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Subseries:

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Folder Title:
Meeting with National Organizations Responding to AIDS 10/04/93

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Diffa Speech

Nat'l AIDS Policy Coordinator

Why have one? What difference ~~does~~ has it made?

Why -
an emerging epidemic continues to grow
to be ignored
to take lives
Action required is a unique combination
of high tech science
exquisite medical, nsg, social servics
aggressive protection of individuals
~~intrusive~~
& broad community action
to support prevention
didn't emerge spontaneously
ordinary inertia / competition ≠ existing
denial
~~sec~~ puritanism?
conservatives in government
lack of org. in most affected communities
Doesn't underrate work done by
DHFPA, AMFAR, NAPWA, NMAC, AAC
What Am I -
Nat'l ~~AIDS Pol~~ not federal
AIDS - should be HIV but we're stuck ≠ the theat
Policy - not program mgmt - freedom & constraint
Coordinator -

Has anything happened in 2 months —

1) a White House voice +

2) Fed'l Employees Education

3) Beginnings in better research process —
gp 160 ?

4) Beginnings in Services & Prevention

5) An AIDS voice in health reform

Can't do it without you —

POLICY, LEADERSHIP AND LEGAL ISSUES

POLICY
DRUG USERS AND HIV/AIDS (Rehabilitation Services, Intervention Strategies)
AIDS PREVENTION STRATEGIES (Needle Exchange Program, Condom Machines)
HIV/AIDS IN THE WORKPLACE
HIV/AIDS DISCRIMINATION AND CONFIDENTIALITY
MEDICAID/MEDICARE FUNDING

LEGAL
HIV ANTIBODY TESTING
HIV/AIDS AND QUARANTINE
HIV PARTNER NOTIFICATION
HIV SEROPOSITIVE REPORTING
ADVOCACY
ENFORCEMENT OF ADA ACT AT THE WORKSITE

LEADERSHIP
COORDINATION OF SERVICES
FUNDING SOURCES/ALLOCATION AND PRIORITIES
HEALTH CARE REFORM/RESOURCES
MEDIA

How are drug recovery and rehabilitation programs earmarked for HIV clients? Is it necessary to develop and provide separate programs?

Discuss needle exhange programs and condomn distribution programs. Should these strategies be the priorities of the prevention strategies, that is, how do they fit into the overall prevention strategy for all populations?

Given that PWA's are protected by the ADA law, how are workplace education programs focused and implemented at the corporate and small business level?

Have other U.S. cities studied the scope of discrimination that PWA's encounter? This includes such discrimination as having to ring a bell for an HIV test, having a medical chart stamped "HIV+" to being forced to quit a job.

Does a viable model of a "Health Insurance Continuation Program" exist? If so, how is it funded? What are the criteria for qualifying for this program? How will the new Health Care Proposal address the ongoing health care needs of PWA's, (e.g., home health care, IV-therapy)

Discuss the issues surrounding the concept of "coordinated care" and a "continuum of services" and this includes:

- Discuss "coalition" idea
- How does a community not duplicate services?
- Are there federal initiatives that provide incentives not to duplicate?
- What is the status and flexibility concerning Ryan White Funding?
- Has Ryan White Funding been evaluated?
- What role can foundations and other private funding play in influencing public funding?
- Role of city DOH / County DOH / private nonprofits

CITIZEN'S COMMITTEE ON AIDS/HIV

MISSION

TO DEVELOP AN ACTION PLAN WHICH WILL ENHANCE ADVOCACY, COORDINATION AND VISIBILITY REGARDING AIDS/HIV ISSUES IN CLEVELAND AND CUYAHOGA COUNTY.

COMMITTEE MEMBERS

Vic Gelb, Chairperson
vic gelb, inc.

POLICY, LEADERSHIP AND LEGAL ISSUES

Cathy Lewis, Convener
Resource Careers

Dr. David Stevens
CWRU School of Medicine

Joseph Interrante
Health Issues Task Force

Teresa Embry

EDUCATION AND COMMUNITY AWARENESS

Arlene Early-Terry, Convener

Josephine Abady
The Cleveland Playhouse

Harry Boomer
WUAB-TV and WCPN-Radio

Stephen Sroka

SUPPORT SERVICES AND CARE

Eric Nilson, Convener
Prudential Securities

Robert Bann
North Coast Harbor, Inc.

Rev. Bill Johnson
The United Church of Christ

Josh Steier

CITIZEN'S COMMITTEE ON AIDS/HIV

TIMELINE

PROJECT ACTIVITY	DEADLINE
ALL DATA COLLECTION	9/30/93
PREPARE FINAL SUMMARIES OF DATA SOURCES	10/31/93
FIRST DRAFT OF RECOMMENDATIONS DUE	1/31/94
SECOND DRAFT OF RECOMMENDATIONS DUE	2/28/94
FINAL DRAFT RECOMMENDATIONS DUE	3/15/94
FINAL DRAFT TO CONVENERS	4/15/94
FINAL DOCUMENT RELEASED	6/30/93

CITIZEN'S COMMITTEE ON AIDS/HIV

SUMMARY OF PROJECT ACTIVITIES (10/3/93)

1. Key Leader Surveys

2. PWA Public Forums

3. PWA Support Group Visits

4. Focus Groups

5. Key Leader Interviews

6. Continuum of Care (under review)
   (Literature Search)

7. Three-city Visit
   Richmond, VA, Indianapolis, IN, and Seattle, WA

8. Self-Administered Client Questionnaire
   (Compare with Ryan White Data)

9. Physicians' Forum

CITIZEN'S COMMITTEE ON AIDS/HIV

KEY LEADER QUESTIONNAIRE SUMMARY

RESPONSE RATE: 21%

HIV/AIDS issues are **IMPORTANT** in the respondents' personal life.

HIV/AIDS issues are **IMPORTANT** at the respondents' work site.

HIV/AIDS issues are **VERY IMPORTANT** in Greater Cleveland.

