

Pandemic Influenza Planning Update

By Leah Sirkus, Analyst, ASTHO Infectious Disease Policy

Pandemic influenza preparedness remains a very high priority at the national, state and local levels. The Administration's FY07 budget includes \$188 million for the Centers for Disease Control and Prevention (CDC) for ongoing pandemic influenza preparedness and response to initiate new activities. The proposal currently calls for investments in the following activities:

- Developing an ongoing repository of pandemic virus reference strains for manufacturing.
- Increasing stocks of diagnostic reagents for influenza testing.
- Funding states to increase the demand for influenza vaccine.
- Developing a vaccine registry to monitor influenza vaccine and other countermeasures.
- Assessing and evaluating interventions in real-time.
- Providing rapid outbreak response for high priority countries.
- Conducting human-animal interface studies.

The Administration's FY07 budget also includes a \$2.3 billion allowance to continue pandemic planning efforts. As this issue went to press, details regarding the distribution and utilization of these funds had not been made available.

"An influenza pandemic would put unprecedented pressure on our nation's public health system," said ASTHO President and North Carolina State Health Director **Leah M. Devlin, DDS, MPH**. "A strong federal plan, in combination with plans developed by state and local jurisdictions, will be critical to our ability to respond swiftly and effectively across the country."

As avian influenza spreads to Europe and Africa, states continue to progress in their pandemic influenza preparedness efforts. CDC will soon disperse \$100 million of the \$350 million emergency supplemental appropriation in December 2005 to the states for pandemic planning. To be eligible for this funding, states must conduct an initial assessment of state and local preparation as a first step towards a more in-depth gap analysis and to exercise existing plans. Each state will receive a minimum of \$500,000, with an additional allocation of funds determined by population size. States are required to spend or obligate this one-time funding by August 30, 2006. The remaining \$250 million from the appropriation will be awarded later this year in accordance with guidance to be provided by the Department of Health and Human Services (HHS) and CDC.

States have already begun scheduling and hosting their joint HHS/state pandemic influenza summits, with **Secretary Leavitt**, CDC leadership, and the state governor slated as the keynote speakers at most meetings. Guided by the newly formed Pandemic Influenza Advisory Committee, chaired by **Commissioner Eduardo J. Sanchez, MD, MPH (TX)**, ASTHO has



Commissioner
Eduardo J. Sanchez,
MD, MPH, Texas
Department of State
Health Services

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Mississippi Governor **Haley Barbour** (left) listens to the testimony of State Health Officer **Brian W. Amy, MD, MHA, MPH**, (second from left) before the House Select Committee to Investigate the Preparation and Response to Hurricane Katrina on December 7, 2005.

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Meet the New ASTHO Members

Dennis E. Ellis, JD

Executive Director for the Colorado Department of Public Health and Environment.

Dennis E. Ellis, JD, was nominated by Colorado Governor Bill Owens on January 1, 2006, to be the Executive Director of the Colorado Department of Public Health and Environment. Mr. Ellis is responsible for broad-based health and environmental protection programs. As the state health director, he manages a staff of 1,100 with a budget of over \$280 million. Prior to joining the department, Mr. Ellis was a senior policy advisor to Governor Owens and responsible for policy oversight of the Colorado departments of Agriculture, Natural Resources and Public Health and Environment as well as eminent domain, wildfire and constitutional issues. He also served as Governor Owens' liaison to the Western Governors Association Staff Council and on the Clean and Diversified Energy Advisory Committee. Prior to his position with the Owens Administration, Mr. Ellis worked as a mediator and facilitator for the non-profit Meridian Institute of Colorado. In this role, he assisted local, state and federal policy makers and diverse stakeholders in solving contentious public policy issues through process design, mediation and facilitation. From August 2000 through July 2004, Mr. Ellis was legislative director for U.S. Representative Barbara Cubin of Wyoming. In that role, he was responsible for all aspects of policy development and analysis, though focused on environmental and natural resource issues. Mr. Ellis holds a bachelor's degree and a law degree from the University of Wyoming. He also pursued studies at George Mason University's Institute of Conflict Analysis and Resolution. The Virginia Supreme Court certified him as a mediator, and he is licensed to practice law in both Colorado and Wyoming.

Preparedness Funding Critical to Mississippi Response to Katrina...*continued from cover*

"Was the Mississippi Department of Health prepared? Absolutely. Did the Mississippi Department of Health have the capacity to respond to a disaster of the magnitude of Katrina? Unfortunately, the answer is no. However, the Mississippi Department of Health's capacity has risen dramatically in the last four years thanks to the commitment made by Congress in 2001," Mississippi State Health Officer **Brian Amy MD, MHA, MPH** told a House Select Committee in December 2005.

Dr. Amy explained the steps Mississippi has taken to plan for natural catastrophic events and the importance of federal public health preparedness funds. "The federal preparedness funding has been utilized to develop infrastructure capacity (personnel, technology, training/education, and outreach) to respond to disasters," he said. "While the funding was originally focused on Bioterrorism, the message has always been the same: "utilize the funding to develop and/or improve infrastructure to respond to disaster."

