



voices for a healthy future

A PUBLICATION OF THE PUBLIC HEALTH INSTITUTE

FALL 2008

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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.

# Public Health AND THE National Agenda

MARY A. PITTMAN

This year's presidential election has drawn much needed attention to the national problems of soaring health care costs and inequities in access to care. Barack Obama and John McCain have responded to voters' concerns by integrating health care reform recommendations into their campaign platforms. Yet much to my disappointment, the topic of public health still has not received the focus it deserves in national debates.

Here at the Public Health Institute, we have been working hard to build evidence that air pollution, violence, rising teen birth rates, deep-seated health inequities, unrelenting rates of obesity, and substance abuse are major public health concerns worthy of national attention. We must continue working to get these and other public health issues on the federal agenda. Communities that suffer from these public health problems are counting on us to help them bring about healthy environments and safe places to work, play and learn.

## The Good News

The good news is that our colleagues and partners throughout the country and abroad seem to share a common vision. Just look at the statements, printed on the third page of this newsletter, from the National Association of County and City Health Officials, American Public Health Association, National Network of Public Health Institutes, and Association of State and Territorial Health Officials. They all call for a robust public health system that eliminates inequities and prioritizes health promotion and prevention.

We endorse their positions and agree that we are under-investing in our public health infrastructure. With a new administration coming to Washington,

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*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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we now have an opportunity to reinvest in governmental public health organizations that can partner with businesses and non-profits to bring about cleaner air, safer routes, and healthier food.

### The Opportunities

We also have an opportunity to strengthen the existing public health infrastructure and develop a national system for evaluating our citizens' health. The U.S. government tracks unemployment rates to measure the direction of the economy. Why not measure social indicators that affect health concerns such as obesity?

The federal government's Healthy People program is a good start, but we need more federal leadership—perhaps in the form of a new Secretary of Public Health—to be accountable for measuring, evaluating, and reporting health

indicators on a regular basis. And we need the new administration to develop comprehensive solutions to address

nontraditional indicators of health problems such as poor early childhood education, which studies have shown to set the stage for health inequities among adults. After all, health is more than health care; it is tied to the broader distribution of resources.

We also need to reshape the medical care system and realign health expenditures so that prevention efforts to reduce morbidity and mortality from HIV/AIDS, heart disease and violence become a priority.

Going forward, we need to refine and clarify a unified public health agenda. Collaborating around the goal of improving the public's health will bring a strong message to the new administration: public health's time has come! ■

To learn more about John McCain and Barack Obama's positions on health care reform, check out a new report by the Center for Health Equality at the Drexel University School of Public Health. Called "Health Care Proposals for the Democratic and Republican Presidential Nominees: Implications for Improving Access, Affordability and Quality for America's Minorities" ([www.jointcenter.org/index.php/publications\\_recent\\_publications](http://www.jointcenter.org/index.php/publications_recent_publications)), the report identifies whether and how McCain and Obama propose improving access to health insurance and health care, containing costs, improving health care quality and reducing disparities.



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

# Statements

## from national public health organizations

In this issue, we have asked four of the largest national public health associations to share their public health priorities for the national agenda. Here's what they reported.

The [National Association of County and City Health Officials](#) (NACCHO) is the national organization representing more than 2,800 local health departments. NACCHO is a partner in the Healthiest Nation Alliance, which envisions an integrated national system in which public and private participants work together to achieve optimal health for all. Such a system will place its highest priority on prevention, provide access to health care for every person, eliminate inequities in health status, and protect people and communities from emerging health threats. It will assure that every community is served by a robust governmental public health system. NACCHO urges policy-makers to advance this goal through health system reform.

The [Association of State and Territorial Health Officials](#) (ASTHO) envisions a health system that results in optimal health for all, a longer life span, and healthier quality of life for succeeding generations. This system would be founded upon a strong public health system which prioritizes health promotion and prevention; supports healthy environments and lifestyles; provides preventive and primary care for everyone; eliminates health inequities; and protects people from health threats. ASTHO is a founding member of the Healthiest Nation Alliance—an expanding alliance of public and private sector organizations and individuals committed to leading a national movement to make the United States the healthiest nation in a healthier world.

