



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

As a result of former President Clinton's Initiative on Race, a subtle but significant verb change emerged to re-direct the nation's focus on health care and public health. For decades, concentrating on reducing disparities in health care outcomes was an acceptable goal, especially for those of us whose introduction to health care planning and policy development began during the Health Planning and Resource Development era (HSAs). Decreasing infant mortality, cancer and chronic disease rates for American Indian, Latino and African-American populations were common goals often expressed in the voluminous health systems and annual implementation plans. The planning assumption was that systematic reduction of these rates would eventually narrow the gaps in health outcomes, so prevalent among populations of color or, in popular parlance, under-served communities. However, in 1998, the President made a national commitment to eliminate health disparities between racial and ethnic groups by 2010 in six areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and childhood and adult immunizations (*Healthy People 2010* Goal, September 1998).

In replacing the verb "reduce" with "eliminate," the conversation changed, signaling that reduction of disparities in health outcomes is no longer an acceptable goal.

In replacing the verb "reduce" with "eliminate," the conversation changed, signaling that reduction of disparities in health outcomes is no longer an acceptable goal. This paradigm shift became official policy with the publication of *Healthy People 2010*, the most recent national prevention strategy to improve the health of all Americans (Ibid). However, there is a stark different between *HP 2010* and the preceding national initiatives: *Healthy People: The Surgeon*

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A Word From APHA's President Elect

By Walter H. Tsou, MD, MPH

In 1997, I was working in my seventh year at the Montgomery County (PA) Health Department looking for something different. As a member of the Pennsylvania Public Health Association, I heard about a new program called the Northeast Regional Public Health Leadership Institute (NEPHLI), a one year leadership training program sponsored by partner state health departments in Maine, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont and the School of Public Health, University at Albany. I decided to apply and was accepted to the first class of NEPHLI in July 1997.

Our first day had 32 anxious "Scholars" from all over the Northeast. Day one started with welcoming remarks and a keynote address by Dr. David Satcher, who at the time was the Director of the Centers for Disease Control and Prevention. The week went by with a series of activities designed to teach leadership skills, but really more a time for personal interaction and team building. We played team games, learned about our personality profiles, heard about the right and wrong way of doing a media interview, and sat around the campfire reflecting on lessons learned during the day and expanding our professional network. I personally will never forget the discussions and the amazing stars at night.

Of course, being the first year of a new leadership institute, we were the "guinea pigs". Future classes have benefited from our earlier experiences. Maybe our best resources, though, were our fellow Scholars who brought both their passion and experiences in public health with them. I learned about goats with rabies, home care in the Finger Lakes, and the truth about ice cream in Vermont. But the rustic settings and learning opportunities of the Institute are NEPHLI's special secret, shared by now with more than 200 lucky alumni who have been part of the program. Rensselaerville Institute and Whispering Pines

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“Are We Having Fun Yet?” The 2003 Influenza Season

By Stefan Russakow M.A., R.S.

It started with a simple request for last year's "stats" shortly after I came on board as the new Director of Public Health for the city of Nashua, NH in April 2003.

I was informed that we had given out 1,380 doses of flu vaccine the year before, but for some reason had thrown away more than 400 additional doses. My curiosity was piqued. I was told that since we had hit our standard target populations, there were no other people to immunize. Did we immunize the homeless, schoolteachers, employees at city hall? Well.... the answers got a bit murky.

When I asked how many doses were ordered for this year, I was told only a thousand. Not nearly enough to cover the population at risk or to protect the personnel infrastructure of the city. When I asked if we could order more, I was told there was no money in the budget.

I instructed the staff that not only would we not be throwing away any vaccine, we would establish a plan to expand our influenza immunization plan and put in place a contingency program to procure more vaccine on short notice should we need to.