"The federal preparedness funding provided by Congress saved hundreds if not thousands of lives in the wake of Hurricane Katrina," said Dr. Amy.

The full text of Dr. Amy's testimony is available on ASTHO's Web site at www.astho.org.

What Would A National Accreditation System Look Like?

By Jennifer Jimenez, MPH, Senior Analyst, Public Health Systems

In August 2005, ASTHO and the National Association of County and City Health Officials (NACCHO) embarked on a process to explore the ramifications of implementing a national accreditation system of state and local public health agencies. The Exploring Accreditation project is a 14-month effort to determine the structure of a voluntary national accreditation system; define the roles of federal, state, and local groups; consider financing models; make a business case; develop an ongoing research and evaluation agenda; and establish a communications plan.



Director Janet Olszewski, MSW, Michigan Department of Community Health

The project is guided by a planning committee comprised of the executive directors of the American Public Health Association, ASTHO, NACCHO, and the National Association of Local Boards of Health. A 25-member steering committee, comprised of national public health organizations and federal public health agencies, is responsible for developing definitive recommendations regarding how a voluntary national accreditation system could or should be established and whether to move forward with planning. The broad array of public health expertise represented on the Steering Committee and workgroups is expected to ensure that the process is inclusive.

"Through a voluntary national accreditation system, it is our hope that health departments across the country will eventually use coordinated benchmarks to continue to improve the quality and performance of state and local health departments," said **Janet Olszewski, MSW**, Director of the Michigan Department of Community Health and a member of the Steering Committee.

The steering committee has asked four work groups in the areas of governance and implementation, finance and incentives, research and evaluation, and standards

development to provide research on issues that will be addressed when the model system is designed. The draft model will be shared with interested parties and the public for comments that will help shape the final recommendation report to the project funders – the Centers for Disease Control and Prevention, and the Robert Wood Johnson Foundation.

The steering committee has put forth the following recommendations from the work groups:

- The goal of the system will be to improve and protect the health of the public by enhancing the quality and performance of state and local public health agencies.
- The governing system will be a single non-governmental, not-for-profit entity responsible for coordinating and overseeing the accreditation of state and local governmental public health agencies by adopting standards and making final conformance decisions.
- Regarding agency performance, the system should achieve continuous quality improvement, pursuit of excellence, accountability, application of the evidence base to best practice, and creation of benchmarks for success.
- A consortium of grant makers, government, and future applicants to capitalize the start-up should be sought and in-kind and volunteer contribution to the process from potential applicants and users should be allowed. Ongoing operations should be funded by the applicants and accredited agencies through fees, with other funding sources to decrease the burden.
- A logic model has been developed as the basis for evaluation of the national system.

Hearing from state health officials, ASTHO affiliates, and others about concerns and expectations is critical. Later in the year numerous public comment opportunities will be made available for state and local health agency leaders and elected officials. Project staff would appreciate assistance in identifying legislators and policymakers

with an interest in state and local public health, to include in this process.

The project website (www.exploringaccreditation.org) provides a venue for sharing input with the steering committee, workgroups, and staff as well as updates on progress and activities. Comments may also be forwarded to **Patricia Nolan, MD, MPH**, at pnolan@astho.org. This is your opportunity to help shape a national public health effort!

Pandemic Influenza Planning...continued from cover

implemented a three-part debriefing strategy to capture pandemic flu summit outcomes and to share lessons learned with other states still in the planning process. ASTHO will coordinate post-summit phone interviews, compile results from the interviews into monthly summaries, and conduct an all-SHO conference call for states to further discuss their efforts and challenges in planning and executing the state summits. Based on the information gleaned from the initial set of post-summit interviews, the involved states report that the summits were very successful and achieved the primary objective of heightening awareness and engaging key public and private sector partners in future planning and preparedness activities.

Information sharing is a key facet in state preparedness and response. ASTHO has therefore created a web page dedicated to collecting and dispersing information on pandemic influenza. This page centralizes relevant federal and state information and aims to assist state health agencies and partners in their planning and response. Furthermore, it serves as a repository for timely information and highlights state-based activities, events, and shared resources. It can be accessed from ASTHO.org or directly at www.astho.org/templates/display_pub.php?pub_id=1383&admin=1. If your state has additional resources to share or inquiries, please contact infectiousdiseases@astho.org.

Healthier Women Have Healthier Babies

By Lacy Fehrenbach, MPH, Analyst, ASTHO Maternal and Child Health Policy

Addressing a woman's health before she becomes pregnant can help to prevent preterm birth, low birth weight, infant and fetal mortality, and maternal morbidity and mortality, leading to better outcomes for both women and their children. The Connecticut Department of Public Health (DPH) is paving the way with its Perinatal Health Plan for Connecticut 2005-2009.

According to **J. Robert Galvin, MD**, Commissioner, Connecticut Department of Public Health, "The plan recognizes the need to look beyond prenatal care to improve birth outcomes, and acknowledges that every woman should receive comprehensive healthcare, whether or not she chooses to have a child."



