

**Institute Name:** Public Health Leadership Institute of Florida

**Project/Case Title:** County Health Department Epidemiology Guide to Disease  
Surveillance and Investigations

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As a project for the 2002-2003 Public Health Leadership Institute of Florida, a group of four epidemiologists at the local, regional and state level decided to take the leadership role in the composition of a statewide document entitled: "County Health Department Epidemiology Guide to Disease Surveillance and Investigations." A plan of action and timeline were created and followed to successful completion of the project.

The objective of this project was to develop a document for use by County Health Department (CHD) Epidemiology programs providing guidance for communicable disease surveillance and investigations, including public health interventions and collaborations with other CHD programs and community agencies. The document was designed to provide a framework for consistency in disease surveillance and investigations between counties throughout the state. The guidelines, when in official format, will be available for use in training new staff and will also provide program standards for internal and external CHD Epidemiology program reviews. The document includes sections on surveillance and reporting, case investigations, communications and quality assurance. Appendices include case definitions, references, parent letters, mock press releases, and reporting forms. The entire document will be available on the Florida Department of Health, Bureau of Epidemiology website and may be copied onto compact discs for distribution to the CHDs.

Many leadership skills played key roles in the planning and implementation of this project: teambuilding, working with different personality types, communication styles, message development and inclusion of core competencies of public health. The guidelines are intended to be "FOR county epidemiologists, BY county epidemiologists." This was accomplished by assuring that the guidelines were written with the mission of the agency in mind and involving individuals from different agencies and counties in development. Through electronic distribution of draft versions for critique, state and county level epidemiologists provided input.

Public health infrastructure was strengthened during this project by creating a document for use in training new staff and providing program standards. The approval, publication and distribution of "County Health Department Epidemiology Guide to Disease Surveillance and Investigations" will further strengthen the public health infrastructure of Florida, for prevention and control of communicable diseases in the community, by providing accurate, timely, thorough and consistent official guidelines.

**Institute Name:** Southeast Public Health Leadership Institute

**Project/Case Title:** Essential Community Health Services Project

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Project Description: The size of a community's population in combination with available health care resources impact the health status of the residents, can lead to disparities, and influences the quality, cost and use of the services in the health care system. Communities and State purchasers, providers and regulators need to know the array of available resources to make informed decisions to improve health status, improve the efficiency and effectiveness of the local and state health care systems, identify areas for collaboration, and identify any changes needed in the allocation of health care resources.

The Essential Community Health Services project included research activities to determine a definition and an access model for identifying essential community health services, the development of an inventory of over 1600 health care resources available in West Virginia's communities, the use Geographic Information Systems (GIS) to determine and apply health care access standards, and the sharing of the project results within the agency and with external groups.

Nine types of health care services were included: acute hospital care, basic laboratory diagnostic services, emergency medical services, home health, mental health, pharmacy, primary care, public health and skilled nursing care. They were matched to community populations of less than 500, 500-900, 900-1500 and over 1500 residents. Using 36 regional maps, 277 communities were profiled by population size to identify whether the communities met the access model standards, and to identify the areas where shortages and excesses occur. Altogether, 63 West Virginia communities met the access model standards.

Since this project was completed, the West Virginia Health Care Authority (WVHCA) has continued to update this resource inventory for use within the agency and for use in a collaborative project, the West Virginia Indicators Project, which combines this data with additional data to understand health status and health service area designations and to support decisions for the allocation of health care resources. Sections of this project are being used and expanded for use by the Health Delivery System Subcommittee, a statewide program to provide health care for the State's uninsured. In addition, this project received international recognition through a presentation in July 2003 at the Environmental Systems Research Institute (ESRI) International GIS Conference in San Diego, California.

Key Leadership Learnings: Leaders also need a set of essential resources, which includes awareness that the environment, structure and context of communities and organizations have profound effects on the local and statewide health care system behaviors and outcomes. Starting in this context, a desired vision can be set in motion and improved along the way through the input of the project's advisors and implementers. Through this approach we can take individual and shared responsibility for leading change, solving problems, seizing opportunities and providing results that have tangible human and social betterment.

**Institute Name:** Southeast Public Health Leadership Institute

**Project/Case Title:** Promoting Public Health Through Use of Media

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My leadership project (SEPHLI 2002) involved writing four articles for the local newspaper on public health topics that would be of interest to the reading public. The local paper has a forum called "Opinion Leaders" and I applied and was accepted as one of the columnists for 2002. The primary goal was to see an increased understanding of the business of public health among those people who are active in our community (voters, community volunteers and those who hold public offices).

The results of my project were even better than expected. I initially researched the literature for articles similar to the type I wanted to write and found several inspirational examples. I spoke with three individuals that write newspaper columns that I myself enjoyed and gleaned a few secrets on writing inspirationally, humorously and with excitement. After each article was written, my SEPHLI mentor reviewed the piece and called with editing suggestions or comments. I asked four other people whose opinions and skills I respect to also read each article and give me feedback. Often I incorporated that feedback into the next article.

One of the original goals was to improve my skills in writing for inspiration /excitement for an audience of community-minded citizens. The feedback I received from my mentor and reviewers has been positive. I'm not sure if I had untapped skill in this area before I wrote these articles but the comments of the reviewers concerning my skills were complementary. The second goal was to increase the knowledge concerning public health and its purpose to the same audience. Of course other than the information from the review panel, my results to this objective are anecdotal. But I clearly had my 15 minutes of fame! People would stop me at meetings, in the grocery store, in restaurants and tell me how much they enjoyed reading my articles. It was thrilling ! I felt like a real writer. I asked those who complimented me to tell me if they had learned anything and 100% told me that they learned something new about the role of public health in our community.

