioeconomic status than this population. So, we are 'translating' curriculum and procedures to meet our needs and renovating an area in the hospital to make it a safe 'Wellness Center'.

"This is an exciting initiative. If we are successful here, other low-income urban areas may want to adopt our model to address diabetes prevention for their populations."

You may contact Mim at seidelmc@upmc.edu or at 412.636-5353 for more information.

**The original DPP trial was done in 27 sites across the nation. There were 25 Principal Investigators including 2 from the NIH, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The DPP Study Chair was Dr. David Nathan from MA General Hospital.*

Balderson Award Winners



At the May New York State Public Council Meeting in Albany, five Scholars from the NPHLI Classes of 2001 and 2002 accepted awards for their related Scholars projects that improved lead screening rates of one and two year olds in 13 New York counties. The Balderson Award was presented at the 2003 APHA meeting by the National Public Health Leadership Development Network (NLN). It is given in memory of Tom Balderson, who worked for CDC and assisted in the establishment of public health leadership institutes. The Scholar projects received one of three honorable mentions. From left to right, front row: **Mark Amyot** ('01) Public Health Representative coordinating regional immunization activities for the NYS DOH Capital District Regional Office; **Linda Frelgh** ('01) Family Health Program Director, NYSDOH Capital District Field Office; **Denise Stasik** ('02), Associate Director of Compliance for the Mohawk Valley Physicians' Health Plan, Schenectady, NY. Back row: **Karline Roberts** ('01), Director of Healthcare Quality Management for Blue Shield of Northeastern New York in Latham, NY; **Elizabeth Berberlian** ('01), Assistant Director, NYSDOH Bureau of Chronic Diseases; and **Lynn Lauzon-Russom** ('02), Public Health Nurse, who oversees child health programs in the NYSDOH Bureau of Child and Adolescent Health. A poster describing their projects is in the background.

Jean Smiley to Receive NPHLI 2004 Excellence In Leadership Award



Jean Smiley, Deputy Commissioner, Onondaga County Health Department, in Upstate New York, and a 2000 NPHLI

alumna, has been selected as the recipient of NPHLI's third *Excellence in Leadership Award*. She was nominated by Amanda Nestor ('01), Public Health Administrator, and Dr. Lloyd Novick, Commissioner, of the Onondaga County Health Department. Their nomination highlighted Jean's "significant contributions", since 1999, for mobilizing community partnerships and galvanizing the health department's contributions to community-wide emergency preparedness. They said "...her vision has led to measured risk-taking to redefine public health to meet the challenges of the times, bringing others along to contribute to such efforts. She has earned an exceptional reputation for fairness ... [and] ... giving life to her belief that every organization has a role in emergency preparedness and response. ... [Jean] has modeled a form of government services that transcends bureaucratic pitfalls and inspires others to aspire to also make their mark for the common good."

The *Excellence in Leadership Award* is presented annually to an individual, program or organization for outstanding contributions in public health leadership. It recognizes the significant contributions and accomplishments of public health practitioners who have demonstrated outstanding leadership and commitment in service to the community. The criteria require the recipient to demonstrate excellent leadership skills in the performance of one or more of the Ten Essential Public Health Services, in challenging the process, inspiring a shared vision, enabling others to act, modeling the way and encouraging the heart.

The award will be presented at the Leadership Institute on July 19th at the opening session of the Class of 2005.

A sincere thank you to the selection committee: Scholars Ann Barone, RI, and Beth Justiniano; NPHLI Alumna Vera Waline ('03); Advisory Committee members JoAnn Benison, NYS, Dr. Alvaro Carrasca, NYS, and Parvin Khanlou, NJ ('99).

(Continued from page 1)

possess are enhanced. We must take advantage of career development opportunities to stay abreast of current trends in the field of public health. An excellent resource to improve your collaborative leadership skills is the recently released *Collaborative Leadership Learning Module: A Comprehensive Series* developed by the Turning Point Initiative. The series is organized around six principles of collaborative leadership: Assessing the environment; Creating clarity; Building trust; Sharing power; Developing people; and Self-reflection. The modules define collaborative leadership as a process or method to guide diverse groups to find solutions to complex and mutual problems to encourage systems change (*Collaborative Leadership Learning Modules*, 2004). This is a well-developed resource for facilitators and learners. Copies are available by contacting Jeffrey Wilson at 808-864-7018 or via e-mail at: jeff.wilson@vdh.virginia.gov. The materials can also be accessed at: <http://turningpointprogram.org> or www.collaborativeleadership.org.