Commissioner J.
Robert Galvin, MD,
Connecticut
Department of
Public Health

With this in mind, the DPH Family Health Section convened the Perinatal Health Advisory Committee, an expert panel including healthcare professionals, community advocates, and representatives from relevant state agencies. Over the past year, it has evaluated state and national data on perinatal health and reviewed literature on newborn screening, pre-conception health, access to and adequacy of perinatal healthcare, consumer-identified barriers to care, perinatal depression, and the impact of the health of women and men on pregnancy and birth outcomes.

The committee has also assessed Connecticut's existing perinatal programs and identified gaps in services. The findings were used to map out a five-year strategic plan, The Perinatal Health Plan for Connecticut 2005-2009, which was released in May 2005. It addresses three key issues:

- Reducing fetal and infant mortality
- Reducing perinatal health disparities
- Expanding the role of fathers in perinatal health

Several goals seek to improve women's health beyond the traditional scope of prenatal and postnatal care. For example, one goal is to increase access to mental health and dental services and substance abuse treatment for pregnant and postpartum women. Objectives include

improved access to behavioral health services during the prenatal and inter-conception periods by increasing the state's capacity to screen for perinatal depression; education of health care providers, including dentists, to recognize patients in need of mental health, substance abuse treatment, and dental health services; and improved access to oral health services for pregnant women through co-locating oral health services with obstetric or well-woman clinics.

Another goal is to reduce pregnancies and poor birth outcomes among adolescents. To reach this goal, the plan calls for collaboration with the Department of Education to support school-based health centers and promote comprehensive sex education and the Department of Social Services to increase capacity and improve access to intensive case management for urban, minority, teenage women. It also recommends incorporating reproductive health care needs into well child visits for adolescents transitioning to adult primary care and helping parents initiate dialogue with their children about sex and pregnancy.

The Connecticut DPH Family Health Section recently received a grant for public awareness of perinatal depression from the Health Research and Services Administration and has convened a Perinatal Depression Screening Workgroup. Additionally, adolescent pregnancy activities have been aligned with those outlined in Connecticut's recently released Adolescent Health Strategic Plan.

The Connecticut Perinatal Plan 2005-2009 is available at: www.dph.state.ct.us/Publications/BCH/Family%20Health/2005_perinatal_plan.pdf.

ASTHO 2006 Annual Meeting September 12-15, 2006 Atlanta, Georgia

The Annual Meeting will be held at the Hyatt Regency
Atlanta
265 Peachtree Street NE,
Atlanta, Georgia, USA
Tel: 404 577 1234 Fax: 404 588 4137

Please visit ASTHO's Web site at www.ASTHO.org for details and registration.

Partnerships Improve Public Health Among Incarcerated Populations

By Michelle Sherlock, ASTHO HIV/AIDS Policy Intern

Alabama is using a collaborative approach to address HIV and other infectious diseases among incarcerated populations with the long-term goal of improving public health throughout the state. Inmates often come from low-income, minority populations at greater risk for infectious diseases such as HIV. For example, the prevalence of HIV/AIDS among Alabama inmates is almost three times higher than in the general public. In addition, inmates may engage in multiple high-risk behaviors that can contribute to HIV, sexually transmitted diseases, and hepatitis transmission. High infection rates among incarcerated populations pose a risk to the general public when inmates are released and return to the community.

Alabama State Health Official **Donald E. Williamson, MD**, said, "Implementation of effective infectious disease and treatment programs in correctional facilities requires collaboration among public health, jails, prisons, and the probation and parole agencies. The Department of Public Health is committed to working to increase collaborative efforts with these entities, in order to achieve continuity of care and prevention services."



Improving collaboration between public health and corrections agencies was the first step. Representatives from Alabama's Department of Public Health (ADPH), the Board of Pardons and Paroles, and the Mobile County Metro Jail attended a Correctional Health Roundtable hosted by ASTHO in early 2005. The Alabama team identified three goals:

- Improve information sharing between women's correctional facilities and the Department of Pardons and Parole.
- Meet with key stakeholders to identify additional needs and improve coordination among state agencies.
- Cross-train correctional staff on infectious disease control.

In only six months, Alabama has made significant progress toward achieving these goals.

The team's first goal has been achieved according to **Sharon Ziglar**, roundtable participant and Facility Director of the women's L.I.F.E (Life Skills Influenced by Freedom and Education) Tech Transition Center. A Release of Information form is now in use that Ms. Ziglar says "has allowed facilities to share information such as prescription and mental health needs, improving the care and health of residents of the center."

In June 2005, the second goal was met when key stakeholders met to discuss ways that inter-agency communication could be improved. Participants included Dr. Williamson, as well as representatives from ADPH, the Lt. Governor's Office, the Alabama Jail Association, the Alabama Sheriffs Association, Mobile County Metro Jail, Department of Corrections, and the Board of Pardons and Paroles.

John Hankins, ADPH Director of Program Collaboration, said, "We were intent on learning how to better communicate and provide technical and educational assistance to each other. I think most participants came away from the meeting with a strong sense of improved communication and commitment to the project."

According to **Mike Haley, PhD**, Warden of the Mobile County Metro Jail and roundtable participant, "January's roundtable was a proactive step on the part of ASTHO and the first time some of us had met in the same room. Now, we have developed partnerships resulting in productive dialogs."