My mentor's role was very important in the success of my project. During the planning stages he was very helpful concerning topics and style of writing. He told me which articles had generated positive feedback in the past and gave me several examples to read. During the project, he made suggestions as to the length of the articles ( I notoriously ran too long). He reworded paragraphs when I was less than clear or rambled on about a topic. He told me what he liked and made suggestions for future articles. He also told me that he had learned a great deal about the work we do in public health (Hooray!)

Public health leaders must be effective communicators. I appreciate the opportunity to work with my local newspaper to build my own communication skills.

**Institute Name:** Northeast Regional Public Health Leadership Institute

**Project/Case Title:** Men of Color: Health Care Issues and Concerns

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**Background:** People of color, most notably men, are disproportionately impacted by health disparities and what appears to be inequitable access to care. Studies have shown that Men of Color have greater rates of morbidity and mortality when they enter the health care system. Scholars in the NEPHLI class of 2003 designed and conducted face-to-face interviews with health care providers and Men of Color in three cities in the Capital District of NYS to capture concerns that may impede access to health care providers and facilities of this population and to determine if the external barriers to health care delivery for Men of Color are environmental, organizational, and/or clinical. The project was created to review the issues from the community perspective, rather than a private or governmental statistical point of view. The intent was to encourage men to express their concerns, and disengagement, if any, from the health care system. Moreover, the Scholars wanted to identify cultural and socioeconomic factors that contribute to this disconnect.

**Methods:** Service providers representing geographic and ethnic diversity were interviewed. One hour interviews were scheduled, but the enthusiasm of the providers consistently extended the time. Service providers appeared to relish the opportunity to speak with an interested audience about a mutual concern. The Scholars traveled in teams to conduct street outreach to Men of Color. Personal contacts were made with several barbershops and grocery store owners to gain prior permission to survey their clients and customers outside of their premises. The survey was introduced as an anonymous tool to gather information from the community. Each man encountered was told the purpose and mission of the Scholars and the survey instrument. Only men who willingly expressed an interest in the subject matter were surveyed.

**Results:** The service providers recognized the need for specific interventions for Men of Color. However, lack of staff and funding restricted or posed limits to creative programming. When collaboration was suggested as a means to overcome financial barriers, service providers expressed a desire and willingness to cooperate. Approximately 75 youthful, middle-aged, gay, heterosexual, bisexual, African American, Latino, married and single men were surveyed. The survey contained no personal indicators, but they appear to have been between 16-60 years old, with an average age of about 35. The street outreach was to a representative sample of Men of Color (African American and Latino) who in general did not seek timely attention from service providers because lack of medical health insurance, trust, confidentiality concerns and language barriers.

**Conclusions:** Although not one service provider offered a program specifically focused on Men of Color, each pronounced the need for such interventions. Existing health programs designed for men were not focused on a specific ethnicity or race. Cancer and prostate screenings were the male intervention vehicles referred to most often. A genuine, consistent effort in facilitating a dialogue between agencies willing to share the cost and responsibility of administering interventions and programs focused on Men of Color would be a fruitful endeavor. The team expects to make recommendations based on their findings to the NYS Department of Health's Office of Minority Health. Scholars in the class of 2004 expect to conduct the same surveys in the Western part of New York.

**Institute Name:** Kentucky Public Health Leadership Institute

**Project/Case Title:** HANDS Across Kentucky

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Are you or someone you know a new parent? Could you use an extra pair of HANDS? Although there isn't an instruction manual for newborns or toddlers, support for new parents can be found across all 120 Kentucky Counties in a new and exciting program called HANDS. So, you may be asking, 'What is HANDS?'

HANDS (Health Access; Nurturing Development Services) is a voluntary, home visitation service for first-time parents. It is part of the KIDS NOW Early Childhood Initiative passed by the 2000 General Assembly. The HANDS program reaches out to parents during the prenatal period or within three months after the birth of the child. The goal of HANDS is to build upon parents' strengths to improve the health and development of Kentucky children over the first two years of life. There are no income guidelines, and the service is free to the family.

New parents often have many questions or reservations about participating in a home visitation program. Traditionally, home visitation is associated negatively with social service programs. In order to break this stereotype our KPHLI team chose to create a visual account of what parents could expect from HANDS, specifically focusing on what they could expect from a HANDS home visitor. The promotional video reflects actual home visitors from across the state interacting with several HANDS families. Our goal is to show the positive aspect of home visitation and spark an interest in receiving support through HANDS. Parents may find that they also could use a second pair of HANDS.

A 21-minute promotional video (16 minutes English; 5 minutes Spanish) has been developed introducing the HANDS program. The video covers all the aspects of the original design, which include: addressing questions regarding having a baby/toddler, HANDS introduction, addressing questions about HANDS, Parent Visitor introduction, Home Visitor introduction and testimonies of participating HANDS families. The video will be available for all the local health departments along with extra copies for community agencies.

HANDS currently serves 6500 families, while our goal is to reach all first-time parents in the Commonwealth who are identified as in need of services. Our KPHLI team anticipates increased HANDS enrollment and participation due to the positive, promotional account.