During this time of opportunity for national health reform, the [National Network of Public Health Institutes](#) (NNPHI) and its members are committed to whole system reform that will support policies and programs that promote health for all. Our greatest priority is to encourage multi-sector collaboration among all disciplines that have the potential to impact health, including education, transportation, business, and health care. Using this multi-sectoral approach to health reform, NNPHI supports the inclusion of health in all policies that will advance health promotion and protection for all populations.

The [American Public Health Association](#) believes that our ability to improve and protect the public's health requires a robust public health infrastructure. We must adequately invest in federal, state and local health agencies to meet our public health needs and missed prevention opportunities. We must strengthen the public health work force by enhancing the supply, distribution and diversity of health professionals to deliver essential services. And we must strengthen the health safety net for medically underserved individuals and families, including those who face racial or ethnic and rural or urban disparities in health status and the 47 million Americans who lack health insurance.

# 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

## Understanding the media's impact on children's health

LORI DORFMAN

Researchers concerned about tobacco and alcohol marketing have typically focused on TV, radio, print, and sponsorship. But as one food industry executive said, "The eyeballs have moved." Although marketers know this and have changed their practices, most parents and policy-makers do not. Last year, the Berkeley Media Studies Group (BMSG) at PHI released a report exposing how food and beverage companies promote junk food with interactive media such as cell phones, broadband video and virtual three-dimensional worlds. BMSG presented its findings to members of the Federal Trade and Federal Communications Commissions. Now, with funds from the Robert Wood Johnson Foundation, BMSG will assess whether and how tobacco and alcohol marketers are using digital media to target youth. BMSG staff will document the techniques, reach, and intent of selected digital alcohol and tobacco campaigns that target youth; analyze these campaigns in the context of digital marketing; and assess the policy implications for alcohol and tobacco marketing regulation and self-regulation. ■

## Building a bi-national alliance to treat tuberculosis

KATHLEEN MOSER

Multi-drug resistant tuberculosis (MDR-TB) imperils countries worldwide. Yet many communities do not have the systems or resources to fight this potentially life-threatening disease, which is difficult and expensive to cure. The Mexican state of Baja California, due south of California, has an estimated 50 to 200 MDR-TB patients. Unable to get cured, these patients often become increasingly ill and able to spread disease within their community and wherever they travel. The Puentes de Esperanza project at PHI is tackling this problem by developing a U.S.-Mexican alliance aimed at helping patients adhere to a two-year therapy regimen and creating infrastructure in Baja California to support early disease recognition and access to treatment. Since 2006, the program has enrolled 14 patients. One has completed therapy. Puentes has also strengthened bi-national partnerships and is producing an informational video to be released in 2009. Funds from the United States Agency for International Development, Rotary International, Centers for Disease Control and Prevention, and private contributors support this program. ■

# PROFILES

## PHI announces two new management positions.



As vice president of human resources, **Diana Pascual** oversees the recruitment, assessment, development and deployment of talent across the Public Health Institute. Before

being promoted, Pascual served as PHI's director of human resources for 10 years. Prior to that, she spent 15 years in the corporate world. Throughout her career, she has held progressively responsible leadership roles in human resources. Her work has covered: recruitment, training and organizational development, compensation and benefits, labor relations/collective bargaining, and employee relations. Pascual obtained her bachelor's in psychology from the University of Santo Tomas in the Philippines and a master's in career development from John F. Kennedy University in Orinda, CA.

As PHI's director of public health policy and advocacy, **Matthew Marsom** monitors and influences public policy, legislation and regulations affecting PHI's projects and interests. Before



joining PHI, Marsom served as chief of the policy, partnerships and planning unit within the Cancer Prevention and Nutrition Section of the California Department of Public Health. As such, he oversaw the policy and partnership activities of the *Network for a Healthy California*.