Dr. Haley, Ms. Ziglar, Mr. Hankins, and fellow roundtable participants **Charlotte Denton** and **Elana Parker** of the ADPH, presented an eight-hour training workshop in October 2005, at the annual Alabama Jail Association meeting. The workshop cross-trained participants on infectious disease issues, and included information on HIV/AIDS, tuberculosis, Hepatitis B and C, methicillin-resistant *Staphylococcus aureus*, as well as the confidentiality requirements of The Health Insurance Portability and Accountability Act of 1996. The training was well received by jail administrators, who participated in lively discussion after each training module.

Georgia, South Carolina, and Tennessee will participate in ASTHO's second Correctional Health Roundtable during November 2006, in Savannah, Georgia.

No Time for Turf: Building Collaboration Between Health and Education

By Nora Howley, MA, Director, School Health Project, Council of Chief State School Officers

When Willie Sutton was asked why he robbed banks, he replied "Because that's where the money is." Public health officials look to schools to implement prevention programs using the same logic— "because that's where the children are." And indeed they are there. On the average weekday, there are 53 million children in the nation's public schools.

But there is another reason for schools to be involved. Healthy kids make better students and better students make healthy communities. This link between the health of children and their educational achievement provides the reason for schools to be active partners in improving the health of their students. It also provides the reason for health departments to work with schools to reach the children and families both sectors are charged with supporting.

Despite this connection schools often seem mysterious. How often, as a public health professional, have you heard a colleague complain about the difficulty of working with schools? The challenge is that despite some similarities, the worlds of public health and public education are very different. The first step in successfully working in and with schools is to understand how schools work...to become culturally competent in education.

The achievement gap, like health disparities, now threatens our nation's future. Yet we know that the two are closely linked. Better health supports improved academic outcomes and improved academic outcomes support better health. This association is recognized in Healthy People 2010, which calls for increasing high school graduation rates.

One of the most effective ways to address these twin challenges is to build collaborative relationships between state departments of education and state departments of health. These collaborative relationships — which can be supported by formal memorandums of understanding, by interagency workgroups, and by funding — strengthen the capacity of each entity to do its job better.

"By aligning our priorities with the state education agency, we can support the health and educational development of the kids in our state" said Mississippi State

Health Officer **Brian W. Amy, MD, MHA, MPH.** "By collaborating across agencies, we're supporting policies and programs that improve both students' health and their academic success."



State Health Officer
Brian W. Amy, MD,
MHA, MPH,
Mississippi
Department of
Health

"We have enjoyed a very productive partnership with the Mississippi Department of Health," said Hank M. Bounds, PhD, State Superintendent of Education. "By pooling our resources, we were able to provide greater grant funding to school districts to assist with healthy school environment issues and avoid unnecessary duplication of services." By identifying a common set of outcomes that need to be addressed, both sectors can benefit through partnership.

Specific things that successful interagency collaborations can do include:

- Develop regulations, model policies, and curriculum frameworks.
- Provide and administer funds for health-related programs in schools.
- Set priorities and standards for health and education outcomes.
- Oversee the licensing and credentialing of health professionals who work in or with schools.
- Provide technical assistance and staff development.
- Convene stakeholders to promote collaboration at the community level.
- Establish and maintain data and surveillance systems at the state and local levels that incorporate questions and indicators related to child and adolescent health.
- Monitor and evaluate progress.

At a time when demands on health and education systems are high, and resources seem to be stretched thin, strong interagency collaborations are critical to achieving the twin goals of closing the achievement gap and eliminating health

disparities. Strong collaborations at the state level can support and provide leadership for similar work at the local level. A first step is to understand how the systems are similar and how they are different. A second is to develop plans of work that will make the best use of each agency's resources and strengths. In truly effective partnerships, health and education policymakers put 'turf' issues aside and focus on the ultimate goal of healthy and safe students.

ASTHO President Builds Support for School Health in North Carolina

By Katherine F. Papa, MPH, Director, ASTHO Adolescent and School Health Policy

Recognizing the important role of schools in fostering healthy youth, ASTHO President and North Carolina State Health Official **Leah Devlin, DDS, MPH,** continually advocates for school health programs. "Kids are our future," she said. "One of the best places for kids to learn and practice making healthy choices is through school health programs."

In order to support the infrastructure for school health, Dr. Devlin works closely with other state-level policymakers to guarantee resources for this effort. A recent report, requested by the state legislature, showed that the ratio of school nurses to students in the state was 1:1897 in 2003-2004; whereas, the nationally recommended ratio is 1:750. Working with state and local education officials, the Public Health Task Force, legislators, and the governor, Dr. Devlin and her dedicated team successfully made the case for a new state initiative. In response, the North Carolina legislature established the School Nurse Funding Initiative, providing state funding for 145 new school nurse positions.