THE TOP THREE PRIORITIES IN GREATER CLEVELAND WITH REGARDS TO AIDS/HIV:

#1 Education and Community Awareness

#2 Health Care

#3 Support Services

THE PRIORITY RANKING OF ISSUES CONFRONTING GREATER CLEVELAND:

1 Drugs/Violent Crime

2 Economic Development

3 Education Reform

4 Unemployment

5 Health Care Reform

6 HIV/AIDS

7 Neighborhood Development

8 Reforming Welfare

9 Homelessness

10 Environmental Issues

EDUCATION AND COMMUNITY AWARENESS ISSUES

COMMUNITY BASED PREVENTION PROGRAMS
- WOMEN AND CHILDREN
- INTRAVENOUS DRUG USERS
- GAY AND BISEXUAL MEN
- MEN OF COLOR
- ADOLESCENTS AND YOUTHS

SCHOOL BASED PREVENTION PROGRAMS
- K-12
- COLLEGE STUDENTS

DRUG RECOVERY/REHABILITATION PROGRAMS

CORRECTIONAL FACILITIES

SUPPORT SERVICES AND CARE ISSUES

COORDINATION OF SERVICES
- Continuum of Care Model

HOUSING

DRUG RECOVERY AND REHABILITATION PROGRAMS

MENTAL HEALTH SERVICES

REFERRAL
CORRECTIONS OFFICER
CLINICAL TRIALS STAFF
SOCIAL WORKERS
INDIVIDUAL CASE MANAGEMENT/CARE COORDINATION FOR ALL HIV INFECTED MEN, WOMEN CHILDREN AND FAMILIES
SUPPORT SERVICES (GENERAL)
ADVOCACY
LEGAL ASSISTANCE (DISCRIMINATION)
TRANSPORTATION
HOUSING OPTIONS
MEDICAL/DENTAL TREATMENT
MENTAL HEALTH ALTERNATIVES
SUBSTANCE ABUSE ALTERNATIVES
REFERRAL
TESTING SITES
PATIENTS (SELF)
REFERRAL
HOTLINE
PATIENT FAMILY
ACUTE CARE OR COMMUNITY BASED ORGANIZATION
PHYSICIANS
REFERRAL

CITIZEN'S COMMITTEE ON AIDS/HIV

PROJECT LOG
9/30/93 UPDATE

1. Key Leader Interviews

The Committee is still conducting Key Leader Interviews. The following categories of key leaders have been targeted for interviews:

Arts Consortium Leaders (ongoing)
Public Health Outreach Workers (Population Specific - ongoing)
Public/Nonprofit Health Organizations (ongoing)
Key Media Leaders (ongoing)
Political Representatives (ongoing)
Policymakers (ongoing)
Funders (ongoing)
Service Provider Agencies/Key Leaders

2. Client Self-Administered Questionnaire/Other Data

This data has been compared to other data that has been compiled regarding the service needs of PWA's. The Support Services and Care Work Group has identified the consensus issues that have emerged from the Key Leader Surveys, PWA Forum, PWA Support Group Visits and the Self-Administered Client Questionnaire. The data compiled from these sources also was compared to data from the Ryan White Consortium Case Management Statistics. Consensus issues have emerged (see SSC Meeting September Minutes), and the committee will be conducting focus groups or small group meetings with the key leaders of the service agencies that have been identified as critical issues for PWA's.

The continuum of care model has been distributed to solicit feedback from service providers. It will be reviewed by other professionals knowledgeable about the needs of PWA's. One group of professionals to review the continuum of care model will be the hospital social work professional association in Northeast Ohio. An annotated bibliography of other care models that have been documented in the professional literature has been prepared. This document is being reviewed by the Support Services and Care Work Group.

Other focus groups or small group meetings will be scheduled with service providers as the work group's draft recommendations are formulated.

3. Focus Groups

The College Level HIV/AIDS Educators focus group was held and was very successful in gathering information regarding all categories of the recommendations. Other Focus Groups continue to be scheduled:

Parent-Teacher Association Representatives - TBA
Curriculum Directors of School Districts in Cuyahoga County
(working with the State Office of Education) - TBA
Mental Health Services - 10/6
Meeting with Cuyahoga County Department of Health Officials - 10/7
Hispanic/Latinos Educators Focus Group -10/14
Housing Services - 10/26
African-American HIV/AIDS Educators - 11/9
College Students - TBA
High School Students - TBA

4. Physicians' Forum

This forum has been scheduled to provide medical doctors with an opportunity to offer their perspective about the recommendations that the Committee will develop. It is scheduled for Wednesday, November 17, and will be held at CWRU School of Medicine.

ROBERT O. WALTON, M.D.
HEALTH COMMISSIONER

PHONE: (216) 443-7500
FAX: (216) 443-7537

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH

ONE PLAYHOUSE SQUARE
1375 EUCLID AVENUE – 5th FLOOR
CLEVELAND, OHIO 44115-1882

July 23, 1993

For Oct. 4th

Kristine Gebbie, M.S.N., R.N.
National AIDS Policy Coordinator
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Congratulations on your appointment as our nation's first National AIDS Policy Coordinator. As a nursing and public health colleague, I was particularly pleased that nursing's pivotal role in guiding public health policy is recognized at the highest level of our government. To that end, the Planning Committee for the **Centennial Celebration of Public Health Nursing for Northeast Ohio** is extending an invitation to you to speak on OCTOBER 4, 1993, on the ***Evolution of Nursing's Role in Formulating National Health Care Policy--The Cutting Edge of Health Care Reform.***

This once in our lifetime conference, recognizing the 100 years that public health nursing has contributed to improving the health of our communities, will gather nurses together who meet the public health care needs of over **3.9 million Ohioans** in this region. Our nursing colleagues would be honored if you would be able to join us at the Centennial Celebration of Public Health Nursing on October 4, 1993, at Landerhaven Conference Center (greater Cleveland metropolitan area). I am providing the following information for your reference:

Conference Theme: *HEALTH CARE REFORM THROUGH PUBLIC HEALTH NURSING: MAKING IT HAPPEN--In Celebration of 100 Years of Public Health Nursing*

Topic: ***Evolution of Nursing's Role in Formulating National Health Care Policy--The Cutting Edge of Health Care Reform***

Time: 9:45-10:45 AM (to Keynote) **or**
11:30-1 PM (to follow Secretary Shalala if the secretary confirms for Keynote)

