

SUMMARY OF CAPABILITIES



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Researching Alcohol Use and Abuse

Each year more than 100,000 deaths in the U.S. are attributed to alcohol. Eighteen percent of Americans experience alcohol abuse or disorders some time in their lives. Forty-five percent of fatal traffic accidents are caused by alcohol. These sobering statistics take a significant economic and social toll on individuals, families and whole communities. They are also what drives a dynamic team of researchers in Emeryville, California, to investigate this drug's many dimensions and its resultant harms.

The Alcohol Research Group (ARG) at the Public Health Institute conducts and disseminates high-quality research in the epidemiology of drinking patterns and problems, including study of alcohol-use disorders, health services research, and analyses of alcohol policy and its impacts.

Established in 1959, ARG has conducted thousands of studies on the epidemiological, psychological and sociological effects of alcohol. The ability to compare and evaluate data over time provides researchers with a better understanding of chemical addictions and their impact on health.

Using a variety of methods including in-person and computer-assisted interviewing, ARG collects data on risk factors, alcohol dependence and treatment system outcomes. An important aspect of its work is the training of emerging research scientists in alcohol studies.

ARG is home to one of 18 National Alcohol Research Centers funded by the National Institute on Alcohol Abuse and Alcoholism. In this capacity and as part of its ongoing research portfolio, the ARG center collects data in a nationwide survey of drinking behaviors among the general population. Conducted every five years since 1979, the national alcohol surveys produce results that are widely used by clinicians, public health practitioners and policy makers.

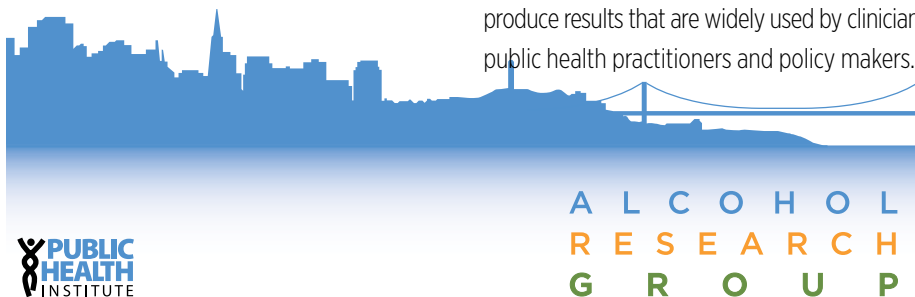


ARG Scientific Director Tom Greenfield, left, discusses an alcohol research paper with Senior Scientist Bill Kerr.

Additionally, ARG collaborates with numerous universities and other National Alcohol Research Centers to investigate regional, national and international dimensions of harmful drinking and subsequent problems. ARG also has expanded its research scope to include some studies involving other drug use and treatment as well as economic issues related to alcohol, homelessness and mental health issues. Such meaningful scientific inquiry reflected in successful research and knowledge sharing through publication is crucial to developing effective prevention and treatment strategies for alcohol and drug dependency.

For more information about the Alcohol Research Group, visit www.arg.org.

The Alcohol Research Group is led by Thomas Greenfield, PhD, scientific director, and Dominique Lampert, MSPH, executive director.



Shaping Public Debate About Health Issues

Every day, the news media affects what policymakers know about critical public health problems and what can be done to solve them. Berkeley Media Studies Group (BMSG) at the Public Health Institute works with community advocates, journalists and public health professionals to help them shape this public debate as covered in the news media so policy solutions that can improve health are visible.



BMSG begins by analyzing how the news presents health and social issues. Across topics, BMSG's analyses show that the news rarely goes beyond what individuals can do to improve their own health. The challenge advocates face is to reframe news coverage so the environment surrounding individuals is part of the story.

