

NEWS

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.

## Chronic Disease: Costly yet often Preventable

DAVID HARRIS

Chronic diseases — such as heart disease, cancer, stroke, asthma, and diabetes — are the leading causes of death and disability in California as well as across the nation. These diseases account for seven out of every 10 deaths and affect the quality of life of millions.

Of the 233,246 total deaths in California in 2002, 29 percent were due to heart disease, 23 percent were due to cancer, 7.5 percent were due to cerebrovascular disease, and 5.4 percent were due to chronic lower respiratory diseases.

While all chronic diseases affect quality of life, heart disease is the leading cause of premature, permanent disability in the California labor force. As the population ages, more resources will be needed to treat those disabled by chronic diseases, placing an increased burden on California. Asthma continues to be a growing health problem, especially among California's children, according to *Asthma in California: Findings from the 2001 California Health Interview Survey*.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable:

- Obesity is an important preventable risk factor for chronic disease development. In 2001, more than 4.7 million Californians, or 19 percent of all adults, were considered obese, 37 percent were overweight, and 18.5 percent were underweight. Obesity rates have risen dramatically since the 1990s, and more children are now obese than ever before.
- Tobacco use continues to play a major role in the development of chronic diseases. As of 1999, 4.7 million Californians still smoked, costing California nearly \$16 billion annually in medical costs and lost productivity. Additionally, tobacco use accounts for approximately 20 percent of deaths annually in California.
- Adopting a healthy lifestyle, eating a healthy diet, and being physically active can help prevent or control heart disease, cancer, stroke, asthma, and diabetes. ■

Our inside stories explore two approaches underway at the Public Health Institute to reduce chronic disease. The first describes how California school health centers are engaged to prevent childhood obesity, and the second demonstrates how a regional collaborative works to reduce the burden of asthma.

*David Harris, MPH, is a research scientist with the California Cancer Registry. He is a frequent contributor to the PHI newsletter.*



# New access points for preventing and managing chronic illness

SERENA CLAYTON

**T**here is a growing movement to bring health care to young people in a convenient and familiar environment — the school. Since the first establishment

of school health centers in California in the mid 1980s, rapid expansion has resulted in 140 centers today. These clinics provide more than a quarter of a million visits to students of all grade levels, particularly those from low-income families with limited health care access. School health centers are well positioned to help these children and youth prevent and manage chronic illnesses.

**School health centers are successful because access is immediate and the health center's staff is part of the school culture.**

School health center providers have the advantage of proximity, allowing them to get to know students. They also develop relationships with families and school staff that enable them to address the complex interplay of health, psychological and social issues that traditional pediatric practices are rarely equipped to handle.

**School health centers are an important tool for combating childhood obesity.**

Their proximity to children's social, family, and peer environments allows school health centers to approach obesity prevention by addressing individual behaviors and environments simultaneously. Some of the strategies used to address obesity include:

- Medical management — screening, referrals, and collaboration with specialists and primary care providers.
- Health education — nutrition counseling and working with the school to incorporate nutrition education into the curriculum.
- Psychosocial assessment — assessing depression, stress, and low self-esteem to ensure that the emotional risk factors for being overweight are not overlooked.
- Peer support — bringing students together to support each other in increasing physical activity and healthy eating.
- Policy change — helping students and administrators improve eating and physical activity options on campus.



**School health centers support better management of chronic diseases like asthma.**

A longitudinal study in the Bronx found that students with asthma in four schools with school health centers had fewer hospitalizations and lower absenteeism than children in two comparison schools. Many school health centers are equipped with peak flow meters used to screen and monitor students for asthma. They provide asthma education and serve as a resource to school staff on activity restrictions. School health centers also provide emergency nebulizer treatments, often enabling students to return to class. Approximately three-quarters of California's school health centers provide asthma treatment.

The California School Health Centers Association works with the Public Health Institute to promote the health and academic success of children and youth by increasing access to the high quality health care and support services provided by school health centers. For more information, visit [www.schoolhealthcenters.org](http://www.schoolhealthcenters.org).

**"Modern school health programs — if appropriately designed and implemented — could become one of the most efficient means the nation might employ to reduce the establishment of four main chronic disease risks: tobacco use, unhealthy eating patterns, inadequate physical activity, and obesity."**

— *Public Health Reports*  
May/June 2004

CONTACT



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

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# Improving Public Health through Regional Collaboration



**ANNE KELSEY LAMB**

"RAMP has consistently provided opportunities for creative, reliable, and effective collaboration on asthma-focused issues. The integrity of their work and staff means that we can trust the resources and information they provide on an on-going basis."

— Vicki Alexander, Director, Maternal Child and Adolescent Health, City of Berkeley Health and Human Services Department

**RAMP** – the Regional Asthma Management and Prevention Initiative – was developed in 1996 as a regional collaborative aimed at reducing the burden of asthma in the San Francisco Bay Area through the coordination of diverse institutions, organizations, and community residents. RAMP has grown in size and scope over the past eight years and now serves as a leader in addressing both clinical management and environmental prevention of asthma.