Audience: Public and Community Health Nurses from northeast Ohio, representing over 17 counties and 3.9 million Ohioans

Speakers: Secretary Donna Shalala (invited)
Bernadine Healy, M.D. (invited)
Tanya Griffith (portraying Lillian Wald, founder of public health nursing)

Other Invited Guests: Local and state political representatives

Confirmed Sponsors to Date:
Greater Cleveland Nurses Association
District 03 (Youngstown) Ohio Nurses Assoc. (ONA)
District 22 (Medina, Holmes, Wayne Counties) (ONA)
Visiting Nurse Association of Cleveland
Alpha Mu Chapter (CWRU), Sigma Theta Tau International Honor Society for Nursing
Landerhaven Conference Center

The planning committee recognizes and fully appreciates that all invited speakers are extremely busy professionals. The speakers were selected because they are recognized leaders with a local and national role in health care reform. We are hopeful that you will join us in this recognition celebration of public health nursing that also coincides with national health care reform initiatives.

Our printed program highlighting the speakers and topics for the conference will need to be mailed Monday, August 23, 1993. To meet this deadline to be confirmed as a speaker, the favor of a reply is appreciated as soon as possible, no later than Friday, August 13, 1993. We will need a short one paragraph bio highlighting your role in health care reform. In addition, the committee needs two (2) objectives that you will address during your presentation. The identification of the speakers' objectives enables the event to be able to award professional nursing continuing education credits to those attending the conference.

Thank you for your consideration of this request. Please feel free to contact me with questions or comments at (216) 443-7516 or FAX (216) 443-7537 at your earliest convenience. **Ms. Lucile Maher**, Director of Nursing for the Akron City Public Health Department will follow-up on this request while I am on vacation July 24-31.

Very sincerely yours,

Maureen M. Mitchell

Maureen M. Mitchell, Ed.D., R.N.
Director, Division of Nursing Service
Cuyahoga County District Board of Health
Member, Northeast Ohio Public Health Nursing Centennial Program Committee

cc: Jane Mahowald
Executive Director, Ohio League for Nursing
Program Committee Member
Lucile Maher
Director of Nursing, Akron City Public Health Department

ROBERT O. WALTON, M.D.
HEALTH COMMISSIONER

PHONE: (216) 443-7500
FAX: (216) 443-7537

CUYAHOGA COUNTY DISTRICT BOARD OF HEALTH

ONE PLAYHOUSE SQUARE
1375 EUCLID AVENUE – 5th FLOOR
CLEVELAND, OHIO 44115-1882

Kristine Gebbie, M.S.N., R.N.
National AIDS Policy Coordinator
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Ms. Gebbie:

Thought you might enjoy reading our Vision of Public Health Nursing in Ohio for Year 2000 and Beyond.

Sincerely yours,

Maureen M. Mitchell

Maureen M. Mitchell, Ed.D., R.N.
Director, Division of Nursing Service

MMM/ahf

Enclosure: Vision of Public Health Nursing in Ohio for Year 2000 and Beyond.

VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

This Document was Prepared by the *Public Health Nursing Focus Group*

Compiled By:

Maureen M. Mitchell, Ed.D., R.N.
Director, Division of Nursing Service
Cuyahoga County District Board of Health

March, 1993

FORMATION OF THE NURSING FOCUS GROUP

The Bureau of Nursing of the Ohio Department of Health (ODH) convened an advisory study group in 1992 to advise the Bureau in its need to redefine its mission and objectives while the ODH defined its priorities. The advisory study group was representative of experts in public health nursing. The members were from small and large, urban and rural health departments. They were nurses who are directors of nursing, health commissioners, a dean of a school of nursing and staff from the Board of Nursing.

The advisory study group met quarterly during 1992. By using a modified Delphi, the group identified a priority list of public health nursing needs in Ohio. The criteria used to prioritize the needs was Hanlon's rating process. The Bureau then categorized those needs according to the six State responsibilities as designated in the ***Future of Public Health*** *so that a relationship could be established with the national expectations of a state unit of public health nursing.*

The advisory study group concluded with identifying the public health nursing needs in Ohio and the characteristics inherent in the role of the Bureau of Public Health Nursing. At the final meeting of this group, a decision was made to develop a ***FOCUS GROUP*** *to take this process to the next logical step--the development of the* ***Vision of Public Health Nursing for the Year 2000 and Beyond****.*

VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

FOCUS GROUP MEMBERS

OHIO BOARD OF NURSING--LIAISON
Joan Hampton, MS, RN

OHIO COUNCIL OF DEANS AND DIRECTORS
Mary Beth Matthews, PhD, RN, Dean
Ashland University

Rebecca Zechman, MSN, RN, Chair
Department of Nursing
Lourdes College

OHIO LEAGUE FOR NURSING &
OHIO NURSES ASSOCIATION
Maureen M. Mitchell, EdD, RN
Director of Nursing, Cuyahoga County District Board of Health

OHIO PUBLIC HEALTH ASSOCIATION
Sally Eiermann, RN
Director of Nursing, Geauga County Health Department

Helen Gatzke, MSN, RN
Director of Nursing, Wood County Health Department

OHIO PUBLIC HEALTH NURSING DIRECTORS FORUM
Kay Duffy, MPA, RN
Director of Nursing, Lake County Health Department

MEMBERS AT LARGE
Charlotte Burge, MSN, RN
Director of Patient Care Services
Lorain County Health Department

Carolyn Gustafson, MA, RN
Director of Nursing, Summit County Health Department

Karen Krause, MPH, RN
Director of Nursing, Lucas County Health Department

Lucile Maher, MPH, RN
Director of Nursing, Akron Health Department

Sharon Stanley, PhD, RN
Health Commissioner, Ross County Health Department

Jean Wise, MSN, RN
Health Commissioner, Williams County Health Department

This document represents the collective understanding of the Focus Group Members; employing agencies are listed for identification purposes only. 4/28/93

VISION OF PUBLIC HEALTH NURSING
FOR YEAR 2000 AND BEYOND

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VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

I. INTRODUCTION

This document presents a vision of the public health nursing system in Ohio for year 2000 and beyond, highlighting the anticipated demand for and benefits of professional public health nursing services. Described are the elements needed for effective system-wide change to ensure that Ohio communities receive funded and mandated public health nursing disease prevention, health maintenance and health promotion programs.