I directed the Community Health nursing staff to implement a three-prong approach: expand publicity, arrange for additional staff, and prepare additional sources of the vaccine. The plans were in place by September and the influenza campaign was in full swing in late October. We went through the first 1,000 doses quickly. Obviously, our media plan was successful. Using contingency funds from the city operating budgets, we purchased another 600 doses from the state and we implemented our plan to get another 500 doses from one of the community hospitals.

By mid November, we thought we were "golden"; more than 2,000 doses administered to the elderly, high-risk children, fire, police, public workers, educators, public health workers, the homeless, etc. Then the news from Colorado, "six children die from flu", was blasted all over the media. The phone started ringing and we began to receive an average of 150 calls a day for flu vaccine.

The State Department of Health and Human Services convened their Outbreak Team comprised of representatives from DHHS, local health departments and health care institutions. Planning went into high gear: fact sheets prepared, resources gathered, hot lines established, web pages revised. We performed an informal survey of vaccination status in our long-term care facilities and made sure local hospitals and day care centers were plugged into the net.

We realized that the press fueled most of the concern from the public, and that thoughts of SARS lurked around every corner, so we took every opportunity to work with the press and to give reassurance and timely and

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The Impact of the Medicare Prescription Drug, Improvement, and Modernization Act P.L. 108-173 of 2003 on Public Health

By Carmilita Blake, Ed.D.

The Medicare prescription drug bill enacted on December 8, 2003 includes the biggest changes to the Medicare program since its inception. As expected Medicare recipients and others have different opinions on the legislation based on when it begins, enrollment periods, cost for premiums, and penalties. Most of all, there is concern that the bill will not provide adequate drug coverage or control escalating drug costs to the detriment of seniors and individuals with disabilities.

The program will provide drug benefits through stand alone prescription drug plans, or comprehensive plans integrated with Medicare Parts A and B. Since this benefit will not begin until 2006, a transitional Medicare Prescription Drug discount card will be established to begin June 2004, with subsidies for low income beneficiaries determined by state Medicaid and the Social Security Administration. Low income seniors' eligibility for subsidies will depend on their ability to meet a strict assets test. Medicare recipients earning less than \$10,000 a year could be required to pay nearly \$2,500 for \$3,500 worth of coverage.

The proposed "Demonstration Projects" which begin in 2010 will require millions of seniors to enroll in private sector managed care plans or face increased premiums in traditional Medicare. Other penalties include increased premiums for signing up late, despite the voluntary nature of the program, and the budget cap on Medicare that will create pressure to decrease benefits.

The preventive services provision is not enough. The protections for low income individuals that have been lost places one of the most vulnerable groups at greater risk for poor quality care, and undermines the commitment of a caring society.

Carmelita Blake, Ed.D., '04, is Master Teacher in Health Care Management at New York University, and serves on the Scholarly Pursuits editorial board.

factual information. Our staff held several media interviews and provided influenza information in the city newspaper's "Neighbors" column as well as "all city" e-mails. Our web page had current guidelines from both CDC and the State.

The phones are still ringing, but not as much and the press is now focusing on other issues. We are still prepared; we are still planning, and are waiting for the next surge.

In closing, I think the take away points in this, as NEPHLI teaches, are: plan early, plan thoroughly, be flexible, be resourceful, look to community partners and most of all, work with the media - not against them.

Stefan Russakow is the Director of Public Health and Community Services Nashua, New Hampshire and a Scholar in the Class of '04.

The Commonwealth Fund's "Top 10 Health Policy Stories of 2003"

Partners at the Commonwealth Fund have compiled the "Top 10 Health Policy Stories of 2003." According to Commonwealth Fund president Dr. Karen Davis, 2003 was a "glass half-full" year in health policy. The list is topped by passage of major Medicare legislation and reports of a precipitous increase in the ranks of the uninsured, rising health insurance premiums, and the emergence of health care reform as a hot-button issue in the presidential campaign. The list follows:

- (1) Major Medicare prescription drug legislation is enacted;
- (2) The number of Americans lacking health insurance increases, again;
- (3) Overall health care costs continue to rise, with patients bearing more of the burden;
- (4) Presidential candidates embrace issue of covering the uninsured;
- (5) Maine and California take the lead in enacting state-level expansions of health coverage;
- (6) States band together to battle rising prescription drug costs;
- (7) Research shows only 55% of Americans get indicated care;
- (8) Clinical Information Technology standards gain traction thanks to government efforts;
- (9) Quality improvement efforts really start to make strides; and,
- (10) Disparities in health care get renewed attention.