Asthma is a major public health problem of increasing concern across the United States. Nationwide, asthma affects 20 million people. The San Francisco Bay Area has higher rates than the national average, with one in eight people – close to 1 million – diagnosed with the disease. When uncontrolled, this chronic disease leads to frightening emergency room visits, costly hospitalizations, and in the worst cases, death. Asthma is of particular concern because low-income communities and communities of color suffer disproportionately.

The solution requires a comprehensive approach. Like most chronic disease and public health issues, asthma doesn't stop at county lines, and many of the conditions that affect asthma can best be addressed regionally. By working in a multi-county region, RAMP's unique approach can serve as a regional public health model to address many other chronic diseases. As a regional collaborative, RAMP serves many functions:

#### **An Information and Resource Hub**

Using web-based tools, RAMP serves as a clearinghouse of information, approaches, and strategies to address asthma. RAMP minimizes duplication and maximizes cooperation by sharing innovative models with asthma coalitions across the region.

#### **A Technical Assistance Provider**

RAMP assists local asthma coalitions with strategic planning, grant writing, budget development, program implementation, evaluation and other problem solving tools.

Additionally, RAMP aims to stimulate and then help in the development of new asthma coalitions.

#### **A Convener Providing Opportunities for Networking & Capacity-Building**

Through regional workshops and meetings, RAMP ensures that diverse organizations are connected and working together as effectively as possible to address asthma prevention and management.

#### **A Collective Voice to Effect Policy Change**

RAMP serves as an organizer and facilitator of change at multiple levels. RAMP links community-based efforts that address local concerns, especially in areas disproportionately affected by asthma, with county-level activities that address asthma through policy and system changes. RAMP then brings together people from across the counties to identify common needs and combine resources to lead regional efforts.

For more information about RAMP, visit [www.rampasthma.org](http://www.rampasthma.org). ■



# PHI's Diversity Of Focus

PHI's diverse programs demonstrate our broad approach to improving public health. These programs include:

- Aging
- Alcohol / Tobacco / Substance Abuse
- Chronic Diseases: Asthma, Cancer, Diabetes
- 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
- Occupational Health
- Pharmaceutical Access
- Program Evaluation
- Rural Health
- Social & Behavioral Science

To learn more, visit [www.phi.org](http://www.phi.org).

## SELECTED PROJECTS

### Medpin's Achievements Earn Recognition

CARRIE SPECTOR



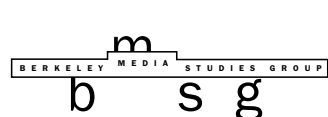
Medicine for People in Need (Medpin) began with a four-year project providing \$170 million worth of prescription drugs to California "safety net" clinics at no charge. One result of Medpin's collaboration with faculty at

University of California, Berkeley in designing this project is an article appearing in the management science journal *Interfaces*. The article – "Distributing Scarce Drugs for the Medpin Program," recently selected as a finalist for the Wagner Prize for Excellence in Operations Research Practice – discusses the operational challenges (and Medpin's achievements) in maximizing equity and efficiency while bringing products from 25 major drug companies to uninsured patients at 200 community clinics and county health systems in California. Now that the drug distribution project has ended, Medpin Program Director Kathryn Duke and colleagues Marice Ashe and Harriet Charney continue to work with academic experts who share Medpin's goal of helping vulnerable patients. ■

### Case Study on Soda Ban

LORI DORFMAN

As part of its applied research program, Berkeley Media Studies Group (BMSG) publishes *Issue*, a series of framing memos, content analyses, and case studies. BMSG's framing memos examine how controversial



public health issues are portrayed in the news so that advocates learn to understand the continuum of debate and can successfully anticipate opposing viewpoints. Content analyses are in-depth studies of scientifically selected samples of news, entertainment or

advertising that help public health advocates understand the information the public receives about health issues from the media, and help journalists identify what's missing from coverage. Case studies tell stories of how local groups apply media advocacy to change policy. You can download the latest *Issue*, "Soda bans in the news: How is debate framed?" and other editions at [www.bmsg.org](http://www.bmsg.org). ■



[www.phi.org](http://www.phi.org)

Publicize your event on the PHI website. Submit it online at the Calendar of Events under the News & Events tab.

# PROFILES



**Serena Clayton, PhD**, is the executive director of the California School Health Centers Association (CSHC). CSHC's mission is to promote the health and

academic success of children and youth by increasing access to the high quality health care and support services provided by school health centers. Clayton previously served as the coordinator of the California Adolescent Health Collaborative and is the principal author of "Investing in Adolescent Health: A Social Imperative for California's Future" — California's first comprehensive statewide strategic plan on adolescent health.



