

Z

O

S

S

M

N

The Public Health Institute promotes health, well-being, and quality of life for all people through research and evaluation, training and technical assistance, and by building community partnerships.

Public Health and Technology

MARY A. PITTMAN

People call it "health care any time, any place." Or they describe it as "a doctor in your pocket," "texting it in" or "a virtual doctor." They're talking about the cell phone, and if you haven't noticed, it's taken on a new important role — as a key tool in managing health care and improving the public's health.

In South Africa, for instance, TB patients get a text message reminder when sensors on their pill bottles indicate they haven't swallowed their medication. As a result, the number of people who stay on the pills for six months, and avoid developing drug resistance, have shot up. The innovation, picked up in many locations around the world to manage various chronic conditions, typifies what we in public health and the Public Health Institute (PHI) have to gain from new cell phone applications.

So far, the developing world leads the way in showing us the remarkable potential of technologies that are repurposed to serve public health needs. This is largely because of the explosion in mobile phone subscribers to 4.1 billion worldwide, with an astounding 64 percent of them in developing countries. These nations have skipped over more costly landline phones and computers and now use cell phones to support remote diagnosis and treatment, monitoring and real-time tracking of disease. They use the "mobile" to access specialists and stretch their limited number of health workers.

The U.S. lags behind developing countries, but we can draw lessons from them in how mobiles and Web-based technologies can be adapted to public health. Especially now, as health reform is likely and efficiencies must be found, it's time to accelerate the transfer of telecommunication technologies into common practice. Comparative effectiveness research should be able to define more precisely how these technologies

continued on page 2



Voices For A Healthy Future is a biannual publication of the Public Health Institute. This newsletter is posted at www.phi.org. For more information on the PHI community of programs and projects, contact:

PUBLIC HEALTH INSTITUTE

Communications Department
555 12th Street, 10th Floor
Oakland, California 94607-4046
phone: 510.285.5500
fax: 510.285.5501
email: communications@phi.org
web: www.phi.org

Editors: Donna Sofaer, Vice President for Development, Communications & Public Relations
Cinderella Lee
Communications Manager
Carolyn Newbergh
Editor/Writer

Design: Ison Design
Printing: Lee Michele Printgraphics ♻️

Copyright© Public Health Institute 2009.
Permission to reproduce for educational or charitable purposes is hereby granted.

continued from page 1

can benefit health reform. When appropriately applied, cell phones as well as social networks and blogs can help us address shortages in health care professionals, become more efficient in reaching people in need, reduce costs and improve personal accountability and health outcomes. Bright ideas are bubbling up, such as:

- UC Berkeley engineers have attached a microscope to a cell phone camera for use in diagnosing malaria, TB and sickle cell anemia. Though developed for use in the Democratic Republic of the Congo, the "CellScope" could also be tapped for remote diagnosis of various conditions in the U.S.
- On her diabetes blog, a California woman beseeched Apple CEO Steve Jobs to design a glucose monitor and insulin pump for diabetics that would be as stylish and fun to use as the iPod. Her posting led another firm, Adaptive Path, to develop an exciting concept in hope of inspiring medical device contractors to come up with better products for diabetics.
- To reduce unintended pregnancies, six clinics in the Sacramento area will soon start texting clients every three months to remind them to refill their birth control pill prescriptions.

At PHI, we will soon begin collaborating with HealthTech, a San Francisco nonprofit, to identify public health programs that would benefit from incorporating these new technologies and working collaboratively for system solutions.

Blogs and social networking sites such as Twitter, Facebook and MySpace have a promising role to play. They make the world smaller and allow us to see local trends and learn vital, life-saving information much sooner. In the recent outbreak of salmonella from tainted peanut products, government agencies used Twitter, YouTube and blogs to inform consumers about which products were being recalled. At PHI, we have launched **Dialogue4Health.com**, a Web-based conference and social networking site that is the first online collaborative gathering place for the public health field. (See story on page 3.)

Public health is about creating environments for healthy human behavior and shaping positive population-wide habits, which may occur more quickly and effectively with mobile technology and other innovations. These technologies are welcome new tools that help public health extend into hard-to-reach communities. ■

Mary A. Pittman is president and chief executive officer of the Public Health Institute.



Hundreds of Web sites are chock-full of information on diseases, what to do about a bug bite and how to maintain good health, but there's no online place where people interested in prevention can go to exchange ideas and work together to solve problems – until now. PHI has created Dialogue4Health.com (D4H) to meet the clear need for such an interactive online place where we can collaborate among ourselves and with those outside of public health who also work to improve the health of communities.

Functioning as a virtual town square or commons, D4H aims to be *the* place where public health people and others concerned about the public's health can put out a call to anyone in the D4H social network for answers to vexing questions, build understanding and strategies together, speed dissemination of what works and push collectively for change.

Kicked off in July 2008 with its first Web forum on the related health impacts of farm and transportation policies, D4H also takes advantage of Web 2.0 tools for collaboration and connectivity popularized by social network sites such as Facebook and YouTube.