By producing topical message guides, conducting media advocacy trainings, and offering strategic consultation, BMSG helps advocates learn to engage the news media effectively to expand this conversation. "We

now understand why, when and how to use the media to advance our policy goals," said one participant in a BMSG training. "We can't be happy anymore just getting our issue in the news ... framing matters."

BMSG also tracks the ways the mass media can influence Americans' health through the marketing of unhealthy products. BMSG uncovers the latest techniques marketers use to advertise to children and youth, such as online games and digital ads sent to kids' cell phones. BMSG then creates practical resources — such as the DVD and toolkit *Fighting Junk Food Marketing to Kids* — that guide public health professionals in countering unfair marketing.

To learn more about Berkeley Media Studies Group, visit www.bmsg.org.



The Berkeley Media Studies Group is directed by Lori Dorfman, DrPH.



Searching for Causes and Cures

When Oroville, California, residents suspected that an unusually high number of pancreatic cancer cases in their community might be linked to a chemical fire at a wood treatment plant, they called the California Cancer Registry (CCR).

Although CCR found there was a slight, but statistically significant, excess of cases, the state's Environmental Health Investigations Branch (EHIB) concluded that there was no common thread among the cases and the surge could be a coincidence.

To address the community's concerns, the American Cancer Society brought together EHIB and CCR for a forum at an Oroville hospital. After 20 years of cancer surveillance in California, CCR was able to tell residents that cancer is not caused by one thing and can usually be explained by a community's demographics.

"The situation in Oroville gave the local public health community and cancer experts an opportunity to come together to provide real public education," said Monica Brown, a cancer epidemiologist with CCR, who

participated in the forum. The community forum is just one example of CCR's role in collecting information and educating the public about cancer, its prevention and treatment.

The state requires doctors, hospitals and other medical facilities to report all diagnosed cases of cancer to the registry. CCR is a collaborative effort between the California Department of Public Health, the Public Health Institute (PHI), regional registries, hospitals and cancer researchers throughout the nation.

A gold mine of information, its detailed data allows health researchers to analyze geographic, ethnic, occupational, age group and gender differences that provide clues to cancer's risk factors. PHI assists the state in collecting the information.

"We could not answer the public's questions on cancer incidence if there was not an accurate and timely statewide cancer surveillance system," says Brown. "Not all risks of cancer are the same, and knowing cancer incidence, mortality rates and trends provides health educators with basic material to design cancer prevention strategies to take to the communities that are at greater risk for certain cancers."

For more information about the California Cancer Registry, visit www.ccrca.org.



The California Cancer Registry is led by Kurt Snipes, PhD, chief of the Chronic Disease Surveillance and Research Branch in the California Department of Public Health.

Partnering With the State to Promote Healthy Eating and Physical Activity

Erin Delaney had a dream. She wanted to see the local high school connected to the surrounding neighborhood by sidewalks and green space so that students could walk to and from school safely. With help from city officials, fellow students, parents and a sizable grant, Erin's vision is becoming a reality.

"It started with weekly meetings to assess the walkability of streets surrounding the high school," says Erin, a 10th grade student in La Mesa, California. "We had a really great mix of students and senior citizens working together and from there, the advocacy just took off."

Using skills and tools she learned through California Project LEAN's (Leaders Encouraging Activity and Nutrition) Playing the Policy Game as well as through materials from the *Network for a Healthy California*, Erin interviewed peers and gathered data about the neighborhood. She also developed a Web site that showed what the community could look like. Working with community members, she took the cause to Sacramento and received an infrastructure grant for \$550,000 through the Safe Routes to School project to implement her plan. Erin also was awarded the governor's gold medal for fitness and a \$10,000 check toward the project.

As a result of her advocacy work, Erin was appointed to La Mesa's Youth Advisory Commission, which serves as an advisory body to the city council on issues that concern youth.

