

National Public Health Leadership Development Network

Nominated Balderson Leadership Project/Case Study Summaries

Kentucky Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
VivEllen Chesser	2007	RN, BSN, MBA	Continuing Education Administrator	Kentucky Department for Public Health
Rona Stapleton	2007	MPA, BA, AA, CMF	Internal Policy Analyst III	Kentucky Department for Public Health
Andrea Adams	2007	MBA, MPH	Deputy Director	Kentucky Primary Care Association
Leah Maybrier	2007	BBA, MCSE	Systems Information Manager	Lake Cumberland District Health Department
Sherra Morgan	2007	RN	School Health Nurse	Madison County Health Department

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What is Public Health? Public Health Orientation TRAIN Module For Public Health Employees

In an effort to find ways to cope with budgetary constraints, Kentucky offered a retirement package to State employees designed to encourage retirement for eligible employees by 2008, thereby reducing the overall cost of salaries. Unfortunately, this approach to cost savings has resulted in many challenges associated with losing a large knowledge pool and attracting, hiring, training, and deploying a new generation of Public Health employees.

As a result of the retirement incentives offered the aging workforce, it is estimated that an average of 26%, and as many as 45%, of Public Health employees may retire by the end of 2008. Consequently, employees must be hired to fill these vacant positions. Health Departments are spending more and more time recruiting, hiring, and training staff.

While the different job disciplines in Public Health require varied skills, orientation for all employees should include instruction on Public Health's history, mission, and vision and should be provided to all employees. That training should include the three Core Functions of Public Health as defined by the IOM's 1988 report, and should also describe the 10 Public Health services.

While there will be many new challenges Public Health will face during this massive turnover of Public Health employees, our Change Master Group chose to address the challenge of efficiently and effectively orienting the new generation of Public Health employees. Our research revealed that although most Health Departments report they offered an orientation to their employees, no standard tool was available. Additionally, the Health Departments' orientation of staff was conducted by a supervisor or Human Resources staff member. An informal discussion with many Health Department employees revealed that their orientation included very little information on Public Health's historical contributions, or the Core Functions and Essential Services of Public Health. Our research exposed a gap between orientation methods and tools and a competent workforce.

Although there are many factors that contribute to the health of our communities, it is certain that those factors cannot be successfully addressed with an inadequate or substandard workforce. Therefore, a competent workforce is the foundation upon which all Public Health initiatives rely. This project allowed the KPHLI leaders to impact public health infrastructure by ensuring that employees receive adequate orientation and training to be able to provide communities with the 10 Essential Public Health Services.

The leaders involved in the Change Master Group experienced the opportunity to positively influence how Public Health employees are oriented. They learned to apply Systems Thinking to Public Health and to understand and apply Causal Loop Diagrams. They experienced the growth of team learning and collaborative leadership. They enjoyed the evolution of a Shared Vision. They learned to recognize and compensate for Public Health Mental Models. They acquired the ability to apply the concepts of Situational Leadership

The innovative approach our KPHLI Change master group chose to pursue as a result of our research was the development of a four-part online training module. The online module is available online via the Training Finder Real-time Affiliate Integrated Network (TRAIN - <https://ky.train.org/> course ID number 1008492). Public Health has an obligation to ensure the new generation of employees are adequately oriented and trained, and it is our goal that this online module will offer a thorough, accurate, and standardized training tool that will be more efficiently delivered than face to face training.

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Kim Flora	2007	BS	Public Health Services Supervisor	Warren County Health Department
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Decreasing the Incidence of Cervical Cancer in Kentucky Women

The Pap Peers 2006-2007 KPHLI group began the journey by expressing interest in the recent media attention regarding cervical cancer and its vaccine. Knowing that early detection is the key to preventing and treating cancer, specifically cervical cancer, the question “Why do women not get Pap tests?” and discovering the answer quickly became a priority.