See the full story at <http://www.cmwf.org>.



SAVE THE DATES

**NEPHLI Scholar
Retreat
March 31—April 2
Rensselaerville**

Improving Leadership 2004 Resolutions

by Mary Jo Takach

NEPHLI Scholars and alumni were polled for their leadership-building New Year's resolutions. NEPHLI received 13 replies—and several comments about not having time—which would seem to mean a lot more of us should be making promises about time management.

Barb Shipley, '02, from Wayne County, NY, resolved "to attempt to handle a document only once if possible—addressing needs promptly and/or getting it to a well labeled, retrievable file system." Since Barb replied to the e-mail in about three hours, she is off to a good start. Judith Feinstein, '02, of Maine, simplified the theme and intends to "Work smarter, not harder". And then there's Lisa Socobasin, '04, also from Maine, who resolves to "eat healthier, get active and stop procrastinating"—and replied about one hour before the deadline.

Others are promising to take control of the pleasure in their work. "In reference to career decisions, I resolve to no longer work at a job that doesn't make me sing," pledges Mary Jude, an '04 Scholar from the Penobscot Community Health Center in Maine. Nancy Brault of Connecticut, also '04, approaches the same goal and said. "As a new manager at my health department, my resolution for this year is to speak with my own voice whenever possible and not just the voice of my director". Paul John, '00, from New Paltz, NY resolves, "Since my IQ is going down, I will pursue EQ (Emotional Quotient) and SQ (Spiritual Quotient)."

Many of us are considering our relationships with others—both staff and bosses—in our resolutions. Pat Harrison, '03, from Washington County NY, thanked NEPHLI for giving her something to think about and then set some pretty definite goals. "I have resolved to take every challenge and deadline in stride. I plan to involve more people so there will always be someone who knows the job. There is so much to be done in Public Health, disaster preparedness and planning. Nothing will come to fruition if staff aren't cross trained and we're feeling 'burned out'."

Pat Lawless, '98, from the Northeast PA AHEC also found herself considering staff. "I resolve to better understand the strengths and weaknesses of my staff and myself and assign roles and jobs that best match their talents and strengths". Fern Goodhart, '99, from Rutgers University in NJ, plans simply to "hang back and listen more," and to "create a space that allows other to grow and shine." She wrote she already met a resolution to take political leadership in her community. She was sworn in as Borough Council President on January 6th!

I resolved to "to stop interrupting and curb my talk-a-holic habit." Robert Gogats, '02, from the Burlington County, NJ Health Department, says it too—in a "poem":

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in Rhode Island are worth the trips alone.

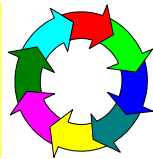
Our final talk was by Dr. Audrey Gotsch, now Dean of the University of Medicine and Dentistry of New Jersey School of Public Health, in her role then as President of the American Public Health Association. Maybe for me it was a glimpse into a crystal ball. Later that year, I was elected to the Executive Board of APHA and today I serve as its President-Elect. NEPHLI? APHA? Who would have guessed how life would change from six years ago when I visited a town called Rensselaerville.

For APHA, I will work on the organization's three major priority areas: access to care, eliminating health disparities, and rebuilding our public health infrastructure. These are huge tasks and will require the best talents and minds in public health. We need leaders and especially those who are graduates of NEPHLI to help us in their respective states and on the national level.

Let's roll up our sleeves and work together.

Walter Tsou, MD, MPH was elected in November 2003 as the President Elect of the American Public Health Association. Dr. Tsou is the former Commissioner of the Philadelphia Department of Health and is now a private consultant.