This story is just one example of how California Project LEAN's (CPL) resources and materials help people change their environments to improve health. Administered by the California Department of Public Health and the Public Health Institute, CPL provides technical assistance, training and tools to engage school board members, parents and youth in their communities' policy-making process. CPL also co-hosts the nation's leading conference on childhood obesity. Through education, youth empowerment, policy/environmental changes, and community-based solutions, CPL is working to reduce the prevalence of obesity and other chronic diseases.

For more information about California Project LEAN, visit www.californiaprojectlean.org.



Peggy Agron, MA, RD, is chief of California Project LEAN at the California Department of Public Health.

Building Stronger Organizations and Healthier Communities

When city administrators in Oceanside, California, wondered how they could improve low-income neighborhoods, they looked no further than their own backyard.

Following principles rooted in the California Healthy Cities and Communities (CHCC) Model, the city's neighborhood services department converted two vacant lots to community gardens.

"We had the land and willing people," says John Lundblad, a manager with Oceanside's Neighborhood Services Department. "The rest was simple."

The gardens became a visible sign of the coastal community's commitment to a healthy cities' philosophy. A program of the Center for Civic Partnerships at the Public Health Institute, CHCC has inspired many improvements in Oceanside. Since becoming a member in 1994, Oceanside has implemented a graffiti abatement program, a health clinic on city-owned land, a citywide

smoking ban in all public parks and beaches and the state's first smoke-free real estate development project.

The CHCC program assists local leaders in developing and implementing community-driven programs by providing education, technical assistance, grants and resources to strengthen municipalities' capacity to create long-lasting improvements that promote health.

Highlighting the connection between place and health, Oceanside's community gardens not only provide local residents with healthy food, physical activity and social and intergenerational interaction; they also are self-sustaining and are maintained by the city at very low cost. "It's not just about delivering services," says Lundblad. "The

healthy cities philosophy is woven into the fabric of everything we do."

Since its creation in 1988, more than 75 cities and communities have participated in the program. They range from small neighborhoods to some of the largest cities in California.

To learn more about the Center for Civic Partnerships and its programs, visit www.civicpartnerships.org.



Joan Twiss, MA, is the executive director of the Center for Civic Partnerships.

Promoting Health and Social Justice



Virginia Mejia had a brainstorm. A domestic violence outreach worker at a San Diego clinic, Mejia had won the opportunity to receive leadership training at the Women’s Health Leadership (WHL) program, a project of the Public Health Institute’s Center for Collaborative Planning (CCP). Why not expand this yearlong program’s reach by teaching its curriculum to her clinic’s clients, women who toiled long hours for little money cleaning houses and working in factories?

She condensed the training, developed materials in Spanish and held three sessions on Saturday evenings for 13 women, who diligently attended. The upshot was remarkable: they all became health educators, or *promotoras de salud*, at the Escondido Community Clinic, which gave them additional training for the jobs, and the local mayor publicly recognized them.

And Mejia? The WHL training empowered her to move on to another job. She was hired by the Parenting Institute, where she became statewide director for health programs. “I think before I was afraid of these changes, more work and more responsibility,” she said.

Since 1994, WHL has graduated more than 350 women like Mejia, cultivating a statewide network of emerging grassroots leaders who are dedicated to addressing health and social justice issues. WHL’s track record is impressive: 67 percent of its alumni have created their own women’s health programs, 75 percent head a women’s health program and others engage in local, state and national policy bodies such as the California Office of Women’s Health Advisory Committee and the President’s Task Force on Cancer Control and Prevention.

To find out more about the Center for Collaborative Planning and its programs, visit www.connectccp.org.

CCP works to promote the health and well-being of Californians by engaging local communities to act based on their own solutions. Other CCP programs include technical assistance support to Sierra Health Foundation’s REACH Youth Development Initiative and First 5 Sacramento’s Community Building Initiative. CCP also offers a range of community workshops.



Connie Chan Robison, MPH, is the executive director of the Center for Collaborative Planning.

