



Scholarly Pursuits

NEPHLI

Summer 2004

Volume 3, Issue 3

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

Since its inception in 1997, NEPHLI has relied upon comments from retreats and advisors to improve program content, format and quality of presenters. As a result, the vast majority of program enhancements can be attributed to insights gained through this process, from NEPHLI Scholars, alumni and the Advisory Committee. As staff, we have practiced emphatic listening, paying careful attention to feedback from the evaluations. This listening preference allows us to meet the needs of our “customers” and fulfill our program goals. However, there are times when the feedback is less than useful and, sometimes puzzling.

Given NEPHLI’s over-arching goal to develop leaders, evaluations which indicate that a presentation was not very good because “it does not relate to my daily functions” raise an interesting point. My initial response is that NEPHLI is specifically not designed to enhance the work (subject matter) competencies of Scholars. Year One Scholars may have experienced this. However, the emphasis for subsequent classes has been to concentrate on leadership development, and at times, to rely upon job specific experiences for application and to make a specific point.

One must be mindful that NEPHLI is a boundary expanding experience, purposely designed to move Scholars beyond personal comfort zones in order to enhance their ability as public health leaders. Whether the topic is an extension of one’s duties or something which appears to be totally unrelated, today’s public health leaders must

be prepared for the next challenge. NEPHLI’s core curriculum builds competencies to perform the Ten Essential Public Health Services in areas related to: collaboration and partnering; advocacy; crisis and risk communication; identifying patterns which control events; promoting cultural competence to elimi-

Inside this issue:

Patient Safety: Achieving A New Standard For Care: What’s In It For Public Health?	2
Choosing Civility	2
Alumni and Scholars on the Move	5
Per Your Request	6
NEPHLI Directory	6

(Continued on page 5 In Focus)

The Role of Leadership in Statewide Implementation of HIV Rapid Testing

By Sindy Paul, M.D., M.P.H.

Implementing the Food and Drug Administration approved Clinical Laboratory Improvement Act (CLIA), that waived rapid HIV testing at publicly funded counseling and testing sites, proved to be a leadership challenge. Rapid testing allows patients to know their HIV status in 20 to 40 minutes rather than having to wait two weeks to receive their results.

At first glance this seems to be an easy project that should not entail much leadership. It involved a simple transition of publicly funded counseling and testing sites to rapid testing. However, the reality is quite the opposite. A review of state laboratory regulations revealed that a regulatory change was necessary to allow widespread use of the rapid test in New Jersey. Without a regulatory change, the staffing needs for a “licensed labora-

(Continued on page 4, CLIA)



Thank You

Below are excerpts from a thank you letter from Jean Smiley, the 2004 Winner of NEPHLI’s *Excellence in Leadership Award*. Jean is the Deputy Commissioner of the Onondaga County Health Department in upstate New York, and a class of 2000 NEPHLI alumna. She was unable to receive the award in person. Mary Ellen Hennessy (’03, Managed Care Program Coordinator, NYS DOH, Central Field Office, Syracuse) presented Jean with the award on behalf of NEPHLI.

“I wanted to let you know that Mary Ellen ... presented me with the beautiful award from NEPHLI. I can’t tell you how much this means to me, and I am sorry that I could not be there to receive it in person. I wanted to tell the new class how much NEPHLI helped me on a personal and pro-

(Continued on page 4, Thanks)

Patient Safety: Achieving A New Standard For Care What's In It For Public Health?

By Reinhold Bansmer

Americans should be able to count on receiving health care that is safe. But how can this happen? How can patient safety become a new standard for care? To address this need, the Department of Health and Human Services asked the Institute of Medicine (IOM) to develop a plan to ensure that the nation's health systems possess the necessary capabilities to improve patient safety. The IOM then convened a committee that produced a detailed plan to facilitate the development of national data standards applicable to the collection, coding, and classification of patient safety information.

In order to accomplish the goal of ensuring patient safety, the committee agreed that a new health care delivery system was needed on a national scale. This should be a system that not only prevents errors but also learns from them when they do occur. The plan includes seven recommendations covering establishment of comprehensive patient safety programs by all health care organizations and settings; establishment of a national health information infrastructure, development of national standards for the collection, exchange and reporting of data, and calls for the federal government to provide clear direction, enabling authority, and financial support for the accelerated adoption of these standards.

