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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.

"I think that over the years, PLP has been critical in changing the culture of this office. We are far more sensitive to each other and our different personalities and work style. We have language to allow us to talk about these differences. And we didn't have that before."

USAID deputy-level division chief

International Health: Leadership and Lessons Learned

As our world becomes more interconnected, the borders between countries tend to blur. Increasingly, international events impact us domestically, which is why the work of the Public Health Institute's Population Leadership Program (PLP) is especially meaningful.

Building the worldwide leadership and management capacity of the U.S. Agency for International Development (USAID) in the areas of reproductive health, maternal health, child survival, nutrition, and infection diseases—particularly HIV/AIDS, is PLP's primary focus. Since 1994, PLP has recruited and placed more than 90 fellows in Washington, D.C., in USAID missions throughout the world, and with selected implementing partners in Africa, Asia, and Latin America. In addition, PLP's leadership, professional development, and organizational consulting activities have been instrumental in supporting USAID's growth and development.

Lessons Learned: Successful Change Requires Champions

The success of organizational change processes is dependent upon champions, internal to the organization, who advocate and support the institutionalization of change. For example, PLP's ability to ensure an exemplary performance environment for fellows could not succeed without the endorsement and action of USAID. The development of champions comes about through open communication, transparent, accessible systems, and supporting internal advocates.

Respecting the Timing of Ideas for Change

The timing of good ideas must be respected, i.e., a rejected idea one year becomes the "right" idea later. Creating and supporting a learning environment requires attention to long-term visions of what the environment could be while also satisfying immediate needs. Fresh, objective perspectives should be sought through appropriate and experienced consultants or advisors. Counting and celebrating small victories during the change process is one way the project staff and program champions restore their energy and patience.

Evaluating Leadership Development Programs

Leadership occurs in an environment where many factors influence individual and organizational performance. Evaluating the role and contribution of leadership development programs must value these diverse factors. Evaluation methods rely on respectful questions and thoughtful answers, as well as evidence of positive organizational change. Rewarding small and large contributions is part of positive organizational change. ■

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Changing the Way We Think About Pharmacies



The mission of the Pharmacy Access Partnership is to promote community health through pharmacies. As a leader in this emerging field, the Partnership works at the state and national level to develop new policies and to advance new practices in pharmacies, clinics and private physician offices. These efforts are designed to expand consumer access to both education and clinical services.

"Pharmacies represent a fascinating intersection of several health trends, including consumer empowerment, technological advances in screening services and a growing interest in reexamining how health care is delivered," says Jane Boggess, Ph.D., director of the Pharmacy Access Partnership.

Jane Boggess spoke about the Pharmacy Access Partnership's Emergency Contraception Program at a press conference after Gov. Gray Davis announced his order to California HMOs to cover emergency contraception for women.

Current pharmacy based projects include the Emergency Contraception (EC) Program, the Injectable Contraceptive Program, and the Family Planning Center Program.

The EC program began in 2000 with a pioneering demonstration project in California involving 70 chain and independent pharmacies. Building on the success of this demonstration project, the Public Health Institute sponsored legislation (SB 1169) introduced by Senator Dede Alpert in 2001 that now permits pharmacists in California to provide EC to the general public without requiring them to first visit a clinic or doctor's office.

"This bill represents the first piece of state legislation in the U.S. that was written specifically to allow women direct access to hormonal contraception in pharmacies," says Dr. Boggess. "The success in California offers other states encouragement for similar activity."

The EC program has been highly successful with over 2,000 pharmacists now trained to provide service in pharmacies throughout California, including rural and remote counties.

The Injectable Contraception Program is in the demonstration phase, with standardized guidelines allowing established patients on injectable contraceptives (like Depo-Provera) the choice of obtaining re-injection from their regular provider or from a participating pharmacy. The purpose of this project is to test feasibility and consumer and provider satisfaction.

The Family Planning Center Program works to increase educational opportunities and promote over-the-counter contraceptive products like condoms in retail pharmacy settings. With the growing number of EC pharmacies in California, there are increased opportunities to promote sexual health, and prevent unintended pregnancy and sexually transmitted infections.

Partnership staff works with organizations and stakeholders nationally to expand consumer access to clinical services and education in pharmacies. In April it held a one-day conference in San Francisco for decision makers in the pharmacy community and other interested parties to discuss emerging issues in this field.

To find out more information about the Pharmacy Access Partnership and its programs, visit www.PharmacyAccess.org.

International Health Programs Around the Globe



International Health Programs (IHP), located in Santa Cruz, California, has conducted continuing education programs in English, Spanish, French, Portuguese, Arabic, Russian and Romanian with more than 6,000 health professionals over the past 30 years. In 1972, IHP began with a USAID-funded contract to assist the Ministries of Health in Benin, Lesotho, and the Gambia in building Maternal and Child Health and Family Planning service delivery capability. Early activities designed for family planning nurse practitioners and midwives have evolved into a diversified curriculum addressing critical and emerging health issues for all levels of health care professionals.