The Pap Peers focused first on the barriers that under and non-insured women age 40-64 face for not receiving annual Pap tests. By surveying the target population across the state, crucial data was collected which led to conclusions such as there had not been an order from the doctor for a Pap test, the patient was uninsured or the patient had had a hysterectomy, among many other barriers. Clearly, education regarding cervical cancer screenings had to be increased across Kentucky.

Educating women on the importance of an annual Pap test also became a priority, which led to the development of a public service announcement. By providing an educational tool that exposed myths and presented accurate information, more awareness regarding the subject could be disseminated in multiple ways.

An endorsement by the Kentucky Women’s Cancer Screening Program along with information and encouragement fueled the Pap Peers drive to complete a comprehensive project. Utilizing the public service announcement, especially during January, Cervical Cancer month, has the potential to reach many women across the Commonwealth. Revealing local health department resources, improving awareness of cervical cancer and promoting education on Pap tests are all areas conquered by the Pap Peers. By taking on the responsibilities of this project, the Pap Peers had the opportunity to grow as public health leaders and thus

became equipped with leadership skills that will be utilized for many years to come. Participating in so many thought-provoking activities, working with such knowledgeable peers and community partners, and effectively discovering professional development through KPHLI has been the most rewarding experience as a public health practitioner. Most importantly the Pap Peers realized that with dedication and passion, uncovering and targeting the barriers to an issue can lead to exponential success with any public health concern.

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Mid-Atlantic Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Davenport, Candice	2006	MPH	Health Educator	Somerset – NJ County Health
Kraft, Kathy	2006	MS	Director-Community Health Improvement	Upper Chesapeake Health
Li, Jennifer	2006	MHS	Program Manager	NACCHO
Miller, Stanton	2006	MD, MPH	Medical Director	Our Lady of Lourdes Health System

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Using Leadership to Build Community Support Around Walking School Buses

Targeted Audience: Residential communities with elementary and middle schools wanting to implement “walking school bus” programs.

Purpose: To address the problems of childhood obesity and transportation safety, U.S. communities have considered and chosen the “walking school bus” initiative as an alternative to traditional school bus transportation. Information on Walking School Bus initiatives was collected and a report, to assist local communities on the fence relative to initiating a Walking School Bus program, was prepared.

The report provides communities and other stakeholders with factual information, resources, referrals, and websites. The report also provides practical information on successful and non-successful Walking School Bus programs, with specific information on how they were and were not able to overcome the three major challenges: (1) parental involvement, (2) liability issues, and (3) costs/benefits.

Walking School Buses are not only important to public health and schools, but to other partners as well: environmental groups, urban planners, transportation coordinators, law enforcement, policy makers, elected officials, etc. These partners can be active and vocal for Walking School Bus programs because they deal with areas of concern: traffic congestion reduction, pollutant emissions, pedestrian safety, healthier communities, neighborhood safety, involved school community, etc.

Through literature review, team-generated questionnaire, website and grant funding resources, this team developed a report containing recommendations and personal observations. This project team learned that:

- Walking School Bus programs are best implemented for planned communities,
- **Distance** is the greatest barrier and the team found that one mile is the recommended distance,
- The keys to success are parental perceptions and obtaining parental involvement,
- Walking School Buses can build strong, connected and livable communities, and
- Work within and outside of traditional partnerships.

The team found in their literature search, “active commuting to school” provided more positive results relative to Walking School Bus programs and studies. Some team members have presented this report at national organization meetings. One team member is continuing the work started with county public school system in developing and implementing pilot programs.

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Mid-Atlantic Health Leadership Institute

Individual/Team Members

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Gatto, Ferdinando	2006	BS	Chief, Health Promotion	DE Division of Public Health
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Pleasanton, Christina	2006	MS	Deputy Director	DE Public Health Laboratory
Robinson, Ronniere	2006	BS	Public Health Administrator	DE Division of Public Health
Taylor, Loretta	2006	BA	Clinic Manager	Porter State Service Center

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Influenza Immunization: Education and Outreach in Delaware

Targeted audience: Many low risk Delawareans, unaware of the benefits of influenza vaccinations, do not get vaccinated. Ergo, this team's project targeted the low risk population who contract serious influenza infections.