Improving Accessibility for All

When a community clinic in Sonoma County, California, needed to know how to handle an exam with a hearing-impaired patient, it called the Public Health Institute's DBTAC: Pacific ADA (Americans with Disabilities Act) Center, also known as Pacific DBTAC (Disability and Business Technical Assistance Center).



"We didn't know if we needed to pay for an interpreter," the clinic's coordinator said. "The answer was yes, and it was a good thing to know because the situation will come up again, and now we know what's required."

On the advice of the center, the clinic brought in a sign language specialist and was then able to help the patient complete the immigration physical she needed to obtain a green card or permanent resident card. More than an exercise in problem-solving, this experience demonstrates two of

the center's key functions — to remove barriers that restrict people with disabilities from full participation in society and to build a partnership between the disability and business communities.

The center provides information, technical assistance, training, consultation and materials on the ADA to help businesses, state and local government, individuals with disabilities, school districts and others understand rights and responsibilities under this law and how to comply with it.

Equipped with the latest knowledge and expertise on emerging accessibility issues, the center provides timely assistance through its free hotline and a Web site designed for public use. The center also

provides specialized training and develops materials that encourage reasonable accommodation and improved opportunities for people with disabilities.

The center is part of a nationwide network of ADA assistance centers funded by the U.S. Department of Education and is also dedicated to promoting technology that is accessible to everyone. The Pacific ADA Center serves the states of Arizona, California, Hawaii, Nevada and the Pacific Basin as well as the needs of ethnic minorities who speak numerous languages.

For more information about the DBTAC: Pacific ADA Center, visit: www.adapacific.org.



The DBTAC: Pacific ADA Center is directed by Erica C. Jones, MEd, MPH.

Meeting International Health Needs

Hundreds of people stand in line in Port Loko, Sierra Leone, once or twice a year to receive medications that treat debilitating diseases, such as river blindness and elephantiasis.

The treatments are part of a global health strategy aimed at preventing seven of the so-called “neglected tropical diseases” (NTDs) through mass drug administration (MDA). Instead of treating cases individually, MDA delivers medications to whole populations in an affected community. The approach is cost-effective (many of the drugs are donated by pharmaceutical companies) and enormously successful.

To date the MDA program has provided more than 133 million treatments in the most affected countries in Africa, Asia and Latin America.

“There is such demand for these treatments,” says Angela Weaver, a technical advisor with the Public Health Institute’s Global Health

Fellows Program (GHFP). “Communities see the impact of these diseases every day — through the blind, the disabled and disfigured — and they show up to receive their treatments.”

Since 2006, the U.S. Agency for International Development (USAID) has been supporting this approach to treating NTDs. In the past year, Weaver has helped develop strategies to reach more people in affected communities by coordinating with country ministries of health and various implementing partners.

“There is tremendous capacity within countries to deliver

these treatments,” says Weaver. “Even in a post-conflict setting such as Sierra Leone, the country has mobilized more than 30,000 community volunteers to deliver medications to millions of people.”

GHFP and its predecessor, the Population Leadership Program, have recruited, placed and provided leadership and technical support for junior, mid and senior-level advisors in health programs sponsored by USAID in developing countries like Sierra Leone since 1994.

For more information about the Global Health Fellows Program, visit www.ghfp.net.

Above: Community members wait in line to receive medications during a mass drug distribution for NTDs.

Left: Community volunteers with their dose poles distribute medications in Sierra Leone.



Sharon Rudy, PhD, directs the Global Health Fellows Program.

Training Young International Health Leaders

Most teenage girls in Quintana Roo, Mexico, are shocked to discover that if they become pregnant, the stigma is so great that they can no longer attend high school and are headed down a well-worn path to a life of poverty. And too many of them do become pregnant — the state of Quintana Roo has the highest teenage pregnancy rate in Mexico.