**Stay Connected to
NPHLI**



**National Public Health Week
April 5-11, 2004**

National Public Health Week (NPHW) will be observed April 5-11, 2004. The tagline is, "Eliminating Health Disparities: Communities Moving from Statistics to Solutions." Last year's NPHW was a great success with events in every state including the District of Columbia. The message on obesity was heard in 7.4 million households. With the sponsorship of the Robert Wood Johnson Foundation, the Commonwealth Fund, and the Josiah Macy Jr. Foundation, we anticipate this year to be the most successful yet. To find out more about National Public Health Week 2004, please visit <http://www.apha.org/nphw/>. With 2 months left before NPHW, APHA is asking for your help to deliver this very important message!

And please share your plans with the
NEPHLI network at
nephli@health.state.ny.us

General's Report on Health Promotion and Disease Prevention and Healthy People 2000. Both of these front-runner documents set goals to reduce mortality and morbidity. While *HP 2000*, took the bold step in targeting reduction of health disparities, *HP 2010*, on the other hand, created a national focus to eliminate such disparities. It provided the nation with a clear vision.

A vision, if to be realized, must be premised on promoting social justice, recognizing the qualities of fairness, equity and conformity to rightness not only in attitude but also in policy and practice (Adelwale Troutman, MD, MPH, NEPHLI Keynote, July 2003). APHA responded with a conference on "Eliminating Health Disparities." Several state and local health departments, as well as other public health and health care organizations have also endorsed the concept. The clarion call for this year's National Public Health Week (April 5-11) is "Eliminating Health Disparities: Communities Moving from Statistics to Solutions."

Whereas most of us in the fields of public health and health care know the numbers which reveal that ethnic and racial groups experience 1.5 to 2 times greater rates for preventable illnesses and related deaths than Whites, many Americans are unaware of racial and ethnic health disparities (*The Nation's Health*, Fall 2003). As reported in *The Nation's Health*, a poll commissioned by the Harvard Forum on Health indicated that Latino and African-Americans (41 and 65 percent, respectively) believe that they receive less care, while only 30 percent of Whites recognized that these groups received lesser care.

Approximately half of Latinos and African-Americans felt health care providers treated them differently and would advocate to increase the representation of minorities in the health care field. In comparison, only 39 percent of Whites believed this is an important aspect of health care delivery.

As leaders, we have the challenge of not only responding to traditional and emerging public health threats, but we must also educate communities on topics related to changing demographics, cultural competence, access to care, and related implications on how we best can meet the needs of the total community. We must develop SOCOs (Single, Overriding Communication Objectives) which build trust and promote social justice in alignment with the services we provide to accomplish the goals of *HP 2010* which are to increase quality of life; years of healthy living, and to eliminate health disparities. Ed Baker, MD, MPH, former Assistant Surgeon General and Director of CDC's Public Health Practice Program Office once stated that if epidemiology is the science of public health, communication is the art of public health. The effectiveness of our communication is key to serving an informed public, a public which can appreciate the richness of our diversity and ensure that the unique needs are being met, a public no longer comfortable with just reducing disparities, a public willing to concentrate its

Alumni On the Move

(Continued from page 3)

'98 **Walter Tsou**, MD, MPH who was elected President-elect of APHA. He will assume the presidency following the next APHA meeting after Virginia Caine, MD, MPH.

'04 **Toushoua Xiong**, Program Manager Initiative for a Healthy Weight, RI Department of Health, became the proud papa of Tswv Yim (pronounced Chue Yee) Nathaniel Xiong. Congrats to the happy parents.

Kathleen Finsterbusch, has moved from the PA DOH's Northcentral District to the Northeast District where she is the District Nurse Administrator.

Per Your Request

Many of you have requested lists of resources on leadership and public health. There are so many internet sites, books and 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.