The number of reported influenza cases in Delaware in 2005 was 1088, up from 228 reported cases in 2002. In 2005, the Delaware population vaccinated was 18,789. Of these vaccinations, the number of those vaccinated between the ages of 19 and 49 was only 1,874. The number of African Americans and Hispanics vaccinated in 2005 represented only 10% of the 18,789 total.

This team project's goals were:

- To increase the number of DE population receiving the influenza vaccine,
- To increase Delawareans' familiarity with the process for receiving the influenza vaccine, and
- To familiarize the Delaware population with influenza vaccine process in preparation for a pandemic flu outbreak.

In order to reach the goals set, the Delaware project team developed a survey which collected the following:

- Frequency of receiving vaccine,
- Awareness that a December vaccination will prevent influenza,
- Demographic information (county, age, ethnicity, race, gender), and
- How health issue information is obtained.

Based on survey feedback and literature review, this project team recommended the following be included in a marketing campaign:

- Promote message that everyone should receive influenza vaccine,
- Advertise vaccine clinic availability in Delaware from October through January,
- Message emphasis that vaccine is available to everyone, and
- Provide education and outreach on influenza vaccine effects so that population is aware that influenza vaccinations do not cause sickness.

The project team feels if their recommendations were adopted and included in a marketing campaign, the campaign would encourage the people of Delaware to receive influenza vaccines annually, increase awareness of vaccine availability later in the flu season, and eliminate the myths surrounding the influenza vaccine, thus improving the health of Delaware communities.

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Mid America Regional Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Nancy Eggleston	2005	RS	Env. Health Supervisor	Wood County , WI LHD
Mark Wegner	2005	MD, MPH	Chronic Disease Medical Director	WI Div PH
Carol Quest	2005	RN, BSN	Health Officer	Watertown WI DPH
Nancy Eggleston	2005	RS	EH Supervisor	Wood Co, WI LHD
Patricia Krug	2005	BSN	Health Officer	Taylor Co, WI LHD
Carol Larson	2005	RN, BSN	Health Officer	Burnett Co, WI LHD
Judy Omernik	2005	BS, RD	Program Manager	Marathon Co, WI LHD
Linda Walter	2005	MSN	Health Officer	Washington Co, WI LHD

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Improving Epidemiology Capacity in Wisconsin

Problem Statement/Definition of the Problem:

The recent, and much needed, influx of epidemiology capacity has altered the traditional interactions of epidemiologists in Wisconsin's public health system. To assure full use and maximize resources and efficiencies it is necessary to reevaluate the roles and responsibilities of epidemiologists.

Background/History:

The issue of full use epidemiologists is a statewide capacity issue. There exists shared interest between the 2004-2005 MARPHLI Team and the DPH Management Team to resolve systems issues that include, but are not limited to, clarity of roles and responsibilities, equitable distribution of public health preparedness resources, and sustained capacity to respond to current and emerging threats to health within Wisconsin communities and for the statewide public health system as a whole.

Supporting Data:

Supporting evidence has been obtained from the Department of Public Health, and the WI Public Health Emergency Preparedness (PHEP) Consortia Epidemiologists, and Health Officers. The following documents have been reviewed as part of the planning for improving the epidemiology in Wisconsin.

- Applied Epidemiology Competencies, CDC/CSTE, May 23 2005, draft document
- Knowledge Management for Public Health Professionals, ASTHO, January 2005
- Public Health Epidemiology Competencies, Northwest Center for Public Health Practice

Outcomes Expected: *The anticipated outcome is to change the basic understanding of the value of epidemiology, and its impact at the local level.* This will be accomplished through series of steps including needs assessment, and policy development. Assessment information will be gathered through a series of listening sessions with representatives of local Health Departments, PHEP Consortia staff, and State Epidemiologists. A facilitated review of listening session findings with all interested parties to identify/discuss issues, barriers and roles will be conducted. A planning/guidance document will be produced to outline recommendations to sustain forward movement to resolve identified issues. This planning/guidance document will be presented to the DPH Management team, and other stakeholders to describe the current and desired state of epidemiologic capacity and recommendations.