DEFINITION OF PUBLIC HEALTH NURSING PRACTICE

The American Public Health Association offers the following description of the scope of practice for public health nursing:

> Public health nursing synthesizes the body of knowledge from the public health sciences and professional nursing theories for the purpose of improving the health of the entire community. This goal lies at the heart of primary prevention and health promotion and is the foundation for public health nursing practice. To accomplish this goal, public health nurses work within groups, families and subgroups (aggregates) within the population which are at risk of illness, disability or premature death and directing resources toward these groups is the most effective approach for accomplishing the goal of public health nursing. Success in reducing the risks and in improving the health of the community depends of the involvement of consumers, especially groups experiencing health risks, and others in the community in health planning and in self-help activities (APHA, 1981)

II. ANTICIPATED INCREASED DEMAND FOR PUBLIC HEALTH NURSING SERVICES

The increased demand for public health nursing services in Ohio is clear from changing population demographics, morbidity and mortality trend data, mandates for change in health care delivery and financing, and significant new initiatives of the U.S. Department of Health and Human Services, Public Health Services, (Ohio Department of Health, Year 2000 Objectives, 1992; USDHHS, Healthy People 2000, 1990). Further description of the need for public health nursing professionals to provide modern disease and environmental prevention and control measures in the face of these critical societal needs are provided in several recent and substantive reports (APHA, America's Public Health Report Card, 1992; ODH Position Paper on School Nursing, 1992; Ohio Commission on Nursing, 1991; Rothman, 1991; Josten, 1989; Salmon, 1989).

II. ANTICIPATED INCREASED DEMAND FOR PUBLIC HEALTH NURSING SERVICES--Continued

OHIO'S HEALTH TRENDS AND DEMANDS

The increased demand for public health nursing services in Ohio is directly related to at least fourteen specific health and human service trends, which include:

1) rapid increase in the population over age 65; significant increase in those 85 years of age and over; accompanying this trend is the escalation in the incidence and prevalence of chronic disease;

2) widening disparity between health status of minority and majority populations within Ohio;

3) diversity of racial and ethnic population requiring community sensitive service delivery systems;

4) increasing focus on communicable disease, such as hepatitis, HIV, tuberculosis, STDs and vaccine preventable diseases;

5) illness and disability related to alcohol and drug abuse;

6) poor immunization rates where children are not receiving age appropriate vaccinations;

7) high rate of birth by teen mothers, contributing to premature and low birth weight babies;

8) children born to teen parents are more likely to suffer developmental, nutrition, illness and injury problems;

9) escalation of family and community abuse and violence;

10) shifting institutional based care to community based care for members of vulnerable populations;

11) increased demand for public health nursing services for immunizations, prenatal care and primary health promotion/disease prevention in urban and rural areas due to the shortage of primary care providers;

12) insufficient and uncoordinated community health promotion and disease prevention services;

13) shortage of educationally prepared community based public health professionals, particularly public health nurses, to provide health promotion/disease prevention services;

14) inadequate interdisciplinary health and human services planning initiatives.

II. ANTICIPATED INCREASED DEMAND FOR PUBLIC HEALTH NURSING SERVICES--Continued

The pivotal role of public health nursing in promoting optimal health for all citizens through modern disease and environmental prevention and control measures is recognized in the 1988 Institute of Medicine study on the future of the nation's public health system.

> Public health personnel are specialists in health problem identification, disease prevention and health promotion (they have) a multi-disciplinary expertise that addresses social and health needs not met simply by financing medical services. The exemplar of this role is the public health nurse engaged in outreach and case finding, direct service delivery, and management of the needs of multi-problem clients (IOM, 1988, p. 153).

III. STRENGTHS OF PUBLIC HEALTH NURSING PRACTICE IN DELIVERING VITAL PUBLIC HEALTH SERVICES THAT PREVENT AND CONTROL CONTEMPORARY PUBLIC HEALTH PROBLEMS

The scope of professional public health nursing practice is broad and its role in the health care system is multidimensional. Public health nursing professionals provide accessible and affordable community-based prevention and treatment services that address classic and contemporary public health problems for urban and rural Ohio communities. The following public health services are **vital for the delivery of effective primary health care and should be provided to <u>all</u> urban and rural Ohio communities:**

*<u>*Communicable disease control, prevention and detection services*</u> (including HIV infection and tuberculosis, sexually transmitted and vaccine preventable diseases) for individuals, communities and institutions through education, consultation, investigation, immunization and treatment;

*<u>*Service coordination / case management for vulnerable population groups*</u> and those with potentially handicapping conditions such as children with medical handicaps;

> Case management includes a systematic process of assessment, planning, service coordination and/or referral and monitoring and reassessing through which multiple service needs of clients are met. It has been demonstrated that nursing case management can improve health outcomes in a cost effective manner (Erkel, 1993).

Case management services function to: prevent secondary disabilitoes with developmental delays; maximize the health and learning of children by enabling mainstreaming and integration within public schools, and; provide advocacy for children and families in adapting to conditions by accessing needed resources;

III. STRENGTHS OF PUBLIC HEALTH NURSING PRACTICE...
--Continued

*_Comprehensive school health services_ to assist in creating a healthy and safe learning environment for children and school personnel by providing access to routine health care and prevention services; participating in the development of a comprehensive health curriculum for all students, kindergarten through grade 12; consultation to teaching staff for students with complex health needs; providing nursing care to chronically ill, developmentally and multiply challenged children enabling their safe participation in the least restrictive educational setting;

*_Maternal and infant health services_ that reduce infant mortality and morbidity rates and decrease the incidence of low birth weight babies; providing assistance for family planning that includes classic public health nurse interventions such as outreach, service coordination, anticipatory guidance and referral;

*_Chronic disabling condition prevention, detection and screening services_ from birth to death that decrease expensive health care expenditures for conditions that could be managed effectively and efficiently when detected or treated early, such as prevention and referral in addiction disorders and pregnancy;

*_Educational and community-based programs_ for citizen groups, agencies, schools and businesses that promote health, healthy behaviors, prevent injuries and address violence;

*_Nurse managed community-based public health centers_ that provide immunizations, well child, adult and family preventive health services, ensuring easy access to timely and affordable disease prevention and early detection services, guidance, advocacy and referral;

*_Family abuse and community violence prevention and reduction programs_ that use public health nursing interventions of detection, prevention, case management, education and follow-up;

*_Coordination of multidisciplinary services for adult and child day care center, group home, community group setting and residences and other health care sites by providing services that include_: illness and accident prevention; early detection of developmental delays and emerging health care needs; staff development services which include, but not are limited to disease and abuse prevention, detection and reporting; safety and preventive health services.