**Lori Dorfman, DrPH**, directs Berkeley Media Studies Group (BMSG), where she oversees BMSG's research on the news, media advocacy training for advocates,

and professional education for journalists. She earned her doctorate in 1994 from University of California, Berkeley's School of Public Health, where, using participant observation and content analysis, she studied how television news frames health. Her recent research examines news portrayals of children's health, nutrition, and violence, among other issues. Her latest work, "Making the Case for Early Care and Education: A Message Development Guide for Advocates," and "Navigating the Trade Press: What are the food and beverage industries discussing?" are available from [www.bmsg.org](http://www.bmsg.org).



Prior to leading Medicine for People in Need (Medpin) program's successful strategy to deliver \$170 million worth of prescription medicines through California's community clinics, **Kathryn Saenz Duke, JD, MPH**, served as senior staff consultant for health policy at the California Senate Office of Research. She also served on the staff to the Senate Select Committee on AIDS, as a research faculty member of the University of California San Francisco's Institute for Health Policy Studies, and as manager of scientific affairs at the California Medical Association. Duke is an attorney with special training in public health.



**Anne Kelsey Lamb, MPH**, is the director the Regional Asthma Management and Prevention Initiative (RAMP), which brings together diverse partners to collaborate in reducing the burden of asthma.

Lamb has made great strides in connecting asthma advocacy with related movements, like environmental justice, and in placing asthma within a larger public health framework focused on prevention and eliminating racial and ethnic disparities. Lamb strives to share lessons learned with similar projects, promoting the model of regional public health.

Lamb received her master's degree in public health from the University of Michigan. Her previous work experience includes Kaiser Permanente, the National Tay-Sachs & Allied Diseases Association, the Massachusetts Department of Public Health Genetics Program, and the Prevention Center of Boston.

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## NEWS New Programs

### ■ Disease Concurrence in Type 1 Diabetes

Principal Investigator:  
William Klitz, PhD  
Funding Agency: National  
Institute of Diabetes and  
Digestive and Kidney Diseases  
This research explores the  
etiology of Type 1 Diabetes  
through study of patterns of  
disease concurrence, especially  
with other autoimmune  
diseases. Disease concurrence –  
the occurrence in an individual  
of two or more diseases – is a  
prominent feature of  
autoimmunity, and of Type 1  
Diabetes in particular. This  
analytic study uses national  
Swedish health databases,  
including two diabetes registries,  
the hospitalization discharge  
registry, the birth registry, and  
the cancer registry to attain the  
first population-based picture of  
the relationship among  
autoimmune and other diseases.

### ■ Improving Clinic Pharmacy Management Capacity

Principal Investigator:  
Kathryn Duke, JD, MPH

Funding Agency:  
The California Endowment  
As the role of pharmacy services  
in medical care delivery becomes  
more important, so does the  
need for high-quality education  
and training on pharmacy  
management for health care  
providers. At many "safety net"  
clinics serving vulnerable  
populations, high staff turnover,  
limited resources for drug  
purchasing, and a lack of access  
to pharmacy management  
expertise pose formidable  
barriers to implementing cost-  
effective pharmacy systems.  
With funding from The  
California Endowment, Medicine  
for People in Need (Medpin) will  
offer user-friendly written  
information and hands-on  
training for clinics to help them  
reduce pharmaceutical cost  
increases, improve pharmacy  
management services, and  
maximize access to free and  
discounted medicines.

### ■ Welfare Reform, Child Welfare, and Families with Substance Abuse Problems

Principal Investigator:  
Bernadette Sangalang, PhD

Funding Agency: The Robert  
Wood Johnson Foundation's  
Substance Abuse Policy  
Research Program  
This funding supports a study  
of the relationships between  
welfare reform, parents with  
substance abuse problems, and  
the child welfare system. The  
study is a supplement to a  
parent grant that examines the  
implementation of welfare  
reform guidelines that impact  
substance abuse at the local  
level. The supplemental research  
will examine how welfare  
reform policies are impacting  
families with substance abuse  
problems who are either  
involved with, or at risk of  
entering the child welfare  
system. The goal is to better  
understand the system-level  
issues when integrating welfare,  
child welfare, and substance  
abuse treatment services at the  
local level, and to propose  
policy-relevant solutions. This  
supplemental grant is intended  
to foster the independent  
research capabilities of new  
principal investigators. Laura  
Schmidt, PhD, is the principal  
investigator of the parent grant.

## Recent Publication

### Building Public Health Systems: Case Examples of Collaborative Approaches to Improving Community Health

The Partnership for the Public's  
Health, a collaboration between  
The California Endowment and  
the Public Health Institute, has  
published a book entitled:  
*Building Public Health Systems:  
Case Examples of Collaborative  
Approaches to Improving  
Community Health*. The book is  
a collection of articles  
previously published as  
*Community-Based Public  
Health Policy and Practice  
Briefs*. The articles were  
combined into a single volume,  
with new introductions, to  
reinforce the broad scope of  
public health systems. The book  
is available in PDF format at  
[www.partnershipph.org](http://www.partnershipph.org). For a  
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