Resources Needed:

The InFLUencers will gather the following resources and information in the development of this project: supporting resource documents, summaries of key informant interviews with epidemiologists, local health officers and experts from all key program bureaus; and results of facilitated listening sessions with key individuals. Stakeholders will need to be involved and engaged in the process, and committed to systems improvement, to achieve the intended outcome



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Oklahoma Public Health Leadership Institute (OPHLI)

Individual/Team Members:

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S. Renee Amson	2007	M.Ed	Dental Regional Technical Supervisor	OSDH (Pittsburg County)
Beverly Bymun	2007	RN, B.S.N.	District Nurse Manager	OSDH (Cleveland and McClain Counties)
Lisa Caldwell	2007		Grants Management Specialist	OSDH (Central Office)
Sarah Flora	2007	RN, B.S.N.	Lead Nurse	OSDH (Cleveland County)
Richard Forbes	2007	M.S.,RPS, RPES	Director of Emergency Response	OSDH (Creek, Pawnee and Wagoner counties)
Robin Harris	2007		Administrative Assistant	OSDH (Seminole County)
Cedar Jackson	2007	RN	Maternal Child Health Consultant	OSDH (Formerly Central Office)
Traci Lundy	2007	M.S., RD/LD	Director of Nutrition Services	OSDH (WIC Service)
Krista McNair	2007	RN, B.S.N.	Coordinating Nurse	OSDH (Kingfisher County)
Lynn Madsen	2007	CHES	I&A Specialist	Formerly OEDA Area Agency on Aging
Paula Ponce	2007	M.S., RD/LD	Dietitian	Oklahoma City/County Health Department
Sherri Singer	2007		Administrative Programs Officer	OSDH (Stephens County)
Bobbie Smith	2007	RN, B.S.N.	Lead Nurse Children's First Program	OSDH (Garfield County)
Jerry Speck	2007	M.A.S.	CXP Tobacco Control Director	OSDH (Pushmataha County)
Scott Sproat	2007	M.S., FACHE	Emergency Preparedness and Response Director	OSDH (Central Office)
Joleyne Temple	2007	RN	District Nurse Manager	OSDH (Garvin, Grady, Murray and Stephens Counties)
Jennifer Walters	2007	B.A.	Administrative Technician	OSDH (Adair County)

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20/20 A Perfect Vision: The Future of Public Health

Public Health is in a time of transition; healthcare costs, lifestyle choices, environmental issues, and the emergence of drug resistant diseases contribute to poor health and decreased quality of life. Change must occur to improve current trends. This change will require a transformation of cultural and social norms, as well as involvement of leadership and multiple stakeholders in the execution of strategies to achieve “A Perfect Vision of Public Health.”

In October of 2006, twenty-one members of the Oklahoma Public Health Leadership Institute (OPHLI) were charged with developing a strategy to analyze the future of public health and identify possible obstacles public health leaders will face in the twenty-first century. The OPHLI class, from across Oklahoma, was diverse in occupation coming from areas including: administration, nursing, preparedness, finance, information technology, epidemiology, nutrition, dental, and aging services. The common thread of public health bound them together, as well as the commitment that public health leaders have an obligation to actively involve stakeholders in identifying problems and solutions. Using the ten essential services of Public Health, the group applied knowledge provided in the classroom by nationally known guest speakers in public health and management, and conducted extensive research. From this base, a foundation was formed to construct a strategy designed to conquer the challenges facing public health in the next 20 years.

The group adopted skills presented in the OPHLI classroom focusing on shared leadership, management styles, systems development, and strategic planning. Five major public health related areas were identified and explored as part of this effort. These areas included healthcare, education, lifestyle, environment, and medicine. Using modeled leadership styles, teams were developed for each problem area. Each team examined specific issues and developed strategies designed to create a vision for the future. The assessment of public health needs in the future came from published material, interviews of subject matter experts, and public perception.