That's why Alberto Lopez Castro together with other young adults are implementing an action plan that gives teenage girls and boys here, who aren't taught sex education in school, the basic information they need to prevent pregnancies. They show films that vividly depict what life can be like as a pregnant teen and as teen parents. The films and facilitated discussions afterwards draw local adolescents and are well received.

Castro and his team are participating in GOJoven, or the Youth Leadership in Sexual

GOJoven is one of IHP's many projects. Since 1972, IHP has provided training, research and consultation to health care professionals, nongovernmental organizations and health agencies in more than 30 countries on a wide range of public health topics, helping to produce young and senior-level leaders around the globe.

and Reproductive Health Program, which is part of the Public Health Institute's International Health Programs (IHP). Since 2003, GOJoven, directed by Esther Tahrir, MPH, has worked to build the next generation of young leaders in sexual and reproductive health in Belize, Guatemala, Honduras and Quintana Roo, Mexico, and to strengthen local organizations and government institutions with which the fellows are associated.

The Summit Foundation funds the one-year fellowships for young professionals aged 18 to 30. The fellows receive four weeklong trainings in leadership and in sexual and reproductive health; the program provides the fellows with ongoing support to craft and carry out action plans to improve adolescents' sexual and reproductive health.

"This program opened my eyes and changed my life," said Castro, 25, a 2008 Summit



Summit fellow talks to high school students in Quintana Roo, Mexico, about pregnancy prevention.

Fellow from Quintana Roo. "It develops leadership in us by teaching us how to create strategies that help people and how to make our ideas real."

To learn more about the International Health Programs and GOJoven, visit www.ihp.org.



James Williams, MPH, directs the International Health Programs.

Empowering Communities for Change

Two years ago, Aracely Rosas never imagined she'd be a media spokesperson, appearing in billboard ads, TV commercials and radio spots. But that was before she became a Champion Mom. And Champion Moms are all about change.



Aracely Rosas in a billboard ad for a marketing campaign.

“It’s exactly what people in our community need,” says Rosas, a mother of three who lives in Highland Park, a predominantly Latino Los Angeles neighborhood. “In our community, the rates for certain diseases — like diabetes, high blood pressure and cancer — are really high.”

After losing her grandmother and a cousin to cancer and diabetes, Rosas decided she had to do something to break the cycle. Now,

she’s part of the statewide Champion Moms initiative that is aimed at unlocking the potential of parents to be agents of change.

Since becoming a Champion Mom two years ago, Rosas has taken a lead role in promoting healthy habits and environments in her community and at home. Besides the media campaigns, she has petitioned city leaders to improve local parks and playgrounds, and shared her experience with countless moms.

“I speak to moms on a personal level,” Rosas says. “I tell them: ‘I’ve been there. I know you’re tired. I used to have junk food at home, too. But if you can make one change to help your family eat healthier, it’s one step in the right direction.’ ”

The Champion Moms campaign is just one way the *Network for a Healthy California* is helping 7 million low-income parents and children prevent obesity and diet-related chronic diseases. Administered in part by the Public Health Institute and directed by the California Department of Public Health, the *Network* uses multi-level social marketing campaigns, like Champion Moms, with nearly 150 local projects to empower families and communities to make changes that support healthy eating, physical activity and food security.

To learn more about the Network for a Healthy California, visit www.networkforahealthycalifornia.net.



The *Network for a Healthy California* was established and built by a team led by Susan Foerster, MPH, RD, who now heads the Policy, Planning and Evaluation functions of the *Network* in the California Department of Public Health. Principal funding comes from the United States Department of Agriculture through the California Food Stamp Program run by the California Department of Social Services.

Eliminating Health Inequities and Building Healthy, Vibrant Communities

“It began as an item on some neighborhood mothers’ wish list,” says Christine Cherdboonmuang of the East Bay Asian Youth Center (EBAYC) in Oakland, California. Now the produce stand at Franklin Elementary is a weekly ritual for many parents, teachers and area residents.