After the first year, the state average school nurse to student ratio improved and the

Invest in Adolescents for a Promising Future

By Kristin Teipel, BSN, MPH, State Adolescent Health Resource Center/Konopka Institute for Best Practices in Adolescent Health and Jane Park, MPH, National Adolescent Health Information Center & Public Policy Analysis and Education Center for Middle Childhood, Adolescent and Young Adult Health, University of California, San Francisco

An investment in the health of adolescents is also an investment in adult health. The health problems of young people are mostly attributable to behaviors—behaviors that also contribute to major causes of adult morbidity and mortality. During this period of significant physical, social, psychological, and cognitive development, adolescents

number of Local Education Agencies meeting the 1:750 ratio increased from 10 in 2003-2004 to 21.

This increase in school nurse positions is building capacity to ensure the provision of basic health services and health assessments, a response to disease outbreaks, plans for emergency medical assistance for students and staff, supervision of specialized clinical services for students with chronic conditions or other special health needs, oversight of medication administration, and achievement of health-related mandates.



State Health Director
Leah M. Devlin, DDS,
MPH, North Carolina
Division of Public
Health

"School nurses serve many important functions in schools," Dr. Devlin said. "By getting our ratio up, and improving health services in schools throughout the state, we are improving academic achievement and creating healthier communities."

develop attitudes about and take increasing responsibility for behaviors related to health and safety, such as driving, substance use, sexual behavior, diet and exercise.

Fostering a healthy transition to adulthood requires many strategies. Programs such as health education focus on the attitudes and behaviors of individuals. Other actions, like restricting tobacco advertising or the content of school vending machines, aim to influence the environment in which adolescents make choices. The National Initiative to Improve Adolescent and Young Adult Health by the Year 2010 (NIIAH) offers a comprehensive framework and tools to guide state and local action to improve the health of young people. NIIAH—a collaboration between the Maternal and Child Health Bureau's Office of Adolescent Health and the CDC Division of Adolescent and School Health—is based on Healthy People 2010 objectives. It was launched after a national panel of experts identified 21 critical Healthy People 2010 objectives for individuals ages 10-24 across six areas: mortality, unintentional injury, violence, substance abuse and mental health, reproductive health, and chronic diseases.

To help states and communities, NIIAH created *Improving the Health of Adolescents and Young Adults: A Guide for States and Communities*. This publication offers effective strategies, case studies, practical tools and links to resources on planning, implementing and sustaining interventions.

Programmatic efforts must also be supported by a strong public health system. Over the past decade, many state health agencies have strengthened their capacity to effectively address youth issues in areas such as commitment to adolescent health, partnerships, planning and evaluation, data and surveillance systems, policy and advocacy, and training and technical assistance.

State health agencies may consider taking action to assess and strengthen their capacity to address these needs as follows:

- Strengthen the agency's commitment to adolescent health. When adolescent

health is a priority, it is visible within an agency. Is adolescent health noted as a priority in your agency? Are adolescents identified as a specific population separate from children? In what way is adolescent health visible within your agency (e.g. publications, websites)? Do you have an adolescent health strategic plan?

- Map the adolescent-focused resources within your agency. Take stock of where you've invested in adolescent health. What health issues are being addressed and are there gaps? Do you have an Adolescent Health Coordinator and other staff trained in adolescent health? Are best practices utilized? How stable is programmatic funding? Are programs coordinated across the agency and supported by public/private partnerships?
- Analyze the strength of the adolescent health data and surveillance system to support accountability and responsiveness. Do you have the right data and are data sound? How well are data integrated and shared? Are data accessible to those who need it?
- Support adolescent health efforts at the local level. Do you provide technical assistance and training? How well are these resources coordinated and do they meet the needs of the local workforce?

The Association of Maternal and Child Health Programs (AMCHP) and the National Network of State Adolescent Health Coordinators (NNSAHC) have developed the System Capacity for Adolescent Health: Public Health Improvement Tool to support this type of systematic assessment and quality improvement. It provides a guide building capacity to effectively improve the health of adolescents.

For more information:

Contact **Kate Papa, MPH**, Director, ASTHO Adolescent and School Health Policy at kpapa@astho.org for additional information about these and other adolescent and school health programs in the states.

Plan Early and Often for TOPOFF Exercises

By Sarah Naeger, Policy Analyst, ASTHO Preparedness Policy

The “Top Officials” or TOPOFF Exercises are the largest, most inclusive emergency preparedness and response exercises in the United States. The exercises are the product of a two-year commitment involving planning, seminars and training activities, which culminates in a final full scale exercise simulating a catastrophic event. TOPOFF 3, involving simultaneous attacks in New Jersey and Connecticut over a five day period in April 2005, is the most comprehensive exercise conducted to date. Master planners from the exercise are lending their expertise to officials in Arizona and Oregon, the states selected for TOPOFF 4, which will be held in 2007.

TOPOFF exercises, which began in 2000, involve limited geographical areas in each round. TOPOFF 1 involved the National Capital Region, Colorado, and New Hampshire. TOPOFF 2 again included the National Capital Region, but this time with Illinois and Washington State. While each TOPOFF exercise offers its own set of planning challenges, there are certain steps that need to be carried out in preparation for any full scale exercise.

One of New Jersey’s master planners, **James Langenbach**, Program Manager, Operations Branch, New Jersey Department of Health and Senior Services, offers an important piece of advice: engage all the relevant stakeholders early on in the planning process, including representatives from response and recovery agencies such as emergency management, public health, law enforcement, emergency medical services and hospital associations at all levels of government – federal, state, and local – as well as the private sector.