The project offered more management challenges than initially envisioned. The group was tasked with creating a strategic foresight and challenged to work on a massive project involving multiple ideas and unfamiliar methods to create a roadmap for the future of public health. The project was often insurmountable in how to limit the amount of information collected, and how to present the information as an attainable vision. The collaboration required individuals and teams to incorporate into one collective group to present the written research, poster, and video presentation. Timelines with common goals and objectives were developed and negotiated on a weekly basis through scheduled meetings involving the use of conference calls, I-Power videoconferences, and e-mail. With the research complete, four new teams were developed: the editing team, poster team, video team and the presentation team. The new teams consisted of representatives from each core subject area. The end product included an informational 100-page research document, a poster presentation with a corresponding pamphlet, and a DVD set in the year 2020 focusing on the consequences of the failure to act.

In creating this vision, OPHLI Fellows presented the leadership of the Oklahoma State Department of Health (OSDH) a guide that can be utilized for strategic planning in the twenty-first century. The research outlines areas of major concern and provides possible interventions, identifies key stakeholders and partners, discusses the politics and demographics of the future, explores education and specialized skills necessary to meet future challenges, and provides an overview of the leadership skills needed to achieve success. In the end, the project forecasts A Perfect Vision for the Future of Public Health.

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Public Health Leadership Institute of Florida

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Tom Arnedos	2007	MPH	Assistant County Health Dept. Director	Palm Beach County Health Department
Mario Jacomino	2007	MD, MPH	Senior Physician	Palm Beach County Health Department

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Organizational Sustainability

The Palm Beach County Health Department (PBCHD) submitted a Sterling Challenge application in 2005. After review of application and site visit by the Sterling team, the PBCHD received a Sterling Challenge Feedback Report in 2006. The report noted some gaps, including: (1) Succession plan for senior leaders and management positions was not well defined or implemented, (2) there was no plan to assure organizational sustainability and how agility of the agency is to be achieved, and (3) cross training plan for key staff positions (KSP) was not developed or implemented.

The PBCHD intends to submit a Governor Sterling Award (GSA) application in 2008. Even if the PBCHD does not submit a GSA application in 2008, Succession Planning is a topic that needs to be address by the agency due to the exodus of baby boomers in leadership positions retiring in the next 5 years.

Succession Planning raises pre-selection issues, which goes against established hiring practices in a public agency. Succession Planning is also a “hot button issue” with management staff because it creates concerns that they might be terminated from their current position for younger or less expensive staff, even though this is difficult to prove. Currently, a management position is classified as select exempt position in the civil service system of the state of Florida. The category of select exempt does not confer permanent status so dismissal can be done at any time.

Many divisions of the PBCHD have a Continuity of Operations Plan (COOP) in case of an emergency or disaster. This COOP is intended to identify who is the next person in charge in case of an emergency. It does not address regular business procedures and does not establish a training plan for employees covering during absences of key staff. We felt that the COOP was not implemented across the all the divisions of the PBCHD and that it was missing identification and training on an on-going basis of alternates for KSP. We are working under the basis that when alternate staff are cross-trained in key staff duties, the alternate get to regularly practice those skills resulting in good candidates that are ready to assume key staff vacancies in the future.

Our objective was to develop and implement a policy to address succession planning and to establish which position is a KSP. We also wanted to establish a process that will be utilized by PBCHD staff to ensure that the agency has qualified staff to serve as alternates for KSP during periods of leave or position vacancies. To avoid pitfalls of Succession Planning, we worked on developing an Organizational Sustainability (OS) policy instead of a Succession Plan. The OS policy establishes a protocol and procedure on how to identify a KSP and their alternates, assure that a training plan is implemented and monitors implementation of the policy.