Modeled much like the online "TEDTalks" conferences that generate buzz about "ideas worth spreading," D4H's Web forums aim to stimulate thinking on current topics, spread ideas and attract Web traffic and new audiences. Our Web forums tap speakers from outside our narrow public health walls, such as those who work in land use,

D4H takes advantage of Web 2.0 tools for collaboration and connectivity popularized by social network sites such as Facebook and YouTube.

Dialogue4Health

CARMEN RITA NEVAREZ

housing development and economics. This is because we recognize that change in the public's health won't occur without including people involved in making or implementing policies that influence health. We also post background materials for each Web forum on the site, and participants can blog in their comments or questions live. The Web forums and materials remain available after the live airing in D4H's archives.

The other major way D4H encourages people to connect and collaborate is through social networking on the site. Working in an online community enables people to open up a broader discussion, advance their thinking, explore suggested links and develop circles of colleagues. In addition, other organizations can set up a Web page on D4H and present their own forums and materials as well as make use of ours – all for much less than it would cost to do so on their own.

D4H is demonstrating its value during this economic downturn. We have recently held two Web forums that stimulated discussion about how federal stimulus dollars can best be spent for prevention purposes. Moreover, as employers cut down on in-person meetings, D4H offers an inexpensive, creative way to collaborate in a green environment. ■

Carmen Rita Nevarez is vice president for external relations and preventive medicine advisor of the Public Health Institute.

Diversity of Focus

Locally and globally, PHI shares evidence, promotes prevention and builds community in a broad range of public health areas, including:

- Healthy Aging
- Alcohol / Tobacco / Substance Abuse
- Chronic Diseases: Asthma, Cancer, Diabetes, Cardiovascular and Tuberculosis
- Communicable / Infectious Diseases, including HIV/AIDS
- Community Health
- Disability
- Environmental Health
- Family Planning / Reproductive Health
- Genetics
- Health Policy Research
- Homelessness / Indigent Care
- International Health
- Lead Poisoning Prevention
- Leadership Development
- Managed Care
- Maternal & Child Health
- Media Advocacy
- Mental Health
- Nutrition / Physical Activity / Obesity Prevention
- Organizational Development
- Occupational Health
- Pharmaceutical Access
- Program Evaluation
- Rural Health
- Social & Behavioral Science

PHI incubates telehealth center

SANDRA SHEWRY

The origins of telehealth can be traced to Africa, where villages sent smoke signals to dissuade others from visiting during outbreaks of disease. Today, technology enables us to send life-saving medical information via videoconference, telephone or the Internet. Although many innovative projects have identified the value of telehealth interventions, no one has conducted a comprehensive analysis of the laws, reimbursement practices and other barriers that stand in the way of delivering health care to underserved communities via telecommunications. To address this problem, the California HealthCare Foundation has awarded PHI funds to incubate a new policy center called the California Center for Connected Health (CCCH). This center aims to: promote a shared vision for telehealth in California; make California a national model for telehealth integration; and identify practice patterns, policies and statutory changes that could maximize the efficacy of telehealth. CCCH's overriding goal is to improve the health of underserved populations using telehealth.



Global Health Fellows Program connects fellows with technology

ROBERT LEONE

In remote areas of countries such as Rwanda or Guatemala, keeping in touch by Internet connection can pose significant challenges. To help fellows of PHI's Global Health Fellows Program (GHFP) stay connected, GHFP has developed several technological tools since its inception in 2006. GHFP designed an online personnel management system that allows current and former fellows to maintain professional and personal information on an Intranet. This site allows fellows to monitor each other's work and keep GHFP staff abreast of their accomplishments and expenditures. GHFP also has created an online networking group on www.LinkedIn.com that allows current and past fellows to recommend one another and keep tabs on each other's careers. In addition, GHFP regularly holds videoconferences with virtual partners and staff members in California and Washington, D.C. Taken together, these technologies have enabled GHFP to successfully support more than 140 global health professionals in 30 countries worldwide.



PROFILES



Carmen Rita Nevarez, MD, MPH is PHI's vice president for external relations and preventive medicine advisor. A long-standing voice for the public's health, Dr. Nevarez is responsible at PHI for developing relationships with health and public health organizations and interests, incubating new project areas and public health advocacy. She positions PHI for further partnerships and initiatives domestically and internationally. Dr. Nevarez also leads development of PHI's Dialogue4Health (see her article, page 3).

Currently president-elect of the American Public Health Association, Dr. Nevarez will serve a one-year term as president beginning in November 2009. Before coming to PHI, she served as the director, health officer and environmental health director for Berkeley's Health and Human Services Department. Afterward, she worked for the dean at the UC Berkeley, School of Public Health, helping develop university participation in community-based public health projects.

A gynecologist and preventive medicine specialist, Dr. Nevarez maintains a part-time clinical practice.



Sandra Shewry directs the California Center for Connected Health at PHI. Before joining PHI, she held several senior leadership positions within California's state government.