Franklin is one of two elementary schools in the San Antonio neighborhood of East Oakland where the local Healthy Eating, Active Communities (HEAC) collaborative helped develop farmers’ markets. School might seem like an unlikely place for a produce stand, but these weekly sales provide area residents and afterschool cooking programs with access to fresh, pesticide-free fruits and vegetables not otherwise available in this neighborhood.

The farmers’ stands are bringing about healthy change at the grassroots level, and they are the result of an HEAC partnership among the EBAYC, the Alameda County



Public Health Department, the local school district and community members. The stands are just one piece of HEAC activities in Oakland that put schools at the center of healthier communities through, for example, after-hours neighborhood use of playgrounds and the ongoing development of more produce stands.

The Public Health Institute’s Partnership for the Public’s Health (PPH) oversees the work of the six HEAC collaboratives located in low-income and rural California communities. A program of The California Endowment, these HEAC partnerships are made up of place-based coalitions, school districts and

public health departments along with other key institutions and partners.

Launched in 1999, PPH has worked with more than 27 public health departments and 43 communities throughout California. PPH fosters partnerships and builds capacity to create policy and environmental change in communities like the San Antonio District where health inequities are prevalent.

For more information about the Partnership for the Public’s Health, visit www.partnershipph.org.



Partnership

for the Public’s Health

The Partnership for the Public’s Health is guided by a leadership team that includes Maria Campbell Casey, MA, MEd, Jeni Miller, PhD, Susan Paul, and Julie Williamson, MPH.

CENTERS OF EXCELLENCE

Advancing the State of the Art in Community Benefit

Advancing the State of the Art in Community Benefit (ASACB) brings together 70 nonprofit hospitals in California, Texas, Arizona and Nevada in an effort to shift traditional views about community benefit funds away from a focus on uncompensated care and toward using them to address unmet community health-related needs. ASACB is engaged in a national dissemination of uniform community benefit standards to align hospital governance and management to make optimal use of limited charitable resources that the nation's 2,900 nonprofit hospitals derive from their tax-exempt status. These standards were developed and field tested in a demonstration project between 2002 and 2006. ASACB documents the benefits of a variety of proactive investments in community health improvement that emphasize capacity building, collaboration with many local stakeholders and ensuring access for communities with disproportionate unmet health needs. The project is led by Kevin Barnett, DrPH, MCP.

California Center for Research on Women and Families

The California Center for Research on Women and Families (CCRWF), founded and directed by Kate Karpilow, PhD, provides information, facilitation, analysis and policy options to help leaders improve the lives of women, families and children in California and the nation. The center concentrates on economic security and workplace issues, including health care, child care, welfare and food security. CCRWF's flagship initiative is the California Working Families Policy Project, which includes the California Working Families Policy Summit, an Advocates' Retreat, and the Working Families Web Forum. As a complementary effort, CCRWF also publishes policy primers to advance the knowledge of policymakers and advocates on complex health and social services issues. Previously, CCRWF designed and

implemented the first phase of *Linkages*, a county-based effort to coordinate welfare and child welfare programs in California that is now a national model and directed by the Child and Family Policy Institute of California.

California Health Interview Survey

The California Health Interview Survey (CHIS) is the nation's largest state-based consumer health survey. Conducted by telephone every two years since 2001, the survey's rich data give a detailed picture of the health and health care needs of California's large and diverse population. CHIS data and results from up to 55,000 randomly selected households are invaluable tools for policymakers at the local, state and national levels. Health advocates, media, health providers, foundations and researchers all turn to this rich source of data for critical health information. The survey is vital to the dialogue on health care reform, health insurance coverage, chronic diseases and health disparities. The survey provides county-level data and separate estimates for people who are white, Latino, African American, American Indian, Filipino, Chinese, South Asian, Vietnamese, Korean and Japanese. CHIS is a collaboration of the University of California at Los Angeles' Center for Health Policy Research, both the California Department of Public Health and the Department of Health Care Services, and the Public Health Institute. Sue Holtby, MPH, leads PHI's participation in the survey.