Grant Highlights

International Family Planning Leadership Program (IFPLP) Latin America and Asia/Africa

IFPLP aims to improve effectiveness of family planning leaders and provide them with skills and knowledge that will help them change reproductive health and family planning policies and practices as they rise to higher levels of responsibility in their countries. IFPLP has vibrant partnerships with the UC San Francisco Center for Reproductive Health Research and Policy and the UC Berkeley School of Public Health. IFPLP Latin America works in Honduras, El Salvador, Nicaragua, Guatemala, and three southern states of Mexico. IFPLP Asia/Africa works in Myanmar, India, Pakistan, Philippines, Ethiopia, Nigeria, Sudan and Madagascar. IFPLP is jointly funded by The David and Lucile Packard and The Bill and Melinda Gates Foundations.

Family Planning Technical Assistance Program (FPTAP)

Funded by The David and Lucile Packard Foundation, FPTAP provides administrative and technical support to senior technical advisers in India, Pakistan, Ethiopia, Sudan, Philippines and Mexico.

These expert advisers provide short- and long- term resources to NGOs whose purpose is to expand family planning and reproductive health choices and services at community, regional, and national levels. FPTAP provides a leadership and professional development component as a part of each consultant's scope of work.

Signature Training Programs

Building and Sustaining Reproductive Health Programs

Designed for reproductive health program administrators and clinicians in the public and private sectors, the goal of the course is to build the capacity in planning, implementing, evaluating and sustaining reproductive health services programs that are responsive to the needs of local populations.

Implementing AIDS Programs

This training offers participants an opportunity to share resources and strategies that have been demonstrated to be effective in preventing HIV infection. Updated information on HIV and STI epidemiology, clinical treatment, and techniques for developing and evaluating culturally appropriate AIDS educational materials are presented using innovative adult learning strategies that can be replicated in the field.

Islam and Family Planning

Conducted in collaboration with the Institute for Training and Research in Family Planning in Alexandria, Egypt, the workshop focuses on critical population issues in Islamic countries. The purpose of the workshop is to equip participants with current, accepted information concerning the teachings of Islam with regard to child spacing, contraception and other topics relevant to reproductive health. ■

PHI brings together diverse resources — government, academia, the private sector, and the community — to build effective efforts to improve the public's health. As a result, our programs span many areas of public health practice, research, and technical assistance and focus on multiple geographical regions and target populations.

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- Drug / Substance Abuse
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- Violence Prevention
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- Women's Health

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PHI's Diversity Of Focus

SELECTED PROJECTS

The California Comparative Teen Birth Rate Study

The California Comparative Teen Birth Rate Study is investigating California's substantial reduction in teen birth rates over the past decade. The study seeks to generate improved understanding of the wide network of factors that have contributed to California's large declines in teen birth rates, and to support better informed policies and programs to maintain and enhance this progress over time. Study co-investigators Norm Constantine, Ph.D. and Carmen Nevarez, M.D., M.P.H. recently released a first report titled "Teen Births in California: No Time for Complacency." This report has been widely covered by California media and has attracted considerable attention among state legislators and administrators. The report examines trends and activities of the last decade related to teen childbearing in California, projections for the future, and estimated taxpayer and societal costs. In addition, teen births, birth rates, and costs are provided by California legislative district, and a comprehensive set of state and local policy recommendations are presented. This study was funded in part by a grant from The California Wellness Foundation. The full report, executive summary, and fact sheets for individual state senate districts, along with other supporting materials, are available at <http://crahd.phi.org>. The same site can provide links to media coverage and legislator quotes.

New Primers Published by CCRWF

The California Center for Research on Women and Families (CCRWF) has produced two in a series of primers — one on CalWORKs and another on Child Welfare Services (CWS).



The purpose of the primers series is to assist practitioners and policy leaders in advancing their basic knowledge of complex social services systems. Funded by the Zellerbach Family Foundation, the CalWORKs and CWS primers support the CalWORKs/Child Welfare Partnership Project, which aims to coordinate welfare and CWS programs to assist high-risk families.

"Too many people are asked to jump into the middle of policy debates or formulation without the benefit of a solid orientation," says CCRWF executive director Kate Karpilow. "And that's what we hope the primers provide."

Practitioners and policymakers praise the primers as a valuable tool that provides education on the basic building blocks and key issues of these two large-scale and intricate systems. These publications are available on the CCRWF website at www.ccrwf.org. ■

ANNOUNCEMENTS

In May, **Joseph M. Hafey**, PHI's president & CEO, becomes chair of the National Network of Public Health Institutes, an organization that represents a growing number of public health state-based institutes across the country.

PHI's board of directors is pleased to welcome an international public health leader, **Dr. Roberto Tapia-Conyer**, Mexico's vice-minister of Prevention and Protection of Health, as its newest board member.

In this issue, we feature four PHI leaders who have made tremendous contributions in international and family health.