*Supports *ODH Healthy People 2000* Objectives

IV. A PUBLIC HEALTH SYSTEM IN NEED OF DEFINITION, AUTHORITY AND RESPONSIBILITY

Currently, the lack of clarity in the role and function of the public health system in Ohio has blurred the distinction between private and public health care. Not all Ohioans who need public health services have access to or receive these services. The public health system in Ohio has been eroded by the absence of service delivery standards and insufficient funding of services, programs and personnel. As a result, Ohio's public health system has evolved into a "non-system" that is not fulfilling its responsibility to protect and promote the public's health. Public health *and* public health nursing in Ohio needs clarity in definition, delivery, responsibility and authority at the local and state level through legislative change that will enable the public health system to effectively respond to the public health needs of all Ohioans for the year 2000 and beyond.

The demand for system change and for the increased delivery of quality cost effective services applies to all sectors of health care. Fortunately, initiating and implementing effective change is not new for public health nurses. Public health nursing services that prevent and control disease, advocate positive community health status, educate citizens and assist families and children secure early needed health care **have reduced** the current expenditure of dollars for management of health conditions that are preventable or easily treated if detected early.

V. VISION FOR CHANGE IN OHIO'S PUBLIC HEALTH NURSING SYSTEM: WHAT IS NEEDED

Inherent in the strength and essence of public health nursing practice is commitment and action toward achieving the state's and nation's health goals for the year 2000, which include: 1) increasing the health span of life for Ohioans, 2) reducing health disparities among Ohioans, and 3) improving access to preventive health services for Ohioans.

To achieve effective change in Ohio's public health system and in the delivery of public health nursing services for the year 2000 and beyond, the following system-wide action must be implemented:

1) *Implement standards for public health nursing practice and education through legislation, funding, program development and evaluation.*

EDUCATIONAL PREPARATION OF PUBLIC HEALTH NURSES

By the year 2000, the baccalaureate degree in nursing will be the requirement in Ohio for entry level public health nursing practice (*Ohio Public Health Nursing Education and Practice Task Force*, 1992). Ohio needs to prepare an adequate supply of professional public health nurses for current and future needs. Funding earmarked for undergraduate and graduate public health nursing education programs and curriculum development is essential for Ohio to meet the increased demand for public health nursing services for

V. *VISION FOR CHANGE IN OHIO'S PUBLIC HEALTH NURSING SYSTEM: WHAT IS NEEDED--Continued*

EDUCATIONAL PREPARATION OF PUBLIC HEALTH NURSES-Continued

the year 2000 and beyond. The educational preparation of public health nurses must be a collaborative effort between state and local health departments and institutions of higher learning. Educational institutions that prepare baccalaureate degree nurses should be encouraged to establish outreach programs to serve rural as well as urban areas of the state.

STAFFING NEEDS TO MEET SERVICE DELIVERY DEMANDS

Standards must also reflect and include public health nursing staffing requirements using a criteria-based model, such as the model developed by the U.S. Public Health Service. The recommended model would accurately describe the population to be served, be sensitive to changing demographics, and meet the requirements for a comprehensive system of program and service delivery.

EFFECTIVE PUBLIC HEALTH SERVICE ACCREDITATION SYSTEM

Integral to implementing this vision is the over-riding need for Ohio to develop an effective accreditation and review system that examines delivery of public health service. The system should address meaningful continuous quality improvement methodology linked to measurable and uniform public health outcome criteria.

Because of the diversity and expertise of public health nursing practice, public health nurses must be integral members in the design and implementation of an effective and standardized public health accreditation system and be represented to reflect their distribution and numbers in the public health care delivery system.

2) ***Develop and enact a statutory base for public health nursing service and practice in Ohio.***

STATUTE REVISION

Ohio's public health statutes must clearly delineate professional public health nursing's legitimate authority in providing accessible and affordable community-based public health services that are vital to an effective primary health care system. Without revisions in both the current public health statutory base and the Ohio Nurse Practice Act, the profession will be unable to fulfill its social responsibility to protect public health, prevent disease and disabling conditions, and promote optimal health throughout the lifespan for Ohio's citizens.

The statutory base should build upon the inherent strength of public health nursing practice in designing and delivering accessible and affordable preventive health, disease/disability prevention programs and services. Essential to implementation is a statutory mandate for funding and staffing levels as well as educational preparation to meet the public health needs of Ohioans.

V. VISION FOR CHANGE IN OHIO'S PUBLIC HEALTH NURSING SYSTEM: WHAT IS NEEDED--Continued

STATUTE REVISION-Continued

Statutory revisions need to include, but not be limited to:

* Revision of the Ohio Nurse Practice Act to include prescriptive authority for advanced practitioners;

* Direct reimbursement for nursing services from health care funding sources;

* Legislative ability to develop nurse managed community based comprehensive care centers in a variety of settings;

* Community health planning under the auspices of the local health department with required public health nursing participation in assessment, policy development and quality improvement;

* Minimum educational preparation for NEW public health nurses employed in local health departments by the year 2000 shall be a bachelor of science in nursing (BSN) or nursing doctorate (ND);

* Minimum educational preparation for NEW public health nursing supervisor/director/administrator shall be a master of science in nursing (MSN) or a masters in public health (MPH);

* Staffing levels to be minimally based on community need as defined by population demographics and health indices;

* Mandate standards for public health service delivery including standards for public health nursing.