INTERNET RESOURCES

The Public Health Foundation (PHF) announced a new website which provides information about the infrastructure of public health systems that protect the public's health. <http://www.phf.org/infrastructure>. This searchable site is a gateway to information about the infrastructure of public health systems that protect the public's health. The Public Health Infrastructure Resource Center (PHIRC) provides those wanting to strengthen public health systems with information on the three core areas of infrastructure (as defined by the CDC): The public health workforce; information, data, and communication systems; and organizational and systems capacity.

Because PHF selected and annotated everything listed in PHIRC, you can save time finding relevant information. Search by infrastructure subject area or by resource type. Resource types include: Facts and Research: summaries of and links to publications, web sites,

"Here is my resolve for a better day:

"When you talk I want to listen
Stay involved and care about what you say.
For, if I accept your message and wait till you're done
We can do things in a better way.

"I will try to make our eyes meet once in a while
And keep off the stinking phone when we talk.
I'll ask questions and make you smile
But I will not interrupt, ramble or walk."

And finally, totally unedited words from our fearless leader-trainers: Dwight's resolution is "I resolve to continue on the path of self-reflection, focusing on self-improvement, de-personalizing negative criticism, expanding my circles of influence, and enhancing the productivity of organizations I work in and volunteer to serve."

Mark says "Here are two I want to commit to:

1) Ask myself before committing to new work: When I take on a professional project, will it 'map' directly to helping me meet a larger goal I've set? Or do I want to do it for some other reason that, later on, will just make me cranky and wonder why I accepted the commitment? 2) Realize that my inability to meet a time commitment for a work project will not necessarily cause grave injury and death to someone else. Sometimes, lateness cannot be avoided even with the best of intentions."

Arleen says: "I would like to 'soften' my ENTJ: to listen better, interrupt less, and be patient with those who see things differently."

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organizations, and initiatives related to the three core areas of including the new *National Public Health Performance Standards Program Performance Improvement Resource Guide for State Public Health Systems*; Making the Case: presentations, evidence, and tools to help understand the need for increased funding and attention to public health infrastructure including the IOM *Who will Keep the Public Healthy?*; and Questions to Ask: tools to assess your jurisdiction's infrastructure.

Another site of interest is the New York-New Jersey Public Health Training Center, <http://www.nynj-phtc.org>. With this site, you can look for local and web-based trainings and explore public health resources. It also includes funding opportunities and internship resources M.P.H. students.

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Upcoming Learning Opportunities from NEPHLI

NEPHLI often offers learning opportunities that Scholars, alumni and other public health professionals interested in leadership and public health issues can participate in without traveling and for free. Below is the schedule of upcoming tele-conference/Power Point presentations.

TOPIC	PRESENTER	DATE/TIME
The Future of Public Health in the 21st Century	Hugh H. Tilson, MD, DrPH Sr. Advisor to the Dean UNC, School of Public Health	February 12, 2004 10:00 - 11:30 a.m.
Public Health Leadership and Disasters	Jeff Rubin, Chief of Disaster Medical Services Division California Emergency Medical Services Authority	February 26, 2004 1:00—2:00 p.m.
Managing the Troubled Employee	Janet Porter, PhD Associate Dean UNC, School of Public Health	March 17, 2004 1:00 - 2:00 p.m.
Performance Standards	Lou Rowitz, PhD Director, Mid-America Regional PHLI and Professor, University of Illinois, Chicago, School of Public Health	April 8, 2004 1:00 - 2:00 p.m.
Teenage Pregnancy and Prevention: National, State and Local Costs	Wilhelmina A. Leigh, PhD Sr. Research Associate Joint Center for Political and Economic Studies	May—To Be Confirmed
Evaluation of Cities' Preparedness for Chemical and Biological Terrorism	Laura C. Leviton, PhD, Sr. Program Officer, Robert Wood Johnson Foundation	June 10, 2004 10:00—11:00 a.m.

You must register at nephli@health.state.ny.us to participate.
Registrants will receive "call-in" instructions a day or two before the program.



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

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