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www.inpha.org



Join IPHA on 9/9 @ 9

IPHA invites all to join them at their annual fundraising brunch in Bloomington, Indiana on September 9. The event will be held in the City Hall-Showers Building at 9:00 a.m.

Scheduled speakers include: Dean Robert Goodman updating the progress of the new school of Public Health at IU-Bloomington; Ed Marshall discussing his longtime association with IPHA; IPHA president Missy Lewis and executive director Jerry King along with music and conversation with many IPHA friends.

There is no charge to attend, but speakers will encourage current members to consider making a financial gift to IPHA and will invite new friends in attendance to become IPHA members.

To RSVP, send an email to Ryan Dearth at rdearth@inpha.org or call the IPHA office at (317) 221-3005. Please RSVP by September 4.

If you are unable to attend in person, please consider making a gift to IPHA in your absence.

For directions to the facility, please go to: http://bloomington.in.gov/locations/viewLocation.php?location_id=185

Two-hour visitor parking will be available by City Hall. Additional parking may be available at the Hilton Garden Inn, one block east of City Hall.



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Executive Director's Report

Jerry King, IPHA Executive Director

For the last several months IPHA, with several members and friends, has moved forward a project with several parts and layers that, in one sense might never be “finished,” but which has produced results that we want to share with you now.

The project is about helping Indiana’s local health departments achieve sustainability in the face of declining property taxes. Altogether it has three phases: to 1) provide information and tools to LHDs to help them cope in increasingly stressed local economic environments; 2) help LHDs find shared solutions and innovations that will support sustainability and 3) work with LHDs to make recommendations of public policy that will support essential public health resources. All along the way the strategy includes communicating with the public about the necessity of strong public health policy and practice.

Here are some helpful resources that our project has accomplished to date that LHDs can use now.

Navigating the Local Funding Process – Joshua Williams, administrator of Huntington County Health Department has created an immensely informative power point that explains in clear steps and examples how health departments are funded in Indiana, including how local property taxes are assessed, how the auditor determines the LHD’s share of the county’s overall budget, and measures LHDs can take to ensure that they get their fair share of local budgets.

Assessing Cost and Value of LHD Services – Clark County administrator Mike Meyer and IPHA member Sue Hancock have collaborated on a project to help LHDs faced with severe budget cuts know how to make the difficult decisions to prioritize services. They created a template that any LHD in Indiana can adapt to identify the cost in dollars to provide

specific LHD services, then to determine the relative value for those same services from the community’s perspective. The result is to identify which services are most or least costly and to weigh them against the community’s priorities. Eventually they’d like to add a means to assess the impact of those services on actual health measures, but that objective is for the future. In the meantime, the tool is available for LHDs to do their own cost and benefit analysis.

Services Required or Authorized by Law – Mindy Waldron, Administrator at the Allen County Health Department and Heather McCabe of the Center for Law and Health at the IU Law School have put in countless hours of research to compile a list of services that LHDs are required by law to provide and common services that are authorized but not required. Like the project to assess cost and value, a compilation of legally required services not only helps LHDs faced with budget cuts make difficult choices but gives them immensely useful leverage for negotiation in the local budgeting process.

Framing our Message – More on this in a follow up column. Sherry Bryant, a Ball State grad student in Communications did an internship last semester with IPHA in connection with this project to help us create a strategy for communicating our core message to the public and to policy makers. Her project included very helpful recommendations about how to frame a message in a way that resonates with a public who may not think that our LHDs are too small but who certainly cares about the well-being of their families and neighbors.

The tools that I’ve described are available now to help administrators, health officers and boards of health do their own assessments and plan their own funding strategies. Feel free to contact either the people who have worked on the projects or me at jking@inpha.org or at 317-221-2392. And watch for developments in the next phases of this campaign when we invite you to share your ideas about innovative ways to create new revenue and cost-saving collaborations.

President's Message

Melissa Lewis, IPHA President

Health reform. The public plan. Workforce shortage. Access to care. And when did dogs become blue??

We are in the midst of what could potentially be a landmark overhaul of our health 'system.' We should all be energized by the opportunities ahead and the chance to get involved. Yet maybe you simply feel overwhelmed – and often confused – by all that is going on.

I'll let you in on a little secret. You're not the only one. Even the lobbyists are struggling to keep up!

But don't let that be your excuse. This is too important for members of the public health community to sit back and let it happen as we too often have been known to do. Our representatives need to hear from us. The media needs to hear from us. Our communities need to hear from us.

They need to know that PREVENTION saves lives and money. They need to know that COMMUNITY LEVEL prevention is key to a healthy population, and that the PREVENTIVE CARE received in the primary care physician's office will decrease the chance of a sick – and expensive – patient down the road. And they must understand that if we don't support and fund a STRONG PUBLIC HEALTH AND PRIMARY CARE WORKFORCE, we won't be able to provide this care that everyone wants access to.