3) ***Utilize the expertise of public health nurses in local public health policy development, community assessment, resource allocation, and service delivery.***

The diversity and expertise of public health nursing practice enables public health nurses to be effective contributing members on health policy development teams that address contemporary public health problems through modern disease and environmental prevention and control measures.

Public health nurses are leaders in demonstrating rapid responses to changing community health care needs. This skill is due to their broad based professional education preparation that integrates knowledge from several health related disciplines, basic and applied science and nursing science to deliver cost effective and timely public health services.

V. VISION FOR CHANGE IN OHIO'S PUBLIC HEALTH NURSING SYSTEM: WHAT IS NEEDED--Continued

4) *Consolidate public health nursing administration and leadership within the Ohio Department of Health* for:

a) policy development that supports the implementation of *Healthy People 2000* at the state and local health department level;
b) public health nursing service priority and goal setting;
c) communication between the Ohio Department of Health and local health departments on program, policy and legislative issues;
d) developing and implementing a model for professional public health nursing practice focusing on prevention / early detection, community health assessment and community-based program development for rural and urban settings;
e) self-sustaining service and program development with implementation and evaluation at the local and state level;
f) public health nursing research and development; data collection, analysis and dissemination of results about public health nursing practice in Ohio and nationwide;
g) propose legislative initiatives as appropriate to achieve service priorities and goals at the local and state levels;
h) promote development and implementation of continuing education to advance practice of current and future public health nurses.

VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

VI. CONCLUSION

The critical need for the range of public health nursing services is found in all socio-cultural and economic communities in Ohio. To fulfill its public health protection and disease prevention responsibility for its citizens, Ohio must implement an effective public health system. Integral to the implementation and operation of an effective system is the adoption of the ***Vision for Public Health Nursing for Year 2000 and Beyond*** and system-wide change to facilitate implementation of that vision.

Accessible and affordable community-based classic and contemporary public health nursing services are the foundation for effective primary health care delivery. Serious problems inherent in Ohio's current public health system include: an absence of legislative and funding mandates for public health and public health nursing services; lack of clarity in the role, function, authority and responsibility of Ohio's public health system resulting in a "non-system" that delivers fragmented and inconsistent public health services to its citizens; an absence of adopted standards for public health nursing; an absence of a standardized outcome criterion-based accreditation system for public health services; a need to consolidate and coordinate public health nursing administration and leadership within the Ohio Department of Health.

In 1993, Ohio celebrates 100 years of public health nursing. Since 1893, public health nurses have provided visionary and realistic health services to fellow citizens and their communities not only by caring for the sick but also by educating the public about healthy lifestyles and disease prevention. Key to the impact that public health nursing has had on improving the health of citizens and communities is the premise that public health nurses provide the community-based entry point to access timely and needed health and human services. Based upon a rich history of building the foundation for public health services, the ***Vision for Public Health Nursing for the Year 2000 and Beyond*** defines and clarifies a system of public health nursing services that will serve our citizens well and improve the health of all Ohioans for the *next* 100 years.

Public Health Nursing Title Page Logo Developed by:
California Association of Public Health Nurses

PHNVISION93

VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

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VISION OF PUBLIC HEALTH NURSING IN OHIO FOR YEAR 2000 AND BEYOND

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4/28/93

HEALTH CARE REFORM THROUGH PUBLIC HEALTH NURSING: MAKING IT HAPPEN--In Celebration of 100 Years of Public Health Nursing

AUDIOVISUAL, DUPLICATION & TRAVEL FACILITATION FORM

SPEAKER: *KRISTINE GEBBIE, M.S.N., R.N., F.A.A.N.*

TOPIC: ***Evolution of Nursing's Role in Formulating National Health Care Policy--The Cutting Edge of Health Care Reform***

AUDIOVISUAL NEEDS:

___ Slide Projector
___ Overhead Projector
___ VCR
___ Other, please specify _____

DUPLICATION NEEDS:

___No
___Yes, please specify _____

PUBLICITY NEEDS:

Would you prefer that the Planning Committee assist you in securing local publicity for your speaking engagement?

___No
___Yes, please specify _____

TRANSPORTATION NEEDS:

Would you prefer that someone meet you at the airport and transport you to/from your hotel?

___No
___Yes, please provide/attach air travel information.

(arriving) AIRLINE : _____
FLIGHT #: _____
TIME/DATE: _____

(departing) FLIGHT #: _____
TIME/DATE: _____

HOTEL SELECTION:

Please specify the name and location of your hotel during your stay in Cleveland: _____

SUNDAY DINNER ARRANGEMENTS:

Would your schedule permit you to join the Planning Committee and conference speakers for dinner?

___No
___Yes

Thank you for your assistance in helping the Planning Committee make your visit to Cleveland a pleasant and enjoyable one. Please return this form at your earliest convenience, preferably no later than ***SEPTEMBER 20, 1993.***

CITIZEN'S COMMITTEE ON AIDS/HIV

Jointly convened by the Mayor of Cleveland, Cuyahoga County Commissioners, The Cleveland Foundation, The George Gund Foundation and United Way Services

RONALD A. STEWART
Executive Director

P. O. Box 93357
Cleveland, Ohio 44101-5357

(216) 664-2607
FAX: 664-3501

CITIZEN'S COMMITTEE ON AIDS/HIV

Retiree — can we make this work?

September 16, 1993

Ms. Kristine Gebbie
National AIDS Policy Coordinator
750 17th Street, N.W.
Office of The President
Washington, D.C. 20513

Dear Ms. Gebbie:

Thank you for coming to address the September meeting of NORA (National Organizations Responding to AIDS) this past Monday. I was in the audience as I was on Capitol Hill that day advocating for full funding of the Ryan White Care Act.

Enclosed please find a packet of information that explains the organization I staff and our progress to date. As the information will tell you, the Citizen's Committee is a broadly based leadership body charged with writing a community action plan which will increase advocacy, coordination and visibility around HIV issues in Cuyahoga County/Cleveland. Those who've convened this 18 month process include Cleveland's Mayor, Cuyahoga County Commissioners, The George Gund Foundation, The Cleveland Foundation and United Way Services.