The OS policy establishes that (1) participation in, or completion of, OS process by an employee will not in any way guarantee the selection of the employee for a vacant position within the PBCHD, and (2) vacancies that occur for any position will be filled in accordance with recruitment and selection process.

After conducting research of the topic, an initial OS policy draft was composed on November 16, 2007 and presented to PBCHD legal counsel and then to the Department of Health Human Resources Bureau. After revisions, a final draft was signed on July 5, 2007. Implementation of policy will start in August 2007 across all levels of the PBCHD.

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Environmental Health Program Explanations/Justifications

The environmental health divisions of the Florida county health departments are responsible for the administration of a number of regulatory programs. Most of these programs involve someone paying a fee for a permit or license and being subject to inspection by the department. Each subsequent year applicants are sent an invoice for the permit fee and a pre-filled-out application to sign and return. Some applicants pay the fee resentfully because they have been told they must or that the law requires it. They may not understand the true purpose of the program or the justification for the fee.

The ultimate goal of these programs is compliance and protection of the public's health. Applicants who better understand the risks involved in their activities and the rules they are subject to are more likely to willingly comply with those rules. More fundamentally, applicants want to know that the fee they are paying is being used in a worthwhile way. While it is true they may have to pay the fee because the law requires it, the county and state department of health should be able to justify the fee. Voluntarily providing this information to applicants can create a better relationship with the department and better compliance. This project also stresses to applicants that the Health Department's goal in these programs is the elimination of violations and promotion of public health, and the applicant can be a partner towards that goal.

The objective of this project was to create a short informational notice to be included with the invoice that is mailed out. The notice will answer the following questions:

How are permit fees handled and spent?

What are the applicable rules and where can they be found?

Who does the permit holder contact with questions?

What is the public health concern being addressed and what is the justification for this program?

What are the key responsibilities of the permit holder?

Teams were formed based on different program specialties (onsite sewage treatment, for example). The team began by deciding what exactly needed to be in the invoice notice. We used these five questions as a starting point and then drafted and re-drafted the sheets. We also sought input from Florida's State Health Office. By the end of the Public Health Leadership Institute of Florida Class 11, invoice inclusions were completed for the Commercial and Industrial Onsite Sewage Treatment, Indoor Tanning, and Public Swimming Pool

programs. These invoice inclusions were sent out to permit holders in Volusia County in August 2007 and are being considered for use by other counties and the state. This was the first time any such inclusion or justification was sent out in the onsite sewage and tanning programs

Over the next year I plan on completing or encouraging others to complete similar notices for other environmental health regulatory programs. Eventually there will be similar notices for food hygiene, recreational vehicle parks and mobile home parks, limited use water systems, residential care facilities, body piercing, and biomedical waste programs. Each of these programs can benefit by better informed operators who understand the public health risks involved in their activities. In each of these programs, the Florida Department of Health can achieve results by educating and acting as a partner to operators.

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South Central Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Job Title	Place of Employment
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Ruby Brown	2007	Program Coordinator	ADHHS
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Linda Davis	2007	Director	ADHHS
Melody Parsley	2007	Senior Epidemiologist	ADHHS

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Electronic Medical Records – Data Sharing

BACKGROUND

When Hurricane Katrina came in 2005, not only did the hurricane affect the coastal states, but it had a domino affect that trickled into Arkansas. When New Orleans residents had to be relocated to higher ground for safety, many came to Arkansas. Arkansas accepted the challenge and welcomed the opportunity to help in a time of need. The question is, “Did we as a state have everything that we needed to assist in a timely manner”? The sharing of medical data was little to none. The state reacted to the needs of the people immediately. If the need was medical or physical we were there. The concern after the fact is; if we had access to free flowing medical data could we have prevented giving an extra shot, pill, or test?

OBJECTIVES

Our object was to retrieve and analyze existing registries and to compare how programs shared medical data from state to state. We wanted to prioritize diseases that we found to be high priority. We decided to research the following: AIDS-STD, Cancer, Immunization, Strokes and other reportable diseases.