Jane Boggess, Ph.D., director and founder of the Pharmacy Access Partnership, began this program in 1999 to expand consumer access to contraception and reproductive health care services, and to strengthen the role of pharmacies in promoting public health.

She previously served as chief of the California State Office of Family Planning, where she directed the design and development of Family PACT, the state's innovative entitlement program serving over 2 million low-income people per year, including California's undocumented population. Dr. Boggess began her reproductive health career as director of the maternal health and family planning programs for San Bernardino County, California.



Robert L. Minnis, M.A., director of International Health Programs (IHP), has been leading IHP since its beginning in 1972. He has shepherded the organization through growth and new beginnings as the world context has shifted and changed. He continues

to develop relationships and partnerships to address emerging global health issues. Minnis designs and implements training and technical assistance programs that enable public and private health organizations to improve and expand their services. He currently travels to Pakistan, Myanmar, Madagascar and other focus countries of the International Family Planning Leadership Program, funded by The David and Lucile Packard and Bill & Melinda Gates Foundations.



Sharon Rudy, Ph.D., Population Leadership Program project director, has over 26 years experience in international education and development. Her first role was as an adolescent and family counselor for an international exchange program. Dr. Rudy develops PLP's

strategic vision and technical direction and serves as primary liaison to USAID and external organizations. Within PLP, she focuses on evaluation and learning, professional development and organizational development. Before she came to PLP, Dr. Rudy was the PRIME Project's (Performance Improvement and Training) associate project director, JHU/PCS' (Health Communication) Africa division senior program officer, and faculty associate in three schools: JHU's departments of Health Policy and Management and Continuing Studies, American University, and Trinity College. She has implemented health and educational programs in Africa, Asia, Europe, South America and the Middle East.



James P. Williams, M.P.H., is deputy director of the International Health Programs (IHP). Williams contributes to policy decisions and programmatic direction, coordinates project activities, especially proposal development and monitoring, and evaluates program activities

at IHP. He has worked with IHP since 1976, when he was the training program coordinator. As the former director of the USAID-funded Population Leadership Program, he was responsible for overall management of the program and supervised senior fellows assigned to the USAID Office of Population in Washington, D.C. and in missions overseas. Currently he directs The Packard Foundation-funded Family Planning Technical Assistance Program that supports technical service teams in six focus countries. With a background in adult education, Williams has worked on alcohol treatment programs, served as an organizer for a state senator on environmental issues, and developed adult basic education programs in North Carolina. He is a former Coro Foundation Fellow and has completed assignments in 21 countries.

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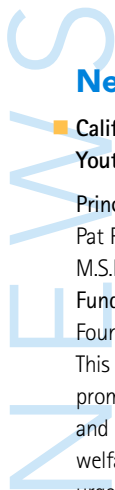
In Our Next Newsletter Edition:

Prevention: Priority One for a Healthy Future

Our next newsletter will focus on the importance of prevention strategies in improving public health.

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



New Programs

California Permanency for Youth Project

Principal Investigator:
Pat Reynolds-Harris, M.A.,
M.S.P.H.

Funding Agency: Stuart
Foundation

This three-year project promotes better awareness and policy in the child welfare system regarding the urgent need among youth in foster care for a permanent placement and sense of belonging. The project will work with an advisory committee to develop changes in public policy; provide technical assistance to improve permanency outcomes for youth in four California counties; and create and distribute three publications on the subject of permanency for youth in the child welfare system.

Cervical Cancer Incidence and Survival in California Women

Principal Investigator:
Kiumarss Nasser, D.V.M.

Funding Agency: Cancer
Research Program

Each year a large number of California women are diagnosed with uterine cervix cancer and die from it. Poor and non-white women are particularly vulnerable and are affected more than other ethnic groups. This study will identify and locate these women, and determine if they received appropriate health care services. This project will also evaluate patterns of occurrence, stage at diagnosis, treatment, and survival for women in California with cervical cancer.

Cancer Incidence and Risk Factors in the Hmong in California

Principal Investigator:
Paul Mills, Ph.D.

Funding Agency: Cancer
Research Program

This study builds upon and expands a previous study of cancer incidence in the Hmong population in California that included the Central Valley for the years 1988 through 1994. The new study will include the whole state of California. It will extend the period of follow-up through the year 2000. The study evaluates trends in cancer incidence rates in the Hmong from 1988 to 2000 and examines stage and grade of cancer at diagnosis as well as histological subtype of cancer in the Hmong.

Recent Publication

"Sustainability Toolkit: Ten Steps to Maintaining Your Community Improvements" is a practical guide to help organizations or coalitions in making strategic decisions about what should be continued and how to continue it. The guide takes the user through 10 logical steps with built-in checkpoints and offers concrete examples and exercises. It contains worksheets, a CD-ROM, templates and resources. To order, call the Center for Civic Partnerships at 916.646.8680 or visit www.civicpartnerships.org.