In the coming months, I challenge you to get



involved. Sign up to receive legislative updates from APHA*. Read about the APHA Agenda for Health Reform, or find out how health reform could directly impact your work for better or for worse.

Don't try to tackle health reform on your own, but pick a piece of it that you most care about. Learn more about it. Become an expert on that one little piece, and talk about it with anyone who will listen. If you don't, who will?

* <http://www.apha.org/advocacy>

Upcoming Health-Related Indiana Charity Walks

Walk MS 2009

www.walkms.org/walkmap.aspx?rid=6

September 12

Terre Haute (St. Mary of the Woods)

September 13

Hammond

Alzheimer's Association Memory Walk

September 26

Bryan Park in Bloomington

memorywalk09.kintera.org/bloomington/iuppsych

Making Strides Against Breast Cancer

<http://makingstrides.acsevents.org>

October 3

Fort Wayne & Indianapolis

October 10

Bloomington (Ivy Tech), Crawfordsville & Merrillville

October 11

South Bend

October 17

Jasper, Kokomo & Lafayette

Breast Cancer Awareness Walk

October 17

Showers Plaza in Bloomington

www.siraonline.com/walk.htm

Accreditation Update

The Public Health Accreditation Board (PHAB) (www.phaboard.org) has been developing a voluntary national accreditation program for state and local health departments.

NACCHO (www.naccho.org) is working on creating and providing tools, resources, and training opportunities to local health departments to assist in their preparation for accreditation, and in using quality improvement processes to improve performance and meet PHAB standards. Some of the tools available on the NACCHO website are:

- Operational Definition of a Functional Local Health Department,
- Map of performance and quality improvement activities,
- Accreditation preparation demonstration sites stories and case examples, and
- Voluntary national accreditation program information

The three-month process of review and comment on the standards, measures, and documentation guidance concluded on May 7, 2009. According to their website, PHAB received almost 4,000 individual comments, consisting of approximately 123 completed online surveys, about 35 paper surveys, and 29 groups vetting discussion forms. PHAB also received more than a dozen narrative comments submitted in emails or letters. Many of the responses represented a group process, so a significantly larger number of public health stakeholders contributed through this process.

The Standards Development Workgroup will be carefully reviewing and discussing these comments and making changes to the standards, measures, and guidance for documentation. The revisions will be recommended to the PHAB Board for their review and adoption during their July meeting. The standards, measures,

and guidance for documentation that the Board adopts will be used in PHAB's beta test.

BETA Test Update (From the PHAB)

Local health departments (LHDs) have a critical role to play in the development of the voluntary national accreditation program before its launch in 2011. With this in mind, NACCHO invited LHDs to apply to participate in the Public Health Accreditation Board's (PHAB) Beta Test.

To ensure the Beta Test gathers comprehensive, robust information for improvement of the national accreditation program, PHAB will select health departments from across the country that capture the variation in our nation's public health system in terms of size, structure, governance, and degree of preparedness for accreditation. The Beta Test is an invaluable opportunity for LHDs to inform national accreditation as they work toward improving the health of the communities they serve.

Some of the benefits of participating in the Beta Test will include:

- Funding to support the LHD time and effort associated with providing feedback to PHAB on the standards, measures, accreditation process, and quality improvement activities;
- Priority status in the queue when applying for accreditation and expedited review during the accreditation process;
- Resources and technical assistance on the accreditation process and meeting standards, as well as for implementation of quality improvement activities; and
- Travel costs to attend trainings on the accreditation program and quality improvement, and a closing meeting to share lessons learned and promising practices.

Watch the PHAB website (www.phaboard.org) for updates.

History Corner

By Pam Aaltonen

The Anti-Tuberculosis Society of Indiana was organized in October 1904 following a lecture given by Dr. S.A. Knopf, a national TB activist. The enthusiasm he generated was not sustained and the society faded away.

A new organization, the Indiana Association for the Prevention of Tuberculosis, was established in 1907. Although one might have anticipated it to be a state-wide effort, the association functioned only in Indianapolis.

In 1914 the National Tuberculosis Association worked with Indiana to re-vitalize its efforts and expand its work to other areas of the state. By 1922 there were 5 county and municipal TB hospitals and one state sanatorium with a bed capacity of 564.

Knopf (1922) reports that there were over 250 public health and tuberculosis nurses working in the state at the time. Twenty-eight TB clinics and 8 well baby clinics provided tuberculosis treatment. There were also 18 open-air schools and one preventorium.

Preventoria, institutions that blended services of a hospital, a sanatorium, and a school, were popular in the late 1910s through early 1930s in the Midwest. Many of the children in the Preventorium had parents who had tuberculosis and were being cared for in sanatoriums.