Commissioner Fred M. Jacobs, MD, JD, New Jersey Department of Health and Senior Services

This lesson was driven home in New Jersey. Initial confusion about the role of counties in the full scale exercise resulted in some unforeseen challenges that were overcome by recognizing that engaging stakeholders and obtaining their subsequent buy-in requires a communication strategy that outlines the roles and expectations of all parties at the very beginning of the planning cycle. Securing the involvement of all important players and building partnerships across all levels of government are integral steps in a successful full scale exercise. The partnerships developed in the planning for TOPOFF 3 represented one of the most advantageous parts of the process. In all, 27 federal, 30 state and 44 local agencies plus 156 private sector organizations were engaged in the planning, coordinating and staging of the exercise.

“It was vital that our county and local health partners participate in TOPOFF 3,” said **Fred M. Jacobs, MD, JD**, Commissioner, New Jersey Department of Health and Senior Services. “In the event of an actual public health emergency, their response would be crucial to protecting the health and safety of our residents. Their participation not only made TOPOFF 3 a realistic exercise, but the lessons learned will help prepare the entire New Jersey healthcare system.”

States do not receive any direct funding to prepare for TOPOFF and, in New Jersey, planning activities alone cost close to half a million dollars. Early action in obtaining funding and establishing funding responsibilities was an important step in obtaining buy-in from the various participants. In some states local participation may depend on where responsibility lies for covering costs. To ensure local participation in TOPOFF 3, New Jersey paid for the costs incurred by the counties. New Jersey also established county working groups composed of individuals from key response partners. Each working group had a state point of contact who was responsible for training the county group, ensuring county officials were engaged in the planning process and had direct lines of communication to the state. Training activities held during the planning cycle brought together relevant top officials and provided the opportunity to develop partnerships, share information, and develop skills needed for participation in the full scale exercise.

Arizona and Oregon are learning from the states that have gone before them begin preparation for TOPOFF 4, state planners are being encouraged to make every effort to engage their own local partners.

PANDEMIC INFLUENZA PLANNING

In November 2005, ASTHO conducted a survey of the states to provide a point-in-time picture of the status of state pandemic influenza planning. ASTHO received responses from 47 states, one territory, and the District of Columbia. Eighteen states indicated that they were already stockpiling Tamiflu, an antiviral, to be used as prophylaxis, treatment, or both. For details of the survey please visit <http://www.astho.org/pubs/SHOPandemicSurveyResults-112305.pdf>.

ASTHO’s Web site includes detailed information on state pandemic influenza summits, other upcoming events, state resources, and links to a wide range of materials on pandemic influenza.

Iowa and South Carolina: Working with the National Governors Association to Promote Healthier Lifestyles

By Beth Topf, MPPA, ASTHO Prevention Policy Analyst

Arkansas Governor and chairman of the National Governors Association (NGA), **Mike Huckabee**, as part of his Health and Wellness Initiative, recently visited Iowa and South Carolina to raise national awareness about the urgent need for all Americans to live healthier, active lives. State health departments are working closely with NGA to support this initiative.

The initiative, called Healthy America: Wellness Where We Live, Work, and Learn, seeks to motivate states to enact statewide solutions to health problems related to obesity, lack of physical activity and poor diet. Specifically, Governor Huckabee seeks to encourage the implementation of healthier living programs and policies in schools, worksites, and communities. Ultimately, the initiative's goal is to educate Americans so that they may make lifestyle changes that will positively affect their health and prevent such diseases as diabetes, heart disease, and cancer. Governor Huckabee believes that America is facing a health crisis and preventive health measures need to be a priority in order to combat this crisis.

To help meet the goals of his initiative, Governor Huckabee has recruited five other governors to serve on his Healthy America task force: Arizona Governor **Janet Napolitano**; California Governor **Arnold Schwarzenegger**; Iowa Governor **Tom Vilsack**; South Carolina Governor **Mark Sanford**; and Tennessee Governor **Phil Bredesen**. State health officials have also played a very important role in the initiative. NGA and ASTHO convened officials shortly after the initiative was announced to involve them in planning and implementing different strategies to educate and change the culture to support healthier lifestyles.

One such strategy is to conduct a series of site visits to innovative businesses, communities, and schools currently implementing relevant best practices. The state health officials from the task force states have contributed by identifying and setting up site visits and have worked closely with the governors to ensure that they are kept abreast of promising health practices in

their states. Both Iowa and South Carolina have implemented promising programs that promote healthier lifestyles, and these two states were visited by Governor Huckabee last fall.

In the South Carolina site visit, governors Huckabee and Sanford went to a free community health fair sponsored by Health-e-AME, which is a partnership of the African Methodist Episcopal (AME) Church and the Medical University of South Carolina (MUSC). The AME Church reaches out to one-third of the African-Americans in the state. South Carolina Department of Health and Environmental Control (SCDHEC) provided Health-e-AME with a nutritionist to make traditional AME foods healthier. A subsequent cookbook was organized and distributed to members and is accessible online. In addition, SCDHEC helped with the promotion of the event and raised awareness of Governor Huckabee's campaign in South Carolina

"We're pleased that the National Governors Association is using its considerable influence to promote healthier behaviors," said **C. Earl Hunter, MBA**, Commissioner of the South Carolina Department of Health and Environmental Control. "Activities such as Health-e-AME in South Carolina can become a part of an overall strategy used by states through the NGA's positive initiative to reduce health disparities and improve our nation's health."