So what does this all mean for public health? The effects are many. Comprehensive patient safety programs mean better public health. A national health information infrastructure will allow public health officials to detect sooner and respond more rapidly to infectious disease outbreaks. The development of national standards related to collecting, exchanging and reporting data will greatly facilitate communications between public health entities and private health care providers. And major government health programs may be required by the federal government to incorporate the standards into all applicable contractual and regulatory requirements.

The entire report can be accessed on the web at <http://books.nap.edu/catalog/10863.html>.

Reinhold Bansmer, Class of 2005, is Director of the Maine WIC Nutrition Program.

Factoid: 50.5% of communities have introduced multiple initiatives that link physical activity, such as biking and walking paths, with community design, compared to 13% of communities that have not introduced such initiatives and don't plan to.

Source: International City/County Management Association

Choosing Civility

By Joanne Sullivan

In researching a solution to a staff problem, I found myself thinking that the answer might be some type of "code of conduct" – some "tried and true" standards that would serve as a baseline for acceptable behavior in our office. I came across a book called *Choosing Civility – The Twenty-five Rules of Considerate Conduct*, written by Dr. P. M. Forni. As I read it, I found that there is a correlation between these standards and the qualities of those exceptional leaders whom I most admired. I couldn't help thinking that standards of civility should be inherent in the character of each person aspiring to leadership.

I would encourage everyone to read this very simple, yet invaluable text. The following is a summary. A better quality of human interaction makes for a better life – a saner, more meaningful, healthier, and happier life. Forni makes a persuasive case for making civility a central concern in our lives. As we grapple with the complexities of our age, Forni suggests that we agree on one principle: that a crucial measure of our success in life is the way we treat one another every day. Forni is convinced that, to a significant extent, life is what our relationships make it. Civility allows us to connect successfully with others. One key measure of our satisfaction at work is the quality of the relationships we have with our co-workers.

What is civility? It's a code of behavior based on respect, restraint, and responsibility. It means being constantly aware of others and weaving restraint, respect, and consideration into the very fabric of the awareness. Civility is not just an attitude of benevolence, but an active interest in the well being of people, our communities and the health of the planet. Encouraging civility in the workplace is becoming a corporate goal in our diverse, hurried, stressed, and litigation-prone society. A civil workplace is good for the worker, since the worker's quality of life is improved in such an environment. A civil workplace is also good for customers, since they will receive better service from happier and more relaxed employees.

Today the possibility of cross-cultural misunderstanding and conflict is always present. It would seem that the more civil the members of society the less likely this misunderstanding. Respect for diversity is part of the cognitive and emotional kit of the civil person, as is the ability to transcend diversity in the name of a common humanity.

The Twenty-Five [very abbreviated] Rules of Considerate Conduct

Pay Attention – Be alert to the world. It will substantially improve the quality of our responses, the quality of our lives and the lives of those who touch ours.

Acknowledge Others - Acknowledge others' importance to you, their feelings, and the things they do for

(Continued on page 3)

(Continued from page 2)

you.

Think the Best – Assume that others are good, honest and sensitive and encourage them to be just that.

LISTEN – Listen with no other intention than listening; show that your thoughts are not wandering.

Be Inclusive – Apply respect equally. Don't pick and choose those to whom you show respect and consideration.

Respect Other People's Space – Leave enough room between yourself and others when speaking so they won't feel uncomfortable or intimidated. Pay attention to reactions to the way you manage space in conversation.

Apologize Earnestly – Apologies should be thoughtfully conceived, clearly stated, and heartfelt. They can be short, as long as they convey that we know what we did wrong, understand the effects of our actions, and are not looking for excuses.

Assert Yourself – The assertive person stands up for his or her own rights by directly and appropriately expressing personal needs, values, concerns, and ideas; not violating the needs of others or trespassing on their personal space.

Avoid Personal Questions – Seeking permission to ask intrusive questions (e.g., those dealing with religion, politics, money, personal relationships, health, and physical appearance) doesn't make your question any less intrusive.

Speak Kindly – When speaking, keep the listener in mind, not your needs. Profanity has no place in civil conversation.

Don't Speak Ill – When people get used to you speaking kindly of others, they will not be afraid to open up to you.

Accept and Give Praise – Willingness to praise and reward is an essential asset for leaders at any level of any organization. It will strengthen the bonds between us.

Respect Even a Subtle "No" – Respecting "No" is one of the most elementary and significant rules of respect.

Respect Others' Opinions – This is not an easy art. It requires self-esteem, self-control, sensitivity, tolerance, fairness, and generosity.

Mind Your Body – When we take good care of our bodies and appearance we validate who we are. Being good to ourselves shows that we consider others important.