The idea was to keep these at risk children

free of tuberculosis. One institution developed the following cheer:

P is for prevention much better than cure
R is for rest in the open air pure
E is for the evils of dirt, and foul air,
V is for vices that lead to despair
E education, improving the mind
N stands for nurses, so helpful and kind
T is for tooth-brush, used three times a day
O is for outings, fresh air and play
R means refuse to touch soiled cloth or towel
I means infection from drinking-cup foul
U is for us – most sincerely we pray
M is for much strength to do services each day
P-R-E-V-E-N-T-O-R-I-U-M (repeated several times getting louder each time)

Sources:

Knopf, S. A. MD, (1922). A History of the National Tuberculosis Association: The Anti-Tuberculosis Movement in the United States. Philadelphia: W.F. Fell Company. [Note: this book is available free online through Google books]

Connolly, C. A. (2008). Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970. Rutgers, NJ: Rutgers University Press



Sanatorium Bridge, Adams County derives name from having been located near what once was the State Tuberculosis Hospital.

ARGC Corner

By Pam Aaltonen

Do you share my frustration when the news media and others discuss the “public health” option in relationship to health reform when in reality they are talking about a “public” health insurance option? I want to yell back (not good form as evidenced by behaviors being exhibited now at Town Hall Meetings) “wait, wait, don’t characterize public health this way. Public health is actually....”

This is an important opportunity for us to dialogue with the public about what is needed to shift the paradigm from sickness to wellness and to fund public health activities as part of any health reform legislation. Add your voice to the discussion. Attend Town Hall Meetings. Contact your legislators while they are back in Indiana during the summer recess.

APHA and affiliates must work together to assure dedicated resources for building the public health infrastructure. APHA has on its website talking points and other materials to help you dialogue with legislators. The theme of APHA’s reform campaign is Healthiest Nation in One Generation, www.apha.org/advocacy/healthiestnation/



Check out the September 2009 issue of the American Journal of Public Health. An article by Seal et al documents the high risk for mental health disorders among veterans returning from Iraq and Afghanistan and suggests that targeted screening and early intervention are important strategies to use to decrease the numbers of chronic mental, social and occupational health problems.

A second article examines the long-term health effects of relationship violence in women. If you are in a position where you don’t have access to the journal and are interested in one of these titles, let me know and I’ll be glad to forward you a copy (aaltonen@purdue.edu).

For those of you who twit (or is it tweet?), blog or use Facebook, APHA is now employing all of these technologies to stay connected to its membership. Check them out at www.apha.org/about/rssinfo/.

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IPHA Hires New Association Manager

Ryan Dearth was hired on June 26 as IPHA's Association Manager. He brings with him nearly 10 years of association management experience with a strong emphasis in communications and marketing. He previously was employed with Bose Public Affairs association management division.

Ryan can be reached by email at rdearth@inpha.org or by phone at (317) 221-3005.

CDC Seeks Volunteers

At the request of the Centers for Disease Control and Prevention (CDC), the Association of Schools of Public Health (ASPH) will be engaging the appropriate experts to develop a proposed model of core competencies for the public health preparedness and response workforce. This effort is supported by a Cooperative Agreement from the CDC, Coordinating Office for Terrorism Preparedness & Emergency Response (COTPER).

The competency model will build on existing work in the emergency preparedness and response field and will provide a proposed national standard of skills that are needed for the public health workforce in all-hazards preparedness and response situations. The project meets one of the mandates of the 2006 Pandemic and All-Hazards Preparedness Act (PAHPA).

You are invited to participate and volunteer

Starting in September, volunteers will be asked to participate in Delphi rounds via e-mail, and possibly in-person focus groups. The time commitment will include 1-2 hours per Delphi survey, for 2-3 Delphi surveys. Focus groups will require a commitment of 2-5 days (potentially 3-6 days if traveling from Hawaii). These commitments would take place between September 2009 and February 2010.

If interested in volunteering, then please email or call John McElligott, preferably before



September 15th, but we will continue accepting volunteers after this date. Please send your name, address, phone, email, institutional affiliation, position/role and area of expertise to:

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Indiana Adolescent Health

**Provided by: Stephanie G. Woodcox,
MPH, CHES**

The Indiana Coalition to Improve Adolescent Health recently published [Picturing a Healthier Future: A State Strategic Plan for Indiana's Adolescents](#), Indiana's first state adolescent health plan.

Only a handful of other states in the country have published such a document, making Indiana a leader in identifying, increasing awareness about, and addressing health issues relevant to the adolescent population.

The plan highlights ten priority health issues impacting Hoosier adolescents' health.

The coalition was founded in 2006 and was formed to promote the health and well-being of all Indiana's adolescents (ages 10-24) with an emphasis on prevention and access to quality, comprehensive health care.

To learn more about the coalition and view a copy of the plan, visit: www.INadolescenthealth.org