Center for Health Leadership & Practice

The Center for Health Leadership & Practice designs and provides leadership development programs, mentoring programs and performance improvement training, consultation and resources in the U.S. and internationally. Current major projects are the California/Hawaii Public Health Leadership Institute, which is a year-long intensive leadership development project for senior public health leaders, and the National Public Health Leadership Institute, a

partnership of PHI and the University of North Carolina. Led by Carol Woltring, MPH, the center is on the cutting edge of designing and implementing leadership initiatives and organization-based consultations focused on leadership development and succession management, performance improvement and change management.

Center for International Tobacco Control Policy Research and Evaluation

The Center for International Tobacco Control Policy Research and Evaluation aims to build the knowledge base in China and Indonesia — the first and fifth largest consumers of tobacco worldwide respectively — on the economics of tobacco control. Established in 2007, the center is led by Teh-wei Hu, PhD. Its studies include testing potential tobacco control policies such as tax alternatives, developing pilot crop substitution programs for tobacco farmers, a social marketing campaign on passive smoking and maternal and child health, and monitoring the tobacco industry's transition under the World Health Organization's Framework Convention on Tobacco Control.

Center for Research on Adolescent Health and Development

The Center for Research on Adolescent Health and Development, directed by Norman Constantine, PhD, conducts policy-oriented research on adolescent sexual health and behavior. This includes statewide studies of adolescent sexual health outcomes at the county and legislative district level. The center also conducted evaluations of sex education and clinical services, including a four-year randomized trial in Los Angeles, surveys of parents' roles in sex education and communication, and critiques of research and research use on sex education effectiveness. The center's work is regularly featured in print and broadcast media stories and widely used by policy shapers in California.

Center for Research on Women's and Children's Health

The Center for Research on Women's and Children's Health, directed by Barbara Cohn, PhD, conducts basic and applied research on a broad range of health issues related to women and children. Cohn's research focuses on the use and maintenance of the Child Health & Development Studies (CHDS), a unique 50-year study of 15,000 Northern California families. Acclaimed as a national research treasure, current projects include new examinations of CHDS children (who are now about age 50) in studies of how in-utero exposures influence fertility, cancer risk, and cardiovascular and mental health.

Regional Asthma Management and Prevention

The Regional Asthma Management and Prevention (RAMP) initiative aims to reduce the burden of asthma by enhancing collaboration among diverse partners on a broad array of activities. Established 11 years ago, RAMP works to reduce environmental triggers in schools, homes and outside air; improve asthma education and management; and enhance culturally appropriate management of asthma. RAMP has been designated a National Center for Excellence in Eliminating Disparities by the U.S. Centers for Disease Control and Prevention's REACH-US program. RAMP has focused most of its work in the San Francisco Bay Area. However, RAMP also leads a statewide network of asthma coalitions called Community Action to Fight Asthma, which seeks to reduce environmental triggers of asthma through policy change at the local, regional and state levels. Led by Anne Kelsey Lamb, MPH, RAMP serves as a clearinghouse of asthma information, provides technical assistance to community-based asthma coalitions, convenes groups for networking and capacity-building, and serves as a collective voice for policy change.

NEW CENTERS

STATE PARTNERSHIPS

California Center for Connected Health

Efforts to integrate telehealth into health care to provide better access to uninsured and low-income Californians will soon get more support. The California Center for Connected Health, led by health care system expert Sandra Shewry, will identify and promote practices, policies and changes to laws that will increase the ability of technology-enabled health care to improve health outcomes and care delivery.

Center for Public Health & Climate Change

As part of an aggressive strategy to address the enormous potential health consequences of climate change, PHI is developing the Center for Public Health & Climate Change. Led by environmental sustainability expert Alexandra Destler, MEd, and operating as a virtual clearinghouse, this center will provide education, applied research, programs and resources that equip public health and community leaders to confront and adapt to the health impacts of climate change, particularly on vulnerable people. The center will also develop programming and tools to advance state and national climate change goals.