Be Agreeable – Chronic dissenters are tiresome. Civility mandates making an effort to harmonize our plans with those of others whenever we have no compelling reasons not to do so.

Keep It Down (Rediscover Silence) - "Good neighbors keep their noise to themselves" (including radio, cell phones, and shouting between cubicles or offices).

Respect Other People's Time — Punctuality is not negotiable. Arriving on time is basic to considerate behavior. Value and respect other people's time as much as our own.

Care for Your Guests – Commit yourself to the well being of your guests; small details can make the difference.

Be a Considerate Guest – Never bring surprise guests; never arrive unannounced. Ask permission; be considerate. Respect things that belong to others, no matter where: at home, the office, or a public square. Don't glance at other's correspondence or computer screen.

Think Twice Before Asking for Favors – A favor is often an imposition and can be a request for a privilege unfair to others. They leave us beholden to those who grant them. Recognize the amount of effort you are requesting.

Refrain from Idle Complaints — Concentrating on problems rather than solutions reinforces a pessimistic outlook which can spread to others. Choose to redirect your energies away from futile negativism.

Accept and Give Constructive Criticism – For effective criticism, find the right time; identify the issue without launching an attack; describe your observation; empathize with how the other person may feel; suggest a solution; remain calm, kind, and empathic. When receiving criticism, try to be as open minded as possible instead of building defenses.

Respect the Environment and Be Gentle to Animals – "We do not inherit the earth from our ancestors, we borrow it from our children." (*Native American saying*). It's impossible to be civil without an active concern for the health of our planet.

Don't Shift Responsibility and Blame – Remember to say, "I'm sorry." Express responsibility with poise rather than rudeness.

Dr. Forni writes that "with training in civility, we develop the invaluable habit of considering that no action of ours is without consequences for others and anticipating what those consequences will be. We learn to act in a responsible and caring way. Choosing civility means choosing to do the right thing for others..." Isn't that what leader do? And the by-product of doing justice to others is the enrichment of our own lives.

"Choosing Civility" – *The Twenty-Five Rules of Considerate Conduct*; P. M. Forni, Copyright 2002. Web site: www.jhu.edu/civility

Joanne Sullivan, Class of 2005, is Director, Public Health Nursing Services at the York City, PA Bureau of Health



(Continued from page 1, CLIA)

tory” would make it impossible for the non-hospital-based publicly funded counseling and testing sites to offer rapid testing. This regulatory change required collaboration with the State Laboratory that licenses laboratories. The issues that need to be resolved in NJ include how to ensure (1) that the counselors are properly trained to conduct the test; (2) that they can accurately perform the test; (3) that appropriate quality assurance policies and procedures are developed and implemented; and (4) that the counselors understand how to reduce the risk of occupational blood-borne pathogen transmission. All this must be accomplished in an environment in which the State Laboratory will face a major financial reversal because its revenue from almost 70,000 HIV tests annually would be markedly diminished as fewer non-rapid tests are performed. Needless to say, many leadership skills in negotiation, working with people, and overcoming obstacles were needed. A regulatory change became effective in May 2004, almost a year after the process started.

Implementation of rapid testing required many steps, most of which needed to occur simultaneously. These included: development of counselor training and development of training on how to conduct the tests; passage of competency testing and proficiency testing; identification of a laboratory director for each site; development of policies and procedures for testing, quality assurance, and development of a list of supplies (even to the level of detail of a minimum-maximum thermometer rather than a regular thermometer to assure that test and control kits are maintained within the manufacturer’s recommended temperature range); revision of the laboratory courier system and development of a data management system, and an expedited system for confirmatory Western blot testing.

How to approach this? In NJ we formed a team comprised of persons with expertise in counseling, laboratory testing, data management, training, and supervision of the grantees that would provide rapid testing. The staff with the required expertise was located in four different units in two different divisions housed in two different buildings. Because the laboratory director was not a state employee, some of the hospitals opted to have their hospital laboratory directors take on the responsibility. For the non-hospital-based counseling and testing sites a grant process was completed with the Department of Pathology and Laboratory Medicine at Robert Wood Johnson Medical School. The team members were not in the same unit, they needed to work on rapid testing in addition to their other responsibilities. The keys to developing a successful team were mutual respect; identifying people whose personality, skills, and work ethic would complement each other; understanding that rapid testing was truly an important public health tool; expressing appreciation for a job well done; and the motivation inherent in each successfully completed task.