Commissioner C. Earl Hunter, MBA, South Carolina Department of Health and Environmental Control

On the second site visit to Iowa, Governors Huckabee and Vilsack visited a middle school in Iowa to discuss their successful school wellness program. The Iowa Department of Public Health helped significantly in planning and organizing this event.

"This initiative by the governors to promote health is critical to the future of our state and country, so we are excited to be part of it," said **Mary Mincer Hansen, RN, PhD**, Director of the Iowa Department of Public Health.



Director Mary Mincer Hansen, RN, PhD, Iowa Department of Public Health

The Iowa Department of Public Health was critical in highlighting some of the best school wellness practices in the Des Moines school system. These practices include FITNESSGRAM, a computerized tool that enables schools to perform quality fitness and physical activity assessments, and TEAM Nutrition, which offers technical assistance for food service, children's nutrition education, and school and community support for healthy eating and physical activity.

Currently site visits are being planned in California and Tennessee. For more information on the NGA Healthy America initiative and to view past press releases, visit www.nga.org.

Sustaining Mosquito Control When Epidemic Turns to Endemic

By Heather Doyle Tash, Senior Analyst, Environmental Health Policy

Mosquito-borne diseases continue to be a public health issue in the United States. Since 1999, West Nile virus alone has resulted in over 19,000 human cases and over 600 deaths across the country. And, cases are increasing annually. In 2005, the number of human cases rose 16 percent over the number reported in 2004. The numbers suggest that West Nile virus is becoming endemic in the United States.

State public health agencies play an important role in mosquito control programs by providing mosquito-borne disease prevention and control services for existing and reemerging mosquito-borne diseases. State public health agencies conduct disease surveillance, provide public education, and in some states, apply larvicides and adulticides to control mosquito populations.

During mosquito-borne disease epidemics, funding for mosquito control is readily available. State mosquito control funding is often cut when mosquito-borne diseases begin becoming endemic or after human cases of the diseases begin to fall and there no longer seems to be a threat to the public's health. However, the mosquito is a highly effective vector for human disease and continues to pose a threat to the public's health if left unchecked. According to ASTHO's *Public Health Confronts the Mosquito* (2005) report, the cost of maintaining a program is typically less than the cost of control after an epidemic begins. In order for state public health agencies to adequately respond to existing and emerging mosquito-borne diseases, such as Rift Valley fever and dengue fever, sustainable mosquito control programs must be developed. Some states are also facing an increasing number of human cases of Eastern Equine Encephalitis.

One state that understands the need for a strong mosquito control program is New Hampshire. According to the Director of the New Hampshire Division of Public Health Services, **Mary Ann Cooney, RN, MS**, "The importance of public health in mosquito control should not be ignored and the cases of West Nile Virus and Eastern Equine Encephalitis in New Hampshire in 2005 illustrate that mosquito-borne illnesses are a big concern. Having mosquito control programs in place assists state public health agencies in addressing mosquito-borne diseases."



Director Mary Ann Cooney, RN, MS, New Hampshire Division of Public Health Services

The increased number of Eastern Equine Encephalitis cases in the region has led lawmakers to propose legislation to establish a mosquito control fund in the New Hampshire Department

of Health and Human Services to assist localities with mosquito control efforts. The state public health agency would provide funding to cities and towns that have a comprehensive mosquito control plan in place and in which a threat to the public's health exists. Local agencies will use the funding to offset the cost of mosquito control activities. This legislation will improve the state's ability to respond effectively to mosquito-borne diseases now and in the future.

It is important that the best science and data drive the assessment of state mosquito control needs and programs. ASTHO's *Public Health Confronts the Mosquito* report outlines key components of a sustainable mosquito control program, including the importance of planning ahead, involving other stakeholders, using the best science and data, and informing the public. Planning ahead entails understanding the structure and roles of federal, state, and local agencies involved in mosquito control and identifying legal authorities and funding sources. States need to develop plans that involve other individuals, organizations, and agencies in the mosquito control efforts; provide policymakers with clear and concise information about mosquito-borne diseases and control activities; and develop communication strategies to keep the public informed of mosquito control efforts.

Public Health Confronts the Mosquito is available at www.astho.org/?template=mosquito_control.html.

Senior Deputies Meeting – Girdwood, Alaska July 11-14, 2006

If you've been to a Senior Deputies Annual Meeting, you know first hand that nowhere else will you find such a rich opportunity to share experiences and learn from people who confront the same challenges you face every day. These meetings offer stimulating interactive presentations and discussions with a wide range of experts and leaders from our federal partner agencies and the private sector. ASTHO's 13th Annual Senior Deputies Meeting will be held in Girdwood, Alaska (just 40 miles south of Anchorage). The hotel is set in the Girdwood Valley amid the seven glaciers of the Chugach Mountains. The flying time from Chicago to Anchorage is 5.5 hours.