In addition to the core academic skills needed by public health practitioners, leaders in the field must sharpen their ability to collaborate. Whether performing traditional public health functions or responding to new threats, having the skills to collaborate in an environment of “leaders among leaders” is essential to protect the health of the public. Amidst the hindsight assessment of the 9/11 Commission, an underlying theme, sometimes stated and other times unstated, raised questions about coordination and collaboration. One can assume that in the future the inclusion of collaborative leadership skills development will be prominently featured in training programs and manuals.

As stated in the Learning Module, “collaborative leadership embraces a process in which people with differing views and perspectives come together, put aside their narrow self-interests, and discuss issues openly and supportively in an attempt to solve a larger problem or achieve a broader goal.” Given that, we need to accept the thought that all of us have some more learning to do.



(Continued from page 1)

most miles walked over a three-week period. Philadelphia was the first stop of the road trip where the Secretary joined national, state and local public health representatives at the Ruffin Nichols Memorial AME Church to discuss the role of public health in eliminating health disparities. Secretary Johnson also toured Drexel University's new Center for Health Equality. Later that day he presented an Award for Excellence to a high school in Bethlehem for decreasing traffic congestion and danger by de-

veloping a safe crosswalk. He also acknowledged the success of mobile medical and dental service vans, managed by the Bethlehem Partnership for a Healthy Community.

The next day, Secretary Johnson traveled to State College to recognize the Centre Volunteers in Medicine and their mobile dental unit for providing preventative health and acute primary care services to underserved populations; a groundbreaking program. Continuing the tour, Secretary Johnson and Congressman John E. Peterson presented an Award for Excellence to a high school in Fayette County for its high quality, daily physical education activities for both students and the community, as well as for raising awareness of the growing concern about childhood obesity.

On the last day of the tour, he presented an award to another high school in Allegheny County for promoting health and wellness by offering CPR and First Aid training to local schools. Secretary Johnson also visited the University of Pittsburgh's School of Public Health where he discussed strides the school has made in combating health disparities. The tour concluded at Uniontown Hospital where the Fayette County Community Improvement Partnership was acknowledged for its plan to address local health care needs. The new tobacco-free logo of the Fayette County Tobacco Coalition was also unveiled. The festivities concluded on Friday with a program recognizing the Pennsylvania Department of Health's public health workforce.

Although the official Public Health Week 2004 is over, the Department plans to continue building relationships to eliminate health disparities and improve public health through people, prevention and protection. It plans to provide leadership to engage people with organized community health improvement partnerships and give communities a greater voice in identifying and addressing local health priorities and solutions. The Department also plans to improve community access to relevant data, information and needed services to protect its most valuable resources—its residents.

“We've also learned that people appreciated the attention we brought to individual public health activities at the local level,” said Secretary Johnson. Deputy Secretary Michelle Davis added that “...the success of the 2004 Public Health Week activities will sell themselves when planning next year's events. The bus trip, personal visits from Dr. Johnson and other Department leaders to local public health programs, and the school awards will continue. The Department, in collaboration with its many state and local partners, is also considering additional activities for 2005.

“It has been said that it takes a village to raise a child. It takes a community, working with educational institutions, state and federal government agencies, hospitals and community-based organizations, to address health disparities and healthcare needs and to improve the public health system for all.”

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Alumni On the Move

'00 **Chuck Vukotich**, has become the Project Manager for Tobacco Free Allegheny, a non-profit subsidiary of Allegheny County Health Department (ACHD), which is managing Pennsylvania's Tobacco Settlement Funds. He has also been appointed to the PA Diversity and Tobacco-related Health Disparities Initiative and the PA Coalition Against Tobacco (PACT). Chuck was also a leading activist in the 1980's, when he helped draft the PA Clear Indoor Air Act. He is the Assistant Deputy Director of ACHD.

'02 **Marta Baez** has been promoted to Deputy Director of the Division of Family Health at the NYS DOH, Metropolitan Area Regional Office in NYC. **Tara Herlocker** is now the Director of the Specialized Services Department at Harlem Dowling West Side Center for Children and Family Services, in Harlem. "Even better", she says, "I had a little boy in November - Drew!" **Mim Seidel** has accepted a job as the Manager, Diabetes Wellness Program at UPMC (University of Pittsburgh Medical Center) Braddock, PA. (See related item, p. 3.)

'03 **Vera Walline's** Scholar Project was accepted as a poster presentation for the National Area Health Education Center (AHEC) Organization annual conference in August. "The topic, *Continuing Education for Rural Practitioners: Improving Delivery Systems through Community-Based Research*, examined how the AHEC used a multi-disciplinary team to research rural physician views on continuing education, including their perception of the breadth of the problem and their preferred methods of accessing information and education." Vera is Program Coordinator at the Northeast Pennsylvania AHEC.