From 2004 until 2008, Shewry led the California Department of Health Care Services (CDHCS), the state entity responsible for financial support of the state's health care safety net system and administration of California's Medicaid program. As director of CDHCS and prior to the reorganization of the department, she oversaw the state's public health, emergency preparedness and health facilities licensing programs.

Before that, Shewry served as executive director of the California Managed Risk Medical Insurance Board. She was on the teams responsible for developing and implementing Access for Infants and Mothers, California's Major Risk Medical Insurance Program, the Health Insurance Purchasing Cooperative and California's Healthy Families Program.

Shewry is a member of the Commonwealth Fund's Commission on a High Performance Health Care System and earned graduate degrees in public health and social welfare from the University of California at Berkeley.

BOARD OF DIRECTORS

Antronette K. Yancey, MD, MPH (Chair)
Professor
University of California at Los Angeles
Los Angeles, California

Sharon L. Levine, MD (Vice Chair)
Associate Executive Director
The Permanente Medical Group, Inc.
Oakland, California

Robert Otto Valdez, PhD (Secretary)
Executive Director
Robert Wood Johnson Foundation Center
for Health Policy
Albuquerque, New Mexico

Cástulo de la Rocha, JD (Treasurer)
President and Chief Executive Officer
AltaMed Health Services Corporation
Los Angeles, California

MEMBERS

Dileep G. Bal, MD, MS, MPH
District Health Officer
Kauai District Health Office
Lihue, Kauai, Hawaii

Kathy Cahill, MPH
Deputy Director
Integrated Health Solutions Development,
Program Integration
Bill & Melinda Gates Foundation
Seattle, Washington

Frederick A. Hessler
Managing Director
Citigroup
New York, New York

Anthony B. Iton, MD, JD, MPH
Director and Health Officer
Alameda County Public Health Department
Oakland, California

Kate Karpilow, PhD
*PHI Principal Investigator/
Program Director Representative*
Executive Director
Center for Research on Women and Families
Oakland, California

John G. O'Brien
President and Chief Executive Officer
UMass Memorial Health Care, Inc.
Worcester, MA

Mary A. Pittman, DrPH
President and Chief Executive Officer
Public Health Institute
Oakland, California

Roberto Tapia-Conyer, MD, MPH
Carso Health Institute
Mexico, D.F.

Kimberlydawn Wisdom, MD, MS
Vice President
Community Health Education & Wellness,
Henry Ford Health System
and Michigan's First Surgeon General
Lansing, Michigan

The Public
Health Institute
is widely
recognized and
respected for
leadership in
public health.



555 12th Street, 10th Floor
Oakland, California 94607-4046

tel: 510.285.5500
fax: 510.285.5501
email: communications@phi.org
web: www.phi.org

"We're changing the way people think about health..."

Sign up!

To receive this newsletter and other public health information, visit www.phi.org



New Awards

■ Alcohol Research Group to conduct methamphetamine study

Principal Investigator:
Doug Polcin

Funded by: National Institute on Drug Abuse

Methamphetamine use is rapidly increasing and reaching epidemic proportions in certain parts of the country such as the western United States. To better understand how to help meth users, who often need intensive counseling because of their severe medical and psychosocial problems, the Alcohol Research Group at PHI will assess the efficacy of a type of counseling known as motivational interviewing. This form of counseling has been shown to help problem drinkers and some drug users. It has not yet been studied as a treatment for meth dependence.

■ Berkeley Media Studies Group analyzes food marketing to kids

Project Director:
Lori Dorfman

Funded by: Yale University
The Berkeley Media Studies Group (BMSG) at PHI has received a subcontract from the Rudd Center at Yale University to contribute to a food marketing project funded by the Robert Wood Johnson Foundation. This research will identify the best and worst food marketing practices and document children's exposure to key forms of food marketing. BMSG will conduct Internet content analyses of company sites marketing sugary breakfast cereals, fast food and soda. BMSG will also assess how food marketing issues are portrayed on the opinion pages of news outlets and in the trade press.

■ Center for Collaborative Planning to support farm worker program

Project Director:
Connie Chan Robison

Funded by: The California Endowment
The Center for Collaborative Planning (CCP) at PHI has been chosen to provide program coordination and technical assistance to The California Endowment's Poder Popular program. This program uses a "place-based" approach that concentrates resources on select towns within agricultural regions to improve the health of farm workers and their families. CCP will work closely with the program's staff and partners to design and implement health action plans to promote farm worker health and well-being at program sites in California's Tulare and Monterey counties. Areas of focus will include transportation, water quality, youth violence and pesticide spraying.

Recent Publication

■ California Adolescent Health Collaborative addresses teen dating violence

Teen dating violence is a major adolescent health concern. Youth between the ages of 16 and 24 experience the highest per capita rate of intimate partner violence of any age group, according to a brief prepared by staff of the California Adolescent Health Collaborative (CAHC) at PHI. This rate of intimate partner violence is nearly triple the national average, according to the brief, which also reports significant levels of abusive behavior in "tweens" (ages 11-14) dating relationships. To read CAHC's complete report on this important topic, visit http://www.phi.org/resource_library/index.html.