Where has a year of work, planning, training and implementation put us? Rapid testing started at one site on November 1, 2003. Through July 2004, 24 sites conducted rapid testing. Data received through July 2004 indi-

cate that 3,062 people had been given a rapid test, 99.7% of whom received posttest counseling and their test results. Of those tested, 96% were negative, 4% were positive, and 0.07% had discordant laboratory results. The 109 positive results included 69 previously undiagnosed patients. Prior to rapid testing only 65% of patients received posttest counseling and their HIV test results with a positive rate of 2%. Based on the success thus far, NJDHSS plans to expand rapid testing to 179 publicly-funded counseling and testing sites, including hospital emergency departments.

The team is facing two new challenges. We are collaborating with the Centers for Disease Control and Prevention (CDC) and other funded sites to conduct post-marketing surveillance for the rapid test. In addition, the team is starting to work with CDC and two other sites on a case control study of oral mucosal HIV rapid testing.

The team continues to work synergistically. The members were thrilled to receive the 2004 award for the best team in the New Jersey Department of Health and Senior Services and the “Best of the Best” award as the best team in State government. The team members are excited every time an abstract is submitted. New friendships have been formed and strengthened as we have celebrated graduations, new homes and retirements and helped each other through personal and family illnesses. We look forward to continuing to work together to face the challenges of rapid testing.

Acknowledgement: The author would like to acknowledge the hard work and dedication of the rapid testing team: Maureen Wolski, Lorheta Nichol, Rhonda Williams, Phil Brucolleri, Richard Smith, Kenneth Earley, Rose Marie Martin, Evan Cadoff, and Eugene Martin.

Sindy Paul, M.D., M.P.H. is Director of the Preventive Medicine, Public Health Residency Program at the NJ DH&SS



(Continued from page 1, Thanks)

professional level. The connections that I made there have served me in so many ways. Jackie Gailor [’00, Public Health Director, Cortland County, NY HD] and I became friends at NEPHLI. It mushroomed into continual discussions on issues and paved the way when discussions of regional alliances were initiated. The other major eye opener was the Myers-Briggs exercise that we did where we were grouped with others with similar management traits. It was such a powerful tool in understanding that we need staff of various styles to get things done. It was the most difficult group that I have ever been in where everyone wanted to be the boss!

“I have always seen myself as a behind the scene type of person and for the most part prefer it that way; however, it is nice to be recognized by one’s peers who understand what it takes to get things done. ... Thank you. “

(Continued from page 1 In Focus)

nate disparities; and of course, leadership development. However, we will continue to address topics such as: emergency preparedness; coaching and mentoring; using data for public health decision-making; social marketing; conflict resolution; and a range of other emerging issues. Remember, that next phone call may require you to apply leadership skills—skills perhaps far removed from your current job description.

As NEPHLI has evolved, we continue to experience many “firsts.” The Class of 2005 is the largest to date - 38 new Scholars. Upon graduation the alumni network will include almost 250 members. Although 28 Scholars from Pennsylvania have completed the NEPHLI Experience, this is the first year we have Scholars from the Pennsylvania Department of Health. Thanks to Drs. Calvin B. Johnson, Secretary of Health, and Michelle Davis, Deputy Director, this class includes 5 from the Commonwealth. Close to 100 people attended the July Opening Day program. Forty alumni participated in the 2-day Advanced Leadership Institute and, for the first time, “buddied” with new Scholars to ease their angst. Also, for the first time, some graduating Scholars showcased their projects during a poster session.

Finally, for the second time in two years, a NEPHLI Scholar project is the runner-up for the Balderston Award named in honor of Tom Balderston, formerly with the Centers for Disease Control and Prevention. The award is sponsored by the National Public Health Leadership Development Network (NLN). This year’s recipient is Ella Boyd, V.M.D., Coordinator, Community Health Services, Ocean County Health Department, New Jersey, Class of 2004. Her Scholar project is entitled, “Establishment and Assessment of a Hospital Emergency Room Syndromic Surveillance System in Ocean County.” For her efforts, she will be recognized by the NLN at the APHA meeting in November in Washington, D. C. Congratulations Ella!

Is NEPHLI headed in the right direction? We believe so. As NEPHLI has matured, your evaluations and comments, advice from the Advisory Committee and knowledge and information gained from other public health leadership institutes, have contributed to our becoming the focal point for public health leadership development in the Northeast.

For this, we are grateful.

Alumni & Scholars On the Move

'98 **Sharon Magee-Colaizz** accepted a position as Director of Medicaid Medical Management at the University of Pittsburgh Medical Center Health Plan.