As you are aware, much attention has been focused on our coastal communities and their responses to the pandemic. We in the heartland have the unique ability to learn from these experiences in order to plan and prepare for the tidal wave of HIV infection. Cuyahoga County/Cleveland has taken the initiative to plan and prepare - a response I wish more heartland communities would embrace.

I would like to meet with you in person or would love to host you on a visit to Cleveland to personally witness our community process. I've been told that you plan to be in Cleveland on October 4th to address the Ohio League of Nursing. If your schedule during this visit permits, we could meet that afternoon. Or, if you are coming into town the night before I'd be honored to have you as my dinner guest. And, if neither of these possibilities work out I can always come to Washington.

It was exciting to hear of the employment opportunities available in your office. Although very tempting to experience a role with national impact, my commitment is on the local level at this point in my career. However, if I can be of assistance on regional issues or special projects, please do not hesitate to contact me. I'd love to work with you on building consensus around HIV priorities and then work to weave them into national policy.

I hope to see you in the near future and to assist you with the challenges that lie ahead.

Sincerely,

Ronald A. Stewart
Executive Director

THE MISSION OF THE CITIZEN'S COMMITTEE ON AIDS/HIV IS TO DEVELOP AN ACTION PLAN WHICH WILL ENHANCE ADVOCACY, COORDINATION AND VISIBILITY REGARDING AIDS/HIV ISSUES IN CLEVELAND AND CUYAHOGA COUNTY.

CITIZEN'S COMMITTEE ON AIDS/HIV

The purpose of the Committee is fivefold:

1. *To lend greater visibility to the issue of AIDS in our metropolitan community;*
2. *To assess community needs at this point in the history of the epidemic in Cuyahoga County;*
3. *Evaluate current services in relation to need, focusing on direct services to people with AIDS/HIV and their families; education for prevention; training for corporations, nonprofit and governmental agencies;*
4. *To develop an action plan which allows our community to move from current service and policy levels to those recommended by the community review.*
5. *To recommend funding priorities for the public and private sectors based on the Committee's findings.*

Chairperson: **Vic Gelb** Executive Director: **Ronald A. Stewart**

Three working groups have emerged from the Committee to carry out the task of community evaluation and information gathering:

1. ***Education and Community Awareness*** *is convened by Arlene Early-Terry.*
2. ***Support Services and Care*** *is convened by Eric Nilson.*
3. ***Policy, Leadership and Legal Issues*** *is convened by Cathy Lewis.*

All three groups have regular meetings and invite you to participate. Please call the Committee office for more information.

Ohio Department of Health AIDS Activities Unit **(July/93)** reports that there are **4,752** cases of AIDS in Ohio.

Cuyahoga	1,235	Lorain	68
Medina	14	Summit	183
Portage	27	Geauga	11
Lake	50		

Local hospitals report over 1000 HIV infected people coming to them for care. Experts suggest that for every one case that is diagnosed, five cases of HIV exist. Based on this projection it is realistic to suggest that there are 5,649 HIV infected persons living in the greater Cleveland area. There are several reasons for low reporting of HIV cases. Reasons include people being diagnosed in other cities and then returning to Cuyahoga County, the long incubation period associated with disease, asymptomatic stage associated with HIV infection and inaccessibility to health care.

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CITIZEN'S COMMITTEE ON AIDS/HIV

MISSION

TO DEVELOP AN ACTION PLAN WHICH WILL ENHANCE ADVOCACY, COORDINATION AND VISIBILITY REGARDING AIDS/HIV ISSUES IN CLEVELAND AND CUYAHOGA COUNTY.

CITIZEN'S COMMITTEE ON AIDS/HIV
COMMITTEE MEMBERS

Vic Gelb, Chairperson
vic gelb, inc.

POLICY, LEADERSHIP AND LEGAL ISSUES

Cathy Lewis, Convener
Resource Careers

Dr. David Stevens
CWRU School of Medicine

Joseph Interrante
Health Issues Task Force

Teresa Embry

EDUCATION AND COMMUNITY AWARENESS

Arlene Early-Terry, Convener

Josephine Abady
The Cleveland Playhouse

Harry Boomer
WUAB-TV and WCPN-Radio

Stephen Sroka

SUPPORT SERVICES AND CARE

Eric Nilson, Convener
Prudential Securities

Robert Bann
North Coast Harbor, Inc.

Rev. Bill Johnson
The United Church of Christ

Josh Steier

CITIZEN'S COMMITTEE ON AIDS/HIV

TIMELINE

PROJECT ACTIVITY	DEADLINE
ALL DATA COLLECTION	9/30/93
PREPARE FINAL SUMMARIES OF DATA SOURCES	10/31/93
FIRST DRAFT OF RECOMMENDATIONS DUE	1/31/94
SECOND DRAFT OF RECOMMENDATIONS DUE	2/28/94
FINAL DRAFT RECOMMENDATIONS DUE	3/15/94
FINAL DRAFT TO CONVENERS	4/15/94
FINAL DOCUMENT RELEASED	6/30/93

CITIZEN'S COMMITTEE ON AIDS/HIV

PROGRESS TO DATE

1. Key Leader Surveys Administered and Compiled*
2. PWA Public Forums
3. PWA Support Group Visits
4. Focus Groups Planning (in process)
5. Key Leader Interviews (in process)
6. Continuum of Care (in development process)
7. Three-city Visit
   Richmond, VA, Indianapolis, IN, and Seattle, WA
8. Self-Administered Client Questionnaires**
9. Physicians' Forum (planning in process)

*COSE, Unions, Greater Cleveland Hospital Association Mailings completed in late June and July.