METHOD

Once we had prioritized our diseases, then we contacted department’s heads at the local, the state and the national level. Completed literature reviews through internet and other sources. Identified existing registries, how they are currently used and data collected. Assessed the feasibility of using existing registries or developing registries to meet needs in emergencies.

RESULTS

The results we found were over whelming for the 21st Century technology age. Sharing of medical data was very limited from our findings. Many agencies/programs have data base system to collect data for reporting. Very few program had registries and less than the few we found had assess to free flowing data from state to state or within states. Statewide registries don't have patient identifying data that would be useful in an emergency. Clinic and hospital registries do not share data beyond the organization.

CONCLUSION

It has been determined that our government needs to step up to the plate and move quickly in finding way to share medical data from state to state. We have to start some where and the work has begun, but it will take billions of dollars to encourage and put into law a mandate to share medical data from state to state with the assurance of following all HIPPA guideline.

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Melissa Collums	2007	Director, Off. Sys. Admin.	MSDH
Regina Irvin	2007	Bureau Director	MSDH
Deborah Lake	2007	Social Worker Cons	MSDH
Macarthur Washington	2007	Director, Inst. Serv.	MSDH

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Influenza Vaccination of Children 6 Months to 59 Months of Age in Mississippi

BACKGROUND: In '04-'05 the ACIP recommended influenza vaccine for children 6-23 months and those older children especially those with chronic illnesses were encouraged to receive influenza vaccination. In '06-'07, due to the recognized increase in morbidity and illnesses, influenza vaccine was recommended for those 6-59 months of age. The team has reviewed influenza vaccine data for 6-23 months and 24-59 months of age prior to the '06-'07 season

OBJECTIVES:

- Evaluate influenza vaccine rates in Mississippi children ages 6-23 months and 24-59 months during the 2004-2005/2005-2006 influenza seasons.
- Determine if Hurricane Katrina affected influenza vaccine rates in the above population due to displacement and interruption of medical services.

METHODS: The team evaluated data for children 6-23 months and 24-59 months of age who were enrolled in the Vaccines For Children (VFC) Program and listed in the Mississippi Department of Health's Patient Management Information System (PIMS). The team reviewed data for 12,291 children at the age of 6-23 months for the 2004-2005 influenza season and conducted a comparison of 9,118 children of the same age for the 2005-2006 season. The team also reviewed data for 6,128 children aged 24-59 months for the 2004-2005 influenza season and conducted a comparison of 8,180 children of the same age for the 2005-2006 season. The Team collaborated with the Pediatric Consultant for the Immunization Program and one of Mississippi Department of Health's (MDH) Statistician in reviewing the data. The sample size reviewed was data of patients who visited the state health department clinics and VFC providers from the period of 2004-2006 seasons. The denominator was the vaccine age appropriate birth cohort for each season.

RESULTS: The immunization rate for children ages 6-23 months in the '04-'05 season was 20% vs. 14% for the '05-'06 season. The immunization rate for children ages 24-59 months in the '04-'05 season was 0.4 vs. 0.4% for the '05-'06 season. In the '04-'05 season children ages 6-23 months 24% received the complete series (two doses) versus 21% for the '05-'06 season. In the '04-'05 season children ages 24-59 months, 9% received the complete series versus 6% for the '05-'06 season. During the '05-'06 season, (post Katrina) the immunization rate for infants 6-23 months in the southern half of the state affected by Katrina, the immunization rate was 15% versus 14% for the Central/Northern half of the state (unaffected) by Katrina.