'00 **Valerie Anne Farley** has been promoted to Health Program Administrator at the NYS DOH's Division of Nutrition.

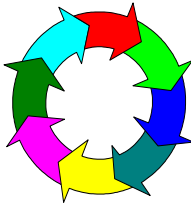
'01 **Karline A Roberts** has become the Vice President of Quality Improvement at Health America in Harrisburg, PA.

'05 **Paul Etkind**, has become the Deputy Director Division of Public Health and Community Services, City of Nashua, NH. **Tamara James** has accepted the position of Director of the Bureau of Community Based Services in the NYS DOH Division of HIV Prevention. **Mike Simoli** has accepted the position of Acting Program Manager of the Licensing Unit in the RI DOH.

Scholar Projects

If you have published an article based on your **Scholar Project**, presented it at a state or national conference, either at a workshop or a poster session, or received a grant, please let us know. We would like to add it to our web site. Please tell us the topic and the “where, when, and who.”

Factoid: 63% percent of U.S. workers under 65 receive health coverage through their employers. This compares to 67 % in 2001.
Source: Center for Studying Health



Stay Connected to NEPHLI

Per Your Request —

CDC publishes a weekly on-line newsletter which highlights current infectious disease cases as well as timely articles from CDC and HHS. The *Morbidity and Mortality Weekly Report* is available free from www.cdc.gov/mmwr/order.html by selecting free electronic subscription. Below are some notes of interest from August 6, and 27, 2004 from Carmelita Blake.

Health Disparities Among Racial and Ethnic Minorities — Despite efforts by the US Department of Health and Human Services there is little progress in improving the ten health indicators identified in the 2010 national health objectives among racial and ethnic minorities. MMWR will publish a series of articles discussing health disparities for racial and ethnic minorities beginning with the August 27, 2004 issue.

Transmission of Hepatitis B Virus (HBV) In Correctional Facilities - Georgia January 1999 - June 2002 — Adult prison inmates in the US have a prevalence rate of 13 - 47% current or previous HBV infection. Vaccination of inmates by the majority of prison systems is based on available resources. To date, only five states (Hawaii, Michigan, New Mexico, Vermont, and Wisconsin) vaccinate inmates. Vaccine for Hepatitis B has been available since 1982. The survey in the Georgia prison system emphasizes the need for collaboration between public health and correctional authorities to increase the number of states with a vaccination program for inmates. This is important because implementation of this program would help eliminate transmission not only within the prison population but also in the community as well. Carmelita Blake, ED.D. '04, is Master Teacher, Health Care Management at New York University.

The New York-New Jersey Public Health Training Center (NYNJ-PHTC) offers free training resources for the public health workforce at www.nynj-phtc.org.

Communicating to Make a Difference will begin in October. It is an interactive web-based course in three modules: cultural competency, communication, and cross-cultural communication. It will require 1-3 hours and may be completed over a 30-day period.

Orientation to Public Health is an interactive web-based course designed to orient staff new to the field of public health. The course content covers the mission of public health and the Essential Public Health Services.

A Comprehensive Curriculum Resource Packet for teaching a 5-hour Introduction to Public Health is an instructional package that covers the foundation in public health, including the Essential Public Health Services, the history of public health, and legal and ethical considerations. The packet consists of powerpoints and a detailed instructor's manual that can be tailored to different audiences and timeframes. It may be downloaded from their website

Education Plan on the Core Competencies. May also may be downloaded. It serves as a portal to training programs and resources in each of the 8 skill domains.

NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI

NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI

NEPHLI DIRECTORY

Along with this edition of *Scholarly Pursuits* is NEPHLI's latest directory of Scholars and alumni. It includes information on the more than 200 people who have completed NEPHLI and the 38 Scholars who are in the Class of 2005.

We hope that it will encourage you to contact some old friends or just relive some great memories from your class.

If you need to make corrections or if there are others you know about who have retired, changed jobs or who you can help us locate, please contact us at:

nepqli@health.state.ny.us

NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI NEPHLI

Send articles, news and resources to NEPHLI
at
nepqli@health.state.ny.us



Scholarly Pursuits is a publication of the Scholars and alumni in the Northeast Regional Public Health Leadership Institute. This issue was produced by:

- Donna Altshul, '05
- Reinhold Bansmer, '05
- Carmelita Blake, '04
- Norma Nelson, '00
- Cheryl Reeves, '05
- Mary Jo Takach '04
- Arleen Urell, NEPHLI
- Carol Whittaker, SPH, University at Albany