Here's what your colleagues said about the 2005 meeting.

"Thank you for making this year's event a restful & rejuvenating experience! Your choices are great! See you in Alaska " – Dr. Mary Ann Cooney, New Hampshire

"Excellent meeting! Really one of the best. Meaningful, insightful, topical. Frank discussion. Wonderful networking. Thank you ASTHO staff" – Dr. Lisa Waddell, South Carolina

The meeting was great! I hope I will be able to take what I've learned and apply. Excellent! ASTHO staff worked really hard to make everyone feel comfortable. – Quin R. Golden, Illinois

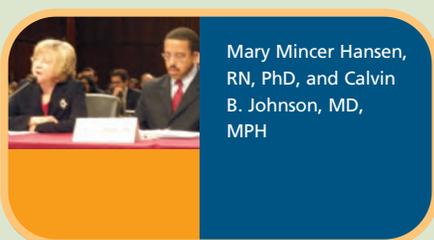
"The format was excellent. I enjoyed the time to speak with other deputies about concerns, issues, etc. Planning was excellent!" – Steve Ronck, Oklahoma

Visit ASTHO's Web site at www.ASTHO.org for details.

State Public Health Leaders Stress Importance of Federal Funds

Director Hansen and Secretary Johnson explained that an effective response to an influenza pandemic requires adequate and sustained federal support to build up a long neglected public health system. Funding of public health preparedness since 2001 has made a significant difference in states' capacity to protect the health of Americans and respond to pandemic influenza, but both state health officials made the case that public health still has a long way to go.

"The success of a national response to an influenza pandemic depends upon many



Mary Mincer Hansen, RN, PhD, and Calvin B. Johnson, MD, MPH

factors," said Secretary Johnson. "Arguably, one of the most important components is the preparedness and coordinated response of state and local governments, hospitals, and other local responders."

Director Hansen said that prior to 2001, "We had two epidemiologists at the state level and one at the local level. Today we have one epidemiologist for every 500,000 population. Three years ago we did not have an emergency alerting system or redundant communication connecting all hospitals and public health agencies nor could we quickly gather information about hospital bed capacity, pharmaceutical or other medical supplies. Today we have an Emergency Capacity Reporting System that allows us to obtain this information quickly."

Their full testimony can be read online through ASTHO's Web site at www.ASTHO.org.

New Publications from ASTHO

The following publications are available from ASTHO's Web site at www.ASTHO.org. For information about the availability of print copies please contact publications@ASTHO.org.

The 2004/2005 Influenza Vaccine Shortage: Implications for Public Health Emergency Preparedness demonstrates how prior preparedness planning contributed to the ability of state health agencies to manage the vaccine shortage.

The following three reports are based on a survey of ASTHO's membership.

- **The Organization of Preparedness in the States: A Public Health Case Study** discusses how state health agencies have organized their preparedness functions since the infusion of federal funds.
- **Public Health Preparedness: How Do We Measure Success?** describes the development of performance measures used by states to evaluate their ability to respond to preparedness events.
- **Building Preparedness Capacity through Workforce Development: Challenges to Full Implementation** summarizes the workforce component of the preparedness survey and follow-up interviews on specific recruitment and retention issues with human resource directors and public health preparedness directors from several states.

New Initiatives: Healthy Places

ASTHO is pooling its resources and collaborating across policy areas to explore the issues surrounding planning and developing healthy places to promote health and prevent adverse health outcomes. Healthy Places seeks to balance the economic, community, environmental, and health needs of an area through planning. It encompasses transportation, land use planning, housing, siting of schools, options for physical activity, access to goods and services, air pollution concerns, and the gain or loss of social capital, but is not limited to these topics. Healthy Places, which is sometimes referred to as Smart Growth, New Urbanism, the Built Environment, or Livable Communities, seeks to

- Create safe and walkable communities that incorporate a range of housing opportunities and choices.
- Provide a variety of transportation choices.
- Develop mixed land uses and enhance economic development.
- Preserve green space and limited resources.

The Centers for Disease Control and Prevention has established Healthy Places as one of its four Health Protection Goals. In addition, American Public Health Association has chosen to focus on children and the built environment this year during National Public Health Week, April 3 – 9, 2006.

More can be found on ASTHO's initiative at www.astho.org/index.php?template=healthy_places.html. For information on National Public Health Week visit <http://www.apha.org/nphw/2006/>.



ASTHO Report

The ASTHO Report is published quarterly by the Association of State and Territorial Health Officials through the support of the Health Resources and Services Administration and the Centers for Disease Control and Prevention. It is also available on the World Wide Web at www.astho.org/about/publications.html.

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www.astho.org
www.StatePublicHealth.org

ASTHO 2006 Annual Meeting September 12-15, 2006 Atlanta, Georgia

The Annual Meeting will be held at the Hyatt Regency Atlanta
265 Peachtree Street NE,
Atlanta, Georgia, USA
Tel: 404 577 1234 Fax: 404 588 4137

Please visit ASTHO's Web site at www.ASTHO.org for details and registration.

ASTHO Report



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