** To date 78 questionnaires have been returned.

CITIZEN'S COMMITTEE ON AIDS/HIV
KEY LEADER SURVEY SUMMARY

10%	16		CORPORATE & MEDIA
9%		3	INSURANCE COMPANIES
16%	10		ARTS/CULTURAL INSTITUTIONS
24%	9		SUPERINTENDENTS
30%	18		POLITICAL LEADERS (STATE, LOCAL AND NATIONAL)
19%	21		RELIGIOUS LEADERS
21%	8		MISCELLANEOUS AND MEDICAL PERSONNEL
18%	11		EDUCATIONAL INSTITUTIONS
8%		7	ETHNIC GROUPS
19%	12		CDC'S/NEIGHBORHOOD GROUPS/BUSINESSES
21%	20		MISCELLANEOUS NPO'S
18%	10		MAYORS OF CITIES AND VILLAGES
25%	73		SERVICE PROVIDERS/AGENCIES
PHYSICIANS/SOCIAL WORKERS/NURSES 8%4EXTENDED CARE FACILITIES/NURSING HOMES			
21%	**222**		***TOTAL RESPONSE RATE**

*** Does not include the following Key Leader Surveys:**

1. **HEALTH CARE PROVIDERS/GCHA Members**
   developed in cooperation with the Greater Cleveland Hospital Association and mailed 7/21/93.
2. **COSE Member Survey distributed in late June at Leadership Council Meeting.**
3. **Union Representatives Survey mailed in late June.**

CITIZEN'S COMMITTEE ON AIDS/HIV

KEY LEADER QUESTIONNAIRE SUMMARY

RESPONSE RATE: 21%

HIV/AIDS issues are **IMPORTANT** in the respondents' personal life.

HIV/AIDS issues are **IMPORTANT** at the respondents' work site.

HIV/AIDS issues are **VERY IMPORTANT** in Greater Cleveland.

CITIZEN'S COMMITTEE ON AIDS/HIV

THE TOP THREE PRIORITIES IN GREATER CLEVELAND WITH REGARDS TO AIDS/HIV:

#1 **Education and Community Awareness**

#2 **Health Care**

#3 **Support Services**

THE PRIORITY RANKING OF ISSUES CONFRONTING GREATER CLEVELAND:

1	Drugs/Violent Crime
2	Economic Development
3	Education Reform
4	Unemployment
5	Health Care Reform
6	HIV/AIDS
7	Neighborhood Development
8	Reforming Welfare
9	Homelessness
10	Environmental Issues

PRELIMINARY LIST OF
POLICY, LEADERSHIP AND LEGAL ISSUES
TO BE ADDRESSED

POLICY

DRUG USERS AND HIV/AIDS
(Rehabilitation Services, Intervention Strategies)

AIDS PREVENTION STRATEGIES
(Needle Exchange Program, Condom Machines)

HIV/AIDS IN THE WORKPLACE

HIV/AIDS DISCRIMINATION AND CONFIDENTIALITY

MEDICAID/MEDICARE FUNDING

LEGAL

HIV ANTIBODY TESTING

HIV/AIDS AND QUARANTINE

HIV PARTNER NOTIFICATION

HIV SEROPOSITIVE REPORTING

ADVOCACY

ENFORCEMENT OF ADA ACT AT THE WORKSITE

LEADERSHIP

COORDINATION OF SERVICES

FUNDING SOURCES/ALLOCATION AND PRIORITIES

HEALTH CARE REFORM/RESOURCES

MEDIA

PRELIMINARY LIST OF EDUCATION AND COMMUNITY AWARENESS ISSUES TO BE ADDRESSED

COMMUNITY BASED PREVENTION PROGRAMS
- WOMEN AND CHILDREN
- INTRAVENOUS DRUG USERS
- GAY AND BISEXUAL MEN
- MEN OF COLOR
- ADOLESCENTS AND YOUTHS
- COLLEGE STUDENTS

SCHOOL BASED PREVENTION PROGRAMS

DRUG RECOVERY/REHABILITATION PROGRAMS

CORRECTIONAL FACILITIES

PRELIMINARY LIST OF SUPPORT SERVICES AND CARE ISSUES TO BE ADDRESSED

COORDINATION OF SERVICES
- Continuum of Care Model

HOUSING

HOME HEALTH CARE
- Assisted Living/Respite Care

DRUG RECOVERY AND REHABILITATION PROGRAMS

CUSTODIAL CARE

MENTAL HEALTH SERVICES

(ADDITIONAL ITEMS WILL BE ADDED WHEN THE CLIENT QUESTIONNAIRES ARE RETURNED)

Clinton Presidential Records
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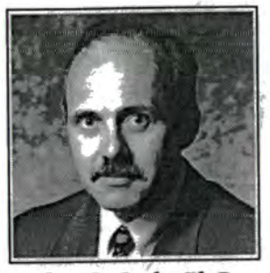
You Know Someone with AIDS... We All Do.

Poster 1pg

You probably kn

Josh Steier
"You won't get AIDS from a towel."

Harry Boomer
"You won't get AIDS from listening."



Stephen R. Sroka Ph.D
"You won't get AIDS from everyday contact."

Cathy M. Lewis
"You won't get AIDS from helping a friend"

over 5,600 people carrying HIV.

You probably know one of them. To date, 646 Greater Clevelanders died of AIDS.

Here's not only where to go *for* help, but where to go *to* help.

AIDS Housing Council **651-6400**

Health Issues Taskforce of Cleveland Inc. **621-0766**

Project SAFE **991-7233**
(Stay AIDS Free Through Education)

SAMM **881-7266**
(Stopping AIDS is My Mission)

The Living Room **522-1998**

West Side Women's Center **651-1450**

AND these "anonymous" and free testing sites

Free Medical Clinic of Greater Cleveland **721-4010**

J. Glen Smith Health Center **249-4100**

Thomas F. McCafferty Health Center **651-5005**

CITIZEN'S COMMITTEE ON AIDS/HIV
Jointly appointed by the Mayor of Cleveland, Cuyahoga County Commissioners, The Cleveland Foundation and The George Gund Foundation

Ad design provided by Wyse Landau Public Relations and Bill Bartok. Photography provided by Janine Bentivegna.

Bill Johnson
"You won't get AIDS from communion."

Joseph Interrante Ph.D
"You won't get AIDS from tears."

Teresa Embry
"You won't get AIDS from a classroom."

CITIZEN'S COMMITTEE ON
AIDS/HIV

Ronald A. Stewart, Executive Director

THE MISSION of the Citizen's Committee on AIDS/HIV is to develop an action plan which will enhance advocacy, coordination and visibility regarding AIDS/HIV issues in Cleveland and Cuyahoga County.

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