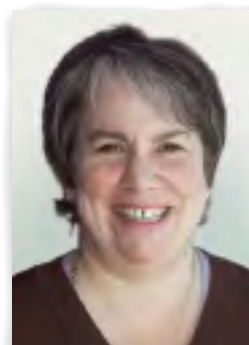
Marsom is originally from London. He holds a bachelor's in political science from Scotland's University of Stirling and post-graduate certificates in Russian and research methods from the University of Glasgow in Scotland.

## In this issue, we feature two PHI leaders whose innovative work has made a significant contribution in the United States and abroad.

**Kathleen Moser** has directed the San Diego County Health and Human Services Agency (HHSA)'s tuberculosis control program since 1989 and the county's refugee health program since 2004. Throughout her career at HHSA, she has worked to secure resources, develop sustainable programs that address illness among high-risk populations, and reduce the regional incidence of tuberculosis. She has been involved in several U.S.-Mexico collaborative initiatives and served as an active member of several tuberculosis associations.

Dr. Moser earned her medical degree from the Medical College of Pennsylvania, received training in internal medicine at the University of Massachusetts at Worcester, and earned a master's from the Harvard School of Public Health.

**Lori Dorfman** directs the Berkeley Media Studies Group (BMSG) at PHI. At BMSG, she leads media training for grass roots organizations and public health leaders, consults



with government agencies and community programs, and conducts research on media portrayals of public health issues including alcohol, tobacco, nutrition, food marketing, health disparities, and violence. She also teaches a graduate course on mass communication and public health at the University of California at Berkeley's school of public health.

Before taking leadership of BMSG in 1998, Dorfman served as BMSG's associate director. She earned her doctorate from the University of California at Berkeley's school of public health.

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### New Awards

- Alcohol Research Group to develop treatment readiness scale

Principal Investigator:  
Sarah Zemore

Funded by: National Institute  
on Alcohol Abuse and  
Alcoholism

The Alcohol Research Group at PHI has received funds to develop an alcohol treatment readiness scale. The goal of this project is to assess drinkers' interest in receiving care and predict their retention in treatment programs. Researchers will develop a survey that records drinkers' attitudes toward rehabilitation and barriers to treatment, such as lack of childcare. Next, researchers will deploy the survey to 200 clients at an outpatient facility in California. They will then analyze the survey results to refine this tool and establish its validity.

- International Health Programs launches adolescent reproductive health advocacy program

Project Director:  
Denise Dunning

Funded by: United Nations,  
WestWind and Compton  
foundations

International Health Programs (IHP) at PHI has launched the Adolescent Initiative for Reproductive Health (AIR). This new program will train 20 Central American and Mexican leaders to design advocacy initiatives to increase adolescents' access to comprehensive sexual and reproductive health services and information. Following the AIR regional workshop, IHP will provide technical support and funding to the strongest advocacy initiatives developed by participants. This pilot project will serve as the foundation for a global

advocacy program to improve adolescent sexual and reproductive health and rights.

- Project LEAN to develop parent engagement tools

Project Director: Peggy Agron  
Funded by: The Rosalinde and  
Arthur Gilbert Foundation

California Project LEAN (CPL) has received funds to develop a series of lesson plans aimed at increasing parent engagement in school wellness programs. These lesson plans will complement an English and Spanish-language parent engagement toolkit and trainings developed by CPL with an earlier grant from The California Endowment. The lessons are designed for Spanish-speaking health workers and groups that work with Spanish-speaking parents. CPL is a joint program of the California Department of Health Services and PHI.

### Recent Publication

- Survey Research Group releases new report

The Survey Research Group at PHI has prepared a new report examining California's progress in reaching the Healthy People 2010 Objectives. Called "Healthy People 2010 Objectives," the publication examines a broad range of health-related trends over time. For example, the publication reports that while the percent of adults covered by insurance has increased since 1992, California has not yet met the Healthy People 2010 objective of 100 percent. The report's co-authors used data from the California Behavioral Risk Factor Survey, which has tracked health surveillance information for the last 23 years, to prepare this report. To learn more about it, visit [www.phi.org/library.html](http://www.phi.org/library.html).