Safe Community Partnership

This program aims to break the cycle of violence and incarceration that has become a reality for increasing numbers of young men of color in California. Led by Stewart Wakeling, the Safe Community Partnership is an evidence-based initiative that includes the Governor's Office of Gang and Youth Violence Policy and eight California cities. These partners are working to reduce gang and gun-related violence by mobilizing community leaders to communicate a powerful and innovative prevention message to youth at highest risk of being involved in such violence and connecting those youth to credible employment and education opportunities.

PHI is proud of its long history of partnering with the state of California to deliver important prevention and health programs. Many of the following longstanding and competitively awarded state partnerships have been featured on earlier pages:

- The California Cancer Registry (see page 3) is the largest high-quality cancer registry in the world.
- Both California Project LEAN (Leaders Encouraging Activity and Nutrition) (see page 4) and the *Network for a Healthy California* (see page 10) have made inroads into changing the landscape in favor of healthier eating and increasing physical activity in the state.
- California Healthy Cities and Communities (see page 5) has engaged more than 75 cities throughout the state in projects to strengthen local capacity for health.
- California Environmental Health Tracking is working to improve the public's health by creating a system to track the often complex relationship between exposure to environmental hazards and the incidence of chronic disease.

ADDITIONAL STATE OF CALIFORNIA PARTNERSHIPS

Occupational Lead Poisoning Prevention Program

PHI staff members work under the leadership of Michael DiBartolomeis, PhD, chief of the Occupational Lead Poisoning Prevention Program (OLPPP) at the California Department of Public Health. OLPPP's mission is to prevent and control occupational lead poisoning among workers and take-home exposures harmful to their families, especially children and pregnant women. PHI staff work with employers, employees, health care professionals and laboratories to manage and resolve exposures. The program investigates occupational lead poisoning cases; conducts bilingual interviews of lead-poisoned workers; and provides technical assistance, training and educational materials (in English and Spanish) to workers, employers and health care providers. OLPPP also maintains the Adult Blood Lead Registry, which provides surveillance of lead poisoning among workers by collecting and storing reports of adult blood lead levels. OLPPP works with labs to obtain information on all workers tested for lead so that the extent, magnitude and severity of lead poisoning in California can be understood and the program can effectively target education and intervention activities. PHI staff also provide administrative and computer programmer support to the program, which includes maintaining the Web site, the fee collection system and the contacts database.

Tandem Mass Spectrometry Newborn Genetic Screening

Fred Lorey, PhD, is acting director of the California Department of Public Health's Genetic Disease Screening Program, which provides statewide newborn screening for diseases for which early detection and treatment can prevent mental retardation and even death. More than two million newborns have been tested for a wide range of metabolic disorders since tandem mass spectrometry was added to the mandatory newborn screening panel in July of 2005. Since then, more than 500 cases have been diagnosed, which enabled early treatment to prevent mental retardation, neurological damage or death. Collaborative efforts with PHI have helped to ensure that newborns in California that are at high risk of these rare metabolic disorders receive critical clinical follow-up. Ongoing evaluation and outcomes research by PHI staff have been crucial to the program's success. Lorey also leads the Sickle Cell Counseling project at PHI, which provides follow-up counseling to parents whose infants tested positive for the sickle cell trait or sickle cell disease.

ADDITIONAL RESOURCES DELIVERED TO STRENGTHEN PUBLIC HEALTH IN CALIFORNIA

- PHI was awarded a grant from The William and Flora Hewlett Foundation to support a dedicated staff person who works on public health and climate change and is stationed at the California Director of Public Health's Office.
- PHI received funding from The California Endowment to support obesity prevention work at the California Department of Public Health.

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