'04 **Mary Jude**, Director of Development at the Penobscot, Maine Community Health Center, and Mark Hanks will tie the knot July 30th on an island off the coast of Maine. It seems their honeymoon will be a camping adventure with 40 of their nearest and dearest who are able to reach the island. **Joeclyn McCree** and her husband, Allen Waters, had a baby girl, Corrine. Joycelyn is Program Manager, Training and Capacity Development Division of Social & Scientific Systems at CDC. **Stefan Russakow** Director, Health and Community Services, City of Nashua, New Hampshire, has been elected to the Board of Directors of the United Way of Greater Nashua. **Mary Jo Takach** is one of eight state and county public health public information officers working with CDC's Strategic National Stockpile (SNS) to produce a public information Stockpile "Toolkit" to be used by local medicine distribution sites during a public health emergency. Mary Jo is the Communications Coordinator for Bioterrorism Preparedness and Responses for the Rhode Island Department of Health

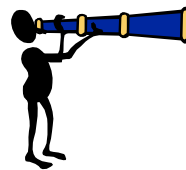
Clearing the Air



In the May 2004 issue of *Governing*, Melissa Conradi wrote that "New York City was one of the number of jurisdictions that recently banned smoking in workplaces, including restaurants and bars—they've been smoke-free for more than a year now. Critics warned that New Yorkers wouldn't put up with it, and that the industry would suffer ['Secondhand Spokesmen,' April 2002]

Several city agencies released a report in March showing the economic effects one year after the ban was enacted, and the evidence points to a thriving, not declining, food and drink scene.

(Continued on page 6)



Have We Lost You?

Does NEPHLI have your latest job title, address, phone number and especially e-mail address?

If you have not heard from us in a while, or if this newsletter has been forwarded to you, please help us update our records. Send a note to nephli@health.state.ny.us with new title, address, phone number and e-mail address.

Also please let us know if you are no longer interested in receiving e-mails and/or newsletters from us. (Although we can't imagine why.)

(Continued from page 1)

phia Physicians for Social Responsibility, the Philadelphia Area Committee to Defend Health Care, the Institute for Social Medicine and Community Health and the Section on Public Health at the College of Physicians of Philadelphia. He has also served on the boards and committees of the Maternity Care Coalition, the Philadelphia HIV Commission, Bridging the Gaps, the Asian American Health Care Network, and the United Way of Southeast Pennsylvania. He is a contributing editor for *Physician's News Digest* and *Pennsylvania Medicine*. In 2001, Dr. Tsou was named the Practitioner of the Year by the Philadelphia County Medical Society. He also received the 2001 Leadership Award of the Delaware Valley Healthcare Council. In 2004, he received the Broad Street Pump Award from Physicians for Social Responsibility. Dr. Tsou received his medical degree from the University of Pennsylvania, his MPH from the Johns Hopkins School of Hygiene and Public Health, and an honorary Doctorate in Medical Sciences from Drexel University.

Dr. Tsou was in NEPHLI's first class of 1998.

(Continued from page 5)

Tax receipts from the first seven months of the ban compared favorable—up 8.7 percent—to the same period the year before. Employment in restaurants and bars is at the highest point in a decade. The number of bars and restaurants hasn't declined since the ban took effect, and liquor licenses demand is up. The report also indicates that compliance with the rule is high, and that air quality has improved.”

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*Send articles, news and resources you found that
would be of value to others
to NEPHLI
at
nephli@health.state.ny.us*

Resources of Value

Center for Rural Health Practice: Bridging the Health Divide: research Agenda, April 2004, University of Pittsburgh at Bradford Center for Rural Health Practice www.upb.pitt.edu/crhp/

CDC listserv for public health law issues: www.phppo.cdc.gov/od/phlp/

APHA Intervention Toolkit for Overweight Children and Adolescents summarizes and presents basic information for parents, teachers, students, and community leaders to use in preventing and controlling childhood overweight and obesity. APHA has created an intervention toolkit for overweight children and adolescents. Both may be found at www.apha.org/ppp/obesity_toolkit/

ASTHO's Report on Disparities: highlights five statewide efforts to reduce and eliminate racial and ethnic health disparities. Statewide task forces, new policy recommendations, and examples of community programs are described: www.astho.org/pubs/ISSUEREPORTEALTHDISPARITIES2004.pdf.

CDC's Fact Sheet on Racial and Ethnic Health Disparities includes information on cancer, diabetes, immunizations, infant mortality, and more for various minority populations in the United States: www.cdc.gov/od/oc/media/pressrel/fs040402.htm.



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