CONCLUSION: The CDC survey for the '04-'05 season found a national influenza immunization rate of 33% for children aged 6-23 month, which was appreciably higher than MS's rate of 20%. In the '05-'06 season, the CDC reported influenza immunization rates for the same age group varying from 8-48% in six centers (median 32%) versus MS's rate of 14%. It would appear that MS's influenza immunization rate for this age group is well below national findings. For the 24-59 month age group influenza immunization rates of 0.4% are unacceptable. Thus, it would appear that influenza immunization rates for young infants and children in MS are unacceptably low. We plan in part to address this issue by developing an educational pamphlet on the importance of children 6-59 months of age receiving influenza vaccine. This pamphlet will also be used to enhance the knowledge of parents/guardians/caregivers of children in this age group receiving the recommended series of influenza vaccine. Hurricane Katrina was associated with displacement of residents and disruption of medical services. As a result, Hurricane Katrina did not adversely affect the immunization rates for children 6-23 months of age in the southern part of the state. Nor did it affect the Central/Northern part of the state which received an appreciable number of displaced residents.

National Public Health Leadership Development Network

Nominated Balderson Leadership Project/Case Study Summaries

Southeast Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Karen Knight	2006	BS, MS	Director	North Carolina Central Cancer Registry, NC Department of Health and Human Services, Division of Public Health, Chronic Disease and Injury Section, State Center for Health Statistics

Individual/Team Contact Name: Karen Knight

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NC Central Cancer Registry Workforce Development

The purpose of this project was to build and strengthen Central Cancer Registry (CCR) capacity to meet its goals through better recruitment and retention of both statisticians and cancer registrars. The CCR has been unable to compete with outside industries in statistics and cancer registration with salaries and career advancement opportunities. The specific project goal was to increase salaries for both types of positions.

Methods: I conducted salary research on past employees and applicants who declined employment offers, met with Division staff to learn who are the key decision makers for salary upgrades, met with key decision makers to explain the project and elicit their support, and worked in collaboration with Human Resources, professional organizations, and colleagues with similar goals to build the body of evidence necessary to obtain approval for the requested upgrades. Results: We obtained a salary upgrade for 10 Statistician I's in the Division of Public Health, from a grade 68 to 70. The registrar component of the project was not completed.

This project offered me the opportunity to act strategically within the department by considering the motives of those who make decisions and meeting with these parties to gain support. The fact that it was a SEPHLI project gave me a legitimate reason to meet with key decision makers and enhanced my self confidence in requesting and conducting these meetings. The tone of the project was not adversarial, as I had feared, but would not have succeeded if I had not gained support from senior management.

National Public Health Leadership Development Network

Nominated Balderson Leadership Project/Case Study Summaries

Southeast Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Jean Marie-Maillard	2006	M.Sc., MD	Branch Head	General Communicable Disease Control Branch, NC Department of Health and Human Services, Division of Public Health, Epidemiology Section, Prevention

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“Closing the loop in disease surveillance activities: Providing feedback where it matters most –locally”

The purpose of this project was to send feedback resulting from the analysis and interpretation of disease surveillance data to public health officials charged at the local level with preventing the spread of communicable diseases. Too often, the attention and effort involved in disease surveillance activities are concentrated on field data collection, followed by quality control and analysis. Although these are all fundamental stages, disseminating the findings is another important aspect of a comprehensive system. This last step, however, is susceptible to downsizing and discontinuation when resources and time become limited.

This project aimed at providing information usable by local health departments and clinicians to improve their awareness of disease incidence where they live and work, with the intent of improving disease control activities, including the recognition of the importance and usefulness of surveillance activities.

Although providing disease surveillance feedback to our local partners was clearly needed and a project expected to be welcomed, it was not guaranteed that choosing to recruit the partnership of our Public Health Regional Health Teams would be welcomed. While based with host counties, they operate under their own leadership at the Office of Public Health Preparedness and Response, and have become accustomed to a pool of activities where surveillance has not yet been a prominent factor. Collaboration and coordination among several groups of highly skilled but diverse public health partners was key to the success of this project. This included public health epidemiologists at the NC Center for Public Health Preparedness, Public Health Regional Surveillance Team members (physicians, nurses, epidemiologists, industrial hygienists and administrators) and their supervisor, a public health physician leading the Public Health Preparedness effort at the state level, and senior staff of the Public Health Preparedness Internet Technology group, who are often absorbed by competing priorities.